

Agenda

Oldham Integrated Care Partnership Committee

Date: Thursday 26 June 2025

Time: 10.00am – 11.20 noon

Venue: Lees Suite, Level 2, Civic Centre, West Street, Oldham OL1 1UG

Item No.	Time	Presenter	Subject	Paper/ Verbal	For Approval/ Discussion/ Information
1.	10.00am (5 mins)	Chair	Welcome, introductions and apologies	Verbal	For information
2.		Chair	Declarations of Interest – <i>All attendees must ensure any existing and new declarations of interest are declared verbally if in potential conflict with any items on this agenda, even if they are already shown on the register</i>	Paper	For information
3.		Chair	Minutes of previous meeting (22 May 2025) and review of matters arising via action log	Papers	To discuss and approve
Section 75 (with restricting voting rights as per the Terms of Reference)					
4.	10.05am (15 mins)	Claire Hooley	Better Care Fund 2023-25; End of Year 2024-25	Paper	For information
Place report					
5.	10.20am (5 mins)	Mike Barker	Place report	Verbal	For information
For approval					
-	-	-	-	-	-
Items for discussion					
6.	10.25am (20 mins)	John Patterson	Primary and secondary care interface	Verbal	For discussion

7.	10.45am (15 mins)	Moneeza Iqbal, Laura Windsor-Welsh Rachel Dyson	Live Well update	Paper	For discussion
Items for information and noting					
8.	11.00am (5 mins)	-	Locality performance report	Paper	For information
9.	11.05am (10 mins)	Sara Naylor	NHS GM - Oldham Locality – Month 2 (May) 2025/26 financial position	Paper	For information
10.	11.15am (2 mins)	Chair	Highlight reports from sub-groups: <ul style="list-style-type: none"> Health & Care Senate 	Paper	For information
Any other business and administration					
11.	11.17am	Chair	Questions from the public – <i>To be notified to the Chair in advance of the meeting</i>	Verbal	To receive
12.		Chair	Any other business – <i>To be notified to the Chair in advance of the meeting</i>	Verbal	To receive
13.		Chair	Date and time of next meeting: Thursday 24 July 2025 at 10 – 12 noon in the Lees Suite, Level 2, Civic Centre, West Street, Oldham OL1 1UG	Verbal	To note

NHS GM Integrated Care: Register of Interests

First Name	Last Name	Job Title	Decision Maker Y/N	Date Declaration Made / Refresh	Declared Interest (Name of organisation and nature of business)	Declared Interest	Type of Interest	Direct or Indirect	Date of Interest	Consent to Publish Y/N	Action Taken to Mitigate Risk	Integrated Care Partnership Locality Board (P)
Judith	Adams	Chief Delivery Officer	N	01-Jan-24	Oldham Locality Team	Husband is Employee of Lancs and Cumbria Academic Health Science Network	Non-Financial Professional Interest	Direct	01-Jan-25	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Judith	Adams	Chief Delivery Officer	N	01-Jan-24	Oldham Locality Team	Husband is Employee of Trustee of a Stockpiles Manchester based Learning Disability Charity	Non-Financial Professional Interest	Direct	01-Jan-25	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Judith	Adams	Chief Delivery Officer	N	01-Jan-24	Oldham Locality Team	Daughter is trainee solicitor employed by Hill Dickinson	Non-Financial Professional Interest	Direct	01-Jan-25	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Mike	Bankier	Deputy Chief Executive of Oldham Council and NHS GM's Director of Health & Care Integration (Deputy Place Lead)	Y	01-Jan-24	Oldham Locality Team	Strategic Director of Commissioning for Oldham Council (jointly appointed role with CCG)	Financial	Direct	29-Mar	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Mike	Bankier	Deputy Chief Executive of Oldham Council and NHS GM's Director of Health & Care Integration (Deputy Place Lead)	Y	01-Jan-24	Oldham Locality Team	Paula Barker (Wife) member of parliament for Liverpool Wavertree	Non-Financial Personal	Indirect	13-Dec	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Mike	Bankier	Deputy Chief Executive of Oldham Council and NHS GM's Director of Health & Care Integration (Deputy Place Lead)	Y	01-Jan-24	Oldham Locality Team	Chair of Liverpool and Sefton MCA	Non-Financial Personal	Indirect	27-Jul	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Barbara	Brownridge	Chair of this Board / Cabinet Member for Health and Social Care	N	01-Jan-24	Oldham Locality Team	Member of Oldham Council	Financial Interest	Indirect	01/07/2022	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Marion	Colehan	Director of Delivery and Transformation - Oldham (NHS GM)	Y	01-Jan-24	Oldham Locality Team	NI Return	N/A	N/A	N/A	Y	N/A	Yes
Julie	Daniels	Strategic Director Children's Services	N	01-Nov-24	Oldham Locality Team	Awaiting return						Yes
Andrea	Edmondson	Assistant Director of Quality, Safety & Safeguarding	Y	01-Jan-24	Oldham Locality Team	NI Return	N/A	N/A	N/A	Y	N/A	Yes
Rebecca	Fleischer	Interim Director of Public Health, Oldham Council	N	01-Jan-24	Oldham Locality Team	NI Return				Y	N/A	Yes
Mark	Gifford	Committee Member	N	01-Jan-24	Oldham Locality Team	Non Executive Director Manchester University Foundation Hospital Trust	Non-Financial Professional Interest	Direct	01/01/2023	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Mark	Gifford	Committee Member	N	01-Jan-24	Oldham Locality Team	Chief Executive Officer - First Choice Homes Oldham	Non-Financial Professional Interest	Direct	01/01/2025	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Clr	Goodwin	Cabinet Member for Don't Trash Oldham	N	01-Jan-24	Oldham Locality Team	Employed by University of Manchester on a full time secondment to Unite the Union as a Senior Convenor / Board Secretary	Non-Financial Professional Interest	Direct	01-Jan-25	Y	N/A	Yes
Wesley	Hand	Interim Associate Director	N	01-Nov-24	Oldham Locality Team	NI Return	N/A	N/A	N/A	Y	N/A	Yes
Anna	Howarth	Healthwatch Oldham Manager	N	01-Jan-24	Oldham Locality Team	NI Return				Y		
Rob	Jackson	Managing Director, McCare Group	N	01-Jan-24	Oldham Locality Team	I'm the Managing Director of McCare, a local authority trading company, wholly owned by Oldham Council. We deliver services across the borough's health and social care system, with the majority of our	Financial Interest	Direct	01/11/2024	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Sarah	Johnson	Director of Finance, Oldham Council	N	01-Jan-24	Oldham Locality Team	Awaiting return						
Shelley	Kipling	Acting Chief Executive	N	01-Nov-24	Oldham Locality Team	Awaiting return						
Marisha	Kumar	Chief Medical Officer	Y	10-Sep-23	Oldham Locality Team	Salariat GP at the Robert Darbishire Practice - 1 session per week	Financial Interest	Direct	2024	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Marisha	Kumar	Chief Medical Officer	Y	10-Sep-23	Oldham Locality Team	Honorary Professor University of Salford	Non-Financial Professional Interest	Direct	01/05/2023	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Marisha	Kumar	Chief Medical Officer	Y	10-Sep-23	Oldham Locality Team	Husband has the following roles: Operations Director - Primary Eye Care Services LTD, Case Examiner - General Optical Council	Indirect Interest	Indirect	2021-2023	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Salm	Mohammed	PCN Clinical Director	N	01-Jan-25	Oldham Locality Team	GP Partner, The Royton & Crompton Family Practice	Financial Interest	Direct	2013	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Salm	Mohammed	PCN Clinical Director	N	01-Jan-25	Oldham Locality Team	North Oldham PCN Clinical Director	Financial Interest	Direct	2018	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Salm	Muhammed	PCN Clinical Director	N	01-Jan-25	Oldham Locality Team	Spouse Emily Aksook, Salariat GP, The Mosslands Medical Practice, Salford	Non-Financial Professional Interest	Indirect	2019	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Salm	Muhammed	PCN Clinical Director	N	01-Jan-25	Oldham Locality Team	Clinical Director, Oldham Representative Digital First Primary Care	Financial Interest		2024	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Gaynor	Mullins	Director of Strategy, Pennine Care NHS Foundation Trust Committee	N	01-Jan-24	Oldham Locality Team	Employee of Pennine Care NHS Foundation Trust (PCFT) and will be an Executive Director of PCFT from 1 April 2022 - PCFT provides mental health and learning disability services which are commissioned by NHS Oldham CCG and other commissioners	Financial Interest	Direct	01/04/2022	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Shaid	Mushtaq	Cabinet Member for Children and Young People	N	01-Jan-24	Oldham Locality Team	Director at TMS Properties LTD	Financial	Direct	01-Jan-25	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Shaid	Mushtaq	Cabinet Member for Children and Young People	N	01-Jan-24	Oldham Locality Team	Director at x Properties LTD	Financial	Direct	01-Jan-25	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Sara	Naylor	Associate Director of Finance	Y	01-Jan-24	Oldham Locality Team	NI Return	N/A	N/A	N/A	Y	N/A	Yes
John	Patterson	Associate Medical Director	Y	01-Jan-24	Oldham Locality Team	Member of NHS Health and Inequalities Steering Group	Non-Financial Personal	Direct	01/08/2020	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
John	Patterson	Associate Medical Director	Y	01-Jan-24	Oldham Locality Team	Salariat GPHop Citadel HealthCare @ Hollywood Medical Practice	Financial	Direct	17/07/2019	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
John	Patterson	Associate Medical Director	Y	01-Jan-24	Oldham Locality Team	Shareholder of Hope Citadel, a not-for-profit Community Interest Company	Financial	Direct	17/12/2019	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
John	Patterson	Associate Medical Director	Y	01-Jan-24	Oldham Locality Team	Proceeds from Health Inequalities book	Financial	Direct	01/01/2020	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
John	Patterson	Associate Medical Director	Y	01-Jan-24	Oldham Locality Team	Co-Chair Elective Recovery and Reform Board, GM	Financial	Direct	01/07/2022	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
John	Patterson	Associate Medical Director	Y	01-Jan-24	Oldham Locality Team	Associate Medical Director of GM	Financial	Direct	01/07/2022	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
John	Patterson	Associate Medical Director	Y	01-Jan-24	Oldham Locality Team	Family member works at Hope Citadel Practice	Non-Financial Personal	Indirect	01/07/2022	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
John	Patterson	Associate Medical Director	Y	01-Jan-24	Oldham Locality Team	H&J Judge for National Patient Safety Awards	Financial	Direct	01/07/2023	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
John	Patterson	Associate Medical Director	Y	01-Jan-24	Oldham Locality Team	National GP Clinical Advisor NICE	Financial	Direct	01/06/2024	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Erin	Portsmouth	Associate Director of Strategy, Planning and Development	Y	01-Jan-24	Oldham Locality Team	Fellow and Chartered Member of the Chartered Institute of Public Relations (CIPR)	Non-Financial Professional	Direct	26/03/2019	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Erin	Portsmouth	Associate Director of Strategy, Planning and Development	Y	01-Jan-24	Oldham Locality Team	Non-paid Trustee, Company Director and Company Secretary of Ennais Salford, a homelessness charity	Non-Financial Professional	Direct	26/03/2019	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Erin	Portsmouth	Associate Director of Strategy, Planning and Development	Y	01-Jan-24	Oldham Locality Team	Non-paid, Non-Executive, Co-Opted a Community Director of Oldham Community Leisure (OCL)	Non-Financial Professional	Direct	01/05/2022	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Jaime	Ratcliffe	Director of Adult Social Care (DASS)	N	01-Jan-24	Oldham Locality Team	NI Return	N/A	N/A	N/A	Y	N/A	Yes
Joel	Shah	Leader of Oldham Council	N	01-Jan-24	Oldham Locality Team	Awaiting return				Y		Yes
Steve	Taylor	Chief Officer	N	01-Jan-24	Oldham Locality Team	NI Return	N/A	N/A	N/A	Y	N/A	Yes
Laura	Windsor-Welsh	Strategic Locality Lead - Oldham, Action Together	N	01-Jan-24	Oldham Locality Team	Employee of Action Together providing infrastructure support to VCSE in Oldham and delivers contract for Oldham Healthwatch, and delivers Oldham Social Prescribing contract (as lead partner of a consortium)	Non-Financial Professional Interest	Direct	01/01/2016	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Laura	Windsor-Welsh	Strategic Locality Lead - Oldham, Action Together	N	01-Jan-24	Oldham Locality Team	Advocate for Voluntary, community, faith and social enterprise sector in Oldham and across GM	Non-Financial Professional Interest	Direct	01/01/2016	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Laura	Windsor-Welsh	Strategic Locality Lead - Oldham, Action Together	N	01-Jan-24	Oldham Locality Team	Action Together is part of a partnership with other LJO's across GM including: Salford CVS, MACC and C&G	Non-Financial Professional Interest	Direct	01/01/2016	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes
Laura	Windsor-Welsh	Strategic Locality Lead - Oldham, Action Together	N	01-Jan-24	Oldham Locality Team	Married to Liz Windsor-Welsh, who also works for Action Together	Non-Financial Personal Interest	Direct	01/01/2008	Y	To be agreed with Chair of respective Committee meeting in line with Conflicts of Interest Policy	Yes

Minutes

Oldham Integrated Care Partnership Committee

Date: 22 May 2025

Time: 10.00am – 11.05am

Venue: Suite 222, Civic Centre, West Street, Oldham OL1 1UG

Present	
Cllr Barbara Brownridge (BB) Chair	Cabinet Member, Adults, Health & Well Being (Oldham Council)
Mike Barker (MB)	Deputy Chief Executive of Oldham Council and NHS GM's Director of Health & Care Integration (Deputy Place Lead)
Rebecca Fletcher (RF)	Director of Public Health (Oldham Council)
Sara Naylor (SN)	Associate Director Finance, Oldham (NHS GM)
Marion Colohan (MC)	Director of Delivery and Transformation – Oldham (NHS GM)
Cllr Shaid Mushtaq (SMu)	Cabinet Member, Children & Young People (Oldham Council)
Andrea Edmondson (AE)	Assistant Director Quality, Safety & Safeguarding Oldham (NHS GM)
Erin Portsmouth (EP)	Associate Director of Strategy, Planning and Development, Oldham (NHS GM)
Moneeza Iqbal (MI)	Director of Integration and Provider Collaboration, Oldham (NHS GM)
Julie Daniels (JD)	Strategic Director Children's Services (Oldham Council)
Rob Jackson (RJ)	Managing Director (MioCare Group)
Dr John Patterson (JP)	Associate Medical Director – Oldham (NHS GM)
Mark Gifford (MG)	Chief Executive Officer, First Choice Homes Oldham
Jayne Ratcliffe (JR)	Director of Adult Social Care (DASS) (Oldham Council)
Dr Salim Mohammad (SM)	GP Partner, Clinical Director (North PCN)
Jude Adams (JA)	Chief Delivery Officer, Northern Care Alliance
Steve Taylor (ST)	Chief Officer, Northern Care Alliance NHS Foundation Trust
In attendance	
Deb Waterhouse (DW)	Development Officer (NHS GM) – Minute taker
Liz Harper (LH)	Head of Urgent and Emergency Care Oldham (NHS GM)
Sophie Spilsbury (SS)	Assistant Director of Delivery and Transformation Oldham (NHS GM)
Apologies	
Cllr Chris Goodwin (CG)	Cabinet Member, Don't Trash Oldham (Oldham Council)
Cllr Arooj Shah (AS)	Leader of the Council (Oldham Council)
Professor Manisha Kumar (MK)	Chief Medical Officer (NHS GM)
Gaynor Mullins (GMu)	Director of Strategy (PCFT)
Andrew Lakin (AL)	Associate Director (PCFT)
Laura Windsor-Welsh (LWW)	Oldham Director (Action Together) representing Healthwatch
Anna Howarth (AH)	Healthwatch Oldham Manager

Item No.	Agenda Item	Action by whom
1.	<p>Welcome, Introductions and Apologies</p> <p>BB, Chair, opened and welcomed attendees to the meeting. Apologies were noted as above.</p>	
2.	<p>Declarations of Interest</p> <p>The Chair asked if there were any new declarations of conflict of interest which had been entered on the register since the last meeting. No new declarations of interest were made.</p> <p>Members were asked if there were any items on the agenda where a conflict of interest may arise, and if so to specify what the conflict was. It was added that if it became apparent during the meeting that anyone had a conflict of interest as part of discussions, they should declare this immediately.</p> <p>MG advised that he would formally submit his declarations of interest, as he was a non-executive director for Manchester University Foundation Hospital Trust.</p>	
3.	<p>Minutes and Actions from the meeting of 24 April 2025</p> <p>The minutes of the previous meeting held on 24 April 2025 were agreed as an accurate and correct record of proceedings at the meeting.</p> <p>The action log was reviewed and updated accordingly.</p>	
4.	<p>Oldham Section 75 - Contract variation 2025/26</p> <p>SN presented the above report to seek approval to vary the Oldham S75 Agreement to replace Schedule 1 and Schedule 6 of the S75 Agreement (2024/25 to 2026/27) to reflect 2025/26 budgets and to remove the table in paragraph 3 Schedule 3.</p> <p>The Committee approved the S75 contract variation to replace Schedule 1 and Schedule 6 and remove the table in Schedule 3 paragraph 3.</p>	
5.	<p>Urgent and emergency care improvement update</p> <p>LH presented an update on the current A&E 4 Hour Performance at the Royal Oldham Hospital. Achievements have been made with performance showing a consistent upward trend over the past five months.</p> <p>April's performance, although a slight reduction from March 2025, was a 1.88% improvement from where we were in April 2024. LH talked through some of the changes implemented attributed to improved performance and the IPC pressures that caused additional system pressures in April.</p> <p>Following the introduction of the Manchester Triage model in the Emergency Department, the model has supported patient flow, experience and contributed</p>	

	<p>to improved performance. Patients are being managed much quicker, in the most appropriate location.</p> <p>The locality has committed some funding to extend the operational hours of the urgent care streaming service in ED from 8-8pm to 8am – midnight. This will support continuous flow; support improvements in the 4-hour standard of care/ non admitted performance and improve the patient experience.</p> <p>A&E 12 hour performance at the Royal Oldham Hospital continues to be a challenge as the last 12 months saw significant waits. Work continues to improve patient flow, with a daily focus on improving earlier discharges, reducing discharge delays and working with social colleagues to support patients that require temporary or long term care placements.</p> <p>A significant amount of work is underway with strengthen our community offers and alternative pathways to the Emergency Department.</p> <p>Significant improvements were noted with ambulance handover performance; however, performance remains inconsistent. Oldham continues to be one of the busiest sites in GM for receiving ambulances. Average handover in April was 24 minutes and the focus is now on understanding the pressure points on noticeably busy days Monday – peak time 5pm and 7/9pm.</p> <p>Single Point of Access with 1 single phone line for Health Care Professionals (HCP) will be rolled out in June. This will allow HCP easier access to clinical advice and guidance to enable them to get through to clinical services across the borough using one single phone number. It is hoped this scheme will support patients to access care in the right place in the system much easier, reducing emergency department attendances/ long waits, reducing length of stays and improving the patient experience.</p> <p>Members received details of a patient story demonstrating the success of the Same Day Emergency Care. The story featured a gentleman who was referred to Same Day Emergency Care in April 2025 by his GP. Historically this patient would have attended A&E with a lengthy wait and potentially would have been admitted into hospital for further investigations taking several weeks. The patient was seen on the same day and his history and bloods were taken, together with an ultrasound and was discharged the same day. The patient was brought back to the unit for a follow up following a fast tracks scan and was able to be referred into the appropriate outpatient clinic for further care and treatment within a matter of weeks. The experience, care and treatment was far better than a lengthy inpatient admission.</p> <p>Capacity and Discharge Schemes 2025/26 to support admission avoidance and improve hospital discharges and are now agreed and mobilised for 2025/26. One of the schemes is a high frequency user scheme, which again a patient story was shared as to how this funding is supporting individuals with complex health and social needs be better supported elsewhere in the system, reducing frequent ED attendances. The scheme is focusing on individuals with 8 or more attendances in ED within a 12 month period.</p> <p>JP welcomed this report and the great work undertaken and expressed his gratitude for the primary care scheme as the demand was huge but we are</p>	
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	<p>undertaking work to address this. The Advice and Guidance Scheme has real potential and JP asked about the single point of access for health care professionals and asked if this included GPs and what engagement had been undertaken. LH advised that it was early days and that Bury and Rochdale had not yet gone live due to glitches, it was hoped to go live in June 2025.</p> <p>JP offered support to help with the communications. Action: LH to feedback to JP after the next steps meeting later that day.</p> <p>MB thanked LH for all the hard work undertaken and the need to hear the message regarding moving services off the Oldham site in order to expand the A&E space to cope with the demand and that organisations were in dialogue with Northern Care Alliance (NCA) Foundation Trust colleagues to progress this.</p> <p>ST also expressed his thanks for the work undertaken and highlighted that performance will improve with a marginal gain due to the 2 step changes. The Northern Care Alliance Foundation Trust have joined with Pennine Care NHS Trust to bid for funds to create a listening lounge as a safe space other than the ED to support the management of Mental Health Patients in Crisis on the Oldham site. Colleagues had visited Stockport where this model has proven successful.</p> <p>JA expressed we are required to set out the ambition for demand schemes and frequent users of emergency care and costings undertaken to improve the quality of care for frequent flyers. With regards to no criteria to reside, Oldham perform the best in Greater Manchester. The risks were highlighted to delivering the ambition regarding space and funding for the beds. A strategic risk is that the Better Care Fund is non-recurrent funding for core services, but does not provide a sustainable service.</p> <p>MI highlighted that the ICP Committee was the space to bring colleagues together to discuss on the ground issues and to ensure we were not just moving the pressures to somewhere else in the system.</p> <p>AE asked if there was any insight on those patients experiencing a long wait and raised concerns over the continuation of corridor care. JA responded to say there is a commitment to eliminate corridor care and the system is working hard to achieve this.</p> <p>ST offered for AE to visit the site to ensure patients were given dignity and care.</p> <p>AE confirmed that walk arounds had been completed but that she was concerned for the patients on the corridors for 12 hours.</p> <p>JA agreed that being on a corridor was undignified for patients and that patients will be apologised to as this care was unacceptable and also highlighted that this was a national problem and not just happening in Oldham.</p> <p>Members noted and received the update.</p>	LH
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6.	<p>Quality Report</p> <p>AE provided oversight to the partnership in relation to health related activity and risks across Oldham and the wider GM system which may impact upon Oldham residents.</p> <p>AE highlighted the following key points:-</p> <p><u>Measles</u> – Discussions are on-going with Public Health, Northern Care Alliance and the Oldham Integrated Care Partnership to review infection, prevention and control processes</p> <p><u>Tongue tie</u> - Hard work continues around the lack of provision for tongue tied children aged over 12 weeks. Royal Manchester Children's Hospital are rejecting the referrals citing capacity. The Northern Care Alliance have now returned the patient referrals to Primary Care as there is no process for them to follow.</p> <p><u>Urgent and emergency care (UEC)</u> – AE summarised the quality priorities, as outlined in the report, following the UEC board shared report across the GM system. The report was produced following walk arounds which were carried out by the Associate Directors of Quality along with provider representatives.</p> <p><u>Data breach</u> - A potential data breach has been identified with the MARAC sharepoint system. This has been escalated to Manisha Kumar, Chief Medical Officer at NHS Greater Manchester, and her team and discussions are taking place to review piece of work is in progress. Updates will be provided in due course.</p> <p><u>Regulation 28 Learning Disabilities</u> – Following a Regulation 28 Prevention of Future Death issued by HM Coroner, learning has been identified across NCA, ICP and Adult Social Care, this has resulted in policy reviews and changes.</p> <p><u>Measles Update</u> - RF updated that 10 cases of measles in Oldham had been reported. 9 of these cases related to children. RF highlighted that transmission sources were outside of Oldham with 300 cases in the UK this year, 24 of these in the North West of England. Household transmission has been seen and also within the Royal Oldham Hospital. Children under 1 are presenting with vague symptoms and are isolated in A&E where possible.</p> <p>Communications on measles awareness are being circulating to all health care professionals and clinicians were reminded to be aware of immunisation uptake in high-risk areas. The Oldham system will be looking at the whole system outbreak. Work is being undertaken to get patients MMR vaccinated.</p> <p>JP expressed that Oldham's vaccination figures should be a priority and that 12K extra vaccinations were undertaken last year.</p> <p>SM also advised that several practices have offered additional vaccination clinics.</p> <p>RF highlighted that school age children are able have vaccinations on school sites which are undertaken by Intrahealth and cases have been seen after</p>	
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	<p>traveling i.e. school holidays. RF will remind clinicians of the increased risk at these times.</p> <p>The Committee received and noted the content of the report.</p>	
7.	<p>Locality performance report and Oldham Community Dermatology Provision</p> <p>Members received the above report which provided an update on the latest corporate performance for locally selected indicators. The report included Urgent Care, Elective Care, Cancer, Mental Health, Learning Disability and Autism, Primary Care and Community Services, Quality, Maternity, Screening and Immunisation indicators.</p> <p>Members received and noted the details of the report and were aware of the key performance risks and the implications for system recovery.</p> <p>SS attended the meeting to update the Committee of the changes to Oldham's Community Dermatology Service. The HCRG Care Services Ltd (previously Virgin HealthCare) have flagged capacity issues for some time and requested additional resources to address the gaps. GM and the Oldham Delivery and Transformation team have worked together on a blue print for Oldham while we wait for the GM core service to come into play, which will commence in September 2025.</p> <p>Extensive work and action plans were put in place and a funding stream agreed with HCRG to enable them to work on a waiting list initiative. However, on 18 April HCRG advised that they would be closing the doors to any new referrals wanting to access the service. The agreed plan is that HCRG will continue to see patients already in the service but no longer accept new referrals thus allowing them to focus on clearing the current extensive backlog of waiting patients.</p> <p>The closure of HCRG to new referrals would have presented a gap in service for Oldham residents, however Health Harmonie have been commissioned to provide an interim service and will take all Routine New and Cancer referrals for Oldham residents until the new GP wide service becomes available in September 2025. To date 111 cancer referrals have been received with 44 of these to be listed for surgery. It was also highlighted that there is a single point of access for clinicians to refer into.</p> <p>MC thanked the team for being able to put a new provider in place in a timely manner in these challenges times.</p> <p>JA advised that the Northern Care Alliance received 14% more demand than the previous year and that there was still no resolution for this year's contract. The NCA were not willing to carry the risk into the second year and advised that the NCA will close their doors unless funding is available, as this is not sustainable. SS reassured members that fortnightly meetings were held to address the issue. Although the new tender does not include cancer referrals, and therefore a resolute for Cancer referrals is still required come September 2025.</p>	

	<p>SS to bring back a cancer update to the Committee in the near future. Action: SS</p> <p>Members received and noted the details of the report.</p>	
8.	<p>Questions from the public – <i>To be notified to the Chair in advance of the meeting</i></p> <p>There were no questions from the public received for this month's meeting.</p>	
9.	<p>Any other business</p> <p>There were no other items of business raised.</p>	
10.	<p>Date and time of next meeting:</p> <p>Thursday 26 June 2025 at 10-12 noon in the Lees Suite, Civic Centre, West Street, Oldham OL1 1UG</p>	

Action Log

Oldham Integrated Care Partnership Committee - Action Log (updated after meeting of 22 May 2025)

Date	Agenda Item Number & Title	Action	By Whom	By When	Progress
27.6.24	9 - Community Grants Programme	At the launch a high-level dashboard on what we hoped to achieve be included. BB to launch the event.	LWW BB/LWW	26.9.24 26.9.24	In progress Launch date to be confirmed shortly.
26.9.24	5 - New s75 template agreement	Elected members to be reviewed and amendments made as needed to ensure attendance and quoracy.	All Elected Members	Ongoing	
23.1.25	8 - Start for Life and Family Hub Programme	Clarification required around 2 members of staff	LWW / MBu	Ongoing	
24.4.25	5 – Better Care Fund	To complete a deep dive on what is in the Better Care Fund already and also what else is required.	CH	Dec 2025	Work is about to commence shortly in order for us to be prepared for the next funding years.
24.4.25	9 – Live Well	Primary care links – to pick this up outside of the meeting	MK	Ongoing	
24.4.25	11 – Locality Performance Report	To write out to practices a ‘thank you and well done’ letter.	BB/JP	22.5.25	
22.5.25	4 - Urgent and emergency care improvement update	JP offered support to help with the communications. LH to feedback to JP after the next steps meeting later that day.	LH	22.5.25	Completed & Closed 5.6.25

Report to Integrated Care Partnership Committee

Better Care Fund 2023-25; End of Year 2024-25

Portfolio Holder:

Councillor Barbara Brownridge, Cabinet Member Health & Social Care

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

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

Contact: 1792 / alison.berens@oldham.gov.uk

Date: 26 June 2025

Purpose of the Report

In order to meet the national funding conditions of the Better Care Fund, the locality's Health and Wellbeing (HWB) Board's are required to provide approval on reports to the national team. This report is resented to the Integrated Care Partnership for information of Oldham's 2024-25 End of Year report.

It should be noted that in order to meet the deadlines set for the above, the template has been submitted.

It should be noted that the HWB Board has already approved to delegate the decision to submit quarterly reports to the national Better Care Fund team, with the understanding that the reports will be noted at the next available HWB Board.

Requirement from Oldham's Integrated Care Partnership

1.
 - a) Note the content of the 2024-25 End of Year report, and
 - b) Note that the HWB Board's retrospective approval has been requested for its submission to the Regional Better Care Fund panel has been requested, and is to be considered at the meeting being held Thursday 19th June.

1. Background

The Better Care Fund

- 1.1 The Better Care Fund's vision has been to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. The BCF Policy Framework centres on these objectives and now sets separate National Condition for each:
- enable people to stay well, safe and independent at home for longer
 - provide people with the right care, at the right place at the right time.
- 1.2 As well as supporting delivery of the [Next Steps to put People at the Heart of Care](#), the BCF programme underpins key priorities in the NHS Long Term Plan by joining up services in the community and the government's [plan for recovering urgent and emergency care \(UEC\) services](#).
- 1.3 Differing from previous years, the current BCF plan spanned two years for the period 2023-25, with the delivery of the BCF supporting two key priorities for the health and care system that align with the two existing BCF objectives of:
- improving overall quality of life for people, and reducing pressure on UEC, acute and social care services through investing in preventative services
 - tackling delayed discharge and bringing about sustained improvements in discharge outcomes and wider system flow.

2024-25 End of Year Report

- 1.6 The Better Care Fund requires an End of Year report to be completed. For 2024-25 the deadline for this was 6th June 2025, with reports to be approved by the locality's Health and Wellbeing Board. The approval process allows for submission of the plan prior to approval of the Health and Wellbeing Board.

2. Current Position

- 2.1 The BCF continues to consist of three main funding contributions: NHS Greater Manchester Integrated Care Board (NHS GM ICB) contribution to the BCF; the Disabled Facilities Grant (DFG); and the Improved Better Care Fund (iBCF).
- 2.2 Due to increases being received for the Disabled Facilities Grant and Discharge Funding, the total value of the BCF in Oldham for 2023-25 period is £81,584,498. This is broken down as follows for 2023-25:

Funding Sources	Income Year 1 (2023/24)	Income Year 2 (2024/25)
DFG	£2,343,287	£2,555,942
Minimum NHS Contribution	£21,951,512	£23,193,968
iBCF	£11,187,623	£11,187,623
Additional LA Contribution	£0	£0

Additional ICB Contribution	£822,739	£462,916
Local Authority Discharge Funding	£1,568,487	£2,614,146
ICB Discharge Funding	£1,420,360	£2,275,895
Total	£39,294,008	£42,290,490

- 2.3 The use of the funding is dependent on meeting the following four national conditions:

National Condition 1: Plans to be jointly agreed

Plans must be agreed by the ICB and the local council chief executive prior to being signed off by the Health and Wellbeing Board.

National Condition 2: Enabling people to stay well, safe and independent at home for longer

Localities agree on how the services they commission will support people to remain independent for longer, and where possible support them to remaining their own home.

National Condition 3: Provider the right care in the right place at the right time

Localities agree on how the services they commission will support people to receive the right care in the right place at the right time.

National Condition 4: NHS minimum contribution to adult social care and investment in NHS commissioned out of hospital services

The NHS minimum contributions for social care and NHS commissioned out of hospital spend for all HWB areas in 2024-25 has been uplifted by 5.66%. ICBs and Councils may agree a higher level of spend, where this will deliver value to the system and is affordable.

- 2.4 The BCF policy framework sets out the vision, funding, oversight and support arrangements and is focused on two overarching objectives:

- reform to support the shift from sickness to prevention
- reform to support people living independently and the shift from hospital to home.

- 2.5 Working collaboratively across health and social care, the funding is focused on schemes to support the above objectives, of 'prevention' and 'living well at home' and is utilised for Oldham residents to support the following initiatives and services:

- Residential enablement at Butler Green and Medlock Court
- Falls prevention
- A range of dementia services across the borough
- Community equipment and wheelchair provision
- Minor adaptations
- A range of Falls Services
- Alcohol liaison
- Carers' support
- Dementia support services
- Stroke support services
- A range of services to support hospital discharge.

-
- 2.6 The End of Year (2024-25) reporting template requires data to be submitted on capacity and demand of the locality. For instance, how many units of a service are available compared to the number of individuals anticipated to require a service. The Oldham BCF team has found this to be a useful exercise in reviewing what services are available across the borough and to further understand the gaps in provision, therefore directing the funding to where is required to support people the most.
- 2.8 Work is taking place to review the section 75 agreement for it to be in place as soon as possible as per the national BCF deadline.

3. Case Studies on use of the Better Care Fund

3.1 Medlock Court – Bed Based Reablement

- The woman had carers at home prior to Hospital admission so the main goals were to improve transfers and mobility and some kitchen tasks to a safe level to return home to previous or reduced package. A care plan and therapy plan/goals were put in place on arrival, completing alongside the lady.
- Staff encouraged, reassured and motivated throughout her stay as the lady could become anxious at times. A holistic way of working was operated, looking at both physical and emotional needs. The lady's main goal was to be able to return home.
- Staff/therapy managed to progress the lady through her stay and reached her baseline and better for mobility and kitchen tasks. Transfers were being worked on against usual transfer heights at home. There was question of the lady needing a short stay due to struggling with transfers without the use of a hoist and therefore her safety was priority, but we wanted to ensure all avenues were explored as the lady's wish was to return home. MioCare utilised the Helpline service for the loan of a mobile hoist in order to carry out a home visit with the lady and the therapists (Helpline delivered and collected the piece of equipment afterwards), the result being the lady managed well in her own home environment without the use of a hoist. Further equipment was identified and ordered for discharge.

Outcomes

- As a result of her 3 week stay at Medlock she was discharged home with a restart of her existing care package, remained at one carer supporting and with the additional equipment in place was able to remain as independent as possible and stay at home. Therapy conducted a follow up visit on the day of discharge.
- Feedback later received was she was managing well at home and thanked the team in helping her meet her goal(s).

3.2 Community Reablement

- 96-year-old woman, who was returning to borough from staying with family following having a pacemaker fitted which had reduced mobility in her arms. She had previously not been receiving care, but had returned from family without a plan in place due to a family conflict.

- Following an urgent referral via the ARCC Team, the Reablement Service arrived at the home within 10 minutes of the woman arriving home. The woman was shaken up and unable, able to manage on her own as she had no food in the house, which was cold and required cleaning.
- Staff assisted with getting food and settling the woman for the first night and made referrals in to Age UK Oldham for support with shopping and meals.
- Following the start of the support the staff could quickly see an improvement in mood and confidence. This meant she was able to work with the service on her mobility and regaining the confidence to take on her own task and regain her independence.

Outcomes

- Three weeks of reablement were provided after which point she was back in the community alone doing what she had previously enjoyed, which was walking and catching the bus to town.
- No other services were required long-term.

3.3 Urgent Care Response Team (UCR) – Hospital Avoidance

- 75-year-old woman with Guillain-Barre Syndrome who is quadriplegic, with a tracheostomy, night ventilation, PEG fed, with a long-term catheter. She lives at home with husband and has 24-hour double cover package of care.
- Had a fall from her wheelchair whilst out with carers, attended hospital and had her legs splintered due to fractures, discharged with district nurse support.
- A week later she returned to hospital due to low blood pressure and confusion. She was reviewed and sent home before blood tests were returned.
- The following day the GP referred her to UCR asking for monitoring over the weekend following the return of the blood test which indicated infection. The GP had prescribed anti-biotics for a possible chest infection on urinary tract infection.
- UCR visited the next 3 days and monitored condition. Patient felt well and declined to attend hospital. She was reviewed by the Out of Hours GP and Urgent Care Hub. Her carers monitored for deterioration and took hourly observations to ensure she did not deteriorate.

Outcome

- The patient was able to remain in her own home whilst receiving treatment, which was what she wanted and where she was most comfortable.

4. Key Issues for the Integrated Care Partnership to Discuss

- 4.1 a) Note the content of the 2024-25 End of Year report, and
- b) Note that the Health and Wellbeing Board's retrospective approval for its submission to the Regional Better Care Fund panel has been requested, and is to be considered at the meeting being held Thursday 19th June.

5. Recommendation

- 5.1 It is recommended that the Integrated Care Partnership note the content of Oldham's Better Care Fund End of Year Report 2024-25.

5. Appendices

1. 2024-25 End of Year report
attached

Report

Oldham Integrated Care Partnership Committee

Date:	26 June 2025
Agenda item number:	7
Report title:	Oldham Live Well Implementation
Author:	Rebecca Fletcher, Rachel Dyson, Moneeza Iqbal
Presented for? (Tick all that apply):	
Information <input type="checkbox"/>	Assurance <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Approval <input checked="" type="checkbox"/>
Which local priority does the report link to? (Tick all that apply):	
<input type="checkbox"/> Reduce the time people wait for elective care <input type="checkbox"/> Improve A&E waiting times and ambulance response times (including neighbourhood health model and end of life) <input type="checkbox"/> Improve access to general practice and urgent dental care <input type="checkbox"/> Improve mental health and learning disability care <input checked="" type="checkbox"/> Address inequalities and shift towards prevention (including long term conditions identification and management) <input type="checkbox"/> Maintain our collective focus on the overall safety of our services <input type="checkbox"/> Live within the budget allocated, reducing waste and improving productivity	
Which strategic risk theme does this paper help provide mitigations for? (Tick all that apply):	
<input type="checkbox"/> Financial resources <input checked="" type="checkbox"/> Delivery and demand <input type="checkbox"/> Workforce and capacity <input checked="" type="checkbox"/> Health inequalities <input checked="" type="checkbox"/> Prevention and population health management <input type="checkbox"/> Delegations and decision-making	
If the report helps support a reduction of health inequalities, please state how:	
<p>The rationale behind the GM 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 across the board. This means bringing together the very best of formal and informal support across the system. Collaborating with communities to design and deliver these interventions can reduce health, social and economic inequalities across Oldham and GM.</p>	

Has there been any clinical and/or care professional input gathered to support the paper? If so please state how:

This work is in the early stages and therefore has not been taken to the clinical and care senate, however engagement with various health and care teams regarding the principles of Live Well has begun, and will be ongoing.

Report previously presented at:

Briefing on the GM Live Well programme and the specific Live Well Accelerator in Oldham East has previously been shared at ICP, however this report has not been to any other committee it yet. It will also be taken to Oldham Council's Management Board and Cabinet.

Purpose and summary of the content of the report:

Launched in May 2024, Live Well is Greater Manchester's movement for community-led health and wellbeing. It aims to support healthier, happier and fairer communities by growing opportunities for everyone to Live Well and providing every day support in neighbourhoods. Oldham has been using a similar approach for some time, through building and supporting a strong Voluntary, Community, Faith & Social Enterprise (VCFSE) sector, developing our place-based approach to public services and range of activities intended to support strong resilient communities. This paper outlines an Oldham Live Well approach and the governance to implement this locally utilising the implementation funding from GM.

Recommendation(s):

1. Endorse the approach to approach described to Live Well in Oldham which will include grant funding allocated to Public Health to enact and ensure the funding criteria are met.
2. Agree to formation of the Live Well Programme Board, reporting to ICP, to support the implementation of a Live Well approach in Oldham to accelerate and intensify the existing focus on supporting residents in our communities in partnership with a resilient VCFSE sector.

Oldham Live Well development

1 Background

- 1.1 Launched in May 2024, Live Well is Greater Manchester's movement for community-led health and wellbeing. It aims to support healthier, happier and fairer communities by growing opportunities for everyone to Live Well and providing everyday support in neighbourhoods. Oldham has been using a similar approach for some time, through building and supporting a strong Voluntary, Community, Faith & Social Enterprise (VCFSE) sector, developing our place-based approach to public services and range of activities intended to support strong resilient communities.
- 1.2 Greater Manchester Combined Authority (GMCA) and NHS Greater Manchester (NHSGM) have now announced a Live Well Local Implementation Support Fund for 25/26 totaling £10m. This will be made available to each Locality based on the size of their population to invest in the local roll out of Live Well and its key components (detailed later in the report). For Oldham this investment equates to £844k.
- 1.3 Live Well is also described as Greater Manchester's 'Prevention Demonstrator' to Central Government, intended to prove how working differently in neighbourhoods with a focus on prevention can deliver change and in turn gain more powers in GM for public service reform.
- 1.4 Oldham has to date been part of several aspects of Live Well work, including a 'trailblazer' scheme focused on addressing economic inactivity. The next phase of funding for Live Well comes with specific requirements about how the funds are directed, based around four key components of Live Well.

2 What is Live Well and what does it look like in Oldham?

- 2.1 Our vision for Oldham Live Well is for a thriving and resilient community where each individual has access to the support they need to lead a healthy and fulfilling life, where they live.
- 2.2 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. Our approach will champion community-led initiatives, strengthen local capacity, and ensure that prevention is at the heart of everything that we do.
- 2.3 The rationale behind the GM 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 across the board. This means bringing together the very best of formal and informal support across the system. Collaborating with communities to design and deliver these interventions can reduce health, social and economic inequalities across Oldham and GM.

- 2.4 There are four key components to the Live Well approach and these should be delivered in all ten boroughs:
- i. **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.
 - ii. **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.
 - iii. **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.
 - iv. **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
- 2.5 We will undertake an internal benchmarking exercise, with key partners, to understand how well developed each of these components is already in Oldham, and what actions are required to fully meet all aspects of this feature. This piece is urgent and will be completed before the end of August 2025.
- 2.6 We are already well placed and have many of the Live Well building blocks in place in Oldham, as described in diagram 1 below. Our primary challenge is describing a single programme that brings it all together as a vision for the borough that everybody can understand and connect the ambition to the delivery and results.

Diagram 1: Summary of current Oldham position against Live Well features

Live Well feature	Oldham position
Live Well Centre & Spaces	<p>Centres: Oldham has five districts, or neighbourhoods, four of which have a building and infrastructure which can be considered a Live Well Centre e.g. Chadderton Health and Wellbeing Centre (see supporting slides).</p> <p>Spaces: There are numerous spaces in Oldham which can be described as Live Well Spaces including our Family hubs, libraries, sports centres and other community spaces.</p>
Resilient VCSFE Eco-system	<p>We have strong track record of working with and developing the VCSFE in Oldham</p> <ul style="list-style-type: none"> ▪ Action Together, infrastructure organisation working with and across VCSFE ▪ One Oldham fund ▪ Extensive social prescribing model in place ▪ VCFSE Strategy in development ▪ Public sector-VCFSE forum established this year

Optimised integrated neighbourhood model	<p>We have embedded a multi-agency approach through the following;</p> <ul style="list-style-type: none"> ▪ Family hubs and integrated children and families service ▪ Development of district hubs as the focal point for residents to access the range of support from the council, putting the resident at the centre. ▪ Community Explorers Networks ▪ Development of social care Target Operating Model ▪ Population Health Management approach delivered by Primary Care Networks on neighbourhood/district footprints
Culture of prevention	<p>We have a strong culture of prevention in Oldham which can be further deepened through this programme.</p> <ul style="list-style-type: none"> ▪ The Live Well Accelerator is taking a community-led approach ▪ Prevention Framework developed and guiding our approach ▪ Focus of investments and interventions are guided by strength-based approaches as well as trauma informed responses

2.7 In making an assessment of where we are now and recognising the strengths and gaps in our existing offer, we must also consider the approach required in Oldham which will enable us to deliver our vision for Live Well. It is proposed that we focus on supporting and investing in activity, which;

- I. **Accelerates progress** – rapidly building on what is working in Oldham to roll this out further
- II. **Grows capacity and capability** – we must develop the capacity in Oldham to work in a different way, alongside the capabilities across individuals and organisations to work in an integrated, community-led way
- III. **Fosters culture of prevention** – building a shared culture of prevention across the whole of our workforce, ensuring services are joined up and working together
- IV. **Tests, learns and innovates** – testing new approaches, with a focus on community-led prevention and embedding this way of working across the system
- V. **Tackles system barriers** – identify the barriers to delivering our Live Well ambition and work together to tackle these

3 GM funding and requirements

3.1 The GMCA and GMICB have set out a number of expectations for each locality to meet in order to receive the 25/26 funding allocation. We are confident based on the summary provided in Section 2 above that Oldham can fulfill these criteria in FY25/26.

3.2 We will need to describe and deliver the following for Oldham;

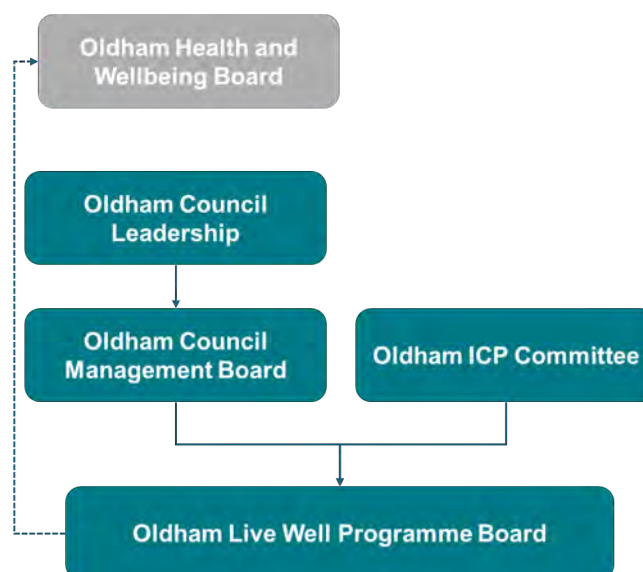
- a) Our vision for Live Well and Neighbourhood working in Oldham.
- b) How we will use the funds, based on the principle that at least 50% will go directly to the local VCFSE sector.
- c) Identify a district hub to be designate as Oldham's flagship Live Well Centre and any specific projects or initiatives that will additionally be supported through the funding.
- d) A clear timeline for implementing the above by the end of 25/26.
- e) How we will measure, monitor and govern this work in the Oldham system.

Through the governance described in the next section, we plan to organize our activities which will deliver these features.

4. Proposed Oldham 'Live Well' Governance

4.1 As described above, governance is required to provide a system for us to co-ordinate the delivery of Oldham's Live Well approach. It is therefore proposed that an Oldham Live Well Programme Board is established, which will be accountable to the Council Management Board and the Prevention and Early Help Change Board, See diagram below:

Diagram 2: Proposed Live Well governance



4.2 The membership of the Live Well Programme Board will be constituted of key leaders from across the Council, NHS and VCFSE and will be chaired by Mike Barker, Deputy Chief Executive of the Council and Oldham Director of Health and Care Integration for NHS Greater Manchester.

4.3 A Live Well Working Group has already been established to be the engine room for this programme and is undertaking a readiness assessment and diagnostic to understand what features of the Live Well approach are already embedded in Oldham. This working group, as

well as the existing Live Well Accelerator Steering Group, will report into the Programme board.

- 4.4 While a project team is being formulated from colleagues working within the system, there is a need to ensure dedicated project management capacity. The system has identified funding for the next 18 months from the partners to achieve this and that resource will be hosted by the council on behalf of the Oldham system

5. Benefits to Oldham

- 5.1 An outcomes framework will need to be developed, however, we know based on the evidence that exists for these community based approaches, the following benefits and outcomes are expected;

For residents:

- Increased access to VCFSE services by residents
- Improvement in residents' overall health and wellbeing
- Reduction in social isolation for key groups
- Potentially increased satisfaction with public sector

For the system:

- Reduction in proportion of population economically inactive
- Reduction in demand for high-cost services e.g. reduced need for adult social care, acute hospital interventions
- Better outcomes through 'health creation'
- Thriving VCFSE sector in Oldham

- 5.2 Measuring and attributing the outcomes of these interventions will require a longer-term approach, and therefore the development of intermediate indicators, which allow us to understand whether the Live Well approach is becoming embedded and functioning in Oldham, will be identified.

6. Milestones and next steps for Live Well implementation in Oldham ;

- 6.1 The following key milestones have been identified to support Oldham's implementation of Live Well;

Milestone	Timescales and progress
Establishment of Oldham Live Well Governance	Working group established May 25 Live Well Board to be established by July 25
Governance and approval for Oldham Council to receive Live Well monies from GM	Complete governance processes and approvals July 25
Commence engagement with VCSFE in Oldham	It is planned that the VCSFE/Public Sector Forum on 1 st July 25 will be dedicated to a Live Well discussion.

Live Well Stocktake – understanding the current Live Well features in Oldham	Commenced, to be completed by July 25
Engagement and briefing across Oldham system partners re Live Well	June 25 to October 25 – will be ongoing in relation to culture change work
Investment approach and process to be determined	August 25
Evaluation strategy developed and agreed	September 25
Oldham investment decisions developed and finalised	September 25
Oldham Live Well delivery enacted	September to March 25
Further steps or requirements from GM to be understood.	

Report

Oldham Integrated Care Partnership Committee

Date:	26 June 2025
Agenda item number:	8
Report title:	Oldham Locality Performance Report
Author:	David Flint - Locality DII Lead
Presented for? (Tick all that apply):	
Information <input checked="" type="checkbox"/>	Assurance <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Approval <input type="checkbox"/>
Which local priority does the report link to? (Tick all that apply):	
<input checked="" type="checkbox"/> Reduce the time people wait for elective care <input checked="" type="checkbox"/> Improve A&E waiting times and ambulance response times (including neighbourhood health model and end of life) <input checked="" type="checkbox"/> Improve access to general practice and urgent dental care <input checked="" type="checkbox"/> Improve mental health and learning disability care <input type="checkbox"/> Address inequalities and shift towards prevention (including long term conditions identification and management) <input checked="" type="checkbox"/> Maintain our collective focus on the overall safety of our services <input type="checkbox"/> Live within the budget allocated, reducing waste and improving productivity	
Which strategic risk theme does this paper help provide mitigations for? (Tick all that apply):	
<input type="checkbox"/> Financial resources <input checked="" type="checkbox"/> Delivery and demand <input type="checkbox"/> Workforce and capacity <input type="checkbox"/> Health inequalities <input type="checkbox"/> Prevention and population health management <input type="checkbox"/> Delegations and decision-making	
If the report helps support a reduction of health inequalities, please state how:	
Has there been any clinical and/or care professional input gathered to support the paper? If so please state how:	

Report previously presented at:

Purpose and summary of the content of the report:

This report provides an update on the latest corporate performance for 'Oversight' and 'Sight' metrics which form a key part of the agenda for place assurance quarterly review meetings with the GM team. The report includes Urgent Care, Elective Care, Cancer, Mental Health, Learning Disability and Autism, Primary Care and Community Services, Quality, Maternity, Screening and Immunisation indicators.

Recommendation(s):

To be aware of the key performance risks and the implications for system recovery.

To discuss possible amendments to the report to ensure that it reflects progress against Oldham's key priorities.

Appendix 1 – Locality Performance Report (Oversight/Sight Metrics) June 2025

Introduction

This report is based on the first iteration of the Greater Manchester core performance product which is intended to service the needs of all GM localities. The GM product is in the early stages of development with the initial focus being on the 'Oversight' and 'Sight' metrics. These metrics have been prioritised as they will form a key part of the agenda for place assurance quarterly review meetings with the GM team.

- Oversight: The locality is responsible for delivering (or plays a significant contribution to delivering).
- Sight: The wider system has the responsibility for delivery. However, delivery affects citizens within localities, and it is therefore appropriate to monitor on a locality footprint.

The majority of these metrics are included in the report and more will be included in subsequent reports as they are worked up by the GM team. Further development in the coming months will also introduce metrics to provide locality views of:

- NHS services under the scope of place level planning and oversight of delivery (Primary Care, Community Services etc.).
- Integration of health and care system at place (status of the health and care system in place e.g., system demand, integration, and outcomes monitoring).

Please note that metrics, for which there have been no recent updates, have been removed from the main report. They will be reintroduced when new data becomes available.

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Oldham - Sight Metrics

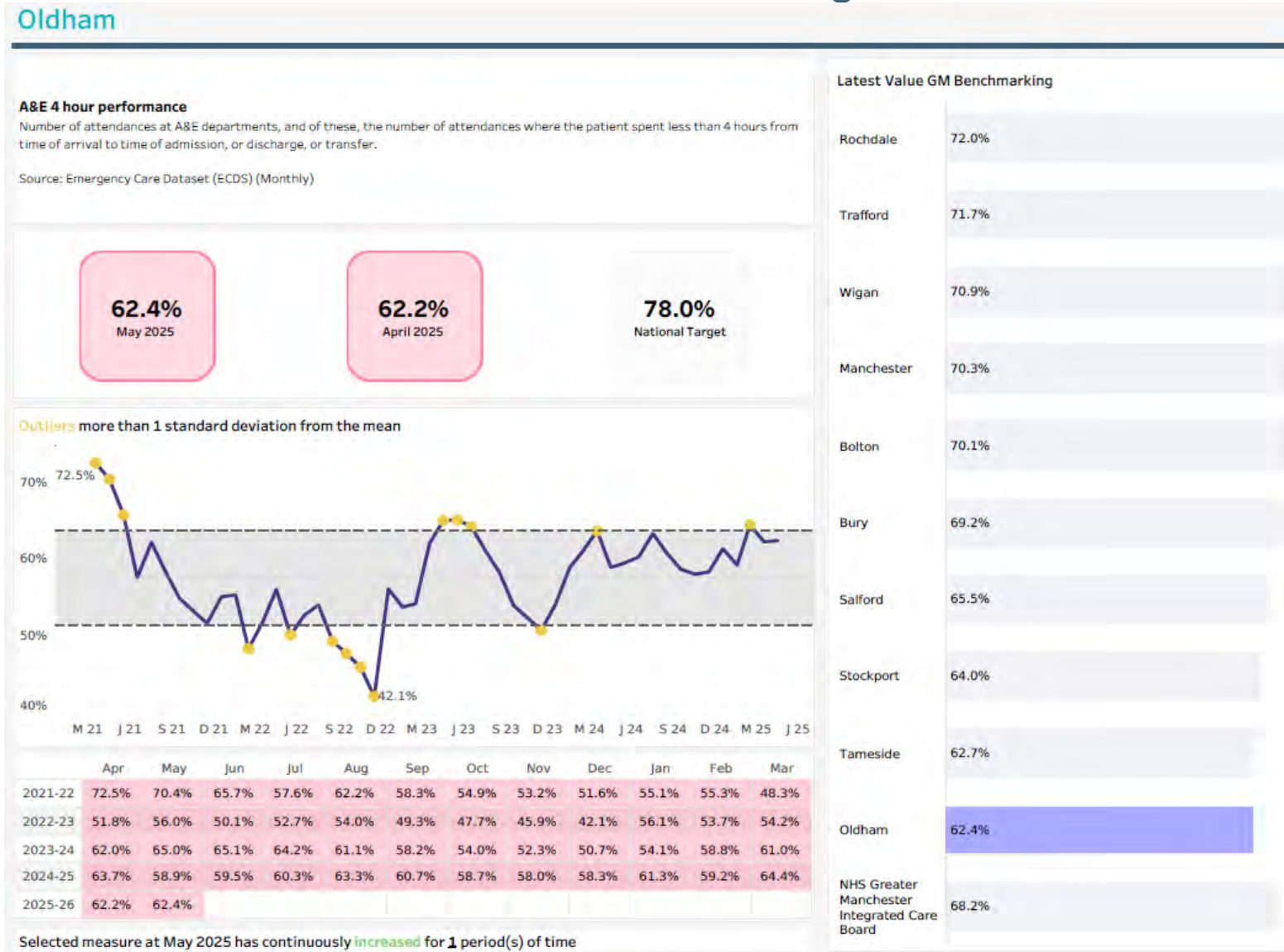
Domain	Code	Measure	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	
Urgent Care	N/A	A&E 4 hour performance	Monthly	May 25	62.4%	62.2%	↗	78.0%	6,649	10,658	N/A
	N/A	A&E Attendances	Monthly	May 25	10,658.0	10,141.0	↗	N/A	10,658	N/A	N/A
	N/A	No Reason/Criteria To Reside patients (NCTR) as % of occupied beds	Monthly	May 25	7.3%	7.4%	↘	N/A	1,116	15,282	N/A
	EM11	Total number of specific acute non-elective spells	Monthly	May 25	2,539.0	2,871.0	↘	N/A	2,539	N/A	Inter
Elective Care	EB28	Diagnostic 6ww: All	Monthly	Mar 25	9.8%	11.6%	↘	1%	544	5,542	Inter
	EB20	RTT Incomplete: 65+ week waits	Monthly	Mar 25	2.000	12.0	↘	0.	2	N/A	Upper
Cancer	S012a	28 Day Wait from Referral to Faster Diagnosis: All Patients.	Monthly	Mar 25	75.5%	75.8%	↘	75%	803	1,063	Inter
Maternity	S104a	Number of neonatal deaths per 1,000 total live births	Annual	Dec 23	3.7	1.9	↗	1.4	11	3,006	Lower
	S022a	Number of stillbirths per 1,000 total births	Annual	Dec 23	3.0	3.5	↘	3.1	9	3,006	Inter
Screening and Immunisations	S049a	Breast screening coverage, females aged 53-70, screened in last 36 months	Annual	Dec 24	68.4%	62.9%	↗	N/A	17,346	25,376	Inter
	S046a	COVER immunisation: MMR2 Uptake at 5 years old	Quarterly	Dec 24	85.4%	83.1%	↗	95%	713	835	Inter
	S050a	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Quarterly	Jun 24	69.6%	69.8%	↘	80%	45,845	65,835	Inter
	S047A	Seasonal Flu Vaccine Uptake: 65 years and over	Monthly	Feb 24	76.9%	76.6%	↗	85%	31,628	41,108	Inter
Community	N/A	% 2-hour Urgent Community Response (UCR) first care contacts	Monthly	Apr 25	97.0%	95.9%	↗	N/A	98	101	N/A

Oldham - Sight Metrics

The below metrics are currently missing from the report due to lack of locality level reporting or the measure is currently being built.

Theme	Indicator	
Cancer	Total patients waiting over 62 days to begin cancer treatment vs target	Build in progress
LD and Autism	Inpatients with a learning disability and/or autism per million head of population	Build in progress
Primary Care and Community Services	Proportion of Urgent Community Response referrals reached within two hours	Currently available in the scorecard at trust level but not locality
	Proportion of virtual ward beds occupied	Currently unavailable at locality level due to inaccurate reporting
	Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted	Build in progress
Screening and immunisation	Bowel screening, aged 60-74, screened in the last 30 months	DQ issues
Urgent and Emergency Care	Reduce adult general and acute bed occupancy below 92%	Currently available in the scorecard at trust level but not locality

Urgent Care



A&E Performance (OVERSIGHT)

- ❖ The data displayed describes performance for Oldham registered patients at all A&E departments.
- ❖ Performance remained substantially below the national recovery target of 78% in May-25.
- ❖ Oldham performance was ranked 10th of 10 GM localities in May-25.
- ❖ Performance at the Royal Oldham Hospital improved slightly in May-25 with 58.5% of all A&E attendances at the site waiting less than 4 hours (58.0% in Apr-25).

Oldham

No Reason/Criteria To Reside patients (NCTR) as % of occupied beds

Total occupied beds, and of these, the number of patients who are fit for discharge and have no need to reside in a hospital bed

Source: GM Admissions - Local (Monthly)

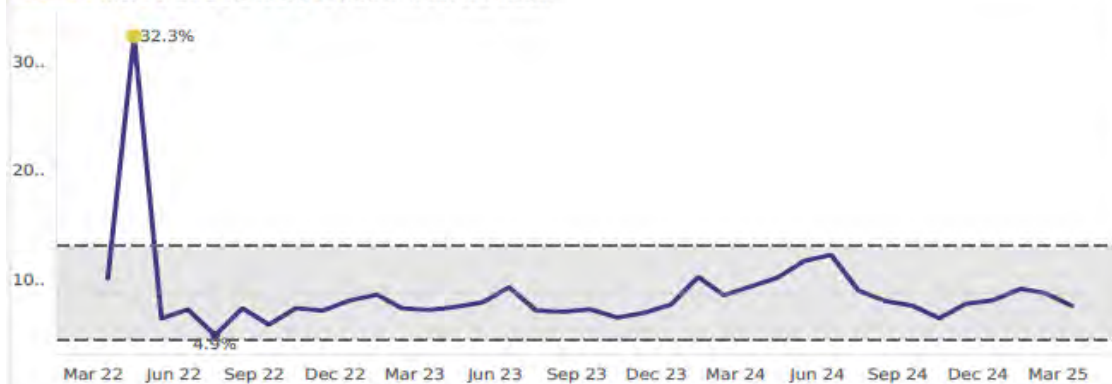
7.6%

April 2025

8.8%

March 2025

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	10.1%	32.3%	6.4%	7.3%	4.9%	7.4%	5.9%	7.4%	7.2%	8.1%	8.6%	7.4%
2023-24	7.2%	7.5%	7.9%	9.3%	7.2%	7.1%	7.3%	6.5%	7.0%	7.7%	10.3%	8.6%
2024-25	9.4%	10.2%	11.8%	12.3%	9.0%	8.0%	7.6%	6.5%	7.8%	8.1%	9.2%	8.8%
2025-26	7.6%											

Selected measure at April 2025 has continuously **decreased** for **2** period(s) of time

Latest Value GM Benchmarking

Oldham

7.6%

Stockport

8.1%

Tameside

10.4%

Rochdale

10.9%

Bury

14.1%

Bolton

15.0%

Trafford

15.7%

Salford

16.0%

Manchester

16.8%

Wigan

19.1%

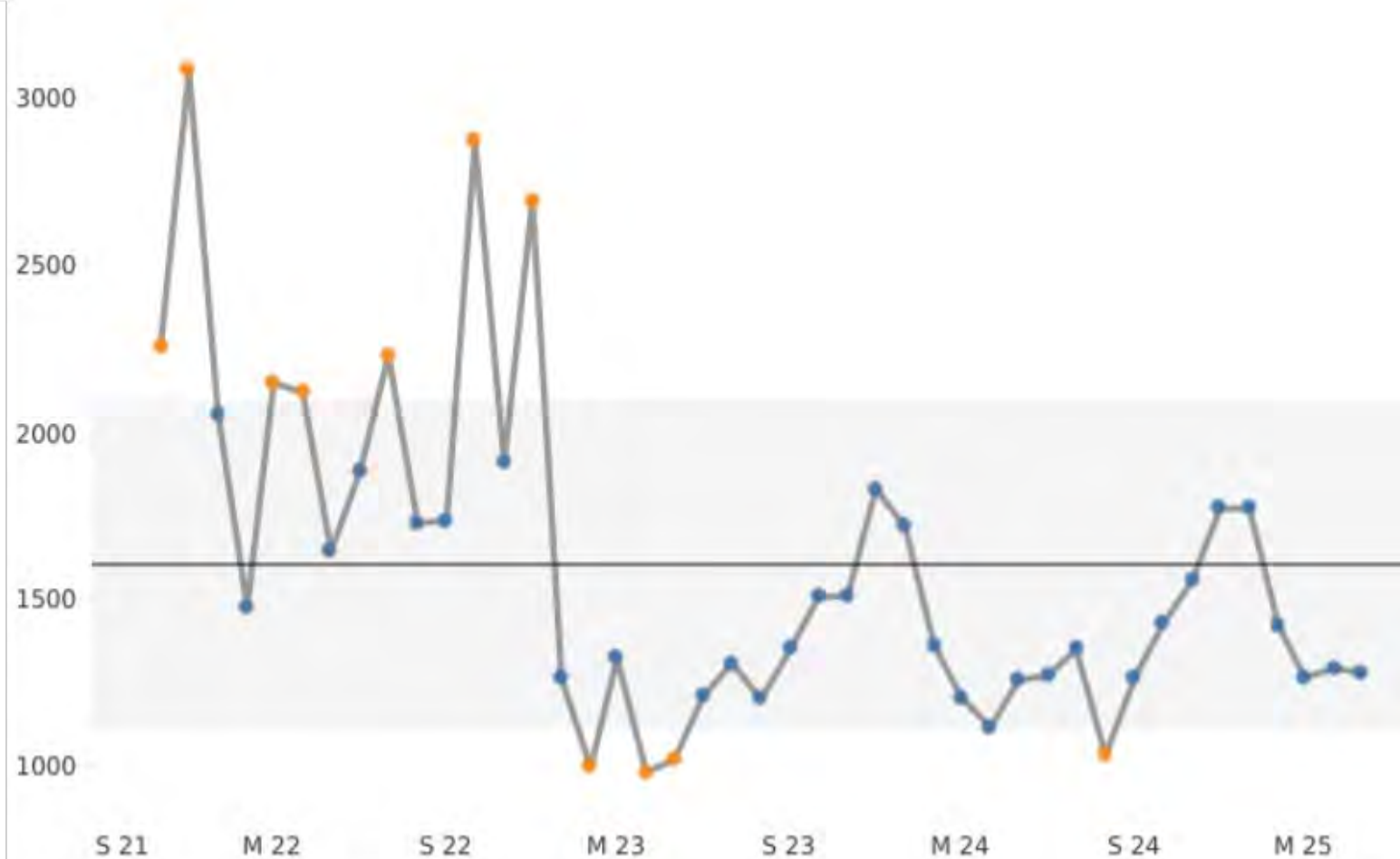
NHS Greater
Manchester
Integrated Care
Board

13.8%

No Criteria to Reside (OVERSIGHT)

- ❖ The data displayed to the left describes performance for Oldham registered patients at **all** acute trusts.
- ❖ NCTR occupation decreased to 7.6% in Apr-25. Oldham patients had the lowest rate of NCTR occupation in GM.
- ❖ The NCTR rate at the Royal Oldham Hospital was 6.3% in Apr-25. Ongoing strong performance at the site is a very significant factor in the overall Oldham position.

Oldham



NWAS Response Times: Cat 2 - Emergency Incidents (SIGHT)

- ❖ Category 2 ambulance calls - classed as emergency or a potentially serious conditions that may require rapid assessment, urgent on-scene intervention, and/or urgent transport. For example, a person may have had a heart attack or stroke.
- ❖ Target - 18 minute average (1,080 seconds).
- ❖ May-25 - 21:23 minute average (1,274 seconds).
- ❖ Oldham performance was ranked 6th of 10 GM localities in May-25

Elective Care

Oldham

RTT incomplete: 65+ week waits

"The number of 65+ week incomplete RTT pathways based on data provided by NHS and independent sector organisations and reviewed by NHS commissioners via SDCS. The definitions that apply for RTT waiting times, as well as guidance on recording and reporting RTT data, can be found on the NHS England and NHS Improvement Consultant-led referral to treatment waiting times rules and guidance webpage."

Source: Consultant-led RTT Waiting Times data collection (National Statistics). (Monthly)

2

March 2025

12

February 2025

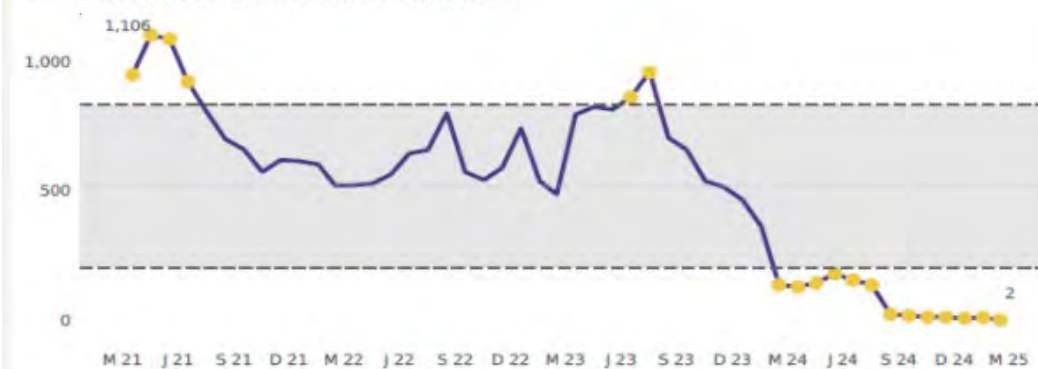
3/121

National Rank
Upper Quartile

0.

National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	953	1,106	1,091	926	809	703	664	576	622	618	605	523
2022-23	524	530	567	647	662	804	576	545	591	745	540	489
2023-24	798	828	818	866	963	708	662	540	518	468	365	139
2024-25	130	146	181	157	138	24	19	13	13	9	12	2

Selected measure at March 2025 has continuously decreased for 1 period(s) of time

Latest Value GM Benchmarking National Rank against other localities

Wigan	78.0
Stockport	36.0
Salford	17.0
Manchester	16.0
Bolton	15.0
Bury	5.0
Rochdale	3.0
Tameside	3.0
Oldham	2.0
Trafford	2.0

RTT Incomplete: 65+ weeks (SIGHT)

- ❖ The 2024/25 target was to eliminate 65+ week waits by Sep-24 at the latest.
- ❖ Significant improvement in Mar-25 - 2 patients waiting 65+ weeks. Provisional data for Apr-25 indicates an increase in 65+ week waiters from 2 to 6.
- ❖ Ranked joint 1st of 10 GM localities on an absolute numbers basis in Mar-25.

Oldham

Diagnostic 6ww: All

% of Patients waiting over 6 weeks for a diagnostic test or procedure

Source: Monthly Diagnostics Waiting Times and Activity Return - DM01 (Monthly)

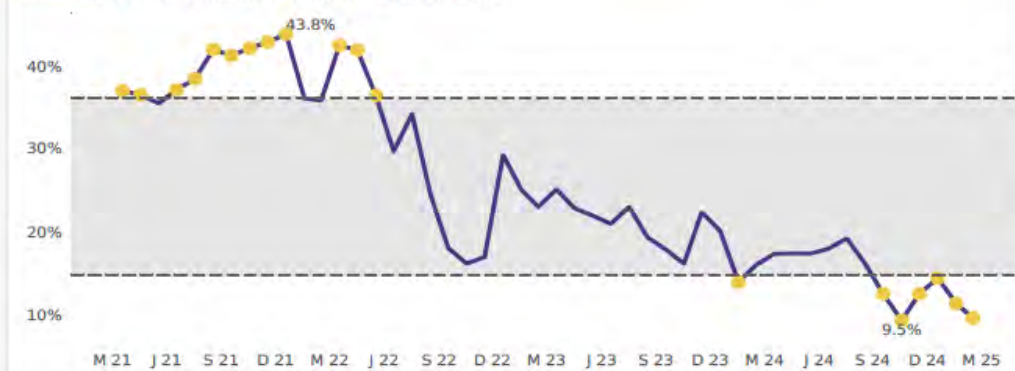
9.8%
March 2025

11.6%
February 2025

33/107
National Rank
Inter Quartile

1.0%
National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	37.0%	36.6%	35.5%	37.2%	38.5%	42.0%	41.2%	42.2%	42.9%	43.8%	36.1%	35.9%
2022-23	42.5%	41.9%	36.5%	29.8%	34.3%	24.6%	18.2%	16.3%	17.1%	29.3%	25.2%	23.1%
2023-24	25.2%	23.0%	22.1%	21.1%	23.1%	19.5%	18.1%	16.3%	22.5%	20.2%	14.1%	16.1%
2024-25	17.5%	17.6%	17.5%	18.1%	19.4%	16.3%	12.7%	9.5%	12.7%	14.6%	11.6%	9.8%

Latest Value GM Benchmarking National Rank against other localities

Stockport 22.1%

Salford 13.4%

Wigan 10.9%

Oldham 9.8%

Rochdale 9.5%

Bury 8.8%

Manchester 7.6%

Bolton 7.6%

Trafford 6.2%

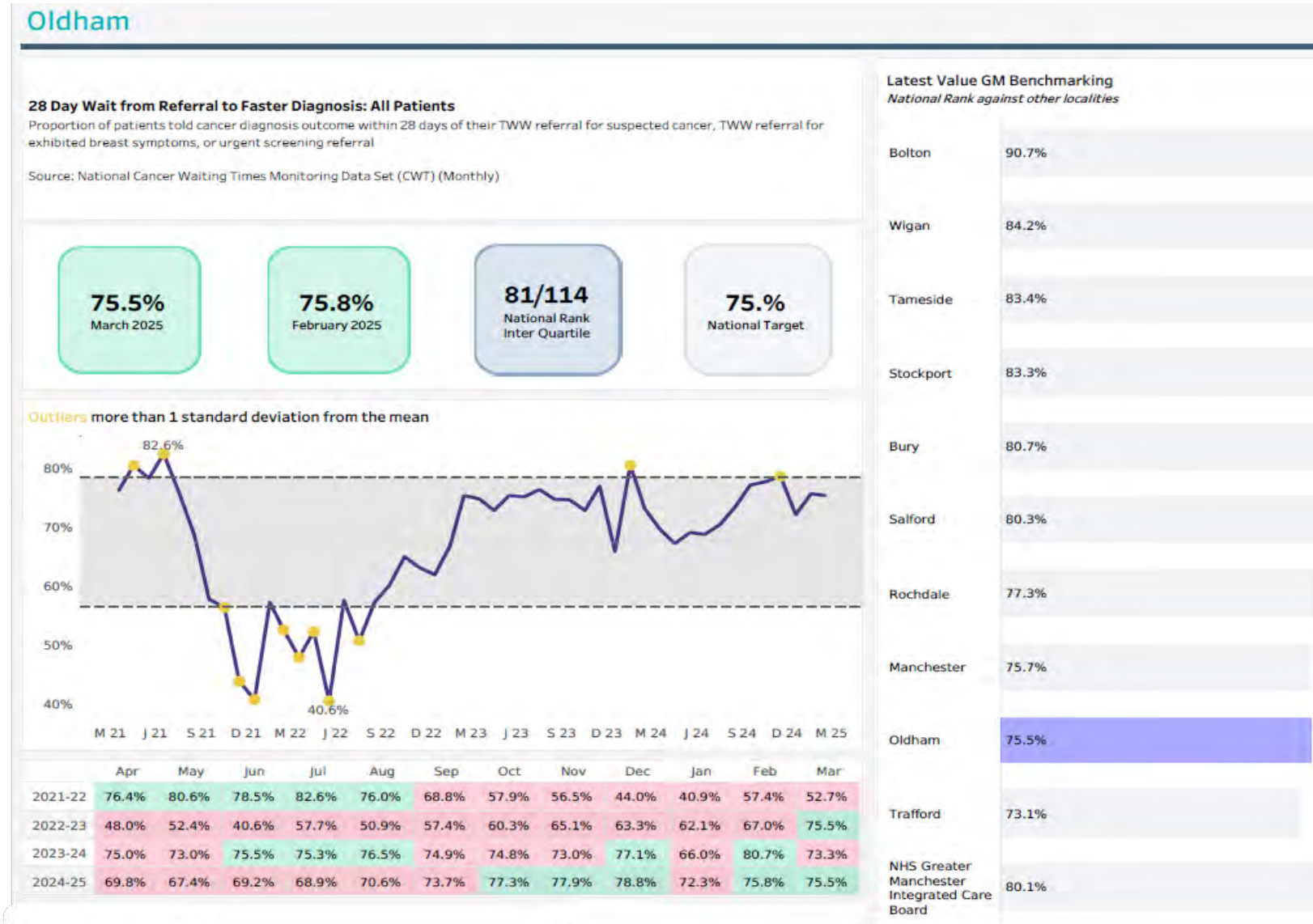
Tameside 5.8%

NHS Greater Manchester Integrated Care Board 10.5%

Diagnostic Waiting Times % waiting > 6 weeks (SIGHT)

- ❖ 6-week breaches remained substantially above the national recovery target of 95% within 6 weeks (max 5% breach rate by Mar-25).
- ❖ Substantial improvement in Mar-25 with 9.8% of patients waiting over 6 weeks. Provisional data for Apr-25 suggests deterioration with 12.7% waiting over 6 weeks.
- ❖ Ranked 33rd of 107 localities nationally and 7th of 10 GM localities in Mar-25.

Cancer



Patients meeting the faster cancer diagnosis standard (SIGHT)

- ❖ The national 75% target has been met in 5 of the last 6 months, including Mar-25.
- ❖ Ranked 81st of 114 localities nationally and 9th of 10 GM localities in Mar-25.

Mental Health

Oldham

Dementia: Diagnosis Rate (Aged 65+)

Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care, expressed as a percentage of the estimated prevalence based on GP registered populations.

Source: Primary Care Dementia Data (Monthly)

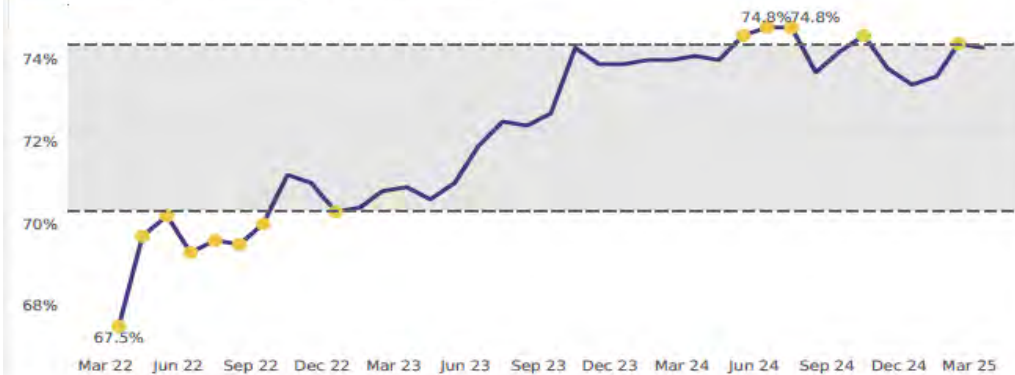
74.3%
April 2025

74.4%
March 2025

15/106
National Rank
Upper Quartile

66.7%
National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	67.5%	69.7%	70.2%	69.3%	69.6%	69.5%	70.0%	71.2%	71.0%	70.3%	70.4%	70.8%
2023-24	70.9%	70.6%	71.0%	71.9%	72.5%	72.4%	72.7%	74.3%	73.9%	73.9%	74.0%	74.0%
2024-25	74.1%	74.0%	74.6%	74.8%	74.8%	73.7%	74.2%	74.6%	73.8%	73.4%	73.6%	74.4%
2025-26	74.3%											

Selected measure at April 2025 has continuously **decreased** for **1** period(s) of time

Latest Value GM Benchmarking National Rank against other localities

4	Rochdale	78.9%
5	Salford	78.7%
7	Bury	76.2%
	Stockport	76.2%
13	Manchester	75.0%
15	Oldham	74.3%
24	Wigan	72.8%
25	Tameside	72.6%
30	Bolton	72.2%
47	Trafford	67.4%
2	NHS Greater Manchester Integrated Care Board	74.3%

Dementia Diagnosis Rate (OVERSIGHT)

- ❖ Oldham performance was again substantially higher than the 66.7% target in Apr-25.
- ❖ Ranked 15th of 106 localities nationally and 6th of 10 GM localities in Apr-25.

Oldham

Access to Children and Young Peoples Mental Health Services

Access to Children and Young Peoples Mental Health Services

Source: Published MHSDS (Monthly)

3,925

March 2025

3,960

February 2025

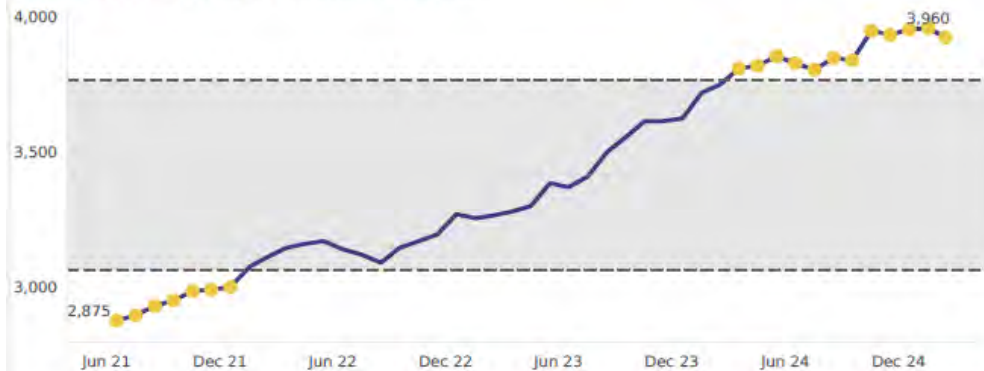
75/106

National Rank
Inter Quartile

5,413

National Median

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22				2,875	2,895	2,930	2,950	2,985	2,990	3,000	3,075	3,110
2022-23	3,145	3,160	3,170	3,140	3,120	3,090	3,145	3,170	3,195	3,270	3,255	3,265
2023-24	3,280	3,300	3,385	3,370	3,410	3,500	3,555	3,615	3,615	3,625	3,720	3,750
2024-25	3,810	3,820	3,855	3,830	3,805	3,850	3,840	3,950	3,935	3,955	3,960	3,925

Selected measure at March 2025 has continuously **decreased** for **1** period(s) of time

Latest Value GM Benchmarking

Rate per 1000 / Count (National Rank based on count)

Manchester	108.1	16,010 (11)
Tameside	101.7	4,930 (61)
Trafford	88.6	4,815 (64)
Rochdale	81.8	4,810 (65)
Bury	77.3	3,515 (83)
Salford	74.4	4,890 (62)
Wigan	62.7	4,440 (68)
Oldham	61.3	3,925 (75)
Stockport	60.1	4,035 (74)
Bolton	57.3	4,415 (69)

The rate is calculated using the 0-17 registered population figure for each locality | Oldham: 64,159

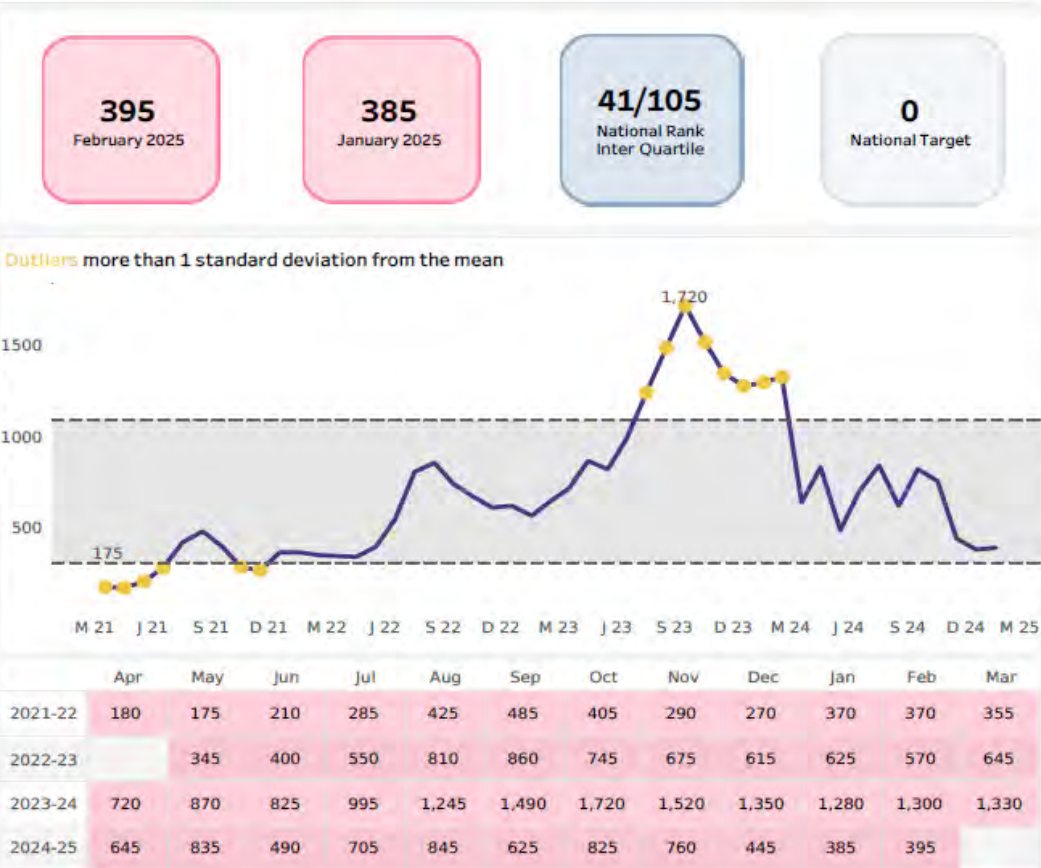
Number of children and young people accessing mental health services (OVERSIGHT)

- ❖ Oldham access numbers decreased in Mar-25, but there continues to be a strong upward trend.
- ❖ Rate per 1,000 (0-17s) – 3rd lowest of 10 GM localities.

Inappropriate adult acute mental health Out of Area Placement (OAP) bed days

Number of inappropriate OAP bed days for adults that are either 'internal' or 'external' to the sending provider

Source: Out of Area Placements in Mental Health Services Official Statistics (Monthly)



Latest Value GM Benchmarking
Rate per 1000 | Count (National rank)

1	Rochdale	0.73	185 (20)
2	Stockport	1.37	450 (45)
3	Oldham	1.47	395 (41)
4	Tameside	1.75	400 (42)
5	Wigan	2.43	855 (65)
6	Trafford	2.53	630 (54)
7	Salford	3.42	1,105 (75)
8	Bolton	3.49	1,165 (77)
9	Manchester	4.74	3,560 (95)
10	Bury	17.93	3,815 (97)

The rate is calculated using the registered population figure for each locality | Oldham: 269,252

Inappropriate adult acute mental health placement out-of-area placement bed days (OVERSIGHT)

- ❖ Significant reduction in inappropriate adult acute mental health out-of-area placement (OAP) bed days, falling from 1,300 in Feb-24 to 395 in Feb-25
- ❖ Rate per 1,000 – Ranked 41st of 105 localities nationally and 3rd of 10 GM localities in Feb-25.

Oldham

Long length of stay for adults (60+ days) - Mental Health Patients

Proportion of all discharges from adult acute and older adult acute beds, with a length of stay of over 60 days

Source: Published MHSDS (Monthly)

60.0%

March 2025

100.0%

February 2025

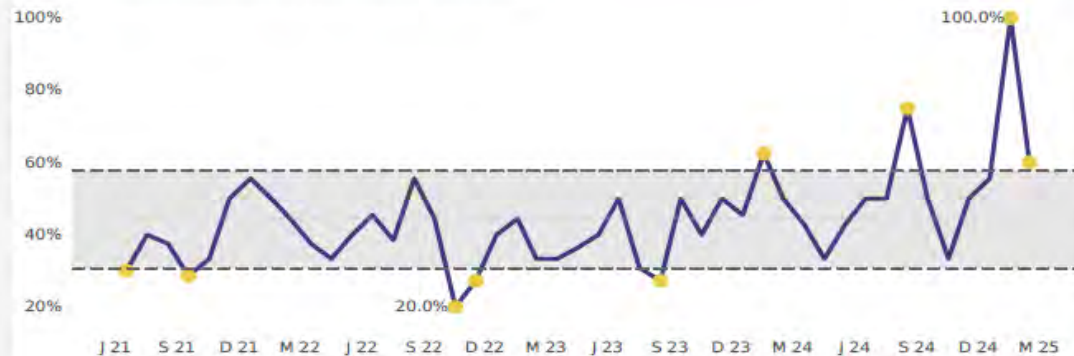
90/102

National Rank
Lower Quartile

0.0%

National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22				30.0%	40.0%	37.5%	28.6%	33.3%	50.0%	55.6%	50.0%	44.4%
2022-23	37.5%	33.3%	40.0%	45.5%	38.5%	55.6%	44.4%	20.0%	27.3%	40.0%	44.4%	33.3%
2023-24	33.3%	36.4%	40.0%	50.0%	30.8%	27.3%	50.0%	40.0%	50.0%	45.5%	62.5%	50.0%
2024-25	42.9%	33.3%	42.9%	50.0%	50.0%	75.0%	50.0%	33.3%	50.0%	55.6%	100.0%	60.0%

Selected measure at March 2025 has continuously decreased for 1 period(s) of time

Latest Value GM Benchmarking National Rank against other localities

21	Trafford	28.6%
39	Salford	37.5%
44	Wigan	38.5%
51	Tameside	42.9%
71	Bury	50.0%
87	Rochdale	57.1%
	Stockport	57.1%
90	Oldham	60.0%
97	Manchester	68.2%
99	Bolton	71.4%
37	NHS Greater Manchester Integrated Care Board	53.2%

Adults discharged from mental health inpatient settings with a length of stay of over 60 days / 90 Days (OVERSIGHT)

- ❖ Mar-25 - 60% of Oldham mental health discharges had a long length of stay of more than 60 days. It is important to note however that performance against this indicator is likely distorted by very small patient numbers.
- ❖ Ranked 90th of 102 localities nationally and 8th of 10 GM localities in Mar-25.

Oldham

Percentage of MH patients with no criteria to reside (NCTR)

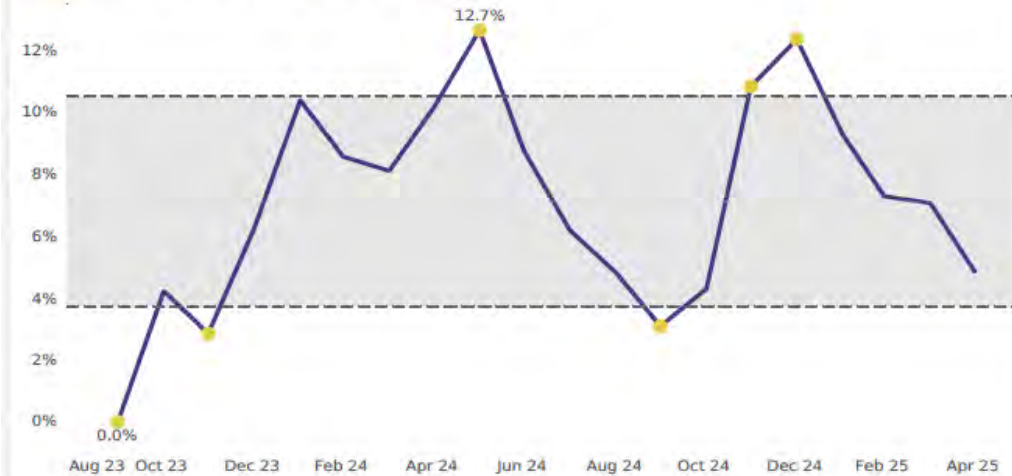
Percentage of beds occupied by MH patients who are ready to be discharged

Source: GM Admissions - Local (Monthly)

4.9%
May 2025

7.1%
April 2025

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-24							0.0%	4.2%	2.9%	6.3%	10.4%	8.6%
2024-25	8.1%	10.1%	12.7%	8.8%	6.2%	4.8%	3.1%	4.3%	10.8%	12.4%	9.3%	7.3%
2025-26	7.1%	4.9%										

Latest Value GM Benchmarking

Oldham	4.9%
Stockport	6.5%
Bury	10.6%
Bolton	12.5%
Tameside	13.1%
Rochdale	13.5%
Trafford	16.7%
Wigan	16.7%
Salford	17.7%
Manchester	19.5%
NHS Greater Manchester Integrated Care Board	13.7%

Mental health patients with no criteria to reside (OVERSIGHT)

- ❖ A reduction in the NCTR rate was reported in May-25.
- ❖ Oldham mental health patients had the lowest rate of NCTR occupation of 10 GM localities in May-25.

Oldham

Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses

Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services (in transformed and non-transformed PCNs) for adults and older adults with severe mental illnesses, in a rolling 12 month period

Source: Published MHSDS (Monthly)

1,650

March 2025

1,630

February 2025

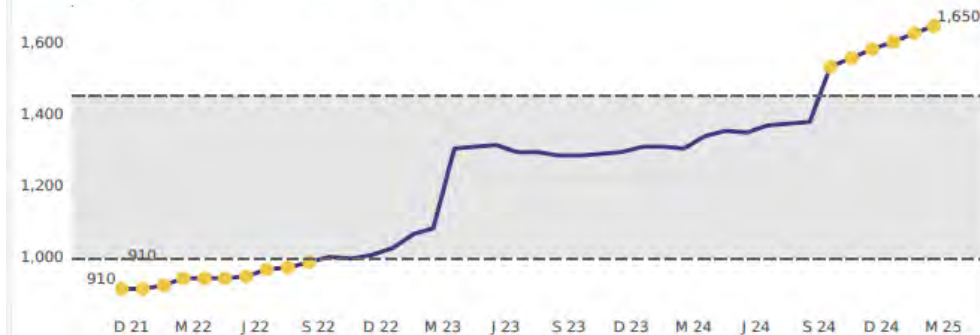
90/106

National Rank
Lower Quartile

3,818

National Median

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22									910	910	920	940
2022-23	940	940	945	965	970	985	1,000	995	1,005	1,025	1,065	1,080
2023-24	1,305	1,310	1,315	1,295	1,295	1,285	1,285	1,290	1,295	1,310	1,310	1,305
2024-25	1,340	1,355	1,350	1,370	1,375	1,380	1,535	1,560	1,585	1,605	1,630	1,650

Selected measure at March 2025 has continuously **increased** for **9** period(s) of time

Latest Value GM Benchmarking Rate per 1000 / Count (National Rank)

1	Salford	20.5	5,250 (41)
2	Manchester	13.7	8,225 (29)
3	Wigan	13.0	3,660 (57)
4	Trafford	12.1	2,350 (73)
5	Tameside	11.9	2,140 (79)
6	Bury	11.7	1,950 (83)
7	Bolton	10.3	2,645 (64)
8	Rochdale	9.3	1,795 (87)
9	Oldham	8.1	1,650 (90)
10	Stockport	6.5	1,695 (88)

The rate is calculated using the 18+ registered population figure for each locality | Oldham: 204,826

Access to community mental health services for adult and older adults with severe mental illness (OVERSIGHT)

- ❖ Oldham access numbers continue to increase although the rate per 1,000 was the 2nd lowest of 10 GM localities in Mar-25.

Oldham

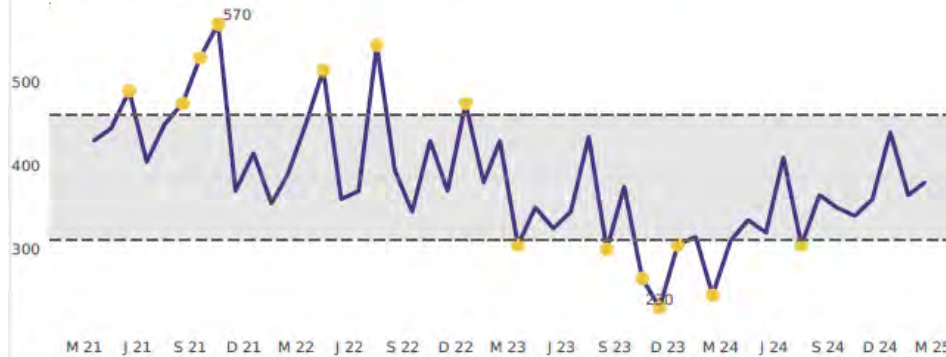
Talking Therapies: Access Rate

This indicator tracks our ambition to expand Improving Access to Psychological Therapies (IAPT) services, also known as NHS Talking Therapies. The primary purpose of this indicator is to measure improvements in access to psychological therapy (via IAPT) for people with depression and/or anxiety disorders.

Source: Improving Access to Psychological Therapies Data Set (Monthly)



Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	430	445	490	405	450	475	530	570	370	415	355	390
2022-23	450	515	360	370	545	395	345	430	370	475	380	430
2023-24	305	350	325	345	435	300	375	265	230	305	315	245
2024-25	310	335	320	410	305	365	350	340	360	440	365	380

Latest Value GM Benchmarking Rate per 1000 | Count (National rank)

1	Salford	2.8	890 (38)
2	Manchester	2.1	1,605 (15)
3	Trafford	1.9	480 (66)
4	Bolton	1.8	610 (55)
5	Wigan	1.7	610 (55)
6	Tameside	1.7	385 (80)
7	Stockport	1.6	530 (62)
8	Oldham	1.4	380 (82)
9	Bury	1.2	260 (97)
10	Rochdale	1.1	275 (91)

The rate is calculated using the registered population figure for each locality | Oldham: 269,103

Number of people accessing talking therapies services (OVERSIGHT)

- ❖ There was a slight increase in the number of patients accessing talking therapies Mar-25.
- ❖ Ranked 82nd of 109 localities nationally on an absolute number's basis in Mar-25.
- ❖ Access rate per 1,000 – Ranked 82nd of 109 localities nationally and 8th of 10 GM localities.

Women Accessing Specialist Community Perinatal Mental Health Services

Women Accessing Specialist Community Perinatal Mental Health Services (Rolling 12 mths)

Source: Published MHSDS (Quarterly)



Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22				130	130	140	140	145	145	150	155	155
2022-23	155	155	155	160	155	160	160	160	160	150	145	140
2023-24	135	155	160	160	170	170	175	180	175	190	200	210
2024-25	215	215	220	235	250	260	270	265	255	260	260	260

Latest Value GM Benchmarking

Rate per 1000 | Count (National Rank)

1	Bury	5.2	215 (87)
2	Stockport	5.2	320 (61)
3	Trafford	4.9	230 (85)
4	Oldham	4.7	260 (74)
5	Tameside	4.7	215 (87)
6	Rochdale	4.6	235 (84)
7	Wigan	4.4	290 (68)
8	Bolton	3.9	260 (74)
9	Salford	3.1	245 (81)
10	Manchester	2.6	520 (40)

Women Accessing Perinatal Mental Health Service (OVERSIGHT)

- ❖ The strong upward trend, which has been evident since May 2023, appears to have stalled in recent months.
- ❖ Ranked 74th of 107 localities nationally on an absolute numbers basis in Mar-25.
- ❖ Access rate per 1,000 – Ranked 4th of 10 GM localities.

Community

Oldham

% 2-hour Urgent Community Response (UCR) first care contacts

Percentage of 2-hour UCR referrals subject to the 2-hour response standard (as specified in the UCR technical guidance), with an RTT end date in reporting month, that achieved the 2-hour response standards

Source: Community Services Data Set (CSDS) (Monthly)

97.0%

April 2025

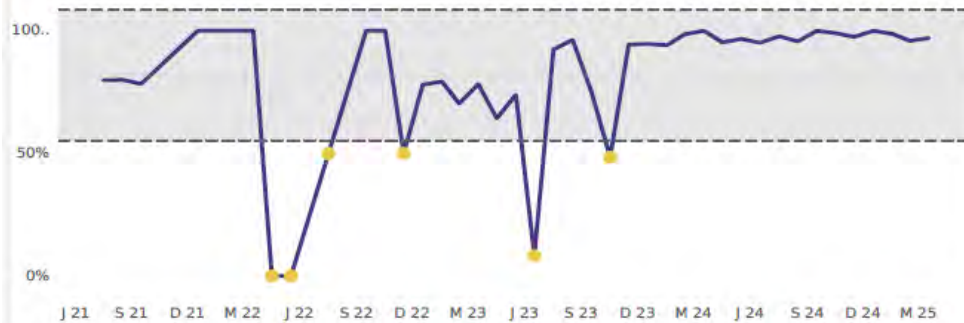
95.9%

March 2025

70%

National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22					79.8%	80.0%	78.4%			100.0%	100.0%	100.0%
2022-23	100.0%	0.0%	0.0%		50.0%		100.0%	100.0%	50.0%	78.0%	79.3%	70.4%
2023-24	78.3%	64.3%	73.9%	8.3%	92.4%	96.3%	75.6%	48.4%	94.4%	94.6%	94.1%	98.6%
2024-25	100.0%	95.3%	96.7%	95.1%	97.8%	95.7%	100.0%	99.0%	97.5%	100.0%	98.8%	95.9%
2025-26	97.0%											

Selected measure at April 2025 has continuously **increased** for **1** period(s) of time

Latest Value GM Benchmarking

Oldham

97.0%

Bury

96.7%

Stockport

96.5%

Trafford

95.2%

Manchester

92.2%

Wigan

91.9%

Tameside

89.5%

Rochdale

76.8%

Bolton

71.1%

Salford

55.3%

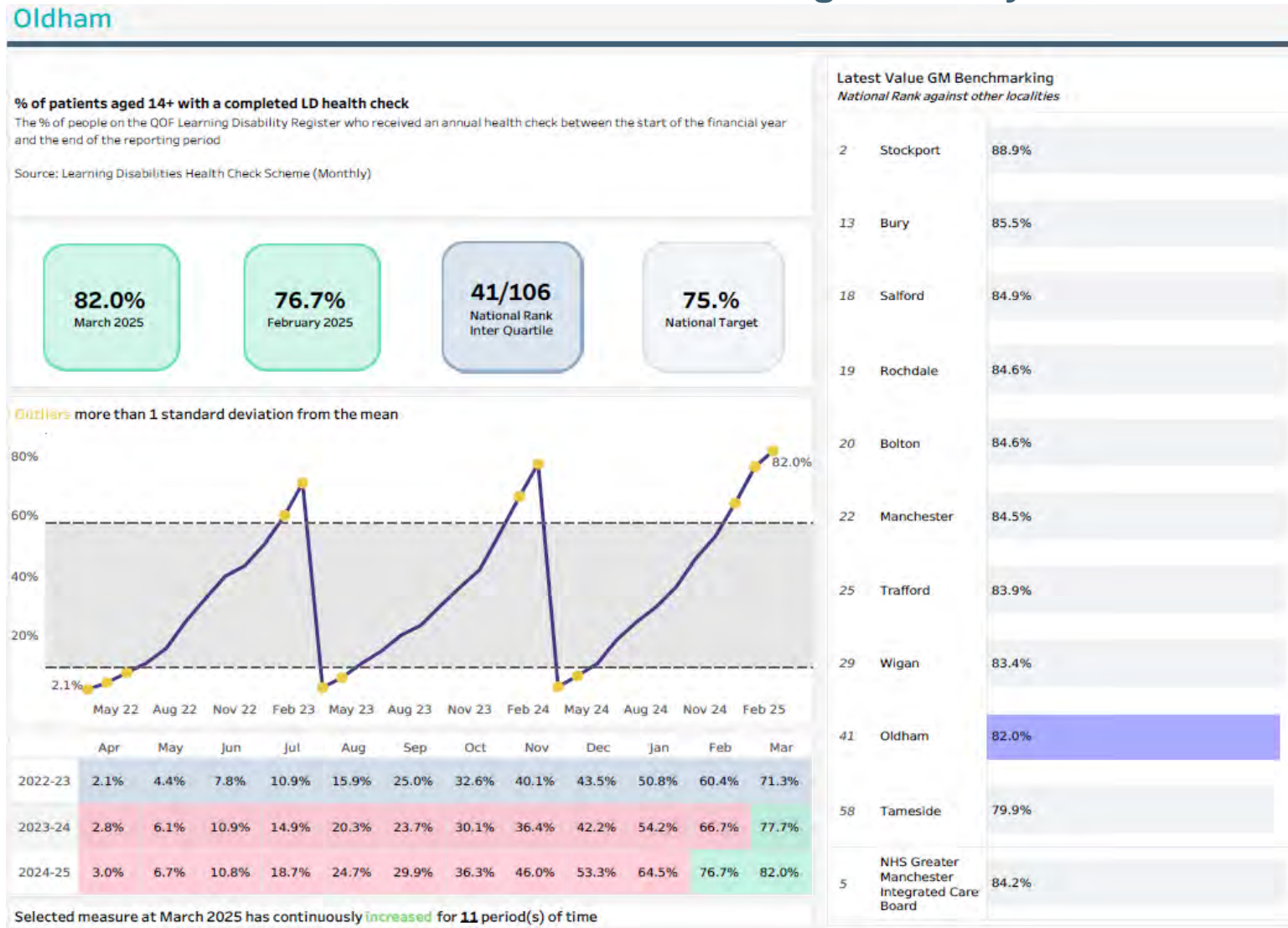
NHS Greater
Manchester
Integrated Care
Board

83.1%

2-hour urgent community response (UCR) first care contacts (OVERSIGHT)

- ❖ Oldham 2-hour performance has consistently surpassed the 70% target in each of the 17 months to Apr-25.
- ❖ Oldham ranked 1st of 10 GM localities in Apr-25.

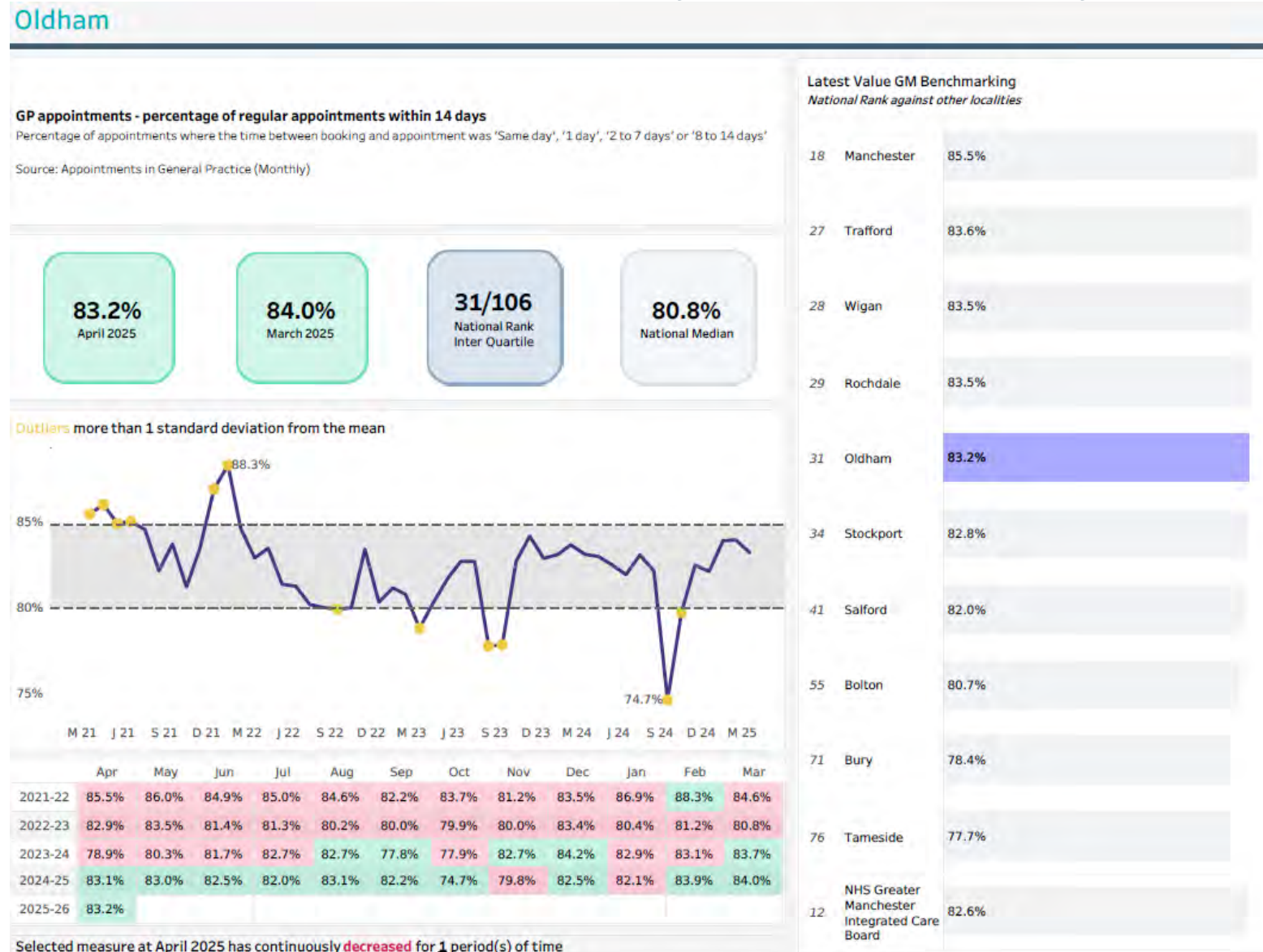
Learning Disability and Autism



Aged 14 and over with a learning disability on the GP register receiving an annual health check (OVERSIGHT)

- ❖ In March-25, Oldham exceeded the national target of 75%.
- ❖ Ranked 41st of 106 localities nationally and 9th of 10 GM localities in Mar-25.

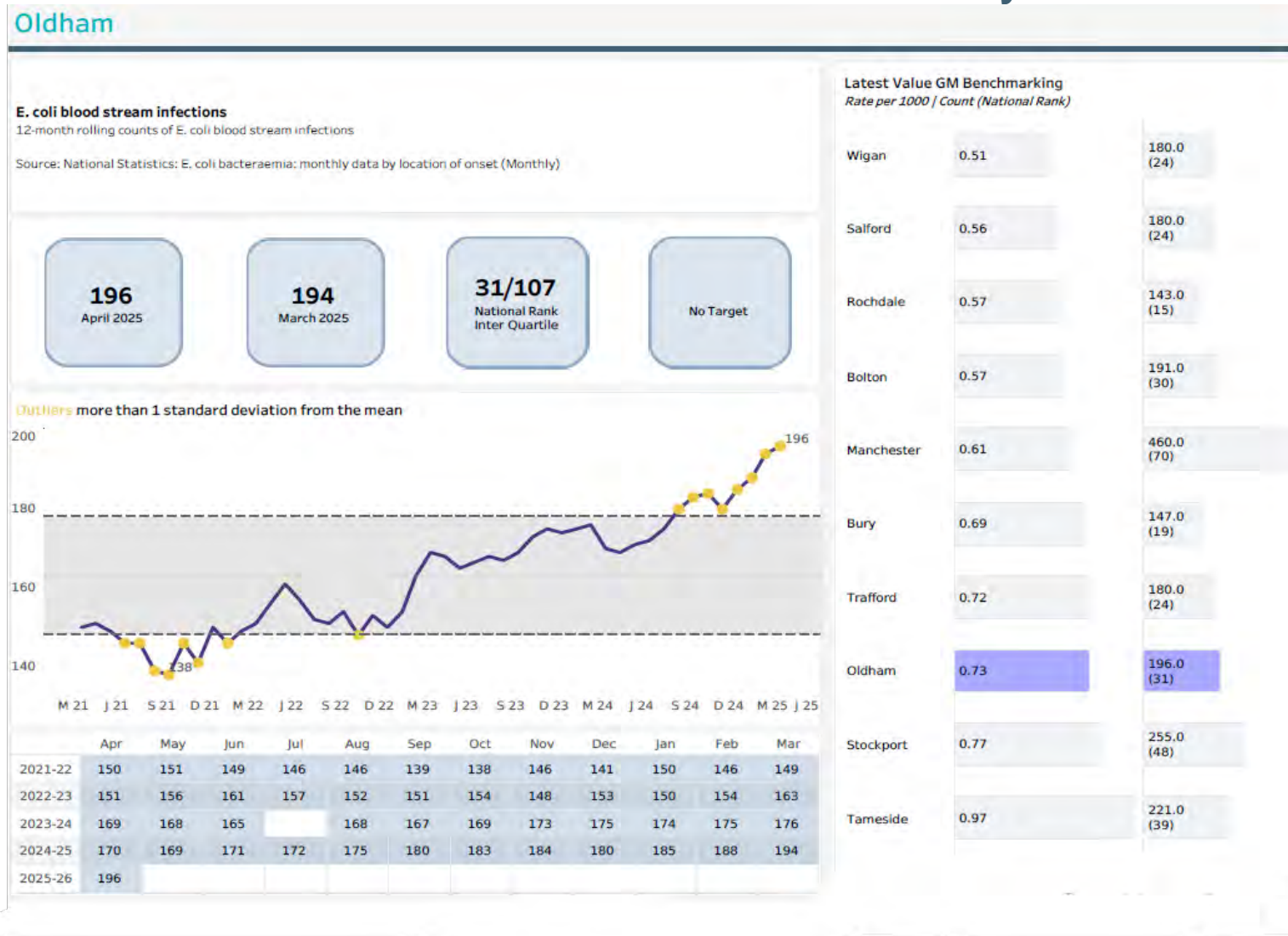
Primary Care and Community Services



Regular general practice appointments delivered within 14 days of request (OVERSIGHT)

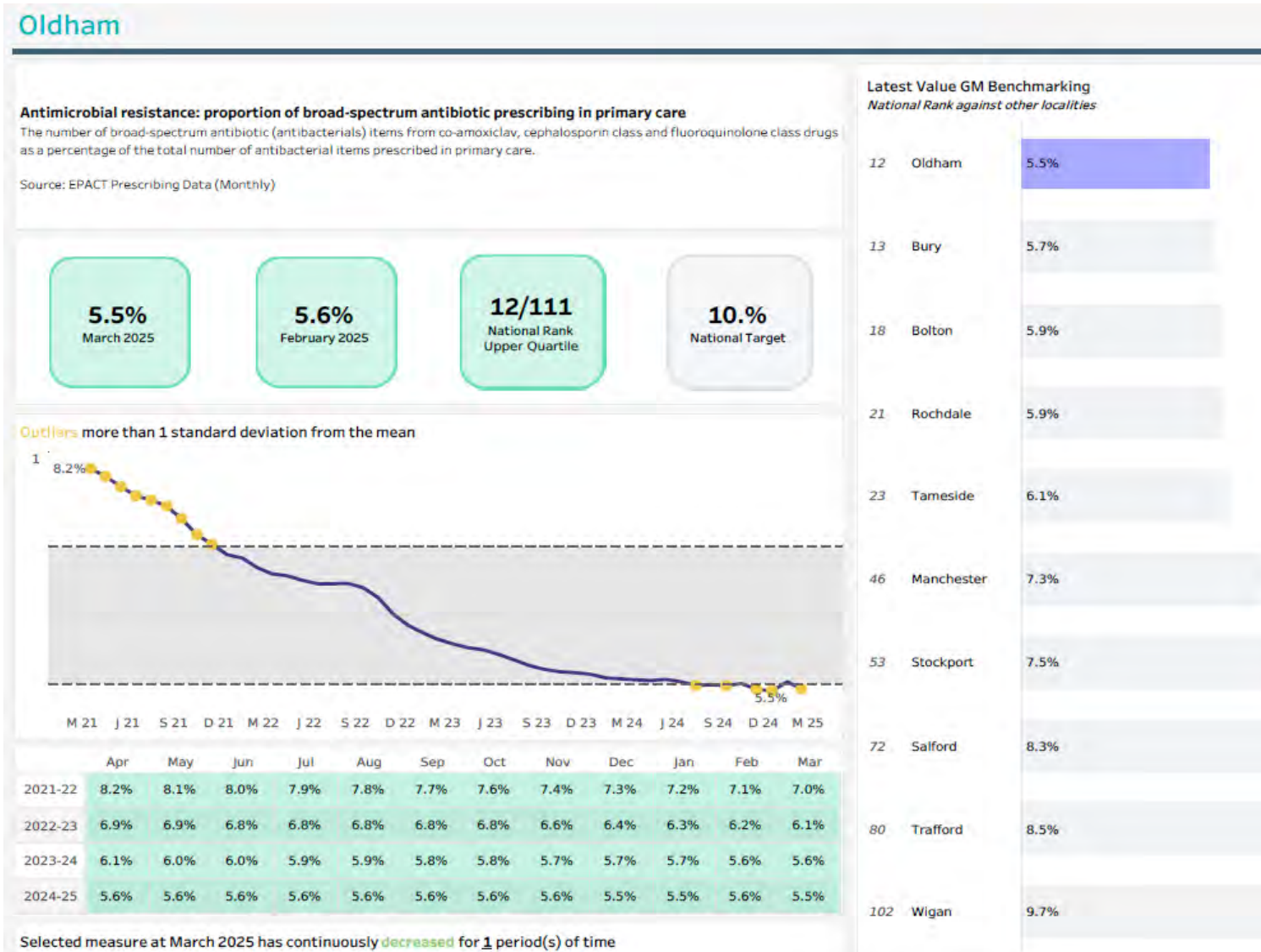
- ❖ Target is the national median relevant to the reporting period.
- ❖ Oldham performance was above the national median in Apr-25.
- ❖ Ranked 31st 106 localities nationally and 5th of 10 GM localities in Apr-25.

Quality



E. coli blood stream infections (OVERSIGHT)

- ❖ Infections rates continue to rise with the 8 most recent reporting periods being more than 1 standard deviation higher than the mean average.
- ❖ Apr-25 rate per 1,000 – Ranked 31st of 107 localities nationally and 8th of 10 GM localities.



Broad-spectrum antibiotic prescribing (OVERSIGHT)

- ❖ Target 10% maximum of all antibiotics prescribed.
- ❖ All GM localities continue prescribe less than the 10% target.
- ❖ Ranked 12th of 111 localities nationally and 1st of 10 GM localities in Mar-25.

Oversight Metrics Glossary

Domain	Code	Measure	Description	Data Source	Frequency	Latest	Updated	RAG rated against	Desired Direction
Cancer	N/A	Cancers Diagnosed At Early Stage using Full Registration Data	Count of cancers diagnosed at stages 1 and 2 divided by count of cancers diagnosed at stages 1, 2, 3, and 4	Cancer Early Staging Data Statistics via The National Disease...	Annual	Dec 21	2nd Thursday	National Median	Increase
Mental Health & Learning Disabilities	S086a	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Inappropriate Out of Area Placements	Out of Area Placements in Mental Health Services Official Statistics	Monthly	Mar 25	2nd Thursday	National Target	Decrease
	S081a	Talking Therapies: Access Rate	Number of people accessing first treatment	Improving Access to Psychological Therapies Data Set	Monthly	Mar 25	2nd Thursday	No Target	Increase
	EAS01	Dementia: Diagnosis Rate (Aged 65+)	Dementia: Diagnosis Rate (Aged 65+)	Primary Care Dementia Data	Monthly	Apr 25	2nd Thursday	National Target	Increase
	S030a	% of patients aged 14+ with a completed LD health check	% of patients aged 14+ with a completed LD health check	Learning Disabilities Health Check Scheme	Monthly	Mar 25	2nd Thursday	National Target	Increase
	S110a	Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services (in transformed and non-transformed PCNs) for adults and older adults with...	Published MHSDS	Monthly	Mar 25	2nd Thursday	National Median	Increase
	S125a	Long length of stay for adults (60+ days)	Number of people for a given CCG discharged from an adult acute inpatient bed with a hospital spell over 60 days (calculated from the point of admission to the point of discharge)	Published MHSDS	Monthly	Mar 25	2nd Thursday	National Target	Decrease
	EH09	Access to Children and Young Peoples Mental Health Services	Number of CYP aged 0-17 supported through NHS funded mental health services receiving at least one contact.	Published MHSDS	Monthly	Mar 25	2nd Thursday	National Median	Increase
	S131a	Women Accessing Specialist Community Perinatal Mental Health Services	Number of women accessing specialist community PMH and MMHS services in the reporting period	Published MHSDS	Quarterly	Mar 25	2nd Thursday	No Target	Increase
	N/A	Number of MH patients with no criteria to reside (NCTR)	Number of MH patients with no criteria to reside	GM Admissions - Local	Monthly	May 25	1st	No Target	Decrease
	N/A	Percentage of MH patients with no criteria to reside (NCTR)	Percentage of MH patients with no criteria to reside	GM Admissions - Local	Monthly	May 25	1st	No Target	Decrease
Primary Care	N/A	Proportion of urgent eating disorder referrals cases entering treatment within one week, aged 0-18	Proportion of referrals with eating disorders categorized as urgent cases entering treatment within one week in RP, aged 0-18	Published MHSDS	Monthly	Mar 25	2nd Thursday	National Target	Increase
	N/A	Proportion of routine eating disorder referrals cases entering treatment within four weeks, aged 0-18	Proportion of referrals with eating disorders categorized as routine cases entering treatment within four weeks in RP, aged 0-18	Published MHSDS	Monthly	Mar 25	2nd Thursday	National Target	Increase
	S053b	% of hypertension patients who are treated to target as per NICE guidance		NHS Quality Outcome Framework	Annual	Mar 24	2nd Thursday	National Target	Increase
Quality	S129a	GP appointments - percentage of regular appointments within 14 days	Percentage of appointments where the time between booking and appointment was 'Same day', '1 day', '2 to 7 days' or '8 to 14 days'	Appointments in General Practice	Monthly	Apr 25	Last Thursday	National Median	Increase
	S053c	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	CVD Prevent	Quarterly	Dec 24	2nd Thursday	National Median	Increase
	S037A	% of patients describing their overall experience of making a GP appointment as good	The weighted percentage of people who report through the GP Patient Survey their overall experience of their GP practice as 'very good' or 'fairly good'	GP Patient Survey	Annual	Mar 23	2nd Thursday	National Median	Increase
Quality	S042a	E. coli blood stream infections	12-month rolling counts of E. coli	National Statistics: E. coli bacteraemia: monthly data by loc...	Monthly	Apr 25	1st Wednesday	No Target	Decrease
	S044b	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	The proportion of broad-spectrum antibiotic prescribing in primary care	EPACT Prescribing Data	Monthly	Mar 25	2nd Thursday	National Target	Decrease
	S044a	Antimicrobial resistance: total prescribing of antibiotics in primary care	The proportion of antibiotic prescribing in primary care	EPACT Prescribing Data	Monthly	Mar 25	2nd Thursday	National Target	Decrease

Sight Metrics Glossary

Domain	Code	Measure	Description	Data Source	Frequency	Latest	RAG rated against	Target/National
Elective Care	EB20	RTT incomplete: 65+ week waits		Consultant-led RTT Waiting Times data collection (National Statistics).	Monthly	Mar 25	National Target	0.
	EB28	Diagnostic 6ww: All	% of Patients waiting over 6 weeks for a diagnostic test or procedure	Monthly Diagnostics Waiting Times and Activity Return - DM01	Monthly	Mar 25	National Target	1.9%
Cancer	S012a	28 Day Wait from Referral to Faster Diagnosis: All Patients	Count of patients told cancer diagnosis outcome within 28 days divided by total count of patients told cancer diagnosis outcome following their TWW referral for suspected cancer, TWW referral for exhibited breast symptoms, or urgent screening referral	National Cancer Waiting Times Monitoring Data Set (CWT)	Monthly	Mar 25	National Target	75.5%
Materni..	S022a	Number of stillbirths per 1,000 total births	Count of cancers diagnosed at stages 1 and 2 divided by count of cancers diagnosed at stages 1, 2, 3, and 4	MBRRACE-UK - Perinatal Mortality Surveillance Report	Annual	Dec 23	National Median	3
	S104a	Number of neonatal deaths per 1,000 total live births	Number of neonatal deaths per 1,000 total live births	MBRRACE-UK - Perinatal Mortality Surveillance Report	Annual	Dec 23	National Median	1
Screenin g and Im munisati ons	S047A	Seasonal Flu Vaccine Uptake: 65 years and over	number of people over 65 who received the seasonal influenza vaccination divided by the number of eligible people who are aged 65 and over	Seasonal influenza vaccine uptake in GP patients: monthly data, 2022 to 2023	Monthly	Feb 24	National Target	85.5%
	S046a	COVER immunisation: MMR2 Uptake at 5 years old	% children whose fifth birthday falls within the time period who have received two doses of MMR vaccination	Cover of vaccination evaluated rapidly (COVER) programme	Quarterly	Dec 24	National Target	95.5%
	S050a	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	% of females, age 25-64 yrs, attending cervical screening within target period (3.5 yrs if aged 24-49 or 5.5 yrs if aged 50-64)	Cervical Screening Programme - Coverage Statistics [Management Information]	Quarterly	Jun 24	National Target	80.5%
	S049a	Breast screening coverage, females aged 53-70, screened in last 36 months	% women eligible for screening who have had a test with a recorded result at least once in the previous 36 months	Fingertips, Public Health Data, Public Health Outcomes Framework	Annual	Dec 24	No Target	
Commu..	N/A	% 2-hour Urgent Community Response (UCR) first care contacts	Percentage of 2-hour Urgent Community Response referrals subject to the 2-hour standard where care was provided within two hours	Community Services Data Set (CSDS)	Monthly	Apr 25	National Target	

Report

Oldham Integrated Care Partnership Committee

Date:	26 June 2025
Agenda item number:	9
Report title:	Oldham Locality Finance Report Month 2 (May) 2025/26
Author:	Tim West Finance Business Partner (Oldham)
Presented for? (Tick all that apply):	
Information <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/> Discussion <input type="checkbox"/> Approval <input type="checkbox"/>
Which local priority does the report link to? (Tick all that apply):	
<input type="checkbox"/> Reduce the time people wait for elective care <input type="checkbox"/> Improve A&E waiting times and ambulance response times (including neighbourhood health model and end of life) <input type="checkbox"/> Improve access to general practice and urgent dental care <input type="checkbox"/> Improve mental health and learning disability care <input type="checkbox"/> Address inequalities and shift towards prevention (including long term conditions identification and management) <input type="checkbox"/> Maintain our collective focus on the overall safety of our services <input checked="" type="checkbox"/> Live within the budget allocated, reducing waste and improving productivity	
Which strategic risk theme does this paper help provide mitigations for? (Tick all that apply):	
<input checked="" type="checkbox"/> Financial resources <input type="checkbox"/> Delivery and demand <input type="checkbox"/> Workforce and capacity <input type="checkbox"/> Health inequalities <input type="checkbox"/> Prevention and population health management <input type="checkbox"/> Delegations and decision-making	
If the report helps support a reduction of health inequalities, please state how:	
All funding within locality budgets supports population health agenda.	
Has there been any clinical and/or care professional input gathered to support the paper? If so please state how:	
No	

Report previously presented at:
N/A
Purpose and summary of the content of the report:
The purpose of this report is to present the financial position for Month 2 (May) 2025/26 including any identified financial pressures for 2025/26 and delivery of the Locality's saving target.
Recommendation(s):
Oldham ICP Committee to note the financial position for Month 2 (May) 2025/26.

1. Introduction

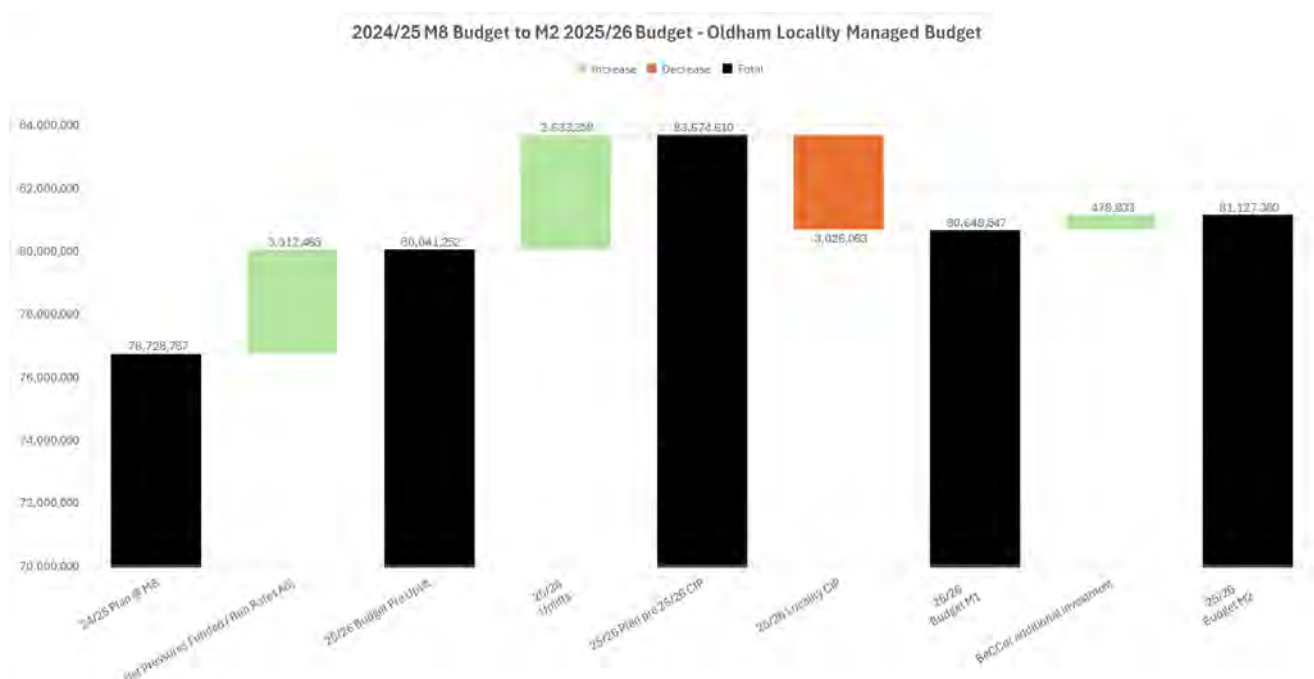
This report provides an update on the NHS GM – Oldham Locality financial position to the end of May 2025 (Month 2), including a Healthcare budget update, details of the Locality's Corporate budget, and the savings or Cost Improvement Programme (CIP) plan for 2025/26.

2. Report summary

NHS GM's 2025/26 opening allocation totals £8.9bn, reflecting growth, adjustments, and specific funding streams including Elective Recovery and Service Development Funds. The plan also includes £200m of deficit control funding for the ICS, with £50m retained by NHS GM, contingent on financial plan delivery.

Undelivered savings from 2024/25 have been carried forward, with a total savings target of £175m set for 2025/26, encompassing these prior savings.

For Oldham, the net healthcare budget at Month 2 stands at £81.127m, reflecting a positive movement of £0.478m from Month 1 and the opening plan due to additional Beyond Core Contract (BeCCOR) investment. The movement from opening plan to current M2 budgets is presented below:



The opening pay budgets for Corporate and Operating Costs have been rolled forward from 2024/25, including any undelivered recurrent savings from the previous year, and adjusted for non-recurrent items. This results in a net corporate budget of £3.729m for the Oldham locality.

Both the healthcare and corporate budgets have now been formally approved.

3. NHS GM Oldham Locality Financial Position at Month 2 (May) 2025/26

The summary finance position is shown in table 1 below:

Table 1 Oldham Locality Year to Date budget and actual vs Forecast outturn as at Month 2

Oldham Locality Month 2 Finance Position						
Directorate	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast Outturn	Forecast Variance
Acute	£403,544	£403,365	(£179)	£2,421,277	£2,421,277	£0
Community	£4,001,296	£4,008,983	£7,687	£24,007,800	£24,007,800	£0
Mental Health	£3,739,528	£3,720,147	(£19,381)	£21,501,313	£21,547,666	£46,353
CHC	£3,515,432	£3,251,231	(£264,201)	£21,142,603	£20,600,699	(£541,904)
Other	£430,588	£333,867	(£96,721)	£2,583,542	£2,583,542	£0
Primary Care	£1,430,835	£1,430,835	(£0)	£9,470,845	£9,470,845	£0
Total Oldham Locality	£13,521,223	£13,148,428	(£372,795)	£81,127,380	£80,631,829	(£495,551)

The YTD position is £0.373m underspend; FOT underspend of £0.495m.

At Month 2, the Oldham Locality is reporting a YTD underspend of £0.372m against a total YTD budget of £13.5m. The full year budget is £81.1m with the forecast outturn of £80.631m.

Continuing Healthcare (CHC) is the key driver of the underspend, with a favourable variance of £264.2k, largely due to the release of prior year accruals and current run-rate efficiencies.

Other Programme Services report a further underspend of £96.7k, while Mental Health and Acute services are broadly on plan, with minor variances of £19.4k and £0.2k underspent respectively.

Community Services show a small overspend of £7.7k, which is not material at this stage.

Primary Care is reporting to plan.

The financial position remains favourable and within expectations for the early part of the financial year. Continued close monitoring of CHC trends and activity-driven budgets will be important as forecasting develops over the coming months.

Emerging financial pressures are being closely monitored across key programme areas. Two high-cost neuro-rehabilitation cases are expected to transition to CHC fully funded packages, representing a material pressure of approximately £1m. This is not yet reflected in the forecast outturn, and a potential budget realignment is being considered to manage the impact. The neuro rehab team are exploring whether this can contribute to the overall CIP delivery.

In Mental Health, Out of Area Placements (OAPS) remain within planned levels. Based on current run rates, a favourable variance of up to £1m may emerge, although this is subject to winter demand pressures. The mental health rehab budget continues to deliver in line with plan, with reinvestment into local models of care.

Other areas such as CHC and Estates are reporting favourable positions year-to-date, driven by a combination of accrual release and tighter cost control. Overall, these variances are non-recurrent and are being reviewed as part of ongoing forecast refinement.

4. NHS GM Oldham Locality Cost Improvement Plan as at May 2025 (Month 2)

The CIP target for 2025/26 £3.275m with 100% transacted as at Month 2 of which £2.6m is recurrent and £0.675m non recurrent in line with the NHS GM requirement of 80% recurrent and 20% non recurrent.

CIP FOR 2025/26 has been delivered via:

- Approximately £1.8m (around 50% of the target) is being delivered through efficiencies in Continuing Healthcare (CHC) and Mental Health (MH) packages of care.

A key enabler has been the joint package of care review and data reconciliation between OMBC's Mosaic system and Broadcare (Adults and CYP). This work is now on schedule and has already reduced over 1,200 invoices, delivering an estimated saving of 200 processing hours—equivalent to 0.1 WTE at Band 3 level.

- Community contracts; a 3% reduction on 24/25 contract values for those larger value contracts minimising impact on Voluntary Community, Faith and Social Enterprise (VCFSE) Sector.

- Estates through minimising voids and ensuring CHP and NHSPS issue accurate bills to current occupiers, alongside a clean-up of historic accruals.

5. Recommendation

Oldham ICP Committee to note the financial position for Month 2 (May) 2025/26

Report

Oldham Integrated Care Partnership Committee

Date:	26 June 2025
Agenda item number:	10
Report title:	Highlight Reports
Author/s:	Various
Presented for? (Tick all that apply):	
Information <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/> Discussion <input type="checkbox"/> Approval <input type="checkbox"/>
Which local priority does the report link to? (Tick all that apply):	
<input type="checkbox"/> Reduce the time people wait for elective care <input type="checkbox"/> Improve A&E waiting times and ambulance response times (including neighbourhood health model and end of life) <input type="checkbox"/> Improve access to general practice and urgent dental care <input type="checkbox"/> Improve mental health and learning disability care <input type="checkbox"/> Address inequalities and shift towards prevention (including long term conditions identification and management) <input checked="" type="checkbox"/> Maintain our collective focus on the overall safety of our services <input type="checkbox"/> Live within the budget allocated, reducing waste and improving productivity	
Which strategic risk theme does this paper help provide mitigations for? (Tick all that apply):	
<input type="checkbox"/> Financial resources <input checked="" type="checkbox"/> Delivery and demand <input checked="" type="checkbox"/> Workforce and capacity <input checked="" type="checkbox"/> Health inequalities <input checked="" type="checkbox"/> Prevention and population health management <input type="checkbox"/> Delegations and decision-making	
If the report helps support a reduction of health inequalities, please state how:	
N/A	
Has there been any clinical and/or care professional input gathered to support the paper? If so please state how:	
N/A	

Report previously presented at:
n/a
Purpose and summary of the content of the report:
<p>To ensure that members of the Oldham Integrated Partnership Committee are kept up to date with the areas of discussions, priority actions, risks and mitigations of the various sub-groups that sit underneath the Oldham ICP Committee as outlined in the governance structure.</p> <p>Following the recent meetings, highlight reports have been completed for the groups below:-</p> <ul style="list-style-type: none"> • Health and Care Senate
Recommendation(s):
Members are asked to receive and note the highlight report for information.

Health and Care Senate (Oldham) Highlight Report

<p>Session Chairs: Steve Larkin, Director for Children’s Transformation Programme, Senate Lead for Children’s Programme, Oldham Locality – 3rd April 2025 and Dr Shelley Grumbridge, GP, Deputy Associate Medical Director and Clinical Lead – 1st May 2025</p> <p>Reporting period: March to May 2025 Attendance: Excellent</p>	<p>This report updates / informs the Locality Board/NHS GM on the work to date. It also provides an opportunity to raise any issues and inform of any changes that may affect the progression of work.</p>	
<p>Key updates:</p> <p>PHM Programme is aiming to improve and look at early intervention in children aged 0-12. Engaging with families who attend A&E frequently and also have high numbers of DNAs. Trying to relieve pressure on services by supporting families.</p> <p>GOW Work Well - Programme brought in in conjunction with NHS GM Combined Authority in Manchester to support people with health conditions to start, stay or succeed in work.</p> <p>Work underway on Infant Mortality in Oldham - There is a need for practical specific actions and full action plan will be shared shortly.</p> <p>Work underway with Primary and Secondary Care interface with a Primary/Secondary Care Interface Engagement Event being held on 24th April 11.00 -14.00 at Oldham Athletic FC.</p> <p>PCIS has been accepted with extra resource for elective care across GM and safeguarding in Oldham.</p> <p>Primary Care Incentive Scheme has been agreed. Very similar to last year and taking on 3 or 4 KPIs from GM. 403 practices work to same KPIs.</p> <p>Adult Social Care undergoing CQC Inspection.</p> <p>Community Services – much work around IMSC benchmark..</p> <p>Excellent Workshop on Primary/Secondary Care Interface had been held with a good mix of attendees</p>	<p>Priority actions in next 2 months:</p>	
<p>Top risks & mitigation:</p> <p>Multiple Changes. Clinical Leaders wanting to co-ordinate to make sure CIPP targets do not disproportionately affect patient care.</p>	<p>RAG rating</p>	
<p>Planning and prioritisation complete</p>		
<p>Any other information:</p>	<p>Key escalations for Locality Board/NHS Greater Manchester: Nil current</p>	