

## ***HEALTH AND WELL BEING BOARD Agenda***

Date Thursday 15 January 2026

Time 10.00 am

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

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

2. Contact officer for this agenda is Constitutional Services email [constitutional.services@oldham.gov.uk](mailto: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 Monday, 12 January 2026.

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

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

Membership of the HEALTH AND WELL BEING BOARD  
Councillors Brownridge, Davis (Chair), Mushtaq, Nasheen, Shuttleworth (Vice-Chair) and Sykes

Item No

- 1 Apologies for Absence
- 2 Urgent Business  
Urgent business, if any, to be 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 the Previous Meeting (Pages 5 - 8)  
The Minutes of the meeting of the Health and Wellbeing Board, held on 30<sup>th</sup> October 2025, are attached for approval.
- 6 Better Care Fund Quarter 2 (Pages 9 - 26)  
To note the report and the recommendations.
- 7 Better Care Fund Governance Review (Pages 27 - 46)  
To note the report and the recommendations.
- 8 Beewell Oldham School Data and Response (Pages 47 - 62)  
To receive and note the presentation on BeeWell Oldham School Data
- 9 Oldham Pharmaceutical Needs Assessment 2025-2028 (Pages 63 - 212)  
To approve the final Pharmaceutical Needs Assessment and grant permission to publish.
- 10 Oldham Town Centre Chaplaincy - Daytime Economy chaplains to town centre businesses and Nighttime Economy Street Angels Project including services for homeless people  
To receive the presentation on the Oldham Town Centre Chaplaincy.
- 11 Children's Safeguarding Partnership Annual Report (Pages 213 - 274)  
To note the Children's Safeguarding Partnership Annual Report.
- 12 Creating Healthy Lives Oldham (Pages 275 - 290)

To note the development of Creating Healthy Lives in Oldham and to agree to regular reporting of progress going forward.

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**Public Document Pack Agenda Item 5**  
**HEALTH AND WELL BEING BOARD**  
**30/10/2025 at 10.00 am**



**Present:** Councillor Davis (Chair)  
Councillors Mushtaq, Shuttleworth (Vice-Chair) and Sykes

Also in Attendance:

Mike Barker	Strategic Director of Commissioning/Chief Operating Officer
Rolonde Bradshaw	Red Rose Recovery
Julie Daniels	Strategic Director of Children's Services
Rachel Dyson	Thriving Communities Hub Lead
Rebecca Fletcher	Director of Public Health
Louise Gibbs	Northern Roots
Jack Grennan	Constitutional Services
Julian Guerriero	Community Safety Services
Lois Hall-Jones	Public Health
Rev. Jean Hurlston	Manchester Church of England Diocese
Moneeza Iqbal	Nothern Care Alliance -NHS
Simon Kamau	Step-Up Manchester
Lucy Lees	MAHDLO Youth Zone
Stuart Lockwood	OCLL
Sandy Mitchell	OACT
Dr. John Patterson	Clinical Commissioning Group
Jayne Ratcliffe	Director of Adult Social Services
Mohammed Sarwar	Centre of Wellbeing, Training and Culture
Jon Taylor	Intelligence Officer
Steve Taylor	Oldham care Organisation, NHS
Steph Wild	Northern Roots
Laura Windsor-Welsh	Action Together
Peter Yarwood	Red Rose Recovery

**1            APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Nasheen, Mark Gifford, Anna Howarth, Erin Portsmouth, Suzannah Reeves, Charlotte Stevenson, Anna Tebay and Natalie Williams.

**2            URGENT BUSINESS**

There were no items of urgent business received.

**3            DECLARATIONS OF INTEREST**

There were no declarations of interest received.

**4            PUBLIC QUESTION TIME**

There were no public questions for the meeting to consider.

**5            MINUTES OF THE PREVIOUS MEETING**

RESOLVED: That the minutes of the Health and Wellbeing Board held on 11<sup>th</sup> September 2025 be approved as a correct record.



**Oldham**  
Council

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## **OLDHAM SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2024-25**

Henri Geller and Jayne Ratcliffe presented the report. It was noted that activity was keeping up with previous years, and that there had been less formal enquiries than in previous years. It was highlighted that training and awareness events had taken place. It was noted that the Board could be assured that strategic links had been strengthened, and partners were thanked for their work. It was noted that the TRAM protocol was recognised nationally and that the Safeguarding Board had an active communication strategy.

Members queried the disparities and why this was the case. Members were assured on this issue and it was noted that this would be taken back as feedback to the board.

Members noted that there were a number of actions and queried whether there was a strategic overview. It was noted that this was part of a three year plan for the board and that the Board was currently in the first year, and that the actions were for both the Board and the sub-groups, with plans in place to ensure that progress is being made.

Members noted the need to understand cultural differences, noting that Roma representation is rarely seen and that by utilising the existing infrastructure, it will help everyone.

Members noted that the work had been managed as a society, noting culturally appropriate work. Members also queried why referrals don't seem to come from certain communities, and it was noted that work was ongoing to look into that issue.

RESOLVED: That the report be noted.

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## **OSCP ANNUAL REPORT**

This item was deferred until the next meeting of the Health and Wellbeing Board.

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## **RECOVERY APPROACH TO DRUGS AND ALCOHOL IN OLDHAM**

Julian Guerriero presented the report, noting the Government's From Harm to Hope strategy. It was noted that treatment numbers were huge but that those in criminal justice account for around 20%. It was highlighted that some of the key challenges include levels of unmet need, churn rate, the high complexity of cases and increasing numbers of young people. The local and national priorities were discussed.

It was highlighted that successful completions had increased, and that the focus was on strength-based pathways to rehabilitation and recovery, noting the need to move to recovery focus.

Red Rose Recovery were invited to speak, and noted that they were led by evidence, not ideology, and that they undertook supervision and training, including Spagomi, competitive litter picks for recovery support.

Members raised the possibility of work with other organisations, such as the Street Angels. Members also noted that alcohol metrics were the last worst metric and that a recovery plan was needed. Dual diagnoses were also discussed, which were mental health and addictions.

RESOLVED: That the report be noted.

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### **NORTHERN ROOTS - GREEN SOCIAL PRESCRIBING**

Steph Wild presented the report, noting that a natural health system was a core goal of Northern Roots, along with the main themes of people, planet and place. It was noted that 8000 Oldhamers had been engaged with since 2023.

The activities of the scheme were noted including referrals from GPs as part of social prescribing, and partnerships. It was noted that future plans for the scheme included transitions from School Year 6 to Year 7 and caregivers.

It was noted that a cancer recovery scheme, Into the Wild, had taken place at the end of September 2025 and that the impact had been felt within sessions with positive feedback having been received.

Members noted the positives of the report and queried how more people could be brought into services like this. Members also requested that arts and culture works be showcased too.

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### **BEEWELL OLDHAM SCHOOL DATA AND RESPONSE**

This item was deferred until the next meeting of the Health and Wellbeing Board.

The meeting started at 10.00 am and ended at 12.15 pm

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## Report to HEALTH AND WELLBEING BOARD

### Better Care Fund 2025-26 Quarter 2 Submission

**Portfolio Holder:**

Councillor Barbara Brownridge, Cabinet Member Health & Social Care

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

**Report Author:** Alison Berens, Head Quality and Care Provisioning

**Contact:** 1792 / [alison.berens@oldham.gov.uk](mailto:alison.berens@oldham.gov.uk)

**Date:** 15<sup>th</sup> January 2026

#### Purpose of the Report

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In order to meet the national funding conditions of the Better Care Fund, this report seeks Health and Wellbeing Board's retrospective approval on the submission of Oldham's Quarter 2 Better Care Fund (BCF) submission.

The Board should note, that in order to meet the deadlines set for the above submission, which was the 11<sup>th</sup> November 2025 the template was submitted under the delegation which was agreed by Health and Wellbeing Board on the 3<sup>rd</sup> April 2025 (Health and Wellbeing Board Report on BCF Q2 and 3 submissions and 2025-26 planning templates).

#### Requirement from Oldham's Health and Wellbeing Board

1.
  - a) Note the content of the Quarter 2 Report
  - b) Provide retrospective approval for their submission to the Regional Better Care Fund panel

## 1. Background

### The Better Care Fund

- 1.1 The Better Care Fund's vision has been to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. The BCF Policy Framework centres of these objectives and now sets separate National Condition for each:
- **To support the shift from sickness to prevention** – including timely, proactive and joined-up support for people with more complex health and care needs; use of home adaptations and technology; and support for unpaid carers.
  - **To support people living independently and the shift from hospital to home** – including help prevent avoidable hospital admissions; achieve more timely and effective discharge from acute, community and mental health hospital settings; support people to recover in their own homes (or other usual place of residence); and reduce the proportion of people who need long-term residential or nursing home care.
- 1.2 As well as supporting delivery of the [Next Steps to put People at the Heart of Care](#), the BCF programme underpins key priorities in the NHS Long Term Plan by joining up services in the community and the government's [plan for recovering urgent and emergency care \(UEC\) services](#).
- 1.3 Differing from the previous year, the current BCF plan is only for one financial year for the period 2025-26, with the delivery of the BCF supporting two key priorities for the health and care system that align with the two existing BCF objectives of:
- improving overall quality of life for people, and reducing pressure on UEC, acute and social care services through investing in preventative services
  - tackling delayed discharge and bringing about sustained improvements in discharge outcomes and wider system flow.
- 1.4 The reporting schedule for 2025-26 is outlined in table 1 below, including suggested sign off by the Health and Wellbeing Board. Due to the timing of reporting (and considering dates and when templates become available) can be subject to change in year, the Health and Wellbeing Board agreed at the meeting in April 2025 to delegate the sign off of reports which could not be agreed at full Board to the Director of Adult Social Care in consultation with the Deputy Place Lead (see appendix 1):

Report	Submission Deadline	Health and Wellbeing Board sign off
Quarter 1	15 <sup>th</sup> August 2025	14 <sup>th</sup> September 2025 (Retrospective)
Quarter 2	11 <sup>th</sup> November 2025	15 <sup>th</sup> January 2026 (Retrospective)

Report	Submission Deadline	Health and Wellbeing Board sign off
Quarter 3	31 <sup>st</sup> January 2025	5 <sup>th</sup> March 2026 (Retrospective)
End of Year Report	29 <sup>th</sup> May 2026	TBC

## 2. 2025-26 Quarter 2 Report

- 2.1 The Quarter 2 submission for this year only required the following:
- Confirmation of meeting national conditions (which we confirmed)
  - Review of whether metrics were on track
  - High level spend data
- The report was submitted on time and is attached at Appendix 2.
- 2.2 Metric 1: Emergency admissions to hospital for people aged 65+ per 100,000 population. This was reported as on track to meet the goal, with Greater Manchester data suggesting that admissions are generally falling for this cohort and were below the 682 target during quarter 2.
- 2.3 Metric 2: Average length of discharge delay for all acute adult patients. This was reported as on track to meet the goal, which was an improvement from the quarter 1 position. The average delay for the quarter was 8.61 days. Local data does show there was a spike in August, with recovery in September, which is attributed to staff holidays. The general trend is downwards compared to 2024-25.
- 2.4 Metric 3: Long term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population. This was reported as on track to meet the goal. During the year to date there have been 122 admissions, which is tracking below the annual target of 272, based upon two quarters (14 below target for admissions), however we anticipate a slight increase in admissions over the winter period.
- 2.5 Expenditure for the year to date up to Quarter 2 was reported as £1,294,152 for Disabled Facilities Grant, with a total spend in the quarter of £21,235,793. It was noted that actual expenditure was 50% of planned income due to the fact that the majority of contracts are block arrangements, for example with the Northern Care Alliance or the Pennine Care Foundation Trust. This creates a consistent monthly expenditure profile with no material seasonal variation, meaning year-to-day spend aligns closely with of the annual plan.
- 2.6 Work is already underway with providers and commissioners to start to shape the plan for 2027-26 in relation to what the local system needs are and further information on this will be brought to the Board in due course.

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### 3. Case Studies of services funded through BCF in 2025-26

#### 3.1 Case Study – Falls Prevention

Mrs A aged 89 attends a weekly falls prevention classes at Tandle View Court in Royton.

- In the 12 months prior to attending the classes Mrs A had 3 falls.
- She had a stroke prior to her referral, has LVF (left ventricular failure), Heart Disease, Stage 3 Kidney Disease, Osteoporosis, Diverticulitis, Hiatus Hernia and Anxiety. She was on multiple medications.
- The left side of her body was affected by the stroke and she was unable to lift her arm up above shoulder level. She had stopped going out due to anxiety and a fear of falling due to being unsteady.
- Following an assessment by the CRAFT (Community Rehab and Falls Team) she received several home visits and a home exercise programme. She follows the home exercise programme 3 times a week and attends the weekly falls prevention class.
- Her confidence and balance have improved since joining the class. After struggling with some of the upper body exercises she is now able to lift her left arm fully up.
- She also enjoys the social time after the class, saying that this is almost as important as the exercises. She has made friends and has started going out again, joining in with some of the activities at Tandle View Court on other days of the week.
- ***“I really enjoy the classes and I always make sure I do my exercises at home. I know that’s really important. I was surprised when I managed to lift my arm up, I hadn’t realised how much I had improved. All of a sudden I could just do it. I had fallen a few times before I was sent to the falls classes but I haven’t fallen while I’ve been coming here.”***

#### 3.2 Reablement Occupational Therapy

- The Reablement OT Assessed a resident in Extra Care Housing and identified the need for riser/recliner chair.
- The bariatric bed had no mattress retainers and mattress was slipping off the bed becoming a high falls risk. The OT exchanged the bed for one with mattress retainers and ordered a riser/recliner chair.
- Patient outcomes were increased independence moving from bed and around home, reduced risk to skin integrity, patient educated about falls risk and no need for increased carers due to independence maintained/improved.
- ***“I would have slipped off that bed and injured myself, this chair is better, and I can move about more now.”***
- Patient is now able to stand from the chair independently and can mobilise into the extra care housing social lounge improving their quality of life.

### 4. Key Issues for the Health and Wellbeing Board to Discuss

- 4.1
- a) Note the content of the Quarter 2 submission
  - b) Provide retrospective approval for the submission to the Regional Better Care Fund panel

### 5. Recommendation

- 4.1
- It is recommended that the Health and Wellbeing Board agree to sign off the Better Care Fund Quarter 2 submission



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## 6. Appendices

1. Health and Wellbeing Board  
report which delegated  
submission
2. Quarter 2 Submission



HWB Report\_BCF  
Q2&3 Submissions ar



Oldham HWB  
2025-26 Quarter 2.xls:

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# Better Care Fund 2025-26

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## Quarter 2 Submission

6<sup>th</sup> November 2025

Alison Berens: Head of Quality and Care Provisioning

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## Purpose

The Better Care Fund (BCF) requires areas to jointly agree to deliver health and social care services supporting improvement in outcomes against the following BCF policy objectives:

- Enable people to stay well, safe and independent for longer
- Provide the right care in the right place at the right time.

The Hospital Discharge Fund, Disabled Facilities Grant and the Improved Better Care Fund (iBCF) are elements of the Better Care Fund 2025-26

# Oldham's allocation 2025-26

Funding Sources	Income
DFG	£2,907,639
NHS Minimum Contribution	£26,081,512
Local Authority Better Care Grant	£13,801,769
<b>Total</b>	<b>£42,790,920</b>

# Reporting and timelines

- The BCF plan for 2025-26 was signed off at the April Health and Wellbeing Board, and agreed to delegate the decision to submit quarterly reporting templates to the Place-Based Lead and Oldham Council’s Chief Executive, in consultation with the Director of Adult Social Care (DASS).
- The reporting schedule for the current year is:

Report	Submission Deadline	Health and Wellbeing Board sign off
<del>Quarter 1</del>	<del>15<sup>th</sup> August 2025</del>	<del>11<sup>th</sup> September 2025</del>
Quarter 2	11 <sup>th</sup> November	15 <sup>th</sup> January 2026
Quarter 3	31 <sup>st</sup> January 2025	5 <sup>th</sup> March 2026
End of Year Report	29 <sup>th</sup> May 2026	TBC

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## Quarter 2 Report Requirements

- Confirmation of meeting national conditions
- Metrics
- High level spend to date
- Same template as Quarter 1, which is usually a lighter touch. Unclear if this template will remain in place for Quarter 3.

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## Metrics – ICB Led

### Emergency Admissions

- Emergency admissions to hospital for people aged 65+ per 100,000 population
  - On track to meet goal
  - GM data suggests that 65+ admissions are generally falling and have been below the 682 target in in month of Q2

### Discharge delays

- Average length of discharge delay for all acute adult patients
  - On track to meet goal (this is an improved position from Q1)
  - Average delay of 8.61 days in Quarter. Local data shows a spike in August, with recovery in September which is attributed to staff holidays. The general trend is downwards compared to 2024/25



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# Metrics – Council Led

## Residential Admissions

- Long term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population
  - On track meet goal
  - Year to date 122 admissions tracks as below the annual target of 272. Based upon the first two quarters, we are below target by 14 admissions, however we anticipate a slight increase in admissions over the winter period.

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## Expenditure

- Quarter 2 Year to date DFG expenditure spend £1,294,152
- Quarter 2 Total expenditure to date £21,235,793
- Actual expenditure is 50% of planned income as the majority of contracts are block arrangements with either Northern Care Alliance or Pennine Care Foundation Trust. This creates a consistent monthly expenditure profile with no material seasonal variation, meaning quarter 1 spend aligns closely with one quarter of the annual plan

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# Case Study – Falls Prevention

Mrs A aged 89 attends a weekly falls prevention classes at Tandle View Court in Royton.

- In the 12 months prior to attending the classes Mrs A had 3 falls.
- She had a stroke prior to her referral, has LVF (left ventricular failure), Heart Disease, Stage 3 Kidney Disease, Osteoporosis, Diverticulitis, Hiatus Hernia and Anxiety. She was on multiple medications.
- The left side of her body was affected by the stroke and she was unable to lift her arm up above shoulder level. She had stopped going out due to anxiety and a fear of falling due to being unsteady.
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- Her confidence and balance have improved since joining the class. After struggling with some of the upper body exercises she is now able to lift her left arm fully up.
- She also enjoys the social time after the class, saying that this is almost as important as the exercises. She has made friends and has started going out again, joining in with some of the activities at Tandle View Court on other days of the week.
- ***“I really enjoy the classes and I always make sure I do my exercises at home. I know that’s really important. I was surprised when I managed to lift my arm up, I hadn’t realised how much I had improved. All of a sudden I could just do it. I had fallen a few times before I was sent to the falls classes but I haven’t fallen while I’ve been coming here.”***

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# Case Study – Reablement Occupational Therapy (OT)

- The Reablement OT Assessed a resident in Extra Care Housing and identified the need for riser/recliner chair.
- The bariatric bed had no mattress retainers and mattress was slipping off the bed becoming a high falls risk. The OT exchanged the bed for one with mattress retainers and ordered a riser/recliner chair.
- Patient outcomes were increased independence moving from bed and around home, reduced risk to skin integrity, patient educated about falls risk and no need for increased carers due to independence maintained/improved.
- ***“I would have slipped off that bed and injured myself, this chair is better, and I can move about more now.”***
- Patient is now able to stand from the chair independently and can mobilise into the extra care housing social lounge improving their quality of life.

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# Recommendations

- That DMT approves the draft submission and it is taken to Deputy Chief Exec for sign off prior to submission.
- It will follow to Health and Wellbeing Board and ICB Committee for information

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# Better Care Fund Service Review

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Dan Cassell: Head of Service Improvement

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# Background

The Better Care Fund (BCF) requires areas to jointly agree to deliver health and social care services supporting improvement in outcomes against the following BCF policy objectives:

- Enable people to stay well, safe and independent for longer
- Provide the right care in the right place at the right time.

The Hospital Discharge Fund, Disabled Facilities Grant and the Improved Better Care Fund (iBCF) are elements of the Better Care Fund 2024-25



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# Purpose

## The Purpose of the BCF Review was to:

- Review the BCF performance indicators at individual scheme level
- Consider an enhanced approach to the performance and assurance approach the BCF investments at scheme level
- Review the current assurance processes, monitoring of impact and value for money
- Review the current governance of the assurance process

# Oldham's allocation 2024/2025

Funding source	2023/24	2024/25
Disabled Facilities Grant	£2,343,287	£2,55,942
Minimum NHS contribution	£21,951,512	£23,193,968
Improved Better Care Fund (iBCF)	£11,187,623	£11,187,623
Additional LA contribution	£0	£0
Additional ICB contribution	£822,739	£762,916
LA Hospital Discharge Fund	£1,568,487	£2,615,146
ICB Hospital Discharge Fund	£1,420,360	£1,975,895
<b>Total</b>	<b>£39,294,008</b>	<b>£42,290,490</b>

# Oldham's allocation 2025-26

Funding Sources	Income
DFG	£2,907,639
NHS Minimum Contribution	£26,081,512
Local Authority Better Care Grant	£13,801,769
<b>Total</b>	<b>£42,790,920</b>

## Reporting and timelines

- The Health and Wellbeing Board signed off the BCF plan for 2024-25 at the July Health and Wellbeing Board and agreed to delegate sign off to approve the quarter reports to the Chief Executive of the Council and Deputy Place Lead at this time, in consultation with DASS and Lead Member.

Quarter	Template available to HWB areas	Signed off HWB submission date
Quarter 1	16 June 2025	29 July 2025
Quarter 2	15 September 2025	31 October 2025
Quarter 3	15 December 2025	30 January 2026
End of Year	12 March 2026	29 May 2026

All templates will be available on the Better Care Exchange

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# Reporting

The Better Care Fund (BCF) uses specific metrics to track its impact on health and social care integration and outcomes. These metrics are used in reporting to assess progress against BCF plans and identify areas for improvement. Key metrics include: avoidable admissions to hospital, admissions to residential and care homes, effectiveness of reablement, and hospital discharges to a person's usual place of residence.

Whilst as a Health and Social care economy we report nationally at a macro level on these indicators, we have little data and analysis at investment / scheme level.

There is potentially the opportunity to increase value for investment and improve efficiency and outcomes for residents by have a better local understand of the granular activity of the service we commission.

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## Metrics – ICB Led

### Avoidable Admissions

- Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS outcome Framework indicator 2.2i)
  - Data not available for Q4 however performance to date suggests on target

### Discharge to normal place of residence

- % of people who are discharged from acute hospital to their normal place of residence
  - Data not available for Q4 however performance in first three quarters was on track

### Falls

- Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,00
  - Target not met, data not available for Q4 but performance up to Q3 was below target

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# Metrics – LA Led

## Residential Admissions

- Rate of permanent admissions to residential care per 100,000 population (65+)
  - Based upon local data, anticipated year end position for this measure is 256 admissions which would equate to a per 100,000 rate of 659 which would be below target of 685 admissions per 100,000.
  - We continue to work to ensure we meet the needs of residents who are experiencing rapid discharge from hospital due to hospital trusts pressures. This has meant that individuals are not healthy enough to be reenabled. We are working closely with enable to ensure the in-reach offer to individuals in residential, nursing care & short stay care is utilised.
  - Anticipated year end position for this measure is 246 admissions which would equate to a per 100,000 rate of 634 which would be below target of 685 admissions per 100,000.
  - We continue to work to ensure we meet the needs of residents who are experiencing rapid discharge from hospital due to hospital trusts pressures. This has meant that individuals are not healthy enough to be reenabled. We are working closely with enable to ensure the in-reach offer to individuals in residential, nursing care & short stay care is utilised.

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## Capacity and Demand

- Monitors pathway 1, 2 and 3 hospital discharge demand against activity
  - Tracking consistent with demand, with the exception of Reablement and Rehabilitation at home, this has seen a reduction in Quarter 4, this is related to historic data quality issues, with quarter 4 provider a more accurate picture than previously.
- Community Activity
  - On track or above, except for the Community Reablement Issue as above
  - Other short term social care as zero due to end of Home from Hospital which had reported on this line up until the end of October 2024

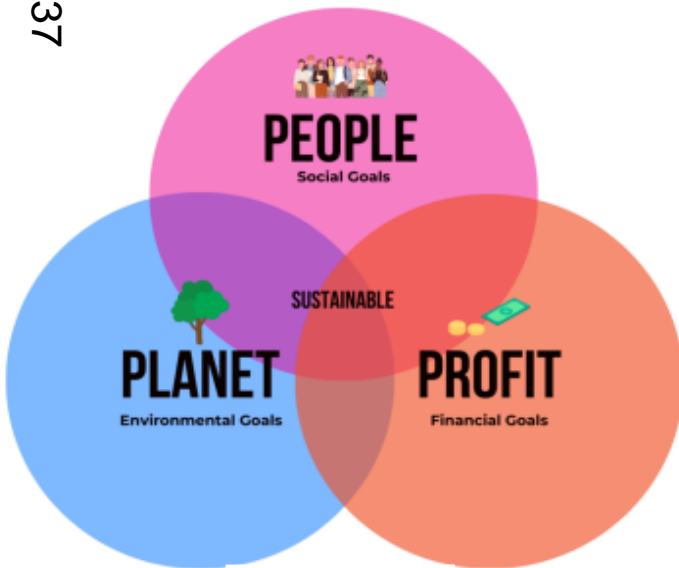


# A new approach to metrics?

Triple bottom line theory expands conventional business success metrics to include an organization's contributions to social well-being, environmental health, and a just economy. These bottom-line categories are often referred to as the three “P’s”: **people**, **planet**, and **prosperity**

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## Triple Bottom Line



## Ready for the Future

Healthier Happier Lives

Great Place to live

Green and Growing

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# Benefits of the triple bottom line approach

## 1. Improved financial performance

- **Cost Savings:** Sustainable practices can lead to reduced operational costs, such as lower energy consumption, less waste generation, and streamlined shipping processes.
- **Increased Productivity and Employee Retention:** Fair hiring practices, a healthy and safe work environment, competitive compensation, and opportunities for development can improve employee morale and productivity, and lead to higher retention rates.

## 2. Risk mitigation

- **Reduced Regulatory Penalties:** Adhering to TBL tenets can help businesses comply with evolving environmental and social regulations, reducing the risk of penalties and legal issues.
- **Enhanced Business Resilience:** Proactively addressing environmental and social risks (e.g., resource scarcity, community backlash) can lead to more resilient and sustainable business operations
- **Stronger Supply Chain:** Focusing on people and planet within the supply chain can lead to more stable and ethically sound sourcing, reducing risks associated with unsustainable or unethical practices.

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# Benefits of the triple bottom line approach

## 3. Stronger organisational culture and social impact

- **Enhanced Corporate Culture:** Fostering fair hiring practices, providing a safe and supportive work environment, and promoting employee development can contribute to a positive and engaged company culture.
- **Positive Societal Impact:** By prioritizing social and environmental factors, businesses can contribute to positive change in communities by supporting local businesses, investing in development, volunteering, and addressing issues like diversity and equal opportunity.

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## 4. Fit for the Future

- **Meeting Consumer Demand:** A growing number of consumers prioritize sustainability and social responsibility when making purchasing decisions, giving TBL-focused businesses a competitive edge in attracting and retaining customers.
- **Innovation and New Opportunities:** Embracing sustainability can lead to innovation, new product development, and access to new markets.

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# Benefits of the triple bottom line approach

For each BCF investment area the system has explored:

## **Output measure x 3 (examples)**

- How many did the service see
- Waiting time
- Waiting list

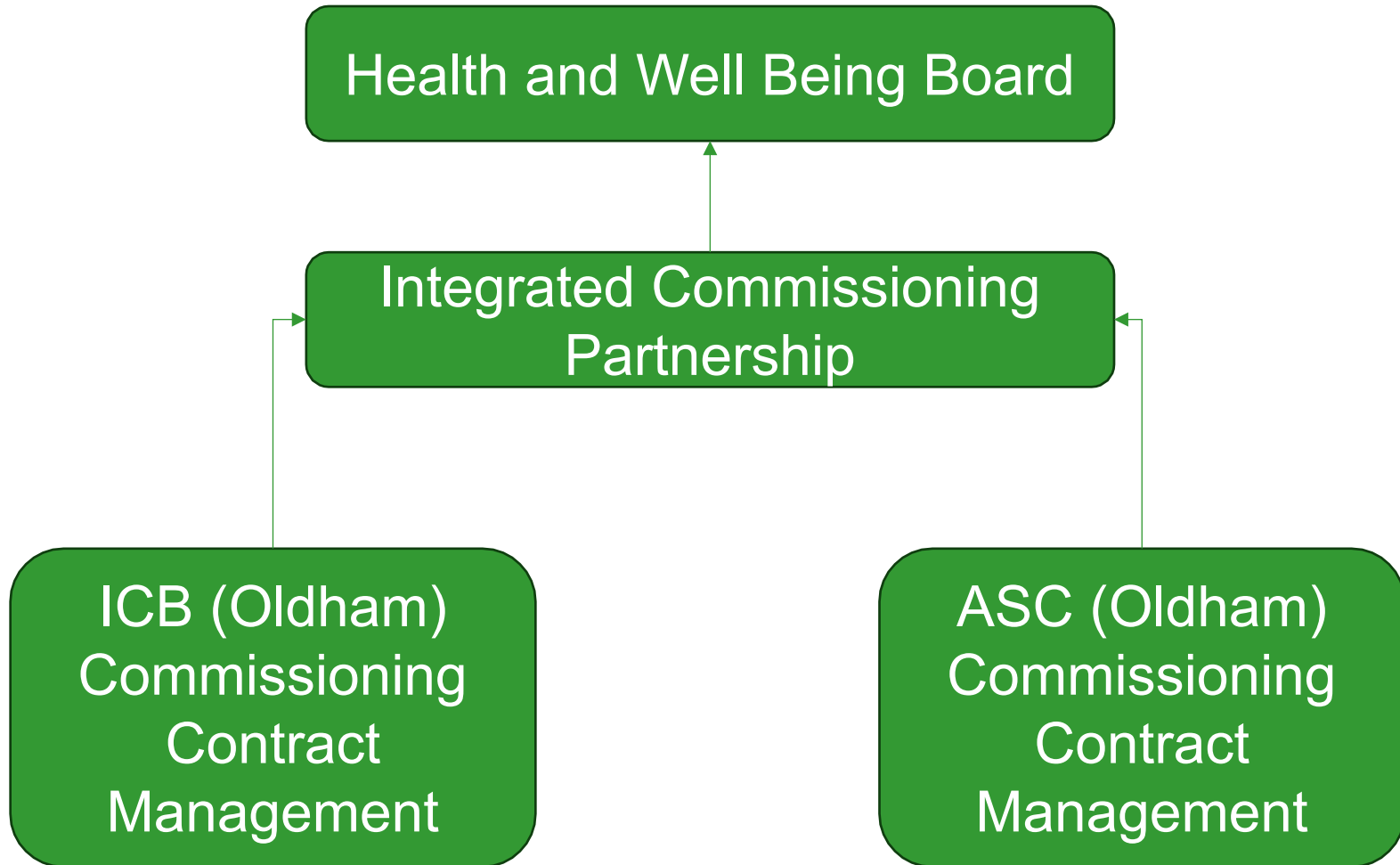
## **Outcome measures x 2-3 (examples)**

- Reduced care package (avoided LTC)
- Delayed input from statutory services (SC or hospital)
- Positive patient / service user / customer experience

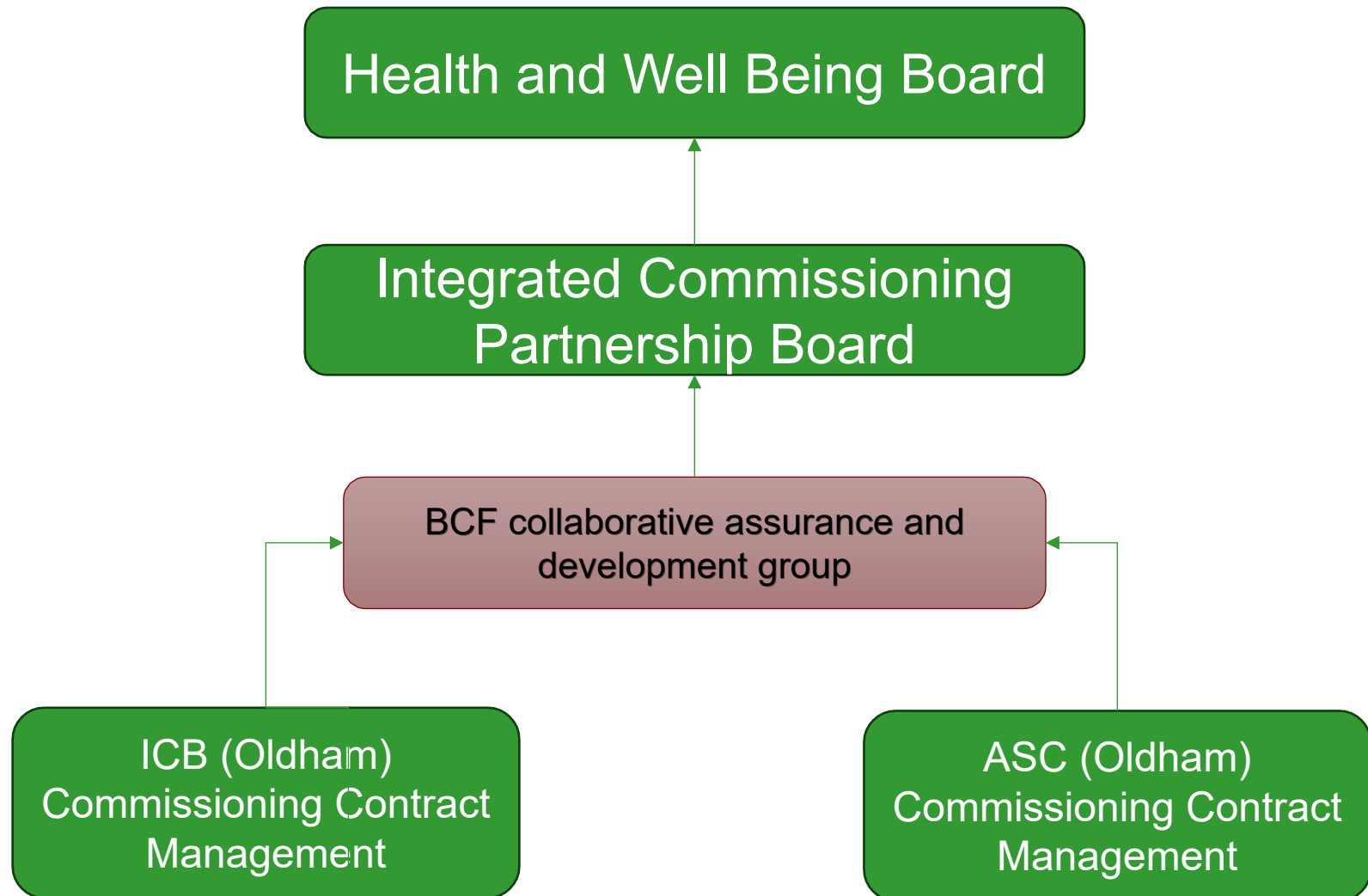
## **Triple Bottom Line Measure/added social value (examples)**

- Each area would agree 1-2 TBL measures
- To create 2 volunteering opportunities
- To employ a % of local people
- To introduce recycling

# Current Governance and Assurance



# Future Governance and Assurance?



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# Impact Summary

## Key Strengths

- Currently robust reporting and is meeting statutory reporting functions
- Existing schemes performing well against national metrics
- Good informal communication / collaboration at operational commissioning level
- Good understanding of services commissioned by individual commissioners

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## Key challenges

- Contractual arrangements and pressure across the whole system means it is difficult to 'shift' anything in line with demand, when pressures and demand are being seen throughout
- Increased acuity at discharge remains a challenge
- Elements of silo working and silo decision making in terms of commissioned services
- Lack of data and system visibility of outcome data to support system wide decision making

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# Recommendations

- Note the good progress and performance of the current BFC programme
- Support the further development of enhanced performance indicators at services level
- Support the development of the collaborative governance group (Terms of Reference to be approached by ICP)



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# Questions?

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# **#BeeWell: Oldham School data & response**

Thursday 24th April 2025





# What is #BeeWell?

#BeeWell is a collaboration between The University of Manchester, The Gregson Family Foundation and Anna Freud, who, together with the Greater Manchester Combined Authority (GMCA), founded the programme in 2019.

#BeeWell believes that young people's wellbeing is as important as their academic attainment. Using a co-designed survey, we listen to the voices of as many young people as possible; publish the results privately to schools and publicly by neighbourhood; and drive action across society to improve young people's wellbeing. #BeeWell's mission is to see this approach implemented nationally.

#BeeWell's three main principles are to:

- Listen to young people's voices
- Act together for change
- Celebrate young people's wellbeing

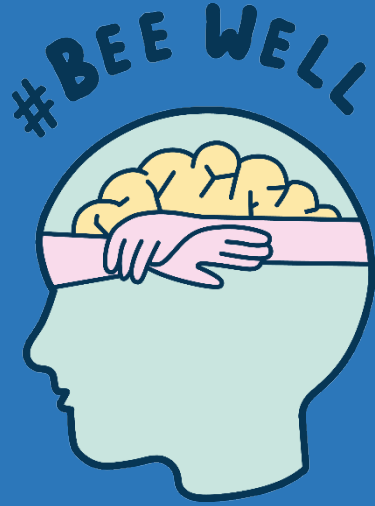


**In four years, #BeeWell GM has heard from 100,000 young people, from 198 secondary schools.**



# Oldham School Engagement

Oldham Schools	2021 (Year 8 & 10)	2022 (Year 9 & 10)	2023 (Year 10)	2024 (Year 7 & 10)
Young People	3,963	4,240	2,081	4,207



# Autumn 2024 Headline Findings Years 7 and 10

# Happy

## What does the data tell us?

55.1% of Year 10s report good levels of wellbeing or higher, compared to 56.5% in 2023, 51.9% in 2022 and 51.7% in 2021.

Average life satisfaction (6.7/10) and mental wellbeing scores of young people in GM and Oldham (7/10) are lower than those of young people in England (7.6/10).

14% of young people in Year 10 report elevated levels of emotional difficulties, with a slight improvement over time.

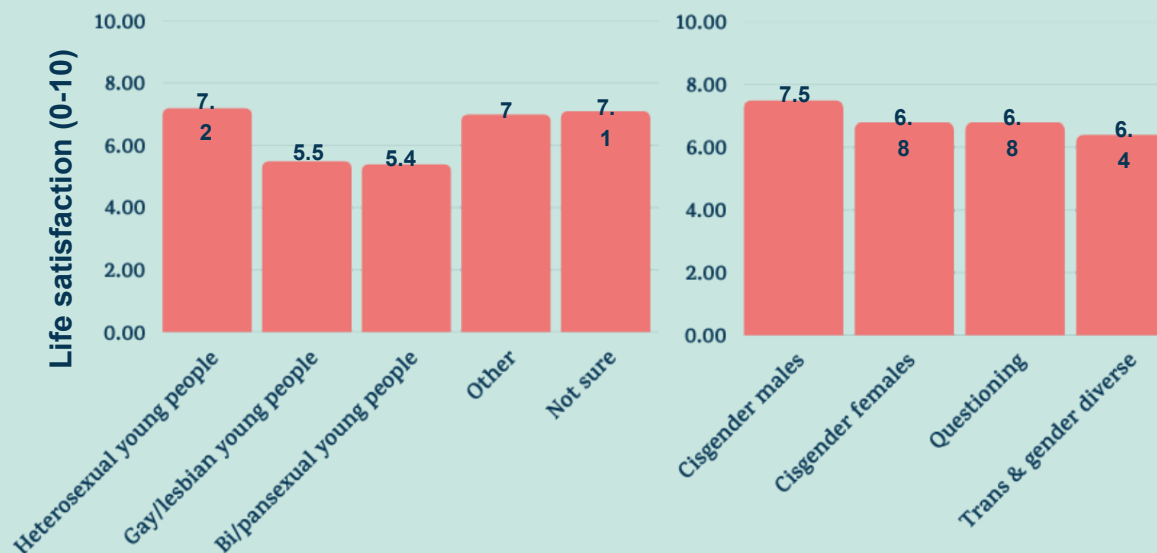
75% of young people (3 in 4) feel like they have someone to talk to.



This drops to 69% of boys.

### Inequalities in wellbeing

Inequalities persist according to gender and sexual orientation. This graph shows life satisfaction scores by gender and sexual orientation (All pupils, Years 7 and 10).





# Happy

## What does the data tell us in Oldham?

Psychological wellbeing	OC	OE	ON	OS	OW	Oldham 21.9
Life satisfaction	OC	OE	ON	OS	OW	Oldham 7.0
Emotional difficulties	OC	OE	ON	OS	OW	Oldham 6.0

Relationships with parent/carers	OC	OE	ON	OS	OW	Oldham 21.9
Friendships and social support	OC	OE	ON	OS	OW	Oldham 7.0
Loneliness	OC	OE	ON	OS	OW	Oldham 6.0
Bullying	OC	OE	ON	OS	OW	Oldham

OC	Oldham Central
OE	Oldham East
ON	Oldham North
OS	Oldham South
OW	Oldham West





# Healthy

## What does the data tell us?



### Physical activity



**1 in 3 young people in Year 10 are doing one hour of physical activity per day.**

**However, this drops to 1 in 4 (27%) of Year 10 girls.**



**40% of young people in Year 7 are doing one hour of physical activity per day.**

### Nutrition

**1 in 10 young people are eating 5 portions of fruit and vegetables per day.**



**1 in 10 young people agreed that most days in their home, “The food we bought didn’t last, we didn’t have money to get more.”**

### Sleep



**57% of young people (13 in 22) in Year 10 say they get enough sleep to feel awake and concentrate throughout the school day.**

**This is compared to 70% of young people in Year 7.**

### Physical health

**87% of young people in Greater Manchester report having good, very good or excellent physical health. This drops to 85 % in Oldham, 81% of young people in Year 10, but rises to 89% for young people in Year 7.**



# Healthy

## What does the data tell us in Oldham?

By neighbourhood (Overall figures)

Physical health	OC	OE	ON	OS	OW	Oldham 84.8%
Sleep	OC	OE	ON	OS	OW	Oldham 63%
Nutrition (fruit and veg)	OC	OE	ON	OS	OW	Oldham 73.2%

Particularly driven by Year 10, with all but Oldham North in Red for fruit & veg.

OC	Oldham Central
OE	Oldham East
ON	Oldham North
OS	Oldham South
OW	Oldham West





# Access to healthy food

**“The food we bought didn’t last,  
we didn’t have money to get  
more.”**



**7 in 10** young people said this  
almost never happened in their  
home.

**1 in 10** young people said this  
happened most days.

**1 in 10** young people are eating 5  
portions of fruit and vegetables  
per day.



**This is consistent for both Year 7 and Year 10,  
with 2% more young people in Year 7  
reporting they eat 5 portions of fruit and  
vegetables per day.**



# Girl’s physical activity



1 in 3 (33%) young people in Year 10 are doing one hour of physical activity per day.

This drops to 1 in 4 (23%) of Year 10 girls.

This is compared to 44% of Year 10 boys.



By neighbourhood (Overall figures)



Amber for Y10, all others the same

By neighbourhood (Girls only)



OC	Oldham Central
OE	Oldham East
ON	Oldham North
OS	Oldham South
OW	Oldham West

# Safer & stronger

## What does the data tell us?



### Safety

81% of young people in Year 10 feel safe in their local area (within 5 minutes of their home), compared to 85% of young people in Year 7.



4 in 5 young people

79% of young people eligible for free school meals (FSM) feel safe, compared to 85% of young people not eligible. Scores vary between 80% and 88% across neighbourhoods.

### Good places to go in free time

61% of young people (6 in 10) in Year 10 agree or strongly agree they have good places to spend their free time.

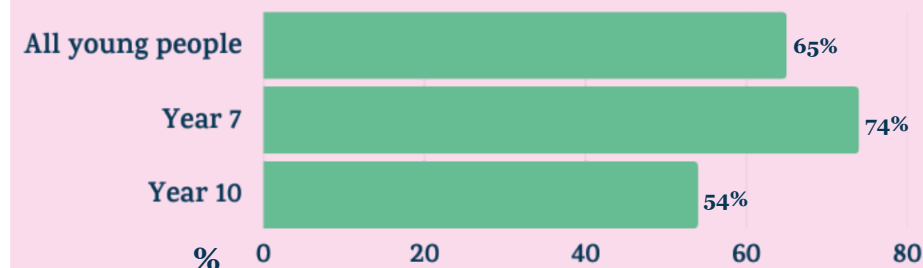


6 in 10 young people.

This is compared to 79% of Year 7s.

### Participation in arts, culture and entertainment activities

65% of young people report frequent (monthly or more) engagement in six or more activities.



The most favourable activities are listening to music (89%), watching TV (87%), doing sport and physical activities (85%) and gaming (81%). The least favourable activities are going to the cinema or theatre (29%) and going to youth clubs (29%).



# Safer & stronger

## What does the data tell us in Oldham?

Environment and Society								
Home environment	8.4	8.5	8.5	8.5	8.4	<b>8.5</b>	8.5	Scores: 0-10
Safe area	83.3%	<b>79.3%</b>	85.2%	<b>78.8%</b>	84.4%	<b>82.3%</b>	83.5%	<i>Very safe, Fairly safe</i>
Being heard	3.6	3.7	3.7	3.6	3.6	<b>3.6</b>	3.7	Scores: 0-5
Food security	<b>20.6%</b>	17.5%	<b>18.6%</b>	<b>18.8%</b>	<b>19.0%</b>	<b>18.8%</b>	17.4%	<i>Often, Sometimes</i>
Material deprivation	8.5	8.6	8.7	8.6	8.5	<b>8.6</b>	8.6	Scores: 0-10
	OC	OE	ON	OS	OW	<b>Oldham</b>	GM	





# Live Well Measures

75% of young people feel like they have someone to talk to.



This drops to 69% of boys.

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Someone in your family	OC	OE	ON	OS	OW	Oldham 41.7%
A close friend	OC	OE	ON	OS	OW	Oldham 39.3%
A trusted adult	OC	OE	ON	OS	OW	Oldham 17.0%
A teacher	OC	OE	ON	OS	OW	Oldham 16.0%
Someone working in school mental health	OC	OE	ON	OS	OW	Oldham 11.5%
Online help	OC	OE	ON	OS	OW	Oldham 7%



# School belonging

#BeeWell Headline Finding



**3 in 5 young people (60%)  
feel like they belong at  
school 'quite a bit' or 'a lot'.**

OC	Oldham Central
OE	Oldham East
ON	Oldham North
OS	Oldham South
OW	Oldham West

By neighbourhood...

OC	OE	ON	OS	OW	Oldham
----	----	----	----	----	--------

**Our Youth Steering Group  
believe that school  
belonging will have an  
impact on other aspects of  
their wellbeing, for  
example...**



**4 in 5 young people in Year 10  
have hope and feel optimistic for  
their future.**

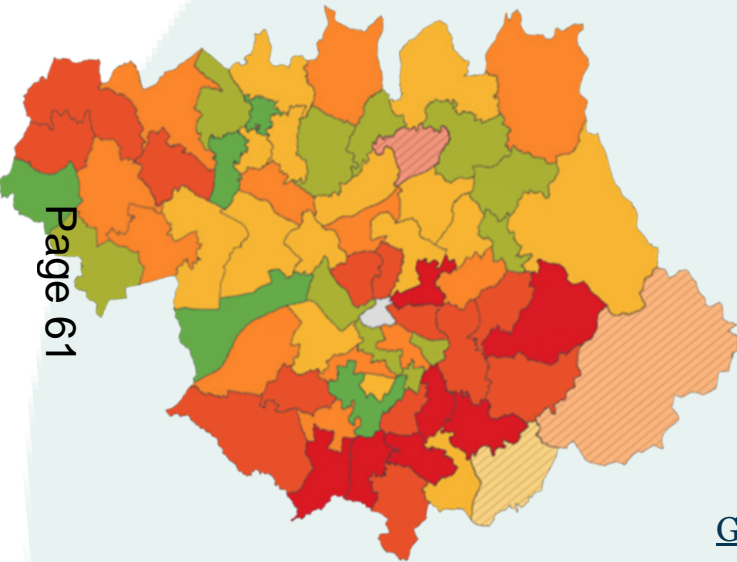
**The average life satisfaction score  
for young people in Greater  
Manchester is 6.6/10, compared to  
7.6/10 across England. LGBTQ+  
young people report lower wellbeing  
scores than their cisgender,  
heterosexual peers.**





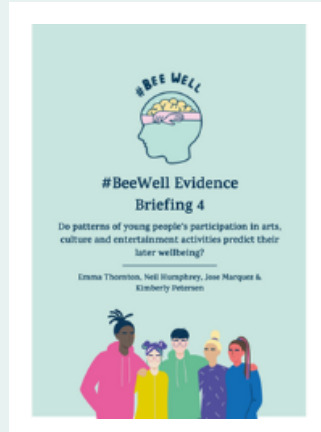
# What happens with #BeeWell survey responses?

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**Neighbourhood dashboard, using home postcode. Publicly available.**

<https://uomseed.com/beewell-gm-neighbourhoods/>



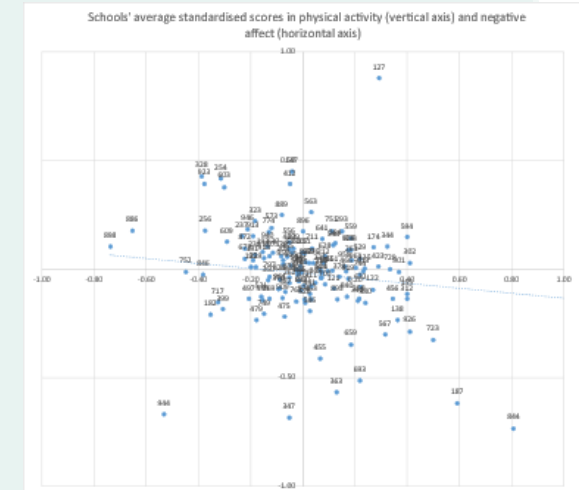
**Thematic reports & briefings**

[Greater Manchester #BeeWell Reports & Briefings - #BeeWell \(beewellprogramme.org\)](#)



**Confidential school dashboards**

Provided annually to schools by February.



**Bespoke data cuts**

Submit requests via our [#BeeWell data requests form.](#)

**Your neighbourhoods: the headline wellbeing metrics**

	Hey	Mid	Pen	RN	RS	Rochdale
Psychological wellbeing	a	a	a	a	a	a (n=1293, mean=21.8)
Life satisfaction	f	a	a	a	a	a (n=1342, mean=6.5)
Negative affect	a	a	a	a	a	a (n=1306, mean=6.3)

**Locality “at a glance”. Requires password.**

<https://uomseed.com/beewell-gm-locality/main/>

Oldham password: mYjKRT69Qq^i



## Appendix 1 – Glossary

A&E	Accident and Emergency	LGBT	Lesbian, Gay, Bisexual and Transgender
AIDS	Acquired Immune Deficiency Syndrome	LMC	Local Medical Committee
AUR	Appliance Use Review	LPC	Local Pharmaceutical Committee
BME	Black and Minority Ethnic	LPS	Local Pharmaceutical Service
CCG	Clinical Commissioning Group	LSOA	Lower Super Output Areas
CHD	Coronary Heart Disease	LTC	Long Term Condition
COPD	Chronic Obstructive Pulmonary Disease	MI	Myocardial Infarction
COVER	Cover of Vaccination Evaluated Rapidly	MMR	Measles, Mumps and Rubella
CPCF	Community Pharmacy Contractual Framework	MUR	Medicines Use Review
CPCS	Community Pharmacy Consultation Service	NEX	Needle and Syringe Exchange Services
CVD	Coronary Vascular Disease	NHS	National Health Service
DAC	Dispensing Appliance Contractor	NHSBSA	NHS Business Services Authority
EHC	Emergency Hormonal Contraception	NHSCB	NHS Commissioning Board
EPS	Electronic Prescription Service	NHSE	NHS England
ES	Essential Services	NICE	National Institute for Clinical & Healthcare Excellence
GCSE	General Certificate of Secondary Education	NMS	New Medicine Service
GFR	General Fertility Rate	NW	North West
GM	Greater Manchester	ONS	Office for National Statistic
GMJCT	Greater Manchester Joint Commissioning Team	OOH	Out of Hours
GP	General Practitioner	PCT	Primary Care Trust
HIV	Human Immunodeficiency Virus	PGD	Patient Group Direction
HWB	Health and Wellbeing Board	PHE	Public Health England
ICB	Integrated Care Board	PNA	Pharmaceutical Needs Assessment
ICS	Integrated Care Service	PQS	Pharmacy Quality Scheme
IMD	Index of Multiple Deprivation	SAC	Stoma Appliance Customisation
JHWS	Joint Health and Wellbeing Strategy	SAR	Standardised Admission Ratio
JSA	Jobseeker Allowance	SMR	Standardised Mortality Rate
JSNA	Joint Strategic Needs Assessment	STDs	Sexually Transmitted Diseases
LA	Local Authority	STIs	Sexually Transmitted Infections
LCS	Locally Commissioned Services	TB	Tuberculosis

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# **Bury, Oldham and Rochdale PNA Steering Group**

## **Terms of Reference**

**28<sup>th</sup> November 2024**

# Terms of reference

## Terms of Reference

<b>Name of Group</b>	Bury, Oldham and Rochdale Pharmaceutical Needs Assessment (PNA) Steering Group
<b>Reports to</b>	Reports to the Health and Wellbeing Board (HWB) via the HWB Lead/HWB PNA Champion for each local authority
<b>Bodies reporting to this Group</b>	None
<b>Chair</b>	NHS Greater Manchester Pharmacist
<b>Membership</b>	<p>Representatives from the NHS Greater Manchester Community pharmacy integration and commissioning portfolio team:</p> <ul style="list-style-type: none"> <li>• Portfolio Lead Pharmacist</li> <li>• Strategic Medicines Optimisation Pharmacist</li> <li>• Senior Medicines Optimisation Pharmacist</li> </ul> <p>Representatives from Bury, Oldham and Rochdale local authority public health team.</p> <p>Representatives from Bury, Oldham and Rochdale local authority communications and engagement team.</p> <p>Representative from NHS Greater Manchester Primary Care Contracts Team.</p> <p>Representative from the Local Pharmaceutical Committee (LPC).</p> <p>Representative from Healthwatch.</p>
<b>Function of the group</b>	The primary role of the group is to advise and develop structures and processes to support the preparation of a comprehensive, well researched, well considered and robust pharmaceutical needs assessment, building on

expertise from across the local healthcare community.

Establishing the group will also ensure that the views of the main stakeholders are considered throughout the process of writing the document.

## **Responsibilities/Actions**

The NHS Greater Manchester team will lead the development of the PNA and will ask for support from all stakeholders during the process with regards to collating information and reviewing specific areas.

The steering group will report directly to the HWB in line with the local authorities usual reporting structures.

The HWB will need to decide how much it wishes to delegate to the steering group; for example, does it wish to sign-off the consultation version of the pharmaceutical needs assessment or will it delegate this to the group.

The group will identify and report any issues and risks to the HWB that may jeopardise the successful completion of the PNA.

## **Outputs of the Group**

The group will develop a PNA for Bury, Oldham and Rochdale HWB, meeting the statutory requirements specified in 'The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

## **Frequency of Meetings**

The group will meet via Microsoft teams, and will have email exchanges, as often as required to ensure successful completion of the PNA.

As there is local experience of producing PNA's it may not be necessary for the steering group to meet monthly. As HWB's will have experience of producing a PNA, it may only be necessary for there to be a minimum of four meetings.

The meeting frequency will be regularly reviewed to ensure that project timelines are met as the work progresses.

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# Appendix 3 – Public survey results - Oldham

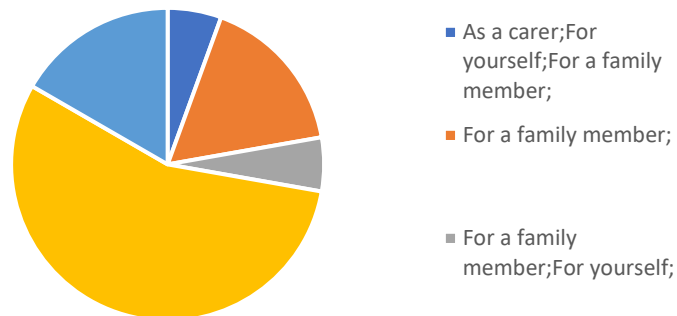
Survey ran 4<sup>th</sup> February 2025 to 21<sup>st</sup> March 2025.

There were 18 responses

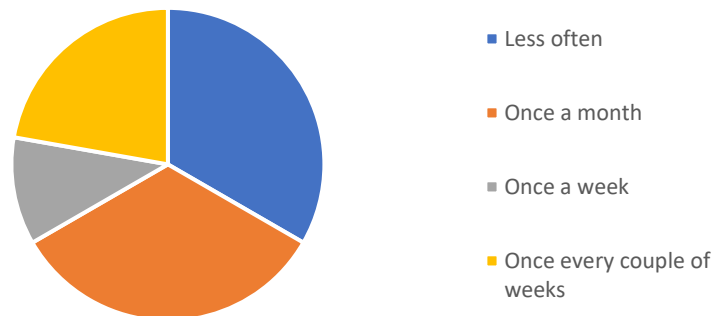
Q1 not included as had 100% yes response

Q2 & Q3 not included as ask postcode and where respondent lives due to use  
of Pan GM survey

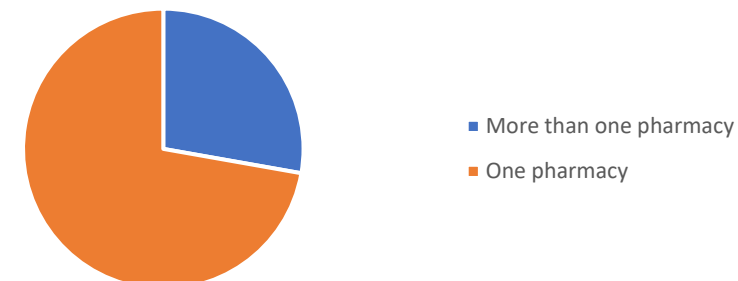
Q4. Why do you use a pharmacy?



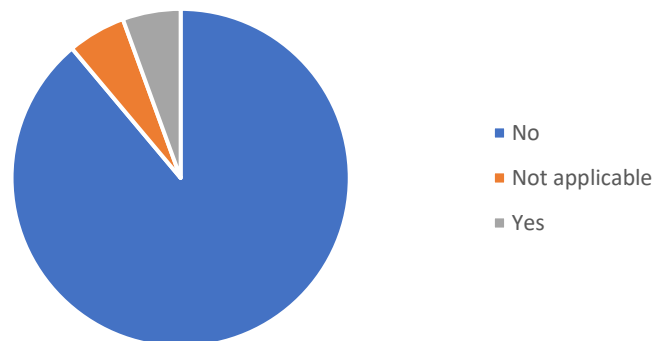
Q5. How often do you use a pharmacy?



Q6. Do you use one pharmacy or a number of pharmacies?



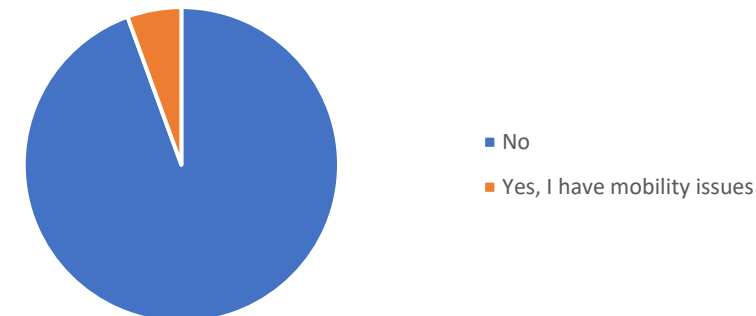
Q7. Do you have problems accessing a pharmacy due to location?



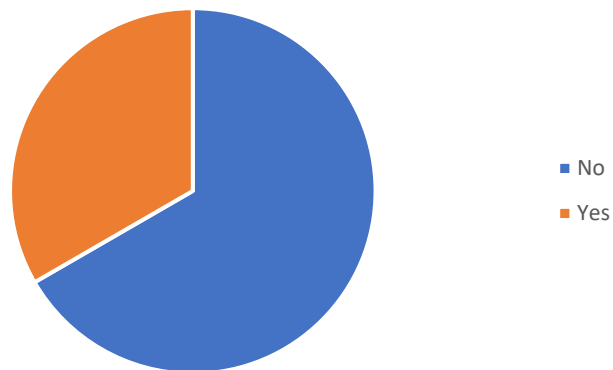
Q8. If you answered 'yes' to Q7, please explain why:

- I have to drive to it and I'm 91

Q11. Do you have any difficulties accessing a pharmacy of your choice?



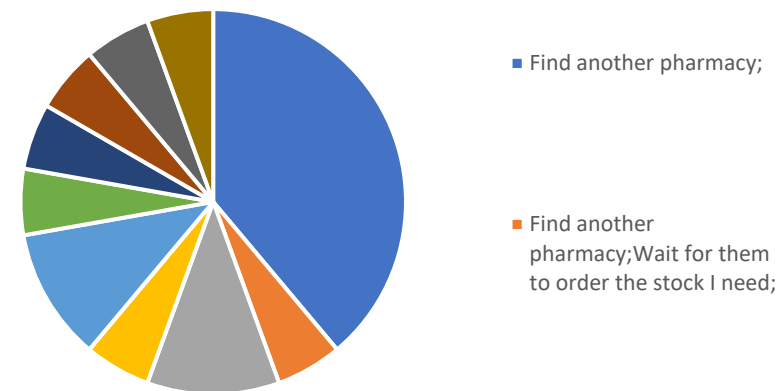
Q9. Do you have problems accessing a pharmacy due to opening hours?



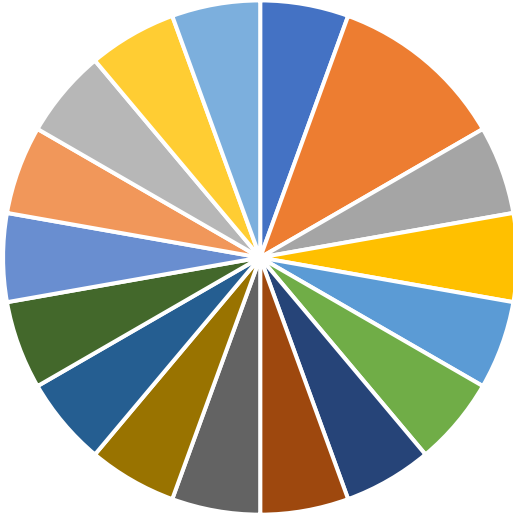
Q10. If you answered 'yes' to Q9, please explain why:

- I work until 4:45pm
- Not ususally open evenings or weekends
- Only open during working hours, when I'm in work
- Pharmacy does not open for long enough, my local does not open on weekends
- Rarely open on a weekend
- Step into the shop

Q12. If you were unable to access your regular pharmacy, or they didn't have the things you need, what would you do

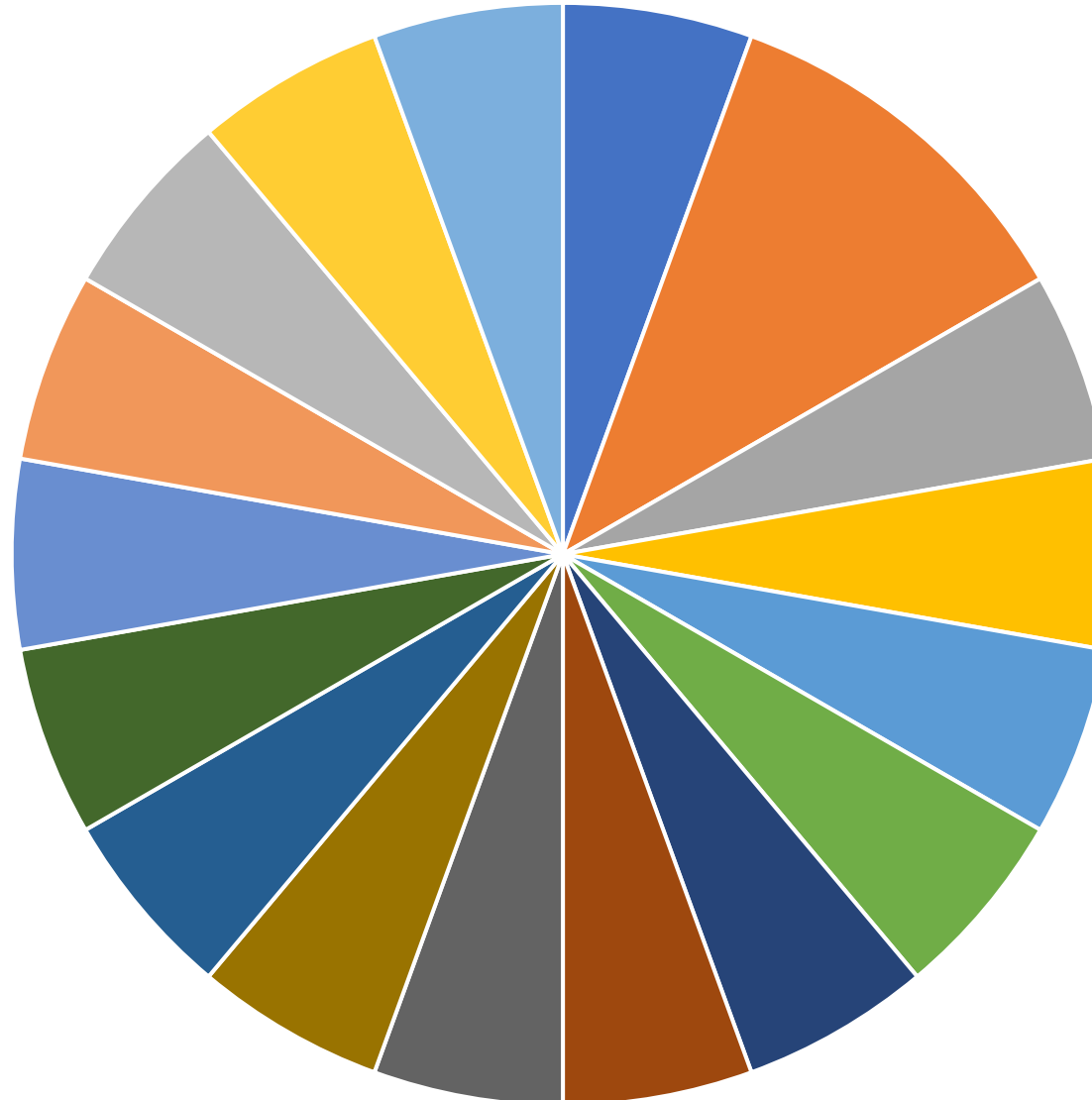


Q13. Thinking of the pharmacy you use most, tick as many of the following reasons for your choice



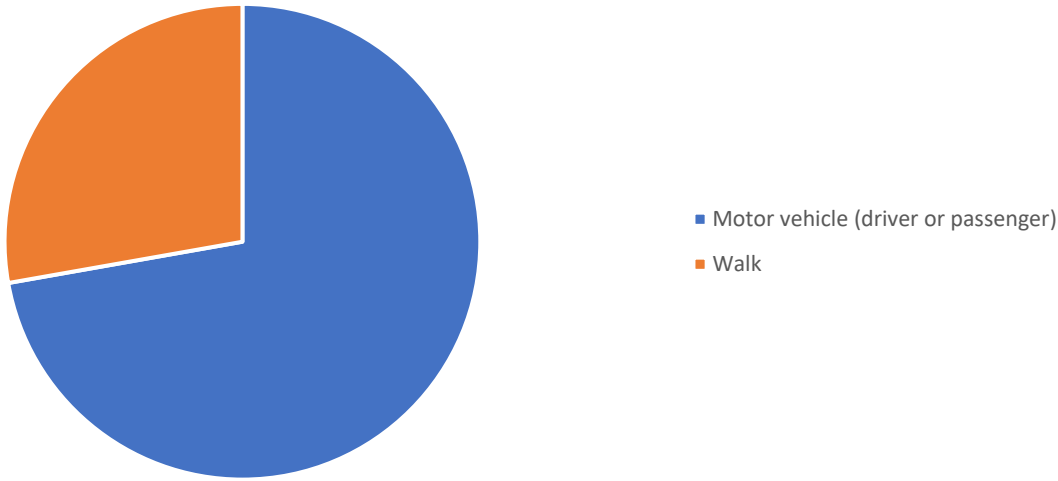
- Convenient ;
- I do not have to wait long for a walk-in service;
- I do not have to wait long for a walk-in service;The staff are friendly;The staff respect my privacy;
- I do not have to wait long for a walk-in service;The staff respect my privacy;The staff are friendly;The staff are knowledgeable;They offer a collection service;
- I do not have to wait long for a walk-in service;They offer a collection service;
- I don't agree with any of these statements;
- The staff are friendly;
- The staff are friendly;The staff are knowledgeable;I do not have to wait long for a walk-in service;
- The staff are friendly;The staff are knowledgeable;The staff speak my first language Please state your first language below;;

Q14. Thinking of the pharmacy you use most, tick as many of the following reasons for your choice

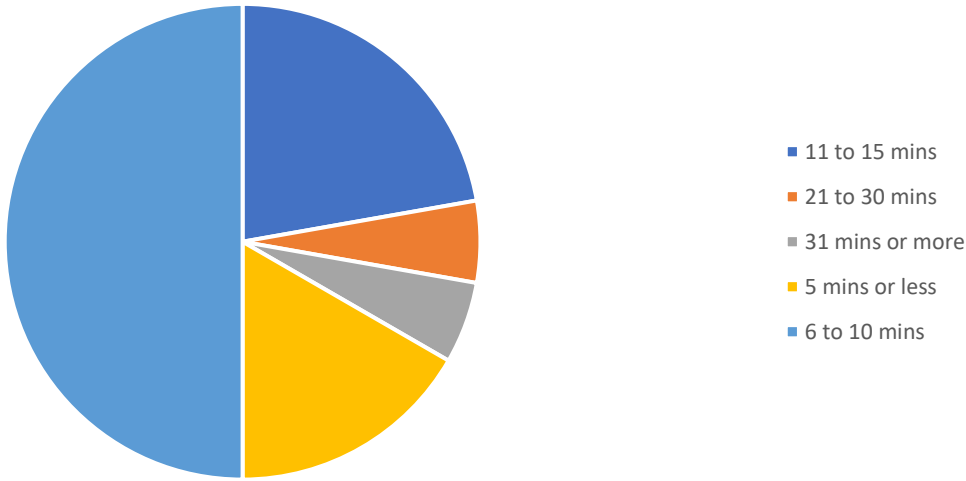


- Convenient ;
- I do not have to wait long for a walk-in service;
- I do not have to wait long for a walk-in service;The staff are friendly;The staff respect my privacy;
- I do not have to wait long for a walk-in service;The staff respect my privacy;The staff are friendly;The staff are knowledgeable;They offer a collection service;
- I do not have to wait long for a walk-in service;They offer a collection service;
- I don't agree with any of these statements;
- The staff are friendly;
- The staff are friendly;The staff are knowledgeable;I do not have to wait long for a walk-in service;
- The staff are friendly;The staff are knowledgeable;The staff speak my first language Please state your first language below;;
- The staff are friendly;The staff are knowledgeable;They offer a collection service;
- The staff are friendly;The staff respect my privacy;
- The staff are friendly;They offer a collection service;The staff speak my first language Please state your first language below;;English;

Q15. What is your usual method of travel when you visit a pharmacy?



Q16. On average, how long does it normally take you to get to your pharmacy?



Q17. When thinking about the time a pharmacy is open, please tell us which of the following are important to you.

	Essential	Fairly Important	Total of Essential and Fairly Important	Unimportant	Not necessary	Total of Unimportant and Not necessary	Not sure
Weekday: Early Morning (before 9am)	11%	39%	50%	28%	22%	50%	0%
Weekday: During the day	50%	28%	78%	11%	11%	22%	0%
Weekday: Lunchtime	28%	33%	61%	22%	17%	39%	0%
Weekday: Early evening between 6pm and 9pm	39%	50%	89%	11%	0%	11%	0%
Weekday: Late evening after 9pm	6%	61%	67%	17%	16%	33%	0%
Saturday: Early Morning (before 9am)	11%	28%	39%	28%	33%	61%	0%
Saturday: Morning	22%	61%	83%	17%	0%	17%	0%
Saturday: Afternoon	22%	61%	83%	11%	6%	17%	0%
Saturday: Evening after 6pm	11%	44%	55%	28%	17%	45%	0%

Sunday: Early Morning (before 9am)	11%	22%	33%	50%	17%	67%	0%
Sunday: Morning	22%	44%	66%	28%	6%	34%	0%
Sunday: Afternoon	22%	56%	78%	16%	6%	22%	0%
Sunday: Evening after 6pm	11%	33%	44%	45%	11%	56%	0%
Bank Holidays: Early Morning (before 9am)	11%	22%	33%	39%	28%	67%	0%
Bank Holidays: Morning	22%	33%	55%	28%	17%	45%	0%
Bank Holidays: Afternoon	17%	44%	61%	28%	11%	39%	0%
Bank Holidays: Evening after 6pm	11%	33%	44%	33%	17%	50%	6%

Q18. Please tell us which of the following are important to you

	Essential	Fairly Important	Unimportant	Not necessary	Not sure
Convenient location	9	7	2	0	0
Parking	8	6	1	3	0
Friendly staff	10	7	1	0	0
Short waiting times	8	10	0	0	0
Private area to speak to the pharmacist	10	6	1	1	0
Seeing my regular pharmacist if I want to	3	6	6	3	0
Providing clear advice on my prescription and over the counter medicines	7	9	1	1	0
Being able to use it in an emergency	9	7	2	0	0

Q19. How satisfied are you with each of the following aspects of service at your regular pharmacy, from very satisfied to very unsatisfied?

	Very satisfied	Satisfied	Unsatisfied	Very unsatisfied	N/A
Being open when you need it	3	19	3	1	1
Location	9	7	1	0	1
Parking facilities	4	9	1	2	2
Knowledge of staff	6	10	0	1	1
Staff attitude	6	10	1	0	1
Waiting times	5	10	1	1	1
Private consultation areas	8	2	0	1	7
The pharmacist / pharmacy staff taking time to talk to you	4	8	2	2	2
The pharmacy having the things you need	3	10	2	2	1
The pharmacist offers advice when need	4	8	1	1	4
Overall pharmacy service	3	11	2	1	1
Physical access into the building	6	8	1	1	2
Being able to use it in an emergency	1	8	3	1	5

Q20. How often do you use any of the following services available from your pharmacy?

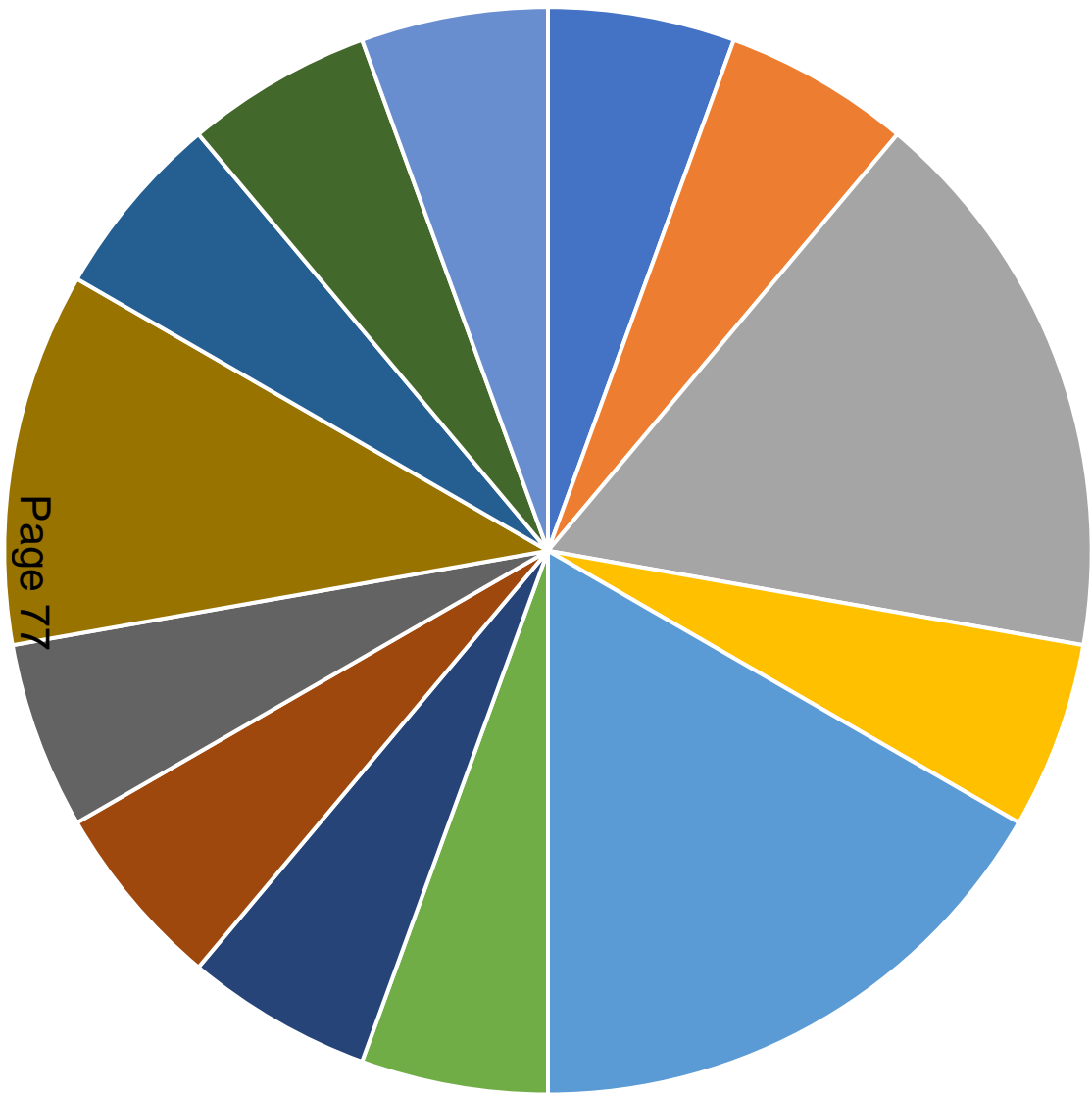
	Used in the last three months	Used in the last year	Not used in the last year but may need to use in the future	Not used in the last year and not relevant to my needs	I don't know what this is
Delivery of medicines to my home	3	0	5	9	1
Purchased Over the Counter medicines	5	7	4	2	0
Electronic Repeat Dispensing	8	2	3	4	1
Collection of regular prescription medicines	13	2	2	1	0
Collection of occasional prescription medicines	9	8	0	1	0
NHS Urgent medicine supply	2	1	7	7	1
Dispose of unwanted medication	1	1	6	9	1
Emergency Hormonal Contraception (morning after pill)	1	0	2	14	1
Chlamydia testing or treatment	0	0	4	13	1
Condom distribution service	0	0	3	14	1
Contraception	0	3	3	11	1
Pharmacy First Service	2	0	4	4	8
Minor Ailment Scheme (Access to certain free over the counter medicines to avoid a GP visit when eligible)	0	0	7	4	7
Stop Smoking Service	0	0	1	16	1
Substance Misuse Service e.g. Observed Consumption of Medication, needle exchange service	0	0	1	16	1
Early morning opening (before 9am)	1	1	8	7	1
Late night opening (after 7pm)	0	6	7	4	1
Saturday opening	1	7	6	3	1
Sunday opening	1	4	8	4	1
Bank Holiday opening	1	3	8	5	1

Q21. How often do you use any of the following services available from your pharmacy

	Used in the last three months	Used in the last year	Not used in the last year but may need to use in the future	Not used in the last year and not relevant to my needs	I don't know what this is
Blood Pressure Check	1	0	9	8	0
Lateral Flow Device (NHS Service)	1	1	5	8	3
Flu Vaccine	2	3	3	10	0
COVID Vaccine	2	2	3	11	0
New Medicine Service	0	0	5	9	4
Diabetes Screening	0	0	5	13	0
Healthy Weight advice	0	1	5	12	0
Health Tests, e.g. cholesterol	0	0	6	12	0
Long term condition advice	0	0	6	10	2
Sharps Bin Disposal	0	0	3	15	0
Palliative Care Medicines	0	0	3	15	0
Referral from NHS 111	0	2	6	10	0
Other	0	0	4	12	2

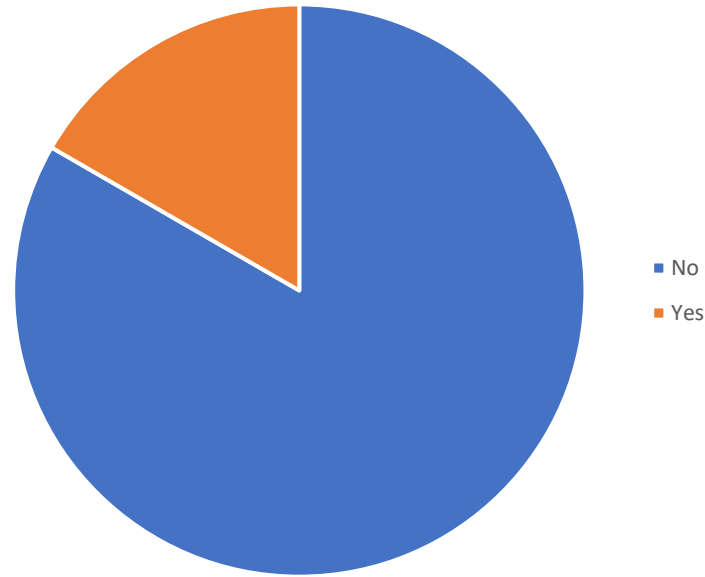


Q22. Which organisation, if any, would you contact if you wished to get information?



- Friends/family;Your family doctor/GP/GP surgery;
- Nobody, I would not look for information about this issue;
- Not applicable;
- Practice nurse;Your family doctor/GP/GP surgery;
- Your family doctor/GP/GP surgery;
- Your family doctor/GP/GP surgery;An NHS non-emergency telephone helpline, such as NHS 111;
- Your family doctor/GP/GP surgery;Friends/family;
- Your family doctor/GP/GP surgery;Friends/family;An NHS non-emergency telephone helpline, such as NHS 111;
- Your family doctor/GP/GP surgery;NHS choices;
- Your family doctor/GP/GP surgery;NHS walk-in centres;An NHS non-emergency telephone helpline, such as NHS 111;
- Your family doctor/GP/GP surgery;NHS walk-in centres;Friends/family;An NHS non-emergency telephone helpline, such as NHS 111;
- Your family doctor/GP/GP surgery;NHS walk-in centres;Other internet (not NHS choices);Friends/family;
- Your family doctor/GP/GP surgery;Practice nurse;NHS walk-in centres;Sexual health service;Other healthcare professional ;An NHS non-emergency telephone helpline, such as NHS 111;

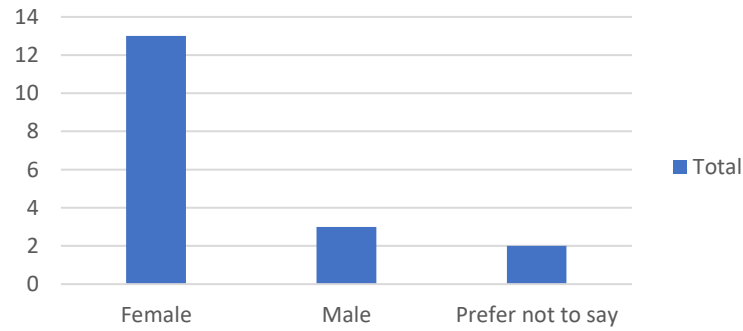
Q23. Are there any other services you would like your pharmacy to offer?



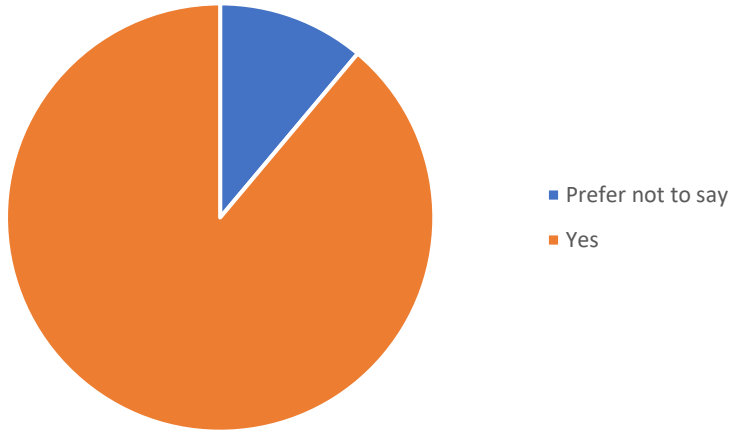
Q24. If Yes Please explain why.

- Reissue of prescriptions. I have had serval occasions where I have been without medication due to this. The pharmacy has given part of my prescription then can't get medicine in. I am then unbale to take it to another pharmacy without going back to the doctor. Time wasted for all involved.
- Contraception
- Send a text when a delivery of repeat medication is due

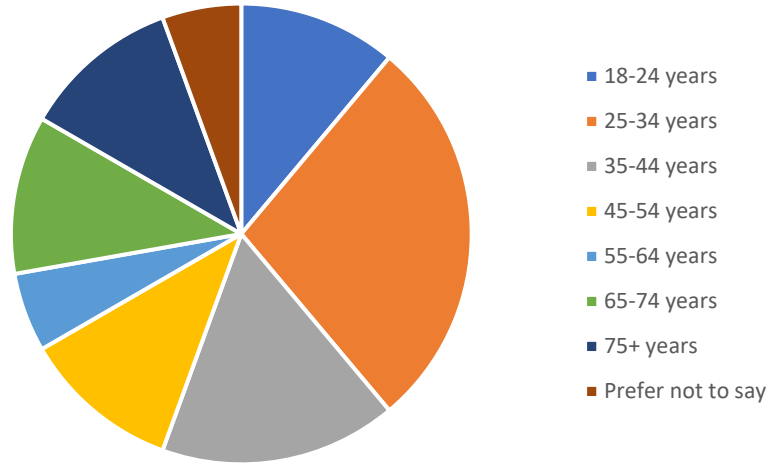
Q25. Gender



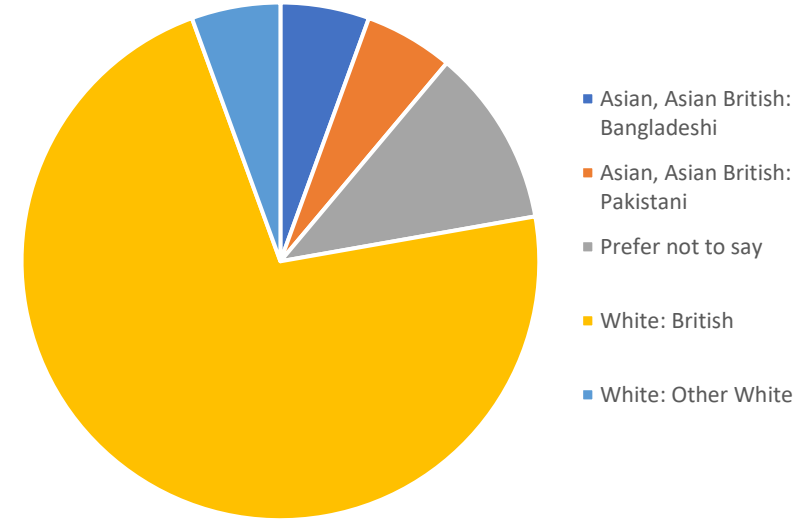
Q26. Do you identify with the sex you were assigned at birth? (e.g. Male or Female)



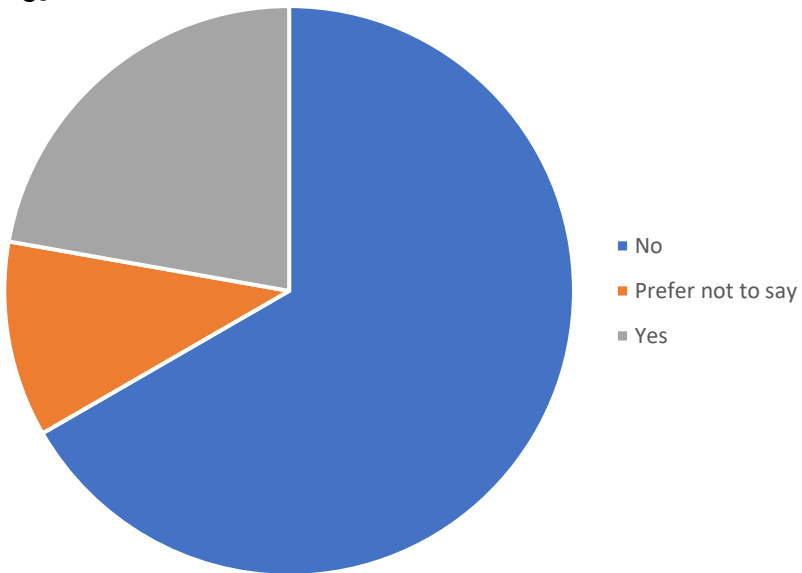
Q27. Age



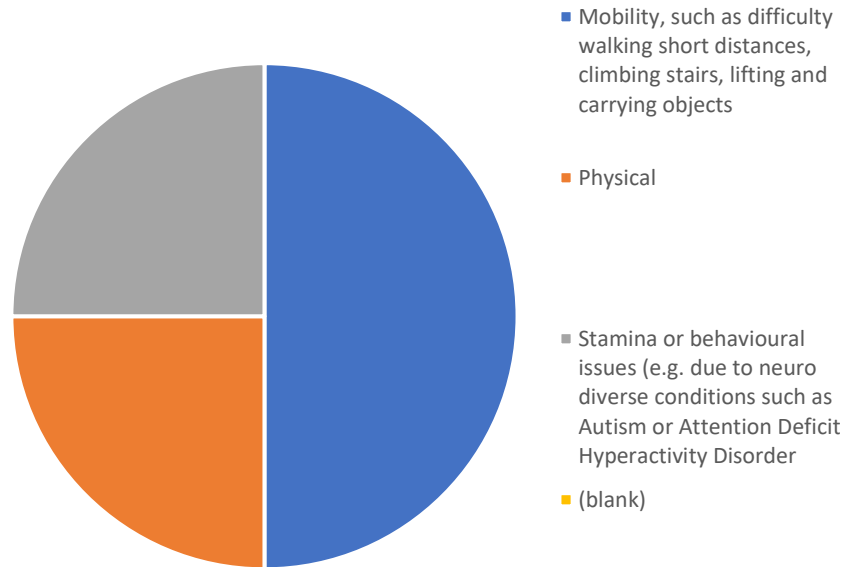
Q28. Ethnic origin



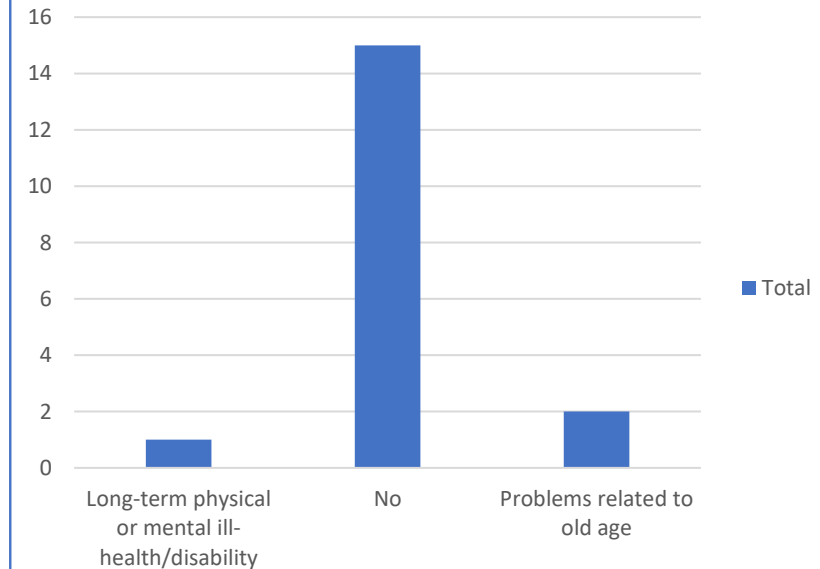
Q29. Do you consider yourself to be disabled?



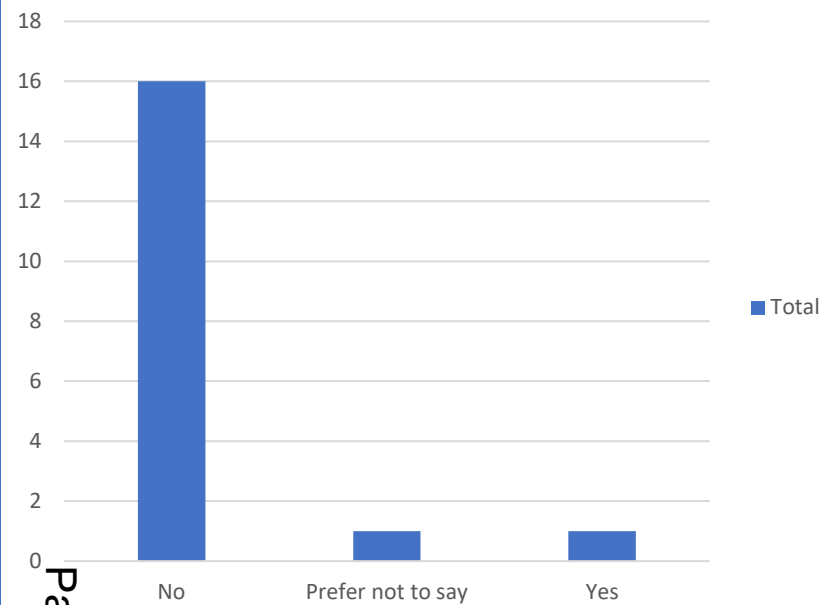
Q30. Please indicate your disability and/or long-lasting illness



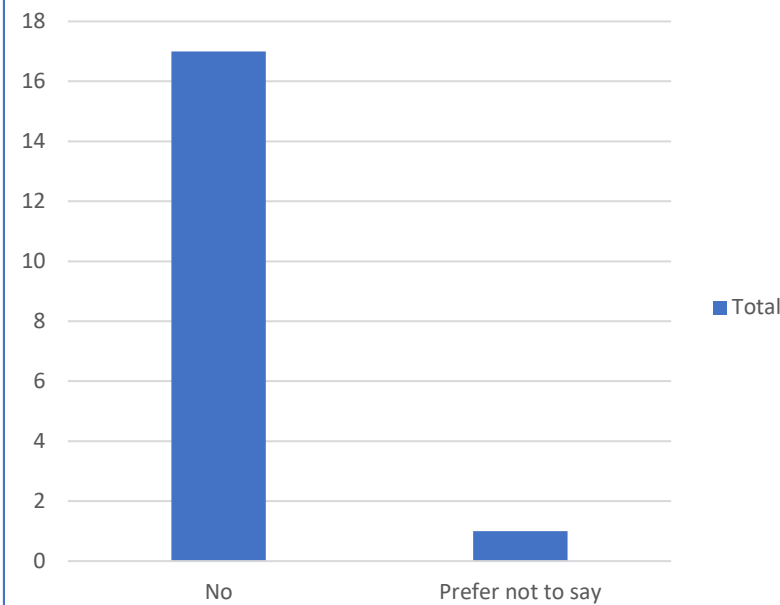
Q31. Do you look after, or give any help or support to family members, friends, neighbours or others?



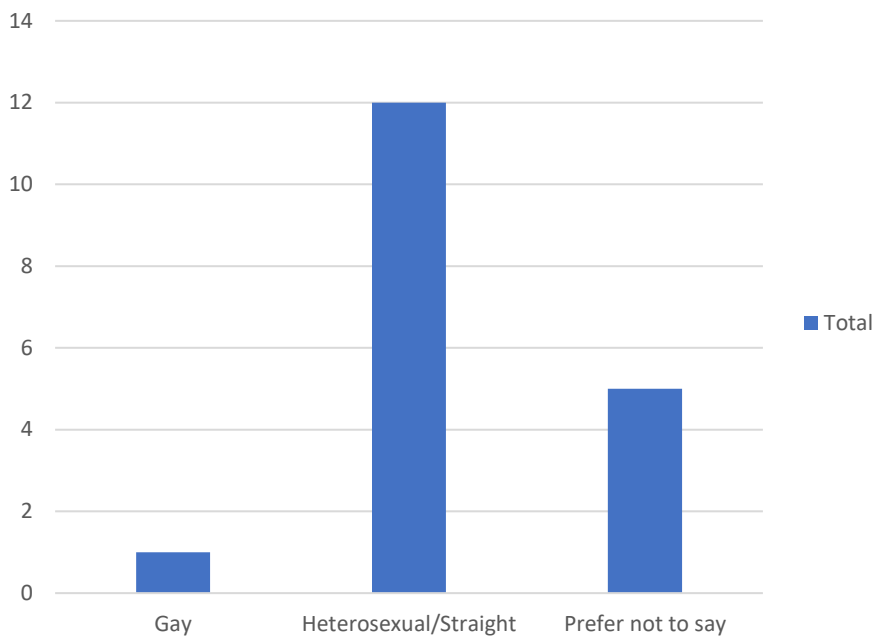
Q32. Are you pregnant or have you given birth within the last 12 months?



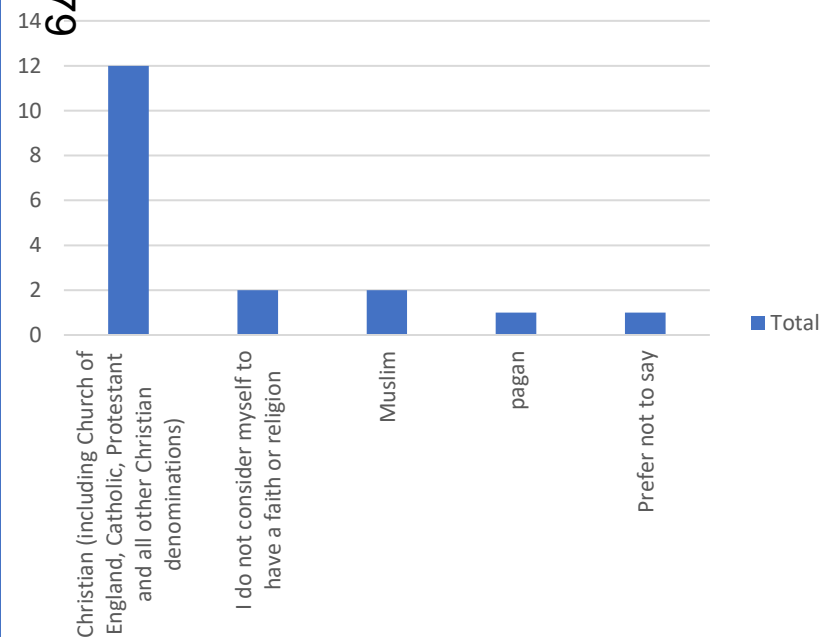
Q33. Have you undergone or are you going through gender reassignment?



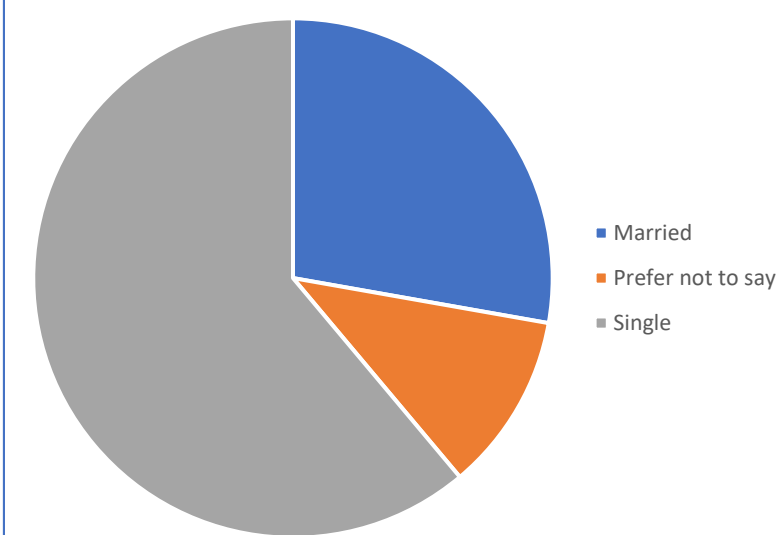
Q34. Sexuality



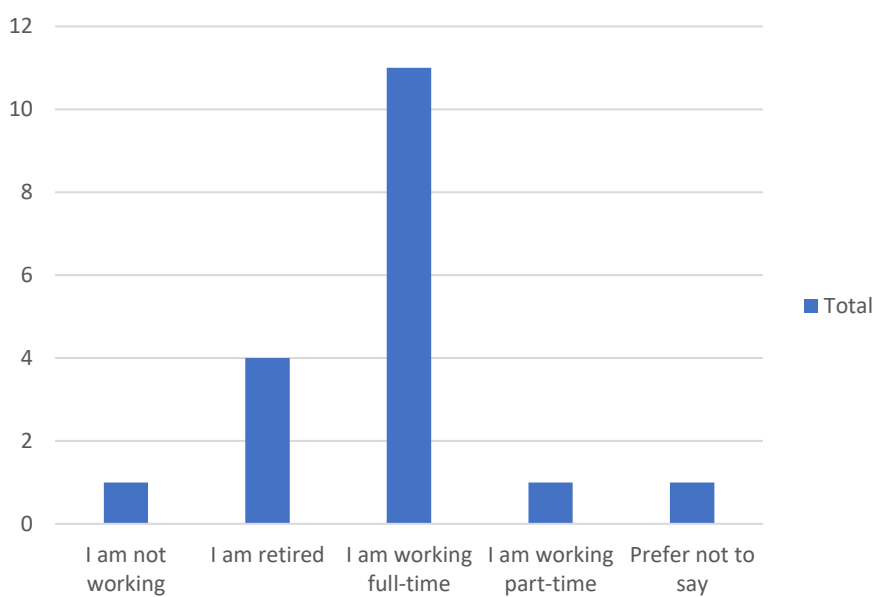
Q35. Faith or religion



Q36. Marital status

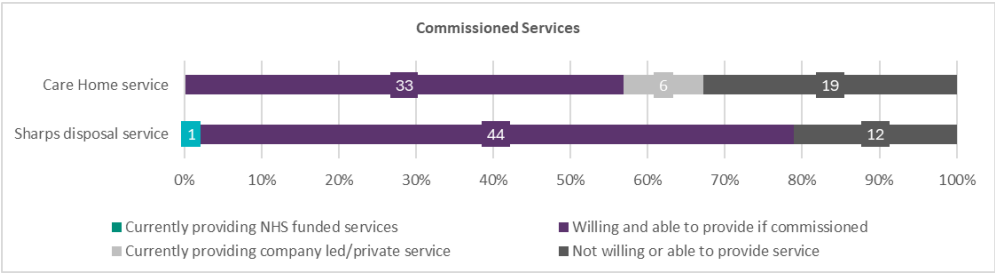
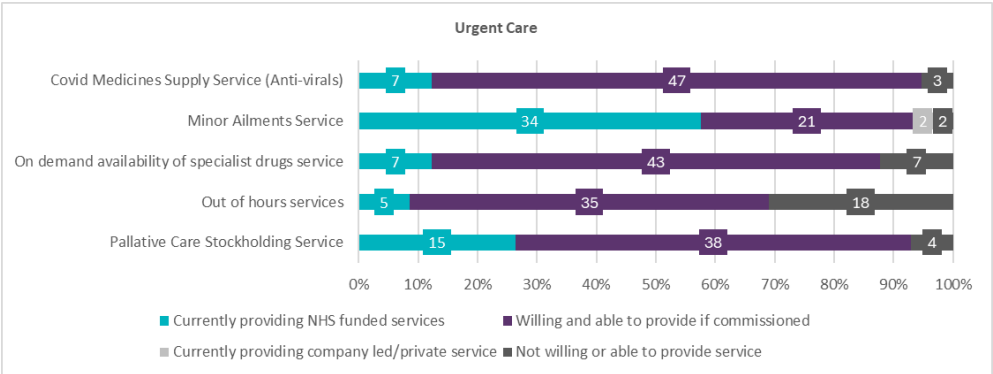
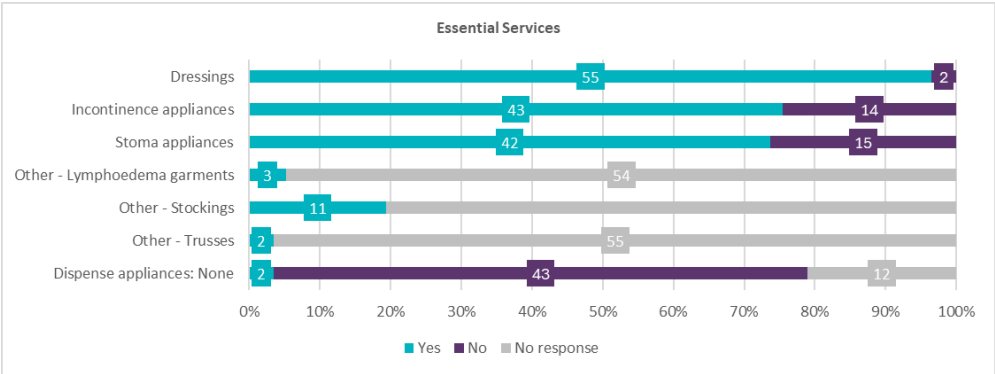
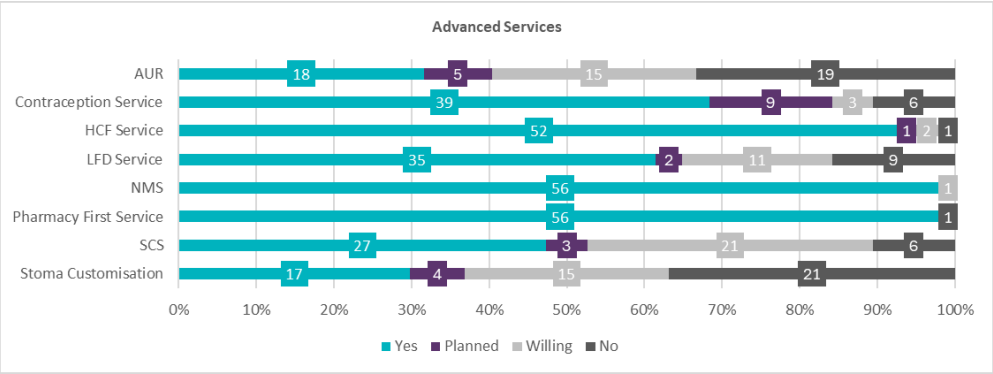


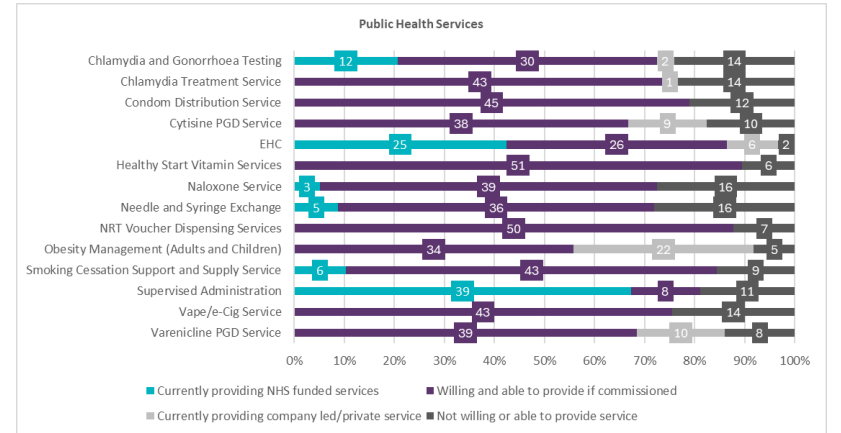
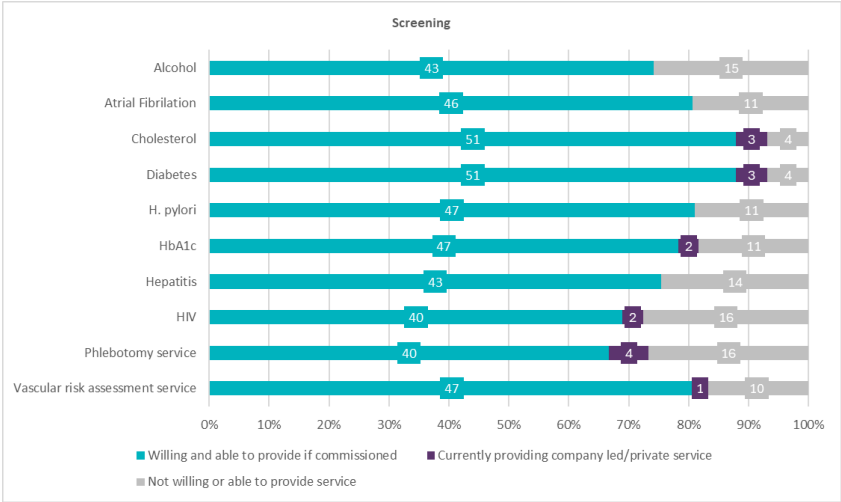
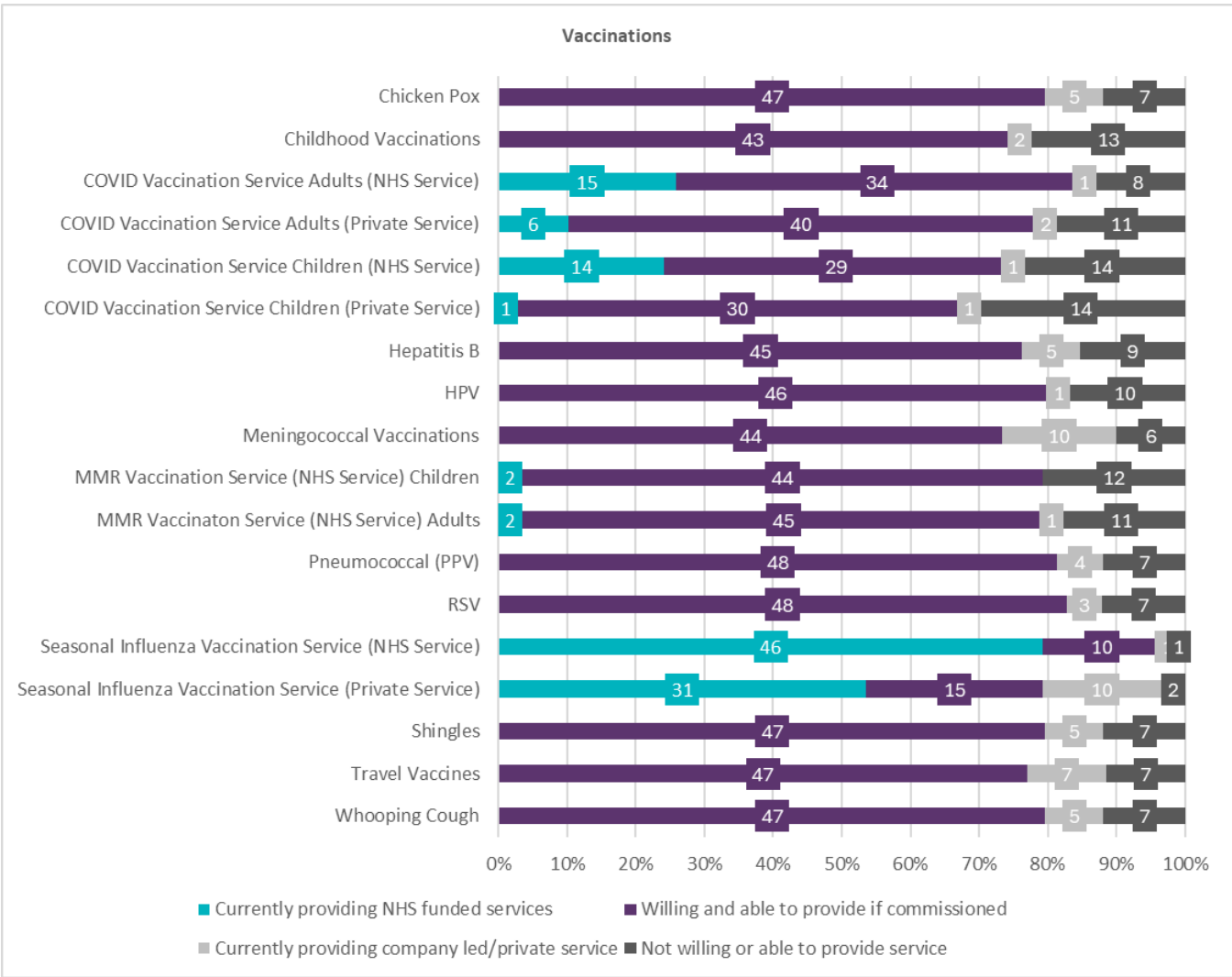
Q37. Current working situation

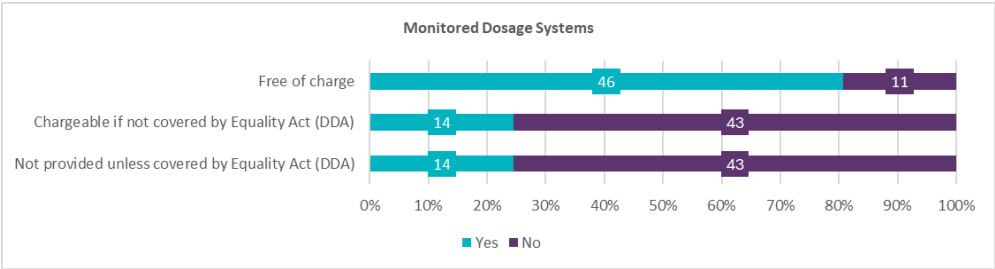
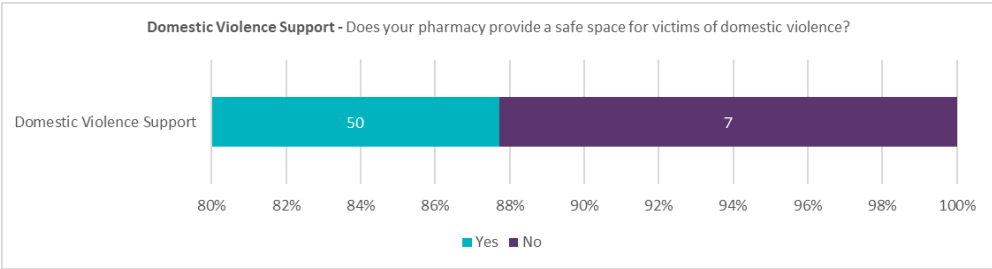
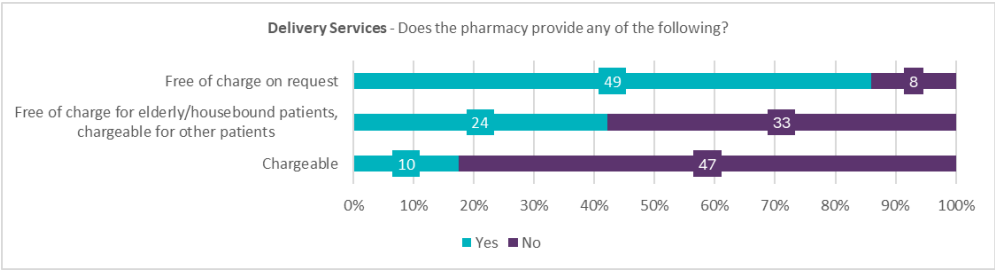
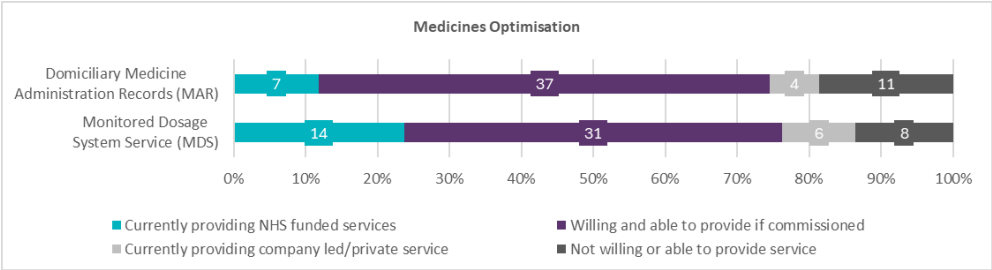


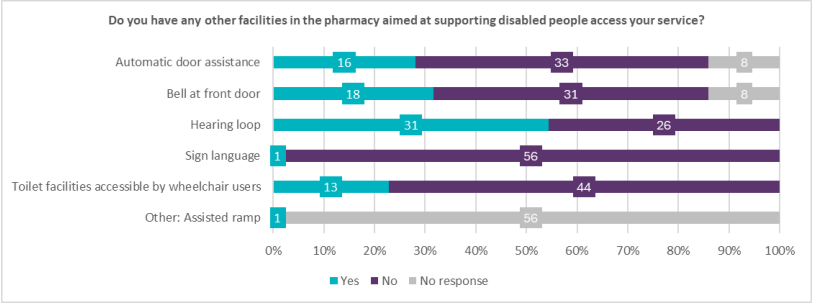
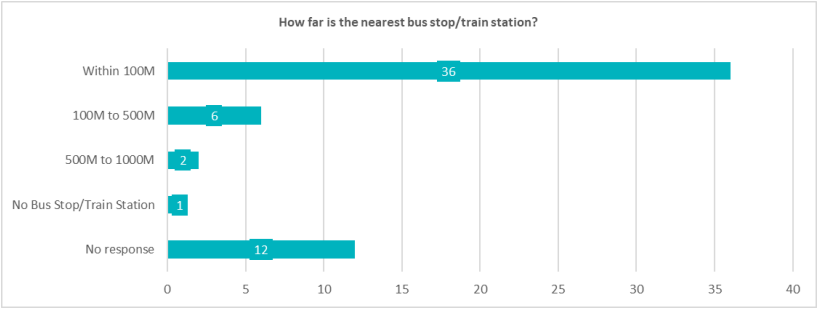
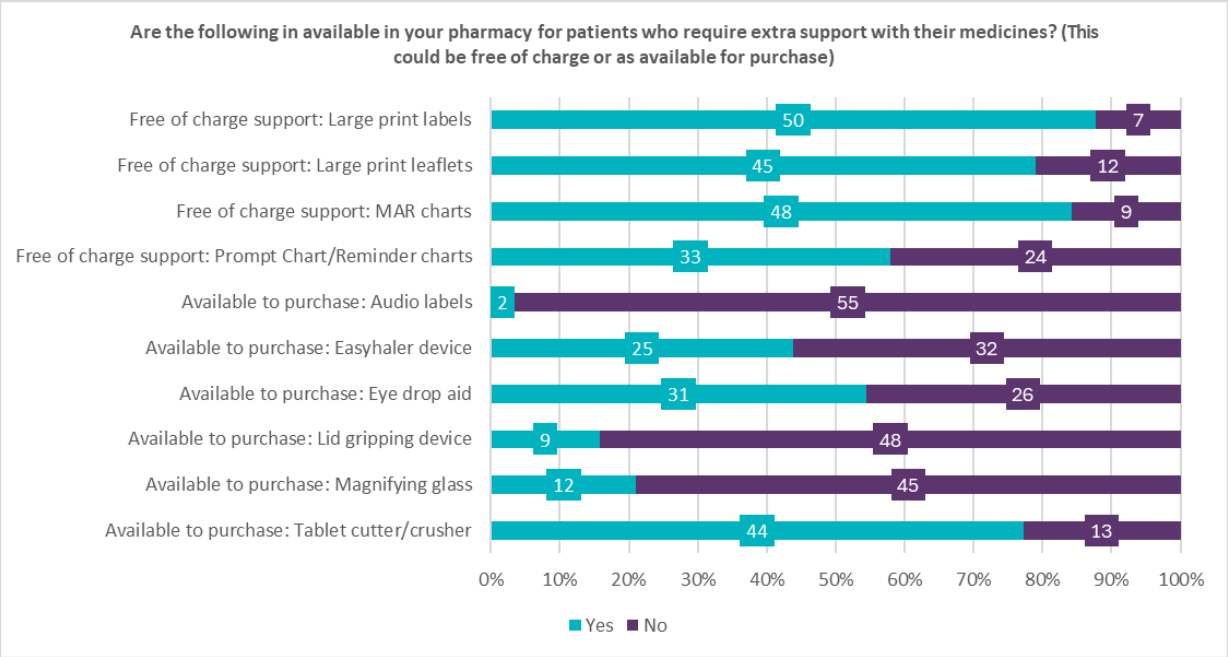
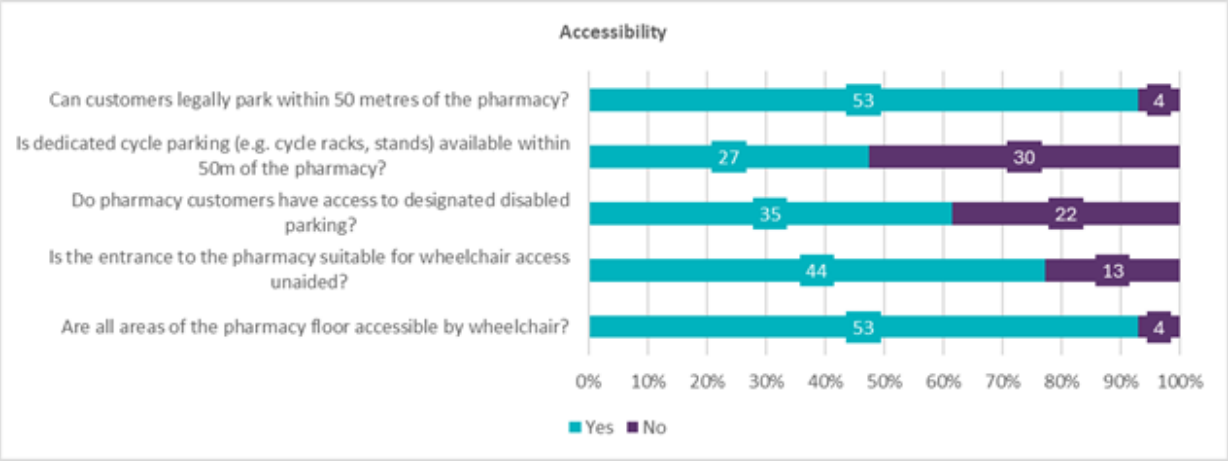
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Appendix 4 – Pharmacy Survey Results

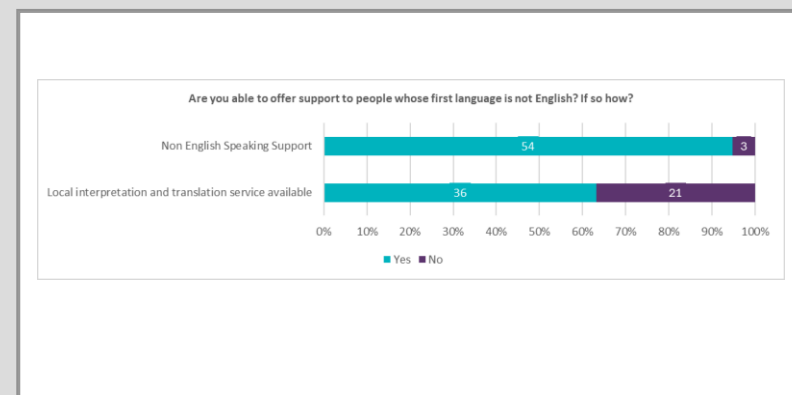
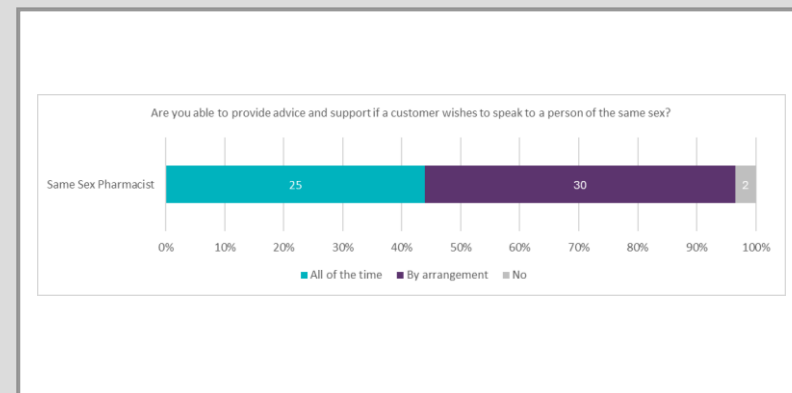
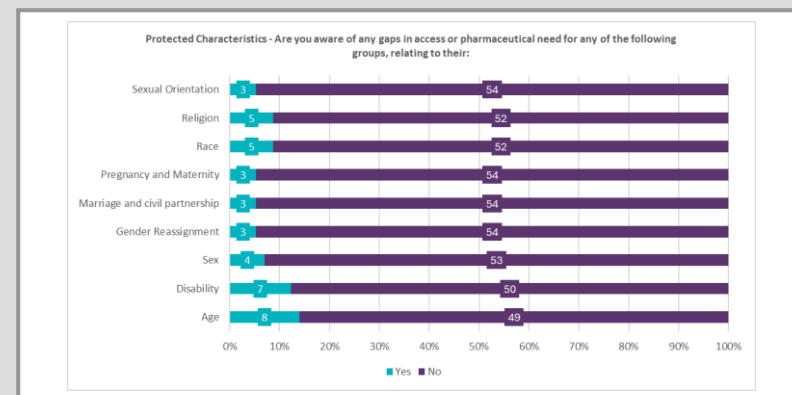
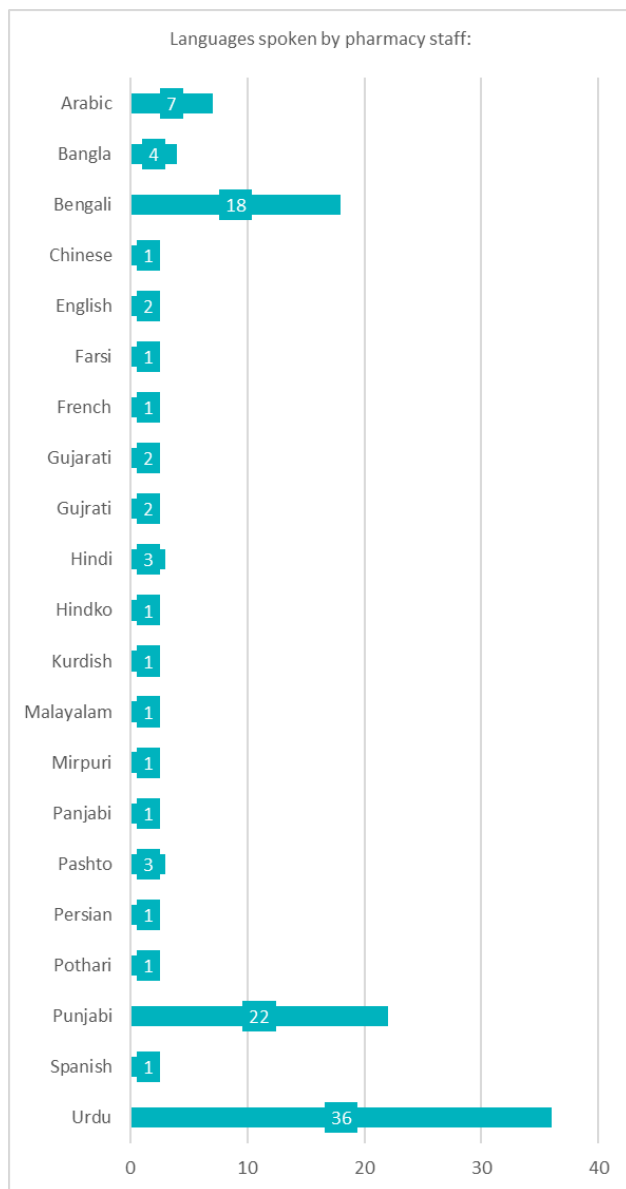












**Potential for increased demand - If there was increased demand for pharmaceutical services (e.g. dispensing, advanced and locally commissioned services) in your local area; through new housing developments, nearby pharmacies closing, etc. demand in your pharmacy may increase. With this in mind please select the option that best reflects your situation at the moment:**

We have sufficient capacity within our existing premises and staffing levels to manage an increase in demand in our area	51
We don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand in our area	6

#### IP - Scope of practice

Asthma x 3
Minor Ailments x 6
Hypertension x 2
Skincare
Weight loss
ACP X 2 - Working in surgeries/walk in centres - both have masters

**If you have anything else you would like to tell us that you think would be useful in the formulation of the PNA, please include it here:**

The biggest area of concern for me is providing services for the elderly and vulnerable. Because of the funding crisis more and more pharmacy's have started stopping services such as free deliveries or free MDS compliance aids. This directly impacts the elderly and vulnerable patients in particular. At Apex we offer free delivery service which will not change but we have had to look at MDS systems as these are paid by the company. we have not made any changes but may have to look at this in the future if funding is not available.

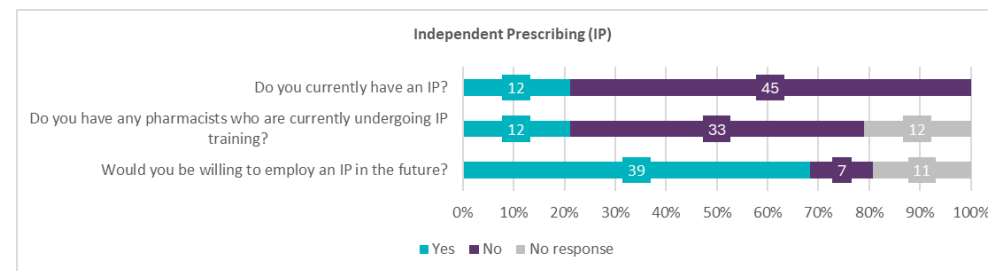
I feel there is a gap and lack of support for disabled patients and vulnerable adults, especially now a lot of pharmacy's are stopping free delivery and free MDS compliance aids due to the funding crisis. I feel this significantly increases the disadvantage these patients would have when accessing services.

Patient led ordering is a great idea but I also feel generally a lot of the community especially in our locality will be at a disadvantage due to the language barrier/lack of education, technologically challenged and perhaps this needs to be looked at. Also people from specific race, backgrounds and religion are less likely to be forthcoming with screening/preventative measures, access and availability to these services locally will significantly help reduce burden on the NHS and councils

Patients are almost scared into believing their nomination choice is not up to them. Pharmacies applying underhanded tactics to re-nominate patients without their consent. An example, we nominated an elderly patient with her consent. Upon her first delivery we realised she was very confused about her medication and had boxes dating back to early 2023. So we got rid of all her old meds, kept the current month ones, made a temporary note for her of when to take each one and told her from next month we will order your medications AND put them in blister packs for you (as she was currently ordering herself). A day later the surgery rings saying the patient was confused and didn't have any medication. We informed her of the situation and our solution to which the surgery was happy with and eager to recommend to the patient but she switched back to her old pharmacy out of fear, later telling us she got in trouble for coming to us. Now we don't know the pharmacy's version of events so I can hold judgement and not accuse anyone of anything. But this patient had been ordering her medication incorrectly for at least two years without being identified and in need of blister packs for around the same time. The gap is in the amount of patients, elderly and non elderly, who are probably in need of a pharmacy to order for them and to be on MDS but with no way to identify them

People from specific race, backgrounds and religion are less likely to be forthcoming with screening/preventative measures, access and availability to these services locally will significantly help reduce burden on the NHS and councils

Many services could be commissioned in the local community pharmacies, taking the burden off the GP practices and the hospitals.



## Appendix 5 – Enhanced and Locally Commissioned Services

GM ICB	PC	Palliative Care Medicine Stockholding	Turning Point	NEx	Needle Exchange
GM ICB	MAS	Minor Ailment Service	Turning Point	SC	Supervised Consumption
GM ICB	IP-MI	IP Pathfinder – Minor Illness	Council	EHC	Emergency Hormonal Contraception
GM ICB	CMD	COVID Medicines Delivery			

District	Ward	ID*	Trading Name	Postcode	PC	MAS	IP-MI	CMD	Nex	SC	EHC
Central	Alexandra	13	Chemist Corner Internet Pharmacy	OL8 2BD	✗	✗	✗	✗	✗	✗	✗
Central	Coldhurst	10	Cannon Pharmacy	OL1 1LF	✗	✓	✗	✗	✗	✓	✓
Central	Coldhurst	28	Lloydspharmacy	OL1 1NL	✓	✗	✗	✗	✗	✗	✗
Central	Coldhurst	8	Boots	OL1 1XD	✗	✗	✗	✗	✓	✓	✗
Central	Coldhurst	18	Gardeners Chemist	OL1 2HG	✗	✗	✗	✗	✓	✓	✗
Central	Coldhurst	42	Tesco In-Store Pharmacy	OL9 6BW	✓	✗	✗	✗	✗	✗	✗
Central	Coldhurst	57	Westwood Pharmacy	OL9 6QB	✗	✓	✗	✗	✗	✓	✗
Central	Coldhurst	31	Medi Call	OL1 3AB	✗	✗	✗	✗	✗	✗	✗
Central	St Mary's	49	Well	OL1 3SH	✗	✗	✗	✗	✗	✓	✗
Central	St Mary's	50	Well	OL4 1BN	✗	✗	✗	✗	✗	✓	✗
Central	St Mary's	37	Seemed Internet Pharmacy	OL4 1DU	✗	✗	✗	✗	✗	✗	✗
Central	St Mary's	38	Seemed Pharmacy	OL4 1EN	✓	✓	✗	✗	✓	✓	✗
Central	St Mary's	20	Greenmed Pharmacy	OL4 1FN	✗	✗	✗	✗	✗	✗	✗
Central	St Mary's	35	Our Pharmacy	OL4 1JN	✓	✓	✗	✗	✗	✓	✗
Central	St Mary's	2	Apex Pharmacy	OL4 1JP	✗	✗	✗	✗	✗	✗	✗
Central	St Mary's	32	Oldham Late Night Pharmacy	OL4 1JW	✓	✗	✗	✗	✗	✓	✗
Central	St Mary's	25	Lees Road Pharmacy	OL4 1PA	✗	✓	✗	✗	✗	✓	✗
Central	St Mary's	19	Glodwick Pharmacy	OL4 1YN	✗	✗	✗	✗	✗	✓	✓
East	Saddleworth North	54	Well	OL3 5DQ	✗	✗	✗	✗	✗	✓	✗
East	Saddleworth South	56	Well	OL3 6AP	✗	✗	✗	✗	✗	✗	✗
East	Saddleworth South	40	Strachan's Chemist	OL3 6AU	✓	✓	✗	✗	✗	✗	✗

East	Saddleworth South	55	Well	OL3 7DB	✗	✓	✗	✗	✗	✓	✗
East	Saddleworth West & Lees	1	Rowlands Pharmacy	OL4 3BP	✗	✗	✗	✗	✗	✗	✗
East	Saddleworth West & Lees	53	Well	OL4 3BS	✗	✗	✓	✗	✗	✓	✗
East	St James'	43	Tesco In-Store Pharmacy	OL1 3LG	✗	✗	✗	✗	✗	✗	✗
East	St James'	21	Hobbs Pharmacy	OL1 4JU	✗	✗	✗	✗	✗	✗	✗
East	Waterhead	52	Well	OL4 2RB	✗	✗	✗	✗	✗	✓	✗
North	Crompton	26	Lifestyle Pharmacy	OL2 7QR	✗	✗	✗	✗	✗	✓	✗
North	Royton North	7	Boots	OL2 5HX	✓	✗	✗	✗	✗	✗	✗
North	Royton North	30	Market Square Pharmacy	OL2 5QD	✗	✗	✗	✗	✗	✗	✗
North	Royton North	36	Royton Pharmacy	OL2 5QD	✓	✗	✗	✗	✗	✓	✗
North	Royton South	48	Well	OL2 6QN	✗	✗	✗	✗	✗	✓	✗
North	Shaw	16	Everest Pharmacy Shaw	OL2 8NH	✗	✗	✗	✗	✗	✓	✗
North	Shaw	58	Wolstenholme Pharmacy	OL2 8NP	✗	✗	✗	✗	✗	✗	✗
North	Shaw	4	ASDA Pharmacy	OL2 8QP	✗	✗	✗	✗	✗	✗	✗
North	Shaw	51	Well	OL2 8RQ	✗	✗	✗	✗	✗	✓	✗
South	Failsworth East		<i>No community pharmacy</i>								
South	Failsworth West	34	Our Pharmacy	M35 0AY	✗	✗	✗	✗	✗	✗	✗
South	Failsworth West	17	Focus Pharmacy	M35 0AD	✓	✗	✗	✗	✗	✗	✓
South	Failsworth West	24	Kamson Pharmacy	M35 0FF	✗	✗	✗	✗	✓	✓	✗
South	Hollinwood	41	Suburb Pharmacy	OL8 3BE	✗	✓	✗	✗	✗	✓	✗
South	Hollinwood	39	St Chads Pharmacy	OL8 3HH	✗	✗	✗	✗	✗	✓	✗
South	Hollinwood	59	Yates Pharmacy	OL8 3SY	✗	✗	✗	✗	✗	✗	✗
South	Hollinwood	15	Everest Pharmacy Oldham	OL8 4LN	✗	✗	✓	✗	✗	✓	✓
South	Medlock Vale	5	Ashton Road Pharmacy	OL8 3HF	✗	✓	✗	✗	✗	✓	✓
South	Medlock Vale	29	Lomas Chemist	OL8 3HW	✗	✗	✗	✗	✗	✗	✗
South	Medlock Vale	33	Oldham Pharmacy	OL8 3HF	✗	✗	✗	✗	✗	✗	✗
West	Chadderton North	11	Cathedral Road Pharmacy	OL9 0RG	✗	✗	✗	✗	✗	✗	✗
West	Chadderton Central	3	ASDA Pharmacy	OL9 0JE	✗	✗	✗	✗	✗	✓	✗
West	Chadderton Central	6	Boots	OL9 0LQ	✗	✗	✗	✗	✗	✓	✗

West	Chadderton Central	12	Chadderton Pharmacy	OL1 2PW	✗	✗	✗	✗	✗	✗	✗
West	Chadderton Central	46	Well	OL9 0LH	✗	✓	✗	✗	✗	✓	✓
West	Chadderton South	9	Butler Green Pharmacy	OL9 8NH	✗	✓	✗	✗	✓	✓	✓
West	Chadderton South	45	Well	OL9 8RT	✗	✗	✗	✗	✗	✓	✗
West	Chadderton South	60	yourdoctorschemist	OL9 9XB	✗	✗	✗	✗	✗	✗	✗
West	Werneth	14	Click 2 Pharmacy	OL8 4BB	✗	✗	✗	✗	✗	✓	✗
West	Werneth	27	Lloydspharmacy	OL9 7AY	✗	✗	✗	✗	✓	✓	✗
West	Werneth	47	Well	OL9 7SB	✗	✓	✗	✗	✗	✓	✗
West	Werneth	23	Imaan Pharmacy	OL9 7SJ	✗	✓	✗	✓	✓	✓	✗
West	Werneth	22	iConnect Pharmacy	OL8 1EZ	✗	✗	✗	✗	✗	✗	✗
West	Werneth	44	Trustcare Pharmacy	OL9 6HT	✗	✗	✗	✗	✗	✗	✗

\*Map index relates to map 2 (section 4.1)

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## Appendix 6 – Oldham Pharmacies

District	Ward	ID*	Trading Name	Address of Contractor	Postcode	Contractor Type
Central	Alexandra	13	Chemist Corner Internet Pharmacy	3 Brook Lane, Glodwick	OL8 2BD	Distance selling
Central	Coldhurst	10	Cannon Pharmacy	5 Manchester Chambers, Cheapside	OL1 1LF	Community – 40hr
Central	Coldhurst	28	Lloydspharmacy	Oldham ICC, New Radcliffe Street	OL1 1NL	Community – 40hr
Central	Coldhurst	8	Boots	1 Town Square Shopping Centre	OL1 1XD	Community – 40hr
Central	Coldhurst	18	Gardeners Chemist	285 Rochdale Road	OL1 2HG	Community – 40hr
Central	Coldhurst	42	Tesco In-Store Pharmacy	Featherstall Road North	OL9 6BW	Community – 100hr
Central	Coldhurst	57	Westwood Pharmacy	69-71 Featherstall Road	OL9 6QB	Community – 40hr
Central	Coldhurst	31	Medi Call	31 Market Street	OL1 3AB	Distance selling
Central	St Mary's	49	Well	44 Horsedge Street	OL1 3SH	Community – 40hr
Central	St Mary's	50	Well	Barley Clough Medical Centre, Nuggett Street	OL4 1BN	Community – 40hr
Central	St Mary's	37	Seemed Internet Pharmacy	32 Hardy Street	OL4 1DU	Distance selling
Central	St Mary's	38	Seemed Pharmacy	165 Waterloo Street	OL4 1EN	Community – 40hr
Central	St Mary's	20	Greenmed Pharmacy	Unit 1, Greengate Business Centre, Greengate St	OL4 1FN	Distance selling
Central	St Mary's	35	Our Pharmacy	Hopwood House, The Vineyard, Lees Road	OL4 1JN	Community – 100hr
Central	St Mary's	2	Apex Pharmacy	Suite 1, 177 Lees Road	OL4 1JP	Distance selling
Central	St Mary's	32	Oldham Late Night Pharmacy	87-89 Lees Road	OL4 1JW	Community – 100hr
Central	St Mary's	25	Lees Road Pharmacy	282 Lees Road	OL4 1PA	Community – 40hr
Central	St Mary's	19	Glodwick Pharmacy	Glodwick Health Centre, 137 Glodwick Road	OL4 1YN	Community – 40hr
East	Saddleworth North	54	Well	28 King Street, Delph	OL3 5DQ	Community – 40hr
East	Saddleworth South	56	Well	71 High Street, Uppermill	OL3 6AP	Community – 40hr
East	Saddleworth South	40	Strachan's Chemist	7 New Street, Uppermill	OL3 6AU	Community – 40hr
East	Saddleworth South	55	Well	120-122 Chew Valley Road, Greenfield	OL3 7DB	Community – 40hr
East	Saddleworth West & Lees	1	Rowlands Pharmacy	Lees Medical Practice, Athens Way, Lees	OL4 3BP	Community – 40hr
East	Saddleworth West & Lees	53	Well	17 Mellor Street, Lees	OL4 3BS	Community – 40hr
East	St James'	43	Tesco In-Store Pharmacy	Huddersfield Road	OL1 3LG	Community – 100hr
East	St James'	21	Hobbs Pharmacy	679 Ripponden Road, Moorside	OL1 4JU	Community – 40hr
East	Waterhead	52	Well	242 Huddersfield Road	OL4 2RB	Community – 40hr
North	Crompton	26	Lifestyle Pharmacy	160 Trent Road High Crompton	OL2 7QR	Community – 40hr
North	Royton North	7	Boots	Central Retail, Elk Mill Centre Retail Park	OL2 5HX	Community – 40hr

North	Royton North	30	Market Square Pharmacy	28 Market Square, Royton	OL2 5QD	Community – 100hr
North	Royton North	36	Royton Pharmacy	38/40 Market Square, Royton	OL2 5QD	Community – 40hr
North	Royton South	48	Well	25 Park Street, Royton	OL2 6QN	Community – 40hr
North	Shaw	16	Everest Pharmacy Shaw	8 Market Street, Shaw	OL2 8NH	Community – 40hr
North	Shaw	58	Wolstenholme Pharmacy	67 Market Street, Shaw	OL2 8NP	Community – 40hr
North	Shaw	4	ASDA Pharmacy	Asda Superstore, Greenfield Lane, Shaw	OL2 8QP	Community – 100hr
North	Shaw	51	Well	4 High Street, Shaw	OL2 8RQ	Community – 40hr
South	Failsworth East		<i>No community pharmacy</i>			
South	Failsworth West	34	Our Pharmacy	229 Oldham Road, Failsworth	M35 0AY	Distance selling
South	Failsworth West	17	Focus Pharmacy	The Keppel Building, Ashton Road West	M35 0AD	Community – 40hr
South	Failsworth West	24	Kamson Pharmacy	Units 4, Failsworth Precinct, Sisson Street	M35 0FF	Community – 40hr
South	Hollinwood	41	Suburb Pharmacy	390 Hollins Road	OL8 3BE	Community – 40hr
South	Hollinwood	39	St Chads Pharmacy	St Chads Centre Limegreen Parade, Limeshurst	OL8 3HH	Community – 40hr
South	Hollinwood	59	Yates Pharmacy	733 -735 Hollins Road	OL8 3SY	Community – 40hr
South	Hollinwood	15	Everest Pharmacy Oldham	57 Manchester Road	OL8 4LN	Community – 40hr
South	Medlock Vale	5	Ashton Road Pharmacy	366 Ashton Road	OL8 3HF	Community – 40hr
South	Medlock Vale	29	Lomas Chemist	586-588 Ashton Road	OL8 3HW	Community – 40hr
South	Medlock Vale	33	Oldham Pharmacy	388-390 Ashton Road	OL8 3HF	Community – 40hr
West	Chadderton North	11	Cathedral Road Pharmacy	98 Cathedral Road, Chadderton	OL9 0RG	Community – 40hr
West	Chadderton Central	3	ASDA Pharmacy	Asda Superstore, 1 Milne Street, Chadderton	OL9 0JE	Community – 100hr
West	Chadderton Central	6	Boots	Units 1-2 Chadderton Shopping Precinct	OL9 0LQ	Community – 40hr
West	Chadderton Central	12	Chadderton Pharmacy	80 Burnley Lane, Chadderton	OL1 2PW	Distance selling
West	Chadderton Central	46	Well	Middleton Road, Chadderton	OL9 0LH	Community – 40hr
West	Chadderton South	9	Butler Green Pharmacy	Primary Care Centre, Fields New Road, Chadderton	OL9 8NH	Community – 40hr
West	Chadderton South	45	Well	Chadderton South Health Centre, Eaves Lane	OL9 8RT	Community – 40hr
West	Chadderton South	60	yourdoctorschemist	Independent House, Unit 8, Gateway Crescent	OL9 9XB	Distance selling
West	Werneth	14	Click 2 Pharmacy	33 Werneth Hall Road	OL8 4BB	Community – 40hr
West	Werneth	27	Lloydspharmacy	Werneth Primary Care Centre, Featherstall Road South	OL9 7AY	Community – 40hr
West	Werneth	47	Well	153 Block Lane, Chadderton	OL9 7SB	Community – 40hr
West	Werneth	23	Imaan Pharmacy	116 Oxford Street, Werneth	OL9 7SJ	Community – 40hr
West	Werneth	22	iConnect Pharmacy	First Floor, Unit 23, Meridian Business Centre	OL8 1EZ	Distance selling
West	Werneth	44	Trustcare Pharmacy	Suite 11 – Prospect House	OL9 6HT	Distance selling

\*Map index relates to map 2 (section 4.1)



## Appendix 7 – Advanced Services

<b>PFS</b>	Pharmacy First Service	<b>NMS</b>	New Medicine Service
<b>Flu</b>	Flu Vaccination Services	<b>SCS</b>	Smoking Cessation Service
<b>PCS</b>	Pharmacy Contraception Service	<b>LFD</b>	Lateral Flow Device Service
<b>HCF</b>	Hypertension Case-Finding Service		

District	Ward	ID*	Trading Name	Postcode	PFS	Flu	PCS	HCF	NMS	SCS	LFD
Central	Alexandra	13	Chemist Corner Internet Pharmacy	OL8 2BD	✓	✗	✗	✗	✓	✗	✗
Central	Coldhurst	10	Cannon Pharmacy	OL1 1LF	✓	✓	✓	✓	✓	✗	✓
Central	Coldhurst	28	Lloydspharmacy	OL1 1NL	✓	✓	✗	✓	✓	✗	✗
Central	Coldhurst	8	Boots	OL1 1XD	✓	✓	✓	✓	✓	✗	✗
Central	Coldhurst	18	Gardeners Chemist	OL1 2HG	✓	✗	✗	✓	✓	✗	✗
Central	Coldhurst	42	Tesco In-Store Pharmacy	OL9 6BW	✓	✓	✓	✓	✓	✗	✗
Central	Coldhurst	57	Westwood Pharmacy	OL9 6QB	✓	✓	✗	✓	✓	✗	✗
Central	Coldhurst	31	Medi Call	OL1 3AB	✗	✗	✗	✗	✗	✗	✗
Central	St Mary's	49	Well	OL1 3SH	✓	✓	✓	✓	✓	✗	✓
Central	St Mary's	50	Well	OL4 1BN	✓	✓	✗	✓	✓	✗	✓
Central	St Mary's	37	Seemed Internet Pharmacy	OL4 1DU	✓	✗	✗	✗	✓	✗	✗
Central	St Mary's	38	Seemed Pharmacy	OL4 1EN	✓	✗	✗	✓	✓	✓	✗
Central	St Mary's	20	Greenmed Pharmacy	OL4 1FN	✓	✓	✗	✓	✓	✗	✗
Central	St Mary's	35	Our Pharmacy	OL4 1JN	✓	✗	✗	✓	✓	✗	✗
Central	St Mary's	2	Apex Pharmacy	OL4 1JP	✓	✗	✗	✗	✓	✗	✗
Central	St Mary's	32	Oldham Late Night Pharmacy	OL4 1JW	✓	✓	✗	✓	✓	✗	✗
Central	St Mary's	25	Lees Road Pharmacy	OL4 1PA	✓	✓	✗	✓	✓	✓	✓
Central	St Mary's	19	Glodwick Pharmacy	OL4 1YN	✓	✓	✗	✓	✓	✗	✗
East	Saddleworth North	54	Well	OL3 5DQ	✓	✓	✓	✓	✓	✗	✗
East	Saddleworth South	56	Well	OL3 6AP	✓	✓	✓	✓	✓	✗	✗
East	Saddleworth South	40	Strachan's Chemist	OL3 6AU	✓	✓	✓	✓	✓	✗	✓

East	Saddleworth South	55	Well	OL3 7DB	✓	✓	✓	✓	✓	✗	✗
East	Saddleworth West & Lees	1	Rowlands Pharmacy	OL4 3BP	✓	✗	✓	✓	✓	✗	✗
East	Saddleworth West & Lees	53	Well	OL4 3BS	✓	✓	✓	✓	✓	✗	✗
East	St James'	43	Tesco In-Store Pharmacy	OL1 3LG	✓	✓	✓	✓	✓	✗	✗
East	St James'	21	Hobbs Pharmacy	OL1 4JU	✓	✓	✗	✓	✓	✗	✗
East	Waterhead	52	Well	OL4 2RB	✓	✗	✓	✓	✓	✗	✗
North	Crompton	26	Lifestyle Pharmacy	OL2 7QR	✗	✓	✗	✗	✓	✗	✗
North	Royton North	7	Boots	OL2 5HX	✓	✓	✓	✓	✓	✗	✗
North	Royton North	30	Market Square Pharmacy	OL2 5QD	✗	✗	✗	✗	✗	✗	✗
North	Royton North	36	Royton Pharmacy	OL2 5QD	✓	✗	✗	✓	✗	✗	✗
North	Royton South	48	Well	OL2 6QN	✓	✗	✓	✓	✓	✗	✗
North	Shaw	16	Everest Pharmacy Shaw	OL2 8NH	✗	✗	✗	✗	✓	✗	✗
North	Shaw	58	Wolstenholme Pharmacy	OL2 8NP	✓	✓	✗	✓	✓	✗	✗
North	Shaw	4	ASDA Pharmacy	OL2 8QP	✓	✓	✗	✓	✓	✗	✗
North	Shaw	51	Well	OL2 8RQ	✓	✓	✓	✓	✓	✗	✓
South	Failsworth East		<i>No community pharmacy</i>								
South	Failsworth West	34	Our Pharmacy	M35 0AY	✓	✗	✗	✗	✓	✗	✗
South	Failsworth West	17	Focus Pharmacy	M35 0AD	✓	✓	✓	✓	✓	✗	✓
South	Failsworth West	24	Kamson Pharmacy	M35 0FF	✓	✓	✓	✓	✓	✗	✗
South	Hollinwood	41	Suburb Pharmacy	OL8 3BE	✓	✗	✓	✓	✓	✗	✗
South	Hollinwood	39	St Chads Pharmacy	OL8 3HH	✓	✓	✓	✓	✓	✗	✗
South	Hollinwood	59	Yates Pharmacy	OL8 3SY	✓	✗	✗	✓	✓	✗	✗
South	Hollinwood	15	Everest Pharmacy Oldham	OL8 4LN	✓	✓	✓	✓	✓	✗	✓
South	Medlock Vale	5	Ashton Road Pharmacy	OL8 3HF	✓	✗	✓	✓	✓	✗	✗
South	Medlock Vale	29	Lomas Chemist	OL8 3HW	✓	✓	✗	✗	✓	✓	✓
South	Medlock Vale	33	Oldham Pharmacy	OL8 3HF	✗	✗	✗	✗	✓	✗	✗
West	Chadderton North	11	Cathedral Road Pharmacy	OL9 0RG	✓	✗	✓	✗	✓	✗	✗
West	Chadderton Central	3	ASDA Pharmacy	OL9 0JE	✓	✓	✓	✓	✗	✗	✗

West	Chadderton Central	6	Boots	OL9 0LQ	✓	✓	✓	✓	✓	✗	✓
West	Chadderton Central	12	Chadderton Pharmacy	OL1 2PW	✓	✓	✗	✓	✓	✗	✗
West	Chadderton Central	46	Well	OL9 0LH	✓	✓	✓	✓	✓	✗	✗
West	Chadderton South	9	Butler Green Pharmacy	OL9 8NH	✓	✓	✓	✓	✓	✓	✗
West	Chadderton South	45	Well	OL9 8RT	✓	✓	✓	✓	✓	✗	✗
West	Chadderton South	60	yourdoctorschemist	OL9 9XB	✗	✗	✗	✗	✗	✗	✗
West	Werneth	14	Click 2 Pharmacy	OL8 4BB	✓	✓	✗	✓	✓	✗	✗
West	Werneth	27	Lloydspharmacy	OL9 7AY	✗	✗	✗	✗	✓	✗	✗
West	Werneth	47	Well	OL9 7SB	✓	✓	✗	✓	✓	✗	✗
West	Werneth	23	Imaan Pharmacy	OL9 7SJ	✓	✓	✗	✓	✓	✗	✗
West	Werneth	22	iConnect Pharmacy	OL8 1EZ	✓	✗	✗	✗	✗	✗	✗
West	Werneth	44	Trustcare Pharmacy	OL9 6HT	✓	✗	✗	✗	✓	✗	✗

\*Map index relates to map 2 (section 4.1)

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## Appendix 8 – Community Pharmacy Opening Hours

District	Ward	Number of pharmacies	Weekday 8am or earlier	Week day AM	Week day PM	Weekday 7pm or later	Weekday Closed for lunch	Sat 8am or earlier	Sat AM	Sat PM	Sat 7pm or later	Sat Closed for lunch	Sun
Central	Alexandra	0	0	0	0	0	0	0	0	0	0	0	0
Central	Coldhurst	6	0	6	6	1	1	0	4	3	1	0	3
Central	St Mary's	7	1	7	7	3	2	1	2	2	2	0	2
East	Saddleworth North	1	0	1	1	0	1	0	1	0	0	0	0
East	Saddleworth South	3	0	3	3	0	0	0	3	0	0	0	0
East	Saddleworth West and Lees	2	0	2	2	0	1	0	2	0	0	0	0
East	St James'	2	0	2	2	1	0	0	1	1	1	0	1
East	Waterhead	1	0	1	1	0	0	0	1	0	0	0	0
North	Crompton	1	0	1	1	0	1	0	0	0	0	0	0
North	Royton North	3	0	3	3	2	0	0	2	2	2	0	2
North	Royton South	1	0	1	1	1	0	0	1	0	0	0	0
North	Shaw	4	0	4	4	1	0	0	2	2	1	1	1
South	Failsworth East	0	0	0	0	0	0	0	0	0	0	0	0
South	Failsworth West	2	0	2	2	0	0	0	2	2	0	0	0
South	Hollinwood	4	0	4	4	0	0	0	1	0	0	0	0
South	Medlock Vale	3	0	3	3	0	0	0	1	0	0	0	0
West	Chadderton North	1	0	1	1	0	0	0	1	0	0	0	0
West	Chadderton Central	4	1	4	4	1	2	1	2	2	1	1	1
West	Chadderton South	3	0	3	3	0	0	0	0	0	0	0	0
West	Werneth	4	0	4	4	0	1	0	1	0	0	0	0

\*There may be some variation in opening and closing times on certain days.

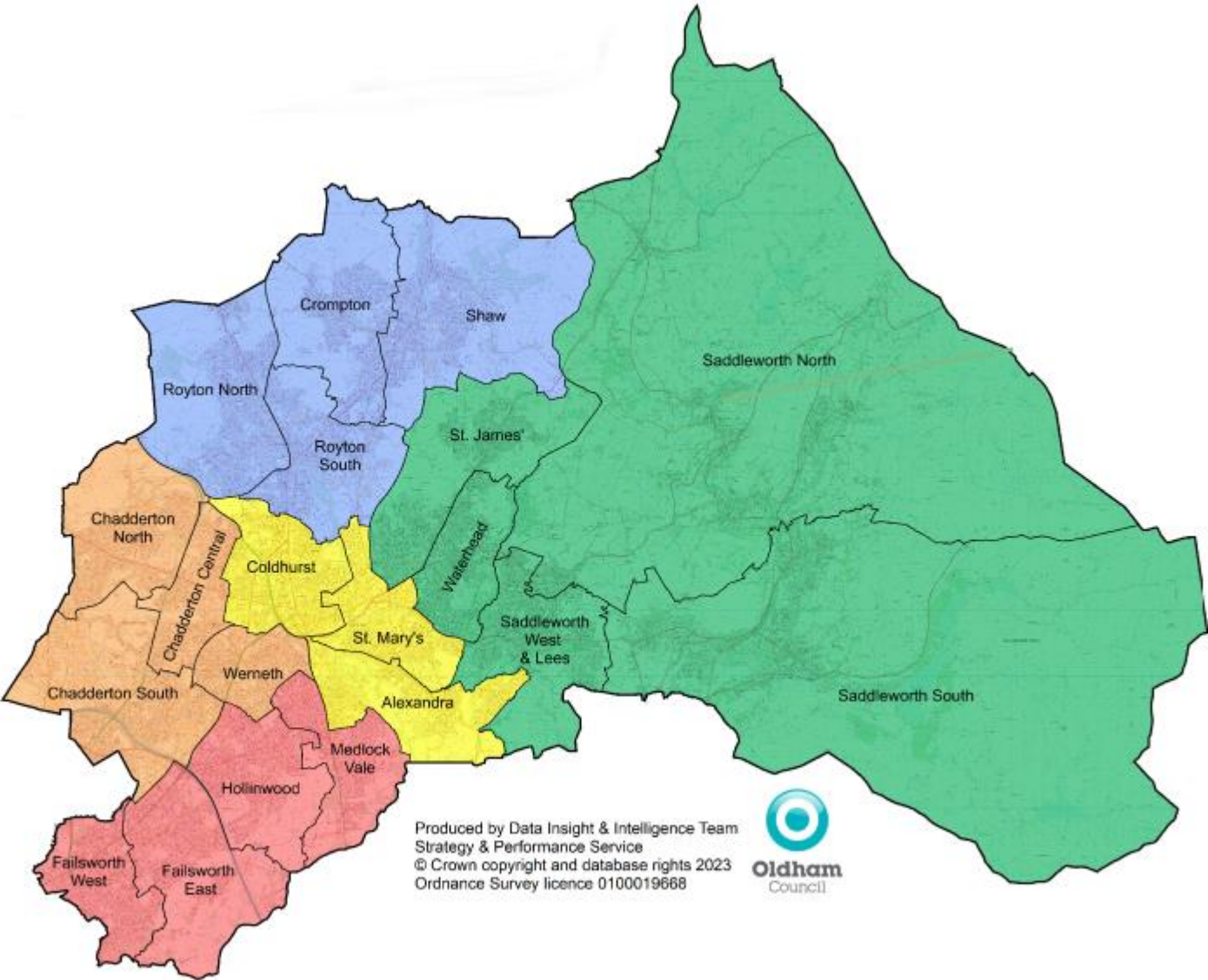
This table does not include distance selling pharmacies. These pharmacies tend to be open between 9am and 6pm, and close for an hour at lunch time.

For full details of pharmacy opening hours please see [NHS Services](#).

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Appendix 10 – Maps

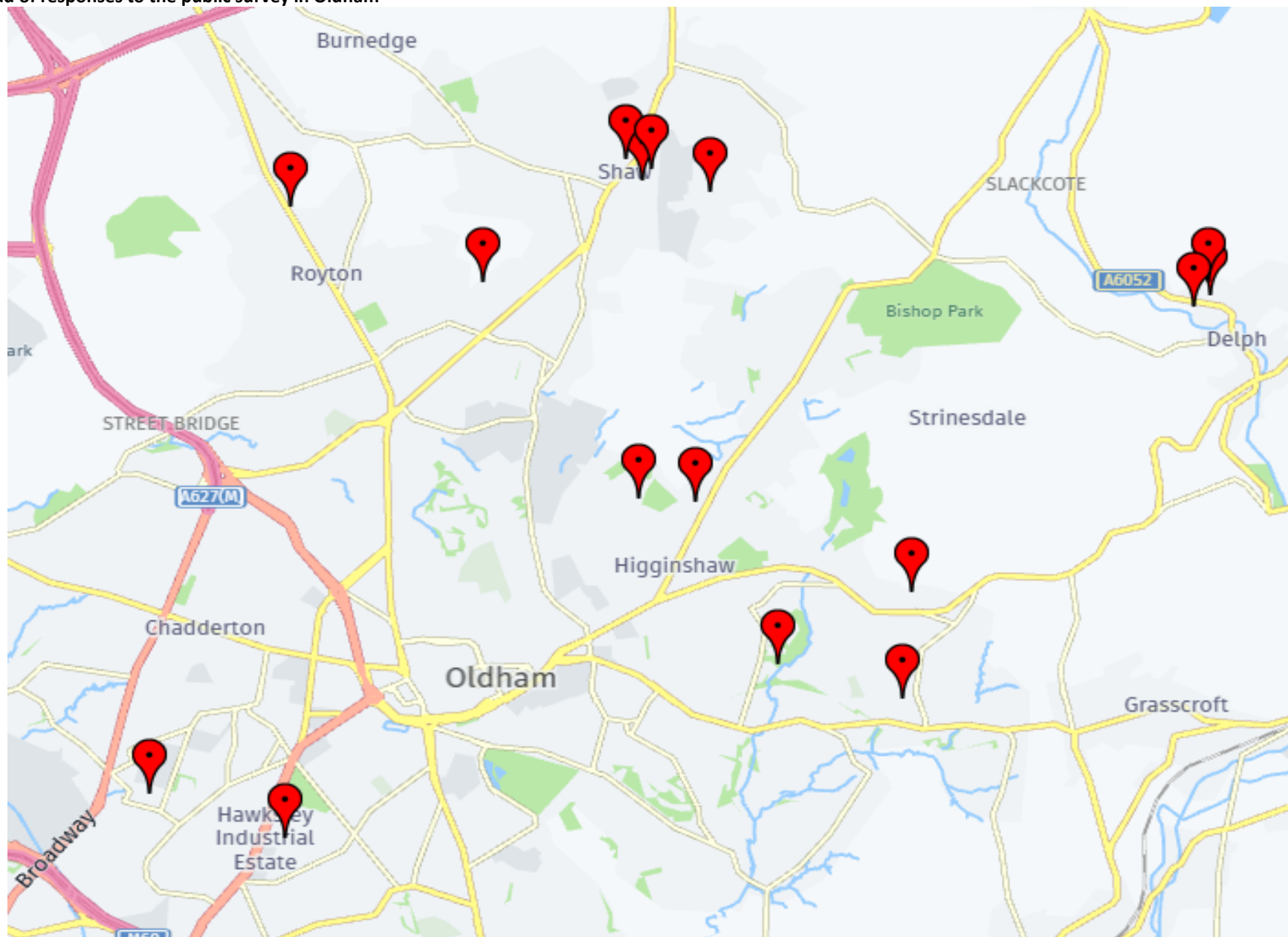
Map 1 -Oldham districts and wards



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Strategy & Performance Service  
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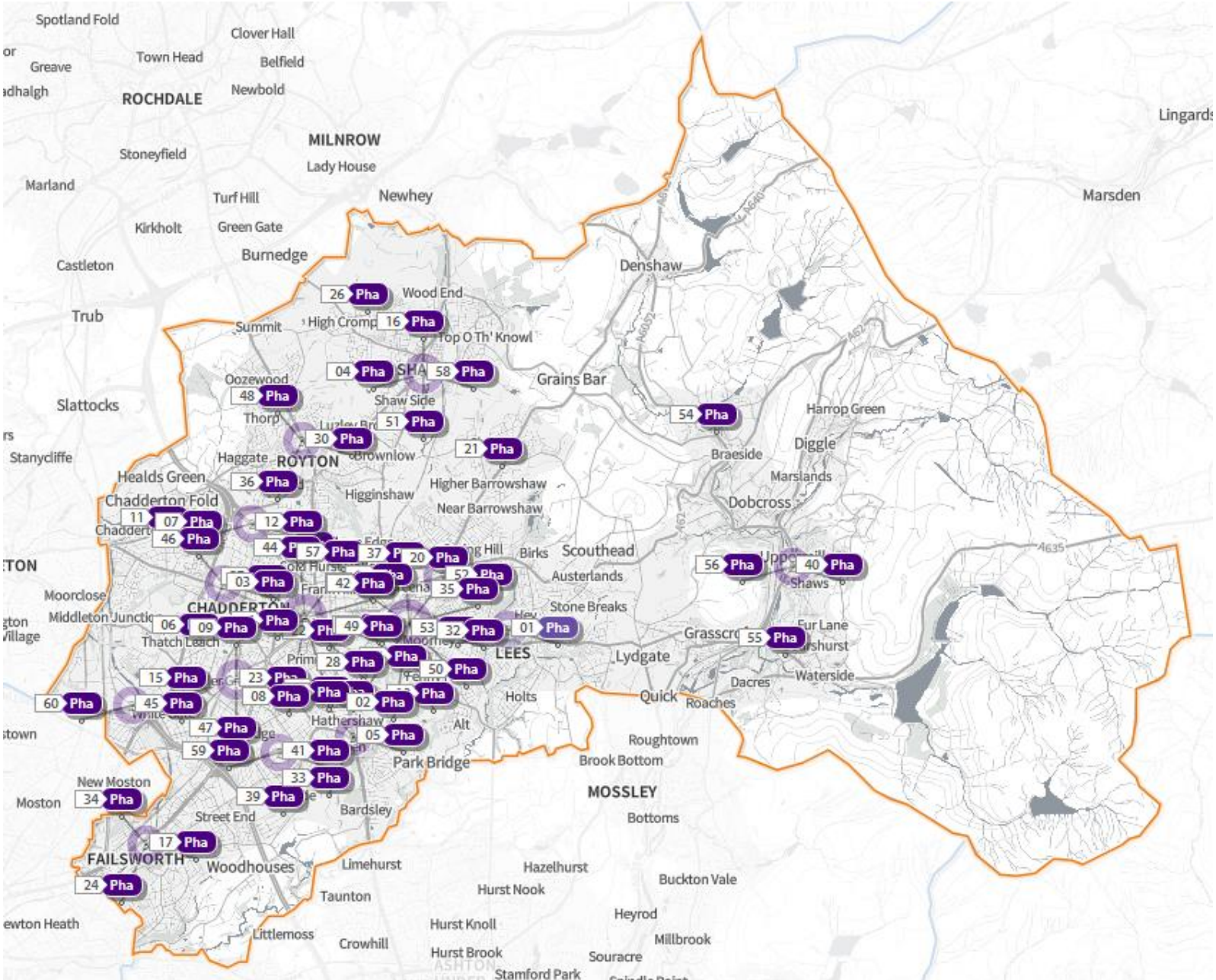


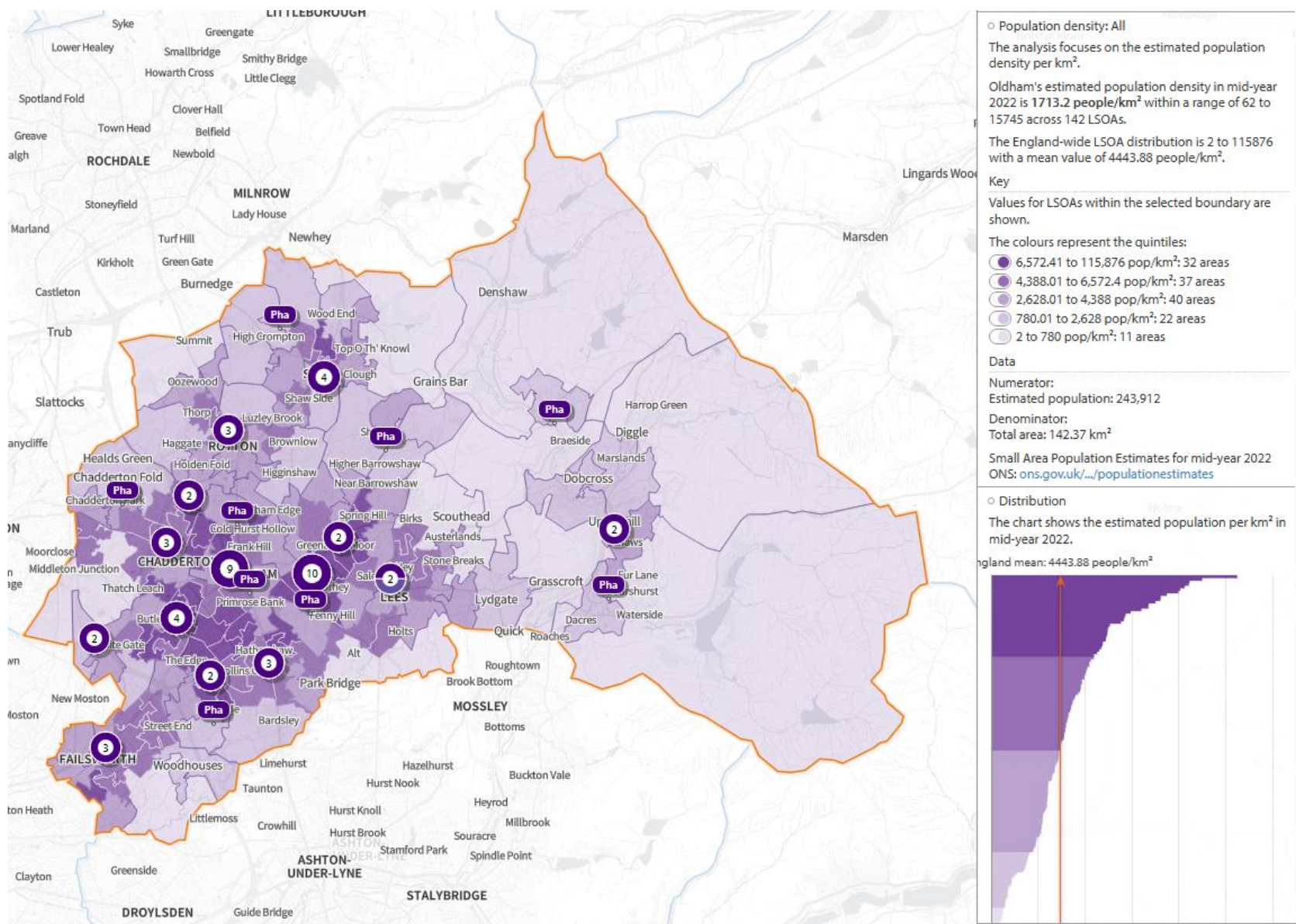
Map 2 - Spread of responses to the public survey in Oldham





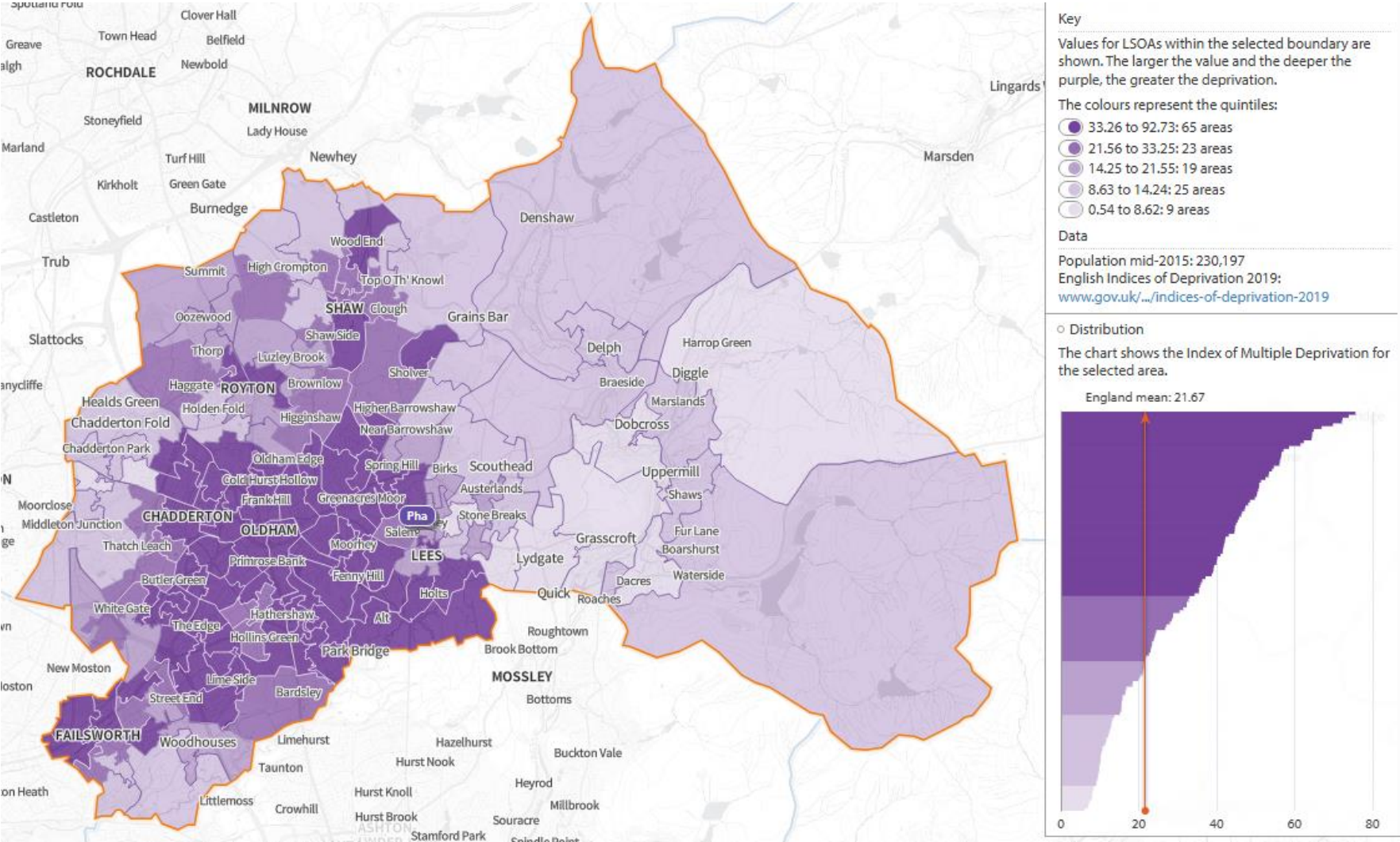
Map 3 – Oldham pharmacies location (source: [SHAPE - Shape](#))



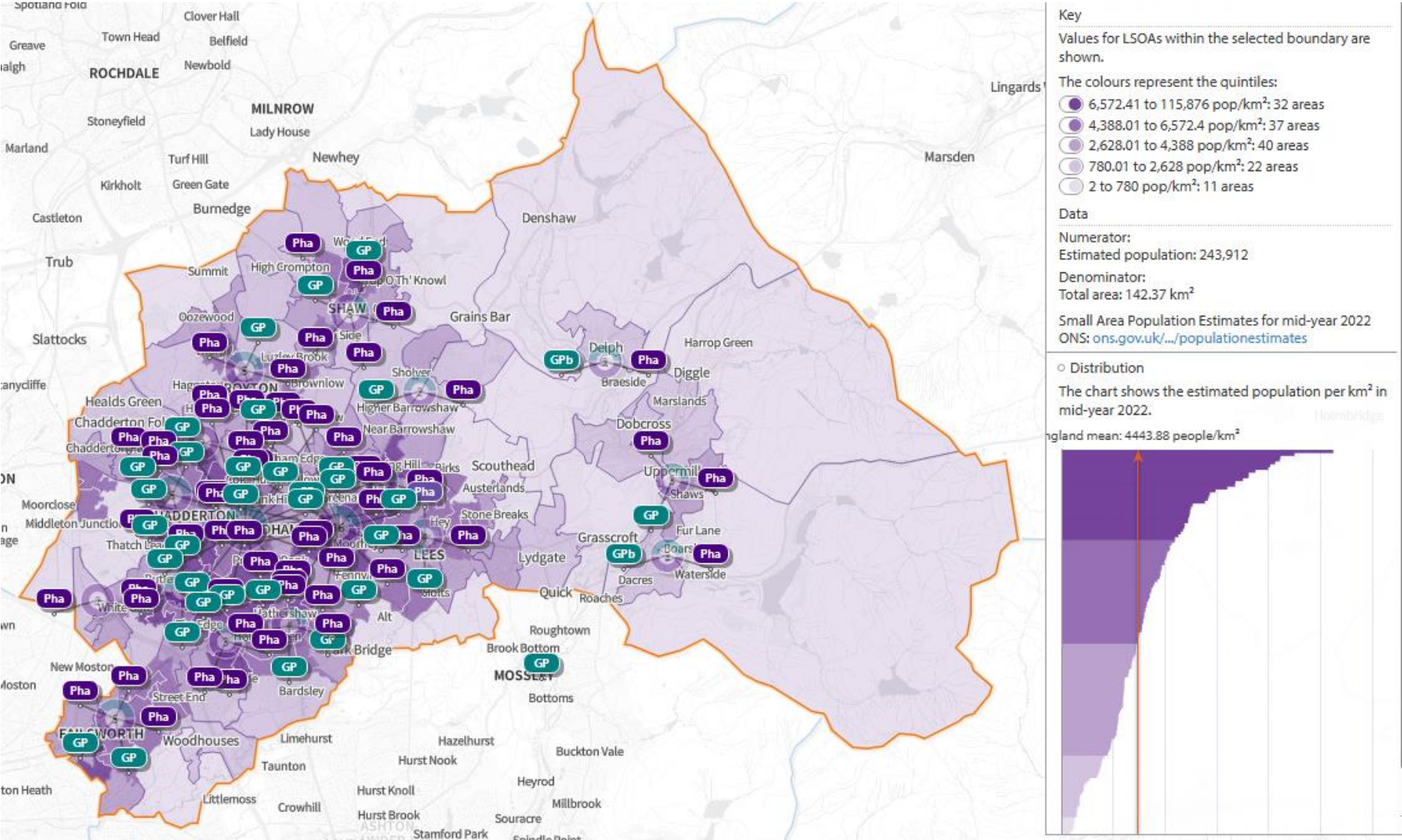




Map 5 – IMD 2019 by LSOA (source: [SHAPE - Shape](#))

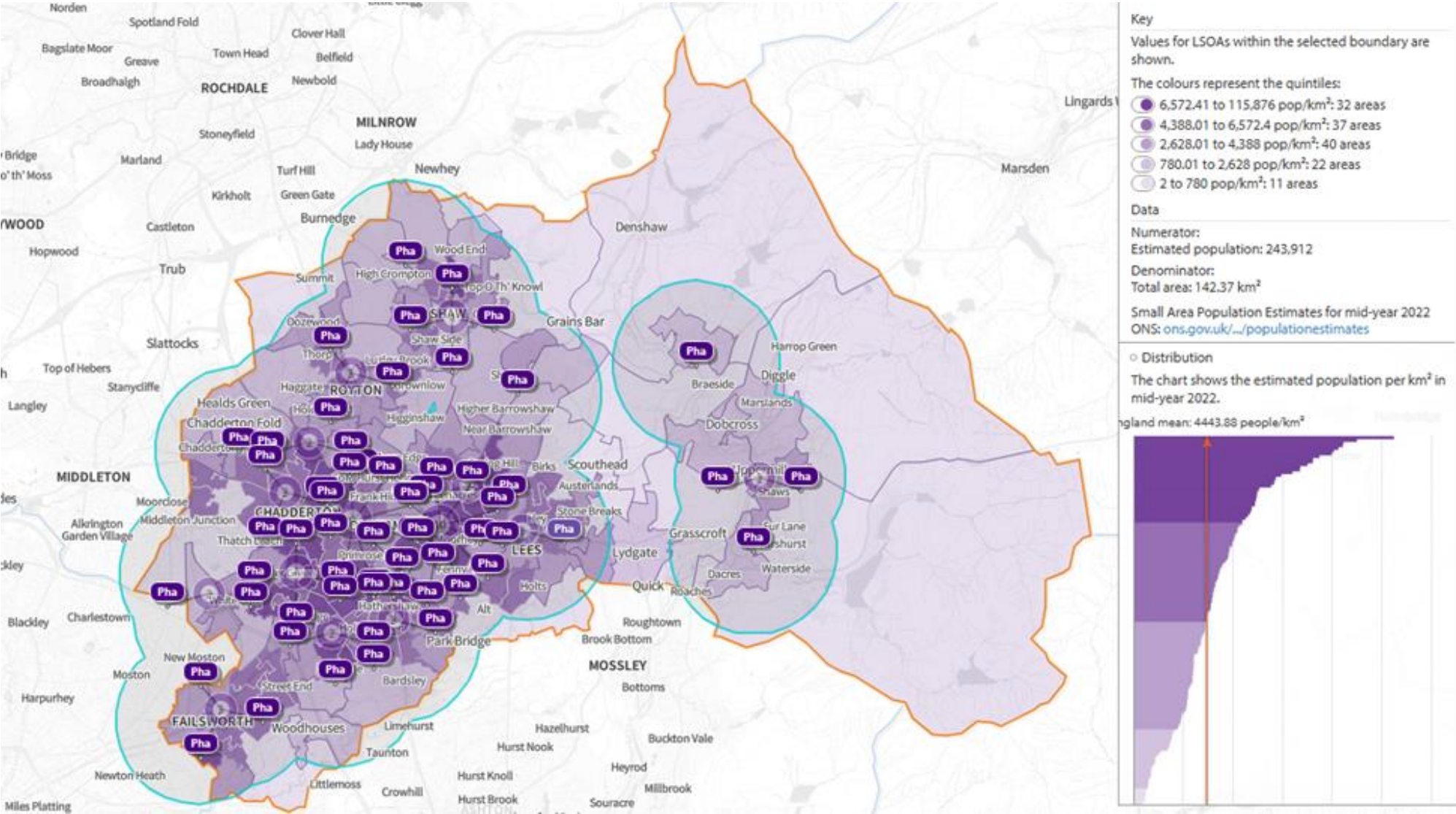


Map 6 - Location of Pharmacies & GP practices (Source: [SHAPE - Shape](#))



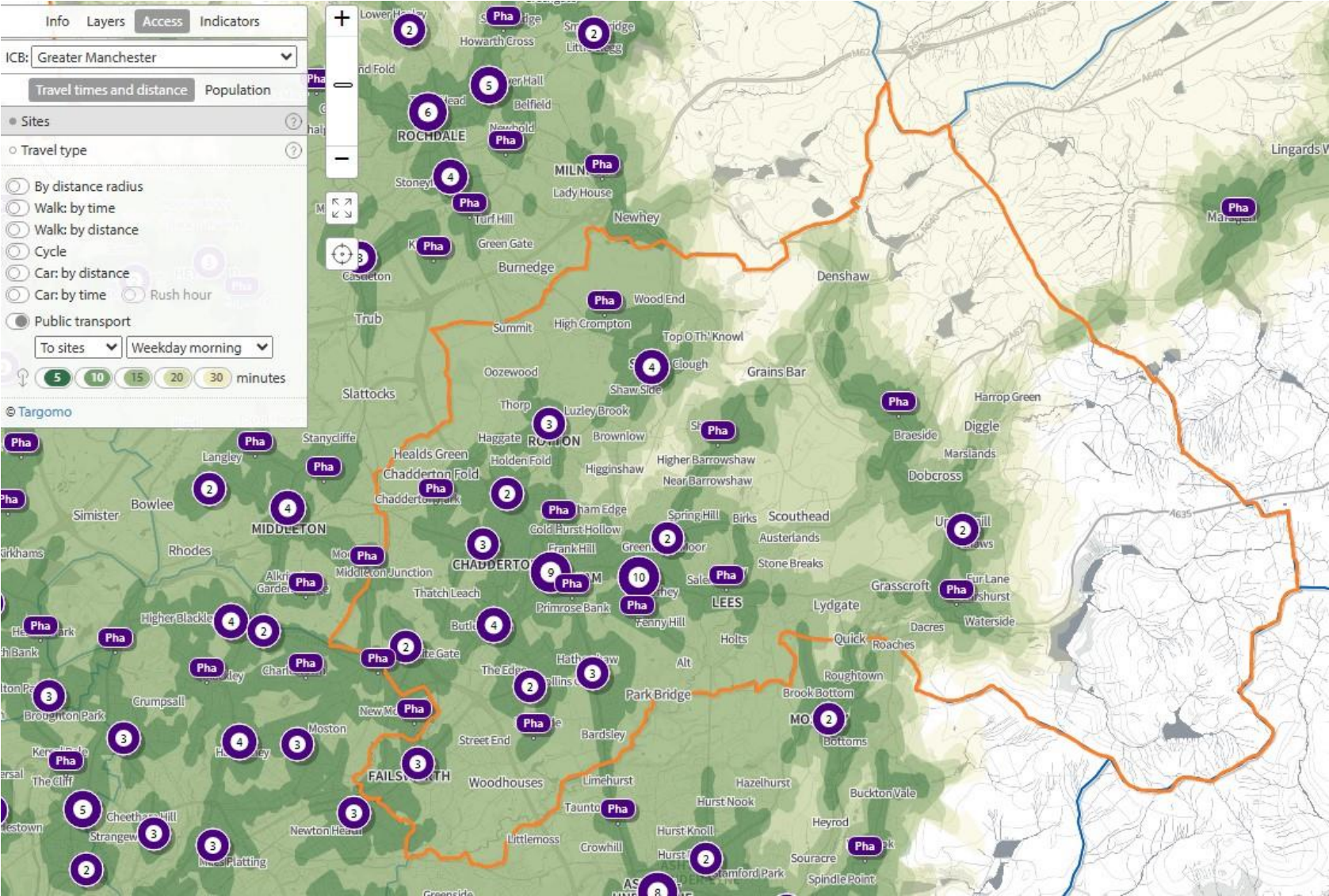


Map 7 - Oldham pharmacies showing 1 mile travel distance (Source: [SHAPE - Shape](#))



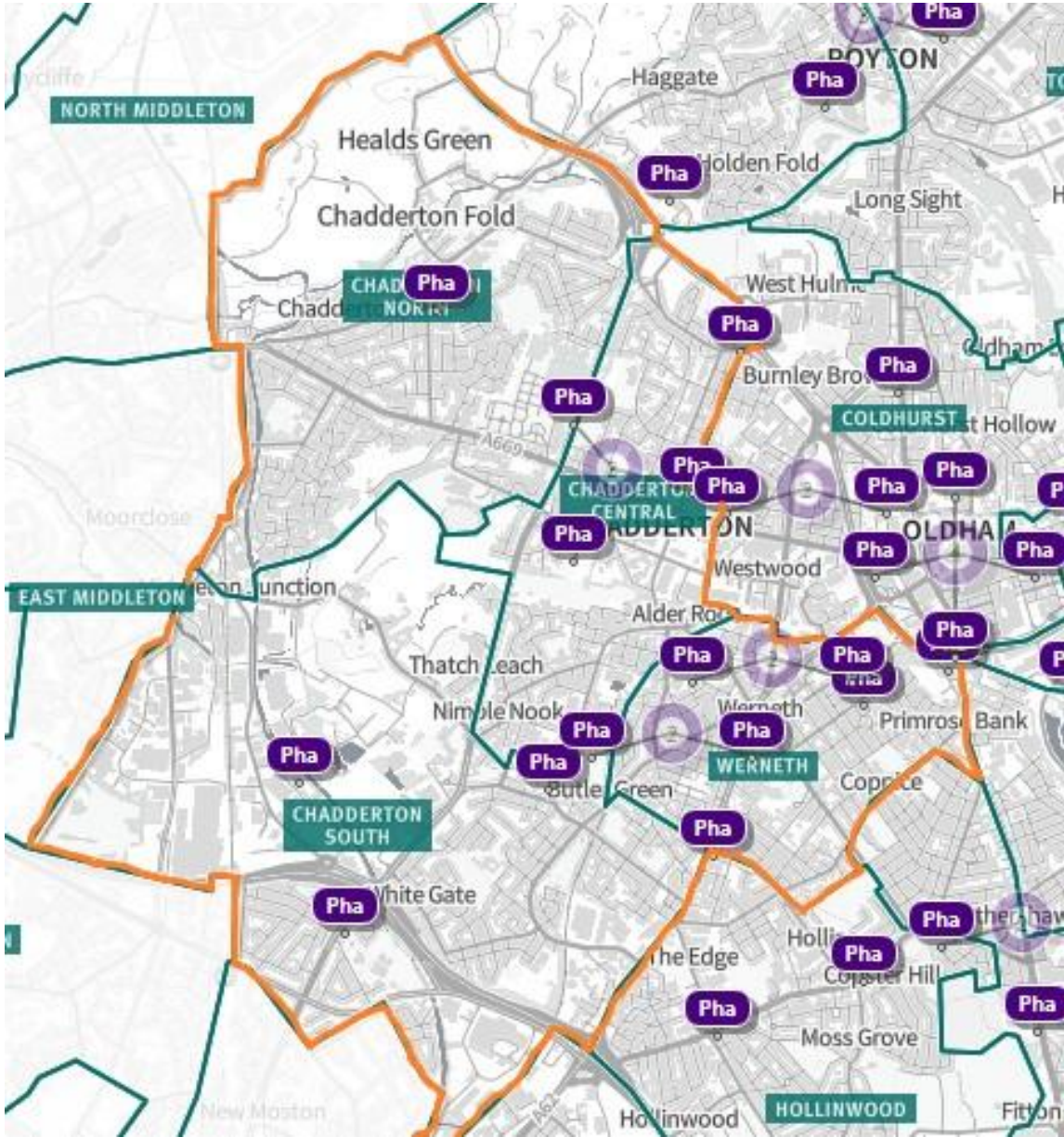


Map 8 - Oldham and surrounding Borough Pharmacies showing public transport travel time (Source: [SHAPE - Shape](#))

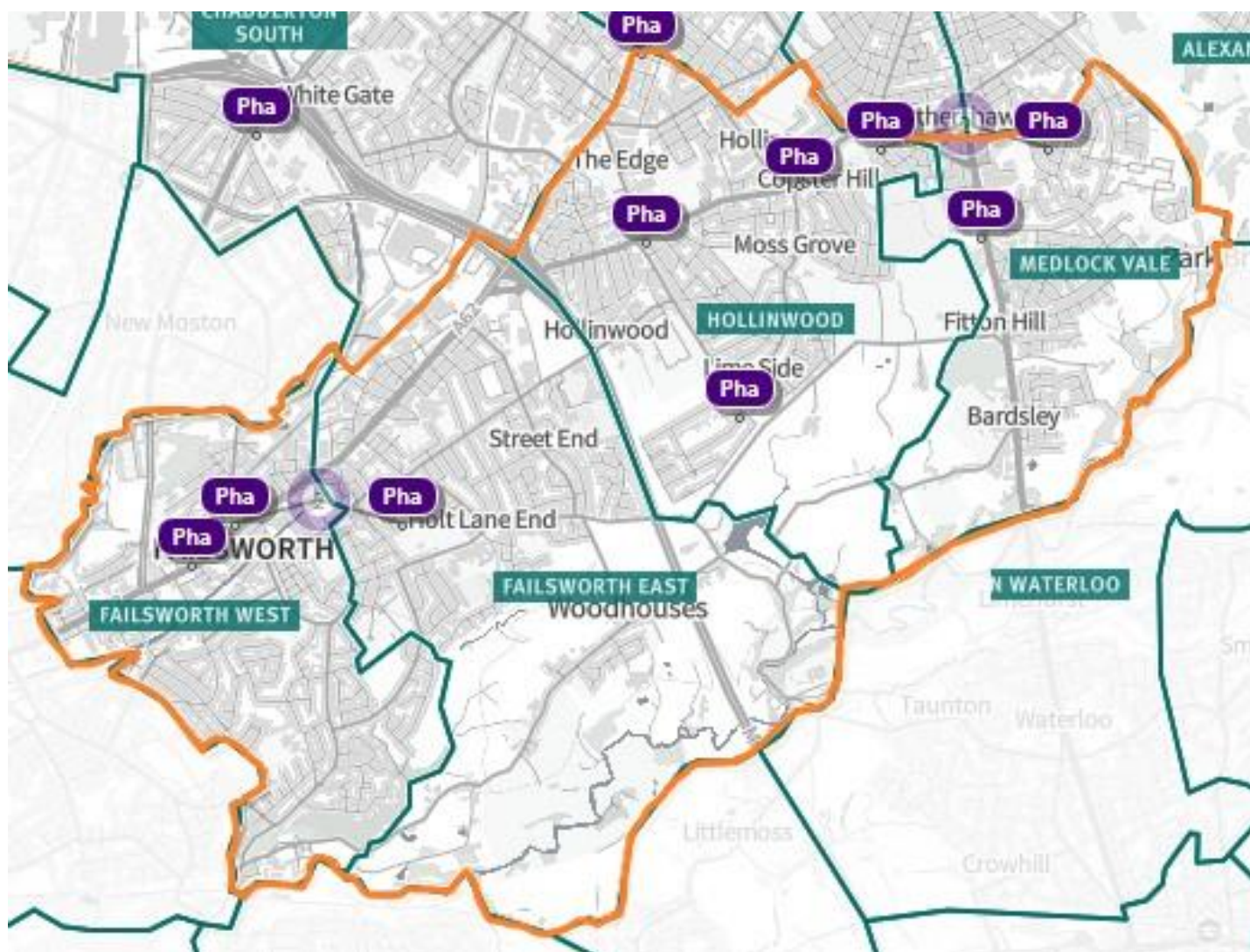




Map 9 – West District Pharmacy Locations (Source: [SHAPE - Shape](#))

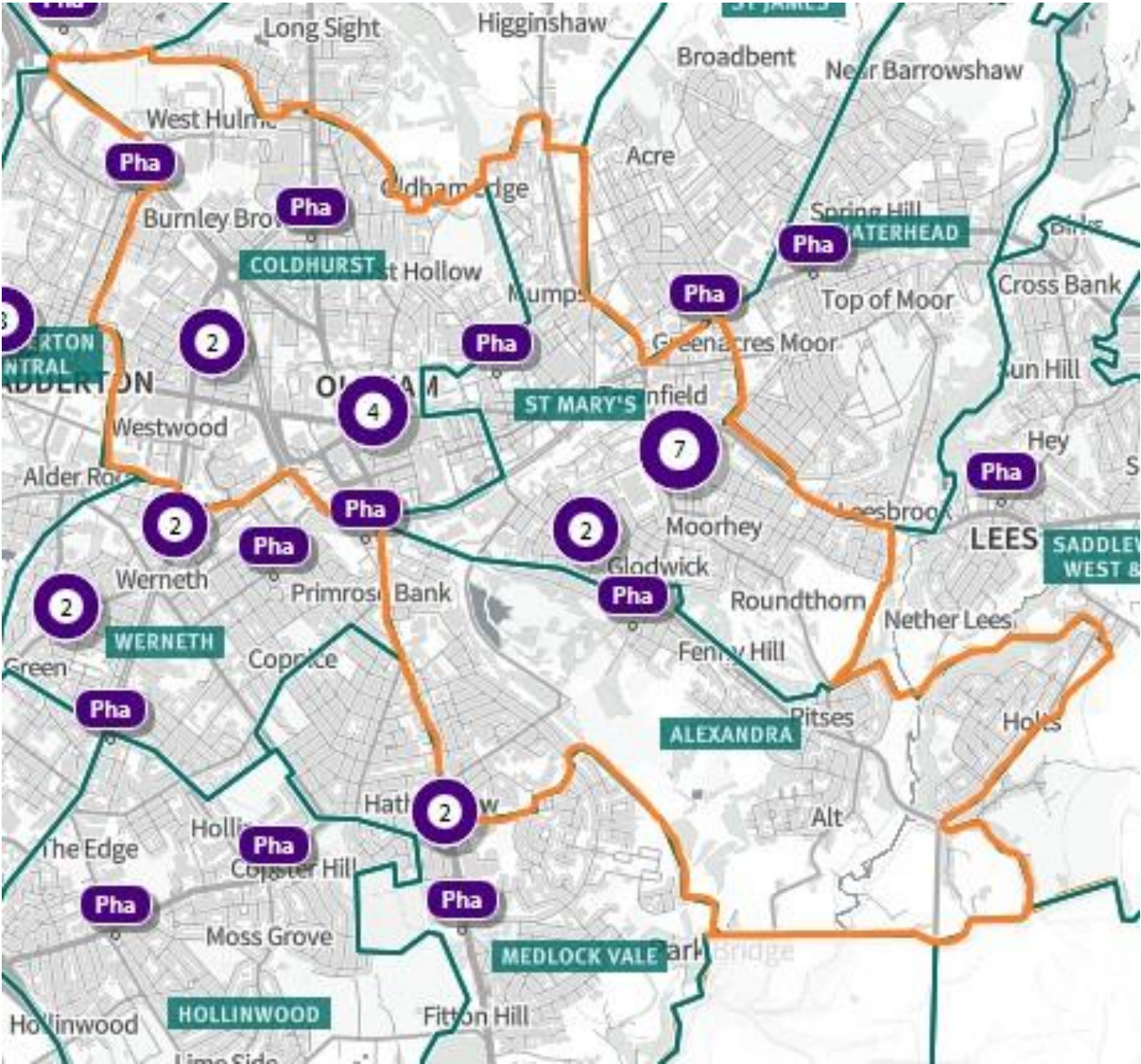


Map 10 – South District Pharmacy Locations (Source: [SHAPE - Shape](#))

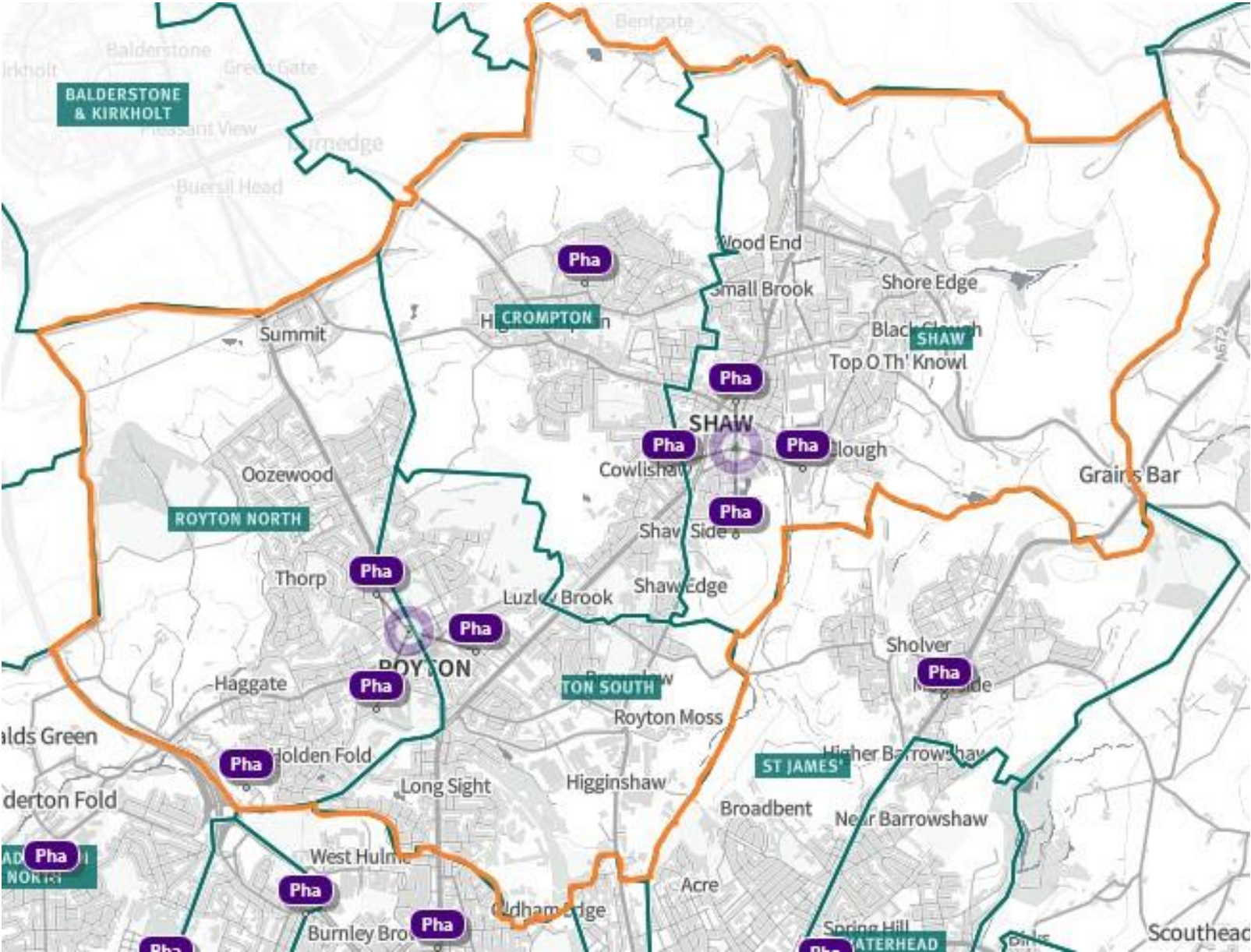




Map 11 – Central District Pharmacy Locations (Source: SHAPE - Shape)

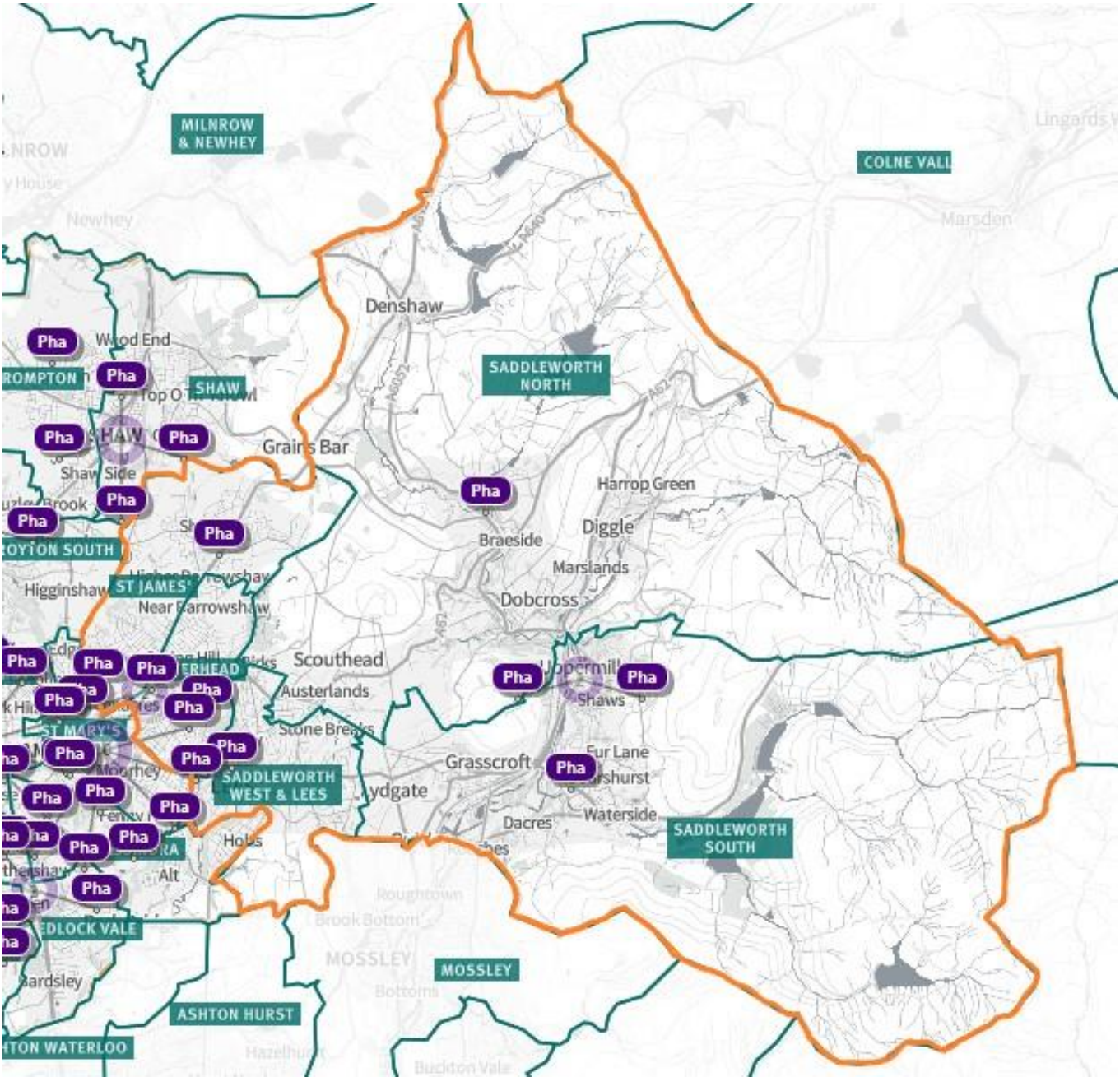


Map 12 – North District Pharmacy Locations (Source: [SHAPE - Shape](#))





Map 13 – East District Pharmacy Locations (Source: SHAPE - Shape)



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## Appendix 11 – Oldham GP Practices

Cluster	Ward	GP Surgery	Address	Postcode
Central	Coldhurst	Dr Perkins	First Floor, Oldham Integrated Care Centre, New Radcliffe St	OL1 1NL
Central	Coldhurst	John Street Medical Practice	1 John Street	OL8 1DF
Central	Coldhurst	Lindley Medical Practice	Ground Floor, Oldham Integrated Care Centre, New Radcliffe St	OL1 1NL
Central	Coldhurst	Oldham Family Practice	First Floor, Oldham Integrated Care Centre, New Radcliffe St	OL1 1NL
Central	Coldhurst	The Chowdhury Practice	First Floor, Oldham Integrated Care Centre, New Radcliffe St	OL1 1NL
Central	Coldhurst	The Jalal Practice	First Floor, Oldham Integrated Care Centre, New Radcliffe St	OL1 1NL
Central	St Mary's	Alexandra Group Medical Practice	Glodwick Primary Care Centre, 137 Glodwick Road	OL4 1YN
Central	St Mary's	Greenbank Medical Practice	Barley Clough Medical Centre, Nugget Street	OL4 1BN
Central	St Mary's	Hopwood House Medical Practice	Hopwood House, The Vineyard, Lees Road, Glodwick	OL4 1JN
Central	St Mary's	Glodwick Medical Practice	Glodwick Primary Care Centre, 137 Glodwick Road	OL4 1YN
Central	St Mary's	St Mary's Medical Centre	Rock Street	OL1 3UL
East	Saddleworth South	Pennine Medical Centre	6-8 Chew Vale, Greenfield	OL3 7EQ
East	Saddleworth South	Saddleworth Medical Practice	Smithy Lane, Uppermill	OL3 6AH
East	Saddleworth West & Lees	Lees Medical Practice	Athens Way, Lees	OL4 3BP
East	Saddleworth West & Lees	Leesbrook Surgery	Mellor Street, Lees	OL4 3DG
East	St James'	Moorside Medical Practice	Moorside Medical Centre, 681 Ripponden Road, Moorside	OL1 4JU
East	Waterhead	Springfield House Medical Centre	275 Huddersfield Road	OL4 2RJ
North	Royton North	Royton Medical Centre	Chapel Street, Royton	OL2 5QL
North	Royton South	Royton and Crompton Family Practice	Royton Health and Wellbeing Centre, Park Street, Royton	OL2 6QW
North	Shaw	The Oak Gables Partnership	Shaw Crompton Health Centre, High Street, Shaw	OL2 8ST
North	Shaw	The Village Medical Practice	Shaw Crompton Health Centre, High Street, Shaw	OL2 8ST
South	Failsworth West	Medlock Medical Practice	Keppel Building, Ashton Road West, Failsworth	M35 0AD
South	Failsworth West	Quayside Medical Practice	Keppel Building, Ashton Road West, Failsworth	M35 0AD
South	Hollinwood	Hollinwood Medical Practice	1 Clive Street	OL8 3TR
South	Medlock Vale	Hill Top Medical Practice	Fitton Hill Neighbourhood Centre, Fircroft Road	OL8 2QD
South	Medlock Vale	Oldham Medical Services	Langham House, 368 Ashton Road	OL8 3HF
West	Chadderton Central	CH Medical	Fields New Road, Chadderton	OL9 8NH
West	Chadderton North	Chadderton Medical Practice	Chadderton Town Health Centre, Middleton Road, Chadderton	OL9 0LH
West	Chadderton North	Woodlands Medical	Chadderton Town Health Centre, Middleton Road, Chadderton	OL9 0LH
West	Werneth	Danson Family Practice	Werneth Primary Care Centre, Featherstall Road South	OL9 7AY

West	Werneth	Kapur Family Care	Werneth Primary Care Centre, Featherstall Road South	OL9 7AY
West	Werneth	Littletown Family Medical Practice	53 Manchester Road	OL8 4LR
West	Werneth	Werneth Medical Practice	Werneth Primary Care Centre, Featherstall Road South	OL9 7AY

## Appendix 12 – One mile boundary pharmacies

Name	Address	HWB Area	Postcode
Cohens Chemist	109 North Road	Manchester	M11 4NE
Cohens Chemist	861a Ashton New Road	Manchester	M11 4PA
D&K Chemist	380 Moston Lane	Manchester	M40 9LX
Newchem Pharmacy	55 Old Church Street, Newton Heath	Manchester	M40 2JN
Prescriptions Direct	First Floor, 1142 Rochdale Road	Manchester	M9 6FQ
Respond Healthcare Limited	2 Victoria Ave East, Blackley	Manchester	M9 6HB
Tesco in-Store Pharmacy	Victoria Avenue East	Manchester	M9 6HP
Tims & Parker Pharmacy	87 Moston Lane East	Manchester	M40 3GP
Well	139 Droylsden Road, Newton Heath	Manchester	M40 1NT
Well	48a Old Church Street, Newton Heath	Manchester	M40 2JG
Whitemoss Pharmacy	247 Charlestown Road	Manchester	M9 7BD
Wilkinson Pharmacy	203 Lightbowne Road, Moston	Manchester	M40 9DD
Wilkinson Pharmacy	321 Moston Lane, Moston	Manchester	M40 9NL
Wilkinson Pharmacy	384 Hollinwood Avenue, New Moston	Manchester	M40 0JD
Alkrington Pharmacy	199 Kirkway, Alkrington	Rochdale	M24 1LW
Carlows Pharmacy	74 Long Street	Rochdale	M24 6DN
Junction Pharmacy	350 Grimshaw Lane	Rochdale	M24 2AU
Middleton Pharmacy	50 Rochdale Road	Rochdale	M24 2PU
Rowlands Pharmacy	Milnrow Health Centre, Stonefield Street, Milnrow	Rochdale	OL16 4HZ
Rowlands Pharmacy	Unit 5 Pennine Precinct, Newhey Road, Milnrow	Rochdale	OL16 4JD
Stone Pharmacy	221 Boarshaw Road, Middleton	Rochdale	M24 2WQ
Boots the Chemist	33 Queens Walk, Droylsden	Tameside	M43 7AD
Chadwick & Hadfield Ltd	189 Manchester Road, Mossley	Tameside	OL5 9AB
Droylsden Pharmacy	54 Ashton Road	Tameside	M43 7BP
Market Street Pharmacy	95 Market Street, Droylsden	Tameside	M43 6DD
Mckeevers Chemists	12 Stamford Street, Mossley	Tameside	OL5 0HR
Strand Pharmacy	18 The Strand, Kirkholt	Tameside	OL11 2JG
Tesco Instore Pharmacy	Manchester Road	Tameside	M43 6TQ
Well	56 Ashton Road, Droylsden	Tameside	M43 7BW
Waterloo Pharmacy	348 Oldham Road	Tameside	OL7 9PS

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## Appendix 13 – Analysis of PNA Consultation

The formal consultation period of this Pharmaceutical Needs Assessment (PNA) ran from 21/08/2025 until 20/10/2025. The consultation responses and replies are detailed in the below table.

The draft PNA aims to identify pharmacy need across your area. Does it achieve this?	You answered NO to Q2, please can you explain why.	Do you know of any relevant information that you think has not been included which could affect the conclusions and recommendations of this PNA?	You answered YES to Q4, please can you provide additional information.	The draft 2025-2028 PNA shows that pharmaceutical provision is satisfactory with no identified gaps. Do you agree?	You answered NO to Q6, what else should be considered?	Do you have any other relevant comments to add regarding the 2025-2028 draft PNA?	Reply
No	Does not identify need for a pharmacy in Oldham locality.	No		Yes		No	Respondent agrees that document identifies pharmacy need as per comment. Interpreted that there is no need for further pharmacies.
Yes		No		Yes		no	
Yes		No		Yes		- p57 Boots opening hours are incorrect	Information was correct at time of writing and is still correct as per NHS services data source.
						- Appendix 13 is referenced within on p25 but is not included or made available	Appendix 13 is consultation results and is completed post consultation

						- The PNA survey was sent to contractors for response on 23rd July with a deadline return date of the 8th August. This does not fit with the required 60 day limit.	Original consultation email contained incorrect information. Consultation restarted 21/08 until 20/10.
Yes		No		Yes		CPGM has the following suggestions/comment regarding the draft PNA:	
						<ul style="list-style-type: none"> <li>Page 5, 1.2 Result – states 60 pharmacies throughout document (50 walk-in, 10 DSPs) CPGM pharmaceutical list states 58 pharmacies ( 48 walk-ins, 10 DSPs)</li> </ul>	Information was correct at time of writing using the pharm list. Changes referenced.
						<ul style="list-style-type: none"> <li>Page 8, 2.3.2 The NPA have withdrawn their call for collective action</li> </ul>	pg 8 updated with new information
						<ul style="list-style-type: none"> <li>Page 17 &amp; 19, do they need to reference Children's Flu Vaccination service?</li> </ul>	information was correct at time of writing
						<ul style="list-style-type: none"> <li>Page 22, 3.6.5 Closure of pharmacy premises – remove two references to 'area team'</li> </ul>	Removed word area
						<ul style="list-style-type: none"> <li>Page 28, Oldham JSNA link doesn't work</li> </ul>	pg28/29 hyperlinks removed, pages no longer available

					<ul style="list-style-type: none"> <li>• Page 29, Oldham JSNA link doesn't work</li> </ul>	pg28/29 hyperlinks removed, pages no longer available
					<ul style="list-style-type: none"> <li>• Page 63, 6.4.1.1 Places for everyone – only reference 9 boroughs not 10 – excludes Stockport)</li> </ul>	Places for everyone is only 9 boroughs, not Stockport.
					<ul style="list-style-type: none"> <li>• Page 69, link in footer doesn't work, links don't work for wards</li> </ul>	pg 69/71/73/75 pages no longer available. Hyperlinks removed.
					<ul style="list-style-type: none"> <li>• Page 71, links don't work for wards</li> </ul>	pg 69/71/73/75 pages no longer available. Hyperlinks removed.
					<ul style="list-style-type: none"> <li>• Page 73, links don't work for wards</li> </ul>	pg 69/71/73/75 pages no longer available. Hyperlinks removed.
					<ul style="list-style-type: none"> <li>• Page 75, links don't work for wards</li> </ul>	pg 69/71/73/75 pages no longer available. Hyperlinks removed.
					<ul style="list-style-type: none"> <li>• There are multiple references to Appendix 13 of which hasn't been made available</li> </ul>	Appendix 13 produced post consultation

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# **Oldham Health and Wellbeing Board Pharmaceutical Needs Assessment 2025 to 2028**

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# 1 Executive Summary

## 1.1 Introduction

A Pharmaceutical Needs Assessment (PNA) is a comprehensive assessment of whether current and future pharmaceutical services meet the needs of the local population.

- Oldham's Health and Wellbeing Board (HWB) has a statutory responsibility to publish and keep up to date the PNA for Oldham. The PNA for Oldham presents a picture of community pharmacy need and provision in Oldham and links to Oldham's Joint Strategic Needs Assessment<sup>1</sup> (JSNA).
- It will be used by NHS commissioning bodies (NHSCB) to
  - inform which NHS funded services need to be provided by community pharmacies and dispensing appliance contractors
  - decide whether new pharmacies or services are needed
  - aid decision making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services
  - inform the commissioning of locally enhanced services delivered from pharmacies to address any gaps in health care provision
- Providers of pharmaceutical services will also use the PNA to inform their applications to provide pharmaceutical services by demonstrating that they are able to meet a pharmaceutical need as set out in the PNA.

The PNA includes information on:

- Pharmacies in Oldham and the services they currently provide including dispensing, providing advice on health, medicines reviews and local public health services, such as smoking cessation, sexual health, and support for drug users.
- Other local pharmaceutical type services, including dispensing appliance contractors (DAC).
- Relevant maps relating to Oldham and providers of pharmaceutical services in the HWB area.
- Potential gaps in provision that could be met by providing alternative pharmacy services, or through opening more pharmacies, and likely future needs.

This document has been prepared by NHS Greater Manchester (NHS GM) on behalf of Oldham's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the Pharmaceutical Needs Assessment (PNA) previously published in 2022.

The HWB established a steering group to lead a comprehensive engagement process to inform the development of the PNA. The group undertook a public survey and sought information from pharmacies, Oldham Council, NHS GM, Community Pharmacy Greater Manchester (CPGM) and NHS commissioning boards (NHSCB).

The data and analysis that is presented in the PNA is supported by a number of appendices, please note there is no appendix 9 in this iteration of the PNA.

Oldham has a population of 246,130 and by 2033 the population is estimated to increase by 5.2% to 258,436, including a 14% increase in those aged 65-84 and a 27.8% increase in those aged over 85 (2023 ONS mid-year estimate), which will have implications for the commissioning of services.

In order to identify local health needs and assess current pharmaceutical services provision, Oldham is divided into five districts:

- North District
- East District
- Central District
- South District

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<sup>1</sup> [JSNA Oldham](#)



- West District

Information regarding local provision of pharmaceutical services was made available by NHSCB, Oldham Council, NHS GM and CPGM. Other relevant nationally available data was gathered through providers such as ONS and NHSBSA. This was analysed by the NHS GM Medicines Optimisation Team on behalf of the Steering Group.

As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population in the HWB area are accurately reflected in the final PNA document. Oldham Council ran a stakeholder consultation and the responses received were used to inform the final conclusions which were collated and are now published as part of this PNA.

## 1.2 Results

At the time of writing, Oldham has 60 pharmacies (50 walk-in and 10 distance selling pharmacies) providing a range of essential services, advanced services, and locally commissioned services (including NHSCB enhanced services) on behalf of Oldham Council and NHSCB. All pharmacies in Oldham have NHSCB contracts, there are no Local Pharmaceutical Service (LPS) Contracts.

There are 7 Pharmacies with 100-hour contracts, opening hours may vary due to new regulations as described in section 3.6.4. There are no dispensing doctors or dispensing appliance contractors (DAC) in Oldham, but residents of Oldham can access dispensing and services associated with appliances from a regular pharmacy contractor or through DACs elsewhere within England.

Oldham has 2 additional pharmacy contractors since the last PNA, both are distance selling pharmacies.

Since the drafting of the PNA, there have been 2 consolidation activities, which have reduced the total number of contractors to 58. Oldham Pharmacy, 388-390 Ashton Road consolidated with Ashton Road pharmacy, 366 Ashton Road and Everest pharmacy, Block Lane consolidated with Everest pharmacy, 57 Manchester Road. The Greater Manchester Pharmaceutical Services Regulations Committee approved these consolidations on the basis that there was no impact on service provision as it would be transferred over to the closely located consolidating pharmacy. Therefore, these changes have no impact on the recommendations and conclusions of this PNA.

This PNA concluded no gaps in current pharmaceutical services had been established. This is clearly demonstrated by the following points:

- Oldham has 24 pharmacies per 100,000 population, which is higher than the England and Greater Manchester averages.
- The majority of Oldham, including the highest populated areas, are within 1.0 miles of a pharmacy.
- Most areas of Oldham are within 20 minutes of a pharmacy, either by walking, public transport or driving.
- The location of pharmacies within each of the five districts and across the whole HWB area.
- The number and distribution of pharmacies within each of the five districts and across the whole HWB area.
- The choice of pharmacies covering each of the five districts and the whole HWB area.
- 80% of items dispensed in Oldham Pharmacies were for people registered with an Oldham GP practice.
- 78% of the public surveyed (14 responses) said they were either satisfied or very satisfied with the overall pharmacy service provided by their local pharmacy.
- 94% of the public surveyed stated they had no difficulties accessing the pharmacy of their choice
- 67% of the public surveyed had not had any problems accessing a pharmacy due to opening hours
- Oldham has a choice of pharmacies open across range of times including early mornings, evenings and the weekend.

- Oldham pharmacies offer a range of pharmaceutical services to meet the requirements of the population.

### 1.3 Stakeholder Consultation

As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population in the HWB area are accurately reflected in the final PNA document. Oldham Council's consultation ran from 21/08/2028 until 20/10/2025. The responses received were used to inform the final conclusions which were collated and are now published as part of this PNA.

### 1.4 Conclusions

Considering the totality of the information available, the HWB considered whether the location, number, distribution and choice of pharmacies covering each district, including the whole of Oldham HWB area providing essential and advanced services during the standard core hours currently meet the needs of the population.

The HWB has not received any significant information to conclude otherwise or any future specified circumstance that would alter that conclusion.

Based on the information available at the time of developing this PNA:

- No current gaps in the need for provision of essential services during normal working hours have been identified.
- No current gaps in the provision of essential services outside normal working hours have been identified.
- No current gaps in the provision of advanced and enhanced services have been identified.
- No gaps in the need for pharmaceutical services in specified future circumstances have been identified.
- No gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services.
- No gaps have been identified in the need for advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services.
- No gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

## 2 Introduction

This document has been prepared by Oldham's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the Pharmaceutical Needs Assessment (PNA) previously published in 2022.

In the current NHS there is a need for the local health partners, NHSCB, Oldham Council, Oldham pharmacies and other providers of health and social care, to ensure that the health and pharmaceutical needs of the local population are met through the appropriate commissioning of services.

There is also a need to ensure that those additional services commissioned by Oldham Council or NHSCB from Oldham pharmacies are promoted to Oldham's population to improve their uptake.

The current providers of pharmaceutical services in Oldham are well placed to support the HWB in achieving the required outcomes identified as the health priorities outlined in its strategy.

Glossary and acronyms are provided in Appendix One.

### 2.1 Purpose of a PNA

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a HWB's area for a period of up to three years, linking closely to the joint strategic needs assessment (JSNA). Whilst the JSNA focusses on the general health needs of the population of Oldham, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHSCB and LAs.

If a pharmacist or a dispensing appliance contractor wants to provide pharmaceutical services, they are required to apply to NHSE&I to be included in the pharmaceutical list for the HWB's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the HWB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this e.g. applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA.

Whilst the PNA is primarily a document for NHSCB to use to make commissioning decisions, it may also be used by Local Authorities (LA's) and Integrated Care Systems (ICSs). A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors (DACs) are able to ensure services are targeted to areas of health need and reduce the risk of overprovision in areas of less need.

### 2.2 HWB duties in respect of the PNA

In summary Oldham HWB must:

- Produce an updated PNA which complies with the regulatory requirements.
- Publish PNAs on a three-yearly basis.
- Publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
- Produce supplementary statements in certain circumstances.

## 2.3 Background and legislation

### 2.3.1 National Legislation

Since 1st April 2013 every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish every three years and keep up to date a statement of the need for pharmaceutical services in its area, otherwise referred to as a pharmaceutical needs assessment (PNA). From July 2022, the NHS Greater Manchester Integrated Care Board (GM ICB) is responsible for managing the Community Pharmacy Contractual Framework and is expected to refer to the PNA when making decisions about market entry for new service providers, as well as in the commissioning of enhanced services from pharmacies.

GM ICB will work to deliver the strategy set by our Integrated Care Partnership (ICP). It will support the ten place-based partnerships in Greater Manchester (Bolton, Bury, Heywood Middleton and Rochdale, Manchester, Oldham, Tameside, Trafford, Salford, Stockport and Wigan) as part of a well-established way of working to meet the diverse needs of our citizens and communities.

The aim of the Oldham PNA is to describe the underlying need for and current provision of pharmaceutical services in Oldham, to ensure that the minimum statutory requirements for PNAs are met, to identify systematically any gaps in services and, in consultation with stakeholders, make recommendations on future development.

The preparation and consultation on the PNA should take account of the HWB's Joint Strategic Needs Assessment (JSNA) and other relevant local strategies to prevent duplication of work and multiple consultations with health groups, patients, and the public.

Each PNA, published by the HWB will have a maximum lifetime of three years. HWBs will also be required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified unless this is considered a disproportionate response.

PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the LA and other local commissioners

### 2.3.2 Effect on health and service provision due to financial pressures.

Negotiations on the 2024/25 CPCF, which includes negotiations on the Pharmacy Quality Scheme (PQS), were paused when the 2024 general election was announced and resumed in January 2025. (Community Pharmacy England, 2025) The new CPCF was announced in April 2025 and the PNA is updated to reflect any new information.

Community pharmacies are working harder than ever, in terms both of the volume of prescriptions they dispense and the range of NHS clinical services delivered. Yet they are struggling financially following years of real-terms funding cuts and many have been forced to close. Urgent action is required to stabilise the pharmacy network and realise opportunities for reform and service improvement. In line with the broad shifts envisaged for the NHS 10 Year Health Plan, community pharmacies – properly resourced - can dramatically improve access to primary care and do more to prevent ill-health and reduce health inequalities. (National Pharmacy Association, 2025)

In November 2024, NPA members in England, Wales and Northern Ireland voted overwhelmingly in favour of 'collective action'. No firm timetable has yet been set for the action, which might include serving notice on opening hours above the minimum required by their contract – meaning fewer pharmacies will be open in the evenings and at weekends. (National Pharmacy Association, 2025)

At the time of writing, there was no agreed timeline for the implementation of 'collective action' and there is no detail on any specific impact that this action may have on pharmaceutical service provision. However, action may include serving notice on opening hours above contract minimums, ceasing free services such as free deliveries and free MDS packs, serving notice on locally commissioned services in the interests of patient safety and to refuse DHSC requests for data collection above that required

by the pharmacy contract. Once this detail is agreed upon and available, there will need to be further assessment to establish if any gaps are created within the PNA.

With the announcement of the new CPCF in April 2025, the NPA decided against recommending 'collective action' to its members.

### 2.3.3 Mandatory 60-day stakeholder consultation

As part of developing their PNA, HWBs must undertake a consultation for a minimum of 60 days. The 2013 Regulations list those persons and organisations that the HWB must consult. This list includes:

- Any relevant local pharmaceutical committee (LPC) for the HWB area
- Any local medical committee (LMC) for the HWB area
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area
- Any local Healthwatch organisation for the HWB area, and any other patient, consumer and community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area
- Any NHS trust or NHS foundation trust in the HWB area
- NHS England
- Any neighbouring HWB

### 2.3.4 Circumstances under which the PNA is to be revised or updated

It is important that the PNA reflects changes that affect the need for pharmaceutical services in Oldham. Where the HWB becomes aware that a change may require the PNA to be updated then a decision to revise the PNA will be made.

Not all changes to pharmaceutical services will result in a change to the need for services. Where required, the HWB will issue supplementary statements to update the PNA as changes take place to the provision of services locally.

## 2.4 Scope of the PNA

The pharmaceutical services to which each PNA must relate are all the pharmaceutical services that may be provided under arrangements made by NHSCB for –

- the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list
- the provision of local pharmaceutical services under a Local Pharmaceutical services (LPS) scheme; or
- the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor).

Pharmaceutical services are defined by reference to the regulations and directions governing pharmaceutical services provided by community pharmacies (which may be LPS providers), dispensing doctors and appliance contractors.

Whether a service falls within the scope of pharmaceutical services for the purposes of the PNA depends on who the provider is and what is provided:

For **dispensing practices**, the scope of the service to be assessed in the PNA is the dispensing service. However, as there are no dispensing GP practices in Oldham, these are not considered in the document.

For **appliance contractors** the scope of the service to be assessed in the PNA is the dispensing of appliances and the provision of appliance use review (AUR) and stoma appliance customisation (SAC). This means that, for the purposes of the PNA, it is concerned with whether patients have adequate access to dispensing services, including dispensing of appliances, AURs and SACs where these are undertaken by an appliance contractor but not concerned with other services appliance contractors may provide.

For **community pharmacy contractors** the scope of the services to be assessed in the PNA is broad and comprehensive. It includes the essential, advanced and enhanced services elements of the pharmacy contract whether provided under the terms of services for pharmaceutical contractors or under LPS contracts.

Other providers may deliver services that meet a particular pharmaceutical service need although they are not considered pharmaceutical services under the relevant regulations. It is therefore important that these are considered as part of the assessment because they may reduce the need to deliver further services.

## 2.5 Minimum requirements for the PNA

Schedule 1 of the NHS 2013 Regulations state that the PNA must include, as a minimum, a statement of the following:

- **Necessary services** - pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This should include their current provision (within the HWB area and outside of the area) and any current or likely future gaps in provision.
- **Relevant services** - services which have secured improvements, or better access, to pharmaceutical services. This should include their current provision (within the HWB area and outside of the area) and any current or future gaps in provision.
- **Other NHS services**, either provided or arranged by a LA, NHSCB, an NHS Trust or Foundation Trust which either impact upon the need for pharmaceutical services, or which would secure improvements, or better access to, pharmaceutical services within the area.
- **A map** showing the premises where pharmaceutical services are provided.
- **An explanation** of how the assessment was made.

## 3 How the assessment was undertaken

### 3.1 Development of the PNA

The process of developing the PNA has included the requirement to involve and consult people about changes to health services. The specific legislative requirements in relation to development of PNAs were considered.

#### 3.1.1. PNA steering group

The HWB has overall responsibility for the publication of the PNA and the Director of Public Health is the HWB member who is accountable for its development. Oldham's HWB established a PNA steering group, the membership of which ensured that all the main stakeholders were represented.

The steering group has been responsible for reviewing the PNA to ensure it meets the statutory requirements. The steering group approved all public facing documentation. The membership and the terms of reference for the steering group are provided at Appendix Two.

The steering group included representation from the following groups:

- Representatives from the NHS Greater Manchester Community pharmacy integration and commissioning portfolio team.
- Representatives from Oldham local authority public health team.
- Representatives from Oldham local authority communications and engagement team.
- Representative from NHS Greater Manchester Primary Care Contracts Team.
- Representative from the Local Pharmaceutical Committee (LPC).
- Representative from Healthwatch.

#### 3.1.2 PNA localities

This PNA describes the needs for the population of Oldham. It considers current provision of pharmaceutical services across five districts of wards in the Oldham HWB area as described in the JSNA and are approved by the steering group for use in this PNA.

The PNA uses the current system of Oldham ward boundaries split across the five districts. This approach was taken because:

- The current JSNA describes population health needs using these districts
- This grouping of wards into districts reflect the localities which are already in use by Oldham Council.
- Most available healthcare data is collected at ward level and wards are a well-understood definition within the general population as they are used during local parliamentary elections.

The five districts and the wards within them are:

##### North District

- Royton North
- Royton South
- Crompton
- Shaw

##### East District

- Saddleworth North
- Saddleworth South
- Saddleworth West and Lees
- St James'
- Waterhead

##### Central District

- Alexandra

##### South District

- Failsworth East
- Failsworth West
- Hollinwood
- Medlock Vale

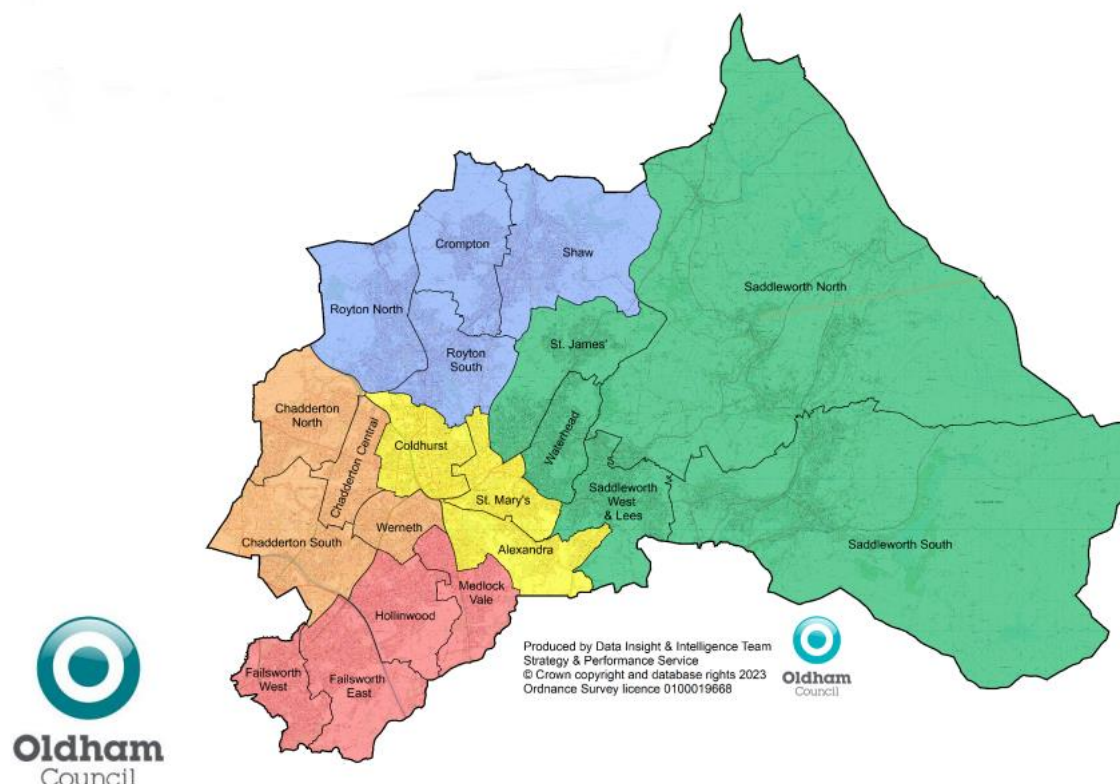
##### West District

- Chadderton North
- Chadderton Central
- Chadderton South
- Werneth



- Coldhurst
- St Mary's

**Map 1 - Oldham districts and wards**



### 3.1.3 Contractor questionnaire and patient survey

A standardised contractor questionnaire and patient survey were developed by a GM PNA steering group, with representation from all 10 LA's, CPGM and NHS GM. The questionnaire and survey were approved by the Oldham steering group. These were promoted to pharmacy contractors and the public between January and March 2025. They aimed to identify additional relevant information from service providers and to identify how the public currently and in the future, want to interact with pharmacy services. Once completed the results of both were analysed.

Oldham Council were involved in promoting the public survey to as wide an audience as possible through the existing channels available to them.

CPGM and NHS GM were asked to help promote the pharmacy contractor survey.

### 3.1.4 Other sources of information

The content of the PNA including demographics, districts and background information was approved by the steering group. In looking at the health needs of the local population, the Oldham JSNA<sup>2</sup>, Oldham's Local Plan guiding development up to 2039<sup>3</sup> and other health data were considered.

Information was gathered from NHSE, NHS GM and Oldham Council regarding:

- The size and demography of the population across Oldham.
- Whether there is adequate access to pharmaceutical services across Oldham.

<sup>2</sup> [Joint strategic needs assessment Oldham](#) accessed 07/02/2025

<sup>3</sup> [https://www.oldham.gov.uk/info/201233/local\\_plan\\_review](https://www.oldham.gov.uk/info/201233/local_plan_review)



- Different needs of different districts within Oldham.
- Pharmaceutical services provided from outside the HWBs area which affect the need for pharmaceutical services in Oldham.
- Other NHS services provided in or outside its area which affect the need for pharmaceutical services in Oldham.
- Likely changes or developments that might affect the need for pharmaceutical services including changes to the size of the population, the demography of the population, and risks to the health or wellbeing of people in its area.

### 3.1.5 Consultation

The statutory 60-day consultation commenced on 21/08/2025 and ran until 20/10/2025 and the results can be found in appendix 13.

The list of stakeholders consulted included the following groups:

- Community Pharmacy Greater Manchester (CPGM).
- West Pennine Local Medical Committee (LMC)
- Pharmacies and DAC's on the pharmaceutical list in Oldham.
- Healthwatch Oldham and any other patient, consumer, and community groups in the area with an interest in the provision of pharmaceutical services in the area.
- NHS trusts and NHS foundation trusts in the area (Northern Care Alliance (NCA) NHS Foundation Trust).
- NHS commissioning bodies.
- Neighbouring HWBs (Derbyshire, Calderdale, Kirklees, Manchester, Rochdale and Tameside).

## 3.2 JSNA and Local Plans

Oldham JSNA discusses the characteristics and identified health needs of the whole population living within the HWB area, but there are more detailed documents which underpin the themes and identify populations and health inequalities which need addressing.

### 3.2.1 Oldham JSNA

The Oldham Council's JSNA main sections are identified below, focussing on broad topics:

- Oldham Profile
- Starting Well
- Living and working well
- Ageing well
- Health Conditions
- People and Places
- Wider determinants of Health

However, there are more detailed documents which underpin the themes and identify populations and health inequalities which need addressing.

### 3.2.2 Oldham's local plan

Oldham's Local Plan will guide development in the borough up to 2039. The main purposes of the Plan are to:

- Set out the planning policies that the council will use to determine planning applications once the Plan is adopted;
- Identify designations for the protection of the borough's environmental and historical assets, our town centres, employment areas and existing infrastructure;
- Allocate land to meet our future housing and employments needs; and

- Support the development of infrastructure, such as transport, education and utilities.

### 3.2.3 Oldham's Health and wellbeing strategy 2022-2030

The Oldham ambition is 'People lead longer, healthier, and happier lives, and the gap in health outcomes between different groups and communities in Oldham, and between Oldham and England, is reduced. A demonstrable difference will be made to the average life expectancy and average healthy life expectancy of residents, and inequalities will be reduced.'<sup>4</sup>

The key priorities are as follows:

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

## 3.3 Focus of the PNA

The key Health and Wellbeing Board priorities stem from the Health and Wellbeing strategy and are as follows:

- **Supporting our residents to gain the knowledge and skills to confidently make choices and participate in decisions about their own health** - empowering them to make positive choices including a common framework for engagement which can be used by all organisations and services.
- **Giving children the best start in life** - lay the foundations for a healthy life by improving health during pregnancy and throughout childhood and adolescence, with a focus on reducing infant mortality.
- **Improving mental wellbeing and mental health** – supporting networks, organisations and services to continue to offer the support and services our residents need.
- **Reducing smoking** – reduce the percentage of Oldham residents smoking, reduce smoking in pregnancy, increase the percentage of adults who have never smoked
- **Increased physical activity** – Oldham will have the same percentage of physically active adults as England as a whole.

## 3.4 Patient and public engagement

To gain the views of patients and the public on pharmaceutical services, a GM standardised survey was developed by a GM PNA steering group. The survey was hosted by Greater Manchester Combined Authority (GMCA) on their GM Consult webpage and was available from 4<sup>th</sup> February 2025 to 21<sup>st</sup> March 2025. The results of the survey are found in Appendix 3.

There were 18 responses to the Oldham public survey. This only represents 0.01% of Oldham's population (aged 16 years and over); we can only take this as a general picture of public opinion. Map 2 below shows the spread of responses to the public survey.

The lack of response to the public survey may indicate that residents in Oldham may not see access to pharmacies as an issue and therefore not worth taking the time to complete the survey, but this assumption is not proven.

Of the 18, 72% of the responders were female and there was a good mix of age ranges of respondents, with the most responses received from respondents in the age range 25-34 years of age.

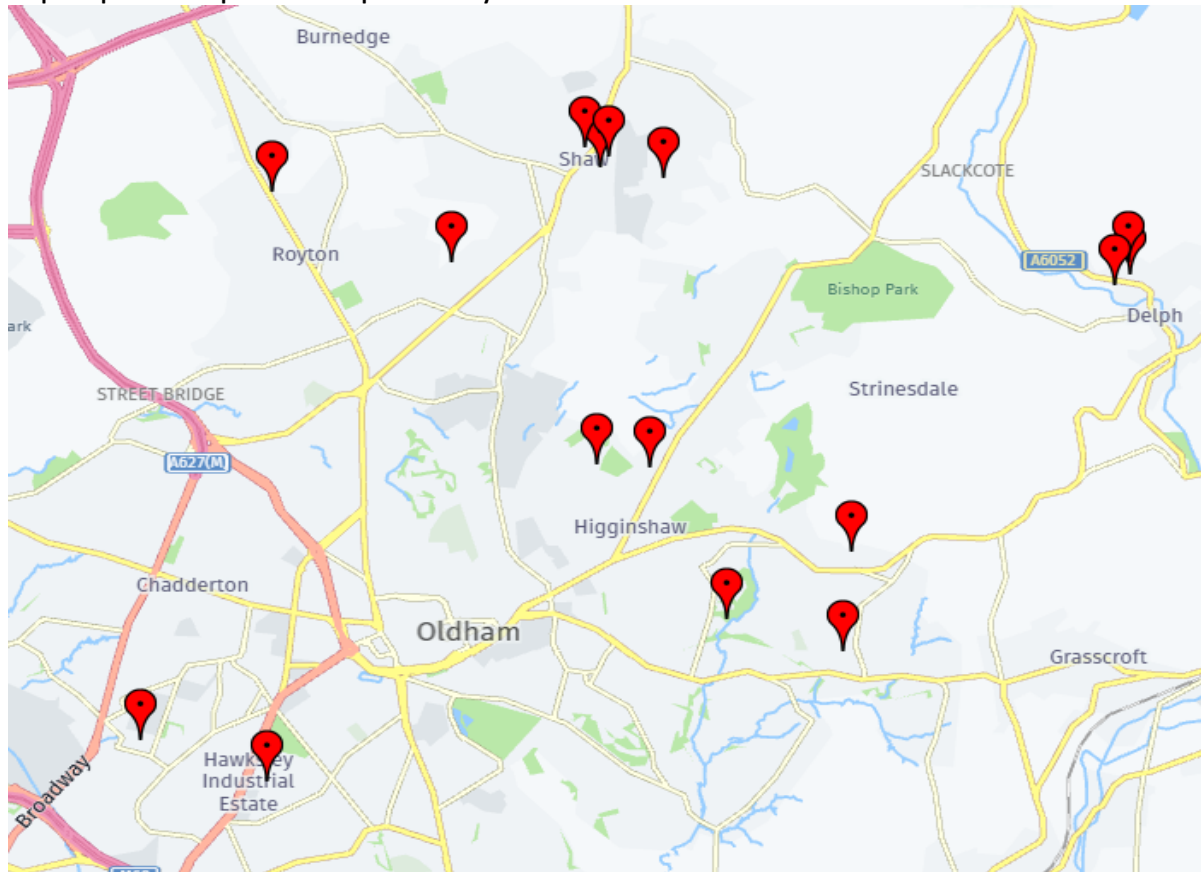
22% of respondents consider themselves to have a disability.

<sup>4</sup> [https://www.jsnaoldham.co.uk/cms-data/depot/profile-depot/HealthAndWellbeingStrategy\\_Approved210323.pdf](https://www.jsnaoldham.co.uk/cms-data/depot/profile-depot/HealthAndWellbeingStrategy_Approved210323.pdf)

72% of people considered themselves to be 'White British'.

As the sample size is so small, direct comparisons between the respondents and the general demographics of the Oldham Borough in terms of population density, gender, age, or ethnicity would be statistically invalid, but are used as indicative information of the Oldham population in this PNA.

**Map 2 - Spread of responses to the public survey in Oldham**



### 3.4.1 Choice of Pharmacy

94% of respondents stated they had no difficulties accessing the pharmacy of their choice and 72% used one pharmacy regularly.

From all the respondents two most selected reasons for using one pharmacy regularly was that the pharmacy was near to home or their doctors which 28% of these respondents accessed by walking and 72% by car either as a driver or passenger.

### 3.4.2 Access to Pharmaceutical Services

The location of pharmacies does not cause a problem for 89% of the responders and the opening hours do not cause a problem for 67% of respondents. For the 6 respondents who had a problem with the opening times, 5 had an issue with their nominated pharmacy not opening late enough in the evening or on the weekend. They were not aware that some pharmacies had extended opening times and where these pharmacies were located. Any campaign to increase use of pharmacies for self-care, should include providing information on the location and opening times of pharmacies that provide extended hours.

94% of respondents had no difficulty in accessing a pharmacy of their choice and 50% of respondents were able to travel to their chosen pharmacy in 6 to 10 minutes.

### 3.4.3 Development of Pharmacy Services

89% of respondents felt that it was essential or fairly important that their pharmacist be able to provide clear advice on prescription and over the counter medicines and this guided their choice of pharmacy. 67% of respondents were also very satisfied or satisfied that the pharmacist offered advice when they needed it. Pharmacist and their staff should be primarily focussed on patient safety, of which delivering information to patients is a main feature. Regular conversations with clients around their medication and health status are taking place already but should be improved in pharmacies as this increases the understanding of medications and develops improved public confidence in the ability of pharmacy staff. Patients should also be encouraged to ask questions and understand that pharmacists are a good source of information about the medication they take.

78% (14) of respondents were either satisfied or very satisfied with the overall service they receive from their pharmacy/pharmacies overall, 2 being unsatisfied and 1 very unsatisfied.

Respondents were provided with an opportunity to comment on which other pharmacy services they would like their pharmacy to offer. 3 respondents provided an answer to this question, with 2 of these commenting on a desire for an automatic reissue of medications. This indicates a lack of knowledge regarding Repeat dispensing in the Oldham borough, which would potentially address this issue. The other comment received was to request a contraceptive service, which again is already a nationally commissioned service, and again demonstrates a lack of knowledge with respect to services available via pharmacies in the Oldham borough. To address this, a campaign advertising available services via community pharmacy may be appropriate as a next step.

### 3.5 Contractor engagement

A GM PNA steering group was established, where a GM standardised contractor survey was developed and agreed. The survey was published to contractors on PharmOutcomes on 3<sup>rd</sup> February 2025 for a period of 4 weeks and the results are presented in Appendix Four. The contractor survey provided an opportunity to validate the information provided by NHSCB in respect of the hours and services provided.

The survey was promoted by CPGM to all contractors and they also supported the uptake of the survey through individual phone calls to outstanding contractors. Responses were received from 57 pharmacies, a 95% response rate, which is a significant increase compared to the previous PNA. This helps to provide a complete picture of pharmaceutical service provision in Oldham and can be used alongside data provided by NHSCB to support decisions for the PNA.

#### 3.5.1 Advanced services

See information contained in section 6.0.

*Data from the NHS Business Services Authority show that the main providers of appliance use reviews and stoma customisation services are DACs. In the 12-month period, December 23 to November 24 (latest data on 1<sup>st</sup> March 2025), 1461 AURs were provided to Greater Manchester residents with 500 of these delivered in the individual's home.*

**Table 1 - Number of pharmacies in Oldham commissioned to provide (c) or claiming for providing (p) each service**

Advanced Service	Number of Pharmacies	Commissioned (C) or Provided (P)	Comments
Pharmacy First Service (PFS)	60	P	Commenced on 31st January 2024. Replaced 2 elements of CPCS.
Flu Vaccination Service	43	P	Annually from Autumn to March.

Pharmacy Contraception Service (PCS)	27	<b>P</b>	Commenced on 24th April 2023, from 1st December 2023, the service expanded to include both initiation and on-going supply of OC. From October 2025 to include supply of EHC.
Hypertension Case-Finding Service	41	<b>P</b>	From 1st October 2021.
New Medicine Service (NMS)	55	<b>P</b>	
Smoking Cessation Service (SCS)	2	<b>P</b>	From 10 <sup>th</sup> March 2022
Appliance Use Review (AUR)	0	<b>C</b>	Provided by DACs
Stoma Appliance Customisation (SAC)	0	<b>C</b>	Provided by DACs
Lateral Flow Device Service (LFD)	7	<b>P</b>	From 6th November 2023. For eligible patient groups. <sup>5</sup>

### 3.5.2 Enhanced and locally commissioned services

According to data provided by commissioners the following information is available:

**Table 2 - Number of pharmacies providing enhanced and locally commissioned services**

Commissioner	Service	Number of Pharmacies Providing Service FYTD 24/25
Oldham Council	Emergency Hormonal Contraception**	5
Turning Point on behalf of Oldham Council	Supervised Methadone/Buprenorphine Consumption	35
Turning Point on behalf of Oldham Council	Needle Exchange	7
NHS GM ICB	Palliative Care Medicine Stockholding	7*
NHS GM ICB	Minor Ailment Service (MAS)	13
NHS GM ICB	IP Pathfinder – Minor Illness	2
NHS GM ICB	COVID-19 antiviral medication supply for Non-Hospitalised Patients via Community Pharmacy and COVID-19 antiviral medication Delivery (Medicines supply following referral via NHS Mail)	1

\*Claim for outdated medicines.

\*\* From October 2025, supply of EHC added to Advanced Service Pharmacy Contraceptive Service.

Full details of which pharmacies are commissioned can be found in Appendix Five.

### 3.5.3 Non-NHS services

Pharmacy owners can opt to provide other services which are not directly commissioned. These can either be free to the client or the pharmacy staff can charge a fee.

Examples of such services are prescription delivery services or medication reminder tools.

## 3.6 Pharmaceutical services- legislation

The services that a PNA must include are defined within both the NHS Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations).

Pharmaceutical services may be provided by:

<sup>5</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/lfd-service/>

- A pharmacy contractor who is included in the pharmaceutical list for the area of the HWB
- A pharmacy contractor who is included in the local pharmaceutical services (LPS) list for the area of the HWB
- A DAC who is included in the pharmaceutical list held for the area of the HWB
- A doctor who is included in a dispensing doctor list held for the area of the HWB

NHSCB are responsible for preparing, maintaining and publishing the pharmaceutical list. It should be noted, however, for Oldham HWB there is no dispensing doctor list as there are no dispensing doctors within the HWB's area. Oldham does not have any DACs within the borough boundaries either.

Contractors may operate as either a sole trader, partnership, or a body corporate. The Medicines Act 1968 governs who can be a pharmacy contractor, but there is no restriction on who can operate as a DAC.

### 3.6.1 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHSCB does not hold contracts with pharmacy contractors. Instead, they provide services under a contractual framework, details of which (their terms of service) are set out in schedule 4 of the 2013 regulations and in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions). The underpinning elements of the contractual framework, which align to national health plans, are reviewed regularly to allow service changes and payment to pharmacy contractors for delivering services which target national priorities.

Negotiations on the 2024/25 CPCF, which includes negotiations on the Pharmacy Quality Scheme (PQS), were paused when the 2024 general election was announced and resumed in January 2025. The most recent version the Community Pharmacy Contractual Framework (CPCF) for 2024 to 2025 and 2025 to 2026<sup>6</sup> was released in April 2025.

Pharmacy contractors may provide three types of services that fall within the definition of pharmaceutical services. These are as follows:

- **Essential services** – all pharmacies with NHS contracts (see Appendix Six for complete list) must provide these services. Further details can be found on the CPE website<sup>7</sup>:
  - Dispensing of medicines
  - Dispensing of appliances
  - Repeat dispensing and electronic repeat dispensing (eRD)
  - Disposal of unwanted medicines
  - Public health (Promotion of healthy lifestyles)
  - Signposting
  - Support for self-care
  - Discharge Medicines Service (DMS)
  - Healthy Living Pharmacies
- **Advanced services** – pharmacies may choose whether to provide these services or not (see Appendix Seven). If they choose to provide one or more of the advanced services, they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements:
  - New Medicine Service (NMS)
  - Appliance Use Review (AUR)
  - Stoma Appliance Customisation (SAC)
  - Flu vaccination Service
  - Lateral Flow device (LFD) service
  - Hypertension case finding service

<sup>6</sup> <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026>

<sup>7</sup> <https://cpe.org.uk/national-pharmacy-services/>

- Smoking Cessation Service (SCS)
  - Pharmacy contraception service (PCS)
  - Pharmacy first service
- **National and Local Enhanced services** – In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a new type of Enhanced service, the National Enhanced Service (NES). Under this type of service, NHS England commissions an Enhanced service that is nationally specified. This requires NHS England to consult with Community Pharmacy England on matters relating to the service specification and remuneration for the service.

This differs from a Local Enhanced Service (LES) that should be locally developed and designed to meet local health needs and for which NHS England would consult with Local Pharmaceutical Committees. A NES allows the agreement of standard conditions nationally, while still allowing the flexibility for local decisions to commission the service to meet local population needs, as part of a nationally coordinated programme.<sup>8</sup>

The current list of National enhanced services offered by NHSCB in the Oldham area are:

- COVID-19 vaccination service

The current list of Local enhanced services offered by NHSCB in the Oldham area are:

- Minor Ailment Service (MAS)
- Minor Eye Conditions Service (MECS)

Underpinning the provision of all these services is the requirement on each pharmacy to participate in a system of clinical governance requirements as set out within the 2013 regulations and includes<sup>9</sup>:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff management programme
- An information governance programme
- A premises standards programme
- Patient safety incident reporting

The Pharmacy Quality Scheme (PQS) also forms part of the Community Pharmacy Contractual Framework (CPCF), which supports delivery of the NHS Long Term Plan and rewards community pharmacy owners that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience. Negotiations on the 2024/2025 CPCF were paused when the last general election was called. The negotiations have since commenced and the new CPCF was announced in April 2025.

### 3.6.2 Locally commissioned services

Locally commissioned community pharmacy services can be contracted via several different routes and by different commissioners. These services no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore should not be referred to as enhanced services. For the purposes of this document, they are referred to as locally commissioned services.

<sup>8</sup> <https://cpe.org.uk/national-pharmacy-services/national-enhanced-services/>

<sup>9</sup> <https://cpe.org.uk/quality-and-regulations/clinical-governance/>



Oldham Council and NHS GM ICB may also commission services from pharmacies and dispensing appliance contractors (DACs). However, these services fall outside the definition of pharmaceutical services. In particular, the commissioning of several services that have been designated as public health services were transferred to local authorities.

These services are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

These services meet current identified needs for what would be pharmaceutical services if commissioned by NHS GM ICB and should be considered as relevant to the pharmaceutical needs of Oldham.

Guidance, examples, and templates of locally commissioned can be found on the CPE website.<sup>10</sup>

Services commissioned by Oldham Council are:

- Sexual Health Services:
    - Emergency contraception
  - Substance misuse services including:
    - Needle exchange (NX)
    - Supervised Consumption of prescribed medication for dependence (SC)
- Turning Point are commissioned to provide Oldham's Substance misuse services by the Local Authority who in turn commission pharmacies to provide the NX and SC services.

Services commissioned by NHS GM ICB:

- Palliative Care Stock Scheme –Tier 1: 9 pharmacies; Tier 2: 6 pharmacies
- Antiviral Stock Scheme – 9 pharmacies
- Minor Ailment Service (MAS)
- IP Pathfinder – Minor Illness
- COVID-19 antiviral medication supply for Non-Hospitalised Patients via Community Pharmacy and COVID-19 antiviral medication Delivery (Medicines supply following referral via NHSMail)

### 3.6.3 Non-commissioned added value services

Community pharmacy contractors also provide private services that improve patient care but are not commissioned directly by NHSCB or LAs. Examples of these include home delivery service, blood glucose measurements and weight loss programmes.

Pharmacists are free to choose whether to charge for these services but are expected to follow standards of governance if they do. As they are private services, they fall outside the scope of the PNA.

### 3.6.4 Contracted Opening Hours

NHS England has overall responsibility for administering opening hours for pharmacies, however since 2023 this responsibility has been delegated to the Integrated Care Boards (ICBs).

A pharmacy normally has 40 core contractual hours (or 100 for those that have opened under the former exemption from the control of entry test), which cannot be amended without the consent of the ICB. The supplementary hours, which are the additional opening hours, can be changed and notification of change must be given in advance to the ICB. The supplementary hours can be decreased by the pharmacy subject to giving five weeks' notice (or less if an ICB consents), or increased with no notice period. A pharmacy may also have more than 40 core hours where it has made an application based on that higher number, and NHS England (or the ICB) agreed to that application, in this case, the pharmacy cannot amend these hours without the consent of the ICB.

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<sup>10</sup> <https://cpe.org.uk/lpcs-and-local/locally-commissioned-services/>



Between April 2005 and August 2012, some contractors successfully applied to open new premises based on being open for 100 core opening hours per week (referred to as 100-hour pharmacies), which means that they are required to be open for 100 hours per week, 52 weeks of the year (apart from weeks which contain a bank or public holiday, or Easter Sunday).

In 2023 regulations were laid to make changes to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 that added provisions for rest breaks, reduction of core hours for 100-hour pharmacies (to not less than 72 core opening hours each week), requirements to change core opening hours and local hours plans.

There are Seven pharmacies in Oldham with 100-hour contracts and the updated regulations for 100-hour pharmacies state that any existing core opening hours must remain that are:

- Monday to Saturday between 5pm and 9pm (no rest breaks are permitted during this time).
- Sunday between 11am and 4pm (rest breaks are permitted between 11am and 4pm on a Sunday), and
- Sunday's total opening hours (i.e. the existing, total core opening hours on Sundays must remain). i.e. the reduction of total core opening hours per week to not less than 72 is conditional on maintaining the above core opening hours.

The proposed opening hours for each pharmacy are set out in the initial application. If the application is granted the pharmacy is then contracted to open during the opening hours identified in the application. The contractor can subsequently apply to NHS GM ICB to change their core opening hours or notify a change in their supplementary hours.

NHS GM ICB will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not. If a contractor wishes to change their supplementary opening hours, they are obliged to notify NHS GM ICB of the change, giving at least three months' notice.

The new CPCF, which was confirmed in April 2025, outlines the amendment of regs' test for changing the days and times of core opening hours. The key points from the CPE briefing<sup>11</sup> are as follows:

- Changing core opening hours remains an application process – the ICB must approve any proposed change.
- The total number of core opening hours must remain the same (another provision applies for applications to reduce the number of core opening hours).
- The new/proposed core opening hours must better meet the needs of patients and likely users of the pharmacy.
- A pharmacy owner's evidence of the economic viability of their current opening hours may be considered by the ICB.
- The PLPS Regulations (Terms of Service) must be amended first – only then will this change be effective/apply.
- The Pharmacy Manual will be revised accordingly.

### 3.6.5 Closure of Pharmacy Premises

Community pharmacy contractors who no longer wish to provide NHS services from their NHS pharmacy premises must provide their local NHS ICB team with adequate notice.

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<sup>11</sup> <https://cpe.org.uk/wp-content/uploads/2025/03/Briefing-010.25-Funding-Settlement-for-2024-25-and-2025-26.pdf> accessed 14/04/2025

Generally, contractors must give at least 3 months' notice to the local ICB team in advance of the date on which they intend to cease providing pharmaceutical services. The exception is for contractors with 100 core hours in which case six months' notice is required.

Pharmacy opening hours in Oldham HWB's area can be found on NHS.uk website under NHS Services.<sup>12</sup> From 9th November 2020, under the NHS Terms of Service, contractors must ensure that the profile for their pharmacy is comprehensive and accurate.<sup>13</sup> Appendix Eight provides details as to the spread of opening times across each district and by ward.

Since the last PNA there has been the closure of 1 distance selling pharmacy, but 3 new distance selling pharmacies have also opened. Pharmaceutical services provision has increased since the last PNA.

### 3.6.6 Local pharmaceutical services

Local pharmaceutical services (LPS) are a local alternative to the nationally negotiated terms of service. It can be used by NHS England when there is a need to commission a service from a pharmacy contractor to meet the needs of a patient group or groups, or a particular locality. For the purposes of the PNA the definition of pharmaceutical services includes LPS.

There are no LPS contractors within the Oldham area.

### 3.6.7 Distance selling pharmacies

Whilst the majority of pharmacies provide services on a face-to-face basis, e.g. people attend the pharmacy to ask for a prescription to be dispensed, or to receive health advice, there is one type of pharmacy that is restricted from providing services in this way. They are referred to in the 2013 regulations as distance selling premises (previously called wholly mail order or internet pharmacies). Distance selling pharmacies are required to provide essential services and participate in the clinical governance system in the same way as other pharmacies; however, they must provide these services remotely. Such pharmacies are required to provide services to people who request them wherever they may live in England. Patients may not walk into distance selling pharmacies.

There are ten distance selling pharmacies in Oldham, although residents may choose to use such pharmacies that are within or outside of the borough. Although these ten pharmacies can provide a service nationally, dispensing data from ePACT2<sup>14</sup> shows that 79.1% of their items are issued to clients who have an Oldham GP, and that the majority of the remainder are issued to clients who have GPs in the neighbouring ICB's. This indicates that the distance selling pharmacies in Oldham can be classed as 'local' pharmacies.

The number of distance selling pharmacies in GM has increased from 15 to 51 over the last 2 years. This has created additional choice for residents to access pharmaceutical services through these pharmacies, both where they lie within and outside of the Oldham boundary. This in turn may decrease the demand on the traditional walk-in pharmacies.

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<sup>12</sup> <https://www.nhs.uk/nhs-services/>

<sup>13</sup> CPE

<sup>14</sup> <https://www.nhsbsa.nhs.uk/access-our-data-products/epact2>

**Table 3 - Items (>0.1%) issued from Oldham Distance Selling Pharmacies, January 2024-December 2024**

Organisation/Locality where the prescription was issued	Number of items	Percentage of total
NHS GREATER MANCHESTER ICB - Oldham	651,945	79.1%
NHS GREATER MANCHESTER ICB - HMR	91,403	11.1%
NHS GREATER MANCHESTER ICB - Manchester	32,441	3.9%
NHS GREATER MANCHESTER ICB - Tameside	13,886	1.7%
NHS GREATER MANCHESTER ICB - Stockport	12,804	1.6%
NHS LANCASHIRE AND SOUTH CUMBRIA ICB - East Lancashire	6,687	0.8%
NHS LANCASHIRE AND SOUTH CUMBRIA ICB - Blackburn with Darwen	3,550	0.4%
NHS CHESHIRE AND MERSEYSIDE ICB - Cheshire and Merseyside	3,171	0.4%
NHS GREATER MANCHESTER ICB - Bury	1,927	0.2%
TURNING POINT	927	0.1%

### 3.6.8 Pharmaceutical services through dispensing appliance contracts (DAC)

As with pharmacy contractors, NHS England does not hold contracts with DACs. Their terms of service are also set out in schedule 5 of the 2013 regulations.

DACs must provide the following services that fall within the definition of pharmaceutical services:

- Dispensing of prescriptions (both electronic and non-electronic), including urgent supply without a prescription
- Dispensing of repeatable prescriptions
- Home delivery service
- Supply of appropriate supplementary items (e.g. disposable wipes and disposal bags)
- Provision of expert clinical advice regarding the appliances
- Signposting

Advanced services – DACs may choose whether to provide these services or not. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements:

- Stoma appliance customisation
- Appliances use review

DACs are required to open at least 30 hours per week, and these are referred to as core opening hours. They may choose to open for longer and these hours are referred to as supplementary opening hours. There are no DACs in Oldham therefore its population has appliances dispensed either from DACs outside the Oldham area or from Oldham community pharmacies.

Results from the contractor survey provided the following information in relation to appliances:

- 42 Pharmacies can dispense stoma appliances
- 43 pharmacies can dispense incontinence appliances
- 55 pharmacies can dispense dressings
- 11 pharmacies can dispense other types of appliances

Appliance dispensing services can be accessed through local pharmacy contractors, or via DAC's that are based outside of the area.

### 3.6.9 Pharmaceutical services provided by doctors

The 2013 regulations allow doctors to dispense to eligible patients in certain circumstances. As there are no dispensing doctors within the HWB's area this route of provision is not included in this document.

### 3.6.10 Hospital pharmacy

Hospital pharmacies affect the need for pharmaceutical services within its area. They may reduce the demand for the dispensing of essential service as prescriptions written in the hospital that are dispensed by the hospital pharmacy service. Royal Oldham Hospital (part of NCA Foundation Trust), as with each of the NCA FT hospital sites, offers outpatient dispensing of hospital prescriptions. In some exceptional circumstances medications may be supplied through secondary care pharmacy services rather than community pharmacy. An example of this may be when there is a national shortage of a particular medication, where secondary care pharmacies hold stocks as a priority from wholesalers. The prescription numbers generated are unlikely to be significant due to the low volumes generated in outpatients and shortages, versus long-term prescribing by GPs.

### 3.6.11 Other provision of pharmaceutical services

Pharmaceutical services are provided by other services. These can include arrangements for:

- Prison population
- Services provided in neighbouring HWB areas
- Private providers

The PNA makes no assessment of these services.

### 3.6.12 Other sources of information

Information was gathered from NHSCB and Oldham Council regarding:

- Services provided to residents of the HWB's area, whether provided from within or outside of the HWB's area
- Changes to current service provision
- Future commissioning intentions
- Known housing developments within the lifetime of the PNA
- Any other developments which may affect the need for pharmaceutical services

The JSNA and Oldham's Local Plan to 2039 provided background information on the health needs of the population.

## 3.7 Consultation

A statutory consultation exercise was carried out in accordance with the 2013 Regulations. The consultation took place from 21/08/2025 to 20/10/2025 for a period of at least 60 days, in line with regulations. This is based on Section 242 of the NHS Act 2006, which requires HWBs to involve users of services in:

- The planning and provision of services
- The development and consideration of proposals for changes to how services are provided
- Decisions affecting the operation of services.

The statutory consultees were written to and provided with a link to the council's website where the draft PNA was published and invited to respond to an online survey. The draft PNA and consultation response form was issued to all compulsory stakeholders. The documents were posted on the internet and publicised, with paper copies made available to those unable to access online.

The number of responses received totalled 4.

- 4 respondents agreed that the draft PNA identified pharmacy needs across Oldham.
- 4 respondents agreed that they did not know of any relevant information that had not been included, which could affect the conclusions and recommendations of the PNA.
- 4 respondents agreed that the draft PNA shows that pharmaceutical provision is satisfactory with no gaps identified.
- 3 respondents gave further comments, which are detailed with replies in appendix 13.

No changes were made that altered the conclusions of this PNA.

## 4 Context in Oldham

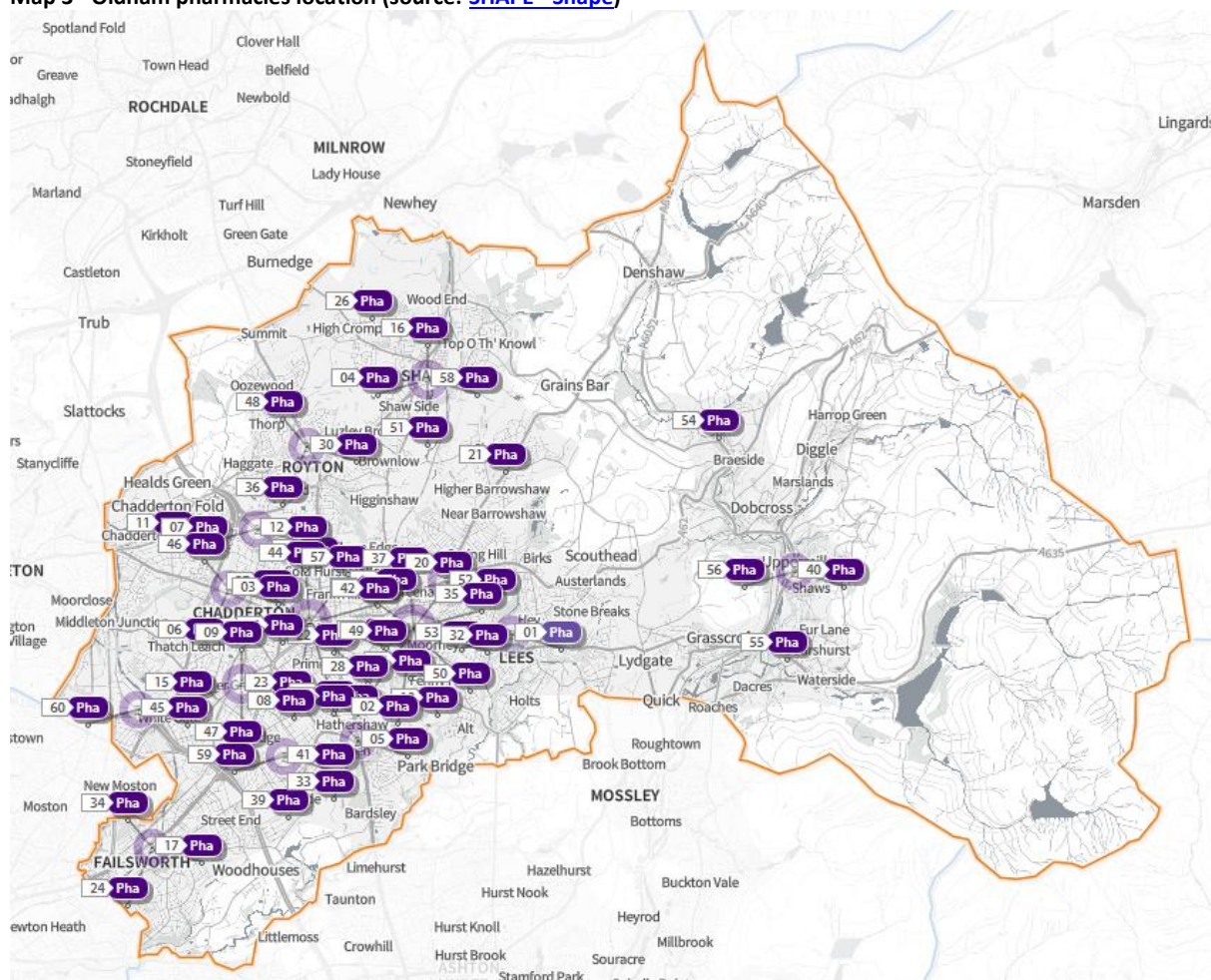
### 4.1 Overview

Oldham Council is one of ten councils in Greater Manchester, lying to the Northeast of the city of Manchester. The borough is named after its largest town, Oldham, but also includes the outlying towns of Chadderton, Failsworth, Royton and Shaw and Crompton, the village of Lees, and the parish of Saddleworth. It has a population of 246,130 (2023 mid-year estimate) and spans 55 square miles (142 km<sup>2</sup>).

Although some parts are contiguous with the city of Manchester are highly industrialised and densely populated, about two-thirds of the borough is composed of rural open space. The eastern half stretches across the South Pennines.

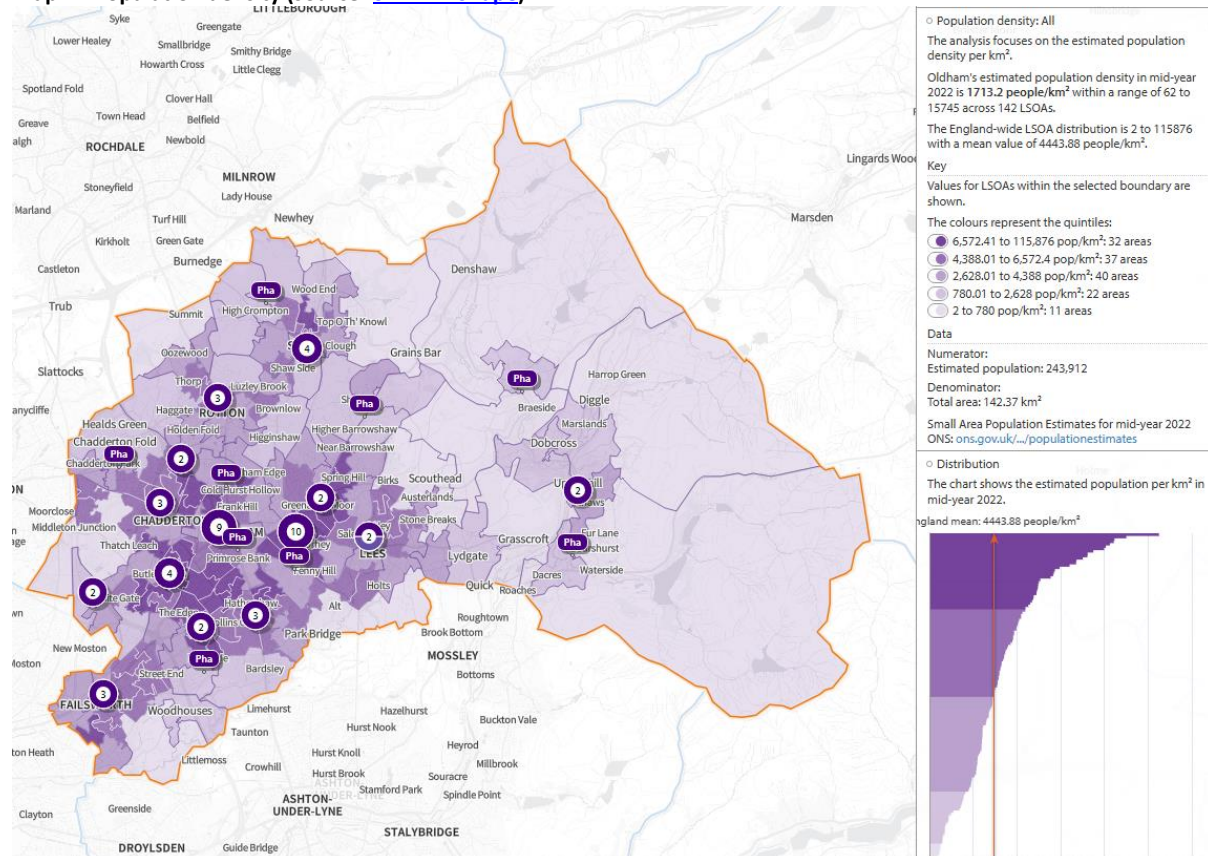
Map 3 details all community pharmacy premises locations in Oldham and is considered as the statutory map for the purpose of the PNA. Map 4 further details the premises mapped against the population density of Oldham, where there is a clear correlation between pharmacy locations and more densely populated areas.

**Map 3 - Oldham pharmacies location (source: [SHAPE - Shape](#))**





**Map 4 - Population density (source: [SHAPE - Shape](#))**



## 4.2 Current and Projected Population in Oldham

Between 2023 and 2033 Oldham will have (ONS 2023 mid-year estimates):

- A projected 5.2% increase in total population.
- A 3.2% increase in those aged under 64.
- A 14% increase in those aged 65-84.
- A 27.8% increase in those aged over 85.

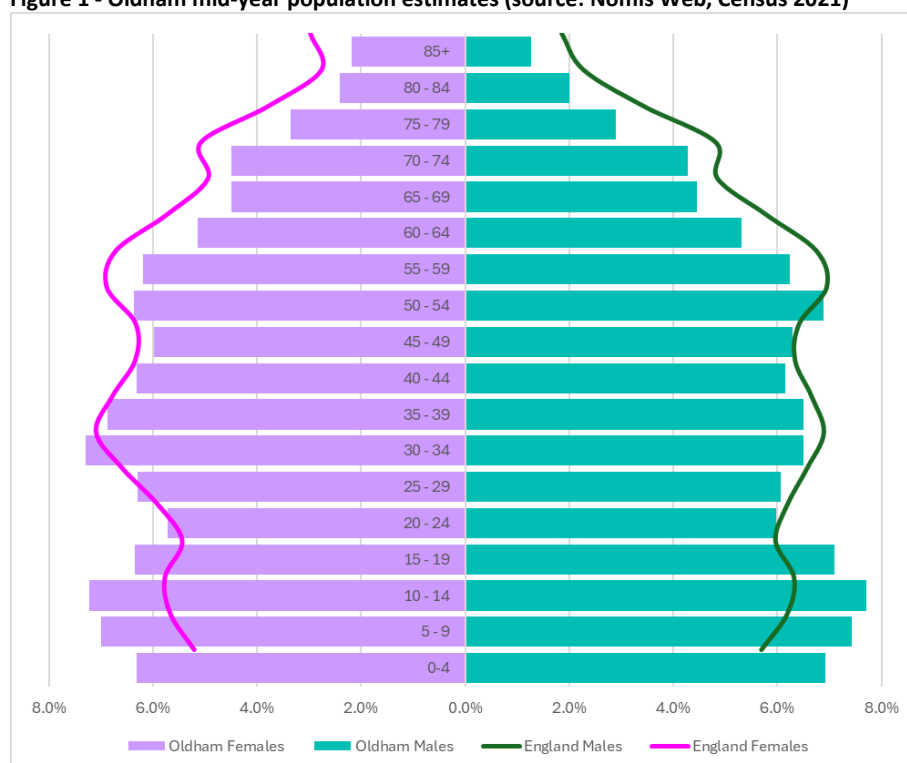
The large increase in those aged over 85 will create a demand for health and social care provision in Oldham.

### 4.2.1 Current Population in Oldham

**Table 4 - Proportion of total population by age group by District (source: Nomis Web, Census 2021)**

Age range	North District	East District	Central District	South District	West District	Oldham Total
0-15	17%	20%	30%	23%	24%	23%
16-24	9%	9%	14%	11%	12%	11%
25-64	51%	51%	48%	51%	50%	50%
65-84	21%	17%	7%	13%	13%	14%
85+	2%	2%	1%	2%	2%	2%
<b>Total Population</b>	<b>41,339</b>	<b>57,185</b>	<b>45,319</b>	<b>48,809</b>	<b>49,432</b>	<b>242,084</b>

Figure 1 - Oldham mid-year population estimates (source: Nomis Web, Census 2021)



**Central District** has a significant younger population with 30% of its population between 0-15 years, (compared to Oldham Borough total of 23%) and 14% of people aged 16- 24 (Oldham 11%), and only 8% of the residents 65 years or over (Oldham 16%).

**North District** has the largest proportion of adults at the older end of the age spectrum with those aged 65 and over significantly higher than the total borough average; 23% vs. 16%.

**East, South and West Districts** all have age ranges that are most comparable to the Oldham averages, where East district has a slightly higher population aged 65 or over at 19% compared to a 16% total for oldham.

These population statistics can help commissioners deliver age related services to the relevant areas.

#### 4.2.2 Projected Population

Figure 2 - Population projections and estimates for Oldham (source: [Oldham-in-Profile-2024-JSNA.pdf](#))

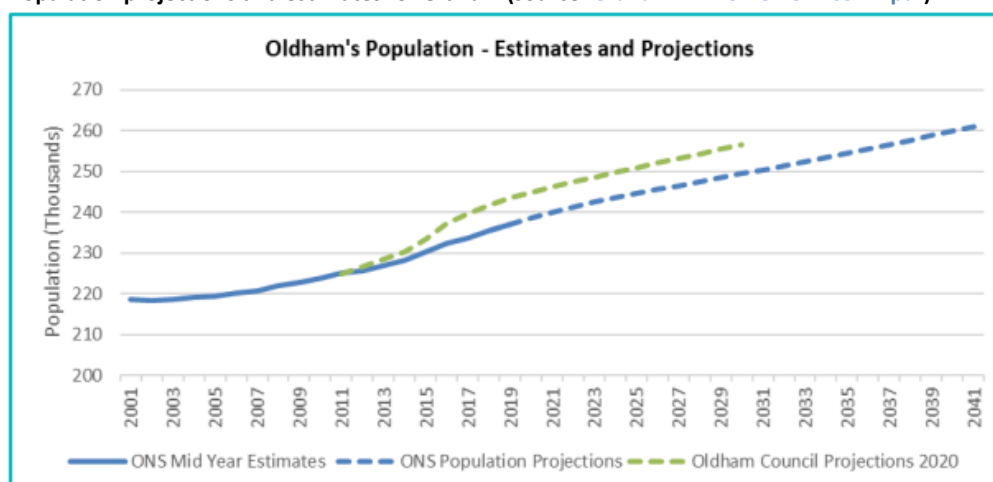




Table 5 - Projected total population by age group (source: [Oldham-in-Profile-2024-JSNA.pdf](#))

Age Band	2021	2026	2031	2036	2041	% Increase 2021 to 2041
<b>0-14</b>	50,320	49,398	48,316	48,770	50,333	0.02%
<b>15-64</b>	150,378	154,040	156,231	157,181	159,597	6%
<b>65+</b>	39,180	42,113	45,863	49,506	51,088	30%
<b>Overall</b>	239,878	245,551	250,410	255,456	261,018	9%

Oldham's total population is projected to increase by 9% from 2021 to 2041 but to understand what the impact of each group is for our commissioned services it is important to look at the underpinning figures.

The youngest age group of 0-14 years is expected to increase by just 0.02%, they will still account for approximately 19% of the total projected population by 2041.

By 2041, the 15-64 age group will increase by 6%, making up 61% of the projected population.

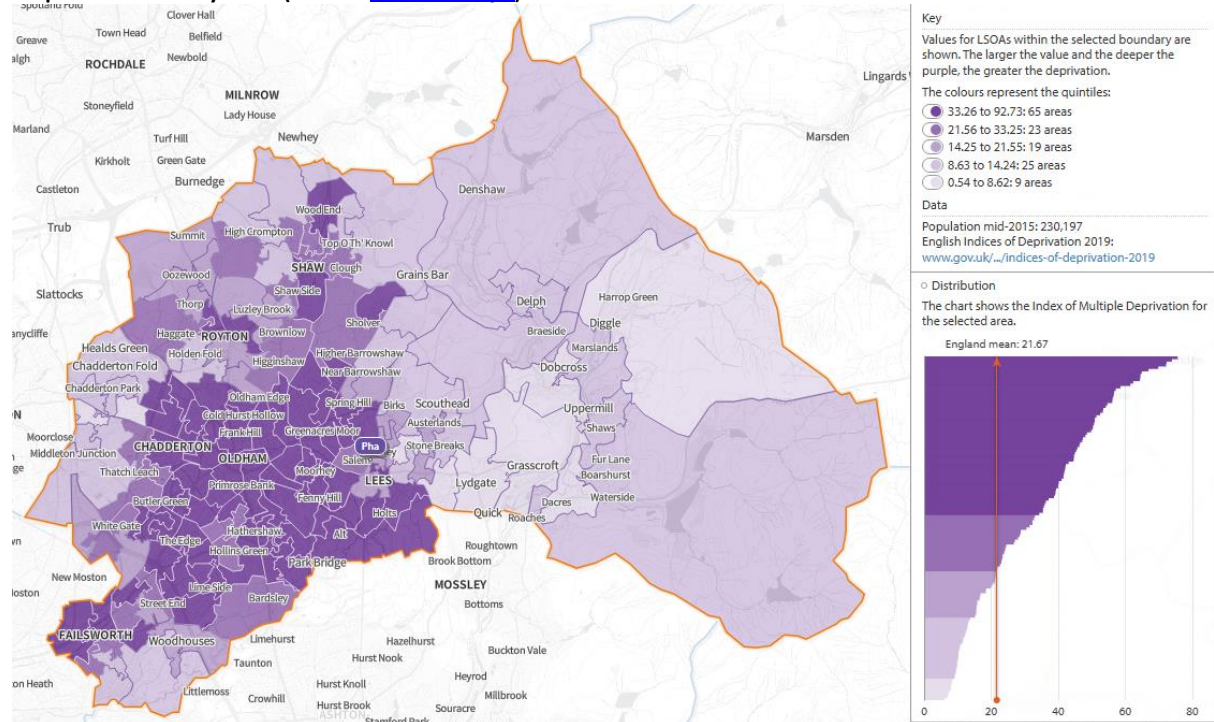
However, the most significant rise in population, both in terms of actual numbers and healthcare services they will require, is in the 65 years and over age group. There will be a projected increase of 30% by 2041, accounting for 19% of the total population of Oldham Borough. This may have a significant impact on the types of service which are required across Oldham Borough, as at this stage of the life, the need for health and social care begins to increase. This growth in older people, some of whom are likely to be living in isolation, will lead to greater levels of need for pharmaceutical services. This growth in the 65 and over age group should be borne in mind when new services are developed in the future.

### 4.3 Deprivation

The Index of Multiple Deprivation (IMD) is a measure of relative deprivation for small areas (Lower Super Output Areas (LSOAs)). These can then be aggregated to show local authority deprivation rankings. IMD is a combined measure of deprivation based on a total of 37 separate indicators, 13.5% of the scores are related to health indicators.

The areas of higher deprivation are shown on Map 5 in dark purple with the lighter shades showing areas that have less deprivation. The areas of higher deprivation are mostly distributed around the Oldham and Failsworth town centres. This follows the nationally seen pattern of the most deprived areas concentrated in large urban conurbations, areas that have historically had large heavy industry manufacturing and/or mining sectors.

**Map 5 - IMD 2019 by LSOA (source: [SHAPE - Shape](#))**



Alexandra, Coldhurst, Hollinwood, Medlock Vale, St Mary's, Waterhead and Werneth are the most deprived wards in Oldham and fall within the most deprived 10% of English wards. Saddleworth South is the least deprived ward in Oldham. See table 6 for more details.

**Table 6 – Oldham ward by deprivation (10=in the most deprived 10% of English wards)(source: [2019 IMD Ward Briefing](#))**

Ward	Overall (IMD)
Alexandra	10
Coldhurst	10
Hollinwood	10
Medlock Vale	10
St Mary's	10
Waterhead	10
Werneth	10
Chadderton South	20
Failsworth West	20
St James'	20
Chadderton Central	30
Chadderton North	30
Failsworth East	30
Shaw	30
Crompton	40
Royton North	40
Royton South	40
Saddleworth West & Lees	50
Saddleworth North	80
Saddleworth South	90

## 4.4 Life expectancy

The most recent data shows that life expectancy at birth for females has remained the same between 2018-2020 and 2021-2023 at 80.5 years. While life expectancy at birth for males has decreased from 77.2 years in 2018-2020 to 76.6 years in 2021-2023. This has increased the gender gap from 3.3 years in 2018-2020 to 3.9 years in 2021-2023.

Life expectancy at birth varies by ward from the lowest in Alexandra Ward, Central District (71 years Male; 75 years Female) to the highest in Saddleworth South Ward, East District (83.7 years Male; 87.8 years Female) and this variation can be seen in Table 5 below.

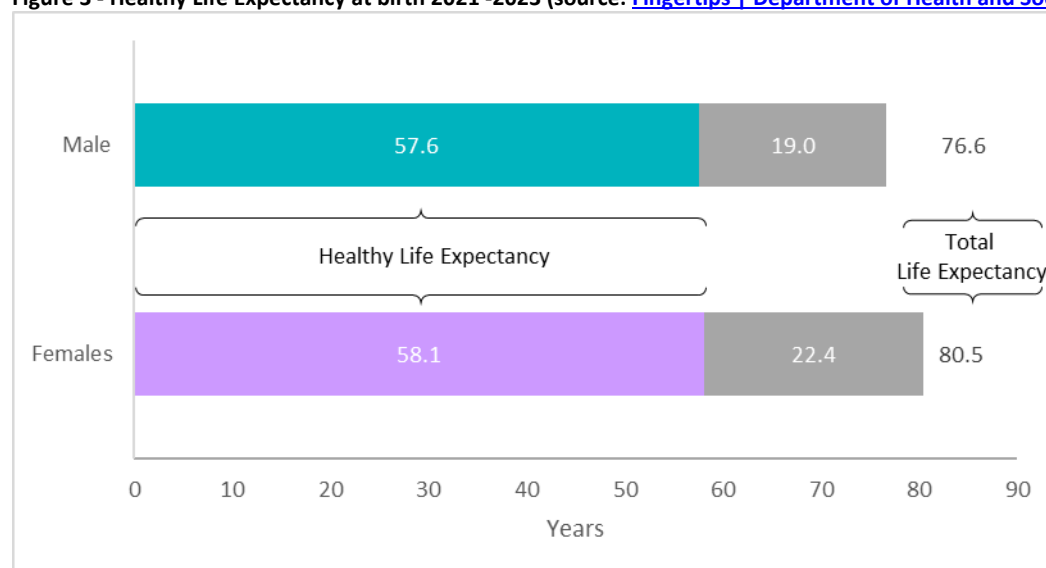
**Table 7 - Life expectancy at birth by ward (2016 to 2020)** (Source: [Fingertips | Department of Health and Social Care](#))

District	Ward	Male	Female
Central	Alexandra	71.0	75.0
Central	Coldhurst	74.1	77.3
Central	St Mary's	74.7	78.1
East	Saddleworth North	80.3	85.1
East	Saddleworth South	83.7	87.8
East	Saddleworth West and Lees	78.6	81.7
East	St James'	75.1	77.8
East	Waterhead	76.5	80.8
North	Crompton	78.5	83.0
North	Royton North	79.8	81.7
North	Royton South	79.4	80.6
North	Shaw	75.6	80.0
South	Failsworth East	78.4	81.6
South	Failsworth West	78.0	79.8
South	Hollinwood	75.8	81.1
South	Medlock Vale	76.0	79.1
West	Chadderton Central	77.1	78.6
West	Chadderton North	78.1	83.4
West	Chadderton South	78.5	81.9
West	Werneth	74.1	79.0

## Healthy Life Expectancy

Healthy Life Expectancy (HLE) is the average number of years a person would expect to live in good health based on current mortality rates and reliant on how people self-report good health in response to a health question on a survey.

Figure 3 - Healthy Life Expectancy at birth 2021 -2023 (source: [Fingertips | Department of Health and Social Care](#))



Females and males in Oldham can expect to live 3.8 years and 3.9 years less, in good health respectively, compared to the England average for 2021-2023.

Males and females in Oldham can expect to live 19.0 years and 22.4 years of their expected life in relatively poor health. All the 65 or older age groups can expect to live in relatively poor health, highlighting another area for focussed service provision to support the health and wellbeing of this group.

## 4.5 Population characteristics health needs

The following patient groups with one or more of the following protected characteristics have been identified as living within the HWB's area:

- Age
- Sex
- Being pregnant or on maternity leave
- Disability
- Gender reassignment
- Being married or in a civil partnership
- Race which includes colour, nationality, ethnic or national origins
- Religion or belief
- Sexual orientation

This section also focusses on the health issues, setting out how pharmacies can support the specific needs of the population as defined by the protected characteristics in equality legislation.

### 4.5.1 Age

Age has an influence on which type of medicine and method of delivery is prescribed. Older people have a higher prevalence of illness and take many medicines. The medicines management of older people is complicated by multiple disease, complex medication regimes and the ageing process affecting the body's capacity to metabolise and eliminate medicines from it. Ability to swallow at any age, but particularly in young children and older people with comorbidities e.g. stroke, will also affect the type of medication available to treat a patient.

Pharmacy staff can support people to live independently by supporting optimisation of use of medicines, support with ordering, re-ordering medicines, home delivery to the housebound and appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people to take their medicines.

#### 4.5.1.1 Children

Giving every child the best start is crucial to reducing health inequalities across the life course. What happens before and during pregnancy, in the early years and during childhood has lifelong effects on many aspects of health and wellbeing in adulthood from obesity, heart disease, mental health, educational achievement and economic status.

The child population (0 to 14 years) of Oldham is predicted to increase by 0.02% from 2021 to 2041 (ONS Sub-National population projections). However, key themes in the Oldham Locality Plans focus on early years of life to intervene before ill health occurs.

Starting life well through prevention and early intervention is a key priority developing strong universal public health with an increased focus on disadvantaged families. By improving maternal health, we could give our children a better start in life, reduce infant mortality and reduce the numbers of low-birth-weight babies and by taking better care of children's health and development we can improve educational attainment, reduce the risks of mental illness, unhealthy lifestyles, and hospital admissions.

Key goals for giving children the best start in life in the Oldham health and wellbeing strategy are:

- Implementing a targeted action plan to reduce infant mortality across the borough.
- Providing family-focused, coordinated support in our communities to all families, and additional targeted support for those who need it.
- Improving communication about what is needed to have a healthy pregnancy, from pre-conception until birth 8.
- Normalising breastfeeding, encouraging more women to start, and supporting women to continue.
- Increasing the proportion of children who start school ready to learn.
- Becoming a UNICEF UK Baby Friendly borough.
- Reducing teenage conception.

#### 4.5.1.2 Older people

There are around 38,733 people aged 65 and over living in Oldham, equivalent to 16% of the population (ONS 2021) and this varies between the five districts in Oldham see Table 2 for further detail.

The greatest rate of increase in population numbers will be seen in those people aged 65 and over. In Oldham there is predicted to be a 30% increase by 2044.

This increase in the older people will lead to growing demand for medicines and pharmacy services. Older people living in isolation have a high incidence of suffering from loneliness. Social isolation and loneliness have a detrimental effect on health and wellbeing. Studies show that being lonely or isolated can impact on blood pressure and is closely linked to depression. The impact of this has cost implications for health and social care services. Investment is needed to ensure that voluntary organisations can continue to help alleviate loneliness and improve the quality of life of older people, reducing dependence on more costly services.

Pharmacy teams are often one of the few teams that people living in isolation have regular contact with. Community pharmacies can support people to live independently by supporting optimisation of use of medicines, support with ordering, re-ordering medicines, home delivery to the housebound and appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people to take their medicines.

Independence is or could be supported by offering:

- Reablement services following discharge from hospital
- Falls assessments
- Supply of daily living aids
- Identifying emerging problems with people's health
- Signposting to additional support and resources

### 4.5.2 Sex

In Oldham, the life expectancy from birth is lower than the England averages. For men it is 76.3 years compared to the England average of 78.9 and for women it is 80.1 compared to the England average of 82.8.<sup>15</sup> The gap in life expectancy between females and males is 1.2 years for 2020 -2022. Gender inequality is reported to exist in many aspects of society and refers to lasting and embedded patterns of advantage and disadvantage. About health and health and social care, men and women can be subject to differences in:

- Risks relating to the wider determinants of health and wellbeing.
- Biological risks of particular diseases.
- Behavioural and lifestyle health risks.
- Rights and risks of exploitation.

It is well documented that men are often less likely to access healthcare services. Community pharmacies are ideally placed for self-care by providing advice and support for people to derive maximum benefit from caring for themselves or their families.

The planning and delivery of health and social care services should consider the distinct characteristics of men and women in terms of needs, service use, preferences/satisfaction, and provision of targeted or segregated services (e.g. single sex hospital or care accommodation).

When necessary, access to advice, provision of over-the-counter medications and signposting to other services is available as a walk-in service without the need for an appointment. Community pharmacy is a socially inclusive healthcare service providing a convenient and less formal environment for those who do not choose to access other kinds of health services.

### 4.5.3 Long term health problems and disability

Most people suffer periods of ill health at some time, but these are usually temporary problems that do not have a sustained effect on day-to-day activities, such as going to work or socialising with friends and family. However, some health problems and disabilities are more serious because they are long-lasting and reduce a person's ability to carry out these activities. People in some parts of Oldham are more likely to report that their day-to-day activities are limited due to a long-term health problem or disability than others. Table 8 details the breakdown by ward, where Alexandra reports the highest proportion people where day to day activities are affected (19.6%). Werneth reports the lowest number of people where day-to-day activities are affected (15%).

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<sup>15</sup> <https://www.jsnaoldham.co.uk/profile/#section4> accessed 27/03/2025

**Table 8 -Disability by ward (source: Nomis web, Census 2021)**

Ward	Disabled under the Equality Act: Day-to-day activities limited a lot	Disabled under the Equality Act: Day-to-day activities limited a little	Not disabled under the Equality Act: Has long term physical or mental health condition but day-to-day activities are not limited	Not disabled under the Equality Act: No long term physical or mental health conditions
Alexandra	10.2%	9.4%	3.7%	76.7%
Chadderton Central	8.8%	9.9%	5.9%	75.4%
Chadderton North	7.3%	9.0%	5.7%	78.0%
Chadderton South	9.4%	10.4%	6.1%	74.1%
Coldhurst	8.6%	7.9%	3.4%	80.0%
Crompton	8.7%	11.2%	7.6%	72.4%
Failsworth East	9.2%	10.5%	6.4%	73.9%
Failsworth West	9.5%	10.1%	6.2%	74.2%
Hollinwood	10.8%	11.2%	5.3%	72.8%
Medlock Vale	8.5%	9.0%	4.1%	78.4%
Royton North	8.1%	11.0%	7.1%	73.8%
Royton South	8.6%	10.5%	7.0%	73.9%
Saddleworth North	6.4%	9.6%	8.3%	75.7%
Saddleworth South	5.9%	10.0%	8.8%	75.2%
Saddleworth West and Lees	7.6%	11.0%	7.7%	73.7%
Shaw	10.0%	12.0%	6.8%	71.2%
St James'	9.0%	10.0%	6.1%	74.9%
St Mary's	8.4%	7.6%	3.3%	80.8%
Waterhead	8.6%	9.1%	5.0%	77.2%
Werneth	7.6%	7.4%	2.9%	82.2%

People with disabilities often have individual, complex and specific needs. It is important that health and social care services can provide effective specialist services to meet such needs.

When patients are managing their own medication but need some support, pharmacists and dispensing doctors must comply with the Equality Act 2010. Where the patient is assessed as having a long term physical or mental impairment that affects their ability to carry out everyday activities, such as managing their medication, the pharmacy contract includes funding for reasonable adjustments to the packaging or instructions that will support them in self-care. Pharmacists can review patients to ensure that the number of medications and doses are optimised and that the patient is getting the best outcomes from the treatment. If further support is needed, then reasonable adjustments can be recommended such as compliance aids, multi- compartment compliance aids, large print labels, easy to open containers or medication reminder alarms/charts. Each pharmacy should have a robust system for assessment and auxiliary aid supplies that adheres to clinical governance principles.

#### 4.5.4 Race, ethnicity, and language

The Key points identified from the Oldham ethnicity overview<sup>16</sup>:

- Since 2011 Oldham's population has grown by 7.6% to 242,087 and has become more diverse.
- The increase in Oldham's population is a result of the growth in ethnic minority groups, primarily the Pakistani, Bangladeshi and black communities. This population has grown from 50,571 in 2011 to 77,190 in 2021, which represents a growth of 52.6%.
- The only ethnic group that has reduced in size is the White population. This has fallen from 174,326 to 164,897 which is a decrease of 5.4%. This decrease is a natural decline in the

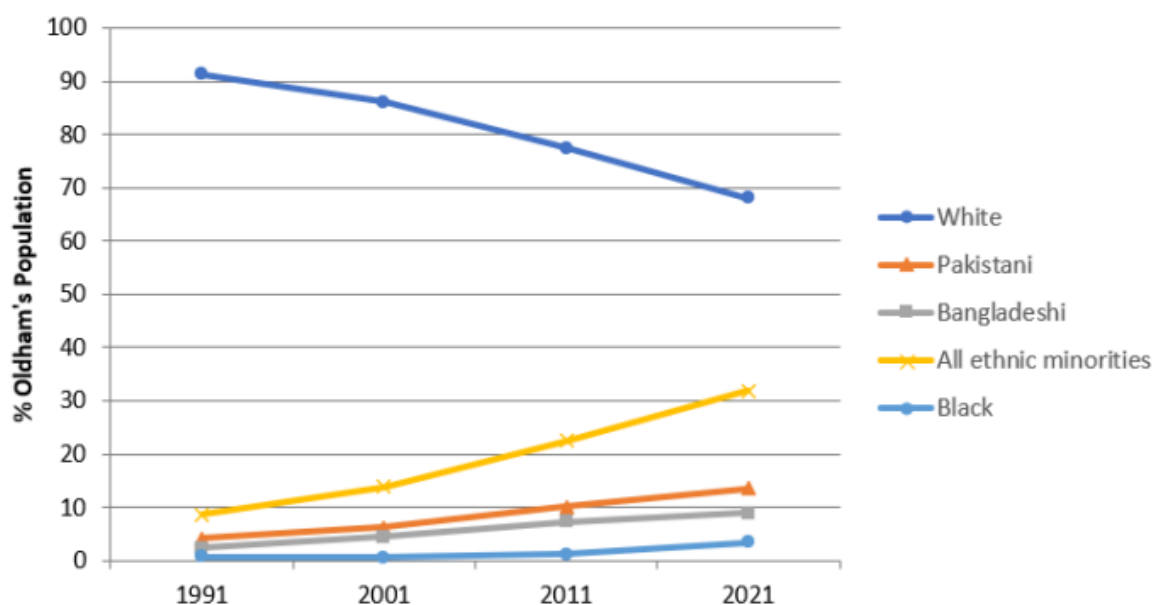
<sup>16</sup> [https://www.jsnaoldham.co.uk/cms-data/depot/profile-depot/Census\\_2021\\_First\\_Ethnicity\\_Report\\_v101.pdf](https://www.jsnaoldham.co.uk/cms-data/depot/profile-depot/Census_2021_First_Ethnicity_Report_v101.pdf) accessed 07/04/2025



population resulting from an older age profile for the White British population alongside a lower birth rate.

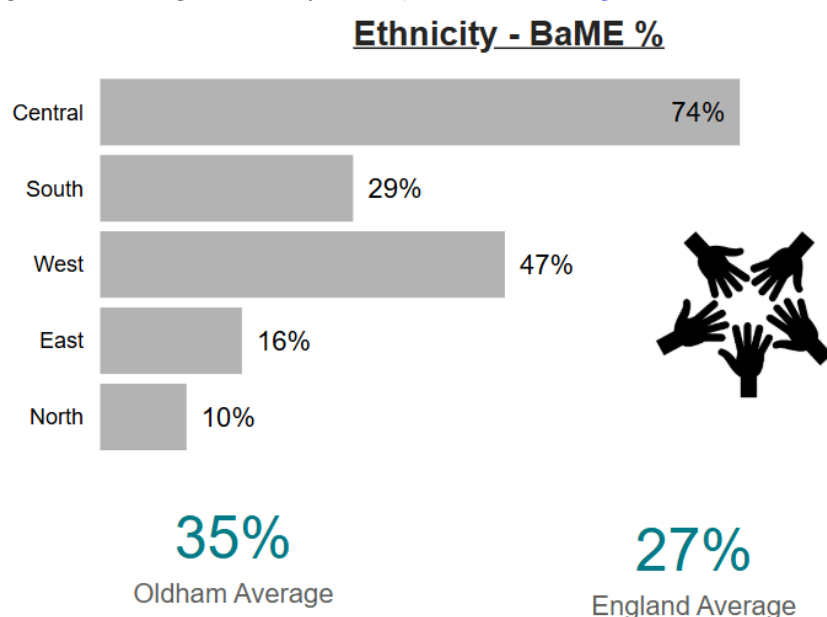
- Oldham's Pakistani and Bangladeshi populations now make up 22.5% of the total population up from 17.4% in 2011. The growth in these populations has been driven by a younger age profile, higher birth rates and migration.
- Oldham's black population now makes up 3.4% of the total population up from 1.2% in 2011. The growth in the size of the black population is primarily driven by migration from Africa, particularly from Nigeria.

Figure 4 - Oldham population by ethnic group (Source: [Census 2021: First Outputs Briefing](#))



The Central district has the largest percentage of BME population (74%) which is significantly greater than the Oldham (35%) and England (27%) averages. North district has the lowest proportion (10%) which is significantly lower than the Oldham and England averages. (See figure 5 for more details)

Figure 5 - Percentage of BaME by District (source: [Joint Strategic Needs Assessment | People and places](#))



BaME refers to Non White British residents.



The percentage of people that cannot speak English well or not at all in Oldham is 3.8%; higher than the national average (1.9%) according to ONS data from the census in 2021. Those residents will need support accessing services. Table 9 below shows the variation across Oldham wards, which are higher than the national average for those residents that cannot speak English well or at all.

**Table 9 - Percentage of population who cannot speak English well or at all, by wards with a greater than England average (source: Nomis web, Census 2021)**

District	Ward	% of population who cannot speak English well or at all
Central	Coldhurst	13.0%
Central	St Mary's	9.9%
West	Werneth	9.9%
Central	Alexandra	6.3%
South	Medlock Vale	5.9%
East	Waterhead	5.1%
West	Chadderton North	3.5%
West	Chadderton Central	2.1%
Oldham		3.8%
England		1.9%

Population groups with differences determined by culture, religion or ethnicity also show differences in terms of illness behaviour and beliefs. More work is required to understand these reasons.<sup>17</sup> Population groups also differ genetically, so that some diseases are more prevalent in certain ethnic groups. This includes conditions such as sickle cell disease and Creutzfeldt-Jakob disease which are well described. It also includes altered prevalence and patterns, in different ethnic groups, of common conditions such as cardiovascular disease (CVD) and type II diabetes.<sup>18</sup> Community pharmacies are well-placed to provide easy access to healthcare advice and services, often within the communities themselves.

#### 4.5.5 Religion and belief

Oldham has long embraced the breadth and diversity of its population and celebrates the values that bring people of different backgrounds together. The religious beliefs, and non-belief, of Oldham's population continues to diversify. However, the borough has experienced an overall reduction in the proportion of its population that holds a religious belief.

The 2021 Census showed that Christianity is the majority religious belief group (44.9% - falling from 59.4% in 2011). Muslims were the second largest religious group with 24.4%, increased from 17.7% in 2011. In Oldham 25.0% of people stated they had no religion, compared with 36.7% of people in England.

<sup>17</sup> <https://patient.info/doctor/diseases-and-different-ethnic-groups> accessed 27/03/2025

<sup>18</sup> <https://patient.info/doctor/diseases-and-different-ethnic-groups> accessed 27/03/2025

**Table 10 - Percentage of religious belief groups in Oldham and England, Census 2011 and Census 2021**

Religion	2011		2021	
	Oldham	England	Oldham	England
Christian	59.7%	59.4%	44.9%	46.3%
Buddhist	0.2%	0.5%	0.2%	0.5%
Hindu	0.5%	1.5%	0.5%	1.8%
Jewish	0.0%	0.5%	0.1%	0.5%
Muslim	17.7%	5.0%	24.4%	6.7%
Sikh	0.0%	0.8%	0.1%	0.9%
Other religion	0.2%	0.4%	0.2%	0.6%
No religion	16.1%	24.7%	25.0%	36.7%
Religion not stated	5.6%	7.2%	4.7%	6.0%

It is important that health and social care services are aware of the need to respect and be sensitive to the preferences of people's religions and beliefs when delivering services, including:

- Practices around births and deaths.
- Diet & food preparation.
- Family planning and abortion.
- Modesty of dress.
- Same sex clinical staff.
- Festivals and holidays.
- Medical ethics considerations in accepting some treatments and end of life care.
- Pharmaceuticals, vaccines, and other medical supplies.

Pharmacies can provide advice to specific religious groups on medicines derived from animal sources and during periods of fasting.

#### 4.5.6 Marriage and civil partnership

According to the 2021 Census in Oldham 44.7% of people are married or in a registered civil partnership, 37.9% of people are never married or registered a civil partnership, 2.6 % of people are separated, 8.4 % of people are divorced or civil partnership dissolved, 6.3% are widowed.

Limited evidence is available on the health and social care needs of people in terms of marriage and civil partnership.

It is important that health and social care services are aware of and respectful of the legal equivalence of marriage and civil partnership when dealing with individuals, their partners and families. Consideration should also be given to those people in similarly committed and secure relationships, including civil partnership, and other long-term couple partnerships

Consideration should be given to signs of domestic violence; pharmacies can help to raise awareness of this issue and signposting to services/organisations that can provide advice and support.

#### 4.5.7 Pregnancy and maternity

The number of live births in Oldham dropped to 2,987 in 2023, the lowest over the 5 year reporting period as shown in table 11. The crude birth rate also dropped to 12.1 during this period. This is despite the number of females of childbearing age (15 -44 years) rising to 49,200.

**Table 11 - Live births for Oldham 2019 to 2023 (source: Nomis web)**

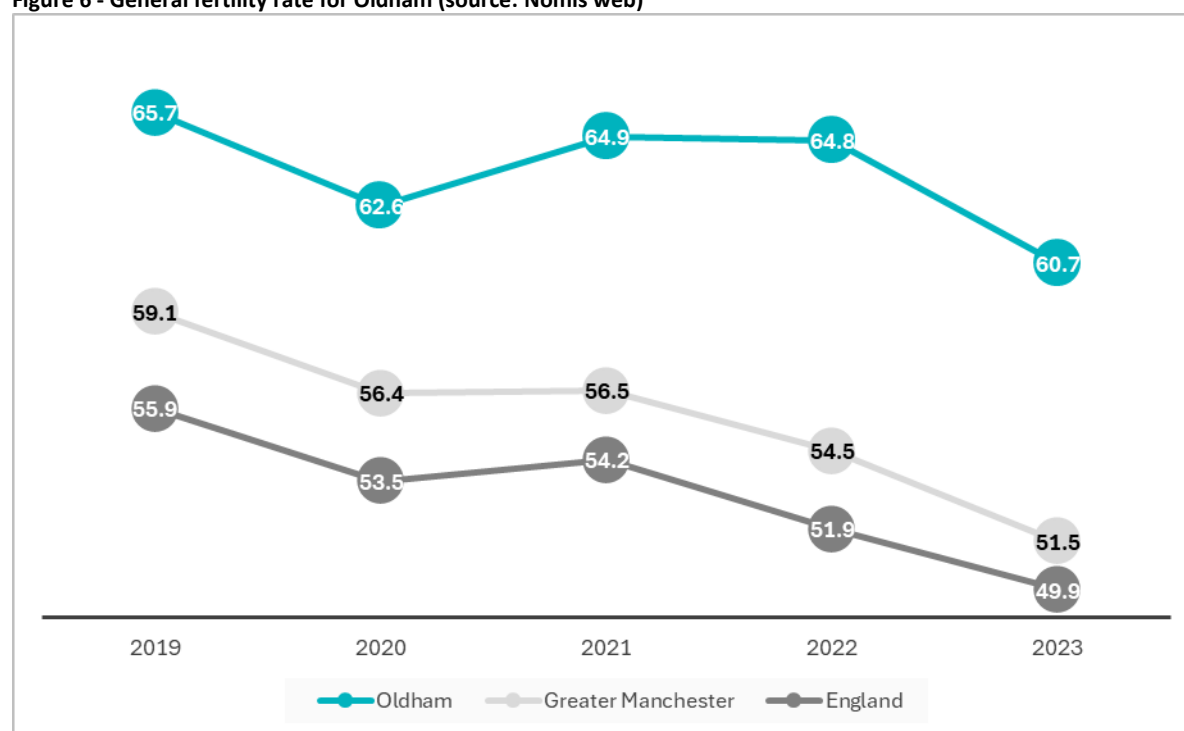
Year	Total population (thousands)	Female population (thousands)	Female population aged 15-44 years (thousands)	Total live births	Crude live birth rate	General Fertility Rate (GFR)
2019	242.1	123.8	47.8	3,138	13.0	65.7
2020	242.2	123.9	48.0	3,004	12.4	62.6
2021	242.0	123.8	48.2	3,127	12.9	64.9
2022	244.0	124.6	48.7	3,158	12.9	64.8
2023	246.1	125.5	49.2	2,987	12.1	60.7

Crude birth rate = Proportion of live births per 1,000 population (all ages)

General Fertility Rate (GFR) = number of live births per 1,000 women aged 15 to 44 years

The general fertility rate (GFR) in Oldham is higher than that for England and Greater Manchester but Oldham has a decreasing general fertility rate (GFR)<sup>19</sup>. This is consistent with that of England and Greater Manchester.

**Figure 6 - General fertility rate for Oldham (source: Nomis web)**



Pharmacies can provide advice to pregnant women on a range of healthcare issues including medicines, vaccinations and self-care, where they have the expertise to advise on which medicines are safe for use in pregnancy and during breast feeding. They are also well-placed to provide support and treatment for smoking cessation during pregnancy.

#### 4.5.8 Sexual orientation

Results from the 2021 census found that 169,261 residents over 16 identified as straight or heterosexual, 2,153 people described themselves as gay or lesbian, 1,541 people identified as bisexual and all other sexual orientations accounted for 489 people.

<sup>19</sup> The general fertility rate (GFR) is the total number of live births per 1,000 women of reproductive age (ages 15 to 49 years) in a population per year.

The key findings of research by LGBTQ+ charity Stonewall.org.uk<sup>20</sup> suggests that the LGBTQ+ population may be exposed to certain patterns of health risks, for instance:

- Half of LGBT people (52 per cent) said they've experienced depression in the last year.
- One in eight LGBT people aged 18-24 (13 per cent) said they've attempted to take their own life in the last year.
- Almost half of trans people (46 per cent) have thought about taking their own life in the last year, 31 per cent of LGB people who aren't trans said the same.
- Forty-one per cent of non-binary people said they harmed themselves in the last year compared to 20 per cent of LGBT women and 12 per cent of GBT men.
- One in six LGBT people (16 per cent) said they drank alcohol almost every day over the last year.
- One in eight LGBT people aged 18-24 (13 per cent) took drugs at least once a month.
- One in eight LGBT people (13 per cent) have experienced some form of unequal treatment from healthcare staff because they're LGBT.
- Almost one in four LGBT people (23 per cent) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, six per cent of LGBT people – including 20 per cent of trans people – have witnessed these remarks.
- One in twenty LGBT people (five per cent) have been pressured to access services to question or change their sexual orientation when accessing healthcare services.
- One in five LGBT people (19 per cent) aren't out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40 per cent of bi men and 29 per cent of bi women.
- One in seven LGBT people (14 per cent) have avoided treatment for fear of discrimination because they're LGBT.

Pharmacies can help to raise awareness of the issues discussed above and can provide advice to members of the LGBTQ+ community in relation to healthy lifestyle choices e.g. safe drinking levels, interactions and side effects of recreational drugs.

#### 4.5.9 Gender reassignment

The 2021 Census found that 93% of Oldham residents identify with the same sex registered at birth. From the remaining population 6% didn't answer the question, 736 people (0.3%) identified with a different sex from that registered at birth (but gave no specific identity), 233 identified as trans women (0.1%), 249 identified as trans men (0.1%) and 84 people identified as other gender identity (0.04%). A 2018 Stonewall report<sup>21</sup> based on over 800 trans and non-binary people revealed the experiences of transgender individuals in the healthcare environment:

- When accessing general healthcare services in the last year, two in five trans people (41%) said healthcare staff lacked understanding of trans health needs.
- Three in five trans people (62 per cent) who have undergone, or are currently undergoing, medical intervention for their transition are unsatisfied with the time it took to get an appointment. Three in ten (28 per cent) are unsatisfied with the cost related to this intervention.
- More than one in ten trans people (11%) have gone abroad for medical treatment to alter their physical appearance, including buying hormones over the internet from other countries, with many citing the barriers they currently face in accessing medical treatment in the UK. A further 17 per cent of trans people are considering doing this.
- One in ten trans people (10 per cent) don't want any form of medical intervention – this includes 16 per cent of non-binary people who identify as trans, 10 per cent of trans men and

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<sup>20</sup> [LGBT in Britain - Health \(2018\)](#)

<sup>21</sup> [https://files.stonewall.org.uk/production/files/lgbt\\_in\\_britain\\_-\\_trans\\_report\\_final.pdf?dm=1724230505](https://files.stonewall.org.uk/production/files/lgbt_in_britain_-_trans_report_final.pdf?dm=1724230505)  
accessed 28/02/2025

four per cent of trans women. One in eight trans people (13 per cent) are unsure if they want some form of medical intervention.

- Half of trans people (52 per cent) have undergone or are currently undergoing medical intervention. Almost one in four trans people (23 per cent) have not yet undergone any, but want some form of medical intervention.
- Almost half of trans people (47 per cent) who want to undergo some form of medical intervention, but have yet to have it, say that long waiting times prevent them from accessing medical treatment. Nearly half (45 per cent) say they don't have the financial means to afford it (e.g. costs for treatments they've been unable to access on the NHS or travel expenses). One in four (24 per cent) fear discrimination from a healthcare service provider and the same percentage of trans people, 24 per cent, don't know how to access the form of medical intervention they want.
- One in four trans people who have undergone or are currently undergoing medical intervention are unsatisfied with the support they have received from their GP (24 per cent) and their gender identity clinic (23 per cent).
- Seven in ten trans people (71 per cent) who are accessing medical support for their transition are satisfied with the care they have received at those facilities. However, one in seven trans people (14 per cent) don't share this experience and are not satisfied with the care they received at the medical facility.

Acceptance of transgender people in general health and social care settings and gender specific health services (e.g. sexual health screening), and access to appropriate specialist gender identity services are often reported as problematic.

Research and analyses suggest that untreated gender dysphoria can severely affect the person's health and quality of life and can result in:

- Higher levels of depression, self-harm, and consideration or attempt of suicide.
- Higher rates of drug and alcohol abuse.

Pharmacies can provide necessary medicines and advice on adherence and side effects including the long-term use of hormone therapy. Pharmacies can provide advice to members of this community in relation to health and well-being and on raising awareness about issues relating to members of these communities as discussed above. Pharmacies should also be able to provide any LGBTQ+ people with signposting to relevant services.

## 5 Key health priorities for Oldham

The key Health and Wellbeing Board priorities stem from the Health and Wellbeing strategy and are as follows:

- **Supporting our residents to gain the knowledge and skills to confidently make choices and participate in decisions about their own health** - empowering them to make positive choices including a common framework for engagement which can be used by all organisations and services.
- **Giving children the best start in life** - lay the foundations for a healthy life by improving health during pregnancy and throughout childhood and adolescence, with a focus on reducing infant mortality.
- **Improving mental wellbeing and mental health** – supporting networks, organisations and services to continue to offer the support and services our residents need.
- **Reducing smoking** – reduce the percentage of Oldham residents smoking, reduce smoking in pregnancy, increase the percentage of adults who have never smoked
- **Increased physical activity** – Oldham will have the same percentage of physically active adults as England as a whole.

By looking at each topic we can identify areas where pharmaceutical services already meet, or are able to be developed to meet, the objectives. Many of the CPCF and locally commissioned/ enhanced services are helpful to optimise the use of medicines thereby improving people's health, reducing medication interactions and reducing wastage e.g. New Medicines Service.

Further resources, including case studies, detailing types of pharmaceutical services which could be commissioned as potential solutions to Oldham's health priorities can be found on the CPE website.<sup>22</sup> Guidance on the development of local services and resources are listed under the headings of:

- Guidance for commissioners on commissioning community pharmacy medicines optimisation services.
- Guidance on commissioning levels.
- Guidance on developing a service proposal.
- Community pharmacy England locally commissioned services database.
- Services case studies hub.
- Guidance on decommissioning of services.

### 5.1 Infant Mortality

Oldham's infant mortality rate has been above Greater Manchester, regional and national averages for more than 20 years. Latest data for 2019-21 reveals that Oldham has the second highest rate in England at 7.2 per 1,000 live births. Stoke-on-Trent is the only Local Authority with a higher rate at 7.5 per 1,000. Whilst improvements in rate have been seen across Greater Manchester (-16%), the Northwest (-23%) and England (-28%) over the period shown in figure 7, Oldham has not experienced this trend, with rates similar in 2001-03 to 2019-21.<sup>23</sup>

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<sup>22</sup> <https://cpe.org.uk/lpcs-and-local/locally-commissioned-services/>

<sup>23</sup> <https://www.jsnaoldham.co.uk/starting/infant-mortality/> accessed 03/04/2025

Figure 7 - Infant mortality trend (source: [Joint Strategic Needs Assessment | Starting well](#))

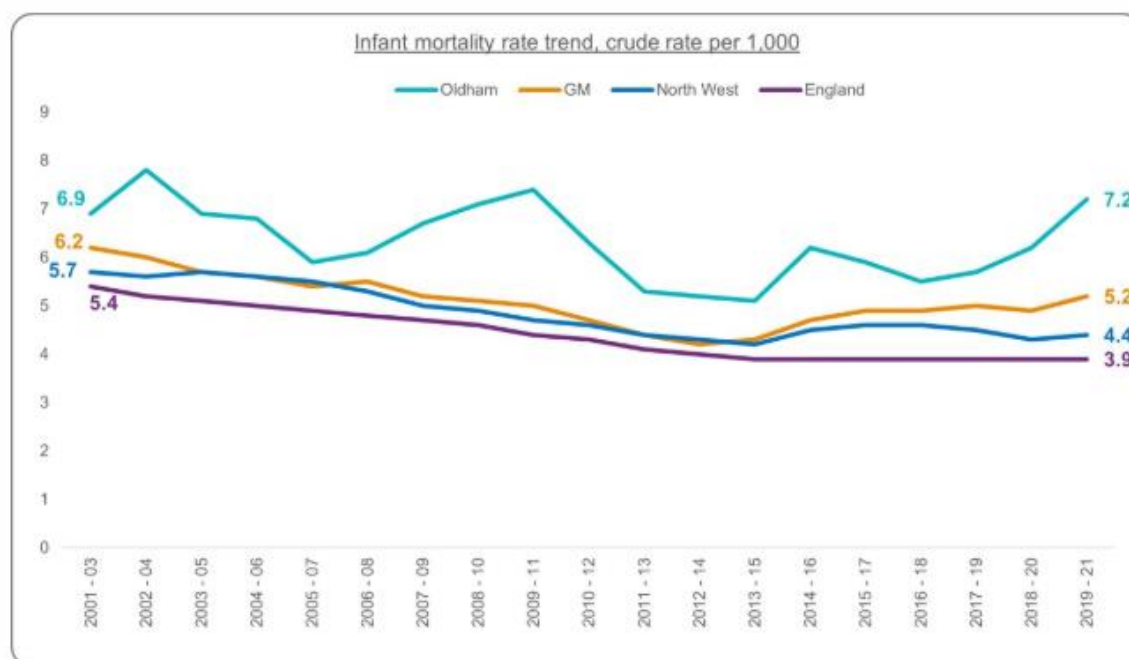
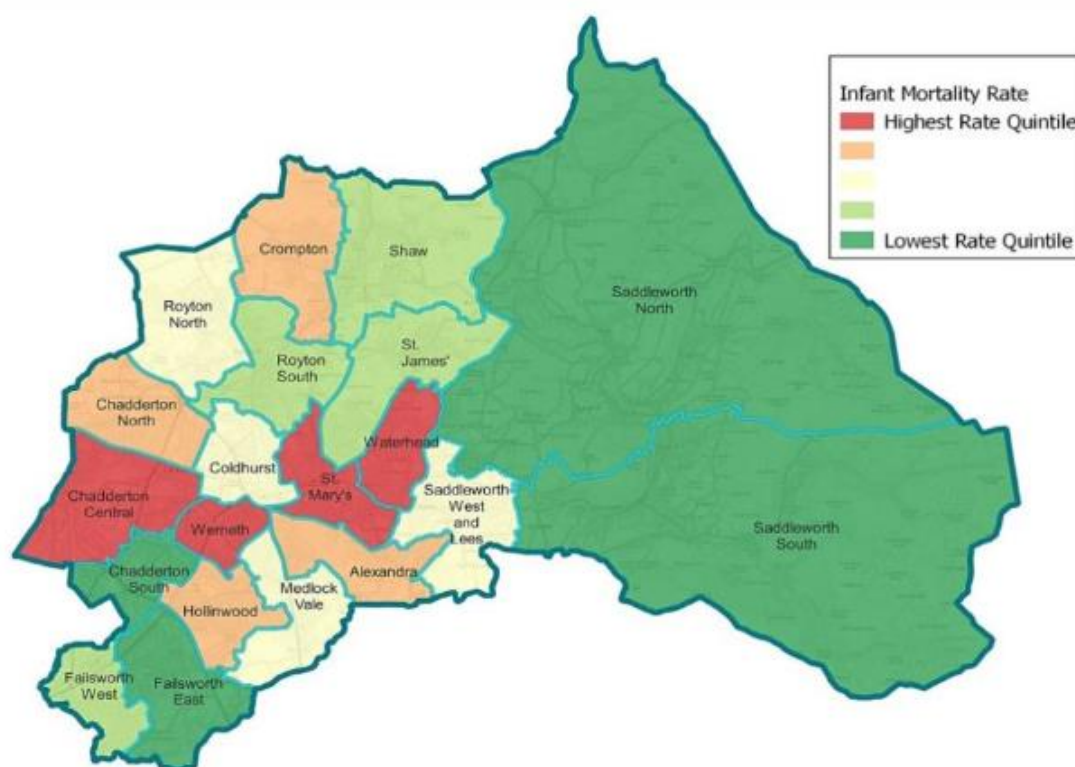


Figure 8 demonstrates the inequality within Oldham for infant mortality. The data is displayed over a ten year period and by quintile. Rates are highest in Waterhead (8.2 per 1,000 live births), Werneth (8.1), Chadderton Central (8.0) and St Mary's (7.7) indicating these are the areas of highest need. Oldham's overall average for this period is 5.8 (per 1,000 live births).<sup>24</sup>

Figure 8 - Infant mortality by ward (source: [Joint Strategic Needs Assessment | Starting well](#))



<sup>24</sup> <https://www.jsnaoldham.co.uk/starting/infant-mortality/> accessed 03/04/2025



### How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support healthy lifestyles, including early years development. Several existing essential services support the promotion of healthy lifestyles:

- Being a healthy living pharmacy.
- Signposting – Staff can signpost patients to local initiatives or services in Oldham.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements of early years development.
- Dispensing – staff can provide brief advice and interventions for healthy lifestyles when handing over medications to patients.

Pharmacy campaigns could be targeted in those areas with the greatest inequality.

## 5.2 Immunisations and vaccinations

Figure 9 - Childhood vaccinations and immunisations uptake in Oldham (source: [Joint Strategic Needs Assessment | Starting well](#))

### Childhood Vaccinations & Immunisations

#### MMR Vaccinations

- **85.2%** of 2 year olds have had the one dose vaccination which is higher than the England average of **89.3%** (2022/23).

*Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by UK Health Security Agency (UKHSA)*

#### HPV Vaccinations

- **68.7%** of 12-13 year old females received the HPV vaccine (one dose) compared to **71.3%** for England in 2022/23. The impact of Covid-19 appears caused the HPV vaccine uptake to drop in 2021/22 however uptake has started to increase again in 2022/23.

*Source: UK Health Security Agency*

### How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support health and wellbeing, including advice in relation to immunisations and vaccinations. Several existing essential services support the promotion of immunisations and vaccinations:

- Being a healthy living pharmacy.
- Signposting – Staff can signpost patients to local initiatives or services in Oldham.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements relating to immunisations and vaccinations.
- Dispensing – staff can provide brief advice and interventions for immunisations and vaccinations when handing over medications to patients.

43 Pharmacies in the Oldham Borough provided an Influenza (Flu) vaccinations advanced service this flu season, which includes vaccination for pregnant women aged 18 or over. Flu vaccinations help protect the most vulnerable from the flu virus, promoting a healthy pregnancy and start to life for women children during this period.



## 5.3 Healthy weight and physical activity

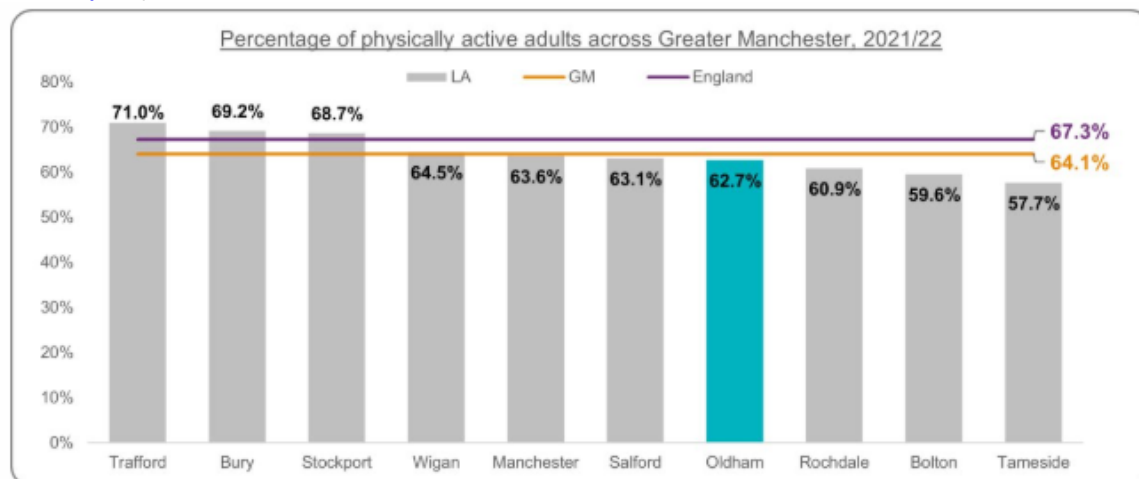
In Oldham, 31.9% of adults are classified as obese. This is higher than the Greater Manchester average (27.1%), the Northwest rate (27.5%), the England rate (25.9%). Oldham's rate of obesity is highest across Greater Manchester and average amongst its CIPFA neighbours.<sup>25</sup>

**Figure 10 - Percentage of adults (aged 18+) classified as obese across Greater Manchester (source: [Joint Strategic Needs Assessment | Data and reports](#))**



Oldham's latest data reveals a lower percentage of physically active adults (62.7%) compared to the Northwest (65.2%) and England (67.3%). Oldham's rate has been below regional and national averages since 2015/16. In 2021/22, Oldham ranked averagely against comparators. Oldham had the 4th lowest rate across Greater Manchester and 7th highest amongst CIPFA neighbours.<sup>26</sup>

**Figure 11 - Percentage of physically active adults across Greater Manchester (source: [Joint Strategic Needs Assessment | Data and reports](#))**



### How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support healthy lifestyles, including a healthy and balanced diet, weight management and physical activity. Several existing essential services support the promotion of healthy lifestyles:

- Being a healthy living pharmacy.

<sup>25</sup> <https://www.jsnaoldham.co.uk/living-working-well/living-obesity/> accessed 03/04/2025

<sup>26</sup> <https://www.jsnaoldham.co.uk/living-working-well/living-physical-activity/> accessed 03/04/2025

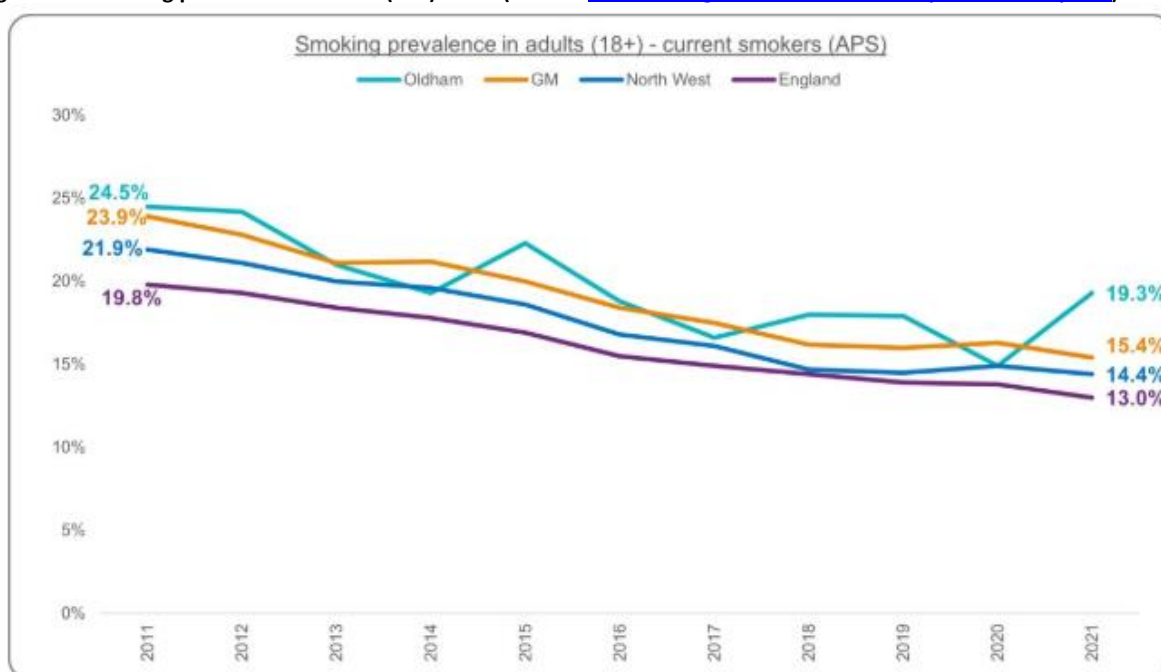
- Signposting – Staff can signpost patients to local initiatives or services in Oldham.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements of weight management and physical activity.
- Dispensing – staff can provide brief advice and interventions for healthy lifestyles when handing over medications to patients.

There is a future opportunity for community pharmacy to be involved in the delivery of specialist weight management pathways eg Tirzepatide, and commissioners may include community pharmacy in the delivery model for these services on a local level.

## 5.4 Smoking

Oldham has the highest smoking prevalence across Greater Manchester and second highest across the Northwest. Nationally, the Local Authority with the highest percentage of smokers has a rate of 22% and the lowest rate is 6.6%, compared to Oldham's rate of 19.3%.

Figure 12 - Smoking prevalence in adults (18+) trend (source: [Joint Strategic Needs Assessment | Data and reports](#))



### How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support healthy lifestyles, including advice and treatment to help stop smoking. Several existing essential services support the promotion of healthy lifestyles:

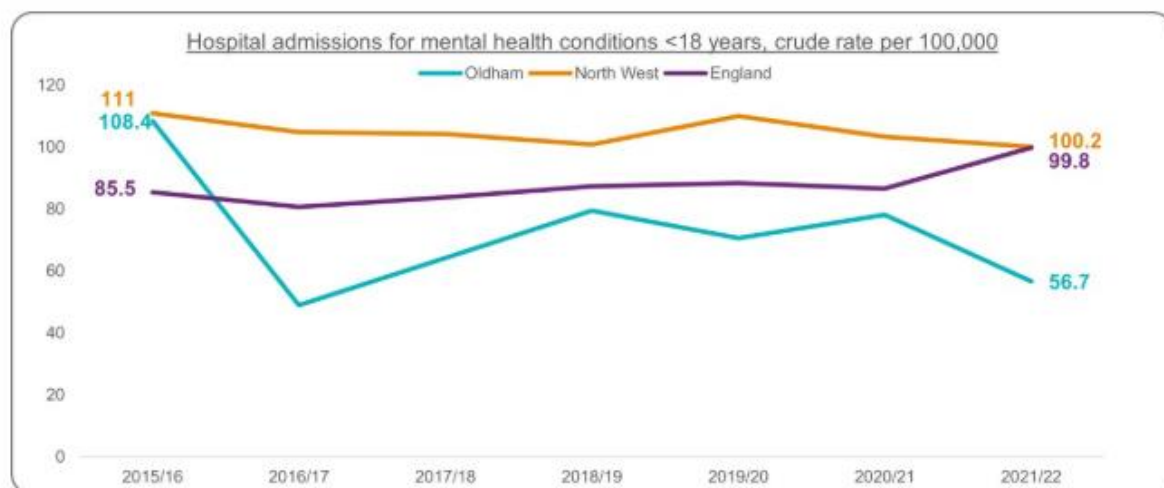
- Being a healthy living pharmacy.
- Signposting – Staff can signpost patients to local initiatives or services in Oldham.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements relating to stopping smoking.
- Dispensing – staff can provide brief advice and interventions for smoking cessation when handing over medications to patients.

There is also a nationally commissioned advanced service for smoking cessation, which is offered by 2 pharmacies in Oldham.

## 5.5 Mental health

Oldham's rate of 56.7 per 100,000 for hospital admissions for under 18s is lower than the regional average of 100.2 per 100,000 and the national average of 99.8 per 100,000. Oldham's rate was previously higher than the England rate and has experienced a decrease of 47.7% compared to 2015/16. During the same period the Northwest rate has decreased by only 9.7% and the England rate has seen an increase of 16.7%. Oldham's rate is second lowest across Greater Manchester.<sup>27</sup>

**Figure 13 - Hospital admissions for mental health conditions <18 years trend (source: [Joint Strategic Needs Assessment | Starting well](#))**



**Figure 14 - Mental health overview for adults in Oldham (source: [Joint Strategic Needs Assessment | Data and reports](#))**

### Mental health

- In Oldham, **15.0%** of residents aged 18+ are recorded as having depression. This is higher than the England average of **13.2%** (2022/23).
- Oldham has a similar suicide rate compared to the national average. The latest data shows in Oldham the suicide rate was **8.3** per 100,000 compared to the national rate at **10.3** per 100,000 (2020-22).

#### How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support healthy lifestyles, including advice and treatment in relation to mental health. Several existing essential services support the promotion of healthy lifestyles:

- Being a healthy living pharmacy.
- Signposting – Staff can signpost patients to local initiatives or services in Oldham.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements relating to mental health.
- Dispensing – staff can provide brief advice and interventions for mental health when handing over medications to patients.

55 pharmacies in Oldham actively provide the New Medicine Service, which includes treatments for depression. Through identifying patients with this mental health condition and delivering this service

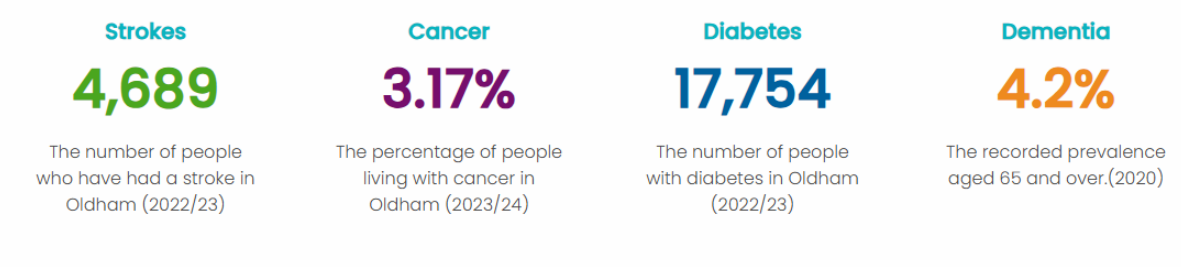
<sup>27</sup> <https://www.jsnaoldham.co.uk/starting/child-mental-health/> accessed 03/04/2025

pharmacists can help to improve adherence to treatments for these conditions, improving long term outcomes for patients with mental health conditions.

## 5.6 Long-Term Conditions (LTCs)

Figure 15 - Overview of health conditions in Oldham (source: [Joint Strategic Needs Assessment | Health conditions](#))

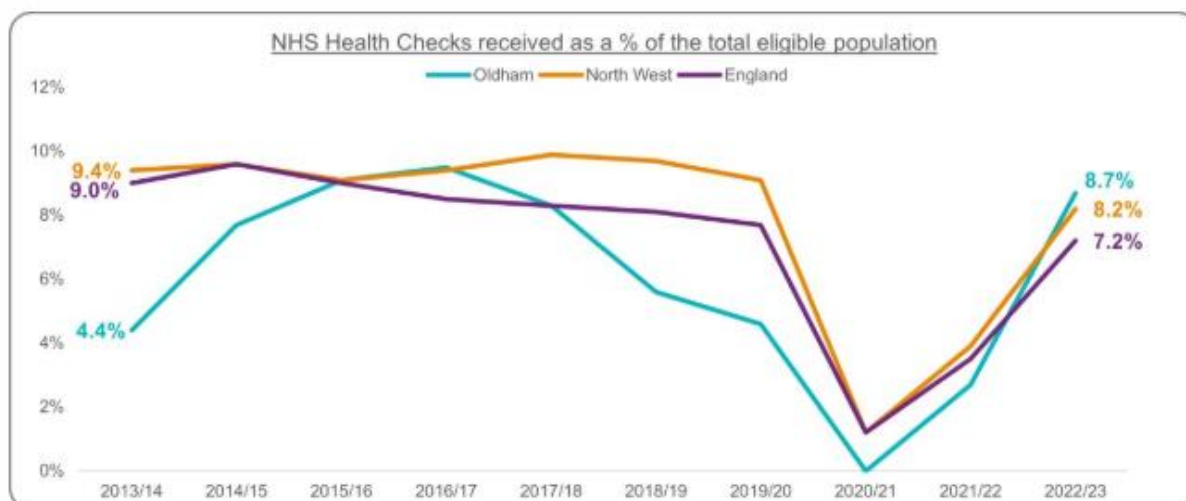
### Health conditions



The NHS Health check<sup>28</sup> is a health check-up for adults in England aged 40 to 74. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk.

In the most recent complete year (2022/23), Oldham GPs delivered 5,483 NHS Health Checks to eligible patients. This represents 8.7% of the eligible population, higher than the Northwest average of 8.2%, the Greater Manchester average of 8.5% and the national average of 7.2%. Oldham is 5th highest across Greater Manchester and 5th highest amongst CIPFA neighbours.<sup>29</sup>

Figure 16 - NHS Health Check uptake in Oldham (source: [Joint Strategic Needs Assessment | Data and reports](#))



### How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support health and wellbeing, including advice in relation to cardiovascular disease. Several existing essential services support the treatment and prevention of long-term conditions:

- Being a healthy living pharmacy.

<sup>28</sup> <https://www.nhs.uk/conditions/nhs-health-check/> accessed 03/04/2025

<sup>29</sup> <https://www.jsnaoldham.co.uk/living-working-well/living-health-checks/> accessed 03/04/2025

- Signposting – Staff can signpost patients to local initiatives or services in Oldham.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements relating to long-term conditions.
- Dispensing – staff can provide brief advice and interventions for long-term conditions.

55 pharmacies in Oldham actively provide the New Medicine Service, which includes several long-term conditions. Through identifying patients with these conditions and delivering this service pharmacists can help to improve adherence to treatments for these conditions, improving long term outcomes for these patients.

Pharmacy services also identify and manage risk factors for CVD, such as obesity and smoking, and help to support the prevention of long-term conditions.

## 6 Current Provision of Pharmaceutical Services in Oldham

The most recent Community Pharmacy Contractual Framework (CPCF), including a breakdown of pharmaceutical services, is described in detail in section 3.6.1. It is noted that negotiations on the 2024/25 CPCF, which includes negotiations on the Pharmacy Quality Scheme (PQS), were paused when the 2024 general election was announced and resumed in January 2025. The details of the next CPCF were released in April and will be used for the purpose of analysis of provision of services.

The regulations governing the development of the PNA require the HWB to consider the needs for pharmaceutical services in terms of necessary and relevant services:

- **Necessary services** i.e. pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This should include their current provision (within the HWB area and outside of the area) and any current or likely future gaps in provision.
- **Relevant services** i.e. services which have secured improvements, or better access, to pharmaceutical services. This should include their current provision (within the HWB area and outside of the area) and any current or future gaps in provision.

Necessary services, for the purposes of this PNA, are defined as:

- those essential services provided by pharmacies and DACs in line with their terms and contracted hours of service as set out in the 2013 regulations, and
- advanced services commissioned at the time of publication of the PNA that meet the requirements of the Oldham population need.

Relevant services are

- Essential services provided by pharmacies outside of the standard core hours (known as supplementary hours) in line with their terms of service as set out in the 2013 regulations,
- Locally commissioned or enhanced services.

### 6.1 Necessary services - current provision with-in the HWB's area

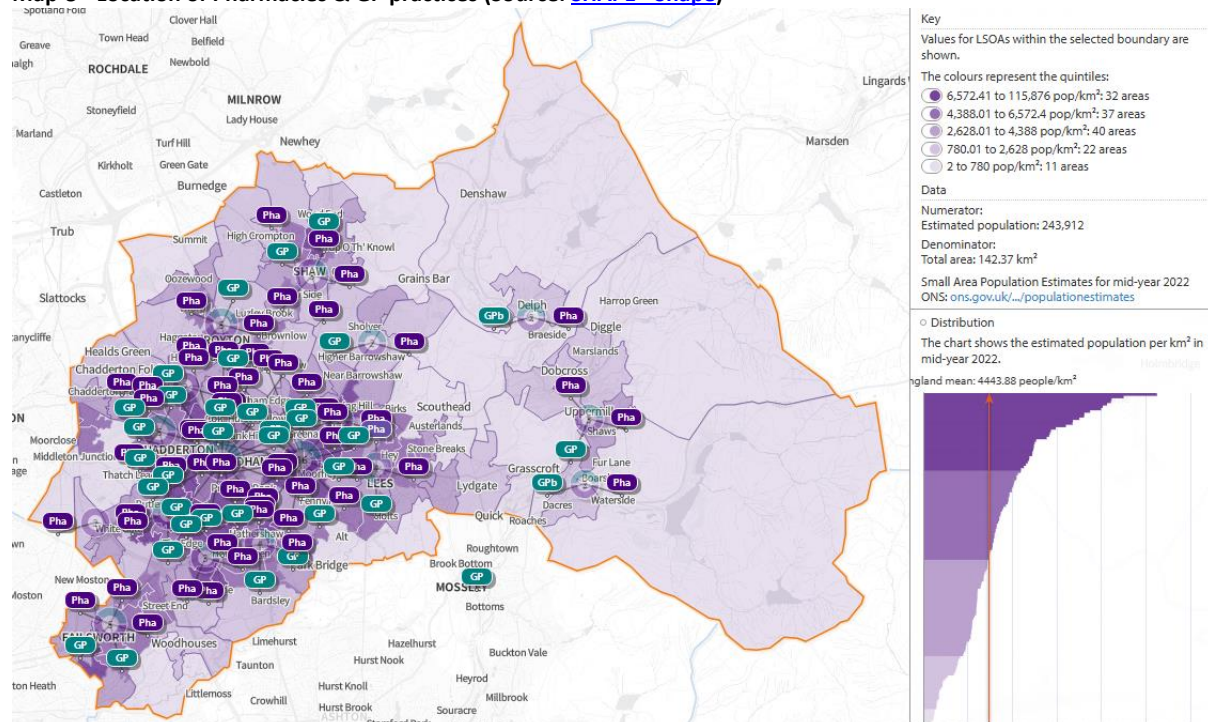
There are 60 pharmacies included in the pharmaceutical list for the area of the HWB. This is made up of 43 with a standard 40-hour contract, seven with a 100-hour contract (opening hours may vary due to new regulations as described in section 3.6.4.) and ten listed as distance selling. There are no DACs, dispensing GP practices, and no LPS pharmacies in Oldham.

Map 6 below (see Appendix Ten for a larger version), shows the location of premises providing pharmaceutical services and GP practices within the HWB's area. The details for each premises down to ward level can be found in Appendix Six, with an overview of opening hours for each premises down to ward level shown in Appendix Eight.

While not a statutory requirement, where maps within this PNA include the location of GP premises, they do so solely as a point of reference and to highlight proximity to pharmacies. Appendix Eleven provides an index of those GP surgeries.



**Map 6 - Location of Pharmacies & GP practices (Source: [SHAPE - Shape](#))**



The number of pharmacies available per 100,000 population in 2024/25 is 24 and has remained constant since 2021/22 (table 12). Also, the number of pharmacies per 100,000 is higher than both GM and England averages (table 14). Based on historical pharmacy use this would indicate that the current number of pharmacies are sufficient for the current population.

**Table 12 - Oldham pharmacies 2017/18 to 2024/25 (source: EPACT2)**

	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year	Pharmacies per 100,000 population
2017/18	59	431	234	25
2021/22	58	443	238	24
2024/25	60	475	246	24

*\*This table includes distance selling pharmacies but excludes DACS. The number of distance selling pharmacies in 2024/25 is 10.*

From January 2024 until December 2024 approximately 20% of items dispensed by Oldham pharmacies were prescribed by providers who were not Oldham registered practices (see Table 13). Oldham pharmacies dispense items for patients that are registered with GM GPs across the Oldham border.

**Table 13 - Items dispensed by Oldham pharmacies for each ICB locality in Greater Manchester between January 2024 to December 2024 (source: EPACT2)**

Registered	Total items dispensed by Oldham pharmacies	Percentage of items dispensed by Oldham pharmacies
Bolton	443	0.01%
Bury	2,015	0.04%
HMR	112,270	2.00%
Manchester	122,117	2.17%
Oldham	4,512,157	80.30%
Salford	2,096	0.04%
Stockport	3,003	0.05%
Tameside	43,265	0.77%
Trafford	488	0.01%
Wigan	420	0.01%
Other GM	15,123	0.27%
Distance	805,686	14.34%
<b>Total</b>	<b>5,619,083</b>	<b>100.00%</b>

*\*This table includes distance selling pharmacies.*

In 2024/25, Oldham's average prescription items per month per pharmacy was 7,919. This is less than the Greater Manchester and England averages. Using Table 14 below we calculated the number of dispensed items per head of population for Oldham was 1.9 in line with the Greater Manchester average, but above the average in England of 1.6 items per head.

The average items per month in Oldham (7,919) are lower than both GM (8,840) and England (9,118) average. The ability of each premises to cope with prescription dispensing demand is dependent upon a range of factors e.g. staffing levels, available space, use of robotics. As the aging population grows demand is likely to increase and pharmacy will need to consider how it prepares for this. Also, with the average items per month dispensed in Oldham Pharmacies being lower than GM and England figures, this also indicates that the current number of pharmacies can cope with demand for prescription dispensing.

**Table 14 - Number of pharmacies and items dispensed per month nationally and locally for 2024/25 (April 2024 – December 2025) (source: EPACT2)**

	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year	Pharmacies per 100,000 population	Average items per pharmacy per month
England	10,451	95,287	57,690	18	9,118
GM	623	5,507	2,949	21	8,840
Oldham	60	475	246	24	7,919

*\* This table includes distance selling pharmacies.*

### 6.1.1 Access to premises

Access can be defined by the location of the pharmacy in relation to where residents of the HWB area live and the length of time to access the pharmacy by driving (private car), using public transport or walking. 1 mile is used as an approximate for 20 minutes walking time, assuming that an average walking speed is 3mph. Of course, the speed will vary depending on the walking ability of the person and the terrain in the area.



Community pharmacists are easily accessible with over 11,600 community pharmacies in England located where people live, shop and work. The latest information shows that:

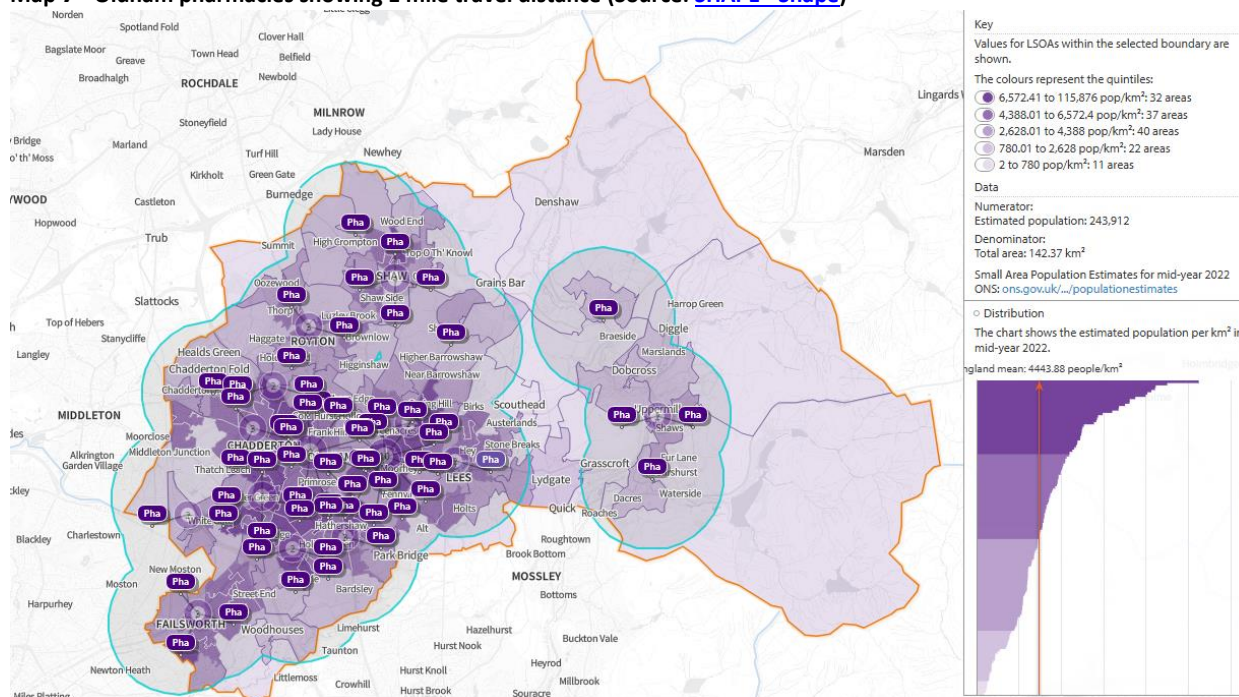
- 89% of the population in England has access to a community pharmacy within a 20-minute walk;
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy; and
- As the accessibility of community pharmacies is greatest in areas of higher deprivation, they may have an important role to play in reducing inequalities.

Community pharmacy is consequently a socially inclusive healthcare service providing a convenient and less formal environment for those who cannot easily access or do not choose to access other kinds of health service. Most pharmacies now have a private consultation area specifically for confidential or sensitive discussions.<sup>30</sup>

An updated Pharmacy Access Scheme (revised PhAS) began in January 2022, to continue to support patient access to isolated, eligible pharmacies. It is funded to no more than £20 million from the Community Pharmacy Contractual Framework (CPCF). Eligibility for PhAS continues to be based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy, although there are changes to the detailed eligibility criteria.<sup>31</sup>

Map 7 indicates there are parts of Oldham further than a mile away from their nearest pharmacy, however, there are pharmacies outside Oldham that offer some further access, see map 8 below and District maps in Section 7.0 for location of pharmacies in the neighbouring Boroughs which are close to Oldham borders. Other areas of Map 7 which are not within 1 mile of an Oldham pharmacy are mainly comprised of either rural or industrial land.

**Map 7 - Oldham pharmacies showing 1 mile travel distance (Source: [SHAPE - Shape](#))**

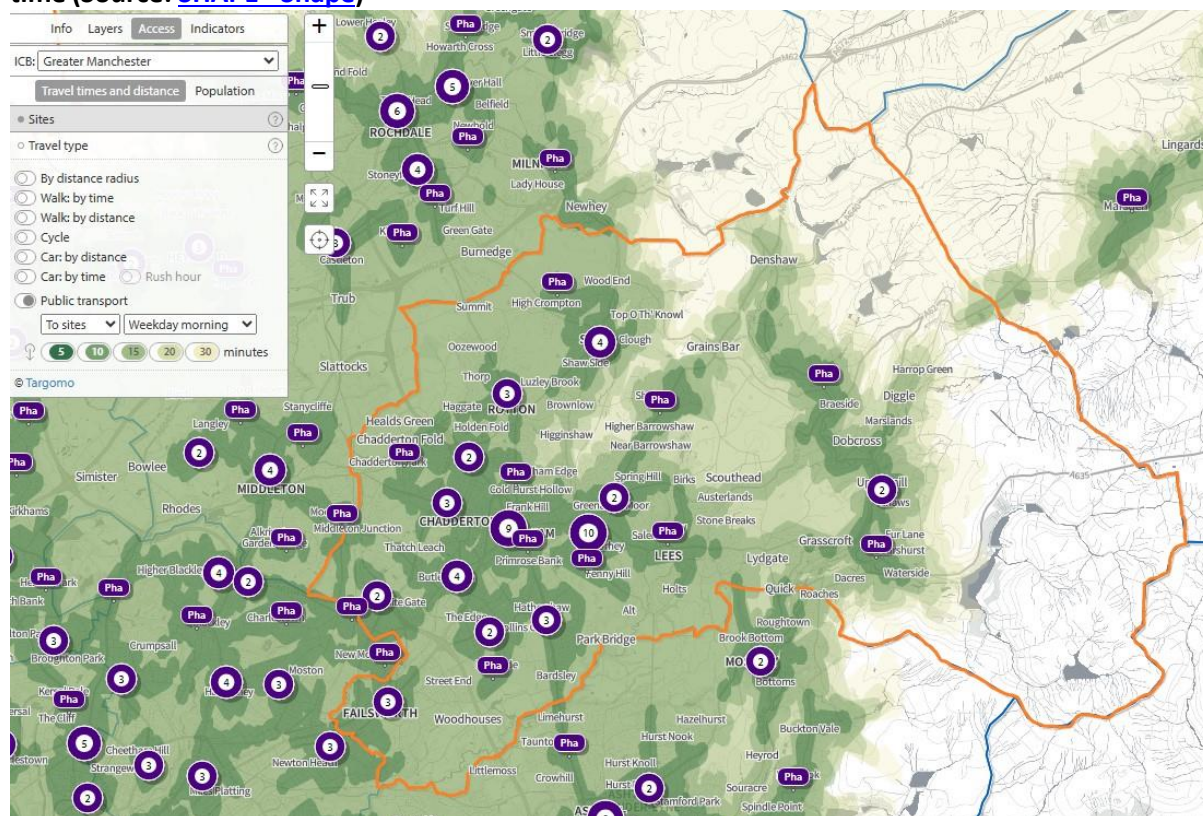


<sup>30</sup> <https://cpe.org.uk/learn-more-about-community-pharmacy/about-community-pharmacy/> accessed 11/03/2025

<sup>31</sup> <https://cpe.org.uk/quality-and-regulations/the-pharmacy-contract/pharmacy-access-scheme-phas/> accessed 11/03/2025

Map8 showing 20- minute travel time by public transport indicates that more of the borough is accessible when using transport. The main areas affected are located in the more rural areas along the Eastern Border of the borough.

**Map 8- Oldham and surrounding Borough Pharmacies showing 20-minute public transport travel time (Source: [SHAPE - Shape](#))**



According to government statistics the percentage of households in the Northwest without access to a vehicle has fallen from 27% in 2002/03 to 24% in 2023<sup>32</sup> (see Table 18 in section 7.1 for Oldham Census data). Although this is high compared to some national regions, it is in line with the national average (England 2023 average 22%, England-excluding-London 19%, London Only 42%). This is because the Northwest includes large city centres, such as Manchester and Liverpool where people are more likely to rely on public transport rather than have access to a vehicle, the value for Oldham alone is not available.

Most of Oldham's population have access to a pharmacy within 20 minutes either by car, walking or using public transport.

### 6.1.2 Correlation with GP practices

There are 60 community pharmacies, more than the 33 GP practices. In addition, all Districts have multiple pharmacies and there are pharmacies close to each GP practice, although practice list sizes, number of GPs and opening times may differ significantly between practices. At ward level Failsworth East ward has no community pharmacy but do have them near their border.

<sup>32</sup> <https://www.gov.uk/government/statistical-data-sets/nts99-travel-by-region-and-area-type-of-residence> accessed 11/03/2025

### 6.1.3 Access due to opening hours

When questioned about access due to opening hours, in general respondents felt it was important to have access to pharmacies seven days a week, Monday to Sunday during the hours of 9am to 6pm.

When questioned about early morning and early evening opening on weekdays, in general respondents felt it was important to have access to pharmacies before 9am and early evening between 6pm and 9pm.

When questioned about early morning opening on Saturdays/Sundays and late evening opening on weekdays/Saturdays/Sundays, in general most respondents felt this was unimportant or not necessary.

Similarly with respect to bank holidays, in general most respondents felt that it was necessary to have some form of access during the day, in the morning and afternoon, but felt it was unimportant or not necessary with respect to access on a bank holiday in the early morning or evening.

The responses received are summarised in the table below:

	Essential	Fairly Important	Total of Essential and Fairly Important	Unimportant	Not necessary	Total of Unimportant and Not necessary	Not sure
Weekday: Early Morning (before 9am)	11%	39%	50%	28%	22%	50%	0%
Weekday: During the day	50%	28%	78%	11%	11%	22%	0%
Weekday: Lunchtime	28%	33%	61%	22%	17%	39%	0%
Weekday: Early evening between 6pm and 9pm	39%	50%	89%	11%	0%	11%	0%
Weekday: Late evening after 9pm	6%	61%	67%	17%	16%	33%	0%
Saturday: Early Morning (before 9am)	11%	28%	39%	28%	33%	61%	0%
Saturday: Morning	22%	61%	83%	17%	0%	17%	0%
Saturday: Afternoon	22%	61%	83%	11%	6%	17%	0%
Saturday: Evening after 6pm	11%	44%	55%	28%	17%	45%	0%
Sunday: Early Morning (before 9am)	11%	22%	33%	50%	17%	67%	0%
Sunday: Morning	22%	44%	66%	28%	6%	34%	0%
Sunday: Afternoon	22%	56%	78%	16%	6%	22%	0%
Sunday: Evening after 6pm	11%	33%	44%	45%	11%	56%	0%
Bank Holidays: Early Morning (before 9am)	11%	22%	33%	39%	28%	67%	0%
Bank Holidays: Morning	22%	33%	55%	28%	17%	45%	0%
Bank Holidays: Afternoon	17%	44%	61%	28%	11%	39%	0%

Bank Holidays: Evening after 6pm	11%	33%	44%	33%	17%	50%	6%
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Table 15, 16 and 17 along with appendix 8 detail the span of opening times for Oldham pharmacies based on their core and supplementary opening hours<sup>33</sup>. They identify those that open 7 days a week, all day Saturday (open Monday to Friday), only half day Saturday (open Monday to Friday) and closed Saturday (open Monday to Friday) and those open before 8am and after 7pm (Monday to Friday). The opening times are correct at the time of drafting the PNA and are taken from the official pharmaceutical list for GM. Full details of the opening hours for community pharmacies in Oldham can be found on NHS Services<sup>34</sup>.

## Monday to Saturday opening

Three walk-in community pharmacies open at 8:00 am or earlier Monday to Friday, the earliest opening is 7am (see Table 15). This is a drop from the previous PNA when there were 8 pharmacies open during these hours. During a period of significant financial pressure, pharmacies have reduced hours (and terminated contracts in worst cases) during those hours where trade has been minimal and not cost effective to remain open during these hours.

26 of the 50 walk-in community pharmacies open on a Saturday morning. 13 of the 26 pharmacies close by 1:00pm leaving 14 open on Saturday afternoon until 7:00pm or later, with an additional pharmacy opening at 5:00pm.

There is at least one pharmacy open in each district between 8.30am and 6pm on a weekday, plus 9am to 5pm on a Saturday.

There is reduced access in opening hours in South District where there is no pharmacy open before 8am or after 7pm on a weekday or a Saturday and no pharmacies open on a Sunday. All other districts have cover with at least 1 pharmacy remaining open during these times.

The public survey only had 1 response from someone whose postcode matched those in South District (M35 & OL8). They did not have a problem accessing a pharmacy due to opening times.

**Table 15 - Oldham pharmacies open Monday to Saturday from 8:00 a.m. or earlier (source: NHSE&I)**

District	Ward	Map Index	Trading Name	Postcode	Mon to Sat Opening Times	Comments
Central	Alexandra	13	Chemist Corner Internet Pharmacy	OL8 2BD	8:00am	Distance selling pharmacy/closed on Saturday
Central	St Mary's	35	Our Pharmacy	OL4 1JN	7:00am	
West	Chadderton Central	6	Boots	OL9 0LQ	8:00am	

Ten pharmacies provide access to pharmaceutical services until 7:00 pm or later Monday to Friday; with eight pharmacies also providing until 7:00 pm or later Saturday (see Table 16).

<sup>33</sup> Data valid as at 11<sup>th</sup> March 2025

<sup>34</sup> <https://www.nhs.uk/nhs-services/>



**Table 16 - Oldham pharmacies open Monday to Saturday until 7:00 p.m. or later (source: NHSE&I)**

District	Ward	Map Index	Trading Name	Postcode	Mon to Sat Closing Times	Comments
Central	Coldhurst	42	Tesco In-Store Pharmacy	OL9 6BW	9:00pm	
Central	St Mary's	38	Seemed Pharmacy	OL4 1EN	7:00pm	Closes at 12:00pm on Saturday
Central	St Mary's	35	Our Pharmacy	OL4 1JN	10:30pm	Closes at 8:30pm on Saturday
Central	St Mary's	32	Oldham Late Night Pharmacy	OL4 1JW	9:00pm	
East	St James'	43	Tesco In-Store Pharmacy	OL1 3LG	9:00pm	
North	Royton North	7	Boots	OL2 5HX	7:00pm	
North	Royton North	30	Market Square Pharmacy	OL2 5QD	9:00pm	
North	Royton South	48	Well	OL2 6QN	7:00pm	Closes at 1:00pm on Saturday
North	Shaw	4	ASDA Pharmacy	OL2 8QP	9:00pm	
West	Chadderton Central	3	ASDA Pharmacy	OL9 0JE	9:00pm	

## Sunday opening

10 pharmacies open on Sunday and four of the five districts have at least one pharmacy open for some hours. Most of the respondents, 67%, to the public survey were satisfied or very satisfied with the opening hours provided.

**Table 17 - Oldham pharmacies open on Sunday (source: NHSE&I)**

District	Ward	Map Index	Trading Name	Postcode	Sunday Opening Times	Sunday Closing Times
Central	Coldhurst	28	Lloydspharmacy	OL1 1NL	10:00am	4:00pm
Central	Coldhurst	8	Boots	OL1 1XD	11:00am	4:00pm
Central	Coldhurst	42	Tesco In-Store Pharmacy	OL9 6BW	11:00am	5:00pm
Central	St Mary's	35	Our Pharmacy	OL4 1JN	8:00am	5:00pm
Central	St Mary's	32	Oldham Late Night Pharmacy	OL4 1JW	10:00am	8:00pm
East	St James'	43	Tesco In-Store Pharmacy	OL1 3LG	10:00am	4:00pm
North	Royton North	7	Boots	OL2 5HX	11:00am	4:00pm
North	Royton North	30	Market Square Pharmacy	OL2 5QD	8:00am	6:00pm
North	Shaw	4	ASDA Pharmacy	OL2 8QP	11:00am	5:00pm
West	Chadderton Central	3	ASDA Pharmacy	OL9 0JE	10:30am	4:30pm

## Changes to pharmacy contractors

In Oldham since the last PNA there has been the closure of one distance selling pharmacy and the new opening of three distance selling pharmacies. The number of pharmacy contractors has increased by two. There are no further known changes anticipated at the time of writing the PNA.

### 6.1.4 Access to pharmaceutical services on public and bank holidays and Easter Sunday

NHSCB has a duty to ensure that residents of the HWB's area can access pharmaceutical services every day. Pharmacies and DACs are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so. NHS England asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor or contractors to open on one or more of these days to ensure adequate access.

### 6.1.5 Access to Advanced Services

NHS GM has in place a Community Pharmacy Services Group which meets monthly to oversee the implementation and quality assurance of nationally and locally commissioned community pharmacy services and to act as a touch point for the Greater Manchester Primary Care Team, CPGM (the LPC for GM), Local Pharmacy Network (LPN). This work supports the successful implementation and engagement with both new and pre-existing community pharmacy services, helping to ensure that Manchester residents benefit from the wide range of services available.

#### 6.1.5.1 Access to Appliance Use Review (AUR)

According to data from NHS England no pharmacies in Oldham provided appliance use reviews.

Data from the NHS Business Services Authority show that the main providers of appliance use reviews and stoma customisation services are DACs. In the 12-month period, December 2023 to November 2024 (latest data on 1<sup>st</sup> March 2025), 1461 AURs were provided to Greater Manchester residents with 500 of these delivered in the individual's home.

#### 6.1.5.2 Access to Pharmacy First Service (PFS)

Appendix Seven provides a list of pharmacies providing PFS advanced services.

The Pharmacy First service commenced on 31st January 2024<sup>1</sup>, and involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply):

Clinical pathway	Age range
Acute Otitis Media*	1 to 17 years
Impetigo	1 year and over
Infected insect bites	1 year and over
Shingles	18 years and over
Sinusitis	12 years and over
Sore throat	5 years and over
Uncomplicated urinary tract infections	Women 16-64 years

\* Distance Selling Pharmacies will not complete consultations for Acute Otitis Media.

Consultations for these seven clinical pathways can be provided to patients presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.

The service also incorporates the elements of the Community Pharmacist Consultation Service, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines (and appliances), both following an electronic referral from NHS 111, general practices (urgent supply referrals are not allowed from general practices) and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without an electronic referral).

In the clinical pathway consultations with a pharmacist, people with symptoms suggestive of the seven conditions will be provided with advice and will be supplied, where clinically necessary, with a prescription-only treatment under a Patient Group Direction (PGD) or in one pathway, an over-the-counter medicine (supplied under a clinical protocol), all at NHS expense.

Currently (March 2025), all 60 Pharmacies in Oldham are registered to provide the Pharmacy First Service. In the 3 months up to December 2024, 3303 PFS Clinical Pathway Consultations, 1822 Urgent Supply Consultations and 2375 Minor Illness consultations were provided.

### **6.1.5.3 Access to Lateral Flow Device (LFD) Service**

The Lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) was commissioned as an Advanced service from 6th November 2023. The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. To access treatment, eligible patients first need to be able to test themselves by using a lateral flow device (LFD) test if they develop symptoms suggestive of COVID-19. It is therefore important that they have LFD tests at their home **in advance of developing symptoms**, so they can promptly undertake a test. The LFD service was introduced to provide eligible patients with access to LFD tests.

If a patient tests positive, they are advised to call their general practice, NHS 111 or hospital specialist as soon as possible. The test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from National Institute for Health and Care Excellence (NICE) recommended COVID-19 treatments.

The full list of eligible patients aged 12 years and over that are eligible to access LFD tests via the service (because they are at risk of getting seriously ill from COVID-19 and therefore are potentially eligible for COVID-19 treatments) can be found in the NICE guidance: <https://www.nice.org.uk/guidance/ta878/chapter/5-Supporting-information-on-risk-factors-for-progression-to-severe-COVID19>

As part of the service, patient's eligibility for a supply of LFD tests must be confirmed. Eligible patients should only receive one box of 5 LFD tests per consultation.

In the 3 months up to December 2024, 400 LFD supply consultations were carried out.

### **6.1.5.4 Access to Community Pharmacy Seasonal Influenza Vaccination programme**

According to data available at NHS Business Services Authority up to Dec 2024 (Latest available data 1<sup>st</sup> April 2025), 43 pharmacies in Oldham are delivering this service for 2024/25, 13,296 vaccinations provided from October 2024 to December 24.

### **6.1.5.5 Pharmacy Contraception Service (PCS)**

The PCS commenced on 24th April 2023, allowing the on-going supply of oral contraception (OC) from community pharmacies. From 1st December 2023, the service expanded to include both initiation and on-going supply of OC.

NHS community pharmacies are an accessible and convenient place for people to receive advice and support for contraception management.

The NHS Long Term Plan highlights the importance of NHS services complementing the action taken by local government to support the commissioning of sexual health services and exploring the future commissioning arrangements to widen access and create capacity where it is needed.

The Public Health England resource for commissioners highlighted the role community pharmacy can play supporting ongoing contraception. Appropriately trained and skilled community pharmacists can provide access to an ongoing supply of their oral contraception to relieve the burden on general practice and allow GPs to concentrate on more specialist services.

Supplies of oral contraception are made by a pharmacist via a Patient Group Direction (PGD). The aim of the Pharmacy Contraception Service (PCS) is to offer people greater choice and access when considering starting or continuing their current form of oral contraception.

Following the announcement of the new CPCF in April 2025, it has been announced that from October 2025, Emergency Hormonal Contraception is to be added to the Pharmacy Contraception Service (PCS). This in turn means that there will be no need from October 2025 for a Locally commissioned service for Emergency Hormonal Contraception as is currently the case.

Currently (April 2025) 40 pharmacies in Oldham are registered to provide this service. In the 3 months up to December 2024, there were 86 initiation consultations and 635 on-going supply consultations.

#### **6.1.5.6 Hypertension Case Finding Service**

The Hypertension case-finding service, which was commissioned as an advanced service from 1st October 2021. It is described, in public-facing communications, as the NHS Blood Pressure Checks Service.

The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a ‘clinic check’). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient’s GP to inform a potential diagnosis of hypertension.

Contractors opting to provide the service must undertake both stages of it, where clinically required, i.e. it is not possible to just undertake clinic BP readings and not ABPM.

Currently (April 2025) 12 pharmacies in Oldham are registered to provide this service. In the 3 months up to December 2024, there were 3342 Community Pharmacy Clinic Blood Pressure checks and 527 Community Pharmacy Ambulatory Blood Pressure Monitoring (ABPM) consultations.

#### **6.1.5.7 Access to New Medicine Service (NMS)**

The service provides support for people, often with long-term conditions, newly prescribed a medicine to help improve medicines adherence and patient outcomes.

The primary aim of the consultation (which can be face-to-face or telephone-based) is the patient-centred identification of any problems either with the treatment (including any adverse drug reactions) or otherwise in relation to the patient’s self-management of their long-term condition, and identification of any need of the patient for further information and support in relation to the treatment or the long-term condition. NMS is focused, from 1st September 2021, on the following conditions:

1. Asthma and COPD
2. Diabetes (Type 2)
3. Hypertension
4. Hypercholesterolaemia
5. Osteoporosis
6. Gout
7. Glaucoma
8. Epilepsy
9. Parkinson’s disease
10. Urinary incontinence/retention
11. Heart failure
12. Acute coronary syndromes
13. Atrial fibrillation
14. Long term risks of venous thromboembolism/embolism
15. Stroke / transient ischemic attack
16. Coronary heart disease

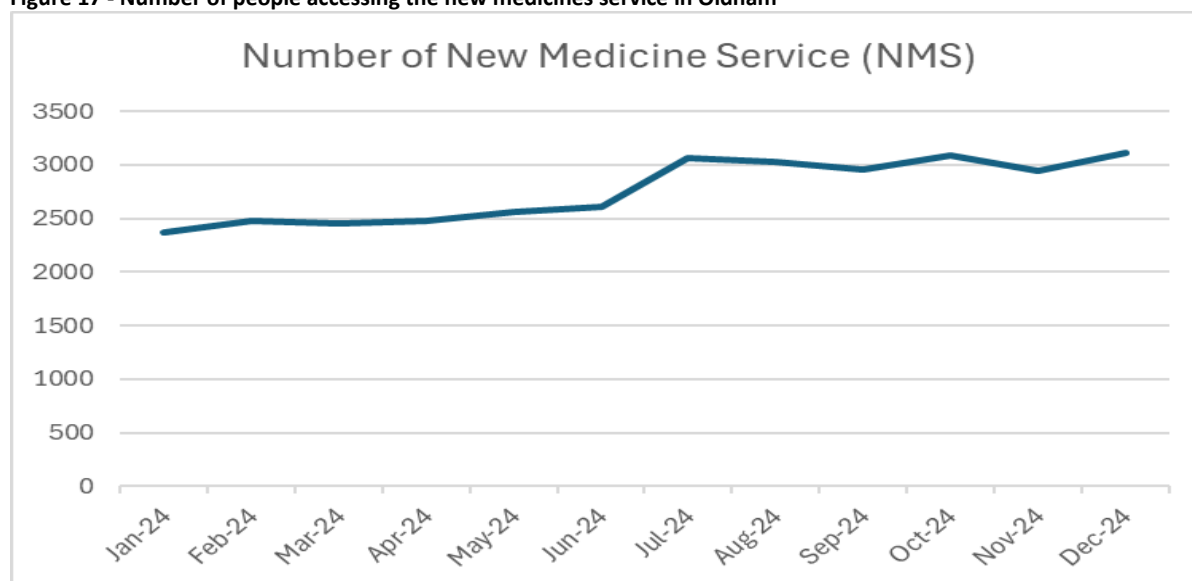
Following the announcement of the new CPCF in April 2025, a new condition of **Depression** is to be added to the NMS service from October 2025.



Currently (April 2025), all 60 Pharmacies in Oldham are registered to provide the Pharmacy New Medicines Service (NMS).

See Appendix Seven for those pharmacies that are providing NMS.

**Figure 17 - Number of people accessing the new medicines service in Oldham**



#### **6.1.5.8 Access to stoma appliance customisation**

Between January 2024 to December 2024, no pharmacies in the Oldham HWB area provided stoma customisations, however, a number will have been provided by dispensing appliance contractors outside the Oldham area. Information provided by NHS England shows that there are eight DACs in the Greater Manchester area in April 2025, they provide an average 9,667 stoma customisations per month to patients nationally and locally. Some patients will access this service from DACs outside GM.

#### **6.1.5.9 Access to Smoking Cessation Service (SCS)**

The Smoking Cessation Service (SCS) has been an advanced service from 10th March 2022. This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.

Currently (April 2025) 29 pharmacies in Oldham are registered to provide this service. In the 12 months from Jan 24 up to December 2024, 153 Smoking Cessation Service Consultations were provided.

### **6.1.6 Access to locally commissioned or enhanced services**

#### **6.1.6.1 Locally commissioned services by Oldham Council**

In April 2025 Oldham Council commission 3 services from community pharmacies.

Local Authorities commission public health or preventative services.

One service is directly commissioned:

- Emergency Hormonal Contraception

Following the announcement of the new CPCF in April 2025, it has been announced that from October 2025, Emergency Hormonal Contraception is to be added to the Advanced service - Pharmacy

Contraception Service (PCS). This in turn means that the locally commissioned service for EHC should not be required from the October 2025 start date.

Turning Point, a specialist care provider, have a devolved budget to commission addiction services. In Oldham these are:

- Needle Exchange
- Supervised Consumption Services

#### *6.1.6.2 Locally commissioned services by NHS GM ICB*

NHS GM ICB usually commission services related to a person's current disease state rather than for preventative care. In Oldham there is four such services.

- Palliative care service: which is split into two tiers.
  - Tier 1 is for pharmacies to hold stock of drugs which may be required by a palliative care patient at short notice
  - Tier 2 is for a fast-track palliative care delivery for access to the stock outside of the regular pharmacy hours
- Minor Ailment Service
- IP Pathfinder – Minor Illness
- COVID-19 antiviral medication supply for Non-Hospitalised Patients via Community Pharmacy and COVID-19 antiviral medication Delivery (Medicines supply following referral via NHS Mail)

## 6.2 Necessary services: current provision out-side the HWB's area

In making its assessment the HWB needs to take account of any services provided to its population, which may affect the need for pharmaceutical services in its area. This could include services provided across a border to the population of Oldham by pharmacy contractors outside their area, or by GP practices, or other health services providers including those that may be provided by NHS trust staff. Patients have a choice of where they access pharmaceutical services, which may be close to their GP practice, their home, their place of work or where they go for shopping, recreational or other reasons. Consequently, not all the prescriptions written for residents of Oldham were dispensed by the pharmacies within Oldham. The Oldham Council has borders with three Greater Manchester boroughs (Manchester, Rochdale, and Tameside) and with Derbyshire, Calderdale and Kirklees.

30 pharmacies are located within 1 mile of the Oldham HWB border. However, there are none located in Calderdale or Kirklees but the Pennine moors stretch along their borders (see Appendix Twelve), some may offer extended hours.

Prescribing data from shows that although most items (80%, see Table 11) prescribed by Oldham prescribers are dispensed in Oldham pharmacies a number are dispensed across England.

It is not possible to identify the number of Oldham residents who access enhanced services from pharmacies outside the HWB's area. This is due to the way that pharmacies are paid. However, residents of the HWB's area may access enhanced services from outside Oldham.

The same applies to locally commissioned services.

## 6.3 Other relevant services - current provision

Other relevant services are pharmaceutical services that are not necessary (see section 3.6 and section 8) but have secured improvement or better access to pharmaceutical services.

Other relevant services, for the purposes of this PNA, are defined as:

- Essential services provided by pharmacies outside of the standard core hours (known as supplementary hours) in line with their terms of service as set out in the 2013 regulations,
- Locally commissioned or enhanced services

### 6.3.1 Other relevant services within the HWB's area

Oldham Pharmacies also provide essential and advanced services where they have supplementary hours in place. The totality of these hours covers early morning, evenings, Saturday and Sunday. Opening hours are available on NHS Services. The range of opening times is discussed in section 6.1.3 and is shown in Appendix Eight and Maps 10 and 11. Locally commissioned services are also detailed in section 6.1.6.

### 6.3.2 Other relevant services provided outside the HWB's area

Whilst there are pharmacies outside of the HWB's area providing pharmaceutical services during hours that may be regarded as providing improvement or better access, it is a choice of individuals whether to access these as part of their normal lives. None are specifically commissioned to provide services to the population of Oldham HWB area.

### 6.3.3 Other relevant services

The HWB consider locally commissioned services as providing an improvement or better access to pharmaceutical services, where palliative care stockholding, Covid Medicines Delivery Unit, Minor Ailment service and Minor Eye Conditions Services are commissioned by NHS GM.

### 6.3.4 Choice regarding obtaining pharmaceutical services

80% of items prescribed by Oldham practices are dispensed within Oldham community Pharmacies. 20% of items that are dispensed by Oldham pharmacies are prescribed outside of the borough of Oldham. This may be due to people using location near work for example, or through use of distance selling pharmacies in other areas of England.

As expected, a proportion of these were prescribed in neighbouring HWB areas but not in significant numbers.

## 6.4 Future provision – necessary and other relevant services

### 6.4.1 Housing and development

The following information is provided to inform the Pharmaceutical Needs Assessment (PNA) in relation to pharmaceutical provision in Oldham. The statement provides information on expected future housing, transport and regeneration development, including that identified within the Places for Everyone (PfE) Plan, Creating a Better Place and our identified housing land supply up to 2028/29.

#### 6.4.1.1 *Places for Everyone*

Places for Everyone (PfE) is a joint plan for the nine boroughs of Greater Manchester (Bury, Bolton, Oldham, Manchester, Rochdale, Salford, Tameside, Trafford and Wigan). The Plan sets out how the plan area will develop in terms of homes, jobs, green spaces and infrastructure up to 2039.

PfE was adopted 21 March 2024 and now forms part of Oldham's development plan, alongside Oldham's existing Local Plan ([the Joint Core Strategy and Development Management DPD, 2011](#)).

Policy JP-D1: Infrastructure Implementation sets out measures to ensure the plan is supported by appropriate infrastructure. Policy JP-P6: Health sets out measures related specifically to health provision and requires, where appropriate, the provision of new or improved health facilities as part of new developments proportionate to the additional demand that they would generate.

PfE sets out a housing requirement for Oldham of 680 homes a year from 2022-2039 phased using a stepped requirement as follows:

- 2022 to 2025 – 404 homes a year
- 2025 to 2030 – 680 homes a year
- 2030 to 2039 – 772 homes a year

Across the plan period the total housing required in Oldham is 11,560 homes. PfE identifies land to accommodate around 13,311 homes within Oldham.

PfE identifies Strategic Allocations in Oldham for housing development - around 2,500 homes up to 2039. Approximately 27 of these homes are expected to be delivered between 2024/25 – 2028/29, with the remainder being delivered after 2028.

Three of the strategic allocations (Beal Valley, Broadbent Moss and Cowlshaw) are proposed within the area covered by Crompton, Shaw, Royton South and St James wards. Given the scale of proposed development in these wards it is important that appropriate infrastructure provision is provided to support the proposed growth and ensure that no additional strain is placed on existing infrastructure, minimising the impact on the existing communities.

The allocation policy for Broadbent Moss has identified that given the scale of development, a local centre should be provided. The local centre could include education, community and healthcare facilities.

#### *6.4.1.2 Oldham's 'Creating a Better Place' Framework*

Creating a Better Place is an ambitious plan that will unlock investment worth £285 million and create around 2,000 new homes in Oldham town centre, new jobs and business and apprenticeship opportunities.

Please note this number may change slightly following further refinement and masterplanning work, however the scale of housing proposed for Oldham town centre is significant and will dramatically increase the number of homes within the town centre. The exact mix of housing is unknown, however it is envisioned that this will include a significant proportion of apartments, with the potential for some supported living and accommodation suitable for older persons, as well as affordable housing.

It is important that the additional homes are supported by appropriate healthcare provision and as such further discussions may be required.

#### *6.4.1.3 Oldham's Housing Land Supply 2024-2028*

Oldham's Housing Land Supply is set out within the council's [Strategic Housing Land Availability Assessment \(SHLAA\)](#). The most recent SHLAA was published in January 2025 and represents the housing land supply position looking forward from April 2024.

The SHLAA is a technical document identifying land that might have potential for housing at some stage in the future, as required by the National Planning Policy. Whilst the SHLAA is an important evidence source, it does not in itself determine whether a site should be allocated for development. Allocation will take place through the Local Plan and any Neighbourhood Plan. Instead, the purpose of the assessment is to provide an assessment of land that could be suitable for housing and to demonstrate how we can meet our housing needs going forward.

The Housing Land Supply position as presented in the SHLAA for the period of 2024/25 -2028/29 shows that around 3,500 homes are anticipated to be delivered over the period (2024/25 – 2028/

29)<sup>35</sup>. Beyond this period, around 9,980 homes are anticipated to be delivered over the medium to long term<sup>36</sup>.

The SHLAA contains a number of supporting appendices, including a breakdown of the housing land supply by [ward](#).

The wards which have the highest supply of identified housing land anticipated to be delivered between 2024 - 2029 are Shaw and Medlock Vale. This includes several large housing sites which are currently under construction, such as:

- Shaw Distribution Centre, off Linney Lane - which will deliver around 330 homes during this period (and a further 70 homes beyond this).
- Cowlshaw Abbatoir, Shaw (part of PfE Allocation) - which will deliver 177 homes during this period (124 homes have already been completed on this site prior to April 2024).
- Land at Rosary Road/ Hill Farm Close, Fitton Hill, Medlock Vale – which will deliver around 330 homes during this period (and a further 34 homes beyond this).

Wards of Coldhurst, Chadderton South, Failsworth West, St Mary's and Saddleworth North also include several housing sites which are expected to deliver over 200 homes (in total) in each ward in the short term (up to 2029).

#### *Housing type/ tenure/ specialist needs*

In terms of housing mix (types of houses, size etc) in some cases the mix of housing is known, where the site is already under construction or has planning permission. This information can be provided if required. However, for some sites the mix of housing is unknown at this stage.

In terms of affordable housing, of the 3,500 homes anticipated to be delivered up to 2028/29, around 652 affordable homes will be delivered<sup>37</sup>, in addition to 540 'Truly Affordable', Social Homes<sup>38</sup>. These figures represent sites where the tenure of homes to be delivered is known, i.e. through planning permissions or on council sites for example. More affordable housing may also come forward in this period on sites where the tenure is not yet known, such as those without planning permission.

An update of the Local Housing Needs Assessment (2024) has identified that there are currently around 3,275 units of specialist older persons' accommodation comprising 2,115 specialist older accommodation units (C3 planning use class), 227 Extra Care (C2 use class), and 933 bedspaces residential care (C2 use class). It is estimated there is a need for 3,139 additional C3 dwelling units over the period 2022 to 2041 or 165 each year, a need for 955 C2 Extra Care units or 50 each year, and 775 C2 residential care bedspaces or 41 each year. A key conclusion is that there needs to be a broader housing offer for older people across the borough and the LHNA has provided evidence of scale and range of dwellings needed.

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<sup>35</sup> Including accounting for small scale clearance – it is anticipated around 25 homes will be lost and not replaced over the same period.

<sup>36</sup> Medium term = 2029 to 2034, Long term = 2034+

<sup>37</sup> In line with the definition of 'Affordable Housing' set out in National Planning Policy Framework Annex 2.

<sup>38</sup> 'Truly Affordable' is defined as properties with rents at Local Housing Allowances rate or lower (50-60% of market rents defined by Sections 68-71 of the Housing and Regeneration Act 2008).

#### 6.4.1.4 *Transport Development*

The [Oldham Transport Strategy and Delivery Plan](#) sets the strategic direction for travel and mobility within Oldham. It captures existing commitments and priorities for all our communities and identifies the requirements for transport in the future both for growth and in response to changing travel technologies.

#### 6.4.1.5 *Oldham Local Plan Review*

[A Local Plan Review](#) is currently underway to update the existing Local Plan (the Joint Core Strategy and Development Management DPD, 2011). The Local Plan Review will look to address issues including health and wellbeing where relevant to the Local Plan. As part of this there will be a need to understand the healthcare needs arising from the Local Plan as a whole.

A Draft Local Plan was consulted upon in January - February 2024. We are now working on the next stages of the Local Plan Review. If you wish to be kept informed of the preparation of the Local Plan please visit [https://www.oldham.gov.uk/info/200585/local\\_plan/1825/consultation](https://www.oldham.gov.uk/info/200585/local_plan/1825/consultation) or contact the Strategic Planning Team at [SPI.Consultations@oldham.gov.uk](mailto:SPI.Consultations@oldham.gov.uk).

#### 6.4.1.6 *Summary*

In summary, up to 2028/29 our Housing Land Supply identifies the expected delivery of around 3,500 homes. Over this period, the wards of Shaw and Medlock Vale have the highest anticipated level of development.

## 6.5 Other NHS services

The following NHS services are deemed, by the HWB, to affect the need for pharmaceutical services within its area:

- Hospital pharmacies – reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service.
- Personal administration of items by GPs – as above this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and/or practice nurses thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, to then return with the vaccine to the practice so that it may be administered.
- GP out-of-hours service.
- Any other NHS services identified in the area

### 6.5.1 Hospital pharmacies

Patients attending these, on either an inpatient or outpatient basis, may require prescriptions to be dispensed. There two hospital trusts in the HWB's area,

- Royal Oldham Hospital (part of NCA Foundation Trust), as with each of the NCA FT trust's hospital sites, offers outpatient dispensing of hospital prescriptions.
- Pennine Care NHS Foundation Trust, which provides adult mental health services at several sites in Oldham. Both trusts also provide a range of community-based services across Oldham.

Should services be moved out of the hospitals and into the primary care setting then it is likely that this would lead to more prescriptions needing to be dispensed by pharmacies in primary care. However, it is likely that pharmacies will be able to absorb additional dispensing arising from this, should it happen.

### 6.5.2 Personal administration of items by GPs

Under their medical contract with NHS England there will be occasion where a GP practices personally administers an item to a patient.

Generally, when a patient requires a medicine or appliance their GP will electronically transfer or give them a prescription which they take to their preferred pharmacy. In some instances, the GP supply the item against a prescription and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or a nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices, and sutures.

For these items the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered.

### 6.5.3 GP out of hours service

Beyond the normal working hours when practices are open, there is an out of hours service operated as an initial telephone consultation where the doctor may attend the patient's home or request the patient access one of the clinics. The clinics and travelling doctors have a stock of medicines and depending on the patient's requirement they may be given medicines from stock or a prescription issued for dispensing at a pharmacy. GPs offer an OOH service from GTD Healthcare.

Prescriptions from out of hours services can be dispensed by pharmacies with longer opening hours. These are Pharmacies open seven days a week or for longer hours six days per week are listed in section 6.1.3 (Table 15, 16 and 17). These pharmacies are geographically spread across the borough.

### 6.5.4 Independent prescribing

In 2023/24, NHS England commissioned a pathfinder programme to explore the use of Pharmacist Independent Prescribers in NHS-commissioned services delivered by community pharmacy. NHS Greater Manchester has a small number of community pharmacies participating in the pathfinder programme which commenced in Q4 of 2024/25. NHS GM is testing 3 clinical models – minor illness (prescribing for patients who have accessed Pharmacy First advanced service but needed a prescribing intervention), Respiratory (medicines optimisation for people with asthma and COPD) and Hypertension (initiating treatment for patients identified as hypertensive through the Hypertension Case-Finding advanced service and medicines optimisation for people on hypertensive medication). NHS England has commissioned a formal evaluation of the pathfinder programme which will be published and shared with stakeholders in 2025/26.

Due to the limited number of pharmacies involved in the pathfinder programme in GM (n=10), there is not anticipated to be any significant impact on provision of community pharmacy services in GM in 2024/25 or 2025/26, however, dependent upon the success of the programme, the outcomes of the evaluation, and future NHS England commissioning considerations, this model of service delivery may expand in the future, and potentially within the lifetime of this PNA, at which point a further assessment may be required.



## 7 Districts for the purpose of the PNA

### 7.1 Overview

This assessment has taken a ward level approach to support the integration of public health data with other sources of information. The 20 wards were then aggregated into five districts, as described in section 3.1.2. As each district has slightly differing health needs, they are considered separately for the purposes of the PNA. Current residential and future proposed residential areas have been assessed for access to a pharmacy. Access to a pharmacy is based on walking, public or private transport times from the nearest pharmacy and the most recent census data from 2021 showing the percentage of residents with no car or van availability in each ward.

**Table 18 - Car ownership by district and ward**

District	Ward	% with car or van availability	% no cars (Census 2021)	% no cars (Census 2011)
Central	Coldhurst	53%	47%	54%
Central	Alexandra	61%	39%	49%
Central	St Mary's	64%	36%	44%
South	Hollinwood	65%	35%	43%
East	Waterhead	66%	34%	39%
South	Medlock Vale	68%	32%	38%
West	Werneth	69%	31%	38%
South	Failsworth West	70%	30%	32%
West	Chadderton South	71%	29%	32%
East	St James'	71%	29%	32%
North	Shaw	73%	27%	27%
South	Failsworth East	74%	26%	27%
North	Royton South	76%	24%	26%
West	Chadderton Central	76%	24%	25%
West	Chadderton North	78%	22%	25%
North	Royton North	78%	22%	23%
North	Crompton	81%	19%	20%
East	Saddleworth West and Lees	81%	19%	19%
East	Saddleworth South	84%	16%	16%
East	Saddleworth North	89%	11%	11%

The percentage of Oldham residents (2021) with access to a car or van averages at 72%.

The Central District wards have the lowest average (59%) car ownership across the Borough. This is to be expected as they are closest to the town centre of Oldham, with the facilities and public transport access that this offers, so they may not require transport to travel for work, or shopping.

The East District wards have the highest average car ownership of 78%, with the highest level of 89% car ownership being in Saddleworth North Ward which is the most rural ward in Oldham and has the lowest population density (see Map 4). The East District has the greatest variation in car ownership as both Waterhead (66%) and St. James' (71%) wards are bordering with the Central District and have areas of higher deprivation.



## 7.2 West District profile

Oldham West District consists of four wards:

- Chadderton North Ward
- Chadderton Central Ward
- Chadderton South Ward
- Werneth Ward

West District summary as described in the JSNA<sup>39</sup>:

- West District has the second highest population in Oldham. The district population grew by 11% between 2011 and 2021. The ward of Werneth saw the greatest growth of any in the borough.
- Deprivation levels vary greatly within the district. Werneth is the most deprived area, followed by Chadderton Central. Although Chadderton South and Chadderton North show areas of high need, deprivation levels are lower overall.
- Chadderton North is the only area of West district where the median house price falls above the Oldham average. Large differences are seen within the district, with a £115,000 average price difference between a home in Chadderton North and Werneth.
- Unemployment rates are high in Chadderton Central and Werneth and fall below the Oldham average in Chadderton North and Chadderton South. West has the largest difference in rates between its wards of any district.
- Chadderton Central has the lowest median household income of any ward in Oldham.
- Pupils in West perform within the range of the Oldham averages for Key Stage 1 Phonics Screening and Key Stage 2 SATS, however the average Attainment 8 score at Key Stage 4 is above the Oldham average and the highest of any district.
- Rates of childhood obesity are high. Children in Year 6 have one of the highest rates of overweight or obesity in Oldham.
- West has the highest rate of smoking within Oldham and sees high rates of Diabetes, Depression and Obesity. Learning Disability rates are the highest across Oldham in West.
- West District has low levels of Child and Adolescent Mental Health referrals and contacts. This may be a reflection on access to and utilisation of services rather than a difference in prevalence of mental health conditions in the district. Adult Mental Health service use is in line with Oldham averages.
- West District has a low rate of both Children's Social Care activity and referrals. The district sees the lowest proportion of its referrals from Education and the highest proportion of its referrals from Police. Adult Social Care activity is relatively high, referrals are like the average for Oldham.
- There are more crimes per 1,000 residents in Chadderton South than any other ward in West District. Chadderton North has the lowest crime rate of the district, and one of the lowest of any Oldham ward.

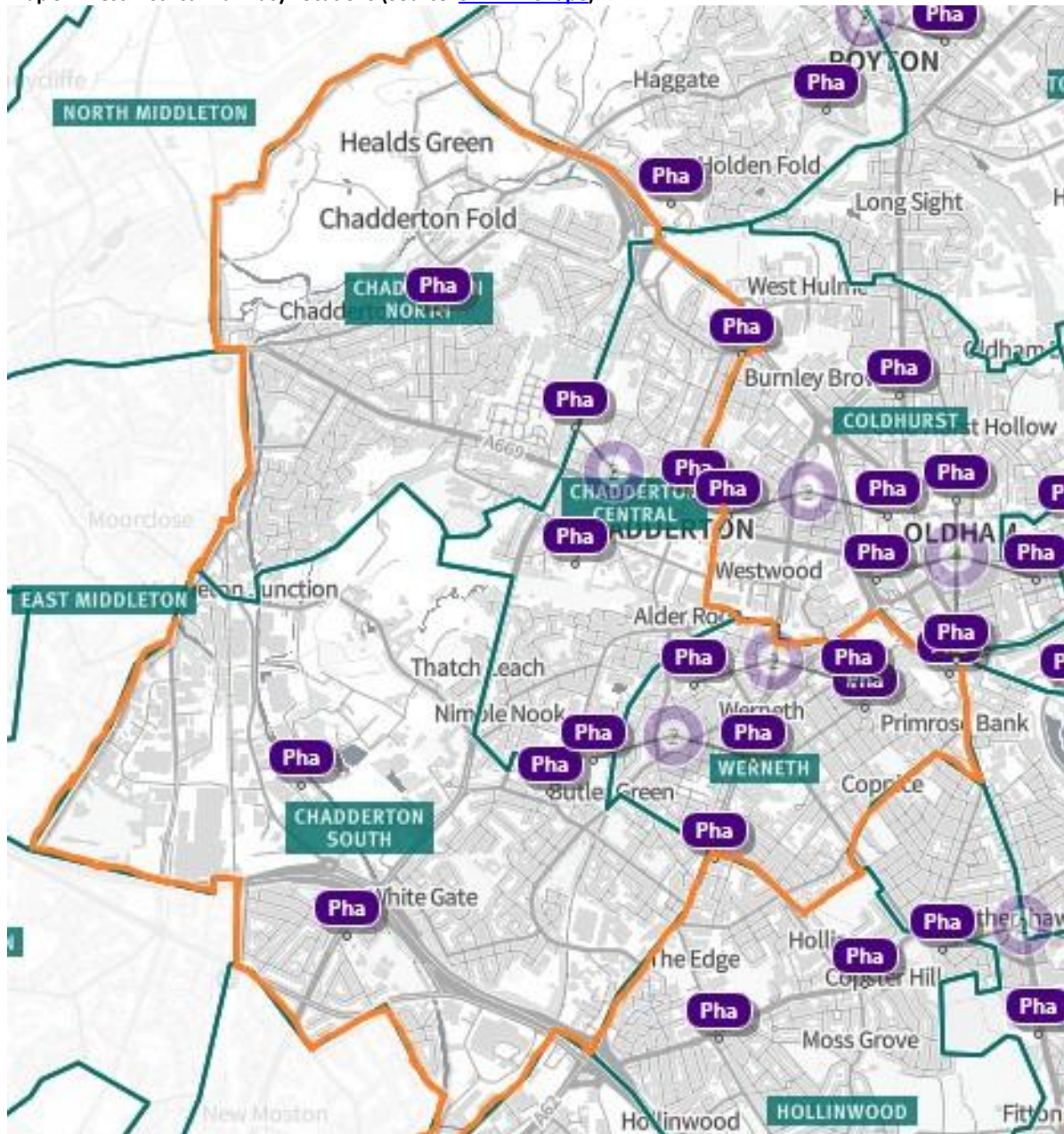
### 7.2.1 Access to a pharmacy in West District

Map 9 shows that there are multiple pharmacies located within all the wards within the West District. During Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this District.

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<sup>39</sup> <https://www.jsnaoldham.co.uk/cms-data/depot/places-depot/West-District-Profile-2023.pdf> accessed 28/03/2025

Map 9 - West District Pharmacy Locations (Source: [SHAPE - Shape](#))



### 7.2.2 Future housing development in West District

There are no residential sites of more than 200 properties proposed for future development in West district and a just a smaller development in Chadderton South. This area is well served by existing pharmacies and would not require any extra pharmaceutical service facilities within this PNA cycle.

## 7.3 South District profile

Oldham South District consists of four wards:

- Failsworth East Ward
- Hollinwood Ward
- Medlock Vale Ward
- Failsworth West Ward

South district summary as described in the JSNA<sup>40</sup>:

- South District's population increased by 10% between 2011 and 2021. It's population size, age structure and ethnic diversity most closely match the averages for Oldham of any district.
- Deprivation levels are relatively high across the district and vary between wards. Failsworth East and West's deprivation levels fall just below the Oldham average, whilst rates for Hollinwood and Medlock Vale are higher.
- Median house prices vary between areas of the district. A house in Failsworth East is most expensive, Failsworth West is similar to the Oldham average and Hollinwood and Medlock Vale are both lower.
- Fuel poverty is higher in Hollinwood and Medlock Vale than Oldham, GM and England averages. Rates in Failsworth are comparable to the Oldham average.
- Unemployment rates are similar to the Oldham average, however youth unemployment rates are highest across Oldham. Hollinwood and Medlock Vale have the two highest rates across Oldham.
- South District has the highest percentage of children in Reception classified as overweight or obese, however by Year 6 rates are similar to the Oldham average.
- Learning outcomes fall short of the Oldham averages at every Key Stage level. Pupils in Failsworth East and West perform better than those in Medlock Vale and Hollinwood. Rates of pupil absence are highest in South District. The rate of SEN Support need is highest in South.
- Rates Smoking, Adult Obesity, Depression, Diabetes and Learning Disability tend to be lower or similar to the borough averages in South District. However, rates still fall short of the England averages for all measures.
- Adult and Child Mental Health Referrals are second highest across Oldham. Mental Health Contacts for both groups rank third.
- South District has a high rate of both Children's Social Care activity and referrals. The district sees a higher than average proportion of its referrals from LA Services compared to other districts. Adult Social Care activity and referrals (age-standardised) are average for the borough.
- The crime rate in the district is second highest across Oldham. Hollinwood experiences the highest crime rate of all South District wards.

### 7.3.1 Access to a pharmacy in South District

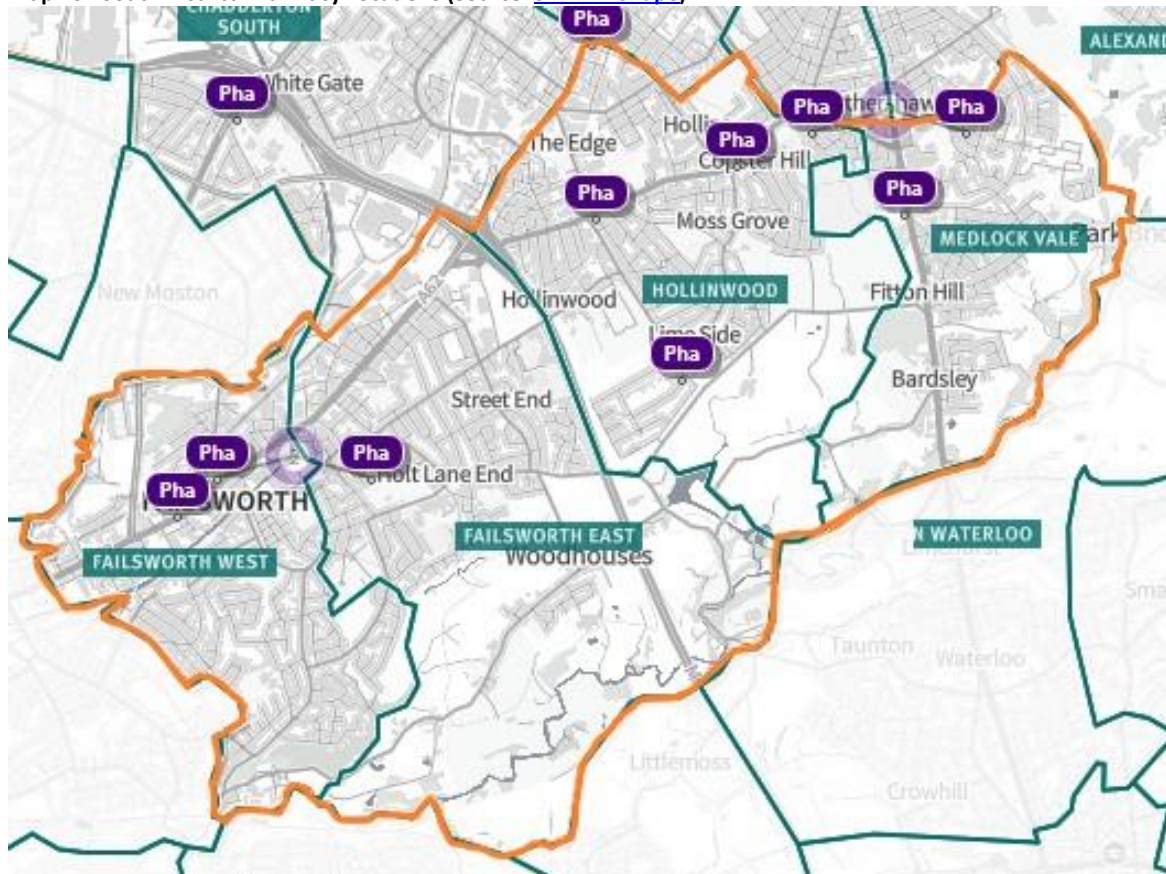
Map 10 shows that there are pharmacies located in all wards except Failsworth East in South District. During Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this District. Although there are no pharmacies located in Failsworth East Ward travelling distances to pharmacies located outside the ward boundary is within 20 minutes travel time, the population density is lower than elsewhere and the number of households with cars or vans is 74% (slightly higher than average).

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<sup>40</sup> <https://www.jsnaoldham.co.uk/cms-data/depot/places-depot/South-District-Profile-2023.pdf> accessed 28/03/2025



Map 10 - South District Pharmacy Locations (Source: [SHAPE - Shape](#))



### 7.3.2 Future housing development in South District

South District has allocated areas for proposed residential development in Medlock Vale (330 properties) and Failsworth East (small scale). These areas fall within the 20-minute public transport time to existing pharmacies so would not require any extra pharmacy premises to open as they are already well served within the district.

## 7.4 Central District profile

Oldham Central district consists of three wards:

- Alexandra Ward
- Coldhurst Ward
- St Mary's Ward

Central district summary as described in the JSNA<sup>41</sup>:

- Central District has the second smallest population in Oldham and the lowest number of wards of any district. The district population had the largest population growth between 2011 and 2021. The population is the youngest across the borough, with the highest proportion of residents under 18 and the lowest proportion of residents aged 65+.
- Central has the highest proportion of residents from a non-White British ethnic background.
- Deprivation levels are high across the district. The three wards that make up the district have the highest deprivation levels across Oldham.
- The median house price is lowest across Oldham and a substantially larger than average number of residents are living in fuel poverty.
- Socially rented homes make up a significantly larger than average percentage of homes and the proportion of owner-occupied homes is well below average.
- Unemployment rates are very high across the district, with rates significantly higher than Oldham average and more than double that of East and North Districts. The wards in Central have the lowest median incomes across the borough.
- Pupils in Central have the worst learning outcomes for all measures, from Early Years to Year 11.
- Rates of childhood obesity are concerning. Children in reception have rates of obesity similar to the borough average, however by Year 6 rates are highest across Oldham.
- Central has high rates of Smoking, Diabetes, Depression and Obesity.
- Central District has the highest rates of A&E attendances, non-elective and elective hospital spells.
- Adult Mental Health Referrals and Contacts are highest across Oldham. However, the district has the lowest levels for Children's Mental Health service use. It's important to note this doesn't necessarily reflect the prevalence within the population.
- Central District has the highest rate of both Children's Social Care activity and referrals. The district sees the highest proportion of its referrals from Education and the lowest proportion from individuals. Adult Social Care activity is highest across Oldham, referrals are significantly higher than the average for Oldham.
- The crime rate in the district is significantly higher than the Oldham average. This is likely in part due to its town centre location.

### 7.4.1 Access to a pharmacy in Central District

Map 11 shows that there is a dense coverage of pharmacies located within all wards in Central District. During Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this district.

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<sup>41</sup> <https://www.jsnaoldham.co.uk/cms-data/depot/places-depot/Central-District-Profile-2023.pdf> accessed 28/03/2025

Map 11 - Central District Pharmacy Locations (Source: [SHAPE - Shape](#))



#### 7.4.2 Future housing development in Central District

There are residential plans for small-scale properties in Coldhurst and StMary's within this PNA cycle. Oldham's 'Creating a Better Place' Framework also identifies the need for approximately 2000 properties within the town centre which will include a mix of housing, including a proportion of accommodation suitable for older persons. As the town centre of Oldham has the highest proportion of pharmacies, including extended hours and weekend opening, across the borough it is not envisioned that these extra properties will give rise to a need for further pharmacy premises or opening hours. However, it may be once these properties are built and have residents that any pharmaceutical services commissioned from pharmacies in the central district may need a stronger focus on the health needs of an older population.

## 7.5 North District profile

Oldham North district consists of four wards:

- Royton North Ward
- Royton South Ward
- Crompton Ward
- Shaw Ward

North district summary as described in the JSNA<sup>42</sup>:

- North District has the smallest population across Oldham. It is the only district within Oldham to see a decline in the number of residents between 2011 and 2021. The population is the oldest across the borough, with the lowest proportion of residents under 18 and the highest proportion of residents aged 65+.
- North has the lowest proportion of residents from a non-White British ethnic background.
- Deprivation levels are low across the district. No wards have a deprivation score higher than the Oldham average.
- The median house price is similar to the Oldham average in Royton South and Shaw and exceeds the Oldham average in Crompton and Royton North.
- Socially rented homes represent a smaller percentage of homes compared with the Oldham average and the proportion of owner-occupied homes is above average.
- Unemployment and Youth Unemployment rates are lowest across Oldham. All wards in North have a median household income higher than the Oldham average.
- Pupils in North have good learning outcomes, with rates above the Oldham average at all Key Stages, although only exceeding national rates in Key Stage 1. North sees the lowest percentage of school absences.
- Life Expectancy is higher than the Oldham average for both males and females.
- North has high rates of Smoking, Diabetes, Depression and Obesity and particularly high rates of Learning Disability.
- Adult Mental Health Referrals and Contacts are lowest across Oldham. However, the district has the highest levels for Children's Mental Health service use. It's important to note this doesn't necessarily reflect the prevalence within the population.
- North has the highest rate of 999 ambulance calls and the lowest percentage of calls falling into the most urgent need category.
- North District has the lowest rate of both Children's Social Care activity and referrals. The district sees the highest proportion of its referrals from Health. Adult Social Care activity and referrals (age-standardised) are relatively low.
- The crime rate in the district is second lowest across Oldham. Shaw experiences a much higher rate than other North District wards.

### 7.5.1 Access to a pharmacy in North District

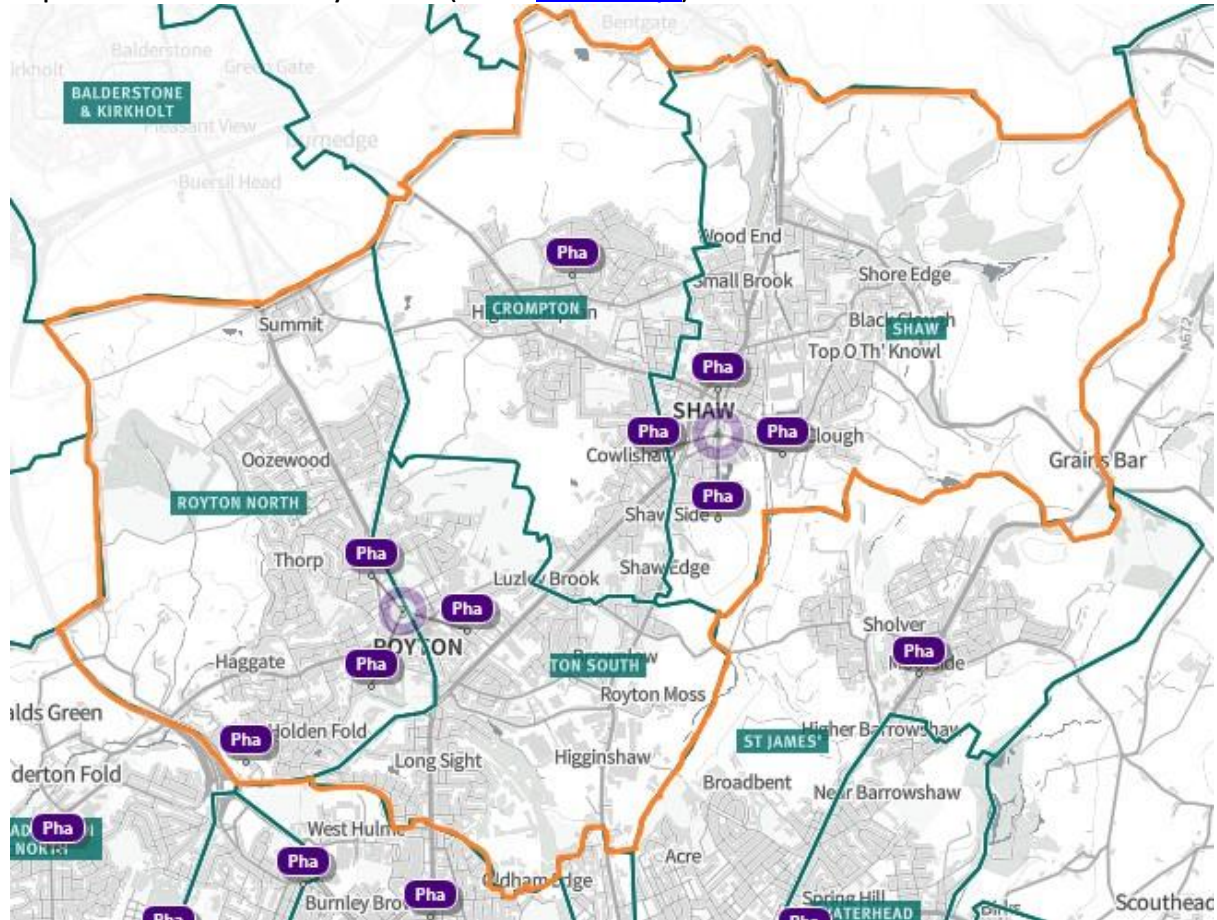
Map 12 show that there are pharmacies located within all wards in North District. During Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this District.

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<sup>42</sup> <https://www.jsnaoldham.co.uk/cms-data/depot/places-depot/North-District-Profile-2023.pdf> accessed 28/03/2025



Map 12 - North District Pharmacy Locations (Source: [SHAPE - Shape](#))



### 7.5.2 Future housing development in North District

There is allocation of land for residential housing in Shaw delivering around 500 homes up to 2029, a proportion of these may fall outside of the PNA cycle. These proposed building locations are within a 20-minute travel time of an existing pharmacy and this area is well served by existing pharmacies and would not require any extra pharmaceutical service facilities within this PNA cycle.



## 7.6 East District profile

Oldham East District consists of five wards:

- Saddleworth North Ward
- Saddleworth South Ward
- Saddleworth West and Lees Ward
- St James' Ward
- Waterhead Ward

East district summary as described in the JSNA<sup>43</sup>:

- East District has the largest population across Oldham and the highest number of wards of any district. The district experienced one of the smallest population growths between 2011 and 2021. The district has an older than average population.
- East has the second lowest proportion of residents from a non-White British ethnic background.
- Deprivation levels are mixed across the district. Saddleworth North, Saddleworth South and Saddleworth West & Lees have low levels of deprivation, whereas St. James' and Waterhead have higher levels than the Oldham average.
- The median house price is also a mixed picture, with houses in Saddleworth North and South costing well above the national average and the remaining three wards averaging below that amount.
- Socially rented homes represent a smaller percentage of homes compared with the Oldham average and the proportion of owner-occupied homes is above average.
- Unemployment and Youth Unemployment rates are second lowest across Oldham. The Saddleworth wards have the three highest median household incomes across Oldham, rates for St. James' and Waterhead just fall short of the Oldham average.
- Pupils in East have good learning outcomes, with the highest district rates across all Key Stages with the exception of Key Stage 4, where performance falls below Oldham, North West and England averages.
- Life Expectancy is higher than the Oldham average for both males and females.
- Rates of childhood obesity are lowest across Oldham.
- Adult Mental Health Referrals and Contacts are low compared to Oldham. The district has a relatively high level of Children's Mental Health service use. It's important to note this doesn't necessarily reflect the prevalence within the population.
- East has the lowest rate of 999 ambulance calls. Hospital activity levels are lower than average.
- East District has an average rate of both Children's Social Care activity and referrals. The district sees the highest proportion of its referrals from LA Services. Adult Social Care activity and referrals (age-standardised) are lowest across Oldham.
- The crime rate in the district is lowest across Oldham. St. James' and Waterhead experience a much higher rate than other North District wards.

### 7.6.1 Access to a pharmacy in East District

Map 13 shows that there are pharmacies located in each ward in East district, correlating to the more densely populated areas. During Monday to Friday and on Saturday there is satisfactory provision of pharmaceutical services across this District within the populated areas. The provision of pharmaceutical services is satisfactory for this District. Most of this population have access to transport (car or van ownership average 78%) and travel to access a range of services, not just pharmaceutical services.

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<sup>43</sup> <https://www.jsnaoldham.co.uk/cms-data/depot/places-depot/East-District-Profile-2023.pdf> accessed 28/03/2025

### 7.6.2 Future housing development in East District

There is allocation of land for residential housing in St James' ward but will complete outside the cycle of this PNA. This area is well served by existing pharmacies and would not require any extra pharmaceutical service facilities within this PNA cycle.

## 8 How pharmaceutical services can help support a healthier population

Pharmacies are well used by the public, employ clinically trained health care professionals and are freely accessible for the local population, some of whom may not access other health care services. As a minimum they must provide the essential services listed below, plus can then provide advanced and locally commissioned services to their customers. This gives commissioners scope for directing them to provide services for specific populations or health conditions and targeting the health needs which will most improve the population within the Borough.

### 8.1 Essential Services (ES)

The essential services within the most recent CPCF are listed below. These services must be offered by all pharmacy contractors during all opening hours of the pharmacy.

**1. Dispensing of medicines**

Pharmacies are required to maintain a record of all medicines dispensed, and also keep records of any interventions made which they judge to be significant.<sup>44</sup>

**2. Dispensing of appliances**

Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIII A listed) medicine “with reasonable promptness”, for appliances the obligation to dispense arises only if the pharmacist supplies such products “in the normal course of business”.<sup>45</sup>

**3. Repeat dispensing and eRD**

Under the repeat dispensing service pharmacy teams will: dispense repeat dispensing prescriptions issued by a general practice, ensure that each repeat supply is required and seek to ascertain that there is no reason why the patient should be referred back to their general practice.<sup>46</sup>

**4. Healthy Living Pharmacies**

The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.<sup>47</sup>

**5. Disposal of unwanted medicines**

Community pharmacy owners are obliged to accept back unwanted medicines from patients.

**6. Signposting**

NHS England will provide pharmacies with lists of sources of care and support in the area. Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of help.<sup>48</sup>

**7. Support for self-care**

Pharmacies will help manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from

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<sup>44</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/dispensing-of-medicines/> accessed 17/03/2025

<sup>45</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/dispensing-of-appliances/> accessed 17/03/2025

<sup>46</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/repeat-dispensing/> accessed 17/03/2025

<sup>47</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/healthy-living-pharmacies/> accessed 17/03/2025

<sup>48</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/signposting/> accessed 17/03/2025

NHS 111. Records will be kept where the pharmacist considers it relevant to the care of the patient.<sup>49</sup>

#### **8. Public health (promotion of healthy lifestyles)**

Each financial year (1st April to 31st March), pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHS England.

In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.<sup>50</sup>

#### **9. Discharge medicines Service (DMS).**

From 15th February 2021, NHS Trusts were able to refer patients who would benefit from extra guidance around prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHS England's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.<sup>51</sup>

Results from the GM standardised public survey for the Oldham population show that with respect to pharmacy essential services 44% of respondents had used repeat dispensing in the last 3 months and 72% of respondents had collected regular prescription medication in the last 3 months.

## **8.2 Advanced Services**

There are currently nine advanced services (Appendix Seven) within the most recent NHS CPCF. Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.

Current advanced services:

#### **1. Appliance Use Review (AUR)**

AURs should improve the patient's knowledge and use of any 'specified appliance' by: establishing the way the patient uses the appliance and the patient's experience of such use, identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient, advising the patient on the safe and appropriate storage of the appliance and advising the patient on the safe and proper disposal of the appliances that are used or unwanted.<sup>52</sup>

#### **2. Pharmacy First Service (PFS)**

The Advanced service involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions.<sup>53</sup>

#### **3. Flu Vaccination Service**

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015.

Each year from the autumn through to March, the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus.<sup>54</sup>

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<sup>49</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/support-for-self-care/> accessed 17/03/2025

<sup>50</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/public-health/> accessed 17/03/2025

<sup>51</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/discharge-medicines-service/> accessed 17/03/2025

<sup>52</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/aur/> accessed 17/03/2025

<sup>53</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/> accessed 17/03/2025

<sup>54</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/flu-vaccination-service/> accessed 17/03/2025

The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

**4. Pharmacy Contraception Service (PCS)**

The PCS commenced on 24th April 2023, allowing the on-going supply of oral contraception (OC) from community pharmacies. From 1st December 2023, the service expanded to include both initiation and on-going supply of OC.<sup>55</sup>

**5. Lateral Flow Device Service (LFD)**

The LFD service was introduced to provide eligible patients with access to LFD tests.<sup>56</sup>

**6. Hypertension Case Finding Service**

Identify people aged 40 years or older, or at the discretion of pharmacy staff, people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management.

At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements. These requests can be in relation to people either with or without a diagnosis of hypertension.

Provide another opportunity to promote healthy behaviours to patients.<sup>57</sup>

**7. New Medicine Service (NMS)**

The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions.<sup>58</sup>

**8. Stoma Appliance Customisation (SAC)**

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.<sup>59</sup>

**9. Smoking Cessation Service (SCS)**

This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.<sup>60</sup>

Results from the GM standardised public survey for the Oldham population show that with respect to Pharmacy Advanced Services, 56% of respondents had used the NHS urgent medicine supply within the last 12 months or were planning to use the service in the future, 33% of respondents had used the NHS Pharmacy First Service within the last 12 months or were planning to use the service in the future, 56% of respondents had used the NHS Hypertension Service within the last 12 months or were planning to use the service in the future, 28% of respondents had used the NHS New Medicines Service within the last 12 months or were planning to use the service in the future, 44% of respondents had used the NHS Flu vaccination Service within the last 12 months or were planning to

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<sup>55</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-contraception-service/> accessed 17/03/2025

<sup>56</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/lfd-service/> accessed 17/03/2025

<sup>57</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/hypertension-case-finding-service/> accessed 17/03/2025

<sup>58</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/nms/> accessed 17/03/2025

<sup>59</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/sac/> accessed 17/03/2025

<sup>60</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/smoking-cessation-service/> accessed 17/03/2025



use the service in the future, 33% of respondents had used the NHS Contraception service within the last 3 months or were planning to use the service in the future and finally 6% of respondents had used the NHS Smoking Cessation/stop smoking Service within the last 12 months or were planning to use the service in the future.

### 8.3 Locally commissioned services (LCS)

These services are commissioned to meet an identified need in the local population. Pharmacies may choose whether to provide a service or not. Depending on the service agreement used these services may or may not be accessible during all the pharmacies opening hours.

#### 8.3.1 NHS GM ICB services

##### Minor Ailment Service

Provides advice and support to people registered with an Oldham GP on the management of minor ailments, including where necessary, the supply of medicines for the treatment of the minor ailment, for those people who would have otherwise gone to their GP or other healthcare provider for a prescription.

##### Minor Eye Conditions Service (MECS)

The aims of the service are to improve access and choice for people with minor eye conditions who are seeking advice and treatment via the community optometry minor eye conditions service by:

- supplying appropriate medicines at NHS expense; and
- to improve health-inequalities for low-income families and equal access to medicines for self-care of minor eye conditions.

The pharmacy (or pharmacist/suitably trained pharmacy staff) will dispense medication directly to a patient who presents with a signed order on the agreed form written by an Ophthalmic Optometrist. This service is not provided by any pharmacy in the Oldham HWB area. However, it is available in Bury, Rochdale, Stockport and Tameside and it is possible Oldham residents may access this service via Pharmacies in these HWB areas.

##### Palliative Care and Anti-viral Stockholding Service

Stock holding of items which are required for patient use at short notice. However, the drugs may not be used very frequently and so may go out of date before used. Hence, not all pharmacies are needed to maintain stock, so a few that have longer opening hours and/or are strategically placed around the borough are contracted to deliver this service.

##### Independent Prescribing (IP) Pathfinder – Minor Illness

NHS England and integrated care boards (ICBs) have developed the Community Pharmacy Independent Prescribing Pathfinder Programme to enable a community pharmacist prescriber to support primary care clinical services. This presents a unique opportunity for community pharmacy to integrate with current pathways and play an increasing role in delivering clinical services in primary care.

GM ICB, working with Community Pharmacy Greater Manchester, and NHS bodies and local authorities in Greater Manchester, have decided that the scope of the IP pathfinder sites in Greater Manchester will be focussed on Minor illness.

## COVID-19 antiviral medication supply for Non-Hospitalised Patients via Community Pharmacy and COVID-19 antiviral medication Delivery (Medicines supply following referral via NHS Mail)

The purpose of the service is to provide a Covid-19 therapeutics service focussed on oral antiviral medication (nirmatrelvir plus ritonavir (Paxlovid) and molnupiravir (Lagevrio)), for non-hospitalised adult patients as per GM CMDU pathway based on NICE guidance. In September 2022, NHS England wrote to Chief Medical Officers from all Integrated Care Boards to ask them to plan for sustainable community access to COVID-19 treatments for individuals at highest risk of hospitalisation, to ensure ongoing local service provision and to support transition to more sustainable services over the longer term. As part of this service, if a patient is unable to send a representative to collect the medication, the pharmacist must arrange prompt delivery of the antiviral medication for which they will be paid a fee.<sup>ii</sup>

### 8.3.2 Oldham Council locally commissioned services

#### Emergency Hormonal Contraception (EHC)

EHC is used in reducing unplanned or unwanted pregnancies. The drug levonorgestrel is used for EHC, which is supplied under a Patient Group Direction (PGD) to women who meet the criteria for inclusion of the PGD and service specification. The drug can also be prescribed using an FP10 prescription. It may also be bought as an over-the-counter medication from pharmacies; however, this service is of value to those unable or unwilling to access a prescription or who are not able to purchase the medication.

Following the announcement of the new CPCF in April 2025, it has been announced that from October 2025, Emergency Hormonal Contraception is to be added to the Pharmacy Contraception Service (PCS). This in turn means that the locally commissioned service for EHC should not be required from the October 2025 start date.

#### Substance Misuse (commissioning budget delegated to Turning Point)

A needle exchange and supervised consumption of methadone/buprenorphine service are sub-contracted by the commissioned provider Turning Point.

- **Needle and syringe exchange services (NEX)** are an integral part of the harm reduction strategy for drug users which aims to:
  - Reduce the spread of blood borne pathogens e.g. Hepatitis B, Hepatitis C, HIV
  - Be a referral point for service users to other health and social care services

There is evidence to support the effectiveness of needle exchange services with long term health benefits to drug users and the whole population. Needle Exchange service may be an access point for reaching and delivering other services to people who are injecting drug users but are not in contact with any other health service (e.g. Hepatitis C testing service).

- **Supervised consumption** involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy. It is a medicines adherence service which aims to:
  - Reduce the risk of harm to the client by over or under usage of drug treatment.
  - Reduce the risk of harm to the local community by the inappropriate use of prescribed medicines via the illicit drug market.
  - Reduce the risk of harm to the community by accidental exposure to these prescribed medicines.

There is compelling evidence to support the effectiveness of supervised administration with long term health benefits to drug users and the whole population.

Results from the GM standardised public survey for the Oldham population show that with respect to Pharmacy Locally commissioned Services, 17% of respondents had used the Emergency Hormonal Contraception Service within the last 3 months or were planning to use the service in the future, 39% of respondents had used the Minor Ailments service within the last 12 months or were planning to use the service in the future and 17% of respondents had used the Palliative Care Service within the last 12 months or were planning to use the service in the future.



## 9 Gaps in current provision of pharmaceutical services

Necessary services, for the purposes of this PNA, are defined as:

- those essential services provided by pharmacies and DACs in line with their terms and contracted hours of service as set out in the 2013 regulations, and
- advanced services commissioned at the time of publication of the PNA that meet the requirements of the Oldham population need.

There are 60 such pharmacies providing pharmaceutical services in Oldham. The spread of opening times including the core hours are provided in Appendix Six and Eight, which is supported by maps as detailed in appendix 10.

### 9.1 Gap Analysis Criteria

An assessment of whether there is a gap in pharmaceutical provision has been assessed using these criteria:

- All parts of the population should have general access to a physical community Pharmacy.
- Industrial and trading estates are not residential areas so will not form part of the gap analysis.
- Pharmacies located outside the borders of Oldham within a one-mile buffer zone, will be recorded and can qualify as providers of access, if Oldham providers do not suffice in certain areas.
- In rural areas (Oldham has 1 LSOA described as rural<sup>61</sup>) the population should be within 20 minutes' driving time or within a 5 miles radius of at least one of the above providers. If neither criterion is met, then this should be given further consideration as a possible gap.
- In all other wards in Oldham, which are classed as urban areas, the population should be within 20 minutes' walking time (estimated at 1 mile) or 20 minutes' public transport time of a provider. If neither criterion is met, then this should be given further consideration as a possible gap.
- All pharmacies should open their minimum core hours each week.
- Weekend coverage by standard pharmacies (commonly about four hours on a Saturday morning) will be noted, but assessment of access to pharmacies will not be made utilising this, as it is difficult for NHSCB to effect changes in existing contracts for weekend opening hours.
- Areas of low car ownership in villages (where 15% or more of households are without cars) should be identified and examined for acceptable public transport access on weekdays (within 20 minutes' travel time). Public transport access in rural areas (mainly bus) should be commented on, although it should not form a criterion.
- The prospective needs of new build areas should be identified and considered where growth of 200 or more dwellings is planned in the period of the PNA.
- The projection of gaps in general access for new build areas in each locality should, as far as possible, apply the criterion of 20 minutes' drivetime in rural areas and the criterion of 20 minutes' public transport time in urban areas in the attempt to project the emergence of gaps in pharmaceutical services.

### 9.2 Gap Analysis – Location and times of opening

The HWB considered to the following, drawn from data discussed in this PNA and the mapped provision of and access to pharmacies:

- All five districts have pharmacies within their border (see appendix 10 for maps)

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<sup>61</sup> ONS [https://geoportal.statistics.gov.uk/datasets/9dbf7613cbb147b8bb8627ddb3568cff\\_0/explore](https://geoportal.statistics.gov.uk/datasets/9dbf7613cbb147b8bb8627ddb3568cff_0/explore)

- 80% of items dispensed in Oldham Pharmacies were for people registered with an Oldham GP practice (Table 13), indicating that the population do not need to travel outside of the borough to access pharmacy dispensing services.
- The number of pharmacies available per 100,000 population is 24 in Oldham (Table 14). This is higher than both GM (21) and England (18) averages. Based on historical pharmacy use this would indicate that the current number of pharmacies are sufficient for the current population.
- Also, with 7,919 average items per month dispensed in Oldham pharmacies (Table 14) being lower than GM and England figures, this also indicates that the current number of pharmacies can cope with demand for prescription dispensing.
- Map 4 showing the population density and the relative location of pharmacy premises shows more pharmacies are in the most highly populated wards.
- Map 5 (showing the Index of Multiple Deprivation) shows that the areas of high population density also have higher rates of deprivation, and therefore as with the previous statement, the pharmacies are in these areas.
- Maps 7 & 8 illustrate that most of the residents of the HWB are within a 20-minute walk (approximately 1 mile) and/or a 20-minute public transport ride. In the small areas where this is not true there is a sparse population and car ownership is high.
- Considering the number, distribution and opening times of pharmacies within each of the five districts (section 7), there is sufficient pharmaceutical provision within each of the districts. Section 6.1.3 also describes the satisfactory spread and range of opening times available for pharmaceutical services in Oldham.

### 9.3 Gap Analysis - Current service provision

- 78% of respondents to the public survey (appendix 3) said they were either satisfied or very satisfied with the overall pharmacy service provided by their local pharmacy.
- 94% of respondents to the public survey had not had any difficulty in accessing a pharmacy of their choice
- 67% of responders said the opening hours of pharmacies in Oldham do not cause a problem
- 72% were satisfied or very satisfied with the opening hours of the pharmacy they used (Appendix 3).
- Overall results of the patient survey (Appendix 3).

### 9.4 Gap Analysis - Future Provision

- Sections 6.4 and 7 detail the proposed housing developments in Oldham and detail any impact within the 3 year PNA cycle. Many proposed developments within this cycle propose less than the 200 properties, as outlined in the gap analysis criteria. Proposed larger developments will complete outside of the PNA cycle or fall within a 1 mile radius or 20 minute public transport time of a current Oldham Pharmacy. Hence it is concluded that there is no immediate requirement for new pharmacy sites to be established.

### 9.5 Gap analysis - Conclusion

Considering the information outlined in this PNA, the HWB considers the location, number, distribution and choice of pharmacies covering each of the five districts and the whole Oldham HWB area providing essential and advanced services during the standard core hours to meet the needs of the current population.

Future provision of pharmaceutical services beyond 2028 will be reviewed during the next iteration of the Oldham HWB PNA.

## 10 Improvements and better access: gaps in provision of pharmaceutical services

The HWB considers it is those services and times provided in addition to those considered necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision.

The HWB recognises that any addition of pharmaceutical services by location, provider, hours or services may be regarded by some as pertinent to this consideration. However, the HWB consider the duty to be one of proportionate consideration overall.

### **Location and Opening Hours**

The location of premises and choice of provider is not as extensive beyond the standard 40 core hours as described under the previous consideration of what is necessary. However, in each district, there are pharmacies open beyond what may be regarded as normal hours, in that they provide pharmaceutical services during supplementary hours in the evening, on Saturday and Sunday, except for South district which has no provision on a Sunday.

From the information available, the HWB consider the location, number, distribution and choice of pharmacies covering each of the five districts who are providing essential and advanced services during the evening, on Saturday and Sunday, provides an improvement over standard contracted hours and better access which meets the requirements of the population.

The patient survey responses mentioned pharmacies not opening late enough in the evening or on the weekend, outside of regular 'office hours', yet some respondents were unaware of the location of pharmacies in Oldham Borough which had extended opening hours. Public awareness campaigns of local services and opening times could help improve this. The HWB therefore concludes there is no significant information to indicate there is a gap in the current provision of pharmacy opening times.

### **Future Gaps for access to pharmaceutical services**

The plans for residential and commercial buildings in Oldham identify several smaller developments that will not impact the PNA and larger developments that will complete outside the cycle of the PNA, it is concluded there is no requirement to open a new pharmacy in these areas. Where larger developments have been identified that will complete or part complete within the PNA cycle, there is no requirement for additional pharmacies due to existing provisions and acceptable travel times in these areas.

Locally commissioned services commissioned by the local authority or ICB, are regarded as pharmaceutical services for the purpose of this PNA.

The HWB consider these to provide both an improvement and better access to such services for the residents of Oldham HWB area where such health needs have been identified and verified at a local level.

At the time of writing this PNA, the HWB has not identified, either itself or through consultation, any requirement to provide services already commissioned or to commence the provision of enhanced pharmaceutical services not currently commissioned.

Considering the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering each of the five districts and the Oldham HWB area providing enhanced services or locally commissioned services to provide an improvement and better access for population. The HWB has not received any significant information to conclude otherwise currently or of any local future specified circumstance that would alter that conclusion.

## 11 Conclusions (for the purpose of Schedule 1 to the 2013 Regulations)

### 11.1 Current provision – necessary and other relevant services

As described in sections 6.1, 6.2 and 6.3 and required by paragraphs one and three of schedule 1 to the Regulations, Oldham HWB has had regard to the pharmaceutical services referred to in this PNA in seeking to identify those that are necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

Oldham HWB has determined that while not all provision was necessary to meet the need for pharmaceutical services, the majority of the current provision was likely to be necessary as described in section 9 with that identified in section 10 as providing improvement or better access without the need to differentiate in any further detail.

### 11.2 Necessary services – gaps in provision

As described in section 9 and required by paragraph two of schedule 1 to the Regulations, Oldham HWB has had regard to the following in seeking to identify whether there are any gaps in necessary services in the area of the HWB.

To assess the provision of essential services against the needs of our population we consider access (travelling times and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.

#### Access to essential services during normal working hours

Oldham HWB has determined that the travel times as identified in section 6.1.1 to access essential services are reasonable in all the circumstances.

**Based on the information available at the time of developing this PNA, no current gaps in the need for provision of essential services during normal working hours have been identified.**

#### Access to essential services outside normal working hours

In Oldham there is good access to essential services outside normal working hours in all five districts and across the HWB area. This is due to the supplementary opening hours offered by most pharmacies. It is not expected that any of the current pharmacies will reduce the number of core opening hours and NHSCB foresees no reason to agree a reduction of core opening hours for any service provider except on an ad hoc basis to cover extenuating circumstances.

**Based on the information available at the time of developing this PNA, no current gaps in the provision of essential services outside normal working hours have been identified.**

#### Access to advanced and enhanced services

Insofar as only NHSCB may commission these services, section 3.5 of this PNA identifies access to enhanced and advanced services.

**Based on the information available at the time of developing this PNA, no current gaps in the provision of advanced and enhanced services have been identified.**

### 11.3 Future provision of necessary services

Oldham HWB has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided to meet a need for pharmaceutical services.

**Based on the information available at the time of developing this PNA, no gaps in the need for pharmaceutical services in specified future circumstances have been identified.**

## 11.4 Improvements and better access – gaps in provision

As described in section 10 and required by paragraph 4 of schedule 1 to the 2013 Regulations, Oldham HWB has had regard to the following in seeking to identify whether there are any gaps in other relevant services within the five districts and the area of the HWB.

### Access to essential services – present and future circumstances

Oldham HWB considered the conclusion in respect of current provision as set out at 11.1 above and the information in respect of essential services as it had done at 11.2. While it was not possible to determine which current provision of essential service by location or standard hours provided improvement or better access, the HWB was satisfied that some current provision did so.

Oldham HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential services.

**Based on the information available at the time of developing this PNA, no gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services.**

### Current and future access to advanced services

**Based on the information available at the time of developing this PNA, no gaps have been identified in the need for advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services.**

### Current and future access to enhanced services

NHSCB commissions two enhanced services (MAS and MECS) from pharmacies. It also commissions services from other non-pharmacy providers, principally GP practices.

**Based on the information available at the time of developing this PNA, no gaps in respect of securing improvements, or better access, to enhanced services either now or in specified future circumstances have been identified.**

## 11.5 Other NHS Services

As required by paragraph five of schedule 1 to the 2013 Regulations, Oldham HWB has had regard to section nine considering any other NHS services that may affect the determination in respect of pharmaceutical services in the area of the HWB. This includes locally commissioned services, see section 3.5.2

**Based on the information available at the time of developing this PNA, no gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.**

## 11.6 How the assessment was carried out

As required by paragraph 6 of schedule 1 to the 2013 Regulations:

In respect of how the HWB considered whether to determine districts in its area for the purpose of this PNA, see section 3 and section 7 and appendix 10.

In respect of how the HWB considered the different needs in its area, including those who share a protected characteristic, see sections 4.5.

In respect of the consultation undertaken by the HWB, see Appendix Thirteen.

## 11.7 Map of provision

As required by paragraph seven of schedule 1 to the 2013 Regulations, the HWB has published a map of premises providing pharmaceutical services in Map 3 (Section 4.1). Additional maps are also provided throughout and as listed in Appendix Ten.

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<https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>

i

ii <https://greatermanchester.communitypharmacy.org.uk/wp-content/uploads/sites/118/2024/09/C19-Oral-Therapeutics-Dispensing-Service-Specification-180724.pdf>

Dear Cllr Davis,

Thank you for your correspondence of 7 October to the Secretary of State for Health and Social Care about medicine supply issues. I have been asked to reply.

I was sorry to read of the difficulties the residents of Oldham have been facing whilst trying to source their vital medications.

The Department appreciates how frustrating and distressing this can be for patients and it is working closely with industry, the NHS, manufacturers and other partners in the supply chain to resolve issues as quickly as possible to make sure patients can access the medicines they need.

Medicine supply chains are complex, global and highly regulated and there are a number of reasons why supply can be disrupted, many of which are not specific to the UK and outside of Government control. This includes manufacturing difficulties, access to raw materials, sudden demand spikes or distribution issues and regulatory issues. There are around 14,000 licensed medicines and the overwhelming majority are in good supply.

While supply issues cannot always be prevented from occurring, the Government has a range of well-established processes and tools to manage them when they arise and mitigate risks to patients.

These include close and regular engagement with suppliers, use of alternative strengths or forms of a medicine to allow patients to remain on the same product, expediting regulatory procedures, sourcing unlicensed imports from abroad, adding products to the restricted exports and hoarding list, use of Serious Shortage Protocols (SSPs), and issuing NHS communications to provide management advice and information on the issue to healthcare professionals including pharmacists, so they can advise and support their patients. Further information can be found through the supply guide at

[www.england.nhs.uk/long-read/a-guide-to-the-systems-and-processes-for-managing-medicines-supply-issues-in-england/](http://www.england.nhs.uk/long-read/a-guide-to-the-systems-and-processes-for-managing-medicines-supply-issues-in-england/)

I would like to reassure you that the resilience of UK supply chains is a key priority, and the Department and NHS England are committed to helping to build long term supply chain resilience for medicines. The Department is continually learning and seeking to improve the way it works to both manage and help prevent supply issues and avoid shortages.

In early August, the policy paper, *“Managing a robust and resilience supply of medicines”*, was published. This provides transparency of the supply chains that are relied on, the actions taken to protect patients from medicines shortages when they occur, and the steps that are being taken to enhance resilience in supply chains. The publication outlines a number of actions, including:

- consulting on better reporting of supply issues;
- consulting on pharmacist flexibilities to allow pharmacists to supply an alternative if they do not have the exact prescribed item available, under certain circumstances;
- publishing information guides for patients, community pharmacies and general practices about what to do when faced with supply issues; and
- providing shortage information at the point of prescribing in general practice.



The publication can be viewed at <https://www.gov.uk/government/publications/managing-a-robust-and-resilient-supply-of-medicines/managing-a-robust-and-resilient-supply-of-medicines>.

The Department will continue to work closely with the respective manufacturers to resolve any medicine issues as soon as possible and to ensure patients have continuous access to medicines in the UK.

Of any resident in Oldham is concerned about their treatment, they should discuss this with their clinician at the earliest opportunity.

I hope this reply is helpful.

Yours sincerely,

Correspondence Officer

**Ministerial Correspondence and Public Enquiries**

**Department of Health and Social Care**



# ANNUAL REPORT

1<sup>st</sup> APRIL 2024 - 31<sup>st</sup> MARCH 2025



This report is a public document.

It can be accessed on the website of Oldham Safeguarding Children Partnership:

<https://www.olscb.org/about/publications/>

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## Foreword

Welcome to the Oldham Safeguarding Children Partnership 2024-25 annual report, which will provide a detailed overview of the activity that has taken place during the past 12 months. The Oldham partnership have enacted their multi-agency safeguarding arrangements by adopting a consistent and committed approach to the safeguarding agenda. The report demonstrates the collective responsibility of partners in our endeavour to better safeguard children and young people in Oldham and promote their welfare.

The report highlights the commitment the partnership has towards improving safeguarding practices and measuring how this impacts upon our local children, young people and families. The report reflects how the vision and values of the Safeguarding Partnership have been woven into the activity of partners and their connections to operational practices through subgroups, audit cycles and training. The report further outlines how the partnership has learnt from serious incidents, practice reviews and how national learning has been embedded.

The partnership have worked to strengthen the role of education partners in our leadership and governance model, which has enabled a full system view of safeguarding activities and potential themes and trends.

This year's annual report will outline the work which has been done to achieve the safeguarding priorities which were set out at the start of the year, and will conclude with the Oldham safeguarding priorities for 2025-2026.

# About Oldham Safeguarding Children Partnership

## Oldham Safeguarding Children Partnership (OSCP)

OSCP is a statutory, multi-agency organisation partnership coordinated by the partnership business unit. OSCP is structured to provide strong collaboration, scrutiny and assurance, and to drive and enable co-ordination of safeguarding activity. We are pleased that you are taking the time to read this report, which outlines continuing progress in the multi-agency work to protect and safeguard children and young people at risk in Oldham. The main objective of OSCP is to gain assurance that local safeguarding arrangements, comprised of partner agencies and organisations working together effectively and individually to support and safeguard children who are at risk or abuse and or neglect.

### What you will find in the report and its purpose.

This annual report is a collaborative publication from our statutory safeguarding partners, providing an analysis of the partnership's activities during 2024–2025. It outlines the actions taken by safeguarding partners and relevant agencies in relation to safeguarding arrangements, and evaluates the effectiveness of these measures in practice

Our report this year is written against these priorities:

#### Key Priorities April 2024 – July 2024

- 1 Neglect
- 2 Complex and Contextual Safeguarding
- 3 Transitions
- 4 Domestic Abuse
- 5 Child Mental Health and the Impact of Trauma

#### Key Priorities July 2024 – April 2025

- 1 Neglect
- 2 Serious Youth Violence
- 3 Multi-agency practice
- 4 Responding to need at the right time

## Reflections from our Statutory Partners

Oldham district of Greater Manchester Police has gone through a period of change in the last 12 months with a number of moves within the Senior Leadership Team. I was posted here permanently as the district commander in February of 2024 and I would expect that Oldham should start to see some stability from police leadership. On arrival I set three priorities for Oldham District Policing, the number one priority is child protection.

As a district we have our own internal child protection plan to ensure that we get our policing response right - That we respond to incidents quickly, that we arrest perpetrators and that investigations are allocated to the right resource and progressed as quickly as possible with successful outcomes. We have started to see improvements but now is not the time for complacency and I will continue to drive the policing response in this area.

Force wide, Greater Manchester Police continue to strive to improve in all areas and recognise child protection is a priority. Work is ongoing force wide to identify best practice and achieve consistency of response to child protection across the force, to ensure that no child GM wide is left with a substandard service.

The support and joint agency working within the Oldham Safeguarding Partnership is strong and this, along GMP's commitment to continual improvement, will make Oldham a safer place to live, work and visit.

The leadership within Oldham District remains focused on continuing to build and develop the excellent partnership we have already established. We are working hard, together, to embed the changes outlined in working together but also to embed learning from case reviews throughout our organisations. We recognise that we need to make the learning relevant to the target audience and ensure that it lands with our front line to embed the learning and result in real change.

We have made clear our commitment to provide well defined objectives and ensure that we put the right measures in place across the partnership to be able to demonstrate real change and tangible outcomes.

We continue to investigate a number of serious and complex crimes within the district and through the partnership. We are determined to seek justice and safeguard all victims of crime.

As a police force we cannot achieve the outcomes that we need without partnership working, hence it will remain a priority for me to build on these relationships and ensure that we are working as a true partnership. The introduction of 'Right Care, Right Person' in September 2024, will result in some changes but is something we have been planning for some time and Oldham will be ready to deliver.

We are looking forward to a new era for the OSCP with the new working together arrangements which should bring greater scrutiny, challenge, and performance".

**Estelle Mathieson, Chief Superintendent, District Commander, Oldham**





Being a Strategic Partner in the Oldham Safeguarding Children's Partnership has been a valuable opportunity to strengthen our collective ability to protect and support children and young people across Oldham. Over the past year, the partnership has demonstrated both resilience and agility in responding to increasing levels of complexity in education and safeguarding, particularly where children's needs cut across organisational boundaries. Through close collaboration, we have deepened our shared understanding of the risks faced by children in our communities, strengthened early identification and intervention, and ensured education settings are fully engaged in the safeguarding system. This has included contributing to the development of the revised Continuum of Need, embedding learning from local reviews into school practice, and aligning education's safeguarding priorities with the partnership's strategic goals. The commitment of partners to work together with openness and purpose has been central to delivering better outcomes for children, young people, and families, and we will continue to build on this strong foundation in the year ahead.

**Matthew Bulmer, Director of Education, Early Years and Skills, Oldham**



The Oldham Safeguarding Children's Partnership, through the three Lead Safeguarding Partners and oversight and challenge from the Independent Scrutineer, has ensured an effective multi-agency response to safeguarding children and young people and supporting families in Oldham. 2024/25 has been a busy year in Children's Services. We had an Ofsted ILACS inspection in May 2024 which judged Children's Services to be 'Good' in all areas. Demand continues to be impacted by social deprivation faced in our communities, requiring specialist and targeted support. We have maintained a relentless focus on continuously improving our response to complex and contextual safeguarding, domestic abuse, children's mental health, neglect, child protection, and being good corporate parents to the children in our care and care leavers.

OSCP has worked at pace to implement action plans from the learning from local reviews into practice improvement through the Learning Hub sub-group and strengthened performance management through the Performance sub-group. We continue to deliver a comprehensive training offer aligned with our key priorities and have revised and re-launched the Oldham Partnership Continuum of Need. We've expanded the scope and impact of early help through the Family Hubs and Integrated Children and Families service to provide better place based earlier support to children and young people and their families, as a result, early intervention and prevention support has helped reduce referrals to statutory safeguarding services by 23.8%. 2025/26 is an exciting year as we launch the Families First Partnership Programme to transform services in line with national reform, through the co-design of family help, multi-agency child protection teams and family networks, underpinned by co-production principles.

**Julie Daniels - Executive Director of Children & Young People (DCS)**



NHS GM have continued to fulfil their role as a joint statutory partner of the Oldham Safeguarding Children's Board, and have demonstrated commitment to the safeguarding agenda. The role of the Chair of the partnership over the past 12 months has been met by Health, with representation from multiple strands of health services being achieved at the Safeguarding Children's Partnerships, and associated subgroup meetings. This has ensured that both commissioning and statutory safeguarding responsibilities have been fulfilled and discharged.

The GM footprint has a multitude of hospitals which provide physical and mental health services to the babies, children and young people of Oldham, all of whom play a vital role in the safeguarding agenda. There is a strong focus on learning and improvement across the OSCP which is echoed across the health platform.

The GM Chief Nurse continues to hold the statutory accountability for safeguarding across the GM ICB footprint. Statutory safeguarding responsibilities are delegated to the Associate Director of Quality and Safety in each of the GM localities and delivery of the statutory functions are undertaken by the locality Designated Teams.

Across the health services we are reliant on our partnership working to ensure that we continue to keep safeguarding at the heart of practice. This approach ensures learning from local and national child death and safeguarding reviews has influenced and strengthened practice.

**Andrea Edmondson - Associate Director Quality & Safety (Oldham)**  
**NHS Greater Manchester**



# North West Regional Improvement Plan Pilot

Oldham Safeguarding Children Partnership have engaged in the NW RIPP over the last 12 months. Partners have embraced the support and opportunities to access workshops and training to enhance and strengthen partnership working and effectively evaluate progress.

Emma Ford, Programme Director for The North West Multi Agency Learning and Support Hub acknowledged the commitment from OSCP. The response below outlines the involvement of partners.

*The **North West Regional Improvement Plan Pilot (NW RIPP)** is a collaborative initiative between the Department for Education and regional partners, designed to strengthen children's social care across the North West. The pilot focuses on testing innovative, locally led strategies to address systemic challenges across four priority areas: **Partnerships, Workforce, Sufficiency, and Social Work Innovation and Reform.***

*As part of the **Partnerships workstream**, and in response to high levels of deprivation, increasing demand, and pressures on safeguarding systems, a **regional strategic safeguarding conference** was convened. At this event, safeguarding leaders—including Delegated and Lead Safeguarding Partners—committed to a shared regional approach through the development of a **Memorandum of Understanding (MoU)**. This MoU, co-produced with all 24 multi-agency safeguarding partnerships across the region, sets out a unified vision and principles for effective multi-agency collaboration. It also underpins the establishment of a **region-wide Safeguarding Learning and Support Hub**.*

*Oldham MASA has fully embraced and actively engaged with the **Partnership Workstream**. Statutory partners have shown strong and consistent participation in a broad range of regional development opportunities, including:*

- **Training on Effective Assurance and Scrutiny**
- **Participation in the North West Independent Scrutineer Network**
- **Reviewing and refreshing the Voice of Education approach within the MASA**
- **Engagement in sessions focused on Evidencing Impact in MASA**
- **Involvement in training on Effective Participation and Co-production**
- **Strategic leadership in the development of the NW Child Sexual Abuse strategy**

*Additionally, Oldham partners have accessed **bespoke one-to-one support** and contributed to wider regional learning by sharing effective local practice. This active involvement reflects a strong culture of **multi-agency ownership, collaboration, and learning** within Oldham's safeguarding partnership. A **tailored support plan for 2025–2026** will be agreed. The outcomes and impact of this enhanced support will be reflected in **next year's annual report**.*

**Next steps:** The North West Multi–Agency Safeguarding Learning and Support Hub will serve as a dedicated regional resource, designed to strengthen and support local Multi-Agency Safeguarding Partnership Arrangements (MASAs).

OSCP have consulted and agreed that the partnership will benefit from the following bespoke package of support during 2025 – 2026:

## **Data Development and Quality Assurance**

### **Consultation/ Advice and Support**

- Regular meetings to review and strengthen existing datasets. Support in developing bespoke thematic datasets focussed on local priority areas.
- Review and strengthen existing QA frameworks, specifically focussing on evidencing the impact of partnership activity. Capacity from the Hub to share best practice approaches based upon evidence of “what works” across the system.

### **Dedicated development session for LA Business Intelligence Leads (August 2025)**

- Targeted sessions as required.

### **Data Labs**

- Bespoke data lab sessions to review and strengthen single agency contributions.
- Identifying relevant data indicators, and develop local capacity to interpret, analyse and scrutinise.
- Access to sessions focussed on developing datasets in respect of Child Sexual Abuse, Neglect, Domestic Abuse, Extra Familial Harm and Child and Parental Mental Health.

### **Sub Regional and Regional Safeguarding Effectiveness Reporting**

- Access comparative data from across the North West and a high-level safeguarding effectiveness analysis report to understand what is working well, how we can learn from each other and to identify opportunities for collaboration.

### **Anticipated impact**

- Improved understanding of safeguarding effectiveness and performance of the OSCP to understand local safeguarding effectiveness, and to target activity to understand local need and priorities.
- Priorities for the partnership will be evidence- based and proportionate with improved understanding of “what works” across MASA systems to enhance effectiveness, insights, performance, scrutiny and assurance.
- Have a robust safeguarding effectiveness and quality assurance framework.
- Improved shared understanding of local issues that affect children and their families

### **Workforce development**

#### **North West Independent Scrutineer (IS)**

- IS membership to the North West Scrutineer network which will meet quarterly.

#### **Practical Resources/ Tools and Guidance documents**

- Have access to resources on the dedicated website. The website will host a repository of resources, tools and guidance documents to support local safeguarding effectiveness analysis.

#### **Targeted Briefing Sessions**

- Support with focussing on demonstrating impact with bespoke session to be developed focussing on embedding learning from practice reviews.

#### **CPD offer for Delegated Safeguarding Partners**

- Access to DSP induction training sessions to cover responsibility, overview of the partnership, role of the business manager and independent scrutineer and the importance of strategic relationships

#### **Child Sexual Abuse- Targeted Support Offer**

- Access to a North West Tackling Sexual Abuse Strategy that will be developed in partnership with the Centre of Expertise on Child Sexual Abuse. A range of resources will be available to OSCP.

#### **Participation, Engagement and Co-Production including strengthening the role of Education in the MASA**

- Support with embedding the voice and experience of babies, children and families within MASA's. All activity will be underpinned by Lundy's Model of Participation, is trauma-informed, and grounded in rights-based, relational practice.

•

#### **Strategic Voice and Influence of Education Lead**

- Support to embed further education as a strategic partner. Training will be offered around implementation in practice with regards to educational voice within MASA's, response to school attendance, exclusions and part time education, where families need support or safeguarding is a concern.

#### **Increasing the effectiveness of how MASAS understand and respond to Equity, Equality, Diversity, Inclusion and Belonging (EEDIB)**

## OUR VISION

**“For everyone to work together to ensure that all children and young people are safe and feel safe within their homes, schools and communities.”**

## OUR STRATEGIC AIMS

- 1** Excellent practice is the norm across all practitioners in Oldham.
- 2** Partner agencies hold one another to account effectively and escalate where necessary.
- 3** Children get the right help, at the right time by the right people at the earliest opportunity.
- 4** A culture of learning and workforce development is embedded across the children's workforce
- 5** Information is shared effectively to promote the safeguarding of children.
- 6** The public feel confident that children are safeguarded and protected



# The Local Context.

Oldham forms one of the ten local authority areas that comprise the Greater Manchester conurbation. Oldham will continue to work closely and collaboratively with its counterparts on both a regional and sub-regional basis. Oldham will actively participate in the initiatives of the Greater Manchester Combined Authority, particularly with respect to the Greater Manchester Safeguarding Partnership.

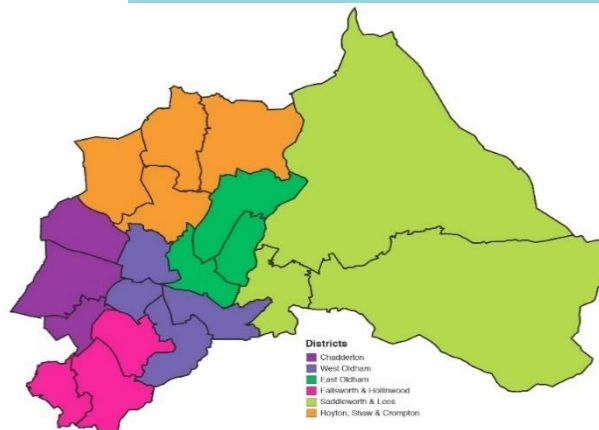
Understanding the context of life in Oldham for children, young people and their families is a fundamental point for the safeguarding partners.

**82,393 Children and Young People**

**Aged 0-25 live in Oldham.**

There are 62,995 children and young people aged 0-17 (25.6% of Oldham's population). Numbers of children and young people are projected to fall by 5% over the next decade.

**Oldham has a population of 246,130 people making it the 6th largest borough in Greater Manchester.**



**Almost two-fifths (46.3%) of children under 16 in Oldham live in poverty. Making Oldham 2<sup>nd</sup> only to Manchester in Greater Manchester.**

**Oldham has a diverse population with 32% of residents from Black, Asian and Minority ethnic groups (BAME).**

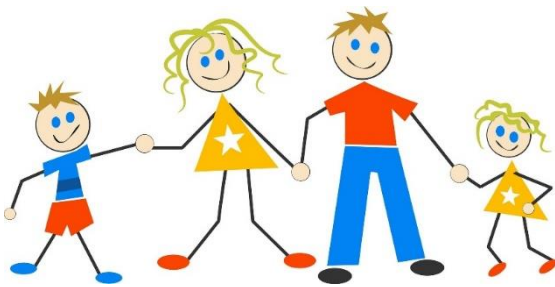
# Profile of Safeguarding in Oldham

Contacts to MASH

24,233

Contacts converted to Referrals

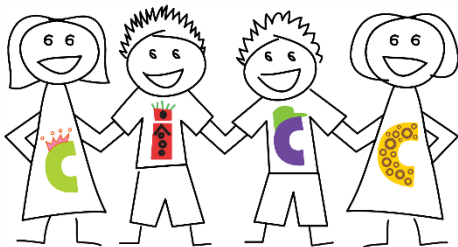
4,222



2,953 referrals made to Targeted Early Help



2059 S47 enquiries initiated



589 children looked after as of March 2025



433 children on child protection plans as of March 2025



460 children electively home educated in the spring term of 2024/25



## Partnership working

Oldham Safeguarding Children Partners work together to promote a child-centred approach to safeguarding, listening to children, empowering families and, where needed, providing services that are professional, evidenced-based, and effective. The partners continuously strive to improve and challenge each other to learn the lessons from daily practice.

OSCP continue to improve how we collaborate, scrutinise, assure and drive the coordination of safeguarding activity. Working Together 23, highlights that strong, joined up leadership and clear accountability is critical to effective multi agency safeguarding, bringing together the various organisations and agencies.

### Lead Statutory Partners (LSP's)

The Lead Statutory Partners lead and drive the changes that the government have set out. The Lead Safeguarding Partners for Oldham's Safeguarding Arrangements are the Chief Executive of Oldham Council, Chief Nurse NHS Greater Manchester Integrated Care Partnership, and the Chief Constable of Greater Manchester Police.

The LSPs speak with authority, take decisions and have strategic oversight of policy, resourcing and practice matters. They jointly take responsibility for the involvement and oversight of all relevant agencies and have commitment to review working methods, building on strengths and holding agencies to account. Oldham LSP's signed and shared commitment to a North West Memorandum of Understanding that will enable Oldham and North West Partnerships to embed a strong, joined up leadership approach and clear accountability to drive effective multiagency safeguarding, bringing together various organisations and agencies from April 2025.

### Delegated Safeguarding Partner (DSP'S)

Each Lead safeguarding Partner have appointed a delegated safeguarding partner. The lead safeguarding partners have opted to delegate their functions to Senior Officers: Executive Director Children and Young People (DCS), Oldham Council, Associate Director Quality, Safety & Safeguarding – Greater Manchester Integrated Care Board (Oldham) and Oldham Divisional Commander, Greater Manchester Police.

During the past year, all relevant safeguarding agencies have continued to demonstrate a clear and tangible investment in wanting to improve responses to children and young people in Oldham.

### Executive and Partnership Decision Making

Strategic Safeguarding executive meetings have taken place bimonthly throughout the year. There was consistent attendance from strategic partners and relevant agencies, including education and early years. The meetings focus on the rapid and decisive partnership action required to safeguard children and young people in Oldham who are at risk of harm or abuse. The meetings also include partner agencies providing evidence regarding the effectiveness of their safeguarding arrangements, allowing the attendees to challenge, scrutinise and seek assurance around their work.

### Business unit

The Business Unit undertake the management and support function of the partnership. Long standing members of the unit have ensured the partnership arrangements have remained consistent and effective. On the whole, the Business Unit staffing has been stable over the past 12 months, allowing the team to grow in their skills and confidence to support the partnership and drive improvements. The recruitment of a new Education Advisor in November has strengthened links and relationships with education settings with future plans in place to develop further. The Business Unit continues to plan and move forward with joint strategic working arrangements, making best use of some of the working practices which is now business as usual.

# Key activities and decision making

During 2024 and 2025, OSCP had a number of principal groups who met on a regular basis throughout the year:

- Safeguarding Children Strategic Partnership.
- Statutory Partners Meeting.
- Safeguarding Review and Learning Hub Subgroup.
- Rapid Review panel
- Neglect subgroup
- Complex and Contextual Safeguarding Subgroup
- Performance Subgroup
- Task and finish groups

## Safeguarding Children Strategic Partnership.

The Strategic Partnership in Oldham are responsible for setting the strategic aims and priorities for the Oldham safeguarding Children Partnership, agreeing, and monitoring the partnership budget to deliver on those aims and priorities, monitoring the performance of the partnership, holding partners to account and providing scrutiny and challenge.

## Statutory Partners Meeting.

During this year, Education became the 4th member of the statutory partners meetings. Strong, joined-up leadership and clear accountability for the partnership is critical to effective multiagency safeguarding, bringing together various organisations and agencies. The DSP and LSP of each statutory safeguarding partner agency plays an active role in these arrangements.

## Safeguarding Review and Learning Hub Subgroup.

The performance and learning hub monitor the impact and outcomes of partner activity on behalf of the OSCP. The hub defines what good looks like in line with Working Together 23.

## Key achievements 2024-2025

### The Learning hub:

- **Facilitated the effective management of Child Safeguarding Reviews.** There is oversight and challenge of all recommendations and actions from, National Reviews, Rapid Reviews and commissioned LCSPRs.
- **Supported and developed priority areas taking forward actions for multi-agency assurance.** It reviewed the output for these as part of the action planning process to ensure priority areas are moving forward making a difference to children and young people.
- **Responsible for the consideration of serious incidents and/or child deaths** which have occurred as a result of abuse or neglect, as per Working Together 2023 guidance.
- **Supported the development and drive the partnership training plan**, influenced by strategic priorities and learning from reviews.
- **Led on the learning and improvement activity of the Partnership.** This included undertaking multi-agency case evaluations, monitoring partner agency compliance with Section 11 responsibilities, collating and providing analysis of partnership performance data.
- **Oversight of audit frameworks, multi-agency and single agency.**

## Rapid Review Panel

This is an agreed subset of the safeguarding and Learning review group which meet as and when required to respond to rapid review referrals. The panel follow the Practice Review Guidance 2018.

OSCP undertake Rapid Reviews within 15 working days of notification to National Panel. If OSCP are unable to initiate the Rapid Review within the timeframe, National Panel are informed at the earliest opportunity with a reasonable explanation. This group act as the co-ordination group for any local and national safeguarding practice reviews. Oldham's rapid review process is part of a Greater Manchester initiative (led by Salford as an early adopter) to ensure a consistency of approach across the GM safeguarding partnerships.

## Performance Subgroup:

- **Deliver a QA performance framework** (inc. overseeing Audits) and scorecard that is focused on improving outcomes for children.
- **Develop and implement appropriate thresholds, policies and procedures** that are focused on improving outcomes for children and families.
- **Lead on continuous improvement for the Partnership, seeking data, intelligence, and audit findings** to evaluate the effectiveness of safeguarding services for children and young people in Oldham.
- **Analyses multi-agency safeguarding performance data and the findings from case reviews to inform the Partnership of relevant trends** in safeguarding performance, risks to the attainment of the Partners' business priorities and emergent safeguarding needs that require a response from the Partnership.
- **Instruct and conduct audits informed by the Partnership priorities, data intelligence and the findings from case reviews (local and national)**
- **Identify areas of improvement** and request at least one 'deep dive' in addition to 'dip dives.'
- **Review single agency audit reports and performance reviews and challenge their conclusions** where merited and identify any significant issues that need to be monitored and/or raised to the Strategic Partnership or Statutory Partners Meeting.
- **Identify whether practice has changed as a result of completed action plans**, using performance data or re-auditing where required.

## Task and Finish groups

The purpose is to lead on time limited, task specific pieces of work as directed by subgroups and/or Strategic Partnership

## Safeguarding Accountability Meetings

These quarterly meetings are to provide safeguarding assurance to the Chief Executive of Oldham Local Authority and Councillors.

## School Network Designated Safeguarding Leads

Held termly with Designated Safeguarding Leads to ensure communication and discussion with schools/colleges is effective and safeguarding arrangements are effective.

## Policy subgroup

Oldham Safeguarding Partnership continue to adopt Greater Manchester policies and procedures. This group is now a virtual group. The role of the local policy and procedures group is to support the maintenance and review of OSCP and Greater Manchester safeguarding policy and procedures. The aim is to review the effectiveness of policies and procedure as directed by Child Safeguarding Practice Reviews and learning and improvement activity and make recommendations for modifications as required. The policy sub-group are led by guidance on information sharing, with all subgroups being mindful of the implications of information sharing, current practice, and standards and how improvement can be attained.

Conference July 2024

Strategic Priorities 2024–2027: Oldham Safeguarding Children Partnership

In July 24, Oldham Safeguarding Children Partnership came together to review and agree the strategic priorities for the next three years. The 2024 -2027 strategic plan outlines our key objectives, strategic aims, principles and focus areas. As a partnership, it was agreed that following activity, learning and themes identified from serious safeguarding incidents both locally and nationally and through direct work with children and families and what matters most to them, the priorities would change. The previous priorities remaining important to the Partnership.

This refreshed plan reflects the Partnership’s commitment to continuous learning and improvement. Drawing on insights from serious safeguarding incidents—both locally and nationally—as well as direct engagement with children, families, and frontline practitioners, we have realigned our priorities to better reflect what matters most to those we serve.

While the previous priorities remain important and continue to underpin our work, the updated strategic direction ensures we are responsive to emerging themes, lived experiences, and the evolving safeguarding landscape.

Feedback from the ILAC OFSTED inspection in May 2024 identified emerging gaps and areas of significant improvements with regards to partnership working and recognised the progress in the existing priority areas. This also influenced the decision to review and update Oldham Safeguarding Children Partnership Priorities for 2024 – 2027.

<div>SAFEGUARDING LOCAL PRIORITIES</div> <div>July 2024 – 2027</div>	<div>LOCAL LEARNING FROM SERIOUS CHILD SAFEGUARDING INCIDENTS</div>
<div>1 Neglect</div>	<div>1 Sexual Abuse and Disclosure</div>
<div>2 Serious Youth Violence</div>	<div>2 Voice of the Child</div>
<div>3 Multi-agency practice</div>	<div>3 Neglect and cumulative harm</div>
<div>4 Responding to need at the right time</div>	<div>4 Serious Youth Violence</div>

## Activity and Impact – Domestic Abuse.

### Priority April 2024 – July 2024

#### Domestic Abuse

Domestic Abuse remains important to Oldham Safeguarding Children Partnership. There is commitment to preventing Domestic Abuse and making sure that the correct support is available for any child affected by it.

#### Activity 2024 – 2025

##### Statutory partners and agencies continued to:

- **Implement and deliver the Multi-Agency Domestic Abuse Strategy and policy**, informed by the Safe Lives review of domestic abuse in Oldham, including improved support for victims and their children, work with partners and capacity building with professionals.
- **Embed the Domestic Abuse Directory for professionals.**
- **Invest in increased capacity in the Domestic Abuse Team** including dedicated Domestic Violence Advisors and a specialist office who deals with cases of so-called honour-based violence (including forced marriage and FGM).
- **Expand provision of safe accommodation for victims of abuse and their children**, through recommissioning refuge, expanded use of dispersed accommodation, contributing to the men's refuge in Trafford and enabling victims to remain in their home through sanctuary schemes.
- **Invest in VCFSE Women's Network**, providing community-based support for survivors of domestic abuse as well as enabling peer support.

##### In addition:

- **Routine question audits** were carried out by NCA safeguarding teams and reported through the internal governance structure.
- **OSCP training consultant** has been working with pupils from Blue Coats School to create a teaching resource for their peers on gender-based violence, this was an outcome of the young people's gender-based violence conference organised the year previously, as part of our White Ribbon two weeks of action.
- **NHS Greater Manchester commissioned Dr Emma Katz** the UK's leading academic and expert on coercive control and the impacts on children and mothers to talk about coercive control in general and specifically her research findings on the impact on children and parenting. Sessions were delivered to practitioners.

##### What difference has it made?

- **The established team offer regular emotional and practical support** to victims and survivors, providing outreach services and support at the point of crisis.
- **Provided 374 victims of domestic abuse with 455 children to access to supported safe accommodation.**
- **Oldham have a strong workforce** and recognise and respond well to domestic abuse. Family support is coordinated and there is a whole family approach. This was recognised in the May 2024 ILAC inspection. It was also recognised that robust assessment of risk level leading to the development of effective safety plans.
- **The rate of referral to Multi-Agency Risk Assessment conference increased** from 44 per 10,000 population in 2023/24 to 47 in 2024/25 but the timeliness of the multi-agency response was improved.



- **Professionals participated in domestic abuse training in 2024/25**, supporting the upskilling of the workforce around domestic abuse including over 100 who have attended domestic abuse train the trainer courses.
- **Gender based violence teaching resources** are ready to be taught in school as a standard part of the PHSE curriculum. Schools in Oldham will also incorporate this into their curriculum.
- **Youth Justice Service (YJS) staff are alert to the impact of domestic abuse**, including witnessing this, and the impact it can have on individuals and families. Staff work with agencies to assess and create safety plans to ensure appropriate safeguards are in place. Staff know how to work with children and families who are experiencing, or who have experienced DA. YJS are represented at MARAC when children known to the service are discussed.
- **Oldham College have recruited Safeguarding & Welfare Officers** who are IDVA trained, with awareness of the signs of domestic abuse and the effects these can have. Learners feel seen and supported for who they are, not who other people want or are trying to make them become.
- **GM Police progressed with the establishment of a dedicated Domestic Abuse Team** to investigate high risk domestic abuse cases in the Borough. Already proving effective at securing positive outcomes for victims of abuse, improving the consistency of the safeguarding offer and pursuing protective orders in support of and as an alternative to prosecution where appropriate.

### Challenges and Next Steps.

- **Police** - Introduction of the Multi Agency Tasking and Co-ordinating role with early appointment of an officer.
- **Police** - Improved compliance with Op ENCOMPASS building on the feedback received from education partners to enhance our local processes at Oldham.
- **Oldham Youth Council and the Youth Service's MAN project** are looking at being involved with the White Ribbon young ambassador's programme. MAN project will also raise awareness of DA and DV at an event in October 2025.
- **Challenges brought up by the Youth Council** included a lack of services available for young victims of domestic abuse (either directly or indirectly) that are easy to find and access.
- Youth service and Youth Voice Family have worked with the Council and White Ribbon charity.
- **Domestic Abuse remains important to OSCP**. The priority responding to need at the right time will continue to have oversight of practice, impact and next steps.

## Activity and Impact – Transitions April 2024 – July 2024

### Transitions April 2024 – July 2024

OSCP remain committed to planning at the earliest possible stage for the transition of children and young people who will require services in young adulthood, ensuring robust outcomes.

A transitions strategy which is founded on a principle of preventative and strengths-based practice facilitates an offer of services that from the perspective of the young person and their family is positive and seamless, aligning with their aspirations.

Safeguarding Partnership successfully focused on widening the strategy to include key partner agencies who have a role within transitions and to those areas of safeguarding that have been identified as priorities such as complex safeguarding and mental health.

The partnership will know they are making a difference in children and young people's lives when young adults tell us they are receiving the right support at the right time.

### Activity April 2024 - July 2024

#### Statutory partners and agencies continued to:

- **Embed the first phase of the Transitions project** with the launch of a multi-agency 'Preparing for Adulthood: Oldham's Transitions Policy.'

- **Offer ‘Prepare for Adulthood’:** Oldham’s Transition to Adult Services Process available for practitioners.
- **Establish Transitions Hub,** with supporting processes.
- **Develop Mosaic forms and workflow** to support the transitions processes improving recording.
- **Embed Practice resources and training** to increase understanding amongst ASC & CSC.
- **Consolidate datasets** with tracking mechanism in place, based on referral data in Mosaic.
- **Promote the Joint commissioning sub-group,** with representation from CSC, ASC, Education, Health & Mio Care.
- **Promote the joint commissioning strategy** for Transitions.
- **Engage in the Strategic Transitions Board** driving success and development.
- Embed the Transition Service Practice Guidance.
- **Roll out the Preparing for adulthood -co-produced guide for parents and carers of children and young people** with special educational needs and disabilities 14 years +.

### **What difference have we made:**

#### **Preparing for Adulthood: Oldham’s Transition Approach**

**Resources for Families and Practitioners:** 7-minute briefings and Preparing for Adulthood (PfA) flyers are available to inform families, professionals, and young people.

**PfA Framework:** Oldham has adopted the four national PfA domains:

- Good Health
- Employment, Education, and Training
- Independent Living
- Friends, Relationships, and Community Inclusion

**Outcome-Focused Partnership Working:** Partners prioritise meaningful outcomes over service-led processes.

#### **Child and Family-Centred Approach:**

- The views, wishes, and feelings of young people and their families are embedded throughout the transition process.
- Families and young people are supported to participate fully in decisions, with appropriate information and guidance.
- Support aims to foster development and improve educational and life outcomes.
- Support for Young People with EHC Plans: A holistic approach ensures education, health, and care needs are met through coordinated provision.

#### **Youth Justice Transition Support:**

- Positive Steps includes a seconded Probation Officer to aid transition from Youth Justice Services (YJS) to adult justice systems.
- Funding enables a dedicated Transitions Lead, reviewed annually.

#### **Oldham College:**

- Provides person-centred transition planning for learners with SEND.
- One-to-one support, early safeguarding referrals, and close school-college liaison promote multi-agency collaboration.

#### **Youth Service Projects:**

- Barrier Breakers & Flip It: In partnership with DfE and the Post-16 Education Skills Team, this initiative supports businesses to provide disability-aware supported internships.
- An upcoming event will connect businesses with young people to address employment barriers.

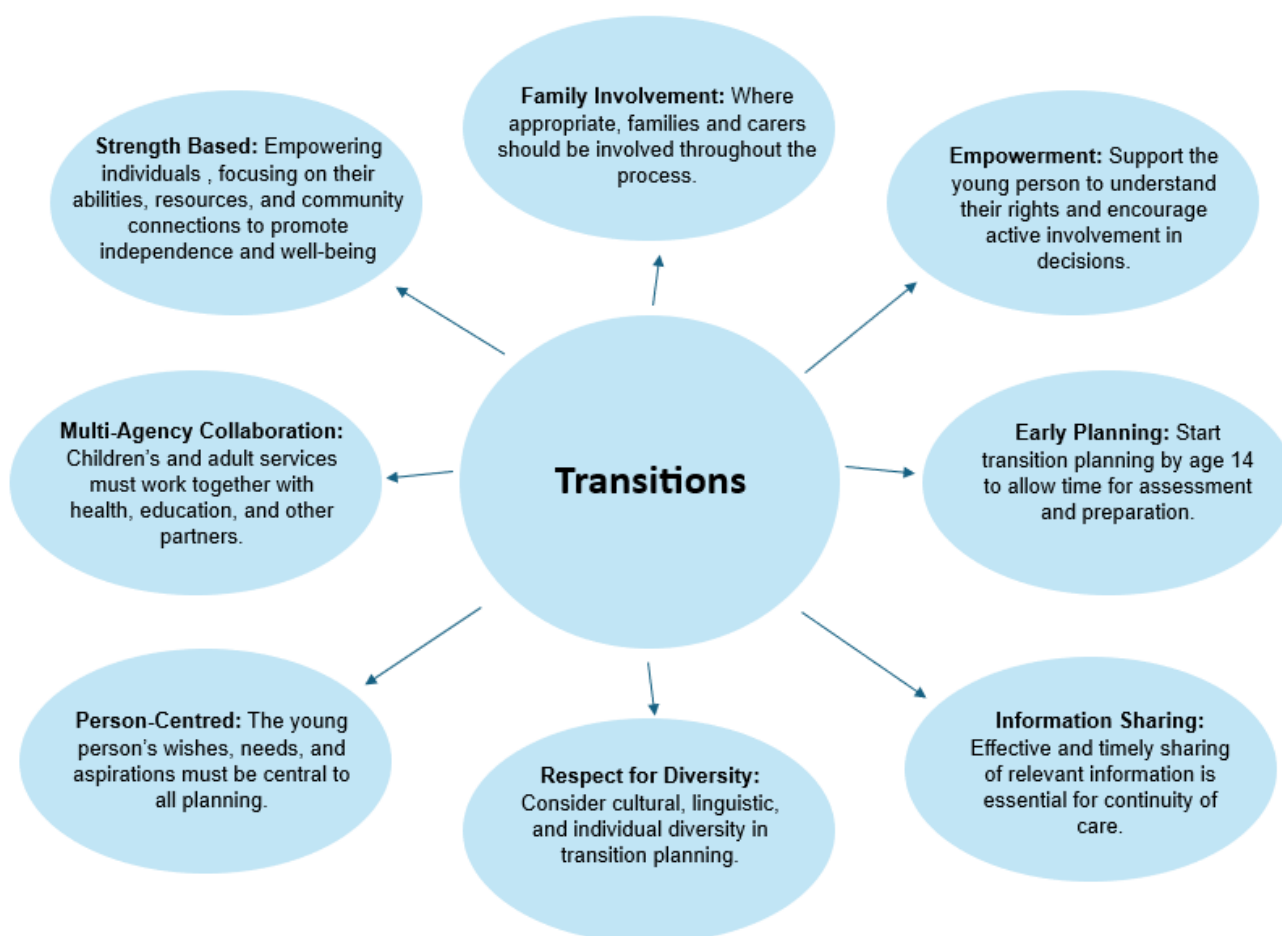
#### **Youth Voice Engagement:**

- Representatives participate in the GM Youth Combined Authority, contributing to the development of the Manchester Baccalaureate (MBacc)—a career-focused alternative to the EBacc.



### Primary to Secondary Transitions:

- Youth Service supports Year 6 pupils in targeted schools (e.g., Waterhead) to ensure a positive transition and sustained engagement in secondary education.



## Activity and Impact – Childrens Mental Health and the Impact of Trauma April 2024 – July 2024

OSCP have supported healthy emotional development and helped children and young people to become thriving adults. Our commitment is to support the right children and young people living with mental ill health and/or the impact of trauma to be able to access the right level of support at the right time. This includes caring for the most vulnerable with appropriate mental health support through services working together. This is reflected in the Mental Health Strategy. Accountability and governance for this workstream was a key priority for partners and oversees a robust partnership response to supporting the mental health and emotional wellbeing of our children and young people up to the age of 25 years.

Partnership agencies invest in the creation of a workforce which understands how to use early intervention to prevent lifelong trauma, and how to help children and families recover from the impact previous trauma has on their lives.

**Activities April 2024 – July 2024.**

**Statutory partners and agencies continued to:**

- **Ensure children and young people living with mental ill health and/or the impact of trauma are able to access the right level of support at the right time.**
- **Invest in the creation of a workforce which understands how to use early intervention to prevent lifelong trauma**, and how to help children and families recover from the impact previous trauma has on their lives.
- **Develop an Emotional Wellbeing Mental Health Strategy** as part of the Greater Manchester ICB (GM) commissioning strategy and Oldham Local Authority commissioning strategy.
- **Oversee the CYP MH actions** in the SEND improvement plan.
- **Embed Children Mental Health in ToR** and consider at every learning opportunity when reflecting on the journey of a child's life and the impact services have had.
- **Develop a complete system approach** linked to adult all age mental health services, including transitional arrangements to adult services.
- **Improve access to “Getting Advice,” “Getting Help,” “Getting More Help” and “Getting Risk Support”** as part of a graduated needs-based approach.
- **Ensure the voice of local families and lived experience are at the heart of everything.**
- **Report on progress** to the ‘all age locality mental health board’ and SEND Lip Exec Board.
- **Enable equity of participation** and promote collaboration between local contributors to improving Oldham child mental health outcomes.
- **Support the establishment of the Mockingbird** specialist fostering model in Oldham, through awareness raising and expansion of the model.

#### What difference have we made.

- **Strategic Focus:** While no longer a formal strategic priority (as of August 2024), children's mental health and trauma remain a key concern for the partnership.
- **Improved Outcomes:** Work has led to better population health, clinical outcomes, and family experiences.
- **Lived Experience:** Plans are shaped by individuals with lived experience, including the use of life stories—ensuring services are more relevant and empathetic.
- **Evidence-Based Planning:** Delivery is informed by Oldham's whole-system needs assessment, with anonymised data contributions from partners—resulting in more targeted and effective support.
- **Leadership and Alignment:** Strong leadership and alignment with national, GM, and local strategies have strengthened service coordination and delivery.
- **Youth Justice Support:** A CAMHS practitioner post was commissioned to support the Youth Justice Team—enhancing access to mental health services for young people in the justice system.
- **School-Based Support:** The Thrive in Education team now operates in 38 schools, supporting children aged 5–18 with anxiety, low mood, and wellbeing—leading to earlier intervention and improved emotional health.
- **Community Access:** The Take 5 Hub provides accessible support for low-level mental health needs—reducing barriers to help.
- **CAMHS Access:** Reduced waiting times have enabled quicker access to appropriate support—improving outcomes for children and young people.
- **iTHRIVE Directory:** Shared with partners to ensure children and young people receive the right support, at the right time, from the right service.
- **Workforce Development:** Ongoing investment has built staff capacity and confidence in responding to mental health needs.
- **Clear Pathways:** Established pathways ensure timely and appropriate responses for children needing mental health support.
- **Systemic Practice:** Training has increased awareness and competence in systemic approaches—enhancing the quality of care.

- **Youth Justice Training:** Staff are trauma-informed and apply this in practice, including through targeted programmes like the weapons intervention—resulting in more holistic support and positive change.
- **Youth Service Support:** Delivers group and one-to-one interventions that build confidence, resilience, and self-esteem—helping young people engage with services and improve wellbeing
- **Oldham College:** several members of the Safeguarding and Wellbeing team are trauma-informed practitioners with Level 5 diplomas in this area. As well as being IDVA trained and responsive to specific trauma caused by Domestic Abuse. Oldham College aim to be as responsive as possible to learners and is consistently engaging in relevant training to meet learner needs.
- **Early Break and Youth Service:** joint working took place, delivering outreach sessions to raise awareness of Key issues – Substance misuse, Relationships, Mental health support.

#### What next:

- **Oldham College** - Mental health and the impact of trauma—This is an ongoing piece of work focusing on and adapting to the needs of our learners. The adaptation of the wellbeing offer aims to acknowledge this. We are also in the process of working towards a trauma-aware institution.
- **NCA** - There are no specific audits of this currently, but this is an area being developed within NCA in terms of delivery of more enhanced training and also review of patient experience through audit.
- **Youth Council** raised mental health referral waiting times at full council and will be involved in a scrutiny of this in 2025. They hope that the scrutiny will then lead to an awareness campaign around the iThrive directory and where to receive help before at a level that requires high level support.
- **CAMHS** – it has been recognised that there is a concern with regards to the number of children awaiting appointments with CAMHS services in Oldham. An assurance deep dive audit is scheduled for 2024- 2025 Quarter one and Quarter two.

## Activity and Impact – Complex and Contextual Safeguarding April 2024 - July 2024

Complex Safeguarding is criminal activity (often organised), or behaviour associated with criminality, involving children and young adults (often vulnerable) where there is exploitation and/or a clear or implied safeguarding concern. We continue to see a high number of children assessed as having concerns relating to child exploitation.

OSCP have embedded a Contextual Safeguarding Approach across the Partnership to ensure a consistent understanding of how to respond to emerging and changing trends.

#### Priority: Serious Youth Violence July 2024- March 2025.

OSCP have seen a rise in the number of serious youth violence incidents. Partners have identified the significance in tackling this as an earlier intervention approach. OSCP commissioned a Thematic Review and carried out a benchmarking exercise on Serious Youth Violence with good representation from partners; Strengthening the prevention offer for CSE, CCE and Youth Violence and focusing on the mapping and development of the community level support offer.

In addition, OSCP carried out consultation with young people and education settings to support with the voice of children and practitioners.

Oldham Youth Justice Service have a higher-than-average rate of Serious Youth Violence and have submitted five Serious Incidents Notifications to the Youth Justice Board since January 2025. These now trigger a Brief Learning Review chaired by the Safeguarding Partnership to ensure learning is taken from

there. However, multi- agency contributions to this have been low and we are continuing to embed this process. Serious Youth Violence is a priority on the Youth Justice Partnership Plan.

### Activity In 2024– 2025:

#### Statutory partners and agencies continued to:

- **Take robust and early action** to share intelligence and challenge the operations of perpetrators of exploitation ensuring we maximise the use of all agencies and the legal powers available to us to disrupt the behaviours.
- **Support the development of more in-depth analysis** of local trends and themes to continue to inform and drive targeted service delivery.
- **Deliver sessions to up to 5000 students** covering sexual exploitation, criminal exploitation, county lines, substance misuse, knife crime and healthy relationships.
- **Strengthen partnership arrangements with Youth Justice Service** in terms of learning processes. The partnership work in collaboration to engage partner agencies in Brief Learning Reviews.
- **Build capacity in areas of the statutory partnership and community partners** to be able to recognise and respond to all forms of complex and contextual safeguarding that affect the lives of children and families.
- **NHS GM provide a Specialist Safeguarding Practitioner co-located within the Complex Safeguarding Hub** who works across the health economy to ensure that the health needs of children and young people are met. Through working in collaboration with the wider multi-agency team and Partnership workforce. The locality Designated Team attend and contribute to the Complex and Contextual Safeguarding Subgroup of the Partnership to support the delivery of the complex safeguarding strategy.
- **Raise awareness, confidence, and skills** to ensure the earliest identification of complex safeguarding, by professionals, carers, and the wider community.
- **Deliver training to approximately 750 professionals**, including school staff, residential staff, and partner agencies.
- **Develop a robust prevention offer** that is led by the firsthand experiences of survivor/victims of exploitation and ensuring that community partners plan a vital role shaping and supporting Oldham's response.
- **GM Police prevention hub worked closely with Community Safety Partnership and Children Social Care** in regard to regular missing children and ensured there are trigger plans and engagement with those responsible for their care.
- **Continuation of Turnaround funding in youth justice** to prevent children becoming involved in the formal criminal justice system
- **Continuation of funding to deliver the TOG Mind/ YJS Partnership** and provide emotional wellbeing support from children at risk of becoming involved in, or for those involved in, the criminal justice system
- **YJS seconded CAMHS Practitioner** based within the service
- **YJS seconded two staff to the Alternative Provision Specialist Taskforce.** They work alongside a multi- agency team, including a Careers Advisor from Positive Steps, to reduce school exclusions and increase re- integration into mainstream education
- **Youth Service delivered a range of youth work interventions** addressing serious youth violence.

#### What difference have we made:

##### Protecting and Supporting Young People

- 62 young people are receiving targeted support for exploitation risks.
- Tailored interventions for both Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE) 30% have an identified SEND need. 34% are supported by Youth Justice or Probation, ensuring multi-

agency wraparound care.

### **Effective Referral and Intervention Pathways**

- 113 referrals received since January 2025
- 71% (80 cases) progressed to direct intervention
- Remaining cases appropriately signposted to services like Keeping Our Girls Safe and Catch 22
- Demonstrates strong triage and partnership working to ensure no young person is left unsupported

### **Positive Outcomes on Case Closure**

- 92% of young people received ongoing support after case closure
- 68% re-engaged with education, employment, or training
- 83% secured stable accommodation
- These outcomes reflect the Hub's success in reducing vulnerability and promoting long-term stability

### **Tackling Exploitation Through Enforcement**

- 132 active crime investigations led by the police team
- 9 major operations underway, addressing serious exploitation including, non-recent CSE, familial sexual abuse, online grooming, and care home-related concerns

### **Historic Justice – Operation Sherwood**

- Supporting a borough-wide investigation into historic CSE
- 17 arrests made
- Ongoing efforts to identify survivors and perpetrators, showing commitment to justice and accountability

### **Innovative Engagement and Prevention**

- Over 90 young people engaged in decision-making sessions using virtual reality headsets
- Positive feedback received
- Expansion planned across schools and residential settings
- Demonstrates creative approaches to empower young people and build resilience

### **Building Capacity Through Training**

- Regular training delivered to education staff and young people. Delivered in partnership with Early Break, Youth Justice, and Keeping Our Girls Safe
- Strengthens frontline understanding of exploitation and improves early identification and response.

### **Education and Prevention Initiatives**

- Pol-Ed programme adopted by several secondary schools
- One school engaged in the CELLS Project, promoting awareness of youth violence and exploitation
- Oldham College supports at-risk learners through referrals and collaboration with the Violence Reduction Unit to improve campus safety

### **Disruption of Exploitation**

- Early intelligence sharing enabled swift multi-agency and legal interventions
- Operation ARMADA resulted in multiple offender charges
- Operation Venture deployed to tackle youth-related violent crime involving known groups

### **Strategic and Integrated Working**

- Co-location of NHS GM Complex Safeguarding Team with Children's Social Care and Health enhances integrated support

### **Youth Empowerment and Influence**

- Youth Service sessions amplify voices of young people with lived safeguarding experience, shaping policy and training
- Young people actively participate in GMP's Independent Advisory Group and Youth Scrutiny Panel, fostering trust and transparency
- Action Together consultations with young people led to increased awareness among partners

### **Creative and Targeted Interventions**

- Detached Youth Work Team delivers early street-level interventions to prevent escalation
- Collaborative sessions at King Street Tram Stop used creative arts to engage students in violence prevention
- Additional funding enabled targeted youth work and support for prevention and diversion panels

### **Positive Individual Outcomes**

- A young care leaver was successfully supported into employment, reducing their risk of criminal exploitation

### **Next Steps for 2025–2026**

### **Serious Incident Notifications & Learning Process**

- Continue timely submission of Serious Incident Notifications to Youth Justice Board and Oldham Safeguarding Children's Partnership.
- Strengthen the local learning process to safeguard children and identify areas for improvement across agencies.

### **Address NHS Recruitment Freeze & Health Gap**

- Explore interim solutions to cover the vacancy of the Specialist Nurse for Complex Safeguarding.
- Engage with NHS/ICB to expedite recruitment post freeze or find temporary cover to support the safeguarding hub.

### **NCA Complex and Contextual Safeguarding**

- Maintain delivery of mandatory and advanced training packages for staff on complex safeguarding.
- Support and monitor impact of vacant CSE nurse post; liaise with ICB for clarity and potential fill.
- Participate in GM-led peer review audits and contribute to local safeguarding improvements.

### **Serious Youth Violence & Navigator Programme**

- Launch and embed the Navigator Programme at Royal Oldham ED to identify and support youth involved or at risk of serious violence.
- Use data and reviews from the Navigator Programme to inform future youth violence prevention strategies.

### **Prevent Strategy Implementation**

- Finalise and embed the multi-agency Prevent Strategy within all relevant organisations and teams during 2025–26.

### **Violent Crime Reduction & Habitual Knife Carriers**

- Support GMP Oldham Prevention Hub initiatives targeting habitual knife carriers.
- Co-ordinate multi-agency efforts to reduce violent crime, with a focus on youth involvement.

### **Oldham College**

- Improve information sharing protocols with Greater Manchester Police, particularly regarding bail conditions and ongoing investigations affecting learners.
- Develop clear communication pathways to prevent inadvertent breaches of bail conditions by the college.

### **Youth Work & Safer Summer Initiative**

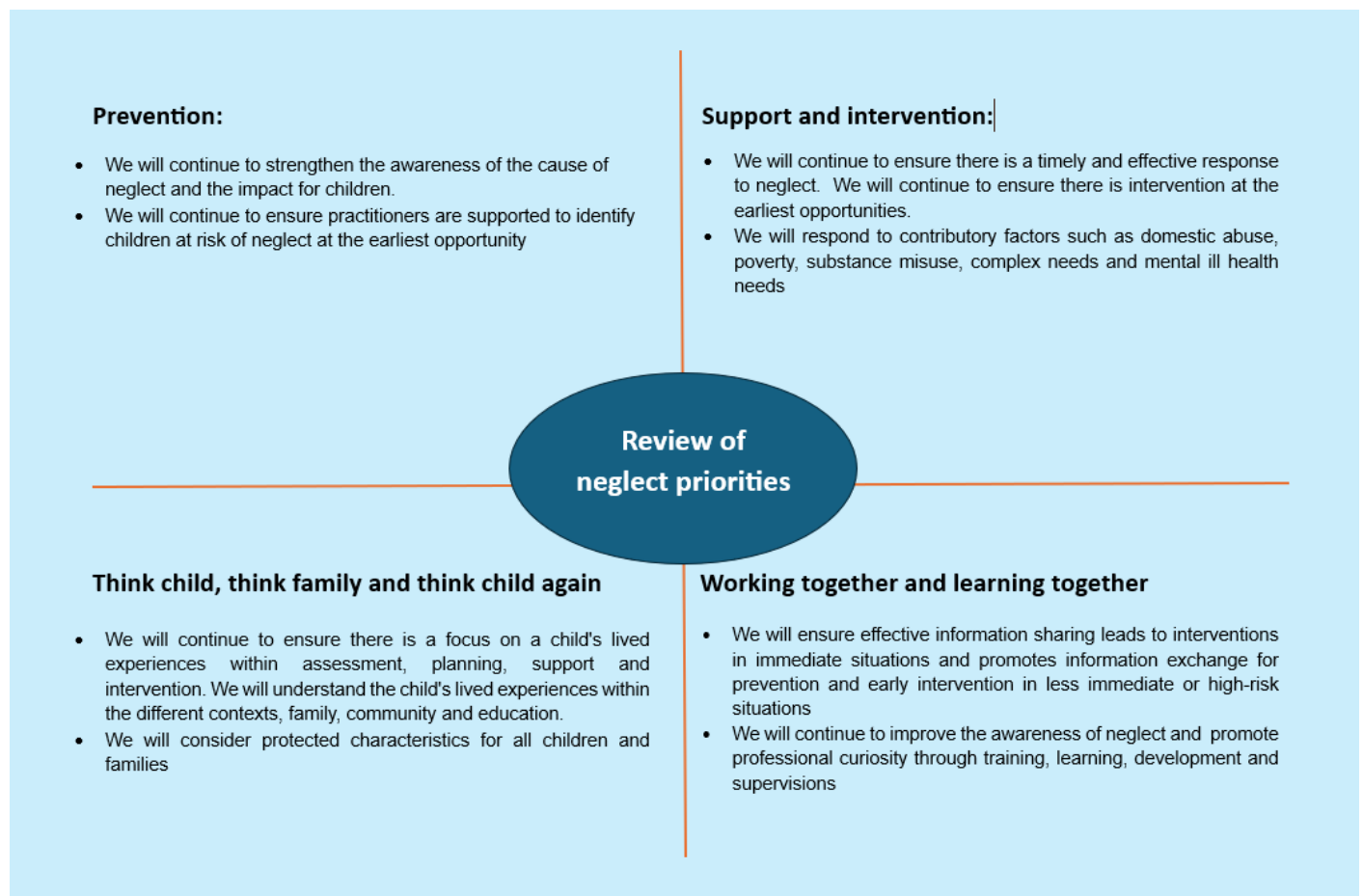
- Continue partnership work to provide youth work support in Oldham town centre during the summer.
- Focus on keeping young people safe, supported, and engaged in positive activities to reduce risk and involvement in crime.



## Activity and Impact – Neglect April 2024 – March 2025

Neglect has remained a priority for OSCP. The causes of neglect are manifold, and it has the potential to impact on many aspects of a child's development – physical, emotional, behavioural and educational. Neglect Subgroup have reflected and contributed to the updated Oldham Neglect Strategy. Young people have been encouraged to contribute to the strategy with a consultation session being delivered by Youth Services. Young people have also devised a child friendly version of the strategy outlining what that means to them. The strategy recognises the multi-faceted origins of neglect and alerts all partner agencies to ensure that they are engaged in the recognition and response to its occurrence and impact.

We want Oldham to be a borough where the conditions are right for children to be able to thrive. Neglect is an important issue and experiencing neglect can significantly compromise a child's development. Therefore, early identification and timely intervention are extremely important to ensure the safety, wellbeing and development of children and young people. Oldham is committed to effectively tackling the issue of neglect.



### Activity 2024 – 2025

#### Statutory partners and agencies continued to:

- **Work in partnership** with families and communities to overcome factors which prevent parents/carers from meeting the needs of their children.
- **Improve awareness, understanding and early identification** of neglect through workforce development and communications.
- **Improve the quality of the multi-agency response** to children and families living with neglect captured through case reviews, audit and voice of children and families.
- **Identify opportunities for children, young people, and families** to share their experiences in order to shape and develop our multi-agency response to neglect. Showcased in case studies.
- **Rollout GCP2 training** to wider partners with a commitment from partner agencies to move to



single agency training to develop the wider workforce.

- **Offer support surgeries for GCP2** trained practitioners who are working with neglect tools.
- **Ensure there is a strong partnership response** with a common understanding of the spectrum of neglect and a recognition of the need to work with families at the earliest opportunity to prevent harm.
- **Offer strengths-based support to families** from voluntary and statutory organisations in Oldham.
- **Offer foundation training course** (Neglect Matters)
- **Review and updated the neglect strategy and strategic plan.** Partners were involved and plans are in place to capture the voice of children and encourage young people to help shape the strategy.
- **Develop a draft data set** surrounding neglect to identify key themes and trends with health and other relevant partners.
- **Reflect on lessons learnt from Serious Case Reviews** in relation to neglect at the Neglect Subgroup. Both Local and National reviews are considered.
- **Develop a parenting offer.**
- **Embed the educational neglect strategy** designed and shared with settings.
- **Police raise awareness of neglect with officers and staff**, ensuring that “hidden” neglect crimes (such as parental assaults on children) are correctly reclassified.
- **CCAT sergeants intervene at early stages** of officer attendance and crime investigation to provide relevant investigative advice to non-specialist officers.
- **Oldham College Safeguarding and Wellbeing staff** were fully trained on the signs of neglect, especially in relation to Vulnerable Adults or Care-Experienced learners. They attempted to overcome self-neglect through avenues such as free breakfast, free sanitary products, access and support to career appointments, etc.

#### What difference have we made:

- **Strengthened Workforce Capacity:**  
104 staff across the partnership have been trained in the Graded Care Profile 2 (GCP2), equipping them with tools to recognise and respond to signs of neglect. All Positive Steps staff and Youth Justice Service practitioners are now confidently using GCP2 to identify early indicators of neglect.

MASH have started to record at the time of contact whether a Graded Care Profile 2 has been completed. This will provide data to assist the partnership in targeting awareness raising and training about neglect.

- **Better Identification and Early Intervention:**  
Practitioners are actively applying GCP2 in their practice, leading to earlier identification of neglect. This has resulted in families being signposted to relevant universal services and support—ensuring needs are met before they escalate.
- **Tangible Impact on Families:**
  - A noticeable increase in GCP2 assessments has occurred within the Targeted Early Help Team—9 cases were open, 7 families received direct support, and 2 cases were escalated for further intervention.
  - Of these, **4 Early Help cases showed clear, positive outcomes**, including improved home environments, implementation of safety plans, and housing authorities being held accountable for repairs.
  - In one case, GCP2 findings led to a referral to specialist services (Tidy Home Tidy Mind) for hoarding and mental health support—demonstrating the tool's power in driving targeted interventions.
- **Evidence of Emerging Change:**  
In 3 additional Early Help cases, practitioners observed emerging improvements, such as fluctuating but overall better home conditions and progress, albeit slow, in care plans. This points to growing engagement and early signs of sustained change.
- **Cultural Shift Toward Prevention:**  
Feedback from GCP2 training highlights a significant mindset shift—from reactive to preventative.

Staff now report a deeper understanding of the **root causes** of neglect and its prevalence across Oldham, leading to more informed and proactive interventions.

- **Amplifying the Voice of Children and Young People:**  
Action Together has established a steering group dedicated to gathering and analysing the lived experiences of children and young people. This group will meet regularly to identify key themes and ensure that young voices inform strategic decisions and service delivery.
- **Wider Reach into Education and Welfare:**  
Oldham College's Safeguarding and Welfare team have received specialist training on identifying neglect—particularly for care-experienced learners and vulnerable adults. Their practical support (e.g., free breakfast, sanitary products, access to careers advice) directly targets barriers linked to self-neglect, promoting dignity and engagement.

#### What next:

- **Youth services** developed a youth voice session plan for young people to explore the theme of neglect and to enable their voices to help shape Oldham's Neglect Strategy. The session will be delivered by a range of professionals working with young people.
- **An Operational Manager from Early Intervention and Prevention and YJS** are part of the partnership training pool for this topic. We are currently completing an audit of cases in YJS where neglect has been assessed to look further into the implementation of the tool across the service and improve the completion of this to support intervention and agency involvement.
- **Progress the reviewed Neglect Strategic Plan** ensuring agencies are accountable in driving forward their actions.
- **Ensure children have their say in the reviewed Strategy 2025 – 2027.**
- **Continue to ensure GCP2 tools are impactful and those trained are utilising them. Consider the roll out of GCP2 E-Learning opportunities.**
- **Roll out the early years identifying tools** and develop a neglect matters handbook.
- **Ensure data drives performance and challenge.**
- **Agencies to provide case studies to the neglect subgroup, which include the voice of children young people and families.**
- Ensure all practitioners working with children and families use restorative practice and have a strength-based approaches.
- **Seek evidence of how learning** is being embedded, closing the loop on actions from Rapid Reviews and actions linked to neglect.

## Responding to need at the right time July 2024 – March 2025

In Oldham we have recognised that early intervention is vital to ensure we provide targeted support services at the earliest opportunity for all children and their families who live in Oldham. We aim to ensure Oldham Safeguarding Children Partnership offer a clear framework and have common understanding of support levels of need for practitioners within all agencies. All partners will fully understand their roles and responsibilities. Agencies will identify a child's need and respond with the approach of 'the right support at the right time'.

In Oldham we have recognised a rise in the number of sexual abuse cases. Children and young people who have access to local services and the right help at the right time will have opportunities to disclose whilst services will be alert to signs of abuse.

Our approach so far has been rooted in collaboration, bringing families together, communities, and professionals across sectors to provide timely and effective support.

#### Activity 2024 – 2025

#### Statutory partners and agencies continued to:

- **Assess families** to make sure their general needs are met and assist families to access appropriate services locally.
- **Provide effective help and support** as early as possible.
- **Have conversations** with families and children and listen, understanding their experience in a non-judgmental way.
- **Work collaboratively** to improve children's life experiences.
- **Recognise strengths and weaknesses in practice** and ensure learning is a golden thread through subgroup and learning activities.
- **Be open, honest and transparent** with families in our approach.
- **Aim to empower families** by working with them at the earliest opportunity.
- **Train practitioners** to ensure they are aware of universal and targeted services to ensure families have access to the right support at the right time.
- **Recognise the needs and vulnerabilities** within the family and work in a way that builds on the families strengths.
- **Support and encourage children and young people to access education** to reduce the number of young people not in education, training or employment.
- **Conduct Brief Learning Reviews and learning circles** to consider single and multi-agency learning opportunities and reflect on what interventions are appropriate and what should or could have been made available to families.
- **Carried out Key Lines of Enquiry** with regards to Sexual Abuse

### What next.

### Family First Partnership Programme.

The Families First Partnership (FFP) programme is a national initiative launched by the Department for Education aimed at transforming family support systems. It emphasises early intervention to prevent crises and ensures that every family can access the right help when needed. The programme is designed for statutory safeguarding partners and relevant agencies, including education and childcare settings, to improve the delivery of family support and child protection services. The partnership with support from the innovation unit will be invested in the Family First Partnership Programme.

To ensure families are receiving support at the right time the partnership will work collaboratively and support Workstream One: Family Help.

We will participate and engage in subgroup arrangements to:

- Enable children to thrive and families to remain together
- Promote multi-agency and multi-disciplinary working to achieve better outcomes for children, young people and families
- Wrap support around the whole family at the earliest opportunity (right help when they need it with emphasis on early intervention)
- Ensure consistency of relationships between children, families and their lead practitioner
- Support with adopting one plan that will stay with families but adapt as needs change

### Sexual abuse

There are currently 417 children subject to a child protection plan, 15 under the category of Sexual Abuse (3.6%). No children progressed to ICPC under the category of Sexual Abuse in February and March 2025. Through Rapid reviews and LCSPR processes we have recognised that sexual abuse needs to be considered by all agencies. A Key Line of Enquiry has led to actions that the partnership are taking forward. In March 2025, 31 children were subject to strategy discussions and 32 assessments were completed where sexual abuse was identified as a factor. Familial history was not always considered, including previous incidents of sexual abuse, or parents experience of sexual abuse which lacked exploration. Intrafamilial sexual abuse was also not always explored, despite being present in case chronologies. There was a lack of professional curiosity and analysis of the information available, which in turn impacted upon the workers understanding of the case.

### Actions include:

- Ensure all agencies utilise the Resource Pathway developed by the Centre of Expertise.
- Training offer in relation to child sexual abuse to be reviewed, with practitioners being offered relevant training and guidance to improve confidence within their practice. Ensure training opportunities are delivered to agencies including education and voluntary sectors.
- Plan and deliver Child Sexual Abuse Practice Week in October 2025.
- Continue to reflect on previous learning from local and national reviews and consider the 'I wanted them all to notice' published document.
- Take forward all actions identified in the key line of enquiry

## Multi agency practice model July 2024 – March 2025

In Oldham we aim to offer a safe place for children to grow up happy, healthy, confident and ambitious. We want children to grow up in a loving and caring environment and be able to have the very best start in life. We want families to be supported where necessary.

All agencies working with children and families play an integral role in achieving this. The multi-agency practice will strengthen the way we work with families to ensure all families in our communities' access advice, support and protection.

The practice model ensures agencies and professionals working with children and families understand the role they play in ensuring children and families receive the right level of advice support and response at their time of need. It will also focus on families' needs and provides support to parents, helping them to identify and make changes where their behaviours may have contributed to the impairment of their child's health or development or caused them actual or likely significant harm.

### Activity 2024 – 2025

#### Through task and finish groups statutory partners and agencies continued to:

- **Integrate multi-agency working** and improve information sharing
- **Recognise that early intervention is vital** to ensure we provide targeted support services at the earliest opportunity for all children, young people and their families
- **Develop communication** to ensure the voice of children, young people and families are heard and influence decision making to ensure they receive the right support at the right time.
- **Have a shared approach** to embed strong relationships across agencies, so everyone can engage constructively in delivering effective services.
- **Create a greater role for education** at strategic level, spanning early years and childcare to further education and learning from existing practice at an operational level.
- **Deliver vital services** to children and families across the end- to- end system of support and protection, building on existing best practice and relationships
- **Ensure Children and families have access to local services** and have opportunities to disclose whilst services will be alert to the signs of abuse.
- **Embed young people prevention panel** identifying multi-agency risk management
- **Align transformation initiatives**
- **Develop good working relationships** e.g. IDVA/Police DA team.
- **Promote Family Hubs** that are district based; each hub has a Family Hub Manager.

### What next

- **Build on support networks** – embedded in fostering practice

- **Share understanding in relation to thresholds** to ensure referrals into the front door service and relevant
- **Ensure the practice model considers the impact on parents** e.g. removing children where adults with substance misuse/MH issues, thinking about the family as a whole.
- **Continue to encourage and embed the voice of Education**
- **Consider Oldham's approach to language barriers**
- **Fully integrate multi-agency working** and improve information sharing
- **Have a bespoke child protection response** for all harm types including EFH, domestic abuse and child sexual abuse.
- **Develop a culture of continuous learning and improvement** across the Partnership to safeguard and promote the welfare of children, promote early help and intervention, identify opportunities to draw on what works and promote good practice, ensuring all partners fully understand their role and responsibilities.
- **Actively engage children and young people** in learning and improvement activity and challenge.
- **Systems to be forensic and decisive**, focused on protecting children from significant harm, inside and outside of their home, including online
- **Focus on demographic issues** specific to Oldham e.g. poverty.

## Voice of children, young people, and families

Oldham has a strong formal golden thread of participatory practice with children and young people. This is an area of strength, and our ambition is to celebrate this and ensure the ideas and experiences of children and young people influence service design and delivery. We will involve children and families wherever possible in our learning. We believe families are a good source of information about how our services in Oldham are experienced whether that is by an individual case or by providing information about services in general. We will consider how children and families with diverse backgrounds and characteristics will be given opportunities to participate in Practice Reviews and auditing and more general feedback.

### Oldham Youth Service

Oldham Youth Service builds positive, trusting relationships with young people and, where appropriate, their families. The services they offer are shaped by the identified needs of the young people they support, with their voices at the heart of everything they do.

They lead on youth voice work across Oldham through the Youth Voice Family, which includes the Oldham Youth Council, Barrier Breakers (a forum for young people with SEND), and the Children in Care Council. They ensure that these forums are inclusive, accessible, and representative of the diverse young population in Oldham. There is also a strong link between the Youth Voice Family and the Local Safeguarding Children Partnership (LCSP), helping to ensure young people's voices are heard in shaping safeguarding priorities and actions.

Youth voice is embedded across all areas of work — from universal youth provision and targeted interventions to work delivered in partnership with schools and other agencies.

The collaborative approach includes placing youth workers in key meetings and multi-agency groups, where they provide insight into risks and concerns from a young person's perspective. This input is crucial in informing decisions and procedures aimed at keeping young people safe.

Through the youth voice programmes, there is support to a safeguarding model that is based on working with young people, empowering them to be part of the solution.



The team also supports initiatives such as Safer Summer – Town Centre Initiative, working in partnership to offer on-the-ground youth work support to young people in the town centre. This presence helps ensure young people are safe, supported, and encouraged to engage in positive activities.

In addition, they contribute to the Safe4Summer campaign, promoting water safety during the summer months. Youth workers attend key water-based sites to engage with young people, raise awareness about water safety, and respond to potential risks.

## Youth voice

“Attending meetings with the Police is brilliant. We get to tell decisions-makers what young people in Oldham truly need, and they actually listen” - Tom

“I’ve really enjoyed telling businesses what they need to do to help young people with disabilities get jobs. So far they have listened and I feel really proud of what we’ve done.” – Kyra

“Ella has helped me to make friends today. I think I’ll be able to do when I go to school in September” – Jacob

## Oldham have embedded an Engagement and Participation strategy.

OSCP recognises the Youth Council as one of our Partners. Annual meetings with the Youth Voice Family take place. They discuss the priorities of our Strategic Plan and Annual Report. This includes the Barrier Breakers, Children in Care Council and Youth Council. Within the annual ‘Make your Mark Ballot’, local priorities will be set by children and young people and shared with the Partnership in the Spring of every year– this should be reflected in the OSCP Annual Reporting cycle. Where appropriate the Partnership will convene focus groups and workshops on thematic areas of concern to them. OSCP will contribute to the Children and Young Peoples Participation Strategy and be held accountable to what it sets out as deliverables. Once a year the young people will be invited to the Safeguarding Partnership joint development day to review the years’ activity and plan.

Professional feedback will be sought through all layers of system learning on our safeguarding effectiveness. This means when we undertake Learning Reviews, we don’t limit Practitioner Events simply to those Practitioners who were involved in the case, we test out system thematic learning for the case with a wider Practitioner set. We are committed to shaping Practice Reviews with families’ feedback.

Similarly, within Multi Agency audits, we will triangulate all audits with a set of Practitioners and a selection of families usually in which the Case Audit is about. Auditors will undertake that commitment to engage families as part of the triangulation process.

## Neglect

Engagement sessions took place with groups of young people from youth service, early break and positive steps with a focus on children's needs and to ensure that child voice is throughout the neglect strategy. The foreword of the 2025 – 2030 strategy will include a statement from our children in care council.

## Barrier Breakers

Barrier breaker is a youth forum for young people with additional needs and disabilities in Oldham. Members meet weekly to raise issues and develop projects to bring about change for themselves and their peers through

creative activity. Barrier Breakers undertake consultation work for local services to ensure they are effective for young people with disabilities.

Barrier Breakers have co-produced 'Flip It' which has included engagement with local businesses and development of a toolkit for young people with SEND undertaking supported internships.

### **Children with Additional Needs**

During 2024 and into 2025 partners have come together with Parent / Carer groups to co-design the Preparation for Adulthood toolkit which is being utilised across children with additional needs to support their transition.

### **Children in Care Council**

The Children in Care Council – self rebranded as 'The Thursday Thing' – are a strong group of children in care who have grown in strength and numbers in recent months. The group provides a summary presentation of the work they have undertaken to each Corporate Parenting Panel and have progressed to co-chairing the meeting with the Lead Member.

The CICC have participated in delivering Total Respect training, attended a residential, worked with partners in Health and Greater Manchester Youth Network and worked with a national initiative on the motion to make care experienced individuals a protected characteristic.

### **Survey – Your Life, Your Care 2024 – 2025**

#### **The views of children in care aged 4 -17yrs in Oldham on their well being**

Between September and January, the service surveyed all their Children in Care. Although the response rate could have been stronger, we were able to see areas working well such as children having trusted adults they can talk to and feeling positive about their future. To balance, children and young people fed back that their understanding of their care history could be stronger and reported that they did not have a 'good friend'. The findings have been shared at Corporate Parenting Panel.

Key response to the survey to date has been the progress of the Life Story Work initiative with a practice guidance tool for staff, changes in Mosaic, training programme scheduled and engagement from a group of Care Leavers to influence the work.

All children in care aged 4 -17yrs were asked to take part in an online survey to find out how they felt about their lives.

### **Positive Steps**

Collaboration is one of the values of Positive Steps, reflected in the new Strategic Plan 2025 – 2028. They work alongside people, respecting their experience and expertise, which includes staff and service users. "People" is one of the four strategic pillars which serve as the guiding framework to deliver on their vision.

Significant progress has been made in embedding parent voice and young people into Early Help. Throughout the year Early Help has worked closely with Oldham Parenting Partnership to expand the delivery of evidence-based parenting support.

Child voice is at the heart of the delivery within youth justice service. Practitioners go above and beyond to engage young people. The greatest achievement within youth justice is that despite the challenging demographic in which they deliver, they consistently have a significantly low re- offending rate. This sits below all comparative family groups. This is due to the dedicated and stable staff team who deliver trauma informed, child first practice alongside a strong multi- agency partnership, allowing children to develop a pro- social identity and achieve positive change.



## Voice of practitioners, families and young people

**Partnership feedback for Parent Voice worker and Engagement workers;** *Kym has been very present within the community on a regular basis over the last 14 months of working in my role, building positive relationships with the general public and offering parents the opportunity to have their voices heard respectfully. She has been as welcoming and inclusive as possible, thought about how to facilitate these sessions she has offered in sensitive and considerate ways, and has been making herself known to various services to encourage the input from parents in order to shape the family hub experiences. I believe the skills which Kym has developed during her time are excellent and, without her integrity and passion for community support, would have been difficult to make the role successful. I think the parents who Kym has been approaching and speaking with have benefitted from having share their experiences and felt heard and appreciated.*

**Senior Practitioner feedback for an Engagement worker who was completing her first GCP2 with a parent who had been difficult to engage in the first instance;** *just wanted to take this opportunity to say that it was a pleasure this morning to attend the visit with Tehsin around reviewing the GCP2 with the family. Tehsin managed the session well and addressed the concerns in a way where mum felt really comfortable and understood the ask. Tehsin acknowledged the improvements that mum has made with home conditions since the first visit and worked with her to make positive changes and a further action plan.*

**Feedback from family as part of closing to Early Help;** *'Emma was very helpful, any problem I had she came up with really good ideas and activities to try. It has definitely improved mine and my son's relationship and how we communicate with each other.'*

**Feedback from the Manager at Oldham Foodbank where a child was completing their Giving Back:** *Hi, Just wanted to pass on a message from our volunteers -, but the child and support worker who came today did a brilliant job! Our team was really impressed and grateful for the help! Thanks*

## YJS complete "Your Opinions Matter" with children and parents/ carers every three months:

*Children said that they want to have access to more positive activities rather than "work" and so we have sourced ARIS, VRU and CSP funding to deliver "Broadening Horizons" where children can visit places they may not have been able to before such as National Trust, Yorkshire Sculpture Park, English Heritage, as well as take part in different sports*

*Children said they don't like too many workers coming to see them. We have updated our Allocations Guidance to reflect this, ensured consistent workers are allocated for children who go regularly missing from home and developed a protocol with Complex Safeguarding so roles are clear and there is no duplication*

#### **Feedback from children and families:**

*"I have really enjoyed my time here as it has helped me to learn things that I didn't think I needed as well as look back at the past mistakes I have made and teach me not to make stupid decisions"*

*"Hi Joe. Just wanted to follow up on the back of your email and to reiterate our appreciation for all your help and support (at court to ensure things were dealt with correctly), both yourself and your colleague were fantastic"*

*"thank you to YJS for supporting K to obtain his CSC Card, gain employment and helping him with speech and language".*

#### **Positive Steps. Social Prescribing – Children and Young People Link Workers**

Working in partnership with Action Together our Children and Young People's Link Workers provide access into activities and support in local communities.

#### **What is Social Prescribing?**

Many things that affect our health and wellbeing cannot be treated by doctors or medicine alone, like loneliness, isolation or stress. Through an allocated Link Worker, Social Prescribing connects young people to non-medical support to improve health, wellbeing and social connections through groups, activities and organisations.

#### **Here's feedback from some of the young people who have benefited from the service:**

*"Oldham Social Prescribing connected me to a local boxing gym. I have found a new sense of purpose and a reason to get up in the mornings. My confidence has grown and I feel more connected to the community."*

*"The Oldham Social Prescribing team are amazing! They help me in any way, shape or form they can, for myself and my family. I've been with a few agencies for family help and the Oldham Social Prescribing team is the best I have had. Couldn't appreciate them more."*

## NHS GM

Engagement with and listening to children and young people and families remains an NHS GM priority and this year the child's voice strategy has included:

The Children & Young People (CYP) System Group has set out a firm commitment to actively involve children and young people in its decision making. Building on the existing practice within localities and services, the CYP System Group will support young people to develop a young person's shadow panel. The shadow panel will work with the CYP System Group to embed the Lundy Model of participation and will amplify young people's voices within mental, physical and public health as part of our Joint Forward Delivery Plan for Children and Young People.

Building on the successes of Bee Heard and Bee Counted, NHS GM has commissioned Youth Focus Northwest to design and launch a new youth shadow board to the ICB Children & Young People (CYP) System Group. Seven young people were recruited to a co-design group, working to create the structure of the new youth shadow board. The proposal was presented to the CYP System Group for approval in February 2025, before the proposed launch of the youth shadow board in April 2025.

NHS GM continues their work with Oldham Safeguarding Children Partnership, Adult Board and Corporate Parenting Boards to; support Looked after Children and Care Leavers to develop their offer to support health, wellbeing and opportunities for their future and to understand the improvements required to strengthen our safeguarding offer across our communities.

## Greater Manchester Police

GMP continue to actively promote use of the Voice of the Child across the district with posters and regular reminders. This features also in crime and information recording with supervisors including this in investigative plans. GMP have upskilled further officers to undertake specialist video interviews with vulnerable children who are victims of crime.

Operation ENCOMPASS is embedded in the district with recent local amendments to processes ensuring 100% compliance. GMP will be working with the Safeguarding Education Advisor and settings to strengthen this further.

Effective information sharing and joint action to safeguard children remains a priority.

GMP will continue to promote the voice of the child and look to how we further improve our capture and use of this within the policing and partnership context.

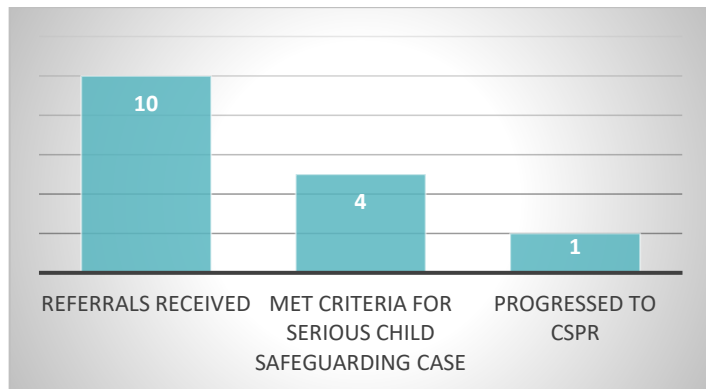
Pol-Ed has been launched in GMP but uptake by Oldham education establishments has been limited which will reduce its impact on protecting our children. This has been raised at the OSCB and the OSCP and requests made at a strategic level to encourage education sign up.

# Learning & Quality Assurance Activity

## Case Reviews

The Safeguarding Partnership has a statutory duty to review serious child safeguarding cases with the aim of identifying learning, improvements in practice and protecting children from harm.

A serious child safeguarding case is one in which, “abuse or neglect of a child is known or suspected, **and** the child has died or been seriously harmed.” (WT 2023)



During the 2024-25 period the partnership received 10 referrals for consideration of whether they met the criteria to notify to the National Child Safeguarding Practice Review Panel and therefore progress to a Rapid Review process.

## Child Safeguarding Practice Reviews

Four progressed to Rapid Review. One case progressed to LCSPR and three cases did not progress to a Local Child Safeguarding Practice Review. Two concluded that no further review process was required as the Rapid review process had allowed a full evaluation of the case and identification of learning. One concluded that no further review process was required as there was no new learning as the learning from the review collates with actions being taken from other review processes which will support in addressing learning points.

Four Child Safeguarding Practice Reviews were concluded within 2024-25.

### Learning and Themes from Rapid reviews 2024 – 2025

- Interfamilial Sexual Abuse
- Sexual Abuse
- Neglect
- Vulnerable babies
- Cumulative Harm
- Serious youth violence

### Learning and Themes from Child Safeguarding Practice reviews which concluded in 2024 – 2025

- Sexual Abuse and Disclosure
- Family time planned and conducted safely.
- Transition planning
- Professional curiosity
- Information Sharing
- Delivery of ICON
- Gender/Identity and how services work with the parents

## Learning from Reviews – ‘Alpha’

Alpha at the time of the incident was aged 13.

Alpha went missing from her residential school and care home (which was over 70 miles away from her home). She was located by Police nine days later with one of her sisters at an address in her home area and taken back to her residential placement. There was an adult male in the property where Alpha was located, who was arrested and has subsequently been convicted of the rape of Alpha. On her immediate return to her placement, she disclosed she had sex with multiple men and that she had been taking drugs.

Information also came to light by Alpha's sister that both she, Alpha and their older sisters had all been trafficked by their father to various men since they were younger and had experienced significant sexual abuse when they lived with their parents.

### At the conclusion of the review, the areas of learning identified were:

- The impact of displacement and separation for Alpha from her family, community and local area was hugely significant
- Confident cultural competences across the workforce would have benefited the delivery of services
- Creating an enhanced model of working together to balance risk management alongside holistic care planning will benefit children.

### This review identified many aspects of good practice:

- Robust multi agency risk management, which was overseen, when necessary, at the highest level within agencies
- Evidence of continuous trusted professionals relations built with Alpha by police officers and the complex safeguarding social worker in particular
- Tenacious actions taken by professional to work within the means of placement options for Alpha, particularly in emergencies
- Consistent IRO oversight with some escalation in place
- Creative and persistent work by professionals
- Positive disruption work by the Police and to those who posed a risk to Alpha

### Key outcomes and Impact

- **Improved Cultural Competence:**  
The “*Breaking the Silence*” forum enhanced practitioner understanding of race, culture, and safeguarding for the Global Majority. Targeted promotion of services improved support for the Roma community.
- **Enhanced Child-Centred Care:**  
Corporate Parent Panel mapped the child’s journey and introduced life story books. Feedback from children in care directly shaped services
- **Trauma-Informed Practice Strengthened:**  
A multi-agency supervision pilot supported more effective, trauma-informed service delivery.
- **Policy and Practice Improvements:**  
Family time policies were reviewed to address displacement impacts. Revised escalation policy encourages professional challenge and improves decision-making transparency.

## Partner agency Involvement and Learning from Serious Incidents

### Children's Social Care/Early Help

- During 2024/25 involved with 4 rapid reviews and ongoing CSPR's
- Held two themed practice weeks to improve practice based on learning from reviews and quality assurance.  
Held quarterly practitioner forums to support learning and reflection from case reviews
- Delivered a core training programme based on learning from reviews and quality assurance focused on Direct work and the child's voice, assessment and impact analysis, Impact chronologies, effective planning and intervention

### Positive Steps

- During 2024/25 Involved in thematic reviews: Serious Youth Violence and CSPR, Alpha, and Lisa.
- Developed a learning process with OSCP after notifying the Youth Justice Board (YJB) of serious incidents (e.g., murder, manslaughter, serious wounding, rape, or child death while under Youth Justice Service). Brief Learning Reviews.

### NHS GM

- Established systems to learn from Adult and Child Safeguarding Reviews and Domestic Homicide Reviews.
- Focus for 2025/26: embedding learning and evidencing its impact.
- Extra-familial harm and exploitation remain priorities.

### Police (GMP)

- Learning from serious case reviews continues (e.g., knife assault case led to DI training on timely investigations).
- GMP actively participates in SCR's, managed centrally for consistency.
- Local involvement includes BLRs and transparent sharing of learning.
- Ongoing reviews of complex CSE cases to ensure best practice.

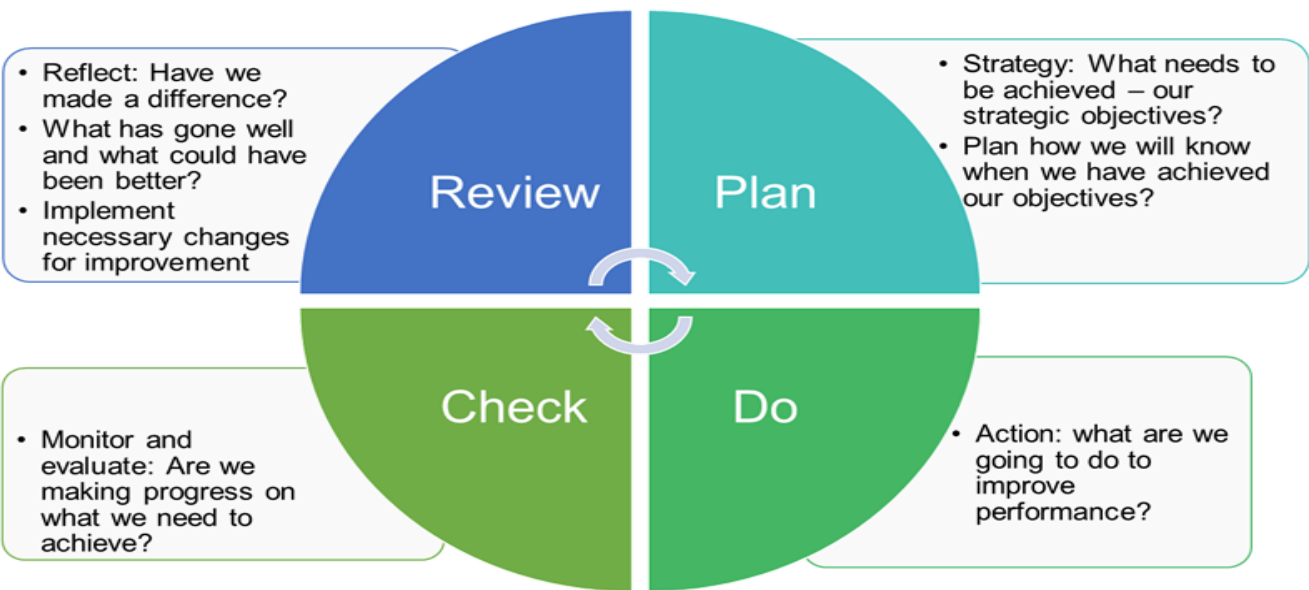
### Oldham College

- During 2024/25 participated in several LCSPR's, RR's, BLR's and SAR's.
- Shared learning via CPD, updated safeguarding protocols

### Northern Care Alliance NHS

- Learning from national and local reviews shared through training, governance meetings, and action plans.
- Internal incident reporting includes investigation, action, and sign-off. Example: improved processes for follow-up skeletal surveys after an LCSPR highlighted risks.

Quality Assurance



Section 11 Audit

The OSCP Section 11 2024 – 2025 was developed in consultation with partners and consists of a self-assessment template and standard guidance tool to assist in the completion of the audit.

Undertaken July 2024 and November 2024.

The section11 audit provides sufficient evidence of safeguarding compliance with Section 11 standards and, therefore the OSCP can be assured that the key agencies who completed the self- assessment are fulfilling their duties. Dip sample exercises with some returns who score 3 or 4 will provided further reassurance that agencies are ensuring their safeguarding arrangements are effective. Further dip dives and further investigation of those scoring 1 or 2 will provide the partnership with reasons why safeguarding may not be effective and ensure robust action plans and timeframes are in place.

28 agencies, both statutory and relevant agencies were asked to complete the audit. 72% returned. (17 out of 18 statutory partners returned completed audits with one providing their internal audit that provides the assurance needed for the purpose of the audit)

The findings highlight good practice across the partnership and finds areas for further improvement. Each agency as part of the self-assessment were tasked to moderate their findings with peers and agree their own improvement plan.

Leadership and Accountability

Assurance	Challenge, outcome and impact.
<b>95% recognised the following strengths:</b> <ul style="list-style-type: none"><li>• Effective recruitment and selection procedures for all personnel, including volunteers in line with OSCP safer recruitment guidance.</li><li>• All staff on recruitment panel have accessed appropriate training.</li><li>• All staff working with children and adults have an advanced DBS clearance.</li></ul>	Dip dives provided further reassurance that staff are recruited and inducted effectively and includes appropriate challenge on their practice and training needs. Some agencies confirmed that internal audits are carried out on a regular basis and reporting to directors and head of service. Recruitment and selection processes are robust.



<ul style="list-style-type: none"> <li>• Staff are made clear about their role and line management responsibilities and are challenged as part of their probation on their knowledge and understanding of their own role.</li> <li>• Practice concerns are escalated appropriately.</li> </ul>	
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## Staff, Induction, Training and Development

Assurance	Challenge, outcome and impact.
<b>95% recognised the following strengths:</b>	
<ul style="list-style-type: none"> <li>• They have an induction process for all staff and volunteers that includes familiarisation with safeguarding policies and procedures. Corporate induction programmes ensure all staff are aware of contact points for safeguarding concerns.</li> <li>• Line managers challenge staff teams on their knowledge and understanding of safeguarding and ensure training is included in induction programmes.</li> <li>• Training in place is linked to practice, supervision, and appraisals.</li> <li>• Staff receive in house training and have access to OSCP multi agency training opportunities.</li> <li>• New employees undertake a specified induction and review period during which they are supported and assessed as to their suitability for the role.</li> </ul>	Dip dives with some agencies provided evidence in terms of safe induction processes, training calendars, evidence of the impact of training and staff challenge on policy and procedure. Further assurance activities will take place by the Independent Scrutineer and will include appraisal processes.

## Complaints, allegations and Whistleblowing

Assurance	Challenge, outcome and impact.
<b>96% recognised the following strengths:</b>	
<ul style="list-style-type: none"> <li>• Widely disseminated policy available to professionals and service users, process demonstrated to work with logs, actions and recorded</li> <li>• Their policy forms wider parts of culture asking for positive and negative feedback. Outcomes and lessons are fed back into practice for improvements.</li> <li>• Named senior officers oversee and handles allegations with effective policies, procedures and systems in place to manage concerns and complaints well.</li> <li>• Outcomes and lessons are fed back into practice and service plans for improvements, there is also evidence of liaison with LADO/ Allegation Management Lead when an allegation occurs.</li> </ul>	For those agencies that were unable to confirm all staff were aware of the whistleblowing policy and procedure, including residential homes, the LADO team have successfully delivered training. This has led to an increase in the number of enquiries and referrals to the team.

<ul style="list-style-type: none"> <li>• Complaint and allegation procedures are family and child orientated and adapted to their needs.</li> <li>• Audits in place which monitor effectiveness</li> </ul>	
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## Information Sharing, Communication and Confidentiality

Assurance	Challenge, outcome and impact.
<b>96% recognised the following strengths:</b>	
<ul style="list-style-type: none"> <li>• Strong communication between members of the organisation about children and adults at risk for whom there are concerns and where relevant, a system for flagging these children and adults at risk.</li> <li>• ICT systems allow members to share information regarding children and adults at risk whom there are concerns with.</li> <li>• Evidence from records that information is shared successfully between members.</li> <li>• ICT systems allow children/ adults at risk to be flagged where there is a safeguarding concern. Files have minutes which illustrate that staff have participated in multi- agency meetings and have multi- agency plans that illustrate the contribution of organisation to improve outcome for children and adults at risk</li> <li>• There is effective multi agency information sharing across the partnership with partners aware of OSCP and GM policies and procedures.</li> <li>• Confidentiality is a priority when communicating and sharing information</li> </ul>	<p>Some front-line staff had not yet involved in multi-agency meetings and forums. Opportunities were made available for staff to attend learning circles, multi-agency forums and training. This has ensured there is wider involvement and significant understanding with regarding to confidentiality and information sharing. The partnership reviewed their information sharing protocol and it was shared with all agencies. This clearly outlines protocols around what can and can't be shared and highlights the importance of sharing information securely. The MASA practice standards were reviewed and include effective partnership working, information sharing, communication and confidentiality.</p>

## Equality of Opportunity

Assurance	Challenge, outcome and impact.
<b>88% recognised the following strengths:</b>	
<ul style="list-style-type: none"> <li>• Their commitment to equality, diversity and inclusion</li> <li>• Policy and procedures are in place and all services are accessible.</li> <li>• Staff understand the value of the policy in contributing to improved outcomes for all adults at risk and children.</li> <li>• Information provided is in a format and language that can be easily understood by all service users</li> <li>• Monitor the extent to which it provides fair and equal access to services and has strategies to tackle discrimination. Staff and other service users are challenged effectively to tackle discrimination.</li> </ul>	<p>The learning hub addressed the importance of Equality, Equity, Diversity and Inclusion. (EEDI) Some of Oldham Local Reviews also highlighted the importance of staff being trained and having immediate access to resources including translators and interpreters. Oldham have progressed and help a multi-agency learning opportunity in relation to the importance of and the understanding of EEDI.</p> <p>Oldham SCP plan to roll out further learning opportunities and audits, making consideration to the published "Its Silent" Report. (March 2025)</p>

## Neglect and Partnership Learning Audit

A partnership audit was carried out between July 2024 and November 2024.

The following key standards were audited.

<b>Practitioners are supported with the skills, awareness and tools they need to effectively intervene in cases where neglect is a factor.</b> 67% confirmed that practitioners are supported	<b>Challenge, outcome and impact.</b> For those who did not provide assurance, a dip dive exercise was carried out with an expectation that agencies provided an action plan and training plan. The Neglect subgroup members have provided single agency opportunities for practitioners to access GCP2 training and access to Early Help assessment tools. In 2025 -2026, the partnership is considering investing in the online training offer from NSPCC for online GCP2 training. This is ensuring more practitioners are able to carry out the graded care profile with families. Professional curiosity has been a golden thread in single and multi-agency training. A 7-minute briefing has been produced.
<b>Frontline staff have knowledge of where to access professional advice with neglect cases.</b> 76% of agency frontline staff have knowledge of where to access advice with 2 agencies identified that staff have experience and exceptional knowledge	<b>Challenge, outcome and impact.</b> A request was made to those agencies who are exceeding to share resource and good practice. Case studies were presented to the Neglect Subgroup and tools have been disseminated. The Neglect toolkit will support staff in understanding where to access professional advice with neglect cases. For those staff who have accessed GCP2 training, they all have access to resources and tools.
<b>Support is provided to children and families at the earliest opportunity to address neglect.</b> 53% confirmed that support is provided by their agency at the earliest opportunity to address neglect	<b>Challenges, outcome and impact.</b> The Deep dive challenged agencies on what further advice, training and support is required to ensure children and families are offered interventions at the earliest opportunity. The partnership have promoted all the training opportunities available. Agencies who are not in a position to carry out a GCP2, for example police during emergency calls have assured the partnership that they understand referral processes and staff are trained to identify signs of neglect and refer families in a timely manner. Police have also provided data to the performance group regarding the number of Police powers of Protection (PPP)

<b>The organisation encourages and supports staff to demonstrate professional curiosity.</b>	<b>Challenge, outcome and impact.</b>
74% provided reassurance the staff are encouraged to demonstrate professional curiosity	Professional curiosity is a priority for the partnership. The partnership has consulted with agencies and ensure professional curiosity forms part of practitioner training opportunities. The learning hub have requested that agencies provide examples where professional curiosity has had a positive outcome for children in Oldham.

<b>Information from rapid reviews and LCSPR is disseminated and available for staff to access Action plans and learning from the reviews is cascaded to relevant member of staff to enable and promote a culture of learning and improvement.</b>	<b>Challenge, outcome and impact.</b>
68% provided reassurance that information and learning from RR and LCSPRS are shared and available.  68% ensure actions and learning is cascaded to relevant staff to promote a culture of learning and improvement	OSCP have recently published reviews on their website. When published all partners have been informed and encourage to share their learning. The business manager has been attending team meetings with relevant agencies and presented findings, learning themes and actions from reviews. A tracker is in place to capture all learning, recommendations and actions from the point of the serious incident notification. Learning is tracked with ongoing challenge through the learning hub. The partnership is continuing to collate evidence where agencies inform staff that the learning impacts and ensure children in Oldham are safe and feel safe in their home. Single agency and multi-agency practice weeks include learning from reviews. Subgroups have review action plans as a standing item. This ensures that although actions may be completed, they are continually reviewed and challenged to try and avoid re referrals.

## Serious Youth Violence

### Benchmarking Exercise

Oldham Safeguarding partnership carried out a benchmarking exercise in October 2024.

#### Benchmarking aims:

- Measure performance in Oldham against Manchester JTAI inspection
- Improve processes and procedures.
- Gauge the effectiveness of past and present performance.
- Identify best practices to increase performance.
- Improve quality and better outcomes for young people.
- Consider learning through Rapid Review and Local Safeguarding Practice Reviews
- Consider recommendations from the Thematic Review – Serious Youth Violence.

### **Measured performance:**

Evaluated the effectiveness of the multi-agency response to children aged 10 and over who are at risk of or affected by serious youth violence and/or criminal exploitation.

- Recognised the complexities for agencies in intervening to address serious youth violence when risk and harm occur outside of the family home.
- Highlighted some of the significant challenges to partnerships in improving practice
- Identified learning for all agencies and will contribute to the debate about what 'good practice' looks like in relation to the multi-agency response to serious youth violence.
- Considered where children had also experienced other forms of abuse, which reflects the complexity of the needs and risks for children.

### **Agency involvement.**

Agencies including, children social care, health, police, positive steps, CAMHS and education contributed to the exercise identifying good practice, improvements and actions.

### **Serious Youth Violence Thematic Review**

OSCP commissioned an author to carry out a review on 3 young people who had been involved in knife related incidents.

#### **The review focused on:**

- Early intervention and prevention.
- How agencies understood trauma and loss
- Education system
- Identity and pro criminality
- Neurodiversity

The recommendations are being driven by the complex and contextual safeguarding subgroup. The outcome of the review will be presented to partners in May 2025.

### **Outcome and learning from Benchmarking Exercise and Thematic Review**

There is a lot of good practice in Oldham, however the number of young people becoming known to YJS is rising due to young people being drawn into criminality. All agencies agreed that Oldham would benefit from a SYV strategy, led by Complex Safeguarding, OSCP, education and YJS. The strategy will be available in 2025- 2026.

An action plan is now in place that pulls together the actions from the thematic review and the benchmarking exercise. Complex and contextual Safeguarding partnership working group have oversight of the action plan. There are single agency and multi-agency actions. In summary actions included:

- Oldham SCP to work in collaboration with OSCP to develop and implement an Oldham Serious Youth Violence Strategy and seek assurance relevant agencies are involved
- Systemic approach across the partnership and consider screening processes
- A need to be better at understanding around vulnerabilities and trauma, linked to risk and consider the whole family
- Ensure there is an understanding of education needs and barriers to learning.
- Single agencies to recruit specialist
- Consider what local data and intelligence is telling us.
- Capture the voice of young people

There is now an alternative provision specialist taskforce, led by Kingsland PRU. They are ensuring coordinated intervention and a reduction in youth violence from youth justice, social care, attendance and behaviour. The taskforce will be presenting to partners during 2025 – 2026. Kingland PRU are established member of the Statutory Partner meetings.

Consultation took place with local schools. Staff had their say as to what is happening in and around their setting and what the partnership can do to help prevent incidents and improve the safety and confidence of young people. The outcome has been shared with partners and OSCP. The next step is to carry out consultation with young people in schools, those involved with YJS and youth service.

CAMHS have recruited a youth justice practitioner (specialist nurse)

PCFT developed a trust wide action plan in relation to complex safeguarding and SYV. This will be overseen by PCFT but links with the OSCP action plan and thematic review recommendations.

### **Next steps:**

**Development of Serious Youth Violence Strategy** -Oldham Safeguarding Children Partnership (OSCP), in collaboration with the Oldham Safeguarding Community Partnership, is progressing the development and implementation of the Oldham Serious Youth Violence Strategy, with input from relevant partner agencies.

**Analysis of School Attendance and Part-Time Timetables-** Partners are currently analysing attendance data and part-time education timetables. Plans are in place to conduct a deep dive to explore potential links between educational disengagement and young people's activities in the community. Findings will be shared with the Learning Hub and the Performance Group.

**Training and Development for Partners** -The partnership is exploring appropriate training opportunities to support practitioners in responding effectively to issues related to serious youth violence and safeguarding.

**Prevent Policy Development** -Following a request from education partners, a draft Prevent Policy has been created by the Education Advisor, ensuring key partners were involved throughout the drafting process.

**Youth Endowment Fund Research Project (2025–2026)** -OSCP will participate in a national research study led by the Youth Endowment Fund. The project will review local responses to child criminal exploitation and extra-familial harm (EFH), assessing alignment with statutory roles and expectations. This offers a valuable opportunity to reflect on local practice and benefit from early insights and learning.

**Young People's Consultation**-OSCP will conduct a consultation with young people in education settings, including those in alternative provisions, to ensure their voices inform the strategy and related interventions.

**Pennine Care NHS Foundation Trust Engagement** - Pennine Care will continue to lead the implementation of its Trust-wide Serious Youth Violence Action Plan and will actively support Brief Learning Reviews led by the Youth Justice Service.

**Data-Driven Planning and Intervention** -The Performance Group and Statutory Partners have requested that all agencies carry out further deep dives into their datasets to examine offender age, ward-level data, themes, and trends. These insights will inform planning and be presented for discussion and challenge from Quarter 1 onwards in performance group meetings.

**Resource Development – 7-Minute Briefing** -PCFT (Pennine Care NHS Foundation Trust) is in the process of developing a 7-minute briefing to support knowledge dissemination and awareness among partners.

### **Internal Scrutiny**

Robust scrutiny and constructive challenge comes from all areas to assess impact. The culture of professional challenge within the partnership is always present. This runs as a golden thread throughout the partnership



business in 'everything we do'. Partners report Inspection outcomes into the Partnership or any other peer scrutiny assurance relevant for the partnership such as HMI, Ofsted, CQC, or YJB inspections.

Learning outcomes are shared to continually improve partnership multi agency working

## Education

### Impact of Education within the safeguarding arrangements.

Following the retirement of the long-standing Education Safeguarding Advisor in July 2024, OSCP successfully recruited an advisor with excellent experience of partnership working with education settings. She also brought a breadth of experience from her role of a primary school headteacher. Since November 2024, the Safeguarding Advisor has actively engaged with education settings, building positive relationship and offering support and guidance to support settings in safeguarding all children and families effectively. The role of the Education Safeguarding Advisor also ensures that key multi-agency safeguarding learning is shared with schools' designated safeguarding leads (which includes schools, colleges and alternative providers) and designated teachers for looked-after-children.

As the education landscape has changed, the Education Safeguarding Advisor has developed the way training has been delivered for Designated Safeguarding Leads (DSLs). Traditionally, DSL training has been delivered by the Partnership at Rock Street. However, she has adapted training by working in collaboration with academy trusts so that training could be delivered to the DSLs across individual trusts to ensure that key messages on safeguarding were consistent. By working in partnership with the trusts, she was also able to incorporate key safeguarding themes identified by each trust and facilitate professional dialogue to ensure that everybody knows their roles, responsibilities and the correct protocols to follow.

### Since starting in post, the Safeguarding Advisor has:

- **In collaboration with school colleagues developed the Section 175** to ensure governing bodies carry out an annual review of the school's policies and procedures for safeguarding and to provide information to the Local Authority about how the duties set out in the guidance have been discharged.
- **Devised an educational neglect policy** with the attendance and inclusion team and the Virtual School
- **Held DSL Networks every term.** Headteachers requested that DSL networks were split into primary and secondary, this happened from January 2025.
- **Offered advice and guidance** following complaints from parents and complaints escalated to Ofsted. Delivered training on having successful difficult conversations, whole staff safeguarding training, CPOMS and online safety.
- **Worked in partnership with the education department** within the Council to carry out safeguarding audits where appropriate to evaluate a setting's safeguarding arrangements, policies and procedures and presented these in comprehensive reports.
- **Supported the education department** by supporting governing bodies to strengthen the quality assurance required to improve standards and to support with safeguarding.
- **Successfully commissioned safeguarding training** and support for wraparound care providers.

To strengthen education in the partnership arrangements, OSCP partners including representatives from school settings engaged in Northwest RIPP workshop titled 'The voice of education in safeguarding partnerships- getting it right and evidencing impact'. This influenced the strength and participation from education settings in the governance arrangements.



The partnership now includes the participation of the Director of Education, Skills and Lifelong Learning, Assistant Director for Education and Early Years, Virtual Head and Strategic Lead for SEND. In addition, the business team attend strategic partnership meetings including headteacher forums and Early years partnership.

Schools are engaged in Rapid Reviews and Brief Learning Reviews, so that their voice is included in the review of serious incidents. The partnership plan to

## Next Steps

### Education Safeguarding Advisor

- Roll out the section 175, encouraging all schools and colleges to complete.
- Lead on a Prevent working group in the development of a handbook for education as requested by DSLs. The handbook will be a valuable resource for professionals covering terms and definitions, ideologies, myths and facts, processes for referral and much more.
- Roll out Safeguarding training for wraparound care providers in autumn/spring 2025.
- Deliver safeguarding training to the SEND and Inclusion team in Oldham.
- Develop and publish a template policy for safeguarding for education for the new academic year.
- Complete the NSPCC train the trainer course and use this to help get the DSL training accredited
- Revise the DSL training for any staff in education who are new to role or who need a refresher.
- Deliver DSL networks for primary and secondary education every term online and face to face.
- Work with colleagues in educational settings and the council to develop more materials to help strengthen the evidence gathering needed when safeguarding children and young people e.g. voice of the child to ensure that the lived experience of a child is fully represented and considered when making decisions

### Children Social Care

- **The Safeguarding Advisor for Education works in partnership with colleagues in Children's Social Care** when there needs to be learning from referrals made into Duty and Advice. The Safeguarding Advisors will liaise with DSLs and Headteachers to feedback information from Children's Social Care as well as any further information gathered from the setting that may be appropriate to case discussions.
- **Representatives from Children's Social Care were involved in the quality assurance of the template policy** for safeguarding for education. There are also plans to build on this so that schools have reference materials that can be used and displayed to support other staff in schools.
- **Children's Social Care attend DSL networks to provide key information** regarding areas of safeguarding.

### Youth Justice Service

Positive steps funding has been agreed to second a School Nurse into the Youth Justice Service. However, the Youth Justice Partnership Management Board have been made aware of difficulties recruiting into wider school nurse roles and the impact this may have on the position.

### Police

Police continue to engage in schools with dedicated Schools officers and have started a 'Mini Police' programme. All helps identify early signs and educate children on risks.

Pol-Ed has been launched in GMP but uptake by Oldham education establishments has been limited which will reduce its impact on protecting our children. This has been raised at the OSCB and the OSCP and requests made at a strategic level to encourage education sign up. Both the Safeguarding Advisor and the Training consultant have met with Lee Collins to explore how we can support with the delivery of materials, as well as how data can be collated to understand the areas of safeguarding that schools are accessing across Oldham and how this reflects the local context for crime and all areas of safeguarding including complex.

Oldham College

Expansion of educational offer to learners to cover different learning styles. Wellbeing weeks focused on topics of tutorials, inviting external agencies into Oldham College to meet with learners and create positive multi-agency working

Working with the VRU- they have acquired funding for £5000, and are waiting for feedback from the link as to where to spend this

Expansion of the Wellbeing Offer- to offer ongoing goal-oriented sessions to learners, with the aim of empowering learners with a self-created 'Toolkit' to reduce pressures on specialist agencies such as CAMHS via early intervention.

Oldham College is also proud to be working in partnership with NHS Multi Systemic Therapies to offer Low-Level CBT intervention to learners aged 16-18. In addition to an on-site counselling provision, we offer talking therapies to all learners.

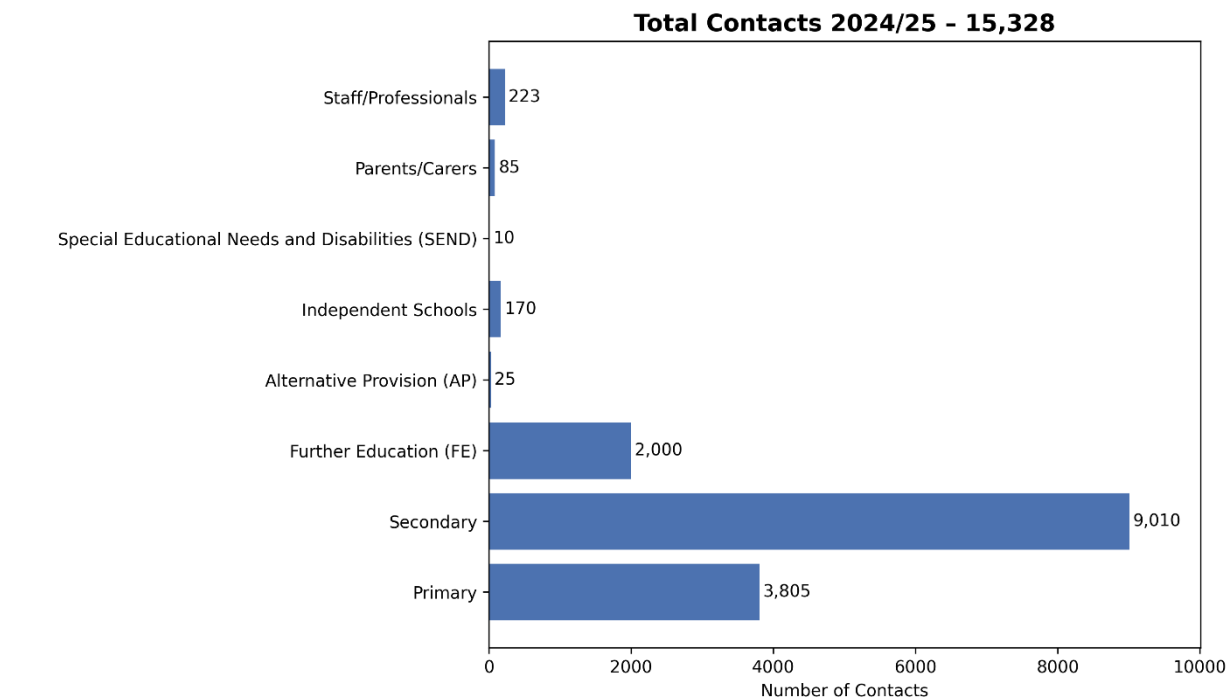
Community Safety

The Safeguarding Advisor for Education has liaised with colleagues from Community Safety on issues in schools e.g. hate crime so that appropriate support can be put in place to prevent further incidents from occurring.

Colleagues in Community Safety have been involved in reviewing the Prevent handbook to ensure that it complements the Prevent training that will be delivered in the new academic year. The Safeguarding Advisor for Education will be part of the training pool to support the new Prevent co-ordinator (when they are in post) in delivering this to staff in schools, colleges and other education settings.

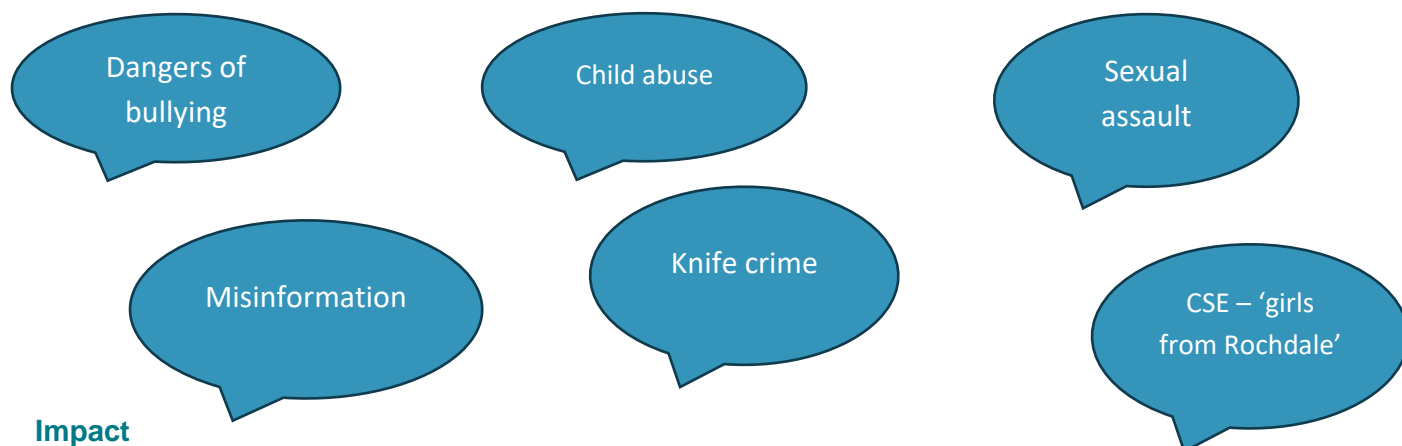
Training Officer for Children and Young People

Oldham Safeguarding Children Partnership provide three core services to schools: Training, professional advice / support, and direct delivery of Relationships and Sex Education (RSE) and health education in schools.



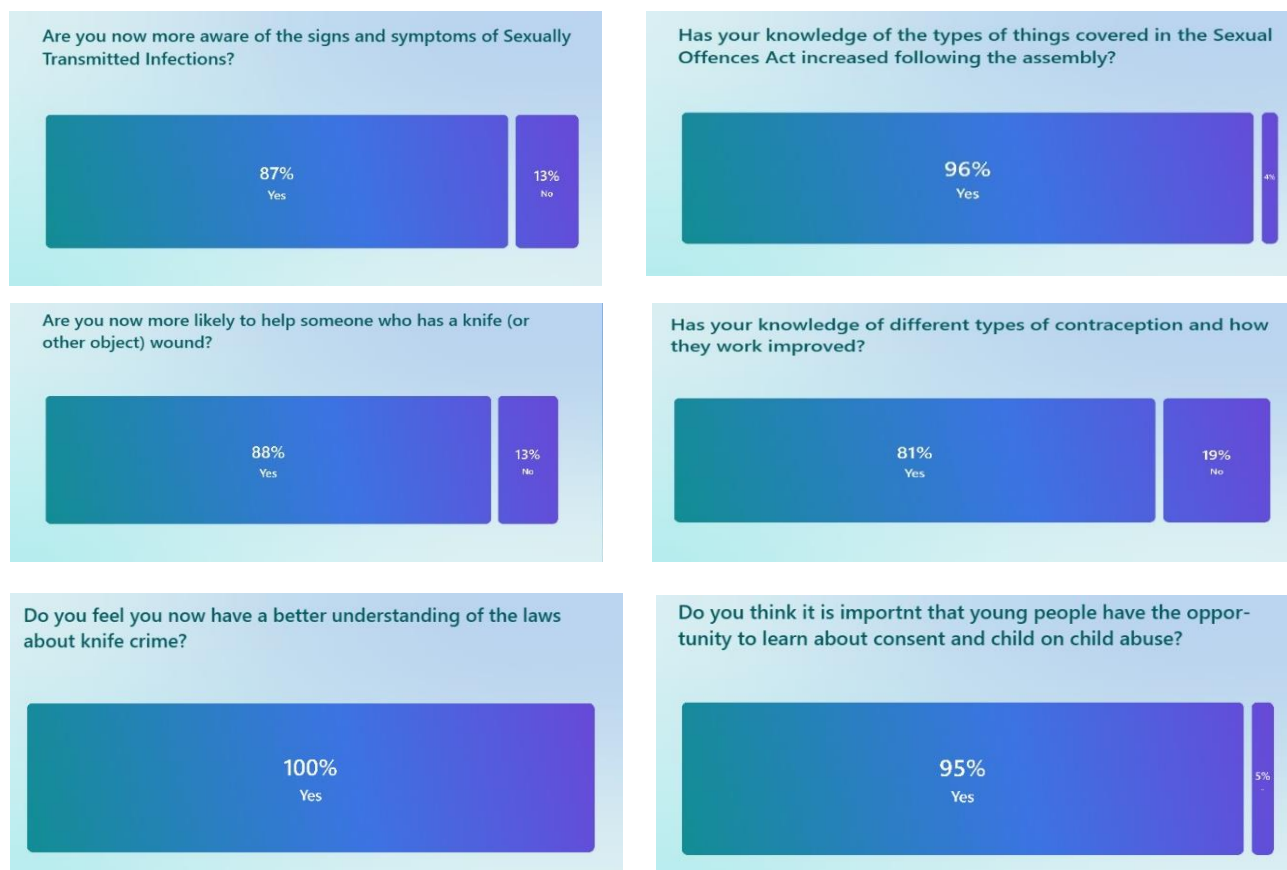
## Pupil voice

We asked young people what safeguarding topics they feel would be helpful for them to learn more about. This is what they said:



## Impact

Capturing impact and evaluation was a priority for the training officer role this academic year. This was gathered through MS Forms. Pupils were asked for their feedback following sessions and some examples are shown below:



## Next Steps for 2025-26

### Training Officer for Children

- **Continue to develop and deliver educational sessions** to young people – based on feedback from pupil voice and the partnership priorities.
- **STORM** (suicide and self-harm prevention) – develop an offer to professionals.
- **Develop and deliver a school offer on serious youth violence** – linked with the Pol-Ed curriculum resource and in partnership with the school engagement officers.

# Training

## What are we doing?

Effective safeguarding depends on staff and volunteers across all agencies having a clear understanding of their individual roles and responsibilities. This includes the ability to recognise when a child is at risk as well as the knowledge and skills to respond effectively.

Learning from Safeguarding Practice Reviews, Domestic Homicide Reviews (DHRs) and Multi Agency Audits shows that the key to successful safeguarding is the ability to work effectively in multi-disciplinary and multi-agency settings.

The objective of our multi -agency training is to ensure everyone working with children, young people and families in Oldham have the right skills and knowledge, are competent in the work they undertake to provide timely support and interventions and to protect them from abuse and neglect.

The training programme continues to be closely linked to the priority safeguarding concerns identified in the partnership annual business plan. The training offer aims to deliver effective and cohesive training activity and continuous professional development for our workforce to ensure that all children and young people are safe and feel safe within their homes, schools, and communities.

It is important we have robust links between the OSCP Quality Assurance Framework at all levels and with our Workforce and Development Plan. We link our Workforce and Development Plan to our strategic priorities with dedicated training pathways particularly for complex and contextual Safeguarding, sexual abuse, domestic abuse and neglect. This means we can equip and support the workforce, to deliver high quality services and develop resilient practitioners.

Our website has been redesigned, and a new safeguarding topics facility will enable us to house a variety of information including videos from professionals that will enhance learning.

## Who is doing this?

The training consultant has oversight of multi -agency training opportunities. The training pool continues to be the core delivery system for training which enables us to be Oldham centric in our work. All evaluation forms tend to reference the benefit of receiving local knowledge from local staff/services. We have devised a comprehensive person specification for training pool members and offer a train the trainer course to all our pool members. We are in the process of reviewing training courses and recruiting to the training pool.

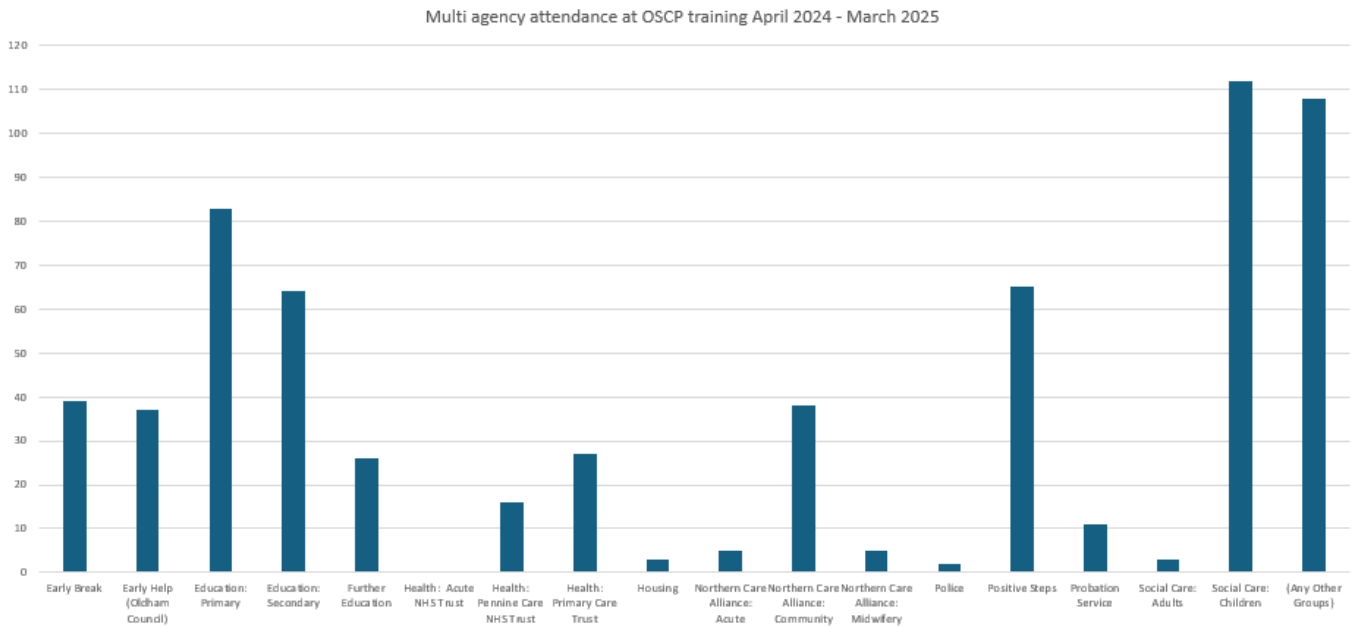
In 2024 – 2025, OSCP had a training pool of staff totalling 23. This included trainers from our statutory partners and relevant agencies. We also commission training when identified as a multi-agency learning priority.

As part of our commitment to professional development this year, we were proud to commission a webinar led by Dr Emma Katz, a leading academic in the field of coercive control. Dr Katz shared her research on the impact of coercive control on children and mothers, offering a deeper insight into how abuse affects family dynamics, emotional wellbeing, and long-term outcomes.

## Attendance so far

There have been 55 training opportunities so far with 827 attendees. We offer a variety of blended learning including face to face classroom based, briefings and webinars. An agency breakdown of attendees is provided to the Strategic Learning and Review Hub on a regular basis to monitor attendance. The importance of multi-agency training as both a vehicle to deliver learning from local and national safeguarding reviews and as a platform to enhance multi agency working practices has remained a priority for OSCP.

OSCP Multi-Agency Training Programme offer an extensive and well utilised training programme. 827 practitioners and members of staff completed OSCP multi-agency training in 2024/25. Children’s Social Care were the majority user followed by practitioners from the third/voluntary sector however, delegates came from a wide range of organisations.



Feedback from attendees

Lots of interactive tasks that provoked conversations, the trainer had extensive knowledge & shared it well

Wide range of content, active discussions

Lots of information, facts and examples all of which were education, offered insight and knowledge which helped me understand the topic

Really engaging, great pace and coverage

Increased knowledge by other professionals sharing experiences

Supplied with lots of knowledge/worksheets & group discussions made things simpler

## Training Safeguarding Spotlight

We have retained the quarterly training offer (safeguarding spotlight) in place of an annual plan as this enables us to be flexible to any emerging needs or trends as identified via Safeguarding Reviews and the Strategic Learning Hub. Currently we have three training pathways relating to **domestic abuse, complex and contextual safeguarding**, and **neglect**. Along with the training levels, these pathways suggest the appropriate level of training that may be required from different staff dependent on their responsibilities and job role.

## Confidence questions

Our original rollout of confidence questions which focused on complex safeguarding and child exploitation provided us with feedback which enable us to direct our training offer to specific areas of self-identified learning needs. We will continue to use confidence question surveys related to our priorities and any emerging themes and trends going forward, to ensure we are offering training the workforce identifies.



## Evaluation

A range of approaches are used to evaluate the effectiveness and impact of our training programmes.

**The Evaluation Form:** All course participants are required to complete a pre/post learning scale (Likert scale) and evaluation form, which are reviewed by the OSCP Training Consultant.

**The Pledge and Action Planning:** A selection of courses will be identified in which participants pledge one action/a variety of actions as the result of training they will carry within one month, pledges are returned to the OSCP Training Consultant for review and follow up.

**The Deep Dive:** A selection of courses will be identified to undertake a deep dive three months after training. This will take the form of a telephone or Teams interview in which a set of pre-selected questions will be submitted to the participant and their manager. This will also be supported and scrutinised by our Independent Scrutineer.

## Deep Dive Evaluation – Multi Agency Risk Assessment Conference Training

Strategic Learning Hub agreed to the MARAC (Multi Agency Risk Assessment Conference) course to be evaluated three months after the training.



## Findings

Participants displayed they understood the purpose and rationale of the DASH- RIC and MARAC process. This is important as there are gradients of risk associated to domestic abuse and coercive control which require different interventions to protect victims and by nature protecting any children.

- **Staff were aware that domestic abuse is dynamic**, this is important as we move away from the incident model when assessing risk.
- **Staff were aware of significant risk factors and completed the DASH RIC as appropriate.** Of equal importance is when threshold was not met, a referral to MARAC was not made and advice was provided.

Staff provided examples of learning and practice improvement, including:

- **Understanding the importance of initial safety issues** when supporting victim/survivors and accessing advice from other professionals.
- The example that follows shows good professional curiosity and was linked to increased confidence and knowledge from the training – *“Staff A gave a recent example of how she had received a referral/contact from a father who reported that his wife was experiencing suicidal thoughts. When they looked into the case further the mother (partner) had reported DA to the Police that weekend. The mother reported that he had taken all her money and devices, changed her passwords so she wasn’t able to report this to anyone. Staff A reported that the DASH had already been completed for the mother when she received the referral/contact. She did say that the mother had ‘done all the right things’ generated new passwords, taken out a molestation order against him, reported him to the Police and ensured the children were safeguarded appropriately. The family were already known to Early Help so the support continued for the family.”*
- All cases were supported at the correct threshold

## The Graded Care Profile 2 (GCP2)

Oldham has adopted the GCP2, an evidence-based assessment tool that helps practitioners measure the quality of care provided by a parent or carer in meeting their child’s needs, particularly where there are concerns about neglect.

Staff who make up the training pool, train within their own agencies. This initially proved to be successful in relation to how many people were been trained. However, the physical training pool has significantly depleted. To ensure as many staff as possible are trained in using the tool the neglect subgroup will be discussing the purchase of the NSPCCs new GCP2 E- Learning module. This will potentially run alongside the limited face to face training now available and enable us to reach a much larger audience.

The number of Graded Care Profile 2 assessments completed has increased but does not reflect the level of local need. To date 93 practitioners are trained with 22 assessments being completed. The neglect subgroup is focusing on evaluating the use of the tool and the outcomes for children and families as a priority for 2025/26 as part of our ongoing implementation plan. The agreed reality for whole scale of implementation is several years.

## Co Production

We have undertaken work with pupils at Blue Coats school creating an awareness raising lesson on gendered based violence, devised by young people for young people. We are working with a group of domestic abuse survivors to develop literature for friends and family, this being an action from a local DHR.



## Next Steps

Our next training pathway will focus on intra familial child sexual abuse, linking into our already established complex safeguarding training pathway.

Northwest RIPP have secured funding between April 25 and March 26. Partners have access to a range of training and development opportunities in line with the NW priorities. The Response Pathway from the Centre of Excellence sets out how to respond to concerns of child sexual abuse: from first concerns and early help safeguarding through to child protection and criminal justice responses.

We will be implementing two multi agency practice weeks and one multi agency practice session per annum. The first focuses on intra familial child sexual abuse and will be running from 13-17 October 2025.

We have developed a multi-agency workforce development document which is due to be signed off at the next strategic learning and review group by partners that aims to ensure we:

- Have a robust system for embedding learning of local and national reviews
- Effectively respond to the learning and development needs of the workforce
- Promote critical analysis
- Support professional accountability and responsibility across the workforce
- Support a culture of best practice
- Encourage professional curiosity and challenge
- Work effectively with partner agencies to ensure multi agency and single agency training support the delivery of quality services
- Develop a skills-based offer of multi- agency learning

# Online Impact

## OSCP Website Engagement Summary

1 April 2024 – 31 March 2025



**30,458**

views from 8,952 users

↑ 30% from previous year



**81,450**

interactions

↑ 30% from previous year

### Top pages:

- Training
- Policies
- LADO
- Referrals

During 2024-25

@SafeguardingOldham

tweets have been seen  
more than

**9000**  
times

There are now  
more than **1,500** subscribers  
to the fortnightly  
Oldham Safeguarding Bulletin



# Scrutinising the Safeguarding Children Partnership in Oldham

## The role of Independent Scrutiny

I am pleased to introduce myself as the Independent Scrutineer for the Oldham Safeguarding Partnership. I joined the partnership towards the end of January 2025 and therefore my reflections are based on my findings to date.

My role as the Independent Scrutineer is to provide independent assurance by reflecting and reporting on the effectiveness of multi -agency arrangements to safeguard and promote the welfare of all children in Oldham. I act as a critical friend to the partnership and challenge through ongoing appraisal of the partnerships in line with Working Together 2023. I look forward to sharing with you in the next annual report the findings and recommendations from the scrutiny work I undertake.

### Reflections on the Annual Report

This report covers the period between April 2024 and March 2025. It reflects the safeguarding commitments of all partners, as we work to achieve our intentions as set out in our strategic plan.

This report was prepared by the OSCP Business Support Unit on behalf of the Partnership and recognises the progress the OSCP has made throughout the year and the challenges that remain that we will continue to address in 2025/26. I have reviewed the contents, and, as the Independent Scrutineer and based on my experience of the partnership to date, including meetings with Delegated Safeguarding partners, attendance at partnership meetings, observation of subgroups and access to robust analysis of the multi -agency data set, I can confidently say that the contents are an accurate reflection of the activities of the Partnership and its Subgroups. It highlights the areas where progress has been made and what we need to focus on in 2025/26 and beyond.

I can confirm that there is a strong commitment from the partnership to strengthening our approach to safeguarding and this is evidenced by the support and challenge that is evidenced in partnership meetings and the strategic leadership from the Delegated Safeguarding Partners and the willingness to work together to address challenges. It is also pleasing to note the strengthening of the role and representation from schools and education settings in our partnership.

What's Next for the Partnership? Issues of Note and Risks to be Dealt with Over the next 12 months.

Over the next 12 months the partnership will be responding to the Children's Wellbeing and School Bill, (<https://bills.parliament.uk/bills/3909>) this is a national programme of reform which will support the partnership in reviewing and enhancing how services are delivered to children and their families through the Family First Partnership Programme. The OSCP has a key role in supporting delivery of the reforms and I can confirm that the partnership is working collaboratively to ensure that the reform is delivered and focussed on the needs of children and families in Oldham.

I am pleased to note the breadth of work that is undertaken to hear directly from children and families about the work the partnership undertakes. We know there is more to do to ensure that the voice and influence of Children and their families is strengthened in the work of partnership, and we will be exploring opportunities to strengthen this moving forward including opportunities for 'young scrutineers' to work alongside me in holding the partnership to account and to evidence the impact of the work they do.

Learning from Local Safeguarding Practice Reviews remains a key focus for the partnership and moving forward we are looking at how we can strengthen our approach to multi -agency audit and understanding of best practice to ensure that actions we take really do make a difference for children and young people.

Whilst there is always much to do to ensure we continuously improve our safeguarding practice I am confident that Oldham's Safeguarding Partnership will rise to the challenge, and our practitioners will continue to work tirelessly to ensure our children are safeguarded.

A handwritten signature in black ink, reading 'V. Buchanan'.

Vicky Buchanan  
Independent Safeguarding Scrutineer

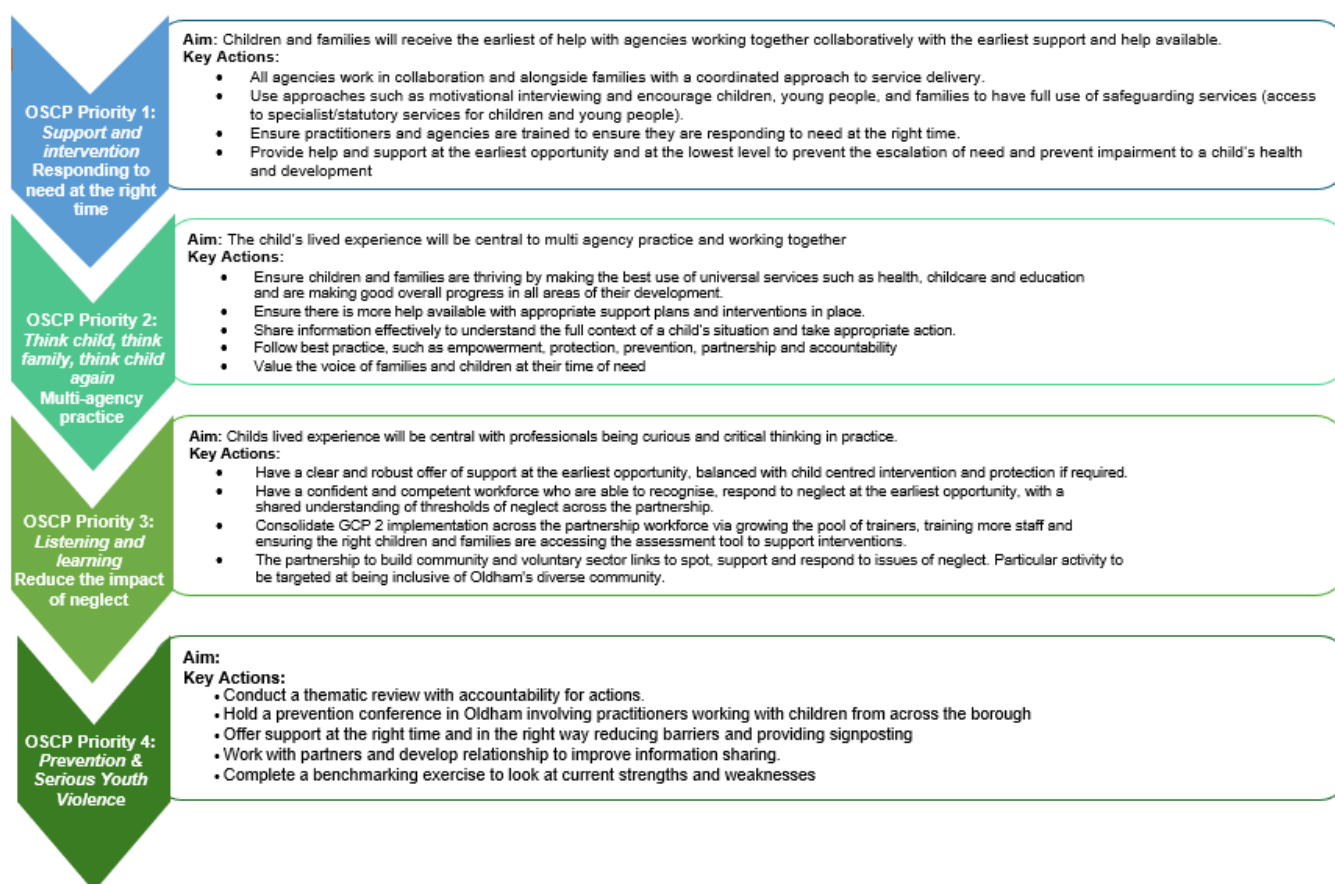
# Our plan for 2025

The Oldham Safeguarding Children Strategic Plan for 2024-27 has been developed to ensure it is compliant with Working Together 2023, and The National Framework for Children's Social Care and to reflect the changing strategic needs within Oldham.

## OSCP Service Achieving Excellence Plan 2025



### Service Priorities and Actions



## Financial Breakdown

Working in partnership means organisations and agencies should collaborate on how they will fund their arrangements.

The table below shows the partnership's income and key expenses over the past 12 months. Staff costs include:

- Business Manager (FT)
- Business Coordinator (FT)
- Partnership Support Officer (FT)
- Training Consultant (PT)
- Training Officer for Education (PT)
- Safeguarding Advisor for Education (FT)
- Lead for Child Employment and Entertainment (PT)

The Partnership Business Unit, is now fully staffed, provides logistical, administrative, and development support. A summary of other costs is provided in the table

The OSCP budget is agreed annually and funded by partner contributions, which have remained static for some years. Greater Manchester Combined Authority (GMCA) manages the budget for Greater Manchester Police (GMP) and determine GMP contribution to Oldham Safeguarding Children Partnership. Positively it has been proposed a 2.6% inflationary increase for the 2025/26 financial year.

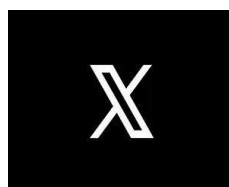
In 2024/25, OSCP faced significant costs due to five ongoing Local Safeguarding Children Practice Reviews (LCSPR's). Despite this financial pressure, careful budget management ensured sufficient funding to support all key elements of the arrangements, including the LCSPRs.

Income 2024/25		Expenditure 2024/25	
Local Authority	162,092.89	Business Unit Salaries	316,649.20
Integrated Care Board (ICB Oldham)	71,366.93	Local Safeguarding Children Practice Reviews (LCSPR)	35,263.30
Police	14,367.00	Website	1,675.00
Service Level Agreements (Academies and Independent schools)	80,497.12	Meetings and Events	1,215.00
Probation	3,149.50	Independent Scrutiny	7,660.00
Dedicated schools grant (DSG)	110,000.00	Subscriptions/Memberships	53.66
		Overheads	78,042.28
		Procedures	915.00
<b>Total Income 24/25</b>	<b>441,473.44</b>	<b>Total Expenditure 24/25</b>	<b>441,473.44</b>

## Appendix 1 - Statements from Oldham Safeguarding Children Partnership agencies.

In addition to the Oldham Safeguarding Children Partnership's Annual Report—which outlines local safeguarding trends, partnership actions over the past year, and priorities for the year ahead—individual agencies are invited to contribute highlights of their own safeguarding activity. These contributions are published as **Single Agency Reports** providing further insight into the breadth and depth of safeguarding work across Oldham

### Keep in touch



Follow us on X.

[@SafeguardOldham](https://twitter.com/SafeguardOldham)



Visit our website: <https://www.olscb.org/>

Email: [OSCP.Group@oldham.gov.uk](mailto:OSCP.Group@oldham.gov.uk)







## **Report to HEALTH AND WELLBEING BOARD**

### **Creating Healthy Lives in Oldham**

#### **Portfolio Holders:**

Councillor Brownridge, Cabinet Member Health and Social Care

**Officer Contact:** Dr Rebecca Fletcher, Director of Public Health

**Report Author:** Dr Lois Hall-Jones, Consultant in Public Health

**Date:** 15.01.2026

#### **Purpose of the Report**

Creating Healthy Lives in Oldham is a newly developed strategic approach to improving the health and wellbeing of Oldham Residents. This approach is informed by evidence that tells us that our physical and mental wellbeing is shaped by the environment in which we live, our access to nutritious food, and opportunities to move more.

The Move More Alliance, Food Environments Alliance, and Healthy Weight Alliance, will drive this strategic approach by bringing together partners from across the system. The alliances will take a community-led and compassionate approach to improving health and wellbeing and tackling inequalities faced by Oldham residents.

The Move More Alliance will support residents and communities to move more in their every day lives, whilst the Food Environments Alliance will strive to make healthy food and drink an easy and accessible option. The Healthy Weight Alliance will support residents to achieve and maintain a healthy weight through means other than the food environment and moving more, such as access to preventative and treatment services.

Please refer to the attached slides for more information.

#### **Requirement from the Health and Wellbeing Board**

To note the development of Creating Healthy Lives in Oldham and to agree to regular reporting of progress going forward.

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# Creating Healthy Lives in Oldham

Health and  
Wellbeing Board-  
January 2026

# Creating Healthy Lives in Oldham

- A strategic approach to improving the health and wellbeing of Oldham residents
- Driven by three alliances:
  - Move More Alliance
  - Healthy Weight Alliance
  - Food Environments Alliance

# Current Position

# Oldham's Health in 2025

**9th  
highest**  
rate of infant mortality  
in England



Smoking rates are showing improvement, but remain above the England average

Oldham sees higher rates of drugs & alcohol related hospital admissions and deaths



**80.5**  **76.6** 

Life Expectancy is significantly lower compared to England  
2.5 years lower for males  
2.6 years lower for females



Oldham residents are more likely to die prematurely (before 75) from :

- Cancers
- Cardiovascular Disease
- COVID-19
- Liver Disease
- Respiratory Disease



Healthy Life Expectancy is lower than the England average  
3.9 years lower for males  
3.8 years lower for females

**15%** of adults are recorded as having depression

35% of Oldham residents live in an area amongst the most deprived 10% nationally

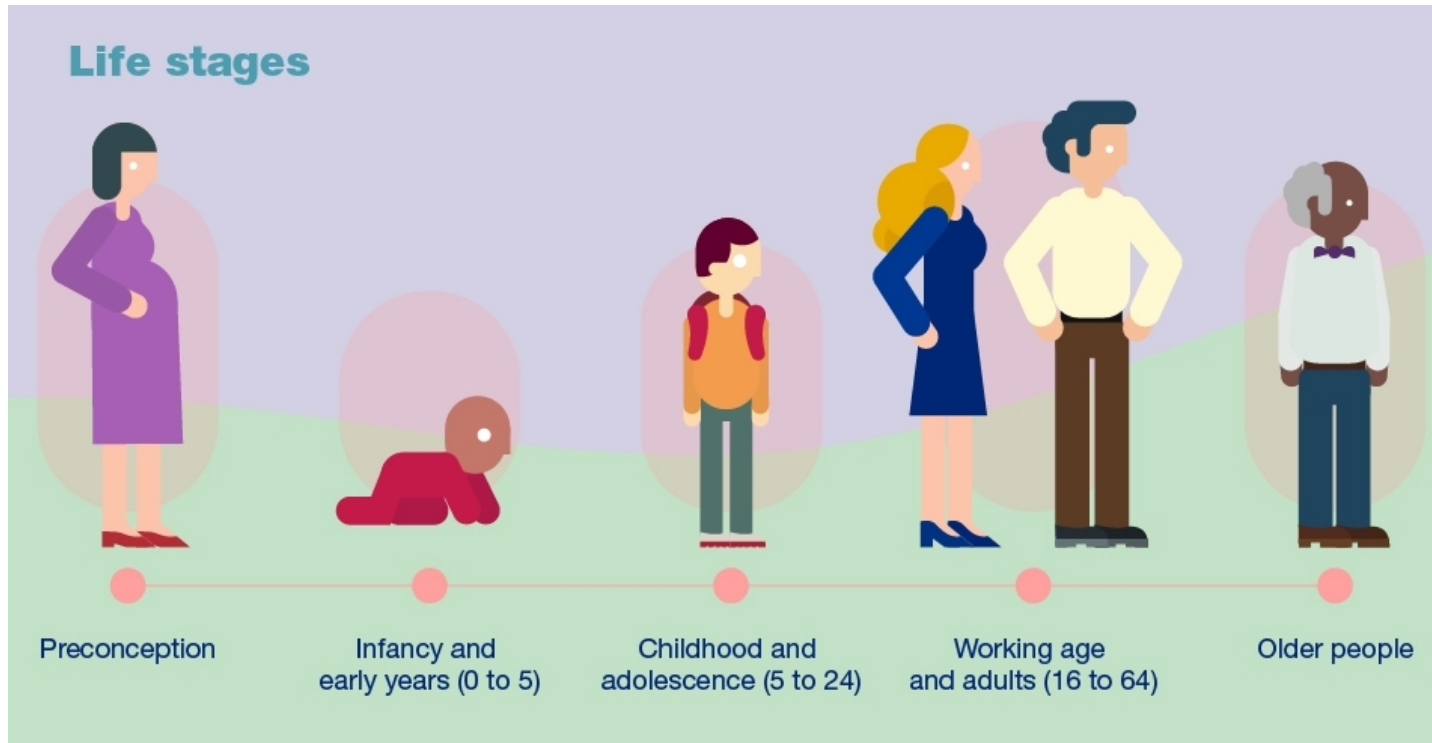


**11th  
lowest**  
rate of physically active adults in England



Oldham residents are spending an average of 21 years in poor health

# Good food and movement shape our health at every age



- Brain development
- Strong immune systems
- Oral health
- Mental health and wellbeing
- Social connections
- Self-esteem and confidence
- Long-term health conditions



# Not everyone has the same opportunities to eat well



## Cost

A healthy diet costs the poorest people **50%** of their disposable income, compared to **11%** for the wealthiest.



## Advertising

Food and soft drink advertising spend: **33%** on unhealthy food and drinks, compared to **1%** on fruit and veg



## Access

England's poorest areas are fast food hotspots, with **5 times** more fast food outlets than the most affluent communities.

# Why does this matter to children and young people?



## Physical activity



1 in 3 young people in Year 10 are doing one hour of physical activity per day.

However, this drops to 1 in 4 (27%) of Year 10 girls.



40% of young people in Year 7 are doing one hour of physical activity per day.

## Nutrition

1 in 10 young people are eating 5 portions of fruit and vegetables per day.



1 in 10 young people agreed that most days in their home, "The food we bought didn't last, we didn't have money to get more."

**64%**

of Oldham children achieved a **'good level of development'** by the end of reception  
(Lower than national average)

**36%**

of five-year-olds in Oldham have visible **dental decay**  
(Higher than national average)

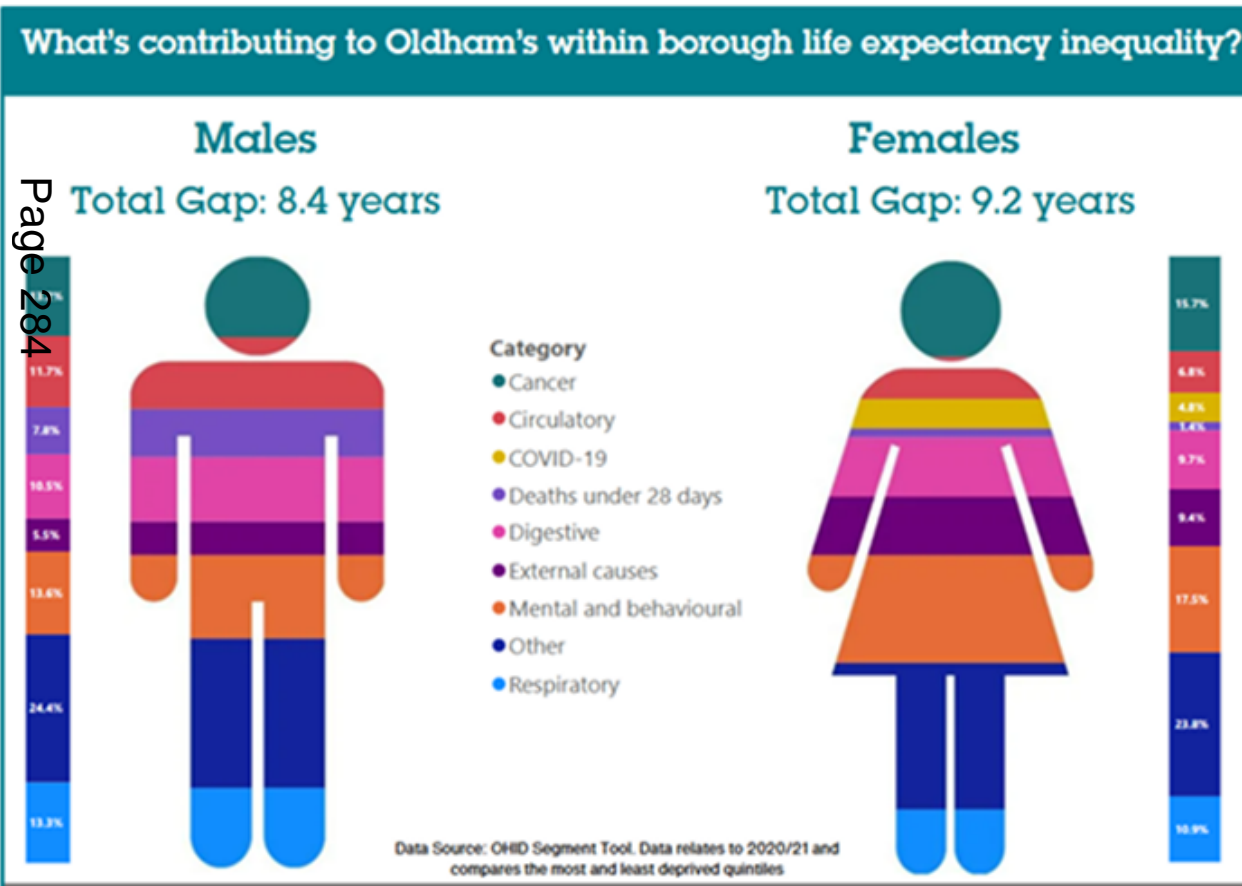
**22%**

of **reception** children in Oldham were **overweight or obese** in 2024/25  
(Similar to national average)

**39%**

of **year six** children in Oldham were **overweight or obese** in 2024/25  
(Higher than national average)

# Why does this matter to adults in Oldham?



**24%**

of adults in Oldham eat  
**five pieces of fruit or  
vegetables** a day  
(Lower than national average)

**59%**

of adults in Oldham  
are **physically  
active**  
(Lower than national  
average)

**71%**

of adults in Oldham  
were **overweight or  
obese** in 2023/24  
(Higher than national average)

**8.5%**

of adults in Oldham  
**feel lonely** often or  
always

# Strategic Approach

# How can we create healthy lives in Oldham?

Page 286



**Working across  
the system**



**Partnering with  
residents and  
building on  
strengths**



**Working  
upstream &  
downstream**

# Creating Healthy Lives in Oldham

Community-Led

Tackling

Systems Working

Compassionate

Inequalities

## **Move More**

Supporting residents and communities to move more in their everyday lives

## **Healthy Weight**

Supporting residents to achieve and maintain a healthy weight

## **Food Environments**

Working together to make healthy food and drink the easy option for everyone

# Progress to date



# Launch event

- December 2025
- Hosted by OMBC public health team
- Gathering of partners from across the system:
  - Shared the vision
  - Discussed opportunities and challenges
  - Began to shape priorities under each alliance
  - Call to action, commitment to partnership working
  - Captured alliance membership

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