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ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD Agenda

Date	Tuesday 17th November 2026
Time	6.00 pm
Venue	Council Chamber, JR Clynes Building, 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 the Director of Legal, Alex Bougatef or the Constitutional Services team at least 24 hours in advance of the meeting. 2. Further information relating to this meeting is available from the Constitutional Services team, email: constitutional.services@oldham.gov.uk 3. Public Questions - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the Constitutional Services team, by 12.00 noon on Thursday, 12th November 2026. 4. Filming - The Council, members of the public and the press may record/film/photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming. Please note that anyone using recording equipment both audio and visual will not be permitted to leave the equipment in the room where a private meeting is held. Membership of the ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD: Councillors Arstan, Ball, Eyre, Hurley, Ibrahim, Jabbar (Chair), Klonowski, Moores (Vice-Chair), Rustidge, Ruthven and Williamson

Item No

1 Apologies For Absence

2 Urgent Business

Urgent business, if any, introduced by the Chair

3 Declarations of Interest

To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.

4 Public Question Time

To receive Questions from the Public, in accordance with the Council's Constitution.

5 Minutes (Pages 5 - 10)

The Minutes of the meeting of the Adults Social Care and Health Scrutiny Board held on 10th March 2026 are attached for approval.

6 Greater Manchester Joint Health Scrutiny Committee (Pages 11 - 24)

The minutes of the Annual General meeting of the Greater Manchester Joint Health Scrutiny Committee, held 15th September 2026, are attached for information.

7 Joint Health Overview and Scrutiny Committee for NHS Northern Care Alliance (Pages 25 - 30)

The minutes of the meeting of the Joint Health Overview and Scrutiny Committee for NHS Northern Care Alliance, held on 25th June 2026, are attached for information

8 Move More, the Place Approach, and Oldham Active (Pages 31 - 40)

A report providing an update on how the Authority is delivering a Whole-System Approach to Physical Activity, Health Improvement, Prevention and Community Wellbeing.

9 Oldham Safeguarding Adults Board Annual Report 2025/26 (Pages 41 - 90)

To receive the Oldham Safeguarding Adults Board Annual Report 2025/26

10 Healthier Oldham Plan (Oldham Neighbourhood Plan) 2026 to 2031 (Pages 91 - 160)

To consider the Oldham Neighbourhood Plan 2026 - 2031

11 Integrated Improvement Plan (Pages 161 - 226)

To consider the NHS Northern Care Alliance's Integrated Improvement Plan

12 Briefing Papers for NHS Northern Care Alliance Stakeholders (Pages 227 - 234)

Briefing papers arising from System Improvement Board Meetings

13 Work Programme (Pages 235 - 236)

To note the Scrutiny Board's Work Programme for 2026/27.

14 Key Decision Document (Pages 237 - 254)

A document detailing upcoming Key Decisions that are scheduled to be considered.

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ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD
10/03/2026 at 6.00 pm

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

Also in Attendance:

Mike Barker	Deputy Chief Executive (Health & Care)
Councillor Barbara Brownridge	Cabinet Member for Adults, Health and Wellbeing
Rebecca Fletcher	Director of Public Health
Jack Grennan	Constitutional Services
Claire Hooley	Joint Commissioining for People (Health & Social Care)
Jayne Ratcliffe	Director of Adult Social Services
Christian Walsh	Deputy DASS

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Hurley, Ibrahim and Sharp.

2 **URGENT BUSINESS**

There were no items of urgent business received.

3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4 **PUBLIC QUESTION TIME**

There were no public questions received for the Committee to consider.

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

RESOLVED that the minutes of the meeting held on 27th January 2026 be approved as a correct record.

6 **PERFORMANCE ASSURANCE REPORT 2025/26 Q3**

The Deputy Chief Executive (Health & Care) introduced the Performance Assurance Report, noting that the report covered overall performance within the Directorate. It was highlighted that the figures were relatively good despite challenge of demand across the system and that there was an improved customer experience.

Members queried whether job vacancies were open to fill permanently the roles currently being undertaken by agency staff. It was noted that vacancies were open but that the service had struggled to recruit, particularly around mental health posts.

Members queried the statistic of 'percentage of adult social care providers rated good or outstanding by CQC', particularly around why the service was not hitting the 80% target. It was

highlighted that the figures were not a fair reflection as some providers were waiting for re-ratings by the CQC who had their own backlog. It was also highlighted that the Council does its own due diligence checks on providers too, so there was some assurance around these providers.

Members raised concerns about the 'TBCs' in the Directorate Overview, and queried why these officers would not attend the Scrutiny board. It was advised the two posts with 'TBC' next to them were only recently appointed and their names were given to members. It was highlighted that they would not be attending the Adults Social Care and Health Scrutiny Board but would be attending the Governance, Strategy and Resources Scrutiny Board, as their work was not specifically within the remit of this Board.

Members highlighted that some services had been brought back in house, and whether that meant that the Council would not be working with Pennine Care on these going forward. It was noted that this agreement had been a multilateral decision around 18 months ago, as part of a fundamental review and was in the best interest of those impacted for the service to be provided by the Council. It was highlighted that this was a different way of doing partnership work and that these arrangements were now the norm across GM.

Members also noted that SARs received and answered had both fallen, and it was noted that there would be a dedicated officer for these requests.

Members questioned how targets are set, and it was noted that for some, work is done with performance colleagues to determine what is ambitious but realistic, whilst others are statutory targets that are set nationally. It was noted that a review of targets might be helpful. Members also queried how our performance compares to other GM authorities, and it was advised that Oldham performs well across GM. It was also highlighted that a groupings such as the Association of Directors of Adult Social Services and the GM Group of Directors also help to compare across boroughs.

Members asked about residents of other boroughs being looked after in Oldham and out of borough placements. It was noted that the Council does not record the number of residents of other boroughs placed in Oldham, and that for Oldham residents in out of borough placements, the number was not a lot but still too many, with work ongoing to reduce the number. It was also noted that Oldham's out of borough numbers compare favourably to other GM authorities.

RESOLVED that the Performance Assurance Report be noted.

7 **CQC FEEDBACK**

The Director of Adult Social Services presented the feedback from the CQC inspection, noting that Oldham had received a 'Good' rating and 67% score. It was noted that the inspection

was carried out over 9 quality statements, and Oldham was in the top third of local authorities nationally, meaning that other authorities were looking to Oldham for good examples. The feedback around four key themes was outlined, as were areas for development and next steps. It was noted that Oldham was striving to keep building on this work and driving for an 'Outstanding' rating in future. It was also noted that the rating was delivered within the context of a challenging financial position.

Members queried the timeline for an action plan to address the CQC's concerns, and it was highlighted that the CQC hadn't asked for any improvements to be made, and that there were no surprises within their feedback around areas for development. It was noted that when the business plan was submitted, this would focus on areas for development. It was also noted that this would be an annual conversation.

Members noted that it was positive but noted that the next CQC review would be in around 4 years, highlighting that this was a while off. It was noted that internal reviews would be regularly carried out as they already are and that the CQC rating was a validation of what the service is already doing.

Members congratulated the service on the rating but noted concerns about staff fatigue and burnout as well as EDI. It was noted that staff burnout was a concern, but staff enjoyed the CQC visit and meetings with them, and were asking 'what next?' for improvements after the report was unveiled. It was also highlighted that such a positive CQC rating would attract new staff to the borough. Work around EDI was underway with conversations ongoing with staff and residents.

Members noted the reports reference to 'strong leadership and governance' and the fact that Oldham placed high in the league table of local authorities and queried what more the service could learn from the authorities higher up the table. It was noted that the service had reviewed the other authorities' CQC feedback reports too, noting their work on EDI, engagement and coproduction and highlighting that Oldham's work on this was still in its infancy. It was also highlighted that waiting lists in the top performing authorities were not as significant as they are in Oldham.

RESOLVED that the CQC feedback be noted.

8 **ORAL HEALTH ALL AGE APPROACH**

The Director of Public Health presented the item, noting that it was about the Council's oral health approach, not about dentistry. It was noted that there were four key areas of focus which were: Early Years, Targeted Groups, Food Environment, and the Oral Health System. New and upcoming initiatives were outlined and it was highlighted that whilst significant progress had been made, there was more to do.

Members noted the community fund and queried whether this had yet been set up. It was noted that dental packs had already been funded and gone out to young people, and that community groups had been previously funded. It was highlighted that the community fund had not yet opened but that it was likely to do so in the first quarter of the 2026/27 financial year.

Members queried what work was being done with schools, and it was noted that the Council did work with schools on oral health, particularly around education and the food and drink available in schools.

Members noted the preventative measures outlined in 3.1 of the report and asked what actions were being taken to promote these. It was noted that the provision of free toothbrushes and toothpaste were a part of this approach as was the Smile Month initiative. Members also queried how success on these measures would be gauged. It was highlighted that real results won't be seen for 2-3 years but that proxy measures such as the uptake of provisions could show some indications of whether progress is being made in the meantime.

RESOLVED that the approach be noted.

9 **MARKET POSITION STATEMENT AND COMMISSIONING DELIVERY PLAN**

The Assistant Director of Commissioning and Market Management presented the item, noting that the Council was required to have a market position statement under the Care Act 2014, which outlined both current and future need. It was outlined that the strategic commissioning documents were a suite of documents to allow for time sensitive updates and keeping stable data.

The local picture, including demographics and projected growth, was outlined, noting that strategies were being put into place now for the future. Key service areas, market strengths and challenges, commissioning intentions and future demand were also highlighted.

Members requested clarity around residential fees, querying how these are benchmarked. It was advised that the service looks at a number of factors and the uplift is agreed as part of the budget process. It was also highlighted that Oldham's approach is based on the fair cost of care model and is tracked thoroughly. It was noted that the gap needs to be kept down with predicted costs tracked and monitored throughout the year. It was also highlighted that the relationship with providers was crucial in helping to benchmark as well.

Members highlighted the focus on working collaboratively, querying how the Council is involving the voluntary sector. It was noted that the Council was collaborating with the voluntary sector around the Live Well approach and that there were opportunities as part of commissioning services. Funding and training were also noted as further areas to develop the work

with the voluntary sector. Members also highlighted concerns around the lack of voluntary sector information on the website, and it was highlighted that whilst this was outside the scope of the item, officers would take a look at this and get back to members.

Members requested that the statements be brought to a future meeting, specifically a snapshot with a description of the process and elements of feeding in.

RESOLVED that the Market Position Statement and Commissioning Delivery Plan be noted.

10 **WORK PROGRAMME**

Members noted the request from the previous item regarding the statement could be added to the Work Programme for 2026/27 and all members were invited to suggest items.

RESOLVED that the 2025/26 Work Programme for the Adult Social Care and Health Scrutiny Board be noted.

11 **KEY DECISION DOCUMENT**

The Board reviewed the Key Decision Document.

Members noted concerns over current telephone systems and hoped that the Telephony contract item would help address this.

12 **RULE 13 AND 14**

There were no rule 13 or 14 decisions to be noted.

The meeting started at 6.00 pm and ended at 7.50 pm

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Minutes of the Annual Meeting of the Greater Manchester Joint Health Scrutiny Committee held on 15 September 2026 at 10.00 am at Greater Manchester Combined Authority, Tootal Buildings, 56 Oxford Street, Manchester M1 6EU

Present:

Councillor Liz FitzGerald	Bury Council (Chair)
Councillor Basil Curley	Manchester City Council
Councillor Pat Dale	Rochdale Council
Councillor Nathaniel Tetteh	Salford City Council
Councillor Sangita Patel	Tameside Council
Councillor Mark Tobin	Trafford Council

Officers in Attendance:

Charlotte Bailey	Chief Strategy, People and Partnerships Officer, NHS Greater Manchester (GM)
Aydin Djemal	VCSFE Representative
Jenny Hollamby	Governance and Scrutiny Officer, GMCA
Lindsay Kirby	Assistant Director, Communications and Engagement NHS GM
Kirit Patel	VCFSE Representative
Claire Smith	Associate Director Nursing and Quality Assurance, NHS GM
Rachel Tanner	Chair of ADASS and Director of Adult Social Services, Bolton Council
Jenny Wilkinson	Programme Manager for SEND, NHS GM

JHSC/35/26 Welcome & Apologies

The Chair opened the meeting and welcomed all those present.

Apologies for absence were received and noted from Councillor Rachel Bresnahan, Councillor David Harvey, Councillor Debbie Parkinson, and Councillor Julie Pattison.

Apologies were also received and noted from Claire Connor, Director of People. Communications and Engagement, NHS GM.

JHSC/36/26 Chair's Announcements and Urgent Business

The Chair advised that the NHS GM Reform and Workforce Update would be considered as the first substantive item on the agenda to accommodate Charlotte Bailey's prior commitment.

Members received an update on the Maternity and Early Years Task and Finish Group, which had commenced work following its scoping meeting on 9 September 2026. The GMCA Governance Officer would contact Members regarding future meetings and participation in the Group.

The Chair reported that Kirit Patel had stood down as the Committee's VCFSE Representative and thanked him for his contribution. Members welcomed Aydin Djemal, Chief Executive Officer of BHA for Equality, who would join the Committee as the new VCFSE Representative.

Members were also advised that monthly stakeholder briefings issued by the Northern Care Alliance (NCA) following meetings of the System Improvement Board would continue to be circulated by the GMCA Governance and Scrutiny Officer. A further discussion would take place at Item 9, Work Programme for the 2026/27 Municipal Year.

It was also agreed that Members would be polled on whether future meetings could start at 2.00 pm to avoid clashes with Councillor Basil Curley's Manchester City Council Audit Committee commitments.

Resolved/-

1. That the GMCA Governance & Scrutiny Officer poll Members to determine whether future meetings could commence at 2.00 pm to avoid clashes with Councillor Curley's Manchester City Council Audit Committee commitments.
2. That the GMCA Governance & Scrutiny Officer contact Members with dates/times for the Maternity and Early Years Task and Finish Group.

JHSC/37/26 Declarations of Interest

There were no declarations of interest received.

JHSC/38/26 To Approve the Minutes of the last meeting dated 11 August 2026

Resolved/-

That the minutes of the meeting held on 11 August 2026 be approved as a correct record.

JHSC/39/26 NHS GM Reform and Workforce Update

Charlotte Bailey, Chief Strategy, People and Partnerships Officer, NHS GM, introduced the item and outlined progress in NHS GM's reform and workforce programme, including Phase 1 delivery, development of the people and culture offer for the reshaped organisation, and priorities for Phase 2. Members' views were sought on the priorities and assurances set out in the report.

It was reported that:

- Phase 1 of the reform programme was nearing completion, with the new organisational structure now in operation and a small number of displaced colleagues continuing to be supported into suitable alternative employment.
- More than 300 colleagues had left NHS GM through voluntary redundancy schemes, which had reduced the need for compulsory redundancies.

- Equality monitoring had identified no evidence of disproportionate adverse impacts arising from the programme, although further assessment would be undertaken as implementation progressed.
- The programme had focused on culture, leadership development, staff experience and strengthening strategic commissioning capability alongside organisational restructuring.
- Phase 2 would focus on embedding the new arrangements, supporting staff in their roles and reviewing the effectiveness of the new structure.
- Implementation of the Place model, transfer of Individual Funding Requests (IFR) into NHS GM and development of an integrated GM Public Health Network would form part of Phase 2.
- The next phase of work would focus on embedding the changes, progressing organisational development activity and completing implementation of the strategic commissioning model.

In response to a question, it was reported that the changes had affected staff, including the loss of colleagues and the need to adapt to new roles, organisations and ways of working. Pulse survey feedback indicated that staff needed time to settle into the new arrangements. NHS GM continued to provide wellbeing support, monitor staff wellbeing and gather feedback through local pulse surveys and the national staff survey.

A Member asked about the quality and delivery of service. NHS GM had anticipated an impact on staff capacity during the transition period and had put business continuity arrangements in place, with activity focused on key organisational priorities. Whilst the period remained busy, particularly with winter approaching, mitigations were in place to minimise impacts on service delivery.

Concerns were raised about the employee relations and legal challenge risks identified in the report. It was reported that the employee relations risk related to staff adapting to new teams and different ways of working, including matrix working and greater collaboration across organisational priorities, whilst the legal challenge risk related to ensuring the redesigned organisation continued to meet its statutory duties, with checkpoints in place throughout the process to provide assurance.

It was asked if professional bodies and trade unions been engaged throughout the reform programme. It was explained that a partnership forum had been established at the start of the reform programme and met regularly throughout the process. Trade unions and staff representatives had been actively involved in consultation, scrutiny and co-design of the changes.

A Member enquired if health inequalities had been considered as part of the redesign. It was advised that tackling health inequalities remained a core purpose of NHS GM and had been embedded throughout the redesign programme. Further work would be undertaken through Phase 2, including place-based working with LAs to better meet the needs of residents.

It was clarified that Phase 2 would allow any issues identified during Phase 1 to be addressed. Review and evaluation arrangements were being developed and would consider issues such as statutory duties, vacancies, capacity and service risks, both at a GM and place level.

A Member asked what would happen to displaced staff and when information on the impact of the changes on staff would be available. It was advised that displaced colleagues were being supported to secure suitable alternative employment wherever possible and would only be made redundant where no suitable alternative role could be identified. It was added that staff feedback and workforce intelligence would be reported back to the Committee once the results of the national staff survey became available in early 2027.

In response to a question about the increase in recruitment of under-represented groups, it was advised that the information was available and would be circulated to Members. A report on the equality impact and workforce profile would be presented to the Integrated Care Board (ICB).

A Member asked whether staff terms and conditions, including sickness arrangements, were changing as part of the reform programme. It was clarified that terms and conditions had remained unchanged, although some changes had been made to arrangements for certain senior management and clinical roles in line with national policy.

It was confirmed that NHS GM had not made any changes to its sickness absence policy and that any future policy changes would be developed in consultation with staff representatives.

Resolved/-

1. That the Committee considered the progress made through Phase 1 and provided views on the approach to completing the remaining workforce processes, including the continued priority given to securing suitable alternative employment for displaced colleagues wherever reasonably possible.
2. Members considered the workforce mitigation and equality assurance set out in the report and indicated any further reassurance Members required as Phase 1 concluded, including in relation to the final Phase 1 equality impact assessment.
3. Members provided comments on the priorities for strengthening culture, leadership, inclusive ways of working and commissioning capability in the reshaped NHS GM.
4. That Members identified aspects of Phase 2 implementation, including the place model and service transfers, on which they would welcome further information or assurance as implementation progresses.
5. That NHS GM Officers provide a future update on staff voice, including Pulse survey feedback and staff survey intelligence.
6. That NHS GM Officers circulate information on recruitment levels and workforce equality data as part of the final impact report.
7. That NHS GM Officers return to the Committee in February/March 2027 to report on workforce impacts and staff feedback.

JHSC/40/26 Care Quality Commission (CQC) Assessment Data

Presented to Members was a follow up report on the Care Quality Commission (CQC) assessments of Adult Social Care (ASC) provision across GM. The presentation responded to the questions raised by the Committee at its July 2026 meeting regarding assessment outcomes, variation in performance across GM and the role of GM Association of Directors of ASC (ADASS), and arrangements to support improvements.

The main points referred:

- All GM LAs had now received published CQC assessment reports and ratings.
- Partnership working, communities, learning, improvement and innovation remained areas of strength across GM.
- Assessing need remained the principal area for improvement both locally and nationally.
- ADASS supported LAs through benchmarking, peer support and sector-led improvement.
- Learning from Wigan's Outstanding assessment and Salford's improvement programme was being shared across GM.
- Wigan's success reflected long-term investment in prevention, communities, neighbourhood working and digital innovation.
- Salford had strengthened governance, oversight and improvement arrangements and was bringing adult social care services back into council management.

A Member requested further information on Wigan's neighbourhood approach and use of artificial intelligence. It was reported that investment in VCFSE organisations, prevention services and support to reduce social isolation had strengthened community-based support. Wigan was also using data analytics and artificial intelligence to identify trends and inequalities, support assessments and reduce administrative burdens on social workers, enabling more time to be spent supporting residents.

A Member welcomed the learning from the CQC inspections and queried why Wigan's staff turnover was significantly below the national average. It was reported that factors may include culture, staff engagement, stable leadership and staff feeling valued. Good practice and learning would continue to be shared across partner organisations.

A Member queried whether Wigan's stronger outcomes reflected higher levels of funding or more effective use of resources. It was reported that comparisons were complex and influenced by a range of factors, including historic investment decisions, local demand, inequalities, the impact of Covid-19 and variations in funding and service models. Further work was underway to better understand these differences.

In response to questions around community capacity and neighbourhood working, GM authorities had strong VCFSE sectors and community networks. The Live Well approach aimed to strengthen community-led prevention and earlier intervention, moving beyond traditional social care responses and supporting a greater focus on upstream prevention. A future update was offered.

The Chair suggested a future update should focus on how learning from higher-performing authorities was being applied across GM, progress made against identified improvement areas and any changes emerging six months on. The Chair also requested an update on the Casey Review, national developments in adult social care and their implications for GM.

Resolved/-

1. That the presentation be received and noted.
2. That the Committee considered the responses to the questions raised at the July 2026 meeting.
3. Members noted the ongoing work being undertaken across GM to support continuous improvement in ASC.
4. That a broader ASC update be provided at a future meeting.
5. That a future update focus on how learning was being applied across GM, progress made against identified improvement areas and any changes emerging six months on.
6. The Chair also requested an update on the Casey Review, national developments in adult social care and their implications for GM.

JHSC/41/26 Update on Paediatric Audiology GM-wide Review

Claire Smith, Associate Director Nursing and Quality Assurance, and Jenny Wilkinson, Programme Management for Special Educational Needs and Disabilities (SEND) and Inclusion, NHS GM introduced a report that provided an update regarding the GM response to challenges with Paediatric Audiology services.

The main points referred:

- Site visits had been completed across all GM paediatric audiology services and four providers had undertaken recall clinics to review children's care.
- An independent provider had delivered services in Stockport, supporting more than 3,000 children and helping prepare for the phased reopening of the service.
- A GM-wide service specification was being developed to establish consistent standards and support a future model of care.
- Quality assurance visits identified areas for improvement relating to governance, audit processes, workforce and training.
- A GM Improvement Group had been established to oversee improvement plans and share learning across providers.
- Recall clinics had been undertaken in Stockport, Withington, Salford and Wrightington, Wigan and Leigh, with reviews undertaken by independent subject matter experts.
- Recall clinics were expected to conclude by the end of September 2026, with arrangements in place to follow up children who did not attend appointments.
- No significant harms had been identified to date through the recall process and the reviews had provided assurance regarding wider safeguarding and diagnostic arrangements.
- A regional review found that all providers had addressed identified improvement areas and were meeting national quality standards.
- The remaining areas for completion related to recall clinics and national UKAS accreditation requirements.
- Officers reported that quality standards had largely been evidenced across GM and that completion of the recall programme would provide a consistent assurance position across all services.
- Next steps included finalising the GM service specification and developing a business case to support equitable access to paediatric audiology services across GM.

The Chair requested additional data to support scrutiny of the recall programme, including the number of children reviewed and recalled. Officers confirmed that detailed assurance data, including recall numbers, risk categories and the regional action plan, could be

shared with Members. It was reported that Stockport had been the most significantly affected service, with around 250 children attending recall clinics, while the remaining recall cohorts were smaller and no significant harms had been identified to date.

A Member sought clarification on the causes of the systemic issues identified within paediatric audiology services. Officers advised that the issues were multifactorial and included variations in estates, equipment, training, workforce models, governance and audit arrangements. Strengthened training, peer review and audit processes had subsequently been introduced.

In response to a supplementary question regarding how misdiagnoses could occur at an individual practitioner level, Officers advised that paediatric hearing assessments were complex and relied on both technical testing and professional judgement. It was reported that stronger governance, external scrutiny, peer review and shared learning arrangements had been introduced to support consistency and reduce the risk of error.

A Member sought assurance regarding future arrangements for Stockport's paediatric audiology service when the independent sector contract ended. Officers advised that a phased reopening of the NHS service was underway, supported by a structured roadmap, with independent sector support continuing if required to maintain continuity of care. It was also noted that Stockport Foundation Trust had continued to provide hearing assessments through the ENT pathway.

A Member queried how consistency and quality could be assured where there was no single national standard for paediatric audiology services. Officers advised that a draft national service specification was in development, alongside a GM service specification, which would establish clear standards, quality measures and performance indicators across GM. It was reported that the GM specification was expected to progress through governance arrangements with implementation targeted for April 2027.

A Member sought clarification on how the Committee would be involved in the development of the new service specification and future proposals. It was confirmed that the Committee was able to provide views and ask questions as part of the process and would receive a further update on the final position.

A Member asked about support provided to families affected by the review. Officers advised that the National Deaf Children's Society had been involved at national and regional level, helping to represent the family voice and develop support materials for families. It was also reported that patient representatives were involved in the regional quality review process.

A Member asked what provision was available to support young people who used British Sign Language and whether there were any associated financial implications. Officers advised that British Sign Language support was provided through educational settings, supported by teachers of the deaf, and that funding formed part of existing education commissioning arrangements.

Resolved/-

1. That NHS GM Officers circulate detailed assurance data, including recall clinic numbers, risk categories and outcomes.
2. That NHS GM Officers circulate the regional consolidation report/action plan.
3. That the Committee endorsed the next steps outlined in the report (finalising the GM Paediatric Audiology Service specification, developing and submitting a business case for future service delivery, supporting providers to move to high assurance status, and continuing work to support the safe reopening of Stockport services).

JHSC/42/26 NHS GM Monthly Service Reconfiguration Progress Report and Forward Look along with Interim Updates on Specialist Cardiac Surgery and Specialist Vascular Surgery

Lindsay Kirby, Assistant Director of Communication and Engagement, NHS Greater Manchester, presented a report outlining service reconfigurations currently subject to engagement and/or consultation, together with updates on ongoing engagement activity. Interim updates on the Specialist Cardiac Surgery and Specialist Vascular Surgery consultations had been circulated with the agenda papers.

The Committee received an update on the specialist cardiac and vascular surgery consultations, which remained open until 22 September 2026.

- Responses had increased to 360 for the cardiac surgery consultation and 397 for the vascular surgery consultation.
- More than 300 people had been engaged through each consultation via face-to-face events and online focus groups.
- Targeted engagement had been undertaken with groups identified through the Equality Impact Assessment, including hospital patients, support groups, older people, faith groups, veterans and communities most affected by the proposals.
- Feedback on the cardiac surgery proposals remained broadly supportive.
- Feedback on the vascular surgery proposals continued to highlight concerns regarding the potential loss of services from Oldham, travel and public transport implications, capacity at Manchester Royal Infirmary and the impact on staff at the Royal Oldham.
- Both consultations were due to close on 22 September 2026, after which all feedback would be analysed and incorporated into final consultation reports.
- It was reported that no decisions had yet been made and that all feedback, including alternative proposals, would be considered before a decision was taken in early 2027.

A Member queried the lower level of consultation responses from Heywood, Middleton and Rochdale compared with Oldham. Officers advised that the figures reflected an earlier stage of the consultation process and anticipated that the final results would show a more balanced spread of responses across all affected areas.

Concerns were raised regarding travel and public transport implications arising from the proposals. Officers confirmed that travel and transport issues would form part of the overall consultation analysis and decision-making process.

A Member queried the level of engagement taking place in Salford. Officers advised that engagement activity had been targeted towards the areas most affected by the proposals, particularly Oldham and Rochdale. It was reported that additional engagement had taken

place since the publication of the interim report and a fuller update, including activity in Salford, would be provided in due course.

A Member requested further information on the reach and impact of the consultation's social media activity. Officers advised that the consultation had initially been subject to a limited launch due to the mayoral pre-election period, with paid social media activity only commencing shortly before the report was produced. A full breakdown of social media reach and engagement would be included in the final report.
The Chair commented that the final report should include information on current patient pathways and where would patients be treated following the changes.

A Member noted the relatively low level of responses from Tameside given the prevalence of cardiovascular disease. Officers advised that the figures reflected the midpoint of the consultation and that the final report would provide assurance on the full extent of engagement activity undertaken

Resolved/-

1. That the update be received and noted.
2. That NHS GM Officers provide a final report, including a breakdown of engagement by locality, social media reach and engagement metrics, and information showing where patients currently access services and how proposals would change this.

JHSC/43/26 Work Programme for the 2026/27 Municipal Year

The Chair presented a report that provided the Committee with its Work Programme 2026/27.

Items for the next meeting on 13 October 2026 were confirmed as:

1. Strategic Commissioning Plan
2. Integrated Care Board Update
3. Development of the North West Individual Funding Requests
4. Potential - Cardiovascular Disease Prevention (CVD) and Diabetes

The wider ASC Update would be considered on 10 November 2026 when NHS GM Officers were available.

It was noted that Members would consider any further scrutiny requirements following the NCA meeting on 24 September 2026.

Resolved/-

1. That the above items be considered at the next meeting on 13 October 2026.
2. That a wider ASC Update be considered on 10 November 2026.
3. That Members consider any further scrutiny requirements following the NCA meeting on 24 September 2026.

JHSC/44/26 Date and Time of Next Meeting

13 October 2026 at 10.00 am, Boardroom, GMCA (to be confirmed).

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR NORTHERN CARE ALLIANCE
25/06/2026 at 2.00 pm

Present: Councillors FitzGerald (Chair), Hunt and Simpson (Bury)
Councillor Klonowski (Oldham)
Councillors Dale (Vice-Chair) and Joinson (Rochdale)

Also in Attendance:

Mike Barker	Executive Director Health and Care (Deputy Chief Executive)
Karen Coverley	Deputy Chief Nursing Officer
Jack Grennan	Constitutional Services
Steve Leech	Director of Finance - Group Reporting
Tamara Zatman	Associate Director – Post Transaction Integration (NCA)

1 **ELECTION OF CHAIR**

RESOLVED: That Councillor FitzGerald be appointed Chair of the Committee for the 2026/27 municipal year.

2 **ELECTION OF VICE CHAIR**

RESOLVED: That Councillor Dale be appointed Vice Chair of the Committee for the 2026/27 municipal year.

3 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Barbara Brownridge and Graham Sheldon (Oldham).

4 **URGENT BUSINESS**

There were no items of urgent business received.

5 **DECLARATIONS OF INTEREST**

There were no declarations of interest for the meeting.

6 **PUBLIC QUESTION TIME**

There were no questions received for the Committee to consider.

7 **MINUTES OF THE PREVIOUS MEETING**

The Chair requested that an update be provided on the outcomes of sexual safety incidents in relation to the Urgent Business item at the previous meeting.

RESOLVED: That the Minutes of the Joint Health Overview and Scrutiny Committee meeting held on 26th February 2026 be approved as a correct record.

8 **INTEGRATED PERFORMANCE REPORT**

Members queried the sickness absence figures and asked if there were any reasons why it was above target, and why there had been a decrease in the Welcome Back compliance.

Members were advised that the main reasons were work-related stress, colds and coughs, and muscular-skeletal issues, and that there was work being done around staff wellbeing, especially SCARF (Support, Care, Assist, Recognise and Family), the NCA's wellbeing programme. Members queried whether the sickness absence rate was due to staff not accessing the existing support. It was noted that this was partly true but that there were also pressures generally, and debriefs were held with staff every day to see how best they could be supported. It was also highlighted that the Welcome Back reviews were the NCA's return to work scheme and that the meetings included an action plan and a review date for both staff and managers.

Members asked questions around the mutually agreed resignation scheme, and it was noted that the resignations would be allowed in cases where there was service need and a mix of skills already in the workforce. It was highlighted that this would in effect be a soft restructuring and was about whether the NCA could do something differently and whether the resignations would pay for themselves within 12 months. Members also noted it was positive that staff turnover was down.

Members questioned whether overpayments were paid back, and it was confirmed that they were. Members suggested that a net outstanding figure would be good for the Committee to see.

Members highlighted theatre productivity and asked what needed to be done to improve this. It was noted that there were struggles with staffing and capacity demands. A paper had gone to the executive around resourcing this issue and it was noted that some progress was being made with some additional staff having been recruited and were currently going through training. It was also highlighted that industrial action was having an impact, leading to a reduction in core activity.

Members queried why waiting lists were coming down, and it was highlighted that this was due to a focused effort. It was, however, noted that industrial action was unhelpful in this effort, and it was explained to members why the industrial action was happening.

Members also queried the variation in four hour standards across the hospitals under the NCA. It was noted that there was variation across the four sites but that the larger sites were improving. It was noted that one of the key issues at Oldham was the flow and the estate. Work was ongoing through groups such as the Bed Optimisation Group to improve the flow through the system.

Members requested a future item on urgent care across hospitals to go on the Work Programme.

Members noted that the 63+ days waiting list was dropping, which was a positive.

On the finance report, members noted the report highlighting 'no areas of major concern' was positive, and it was confirmed that the extra £4.9m in bonus funding would sit in reserves but could not be used as additional spend. Members queried the cash position (days) statistic, and it was confirmed that this was due to the timing of capital schemes. It was noted that there were underlying deficits of around £60m and that 2026/27 had a break even position set through deficit reductions, with 2026/27 being the last year in which the NCA would be in deficit, but noted that it would be a challenging year. Members were assured that every saving scheme was quality assessed, including its impact on patients. Members requested to see the plans and the effects on patients in a future meeting.

Members noted the 'forward look' for the Chief Nursing Officer's metrics, asking for some clarity around CDI. Members were informed that CDI was an infection connected to antibiotics. It was noted that there was a focused piece of work on this, particularly around switching to oral antibiotics from intravenous.

Members noted concerns around the decline in the timeliness of complaints and PALS (Patient Advice and Liaison Services), and were advised that there had been a real issue with timeliness leading to formal complaints. It was noted that there was a trajectory to get this back on track. Members requested an item to go on the Work Programme around a wider look at Complaints and the Patient Experience more broadly. Members queried whether there were any changes in the complaints procedure that caused the decline. It was noted that there had not been and it was due to a workforce issue due to a transition to clinical groups with staff getting used to new roles. It was also noted that the volume of complaints and the subsequent backlog was leading to more conversions into formal complaints. It was suggested that earlier intervention from PALS would help as would ensuring that staff were supported and felt confident to handle issues at a ward/departmental level. It was highlighted that a review is currently underway around what is required around complaints, especially regarding capacity and demand.

Members noted concern that higher turnover would lead to less experienced staff in particular areas. It was noted that the NCA expected senior leaders to support staff and that strong structures to encourage this were being put in place.

Members requested an update on the clinical leadership model be brought to the committee towards the end of the municipal year.

Members noted improvements around patient safety incidents and asked how this had been achieved. It was noted that the main driver of this was the sharing of information and linking between teams, including safety summit meetings each week, along with bespoke pieces of work for different areas.

Members noted that the report notes areas of concern around 'demanding is exceeding capacity in some services' and queried

which services this referred to. It was noted that this primarily related to Adult Social Care at Salford. Members suggested that for future reports, more information be given on points like this to help members.

Members queried why urgent community 2-hour performance had increased, and it was noted that there had been a focus amongst the adult social care team about getting people home sooner. Members also highlighted the drop in Community CYP (Children and Young People) wait times, and it was noted that this was due to a focus on children's services, particularly speech and language. Members asked whether given the consistency of the 52 weeks+ metric, could it be revised down to capture a lower target, for example 26 weeks. It was noted that the 52 weeks+ metric was a nationally set metric.

9 **FINANCIAL UPDATE**

The content of Item 9 was covered during the discussions on Item 8 (Integrated Performance Report).

10 **CQC UPDATE**

The Deputy Chief Nursing Officer presented the report, providing updates on each organisation and their CQC inspection.

Members noted that it was positive to see that, particularly regarding Rochdale, actions were already making improvements, and it was noted that the areas for improvement were being addressed in a timely manner.

Members also queried what a Section 29A was, in relation to Oldham. It was noted that a Section 29A was an immediate warning notice, and that Oldham had stopped their continuous flow work, and the NCA was looking at full capacity protocols across all sites.

Members queried whether staff and patients were happy with the changes and it was noted that whilst there was some upset in the emergency departments, there was a more positive feeling in Outpatients, due to the nature of the changes.

Members queried why some issues not occur at all hospitals, and it was noted that different hospitals have different offers, which can impact bed deficits and lengths of stay.

Members requested a breakdown of KPIs by the four areas and the context as to what each hospital offers. Members also requested that the Constitutional Services officer contact Salford to reinvite their members to these meetings.

Members noted that Salford's 'Requires Improvement' rating and the comments in the report seemed to suggest that it was far worse than Oldham's despite the same 'Requires Improvement' rating and asked when it was expected that the hospital would be out of this position. It was noted that there had

been considerable improvement already and that bespoke work was being done.

Members noted concerns around senior leadership visibility and a lack of interactions with staff, and it was noted that there was an effort to go back to basics, including having a more visible presence from leaders.

It was noted that there were no immediate concerns at Fairfield but that learning was being taken from the inspections at Oldham and Salford and escalation areas were being looked at.

Members noted the recommendations but highlighted that the KPI information was different to the outcomes, meaning that the CQC outcomes came as a surprise to the committee. It was noted that it may be worth examining what information the committee gets to ensure useful oversight.

Members noted the ongoing well led inspection for an overall rating, with an expectation for inspections in July 2026, and requested an update to the staff survey and the Well Led inspections once they had been completed.

Members noted an issue of culture, with people not feeling listened to or able to speak out.

11 **2026/2027 WORK PROGRAMME**

The Chair asked for a list of items requested during the meeting to be read out. The following had been requested during the meeting as future items for the Committee's Work Programme.

- Urgent care across hospitals.
- Saving scheme plans and the effects on patients.
- Patient Experience (including complaints)
- Clinical Leadership update
- Breakdown of Key Performance Indicators by the four areas (Oldham, Rochdale, Bury and Salford) and the context as to what the offer is in each area
- Staff experience, including the staff survey and follow-up to Well Led inspections.

An additional item of a deep dive on community services was also suggested.

The meeting started at 2.00 pm and ended at 3.40 pm

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Report to Adult Social Care & Health Scrutiny Committee

Move More, the Place Approach, and Oldham Active

Officer Contact: Rebecca Fletcher, Director of Public Health

Report Author: Pritesh Patel, Sport Leisure and Wellbeing Service Manager (Public Health)

10 November 2026

Purpose of Report
To provide an update on how we are delivering a Whole-System Approach to Physical Activity, Health Improvement, Prevention and Community Wellbeing

Executive Summary
Physical inactivity remains one of the leading risk factors for poor health and contributes to obesity, cardiovascular disease, diabetes, poor mental wellbeing and loss of independence in later life.
Collaboratively with our partners and our communities we are delivering a whole-system Move More approach which seeks to embed physical activity into everyday lives through neighborhoods, communities, active travel, sport, leisure and health services.

Recommendations
The Committee is asked to

1. Consider the report, and note the progress being made through the Move More place-based approach to increase physical activity, reduce inequalities and improve health outcomes across Oldham.
2. Note the positive contribution of partnership working, external funding, and working alongside our communities.
3. Recognise the role of Oldham Active in supporting health improvement, reducing inequalities and delivering community benefit beyond the requirements of the contract.
4. Endorse the continued development of a whole-system approach to physical activity as part of Oldham's prevention and wellbeing agenda. #MoveMoreFeelBetter

Move More, the Place Approach and Oldham Active

1 Background

1.1 Physical activity is a key determinant of health and wellbeing and plays an important role in preventing illness, reducing health inequalities and supporting socially connected and healthy communities.

The Move More Feel Better approach aligns with:

- Oldham Corporate Plan priorities
- Public Health priorities
- Live Well ambitions
- Integrated Care Partnership prevention agenda
- Active Lives, GM Moving and Sport England outcomes
- Oldham Health & Wellbeing Strategy 2022 - 2030

Our approach recognizes that increasing population physical activity levels cannot be achieved by any one team or organisation alone. Instead, a whole system approach is required. Collaboratively working with Public Health, Action Together, Oldham Active, Planning, Transport, Community Organisations, Residents, Education, Health, and others, to create environment and activities where moving more becomes a normal part of daily life.

2 Current Position – Move More Place Based Approach

2.1 The Oldham Place Partnership

Oldham's Move More approach is underpinned by a strong Place Partnership model (formerly the Local Delivery Pilot). Bringing together organisations and teams across the council, transport, sport, VCFSE, our communities & residents, and health, to create the conditions that enable residents to Move More, and where being active is the norm.

A key principle of the Place Partnership approach is working alongside residents and communities to understand local priorities, strengths and barriers, ensuring activities are shaped by those they are intended to benefit.

Oldham continues to strengthen its Place Partnership approach, bringing together organisations that positively influence health, wellbeing and activity levels.

We collectively recognize that physical activity is influenced by a wide range of factors including:

- Personal motivations & barriers
- Health & wellbeing
- Transport & Connectivity
- Communities and their capacity
- Access to facilities and green spaces close to where our residents live
- Social connection
- Cost and affordability

Working collectively enables partners to align resources, insight, and develop solutions alongside our communities that respond to the needs of our residents and communities.

The focus is on creating opportunities alongside our communities, and for our residents to be active in a way that suits them, which are accessible, affordable and sustainable in places and spaces that they trust.

Key priorities include:

- Reducing inactivity
- Working with and alongside our communities
- Addressing health inequalities
- Increasing community participation
- Embedding physical activity into wider health and social outcomes.

Activities

- Community engagement & co-production
- Capacity building & workforce development
- Developing local physical activity opportunities
- Activating community assets & spaces
- Systems & partnership integration.

Outcomes

- Greater awareness of physical activity opportunities
- Increased confidence & motivation to be active
- Stronger community relationships & voice
- Better partner collaboration & joined-up working
- Greater use of local spaces and community led opportunities
- Increased community leadership & volunteering
- Physical activity is more embedded in local systems & services

2.2 What the Place Partnership approach has enabled

Through collaborative working, the partnership has:

- Strengthened relationships and trust between key organisations & communities
- Increased opportunities for communities to influence programme design and delivery
- Supported external funding applications and investment
- Connected physical activity programmes to wider health and social outcomes
- Created opportunities for learning and sharing good practice (in and outside Oldham)

2.3 Active Travel

Active Travel remains a significant element of our Move More approach.

Working with colleagues across transport, environmental services, regeneration, education, businesses and communities, activity has focused on encouraging everyday walking, wheeling and cycling.

Examples include:

- Walking groups
- Cycling programmes
- Bee Network activation.
- A new walking and cycling forum and a dedicated Facebook group.

Benefits include:

- Increased physical activity
- Improved air quality
- Reduced social isolation
- Improved mental wellbeing
- Supporting access to employment, education and services
- 18 new Walk Leaders trained
- 2 additional School Bike Libraries in development
- 450 members of the new Oldham Walking & Cycling Facebook page

During 2025/26 and 2026/27 Active Travel activation funding was integrated into our Public Health Move More team with the Activation officer sitting across Public Health and Strategic Transport. This has strengthened the connection and impact of Active Travel, physical activity and community development.

Supporting local VCSFE organisations to access funding from GM Moving and Transport for Greater Manchester (TfGM) Wheels & Walks programmes has allowed local organisations to deliver a range of community-led projects and active travel initiatives, helping to reduce barrier to participation and create more opportunities for residents to be active within their local communities.

2.4 Place Partnership and Active Through Football

The Place Partnership and Active Through Football are both place based approaches that focus on engaging residents living in areas experiencing high levels of inequality and inactivity. Using football, sport and physical activity as a catalyst to improve many outcomes and often working with local community organisations or community leaders.

Through both the Place Partnership and Active Through Football programmes, investment is focused on neighbourhoods experiencing the highest levels of health inequality, deprivation and physical inactivity.

Activity is delivered across all five districts with a particular focus on supporting communities to shape and lead locally appropriate solutions. This has resulted in new opportunities for residents to be active, increased community ownership, stronger local partnerships and greater use of community assets and spaces.

Through the Place Partnership approach, residents and community organisations are supported to identify local priorities and shape solutions that reflect the strengths and needs of their neighbourhoods or their groups & communities.

Activity varies across each district or each ‘place’ but typically includes ongoing community engagement, activation of parks and community spaces, development of local volunteers & leaders, training opportunities, walking & cycling initiatives, and support for local groups to deliver physical activity opportunities, which sometimes are tailored to a identified cohort like women & girls, families & children, or groups based on culture or faith.

This approach recognizes that sustainable behaviour change is more likely when opportunities to be active are developed with communities rather than for / to communities. By investing in local relationships, trusted organisations and community assets, the Place Partnership has helped create environments where moving more is increasingly becoming part of everyday lives.

Alongside increased opportunities to be active, wider benefits have included stronger community networks, improved social connections, increased confidence amongst residents, greater volunteering and community leadership, and stronger collaboration between local organisations and groups (rather than in competition).

Collectively, this work now reaches and enables residents across all five districts of Oldham, enabling local solutions to be developed whilst contributing towards borough wide health and wellbeing priorities.

3 Funding and Investment into Oldham

We have secured over £3.1 million of external investment over the last five years to support physical activity, health improvement and community wellbeing. This has been done by the Public Health Move More team working in partnership with other local organisations.
This figure does not include other groups and organisations that we have supported for them to bring in investment into Oldham.

Through partnership working, we have successfully secured & supported bids for external funding from organisations including:

- Sport England
- Football Foundation
- GM Moving
- Active Travel England
- Other regional and national partners

These investments enable extra programmes, interventions, infrastructure improvements and valuable capacity to make a positive difference, that would not be possible otherwise.

'Programme'	**External Investment secured**
Place Based approaches to Physical Activity (Place Partnership & Active Through Football)	£ 1,109,635
Capital improvements (Eg PlayZones, Cricket NTPs and Park Tennis Courts)	£ 733,599
Swimming Pool Support Fund	£ 500,000
Active Travel Activation & Bikeability	£ 369,200
Opening Schools Facilities	£ 310,692
Other Move More Programmes	£ 104,500

4 Impact on Residents

The Move More Place Partnership approach is delivering positive outcomes for residents, communities and partners through a combination of increased opportunities to be active, stronger community capacity and improved health & wellbeing.

Health & Wellbeing

- Increased confidence & social connection
- Improved mental wellbeing
- Reduced social isolation

Community Capacity

- Development of local leaders
- Strengthened Partnerships

- Increased number of volunteers & volunteer opportunities

Community Activity.

- 18 new Walk leaders trained recently
- 450+ members of the new Walking & Cycling Facebook group
- Plus, an increase in the…
    - Number of walking groups
    - Number of opportunities available to be active
    - Number of residents participating in local opportunities
    - Number of volunteers supporting physical activity opportunities

4.1 Case Study 1: Tommyfield Park Active Travel & Safety Pilot

As part of the new Tommyfield Park regeneration programme, pupils from two local primary schools took part in this pilot. Acting as 'Route Detectives', children and school staff explored the park and surrounding area, identifying barriers and opportunities for walking, wheeling & cycling. Their feedback was shred directly with the landscape architect leading the next phase of regeneration, ensuring that young people's experiences helped shape future improvements to accessibility, active travel routes and public spaces.

4.2 Case Study 2: ATF Women's Just Play Football Session. <Participant Quote>

"Coming to the Tuesday Women's Just Play session has been such a positive experience for me. It's great knowing you can just turn up, play football and enjoy being active without any pressure or expectations. The fact that the sessions are free has made it accessible for so many of us who might not otherwise have the chance to play. It's also helped me build confidence and meet new people. One of my favourite memories was being part of the launch of the new Oldham Athletic kit for the season. That was a proud moment and showed how much women's football in the community is growing."

4.3 Move More Family Event at Spring meadows Family Hub

This event brought together local residents, community organisations and health partners to Encourage physical activity, improve wellbeing and connect people with local support services. It was also a great opportunity to engage with residents.

Despite poor weather requiring the full event to move indoors, 77 residents attended, including 37 children. Families took part in a range of activities, including boxing, active play and circus skills, while residents also accessed health checks and information about local opportunities to be active.

Feedback highlighted the value of providing accessible activities within the community. The event also provided useful insight into local barriers to physical activities, with cost and time identified as the most common challenges, helping inform future community engagement and activity programmes.

5 The Contribution of Oldham Active

Oldham Active (Oldham Community Leisure – OCL) is a key strategic partner in the delivery of Oldham's ambition to support residents to move more and live healthier lives. Whilst best known for operating leisure facilities on behalf of the council, its contribution extends far beyond the provision of sports and fitness services.

As a Community Benefit Society & Charity, Oldham Active reinvests any surpluses back programmes, facilities and services that benefit local residents. Through its facilities, partnerships, outreach work and targeted health programmes, Oldham Active plays an important role in supporting prevention, reducing health inequalities and improving health and wellbeing outcomes across the borough.

Oldham Active has over 1.5million visits a year and 12,904 Health & Fitness members, of which 1,900 are Young Person memberships (an ever-increasing cohort), who regularly use their facilities. A short video will be shown at the Committee meeting to highlight the latest annual report.

5.1 Supporting the Prevention Agenda

Oldham Active's approach aligns closely with Oldham's prevention priorities, recognizing that increasing physical activity can help reduce the risk of a range of long term health conditions including cardiovascular disease, Type 2 diabetes, obesity, poor mental health & social isolation.

Through a combination of leisure provision, community outreach and targeted interventions, Oldham Active supports residents across the life course to become and remain physically active.

This contributes directly to wider public health objectives by helping residents maintain independence, improve wellbeing and reduce demand on health and care services.

5.2 Improving access and reducing inequalities

Oldham Active continues to work with partners to reduce barriers that can prevent residents from accessing physical activity opportunities.

Examples include:

- Welcome to Oldham activity offers supporting newly arrived residents to access local facilities and activities
- Oldham Halloween Half Marathon continues to have record entries each year, with 412 runners taking part this year (2026). Helping to raise money for local charities and supporting our town centre economy by bringing visitors into Oldham from all round the country to take on the hilly challenge.
- The Shower & Go initiative, helping individuals experiencing homelessness or financial hardship access facilities with dignity.
- Active Start membership & programmes supporting pregnant women, families and those new to physical activity.
- Targeted community outreach programmes designed to engage residents who are traditionally underrepresented within leisure and physical activity settings.
- Over 200 adults received free swimming lessons each week, and 4,500 children on their swimming lesson programme all of which receive free swimming to help them practice between swimming lessons.

This approach aligns with our Place Partnership approach and helps ensure that opportunities to be active are accessible to all residents, particularly those living in communities experiencing the greatest health inequalities.

5.3 Investing in Facilities and Customer Experience

Oldham Active continues to invest in facilities and services to ensure residents have access to high-quality, welcoming and inclusive environments in which to be active and connect with others.

Recent developments include:

- Refurbishment of changing village facilities at Failsworth Sport Centre has started, including improved accessibility and inclusive provision
- Ongoing investment in swimming provision and programme development
- Embarking on the refurbishment and operation of Grange Astro Turf Pitch
- Partnership working to maintain & develop community access to sports facilities across the borough
- Improvements to digital systems, including enhancement of customer booking platforms and online services with a new refreshed website.

These improvements support increased participation whilst ensuring facilities remain fit for purpose and responsive to community need.

5.4 Working with Communities and Partners

A significant strength of Oldham Active is its extensive partnership network across health, voluntary, community and public sector organisations.

Partnerships include collaborations with:

- Public Health
- Primary Care Networks (PCNs)
- Family Hubs
- Age UK Oldham
- Action Together
- Community & voluntary organisations including groups and clubs such as SAWN and Fatima Women's Association
- Faith groups
- Live Well and Connected Communities teams

Through these partnerships, Oldham Active is able to connect residents with wider support services while promoting physical activity as part of its holistic approach to health and wellbeing.

Partnership working also enables targeted engagement with groups who may face additional barriers to participation, ensuring services are informed by community needs and local priorities.

5.5 Supporting Community Capacity and Volunteering

Oldham Active continues to make a valuable contribution to developing local skills, volunteering and employment opportunities

Through volunteering programmes, apprenticeships, work experience placements and workforce development initiatives, they support local residents to gain confidence, develop skills and access employment opportunities. 150-160 volunteers are engaged or supported each year, helping deliver programmes across the borough.

Volunteers contribute significantly to activity delivery and community engagement across the borough, helping strengthen community capacity and supporting the sustainability of local programmes.

5.6 Contributing to the wider Move More agenda

Oldham Active is an integral part of the borough's wider Move more system and works alongside the Council, Public Health, GM Moving, Sport England and other partners to increase physical activity levels and improve health outcomes.

The collaborative approach ensures leisure facilities act as only one part of a much broader physical activity ecosystem, connecting residents to opportunities within communities, districts and various spaces and places.

Oldham Active's contribution therefore extends beyond facility management and includes supporting strategic objectives around prevention, health improvement, community wellbeing and reducing inequalities in Oldham.

5.7 Looking ahead

Oldham Active remains committed to continuing its role as a strategic partner within Oldham's place-based approach to physical activity and wellbeing.

They continue to work alongside the Council & partners to maximise opportunities for residents to be physically active, improve access to services, tackle inequalities and contribute to healthier, more resilient communities.

As work progresses towards the future leisure operating model beyond 2028, Oldham Active will continue to support the Council in delivering positive outcomes for residents whilst maintaining its focus on community benefit, partnership working and health improvement.

6 Recommendations

The committee is asked to:

1. Consider the report, and note the progress being made through the Move More place-based approach to increase physical activity, reduce inequalities and improve health outcomes across Oldham.
2. Note the positive contribution of partnership working, external funding, and working alongside our communities.
3. Recognise the role of Oldham Active in supporting health improvement, reducing inequalities and delivering community benefit beyond the requirements of the contract.
4. Endorse the continued development of a whole-system approach to physical activity as part of Oldham's prevention and wellbeing agenda. #MoveMoreFeelBetter

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SAFEGUARDING OLDHAM

OLDHAM SAFEGUARDING ADULTS BOARD

Annual Report & Single Agency Statements 2025-26





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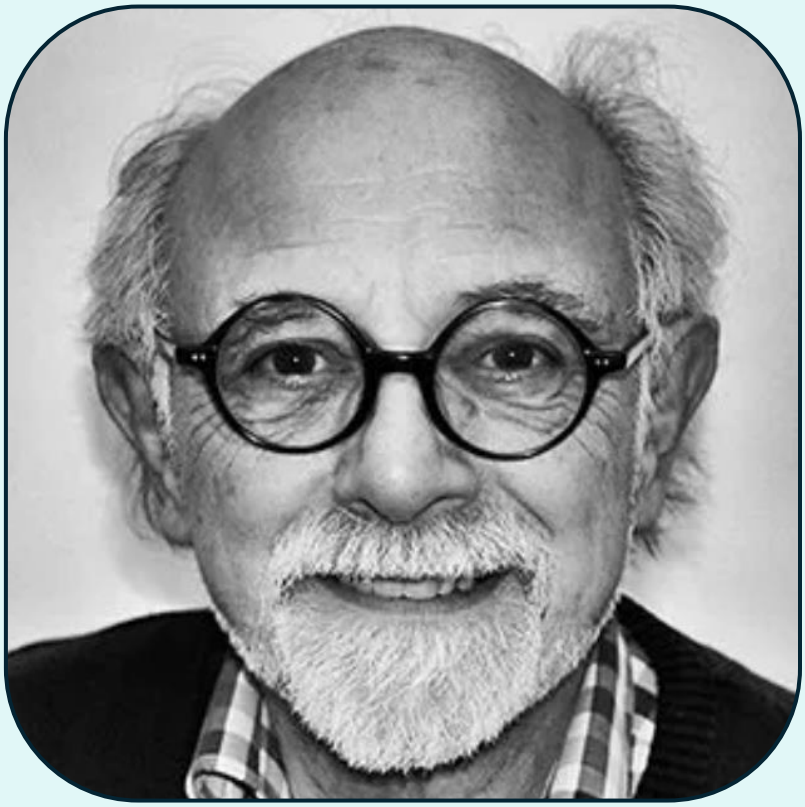
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Foreword from the OSAB Independent Chair



It is my pleasure to present the Oldham Safeguarding Adults Board (OSAB) Annual Report for 2025-26. This report reflects another year of strong partnership working, shared commitment and collective effort to help adults in Oldham live safely, free from abuse and neglect. As Independent Chair, I am continually impressed by the willingness of organisations across Oldham to work together, learn together and challenge themselves to improve outcomes for our most vulnerable residents.

This has been a year of significant achievement. One of the highlights was the introduction of Oldham's first Workforce Confidence Survey, which provided valuable insight into practitioner confidence across a range of safeguarding responsibilities, including recognising abuse, information sharing and the application of the Mental Capacity Act. The survey findings have already helped shape the Board's programme of work, ensuring that training, guidance and support are targeted where they can have the greatest impact.

The Board also continued its commitment to raising public awareness and engaging directly with communities. A particular success was the Freedom Bus visit to Oldham as part of Anti-Slavery Day. Working alongside partners, OSAB helped bring conversations about exploitation and modern slavery into the heart of the borough, encouraging residents to appreciate the important role everyone can play in safeguarding vulnerable people.

Another area of considerable success has been workforce development. During the year, OSAB delivered multi-agency training on key safeguarding topics to a large number of practitioners from more than 80 different organisations. Feedback from participants was overwhelmingly positive, highlighting the quality of delivery, the value of lived experience contributions and the opportunity to learn alongside colleagues from other agencies. Effective safeguarding depends on a skilled, confident and connected workforce, and these results demonstrate the strength of Oldham's commitment to continuous learning and improvement.

Alongside these successes, this report also highlights some important challenges. Safeguarding referrals increased during 2025-26, reflecting both growing awareness of safeguarding and the increasing pressures facing individuals, families and

communities. The complexity of vulnerability continues to evolve, with agencies reporting increasing presentations involving mental health difficulties, self-neglect, homelessness, exploitation, domestic abuse, trauma, substance misuse and social isolation. Many of these issues do not occur in isolation but overlap, creating situations that require coordinated and sustained multi-agency responses. The single-agency statements contained within this report provide compelling evidence of these challenges. Across housing, health, social care, policing, probation, voluntary sector and community services, organisations consistently report increasing demand, more complex risk profiles and growing numbers of people experiencing multiple disadvantages simultaneously. Whilst these pressures are significant, the statements also demonstrate the resilience, innovation and dedication of practitioners who continue to place people and communities at the centre of their work.

I am particularly encouraged by the ongoing commitment of partners to learn from Safeguarding Adult Reviews, strengthen professional curiosity, improve Mental Capacity Act practice and embed trauma-informed approaches. The positive feedback received through external scrutiny, including recognition of the strength of local safeguarding partnership arrangements as part of the Local Authority's assessment by the Care Quality Commission, provides further assurance that Oldham continues to build on solid foundations while remaining focused on improvement.

Finally, I would like to thank every practitioner, volunteer, manager, Board member and partner organisation for their contribution during the year. Safeguarding is truly everyone's business. The achievements described throughout this report are only possible because of the collective efforts of people across Oldham who remain committed to protecting the rights, dignity and wellbeing of others.

As we look ahead to 2026-27, we do so with confidence in our partnerships, determination to address emerging challenges, and an unwavering commitment to helping people live safely in Oldham.



Dr Henri Giller
Independent Chair
Oldham Safeguarding Adults Board

Helping People Live Safely in Oldham

What is Safeguarding?

"Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect."

- Care Act 2014

Safeguarding is also about respecting an individual's views, wishes, feelings and beliefs when acting in the interests of their wellbeing.

Who are the Safeguarding Adults Board?

Oldham's Safeguarding Adults Board is responsible for leading adult safeguarding arrangements in the borough. It does this by bringing together a huge number of teams and organisation to ensure services work together effectively; helping people to live free from harm and protecting their human rights.

By law, the Board's membership must include Oldham Council and the Oldham based teams from Greater Manchester Police and NHS Greater Manchester Integrated Care.

Working as a collaborative, the Board brings together representatives from the following sectors and services:

- Voluntary sector organisations
- Healthwatch Oldham
- Probation Service
- Greater Manchester Police
- Pennine Care NHS Foundation Trust
- Northern Care Alliance NHS Foundation Trust
- North West Ambulance Service NHS Trust
- Public Health
- Oldham Housing organisations
- Greater Manchester Fire and Rescue Service
- Oldham Council
- NHS Greater Manchester Integrated Care
- Mind
- Advocacy services
- Substance misuse services.

The Board is managed by an Independent Chair who is responsible for providing safeguarding leadership and oversight.

Through the work of the Board, the Chair seeks assurance from partner agencies that they are working together effectively to help keep people safe.

Safeguarding is Everyone's Business

There are many different types of abuse and neglect such as financial and sexual abuse, domestic violence, elder abuse, modern day slavery and even self-neglect; all of which can happen at home, in the community or within places where care is provided.

The safeguarding responsibilities of the Board are just part of the solution. Our greatest resource for identifying and reporting safeguarding concerns are families, friends, and members of the public. Therefore, our ongoing mission is to ensure that safeguarding is everyone's business by encouraging people to be curious, highlighting the signs to look for and making it easy to make a safeguarding referral.

The Board had three core duties:

1. Conduct a **Safeguarding Adult Review** where there is evidence to suggest that someone has experienced harm as a result of abuse or neglect.

2. Produce a **Strategic Plan** setting out the changes the Board wants to achieve and how organisations will work together to help keep people safe.

3. Publish an **Annual Report** setting out information on safeguarding trends locally, the actions of the Board over the last year, and priorities for the coming year.

This Annual Report provides an overview of safeguarding trends in Oldham during 2025-26. It also provides information on the Board's work and Safeguarding Adult Reviews commissioned by the Board and how the learning from these reviews has shaped and improved the way services work in Oldham throughout the period.

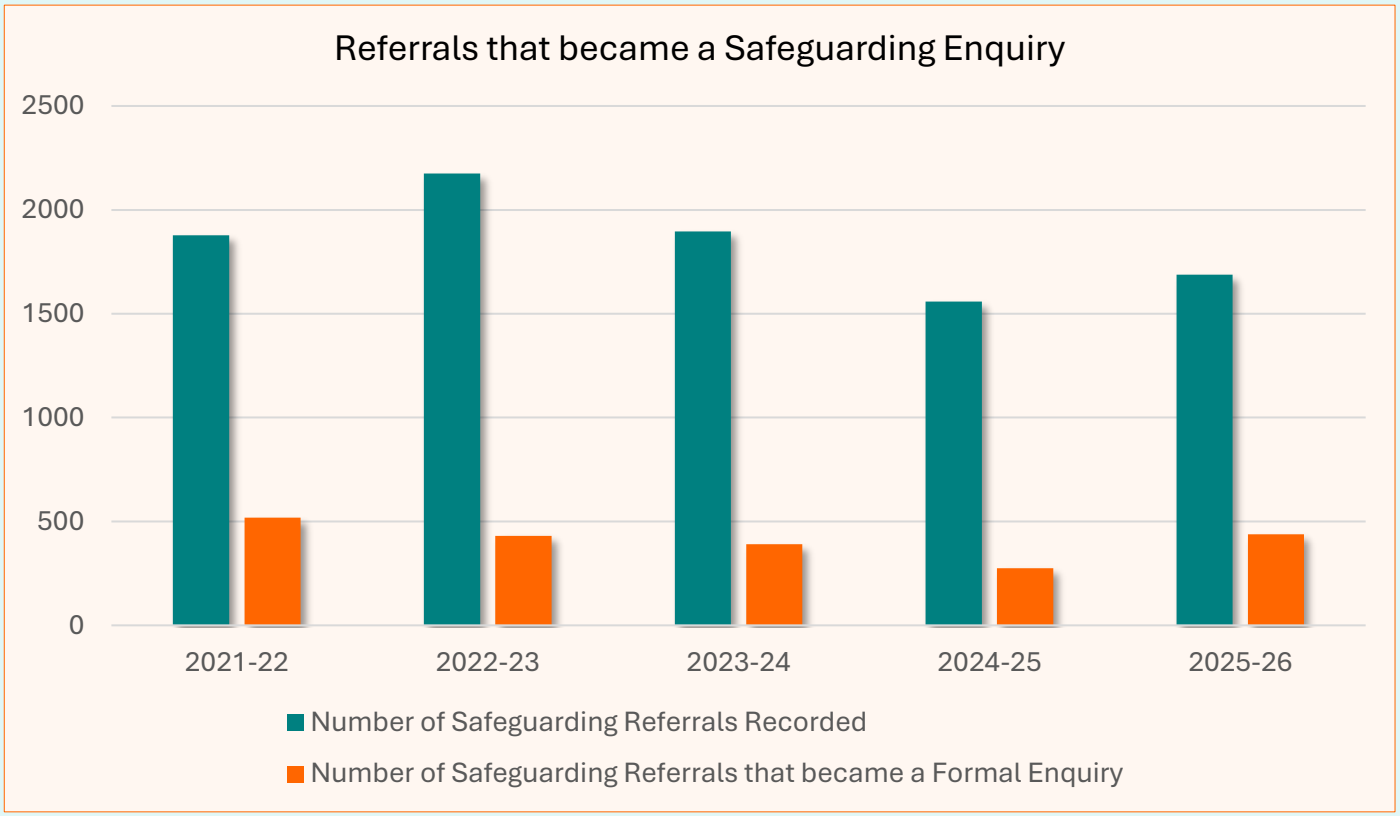
Profile of Abuse and Neglect in Oldham

The following information shows the numbers and types of safeguarding abuse recorded for Oldham residents in 2025-26. This data has been compared to the numbers and types of safeguarding abuse from previous years to help us understand any changes or new types of safeguarding concerns that need to be addressed.

Safeguarding referrals that became a formal safeguarding enquiry

Each safeguarding referral received is investigated and if we believe that an adult with care and support needs is at risk of serious abuse or neglect and is unable to protect themselves because of those needs, the referral becomes the subject of a formal safeguarding enquiry. The purpose of a formal safeguarding enquiry is to ensure that the referral is investigated, to gather more information, to collect the views of the adult at risk of serious abuse or neglect and the views of anyone else who may be relevant, and to prevent, or stop, abuse from occurring.

The chart below shows the number of safeguarding referrals that have gone on to become formal safeguarding enquiries over the last five years.



During 2025-26, a total of 1688 safeguarding referrals were received and of these, 438 became a formal safeguarding enquiry.

The number of safeguarding referrals received increased by 8% in 2025-26 compared to the previous year. Some of this increase may be due to safeguarding awareness campaigns designed to encourage the residents of Oldham to report their safeguarding concerns and training provided to professionals in Oldham about making safeguarding referrals.

The proportion of safeguarding referrals that led to formal safeguarding enquiries has increased from 18% in the previous year to 26% in 2025-26. The proportion that led to formal safeguarding enquiries has remained relatively consistent, averaging 22% over the last five years. The increase in 2025-26 is thought to be the result of messaging and training provided to professionals in Oldham about the criteria for formal safeguarding enquiries.

Safeguarding referrals by sex

Of the 1688 safeguarding referrals in 2025-26, 60% (1012) related to women and 40% (671) related to men. There were a further five safeguarding referrals where the sex was unknown. This is a similar split to previous years.

As women make up 52% of the total adult population in Oldham, this means that the percentage of safeguarding cases per head of population in 2025-26 were slightly higher for women than for men.



safeguarding referrals were concerning women in 2025-26



safeguarding referrals were concerning men in 2025-26

Safeguarding referrals by age

Of the 1688 safeguarding referrals in 2025-26:

- **162 (10%) were concerning 18-24 years olds**
- **650 (39%) were concerning 25-64 years olds**
- **218 (13%) were concerning 65-74 years olds**
- **333 (20%) were concerning 75-84 years olds**
- **325 (19%) were concerning 85 years olds or older adults**



Considering different age groups, during 2025-26, it was recorded that around 62% of all safeguarding referrals related to someone aged 65 or over.

Whilst the breakdown by age group has remained relatively consistent over the last few years, the percentage of people aged 18-24 years has increased to 10% from 5% in the previous year. It is thought that this increase could be the impact of work now taking place in relation to young people moving from children's services into adult services. Proactive partnership working, earlier identification of safeguarding risks, and stronger referral pathways for young adults with care and support needs may have contributed to a greater number of safeguarding referrals related to this age group.

Safeguarding referrals by ethnicity



Of the 1688 safeguarding referrals in 2025-26:

- **1354 (80%) were concerning White British adults**
- **163 (10%) were concerning Asian/British Asian adults**
- **107 (6%) were concerning adults where ethnicity was Unknown/Undeclared**
- **43 (3%) were concerning Black/African/Caribbean/ Black British adults**
- **21 (1%) were concerning adults of Mixed/Other Ethnicity**

Considering the ethnicity of Oldham residents, during 2025-26, it was recorded that 80% of all safeguarding referrals related to White British people. Whilst this has decreased by 5% compared to the previous year, the breakdown by ethnicity has remained relatively consistent over the last few years. As White British people make up 65% of the total adult population in Oldham, this means that the percentage of safeguarding cases per head of population in 2025-26 were slightly higher for White British people.

Overall, the 2025-26 figures suggest that White British people aged 65 years old and over were more likely to be the subject of a safeguarding referral compared to any other group.

Who reported the concerns

Of the 1688 safeguarding referrals in 2025-26:

- **25% were referred by a Professional**
- **23% were referred by Health services**
- **17% were referred by a service Provider**
- **10% were referred by 'Other'**
- **6% were referred by Someone Connected**
- **1% were self-referred**

For 19% the referrer was not recorded

In 2025-26, most safeguarding referrals were made by local professionals. practitioners from health services, and local providers of care and support.

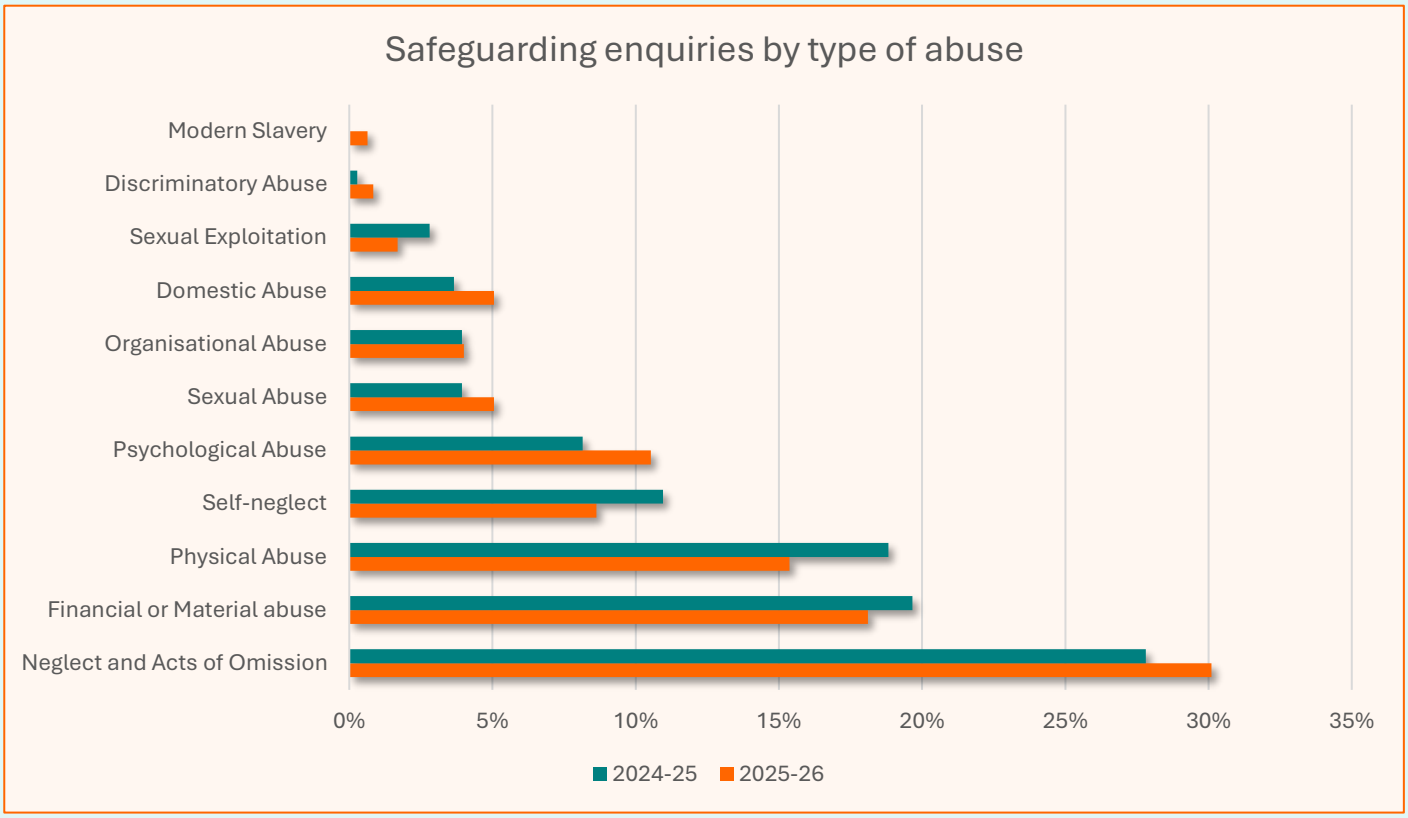
Mental Capacity



A person lacks mental capacity if their mind is impaired or disturbed in some way, which means they are unable to make a decision at that time as they cannot understand the information relevant to the decision; retain that information; or use or weigh up that information as part of the process of making the decision. Examples of how a person's brain or mind may be impaired include mental health conditions, dementia and intoxication caused by drugs or alcohol misuse. The 2025-26 figures include a high proportion of complex safeguarding enquiry cases, with 40% of the closed safeguarding enquiries involving people who lacked capacity to make their own decisions. This has stayed relatively consistent as in 2024-25 the proportion was 44%.

Types of safeguarding abuse

The chart below shows a breakdown of the types of safeguarding abuse investigated in 2025-26 compared to 2024-25. Some safeguarding investigations can involve the recording of more than one category of abuse for the same person and these are the cases that often involve multiple agencies working together to ensure those involved are safe.



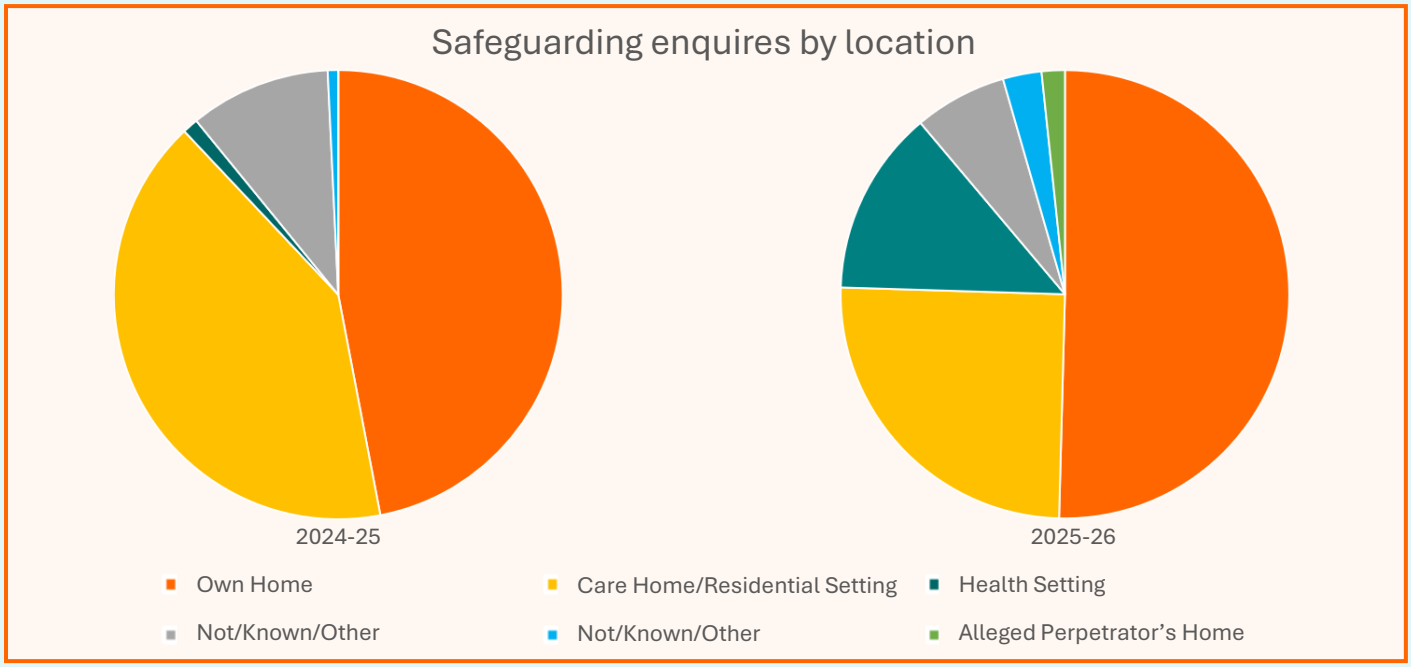
Domestic Abuse is abusive behaviour or a pattern of abusive behaviour between two people aged 16 years or older that are personally connected to each other; behaviour is abusive if it consists of physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic abuse; psychological, emotional or other abuse. Modern Slavery is an umbrella term for all forms of slavery, human trafficking, and exploitation. Sexual Abuse includes rape and sexual assault or sexual acts to which the adult at risk has not consented or could not consent or was pressured into consenting.

The proportion of safeguarding enquiries undertaken in 2025-26 in relation to Domestic Abuse, Modern Slavery, and Sexual Abuse increased compared to the previous year. Throughout the year, local professionals were encouraged to recognise the signs of these types of abuse and neglect through multi-agency training, practitioner guidance and briefings.

The proportion of safeguarding enquiries in relation to Neglect and Acts of Omission also increased in 2025-26. These are cases where a person who is responsible for the support of an adult at risk has failed to provide adequate care or essentials such as medicines, nutrition, heating etc. This has consistently been the most common form of abuse over the last seven years.

Where the abuse took place

The charts below show that for both 2024-25 and 2025-26 the most common places where the reported abuse or neglect took place was within a care home/residential setting or the person's own home.



Number of closed safeguarding referrals and enquiries



1572 safeguarding referrals and enquiries closed in 2024-25

1665 safeguarding referrals and enquiries closed in 2025-26

During 2025-26, a total of 1665 safeguarding referrals and enquiries were closed which is more than the 1572 closed during the previous year. This is consistent with the increased number of referrals received. The 1665 closed includes the closure of outstanding cases from 2024-25.

OSAB regularly review partnership safeguarding data. In 2025-26, the Board oversaw further development of a detailed data 'dashboard'. The insights from this are used to prioritise development of safeguarding resources such as training and guidance and where appropriate, adjust the way services work together to keep people safe.

Safeguarding - What does good look like?

When Oldham Safeguarding Adults Board report about safeguarding, the focus is often on safeguarding enquiries, because this is a statutory responsibility. But this is only part of the picture. In 2025-26, Adult Social Care worked with partner agencies to respond to a further 1230 safeguarding referrals that did not meet the criteria for an enquiry but often involved a great deal of work to keep people safe and well. The complex case detailed below involved safeguarding referrals raised for multiple adults experiencing financial exploitation, coercion and control, modern slavery, and neglect. It demonstrates how Oldham's safeguarding procedures, risk management processes, escalation mechanisms, professional challenge, and multi-agency information-sharing arrangements have supported effective partnership working and positive outcomes for adults at risk. The case highlights key learning, areas of effective practice, and ongoing challenges across the local safeguarding system.



Safeguarding concerns regarding an unregistered landlord exploiting adults were raised by Drug and Alcohol Services. The concerns of financial exploitation, coercion and control, modern slavery and neglect were initially responded to via Care Act Safeguarding. The first multi-agency safeguarding approach was led by Police and Adult Social Care supported by Drug and Alcohol Services, Focused Care and Housing partners. Initial outcomes were:

- An older male with care and support needs left the abusive situation, accessed safe accommodation in 24-hour care, regained control of his finances and received the wellbeing support he required.
- An older male was supported with safety planning, connected with prevention services, and a Team Around the Adult was built to support resilience – this then led to further recognition of different safeguarding concerns and responses.
- A working age female who did not have care and support needs was suspected to be experiencing modern slavery and financial exploitation. She was supported with safety planning.

Due to the levels of risk whilst still living in their accommodation, no one felt able to disclose abuse by the landlord.

Plans were made to secure a place of safety for the working age female to provide the opportunity for disclosure. A Police visit took place in advance of the place of safety being secured and she withdrew contact with all services. At this stage, there were no disclosures amounting to criminal offences, partners submitted intelligence to Police to support a disruption approach, and the Care Act safeguarding response was closed. The Drug and Alcohol Team and Focused Care remained concerned and persisted in attempting to contact the female. They also received new information from three further adults that they too were being financially exploited by the landlord and their associates. The OSAB Escalation Protocol was successfully used to request reconsideration of the risks to the working age female and the other adults at risk.

Through effective information sharing using the OSAB Tiered Risk Assessment and Management (TRAM) Protocol, it was identified that none of the adults had care and support needs but did have trauma histories and multiple complex dependencies. A multi-agency risk management response followed.

Partners including Drug and Alcohol Services, Changing Futures, Focused Care, Police, Independent Domestic Abuse Advocates, and Housing worked together to understand the risks and respond. Adult Social Care acted in an advisory capacity under Care Act Prevention and Delay duties. Further outcomes included:

- The working age female re-engaged and built trusted relationships with a team around her. Work to support her safety continues.
- A working age female who was being financially exploited; and physically, psychologically and domestically abused, was supported to leave the abusive situation, and secure a place of safety. There is an ongoing professional network to support her recovery.
- A working age female and a working age male who were being financially exploited; and physically and psychologically abused, were supported to secure safe accommodation and continue to work with the services supporting them in recovery.

All concerns were taken to the local Adult Exploitation Intelligence meeting, which supported a dedicated Police response to be implemented and all potential victims to be spoken to in places of safety. The adults at risk remain fearful and to date no disclosures have been made which would support criminal investigations, but this has not prevented multi-agency working from removing the risk for five adults, reducing the risks to two adults, and continuing attempts to identify and respond to other potential victims. Ongoing intelligence sharing in support of disruption and evidence gathering regarding criminality also continues.

Safeguarding Adult Reviews

What are Safeguarding Adult Reviews?

The Board has a legal duty to carry out a Safeguarding Adult Review (SAR) if it believes someone with needs for care and support has died as a result of, or experienced, serious abuse or neglect and there is reasonable cause for concern about how effectively partner agencies worked together to protect them.

The aim of a SAR is to review the way agencies worked together to safeguard the person. Learning from SARs is shared across agencies and used by the Board to review the way services operate in order to prevent a similar situation occurring again.

Central to the process is the involvement of the individual if they are still alive, or the family. This ensures that the Board captures the experiences of people who use services and use this insight to inform any changes.

SAR Referrals and SARs Undertaken by OSAB

During 2025-26, the Board received six SAR referrals in total (there were seven received in the previous year). All referrals were screened by multi-agency partners to determine if the criteria defined in the Care Act had been met. Two of the referrals met all the criteria for a Mandatory SAR (two referrals met the criteria in the previous year).

The information below illustrates the number of SARs completed in 2025-26 compared to the previous year.

2024-25 3 Safeguarding Adult Reviews



2025-26 2 Safeguarding Adult Reviews



Aleina



The Board approved the Overview Report in relation to Aleina (a pseudonym) on 29 July 2024. A 7-Minute Briefing is available summarising the key findings and learning. The SAR made nine recommendations. Three of these were completed or implemented in 2024-25. On 31 March 2026, the status of each of the remaining six was as follows.

Completed/Implemented Recommendations:

- OSAB should seek assurances from all hospital trusts that are stakeholders in the SAR about arrangements for their clinical staff to have access to effective timely safeguarding expertise and the arrangements for escalating safeguarding concerns
- OSAB should seek assurances from the ICB about progress in improving the operation of the GP registers of patients with a learning disability.
- OSAB should consider what measures will improve the identification and multi-agency response to so called honour-based abuse including forced marriage.
- Children's Social Care should provide OSAB with assurances about the implementation of the Mental Capacity Act competency framework.
- OSAB should seek assurance from partner agencies about their reasonable adjustment policies and procedures and how they might have been applied to the circumstances of this SAR. This includes whether policies stipulate for example that some service users may need more time allocated for services such as social care, adjustment of workload measures that give more time to particular professionals, the development of Child in Need or enhanced access to services for children caring for or living with parents who have a cognitive condition such as a learning disability.

Recommendation where further assurance was required regarding completion or implementation:

- OSAB should refer the report to the appropriate subgroups to examine further how specific areas of learning from the SAR could be taken forward.

Lisa



The Board also approved the Overview Report in relation to Lisa (a pseudonym) on 29 July 2024. A 7-Minute Briefing is available summarising the key findings and learning. The SAR made eleven recommendations. Seven of these were completed or implemented in 2024-25.
On 31 March 2026, the status of each of the remaining four was as follows.

Completed/Implemented Recommendations:
• OSAB should complete a further review of the Self Neglect and Hoarding Strategy and Toolkit and consider how they might be strengthened following the circumstances and findings from this SAR and findings from the second National Analysis of Safeguarding Adult Reviews.
• OSAB should seek assurance from ASC and CSC that staff are aware of when a young carers assessment is required and how to access them.
• OSAB should seek assurance that the Assisted Suicide: OSAB Safeguarding Briefing for Practitioners has been shared by partner agencies and is included in training to support staff in providing care to individuals who disclose their thoughts of 'assisted suicide' or 'euthanasia'. This document should also be used to prompt discussions about Advance Decision to Refuse Treatment with people it would be applicable to have the conversation with. And, that the findings from this SAR should be shared with the Oldham Suicide Prevention Partnership and practitioners to be aware of the Oldham Suicide Prevention Strategy when someone they are working with discloses suicidal ideation.

Recommendation where further assurance was required regarding completion or implementation:
• That the Review Panel members that have identified learning for their agency as a result of this SAR provide OSAB with assurance that the necessary actions are complete within a mutually agreed timeframe.

Kerr



The Board approved the Overview Report in relation to Kerr (a pseudonym) on 4 November 2024. The Overview Report was published and a 7-Minute Briefing was made available summarising the key findings and learning.

The SAR made six recommendations. Three of these were completed or implemented in 2024-25. On 31 March 2026, the status of each of the remaining three was as follows.

Completed/Implemented Recommendations:
• OSAB continue to take steps to respond to learning from previous SARs and improve legal literacy around the Mental Capacity Act via extensive practitioner guidance, training and seeking assurance from partner agencies. It is recommended that OSAB
→ Continue to endorse and promote single-agency use of the National MCA Competency Framework.
→ Promote existing practitioner guidance further.
→ Continue to offer multi-agency MCA training.
→ Work with neighbouring SABs to embed learning concerning the MCA found in SARs.
→ Encourage practitioners to evidence if capacity of the person to understand the abuse/neglect has been considered in their safeguarding referrals.
• That OSAB ensures its multi-agency training includes clear consideration of:
→ Executive function in relation to the assessed persons' capacity
→ Where risk of serious harm/death is a possible outcome that there is clear documentation evidencing the reasons why capacity has not been formally assessed
In addition, that OSAB receives assurance that single agency mental capacity training also includes these important elements.
• That Adult Social Care consider whether an audit of safeguarding practice is required because of the findings in this review to determine if the findings are specific to the management of Kerr or an indication of the potential for wider system failure. If an audit is agreed, then the OSAB and their partners will be informed of the audit findings and any necessary action plan.

John



The Board approved the Overview Report in relation to John (a pseudonym) on 8 August 2025. The Overview Report was published, and a 7-Minute Briefing was made available summarising the key findings and learning. The SAR made six recommendations.
On 31 March 2026, the status of each was as follows.

Completed/Implemented Recommendations:
• OSAB to raise awareness of the importance of including adequate information about the vulnerabilities of the person they are referring when

making referrals to other agencies, such as, in John's case Age UK Oldham and Mind.
• OSAB to produce a 7-Minute Briefing about key considerations for practitioners when discharging a vulnerable person to HMO (Houses in Multiple Occupation).

Recommendations where further assurance was required regarding completion or implementation:
• Adult Social Care to make the triaging/decision making process more transparent so that partners understand how ASC have made the decision.
• Adult Social Care to consider whether repeat referrals for the same person should then lead to a Care Act needs assessment e.g. in this case three referrals resulted in a prevention response.
• Adult Social Care to audit cases that have resulted in 'No Further Action' or prevention responses to ensure that decision making is robust.
• Health and Social Care partners that are stakeholders in this SAR to consider the SAR findings and undertake a review of:

a) how the 'system' gathers relevant information about a person's vulnerabilities (clinical needs and safeguarding concerns) and any after care when planning hospital discharges and
b) how this information is shared appropriately with Primary Care, relevant ASC teams, and all members of the Team Around the Adult at the point of discharge

to decide what action/s can be taken to strengthen existing processes. Assurances to be provided to OSAB following completion of this action.

Joe



The Board approved the Overview Report in relation to Joe (a pseudonym) on 2 February 2026. The Overview Report was published, and two 7-Minute Briefings were made available summarising the key findings and learning. The SAR made sixteen recommendations. On 31 March 2026, the status of each was as follows.

Recommendations where further assurance was required regarding completion or implementation:
• That OSAB reviews the criteria by which it is decided to support adults through the TRAM process to ensure there is clarity over eligibility, whilst retaining room for professionals to use their judgement, and that eligibility criteria do not inadvertently exclude some vulnerable adults.
• That OSAB works with partner agencies to adopt a co-ordinated multi-agency approach to improving the quality of safeguarding referrals including making use of the good practice which already exists in pockets of the whole system.
• That OSAB requests a report on the effectiveness of 'step up step down' arrangements between the Adult Referral Contact Centre (ARCC) and the Multi-Agency Safeguarding Hub (MASH), with a specific focus on the process by which requests for support are screened by the ARCC and the extent to which the ARCC has a robust process to identify any safeguarding concerns within requests for support.
• That OSAB ensures that TRAM training is targeted on line management and more senior management in order to raise managerial awareness of the TRAM process and to emphasise the importance of managerial support and encouragement to practitioners to fulfil the TAA lead professional role.
• That Oldham Integrated Care Partnership shares the revised DNA policy adopted by Joe's GP practice in response to the learning from this SAR with all Oldham GP practices and encourage them to adopt a similar approach where they have commissioned Focused Care and enhance professional enquiry into the circumstances of patients with mental illness and social and economic complexities where the GP practice does not have commissioned Focused Care.
• That PCFT review the process by which patients are discharged from mental health services to ensure that early contact is made with the patient's GP if it is known that agencies are experiencing difficulties in engaging with that patient.
• That PCFT review the process by which patients who are discharged from the Early Intervention Service on the grounds that their psychosis is drug induced, and they decline support from substance use services. In particular, Pennine Care are requested to ensure that practitioners explore what may lie behind any refusal of substance use support and that practitioners consider whether patients have the mental capacity to understand the risks they may be exposing themselves to if their drug induced psychosis goes untreated.
• That the Sanctuary Trust review their policy for formally raising concerns when an adult they support becomes isolated from services and, as a result, the risks to that adult escalate markedly.
• That Northern Care Alliance NHS Foundation Trust (NCA) and Pennine Care NHS Foundation Trust (PCFT) consider what action it is proportionate to take when a patient is repeatedly presenting at the Royal Oldham Hospital (ROH) A&E and repeatedly being assessed by the Liaison Mental Health Team (LMHT) and letters to the patient's GP are being returned because the patient is no longer registered with that GP practice.
• That PCFT review the ROH LMHT responses to Joe and consider why safeguarding referrals were not made and implement any necessary changes to

professional practice and advise OSAB of the outcome.
• That the Probation Service review their responses to Joe's unscheduled visits to Probation on 11 and 18 July 2024 and consider why safeguarding referrals were not made and implement any necessary changes to professional practice and advise OSAB of the outcome.
• That when OSAB disseminates the learning from this SAR, the need to consider formal Mental Capacity Assessments when a person refuses essential support or disengages, especially where there is evidence of impaired executive functioning is highlighted.
• That OSAB requests partner agencies to review their policies for the management of people who they support who present as angry, violent or aggressive in order that practitioners are trained to explore the underlying causes of the person's presentation, whilst embedding clear safeguards to prioritise practitioner safety, that practitioners are supported through structured reflective supervision frameworks to reflect on this challenging area of work and that consistent organisational learning is promoted.
• That OSAB shares the learning from this SAR with those responsible for the Oldham Suicide Prevention Strategy, particularly
→ The need for practitioners to reframe violent and aggressive behaviour as a defensive or protective response to past Adverse Childhood Experiences (ACEs), trauma and feelings of shame.
→ The need for practitioners to respond to indirect indications of suicide risk, especially where individuals have complex needs.
→ The need for practitioners to be supported to confidently approach discussions about suicide risk, which can often be anxiety provoking.
And, that OSAB should be formally consulted on the safeguarding aspects arising from the implementation of Staying Safe from Suicide.
• That OSAB considers the further steps required to build on the programme of work already underway to raise professional awareness of complex safeguarding and exploitation including cuckooing across the range of partner agencies who may become aware of the sometimes quite subtle indications of these categories of abuse.
• That OSAB arranges to bring the absence of any consideration of the psychological impact of the stabbing of Joe to the attention of Manchester University NHS Foundation Trust. (as the hospital trust at which Joe was treated) and Oldham Integrated Care Partnership (GP practices in Oldham) in order that both bodies may reflect on the response to the 2020 stabbing of Joe and advise of any steps they plan to take to disseminate learning and enhance service provision.

SARs Started in 2025-26

The Board began three statutory SARs during 2025-26 which are expected to be completed during 2026-27. Brief overviews are provided below.

Michael

A working age male who experienced multiple physical/medical and mental health crises in the year before he sadly passed away. There was reasonable cause to believe that Michael (a pseudonym) may have experienced abuse or neglect, including acts of omission by services, before his death. These considerations resulted in a SAR being commissioned, particularly with a view to understanding how Michael's co-occurring acute mental and physical health challenges and his wider vulnerabilities were supported and coordinated by services at a system level.

Ruth

A working age female who had a complex range of comorbid physical and mental health conditions, Ruth (a pseudonym) sadly died following an intentional overdose of prescription medication. A SAR was commissioned as it was acknowledged that there were acts of omission by involved agencies and weaknesses in the system around care coordination, medication management and collaborative support of people with complex mental and physical health needs, that contributed towards Ruth's death.

Keith

A SAR was commissioned in relation to an older male who sadly died following a significant period of self-neglect. Keith (a pseudonym) had care and support needs as he had a documented diagnosis of mild cognitive impairment, there was known chronic self-neglect and environmental neglect, and there was reasonable cause for concern about how agencies worked together to assess, escalate and respond to the risks he faced. The SAR is considering Keith's cognitive decline, previous safeguarding involvement, and the development of risk over time.

Listening to Lived Experience

Capturing the voice and experiences of the adult

The Care Act describes how agencies need to work together to help individuals and families live free from abuse, harm, and neglect. The Board recognises that whilst anyone can become a victim of abuse there are some who, due to their situation or the environmental factors around them, are at greater risk of experiencing harm. We are committed to working together to make sure that safeguarding is everyone's business, and to working with local communities to listen to and understand their experiences.

Capturing the voice and experiences of those at the centre of Safeguarding Adult Reviews is vital to help us make effective improvements to front line services and recovery pathways for those who have experienced abuse or neglect. Whilst the feedback from these reviews has helped to shape and inform the strategy and business plans of the Board and in turn, the training and practitioner resources produced throughout 2025-26, the Board recognises that capturing the voices and first-hand experiences of those who have accessed help and support is a key area for development.

Ensuring Experience Deepens Understanding

Strengthening the local support offer and local responses to self-neglect and hoarding and consequently, improving outcomes for adults was an important Board priority in 2025-26.

OSAB Support Tool

Through feedback, local residents and multi-agency practitioners asked for a specific assessment for practitioners to use with people with hoarding behaviours. The OSAB Hoarding Support Tool was developed with extensive input from adults with lived experience to help practitioners build a clearer understanding of how hoarding is affecting an adult's safety, wellbeing, and daily life, and to support consistent, person-centred risk management over time. The importance of respectful language was a crucial consideration and led to the resource being called a 'support tool' instead of an 'assessment' to promote a supportive and proportionate approach.



"My name's James. I'm a member of KeyRing. I've made slow but steady progress. It has taken me time, so the way in which my property is now, although it's not the best example of how things could be, it's a vast improvement. The amount of stuff that I'd gathered over the time, it's unbelievable."

OSAB Gab Podcast Episode

With fantastic support from Board partner agencies Positive Steps and KeyRing, the 'Hoarding Lived Experience' episode of the OSAB Gab Podcast was also released with the aim of raising awareness and shaping better practice. In the episode, we hear directly from Lesley and James, two people from Oldham who generously share their lived experiences of hoarding.



"I'm Lesley, and I'm in the 60s and I am a hoarder. It's not something that I wear as a badge. Some people think it's a badge of shame, but It's very easy to become a hoarder, and very hard to let go of certain possessions. Some people call themselves collectors, I'm definitely a hoarder."

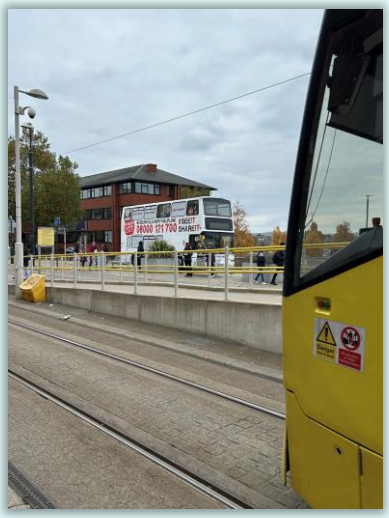
Their personal stories bring the realities of hoarding behaviours to life in a way that only lived experience can, offering insight and a deeper understanding that goes far beyond theory. Representatives from partner agencies reflect on the powerful themes raised by Lesley and James and explore why it is so important to understand a person's life history and circumstances, and how these may connect to their hoarding behaviours. The episode highlights the importance of practical, compassionate approaches such as using the same language the individual uses to describe their belongings and working alongside them at their own pace to build trust, relationships, and long-term progress. The honest, insightful conversations show how lived experience can remind practitioners of the humanity at the heart of hoarding support. The episode can be found via Apple Podcasts, Spotify, and Amazon Music or by searching for 'OSAB Gab' wherever you get your podcasts. Clips of Lesley and James sharing their experiences are now being shared as part of regular multi-agency self-neglect and hoarding training.

Opening Conversations, Raising Awareness, Protecting Communities: The Freedom Bus in Oldham

Anti-Slavery Day provides an important opportunity to highlight the scale of modern slavery both nationally and internationally. Established through the Anti-Slavery Day Act, the day aims to increase public awareness, encourage action and promote greater understanding of the steps everyone can take to help identify and prevent exploitation.

To mark Anti-Slavery Day on 18 October 2025, OSAB worked in partnership with a range of local and regional organisations to bring the Freedom Bus to Oldham. For two hours on a busy Saturday morning, the distinctive double-decker bus was stationed at Oldham Central Tram Stop, providing a high-profile and accessible focal point for awareness-raising activities within the town centre.

Hosted by the Pan-Lancashire Modern Slavery Partnership, the Freedom Bus is specially branded with anti-slavery messaging and the Modern Slavery and Exploitation Helpline number. Its purpose is to encourage conversations about modern slavery and human trafficking, helping communities recognise that exploitation can take place in any area, including within local neighbourhoods and businesses. The bus provided a visible and engaging platform which attracted residents and visitors, creating opportunities to discuss an issue that often remains hidden from public view.



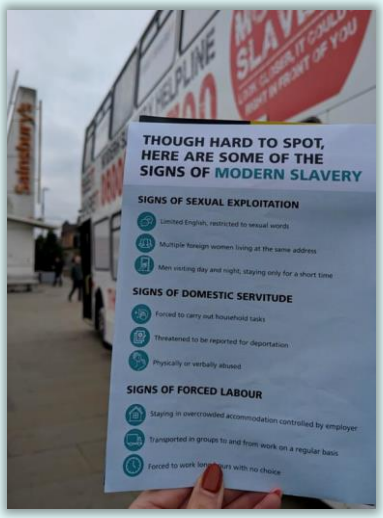
Throughout the event, representatives from OSAB and partner agencies used the bus as a community engagement base, speaking directly with members of the public about the realities of modern slavery and exploitation. Conversations on helping people understand the different forms exploitation can take, including criminal exploitation, labour exploitation and sexual exploitation, as well as the signs and indicators that someone may be experiencing abuse, coercion or control. Particular emphasis was placed on building confidence among local residents to recognise concerns, start conversations, share information appropriately and understand how and where to report concerns safely.



The impact of the Freedom Bus visit extended beyond those who attended in person. Key messages about exploitation and the importance of reporting concerns were amplified through coverage in the local press, helping to reach a much wider audience across Oldham. This additional publicity reinforced the awareness-raising objectives of Anti-Slavery Day.

The Freedom Bus visit was particularly relevant given the prevalence of modern slavery concerns within Greater Manchester. Data from Greater Manchester Police shows that between March 2024 and April 2025, there were 50 enquiries relating to potential modern slavery and human trafficking in Oldham.

The Freedom Bus visit demonstrated the value of partnership working in tackling modern slavery and exploitation. By bringing information and support directly into the community, partners successfully raised awareness of the issue, and encouraged residents to play an active role in safeguarding vulnerable people. The event reinforced the message that recognising the signs of exploitation and reporting concerns can make a significant difference in identifying victims and preventing harm, contributing to Oldham's ongoing commitment to protecting adults, children and communities.



Working in Partnership

The Board's role is to ensure that agencies work together to help adults live safely. To ensure clear direction, a three-year strategic plan is agreed. 2025-26 represented the second year of the 2024-27 Strategy. An annual business plan translates the Board's agreed ambitions into a programme of work shaped by learning from SARs and feedback about experiences of accessing services; the 2025-26 Plan was published early in the year. The timeline below sets out just some of the headline achievements during 2025-26 as partner agencies worked towards achieving their annual plan.

April 2025

A Stronger Safeguarding Response to Homelessness

Recognising the complexities of achieving effective engagement between practitioners and people experiencing homelessness where care and support needs may be present, OSAB worked closely with the Housing Options team from Oldham Council to develop **new practitioner guidance** in April raising awareness of the importance of partnership working in reducing risks and the responsibilities of housing authorities and social housing providers in the context of preventing and relieving homelessness. This was followed by the launch of **new multi-agency training sessions** which continue on a regular basis.

DID YOU KNOW?

OSAB offered **15** multi-agency training courses about different safeguarding topics on a number of occasions in 2025-26. These were attended by **674** practitioners and managers representing **more than 80** different agencies from the statutory and voluntary sectors! See attendee feedback on page 20.

May 2025

Driving Confident Practice in Hoarding and Self-Neglect

During Hoarding Awareness Week in May, OSAB delivered awareness training and launched two linked resources: **Self-Neglect Policy, Procedures and Guidance** and **Responding to Hoarding Guidance** providing definitions, indicators, key practice principles to consider, the procedures to follow, and the statutory responsibilities of key agencies. The **Self-Neglect Toolkit** was also refreshed as a collection of tools, hints and tips designed to support defensible decision making and provide suggestions about what to do in difficult situations. A **new Hoarding 7-Minute Briefing** was released which is designed to act as a gateway to the three main documents.

June 2025

Improving Trauma Informed Practice: Resources and Training

Throughout the year, OSAB promoted **Trauma Informed Practice Guidance** and the OSAB Gab Podcast episode '**Practice Informed by Trauma**'. OSAB also offered new multi-agency training opportunities to build practitioner confidence, starting with Trauma Informed Practice training in June, and followed by a session where **Lads Like Us** spoke about their lived experience and linked this to trauma attuned practice and professional curiosity, and the life changing difference they can make. The **Shame Lab** led two well received **Introduction to Shame Competency** sessions. 222 Oldham practitioners attended these four sessions.

July 2025

Embedding Risk Management in Oldham: the TRAM Protocol

The **OSAB TRAM Protocol** is designed to help practitioners work with people with multiple needs who are at serious risk of harm or abuse by explaining when and how to escalate risk into a multi-agency setting and how to run shared multi-agency risk management processes. **Multi-agency training** designed to embed the protocol was made available throughout the year. In July, agency management and safeguarding leads attended 'Train the Trainer' sessions to enable them to deliver the training to their teams.

August 2025

First Annual Workforce Confidence Survey

OSAB welcomed the encouraging results of the first **workforce confidence survey** in August. Completed by practitioners from every OSAB partner agency, the survey was broad ranging covering, for example, confidence recognising abuse, sharing information, and undertaking mental capacity assessments. The findings were used to shape the work of the partnership throughout the year.

DID YOU KNOW?

As part of a thematic SAR, an event for practitioners and managers from all local partner agencies was held to explore the learning for the Oldham system as a whole by listening to their open and honest reflections on key learning themes.

OSAB developed and rolled out a new **Quality Assurance Framework** to provide assurance that OSAB and its constituent partner agencies have effective systems, processes, and practices in place to improve outcomes and experiences in the context of safeguarding adults at risk.

DID YOU KNOW?

October 2025

Strengthening the Response to Exploitation

To mark Anti-Slavery Day, partner agencies across Greater Manchester coordinated a **programme of events and campaigns** in October. OSAB worked with key partners to arrange for the **Freedom Bus to visit Oldham** (see page 16) and offered an Understanding Modern Slavery and Human Trafficking webinar to practitioners across the region. Following recognition as "the gold standard", OSAB representatives were offered the opportunity to present Oldham's **Exploitation Strategy** including support pathway and the local tools that make it work, at the Greater Manchester Starting with the Survivor: Tackling Modern Slavery and Human Trafficking conference. OSAB received great feedback from attendees.

December 2025

Essential Assurances

OSAB accepted timely assurance in December regarding continuous development of agencies' Learning Disability and Autism services. In 2025-26, assurances were also provided in relation to the delivery of appropriate services and support in respect of homelessness and rough sleeping; local hospital discharges; the development of transitions processes; the local response to measures to manage a national prison capacity crisis; actions taken in response to demand for mental health beds; and agency preparedness for external assessment.

On White Ribbon Day, OSAB, OSCP and Made By Mortals, hosted a well received Learning Hub Event: **Walking on Eggshells – Ending Male Violence Against Women**. Through a collection of audio stories and short films co-produced by community groups, the conference challenged practitioners to walk in the shoes of characters with experience of domestic abuse. An audio story about '**Sadiqa**', a woman from the South Asian community who has experienced So-Called Honour-Based Abuse prompted much discussion.

At the event, OSAB launched new **So-Called Honour-Based Violence and Abuse Procedure and Guidance** and **Forced Marriage Procedure and Guidance** resources; both are titled 'One Chance Rule' as a practitioner may only have One Chance to speak to a potential victim and have One Chance to save a life.

DID YOU KNOW?

September 2025

Embedding Learning from Safeguarding Adult Reviews

At the beginning of 2025-26, OSAB had 28 actions derived from SARs to discharge. The addition of actions from SARs completed during the year in relation to 'John' and 'Joe', took the number of outstanding actions to 50. Exceptional multi-agency effort has seen this number reduce to 27. In September, the Safeguarding Review Subgroup approved multi-agency assurances regarding key areas of practice highlighted by SARs including reporting of cuckooing concerns, awareness of carer stress and burnout, engagement with adults, reasonable adjustment policies, and Mental Capacity Act training.

November 2025

National Safeguarding Adults Week

New Resources Launched

Throughout the week, resources to support practitioners with risk management, responding to self-neglect and hoarding, and understanding executive functioning were promoted, alongside new **Cultural Competence in Safeguarding - Practice Guidance** designed to provide practitioners with a framework of best practice and support which can be deployed when working in circumstances where there are concerns that cultural factors may be influencing patterns of risk.

Learning Opportunities

Practitioners were invited to attend training about the TRAM Protocol, How to Make a Safeguarding Adult Referral, Hoarding, and Homelessness Awareness.

Tri-Borough Mental Capacity Act Learning Hub Event

Following feedback from HM Coroner, OSAB worked with Bury and Rochdale colleagues to host a **second event focused on complexities related to the Mental Capacity Act** experienced by practitioners working with both adults and children including the interfaces between mental health, mental capacity and the Children's Act, and the impact of alcohol and drugs. The event opened with details of the lived experience of three people including 'Robert' who was subject of an Oldham SAR. The keynote presentation and Q&A session with Neil Allen, Senior Lecturer at University of Manchester and Barrister, used the cases to discuss best practice and strengthen the local approach. Attendee feedback was overwhelmingly positive.

OSAB.org.uk, @SafeguardOldham, Safeguarding Bulletin, and Eggshells

During 2025-26, the **OSAB website** was visited more than **22,500** times (an increase of 5,500 compared to the previous year)! The most visited page was 'News and Events' where all new guidance, policies, briefings and learning opportunities are promoted.

During 2025-26, **@SafeguardOldham** reached more than **700** followers on X and there are now more than **1,600** subscribers to the fortnightly **Oldham Safeguarding Bulletin**!

The OSAB short film '**Eggshells**', promoting an understanding of escalating domestic abuse over time, has been viewed more than **1,200,000** times! The film has also received more than **34,000** likes and more than **2,900** comments from people all over the world!

New Communications Strategy

OSAB and OSCP are committed to the effective safeguarding of children, young people and adults who may be unable to protect themselves.

Recognising that in order to fulfil our objectives, we need to raise awareness about how everybody can contribute to the safeguarding agenda, a new **Oldham Safeguarding Communications Strategy** was devised and published with the aim of articulating our plan of action for improving and strengthening communication to and from partner agencies and Oldham residents. This involves active listening to and consulting with participants, volunteers, and staff, and ensuring their views and opinions are taken into account in the planning and delivering of safeguarding support.

January 2026

Driving More Effective Safeguarding Practice

Important changes to the local overarching **Multi-Agency Safeguarding Adults Policy and Procedures** came into effect from January, including an amended outcomes framework for the safeguarding process. The changes were agreed to allow the process to be enacted more efficiently and effectively ensuring workforce capacity for new safeguarding concerns; to place renewed focused on Making Safeguarding Personal; and to enhance local safeguarding data collection and analysis. Additional benefits include improved accountability by evidencing how partners keep people safe more effectively and allowing outcomes to be available to survivors and families earlier.

OSAB are supporting a three-year **Safeguarding Adults For Empowerment (SAFE)** research project to improve safeguarding for older adults. Interviews with Oldham residents who have been subject to a safeguarding enquiry and family member advocates took place throughout 2025-26.

DID YOU KNOW?

February 2026

Endorsement of Partnership Safeguarding

The Care Quality Commission (CQC) assessed how the local authority meet their duties under the Care Act. This included assessment of local safeguarding partnership arrangements which were praised by CQC in the **assessment report** in February, highlighting strong leadership oversight, effective systems and a well-coordinated multi-agency approach to keeping people safe. Partnership working was identified as a key strength, with the local authority commended for working closely with health services, care providers and community organisations to deliver joined up, coordinated support. Oldham was rated as '**Good**'; the score placed us in the top third of all areas assessed!

March 2026

Sharing Key Messages

7-Minute Briefings are based on research which suggests that seven minutes is an ideal time span in which to concentrate and learn. Learning for 7 minutes is manageable in most services and often more memorable as it is necessarily brief and not clouded by other issues and pressures. These short, safeguarding snapshots can be a helpful way to support team learning. Teams are asked to discuss briefings and send a short feedback form to OSAB. OSAB produced ten new seven-minute briefings and grab guides in 2025-26, including a briefing all about **Supporting People who are Deaf, have Hearing Loss or Tinnitus** in March. This was part of a series focused on supporting people with a range of access needs which also included a briefing around **interpretation support and services**. Other briefings covered key topics ranging from **essential learning from SARs** and **defensible decision making**, to **Young Carers Assessments** and **potential risks to consider when working with adults living in Houses in Multiple Occupation (HMOs)**.

DID YOU KNOW?

OSAB and OSCP partners completed a Self-Assessment Audit covering practice during 2024-26. The report concerning the findings was welcomed by OSAB Board. The audit provided a robust and comprehensive evaluation of safeguarding arrangements across Oldham's statutory and voluntary sector agencies and organisations.

The findings demonstrated a strong commitment to safeguarding and promoting the welfare of children, young people, and adults at risk, with high levels of compliance observed across the majority of the audit standards.

Multi-Agency Training and Feedback

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 an adult at risk may require safeguarding as well as the knowledge and skills to respond effectively. The Board has committed to ensuring that its partner agencies provide training for their staff and volunteers on legislation, policies, procedures, and professional practices that reflect the local safeguarding adult arrangements.

"There should be a culture of continuous learning and improvement across organisations that work together to safeguard and promote the wellbeing and empowerment of adults, identifying opportunities to draw on what works and promote good practice."

- Care Act 2014

The Care Act states that SABs must promote multi-agency training, consider any specialist training that may be required, and consider any scope to jointly commission training. OSAB provides multi-agency training in recognition of the value of working collaboratively and valuing different roles, knowledge, and skills. Throughout 2025-26, the following multi-agency training opportunities were offered:

- Risk Management in Oldham: Team Around the Adult and the TRAM Protocol Training
- Self-Neglect and Hoarding Training
- Hoarding Awareness Training
- Learning Hub Event: Walking on Eggshells – Ending Male Violence Against Women
- Professional Curiosity and Unconscious Bias Training
- Homelessness Awareness Training
- How to Make a Safeguarding Adult Referral Training
- Trauma Informed Practice Training
- Training Opportunity: Lads Like Us – A Million Pieces
- Introduction to Shame Competence Training
- Introduction to Multi Agency Public Protection Arrangements (MAPPA) Training
- Mental Capacity Act Training
- Tri-Borough Mental Capacity Act Learning Event
- All-Age Understanding Exploitation Training
- Understanding Modern Slavery and Human Trafficking Training

A selection of participant feedback from these sessions is provided below:

How to Make a Safeguarding Adult Referral:

"This has helped me clarify and validate rationale for referral. I learnt different pathways/ devices to support adults in need"

Hoarding Awareness Training:

"I will be better at spotting signs of hoarding and also feel more confident at delivering support for people going through this"

Tri-Borough Mental Capacity Learning Event:

"Loved the barrister guest speaker - excellent! I really enjoyed the training, and the relaxed and friendly delivery and atmosphere"

"I found the session very informative and gave a great insight into the challenges faced by services to provide accommodation for service users. It also taught me ways in which to manage expectations of both myself and people I work with"

Homelessness Awareness Training:

"This has been an amazing experience. The participatory focus was perfect and so engaging. I loved it, the whole thing was my kind of learning. Thank you to everyone who shared their lived experiences. So grateful I got to come"

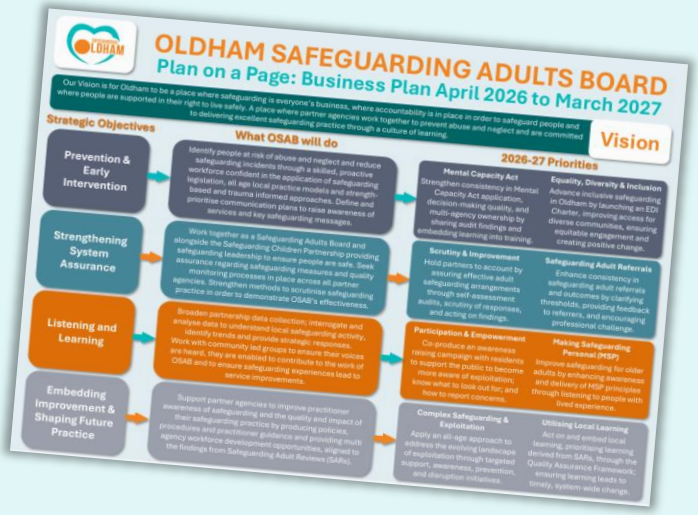
Walking on Eggshells – Ending Male Violence Against Women:

Plans for 2026-27



2025-26 was the second year of the Board's Three-Year Strategy, which sets out its strategic ambitions for the period April 2024 to March 2027. The strategy identifies the partnership's shared vision and priorities for safeguarding adults in Oldham and provides a clear framework for collaborative working. Significant progress was made during 2025-26 in delivering the Board's objectives. At the Development Event held in April 2026, partners reviewed progress against 2025-26 priorities and considered emerging issues and potential new areas of focus. This discussion informed the development of partner agency plans for 2026-27, aligned to the Board's current Strategic Objectives:

- **Prevention and Early Intervention**
- **Strengthening System Assurance**
- **Listening and Learning**
- **Embedding Improvement and Shaping Future Practice**



These plans were published as the annual OSAB Business 'Plan on a Page' (shown above). Highlights of the key plans for 2026-27 follow.

The Board will:

- Review the findings of a second annual **Workforce Confidence Survey** and compare the results to the previous year to monitor progress in key practice areas, particularly practitioner confidence in applying the Mental Capacity Act.
- Strengthen the consistency and effectiveness of **Mental Capacity Act** practice across partner agencies by sharing audit findings, improving the quality of decision-making, and promoting collective multi-agency ownership. Embed lessons learned into workforce development and training programmes to support practitioners in applying the Mental Capacity Act confidently, lawfully, and consistently across all settings.
- Continue to ensure all actions derived from **Safeguarding Adult Reviews** are effectively discharged in a timely manner to ensure learning is embedded in practice.
- Enhance consistency and quality in **safeguarding adult referrals** and outcomes by promoting a shared understanding of referral thresholds across partner agencies. Strengthen decision-making through timely feedback to referrers, support practitioners to reflect on and improve practice, and foster a culture of constructive professional challenge to ensure safeguarding concerns are identified, escalated, and responded to appropriately.
- Improve public awareness and engagement in safeguarding by gathering feedback from residents and community groups to better understand current levels of awareness, **strengthen communication activity**, and ensure key safeguarding messages reach a wider audience. Use findings to inform future awareness campaigns, enhance community engagement, and support people to recognise concerns and access help when needed.
- Advance **equality, diversity and inclusion** (EDI) across safeguarding practice by implementing an EDI Charter that promotes fairness, accessibility and inclusive approaches across all partner agencies and leads to improved engagement with diverse and underrepresented communities.
- Strengthen accountability across the partnership by undertaking a comprehensive **Self-Assessment Audit** of safeguarding arrangements and practice. Audit findings will be reported to the Board, providing assurance of compliance, identifying areas for improvement, and highlighting effective practice.

Single-Agency Statements

In addition to the Oldham Safeguarding Adults Board's Annual Report setting out information on safeguarding trends locally, the actions of the Board over the last year, and priorities for the coming year, partner agencies are asked to provide highlights of their own safeguarding work in 2025-26 to be published as Single-Agency Statements. The following pages contain the statements from Oldham Safeguarding Adults Board partner agencies.

Action Together

Action Together CIO (Charitable Incorporated Organisation) is the local infrastructure organisation for the voluntary, community, faith and social enterprise (VCFSE) sector in Oldham, Rochdale, and Tameside. We deliver Safeguarding Children and Adults at Risk awareness training to anyone in Oldham who works or volunteers in the VCFSE sector as part of our regular training programme. We connect people with what's happening in their community, develop community ideas into action, strengthen local organisations, and provide strategic influence for the charity and voluntary sector. Action Together also leads a partnership of charities that deliver the Oldham Social Prescribing Service, and hosts Healthwatch Oldham (HWO), the role of HWO is to gather the views of local people to help shape the way services are provided, understand what is important to service users, and hold services to account.

Safeguarding in 2025-26

The main emerging safeguarding themes have been around self-neglect and suicide concerns.

Safeguarding Achievements

Improving our Training Offer: Over the past twelve months, 190 people have completed the Level 1 Adult Safeguarding training. Strengthening the adult safeguarding workforce development offer for the VCFSE sector was a key priority for 2025-26, therefore training was reviewed in February 2026. The training had previously been delivered online, but participation in group discussions was limited and trainers were not always able to offer one-to-one support when needed. In response, the programmes were adapted so they could be delivered face to face on a monthly basis. This approach is more closely aligned with safeguarding training best practice and has improved the quality of delivery. Group discussion is now more detailed and interactive. Participants have more opportunities to ask questions and clarify information. Feedback indicates stronger engagement and improved knowledge among participants.

Complexity of Need Within Volunteering Pathways: Over the past twelve months, we have identified an increased complexity of needs of volunteers within our volunteering pathways. With individuals often presenting with multiple vulnerabilities (e.g., isolation, trauma, and financial hardship). Through Trailblazer and Refugee Welcome investment in trusted community organisations with expertise in delivery of trauma-informed and holistic approaches for vulnerable cohorts, we have been able to embed support within our volunteering pathway that meets the needs of these cohorts, e.g., economically inactive and sanctuary seekers. This is an important safeguarding achievement for Action Together because the focus is on engaging vulnerable individuals with wrap-around support whilst also developing their skills, experience and confidence within a volunteering capacity.

Services Stretched Across System: Action Together's Social Prescribing service has seen an increase in the complexity of cases referred to the team. Despite stretched resources and a changing system landscape, the team have achieved a flexible, responsive service that meets a wide range of needs. This has been possible because the service offers several pathways, including support for older people, employment support through Trailblazer and WorkWell, and support for young people and families. The Social Prescribing model

allows for cases to be kept open for as long as needed, allowing Link Workers to work at the client's pace and provide support while people are waiting for other services, significantly reducing the risk of safeguarding concerns going unrecognised. This helps fill gaps in provision and ensures support is available when it might otherwise be limited. The Social Prescribing model also includes a strong triage process, so Link Workers receive relevant background information and levels of engagement when a case is allocated. This supports quick escalation to the Adult Referral Contact Centre (ARCC) where needed and timely referrals to other services, such as foodbanks or welfare rights.

Lived Experience Advisors: The Lived Experience Advisors are a diverse group of Oldham residents with personal experience of poverty, systemic trauma and social injustice. They use their insight and skills to help drive positive change and improve systems. We consider this network a safeguarding achievement for Action Together in 2025-26 because advisors have been supported to develop in their roles while safeguarding best practice has been maintained. A lived experience coach has worked closely with the group, providing one-to-one pastoral support and signposting to relevant services to ensure wrap-around support where complex needs or multiple disadvantages are identified. Action Together and Tameside Oldham Glossop Stockport Mind have also agreed a clear pathway for identifying and escalating safeguarding concerns, improving the timeliness, transparency and accountability of safeguarding responses. A flexible approach to the role has also been adopted to meet advisors' needs, including open conversations about payments or vouchers where substance misuse is a factor, and the option to step away from the role and re-engage when appropriate.

Safeguarding Priorities in 2026-27

Improved partnership working through the development of Live Well: Our key safeguarding priority is to utilise our involvement in and the development of Live Well to improve multi-agency working

Managing growing case complexity and number of referrals against resources available: Within our Social Prescribing team, we want to focus on mitigating the stretched capacity of service through place-based integration (e.g., Link Worker in ARCC), and effective escalation through integrated working within our volunteering pathway, we aim to introduce a structured case review model to reflect the needs of our growing caseload complexity to support early identification and management of safeguarding concerns.

Identification of learning and training opportunities for VCSE delivery partners: i.e. De-Escalation training for Refugee Welcome partners. As a membership organisation, it is our role to support VCFSE groups, which extends to safeguarding. As mentioned, we deliver our own level 1 safeguarding training, but a priority for 2026-27 is to advance the work we are already doing to identify appropriate training for our members.

Key Challenges and Opportunities

Challenges:

- Case complexity and number of referrals
- Timely access to support
- Where we have concerns for welfare, but the person does not have care and support needs – much focus on social prescribing

Opportunities:

- Increased integrated neighbourhood working through Live Well
- Increasing the capacity of the VCFSE sector to deliver community-led approaches to support health and wellbeing, which enables a prevention ecosystem to increase its ability to proactively support residents at an early point.

Adult Social Care, Oldham Council

Adult Social Care (ASC) is an Oldham Council service which supports Oldham residents to be independent, healthy, safe and well. ASC facilitate this by working in a person centred and strengths-based way to enable residents to:

- Identify where prevention and self-help opportunities can assist residents to stay independent, healthy, safe and well.
- Support residents to access information and advice and work to ensure residents can find out about local support and other services to help people to look after themselves in local communities and make informed choices about care and support.
- Support residents to recover and be enabled to be as independent as they can with the help of friends, family, and the community.

ASC also:

- Work with residents who need care and support to have an assessment and receive services that support them to live as independently as possible.
- Support residents who need care and support to protect themselves from the risk or experience of abuse to safety plan when they are unable to do so independently due to care and support needs.
- Support carers for people with care and support needs to have an assessment of their own needs as a carer and to receive advice, guidance and support which helps them to stay healthy, safe and well.
- Assess residents who need statutory assessment under the Mental Health Act 1983.
- Assess residents who lack capacity to make decisions regarding accommodation, care and treatment and may deprived of their liberty in a hospital or care home settings to determine if deprivation of liberty safeguards are required.

ASC work in partnership with people with care and support needs, other council services, the local community, carers, social care provider organisations and safeguarding partnership organisations, to prevent and delay the appearance of care and support needs, promote wellbeing and safety, promote human rights, and ensure that people with care and support needs can live safely free from the risk or experience of abuse.

Our statutory duties derive form the Care Act 2014, the Mental Capacity Act 2005, the Mental Health Act 1983, and the Human rights Act 1998.

Safeguarding in 2025-26

Prevention and protection: During 2025-26, ASC received a total of 1688 new safeguarding concerns. This represented and 8.3% increase on the previous year when we received 1559 safeguarding concerns. Of the safeguarding concerns received this year, 438 had an outcome of safeguarding enquiry. Of these 361 (82.4%) were section 42 enquiries with the remaining 77 (17.6%) being none statutory enquiries. This year the concern to enquiry conversion rate was 25.9%, an increase on the 17.6% rate in 2024-25.

360 safeguarding enquiries were completed, with 92.6% achieving outcomes of risk reduced or removed (up from 89.3%) in 2024-25.

The increase in safeguarding demand seen in 2025-26 is attributed to the ongoing safeguarding partnerships strategy to raise awareness of safeguarding pathways. A positive increase in the conversion rate from safeguarding concern to section 42 enquiries has also occurred, meaning that partners are now referring more effectively for statutory Care Act safeguarding responses, and ASC are effectively recognising and responding when the section 42 duty is met.

ASC continued to work extensively in the preventative safeguarding space to respond to risk and vulnerability through both safeguarding concern responses, non-statutory safeguarding responses, Changing Futures, Making Every Adult Matters, and Oldham's local multi-agency risk management framework (TRAM Protocol).

ASC has also continued to supported professionals to understand which safeguarding pathway is most suitable to protect the individuals who are experiencing or at risk of abuse, by assisting with the delivery of multi-agency training on Making a Care Act section 42 referral throughout 2025-26.

Transitional safeguarding: Transitional safeguarding has emerged as a local theme both operationally and strategically in 2025-26. This trend is also reflected nationally and has been highlighted as an

area requiring national policy development in the Casey Review. Locally, ASC have identified that this trend is linked to the complex and contextual exploitation concerns for young people which have been highlighted in our previous single-agency statements.

ASC's operational response models to transitional safeguarding concerns have developed in 2025-26, with an understanding of how both preventative responses, which focus on vulnerability, and statutory wellbeing and safeguarding responses, which focus on Care Act eligible individuals, play a role in responding to transitional safeguarding concerns. Our response models at all levels are rooted in relational and least restrictive practice principles and delivered via the Making Every Adult Matters and Changing Futures approach, alongside the ongoing development of a local Easement Framework for individuals supported via statutory interventions.

Strategically, ASC actively engaged with the Greater Manchester (GM) Complex Safeguarding Hubs Transitional Safeguarding Community of Practice throughout 2025-26 and contributed to the development of GM Transitional Safeguarding principles. We have focused on creating enabling environments which support us to work jointly and creatively and pilot new ways of aligned working with young people at risk of abuse. We have also begun to consider how well the GM transitional safeguarding principles are embedded in our services and how we will implement and embed these further.

As part of our continuous improvement approach, Children's Social Care and ASC also jointly commissioned a thematic review relating to five young people and local responses to transitional safeguarding risks. The review is now complete and learning and recommendations will be taken forward via the Strategic Transitions Board in 2026-27 to ensure a continuous improvement approach to transition safeguarding.

Safeguarding Achievements

Care Quality Commission inspection outcome: ASC were inspected by the Care Quality Commission in October 2025. We received an overall rating of good, and a specific rating of good regarding our operational and strategic safeguarding work. The CQC report highlighted the following as strengths within ASC safeguarding services:

- Use of structured safeguarding procedures.
- A staff development focus.
- Making Safeguarding Personal (MSP).
- Effective partner collaboration.
- Identification and coordinated responses to specific safeguarding risks including exploitation, modern slavery, cuckooing, self-neglect, and hoarding.
- Use of risk management tools.
- Addressing system challenges.
- Continuous learning and early Intervention.

ASC are extremely proud of this achievement and the dedication of our workforce to supporting adults to live safely, free from abuse and neglect.

Safeguarding strategy and training: A dedicated communications strategy and training plan was implemented within ASC in 2025-26 to prepare the workforce for significant updates to the OSAB Multi-Agency Safeguarding Adults Policy and Procedures. The communications strategy and training plan engaged operational staff and leaders in preparing for and understanding the significant procedural changes, how these would benefit adults at risk, and how changes made to safeguarding documentation would support more effective safeguarding practice and assist in achieving better outcomes for adults at risk of or experiencing abuse. The new procedures and new safeguarding forms went live in January 2026. Early evidence shows that they are impacting positively on practice.

Safeguarding supervision: Dedicated group safeguarding supervision for Safeguarding Adults Managers was introduced in 2025-26. Focusing on systems and practice learning from SARs and learning and improvement sources. The supervision provides:

- A dedicated and protected space to share safeguarding knowledge and learning.
- A safe space for peer reflection and learning.
- A mechanism to agree how practice improvement and systems improvement actions will be delivered operationally.

and supports effective delegated leadership of safeguarding strategy.

Safeguarding Priorities in 2026-27

Meeting our statutory duties effectively: We will meet the statutory duties of ASC by delivering the Deprivation of Liberty Safeguards function, Mental Capacity Act Deputyship function, Allegation Management duty, and Care Act Section 42 and section 44 duties.

We will maintain a stable service via relational leadership and the consistent application of corporate and directorate policy including induction; supervision; appraisals; team, service and business planning meetings; provision of workforce development opportunities; prioritising staff wellbeing; effectively managing absence and performance; and undertaking timely recruitment.

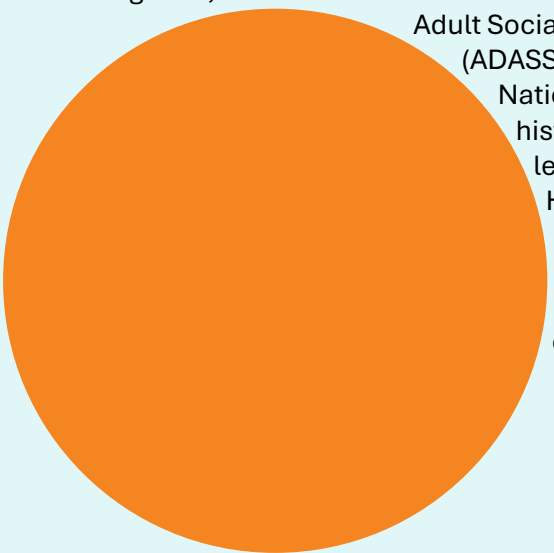
Prevention and Early Intervention:
Enhancing our approach to the Mental Capacity Act (MCA) - We will create and deliver an MCA strategy which will include achieving full ASC MCA training compliance by March 2027; delivery of an updated MCA mosaic workflow to support high quality practice and provide reportable data; and the development of MCA practice guidance following the Supreme Court judgment (Attorney General for Northern Ireland (AGNI), which reshapes the legal framework for deprivation of liberty.

Ensuring safety:
Enhanced data and a data informed approach - We will develop an enhanced safeguarding data dashboard with key local safeguarding data including ASC, provider and partnership performance markers, capture trends and effectively inform where future strategy is targeted and deployed.

Safeguarding quality assurance - We will develop and launch thematic safeguarding audits to complement the existing ASC audit cycle and continuously utilise the findings to create targeted strategy to ensure high quality practice and policy compliance.

Listening and Learning:
CQC inspection response - We will work to ensure that our CQC inspection feedback and the CQC quality standards are embedded in our systems and practice.

We will proactively scan for and engage with national, regional and local agenda influencing adult safeguarding. This will include the Casey review, National Care Service, National Safeguarding Chairs agenda, North West Association of Directors of Adult Social Services (ADASS), GM, Live Well, National review into historic CSE, SAR learning, Domestic Homicide Review learning, and listening to the voice of lived experience.



Embedding Improvement and shaping future practice:
ASC will embed identified systemic SAR learning into strategic and operational plans and review and update our safeguarding practice guidance.

Transformation and sustainability:
We will review the ASC safeguarding operating model, safeguarding pathways within ASC and the Strategic Safeguarding Service in 2026-27 to ensure that we are able to continue to deliver safeguarding duties effectively.

Challenges and Opportunities

Financial sustainability: Oldham Council continues to operate in a challenging financial climate where the rising costs of care provision and sustained high demand for ASC result in highly challenging operating conditions. Financial sustainability is the highest-rated risk for Directors of ASC nationally. Directors report significant concerns regarding:

- Increasing complexity of need among working-age adults.
- High-cost transitions from children's services into adult services.
- Increasing complexity of need among older people.
- NHS funding pressures and reduced financial contributions.

Implications include significant risks of overspends, the introduction of emergency savings programmes, and a reduced ability to invest in prevention and early intervention.

Legal Duties and Care Act Compliance Risk:
Nationally there is growing concern about Councils' abilities to meet their statutory obligations with specific concerns from Directors of ASC regarding prevention, wellbeing and safeguarding duties emerging.

A strategic approach to continuous transformation is taken locally to support our workforce to continue to meet our statutory safeguarding duties. Taking the opportunity to transform collectively as a system and assessing agencies financial and strategic decision-making impact at systems level is now required to support all partners to continue to deliver effectively and mitigate against safeguarding failures locally.

Workforce capacity: Workforce capacity remains a key challenge for ASC. A dedicated workforce strategy continues to evolve and respond to national and local workforce challenges and ensure that we have the right workforce in place to deliver high quality safeguarding prevention and protection to our residents.

Doctor Kershaw's Hospice

Dr Kershaw's Hospice provides palliative and end of life care for the people of Oldham who have a life limiting condition. This specialist care extends across an Inpatient unit, Community Services and a Wellbeing Centre.

Safeguarding in 2025-26

Safeguarding is at the heart of all our hospice services, supporting the provision of high-quality palliative and end of life care, protecting the wellbeing and human rights of patients, staff, visitors, and volunteers and providing an environment that is free from harm, abuse and neglect.

Safeguarding Achievements

The Hospice dealt with three Adult Safeguarding concerns in 2025-26. All three were completely different.

A patient attempted self-harm by placing a nurse call bell cord around their neck. The patient did not know why they had done it and did not disclose any thoughts or intentions of self-harm. The call bell cord was removed and replaced with a pendant call bell and a two-hourly comfort log was recorded for observation. No further concerns were expressed or noted or expressed.

Police attended the Hospice searching for an individual they believed to be visiting his dad. The individual was under a psychiatric section and was an individual of concern. A photograph identified that the individual had not visited the Hospice.

Staff found an individual standing outside the Hospice gate confused. After speaking with them, staff realised he lived across the road from the Hospice. Staff escorted him home and the individual's partner informed staff that the individual had Dementia, that they was struggling with them and that the individual had put their hands round their throat earlier that evening. With consent, staff contacted a family member of the individual to informed them. The individual's partner declined any further support from our team, and also declined police contact that evening but agreed to contact the next day. Hospice staff felt they were safe and able to make this decision, and the individual was calm and cooperative. Staff advised the individual's partner to contact 101 or 999 if there were any further episodes of concern or violence and they contacted police on their behalf to explain the situation. The police agreed to visit the following day and stated they would refer to the Multi-Agency Safeguarding Hub.

Safeguarding Priorities in 2026-27

Priorities:

- To be a proactive member in locality safeguarding groups.
- To be active participant in Greater Manchester Hospices Safeguarding forum.
- To continuously develop safeguarding training, optimise staff awareness and empower them to know how to respond to any safeguarding concerns.
- To update our current Safeguarding Adults and Children Policies with Persons in a Position of Trust (PiPoT) guidance.
- To embed Making Safeguarding Personal (MSP) in our safeguarding policy, procedures and practice.
- To monitor whistleblowing data to improve safeguarding.
- To develop secure, timely, and effective systems for sharing safeguarding information across partners, including for children, young people, and adults, in line with 'Think Family' principles and multi-agency working expectations.
- To promote alignment with children's safeguarding services, especially during transitions.
- To gather feedback from adults with lived experience and use this to improve safeguarding practices and service delivery.
- To provide information about services and safeguarding adults in accessible formats and different languages.

Challenges and Opportunities

- The cost of living crisis and how this will impact patients who are cared for in their own homes. We will work closely with the Local Authority and other voluntary and charitable sector organisations.
- Keeping our Safeguarding Adults and Children mandatory training compliance above 90%. We will continue to support all staff to attend training.

First Choice Homes Oldham

First Choice Homes Oldham (FCHO) is a social housing provider managing homes and delivering customer, neighbourhood and community services across Oldham. The organisation also develops new homes and maintains its existing housing stock to ensure safe, good-quality homes for customers. As a landlord with daily contact with customers, we play a key role in identifying vulnerability, managing risk and working with partners to safeguard adults at risk.

Safeguarding in 2025-26

During 2025-26 we saw:

- A significant increase in safeguarding activity, with 315 alerts raised (up from 125 in 2024-25), reflecting both increased community vulnerability and a stronger internal safeguarding culture.
- A continued prevalence of domestic abuse as the most common safeguarding concern, alongside mental health, self-neglect, non-engagement and exploitation linked to criminality.
- An increasing complexity of cases.
- A greater need for persistent engagement approaches where customers are reluctant or unable to engage.

Safeguarding Achievements

- A strengthened safeguarding culture, with improved staff confidence leading to earlier identification and appropriate reporting of concerns.
- The introduction of Domestic Abuse Champions, improving frontline response, Multi-Agency Risk Assessment Conference (MARAC) engagement and risk management.
- 99.5% safeguarding training compliance, providing strong assurance on workforce capability.
- Embedded robust governance arrangements, including monthly safeguarding audits, capped caseloads for Designated Safeguarding Officers (DSOs), and cross-service safeguarding forums.
- Active participation in multi-agency safeguarding, including involvement in 125 cases with partner agencies and contribution to five SARs.
- Ongoing development of trauma-informed approaches, particularly in relation to domestic abuse, mental health and non-engagement.
- Introduction of a multi-disciplinary Complex Case Panel, providing structured oversight of high-risk and high-complexity cases, strengthening joint decision-making, improving coordinated responses and supporting sustained engagement with customers who are harder to reach.

Safeguarding Priorities in 2026-27

- Further embed trauma-informed and person-centred practice across all services.
- Strengthen engagement approaches for customers who are harder to reach or who present as non-engaging.
- Enhance information sharing and system alerts to improve risk visibility and coordination.
- Continue development of workforce capability, including targeted training informed by SAR learning.
- Undertake a review of the Customer and Communities directorate, including how services are structured and delivered to ensure we are effectively supporting and safeguarding customers in the context of significantly increased demand.
- Host FCHO's first annual safeguarding conference, open to all colleagues, providing specialist input, opportunities for shared learning and reflection, and celebrating good practice across the organisation.
- Maintain strong partnership working to respond to increasing complexity and system pressures.

Challenges and Opportunities

- Increasing complexity of safeguarding cases, often involving multiple and overlapping needs such as domestic abuse, mental health, self-neglect and non-engagement; this will be managed through continued multi-agency working, trauma-informed practice, training and strengthened professional curiosity.
- Significant growth in safeguarding demand, with higher numbers of alerts placing pressure on services; this will be managed through effective triage, clear thresholds, strong governance and prioritisation of high-risk cases and enhanced with our wider review.
- Maintaining strong safeguarding performance during a period of organisational change, including the review of the Customer and Communities directorate; this will be supported through clear leadership, robust oversight (including audits, regular leadership, committee and Board reporting and forums), and continued

investment in workforce capability.
- Impact on staff managing complex and often traumatic cases, recognising the emotional demands of safeguarding work; FCHO will continue to support staff wellbeing through access to counselling services and is exploring additional support for managers, including training in reflective debriefing to support teams effectively following challenging incidents.
- Balancing customer engagement with enforcement and practitioner safety, particularly where customers present as non-engaging or resistant; this will be addressed through persistent, coordinated and trauma-informed approaches.

Greater Manchester Fire and Rescue Service

Greater Manchester Fire and Rescue Service (GMFRS) is an emergency response service working to the following strategic priorities:

- Prevent emergencies, protecting people and places
- Deliver an outstanding emergency response
- To look after people and foster a culture of equality, inclusivity and excellent leadership
- To maximise public value through continuous improvement and sustainable use of resources.

Safeguarding in 2025-26

Adult safeguarding activity within GMFRS has continued to be characterised by consistently high levels of demand, underpinned by complex and multi-layered vulnerability among adults at risk. The predominant themes emerging reflect a strong prevalence of self-neglect and neglect, often presenting alongside hoarding and unsafe living environments, which continue to create significant fire risk within homes. These risks are frequently compounded by mental health needs, substance misuse, and a range of wider care and support needs, including mobility issues, physical disability and long-term health conditions. The safeguarding profile is therefore increasingly defined by individuals experiencing cumulative disadvantage, rather than isolated incidents, requiring a sustained, multi-agency response. This pattern reinforces the importance of early identification, information sharing, and partnership intervention, particularly in supporting older adults and those living alone, to reduce risk, improve living conditions and enhance overall wellbeing outcomes.

Safeguarding Achievements

We have made significant progress in strengthening safeguarding arrangements, underpinned by the development of a robust quality assurance framework and enhanced governance processes. This includes the introduction of dedicated safeguarding oversight functions, improved data reporting and compliance measures, and the implementation of corporate Key Performance Indicators (KPIs) to drive consistency and accountability. Workforce development has remained a key priority, with continued investment in safeguarding training and competency frameworks contributing to improved frontline confidence and increased identification of vulnerability. We have also strengthened our role within multi-agency partnerships, actively contributing to safeguarding boards, thematic groups and joint learning activity, particularly in relation to complex issues such as self-neglect and hoarding. Improvements to referral pathways, recording systems and information governance have supported more effective decision making and partnership working. In addition, learning from SARs and internal audits has been embedded through revised guidance, training and feedback mechanisms, reflecting a strong organisational commitment to continuous improvement. Collectively, these developments have enhanced our ability to identify, respond to and support adults at risk across Greater Manchester.

Safeguarding Priorities in 2026-27

We will prioritise strengthening safeguarding practice through a continued focus on quality assurance, workforce capability and partnership working. Key activity will include embedding robust audit and oversight arrangements to ensure safeguarding concerns are consistently recorded, reviewed and improved, alongside further development of safeguarding data systems to enhance performance monitoring and evidence-based decision making. Workforce development will remain a priority, with targeted training and awareness activity to build staff confidence in identifying and responding to complex vulnerability, supported by a strengthened competency framework and professional curiosity in practice. We will also continue to embed learning from SARs and thematic audits, ensuring this informs service delivery through updated guidance and practice. In partnership with OSAB and system partners, the

Service will focus on improving multi-agency working, strengthening referral pathways, and supporting earlier identification of risk through a preventative, person-centred approach.

Challenges and Opportunities

GMFRS recognises several key challenges, including increasing complexity of adult safeguarding need, variability in referral pathways, and the need to further strengthen data quality and workforce confidence. In response, we will focus on enhancing quality assurance arrangements, improving safeguarding data and performance oversight, and delivering targeted workforce development to support early identification and appropriate escalation of risk. We will also continue to embed learning from SARs and audits into operational practice. Alongside these challenges, there are clear opportunities to further develop a prevention-led approach, strengthen multi-agency partnership working, and utilise improved data and insight to better target risk. Collectively, this will support us to enhance our safeguarding contribution and improve outcomes for adults at risk across Greater Manchester.

Greater Manchester Police, Oldham

Oldham Police District is part of Greater Manchester Police and is responsible for delivering local policing services across Oldham. Our core functions include preventing and investigating crime, protecting vulnerable people, maintaining public order, and working in partnership with local agencies to keep communities safe. We are committed to safeguarding as a central part of our duty to protect life and uphold the law.

Safeguarding in 2025-26

We have continued to see a rise in crime involving adult victims with complex needs. Domestic abuse is one of our volume crimes, which continues to present challenges both in terms of victim support and management of offenders. We have also seen a rise in complex crimes such as cuckooing, criminal exploitation, and county lines; crime types that mainly affect those who are vulnerable. Despite the introduction of Right Care, Right Person, we continue to see demand linked to mental health-related incidents and welfare concerns. Work is ongoing to reduce time spent waiting in hospitals. Oldham is not immune to the risks relating to online-enabled fraud and scams targeting elderly residents.

Safeguarding Achievements

We have continued to work on and improve our response to safeguarding adults. We have now embedded specialist Domestic Abuse (DA) teams in the district that are seeing positive outcomes for victims of around 33%. A Multi-Agency Tasking and Coordination (MATAC) Officer is now in place, who will help us to manage and disrupt serial and high harm perpetrators of domestic abuse. We went live with Domestic Abuse Protection Notices (DAPNs) , these will afford us with more powers to protect victims at risk of domestic abuse. We have continued to strive to achieve improved outcomes for DA victims throughout and have seen year on year improvements.

Safeguarding Priorities in 2026-27

Our focus will be on implementing and embedding a problem-solving approach to manage top offending perpetrators of crimes against vulnerable victims. With a recent change in the criteria, we aim to continue to support young adults transitioning into adulthood who are part of our complex cohort. We will continue to deliver and embed learning from SARs, through our own training and the 7-minute briefings provided by OSAB. We intend to improve our multi-agency approach around contextual safeguarding themes including modern day slavery, trafficking and cuckooing.

Challenges and Opportunities

A review of our KPIs has resulted in the introduction of Violence Against Women and Girls (VAWG) outcomes as a metric and a new stretch target for DA offences. These targets will be challenging to achieve but will be used to drive performance. The introduction of Domestic Abuse Protection Orders (DAPOs), with increased protection time for victims is resulting in a cohort of victims and offenders that are increasing exponentially. We are responsible for policing these orders and the rise in volume will become increasingly difficult to manage. The force is introducing a new risk assessment process which we hope will assist in managing the policing of these orders. Rape teams are being introduced force wide in 2026-27. It is unclear yet as to how these will be implemented and staffed and what impact they will have on both our rape investigations and other areas of business.

KeyRing Living Support Network

KeyRing is a national charity providing social care support across England. We work with anyone that needs support to live independently. Our support is adapted to the local area we work in, but every service is based around the key question "what do you want from life?".

Safeguarding in 2025-26

Following a review of our safeguarding form, policies, procedures and protocol, we said that we would focus on getting our safeguarding form right – ready for our new members system. This was completed. Our Safeguarding Reference Group (SRG) systematically went through the existing safeguarding form and looked at this alongside our safeguarding policy and procedure to ensure it was still meeting our needs.

We also said we would improve recording the desired outcomes for members and following up whether these have been achieved. The SRG, which is made up of frontline managers and support workers, received a presentation about making safeguarding personal where we looked at what we would expect to see in this section on our safeguarding form.

Guidance packs have been created for frontline support staff that can be accessed directly from our new member system. These follow a member's journey through KeyRing and detail best practice. They include useful and practical guidance for frontline workers and form part of the induction process. They were created alongside frontline workers, support coordinators, area managers and members of the leadership team from across the country. The guides were also created with members whose voice and feedback were taken from workshops throughout 2025. They reference best practice quality tools alongside national best practice initiatives such as Gloriously Ordinary Language and Making It Real. The packs contain top tips and links to additional reading and resources to support the work teams are doing with members.

We have worked with teams to improve the recording of what's been learnt from any concerns raised, and any gaps in our knowledge that require additional training and discussion.

We have developed checks to ensure we can provide assurance that what is discussed at SRGs is disseminated to local teams. We have also improved representation on the SRGs from all areas including Oldham.

We have supported members to build resilience around staying safe through individual and group work at hubs, particularly in the areas where most abuse occurred last year. These areas were financial abuse, self-harm and welfare concerns.

Safeguarding Achievements

Nationally:

- We undertook a listening exercise to get our safeguarding form ready for KeySupport (our new members system). This was a big task throughout the year.
- We have been out to teams, helping them to see the importance of good safeguarding practice. Recognising the importance of good accurate recording and reporting.
- We supported Oldham staff and other teams nationally to undertake decompression and resilience training sessions.
- We completed and used the annual OSAB audit and assurance documents to give an overview of KeyRing Safeguarding activity to the wider organisation highlighting our work with OSAB.
- We reviewed our annual safeguarding statistics, especially our learning and reflections for 2024 and 2025.
- We held self neglect and hoarding support discussions including making resources available nationally to teams across the country demonstrating good practice.
- We created bitesize safeguarding sessions for all teams on:
  - Digital safeguarding
  - Engagement & strengths-based approaches
  - Learning from Oldham SARs
  - Members as perpetrators - the role of probation
  - Professional curiosity
  - Safeguarding overview in KeyRing and the role of the safeguarding lead
  - Self-neglect & hoarding
  - The role of the OSAB (case study from Oldham)
- We reviewed 2024-25 national and regional safeguarding statistics and undertook an analysis of the learning, reflections and outcomes sections.

- We joined the Better Advice For All (BAFA) Network, a project run by UNLOCK which aims to improve the quality and accessibility of information, advice and support given to people with a criminal record who also face additional barriers. They offer training and capacity building; resource provision; ongoing support and collaboration; and referral pathways for complex cases.
- As part of national safeguarding week 2025 we ran a 'Prevention - Act before abuse' session with staff across the country and shared resources.
- We reviewed the role of the SRG and Safeguarding Lead asking for feedback on improvements and topics to cover.

Locally in Oldham:

- KeyRing have continued to be involved in many Team Around the Adult meetings over the twelve months.
- We have participated in SARs and completed all requests for documentation.
- We have implemented learning including ensuring more experienced staff support more complex people.
- We have attended several learning sessions via OSAB.
- We go through the 7-Minute Briefings at team meetings that are produced by OSAB; these are really well received and generate discussion and improve practice and learning.
- We have regular group and one-to-one supervision with the team.

Safeguarding Priorities in 2026-27

- *Safeguarding supervision:* Specific work to be completed with each team looking at learning from logs completed. This will be based on audits undertaken following alerts, looking at recording, reporting, and quality of information.
- *Making safeguarding personal (MSP):* Dedicated focus on looking at the outcomes of alerts for members and how members can feel more in control. There will be sessions with members using the MSP mandatory annual bitesize session accompanied by easy read guidance in our member handbook.
- *Consent:* Dedicated focus on consent in relation to safeguarding and the raising of concerns in relation to relationships, sexuality, choice and control.

Challenges and Opportunities

Key learning is particularly around staff raising concerns accurately and fully which is our biggest challenge. For example, most logs in 2025 stated 'no specific learning'. This reinforces a need for better reflective practice, risk recognition, multi-agency cooperation, and professional curiosity. Comments in logs also highlight gaps in follow up, unresolved risks, communication issues, and member disengagement. Again, the quality of alerts is a challenge that managers are continually addressing. Some examples of where recording could improve include where there are:

- only brief descriptions of alerts.
- a lack of professional curiosity. For example, a member's keyworker visited three times in twelve days and there was no answer at the member's door. There was also no answer from neighbouring flats in the building. The member had no working phone. There were known issues around spending and possible financial abuse. Nothing was raised about this initially other than in file notes. One log simply said, "member told me in a text that he is still very upset because of recent death of his mother and has been self-harming for last five days".

Getting the right training for staff is a challenge and we have identified some training needs for staff. Many safeguarding alerts will state, "staff require support around capacity, managing allegations, financial abuse signs, and emotional distress". This signifies specific training needs however, there are few actions added to the log to show how these needs have been met.

Mind (Tameside, Oldham, Glossop & Stockport)

Tameside, Oldham, Glossop and Stockport Mind (TOGS Mind) are a registered charity that provides a range of mental health and wellbeing services. The services we offer are available for children age 8 plus, young people, and adults of all ages. Interventions include crisis support, counselling, guided self-help, coaching, group-work, peer support and others. In Oldham, we work in partnership with other VCFSE organisations, the Local Authority and Pennine Care NHS Foundation Trust with numerous services.

Our Vision:
Enabling everyone in our communities to achieve better mental health

Our Mission:
To continue to provide the best quality local mental health services in prevention, early intervention and primary care; alongside empowering individuals and our communities to live well.

Our Values:
- Relationships: We listen and ask questions to understand others and to build trust. People matter to us both inside and outside our organisation.
- Aspiration: We support one another, clients, and communities to achieve better mental health.
- Learning: We seek insight and grow from experience; finding new or better ways to contribute to the field of mental health.
- Potential: We encourage personal responsibility for development by discovering and realising the abilities and energies of people.

We are commissioned through different funding steams such as (but not limited to) Greater Manchester Integrated Care Board (GM ICB), Local Authority funding and grant funding. We also fundraise as an organisation to continue to be able to meet the needs of our community.

Safeguarding in 2025-26

For our adult services in 2025-26, 67% of adult related internal safeguarding reports were related to adults experiencing suicidal ideation/planning and 40% of incidents included self-harming behaviours. In 2025-26, our Listening Space expansion became fully operational, which is a service commissioned by the ICB to be a Crisis Alternative to A&E, so we expected and planned for suicidal ideation and planning, and self-harming to be a safeguarding theme within our organisation.

Through some of our other services such as Neighbourhood Mental Health Service (formerly Living Well), our MASH Link Worker Service working alongside ARCC, and our Guided Self-Help services with Turning Point and Probation, we have seen a rise in the need to coordinate and attend Team Around the Adult (TAA) meetings and Multidisciplinary Team meetings (MDTs) to support the best outcomes for our service users. With this, we have placed emphasis on our frontline workers attending the OSAB training around the TRAM Protocol and are currently working towards a train the trainer model to be able to deliver this training frequently to our workforce.

Safeguarding Achievements

- Safer Recruitment changes were launched in July 2025 and have been embedded into management team practice. Practices have now also been applied to our volunteer recruitment process. A guidance document has been created and amendments made to recruitment onboarding documentation to provide additional structure for managers completing and evidencing practice compliance.
- Internal training leads were established in the following areas:
  - Safeguarding Level 2 and Level 3 training.
  - Risk and Safety Planning Training - new version established in line with National Institute for Health and Care Excellence (NICE) guidelines regarding moving away from hierarchal risk stratification.
  - Clinical group supervision - renewed framework and peer supervision facilitation training has been established.
  - Trauma informed practice.
- Patient Safety Incident Response Framework (PSIRF) Policy developed and approved. Adults Director is leading a working group to revise the approach to risk/ safeguarding recording in line with NHS incident data reporting.
- Representation on further safeguarding meetings, such as the Adults

Complex and High Risk Panel (CaHRP) meetings, Pennine Care Suicide Prevention meetings, Oldham Suicide Prevention Board, OSAB Safeguarding Review, Audit and Quality Assurance Subgroup meetings, and OSAB Policy, Procedure and Workforce Development Subgroup meetings.

- As of March 2026, we now have four service managers who have joined the internal Safeguarding Steering Group. This is to support professional development, to incorporate operational experiences and to improve communication flow through the organisation.

Safeguarding Priorities in 2026-27

- Adult Safeguarding Policy to be reviewed, updated and approved.
- Patient Safety Incident Response Policy to be renewed.
- Recommendation put forward to consider approach to intruders following synagogue attack in Manchester.
- Reestablishing Task and Finish Group to redefine our approach and classification of what a risk/safeguarding 'incident' is versus business-as-usual practice.
- TRAM Protocol training to increase skills in working in partnership to safeguard adults.
- Continue to incorporate professional curiosity throughout our safeguarding training and case management.

Challenges and Opportunities

We have secured a GM ICB contract for 2026-27 in Mental Health Crisis work for 111 Mental Health option 2, and Mental Health Urgent Triage (MHUT) at the 999 NWAS call centre. A focus of VCSE investment is to support referrals into VCSE crisis spaces, reducing pressure on emergency services and A&E. Last year, we expected the expansion of the Listening Space hours to be a key challenge due to increased complexity in presentation, however, now that this is fully mobilised and operational, we view the 111 and MHUT contract as an opportunity to better utilise our Oldham Listening Space due to better ways of working between emergency services, the NHS Mental Health Trusts, and TOGS Mind. There is a robust clinical advice system in place for frontline workers, as well as weekly Senior Management Team meetings to discuss any key challenges that have arose that week, whether that is staffing, a service user presentation, or any challenges within the multi-agency approach.

A key challenge will be changes to the incident report system, considering what we report on and what system we report on from a data point of view and change management with frontline teams. This will be managed through new training, regular case auditing and case management, and regular reviews within our internal safeguarding and incident meetings.

MioCare Group

MioCare Group is a council-owned organisation dedicated to delivering high-quality support services for adults with autism, learning disabilities, and older people who need assistance beyond hospital care. Our focus is on empowering individuals to live as independently as possible, enabling them to remain in the comfort of their own homes for as long as they can.

Safeguarding in 2025-26

A range of medium and high safeguarding incidents were reported across services, highlighting several key themes and trends.

There were a total of twelve medium and five high level safeguarding incidents. The most prevalent theme was neglect/acts of omission, which was identified across supported living, extra care, residential reablement and community reablement services. This suggests a need to continue strengthening oversight, care delivery consistency, and recording practices.

Physical abuse incidents were also recorded across shared lives, supported living and extra care, although at a lower level. These were primarily managed through investigation, review and implementation of lessons learned, in line with safeguarding procedures.

There has been a notable presence of financial abuse and domestic abuse within supported living and extra care settings, indicating the importance of maintaining strong safeguarding awareness and partnership working, particularly in more independent living environments.

Additionally, self-neglect emerged as a theme within extra care services, reflecting the complexities of supporting individuals to maintain independence while managing risks.

As in previous years, all incidents have been appropriately reported, investigated and reviewed, with a continued focus on learning and improving practice. Low level concerns continue to relate primarily to medication errors and behaviour-related incidents, which are monitored and managed through established internal processes.

Overall, the themes identified indicate a need for continued focus on staff training, effective supervision, robust recording, and proactive risk management, alongside strong partnership working to ensure individuals are safeguarded effectively.

Safeguarding Achievements

Building on the refresh of our Safeguarding Policy and Safeguarding Plan in previous years, during 2025–26 we have focused on embedding these frameworks into day-to-day practice across all services.

A key area of progress has been the development of a co-production approach to safeguarding, including the introduction of a safeguarding group attended by people we support. This has strengthened engagement, increased awareness, and ensured that safeguarding practice is informed by the lived experiences of individuals.

We have also enhanced our information sharing and assurance processes with the Local Authority, with low-level concerns now submitted directly from the MioCare Quality Team. This provides additional oversight and supports the identification of any gaps or inconsistencies in incident reporting across services.

In addition, we have continued to strengthen our internal monitoring and oversight, supported by the ongoing use of our digital systems, improving the timeliness, visibility and scrutiny of safeguarding information.

Financial abuse emerged as a new safeguarding theme in 2025-26, with no incidents reported in the previous reporting period. Although the number of incidents remains low, the presence of both medium and high level concerns has increased organisational awareness of this risk area. In response, we have strengthened our focus on financial safeguarding, with plans to deliver targeted training and awareness throughout the year to support staff in identifying, preventing and responding to financial abuse more effectively.

Overall, this reflects a shift from policy development to embedded practice, alongside a more transparent, inclusive and quality-assured safeguarding approach.

Safeguarding Priorities in 2026-27

Our key safeguarding priorities for 2026-27 focus on strengthening consistency in practice, improving recording and assurance, and continuing to embed a proactive, person-centred safeguarding culture.

A key priority will be to improve the consistency and quality of Mental Capacity Assessments, ensuring that decision-specific assessments are completed, recorded appropriately, and supported by clear evidence of consent or best interest decision-making. This will include strengthening staff competence, leadership oversight, and audit processes.

We will also focus on strengthening the recording and management of safeguarding concerns across all levels (low, medium and high), ensuring consistent application of safeguarding policy and procedures. This will include improving the accuracy of categorisation and reporting through our digital systems, alongside enhanced oversight to ensure all incidents are appropriately identified, escalated and recorded. To support this, additional targeted training will be delivered to managers, with a focus on recognising safeguarding indicators, determining appropriate thresholds, and applying a refreshed Safeguarding Policy which provides greater clarity and guidance for consistent decision-making.

We will also introduce a revised audit framework, which is being piloted across services. This includes a new self-audit tool for Registered Managers to strengthen ownership and accountability at service level, alongside an audit summary report for Service Directors to provide oversight of key areas of performance. Safeguarding will form a core focus within the governance section of these audits, ensuring clear assurance that people we support are safe and that safeguarding practice is consistently applied across all services.

Another priority is to continue to develop our co-production approach to safeguarding, increasing the involvement of people we support in shaping safeguarding practice, promoting awareness, and ensuring that their voices remain central to service improvement.

We will continue to strengthen partnership working and quality assurance arrangements, including improved oversight of incident reporting and ongoing collaboration with the Local Authority to support transparency and shared learning.

Finally, we will continue to invest in workforce development, ensuring staff are trained and supported to recognise, respond to and report safeguarding concerns effectively, with a continued focus on person-centred and trauma-informed approaches.

Challenges and Opportunities

Many of the challenges identified previously remain relevant, particularly around recruitment and retention, increasing complexity of need, and resource pressures. However, these also present opportunities to further strengthen our approach to safeguarding and service delivery.

Ensuring consistency of safeguarding practice across all services remains a key challenge, particularly in relation to the identification, categorisation and recording of safeguarding concerns. We are addressing this through refreshed policies, targeted training for managers, and strengthened audit and oversight processes to drive greater consistency and assurance. The increasing complexity and acuity of people we support continues to require a skilled and responsive workforce. This presents an opportunity to further invest in training, supervision, and specialist support, ensuring staff are confident in managing risk, understanding behaviour, and applying person-centred and trauma-informed approaches. Recruitment and retention remains an ongoing challenge across the sector. We are continuing to explore innovative approaches to attract and retain staff, alongside strengthening workforce development to ensure colleagues feel supported, valued, and equipped to deliver safe care. We also recognise the importance of maintaining strong partnership working and information sharing, including embedding consistent processes for sharing safeguarding information with the Local Authority. Our improved use of digital systems supports this, enabling greater transparency, timeliness, and oversight. Finally, resource and budget pressures require continued collaborative working with the Local Authority and partners to ensure services remain sustainable while maintaining high standards of safeguarding. This creates an opportunity to further develop efficient, data-informed approaches to managing risk and improving outcomes.

Overall, by strengthening governance, workforce capability, and partnership working, we aim to manage these challenges effectively while continuing to improve safeguarding practice across MioCare.

NHS Greater Manchester Integrated Care

NHS Greater Manchester (NHS GM) is the Integrated Care Board (ICB) with statutory responsibility for planning, commissioning and assuring NHS-funded health services across Greater Manchester (GM). We work collaboratively with partner agencies including NHS providers, local authorities, police, education and the voluntary sector to support effective safeguarding arrangements and to help keep children, young people and adults at risk safe within our communities.

As a statutory safeguarding partner, we operate in accordance with the NHS England Safeguarding Accountability and Assurance Framework (SAAF), which sets out the responsibilities of ICBs for safeguarding leadership, oversight and assurance. The ICB's primary role is as a strategic commissioner, as set out in the NHS Long Term Plan and supporting national guidance. In this role, we provide assurance on the quality, effectiveness and safety of commissioned services, including oversight of safeguarding practice and governance, and seek assurance through robust contract management, quality surveillance, and system partnership arrangements, including engagement with local Safeguarding Adults Boards (SABs).

During 2025-26, we continued to safely discharge our statutory duties in relation to the safeguarding of children, young people and adults as outlined in national guidance. The Chief Executive holds organisational safeguarding accountability and is supported by our Executive Lead who was the Chief Nursing Officer until 1 January 2026 when, as part of the ongoing NHS Reforms, this formally transferred to the Chief Clinical Officer. The organisational leads were supported by the Deputy Chief Nurse and the Associate Director of Safeguarding, who provided strategic system leadership and oversight of safeguarding assurance. Statutory safeguarding delivery continued to be supported through the locality Associate Directors of Quality and Safety and delivered by Designated Safeguarding Teams in each of the ten GM localities.

Safeguarding in 2025-26

Analysis of statutory SARs across GM highlighted recurring themes of self neglect, mental health, and substance misuse, often cooccurring and contributing to increased vulnerability and risk of harm. In response, the NHS GM Designated Professionals for Safeguarding are undertaking a deep dive of all statutory safeguarding reviews where mental health and/or substance misuse have been a significant feature. The purpose of this work is to identify systemwide learning, themes impacting health services, and any commissioning or pathway gaps across the GM health footprint. Emerging learning to date indicates a need to:

- Strengthen professional understanding of adult exploitation, including criminal, sexual and county lines exploitation affecting adults with mental health and substance misuse needs.
- Improve recognition of how trauma informed responses (including disengagement, mistrust of services and perceived noncompliance) can present as barriers to effective safeguarding engagement.
- Learning from SARs and the deep dive work will inform commissioning discussions, improve pathway integration between mental health and substance misuse services, and strengthen safeguarding governance and assurance arrangements across commissioned services.

Safeguarding Achievements

During 2025-26, we continued to embed and deliver the SAAF, strengthening our approach to governance, assurance and improvement. SAAF implementation audits and the NHS England Safeguarding Clinical Audit Tool (SCAT) were routinely reviewed through internal governance structures and informed provider assurance, risk identification, strategic commissioning and improvement planning. We are a statutory partner for the SABs across our localities working with statutory partners to deliver our statutory safeguarding adult duties.

System learning and SARs:

- Led an NHS GM thematic review of SARs, supporting a more consistent and robust approach to identifying crosscutting learning, trends and health related system issues.
- Developed a GM SAR referral form in partnership with GM SABs to improve the quality, consistency and clarity of SAR referrals from health partners

and strengthening engagement with SABs across all localities.

Strengthening safeguarding leadership in primary care:

- Rolled out a GM wide GP Practice Safeguarding Leads Programme, delivered through the Named GP Safeguarding Network.
- Content included alignment with Royal College of General Practitioners (RCGP) Safeguarding Standards, practical application within general practice, and dissemination of key learning from statutory safeguarding reviews, supporting improved safeguarding assurance in primary care.

Modern slavery and adult exploitation:

- Acted as an integral partner during GM Modern Slavery Week of Action, with Designated Safeguarding expertise contributing to a Causeway webinar focused on best practice and the NHS role in the National Referral Mechanism (NRM).
- Provided keynote contribution at the Greater Manchester Combined Authority (GMCA) Modern Slavery Conference, incorporating a survivor perspective and sharing examples of effective protocols, policies and practice from the Oldham locality, strengthening system understanding of trauma informed responses and safeguarding pathways.

Trauma informed maternity services:
Progressed recommendations arising from survivor mothers' experiences of maternity services.

- To seek assurance from Named Midwives for Safeguarding during 2026-27 regarding how targeted, trauma informed support is provided to women with vulnerabilities linked to exploitation, abuse and complex trauma, supporting improvements in maternity safeguarding practice and equity of care.

Safeguarding vulnerable children in temporary accommodation:

- Developed and rolled out best practice guidance across the GM health footprint for identifying and responding to Unaccompanied Asylum-Seeking Children (UASC) placed within adult hotel accommodation, supporting staff who predominantly work with adults to recognise safeguarding risks, escalate concerns appropriately and work effectively with partners.

The ICB has maintained robust strategic, clinical and professional leadership during 2025-26 which has continued during the formal transition of the Executive Lead for Safeguarding from the Chief Nursing Officer to the Chief Clinical Officer in January 2026. NHS GM has upheld robust statutory safeguarding assurance processes across all commissioned and independent providers, monitored safeguarding risks through established governance structures and contributed proportionately to multi-agency safeguarding arrangements. This demonstrates that NHS GM continues to fulfil its statutory duties and support safe, effective and collaborative clinical safeguarding practice across the Integrated Care System.

Safeguarding Priorities in 2026-27

For 2026–27, our safeguarding priorities focus on strengthening statutory leadership, improving system assurance, and embedding learning and trauma informed practice across the GM health footprint.

Statutory leadership and partnership accountability:

- The ICB Chief Clinical Officer is the accountable executive lead for safeguarding across local and systemwide strategic partnership arrangements, including:
  - SABs
  - Multi-Agency Safeguarding Children Partnerships
  - Community Safety Partnerships
  - Violence Reduction Units
  - Corporate Parenting Boards
  - Domestic Abuse Partnership Boards.
- We will continue to ensure appropriate senior representation and engagement at each partnership, in line with statutory duties under the Care Act 2014 and Working Together to Safeguard Children 2026, with a focus on effective challenge, assurance and shared ownership of risk.

Strengthening safeguarding assurance and professional leadership:

- We will maintain and further develop its Designated Professional model, including Designated Professionals for Safeguarding Adults, Children, Children in Care, and a Named GP for Safeguarding, to support consistent implementation of safeguarding responsibilities across commissioned services.
- Priorities include strengthening safeguarding governance and escalation pathways; quality and performance assurance through contracts, reviews

and learning from incidents; and alignment between commissioning decisions and safeguarding risk.

Locality embedded safeguarding leadership:

- The Designated Safeguarding Team, will continue to provide:
  - strategic oversight and system leadership for adult safeguarding.
  - support and development of soft intelligence pathways, ensuring emerging risks, themes and concerns are identified and triangulated across providers and partners.
  - constructive professional challenge to commissioned services and system partners where safeguarding practice or assurance is incomplete.
  - a clear, proportionate assurance framework, supporting continuous learning, quality improvement and safer outcomes for adults at risk.

Learning, improvement and trauma informed practice:

- Building on learning from SARs and thematic system work, we will prioritise:
  - embedding trauma informed approaches across health services, particularly in relation to self-neglect, exploitation, mental health and substance misuse.
  - supporting providers to translate SAR learning into measurable improvements in frontline practice.
  - strengthening multi-agency collaboration where adults experience multiple, intersecting vulnerabilities.

Challenges and Opportunities

During quarter 1 of 2026–27, we anticipate a period of transition as the organisation operates under a business continuity model while moving towards a revised operating model following national NHS reform activity.

Key challenges:

- Ensuring continuity of effective safeguarding leadership, oversight and assurance during the transition period.
- Managing capacity pressures within safeguarding teams while maintaining statutory responsibilities and system engagement.
- Maintaining consistent safeguarding input and escalation during a period of organisational change.

How challenges will be managed:

- Safeguarding accountability will remain clearly retained within NHS GM, ensuring place leadership and system engagement are sustained.
- Our Safeguarding Leadership will retain oversight of statutory duties, partnership engagement and assurance processes during the transition.
- Existing business continuity arrangements will prioritise statutory safeguarding functions, SAB engagement, SAR activity, and escalation of risk.
- Clear communication will be maintained with SAB partners to provide reassurance regarding continuity, governance and decision-making arrangements.

Key opportunities:

- The transition provides an opportunity to:
  - Review and strengthen the role and function of Designated Nurses, Professionals and Named GPs.
  - Improve alignment between safeguarding leadership, commissioning assurance and system priorities.
  - Embed a more consistent and proportionate GM safeguarding assurance model that supports learning and improvement.

Next steps:

- Confirmation of the revised operating model for NHS Statutory Safeguarding.
- This will include clarity on roles, responsibilities, locality alignment and assurance workflows, supporting continued confidence from SABs that we are meeting its statutory safeguarding responsibilities.

Northern Care Alliance NHS Foundation Trust

The Northern Care Alliance NHS Foundation Trust (NCA) are one of the largest providers of health care for both acute and community services in the country. Our dedicated team of around 20,000 staff deliver hospital, community and maternity to over one million people across Salford, Oldham, Rochdale and Bury, as well as providing more specialist services to patients from Greater Manchester and beyond.

Royal Oldham Hospital has a full Accident and Emergency (A&E) department, including a specialist Childrens A&E and inpatient Paediatric ward and offers a comprehensive range of acute, general surgical services and women's, children's and maternity services.

Safeguarding in 2025-26

We are a key health partner in Oldham, with representatives participating in OSAB subgroups and multi-agency meetings including Team Around the Adult meetings. A thematic review of SAR learning themes for the NCA include:

- Effecting and improving Safe Discharge from hospital.
- Adults with co-occurring conditions i.e. frequent A&E attendance, substance/alcohol use/ homelessness.
- Professional curiosity.
- No Access/Did not attend/was not brought for adults at risk.
- Diagnostic overshadowing.
- Exploitation i.e. cuckooing and financial exploitation.
- Domestic abuse in older adults.
- Carer stress.
- Non-adherence / declining treatments.
- Effective application of the Mental Capacity Act.

Safeguarding Achievements

In 2025-26, we have reviewed our Safeguarding Governance and assurance arrangements to ensure the organisation recognises and understands safeguarding from 'floor to board' alongside wider organisational change. Representation across Safeguarding Boards and partnerships will be strengthened as a result. This includes:

- Development of a safeguarding performance report and safety profile.
- Improved oversight of training and completion of a full training needs analysis.
- Development of safeguarding supervision for staff working with adults at risk.
- Mental Capacity Act audits.
- Safeguarding team development.
- A focus on recognition of Domestic Abuse and Sexual violence.

Safeguarding Priorities in 2026-27

To embed learning from reviews into practice through development of safeguarding subgroups to the NCA safeguarding group including:

- Learning, Audit and Reviews.
- Mental health.
- Learning Disabilities and autism.
- Domestic abuse and sexual violence.
- Prevent and community safety.

The application of the Mental Capacity Act remains an organisational priority.

Challenges and Opportunities

Despite the achievement of full compliance for Safeguarding Adult Level 3 training, challenges remain with regards to staff continuing to incorporate Safeguarding Adult practices once this programme of training has been undertaken. To address this concern, the Safeguarding Adult Service continue to provide visibility, and advice to all wards and departments within Royal Oldham Hospital and Oldham Community Services offering assurance that safeguarding adult practices remain embedded in everyday practice.

A focus on the application of the Mental capacity Act will continue.

Oldham College

Oldham College is a further education provider delivering education, training and skills development to young people and adults across Oldham and Greater Manchester. We are committed to providing a safe, inclusive and supportive learning environment and work closely with statutory, voluntary and community partners to safeguard learners, including adults with care and support needs and those who may be vulnerable to abuse, neglect or exploitation.

Safeguarding in 2025-26

Key themes identified during 2025-26 included increasing mental health concerns, social isolation, domestic abuse, financial exploitation, online harm and vulnerability linked to substance misuse. We also saw continued safeguarding concerns relating to learners with neurodiverse needs, emotional wellbeing challenges and those requiring additional support to access services. There has been an increased focus on contextual safeguarding, professional curiosity and understanding the impact of trauma on behaviour and engagement.

Safeguarding Achievements

- Further embedding of a whole-college safeguarding culture through awareness campaigns, staff training and learner engagement.
- Strengthened multi-agency working with Adult Social Care, NHS services, Greater Manchester Police, the Violence Reduction Unit and specialist community organisations.
- Development of targeted wellbeing and mental health support, including access to therapeutic interventions.
- Improved safeguarding oversight through regular reporting to Senior Leadership and Governors.
- Enhanced approaches to vulnerable adults, ensuring person-centred and trauma-informed practice across support services.
- Increased staff confidence in recognising and responding to safeguarding concerns through ongoing professional development.

Safeguarding Priorities in 2026-27

- Continue embedding trauma-informed and person-centred safeguarding practice.
- Strengthen support for adults experiencing mental health difficulties.
- Improve identification and support for vulnerable adults experiencing exploitation, including financial, criminal and online exploitation.
- Increase awareness of the Mental Capacity Act and Making Safeguarding Personal principles.
- Enhance learner voice and involvement in safeguarding processes.
- Continue to strengthen partnership working across Oldham and Greater Manchester safeguarding networks.

Challenges and Opportunities

Challenges include increasing complexity of learner needs, rising mental health presentations and ongoing resource pressures across partner agencies.

Opportunities exist through stronger multi-agency collaboration, improved information sharing and expansion of preventative wellbeing initiatives. We will manage these challenges through workforce development, regular safeguarding supervision, robust governance arrangements, early intervention and continued partnership engagement.

Pennine Care NHS Foundation Trust

Pennine Care NHS Foundation Trust (PCFT) is proud to provide Mental Health, Learning Disability and autism services to people across Greater Manchester and beyond. We serve a population of 1.3 million. Our 4,700 dedicated and skilled staff deliver care from 88 different locations in six boroughs.

PCFT has a statutory duty to promote the welfare of children and young people and to protect adults at risk of abuse. Our Vision is for a happier and more hopeful life for everyone in our communities. This includes safeguarding practices and requires a 'Think Family' approach, as neither children, young people, adults, nor their families and carers exist in isolation.

Safeguarding is central to how we deliver safe, compassionate, and accountable care aligned with the Trust's values:

- *Kindness:* Evidenced through trauma informed, compassionate safeguarding practice that prioritises the wellbeing and dignity of children and adults at risk.
- *Fairness:* Demonstrated in our commitment to equitable, consistent safeguarding responses that uphold people's rights across all services.
- *Ingenuity:* Shown through ongoing improvements in data insight, governance, and partnership working to enhance safeguarding effectiveness.
- *Determination:* Reflected in the sustained focus on strengthening assurance, driving learning, and continually improving safeguarding standards across the Trust.

Safeguarding in 2025-26

Our safeguarding team recorded 2,182 consultations during 2025-26, a decrease of 9% from 2024/25. This is the first time that the safeguarding team have seen a decrease in the use of the service, since 2022, however, this aligns with the activity to train and empower colleagues to effectively safeguard such as ensuring training compliance, bitesize training offers, and improvements in the supervision offer. Furthermore, consultations have increased in complexity and length, often requiring the safeguarding team to offer additional follow-up conversations. The safeguarding team are effective in delivering a same-day response rate of 93%.

The most prevalent categories of abuse or themes continue to be domestic abuse, historic (or non-recent) child sexual abuse, child emotional abuse and parental mental health and information sharing/signposting. For adults, domestic abuse and non-recent child sexual abuse were the most frequently reported. These are consistent with themes from 2024-25.

Safeguarding Achievements

Safeguarding Champions: With support from the Quality and Improvement team, a Trust wide safeguarding champion model was introduced in 2025-26. The role of a safeguarding champion is to support the safeguarding team deliver key messages, share learning from national and local reviews, act as a resource for colleagues and promote best practice across the organisation. The project has gone from strength to strength and there are now 42 practitioners recruited as safeguarding champions working across children and adult inpatient and community services. The champions are invited to attend a safeguarding champion forum, facilitated by the safeguarding team on a quarterly basis. Each safeguarding champion forum has a topic that directly relates to learning identified from statutory reviews.

Safeguarding Conference: The annual safeguarding conference took place in November 2025 and focused on national, regional and local learning in relation to child sexual abuse, domestic abuse and the Mental Capacity Act (MCA). The conference was attended by over 100 practitioners and was used as an opportunity to strengthen practice in priority areas for PCFT. Domestic abuse and risk of suicide for children and adults was a topic of discussion and provided opportunity to share learning from a suicide thematic review completed by the patient safety team. Work has been ongoing since the conference to integrate safeguarding messages further in suicide prevention work and the journey to risk assessment task and finish group.

Mental Capacity Act: Significant progress has been made in strengthening the implementation, governance, and education of the MCA across the Trust. This has included improvements in training provision, documentation, digital infrastructure, partnership working, and practice support.

Safeguarding Priorities in 2026-27

A thematic review of learning from statutory safeguarding reviews was undertaken in 2025-26 to

identify strategic priorities. A Trust wide strategic delivery plan was developed to identify strategic, operational and performance actions across key agendas. The adult strategic plan covers application of the MCA; recognition and response to domestic abuse; recognition and response to self neglect; and understanding, using and embedding high-risk protocols.

Challenges and Opportunities

Domestic abuse, as highlighted above, continues to represent a significant safeguarding risk. The Trust has an established Domestic Abuse Policy for people using services, supported by regular awareness training with strong uptake. Preparatory work is underway to support implementation of Domestic Abuse Protection Orders.

Self-neglect remains an increasing local and national concern. The Trust is assured that targeted workforce development is in place through bite-size learning sessions and contribution to multi-agency audits, with learning feeding directly into the adult safeguarding plan.

High-risk protocols remain an area for further development. The Safeguarding Team have developed a briefing to support staff in understanding how high-risk protocols operate within each locality. This includes clearer guidance on the role of the Lead Professional and responsibilities for coordinating a Team Around the Adult approach. Further work is planned to strengthen practitioner understanding and application of these protocols, ensuring effective safeguarding and support for adults who have been assessed as having capacity but continue to place themselves at risk of serious harm or death.

The application of the Mental Capacity Act is identified across reviews as a key area for improvement. This learning, supported by multi-agency insights and priorities set by Adult Safeguarding Boards, has shaped a focused approach to strengthening knowledge, decision-making, and practice across the Trust. The plan is further informed by themes emerging from MCA consultations with staff, ensuring that training and development are responsive to real practice challenges. In the wider health economy, the plan recognises the significant interface between MCA, physical health and the Mental Health Act. Training therefore aims to support clinicians in navigating complex decision-making across these areas, improving integrated, lawful, and person-centred care.

Positive Steps

Positive Steps is a charitable trust that delivers a range of targeted and integrated services for young people, adults and families that recognises the diversity of the people with whom we work.

We are a unique organisation delivering a combination of statutory, voluntary and traded services - funded through local authority and charitable trust grants, charitable donations, contracts based on payment by results, and income generated through our trading arm - where all profits fund our charitable activity.

Safeguarding in 2025-26

Housing issues, including social, private rented and homelessness was one of our key safeguarding concerns, particularly for single adult males. There has been an increasing risk in relation to 18–25-year-olds or those affected by substance dependency issues who are not a priority for social housing or emergency/temporary accommodation, and services have differing criteria or are at capacity.

Mental health, including self neglect, hoarding and suicidal ideation are also common themes. We have revisited training through Mind to ensure the teams are aware of how to complete effective suicide safety plans and have the confidence to provide support around them.

Our Hoarding Peer support group has its highest ever member numbers, which indicates that hoarding is still an emerging risk across Oldham. One of our challenges has been linking in with other professionals around this such as housing providers who do not have hoarding specialists in place to support their residents.

Gambling, exploitation, and substance misuse are all contributing factors to financial difficulties, which can have a significant impact on mental health. We are engaging with service users at an earlier stage to help prevent these issues from escalating, providing support with budgeting, and connecting individuals with specialised services to ensure they receive appropriate ongoing support.

Safeguarding Achievements

Internal Safeguarding Log: There has been continued development of the way in which we capture internal safeguarding activity, with a review of the categories/risk and vulnerabilities recorded to allow for increased oversight and analysis. This has enabled data and emerging themes to be reported and analysed through various mechanisms including Leadership and Managers Meetings and the Board of Trustees. This is ongoing work and auditing across the system will commence in 2026-27.

Hoarding Group development: We continue to lead on the delivery of the Hoarding Peer Support Group. This peer led group supports adults in a non-judgemental or stigmatising way where hoarding has been identified as a need. Attendance has steadily increased this year with a regular ten attendees now accessing the group.

Trustee Training: Safeguarding training has been delivered to all trustees this year by the organisational Designated Safeguarding Lead.

Safeguarding Practitioner Forums: Quarterly forums have been held for all staff within the organisation with a range of themes including OSAB and Oldham Safeguarding Children Partnership overviews from the relevant Business Managers.

TRAM Protocol Training: Our Operational Manager has completed the train the trainer for the TRAM Protocol and risk assessment training. They deliver this in house and across Oldham to other professionals. This training is delivered every six months and has been implemented as part of mandatory training for all new staff supporting adult service users, with a refresher required every two years for all staff.

MEAM Attendance: We started to attend Making Every Adult Matter meetings facilitated through the Changing Futures Team. Our Operational Manager attends and contributes each week both by using the service to escalate cases where complex safeguarding is required, or if a multi-agency approach is needed, and also to offer support and guidance to other professionals by providing early intervention and prevention support, including for those on Probation through the Oldham Wellbeing Hub.

Induction Review: As part of a wider review across the organisation the induction process has been strengthened. As a result, all new staff have an overview of the internal safeguarding process as part of their induction delivered by a Team Manager who is a Qualified Social Worker.

Introduction of a multi-disciplinary Complex Case Panel: providing structured oversight of high-risk and high-complexity cases, strengthening joint decision-making, improving coordinated responses and supporting sustained engagement with customers who are harder to reach.

Safeguarding Priorities in 2026-27

Improve auditing: The auditing of safeguarding concerns recorded on the internal log is planned to commence in 2026-27. This will ensure quality of recording and responses can be reviewed with findings and learning shaping development across services. This information will be shared with teams, leadership and Board of Trustees.

Participation and User voice: Two of the organisations strategic priorities this year are:

- To put our service users at the centre of everything we deliver, ensuring that they feel heard and have the opportunity to create change.
- To create a clear user voice strategy to allow our communities to shape and challenge our offer.

To support these priorities a participation working group has been established with members from across the organisation with clear aims and objectives to improve the collection and collation of user voice which will include responses to safeguarding, risk and vulnerabilities.

Challenges and Opportunities

Across all safeguarding issues, capacity and waiting lists from services are contributing to increase pressure to our service. Ensuring that we maintain support whilst we step down or escalate a service user to another relevant team is taking longer due to higher waiting times. We are seeing a higher complexity of needs and multiple disadvantages, which are also requiring additional support times and involvement from a wider range of services.

We are working on developing the monitoring of outcomes for our Hoarding Peer Support Group, which will provide us with some insight into how effective the group sessions are, and what improvements can be made. This will be captured both by reporting of data and gaining service user voices and will be fed back through the OSAB Hoarding Improvement Partnership.

Probation Service

The Probation Service is a statutory criminal justice agency responsible for supervising adults released from custody on licence and those subject to community sentences imposed by the courts. In addition, we deliver accredited programmes, Community Payback/Unpaid Work, and the Victim Contact Service. Our core purpose is to protect the public and support rehabilitation, working in close partnership with other agencies to achieve these outcomes.

Safeguarding in 2025-26

The continued high prevalence of domestic abuse remains a significant challenge in our efforts to protect the public. We work closely with partner agencies to develop robust risk management plans to minimise risk and support effective safeguarding.

Recognising and responding effectively to neglect has been an emerging theme. Contributing factors have included ongoing cost of living and housing pressures, together with substance misuse, elevated levels of mental health need, and the lasting impact of childhood trauma.

Safeguarding Achievements

GM Probation Service has established a specialist unit, Domestic Abuse and Safeguarding Information Team (DASIT). Since October 2025, DASIT has completed safeguarding checks for the Oldham Probation team, having direct access to the Oldham local authority recording system. This has enabled checks to be completed more efficiently without placing additional demand on MASH resources, improving operational efficiency and supporting increased capacity for local authority colleagues.

There has been collaborative work with Adult Safeguarding Services based on learning from SARs. Agreement was reached regarding the value of a collaboration to strengthen staff awareness of respective roles and responsibilities. Local authority colleagues contributed to a local Probation staff event with plans made for Probation managers to do likewise in return. This work has provided a springboard to increase practitioner confidence to utilise the range of local pathways to meet safeguarding need.

GM Probation Service was the second highest performing region in England in 2025-26. In addition, quality assurance activity evidenced an improvement in the quality of risk assessments and risk management plans completed by practitioners over the course of 2025-26. This is evidenced both in local commencement audit activity and additionally via external audits.

Safeguarding Priorities in 2026-27

To ensure that our practitioners make effective use of local safeguarding pathways, including the TRAM Protocol, Changing Futures service, and Safeguarding Adult Referrals where the Care Act criteria are met.

To apply learning from quality assurance activity to further strengthen the quality of practitioner practice in relation to safeguarding victims of crime and vulnerable adults subject to Probation supervision.

Challenges and Opportunities

The Sentencing Act 2026 received Royal Assent in January 2026. This represents a massive shift for the Probation Service in England and Wales, moving focus away from short-term custody and amending the way Community Disposals are delivered. A very large change programme is currently under way with two large blocks of change coming into legislation in Spring 2026 and then again in Autumn 2026. Ensuring the change is effectively implemented is critical, requiring additional local governance and increased demand on staff resource at all levels.

HM Prison and Probation Service Our Future Probation Service (OFPS) is an eighteen-month digital and operational transformation programme designed to reduce staff workloads by 25% and increase resilience. As such, it represents a real opportunity to the organisation. One of the first measures to be introduced, Justice Transcribe, is an AI powered speech recognition tool developed by the Ministry of Justice to transcribe and summarise spoken records. This has been well received by practitioners in pilot areas. This, alongside other initiatives, will service to improve efficiency and effectiveness of practice.

Turning Point

Turning Point Oldham Active Recovery are the local drug and alcohol treatment service. We support individuals to make positive changes surrounding their drug and/or alcohol use. This is achieved by offering key working sessions, psychosocial interventions, opiate substitute prescribing, health and wellbeing assessments, harm reduction sessions, health and wellbeing appointments and access to detox and rehab placements.

Safeguarding in 2025-26

Safeguarding themes have been domestic abuse, mental health crisis and decline, sexual abuse, cuckooing and self-neglect. Most of which resulted in appropriate referrals to domestic abuse services, safeguarding and escalation to police or hospital.

We have been operating a weekly safeguarding clinic with our Safeguarding Manager and Safeguarding Champions to discuss several clients who do not require an immediate safeguarding referral or escalation to the police or A&E but to discuss what further support may be available and appropriate in the community. This can sometimes result in safeguarding referrals to social care.

Safeguarding Achievements

In 2025-26, our safeguarding clinics have become well established with many staff accessing these regularly to seek further support and guidance whilst case managing their clients.

We have also seen the pregnancy pathway flourish in the way in which it safeguards expectant mothers and their unborn children. This is a monthly MDT meeting where the Recovery Worker attends to discuss the expectant mother and their substance use, physical health, mental health, personal relationships, housing and engagement with professionals. It is a space in which we have open reviews of how treatment is managing the risks to mother and baby and agree further actions to risk mitigate. Attendees include the Safeguarding Manager, Deputy Clinical Services Manager, Independent Nurse Prescriber, Consultant Addiction Psychiatrist and Clinical Lead, Substance Use Nurses, Health Care Assistants, Advanced Recovery Practitioners and Recovery Workers. Several colleagues who do not have direct management of expectant mothers request to shadow this meeting so they can ensure learning is relayed to any clients whose pregnancy they may become of aware of throughout assessment or keyworking session.

As we have identified the need for the Pregnancy Pathway, we also recognised the importance of the Long-Acting Reversible Contraceptive (LARC) and how this would be beneficial to bring in house. We have a number of clients already engaging in treatment and support with MASH however we wanted something more widely available to our cohort of clients. We understand that clients often using substances are more likely to engage in unsafe sex practices and likely to have unplanned pregnancies. We also recognise there is a population that are sex working or engaging with the sex working community. We also understand there is a growing rate of STI transmission and often having the treatment and support all in one hub makes this more accessible as we recognise we are often a service with positive engagement rates compared to some of our statutory partners. We acknowledged that some of our clients find 'traditional' health care services inaccessible due to the times in which they must access appointments, we understand they may have faced stigma when seeking treatment and support and may have past trauma which makes engaging difficult.

We have seen increased use of the Domestic Abuse Stalking 'Honour' (DASH) assessment with our clients who are raising concerns in relation to their partners, family members and associates. These are then appropriately escalated to domestic abuse services and MARAC where they meet threshold.

Safeguarding Priorities in 2026-27

Domestic abuse is one of safeguarding priorities especially as it featured as one of our main safeguarding concerns. We have e-learning training available concerning domestic abuse but we will be offering in-house domestic abuse training as there is a need for colleagues to become more familiar and confident with the DASH assessment and the escalation pathways.
We know that colleagues are comfortable to

signpost to external agencies such as the Independent Domestic Violence Advisors (IDVA) service, Women's Aid and police, where appropriate, but we know that engagement is not always guaranteed so we need to ensure we are confident enough to mitigate the risks and have challenging conversations where clients are feeling hopeless or are normalising the abusive behaviours they are subject to.

Mental Health crisis and deterioration was also a theme when we reviewed our incidents as we know substance use can often lead to a further deterioration of mental health. We acknowledge that accessing mental health services whilst our clients are actively using substances is difficult. We are working collaboratively with partner agencies to address the substance use need and mental health needs in a way which mitigates the risks of self harm, suicidal ideation and attempts.

Self neglect will also be a theme in which we aim to respond to appropriately. Self neglect has remained a feature in the SARs. We frequently see self-neglect in our service and there is often the possibility it may be dismissed as part of a person's presentation or seen as a lesser need to address. We aim to address this and explore the reasoning behind the self neglect and determine whether it is appropriate for referrals to partner agencies to be considered.

Cuckooing will also remain on our agenda, we have many individuals who share accommodation or sofa-surf and this leads to difficult dynamics. Whilst the individuals might not consider this to be 'cuckooing', our staff need to be comfortable in challenging the tensions, living arrangements and some of the behaviours that are relayed to us and then escalate these concerns appropriately.

Challenges and Opportunities

One of the key challenges is staff participation in training. Mandatory e-learning training is completed in a timely manner and if not, this is appropriately challenged by team leaders. We are in the process of developing a training matrix to allow us to track some of our face-to-face learning offered to meet our specific needs and demands of the community. We do recognise we have a good number of staff who will continuously engage with our training opportunities and others who are more reluctant to do so advising they have limited time. This will be managed more effectively through our matrix, and we will also continue to encourage attendance at multi-agency OSAB training.

VoiceAbility

VoiceAbility is a third sector advocacy provider. We provide statutory and non-statutory advocacy independent advocacy for adults, children and young people depending upon the contract area.

Safeguarding in 2025-26

The key themes we recognised in 2025-26 were in relation to neglect and organisational abuse.

Safeguarding Achievements

- Utilising high-impact tools such as 7-minute briefings, piloting enhanced information-sharing protocols across selected regional teams to strengthen our internal knowledge-transfer and safeguarding culture.
- Increasing opportunities to support reflective practice in line with our safeguarding duties and responsibilities.
- Improvement programmes to embed good quality safeguarding referrals submitted to local authorities, evidencing how thresholds and criteria are met. This work resulted in more safeguarding referrals being accepted.
- Increased awareness and oversight of transitional safeguarding within the organisation and how we can ensure young people are accessing appropriate services and support with preparing for adulthood.
- Continuing to develop place-based safeguarding training into all learning plans.
- We also developed new organisational wide safeguarding policies and procedures.

Safeguarding Priorities in 2026-27

- Making Safeguarding Personal
- Transitional safeguarding
- Risk reduction as there is potential for 'siloed' working within the wider multi-agency safeguarding landscape which can lead to delays in critical information sharing.
- Continuing to strengthen our local communication channels ensuring that advocacy is integrated into safeguarding at the earliest possible stage.
- Streamlining safeguarding training and making best use of opportunities via partners for continuous learning and development.

Challenges and Opportunities

- Continuing system wide capacity pressures across statutory health and social care services.
- Internal pressures of balancing high volume operational delivery with the capacity for staff to engage in, and effectively embed, professional learning.
- Competing priorities within teams and pressures to meet rigorous key performance indicators (KPIs) can limit the time available for deep practice development. Active review of our internal meeting structures to better integrate learning opportunities.
- Highlighting the broader need for commissioning models that recognise and support the resource allocation required to maintain a highly skilled and developing workforce.

What to do if you are worried about an adult

Abuse and neglect can happen to anyone, anywhere, and may be carried out by people known to the individual or by strangers. They can take many forms, including physical, emotional, sexual, financial, organisational, discriminatory, and neglectful abuse. Adults with care and support needs can be particularly vulnerable and may be unable to recognise, report, or protect themselves from harm.

If you are experiencing abuse or neglect, or if you are concerned that someone you know is being abused, neglected, or is at risk of harm, it is important to speak up. Reporting concerns can help prevent further harm, ensure people receive the support they need, and enable agencies to take action to keep individuals safe. Safeguarding is everyone's responsibility, and no concern is too small to report.

The **Oldham Adult Referral Contact Centre (ARCC)** has been set up to help adults and families looking for support and can be contacted via the following email address: ARCC@oldham.gov.uk.

In addition, the **Adult Multi-Agency Safeguarding Hub (MASH)** has been set up to help people report safeguarding concerns and can be contacted via the following email address: Adult.Mash@oldham.gov.uk.

Both services can be contacted on the following number:

ARCC and MASH: 0161 770 7777

Keep in touch

If you have any queries about this Annual Report or would like more information, please contact the OSAB Business Unit at:

OldhamSafeguardingAdultsBoard@oldham.gov.uk

Oldham Safeguarding Bulletin is a way of keeping yourself up to date with news from Oldham Safeguarding Adults Board and Oldham Safeguarding Children Partnership partners across Oldham. To be sent the bulletin, complete the sign-up form on the OSAB website:

www.OSAB.org.uk/Bulletin

Please also follow us on X (formerly Twitter) and share our content to raise awareness of safeguarding and exploitation and what people can do to keep themselves and their families and friends safe in Oldham:

@SafeguardOldham

Thank you from the team

Report to ADULT HEALTH AND SOCIAL CARE SCRUTINY BOARD

Healthier Oldham Plan: Oldham Neighbourhood Plan

Portfolio Holders:
N/A

Officer Contact: Mike Barker, Deputy Chief Executive & Place Partnership Director

Report Author: Moneeza Iqbal, Director of Integration, Oldham Place Team (NHS)

Ext. moneeza.iqbal1@nhs.net

Date: 17th November 2026

Purpose of Report

This report shares Oldham's Neighbourhood Health Plan. The Plan sets out a five-year vision and delivery framework for neighbourhood health in Oldham, bringing together partners across health, social care, local government and the voluntary, community, faith and social enterprise (VCFSE) sector to improve outcomes, reduce inequalities and provide more integrated support closer to home.

Decision Required

Scrutiny Committee is asked to :

1. Endorse the Oldham Neighbourhood Health Plan as Oldham's strategic framework for neighbourhood health between 2026 and 2031.
2. Endorse the vision, priorities, outcomes and delivery approach contained within the Plan.

Executive Summary

The Oldham Neighbourhood Health Plan sets out how partners will work together over the next five years to improve health outcomes, reduce inequalities and support residents to live healthier and more independent lives.

Neighbourhood Health is not a separate programme. It is a key component of Oldham's wider approach to public service reform and Live Well, bringing together health services, social care, housing, employment support, family services, community organisations and local assets around the needs of residents and neighbourhoods. The Plan therefore represents a collective commitment by partners to shift from organisationally-led services towards a more integrated, preventative and community-centred model of support

Neighbourhood health provides an opportunity to organise services around local populations and communities, ensuring support is more coordinated, proactive and focused on prevention. The Plan establishes a phased implementation programme centred on population health management, integrated neighbourhood teams, Live Well neighbourhoods and stronger community partnerships.

The Plan recognises that successful delivery will depend on continued partnership commitment, effective governance arrangements, workforce capacity and the development of place-based investment approaches that support prevention and neighbourhood delivery.

Background: What is Neighbourhood Health?

Neighbourhood health focuses on organising care, support and wider public services around the needs of local communities, typically serving populations of between 30,000 and 50,000 residents. It brings together primary care, community services, mental health services, social care, housing providers, community organisations and local assets to provide more joined-up and person-centred support.

The benefits of a neighbourhood health approach include:

- Care delivered closer to home.
- Better coordinated support across organisations.
- Earlier intervention and prevention.
- Improved physical and mental health outcomes.
- Greater independence for residents.
- Reduced health inequalities.
- More sustainable use of public sector resources.

Neighbourhood health is central to national health and care policy and forms a key component of the NHS 10-Year Health Plan. In October 2025, Integrated Care Boards were asked to commence development of neighbourhood health plans for agreement

through local Health and Wellbeing Boards. Greater Manchester has committed to developing plans for each locality by Autumn 2026.

Why Oldham Needs a Neighbourhood Health Approach

Oldham faces significant challenges relating to health outcomes, inequalities and increasing demand on public services.

Life expectancy remains below national averages, inequalities persist between communities, and many residents experience the combined impact of poor health, deprivation, social isolation, housing challenges and economic disadvantage. At the same time, demand for urgent care, hospital services, primary care, mental health support and social care continues to increase.

Traditional service models, often organised around individual organisations rather than residents and communities, are increasingly unable to meet the complexity of need experienced by many people.

A neighbourhood health approach provides an opportunity to move from reactive services towards prevention, early intervention and coordinated support. By bringing together public services, communities and local assets around neighbourhood populations, partners can improve outcomes, reduce duplication and ensure resources are used more effectively.

This approach aligns strongly with Oldham's ambitions for Live Well neighbourhoods and wider public service reform, supporting a shift towards community-led solutions and person-centred support.

The Oldham Neighbourhood Health Plan

The Oldham Neighbourhood Health Plan addresses national requirements whilst setting out a locally tailored vision for a healthier Oldham. The Plan establishes a long-term operating model based on three interconnected foundations:

- Population Health Management.
- Integrated Neighbourhood Teams.
- Live Well neighbourhoods.

The Plan sets out:

- The drivers of demand within Oldham and the case for change.
- A future operating model for neighbourhood health.
- Development of Integrated Neighbourhood Teams.
- Neighbourhood health enablers, including urgent neighbourhood services.
- Innovation and transformation programmes supporting neighbourhood working.

- The development of Neighbourhood Health Centres.
- Delivery milestones through to 2031.

The Plan complements and supports delivery of:

- The Oldham Plan.
- The Oldham Live Well Strategic Plan.
- Families First Partnership Programme.
- Best Start in Life.
- Other key place-based transformation priorities.

Partners already making significant contributions include:

- Primary Care Networks leading population health management approaches.
- Pennine Care NHS Foundation Trust and community partners delivering neighbourhood mental health services.
- TOGS Mind and wider VCFSE partners supporting wellbeing and prevention.
- Northern Care Alliance, Adult Social Care and Miocare leading transformation of intermediate care and Home First services.
- Oldham Athletic, Sportstown and wider partners supporting the development of Neighbourhood Health Centres.

Residents, Communities and Live Well

A core principle of the Plan is that neighbourhood health should be designed with residents and communities rather than for them.

For residents, neighbourhood health should result in:

- Easier access to support closer to home.
- Better joined-up services and reduced duplication.
- Earlier help before needs escalate.
- Greater focus on prevention and wellbeing.
- Increased opportunities to influence local priorities and services.

The Plan builds upon the strengths of Oldham's communities, community assets and Live Well neighbourhoods. The voluntary, community, faith and social enterprise sector will play a key role in delivering prevention, social connection, wellbeing support and community development.

Community insight, lived experience and co-production will inform the ongoing development of neighbourhood services, integrated teams and local models of care throughout implementation.

Outcomes and Measures

The Plan sets out three long-term population outcomes:

1. Increase life expectancy for men from 76.6 years to 79.1 years.
2. Increase life expectancy for women from 80.5 years to 83.1 years.
3. Reduce the gap in outcomes between Oldham's most and least affluent communities by 50%.
4. Increase the proportion of five-year-olds achieving a Good Level of Development from 63.6% to 75%.

These outcomes represent long-term ambitions that will be influenced by a broad range of health, social and economic factors.

Progress will therefore be monitored through interim indicators and proxy measures which will be reported annually. These will include measures relating to:

- Prevention and early intervention.
- Access to primary and community care.
- Integrated Neighbourhood Team coverage.
- Resident experience.
- Hospital utilisation.
- Independence and supported living.
- Community wellbeing and participation.
- Reduction in health inequalities.

Delivery Timeline

The Plan will be implemented through a phased approach:

Year 1: Build on Our Foundations (2026/27)

- Evaluate existing population health management approaches.
- Identify sustainable pathways and neighbourhood models.
- Strengthen partnership arrangements.

Year 2: Early Implementation (2027/28)

- Establish integrated neighbourhood teams in priority areas.
- Deliver neighbourhood-based elective pathways.
- Expand prevention and community-based support.

Year 3: Integration and Scale (2028/29)

- Secure investment to scale successful models.
- Expand neighbourhood delivery.
- Implement home-based intermediate care approaches.

Year 4: Optimisation (2029/30)

- Integrated neighbourhood teams operating across all neighbourhoods.
- Broaden support to additional population groups.

Year 5: Maturity and Sustainability (2030/31)

- Full neighbourhood health model established.
- Sustainable funding and delivery arrangements embedded.
- Key neighbourhood enablers operating across the system.

Governance, Risks and Dependencies

Delivery of the Neighbourhood Health Plan will be overseen through established place-based governance arrangements.

The Health and Wellbeing Board will provide strategic oversight through annual review of progress, outcomes, risks and dependencies.

Operational delivery will be led through the Oldham Place Partnership and associated programme structures, supported by partner organisations across health, social care, local government and the VCFSE sector.

Key risks and dependencies include:

- Availability of sustainable investment to support neighbourhood delivery.
- Continued commitment and alignment from partner organisations.
- Workforce capacity across health, care and community services.
- Ability to evidence impact and demonstrate measurable outcomes.
- National policy, funding and system changes that may affect implementation.

These risks will be monitored through programme governance arrangements and escalated where required.

Financial and Resource Considerations

The delivery of neighbourhood health will require continued alignment of resources across partner organisations and a sustained focus on prevention and early intervention.

Partners recognise the importance of developing place-based investment approaches that support the shift of resources towards neighbourhood delivery and preventative services.

The Board is not being asked to approve a Place Fund through this report. However, members are asked to note that development of place-based investment mechanisms remains an important dependency for successful implementation of the Plan. Any future

proposals relating to funding arrangements or place-based investment models will be considered through appropriate governance processes.

Recommendation

Scrutiny committee is asked to:

1. Endorse the Oldham Neighbourhood Health Plan as Oldham's strategic framework for neighbourhood health from 2026 to 2031.
2. Endorse the vision, priorities, outcomes and delivery approach contained within the Plan.

Healthier Oldham Plan

Oldham Neighbourhood Plan 2026 to 2031



Leaders of our key organisations are signed up to this neighbourhood plan

Our Neighbourhood Plan

The content of our neighbourhood plan draws on the innovative work which has already begun in Oldham and our track record of delivery e.g. Population Health Management, our existing Neighbourhood Health Centres. Below is a summary of the high level content and themes it will encompass.

1. Introduction and vision

Describing our vision and ambitions for Oldham, the partners in Oldham delivering this plan

2. Drivers of demand

Describing the current population health outcomes and drivers of health and care demand in Oldham;

- Oldham population and life expectancy by ward
- Our neighbourhood health needs
- Financial and activity picture
- Our operating model
- Our interventions

3. Neighbourhood Health: Our approach

Describing the three key pillars of our neighbourhood approach;

- Population Health Management
- Integrated Neighbourhood Teams
- Live Well in Oldham

4. Support to Neighbourhoods

Describing the broader enablers which wrap around PHM and INTs to deliver effective neighbourhood health;

- Transforming Primary Care
- Urgent Neighbourhood Services
- Intermediate Care & Home First
- Standardised Community Services
- Neighbourhood elective pathways
- Neighbourhood cancer prevention and reduction

5. Neighbourhood Health: Enablers

Describing the key infrastructure, support and culture we are developing upon which neighbourhood health teams can be built;

- Neighbourhood Health Centres
- Workforce and culture
- Estates
- Digital
- Information sharing

6. Governance and next steps

Describing our system governance and arrangements which will enable our neighbourhood plan

Forward

This strategic plan represents our translation of the national strategic frameworks into the context of the health and care system in the borough of Oldham. As we plan the move away from our primary focus from 'delivering healthcare' and towards a system that understands citizens and patients as partners in the 'co-production of health', there are some core concepts that have guided our thinking.

The first and most important of these is that we must change the nature of the relationship between the NHS and the population that it serves. This plan describes how we intend to begin this process in three ways. First, by initiating a new, systematic and wide-ranging stakeholder engagement programme Second, by instituting a new annual strategic cycle that links the 'conversation' with our population with the 'contracting authority' that can enact the key requirements as they emerge. Third, by designing and consulting on a *personalised public health outreach function*. By proceeding in this way, we are seeking to simultaneously develop and empower the voices of patients, families and communities in a way that has the potential to transform the care system.

The second is that we must change the relationship between strategic management and care professionals. There are international examples of systems that have moved on from seeing professional leadership as an important *component* of the management system and instead have developed organisational models that place clinical and care professional leaders in direct positions of authority and strategic control.

This plan outlines how we are pursuing this idea in Oldham both by working closely with primary care leaders to develop the capability and governance arrangements for properly empowered placed based partnership and through our stated strategic goal of pursuing the concept of a new Integrated Healthcare Organisation

The third important insight is that the transformation of services must be supported by a transformation in the commissioning function itself. To deliver our new vision, commissioning must incorporate processes to translate stakeholder conversations into contracting requirements and understand that individual preferences need to be given a new importance alongside the traditional notion of need. It also needs to be led by a new, general practice-based partnership that harnesses the design insights of leading clinicians to the resource management and project planning of effective general management. It needs to look beyond traditional providers and develop new capabilities in the voluntary and independent sector. It must build new high frequency population health status and patient tracking information systems to consolidate the recent gains in access, introduce the new discipline of systematic management for quality and plan to deliver the new requirement to lift life expectancy. Finally, it needs to develop a new industry standard in areas such as social marketing and actuarial analysis to effectively manage individual and population risk.

Linking these three ideas together produces our mission of *professionally led, publicly accountable, individually responsive* health and care services.

Mike Barker, Deputy Place Lead & Deputy CEO Oldham Council

Our vision

The picture in Oldham is just as stark. Mortality is higher than average, and like elsewhere, the majority of deaths are driven by a small number of long-term conditions: cardiovascular disease, cancer and respiratory illness. But what stands out is the depth of need. People are living longer with poor health, often with multiple conditions, and mental health demand is both high and rising. This isn't just a case for incremental change. It points to a clear need to strengthen prevention and invest more decisively in mental health and early intervention.

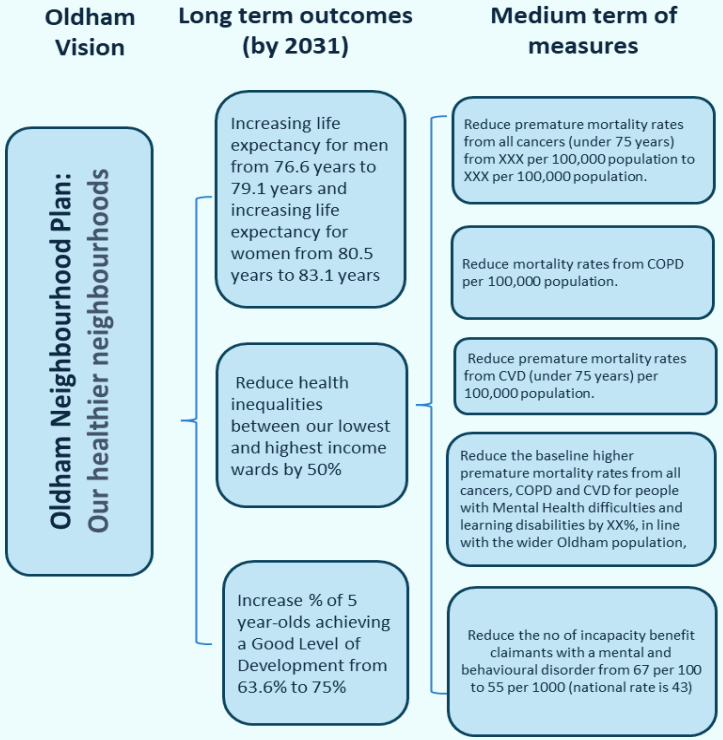
The logical argument of this strategic document is correspondingly simple, and lays out how we are going to respond to the health and well being challenges in the four areas of cardio-vascular disease (CVD), cancer, respiratory disease (with a focus on Chronic Obstructive Airways Disease) and mental health.

In practical terms, we are planning to ensure:

1. Better Care through more effective system management, the introduction of advanced quality monitoring and specific investments targeted at services in our key health need areas
2. Better Health through the development of a 'population health status monitor', based on the GP registered list. This will enable us to deliver thoroughly systematic health improvement programmes (our flagship being the CVD register programme). This will support the delivery of a highly targeted approach to social marketing of both self-care messages and invitations to participate in health and well-being services
3. Better Life through our programme to transform our mental health services and our partnerships with the local authority to enhance the quality of life of all citizens in Oldham

Whilst our ambitious plans will focus on preventing and reducing the devastating effects that cancers, cardiovascular disease, respiratory disease and poor mental health have on our community, we also intend to change our relationship with patients and our population through new channels of communication and the commissioning of far more personalised services.

To this end, by 2031 we aim to:



Our Plan

As we launch our Oldham Place Partnership , bringing together the organisations who support all age health, social care, housing, etc we set out our vision and plans for a whole-system approach to neighbourhood health and living well in Oldham.

Our plan is the culmination of the experience and learning from the individuals, communities and organisations who have come together in Oldham over recent years to improve the health outcomes and experience of Oldham residents. We find ourselves now at a critical moment where locally and nationally it is recognised that only through working at a neighbourhood level can we create true partnerships with residents which inform the delivery and design of services.

Much of what is described here in this plan is not new, however, a number of national and local drivers provide the right time to galvanise our collective ambitions. Our plan supports;

- NHSE's move to a neighbourhood health service
- Greater Manchester's Live Well ambition
- Oldham's wider place priorities

This plan has naturally emerged from the programmes of work commenced in Oldham which includes our Population Health Management programme led by our Primary Care Networks, our emergent Live Well programme, learning from the roll out of our Families First Partnerships and Mental Health Neighbourhood Teams (previously known as Living Well) .

No single organisation owns this plan – it is not an NHS plan, a council plan, or an organisational strategy. It outlines the combined ambitions of our partnership and the strengths each individual and organisation can bring when we would collectively towards a clear set of goals for our population.

To anchor our progress and ensure it continues, this plan describes our ambitions and visions but critically will be supported by a more detailed delivery plan and framework within an agreed partnership framework for Oldham.

Our Plan

Our PACE model provides the framework for our strategy.
For Oldham this means:

Personalised: We will establish a new relationship with our population where they are at the fulcrum for lifestyle healthcare choices and shaping health services for Oldham. For example, the GP practice-based register will be the core to ensuring individuals' well-being.

Advanced: We will ensure that our patients have access to the most effective leading-edge technologies. For example, we are planning a major investment in remote-monitoring technologies and the phased introduction of at least one world class option for our top 10 surgical procedures.

Care: will re-commission services to provide integrated health and social care and in so doing incentivise providers to respond with innovative models of provision

Environment: Oldham will not be bound by particular buildings in the future. Healthcare will be delivered in environments that are designed to fit with particular needs, expectations and lifestyle of patients and citizens.

In this context, we are planning to reconfigure the Better Care Fund to support the introduction of initiatives in each of our main health need areas. The implemented initiatives are expected to improve health and deliver savings. Any available investment must have been prioritised according to their anticipated impact and their value for money to deliver the outcomes outlined above.

We are also actively exploring the introduction of integrated services, and the next few months are critical for determining the extent to which this will play a part. If we retain our present structure, the impact of our programmes will be significantly beneficial for our population but will have a marginal impact on the overall pattern of investment. If we do fully move down the road of integration, we will retain a focus on our core strategies but will have a much greater impact on the profile of our contracts.



The collaborative supporting our plan

A range of providers across health, care, voluntary, community, faith and social enterprise sector, housing and other partners are already working together in Oldham to deliver integrated care. This collaborative effort is critical to the further expansion of neighbourhood health teams.



Oldham Council

- Adult social care
- Children's services (including Early Help)
- Drugs and alcohol services
- District and youth coordinators
- Public health
- Learning disabilities and mental health services



Healthcare

- Primary care (including PCNs)
- Mental health services (PCFT)
- GM ICB and Oldham locality
- Secondary care
- Community health services (NCA)
- Social prescribing and VCSE



Voluntary sector*

**Examples of VCFSE engaged*

- TOGMind
- Age UK
- Action Together
- Positive Steps
- Home Start
- Oasis UK

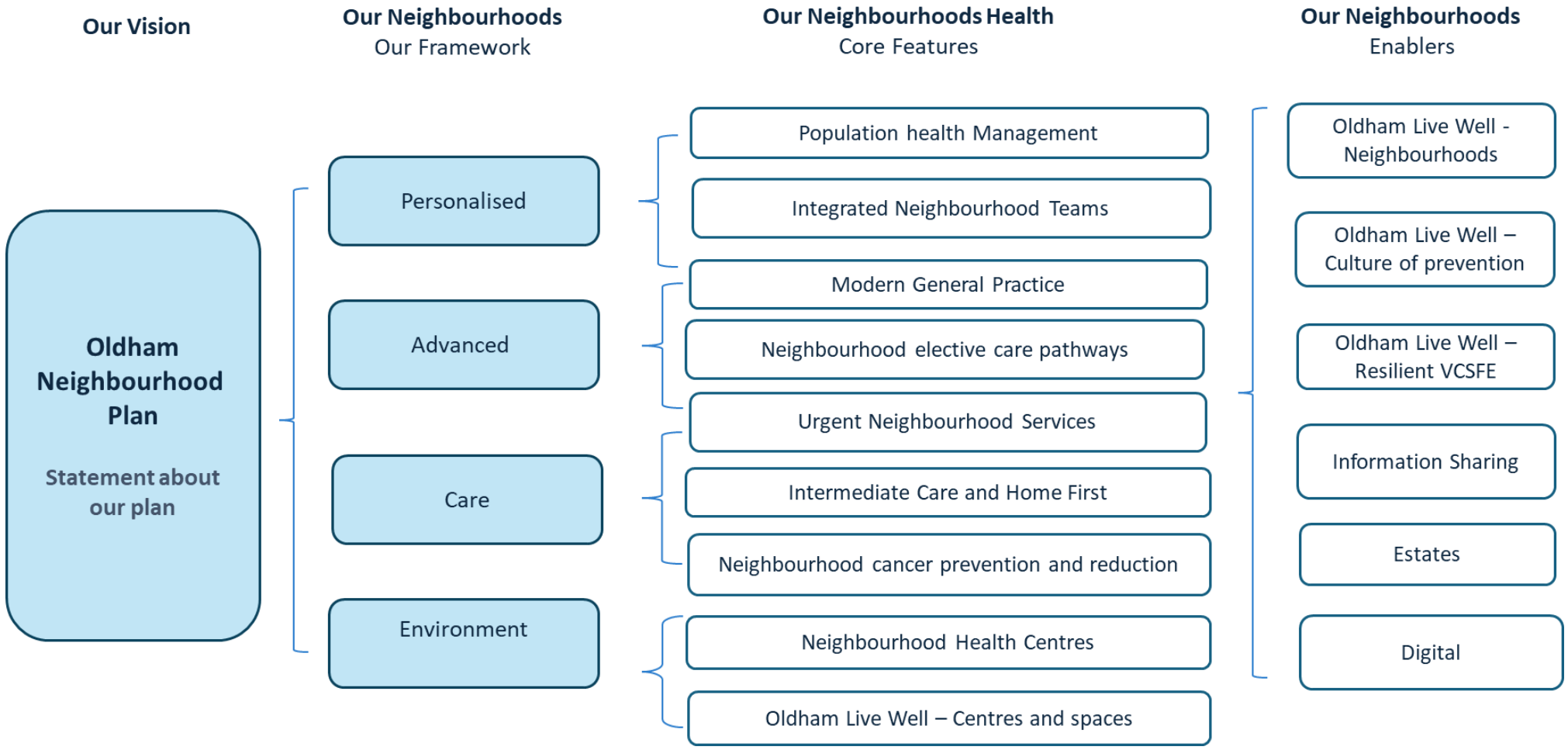
Neighbourhood health and our local hospitals – Four Locality Partnership

- As our neighbourhood model develops, this will drive changes in the way our population access healthcare
- The ambition is not to reduce access to specialist hospital expertise, but to organise that expertise differently so that people receive earlier support, more proactive care and better coordinated services closer to home.
- Rather than just seeing neighbourhood health as something that happens outside of hospitals, we see our local hospitals as key partners in delivering this transformation.
- The Four Localities Partnership is a vehicle through which we can co-ordinate our strategic plans alongside the localities for which the NCA is the main provider of hospital based and community health services
- Where it makes sense to do so, we will develop a shared delivery model across neighbourhoods in this footprint, and use continuous learning and improvement to scale what works.
- This will help us to plan together for the long term to make the changes in physical infrastructure, delivery models and funding flows required to deliver our shared vision for Neighbourhood Health.
- We have identified five priority areas for collaboration across the Four Localities Partnership (1) Population Health Management (2) Neighbourhood led community services (3) outpatients and diagnostics (4) 'Hospital at home' services (5) Urgent and Emergency Care.



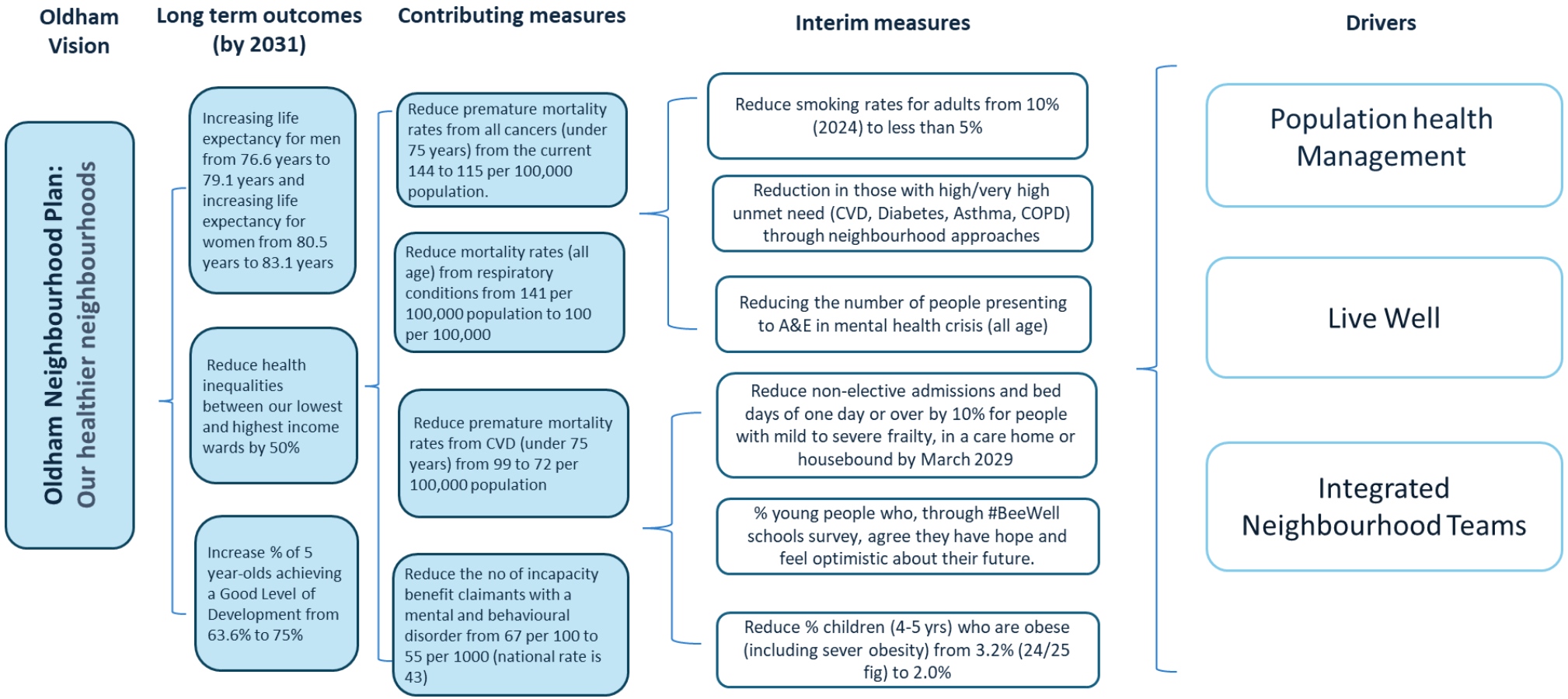
High level view of our plan

Our Neighbourhood Plan can be summarised through the key features of our framework, the core features of our neighbourhoods and the enablers which support this.



High level view of our plan - measurement

We have identified clear long-term outcomes for our population which this plan will deliver. To be able to monitor progress, medium term and interim measures have also been identified: these measures can be reported more frequently and drive long term outcomes



Policy context

Several national and local policies and drivers re-enforce the ways of working we have been developing in Oldham in recent years which prioritise strengthening communities and reducing health inequalities through a focus on neighbourhoods and multi-agency working.

The *10-year NHS Plan* outlined three key shifts required to modernise the NHS; hospital to community, analogue to digital, sickness to prevention, and the *NHS Neighbourhood Framework and National Neighbourhood Framework (2025)* set our clear expectations about creation of neighbourhood health approaches which our plan describes in detail.

Oldham is proudly part of the Greater Manchester city-region. The Greater Manchester Strategy 2025 to 2035 *'Together we are Greater Manchester'* sets out Live Well as a fundamental approach to reducing health inequalities and improving the everyday lives of residents which Oldham is at the forefront of delivering – detailed in our Oldham Live Well Strategic Case and referred to in this plan.

There is a lot of great work transforming residents' lives in Oldham. This plan describes health and care neighbourhood aspects of these priorities, whilst speaking to the relationship with other plans and priorities underway in the system.

Family Hubs have been created in Oldham transforming how families access support through providing universal (for everyone) one-stop shops, where you can access all the help and support you need to make sure your child is healthy, safe, and looked after (*Giving Every Child the Best Start in Life (2025)*).

Pride In Place Strategy is the government's plan to create safer, healthier neighbourhoods where communities can thrive, focussing on disadvantaged areas including parts of Oldham

Oldham's implementation of the *Families First Partnership Reform and Programme* launched 2025 is transforming the way families are supported through multi-agency working, improving child protection through family centred local approaches and introducing Family Help.



2. Drivers of demand

Describing the current population health outcomes and drivers of health and care demand in Oldham;

- Oldham population and life expectancy by ward
- Our neighbourhood health needs
- Financial and activity picture
- Our operating model
- Our interventions

About Oldham

In Oldham, we are united in our commitment to delivering public services where they are needed most. We welcome the ambition of the 10-Year Plan, which brings renewed energy and focus to our ongoing efforts to improve neighbourhood health.

Oldham has c243,000 residents, projected to increase by over 5% in the next 10 years. Whilst it has a young population profile with a high proportion of residents under 16, the number of people over 65 is set to grow by 30% by 2041, which will increase demand on the system. Furthermore, there is a much older population concentrated in the north district compared to the other geographies.

Population ethnic diversity also greatly differs by geography, with an ethnically diverse population in the central and west districts, but a predominantly white population in the north. Overlaid on this are clear differences in deprivation, particularly concentrated in central and then the west and south districts. Such high levels of deprivation and other wider determinants adversely impact Oldham residents' health outcomes and life expectancy, and lead to high health needs and later complex and/or acute demand.

The demographic differences and wider determinants of health, and variation in health behaviours, risk factors and prevalence across different geographies in Oldham, give rise to different patterns of health needs and health and care resource use across the neighbourhoods.



About Oldham – Our neighbourhood health needs

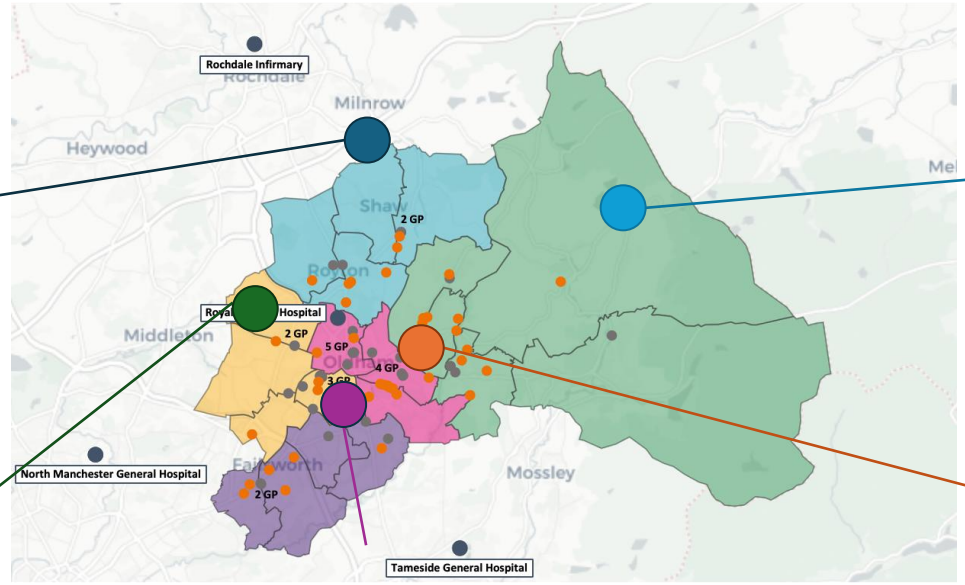
North District

- **Oldest demographic** with large number of >65s (older than GM and England averages), and the **least ethnically diverse** of the Districts with a predominantly white population
- Some **pockets of deprivation**
- **Highest rates of obesity, respiratory disease, CVD and depression** in Oldham and above national rates, and high rates of diabetes
- **Highest rates of learning disabilities** with west

West District

- **Young population** (similar to south) with **some high diversity** - a quarter of people are registered as Asian/Asian British
- Significant **pockets of deprivation**
- High rates of mental health conditions with **highest rates of SMI in Oldham**
- **Highest smoking rates** significantly above the national average and **relatively high rates of respiratory** disease and diabetes
- **Highest rates of learning disabilities** with north

Key: Acute hospital site | GP practice | Care home



South District

- **Younger population** profile (like west) but relatively **lower ethnic diversity**
- Significant **pockets of deprivation**
- **Lowest obesity rates** of Oldham but still above England, **lowest CVD rates** in Oldham (below England), and **relatively lower rates of diabetes** although still above England, but **high smoking rates**
- **High rates of mental health conditions** compared to nationally

East District

- Age profile is slightly older than other districts apart from north, with **low ethnic diversity** and a predominantly white population
- East has the **lowest deprivation** of the Districts
- **Lowest rates of SMI** compared to other Districts
- **Lowest smoking rates in Oldham** but at **higher end of rates of respiratory disease**
- Relatively **lower rates of diabetes** although above the national average and **lowest frailty in 50-64**

Central District

- **Youngest population** profile(30% <16, 9% >65) and **highest degree of ethnic diversity** with nearly 50% of the population Asian and largest proportion of Black/Black British/Caribbean or African residents
- Significantly the **most deprived District**
- Relatively **high levels of smoking and obesity**
- **Highest levels of frailty** in 50-64 age group
- High needs for LTCs including **relatively high levels of mental health conditions, respiratory disease and highest rates of diabetes.**

About Oldham – health and care spend

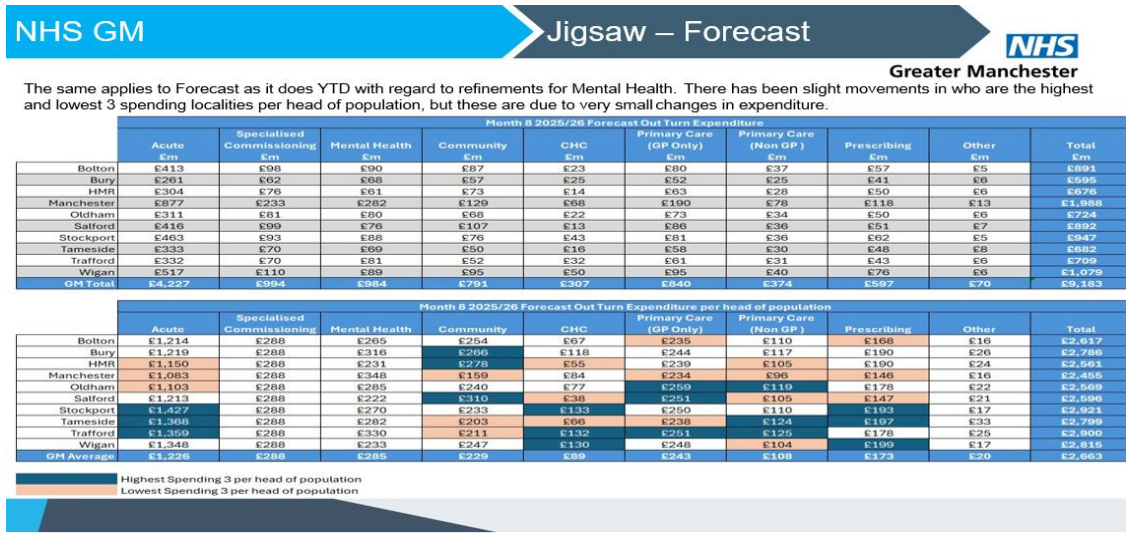
Across health and care there is a total spend of c£832m for the population of Oldham. The way this spend is governed and organised is changing under NHS reforms, with a Place Fund the key mechanism for change in Oldham.

Our challenge is to get the best outcomes using this resource, deploying it in the most effective way to deliver our agreed outcomes.
Fundamentally, the success of our neighbourhood plan relies on shifting resource from high-cost acute care to community-based setting and preventative activities.

High level GM ICB and Oldham Council spend on health and social care for Oldham residents 25/26

Spend Type	Spend (m)
Acute & specialist NHS care	£311
Mental health	£80
Community health	£68
CHC	£22
Primary care	£101
Prescribing	£50
Public health	£20
Adult social care	£90
Children's social care	£90
Total	**£832**

GM ICB Jigsaw tool compares 10 localities spend per head of population


NHS GM Jigsaw – Forecast

NHS Greater Manchester

The same applies to Forecast as it does YTD with regard to refinements for Mental Health. There has been slight movements in who are the highest and lowest 3 spending localities per head of population, but these are due to very small changes in expenditure.

Month 8 2025/26 Forecast Out Turn Expenditure

	Acute £m	Specialised Commissioning £m	Mental Health £m	Community £m	CHC £m	Primary Care (GP Only) £m	Primary Care (Non GP) £m	Prescribing £m	Other £m	Total £m
Bolton	£413	£98	£90	£87	£23	£80	£37	£57	£5	£891
Bury	£261	£62	£68	£57	£25	£52	£25	£41	£6	£595
HMR	£304	£76	£61	£73	£14	£63	£28	£50	£6	£676
Manchester	£877	£233	£282	£129	£68	£190	£78	£118	£13	£1,988
Oldham	£311	£81	£80	£68	£22	£73	£34	£50	£6	£724
Salford	£416	£99	£76	£107	£13	£86	£36	£51	£7	£892
Stockport	£463	£93	£88	£76	£43	£81	£36	£62	£5	£947
Tameside	£333	£70	£89	£50	£16	£58	£30	£48	£8	£682
Trafford	£332	£70	£81	£52	£32	£61	£31	£43	£6	£709
Wigan	£517	£110	£89	£95	£50	£95	£40	£76	£6	£1,079
GM Total	£4,227	£994	£984	£791	£307	£840	£374	£597	£70	£9,183

Month 8 2025/26 Forecast Out Turn Expenditure per head of population

	Acute	Specialised Commissioning	Mental Health	Community	CHC	Primary Care (GP Only)	Primary Care (Non GP)	Prescribing	Other	Total
Bolton	£1,214	£288	£265	£254	£67	£235	£110	£168	£16	£2,617
Bury	£1,219	£288	£316	£266	£118	£244	£117	£190	£26	£2,786
HMR	£1,150	£288	£231	£278	£55	£239	£105	£190	£24	£2,561
Manchester	£1,083	£288	£348	£159	£84	£234	£96	£146	£16	£2,455
Oldham	£1,103	£288	£285	£240	£77	£259	£110	£178	£22	£2,569
Salford	£1,213	£288	£222	£310	£38	£251	£105	£147	£21	£2,596
Stockport	£1,427	£288	£270	£233	£133	£250	£110	£193	£17	£2,921
Tameside	£1,368	£288	£282	£203	£66	£238	£124	£197	£33	£2,799
Trafford	£1,359	£288	£330	£211	£132	£251	£125	£178	£25	£2,900
Wigan	£1,348	£288	£233	£247	£130	£248	£104	£199	£17	£2,815
GM Average	£1,226	£288	£285	£229	£89	£243	£108	£173	£20	£2,663

Highest Spending 3 per head of population
Lowest Spending 3 per head of population

Demand drivers based on finance, activity and system engagement

We undertook demand analysis, driver analysis, interviews and desktop research to identify three thematic areas which are driving health and care demand in Oldham, and which the interventions in our plan will address through our **operating model.**



1. High health, care and social needs

- High deprivation and associated demographic factors
- Challenging living environment and/or home setting
- ‘Risky’ lifestyle and health behaviours, and high rates of risk factors
- High rates of physical and mental health conditions and disability



2. Insufficient focus on early intervention and prevention

- Limited self-management and/or overreliance on services
- Need for more early detection and prevention
- Challenges in access to and use of primary care and other upstream services
- Barriers to accessing non-urgent hospital care



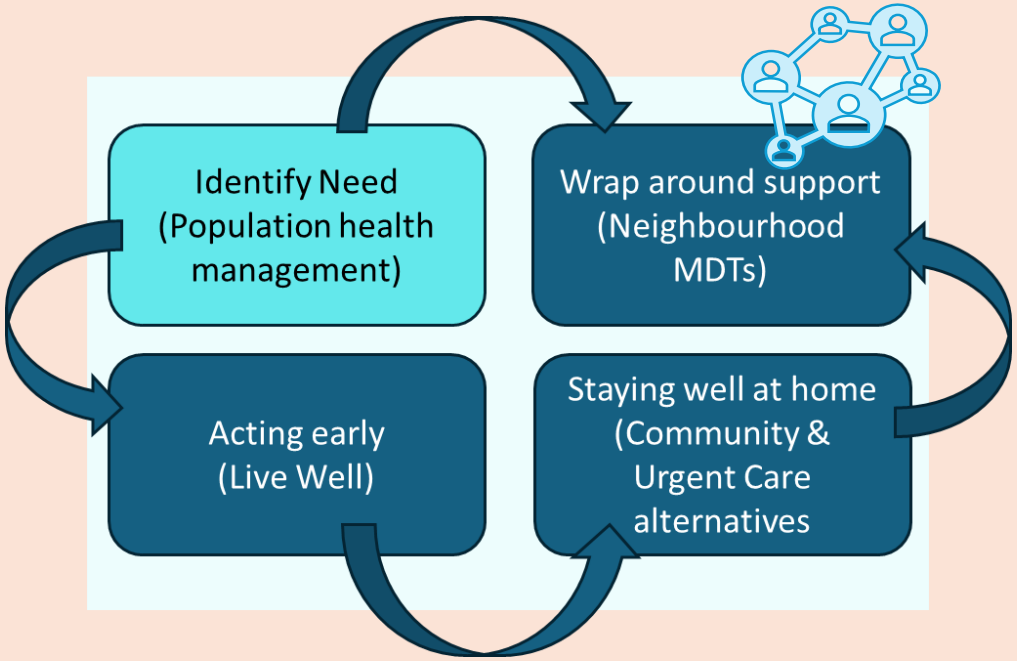
3. Lack of service integration, communication and signposting

- Demand is sometimes directed to the ‘wrong’ place
- People don’t know how to navigate the system or services
- Lack of integration across services and fragmentation of patient flows

Our operating model – responding to demand

Our operating model is simple but important, with **population health** at its core. By identifying and understanding need, we put in place interventions depending on the level of need, in line with our **prevention framework.**

Our health and care neighbourhood model is based on neighbourhood MDTs, alongside other neighbourhood health components (e.g. urgent neighbourhood services), providing wrap around support and support to stay well at home.



Our Oldham Prevention Framework is fundamental to this operating model by describing the type of response for the level of need at all levels.

Oldham Prevention Framework



Responding to demand drivers, themed interventions

As a result of our demand analysis, we have developed a plan which based upon key principles of PACE, but which addresses some key thematic areas as described;

1 Reduce 'late' service access, presenting in **high demand for UEC**– A&E and NEL *(closely linked to priority 4)*

- Improve **early detection, diagnosis, and prevention** by identifying patient cohorts to treat proactively
- **Improve self-management** of LTCs or risk factors (e.g. smoking)
- **Enhance the primary and community care model**, to improve capacity/availability, citizen engagement and case management

- UEC in **central, south, west**
- **CVD, respiratory** (smoking in west), **early frailty** (central) and **diabetes** (central, north, west)
- Proactive care for **BAME** groups

2 Proactive CYP intervention to **reduce downstream demand, including in social care**

- **Review current and previous service provision** (including early help triage), family support and early intervention model (0-5 years), and **referral criteria**
- **Improve access to key early CYP support** (e.g. MH, SALT services)
- Explore initiatives with **schools** on educational referrals and **police**

- High CSC in **central** and **south**
- Improve CYP MH support in **central**, review high SEN support
- CSC offer for **BAME** groups
- High CAMHS use in **north, east**

3 **Enhanced model for managing mental health** needs, including low- and mid-severity

- **Review service model and local provision** for 1) **Low/moderate MH needs** and 2) **Preventing people entering crisis**, including opportunities for social prescribing, crisis support and local MDTs
- Understand and **reduce attrition for IAPT and community MH**
- Address strained inpatient capacity (discharging, OOA placement)

- **Understand and address** CYP/ adult MH service use in central and west
- Support for **BAME** (IAPT use)
- Reducing delayed discharge

4 Supporting **better care navigation** and **coordination** *(tightly linked to priority 1)*

- Improve support and engagement on the **right care setting for different needs**, including effective **triage** processes
- Provide a clear, **single point of access**
- **Signposting and guidance on how to navigate services** for providers, service users and their families

- **ASC referrals with no further action/onto other services**
- Primary care access in **central** and **east** and low acuity A&E use in **central, south, east**

3. Neighbourhood Health: Our approach

Describing the three key pillars of our neighbourhood approach;

- **Population Health Management**
- **Integrated Neighbourhood teams**
- **Live Well in Oldham**



Neighbourhoods in Oldham

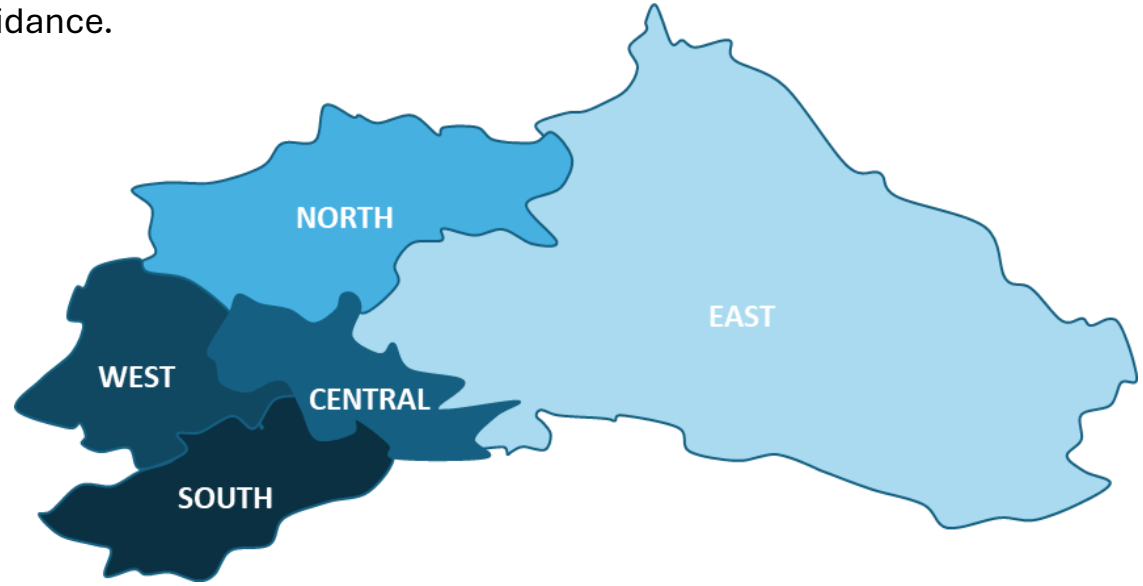
A number of policies describe the criticality of delivering public services on a neighbourhood footprint in order to bring them closer to residents, as well as the importance of strengthening neighbourhoods to reducing inequalities.

Oldham is unique in having achieved full geographical alignment across public services in 2020. This alignment was a bold and transformational step, taken to provide more responsive, joined-up services and to directly tackle entrenched inequalities. The realignment involved all major public services; including Social Care, Mental Health, Community and Primary Care, Policing, Housing and Homelessness Support, Environmental Health, Employment and Skills Services, the VCFSE sector, Community Safety, Substance Misuse, and Early Years services.

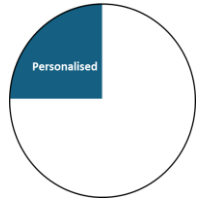
This system was designed around the existing Primary Care Networks (PCNs) wherever possible, resulting in the creation of five integrated neighbourhoods across Oldham. Now, five years on, these neighbourhoods and their associated services are well-established and form the foundation of our place-based approach to integrated care.

Oldham's neighbourhoods are split into five distinct neighbourhood or 'districts' which range in their geography and demographic and make up.

These neighbourhoods are aligned with our Primary Care Networks (PCNs) which will also be the footprint for our Neighbourhood Health delivery. These footprints fit within the 30 to 50k population recommended in national NHS guidance.



Anchoring our neighbourhoods around our PCNs, and consequently the GP practice-based register enables **personalised** care.



Neighbourhoods: Primary Care Networks (PCNs) and Population Health Management

Oldham has a well-established GP Board, which serves as the representative body for practices across the Oldham Locality through their membership in Primary Care Networks (PCNs). The GP Board holds a seat on the Partnership Committee, the Greater Manchester Integrated Care Board (GM ICB), and associated structures such as the GM GP Provider Board. Representation on these bodies is provided through nominated members, ensuring formal links to strategic planning and decision-making processes.

Each of the five PCNs, along with the GP Board itself, has established clinical, managerial, and administrative leadership structures.

Additionally, within each of the five Neighbourhoods, the Oldham **Population Health Management (PHM) Programme** has implemented a structured governance model known as the **'governance quad'.** This includes four key roles: a primary care clinical lead (typically a senior GP), a neighbourhood operational lead, a specialist care professional (such as a district nurse or occupational therapist in older adult models, or Early Help leads for children and young people), and a Council district coordinator.

The governance quad is responsible for oversight and decision-making related to PHM initiatives, including operational aspects such as caseload review and management. Quad meetings are also attended by other relevant professionals — such as secondary care consultants, care coordinators, assessors, and PCN Clinical Directors — particularly when their input is essential to the design or delivery of new care pathways.

Our population health management mode is based upon;

- Data-Driven Decision Making:
- Clinician-Led Design
- Strong Partnership with the VCFSE Sector
- Investment in Social Prescribing

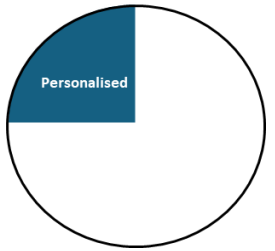


PHM Governance quad

Neighbourhood Health in Oldham: Population health management

Consistently using quantitative and qualitative insights to identify cohorts (esp. those with complex needs), segment risk, and target intervention.

Where are we now?	• A data informed approach has been used to develop a population health management analysis and focus for each PCN • Target interventions developed for cohorts identified: over 65s with mild/moderate frailty, children at risk of developing low / mid-severity mental health conditions, children and their families in good health but at rising risk of developing poor health, 50-64s at risk of becoming frail through multi-morbidities • Population health management used by PCNs with multi-disciplinary teams formed for specific cohort, however dynamic use of PHM by broader system not established yet
What needs to happen next?	• Secure consistent and routine access to population health data to routinely monitor activity outcomes, with the support of GM ICB • Evaluate and build on PCN frailty models and children and young people approaches to devise consistent approach • Further development of approach alongside new Integrated Neighbourhood Teams (INTs) • Scale up approach to broaden population supported
What will be the impact	↑ Improved patient outcomes – manage existing conditions better, prevent / delay new conditions developing, keeping people healthier for longer ↑ Improved patient experience – personalised, holistic care plans ↓ Reduce unplanned demand –better co-ordination of services, reduced demand on acute services ↑ Strengthen integrated working – collaboration amongst staff across skillsets and organisations £ Value for money – reduce wider out-of-hospital and social care spend



Case study: North PCN Frailty pathway

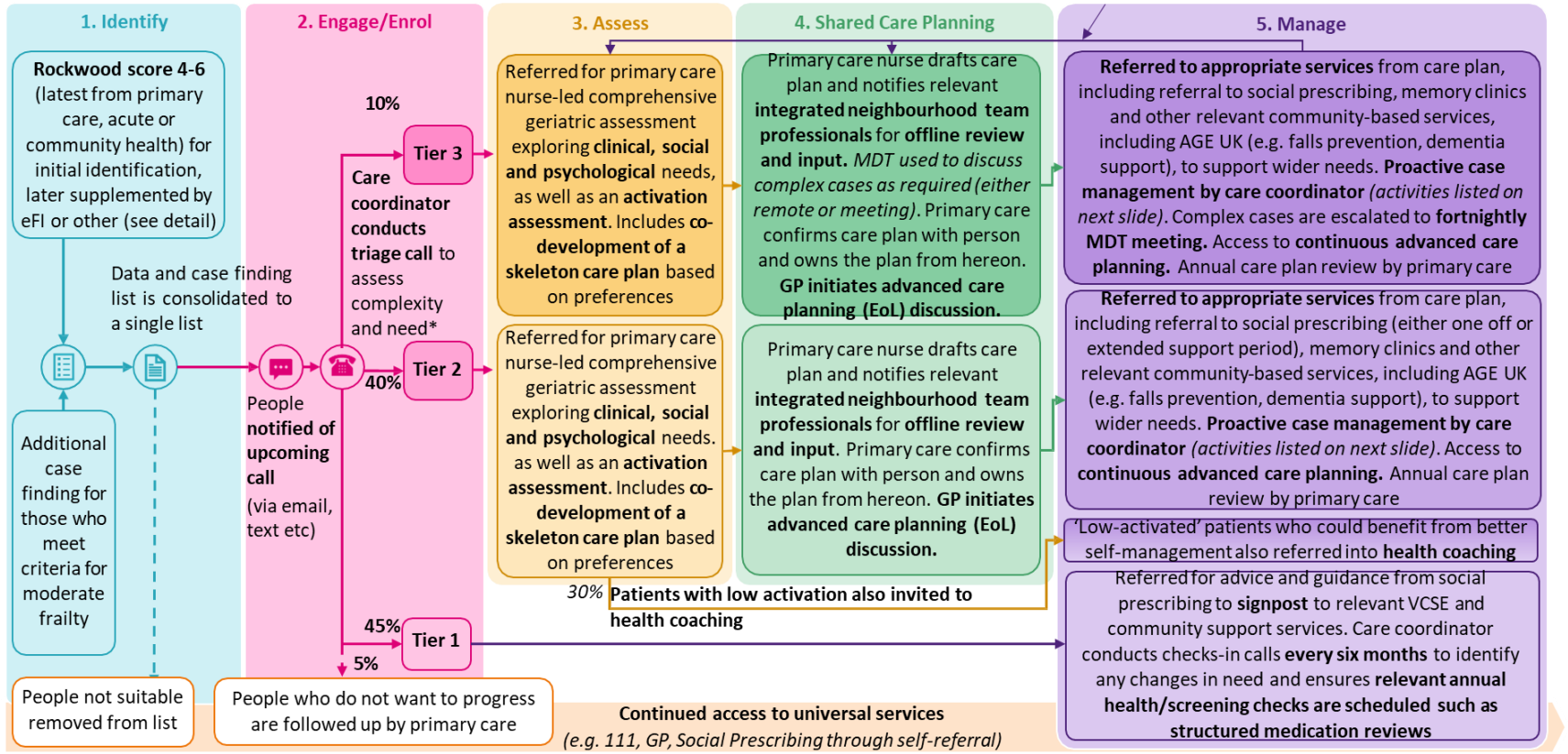
The PHM Frailty model was developed as a system-wide response to improve identification, coordination, and management of frailty.

At its core, the programme aims to:

- Standardise frailty identification and assessment
- Enable proactive, multidisciplinary care
- Improve communication and shared decision-making
- Reduce avoidable hospital utilisation
- Support patients to remain independent for longer
- On a system level, break down some organisational barriers, create better relationships as part of an integrated neighbourhood team.

The programme builds on existing Primary Care Network (PCN) structures, leveraging multidisciplinary teams (MDTs), shared care records, and enhanced roles.

North PCN Frailty Model – an example of the pathways developed for each Population Health approach



Case study: North PCN Frailty pathway

Supporting Social Connection and Independence Through Proactive Frailty Care

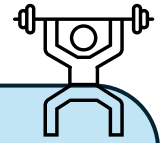
MR was identified for review through the proactive case-finding approach introduced at the beginning of 2026.

Rather than relying solely on a Rockwood Clinical Frailty Scale score, the service identified people with known **frailty risk factors** who may benefit from early intervention and preventative support.

During her assessment, MR explained that since retiring and giving up driving, she had become **increasingly isolated**. With no family available to provide support, she felt socially disconnected and identified **increasing social interaction as her main goal.** MR also reported experiencing pain in her hands and was advised to contact her GP for further assessment.



Following the assessment, MR was referred to Social Prescribing to help her access local community activities. The Social Prescribing team contacted her and provided information about opportunities available in her local area.
MR was also referred to the Strength & Stability programme. She has since started attending both the PCNs Strength & Stability classes and Chatty Café, both of which she reports enjoying immensely.



MR describes the Strength & Stability sessions as both enjoyable and empowering. She feels more confident, has learnt practical techniques that she believes she would not otherwise have known, and feels better equipped to maintain her independence.
She also highlights the social interaction the classes provide as one of the greatest benefits, saying it has been wonderful to meet new people and feel part of a community again.



By identifying MR early through recognised frailty risk factors and providing timely access to community-based support, the Proactive Frailty Service has helped reduce social isolation, improve confidence, increase community engagement and support her to remain independent.

This case demonstrates the value of proactive identification and early intervention in improving outcomes before a crisis occurs.

Case study:

OLDHAM SOUTH PCN FRAILTY PROGRAMME

Keeping people with mild-to-moderate frailty healthier, independent and at home for longer through proactive neighbourhood-based care.

FOCUS OF THE PCN

- Proactive identification and management of mild-to-moderate frailty in people aged 65+
- Support residents to remain independent, healthier and at home for longer
- Deliver holistic, person-centred care through population health management
- Reduce care fragmentation and improve coordination across neighbourhood services

HOW THE QUAD WORKED TOGETHER



Integrated neighbourhood working for our residents

INNOVATIONS & IMPROVEMENTS IDENTIFIED

Standardised frailty identification
Using risk stratification tools and Clinical Frailty Scores.

Multidisciplinary team (MDT) approach
Bringing together GPs, ACPs, care coordinators, pharmacists and community partners.

Holistic assessments & care planning
Addressing physical, cognitive, functional and social needs with personalised care plans.

Strength & Stability and prevention
Exercise classes, falls prevention, education and social prescribing to build resilience.

Stronger neighbourhood partnerships
Joint pathway design, shared ownership of care and regular communication across the Quad.

Improved coordination & information
Better information sharing and integrated care planning to reduce duplication and improve continuity.



BENEFITS TO RESIDENTS & PATIENTS

Remain independent longer
Support to live well at home and stay connected to their community.

Earlier intervention & prevention
Identifying needs and risks early to prevent crisis and reduce avoidable hospital admissions.

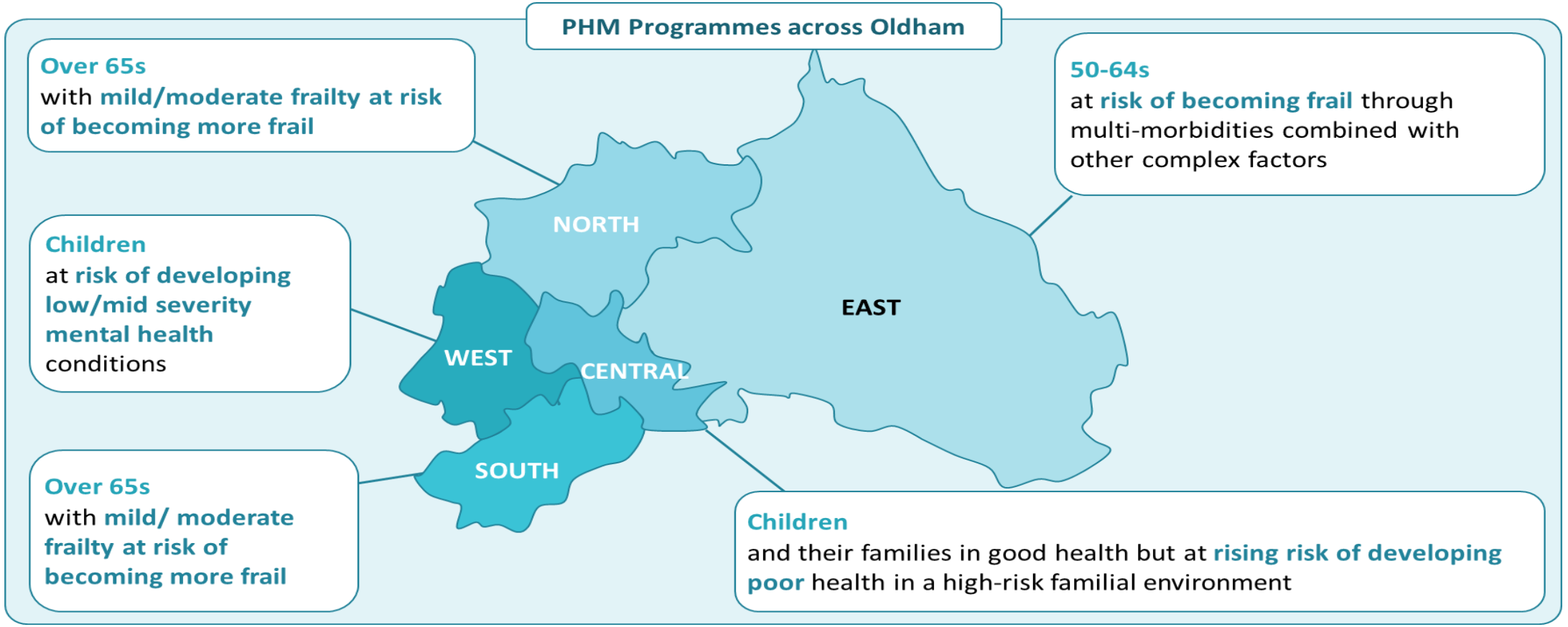
Better patient experience
Patients report feeling listened to, reassured, respected and supported.

More coordinated care
Joined-up services, less duplication and proactive management of complex needs.

> *"I feel listened to and more confident about managing my health. The support I get helps me stay independent."*
> – Resident feedback

Population Health Management in each PCN Neighbourhood

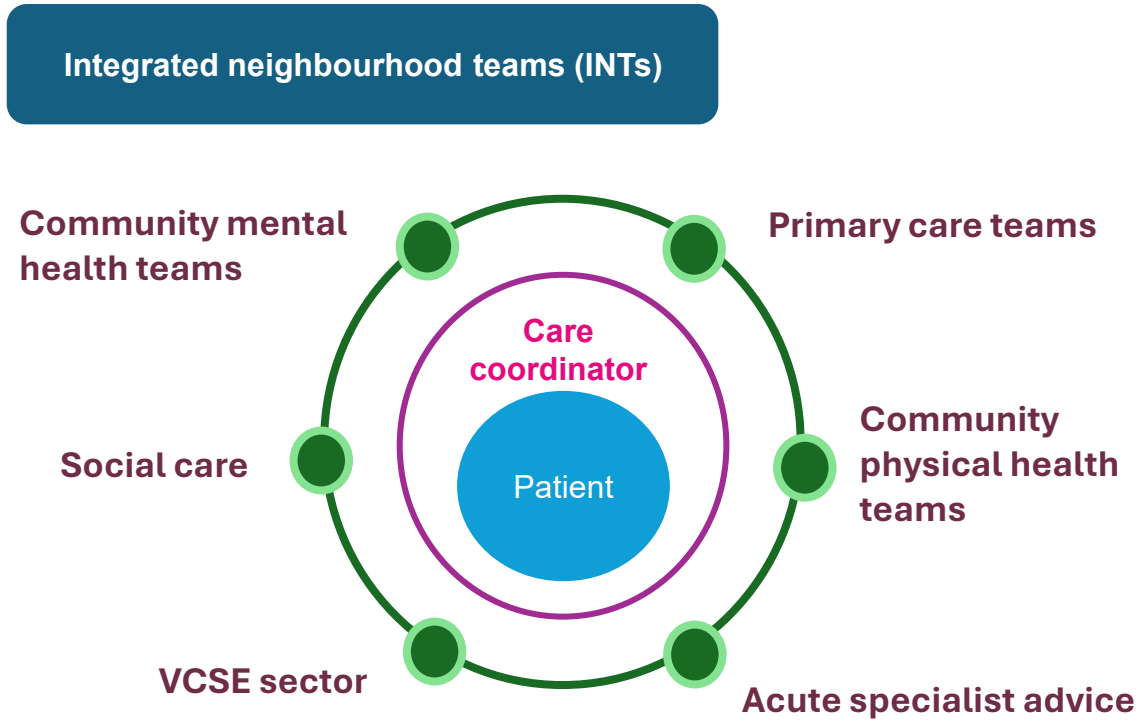
The diagram below describes the current focus of each PCN, based on our analysis of need, with interventions designed by the PCN quad



Neighbourhood Health in Oldham: Integrated Neighbourhoods Teams (INTs)

Integrated Neighbourhood Teams (INTs) or Neighbourhood Multi-disciplinary teams are fundamental to neighbourhood health, and to enacting our Population Health approach.

- Multiple sectors and care settings collaborating across a neighbourhood to provide a holistic, joined up approach that addresses all of a person's needs.
- Responsible for delivering the PHM pathway and creating shared ownership across sectors for proactively managing their population.
- The integrated neighbourhood team is empowered to make day-to-day decisions about the PHM pathway.



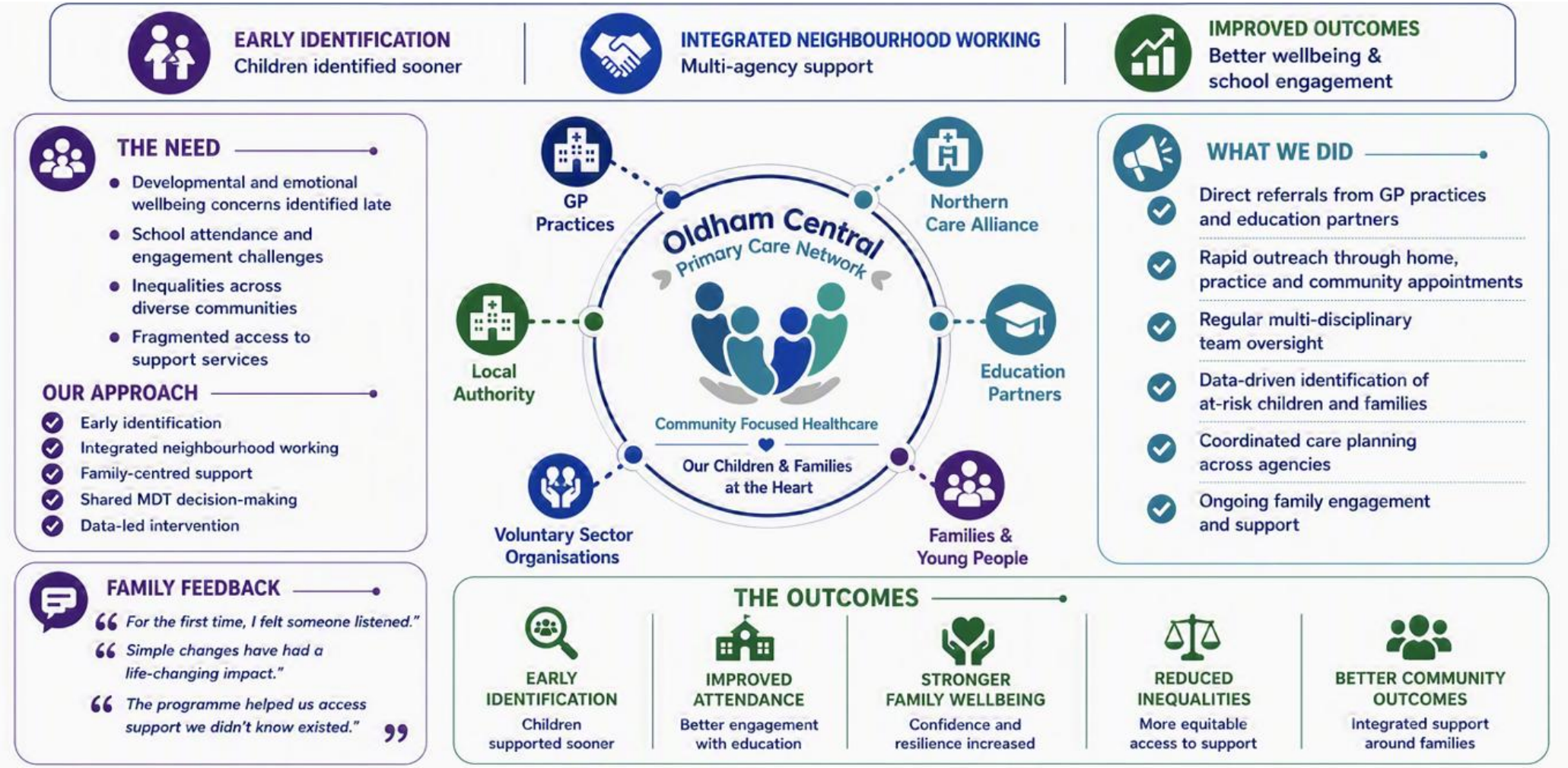
Neighbourhood Health in Oldham: Neighbourhood INTs

Integrated, primary-care-led MDTs with community, mental health, social care, VCFSE, and appropriate specialist input

Where are we now?	• Family Hubs established across all Oldham neighbourhoods, delivering integrated 0–19 (0–25 SEND) support including health visiting, early help, and children's services • Primary Care Networks (PCNs) provide a strong foundation for neighbourhood working, with additional Roles (ARRS) workforce (pharmacists, social prescribing link workers, care coordinators) and Population Health model • High-risk / frailty huddles established in some areas (e.g. district nursing + social care), but not consistently embedded across all neighbourhoods or across all age groups • Mental health neighbourhood teams operating in parts of Oldham but not funded by all PCNs
What needs to happen next?	• Develop INTs for integrated co-ordinated health and care delivery, ensuring processes focus on target cohorts - frailty, multi-morbidity, as well as children and young peoples mental health and asthma management. • Ensure all health and care integrated neighbourhoods teams are part of broader Live Well neighbourhoods in Oldham, with a team of teams approach (Mental health neighbourhoods, Family Hubs etc) • Implement a single point of access (SPA) for each neighbourhood and embed routine MDT working and governance • Ensure health and care pathways support neighbourhood links to skills, work and employment
What will be the impact	↑ Increase in patients supported through MDT care coordination↑ Increase in proactive reviews of high-risk cohorts (all age groups) ↓ Reduced ED attendances and non-elective admissions (particularly frailty, CYP crises and mental health) ↓ Reduced hospital length of stay through improved community coordination ↑ Improved patient and family experience: Joined-up, seamless care. Single point of contact and clearer navigation

INTs Case study: Childrens' wellbeing

Oldham Central PCN identified developed a targeted offer for children and families focussed on family well-being



INTs Case study: Neighbourhood Mental Health Service (NMHS)

NMHS is made up of: Living Well team, SPOE, Community Liaison, Access team, CMHT including psychiatric nurses, MH Wellbeing Practitioners, Psychology, Social Workers, VCSFE partners and 0.5 of the invested PCN practitioners (currently from 2 PCNS).

The service:

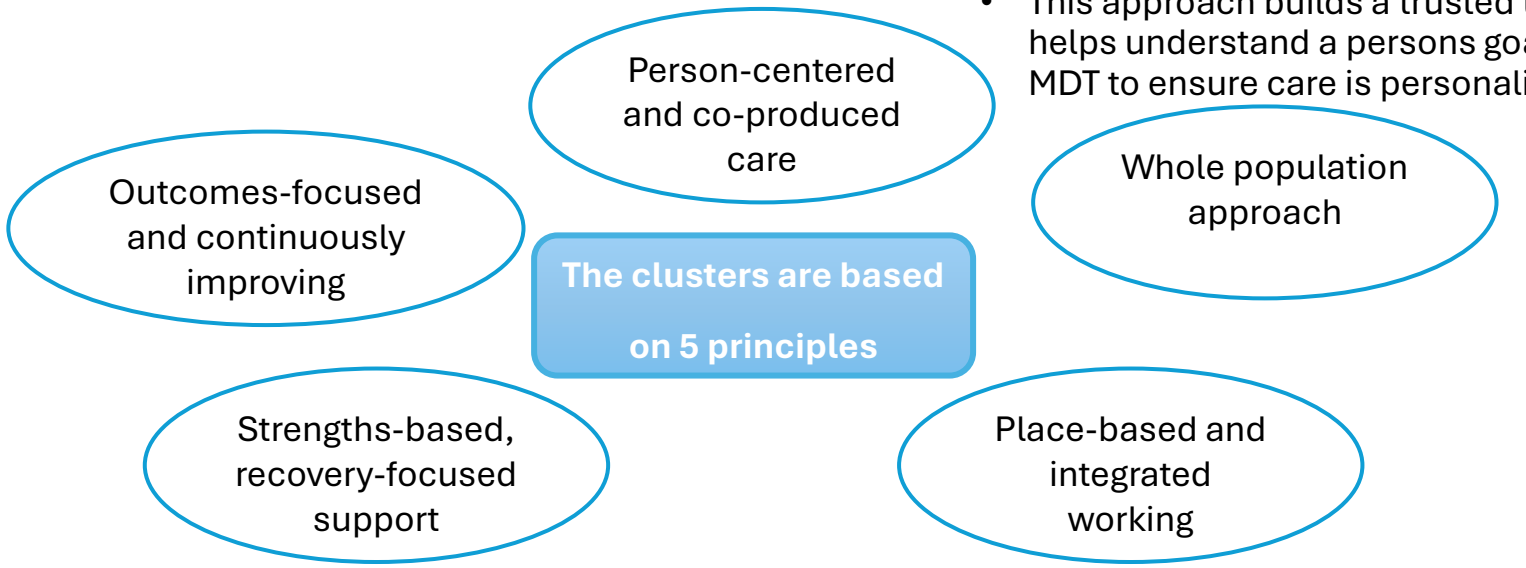
- opens an all age adult access point to secondary care services
- provides local, accessible MH support aligned to PCNs
- delivers ongoing care, treatment and recovery focused interventions
- works proactively with primary care, voluntary sector and community partners to prevent escalation and reduce reliance on specialist inpatient services

Referral Pathways

- All referrals will come via one central NMHS mailbox and will be triaged / assessed then directed to the appropriate service
- Complex cases requiring specialist intervention will be discussed in the weekly MDT (attended by specialist and NMHS practitioners)

Caseload Management – Key Worker Approach

- Each person has a named key worker who will co-ordinate care and ensure continuity and joined up support as well as ensuring engagement in appropriate intervention
- This approach builds a trusted therapeutic relationship and helps understand a persons goals as well as working across the MDT to ensure care is personalised and consistent



Our neighbourhoods: Live Well in Oldham

Neighbourhood health and integrated neighbourhood teams are a critical part of the broader Live Well approach in Oldham.

Oldham Live Well is an opportunity to drive a more preventative approach to public services and grow capacity and capability in our communities to take the lead on designing and delivering solutions.

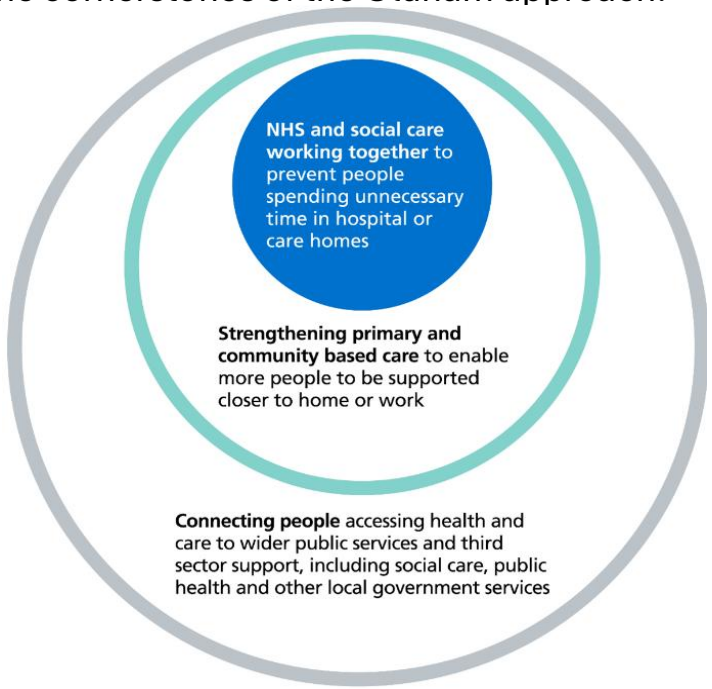
To achieve this, we will focus on a whole-system approach that prioritises prevention, collaboration, and our vibrant VCFSE sector. By building on our strong partnerships, and harnessing our local assets, we will create a sustainable model of health creation, that reduces health inequalities, enhances social connections, and ensuring every resident has the opportunity to flourish.

The rationale behind the Live Well approach is one which is familiar in Oldham – that integrated support, built around residents' needs, delivered at the right time and in the right place is critical to improving outcomes for all. This means bringing together the very best of formal and informal support across the system.

Live Well provides a shared framework for delivery across Council, NHS, VCFSE and partners building on Oldham's established place-based model and approach to building and supporting a strong Voluntary, Community, Faith & Social Enterprise (VCFSE) sector.

The key outcomes for this are:

- We will see improved wellbeing, independence, economic participation for our residents. Building on our community strength and pride of place.
- Decisions about services, neighbourhood delivery, regeneration, town centres, housing growth and capital investment are expected to demonstrate how they contribute to these outcomes.
- Prevention, asset-based working and neighbourhood delivery are the cornerstones of the Oldham approach.



Our neighbourhoods: Live Well in Oldham

The Live Well Approach in Oldham

Live Well is not a standalone programme or time-limited initiative.

It is the operating model for how Oldham works with residents, communities and across public services.

At its core, Live Well sets out a clear expectation:

- For residents: support is local, joined-up and focused on strengths
- For services: prevention and early help are the starting point, not the exception
- For partners: delivery is organised around districts and communities, not organisational boundaries

This is a deliberate shift in how the system operates. It will continue to move Oldham away from a model built around organisational silos and reactive intervention, towards one that is place-based, preventative and centred on the lived reality of residents' lives. Live Well will strengthen consistency, depth and impact of public service integration and partnership with the VCFSE.

It also creates a shared organising framework across the partnership — one that aligns the Council, NHS, VCFSE and other partners around a common way of working, rather than a collection of aligned but separate strategies.

What success looks like

When embedded, Live Well will mean:

- Residents experience a simpler, more coherent system of support
- More people get help earlier, in their own communities
- Services operate in a more coordinated and efficient way
- Communities play a stronger role in shaping and delivering solutions
- The system is better able to manage demand and reduce avoidable escalation

This is not a marginal change. It is a fundamental reorientation of how public services in Oldham work together.

An optimised integrated neighbourhood model. This will see multi-agency teams working on common geographical footprints of 30-50k population towards shared outcomes and purpose alongside local people and communities.

A resilient VCFSE Eco-system. Ensuring a resilient and connected local VCFSE offer from a sector resourced to respond to what matters to people, with community-led approaches at the heart.

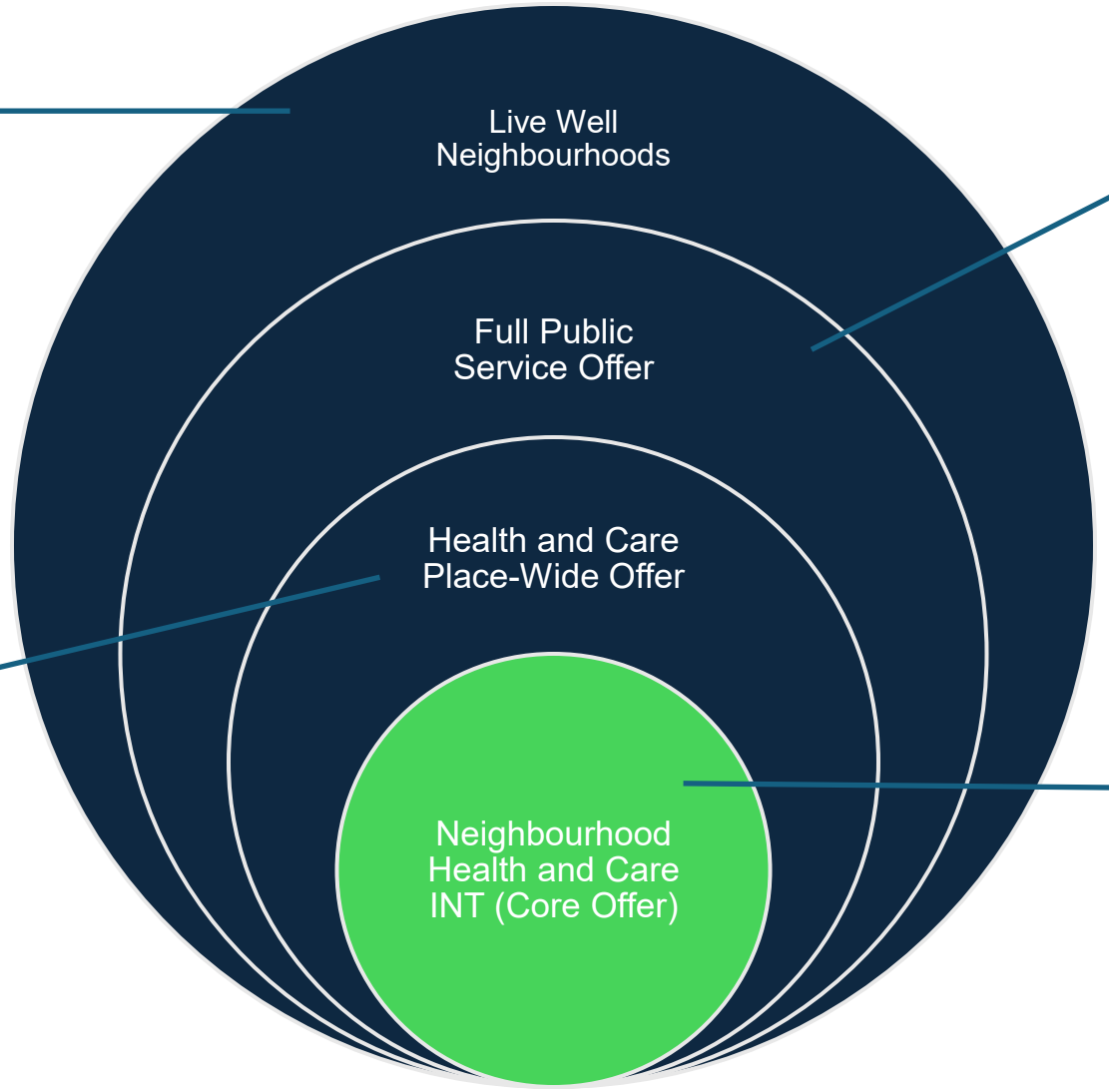
A culture of prevention. Where the workforce and organisational development is geared towards prevention, with an emphasis on person-centred and relational ways of working across all systems of support.

A network of Live Well centres, spaces and offers. These will see public services and community-based support working together to provide a consistent everyday support offer from recognisable places in the community.

Neighbourhood Health as part of Live Well – Our Delivery Model

#Bringing together:
- All neighbourhood level public services,
- VCFSE organisations,
- Live Well Centres and Spaces
- employment providers,
- multidisciplinary teams and
- community connectors

...shifting from siloed delivery to integrated support



- Place Public Service Leadership Teams:
  - Housing
  - Employment
  - Connection to Schools and Education
  - Community Safety
  - Police
  - DWP
  - Family First Hubs
  - Including VCFSE providers

- Hospital at Home
- Outpatient Transformation
- Intermediate Care
- Public Health Offer
- Reablement
- Urgent Community Response

- Primary Care (All Disciplines)
- Community Services
- Community Mental Health Teams
- Adult Social Care
- MDT for Children and Young People
- Agreed model for Primary/Secondary Care Interface – including role of Hospital Consultants
- Social Prescribing
- Agreed model for UEC, Elective, Dementia and Cancer care

4. Neighbourhood Enablers

Describing the broader enablers which wrap around PHM and INTs to deliver effective neighbourhood health;

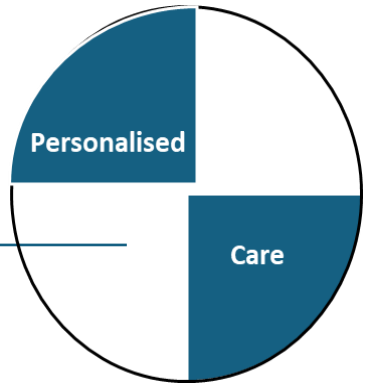
- Transforming Primary care
- Urgent Neighbourhood Services
- Intermediate care & home first
- Standardised Community Services
- Neighbourhood elective pathways
- Neighbourhood cancer prevention & reduction



Neighbourhood Health in Oldham: Transforming Primary Care

Modern general practice model which delivers improvements in access, continuity and overall experience for people and their carers

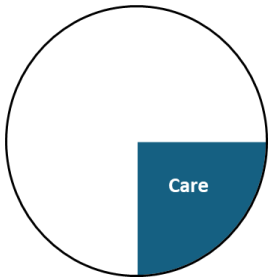
Where are we now?	• Access to online consultation systems throughout core hours • Access to online registration • Opening times for all modes of access available within core hours to be displayed on practice websites • Dataset available (e.g. GPAD) to monitor access and some, but not all, capacity and not demand
What needs to happen next?	• Increased GP capacity, utilising funding available through GP Reimbursement Scheme • Improvements to cloud-based telephony data collection • Same-day response for clinically urgent patient requests • Practices to ensure tools used to refer patients into community pharmacy services offer a full choice of pharmacy providers • Embedding Advice & Guidance in core practice • Embedding risk stratification and continuity of care in core PCN activity • Full use of practice, PCN and neighbourhood teams in unplanned and planned care
What will be the impact	↓ Reduced call waiting time, particularly between 8am and 10am ↑ Increase in % of clinically urgent patients seen on the same day ↑ Increase in % of 'non-clinically urgent' patients seen within one week and two weeks ↑ Improved patient choice in accessing community pharmacy services ↑ Improved patient experience of access



Neighbourhood Health in Oldham: Standardised Community Services

Community health and social care services playing a key role in delivering neighbourhood health and care

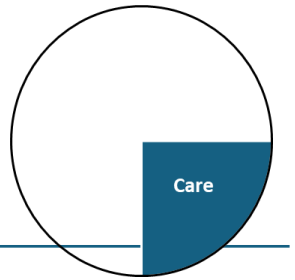
Where are we now?	• A range of community services exist across Oldham (district nursing, UCR, therapy, PCNs, mental health, social care and VCSE), but delivery is fragmented across providers • Variation between neighbourhoods in access, service offer, and MDT maturity • Core components of Integrated Neighbourhood Teams are in place, but not consistently embedded • Inconsistent referral routes, thresholds, and operating models (including limited 7-day coverage)Growing demand driven by frailty, multi-morbidity, and health inequalities • Data sharing and population health management are developing but not yet fully operationalised across the system
What needs to happen next?	• Consistent standardised neighbourhood service model for all relevant services including multi-neighbourhood provision • Ongoing work to reduce waiting times for core community services. E.g. falls management, care act reviews • Need to development of clear clinical leadership across all-age physical and mental health services linked with MDT approaches • Improve and expand out-of-hospital models for key pathways e.g. paediatric asthma management, adult diabetes, and frailty
What will be the impact	↑ Improved patient outcomes – better management of long-term conditions and prevention of deterioration ↑ Improved patient experience – more personalised, coordinated, and closer-to-home care ↓ Reduced unplanned demand – fewer ED attendances, admissions, and ambulance conveyances ↑ More integrated working – stronger collaboration across primary care, community, mental health, and social care ↓ Variation and inequalities – more consistent access and outcomes across neighbourhoods £ Better value for money – reduced duplication, lower acute spend, and shift to community-based care



Neighbourhood Health in Oldham: Intermediate care and home first

Rapid response, reablement, hospital-at-home, and enhanced care in care homes to prevent admissions, reduce LoS, and support independence.

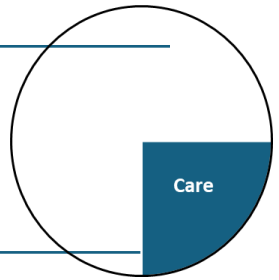
Where are we now?	• System largely focussed on discharge with limited focus on admission avoidance and step up due to acute pressures • Two intermediate care units operated from Butler Green (Operated by NCA) and Medlock Court (Operated by Miocare) offering support transition from hospital to home, boost independence and prevent hospital admissions • Re-ablement services (Miocare) providing short-term support to regain independence but capacity limited • Virtual ward model established but not integrated with other urgent community services and capacity under-utilised • High performing Urgent Community Response service but requires recurrent funding and expansion of hours
What needs to happen next?	• Deliver a fully standardised "Home First" model across all neighbourhoods aligned to NHS guidance • Default to discharge to assess (D2A) pathways • Maximise care at home before using bed-based care; Increase access to home-based reablement (Pathway 1) • Increasing and optimising the capacity of step-up and step-down intermediate care will help avoid admissions and attendances, improve discharge and support better recovery. • Transform end of life and palliative care to support more residents to die in their preferred place of care
What will be the impact	↑ Improved outcomes and independence; More people recover at home (maintaining a good level of independence and reducing the need for long term care and regain function ↓ Reduced unplanned demand; Fewer ED attendances, non-elective admissions, reduced ambulance conveyances ↓ Reduced length of stay (LoS) and delays to people returning to their usual home; ↑ Stronger integrated working; Improved coordination across acute, community, primary care, and social care £ Better value for money; shift from high-cost acute care to community-based provision



Neighbourhood Health in Oldham: Urgent neighbourhood services

Responsive services at neighbourhood level for people with an escalating or acute health need

Where are we now?	• Urgent Community Response (UCR) service in place in Oldham, providing rapid assessment and intervention in the community • Call Before Convey pathway bringing A&E advice and UCR intervention together to avoid ambulance conveyances but requires consistent utilisation • Crisis mental health services in place (including urgent MH helplines), but; not consistently aligned with neighbourhood MDTs, and limited integration with physical health crisis response • Rising demand across all age groups; Children and young people (CYP); increasing urgent MH and minor illness demand, adults: long-term conditions crises; older people: frailty crises and falls
What needs to happen next?	• Strengthen urgent care SPOA for Oldham • Integrate mental health crisis response into neighbourhood urgent pathways; including opening of 24hr mental health A&E • Maximise and integrate virtual wards / hospital at home for urgent deterioration: Same-day admission avoidance from community or ED front door. All-age cohort expansion where clinically appropriate • Strengthen urgent support for care homes and vulnerable groups; Direct access to clinical advice and rapid response. avoidance of unnecessary conveyance/admission • Develop an Enhanced Live Well model for Oldham pro-actively supporting those face multiple disadvantage requiring tailored intensive support
What will be the impact	↑ Increased same-day community-based urgent care episodes ↑ Increased virtual ward admissions from community and ED front door ↓ Reduced ED attendances (all-age), particularly category 3–5 ↑ Improved patient and family experience; Faster response times and care delivered at home or closer to home



Neighbourhood Health in Oldham: Elective pathways and diagnostics

We are determined to improve Oldham residents' access and support for planned care pathways, bringing as much as possible to their neighbourhoods and reducing the need for multiple unnecessary appointments.

The traditional hospital model is outdated, capacity often short falling against demand, and does not present a sustainable future for our health system.

Oldham is a at the forefront of left-shift, having long standing community-based outpatient and diagnostic services already in place, including being home to one of the first national Community Diagnostic Centres.

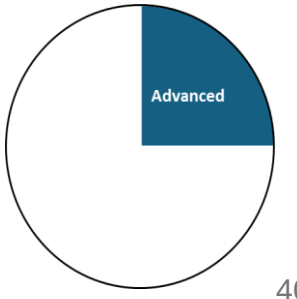
Technology is a key enabler to the delivery of 'out of hospital' planned care, with digital developments driving the ability to successfully embed new ways of working. Electronic referrals, virtual triage, remote consultations, and remote monitoring of long-term conditions will support the wider roll out of the new outpatient models of care.

The Northern Care Alliance Foundation Trust is a key place partner, and as the local acute trust which provides the majority of planned care for Oldham residents, colleagues at NCA will take a key leadership role in transforming existing outpatient and planned approaches. Independent sector and primary care led providers of planned pathways will work closely with secondary care colleagues to implement neighbourhood planned care pathways.

Advice and Guidance (A&G)
Advice and Guidance allows GPs, and wider primary care teams, to seek specialist advice to support the management of patients in the community, without the need for a specialist referral or lengthy hospital waits. The locality will continue to embed the use of both electronic A&G and the expansion of the telephone advice model available via Consultant Connect.

Single Point of Access (SPoA)
A SPoA simplifies access to services by offering an advice first model to support onward referrals, ensuring that patients get the right care for their needs quickly and safely.
Oldham system partners will work closely with Greater Manchester to optimise models across 10 high volume specialties in secondary and tertiary care ensuring that Oldham Neighbourhood teams utilise these SPoAs when launched. This will ensure that Oldham residents receive the right care, first time, every time.

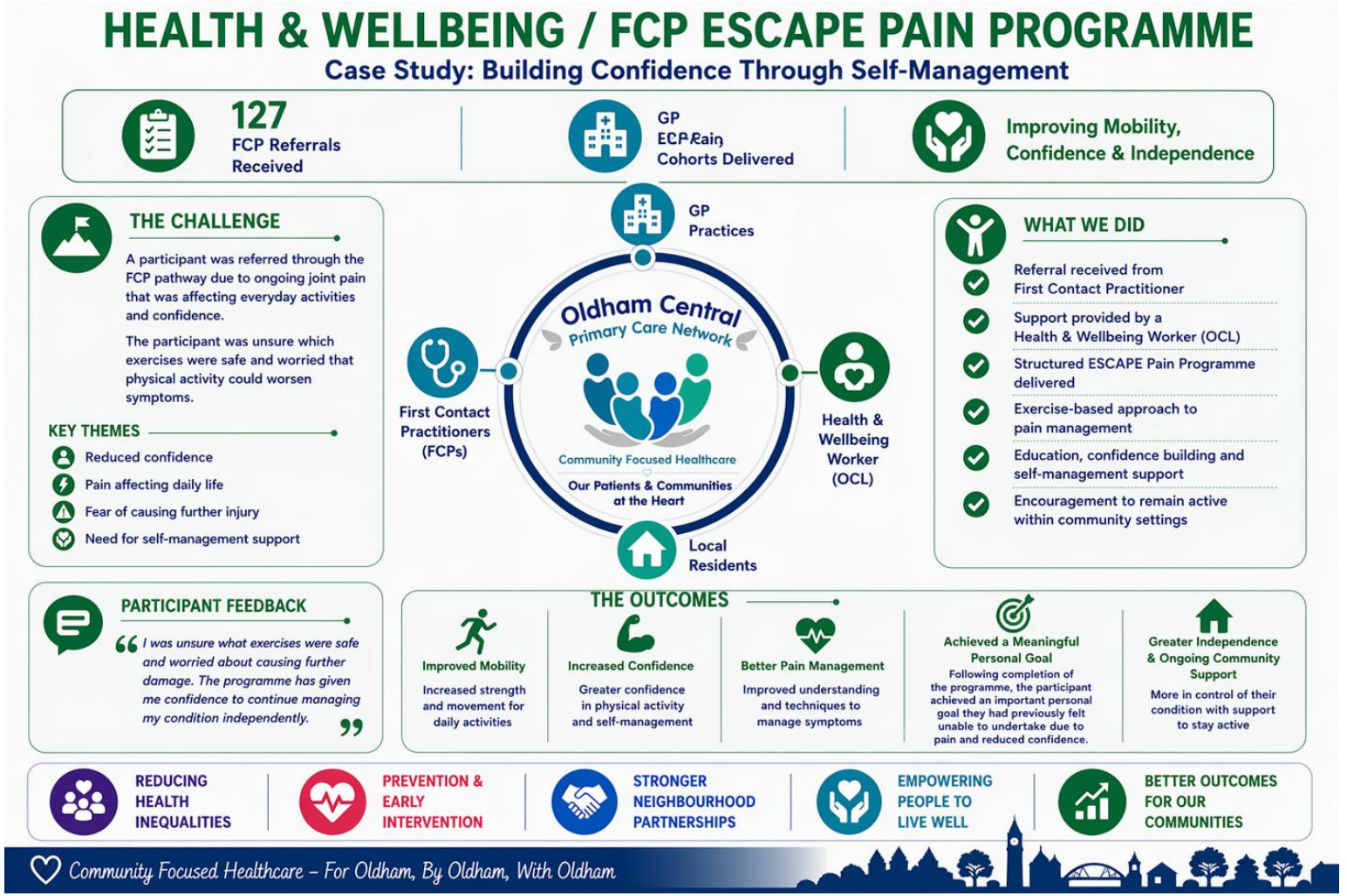
NHS Northern Care Alliance NHS Foundation Trust



Planned Care Case study: Oldham Central PCN 'escape pain programme'

Oldham Central PCN identified a cohort of patients who would benefit from a different approach to their pain management.

Working with the **First Contact Practitioner** and **Health & Wellbeing Worker**, a pathway was developed which would support patients to undertaken physical activity despite their pain, build confidence and engage with wider community activities and opportunities



Case study: Early Language Support for Every Child (ELSEC)

Since 2024, along with 9 other sites nationally, Oldham has been working to deliver the Early Language Support for Every Child (ELSEC) project to test out new ways of working to improve outcomes for children with speech, language, and communication needs (SLCN). The programme has been funded jointly by NHS England and the Department for Education.

Through the establishment of a dedicated ELSEC team, we have been able to pilot our new service within 15 schools through an 'Intensive offer,' and by providing "link" ELSEC assistants. These assistants provide training and support to school staff, to improve the early identification and support for children with SLCN. In total, 2406 school staff have been trained to date.

Last autumn, one of our participating schools, Beal Vale Primary School, hosted a celebration event to showcase the success of the programme and demonstrate the positive impact that the programme is having on our children and families. Feedback from families and staff from the school has been positive, with approximately 98% of the children making progress from their initial communication clinic session to the review at the end of the academic year.

In April 2025 (year 2) we launched a wider SLCN offer to enable all primary schools and nurseries access to support via ELSEC surgeries where staff can bring or listen to cases. These surgeries have been anonymous and advice is shared amongst those in attendance. In addition, we've also rolled out the WellComm training to all maintained primary settings.

This pilot has helped ensure children receive help at the earliest opportunity, often reducing the need for referrals into specialist services by addressing difficulties for children early in their education. It has also helped shape the national SEND Reforms and the new Experts at Hand offer which will be implemented nationally over the coming months.



Neighbourhood Health in Oldham: Cancer prevention and reduction

Our Vision

The NHS Long Term Plan ambitions for early cancer diagnosis are by 2028, 75% of people with cancer will be diagnosed at an early stage (stage 1 or 2) and 55,000 more people each year will survive their cancer for five years.

Our vision for the people of Oldham, is a future where everyone with cancer receives equitable and prompt early diagnosis

By raising public awareness, reducing health inequalities, and fostering collaboration and innovation, we aim for continuous improvement in the proportion of cancers diagnosed at an early stage.

Our Neighbourhood Teams in Oldham provide an ideal partnership vehicle to promote early cancer diagnosis and to identify new ways in which we can do so, to support the delivery of this strategy and national priority.

Symptom Awareness

- Build and optimise communication channels across the partners and communities to ensure we reach those in greatest need
- Systematically improve, share and promote campaigns to build symptom awareness and myth bust
- Identify specific areas and communities that could benefit from targeted campaigns
- Continuation of 'This Van Can' Roadshow, and other related GM Cancer Awareness Campaigns

Reduction Variation

- Use data and qualitative analysis to identify at risk characteristics
- Focus on solutions for our communities who have higher barriers to accessing traditional health routes
- PCN based action plans in place aimed at tackling health inequalities and reducing variation, with a strong focus on community outreach
- Work in partnership with VCFSE organisations and community groups to maximise reach into our communities

Collaborate with Primary Care

- Each neighbourhood has a named 'cancer lead' leading work on early diagnosis
- Primary Care Early Diagnosis Facilitators in place across Oldham
- Oldham Cancer Delivery Group brings together system wide partners to strengthen communication and collaboration across primary and secondary care
- Ongoing education for primary care and partners

Cancer Screening

- Encourage uptake in screening by raising awareness in eligibility criteria and the importance of early diagnosis
- Myth bust where there are misconceptions or barriers to accessing screening
- Continue to work with GPs to increase uptake in national Breast, Cervical and Bowel screening programmes
- Continuation of Targeted Lung Health Checks
- Ensure targeted approach and outreach into communities with lower screening uptake

5. Support to Neighbourhoods

Describing the key infrastructure, support and culture we are developing upon which neighbourhood health teams can be built;

- Neighbourhood Health Centres
- Workforce and culture
- Estates
- Digital
- Information sharing



Neighbourhood health – Neighbourhood Health Centres in Oldham

Our neighbourhood health centre approach brings together health, social care, and community services within accessible local hubs to deliver coordinated, person-centred care.

These centres act as anchors for multidisciplinary teams, supporting prevention, early intervention, and management of complex needs close to home. They integrate primary care, mental health, social care, and voluntary sector support, alongside community wellbeing services.

Designed to be flexible and inclusive, neighbourhood health centres;

- Improve access for residents
- Reduce fragmentation of services
- Enable proactive population health management
- Helping tackle inequalities while
- Strengthen community resilience
- Supporting residents to live healthier, more independent lives.

Key Neighbourhood health centres in Oldham

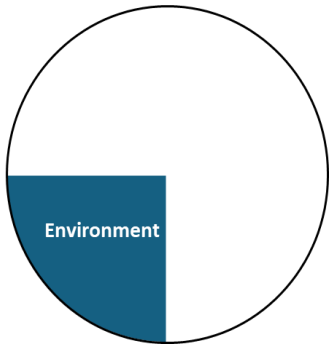
The following locations which are strategically situated across our geography to improve access for residents will be Neighbourhood Health Centres;

- Oldham Integrated Care Centre
- Moorside Health Centre
- Sportstown (Oldham Athletic Football Club)
- Chadderton Town
- Shaw & Crompton Health Centre

Oldham town centre development: The Oldham Town Centre development and the Neighbourhood Health and Care approach are designed to improve residents' quality of life by combining regeneration, housing, health services, and community support.

The benefits of Oldham Town Centre development and Neighbourhood Health and Care include:

- Easier access to health and care services
- New and improved housing
- Healthier public spaces and greener environments
- Reduced health inequalities
- More jobs and economic growth
- Stronger community networks





Neighbourhood Health Centres - Sportstown

Sportstown is a key pillar of our neighbourhood health and Live Well approach.

Based around the Oldham Athletic stadium, the initiative will look to develop sports facilities in the borough, along with creating education opportunities to help people gain qualifications while on a sports pathway.

Critically, it will offer an innovative neighbourhood location for the delivery of services for Oldham, as well as creating education and training opportunities for our local health and social care workforce.

Alongside this it will build on existing health promotion activities led in partnership by Oldham Athletic Sports Trust and VCFSE partners.



Workforce and culture for neighbourhood health

Delivering effective neighbourhood health in Oldham depends on a workforce that is integrated, community-rooted, and prevention-focused. At its core are multidisciplinary teams operating at neighbourhood level, anchored in primary care but extending across health, social care, and the voluntary sector. These teams require flexible role design and shared accountability to respond to complex population needs, particularly in areas of deprivation. Our colleauges will be equipped with population health skills, digital tools, and cultural competence to address inequalities and tailor care effectively. Strong local leadership, continuous professional development, and robust retention strategies are essential to sustain workforce capacity. Ultimately, enabling neighbourhood health in Oldham requires a coordinated, place-based workforce model that blends clinical expertise with community insight and a focus on prevention and wellbeing.

Key areas for development

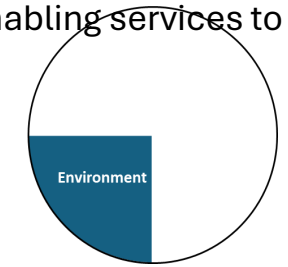
Workforce integration and flexibility: Roles designed to work across organisational boundaries (NHS, local authority, VCSE) with shared objectives and flexible job plans.
Strong primary care foundation: Well-resourced GP practices working at Primary Care Network (PCN) level as anchors for neighbourhood delivery.
Community and peer workforce expansion: Recruitment and development of community health champions, social prescribing link workers, and peer supporters with strong local ties.
Population health and data capabilities: Staff skilled in using shared data systems, risk stratification tools, and proactive care planning.
Cultural competence and local insight: Workforce reflecting Oldham's diverse communities, with language skills and understanding of local socio-economic challenges.
Prevention-focused skills and mindset: Training in early intervention, health coaching, behaviour change, and tackling wider determinants of health.
Leadership at neighbourhood level: Visible, empowered clinical and operational leaders who can coordinate across partners and drive local priorities.
Workforce development and retention strategies: Ongoing training, career pathways, and wellbeing support to retain staff in high-demand neighbourhood roles.
Digital and mobile working capability: Access to interoperable IT systems, remote working tools, and digital engagement platforms.
Partnership with voluntary, community and social enterprise (VCSE) sector: Sustainable funding and collaboration models to embed VCSE workers within care teams.
Safeguarding and Complex case management expertise: Skills to manage high-need individuals with multiple long-term conditions and social vulnerabilities.

Estates for neighbourhood health

Delivering neighbourhood health in Oldham requires a modern, flexible estate aligned with NHS neighbourhood health centre guidance, centred on accessible local hubs that bring services together around communities. These estates should enable co-location of multidisciplinary teams and provide adaptable spaces that support both clinical care and prevention-focused activities. Prioritising locations within communities—especially those with greatest need—helps improve access and reduce inequalities, while integration with existing community assets enhances efficiency and local engagement. Digital infrastructure must be embedded to support joined-up working, alongside inclusive design that reflects the borough's diversity. Overall, the estate should move away from fragmented, building-centric models towards a network of neighbourhood-based, multi-use spaces that support integrated, person-centred care close to home.

Key areas for development:

Neighbourhood health hubs aligned to NHS guidance; Accessible, multi-purpose centres acting as local anchors for integrated health, care, and community services.
Co-location of multidisciplinary teams; Space designed to bring together primary care, community health, mental health, social care, and VCSE partners.
Flexible and adaptable estate design; Modular, multi-use spaces that can support clinics, group activities, prevention services, and community use.
Community-based, accessible locations; Sites situated within neighbourhoods, particularly in areas of highest need, with good transport links and walkability.
Integration with community assets; Use of existing buildings (e.g. libraries, leisure centres, community centres) to maximise reach and sustainability.
Digital infrastructure embedded in estates; Reliable connectivity and facilities to support digital consultations, shared records access, and mobile working.
Prevention and wellbeing-focused spaces; Areas for health promotion, social prescribing, education, and voluntary sector activities.
Inclusive and culturally appropriate environments; Estates designed to be welcoming, safe, and reflective of Oldham's diverse communities.
Efficient utilisation of existing estate; Rationalisation and shared use of buildings across organisations to reduce duplication and costs.
Sustainability and net-zero alignment; Environmentally sustainable buildings aligned with NHS net-zero targets.
Outreach and satellite provision; Smaller, flexible spaces enabling services to reach underserved populations closer to home.



Enablers: Digital needs for neighbourhood health

Delivering neighbourhood health in Oldham requires a digitally enabled infrastructure that connects organisations, supports proactive care, and improves access for residents. Central to this is interoperable data systems that allow professionals across health, social care, and the voluntary sector to share information and coordinate care effectively.

Population health analytics and care coordination platforms help teams identify need early and manage complex cases, while mobile technologies enable staff to work seamlessly in community settings.

Equally important is ensuring digital inclusion so that all residents can benefit from new access channels and self-management tools. Alongside strong data governance, investment in workforce digital skills is essential to fully realise the potential of digital in supporting integrated, neighbourhood-based care.

Key areas for development

Shared care records and interoperability; Integrated data systems allowing real-time information sharing across NHS, social care, and VCSE partners.
Population health analytics; Tools to identify risk, segment populations, and support proactive, neighbourhood-level care planning.
Digital access and inclusion; Solutions to reduce digital exclusion, including support for residents with low digital literacy or limited access.
Mobile and remote working capability; Secure devices and applications enabling staff to work flexibly in community settings.
Digital triage and access channels; Online consultation platforms, telehealth, and multi-channel access to improve responsiveness and convenience.
Care coordination platforms; Systems that support multidisciplinary team working, shared care plans, and case management.
Data governance and information security; Clear protocols to ensure safe, lawful, and trusted use of patient data.
Workforce digital skills; Training to ensure staff can confidently use digital tools and interpret data.
Citizen-facing tools and self-management apps; Platforms that empower residents to manage their health and connect to local services.



Information sharing for neighbourhood health

Effective neighbourhood health delivery in Oldham relies on seamless, secure, and trusted information sharing across all partners involved in care. Central to this is the ability to access shared care records in real time, enabling multidisciplinary teams to coordinate care around the individual and respond proactively to need.

Strong information governance frameworks and clear data-sharing agreements are essential to ensure compliance while maintaining public confidence, supported by transparent consent processes. Standardised data and secure communication systems help professionals work efficiently across organisational boundaries, while access to both individual and population-level data supports better decision-making and targeting of resources. Overall, robust information sharing underpins integrated, person-centred care and is critical to improving outcomes at neighbourhood level.

Key areas for development

Shared care records across organisations; A single, interoperable record accessible by NHS, local authority, and VCSE partners.
Real-time data access; timely sharing of patient information to support responsive decision-making and coordinated care.
Clear information governance frameworks; Agreed policies, protocols, and legal agreements (e.g. data sharing agreements) to ensure safe and lawful data use.
Consent and transparency with residents; Clear communication on how data is used, with appropriate consent models that build public trust.
Standardised data and coding; Consistent formats and definitions to ensure information can be accurately shared and interpreted across systems.
Multidisciplinary team visibility; Shared care plans, risk registers, and case notes accessible to all relevant professionals.
Population-level data sharing; Aggregated data to support population health management, planning, and tackling inequalities.
Secure communication channels; Use of approved platforms for sharing sensitive information between professionals.
Integration with safeguarding systems; Effective information flow for vulnerable individuals across health, social care, and safeguarding services.

6. Commissioning for neighbourhood health

Commissioning for neighbourhood health involves aligning funding, contracts, and outcomes across health, social care, and community services to support integrated, place-based delivery.

It prioritises prevention, reduces fragmentation, and enables multidisciplinary teams to meet local needs, improve equity, and deliver coordinated, person-centred care within neighbourhoods.



Commissioning for Neighbourhood Health: Oldham Prevention Framework

In 2022, a system wide framework for prevention was developed and agreed by a range of partners including Oldham Council, VCFSE organisations, the NHS and others.
The aim of the work was to agree a shared framework for design, commissioning and delivery of services to ensure that Oldham residents are healthy, happy, resilient and independent.

This system wide approach supports our work to put prevention at the heart of what we do as an Oldham Partnership.



Single shared framework for Early Intervention & Prevention in Oldham

Objectives of the prevention framework

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

Oldham Prevention Framework

Our prevention framework describes what should be offered at level of need

Oldham's prevention framework is structured as a whole-system, stepped approach that supports residents across four levels of need—ranging from "living well" to experiencing crisis—ensuring people receive the right support at the right time. At its foundation, the model focuses on creating strong social, economic, and environmental conditions that enable everyone to stay well and thrive, with universal services and community-based support widely accessible. As needs increase, targeted early help and preventative interventions are provided to those at risk, aiming to reduce inequalities and stop issues from escalating. For people experiencing more defined challenges, coordinated and often specialist support is offered to manage needs and prevent deterioration. At the highest level, intensive, multi-agency crisis support is delivered to keep people safe and stabilise complex situations. Overall, the framework emphasises prevention, early intervention, and integrated working to improve outcomes and reduce demand on acute services.

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

Oldham Prevention Framework

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

Our prevention framework describes what should be offered at level of need

Oldham's prevention framework supports neighbourhood health by providing a clear, place-based model that aligns services around the varying needs of local populations, enabling early intervention and coordinated care at community level. By prioritising prevention, self-help, and accessible community support, the framework helps neighbourhood teams focus on keeping people well and addressing risks early, reducing escalation into more complex needs. As individuals require more support, the framework enables integrated, multidisciplinary responses within neighbourhoods, ensuring care is joined-up, targeted, and proportionate. This structured approach strengthens neighbourhood health by improving outcomes, reducing inequalities, and ensuring resources are used effectively across the whole system.

Commissioning for Neighbourhood Health: Oldham Prevention Framework

Framework Principles

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

Investment Principles

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

Residents First Principles

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

7. Governance and next steps

Governance for neighbourhood health in Oldham requires shared leadership across NHS, council, and VCSE partners, with clear accountability at neighbourhood level.

Next steps include confirming delivery structures, embedding integrated teams, aligning commissioning, strengthening data sharing, and scaling pilots into a consistent, borough-wide model focused on prevention and outcomes.



Oldham Neighbourhood Health: High level milestones

We have strong foundations for the delivery of neighbourhood health in Oldham, but we plan ambitious expansion of this approach based on our learning and case studies.

Key milestones for the delivery of neighbourhood health in Oldham below.

Year 1 – Build on our foundations 26/27
- Review PCN Population Health Management approaches to understand good practice and sustainability
- Map population need and existing services
- Establish leadership and core multidisciplinary teams
- Develop workforce skills in prevention and population health
- Pilot neighbourhood working in priority areas

Year 2 – Early Implementation 27/28
- Expand multidisciplinary teams across all neighbourhoods
- Strengthen primary care networks as delivery hubs
- Roll out shared care records and digital tools
- Embed VCSE partners and social prescribing

Year 3 – Integration and Scale 28/29
- Fully integrate health, social care, and community services.
- Operational neighbourhood hubs (estate strategy in place)
- Implement population health management at scale.
- Standardise care coordination and case management
- Reduce duplication and streamline pathways

Year 4 – Optimisation 29/30
- Refine services based on outcomes and feedback
- Strengthen prevention and early intervention pathways
- Improve access and reduce inequalities across neighbourhoods
- Embed digital innovation and self-management tools
- Enhance workforce retention and career pathways

Year 5 – Maturity and Sustainability 30/31
- Fully embedded neighbourhood model across Oldham
- Demonstrable improvements in population health outcomes
- Sustainable, integrated commissioning model in place
- Strong community ownership and co-production
- Continuous improvement framework driving long-term impact

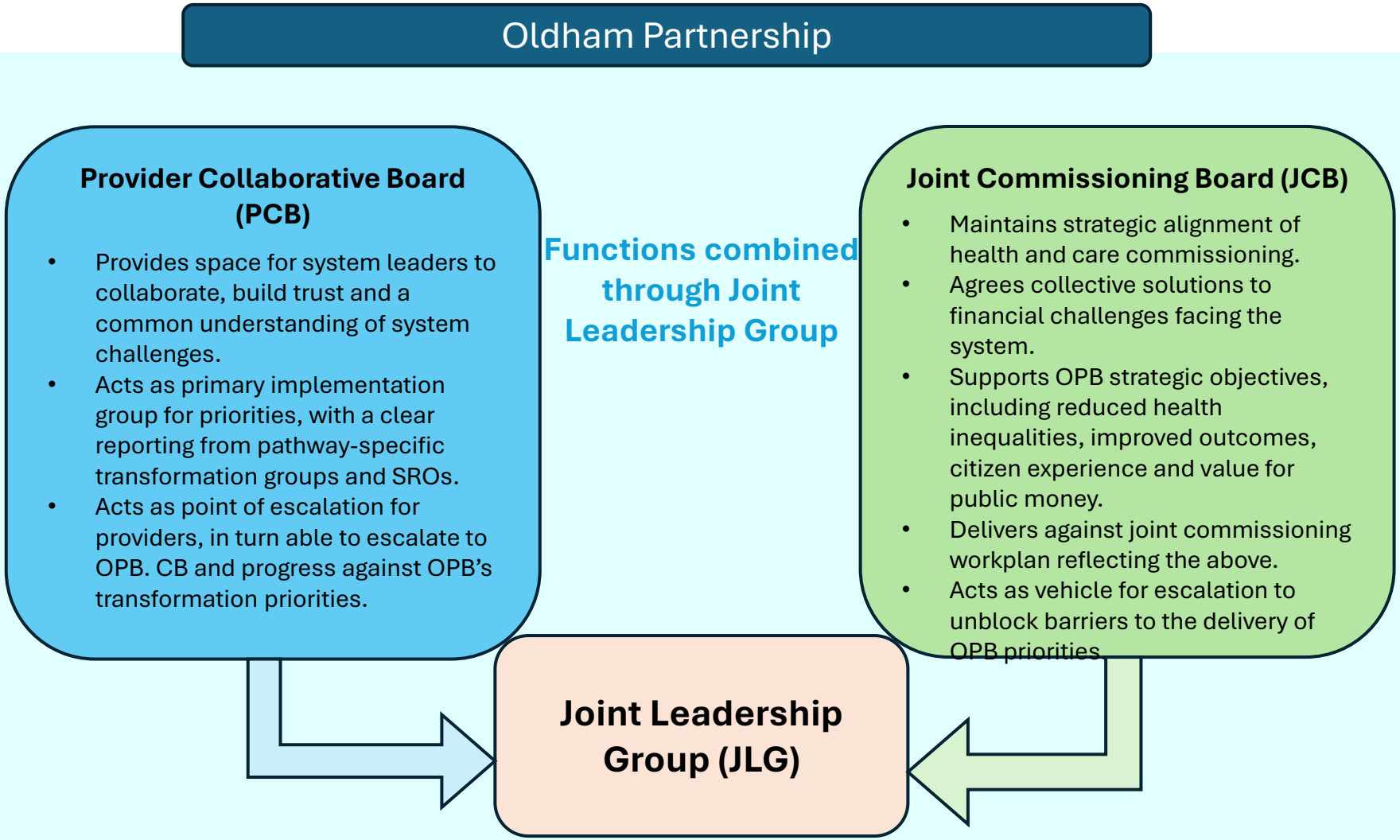
Neighbourhood Health: Our Governance

We will simplify our system governance to ensure that decisions can be streamlined.

Our existing provider collaborative board will become the main vehicle for delivery in Oldham.

The Joint Commissioning Board (JCB) will drive our needs based approach using the prevention framework principles.

Our Joint Leadership Group brings together key provider and commissioner leads to work collaboratively on behalf of the Oldham Partnership



Glossary

A&G	Advice and Guidance
ABEN	Slide 19
ACP	Advanced Clinical /Practitioner
ADHD	Attention Deficit Disorder
ASC	Autistic Spectrum Condition
ASD	Autism Spectrum Disorder
CAMHS	Children and young People's Mental Health Service
CB	Commissioning Board
CORS	Child Outcome Rating Scale
CYP	Children and Young People
DAS	Director of Adult Social Services
DCS	Director of Children's Social Services
DPL	Delegated Place Lead
ELSEC	Early Language Support for Every Child
FGDM	Family Group Decision Making
GM	Greater Manchester
GM ICB	Greater Manchester Integrated Care Board
GMMH	Greater Manchester Mental Health
GP	General Practitioner/Practice
GTD	Go To Doc
HWBB	Health and Well Being Board
INTs	Integrated Neighbourhood Teams
JCB	Joint Commissioning Board
JCB	Joint Commissioning Board
JLG	Joint Leadership Group
LA	Local Authority
LAC	Looked After Children
LoS	Length of Stay
LTCs	Long Term Conditions
MACPT	Multi-agency Child Protection Teams
MASH	Multi Agency Safeguarding Hub
MDTs	Multidisciplinary Teams
MRI	Magnetic Resonance Imaging
MSK	Musculoskeletal
NCA	Northern Care Alliance
ND	Neuro Diverse
NEET	Not in education, employment or training
NHS	National Health Service
NHSE	NHS England
OPB	Oldham Partnership Board
PCB	Provider Collaborative Board
PCN	Primary Care Networks
PHM	Population Health Management
ROTH	Risk Outside the Home
RTT	Referral to Treatment
SEND	Special Educational Needs and Disability
SLCN	Speech, language, and communication needs
SPoA	Single Point of Access
SROs	Senior Responsible Owner
TEH	Targeted Early Help
TOG	Tameside and Oldham
VCFSE	Voluntary, Community, Faith and Social Enterprise

Case study: Oldham Family Hubs

Best Start Family Hubs

Building on the previous Family Hub offer, Oldham has made substantial, system-wide progress in implementing Best Start Family Hubs, moving from early rollout to a fully embedded borough-wide model They are now a core part of Oldham's Early Years and family support system, with seven hubs operating across all districts and further expansion and service integration underway. The hub network is aligned to national guidance and responding to local need. These hubs act as one-stop access points for maternity, early-years, health visiting, and family-support services.

Key features already in place:

- Universal, one-stop-shop access for families providing access to health, education, parenting and early years support. Families can access support from pregnancy through to age 19 (or 25 for SEND):
  - Health visiting
  - Infant feeding support
  - Maternity information
  - Parenting support
  - SEND support
  - Speech and language support
  - Perinatal & child mental health

Key features already in place cont'd:

- Strengthening the delivery of the Healthy Babies programme within Family Hubs, ensuring closer alignment with public health priorities and improving coordinated access to health visiting, early years support and early intervention services
- Place based model which means families can access multiple services and support in one place that's closer to home.
- Parent carer panels which ensure feedback from families with lived experience can support service improvements

Benefits of the hubs are designed to:

- Improve access to services by consolidating support in one place
- Enhance early intervention, helping families identify needs and access support before issues escalate
- Support child development, building on the legacy of Sure Start centres, which showed improved educational and health outcomes for children
- Strengthen family relationships by integrating services and putting family experiences at the centre of support

Future Plans

Oldham's future plans for Best Start Family Hubs focus on expanding services, strengthening integration, and modernising access. These plans include digital transformation and an expansion of the outreach offer which will strengthen community based engagement and enable service delivery to the wider community, particularly for families who don't normally engage with services.

Case study: Spinal Community Assessment Day

Tuesday 25 November 2025 @ Oldham Athletic Football Club

63 patients allocated appointments on the day who were on the spinal surgery waiting list, facing lengthy waits for a specialist opinion.

Alternative Concept: First of its kind event - an alternative to traditional ways of working in the NHS; a collaborative initiative between Northern Care Alliance NHS Foundation Trust and local community services aimed at improving person-centred care for individuals on the spinal surgery waiting list. This model has the potential to serve as a blueprint for future community-based "*super clinics*". The concept offered a range of resources tailored to the specific needs of the local population, including: assessments, advice, health promotion, social prescribing, rehabilitation and community & voluntary sector support (ie: MSK physiotherapy/pain management, weight management, mental health, smoking cessation and health checks). In addition, support for those whose condition was impacting their employment.

Holistic person-centred care: A patient passport was provided which they and/or the professionals populated with a treatment plan, advice, contacts for further support or anything else which was important for that person's spinal recovery. This ensured an understanding of individual needs, rather than a "*one-size-fits-all*" approach.

Critically, each patient's appointment commenced with a '*What matters to you*' conversation to ensure advice and treatment was supported by an in-depth understanding of each patients' priorities/wishes.

Reduced waiting times - Patients would ordinarily have waited much longer to be seen with usually multiple separate appointments over months. Despite being on a surgical waiting list, surgery is frequently not considered to be the long-term solution for many spinal conditions, yet patients wait months to be told this. Almost half of attendees were discharged, reducing the waiting list burden.

Different environment - Provided in a non-medicalised environment (described as calm and friendly) with same-day access to services.

Reduction in travel - Travelling far can be a barrier for patients accessing services outside of Oldham and to reduce this inequality, the specialist services were brought into the community - negating the travel to Salford Royal Hospital (to be assessed by the spinal team for only a single consultation).

Translators: The service utilised translators on the day to meet the needs of the people using the service.

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Northern Care Alliance
NHS Foundation Trust

Meeting	Board of Directors
Paper Title	**Integrated Improvement Plan**
Prepared by	Tamara Zatman, Head of Strategy/ Associate Director – Post Transaction Integration; Nicola Bailey, Director of Improvement; Andrew Stallard, Director of Strategy
Presented by	Juliette Cosgrove, Chief Nursing Officer
Date	Wednesday, 4 November 2026
Recommendations	**The Board of Directors is asked to:** **1. review and receive the draft Integrated Improvement Plan (IIP) (Appendix 1), noting that the IIP will be further refined and presented to the Board of Directors in January 2027 for approval.** **2. note the progress that has been made on: IIP programme mobilisation; IIP development; assurance, reporting and governance; and engagement and communications.**
Which NCA Ambition(s) does this support?	The report supports the following NCA Ambitions: • Improving Population Health in all our places, working with partners • Caring for and Inspiring our People • Improving Quality - Safety, Experience and Outcomes • Improving Performance – meeting and exceeding standards • Supporting Social and Economic Development in all our Places • Financial sustainability – of NCA and our Places
Where has this paper been reviewed?	The IIP progress has been discussed at Exec Directors and at the Integrated Improvement Board (IIB) on 27 October, but this paper has not been reviewed previously.
Impact of the requirements of the protected groups identified by the Equality Act?	An EQIA will be completed as required by each of the 16 programmes. Equality, diversity and inclusion considerations will continue to be reflected throughout the development and delivery of the programme.
Freedom of Information Status	Public
Link to Board Assurance Framework Risks	All BAF risks.

Integrated Improvement Plan

1. Introduction

1.1. The Integrated Improvement Plan (IIP) is a strategic initiative designed to enhance the quality, efficiency, and sustainability of healthcare services. It provides a structured framework for driving improvement by bringing together multiple improvement initiatives under one cohesive framework and is overseen by the Board of Directors. The IIP identifies the key challenges facing the organisation, sets out the actions required to address them, and defines measurable outcomes to track progress and impact.

1.2. The IIP is a three-year plan made up of six themes with the aim of:

- **Year 1:** Stabilising immediate safety and regulatory risks, strengthen governance and assure delivery.
- **Year 2:** Optimising performance, embed consistent ways of working, strengthen accountability, and deliver measurable improvements across all themes and programmes.
- **Year 3:** Transforming organisational capability, culture and outcomes, embedding sustainable improvement and delivering long-term strategic change.

1.3. In Year 1, sixteen programmes have been identified under the six themes. In the first year, the focus is on stabilising the immediate safety and regulatory risks relating to: CQC Section 29A – October 2024 (Continuous Flow); CQC Section 29A – October 2025 (Salford Surgery); NHSE Undertakings – June 2026 (Spinal, Gynaecology, Quality Governance, Reporting & Assurance) and CQC Well-Led 29A – August 2026 (Risk Management, Patient Safety, Complaints, Freedom to Speak Up, Workforce Wellbeing / EDI).

1.4. The current draft of the IIP is included at Appendix 1 to this paper.

1.5. This paper provides an overview of the proposed governance and structured assurance approach for oversight of the IIP. It also outlines the IIP stakeholder engagement plan and provides an update on progress made to develop the IIP and its associated infrastructure.

2. Governance approach

2.1. The Integrated Improvement Board (IIB) will be the principal executive-led forum for oversight of the IIP. It will meet monthly and will be chaired by the Chief Executive and comprise Executive Directors, programme Senior Responsible Owners and Subject Matter Experts as required. It will be underpinned by robust programme architecture to ensure delivery of the programmes of work. The Change Portfolio Board, the existing forum for oversight of delivery of the NCA's major change programmes, will move to a quarterly cadence.

2.2. Reporting will be standardised, exception-based and principally assurance-focused. Assurance will flow from operational teams and workstreams, through defined programme governance, to the IIB. The IIB will review aggregate assurance, resolve cross-organisational barriers and escalate matters requiring collective executive decision.

2.3. The Board of Directors retains direct oversight and accountability of the IIP with the existing Board Committee structure being utilised for assurance and scrutiny.

3. Assurance framework

3.1 A structured assurance approach will support oversight of the IIP, providing a consistent basis for assessing progress against defined assurance criteria (outcomes), evidence requirements (outputs) and success measures (SMART Key Performance Indicators) at a programme and theme level.

3.2 The Integrated Improvement Assurance Framework establishes a consistent approach for determining whether the IIP is delivering the improvements and outcomes expected by the Board and regulators. Importantly, the framework is designed as an outcome-focused approach which tests whether improvement has actually been achieved, evidenced, embedded and sustained as well as the level of confidence that assurance criteria (outcomes) can be achieved by the target date.

3.3 It also defines the framework for evaluating confidence in delivering outcomes via: first line assurance, providing an overall assessment generated by individual programmes, and second line assurance, an independent assessment by the NCA's Portfolio Assurance Office. A common assurance scale from Low through to Full Assurance and transfer to business as usual will provide a consistent assessment of both demonstrated improvement and confidence in achieving the required outcomes.

3.4 Regulatory requirements, including Care Quality Commission (CQC) Section 29A Warning Notices, NHS England Undertakings and Good Governance Institute (GGI) recommendations, are mapped directly into the relevant IIP programmes so that regulatory compliance forms part of the evidence of successful improvement rather than operating as a separate process.

4. Stakeholder engagement plan

4.1 The NCA is committed to making sure the IIP delivers real, lasting change. The engagement strategy sets out how we will involve all our stakeholders, including colleagues, patients, communities and place partners to create a plan that reflects what matters to them and the improvements they need to see. This means listening to their experiences and ideas, welcoming questions and challenge, and using their feedback to shape both the plan and the action we take. Through regular conversations, clear updates and local partnership and scrutiny meetings, we will show how people's views have influenced the plan, share progress and be open about the challenges that remain.

5. Progress Update

5.1 Significant progress has been made in developing the NCA's integrated improvement approach. This is outlined below:

Integrated Improvement Plan

5.2 A core delivery team has been mobilised to rapidly progress the IIP. The team will be expanded as required, drawing on additional expertise where needed.

5.3 The six themes and sixteen programmes have been further developed to review and confirm status, governance and infrastructure, programme development and identify any gaps or support required to accelerate progress.

5.4 A draft of the IIP has been developed (Appendix 1) and will be further refined following engagement with colleagues and stakeholders before being finalised and approved.

Assurance, reporting and governance

5.5 An Integrated Improvement Assurance Framework has been developed in conjunction with NHS England and is being populated with the programme level assurance criteria (outcomes), evidence (outputs) and success measures.

5.6 This will be used by the IIB, Board of Directors and System Improvement Board (SIB) to provide assurance and evidence of improvement.

5.7 The framework for evaluating IIP delivery confidence via first line assurance has been defined and a framework for second line assurance by which delivery confidence will be independently assessed by the NCA's Portfolio Assurance is being developed.

5.8 A template for an Integrated Improvement Assurance Report has been developed in conjunction with NHS England.

5.9 The first IIB took place on Tuesday 27 October.

5.10 Governance architecture designed including mapping of IIP themes to existing executive-led management forums for oversight at a theme level and mapping to Board sub committees for assurance and scrutiny.

Engagement and communications

5.11 First and second edition of the System Improvement Board briefing shared with stakeholders and being presented at Oldham Bury, Rochdale and Salford Integrated Care Partnership Committees (Locality Boards).

5.12 Paper on approach to IIP engagement presented at Oldham Bury, Rochdale and Salford Locality Boards.

5.13 Engagement strategy developed and shared with the Place Partnership Directors to agree and join up approach.

6. Conclusion

6.1 Good progress has been made in developing and mobilising the IIP and its associated approach to delivery and assurance, with governance arrangements established, programmes defined, and stakeholder engagement underway. The IIP provides a clear framework for delivering priority improvements, with an initial focus on addressing immediate regulatory, quality and performance requirements. The plan will continue to be refined ahead of final approval, providing a structured and coordinated approach to delivering sustainable improvement across the organisation.

7. Recommendations

7.1 The Board of Directors is asked to:

- review and receive the draft Integrated Improvement Plan (IIP) (Appendix 1), noting that the IIP will be further refined and presented to the Board of Directors in January 2027 for approval.
- note the progress that has been made on: IIP programme mobilisation; IIP development; assurance, reporting and governance; and engagement and communications.

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Northern Care Alliance
NHS Foundation Trust

Trust Integrated Improvement Plan (IIP)

Version 1.0

START ▶

CARE APPRECIATE INSPIRE

Draft 26.10.26

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1.
Introduction



1. Introduction

1.1 Overview

The Integrated Improvement Plan (IIP) approach is a strategic initiative designed to enhance the quality, efficiency, and sustainability of healthcare services. It provides a structured framework for driving improvement by bringing together multiple improvement initiatives under one cohesive framework, rather than managing them in isolation, and it is overseen by the Board.

The IIP clearly identifies the key challenges facing an organisation, set out the actions required to address them, and defines measurable outcomes to track progress and impact.

The IIP is a three-year plan made up of six themes with the aim of:

- **Year 1: Stabilising** immediate safety and regulatory risks, strengthen governance and assure delivery.
- **Year 2: Optimising** performance, embed consistent ways of working, strengthen accountability, and deliver measurable improvements across all themes and programmes.
- **Year 3: Transforming** organisational capability, culture and outcomes, embedding sustainable improvement and delivering long-term strategic change.

In Year 1, 16 programmes have been identified under the six themes.

Theme	 Exec Lead: **CNO**	 Exec Lead: **CP&SO**	 Exec Lead: **CEO**	 Exec Lead: **CDIO**	 Exec Lead: **COO**	 Exec Lead: **CFO**
	Safe & Effective Care	**People & Culture**	**Well Led**	**Digital, Date & Information**	**Operational Delivery**	**Financial Sustainability**
Programme	**Gynaecology Services** Exec Sponsor: **Rafik Bedair** SRO: **Jo Humphreys**	**Medical Engagement** Exec Sponsor: **Rafik Bedair** SRO: **Suzy Ning**	**Risk Management & Assurance** Exec Sponsor: **Juliette Cosgrove** SRO: **Caroline Greenhalgh**	**Digital Safety & Infrastructure** Exec Sponsor: **Lorna Allen** SRO: **David Grant, Nicci Hancox**	**Urgent & Emergency Care & Patient Flow** Exec Sponsor: **Leah Robins** SRO: **Kate McKenna**	**Financial Recovery** Exec Sponsor: **Suzanne Robinson** SRO: **Asif Umarji**
	Spinal Services Exec Sponsor: **Rafik Bedair** SRO: **Omar Pathmanaban**	**Culture, Speaking Up & Inclusion** Exec Sponsor: **Gertie NicPhilib** SRO: **Shabana Sadiq**	**Organisational Management & Governance** Exec Sponsor: **Suzanne Robinson** SRO: **TBC**	**Data Quality & Information Management** Exec Sponsor: **Lorna Allen** SRO: **Emma Wright**	**Elective Recovery** Exec Sponsor: **Leah Robins** SRO: **Julia Bridgewater**	**Productivity & Cost Improvement** Exec Sponsor: **Suzanne Robinson** SRO: **Asif Umarji**
	Quality Governance Exec Sponsor: **Juliette Cosgrove** SRO: **Caroline Greenhalgh**	**Colleague Health, Attendance & Wellbeing** Exec Sponsor: **Gertie NicPhilib** SRO: **Amy Goodale**	**Executive & Senior Leadership Effectiveness** Exec Sponsor: **Kevin McGee**			
	Patient Safety, Complaints & Learning Exec Sponsor: **Juliette Cosgrove** SRO: **Caroline Greenhalgh**					

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1.2 Scope

In the first year, the focus is on stabilising the immediate safety and regulatory risks relating to:

- CQC Section 29A – October 2024 (Continuous Flow).
- CQC Section 29A – October 2025 (Salford Surgery).
- NHSE Undertakings – June 2026 (Spinal, Gynaecology, Quality Governance, Reporting & Assurance).
- CQC Well-Led 29A – August 2026 (Risk Management, Patient Safety, Complaints, Freedom to Speak Up, Workforce Wellbeing / EDI).

Given the nature of the regulatory and safety concerns and the need to achieve statutory targets in year the specific programmes that will deliver in the early part of the year are:

- Gynaecology Services.
- Spinal Services.
- Quality Governance.
- Patient Safety, Complaints and Learning.
- Colleague Health, Attendance & Wellbeing (Sickness).
- Digital Safety and Infrastructure.
- Access and waiting time recovery (Elective Recovery).
- Financial Recovery.

There will be progress and delivery across all 6 themes and 16 programmes.

1.3 Governance

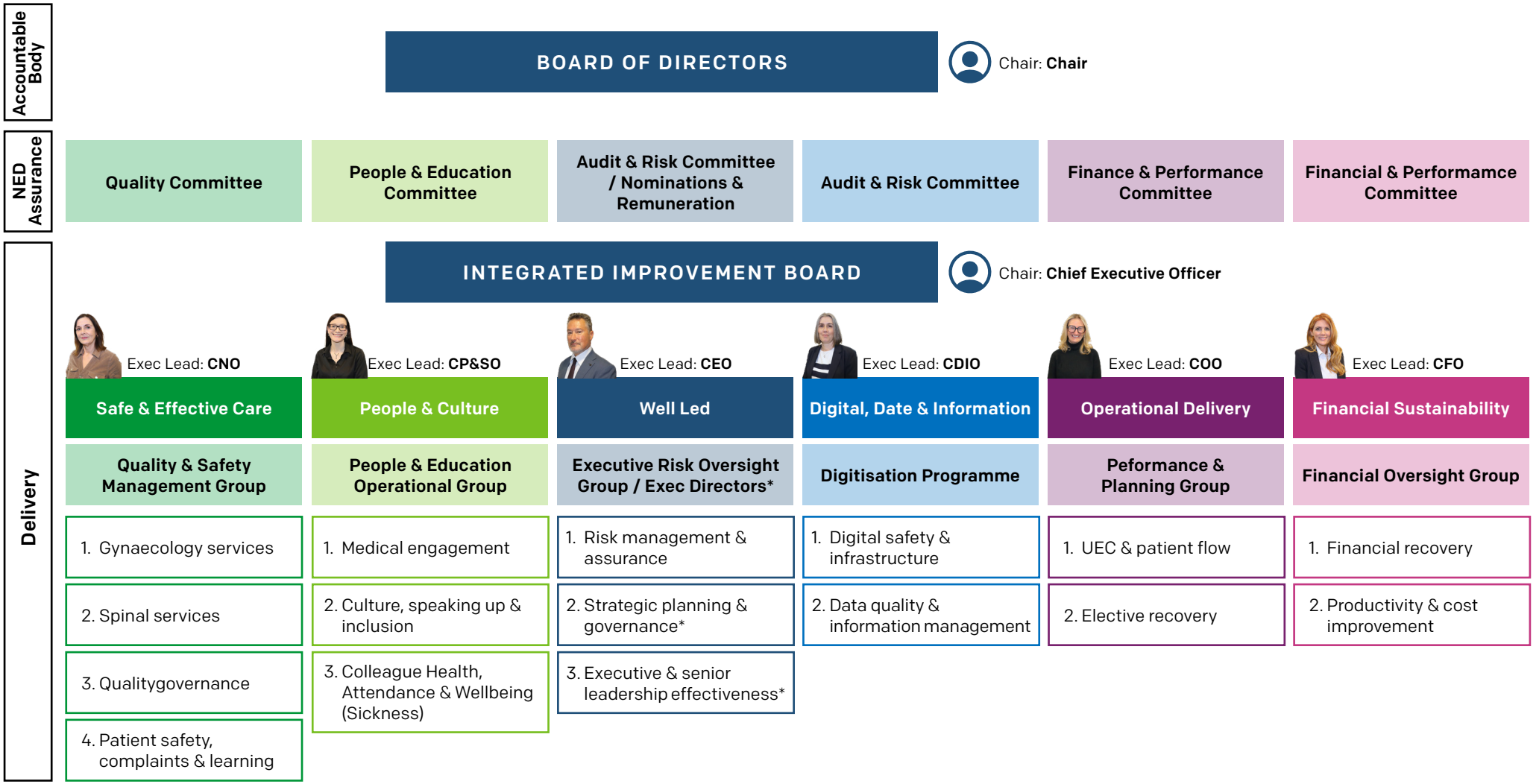
An Integrated Improvement Board will be the principal executive-led forum for oversight of the IIP and will focus on delivery confidence, outcome trajectories, risks, dependencies, capacity constraints and corrective action. It will meet monthly and will be chaired by the Chief Executive and comprise Executive Directors, programme Senior Responsible Owners and Subject Matter Experts as required. Its cadence will be aligned to the Northern Care Alliance NHS Foundation Trust (NCA) Board of Directors and System Improvement Board.

It will be underpinned by robust programme architecture to ensure delivery of the programmes of work, including Programme Boards and oversight at an IIP Theme level via existing Executive-led management governance.

Reporting will be standardised, exception-based and principally assurance-focused. It will report delivery progress against defined outcomes, outputs and success measures using evaluation criteria based on assurance (confidence) levels. Reporting will also include position against trajectory, risks, dependencies, corrective action and decisions required. Assurance will flow from operational teams and workstreams, through defined programme governance, to the Integrated Improvement Board. The Integrated Improvement Board will review aggregate assurance, resolve cross-organisational barriers and escalate matters requiring collective executive decision.

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The Board of Directors retains direct oversight and accountability of the IIP with the existing Board Committee structure being utilised for assurance and scrutiny. This is illustrated on the diagram below.



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1.4 Assurance Framework

A structured assurance approach will be utilised to support oversight of the IIP, providing a consistent basis for assessing progress against defined assurance criteria, evidence requirements and success measures.

The Integrated Improvement Assurance Framework establishes a consistent approach for determining whether the IIP is delivering the improvements and outcomes expected by the Board and regulators. Importantly, the framework is designed as an outcome-focused approach which tests whether improvement has actually been achieved, evidenced, embedded and sustained as well as the level of confidence that assurance criteria (outcomes) can be achieved by the target date.

The Integrated Improvement Assurance Framework defines the assurance criteria (outcomes), evidence (outputs) and success / impact measures (SMART KPIs) at a programme and theme level. It also defines the framework for evaluating confidence in delivering outcomes at two complementary levels: Level 1, providing an overall assessment generated by individual programmes, and Level 2, an independent assessment by the NCA's Portfolio Assurance Office. A common assurance scale from Low through to Full Assurance and transfer to business as usual will provide a consistent assessment of both demonstrated improvement and confidence in achieving the required outcomes. Regulatory requirements, including CQC Section 29A Warning Notices, NHS England Undertakings and GGI recommendations, are mapped directly into the relevant IIP programmes so that regulatory compliance forms part of the evidence of successful improvement rather than operating as a separate process.

1.5 Stakeholder Engagement Plan

We are committed to making sure the IIP delivers real, lasting change. The engagement strategy sets out how we will involve all our stakeholders, including colleagues, patients, communities and place partners to create a plan that reflects what matters to them and the improvements they need to see. This means listening to their experiences and ideas, welcoming questions and challenge, and using their feedback to shape both the plan and the action we take.

Through regular conversations, clear updates and local partnership and scrutiny meetings, we will show how people's views have influenced the plan, share progress and be open about the challenges that remain.

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1.6 Risk Management

A consistent and proactive approach to programme risk management will be embedded across all programmes to identify, assess, manage and monitor risks that could impact the successful delivery of the IIP programmes. Each programme will maintain a risk register, with risks assessed using the agreed likelihood and impact.

Risks will be reviewed regularly through programme governance arrangements, with clear ownership assigned and mitigating actions tracked to ensure timely action and decision-making.

This approach will support early identification of emerging issues, strengthen accountability, and enable informed decisions that maximise the likelihood of successful programme delivery and sustainable improvement outcomes. An overarching risk associated with delivery of the IIP has also been included on the Trust's BAF.

Across the programme the following risk areas have been identified that could impact successful delivery and appropriate action is being taken to mitigated these:

- **Stakeholder engagement:**
  Engagement and communications programme in development and being considered across all themes and programmes. This is being integrated into existing forums where possible.
- **Improvement and programme resources and support:**
  Core programme support in place and being reviewed across all programmes to ensure to correct support to enable delivery.
- **Cross-programme and Clinical Group dependencies:**
  Programme team in place and dependencies being mapped across all programmes alongside review of Clinical Group alignment.
- **Governance maturity across the programmes:**
  Core programme support in place and stocktake of governance and reporting across all programmes to ensure consistency.
- **Cultural differences between professional groups:**
  Embed a culture of collaboration and open decision-making across the IIP and programme.
- **Industrial action:**
  We are committed to reaching a fair and sustainable resolution. During periods of industrial action we are doing everything we can to maintain safe care, minimise disruption and keep contingency plans in place.

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2. THEME 1
Safe & Effective Care



2. THEME 1 : Safe & Effective Care



THEME EXECUTIVE LEAD:
Chief Nursing Officer: Juliette Cosgrove

2.1 Theme Overview
2.2 Gynaecology Services
2.3 Spinal Services
2.4 Quality Governance
2.5 Patient Safety, Complaints & Learning

2.1 Theme Overview

Main issues being addressed

Significant concerns about the safety, governance, leadership and delivery of Gynaecology and Spinal services have resulted in regulatory intervention and require both urgent recovery and sustainable improvement.

NCA does not yet consistently bring together quality intelligence to identify emerging risks, escalate concerns, take effective action and ensure that identified actions are followed through, providing reliable assurance from clinical services through to the Board.

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2.2 Gynaecology Services

Programme roles

Executive Sponsor	**Rafik Bedair**
Programme SRO	**Jo Humphreys**
Clinical Lead	**Alana Mitchel**
Operational Lead	**Vic Fox**

Current reality

Significant concerns about the safety, governance, leadership and delivery of Gynaecology services have resulted in regulatory intervention and require both urgent recovery and sustainable improvement.

Programme aim – what we need to achieve

We aim to establish a safe, well-led and sustainable Gynaecology service through strengthened safety systems, governance, culture, operational performance and agile service delivery models.

This will result in improved patient experience and outcomes, staff experience, regulatory compliance and assurance, whilst working with our partners to achieving sustained improvement, evidenced by resolution of the underlying causes.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• Improved health outcomes and experience for people / population in the service. • Accountable and sustainable Gynaecology Service able to flex to demands. • Strengthened safety systems.

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Evidence (Outputs)	Date Due
We will have a safe, sustainable, standardised and clinically coherent delivery model for gynaecology across the NCA: • Designed by.	 Nov 2026
We will be assured that the previous Rapid Quality Review (RQR) safety priority actions have been: • Completed and addressed. • The learning identified embedded in practice.	 Oct 2026 Mar 2027
We will have achieved and sustained compliance with colposcopy and external cervical-screening requirements and provided reliable assurance over tracking, reporting and accreditation: • Safety and Quality Assessment for Sustainability (SQAS) actions submitted. • Screening Incident Assessment Form (SIAF) completed / addressed. • Embedded in practice.	 Dec 2026 Mar 2027 Jul 2027
We will have reliable systems for identifying, escalating, investigating and learning from clinical risk and for assuring the quality and safety of the service (completed / addressed).	Jan 2027
We will ensure leadership behaviours, team environment and management arrangements required for safe, collaborative and sustained improvement, whilst ensuring professional concerns, restrictions, consent issues and speaking-up themes are managed consistently, fairly and in a way that produces organisational learning: • Phase 1.	 Dec 2026
We will have reliable clinical and operational controls of patient pathways: • First step completed / addressed.	 Nov 2026

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Success Measures (KPIs) under development to confirm targets	Target:
Reduced locum usage and reduction in vacancy position: • Long term locums. • Vacancies.	 0 0
Improved NHS Staff Survey Response Rate: • Reduction in areas scoring red in NHS Staff Survey.	 50% response 5 reds
Timely completion of overdue incidents in line with NCA Incident Reporting Process and Patient Safety Incident Response Framework (PSIRF) Principles.	TBC
Complete the 58 historical outstanding SIAF actions by 31/10/26.	All completed
All 41 PSII actions to have evidence they are embedded.	All embedded

Regulatory alignment

Aligned Regulatory Action:

- NHSE Undertakings - June 2026 (Gynaecology).

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2.3 Spinal Services

Programme roles

Executive Sponsor	**Rafik Bedair**
Programme SRO	**Omar Pathmanaban**
Clinical Lead	**Kate Bailey**
Operational Lead	**Sam Dickens**

Current reality

Longstanding concerns, multiple reviews and outstanding issues have resulted in uncertainty about safety, accountability and sustainable service delivery.

Programme aim – what we need to achieve

We aim to deliver sustainable improvements in quality, safety, patient experience, culture, and operational performance across the Spinal service, through implementation of a structured improvement programme that will evidence that underlying causes are resolved.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• Clear and controlled patient safety position. • Improvement in agreed clinical and service outcomes. • Delivery of regulatory requirements. • Effective and stable leadership and governance. • Evidence that improvements are sustained. • Ability to return safely to routine organisational oversight.

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Evidence (Outputs)	Date Due
We will complete the MDT improvement actions ensuring all appropriate patients receive an MDT.	Mar 2027
We will embed the single spinal governance and morbidity and mortality (M&M) structure across neurospinal and orthopaedic services: • In place by, ongoing audit. • Expand cross-organisation.	 Dec 2026 Mar 2027
We will introduce and embed staff feedback mechanisms and implemented leadership development actions.	Dec 2026
We will maximise high-volume low-complexity (HVLC) activity at Rochdale elective hub and the potential to evaluate opportunitie to move activity across the NCA footprint, including utilising Fairfield General Hospital.	Mar 2027
We will have routine patient experience and feedback collection mechanisms in place and strengthened processes for responding to concerns, complaints and compliments.	Dec 2026
Success Measures (KPIs) – under development to ensure safety and the quality metrics are fully reflected	**Target**
% patients sent to MDT.	100%
% of complex cases discussed in line with agreed MDT standards.	100%
Patient and family satisfaction - patient experience metrics demonstrate sustained improvement.	Over at least three consecutive reporting periods
Emergency back pain admissions with LOS >4 days and no procedure.	≤10% benchmark
Staff survey results.	Year-on-year improvement
Elective hub utilisation – increased HVLC activity.	TBC

Regulatory alignment

Aligned Regulatory Action:

- NHSE Undertakings - June 2026 (Spinal).

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2.4 Quality Governance

Programme roles

Executive Sponsor	**Juliette Cosgrove**
Programme SRO	**Caroline Greenhalgh**
Clinical Lead	**Alistair Craig**
Operational Lead	**Caroline Greenhalgh**

Current reality

NCA does not yet consistently bring together quality intelligence to identify emerging risks, escalate concerns, take effective action and ensure that identified actions are followed through, providing reliable assurance from clinical services through to the Board.

Programme aim – what we need to achieve

We aim to establish a consistent, standardised, intelligence driven and clinically led quality governance framework across the NCA that provides effective 'ward-to-board-to ward' assurance, strengthens accountability, supports organisational learning and enables informed decision-making.

In doing this we will identify risks early and generate the evidence required to assure our patients, regulators and stakeholders that we are complaint across all regulatory standards.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)

- Patients receive safe, effective and high-quality care, with a clear focus on improving outcomes and experience.
- Risks and variation identified early, learning to translate into improvement.
- Leaders to have clear assurance that all internal and regulatory care standards are being achieved and sustained.
- Greater staff satisfaction by creating clarity, shared accountability and a positive culture in which staff feel supported and able to deliver high-quality care.
- Enhance Board assurance, improve regulatory compliance and sustainable improvement across the NCA.

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Evidence (Outputs)	Date Due
We will commission a review which will demonstrate increased quality governance maturity.	Jun 2027
We will have a simplified quality governance and accountability framework, with clear roles from ward/service level through Clinical Groups to Executive and Board.	Feb 2027
We will have an effective Board assurance framework for quality, providing clearer line of sight from frontline care to Board assurance, particularly around patient safety, clinical outcomes and experience.	Apr 2027
We will have a more focused quality reporting framework, with a smaller set of meaningful measures covering outcomes, safety, patient experience, inequalities and workforce, allowing greater focus on trends, variation and improvement.	Mar 2027
We will have a stronger quality and safety culture, where staff understand their responsibilities, feel supported to raise concerns and can see that their input results in action and improvement.	Jun 2027
We will have an improved approach to learning and continuous improvement, demonstrating a clear link between incidents, complaints, audit, patient feedback, staff insight and measurable improvement.	Jun 2027
We will have a greater clarity about quality risks and escalation, including how emerging concerns are identified, triangulated, escalated and sustainably addressed.	Apr 2027
Success Measures (KPIs) – under review to ensure safety and quality metrics are fully reflected	**Target:**
% compliance for significant risks with effective mitigation and evidence of impact.	90%
% compliance for escalated quality and safety concerns being reviewed within agreed timescales.	95%
% compliance for Quality Committee reports being supported by agreed quality intelligence and a KPI framework.	100%

Regulatory alignment

Aligned Regulatory Action:

- CQC S29A - Oct 2024 (Continuous Flow).
- CQC S29A - Oct 2025 (Salford Surgery).
- NHSE Undertakings - Jun 2026 (Spinal, Gynaecology, Quality governance, Reporting & Assurance).
- CQC Well-Led S29A - Aug 2026 (Patient safety, Risk management).

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2.5 Patient Safety, Complaints & Learning

Programme roles

Executive Sponsor	**Juliette Cosgrove**
Programme SRO	**Caroline Greenhalgh**
Clinical Lead	**Alistair Craig**
Operational Lead	**Caroline Greenhalgh**

Current reality

NCA does not consistently demonstrate that patient safety incidents, complaints and other sources of safety intelligence are reviewed and responded to in a timely and reliable way, or that resulting learning and actions lead to changed practice and reduced risk.

Programme aim – what we need to achieve

We will create an integrated and learning-focused approach to patient safety and complaints that ensures the organisation listens, learns and acts when care falls short, translating insight from patients, families and staff into sustained improvements in safety, quality and experience.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• Deliver safer care and a better experience for patients and staff by strengthening how the organisation listens, learns and improves following incidents and complaints. • Reduce recurrence of concerns and harm, embed a stronger learning culture and provide greater assurance that insight is consistently translated into measurable and sustained improvement.

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Evidence (Outputs)	Date Due
We will see a reduction in avoidable and recurrent harm.	Apr 2028
We will see fewer recurring themes in incidents and complaints.	Aug 2027
We will have stronger evidence that learning results in sustained improvement through commissioned review of actions.	Aug 2027
We will have an improved patient and family experience when concerns arise.	Jun 2027
We will observe greater staff confidence in raising concerns and learning from them.	Jun 2027
We will have stronger Board assurance that patient safety risks are understood and effectively addressed.	Apr 2027
We will have a stronger quality and safety culture, where staff understand their responsibilities, feel supported to raise concerns and can see that their input results in action and improvement.	Aug 2027
Success Measures (KPIs) – under review to ensure safety and the quality metrics are fully reflected	**Target**
Reduction in serious harm from categories defined in the PSIRF local priorities.	10% reduction
% compliance in the staff survey and Pulse results with staff being confident to speak up.	80%
Reduction in the BAF risk score for Patient Safety and Clinical Quality risks.	No higher than 12
% completion and evidence of actions arising from incidents and complaints	95%

Regulatory alignment

Aligned Regulatory Action:

- CQC S29A - Oct 2024 (Continuous Flow).
- CQC Well-Led S29A - Aug 2026 (Patient safety, Complaints).

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3. THEME 2
People & Culture



3. THEME 2 : People & Culture



THEME EXECUTIVE LEAD:
Chief People & Strategy Officer: Gertie NicPhilib

3.1 Theme Overview

3.2 Medical Engagement

3.3 Culture, Speaking up & Inclusion

3.4 Workforce Health, Attendance & Wellbeing (Sickness)

3.1 Theme Overview

Main issues being addressed

The NCA faces significant challenges with leadership stability, organisational alignment, and workforce culture. Inconsistent leadership and accountability have contributed to fragmented decision-making and slower delivery, while clinical leadership and medical engagement are not yet consistently developed or embedded across the organisation.

Concerns also remain about staff confidence to speak up, fear of reprisal, inequalities in colleague experience, and the effectiveness of staff engagement and partnership arrangements.

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3.2 Medical Engagement

Programme roles

Executive Sponsor	**Rafik Bedair**
Programme SRO	**Suzy Ning**

Current reality

NCA has made important progress in strengthening medical engagement, including through the Clinical Leadership Model, the re-established Medical Staff Committee and continued investment in medical leadership. However, the experience of medical engagement remains variable across the organisation and continues to depend too heavily on individual relationships and local arrangements rather than consistent organisational practice.

NCA already has many of the structures and mechanisms associated with effective medical engagement. The challenge is therefore not primarily to create more opportunities for engagement, but to improve how consistently existing arrangements work together and the quality of the relationship between the organisation and its medical workforce. Medical staff want earlier involvement in significant decisions, greater understanding of organisational priorities, and clearer evidence of how their advice has been considered and influenced organisational thinking.

Effective medical engagement also requires collective organisational ownership. It is shaped by doctors' relationships with operational, corporate and Executive leaders as well as professional medical leadership. The opportunity is therefore to establish medical engagement as an enduring organisational capability, characterised by trust, openness, shared responsibility and constructive partnership, through which medical expertise routinely informs leadership, decision-making and improvement.

Programme aim – what we need to achieve

To strengthen the organisation's capability to work in partnership with its medical workforce, ensuring that medical expertise routinely informs organisational leadership, decision-making and improvement.

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Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• **Medical voice and influence** - Medical expertise routinely informs organisational leadership, governance and decision-making, with clinicians having meaningful opportunities to influence significant decisions before they are finalised and clear evidence of how their advice has been considered. • **Leaders and partnership** - Clinicians, managers and organisational leaders work in effective partnership, characterised by trust, openness, mutual respect, shared responsibility and constructive challenge, with medical engagement experienced consistently rather than being dependent on individual relationships. • **Communication and Organisational Dialogue** - Medical staff understand organisational priorities and significant decisions and experience open, honest and meaningful two-way dialogue with organisational leaders, including clear explanations of how and why decisions have been reached. • **Organisational Listening and Learning** - Medical staff are confident that their expertise, concerns and ideas are heard and responded to, with insight from the medical workforce systematically informing organisational learning, governance, leadership and improvement. • **Partnership in Improvement** - Doctors routinely participate as active partners in the design, delivery and evaluation of organisational improvement, with medical expertise shaping problems, solutions and change and supporting stronger clinical ownership of improvement. Collectively, these outcomes will establish medical engagement as an enduring organisational capability, embedded in the normal way NCA leads, makes decisions and improves, rather than being dependent on individual leaders, local relationships or standalone engagement initiatives.

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Evidence (Outputs)	Date Due
We will set up five-workstream programme architecture, with clear senior ownership and governance.	Dec 2026
We will produce a problem and causal analysis validated with clinicians, Clinical Groups, the Medical Staff Committee and available quantitative and qualitative evidence.	Mar 2027
We will clarify roles and relationships between existing medical engagement arrangements, particularly the Medical Staff Committee, Medical Council, Local Negotiating Committee and organisational governance.	Mar 2027
We will establish consistent arrangements established for early medical input into significant organisational decisions, with evidence of how medical advice has been considered.	Mar 2027
We will set up reliable organisational listening and feedback arrangements, including visible responses to significant themes raised by the medical workforce.	Mar 2027
We will ensure there are regular opportunities for meaningful dialogue between Executive leaders and the medical workforce, supporting visibility, openness and understanding of organisational priorities.	Mar 2027
We will embed medical participation within priority organisational improvement activity, with evidence that clinical expertise has influenced the design, delivery or evaluation of improvement.	Mar 2027
We will set baseline medical engagement measures and agree Year 1 improvement expectations.	Mar 2027

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Success Measures (KPIs) under development to ensure fully reflects evidence and to confirm targets	Target:
Medical Engagement Scale.	TBC
NHS Staff Survey – Medical Workforce.	TBC
GMC National Training Survey.	TBC
Medical Staff Committee participation.	TBC
% of defined significant organisational decisions with documented medical input before the decision is finalised.	TBC
% of defined medical leadership roles with agreed role, accountability and decision-making arrangements in place.	TBC
% of Clinical Groups receiving the agreed minimum standard of Executive-medical workforce dialogue each reporting period.	TBC
% of significant medical workforce themes receiving a documented organisational response within an agreed timeframe.	TBC
% of defined strategic improvement programmes with documented medical involvement from programme initiation / design.	TBC

Regulatory alignment

Aligned Regulatory Action:

- NHSE Undertakings - June 2026 (Spinal, Gynaecology).

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3.3 Culture, Speaking up & Inclusion

Programme roles

Executive Sponsor	**Gertie NicPhilib**
Programme SRO	**Shabana Sadiq**

Current reality

NCA does not yet provide a consistently psychologically safe and inclusive working environment in which colleagues feel able to raise concerns openly and confident that concerns will be acted upon without detriment.

There are significant concerns about high levels of anonymous speaking up, reported fear of reprisals, insufficient oversight of detriment, inequalities in colleague experience, and a lack of organisational oversight and assurance regarding Freedom to Speak Up (FTSU) processes.

Programme aim – what we need to achieve

A positive and inclusive organisational culture in which colleagues feel respected and psychologically safe, are confident to raise concerns and challenge openly, are protected from detriment, and can see that their voice leads to meaningful action and improvement.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• Effective organisational oversight and assurance arrangements are in place for FTSU cases, processes, themes and outcomes. • A respectful, inclusive culture where colleagues can raise concerns and shape improvement. • Staff feel safe, supported, and confident to raise concerns. • Reduction in fear of retaliation or negative consequences. • Improved awareness of speaking-up routes and support available. • Leaders actively encourage and respond to concerns. • Psychological safety improves within teams. • Underrepresented groups have equal confidence and opportunity to raise concerns. • Barriers to speaking up are identified and addressed.

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Evidence (Outputs)	Date Due
We will mandate FTSU National eLearning and add to Learning Management System.	Dec 2026
We will have a governance and assurance framework to provide organisational oversight of FTSU cases, processes, themes, outcomes, and learning.	Mar 2027
We will have one singly policy for FTSU and Whistleblowing.	Mar 2027
We will develop a process to understand and identify detriment (incl. increasing coms).	Mar 2027
We will work with Comms teams to share positive stories and case studies.	Mar 2027
We will put additional training on to capture leaders who attended leadership training (Foundation Leadership Development Training) who attended the course prior to the introduction of FTSU to the sessions.	Mar 2027
Success Measures (KPIs) – under development to confirm targets	**Target**
% reporting compliance and organisational oversight of FTSU cases, themes, outcomes and learning through agreed governance structures.	100%
NHS Staff Survey FTSU indicators (overall score).	Improvement year-on-year and above NHS acute trust average
Number of concerns raised through FTSU and other appropriate routes.	Sustained increase or maintained reporting levels
Monitor Compliance with National FTSU training (First year of roll out).	TBC
% of staff who know how to raise concerns (Staff Survey or local pulse survey).	Increase by 10%
Response times for FTSU concerns (in line with the FTSU Policy once complete).	TBC

Regulatory alignment

Aligned Regulatory Action:

- CQC Well-Led S29A - Aug 2026 (Organisational oversight, governance, and assurance of Freedom to Speak Up cases and processes, Workforce Wellbeing / EDI).

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3.4 Workforce Health, Attendance & Wellbeing (Sickness)

Programme roles

Executive Sponsor	**Gertie NicPhilib**
Programme SRO	**Amy Goodale**
Clinical Lead	**Karen Coverley**

Current reality

Sickness absence remains high and management practice around attendance, return to work and colleague wellbeing is inconsistent.

Existing processes do not yet consistently support early intervention, effective management or sustainable improvement in attendance and workforce resilience and we do not yet have sufficient confidence that the principal causes, risks and operational impact of sickness absence are being systematically addressed.

Programme aim – what we need to achieve

We aim to create a healthier and more resilient workforce through consistent attendance management; deliver a consistent Board to Ward absence reporting and assurance framework; and strengthen leadership and management capability that delivers sustained reduction in sickness absence, improved colleague experience, safer staffing levels, improved patient experience and financial performance.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• Sustained reduction in in-month and rolling 12-month sickness absence. • More timely and effective management of long-term sickness cases. • Reduction in the impact of stress, depression and anxiety-related absence. • Consistent attendance management practice across Clinical Groups and Corporate teams.

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Evidence (Outputs)	Date Due
We will establish executive-led attendance review panels, with systematic review of long-term cases, high-absence areas, barriers and overdue actions.	Sept 2026
We will implement a single, validated attendance dashboard and exception-reporting framework, providing reliable Board to Ward data on absence performance, long-term cases, management actions and Clinical Group variation.	Oct 2026
We will strengthen long-term sickness case management, ensuring cases over 90 days are validated, regularly reviewed and supported by timely Occupational Health (OH) / Human Resources (HR) intervention.	Mar 2027
We will deliver targeted recovery plans for sickness absence hotspots and psychological absence, using deep dives to identify local drivers and implement evidence-based wellbeing, management and operational interventions.	Dec 2026
We will improve management capability and consistent application of attendance processes, through effective planning to ensure effective engagement that embeds the deliverable actions in a sustained way.	Mar 2027
We will deliver and evidence sustained improvement in attendance and workforce resilience, demonstrating reductions in sickness absence alongside improvements in the operational and financial impact of sickness-related temporary staffing.	Mar 2027
Success Measures (KPIs)	**Target**
Rolling 12-month sickness absence rate.	6.2 - 6.4%
In-month sickness absence rate.	5.7 - 5.9%
Long-term sickness cases with a recorded current management plan.	≥ 90%
Welcome Back Conversation compliance.	≥ 90%

Regulatory alignment

Aligned Regulatory Action:

- CQC S29A - Oct 2025 (Salford Surgery).
- CQC Well-Led S29A - Aug 2026 (Workforce Wellbeing / EDI).

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4. THEME 3
Well Led



4. THEME 3 : Well Led



THEME EXECUTIVE LEAD:

Chief Executive Officer: Kevin McGee

4.1 Theme Overview

4.2 Risk Management & Assurance

4.3 Integrated Planning, Performance & Improvement Governance

4.4 Executive & Senior Leadership Effectiveness

4.1 Theme Overview

Main issues being addressed

The NCA does not currently have sufficient assurance that its risk management processes provide an accurate and up-to-date view of key organisational and operational risks. In addition, multiple strategies, plans, programmes, and performance frameworks are not yet integrated into a single management system, creating challenges in setting clear organisational priorities, aligning delivery efforts, and measuring whether improvement activities are achieving the desired outcomes.

Executive leadership instability and capacity constraints have also affected organisational alignment, clarity of accountability and the pace and consistency of delivery. NCA needs stable and effective collective executive leadership, with clear accountabilities and sufficient leadership capacity to provide strategic direction, maintain grip on performance and lead the scale of improvement and transformation required across the organisation.

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4.2 Risk Engagement

Programme roles

Executive Sponsor	**Juliette Cosgrove**
Programme SRO	**Caroline Greenhalgh**
Clinical Lead	**Alistair Craig**
Operational Lead	**Caroline Greenhalgh**

Current reality

NCA cannot currently be confident that its risk management system provides a reliable and current view of its most important organisational and operational risks.

Risk registers contain significant numbers of historic, outdated or poorly maintained risks, with weaknesses in ownership, review, escalation and alignment with organisational policy. This limits the ability of Clinical Groups, Executive leaders and the Board to identify priorities, manage risk effectively and provide reliable assurance.

There is also a risk that risk registers, reporting processes and completion of actions become proxies for effective risk management rather than demonstrating that risks are genuinely controlled and reducing.

Programme aim – what we need to achieve

We aim to strengthen the organisation's approach to risk management and assurance, ensuring that key risks are identified, understood, escalated and effectively managed, with clear accountability and robust assurance enabling the Board to make informed decisions and maintain confidence that risks to the delivery of safe, high-quality and sustainable services are being appropriately mitigated.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• A more mature and proactive approach to risk and assurance, enabling earlier identification and effective management of significant risks, clearer accountability and better-informed decision-making.
• Greater Board confidence that risks to the delivery of the organisation's strategic objectives and safe, high-quality care are understood, appropriately controlled and subject to effective assurance.

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Evidence (Outputs)	Date Due
We will implement a programme of risk maturity assessment and continuous improvement providing evidence that the new arrangements are embedded and delivering impact. The assessment will evidence:	Jan 2027
A revised Risk Management Framework and Strategy with clear principles, responsibilities, escalation routes and expectations across the organisation.	Timescales to be informed by the assessment
A strengthened Board Assurance Framework (BAF) clearly linking strategic objectives, principal risks, controls, assurances and gaps.	
A clear risk appetite framework, supporting consistent and informed decision-making.	
A standardised risk assessment and scoring approach, improving consistency and quality of risk information.	
Clear risk ownership and accountability, from service and divisional level through to Executive and Board.	
Improved risk escalation and de-escalation arrangements, ensuring significant and emerging risks reach the appropriate level promptly.	
An integrated assurance framework, bringing together clinical, operational, workforce and financial assurance and identifying gaps or duplication.	
Improved Board and Committee risk reporting, focused on trends, movement, effectiveness of controls and areas requiring leadership attention.	
A programme of risk management training and development, strengthening capability and ownership across the organisation.	
Success Measures (KPIs)	**Target**
% of significant risks reviewed on time.	95%
% of significant risks with effective controls and assurance.	95%
% of risk mitigation actions delivered on time.	80%
Number/proportion of risks outside agreed appetite without an approved treatment plan.	0
% of strategic risks with identified assurance gaps and active mitigation.	95%

Regulatory alignment

Aligned Regulatory Action:

- CQC S29A - Oct 2024 (Continuous Flow).
- CQC S29A - Oct 2025 (Salford Surgery).
- NHSE Undertakings - Jun 2026 (Quality governance, Reporting & Assurance).
- CQC Well-Led S29A - Aug 2026 (Risk management).

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4.3 Strategic Planning & Governance

Programme roles

Executive Sponsor	**Suzanne Robinson**

Current reality

NCA has multiple strategies, plans, programmes and performance arrangements that are not yet consistently brought together into a single organisational management system. This can make it difficult to maintain clarity about the organisation's strategic priorities, translate them into a small number of organisational priorities, and understand whether delivery and improvement are changing outcomes.

Programme aim – what we need to achieve

A coherent organisational management system that connects strategy, annual priorities, the IIP, operational performance and Executive accountability.

Assurance criteria, evidence and success measures

Assurance criteria (outcomes)
– evidence and success measure are under development

- Clear organisational priorities.
- Clear Executive accountability.
- Stronger alignment between strategy, improvement and operational delivery.
- Fewer overlapping plans and reporting processes.
- Greater focus on outcomes and impact.
- Earlier identification of areas requiring intervention.
- Improved confidence that organisational priorities are being delivered.

Regulatory alignment

Aligned Regulatory Action:

- NHSE Undertakings - Jun 2026 (Quality Governance, Reporting & Assurance).

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4.4 Executive & Senior Leadership Effectiveness

Programme roles

Executive Sponsor	**Kevin McGee**

Current reality

NCA has experienced significant Executive and senior leadership instability, affecting continuity, organisational alignment and the pace of delivery. Collective leadership, alignment around organisational priorities and clear accountability are not yet consistently embedded.

Differences in approach across portfolios and services can contribute to fragmented decision-making, inconsistent messages and variable delivery of organisational priorities.

The scale and complexity of the organisation's improvement agenda also requires sufficient Executive and leadership capacity to maintain grip on current performance while leading sustained organisational improvement.

Whilst clinical and operational leaders appointed to senior CLM roles have/are attending the advanced development programme there is still more to do to ensure our leaders are engaged in and committed to leading improvement and contributing to organisational performance, transformation and patient outcomes.

Programme aim – what we need to achieve

To establish a stable, effective and collectively accountable Executive leadership team, with the capacity and capability to provide clear organisational direction, align the organisation around shared priorities and lead sustained improvement across NCA.

Senior leaders will work in an inclusive and equitable environment where they are clear on expectations, supported in their development and equipped with the leadership and management skills needed to succeed and deliver high quality care.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• Stable and effective Executive leadership with clear collective accountability. • Clear organisational priorities, consistently communicated and understood across NCA. • Timely and consistent delivery of agreed Executive decisions and organisational priorities. • Fair, inclusive and transparent processes for leaders throughout their employment. • Leaders understand what is expected of them in their role and professional practice. • Identify strengths and development needs as leaders and managers and access opportunities to build their skills, confidence and effectiveness.

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Evidence (Outputs)	Date Due
We will have clear Executive roles, accountabilities and decision-making arrangements.	Dec 2026
We will ensure clear and consistently communicated set of NCA organisational priorities.	Nov 2027
We will put in place executive succession and capacity plans for critical leadership roles.	Jan 2027
We will support all leaders to complete foundation leadership development, identifying any further development needs: • For AforC colleagues Band 8d+. • For AforC colleagues Band 8b-8c. • For medical colleagues all Clinical Group leadership roles. • For medical colleagues CSU leadership team roles.	 Jan 2027 Mar 2027 Jan 2027 Mar 2027
Success Measures (KPIs) – under development to confirm targets	**Target**
Executive leadership stability, measured through substantive appointments/vacancy or turnover position.	TBC
Agreed IIP priorities are collectively owned by the Executive team and delivered to agreed milestones.	TBC
% of agreed actions arising from the Executive portfolio review implemented within agreed timescales.	100%
% of leaders completed foundation leadership development.	90%
% of leaders who have had a line manager led development conversation (completed on appointment to a new role and annually thereafter).	95%

Regulatory alignment

Aligned Regulatory Action: N/A

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5. THEME 4
Digital, Data & Information



5. THEME 4 : Digital, Data & Information



THEME EXECUTIVE LEAD:

Chief Digital & Information Officer: Lorna Allan

5.1 Theme Overview

5.2 Digital Safety & Infrastructure

5.3 Data Quality & Information Management

5.1 Theme Overview

Main issues being addressed

Digital systems and infrastructure do not yet provide consistently reliable support for safe and effective care across NCA.

Data quality and confidence in information is variable across NCA. Inconsistent definitions, data entry, validation and ownership can make it difficult to establish a single reliable view of organisational performance, risk and improvement, and can reduce confidence in information used for clinical, operational and organisational decision-making and assurance.

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5.2 Digital Safety & Infrastructure

Programme roles

Executive Sponsor	**Lorna Allan**
Programme SRO	**David Grant & Nicci Hancox**
Clinical Lead	**James Kerr, David Rog & Sarah Webb**

Current reality

Digital systems and infrastructure do not yet provide consistently reliable support for safe and effective care across NCA.

Recent disruption to electronic prescribing has demonstrated the potential patient safety and operational impact when important clinical systems are unavailable or unreliable. Wider concerns about infrastructure resilience have also been identified through external review.

Programme aim – what we need to achieve

We will develop a clear understanding of and method of managing system failure risks, disruption and the impact of ageing technology. This will keep clinical systems and digital infrastructure safe, reliable and recoverable to support safe clinical care; reduce the highest patient-safety, cyber, obsolescence and continuity risks; stabilise today's services while simplifying the estate for future Single Electronic Patient Record (EPR) delivery; and establish a clear EPR roadmap and timeline.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• Clinical safety certification for all critical clinical systems. • More resilient services, faster incident recovery and lower cyber exposure evidenced through the Data Security Protection Toolkit (DSPT) certification. • Accountable application ownership with defined lifecycle and investment plans. • A supportable estate ready for Single EPR, underpinned through delivery of an EPR readiness plan.

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Evidence (Outputs)	Date Due
We will have a plan for all high-risk clinical systems to be stabilised and remediated.	Dec 2026
We will have a resilient, secure and modern digital infrastructure delivered (subject to sustained annual investment).	Mar 2028
We will rationalise our clinical applications by 33% each financial year and technical debt reduced through: • Phase 1 – collation of application register and allocated ownership. • Phase 2 – decommission all current redundant applications. • Phase 3 – application roadmap plan and investment strategy towards Single EPR defined.	 Jan 2027 Feb 2027 May 2027
We will strengthen cyber security and access controls, aligned to DSPT "standards met" compliance, recognising the DSPT standards increase year on year.	Mar 2028
We will have an EPR-ready digital architecture specification and roadmap established - pending EPR roadmap confirmation.	May 2027
Success Measures (KPIs)	**Target**
Red systems with approved and funded treatment plans.	100%
Critical systems with clinically owned and validated business continuity plans.	100%
Number of server operating systems and databases at End of Life.	0
Critical Clinical applications entering final support without identified risk mitigation and approved treatment.	0

Regulatory alignment

Aligned Regulatory Action: N/A.

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5.3 Data Quality & Information Management

Programme roles

Executive Sponsor	**Lorna Allan**
Programme SRO	**JEmma Wright & Alex Garbett**
Clinical Lead	**James Kerr, David Rog & Sarah Webb**

Current reality

Data quality and confidence in information is variable across NCA.

Inconsistent definitions, data entry, validation and ownership can make it difficult to establish a single reliable view of organisational performance, risk and improvement, and can reduce confidence in information used for clinical, operational and organisational decision making and assurance.

Programme aim – what we need to achieve

Reliable and consistently understood information, with clear ownership of data quality and appropriate information governance across the organisation.

To enable accurate, consistent and trusted data to support patient care, operational performance, assurance and strategic decision making.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• Trusted data for confident decisions. • Consistent assurance from frontline services to Board. • Earlier identification of risk, quality and performance issues. • Better staff access, understanding and use of data. • Improved patient care, performance and strategic planning.

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Evidence (Outputs)	Date Due
We will hold Clinical Group listening events and complete Integrated Improvement Plan data interdependency mapping, leading to: • Prioritised data action plan, including review of support offer for clinical groups.	Dec 2026 Mar 2027
We will analyse and centralise governance of all regulatory data reporting with clear ownership.	Mar 2027
We will have a baseline organisational quality dashboard.	Feb 2027
We will have an approved NCA Data Strategy.	April 2027
Success Measures (KPIs)	**Target**
% of critical datasets that meet agreed data-quality standards.	≥95%
% of senior leaders report confidence in the data used for decision making.	≥90%
% of critical data domains have accountable owners, defined quality measures and active improvement plans.	100%

Regulatory alignment

Aligned Regulatory Action: N/A.

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6. THEME 5
Opetrational Delivery



6. THEME 5 : Operational Delivery



THEME EXECUTIVE LEAD:
Chief Operating Officer: Leah Robins

6.1 Theme Overview

6.2 Urgent and Emergency Care (UEC) & Patient Flow

6.3 Elective Recovery

6.1 Theme Overview

Main issues being addressed

Patient flow across NCA is not consistently reliable, contributing to delays in care, pressure on urgent and emergency services, extended length of stay and reduced capacity to respond effectively to demand. Operational pressures can result in significant organisational effort being focused on managing immediate problems rather than addressing the causes of delay and variation.

Patients are waiting too long for some planned services, with variation in performance, waiting-list management and the ability to match capacity to demand. Backlogs and weaknesses in validation, pathway management and operational grip can make it difficult to maintain an accurate understanding of demand and to target improvement effectively.

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6.2 Urgent and Emergency Care (UEC) & Patient Flow

Programme roles

Executive Sponsor	**Leah Robins**
Programme SRO	**Kate McKenna**
Clinical Lead	**Karen Coverley**
Operational Lead	**Kelly McLellan**

Current reality

Patient flow across NCA is not consistently reliable, contributing to delays in care, pressure on urgent and emergency services, extended length of stay and reduced capacity to respond effectively to demand.

Operational pressures can result in significant organisational effort being focused on managing immediate problems rather than addressing the causes of delay and variation.

Programme aim – what we need to achieve

We will use our capacity effectively across all our services and sites to deliver a coordinated, organisation-wide approach to urgent and emergency care. This will ensure reliable flow whereby patients are admitted, transferred and discharged without unnecessary delay so that patients receive safe, timely care in the right place whilst improving experience and clinical outcomes.

We will strengthen operational grip, expand alternatives to admission, improve discharge and length of stay, align capacity with demand, and eliminate corridor care through sustainable, standardised ways of working.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• Improved patient safety, experience and clinical outcomes.
• Timely access to care, reduced delays and corridor care.
• Fewer avoidable admissions, improved patient flow and length of stay.
• More resilient and sustainable urgent and emergency care system.

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Evidence (Outputs)	Date Due
We will mobilise the programme: governance established, workstream leads appointed, baseline metrics agreed, benefits framework approved & delivery plans established.	Oct 2026
We will fully implement the NCA Winter Plan.	Jan 2027
We will embed the new Site Management Operating Model, Discharge Policy, and Full Capacity Policy and implementation of the Site Management Plan.	Mar 2027
We will expand admission avoidance pathways.	Mar 2027
We will have oversight of the delivery plans for Care In the Right Place, Corridor care, Safer Sooner / Los, Bed reconfiguration, GIRFT.	Mar 2027
Success Measures (KPIs)	**Target**
Emergency Department 4-Hour Performance.	82%
Patients Experiencing Corridor Care >45 Minutes.	0
Patients Waiting in ED >12 Hours.	9.90%
UEC (Non elective) average Length of Stay in days (LoS).	9.32

Regulatory alignment

Aligned Regulatory Action:

- CQC S29A - Oct 2024 (Continuous Flow).

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6.3 Elective Recovery

Programme roles

Executive Sponsor	**Leah Robins**
Programme SRO	**Julia Bridgewater**
Clinical Lead	**Graham Nelson**
Operational Lead	**Clinical Group Director of Operations**

Current reality

Patients are waiting too long for some planned services, with variation in performance, waiting-list management and the ability to match capacity to demand.

Backlogs and weaknesses in validation, pathway management and operational grip can make it difficult to maintain an accurate understanding of demand and to target improvement effectively.

Programme aim – what we need to achieve

We aim to deliver a three-year route to restoring and sustaining NHS constitutional standards for RTT elective care, eliminating long waits and creating a productive, equitable and financially sustainable elective operating model. The programme will provide improved and equitable access to planned care, supporting accuracy of waiting lists, sustainable management of demand and capacity leading to reduced waiting times. The aim is to deliver the Trust back to year 1 plan outcomes by March 2027.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• Reduce elective waiting times and unwarranted variation. • Improve access and patient experience. • Increase productivity and utilisation of substantive capacity and reduce reliance on non-core activity. • Deliver constitutional standards while establishing a financially sustainable elective operating model.

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Evidence (Outputs)	Date Due
We will have oversight of the implementation of theatre, outpatient and pre-operative improvement plans to increase productivity and right-size core capacity.	Dec 2026
We will mobilise a coordinated non-core value for money additional capacity programme (insourcing, outsourcing, mutual aid and independent sector provision), targeted at reducing long waits and the activity gap.	Dec 2026
We will implement referral optimisation and pathway redesign, including SPOAs, PIFU, and community alternatives.	Jan 2027
We will establish the central RTT validation function and standardised PTL processes, supported by automation, digital reporting and patient administration improvements.	Jan 2027
We will agree and commence implementation of a sustainable elective recovery team workforce plan covering workforce modelling, recruitment, extended roles, productivity and administrative redesign.	Feb 2027
We will develop and approve the Elective Recovery Strategy which will focus on digital innovation, service redesign, estate optimisation and new models of care. Deliver the Future Proofing Programme, prioritising invest to save schemes which create recurrent capacity, improve productivity and reduce reliance on premium additionality.	Mar 2027
Success Measures (KPIs)	**Target**
RTT <18 week wait.	62%
RTT >52-week waits <2%.	2600
Community RTT >52-week waits.	0%
Achieve an overall waiting list size aligned to 62% performance.	129,901
Reduce DM01 waits >6 weeks.	2%
Deliver >100% of agreed elective activity plan .	26-27 Plan

Regulatory alignment

Aligned Regulatory Action: N/A.

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7. THEME 6
Financial Sustainability



7. THEME 6 : Financial Sustainability



THEME EXECUTIVE LEAD:

Chief Finance Officer: Suzanne Robinson

7.1 Theme Overview

7.2 Financial Recovery

7.3 Productivity and Cost Improvement

7.1 Theme Overview

Main issues being addressed

NCA faces a significant financial challenge. Credible financial recovery plans are in place, but these are not yet being consistently translated into operational delivery, workforce change, productivity improvement and sustainable financial benefit.

The challenge is therefore one of execution: strengthening ownership, accountability and delivery so that agreed plans result in measurable operational change and recurrent financial improvement.

Without this stronger line of sight from plan to action to benefit, there is a risk that planned efficiencies and productivity improvements are not realised, leaving the underlying financial position unresolved.

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7.2 Financial Recovery

Programme roles

Executive Sponsor	**Suzanne Robinson**
Programme SRO	**Asif Umarji**
Clinical Lead	**Jay Naisbitt**
Operational Lead	**Steve Leech**

Current reality

NCA has credible financial recovery plans, but delivery is not consistently keeping pace with those plans. There is insufficient translation of agreed financial actions into operational, workforce and productivity change, meaning that planned benefits are not consistently realised or sustained.

Programme aim – what we need to achieve

To translate NCA's agreed financial recovery plans into sustained operational delivery and recurrent financial improvement.

Through clear ownership, accountability, disciplined execution and timely decision-making, we will ensure that planned workforce, productivity and efficiency improvements are delivered and their financial benefits are realised and sustained. This will restore financial stability while protecting patient care and enabling resources to be directed to our priorities.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)

- Financial performance is sustainably improved, with delivery against the agreed recovery trajectory and a demonstrable reduction in the underlying financial deficit.
- Agreed recovery actions are translated into operational, workforce and productivity improvements, with clear ownership and accountability for delivery.
- Planned financial benefits are demonstrably realised, recurrent and sustained, with a clear line of sight from operational improvement to financial impact.
- Workforce plans are affordable and sustainable, with reduced reliance on temporary staffing.
- There is strong financial grip and control, supported by robust governance, accurate forecasting, timely decision-making and effective management of delivery risks.
- Improved financial stability creates organisational resilience and confidence amongst the Board, regulators and system partners, enabling a progressive shift from recovery to sustainable improvement and investment.

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Evidence (Outputs)	Date Due
We will deliver the agreed financial recovery plan to achieve the organisation's annual financial control total and recovery trajectory.	Mar 2027
We will deliver the agreed recovery actions, with clear ownership and evidence of resulting operational, workforce and productivity improvement.	Mar 2027
We will deliver validated, recurrent financial benefits demonstrating a clear line of sight between operational improvement and financial impact.	Mar 2027
We will maintain strong financial grip and control through effective management of pay, non-pay, vacancies, temporary staffing and delegated expenditure.	Mar 2027
We will deliver affordable and sustainable workforce, including reduced reliance on temporary staffing and alignment of workforce, activity and finance.	Mar 2027
Success Measures (KPIs)	**Target**
Two consecutive quarters delivery of financial plan in 2026/27.	To achieve Q3 and Q4
Underlying recurrent deficit reduced in line with the agreed recovery trajectory in 2026/27.	To achieve by Q4
Cash performance maintained in line with the agreed plan in 2026/27.	To achieve by Q4

Regulatory alignment

Aligned Regulatory Action: N/A.

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7.3 Productivity & Cost Improvement

Programme roles

Executive Sponsor	**Suzanne Robinson**
Programme SRO	**Asif Umarji**
Clinical Lead	**Jay Naisbitt**
Operational Lead	**Steve Leech**

Current reality

NCA is not consistently translating cost improvement and productivity opportunities into delivered, recurrent financial benefit. Cost improvement activity can be overly focused on identifying savings rather than delivering sustainable changes to how services operate. Productivity improvement is variable, and there is not yet a consistent line of sight from operational change to realised financial benefit.

Programme aim – what we need to achieve

To deliver sustainable improvements in productivity and cost efficiency by changing the way services operate and making better use of workforce, capacity and resources. We will ensure that productivity improvements and cost reduction plans translate into demonstrable, recurrent financial benefits, reducing the underlying deficit while protecting quality, safety and patient outcomes.

Assurance criteria, evidence and success measures

Assurance Criteria (Outcomes)
• Productivity improves across priority clinical and operational services, with better utilisation of workforce, estate and clinical capacity while maintaining quality and safety. • Cost improvement is delivered through sustainable changes to how services operate, rather than reliance on non-recurrent measures. • Productivity and efficiency improvements translate into demonstrable and recurrent financial benefit, with a clear line of sight between operational change and financial impact. • The recurrent CIP is delivered, supported by robust benefits realisation and clear accountability for delivery. • Productivity improvement contributes to a sustained reduction in the underlying financial deficit.

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Evidence (Outputs)	Date Due
We will achieve demonstrable improvement in productivity and utilisation across priority services.	Mar 2027
We will increase proportion of CIP delivered recurrently.	Mar 2027
We will achieve sustained improvement in CIP delivery against the agreed recovery trajectory.	Mar 2027
Success Measures (KPIs)	**Target**
Two consecutive quarters of improved CIP delivery against trajectory in 2026/27.	To achieve by Q4
Improvement in agreed productivity measures across priority services for two consecutive quarters in 2026/27.	To achieve by Q4
Increase in recurrent CIP delivery in 2026/27 compared with the current baseline.	To achieve by Q4

Regulatory alignment

Aligned Regulatory Action: N/A.

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8.
Appendices



8. Appendices

8.1 Delivery Team Roles

As a minimum the core delivery team with responsibility with overseeing delivery of the IIP will include the following roles.

Role	Description
Senior Responsible Owner (SRO)	Accountable for overall success of the IIP and reports progress to the Board and regulators.
Programme Director: Delivery Oversight, Mobilisation and Leadership	Leads day-to-day delivery of the IIP. Supports the SRO with delivery, planning and stakeholder management. Manages regulatory relationship and submissions.
Delivery Team / Programme Management Office (PMO) Lead	Oversees reporting, planning, actions, risks and dependencies. Coordinates programmes, assurance submissions and governance papers.
Delivery / PMO Support	Coordinates programme governance and reporting, maintain programme controls and provides assurance and administrative support.
Strategy Lead	Aligns IIP with Trust strategy and organisational priorities. Provides strategic insight and challenge to support decision-making, prioritisation, planning and involvement across localities and partners.
Assurance and Governance Lead	Maintains programme risk framework. Ensures alignment with Trust risk management processes. Oversees assurance.
Communications and Engagement Lead	Develops engagement strategy. Manages staff, stakeholder and partner communications. Supports culture and behavioural change.
OD Lead	Leads change management and adoption activities. Supports leadership and cultural improvement programmes.
BI Lead	Provides expertise on data, success measures as part of assurance framework and connections into the IPR to ensure consistent and accurate reporting.

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8.2 IIP Theme Roles

Theme Role	Description
Theme Executive Lead	Responsible for ensuring that the portfolio of programmes with the IIP Theme are aligned with the organisational and strategic objectives, championing implementation and supporting the team responsible for delivery. This person is responsible for providing updates into the Integrated Improvement Board (IIB).
Theme Improvement Team Senior Lead	Responsible for engaging with the Executive Lead to establish the theme portfolio, supporting programme scoping, development and delivery with Executive Sponsors and SROs. The Senior Lead will oversee the theme governance, documentation including risks and will support identification of current and future resource requirements to deliver sustainable improvement.
Assurance Lead	Responsible for providing independent assurance including monthly assurance reviews. A source of advice and guidance to support successful delivery (based on MSP principles); and promotion of best practice and a standardised approach e.g. sharing of templates.

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8.3 IIP Programme Roles

Programme Role	Description
Executive Sponsor	Responsible for ensuring that the programme is aligned with the organisational and strategic objectives, championing implementation and supporting the team responsible for delivery.
Senior Responsible Owner (SRO)	The single individual with overall responsibility for ensuring that the programme meets its objectives and delivers the projected benefits. This person is responsible for providing updates into the relevant management group and supporting the Executive to provide updates into the Integrated Improvement Board.
Clinical / Quality Lead:	• Advising the Programme team of any potential impact on quality arising from the project. • Assuring the accuracy and validity of the Quality Impact Assessment and Equality Impact Assessment. • Presenting the completed impact assessments to the appropriate person / forum for consideration. • Monitors progress of the programme for any quality issues.
Operational Lead	• Advising the Programme team of any potential operational impact aspects of operational consideration from the project. • Supporting completion of the Quality and Equality Impact Assessments to assure the accuracy and validity of the assessments. • Supports presentation of completed impact assessments to the appropriate person / forum for consideration. • Monitors delivery progress for any operational issues.
Assurance Lead	• Independent programme assurance to the Exec Sponsor, SRO and Programme Board including monthly assurance reviews and periodic Gateway reviews. • Programme advice and guidance to support successful delivery (based on MSP principles); *and* • Promotion of best practice and a standardised approach e.g. sharing of templates.

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8.3 IIP Programme Roles *continued*

Programme Role	Description
Improvement Lead	• Advice to the programme from an improvement perspective (inc. quality and service improvement); • Support to identify, test and assess the impact of interventions / improvements through best practice quality improvement principles and approaches; *and* • Assists in the development of packages of interventions and improvements that are then implemented across the programme.
Project Manager	• Responsible for day-to-day management and delivery of the project(s). • Focuses on the project's deliverables, making sure the project delivers on time and within the budget. • Creates a detailed project plan for the resources, cost, timeliness and delivery. • Monitors and controls project tasks, reporting into appropriate governance.
Subject Matter Expert (SME) leads for Strategy, Procurement, Contracting, HR / OD, Estates, Finance, Digital and Business Intelligence (BI)	• Nominated to bring subject matter expertise to the programmes and to take and deliver such work / actions are required to support delivery, reporting progress into appropriate governance.
Benefits / Business Change Manager	• Drafts benefits map and circulate for stakeholder agreement. • Facilitate agreement of benefits management strategy, realisation plan and profiles. • Consolidates reports on the realisation of benefits. • Works with programme team and other stakeholders to identify, report and monitor emergent benefits.

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8.4 Assurance Framework Definitions

Programme Aim *Why we're doing it*	Programme Outcomes (Assurance Criteria) *What will change*	Programme Outputs (Evidence) *What we'll deliver*	Success Measures *How we'll know we've succeeded*
• The overall strategic purpose or ambition. • High-level statement describing what the programme is trying to accomplish overall.	• The changes, benefits or improvements that result from the programme. • Describes the future state that will exist because the programme has been delivered.	• The products, services, capabilities or deliverables produced by the programme. • Tangible things the programme creates.	• The metrics, indicators and targets used to assess achievement of outcomes and benefits. • Defined as SMART KPIs.

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Northern Care Alliance
NHS Foundation Trust

Edition one (monthly) 11th September 2026

A briefing for NCA stakeholders following System Improvement Board 03/09/26

Prepared by NHSE, GM Integrated Care Board and Northen Care Alliance

Please send queries to NCA.questions@nca.nhs.uk

The creation of the System Improvement Board demonstrates the seriousness with which the Northern Care Alliance NHS FT, NHS Greater Manchester ICB and NHS England North West are treating the challenges facing Northern Care Alliance NHS FT, and their shared commitment to coordinated, pace-driven improvement.

- NHS England North West has established a System Improvement Board, supported by NHS Greater Manchester ICB, to provide a formal, structured forum for driving improvement in patient outcomes, staff experience and organisational sustainability at Northern Care Alliance NHS FT.
- This is a partnership-based improvement aimed at supporting the Trust in its efforts to make focused, sustained progress.
- The Trust Board retains full statutory accountability and sovereignty over decision-making. The System Improvement Board's role is to test and challenge evidence of progress against the Trust's integrated improvement plan and regulatory actions.
- The additional layer of oversight provided by the System Improvement Board brings together national, regional, system and Trust leadership so that support is coordinated, avoids duplication, and is targeted where it will have the most impact.

Overall improvement context

The Northern Care Alliance NHS FT is open and transparent about the challenges it faces, and is taking clear, coordinated action to address those issues at pace.

- The Trust has brought together a number of separate regulatory actions and improvement requirements into a single integrated improvement plan, built around the principles of listening, learning and partnerships.
- The plan currently spans six strategic themes and 17 programmes of work, with clear ownership, outcomes and evidence requirements set to be finalised over the coming weeks.

- The Trust and its regional partners are clear success will be measured by demonstrable, sustained improvements in patient and staff outcomes, not simply by the completion of actions on a checklist.
- This work is being carried out against the backdrop of a significant organisational change, with the Trust having introduced a new clinically led operating model on 1 April 2026 following 18 months of preparation, moving from a hospital-group structure to one organised across six clinical domains.

CQC findings and regulatory concerns

The Trust has responded constructively to regulatory feedback and is taking clear, evidenced steps to address the concerns raised.

- Following a CQC well-led assessment in July, the Trust received a Section 29A warning notice covering issues related to learning from incidents and complaints, staff listening and speaking up, patient safety, staff wellbeing, and equality, diversity and inclusion.
- The CQC identified early signs of improvement, and the Trust is building on this by ensuring governance and evidence of sustained impact for patients are strengthened further.
- The Trust is not waiting for the full well-led report, expected by the end of October, to progress its improvement plan, though the plan will be refined further once the complete findings are available.
- Regulatory actions are being explicitly linked to measurable outcomes for patients and staff, creating a clear ‘golden thread’ from action taken to demonstrable impact.

Specific clinical service concerns (spinal, gynaecology, incident learning, contracted services)

Where specific clinical concerns have been identified, the Trust is taking targeted, evidence-based action to strengthen services and demonstrate sustained improvement.

- Regulatory concerns regarding spinal services relate to specific surgical services and not the spinal service as a whole. A new approach to delivering the service is being established.
- The gynaecology service, which operates across Bury and Salford Royal, has a developing improvement plan that combines targeted improvements to internal processes with other direct measures, including translating patient complaints directly into service changes.
- The Trust has seen improvement in a number of areas related to learning from incidents and has commissioned specific work to ensure those improvements are embedded, sustained and demonstrably improving outcomes for patients.

- Following an incident involving a subcontracted renal dialysis service (where the patient came to no harm) the Trust identified the need to strengthen escalation and quality-assurance arrangements for contracted-out services. The integrated improvement plan will apply the same assurance standards to commissioned services as it does to services provided directly by the Trust.

Industrial action and elective recovery

The Trust is working with system partners to provide a level of resilience during periods of industrial action, whilst working collectively on the recovery of elective performance as quickly as possible while prioritising patient safety throughout.

- Industrial action affecting theatres has created additional pressure on elective services, with the Trust prioritising trauma and time-critical patients throughout.
- The Trust is modelling a range of recovery scenarios, including additional mutual aid from across Greater Manchester, to address the backlog as quickly as possible.
- While an accelerated recovery by January remains possible, a return to expected performance levels by March is considered a more realistic timeframe, reflecting a responsible and evidence-based approach to planning rather than over-promising.
- System partners across Greater Manchester (and outside of GM for some specialisms) are providing a level of mutual aid, and detailed plans are now being agreed. Any continuation of Industrial Action will add to this challenge.

Workforce culture and staff wellbeing

The Trust is taking a proactive, evidence-led approach to understanding and improving staff wellbeing, recognising that a supported workforce is central to safe, high-quality patient care.

- The Trust has moved from simply monitoring staff sickness absence to actively understanding and addressing its underlying causes, including stress, anxiety and depression, which account for the majority of long-term absence.
- Monthly, line-by-line reviews are now in place across nursing, allied health professional and wider healthcare teams, with a move towards shared ownership of staff wellbeing across the organisation from this month.
- Independent freedom-to-speak-up and safeguarding support is in place to ensure staff have a clear, trusted route to raise concerns.
- The Trust is increasing visibility of its senior leaders with staff and supporting clinical leaders to speak openly about both problems and progress, reflecting a genuine culture of listening and learning.

Financial sustainability

The Trust's financial position remains broadly in line with plan, and robust governance is in place to manage emerging pressures.

- At month four, the Trust remains broadly in line with its financial plan, supported by non-recurrent measures, though it continues to face pressures from industrial action, inflation and rising demand.
- Significant financial governance improvements have been introduced for 2026 to 2027, including revised delegation arrangements, additional training for leaders and strengthened governance meetings that link financial oversight directly to operational recovery planning.

Stakeholder and partner communications

The Trust and its system partners are committed to open, coordinated communication with local representatives and communities throughout this improvement process.

- The Trust is committed to communicating openly with local political leaders, MPs and stakeholders about the challenges it faces and the actions being taken to address them.
- A stakeholder engagement plan is being finalised covering staff, localities, primary care and clinical partners, ensuring consistent messaging that avoids duplication and reinforces a single, coordinated narrative.
- The Trust and its partners operate on a ‘no surprises’ basis, ensuring that emerging risks and incidents are shared transparently and proportionately through appropriate governance channels.
- Local leaders and elected representatives can be reassured that oversight of this improvement work involves the Trust Board, the System Improvement Board, NHS England Northwest and NHS Greater Manchester ICB, each with clear and distinct responsibilities, ensuring no gaps in accountability.

End

Edition two (monthly) 20th October 2026

A briefing for NCA stakeholders following System Improvement Board 05/10/26

Prepared by NHSE, GM Integrated Care Board and Northen Care Alliance

Please send queries to NCA.questions@nca.nhs.uk

Overview

The creation of the System Improvement Board demonstrates the seriousness with which the Northern Care Alliance NHS FT, NHS Greater Manchester ICB and NHS England North West are treating the challenges facing Northern Care Alliance NHS FT, and their shared commitment to coordinated, pace-driven improvement.

▪ NHS England North West has established a System Improvement Board, supported by NHS Greater Manchester ICB, to provide a formal, structured forum for driving improvement in patient outcomes, staff experience and organisational sustainability at Northern Care Alliance NHS FT.

▪ This is a partnership-based improvement aimed at supporting the Trust in its efforts to make focused, sustained progress.

▪ The Trust Board retains full statutory accountability and sovereignty over decision-making. The System Improvement Board's role is to test and challenge evidence of progress against the Trust's integrated improvement plan and regulatory actions.

▪ The additional layer of oversight provided by the System Improvement Board brings together national, regional, system and Trust leadership so that support is coordinated, avoids duplication, and is targeted where it will have the most impact.

Overall improvement context

The Northern Care Alliance NHS FT is open and transparent about the challenges it faces, and is taking clear, coordinated action to address those issues at pace.

▪ The Trust has brought together a number of separate regulatory actions and improvement requirements into a single integrated improvement plan, built around the principles of listening, learning and partnerships.

▪ The plan spans six strategic themes and 17 programmes of work. Further work is progressing to strengthen alignment between the plan, the assurance framework, evidence requirements and co-produced exit criteria, including measures of sustainability.

▪ The Trust and its regional partners are clear that success will be measured by demonstrable and sustained improvements in patient and staff outcomes.

▪ This work is being carried out against the backdrop of a significant organisational change, with the Trust having introduced a new clinically led operating model on 1 April 2026 following 18 months of preparation, moving from a hospital-group structure to one organised across six clinical domains.

CQC findings and regulatory concerns

The Trust has responded constructively to regulatory feedback and is taking clear, evidenced steps to address the concerns raised.

▪ Following a CQC well-led assessment in July, the Trust received a Section 29A warning notice covering issues related to learning from incidents and complaints, staff listening and speaking up, patient safety, staff wellbeing, and equality, diversity and inclusion.

▪ The Trust is continuing to progress its improvement plan while the CQC Well-Led findings are finalised. The findings will be incorporated into the existing improvement and assurance framework.

▪ Regulatory actions are being explicitly linked to measurable outcomes for patients and staff, creating a clear ‘golden thread’ from action taken to demonstrable impact.

Specific clinical service concerns (spinal, gynaecology, incident learning, contracted services)

Where specific clinical concerns have been identified, the Trust is taking targeted, evidence-based action and ongoing assurance will focus on risks being fully understood and that controls are effective and improvements are sustained.

▪ Regulatory concerns regarding spinal services relate to specific surgical services and not the spinal service as a whole. A new approach to delivering the service is being established.

▪ The gynaecology service, which operates across Bury and Salford Royal, has a developing improvement plan that combines targeted improvements to internal processes with other direct measures, including translating patient complaints directly into service changes.

▪ The Trust has seen improvement in several areas related to learning from incidents and has commissioned specific work to ensure those improvements are embedded, sustained and demonstrably improving outcomes for patients.

▪ Following an incident involving a subcontracted renal dialysis service (where the patient came to no harm) the Trust identified the need to strengthen escalation and quality-assurance arrangements for contracted-out services. The integrated improvement plan will apply the same assurance standards to commissioned services as it does to services provided directly by the Trust.

Industrial action and elective recovery

The Trust is working with system partners to maintain resilience during industrial action and recover elective performance as quickly as possible while prioritising patient safety. The elective recovery plan has been scrutinised through Trust governance, with further work under way with the ICB on additional capacity and system support,

▪ Industrial action affecting theatres has created additional pressure on elective services, with the Trust prioritising trauma and time-critical patients throughout.

▪ The Trust is modelling a range of recovery scenarios, including additional mutual aid from across Greater Manchester, to address the backlog as quickly as possible.

▪ While an accelerated recovery by January remains possible, a return to expected performance levels by March is considered a more realistic timeframe, reflecting a responsible and evidence-based approach to planning rather than over-promising.

▪ Work to distinguish the direct impact of industrial action from overall operational performance will provide a clearer assessment of recovery progress, as well as additional work to address variations in waiting-list management and patients lost to follow up through strengthened data and governance.

Workforce culture and staff wellbeing

The Trust is taking a proactive, evidence-led approach to culture, speaking up and workforce health, recognising that a supported workforce is central to safe, high-quality patient care. Increased executive visibility and engagement with clinical leaders and system partners are now in place. Sickness absence and Freedom to Speak Up remain immediate priorities and the sickness absence management plan is being strengthened.

▪ Monthly, line-by-line reviews are now in place across nursing, allied health professional and wider healthcare teams, with a move towards shared ownership of staff wellbeing across the organisation from this month.

▪ Independent freedom-to-speak-up and safeguarding support is in place to ensure staff have a clear, trusted route to raise concerns.

▪ The Trust is increasing visibility of its senior leaders with staff and supporting clinical leaders to speak openly about both problems and progress, reflecting a genuine culture of listening and learning.

Financial sustainability

The immediate financial priority is to accelerate the development of a single, credible recovery plan, which aligns to operational, workforce, productivity improvements whilst protecting quality.

▪ At month four, the Trust remains broadly in line with its financial plan, supported by non-recurrent measures, though it continues to face pressures from industrial action, inflation and rising demand.

▪ Significant financial governance improvements have been introduced for 2026 to 2027, including revised delegation arrangements, additional training for leaders and strengthened governance meetings that link financial oversight directly to operational recovery planning.

Stakeholder and partner communications

The Trust and its system partners are committed to open, coordinated communication with local representatives, communities and stakeholders throughout the improvement process, including on issues likely to generate significant stakeholder or media interest.

▪ The Trust is committed to communicating openly with local political leaders, MPs and stakeholders about the challenges it faces and the actions being taken to address them.

▪ A stakeholder engagement plan is being finalised covering staff, localities, primary care and clinical partners, ensuring consistent messaging that avoids duplication and reinforces a single, coordinated narrative.

▪ The Trust and its partners operate on a ‘no surprises’ basis, ensuring that emerging risks and incidents are shared transparently and proportionately through appropriate governance channels.

Ends

ADULT SOCIAL CARE AND HEALTH SCRUTINY BOARD

WORK PROGRAMME 2026/2027

Agenda item	Purpose	Portfolio lead & officer lead	Method of scrutiny	Additional information
Tuesday 17th November 2026				
Move More and the Place Approach				
Mental Health Adult Social Care update.				
NCA Update				
Safeguarding Adults Annual Report 2025/26				
Neighbourhood Plan				
Tuesday 19th January 2027				
NHS Reforms Update				
NCA Update				
Mental Health Adult Social Care update				
Public Health Annual Report				
Adult Social Care Coproduction				
Winter Plan				
Overview of commissioned care at home and 24-hour care services.				
Tuesday 2nd March 2027				
Corporate Performance Report – 2026/27 Q3				
NCA Update				
Live Well				
Adult Social Care Annual Care Act Reviews				
Adult Social Care Transformation Programme 2027 onwards				

Coroner Report				As requested in November 2025 Full Council

Task and finish group deep dives:

Deep dive area:	Expanded proposal:

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 30 NOVEMBER 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
KDD-26-13	Active Oldham Strategic Partnership Agreement	Executive Director Place (Deputy Chief Executive)	November 2026	Chief Executive
Description:				
KDD-26-40	Additional Highways Grant Funding Acceptance Report	Director of Environment	November 2026	Chief Executive
Description: To accept a £5.258m grant from the Mayor's Pothole Fund allocation				
KDD-26-22	Approval For Insurance Tender Process and Award of Contracts	Director of Finance	November 2026	Chief Executive
Description: To secure appropriate insurance arrangements from 1 April 2027, and to authorise the procurement of new insurance contracts through the YPO Framework in line with Procurement's recommended route to market.				
KDD-26-18	Approval of Rubrik Backup and Recovery Solution	Director of Digital	November 2026	Chief Executive
Description:				
KDD-26-10	Cloud hosted parking enforcement solution	Director of Environment	November 2026	Chief Executive

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 30 NOVEMBER 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: To seek approval to procure and implement a modern, cloud hosted parking enforcement solution that enables digital service delivery, improves operational efficiency, and meets future service delivery requirements.				
KDD-26-06	Contract extension – Mental Health Supported Living Services	Director of Adult Social Care (DASS)	November 2026	Chief Executive
Description:				
KDD-26-07	Contract extension – Oldham Advocacy Service	Director of Adult Social Care (DASS)	November 2026	Chief Executive
Description: To extend the contract of the Oldham Advocacy Service				
KDD-26-03	Contract Renewal for IDOX		November 2026	Chief Executive
Description:				
KDD-26-08	Domestic Property Disability Adaptations Bathing Services	Executive Director Health & Care (Deputy Chief Executive)	November 2026	Chief Executive

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 30 NOVEMBER 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: Decision to award the contract for the provision of DPDA Bathing Services following completion of an open procurement process. Approval is sought to award the contract to the successful bidders and to enter into the contractual arrangements in accordance with the outcome of the procurement evaluation.				
KDD-26-20	Extra Care Housing Re-tender 2026/27	Director of Adult Social Care (DASS)	November 2026	Chief Executive
Description:				
KDD-26-09	High Needs Provision Capital Allocation Funding - Oldham College	Executive Director Children and Young People (Director of Childrens Services)	Before November 2026	Chief Executive
Description: The decision is required to enable the delivery of capital works funded through the High Needs Provision Capital Allocation (HNPCA) programme at Oldham College. The projects will increase local specialist capacity, improve the suitability of educational provision for children and young people with SEND, and support the Local Authority in meeting growing demand closer to home. Any delay in approving the funding may affect project delivery timescales and the availability of planned specialist places, reducing the Local Authority's ability to meet its statutory responsibilities and deliver its SEND sufficiency strategy.				
KDD-26-02	High Needs Provision Capital Allocation Funding - St Agnes Church of England Primary	Executive Director Children and Young People (Director of Childrens Services)	Before November 2026	Chief Executive

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 30 NOVEMBER 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: The decision is required to enable the delivery of capital works funded through the High Needs Provision Capital Allocation (HNPCA) programme at St Agnes Church of England Primary School. The projects will increase local specialist capacity, improve the suitability of educational provision for children and young people with SEND, and support the Local Authority in meeting growing demand closer to home. Any delay in approving the funding may affect project delivery timescales and the availability of planned specialist places, reducing the Local Authority's ability to meet its statutory responsibilities and deliver its SEND sufficiency strategy.				
KDD-26-19	Oldham Total Care Governance	Executive Director Health & Care (Deputy Chief Executive)	November 2026	Chief Executive
Description:				
KDD-26-12	Prudential Building Stabilisation	Executive Director Place (Deputy Chief Executive)	November 2026	Chief Executive
Description: To approve works to the Prudential Building				
KDD-26-11	Staying Close Delivery Plan Funding	Executive Director Children and Young People (Director of Childrens Services)	November 2026	Chief Executive

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 30 NOVEMBER 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: Staying Close helps care leavers transition to independent living by providing high quality accommodation and practical or emotional support to young people.				
KDD-26-21	Waste & Cleansing Service Software - Route Optimisation	Director of Environment	November 2026	Chief Executive
Description: Approval to purchase software, via a framework direct award to an existing software supplier to the Council. The purpose of this software will be to undertake regular route optimisation exercises for all waste, cleansing and litter bin operations across the borough, leading to more efficient operations and ultimately, delaying the need for further operational growth in the service to meet resident and business growth				
KDD-26-14	Youth Futures Hubs and Local Youth Transformation programme – grant acceptance	Executive Director Place (Deputy Chief Executive)	November 2026	Chief Executive
Description:				
KDD-26-16	Zoning Co-ordination Body	Executive Director Place (Deputy Chief Executive)	November 2026	Chief Executive
Description: Approval of grant acceptance				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 30 NOVEMBER 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
KDD-26-45	Refurbishment of a Council property to be converted into a Children's Home.	Executive Director Children and Young People (Director of Childrens Services)	November 2026	Executive Director Children and Young People (Director of Childrens Services)
Description: To progress with the extension and refurbishment works at 1 School House, Rosary Road, in Oldham to enable the Council to operate the property as a Children's Home and to deliver two new placements, as approved in the Cabinet report on the 18 March 2024. The report sets out the rationale and challenges faced in the current context with regards to the increasing number of cared for children in residential placements, the lack of sufficient placements, provides detail about the activity already underway to manage this and outlines the proposals to further improve accommodation choices for children who are cared for by the local authority. We know that children and young people have better outcomes when they live in their local communities.				
KDD-26-47	Acceptance of Funding and Commencement of Delivery of the National Jobs Guarantee Programme	James Kington	November 2026	Chief Executive
Description: To approve Oldham Council's participation in the National Jobs Guarantee Programme as a delivery partner within the GC Employment supply chain, including acceptance of external funding, establishment of staffing resources required for delivery, and commencement of programme activity supporting approximately 410 young people between November 2026 and May 2028.				
KDD-26-53	Appropriation of Land at Southlink	Director of Growth	November 2026	Chief Executive

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 30 NOVEMBER 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: Stage 2 report to appropriate land at Southlink following statutory consultation period and no objections recieved. Public				
KDD-26-25	Approval of the 2026/27 Rough Sleeping Programme Grant and Proposed Expenditure.	Director of Communities	November 2026	Chief Executive
Description:				
KDD-26-32	Contract Award - Care at Home & Night Support Service	Director of Adult Social Care (DASS)	November 2026	Chief Executive
Description: Decision to award the Care at Home and Night Support Service contracts following completion of a competitive tender process. Approval is sought to award the contracts to the successful providers and enter into the associated contractual arrangements in accordance with the procurement outcome.				
KDD-26-15	Digital and Data Strategy	Director of Adult Social Care (DASS)	November 2026	Chief Executive
Description: The purpose of these strategies is to guide the digital transformation of council operations, empower the workforce, and deliver resident-focused results, aligning with national digital strategies and local economic priorities. The aim being to become a leading smart borough, where digital technologies, data-driven insights, and intelligent infrastructure create a connected, sustainable, and inclusive Oldham, empowering residents, businesses, and communities to thrive**.**				
KDD-26-29	Firewall Colocation Hosting & Data Centre Exit		November 2026	Chief Executive

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 30 NOVEMBER 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: This report seeks executive approval to proceed with establishing a resilient colocation hosting service for Oldham Council firewalls at Tameside and Salford data centres. This approach enhances continuity, strengthens security, and reduces single-site dependency by leveraging two geographically diverse, enterprise-grade facilities. This also facilitates the final exit from the Civic Centre Data Centre. Implementing this service will provide a stable, scalable platform for critical network infrastructure and ensure the Council's firewall estate is protected, resilient, and future-ready.				
KDD-26-33	Fleet Managed Stores	Executive Director Place (Deputy Chief Executive)	November 2026	Chief Executive
Description: Direct Award for the provision of a Fleet's stores provider. None				
KDD-26-52	Free School Meals Eligibility Service		November 2026	Chief Executive
Description:				
KDD-26-41	Greater Manchester Joint Minerals and Waste Plan Update	Director of Growth	November 2026	Chief Executive
Description: Report to update the Council on the production of the Greater Manchester Joint Minerals and Waste Plan and secure appropriate delegation to progress the plan in a timely manner				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 30 NOVEMBER 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
KDD-26-26	Highways Asset Professional Services Contract	Executive Director Place (Deputy Chief Executive)	November 2026	Chief Executive
Description:				
KDD-26-24	Homelessness Strategy	Director of Communities	November 2026	Chief Executive
Description: The Homelessness Act 2002 places a statutory requirement on local authorities to publish a Homelessness Strategy based on a review of homelessness in their district at least every 5 years, Publishing a new Homelessness Strategy assists Oldham Council to meet its Statutory obligations under this Act				
KDD-26-51	Income Maximisation Update	Director of Finance	November 2026	Chief Executive
Description: Appointment of partner to recover aged debt and review Single Person Discounts				
KDD-26-48	Live Well Journey to Employment Future Delivery Proposal for a 15 - 24 Education, Employment and Training (EET) Support Service	Director of Education and Early Years	November 2026	Chief Executive
Description:				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 30 NOVEMBER 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
KDD-26-28	Local Area Network (LAN) Refresh		November 2026	Chief Executive
Description: This report seeks executive approval to proceed with the replacement of ageing LAN switches across Oldham Council sites. The current infrastructure is increasingly prone to faults, lacks modern security capabilities, and cannot support the performance requirements of upcoming digital services. Upgrading these switches will improve network reliability, strengthen cybersecurity, and ensure the Council can deliver resilient, future-ready services to staff and residents.				
KDD-26-50	Local Council Tax Support Scheme		November 2026	Chief Executive
Description: Approval of new Local Council Tax Support scheme for coming year				
KDD-26-17	Poppyfield House and Willow House	Director of Adult Social Care (DASS)	November 2026	Chief Executive
Description:				
KDD-26-04	Revenue Monitor and Capital Investment Programme 2026/27 Quarter 2		November 2026	Chief Executive
Description: To receive a Quarter 2 update on the Council's 2026/27 forecast revenue budget position and the financial forecast of the Dedicated Schools Grant (at Annex 1) alongside the financial position of the capital programme together with the revised capital programme 2026/27 to 2030/31 (at Annex 2).				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 30 NOVEMBER 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
KDD-26-34	Sustainable Rainwater Management donation agreement acceptance report	Director of Environment	November 2026	Chief Executive
Description:				
KDD-26-46	Transformation Programme	Executive Director of Resources	November 2026	Chief Executive
Description: Noting the purpose and rationale for the Transformation Fund and approval of utilizing the fund for cases for change.				
KDD-26-39	Treasury Management Strategy Mid -Year Review 2026/27	Director of Finance	November 2026	Chief Executive
Description: Review of the performance for the first half of the financial year in relation to the Treasury Management Strategy for 2026/27. Proposed Report Title: Treasury Management Strategy Mid -Year Review 2026/27 Background Documents: Appendices Report to be considered in Public				
FCR-16-26	Capital and Revenue Outturn 2025/26	Director of Finance	December 2026	Chief Executive
Description: The report provides Cabinet with an overview of the Council's revenue budget position for 2025/26.				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 30 NOVEMBER 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
KDD-26-05	Expert at Hand Special Educational Needs and Disabilities (SEND) Reforms Phase 1b	Executive Director Children and Young People (Director of Childrens Services)	December 2026	Executive Director Children and Young People (Director of Childrens Services)
Description:				
KDD-26-59 **New!**	Brownfield Register 2026 Update	Director of Growth	January 2027	Chief Executive
Description: Report seeking approval of the Brownfield Register 2026 Update				
KDD-26-60 **New!**	Greater Manchester Transport Strategy 2050 and Delivery Plan	Director of Growth	January 2027	Chief Executive
Description: Report to seek endorsement of Greater Manchester's new Local Transport Plan, comprising the Greater Manchester Transport Strategy 2050, the Transport Delivery Plan and supporting documents.				
KDD-26-23	Green Heat Network Fund	Executive Director Place (Deputy Chief Executive)	January 2027	Chief Executive

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 30 NOVEMBER 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: Grant Acceptance				
KDD-26-36	High Needs Provision Capital Allocation Funding - St Thomas Church of England Primary Moorside	Executive Director Children and Young People (Director of Childrens Services)	January 2027	Chief Executive
Description: The decision is required to enable the delivery of capital works funded through the High Needs Provision Capital Allocation (HNPCA) programme at St Thomas Church of England Primary School Moorside. The projects will increase local specialist capacity, improve the suitability of educational provision for children and young people with SEND, and support the Local Authority in meeting growing demand closer to home. Any delay in approving the funding may affect project delivery timescales and the availability of planned specialist places, reducing the Local Authority's ability to meet its statutory responsibilities and deliver its SEND sufficiency strategy.				
KDD-26-38	Implementation of a healthier food and drink advertising policy	Director of Public Health	January 2027	Chief Executive
Description: To consider a report on the implementation of a healthier food and drink advertising policy for council owned assets and estates across Oldham, to support residents to make healthy choices				
KDD-26-61 **New!**	Infrastructure Funding Statement 2026 Update	Director of Growth	January 2027	Chief Executive
Description: Report seeking approval of the Infrastructure Funding Statement 2026 Update.				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 30 NOVEMBER 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
KDD-26-57 **New!**	Mosaic Options Appraisal – Future Social Care Case Management System	Director of Digital	January 2027	Chief Executive
Description: To approve the completion of a formal options appraisal for Mosaic, to enable the Council to determine the most appropriate future arrangement for its social care case management system before the current contractual period ends.				
KDD-26-35	Pride in Place Programmes – Grant acceptance and Governance Arrangements	Director of Communities	January 2027	Chief Executive
Description: To enable Oldham Council to accept and administer Pride in Place funding allocations for Alt/Holts and Chadderton, establish appropriate governance arrangements, and ensure local decision-making through Neighbourhood Boards whilst maintaining the Council's responsibilities as Accountable Body.				
KDD-26-27	Public Desktop Hardware Refresh		January 2027	Chief Executive
Description: This report seeks executive approval to procure and replace old Windows 10 public access desktop computers at libraries, lifelong learning, Access Oldham, Housing Needs and other service areas. These computers provide access to online Council services, digital forms, learning platforms, job search tools, email, document production, public browsing, printing and other essential community functions.				
KDD-26-54	SEND Portfolio Alignment of Commissioned Services to 2030	Executive Director Children and Young People (Director of Childrens Services)	January 2027	Chief Executive

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 30 NOVEMBER 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description:				
KDD-26-30	United Utilities Plc Partnership Agreement	Executive Director Place (Deputy Chief Executive)	January 2027	Chief Executive
Description:				
KDD-26-49	Adult Social Care - Learning Disability & Autism - Supported Living 2 Year Direct Award	Director of Adult Social Care (DASS)	February 2027	Chief Executive
Description: To seek approval to do a direct award under the Greater Manchester Framework to continue service delivery of the current LDA Supported Living providers				
KDD-26-42	NHS Health Checks Commissioning	Director of Public Health	February 2027	Chief Executive
Description: Approval is sought for the legal framework that enables the continued delivery of the NHS Health Check programme through primary care. This will ensure the continuation of a key Public Health statutory responsibility, providing eligible residents with access to cardiovascular disease prevention, risk assessment, and early intervention services. The proposed arrangements will support ongoing programme delivery in line with statutory duties and local health improvement objectives.				
KDD-26-37	Revenues and Benefits Policies Review	Director of Finance	February 2027	Chief Executive

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 30 NOVEMBER 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: Approval of Revenues and Benefits policies for coming year				
KDD-26-58 **New!**	Future Social Care Case Management System - Contract Award	Director of Digital	March 2027	Chief Executive
Description: To enable the Council to determine the most appropriate future arrangement for its social care case management system before the current contractual period ends.				
KDD-26-44	Section 31 Public Health Grant Allocation and Spend	Director of Public Health	March 2027	Chief Executive
Description:				
KDD-26-56	Supported Housing Strategy	Director of Communities	March 2027	Chief Executive
Description: To agree the Council's new Supported Housing Strategy, necessary to meet our obligations under the Supported Housing (Regulatory Oversight) Act 2023				
KDD-26-31	Oldham Council Policy: Civil penalties for civil contraventions or as an alternative to prosecution	Executive Director Place (Deputy Chief Executive)	March 2027	Council
Description:				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 30 NOVEMBER 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
KDD-26-43	Updates to Adult Social Care Charging Policies	Director of Adult Social Care (DASS)	March 2027	Council
Description: Policies haven't been fully reviewed for a number of years				

Key:

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

Notes:

1. The procedure for requesting details of documents listed to be submitted to decision takers for consideration is to contact the Contact Officer contained within the Key Decision Sheet for that item. The contact address for documents is Oldham Council, J.R Clynes Building, Greaves Street, Oldham, OL1 1AL. Other documents relevant to those matters may be submitted to the decision maker.
2. Where on a Key Decision Sheet the Decision Taker is Cabinet, the list of its Members are as follows:
3. Full Key Decision details (including documents to be submitted to the decision maker for consideration, specific contact officer details and notification on if a report if likely to be considered in private) can be found via the online published plan at: http://committees.oldham.gov.uk/mgListPlans.aspx?RPId=144&RD=0

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