

Delegated Decision Report

Decision below £250k



NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it contains information relating to the financial or business affairs of an organisation, including the Council.

Subject:	Approval to accept funding from GM Cancer Alliance and dissemination to appropriate delivery organisations
Decision maker: Senior Officer	Dr Rebecca Fletcher- Director of Public Health
Decision date:	12th August 2026
Report author:	Anna Tebay- Head of Service Public Health
Ward (s):	All
Reason(s) for exemption from publication:	<i>The report contains information relating to the financial or business affairs of an organisation, including the Council.</i>

1. Reason for decision

Oldham Council's Public Health team, in partnership with NHS GM, successfully bid to GM Cancer Alliance for the value of £56,500 to support the delivery of neighborhood-based approaches to improve cancer outcomes. The focus of all associated activity is on early diagnosis, patients living with cancer and reducing health inequalities. The funds were made available specifically to enable local partnerships, across neighborhood teams including VCSFE sector to work with communities in a meaningful, asset based and sustainable way to improve cancer outcomes.

To maximise efficiency and reduce the demand on both Corporate Services and Public Health capacity, I have elected to present the six GM Cancer Alliance-funded projects within a single consolidated report rather than producing six separate papers. While each project represents a distinct workstream with its own approach, they are all funded through the same grant programme. Bringing them together in one report provides a clear and comprehensive overview of how the grant is being utilised, avoids unnecessary duplication of information, and enables decision-makers to consider the scope of delivery as a whole. It is important to note that, although presented within a single report, the six elements are not interdependent and should be regarded as six separate projects in their own right.

2. Recommendation(s)

- To approve the receipt of £56,500 from GM Cancer Alliance for spend within 2026/27 to support the delivery of projects aimed at improving cancer outcomes.
- To acknowledge that this report consolidates a number of individual projects into a single paper for efficiency purposes; however each project represents a distinct approach in its own right, with all investment being undertaken in accordance with corporate procurement rules.
- To agree the proposed routes to delivery for each of the project areas.

3. Background

Oldham's bid for funding was inline with the GM Cancer Alliance briefing (please see appendix) and their 6 identified outcomes;

1. Increase Awareness & Early Diagnosis

- Improve awareness of cancer signs and symptoms
- Increase reach and engagement with GM cancer communications campaigns

2. Improve Access, Knowledge & Confidence

- Increase people's confidence to seek help and access services
- Reduce barriers to engagement, particularly for underserved communities

3. Embed Cancer in Neighbourhood Working

- Integrate cancer into wider neighbourhood priorities (e.g. wellbeing, employment, housing, lifestyle services)
- Ensure cancer is part of holistic, person-centred support
- Embed cancer messaging within primary prevention initiatives

4. Strengthen VCFSE & Community Engagement

- Work in partnership with VCFSE organisations and community groups
- Engage communities experiencing the poorest outcomes
- Build local capacity (e.g. champions, peer support, trusted voices)

5. Deliver Personalised Care in the Community

- Support community-based personalised care approaches
- Improve access to non-clinical support (e.g. social prescribing, peer networks)
- Understand and support the ongoing needs of people living with metastatic cancer

6. Support Targeted GM Initiatives

- Support delivery and uptake of the *This Van Can* project

4. Proposal

4.1 The table below summarises the approach, associated financial value and route to market.

GM Cancer Alliance Outcome	Approach	Value	Route to Market
Outcomes 1-6	Primary Care Network's (PCN's)	£2k per each of the five PCNs totaling £10k	Single written quotation from each of the PCN's
Outcome 4 – Strengthen VCFSE engagement Outcome 2 Improving access, knowledge and confidence	Community Health Champions	a) £10k b) £7.5k Totaling £17.5k	Grant agreement
Outcome 3 – Embedding cancer into neighborhood working	Health Improvement focusing on chewing Paan/ tobacco	£8k	Single written quotation
Outcome 3 – Embedding cancer into neighborhood working	Training to Public Health provider services on head and neck cancer.	£3k	Single written quotation
Outcome 5 – Personalised Care	Nature-based cancer support groups	£8k	Variation to an existing grant agreement
Outcome 3 - Embedding cancer into neighborhood working	Secondary school education focusing on modifiable risk factors for head and neck cancer	£10k	This would not constitute a material change from delivery by NCA under a S75 agreement
Total		£56,500	

4.2 Primary Care Network (PCN) delivery

These set of five projects, to be delivered by individual PCN's, relates to all 6 GM Cancer Alliance Outcomes.

A PCN is a collaboration of GP practices and other local healthcare providers that work together to meet the health needs of a specific community. PCNs are geographically defined and legally separate from one another, with each network serving its own population and operating under its own governance and decision-making arrangements. In Oldham, these five PCN's are North, South, East, West and Central.

Although grouped together as a 'PCN approach', each of the five PCN's will deliver a cancer focused project appropriate for their local population which will be distinct from the other PCN's within the borough. It is likely that East's priorities will align to education sessions for learning

disabilities, North may focus on awareness sessions of signs and symptoms, central will likely partners with established community groups to increase awareness in underserved populations, West is likely to work with local mosques and encourage earlier presentations, and South is likely to tailor awareness sessions to ethnic minority communities.

As the £2k per PCN is below the £10k (inclusive of VAT) threshold, CPR would allow for a single written quotation as route to investment.

4.3 Community Health Champions (CHC)

There are two distinct elements to the work with Oldham's Community Health Champions, which totals £17.5k

a) Bespoke community led prevention and early detection - £10k

This project relates to Outcome 4 - Strengthen VCFSE & Community Engagement/ Work in partnership with VCFSE organisations and community groups / Engage communities experiencing the poorest outcomes/ Build local capacity (e.g. champions, peer support, trusted voices)

The approach seeks to gain insight into barriers along the cancer journey that different underserved communities face. Through the provision of small grants, administered through Action Together, the community health champions will be tasked to assess current pathways and design solutions that address barriers for prevention, early detection and full engagement with cancer pathways after diagnosis.

This approach offers a unique opportunity for different community groups to review the cancer pathways and shine a spotlight on the intersectionality for example the challenges experienced by those with learning disabilities, also living in deprived wards, and from ethnic minority backgrounds.

The community health champions will be equipped with key information to cascade regarding signs and symptoms of different cancer types, and able to connect their local communities diagnosed with cancer into existing services, including Oldham's Macmillan one to one service

b) CHC approach to health literacy through the review of existing cancer information - £7.5K

This project relates to Outcome 2 - Improve Access, Knowledge & Confidence / Increase people's confidence to seek help and access services/ Reduce barriers to engagement, particularly for underserved communities

The average reading age of adults in Oldham is considered to be approximately 9 years old. This reflects the national evidence that many adults experience difficulties understanding complex health information, particularly in communities experiencing higher levels of deprivation and health inequalities. Existing GM and national literature describing cancer screening and

cancer treatment is considered to be difficult to understand by a number of Oldham's local communities.

Increasing ease of understanding of information at each stage of cancer pathways is a key process in helping residents to make an informed decision about their level of engagement with a range of cancer pathways.

Through this project our communities would co-design/ adapted existing cancer literature, led by our CHC network of trusted VCFSE organisations. Our experience of working with CHC's across other health topics suggests that often existing resources do not work for all our communities. The CHC's work within communities experiencing barriers such as learning disability, language, cultural stigma, and have demonstrated that health messages often need to be shared in ways which are appropriate for those communities, for example easy read or graphical, or through videos in community languages or featuring trusted local voices.

The approach seeks to review, adapt and develop a suite of information resources where existing resources are not considered to meet the needs of specific communities. Written information will ensure plain English and pictorial alternatives, with audio versions also considered. The GM cancer and screening resources will be used as a starting point, identifying and feeding back where existing resources did not meet the needs of specific communities.

The Community Health Champions is a network rather than a legal entity. As such, it is proposed that a grant agreement is established with Action Together, Oldham's voluntary, community and social enterprise (VCSE) infrastructure organisation who coordinate the network on our behalf, to administer the programme and distribute funding to community groups through a small grants process.

As community groups will be responsible for designing solutions to address identified barriers to cancer awareness, early diagnosis, treatment and support following diagnosis, a grant arrangement is considered the most appropriate funding mechanism. This is because commissioners have not prescribed the specific interventions to be delivered, enabling community-led innovation and responsiveness to local need.

The grant agreement will facilitate a flexible and organic partnership approach, ensuring that funding reaches community groups best placed to engage populations at greatest risk of experiencing cancer-related health inequalities and to develop solutions that reflect local priorities and lived experience.

The process of a grant agreement to Action Together to support the CHC's would be in line with other comparable initiatives, for example the investment in 2021 for Covid-19 community response, and the investment April 2026-March 2027 to improve uptake of Measles, Mumps & Rubella (MMR) vaccinations.

4.4 Health Improvement - £8k

This project relates to Outcome 3 - Embed Cancer in Neighbourhood Working/ Integrate cancer into wider neighbourhood priorities (e.g. wellbeing, employment, housing, lifestyle services) / Embed cancer messaging within primary prevention initiatives

This approach focuses on primary prevention by addressing modifiable cancer risk factors, specifically alternative forms of tobacco use, particularly paan chewing and shisha smoking. Rather than providing a smoking cessation service, the project will adopt a community-based, neighbourhood approach to raise awareness of the health harms and increased cancer risks linked to these forms of tobacco use. The aim is to improve knowledge and understanding within targeted communities, enabling individuals to make informed choices and supporting long-term cancer prevention.

As this is not linked to the core health improvement and smoking cessation service, the project can be considered in isolation. As the funding allocation is below the £10k (inclusive of VAT) threshold, CPR would allow for a single written quotation as route to investment.

4.5 Training – 3k

This project relates to Outcome 3 – Embedding cancer into neighborhood working

Building on existing cancer awareness training, the provider will work with public health provider services to build awareness of general cancer messages, as well as specific advice on signs and symptoms, modifiable risk factors, and onward referrals for head and neck cancer. Also to be covered - how to have the conversation sensitively.

The primary focus is on our sexual health workforce (HCRG and Early Break), but where capacity allows the reach should include school nurses, ABL health improvement team and Turning point.

As this is below the £10k (inclusive of VAT) threshold, CPR would allow for a single written quotation as route to investment.

4.6 Nature Based Cancer Support Groups - £8k

This project relates to Outcome 5 – Deliver Personalised Care in the Community/ Improve access to non-clinical support (e.g. social prescribing, peer networks) / Understand and support the ongoing needs of people living with metastatic cancer

Northern Roots already runs a small-scale programme specially designed for people living with or recovering from cancer “Into the Wild”. This additional funding would allow us to scale up the offer. The programme is specifically developed for and with local communities as part of the ‘natural health service’. Northern Roots employ local community champions who promote the offer from the site to local communities.

Northern Roots are working with people living with or recovering from cancer as one part of their nature for health approach. It is a relatively small provision with one cancer group running

currently, this investment would enable them to work with an additional group of people from within the local community so the support reaches more people and allowing us to embed pathways into the support from local services.

Oldham Council Public Health already holds a grant agreement with Northern Roots that makes provision for Natural Health which offers nature based provision to improve health outcomes including a small-scale cancer support group. The grant agreement commenced 18th June 2026, and there is provision to vary the grant and increase the capacity of an existing programme. It is therefore proposed that that this investment be transferred to Northern Roots through the process of a variation to the grant agreement.

4.7 Secondary School Education - £10k

This project relates to Outcome 3 -Embed Cancer in Neighbourhood Working/ Embed cancer messaging within primary prevention initiatives

This model would seek to work with individual secondary schools providing a neighbourhood model, bolstering capacity within our school nursing service to delivery primary prevention messages including HPV vaccination to reduce cervical cancer and mouth cancer – this would be sequenced to alleviate concerns of the vaccination ahead of the vaccination programme. In addition, the school nurses would provide targeted messages around modifiable risk factors of head and neck cancer including all forms of tobacco e.g. chewing of paan, alcohol consumption, and promotion of good oral hygiene. The education talks would be to parents, and to pupils, and a focus of appropriate information on display boards.

As this is bolstering capacity within the school nursing team and therefore scale of the intervention, rather than a new piece of work that is materially different from current delivery, there is provision within the existing section 75 agreement with the Northern Care Alliance.

5. Alternative option(s) to be considered *(please give the reason(s) for recommendation(s)*

Option 1 (preferred):

- To approve the receipt of £56,500 from GM Cancer Alliance for spend within 2026/27 to support the delivery of projects aimed at improving cancer outcomes.
- To acknowledge that this report consolidates a number of individual projects into a single paper for efficiency purposes; however each project represents a distinct approach in its own right, with all investment being undertaken in accordance with corporate procurement rules.
- To agree the proposed routes to delivery for each of the project areas.

Option 2 (not preferred):

To decline the funding from GM Cancer alliance, and to not invest in a number of project areas that would support improved outcomes for cancer.

6. Consultation *(include any conflict of interest declared by relevant Cabinet Member consulted)*

The proposed projects have been discussed with key stakeholders and delivery partners to ensure that the projects can be delivered in a timely manner given that we are already four months into the delivery year and funds have yet to be received and transferred.

7. Risks

There is a recognised risk that the programme may not be fully delivered within the required timeframe, with all activity expected to be completed by 31 March 2027. Provisional confirmation of funding was not received until 22 July 2026, by which point almost four months of the available delivery period had already elapsed. This compressed implementation timescale presents challenges for governance requirements and project delivery, increasing the risk that planned activity may not be completed on time.

Key stakeholders and delivery partners have been advised of the timescales and on request for written quotations there will be a requirement to state how timeframes will be met.

8. Implications

Financial	The preferred option is to approve the receipt of £56,500 from GM Cancer Alliance to be spent during 2026/27 on projects aimed at improving cancer outcomes. The report also seeks approval to combine a number of individual projects into a single report for efficiency purposes. Although presented together, each project remains a separate proposal, and all expenditure will be undertaken in accordance with procurement requirements. A detailed breakdown of the proposed 2026/27 allocations of £56,500 is provided in the table at Section 4.1. There is no clawback provisions attached to the grant. In addition, the service will adopt the same language used by GM Cancer Alliance when agreeing grants and contracts. There are no financial risks associated with this proposal, as all project expenditure will be fully funded through the GM Cancer Alliance grant. Mohammed Rahim (Accountant) 11/08/26
Legal	The proposal to accept funding is lawful. Localism Act 2021 section 1 gives Local Authorities a general power of competence to do anything which an individual may do for the benefit of the

	authority, its area or persons resident or present in their area. The Council must be satisfied it can meet the objectives and terms and conditions and milestones of the funding imposed by the funding authority including any obligation to provide match funding and to monitor, keep any necessary records and file any necessary returns. Officers must also check the terms do not conflict with other funding conditions for the scheme/s or project/property already in place and ensure compliance with the Public Sector Equality Duty. Bryan Boese – solicitor 10/08/2026
Procurement	There are no procurement concerns/implications with the receipt of money in. If the money is awarded to providers as a grant, then there are no procurement implications, however Subsidy Control may need to be considered. A grant does not require the grantee to deliver any services or goods and therefore does not constitute a contract for services. If a contract is required, then spend would need to be compliant with the CPRs, and CPU should be advised. It is the responsibility of the Commissioner to assess whether this is a grant or a contract. Where a grant is awarded in place of a contract that includes elements of a service then the Council may be open to challenge and would not have the same control over the outputs from the grant as they would have with a contract. James England - Procurement Manager 10/08/26
Equality impact including implications for Children and Young People	N/A
Other	

Has the relevant Legal Officer confirmed that the recommendations within this report are lawful and comply with the Council's Constitution?	Yes
Has the relevant Finance Officer confirmed that any expenditure referred to within this report is consistent with the Council's budget?	Yes
Are any of the recommendations within this report contrary to the Policy Framework of the Council?	No

Background Papers under Section 100D of the Local Government Act 1972

1. None

Appendix

1. GM Cancer Alliance Briefing



Report author sign-off	Anna Tebay
Role	Head of Service - Public Health
Date of sign-off	12 th August 2026

Approval	
Officer approval sign-off	Rebecca Fletcher 
Role	Director of Public Health
Date of sign-off	12 th August 2026