

***HEALTH SCRUTINY
Overview & Scrutiny Committee
Agenda***

Date Tuesday 19 October 2021

Time 6.00 pm

Venue Crompton Suite, Civic Centre, Oldham, West Street, Oldham, OL1 1NL

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

2. CONTACT OFFICER for this agenda is Tel.0161 770 5151 or email constitutional.services@oldham.gov.uk

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MEMBERSHIP OF THE HEALTH SCRUTINY

Councillors Cosgrove, Byrne, Hamblett, A Hussain, Ibrahim, McLaren, Salamat and Toor (Chair)

Item No

3 Minutes of Previous Meeting (Pages 1 - 10)

The Minutes of the previous meeting held on 7th September 2021 as amended



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Council

are attached for approval.

8 Women and Disadvantage (Pages 11 - 32)



Present: Councillor Toor (Chair)
Councillors Cosgrove, Byrne, Hamblett, Ibrahim, McLaren and Salamat

Also in Attendance:

Katrina Stephens	Director of Public Health
Rebecca Fletcher	Consultant in Public Health
Oz Khan	Programme Director – Acquisition, Northern Care Alliance Group
Christine Wood	Constitutional Services Officer

1 **APOLOGIES FOR ABSENCE**

There were no apologies for absence received.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

3 **FORMAL ELECTION OF THE VICE-CHAIR 2021-22**

As the previous meeting held on 6th July 2021 had been informal, the Committee was requested to formally nominate a Vice-Chair for the duration of the Municipal Year 2021/22.

RESOLVED - That Councillor McLaren be elected Vice-Chair of the Health Scrutiny Committee for the duration of the Municipal Year 2021/22.

4 **MINUTES OF PREVIOUS MEETING HELD ON 6TH JULY 2021**

RESOLVED - That the minutes of the meeting held on 6th July 2021 be approved.

5 **URGENT BUSINESS**

The Committee was asked to consider an item of urgent business in relation to the Joint Health Overview and Scrutiny Committee for Pennine Acute Trust

Councillor McLaren advised the Committee that the Joint Health Overview and Scrutiny Committee for Pennine Acute Trust had been dissolved following the meeting that had taken place on 6th September 2021, as the Pennine Acute Trust was to be dissolved on 30th September 2021.

Councillor McLaren further advised that preparations were being made to establish a new Joint Committee under the auspices of the Northern Care Alliance and a meeting had been provisionally scheduled for 7th January 2022.

It was reported that the Pennine Acute Committee had scrutinised issues relating to joint services delivered in Oldham, Rochdale, Bury and North Manchester, with the latter now being transferred to the new Manchester Foundation Trust. Salford

Royal Hospital would come within the Northern Care Alliance from 1st October 2021.



It was further reported that the unanimous view of the Members present at the Joint Committee meeting on 6th September 2021, was that the joint committee should be allowed to continue its invaluable work. It was anticipated that Bury MBC, who serviced the Committee, would be contacting all Councils to ascertain if they wished the Committee to continue.

It was moved by Councillor McLaren and seconded by Councillor Salamat that the Health and Scrutiny Committee endorse the view that the Joint Committee should continue.

RESOLVED – That the Health Scrutiny Committee endorse the view that the Joint Health Overview and Scrutiny Committee be continued.

6 **PUBLIC QUESTION TIME**

No public questions had been received.

7 **HEALTHY CHILD PROGRAMME**

The Committee considered a report and presentation providing an overview of the delivery of the Healthy Child Programme (HCP) in Oldham, and the progress over the previous twelve months. The report also outlined the current performance of the related services, and the engagement work that was happening with parents, and young people.

The Committee was reminded that the HCP had been launched 11 years ago and was still the national evidence based universal programme for children aged 0-19. The programme provided the bedrock for health improvement, public health and supporting families. The HCP was not the responsibility of any individual service but was instead a partnership approach. The programme was led by health visiting and school nursing: our 0-19 public health nursing services.

The Committee noted that Local Authorities were mandated to provide some key public health services, and Bridgewater Community Healthcare NHS Foundation Trust provided a number of them on the Council's behalf:-

- Health Visitor review of pregnant women and children
- Weighing and measuring children at Reception and Year 6, and
- Oral health promotion programmes as deemed necessary for the area

Members were informed that, compared with England averages, the health and wellbeing of children in Oldham was below average. Health outcomes for children were impacted by poverty in a similar way that health outcomes for adults were. As the recent 10-year update on the Marmot Review argued "Poverty experienced during childhood harms health at the time and throughout the rest of life". In Oldham, there were areas of high

rates of deprivation and the latest figures were that 38% of children in Oldham lived in poverty.



The Committee noted that the service generally performed well in relation to the mandated contacts by health visitors. Other than the New Birth Visit, the service completed more than the England average for contacts. There were some challenges to meeting the New Birth Visit target which the service was working on.

There had been an increase in demand in relation to safeguarding since the start of the pandemic and the service had implemented the following changes in practice over the past year in order to support families through the pandemic:-

- Ensured the focus was on those most vulnerable by carrying out caseload reviews and identification of all vulnerable children (Child Subject of Child Protection Plan / Child in Care / Child in Need / child with SEND / extremely clinically vulnerable children)
- Provided ongoing support to families identified with lower level needs to prevent escalation including creative opportunities for face to face assessments (pram walks / garden visits / park visits / doorstep child growth monitoring)
- The service provided daily appointment-based healthy child clinics for parents who were reluctant to allow professionals into their homes as well as for the delivery of packages of care
- The service developed a video in an attempt to allay parental fears of accessing services. The video described the COVID-19 safe arrangements that were in place in order to keep both families and staff safe whilst also stressing the importance of taking up the Healthy Child Programme.
- Greater use of virtual support for staff including virtual training, and clinical supervision

The service had successfully achieved UNICEF level 3 baby friendly accreditation in January 2020 and was working towards the Gold “Achieving Sustainability” Standard.

Members were informed that the “Babbling Babies” offer, which provided strategies for families to support their child’s communication development had engaged with nearly 900 families in Quarter 4.

The Committee noted that the current Right Start and School Nursing Service had been provided by Bridgewater since 1st April 2016. The contract would continue to 2022. This provided an opportunity to redesign the service in line with our aspiration to work in a more integrated way, creating a better experience for children and families and better utilisation of the 16 children’s centres across the Oldham borough.

The aim was to move to integrated and collaborative working with our partners, with less emphasis on commercial commissioning, setting aside bureaucracy as well as delivering the place-based ambitions we have locally within Oldham to wrap around communities more. There was a real drive to build an all-age system for Oldham that involved local communities and collaborated with all local partners. Support for children, young people and families was at the heart of the integrated place-based approach in Oldham. The new model would be in place for the initial services by 1st April 2022 with new contracting arrangements.

A key element of the Oldham approach would be taking a strengths-based and person-centred approach to understand what mattered to people rather than being led by service priorities, to build a system which worked for residents.

Members noted the new model would require a formal public consultation. This would be an opportunity to formally gather feedback from the public on any proposed changes and flex any proposed model in response to the feedback. It was intended to ensure that the new model was co-produced with families and there would be a range of engagement activities.

Members requested and received clarification on the following:

- In relation to figures for children attending at A/E, it was highlighted that a breakdown of information per ward would be useful, as there were wards in the borough where several parks are located which would explain the high number of attendances in that ward for attendances at A/E due to children playing in the local parks.
- The lack of walk-in centres was highlighted and that some residents would attend at A/E due to the lack of such centres. Some families would not have transport or sufficient funds for transport to travel to A/E. The Committee was advised the CCG was looking into this issue.
- The small size of the workforce of school nurses was highlighted as an issue. It was recognised that for some pupils, speaking to the school nurse could be an opportunity to speak on a confidential basis without the presence of parents.
- It was recognised that although there were very many helpful leaflets etc provided to new parents, practical advice at home visits, was of enormous value.
- Lack of information around where to go and the over reliance of the use of A/E services was highlighted. The Committee received assurances that when the transfer of services had occurred, in depth consultations would be carried out including the Committee due to their depth of knowledge and understanding of local issues.

RESOLVED that:

1. The Health Scrutiny Committee noted the progress on the transformation and supported the ongoing actions to further develop the integrated model for 0-19 services in Oldham.
2. That a further update report be presented to the Committee after March 2022.

8

HIGH-LEVEL ELECTIVE RECOVERY

The Committee considered an update report from the Strategic Director of Commissioning/Chief Operating Officer outlining the position in relation to recovery of elective activity across GM following Covid which was outlined within the report.

The Committee was advised that the pandemic had created significant challenges for providers in Greater Manchester in their processing of patients, irrespective of whether they are on admitted or not-admitted pathways and that this difficulty spans all ages and all specialities.

It was reported that the consequences of this was a substantial increase in waiting times, including a level of patients waiting more than 52 weeks. The Committee was advised that this scenario had not been seen for many years.

It was further reported that addressing the challenge would require collaborative working across providers, including the use of the Independent sector and a focus on pathways between primary and secondary care. This work will provide opportunities for transformation and innovation in many of our specialities including within community and primary care services.

The Committee was advised that collaborative working across hospital and community cells in GM had clearly been delivered successfully during the COVID pandemic and despite all the challenges new pathways, and innovative clinical practice has been delivered to the benefit of the GM population. The provision of mutual aid for critical care had exemplified this collaborative practice.

The Committee was further advised that GM had been disproportionately affected by the Covid pandemic, experiencing three waves, each having a significant impact on ability to deliver wider elective activity. The decline following the third was also notably slower in GM than other parts of the North West Region and across England with critical care capacity still 50% Covid in GM compared to c 33% in Lancashire and Cumbria and Cheshire and Mersey.

Highlighted within the report was the GM Elective Recovery position, the GM Trust Recovery position and the overall GM approach to recovery. Recovery of elective activity was continuing across GM. There had been an improvement in performance across several points of delivery, including day case and ordinary elective. There was concern that the ongoing

Covid 19 and urgent care pressures would impact this delivery over the coming weeks.

It was reported that the GM elective indicated that the total number of patients waiting was 395,805, with the number of patients waiting over 52 weeks having increased to 33,156 patients (9% of total waiting list). The three specialities with the biggest number of over 52 weeks continued to be Trauma and Orthopaedics, General Surgery and ENT. Details of Recovery and Reform within prioritised elective specialities was also outlined within the report. Details of latest Independent Sector activity was also detailed in the report showing performance against the 2019/20 baseline contracted activity.

Details of Health Inequalities in Elective Recovery were outlined in the report along with actions being considered to address the issue. It was reported that the GM communications team have developed an updated stakeholder briefing in response to the increase in demand being experienced across the system. This included key messages regarding elective recovery which were outlined within the report. A 'Locality offer' framework had also been established and the weekly GM waiting list communications group had been established to progress this work at pace, support by additional external communications support, to roll out the framework by the end of August 2021.

It was reported that targeted engagement with the public was on-going through localities. Stakeholder engagement continued with Primary Care Board and PCN Network scheduled within the next fortnight.

It was recognised by the Committee that NHS employees and gone well beyond the call of duty. Thanks, and congratulations were expressed from the Committee to all employees of the NHS.

Members requested and received clarification on the following:

- How long can NHS maintain the service? The Committee was advised that Northern Care Alliance (NCA) would be delivering several programmes to staff following transition from Pennine.
- Disjointed IT systems preventing communication and updated records. It was suggested that that IT team attend a future meeting of the Committee to present a road map.

RESOLVED –

1. That the Health Scrutiny Committee noted the update
2. That a Commissioner chaired informal workshop be arranged for the Health Scrutiny Committee.

and future arrangements for Pennine Acute Trust (PAT) hospitals.

The key messages highlighted to the Committee were that:

- Since the previous update to the Committee, there had been significant inroads towards the completion of the transaction, and there now remained no significant risks to transaction completion. SRFT and PAT had worked closely with the NHSE1 review team to submit a range of documentation and undergo a number of review meetings.
- SRFT had undertaken a number of meetings with the NHSE1 review team as part of the transaction progress. The NHSE1 review team had also met with PAT colleagues. These meetings had been positive and constructive.
- SRFT and PAT executives and non-executives had met regularly to discuss the delivery of services under the management agreement and operation issues.
- The NHSE1 review team will submit their recommendations on the transaction to the Provider Oversight Committee on 14th September 2021.
- As a result of the transaction being phased, there had been additional opportunities to reduce any remaining risks prior to transaction taking place.
- There remain no significant risks to transaction completion. There is one risk scored at 10 – Financial and operation performance falling across both SRFT and PAT may fall further before the transaction takes place, mitigation of continuing QI programmes and Oldham CQC improvement plan.
- In terms of operational risk following transaction, there remains one risk rated at 10 – Capital funding for transformation, discussions are ongoing between NCA and NHSE1 NW/other system stakeholders. This risk is expected to be closed as part of the agreement of the ICS capital control total for 2022/23.

Post-Transaction Changes and Impacts on Patients were detailed as below:

- Immediately following transaction, **there will be no changes to any services**. Our key focus will be the delivery of a “safe landing” for all services and for patients in order to ensure a seamless transition to the new organisation.
- SLA exit timetables have been agreed between NCA and MFT. Exit plans have been agreed for the SLAs concluding in September 2021 following the NCA transaction completion, with plans for the rest in development. There may be some changes as services disaggregate, and relevant partners will be engaged as appropriate.
- The key visible change will be the organisational name change from SRFT / PAT to Northern Care Alliance NHS Foundation Trust. A new email address will be put in place for all staff as of transaction, ending @nca.nhs.uk rather than @srft.nhs.uk or @pat.nhs.uk. Existing email

addresses will continue to operate for an extended period of time.

- The new NCA website (www.northerncaalliance.nhs.uk) will be launched on 1st October and PAT and SRFT old websites decommissioned. Public, patients and external stakeholders will be able to access all information as before in one place and updated content and guidance.
- The four Care Organisations (Bury, Oldham, Rochdale, Salford) will continue to have distinct identities, and with no changes to the leadership or clinical teams.

Details of the Dissagregation Plan beyond September 2021 were also detailed within the presentation.

Organisational Capacity was detailed as follows:

- As part of routine assessment processes in preparation for a transaction, NHSEI asked the question “how does the Board ensure that it has the right bandwidth to deliver BAU and the busy strategic agenda the organisation has, including the transaction?”. This question has been posted particularly in the context of COVID and COVID recovery
- A paper was considered by Group Board on 26th July outlining how the Board assesses bandwidth against objectives & requirements, and what is being put in place to deliver these, so that it can assure NHSEI that appropriate oversight and risk assessment is undertaken to match bandwidth to objectives & requirements.
- This will ensure that there is enough capacity to deliver patient benefits through existing programmes of work alongside dedicated programme management capacity for disaggregation.
- Contingencies can be quickly set up in case of capacity gaps.

Scrutiny arrangements were detailed as follows:

- It is not anticipated that there will be any changes to the overall scrutiny arrangements between NCA and local authority partners as a result of transaction completion. The NCA will continue to proactively engage with local authorities and scrutiny committees as valued partners.
- There will however inevitably be a reduction in focus on the transaction itself and increased attention on the disaggregation of services and their impact on patients/local residents.

Members asked for and received clarification on the following:

- Separations of Services? The Committee was advised that there were plans to separate services within the following few years. Options would be available.
- Staff Uniforms? The Committee was advised that the NCA uniform had been shared with staff. A lot of work had been carried out on branding.
- Sustainability due to lack of resources? The Committee was advised that a lot of work had been carried out to improve processes/services.
- Staffing issues? The Committee was advised that more colleges would be come involved and apprenticeships were being considered

- NCA website, jobs, grading system unclear. Can the process be simplified? The Committee was advised that these points would be conveyed to HR and NCA.



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RESOLVED that the report be noted.

10

**OVERVIEW AND SCRUTINY WORK PROGRAMMES
2020/21 - OUTTURN**

RESOLVED that the Committee note the Outturn Policy Overview and Scrutiny Programme 2020/21 Municipal Year.

11

HEALTH SCRUTINY WORK PROGRAMME 2021/22

RESOLVED that the Committee note the Health Scrutiny Committee Work Programme for 2021/22.

The meeting started at 6.00 pm and ended at 8.00 pm

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Report to Health Scrutiny Committee

Women and Disadvantage

Officer Contact: Director of Public Health

Report Author: Amanda Richardson, Policy Manager
Ext. 3173

19 October 2021

Purpose of the Report

This report seeks to outline a number of issues which disadvantage women in Oldham, focusing on women's access to mental health services. It draws upon research undertaken with women experiencing poverty and mental health illness by Oxfam and Inspire Women in 2019/20, together with a brief summary of the emerging national picture in relation to mental health during and post-pandemic.

Recommendations

To consider further research into women's mental health and wellbeing and access to local services; including the collation, analysis and interpretation of any existing data and intelligence; and the engagement of women with lived experience in the development of this evidence base and any future work to respond to the issues it may raise;

To consider further research into the current situation in Oldham in relation to the other key themes raised in the LIFT research: childcare and work, benefits and voice, to understand how the needs of women in the borough can best be met and inequality reduced.

To refer this report and the issues raised to the Cabinet Member for Health and Social Care, the Women's Taskforce and Equality Advisory Group for further consideration.

Women and Disadvantage**1 Background and Policy Context**

- 1.1 Covid-19 has exacerbated existing inequalities within the borough. In response, the Council together with other partners in the Equality Advisory Group, has developed the Equality and Diversity Strategy which aims to tackle inequalities across all ten of the protected characteristics, defined under the Equality Act 2010. Nationally, evidence from organisations such as the Joseph Rowntree Foundation and locally, the Council's monthly labour market reports has shown that it is generally the least affluent communities and people on the lowest/fixed incomes who have been hit the hardest by the pandemic. Women, together with younger workers; disabled people; lone parents; people in low-paid employment and people of BAME heritage are included in this group. Often disadvantage is compounded as these cross-cut. Women for example, are more likely to work part-time or in lower paid employment and/or be a lone parent.
- 1.2 It is now widely recognised and reported that Covid has impacted hugely on mental health and wellbeing nationally – with evidence suggesting that demand for mental health services has increased. The Office for National Statistics (ONS) has monitored the effect of the last year's events on people's personal well-being and mental health. It has found that an estimated one in five adults experienced some form of depression during the coronavirus pandemic, double the pre-pandemic rates.
- 1.3 Evidence from the ONS Opinions and Lifestyle Survey during the first few months of 2021 suggests that levels of depression remain high. In June 2020, around 19% of adults reported experiencing some form of depression, a similar proportion seen later that year in November. But by the lockdown of early 2021, this has risen to 21%
- 1.4 Levels were high in younger adults, and young women had particularly high rates, with over four in ten (43%) experiencing some form of depression in the first part of 2021. Symptoms of depression during the pandemic have been more likely to affect some sections of society more, including clinically extremely vulnerable, disabled adults on lower incomes.
- 1.5 In Oldham feedback from TOG Mind and Positive Steps in 2020 indicated increased demand across all services, especially in relation to counselling services and the impacts of social isolation. There had for example, been a 357% increase in the number of clients seeking links to social networks and TOG Mind saw an increase in requests for "buddy" contacts of 556%.
- 1.6 Domestic violence too has escalated during the pandemic and more children have been taken into the care of the local authority as financial and other pressure on families increased. In Oldham, this has been most obvious in relation to high risk domestic abuse, reflected in demand in Oldham on the Independent Domestic Violence Adviser (IDVA) team. Average numbers of cases at Multi-Agency Risk Assessment conference (MARAC) doubled from around 20-40 cases every fortnight; and numbers of children on child protection plans following domestic abuse concerns increased 41% between 2019 and 2020.
- 1.7 The Domestic Abuse Partnership is leading on the refresh of the Domestic Abuse Strategy which, following a needs analysis, identifies areas for development or improvement. There is much ongoing activity to ensure that women experiencing domestic violence receive the support they need including for example re-commissioning of supported housing provision;

additional support for Independent Domestic Violence Advisers and the development of a range of proposals for funding from the Domestic Abuse Fund.

- 1.8 It is therefore timely as we emerge from the pandemic that we further explore the issues that place women at a particular disadvantage in society, to better understand their nature and scale and, working across the system, take action to reduce and/or mitigate against the impacts of this disadvantage.
- 1.9 Mindful of this, the Leader has recently established a Women's Taskforce to better understand and address the issues facing women in the borough.
- 1.10 The Mayor has also identified her support for tackling women's disadvantage, supporting Inspire Women along with other charities working to promote healthy living through the Mayor's Charities Fund

2 Current Position

- 2.1 Pre- pandemic, research from the LIFT project suggests that women have struggled to access timely and appropriate mental health services and that these experiences have acted to hinder their economic empowerment and progress (Oxfam and Inspire Women LIFT: Women Leading Change project 2019).
- 2.2 The LIFT project aims to tackle poverty and support women's economic empowerment in the UK using a mix of research, programme implementation, and policy influencing. Adopting a co-production and social innovation approach, the project recruited and trained 6 women with lived experience of poverty as Community Researchers who then consulted with other women to explore barriers and solutions to economic empowerment. Four challenges were identified:
- **Mental health:** "There is a lack of support from professionals/my family/my community for me as a woman with mental health issues"
 - **Childcare and work:** "There is no flexible and affordable childcare in Oldham, and I can't find a job that is flexible enough to fit around looking after my family"
 - **Benefits:** "I can't find the information I need on what benefits I'm entitled to and there is no support for me applying for or managing my benefits"
 - **Voice:** "I don't know where I can get my voice heard as a woman in Oldham – there are no opportunities and even when I can contribute no change happens"
- 2.3 In relation to mental health, women reported that they found it difficult to access support which then led to further escalation and additional impacts on their family life; their ability to manage home and work-life, maintain household budgets and access the right benefits and employment support. In turn this created a vicious circle of worsening mental health and increased financial and family worries.
- 2.4 The women identified potential solutions, outlined below and will continue to work with the Community Researchers to develop these as Phase 2 of the project commences in October 2021.
- Creation of a community childcare hub;
 - Training for service providers, professionals and key stakeholders from women with lived experience on mental health sensitivity and sustainable livelihoods approaches (holistic and asset-based approaches to tackling poverty) to the provision of services and support
 - Creation of specific slots for mental health appointments for women with GP's and nurses – ensuring that women receive adequate support

2.5 Post pandemic, Phase 2 of the LIFT project is scheduled to continue and engage women in co-producing the solutions identified in Phase 1. Outside of that project, the Leader of the Council has established a Women's Taskforce to identify and address the issues facing women; many of which have been amplified by Covid19. The first meeting of the Taskforce took place on 3rd September 2021 where similar issues to those identified in the LIFT project were raised and discussed, those being:

- Democratic engagement/Inclusivity
- Health
- Pay and opportunity
- Finances
- Education and childhood
- Parenting and caregiving
- Gender-based violence and crime
- How the intersection of these issues compounds women's disadvantage

3 **Key Issues for Health Scrutiny to Discuss**

3.1 There is evidence that women in Oldham, as nationally, face numerous disadvantages. There is an opportunity through for example the Women's Taskforce, Equality Advisory Group and the Oxfam LIFT project, to explore the provision of services for women, and opportunities for example to improve women's access to and experience of mental health support.

3.2 In exploring these it will be important to understand the current provision; gather data and intelligence about the nature and scale of women's mental health and take this into consideration when looking at options for supporting women to access services.

4 **Key Questions for Health Scrutiny to Consider**

4.1 The Health Scrutiny Committee are asked to consider:

- how they can help to take the actions proposed forward for example by referring to the Women's Taskforce or Equality Advisory Group
- any relevant sources of information, research and intelligence which is available to inform the discussions
- exploration of funding opportunities to tackle women's disadvantage including mental health support

5. **Links to Corporate Outcomes**

5.1 The proposals contained in the report enable delivery against the Council's Equality and Diversity Strategy; Anti-Poverty Action Plan and, in terms of addressing the impacts of the pandemic, the Council's Covid 19 Recovery Strategy. They also aim to address issues in relation to women's mental health raised at the Women's Taskforce.

5.2 The proposals advocate working with women with lived experience of mental health illness and poverty to develop and find solutions and as such align with the Council's Co-operative Agenda.

5.3 The proposals will contribute to the achievement of the outcomes to improve healthy life expectancy in Oldham detailed in the borough's Locality Plan for Health and Social Care Transformation November 2019 – March 2024.

6 **Additional Supporting Information**

6.1 Inspire Women are represented on the Women's Taskforce and alongside women with lived experience on Oldham's Poverty Truth Commission.

7 **Consultation**

7.1 This report is for Committee's consideration and support only at this stage. Any financial and/or legal implications will be identified once the actions proposed have been approved and taken forward.

8 **Appendices**

8.1 Oxfam LIFT Project Summary 2019

Presentation to Oldham's Women's Taskforce 3 September 2021

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LIFT: WOMEN LEADING CHANGE

TRANSFORMING WOMEN'S PROGRESSION OUT OF POVERTY

PROJECT BRIEFING

BACKGROUND

Oxfam, working in partnership with local organisations and communities, is leading on the design and implementation of "LIFT: Women Leading Change", a project that aims to tackle poverty and support women's economic empowerment in the UK using a mix of research, programme implementation, and policy influencing. Adopting a co-production and social innovation approach, the LIFT project seeks to:

- **Explore the challenges** that women with lived experience of poverty face;
- **Identify and test solutions** to these challenges and promote the scale up of effective interventions;
- **Influence local and national policy** on the key issues identified by the project.

Following the traditional social innovation life-cycle, LIFT aims to find effective solutions to real social challenges by working through a series of phases:

1. **Phase 1** – Participative research exploring opportunities and challenges and generating ideas for solutions.
2. **Phase 2** – Co-production with local women and other stakeholders to develop project plans and test identified solutions.
3. **Phase 3** – Delivery and implementation of identified solutions and advocacy and influencing on key policy issues.
4. **Phase 4** – Evaluation, succession planning, and scale-up.

WHAT HAVE WE FOUND SO FAR?

Between April – December 2019, Oxfam partnered with Inspire Women, The Young Foundation, and Sarah Marie Hall¹ to conduct research exploring the following key questions:

RQ1. What does economic empowerment mean to women?

RQ2. What are women's personal experiences of economic empowerment?

RQ3. What stops women from achieving economic empowerment?

RQ4. What could support women to be economically empowered

RQ4.1 Who can do something, and what can they do?

The research took a participatory approach, with a team of 6 Community Researchers (each with lived experience of the issues to be explored) recruited to lead on design, delivery, and dissemination.

The fieldwork for the project's research phase was made up of three component parts:

- **Broad consultation (August 2019)** – The Community Research team undertook a period of 'broad consultation' activity, engaging with 41 women across Oldham at community events and 'pop-ups' organised in partnership with local voluntary and community sector organisations, churches, and foodbanks in order to gain insight into what economic empowerment means to women in Oldham.

¹ Sarah is an independent research consultant specialising in participatory and creative research

- **Group interviews (September – October 2019)**– The team conducted 4 group interviews, engaging with 20 women to supplement the ‘light touch’ insights gleaned during the broad consultation period with more in-depth accounts of women’s personal experiences of economic empowerment.
- **Challenge and solutions workshops (September – November 2019)** – The team designed and delivered 6 workshops, engaging with a group of 36 women and local stakeholders. The first 3 workshops invited women with lived experience to explore the challenges to economic empowerment, with workshops 4 and 5 asking them to design potential solutions to these challenges. Workshop 6 brought the women together with stakeholders to review the ideas proposed and coproduce more detailed solutions, 3 of which were identified as ‘priority solutions’ to be further developed in the LIFT project’s next phase (commencing 2020).

CHALLENGES TO WOMEN’S ECONOMIC EMPOWERMENT

Analysis of the data from the broad consultation, group interviews, and challenge and solutions workshops highlighted **4 key challenges** that the women who participated in the research phase felt stopped them from feeling economically empowered.

1. **Mental health: “There is a lack of support from professionals/my family/my community for me as a woman with mental health issues”**

For the women that we spoke to, poor mental health was a central issue. They told us that they felt that poor mental health impacted on all areas of their lives – how they interacted with their families, whether they felt able to work, and how they felt about themselves as mothers, women, and citizens.

“I struggle with my mental health. I’m lonely and isolated, depressed, ashamed – feel like it’s my fault because people have told me that so many times”

Several participants highlighted how little support they felt there was for women struggling with poor mental health:

“As women we are told we are nothing, we will amount to nothing, our whole lives. So your mental health suffers – you have no self-esteem or confidence. It feels like professionals and your family don’t take that seriously, or understand what you’re going through”

For many women, there was also a complicated and difficult relationship between poor mental health and a financial situation that required them to seek support through receipt of state benefits. Several participants discussed a ‘cycle’ whereby their experiences of poor mental health made it difficult for them to find and maintain employment, causing financial stress which led them to claim benefits, the conditions of which added so much pressure and stress to their lives that their mental health worsened significantly:

“I lost my job and then a family member died, and the job centre was on my back constantly about getting a job. I ended up on anti-depressants because I was depressed and overwhelmed but there was no sympathy, no understanding. We need to provide training and raise awareness about mental health at a basic level”

2. **Childcare and work: “There is no flexible and affordable childcare in Oldham and I can’t find a job that is flexible enough to fit around looking after my family”**

Issues around providing childcare, and the impact that being the primary caregiver for children can have on women’s ability to work, also featured prominently throughout the research.

Many women spoke to us about how much they wanted to work and about how important they felt working was both to their identity as women and whether other people perceived them as valuable members of society:

LIFT: Women Leading Change

A project delivered by Oxfam GB and Inspire Women Oldham and supported by The Young Foundation and Sarah Marie Hall

“I would love to work. When I used to go out to work, I felt like I had a purpose, a value...it was like people respected me”

However, despite this desire to be in employment, women highlighted a lack of affordable and flexible childcare as a significant barrier to being in work:

“Mothers are discriminated against for being lazy when actually there are too many blocks stopping you from achieving goals i.e. being responsible for childcare. The additional money to have to pay for childcare as soon as you start working makes it hard to cope financially and means it doesn’t make sense for me to work”

Aside from the financial strain that not being able to work and/or afford childcare placed on families, many women also spoke about the mental health impacts of not being in work and their fear of being judged by those who did not understand the struggles they faced with childcare:

“I’m judged because I don’t work but it’s because I can’t afford childcare. I feel guilty asking for help because people just assume I’m too lazy. There’s so much stigma – I feel ashamed”

3. Benefits: “I can’t find the information I need on what benefits I’m entitled to and there is no support for me applying for or managing my benefits”

The benefits system was highlighted by many women as a significant barrier to feeling empowered economically. In particular, women felt that there was little information on what benefits they were entitled to claim and a lack of adequate face-to-face support when issues inevitably arose, with women being referred to multiple agencies for support without gaining much clarity:

“Benefits are so confusing. When I was forced to apply even the benefits staff did not understand it properly and I got passed from pillar to post. The system is not working properly for the people who need it!”

The inflexibility and inability of the benefits system to account for personal circumstances was highlighted by a number of participants. Several women spoke about the negative financial and mental health impact of missing appointments or deadlines and spiralling into debt as a result of reduced or delayed payments:

“If you are penalised because you miss an appointment or deadline, there is the worry of having all money stopped, stress, depression, losing your house, going into debt. You feel ashamed, isolated. It keeps me up sometimes, worrying that I’ll make a mistake”

Universal Credit received special mention from many women, who expressed frustration with a lack of information around the switch to UC and the financial impact that this might have:

“With Universal Credit, you don’t have money for months so you go into debt and nearly lose your house, there’s no food so you need to use foodbanks. It’s so stressful. I don’t have anyone to ask for help”

4. Voice: “I don’t know where I can get my voice heard as a woman in Oldham – there are no opportunities and even when I can contribute no change happens”

Many of the women that we spoke to highlighted a lack of information about where to get their voices heard in Oldham as a significant barrier to their economic empowerment:

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“All women need to have their voices heard, but there is nowhere to do that in Oldham”

Even when women did feel that there were opportunities to speak out about issues they cared about, and that they had access to the information they needed about where these opportunities were, there was a strong sense amongst participants that no actual change would occur and that women’s voices were not seen as valuable:

“Why would I speak out? No-one would listen to me as a woman anyway. I feel invisible”

“I don’t have the confidence to speak out and have my voice heard about the things I care about. Personally, I feel that if I did speak out I wouldn’t be listened to anyway”

SOLUTIONS TO SUPPORT WOMEN’S ECONOMIC EMPOWERMENT

In the ‘solutions workshops’ run as part of this research project, women and local stakeholders firstly began by thinking broadly about the changes that they would like to see and designing solutions to achieve these changes. The group then worked together to develop 8 solutions in more detail, exploring the key activities, resources needed, and potential impact of each. Finally, women and stakeholders each voted for their ‘top 3’ solutions.

The 3 solutions ideas that were voted ‘top priorities’ by women and stakeholders were:

1. **Creation of a community childcare hub** - a place open long hours that women can trust with the care of their children.
2. **Training for service providers, professionals and other key stakeholders** - women with lived experience are supported to deliver training for stakeholders on mental health sensitivity and sustainable livelihoods approaches² to services and support.
3. **Creation of specific slots for mental health appointments with GPs and nurses** - ensuring that women experiencing mental health issues receive adequate support from health professionals.

WHERE DO WE GO FROM HERE?

Following the initial phase of the project, Oxfam seeks to continue to work in partnership with local women and organisations to implement the remaining phases of the project.

From early 2020, local women and stakeholders will be supported to work together to refine ideas around the solutions generated during the project’s research phase into more specific project proposals that will be tested as if they were prototypes (Phase 2).

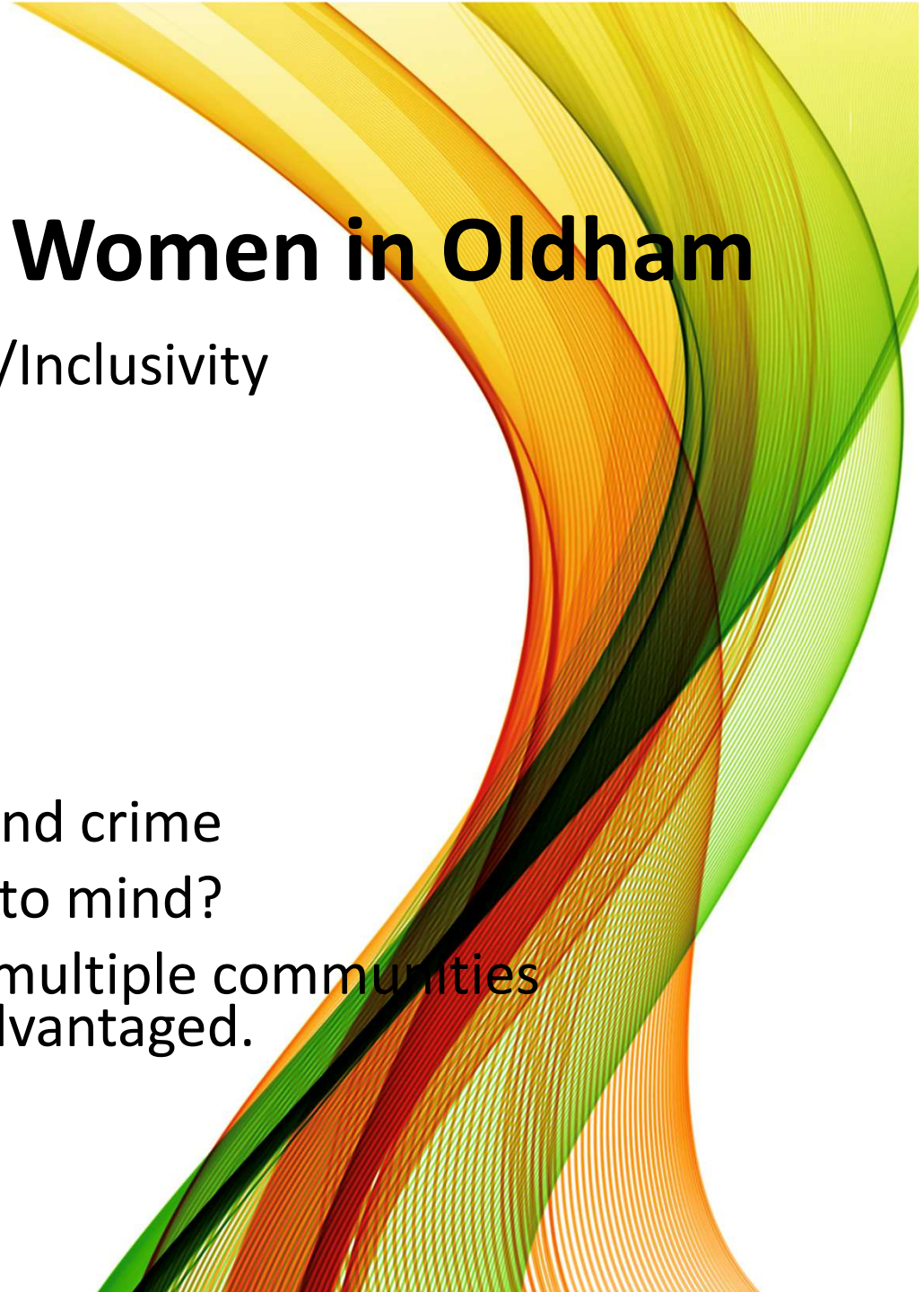
It is then intended that the solutions identified will be implemented in the form of actual interventions, based on the project proposals developed and tested in Phase 2, with research and policy influencing activities carried out alongside (Phase 3). In the final phase of the project, strategies for replicating both the solutions implemented and the social innovation process used in other contexts and communities will be identified, alongside dissemination of policy learning, with the aim of producing systemic change at scale.

If you would like to find out further information about what’s next for the LIFT project, please do not hesitate to get in touch with Oxfam’s Programme Researcher, Silvia Galandini, at sgalandini1@oxfam.org.uk.

² A holistic and asset-based approach to exploring and tackling poverty and inequalities

Issues Impacting Women in Oldham

- Democratic engagement/Inclusivity
- Health
- Pay and opportunity
- Finances
- Education and childhood
- Parenting and caregiving
- Gender-based violence and crime
- What other issues come to mind?
- Individuals who fall into multiple communities may be particularly disadvantaged.



Democratic and other engagement

- Nationally, only 34% of MPs are female, and 28% of the House of Lords
- 59% of civil servants are female, but only 16% of permanent secretaries
- In Oldham the picture is varied, but overall we are some way away from gender parity.

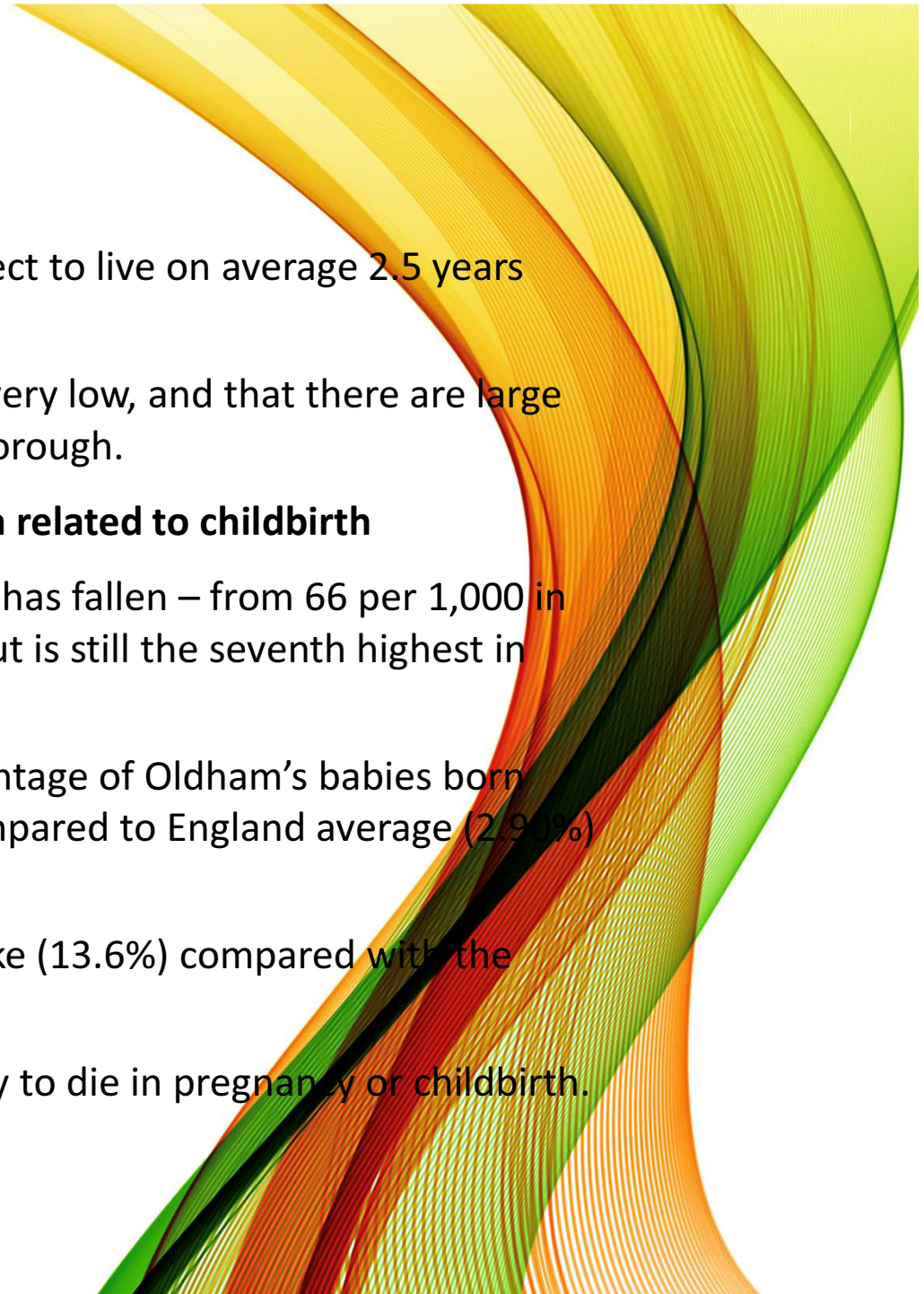
Organisation	Role	Members	Women	%
Council	Members	60	20	33%
Council	Cabinet	9	4	44%
Council	SMT	18	10	56%
Action Together	Board	12	6	50%
Positive Steps	Trustees	9	4	44%
Mahdlo	Trustees	11	3	27%
OCL	Board	12	3	25%
CCG	Board	13	2	15%
MioCare	Board	7	1	14%

Health

- Overall, women in Oldham can expect to live on average 2.5 years longer than men.
- However, overall life expectancy is very low, and that there are large inequalities between parts of the borough.

There are particular issues for women related to childbirth

- Oldham's under 18 conception rate has fallen – from 66 per 1,000 in 1998, to 27.5 per 1,000 in 2018 – but is still the seventh highest in England
- There is a significantly higher percentage of Oldham's babies born with a low birth weight (4.45%) compared to England average (2.96%) and the North West (2.96)
- More new mothers in Oldham smoke (13.6%) compared with the England average (10.4%).
- Black women are four times as likely to die in pregnancy or childbirth.



Health

In the wider health system,

- Less pain relief
- Worse dementia care
- Less research on predomi

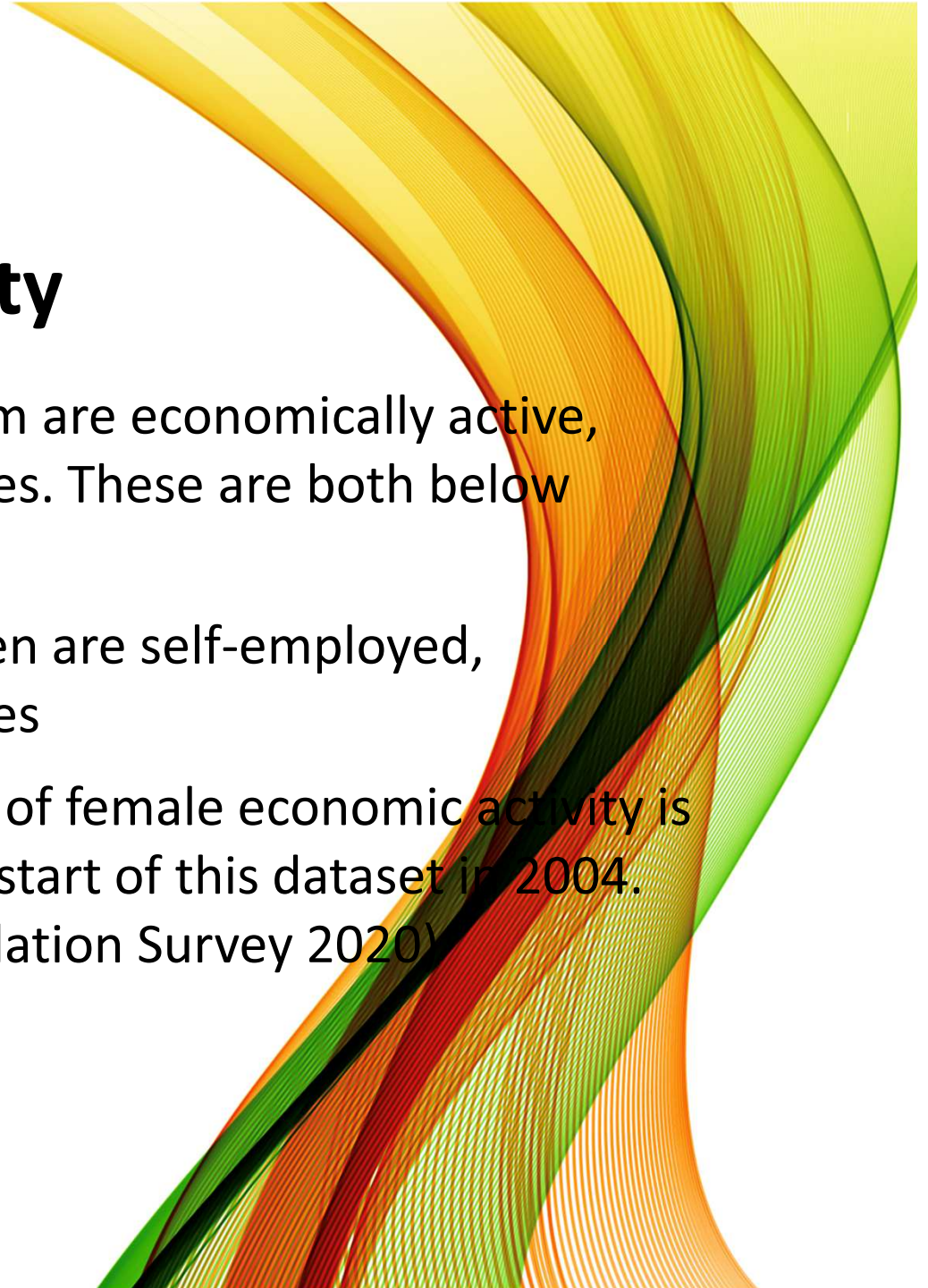
During the pandemic, wom

- Complied more with Covid
- Been more depressed and
- Had higher levels of loneli



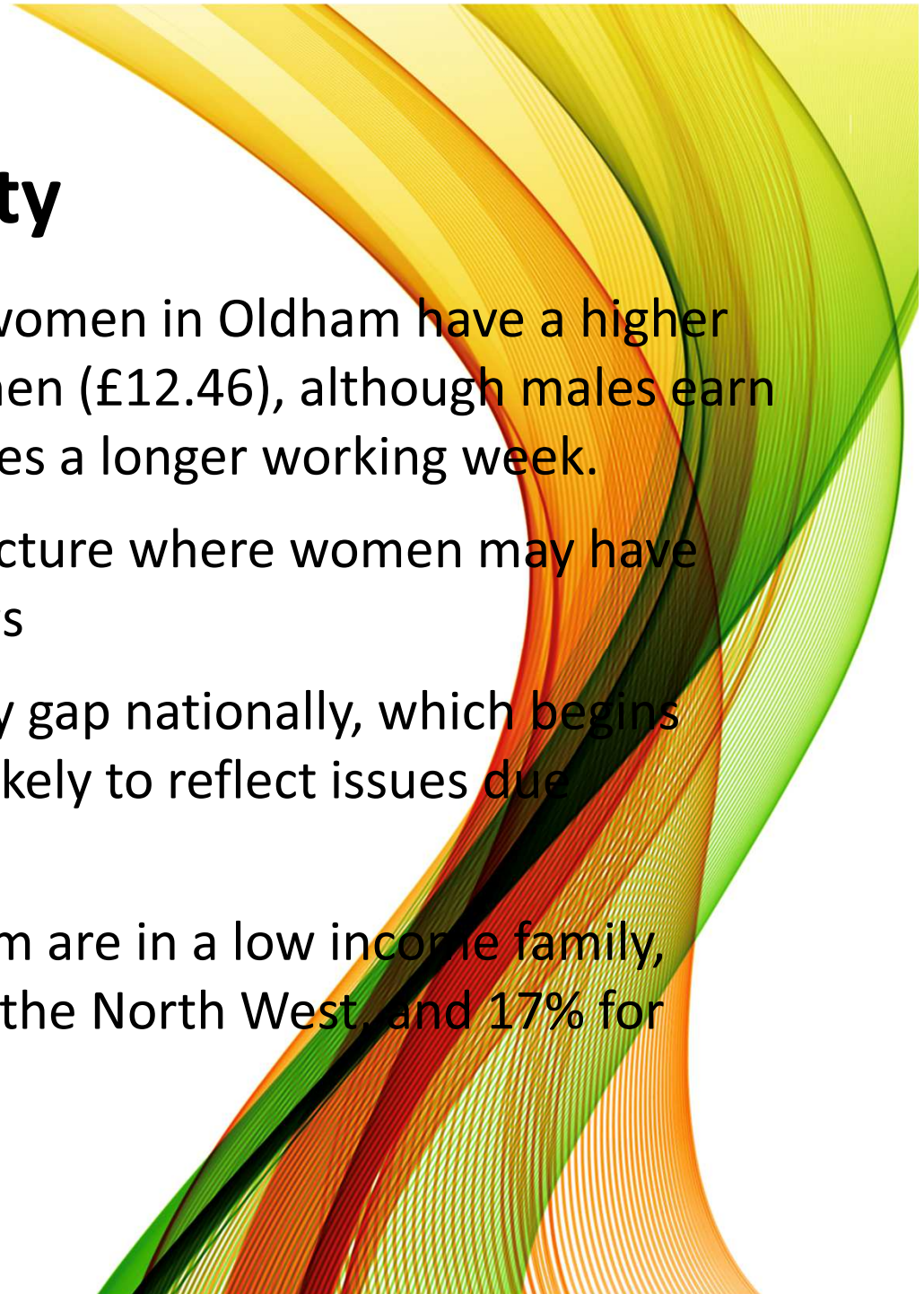
Pay and opportunity

- 70.7% of females in Oldham are economically active, compared to 79.4% of males. These are both below the UK average
- Just 4.6% of Oldham women are self-employed, compared to 16.4% of males
- However, the current level of female economic activity is the highest level since the start of this dataset in 2004.
(Source: ONS Annual Population Survey 2020)



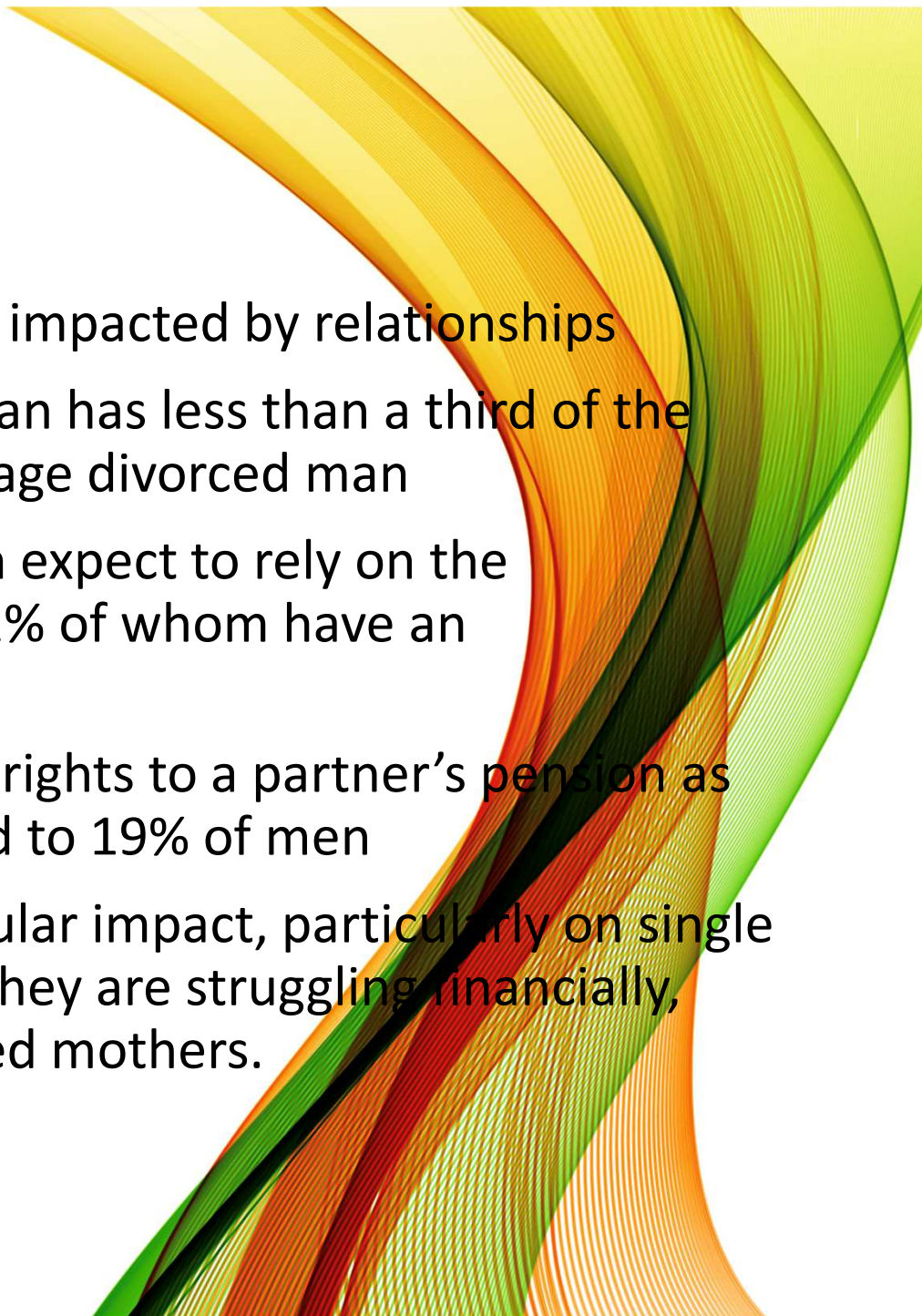
Pay and opportunity

- Among full time workers, women in Oldham have a higher hourly pay (£12.88) than men (£12.46), although males earn more gross – which indicates a longer working week.
- This produces an overall picture where women may have substantially lower earnings
- This mirrors the gender pay gap nationally, which begins at around the age of 40 – likely to reflect issues due to maternity
- 22.6% of children in Oldham are in a low income family, compared to 18.1% across the North West, and 17% for England.



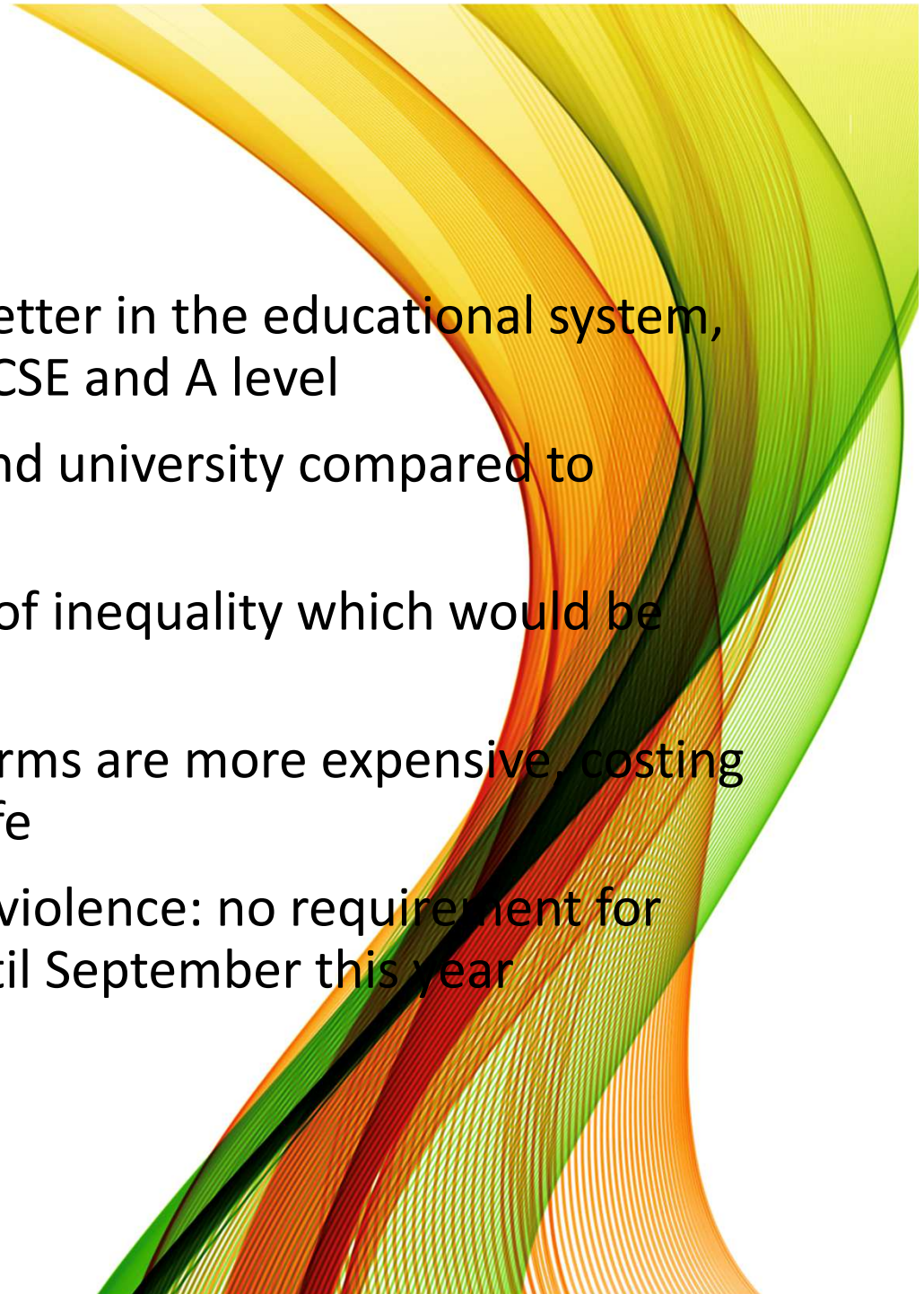
Finances and pens

- Women's financial status is impacted by relationships
- The average divorced woman has less than a third of the pension wealth of the average divorced man
- 10% more divorced women expect to rely on the state pension than men, 41% of whom have an occupational pension
- 28% of women waive their rights to a partner's pension as part of a divorce, compared to 19% of men
- Covid has also had a particular impact, particularly on single mothers, with 53% saying they are struggling financially, compared to 35% of married mothers.



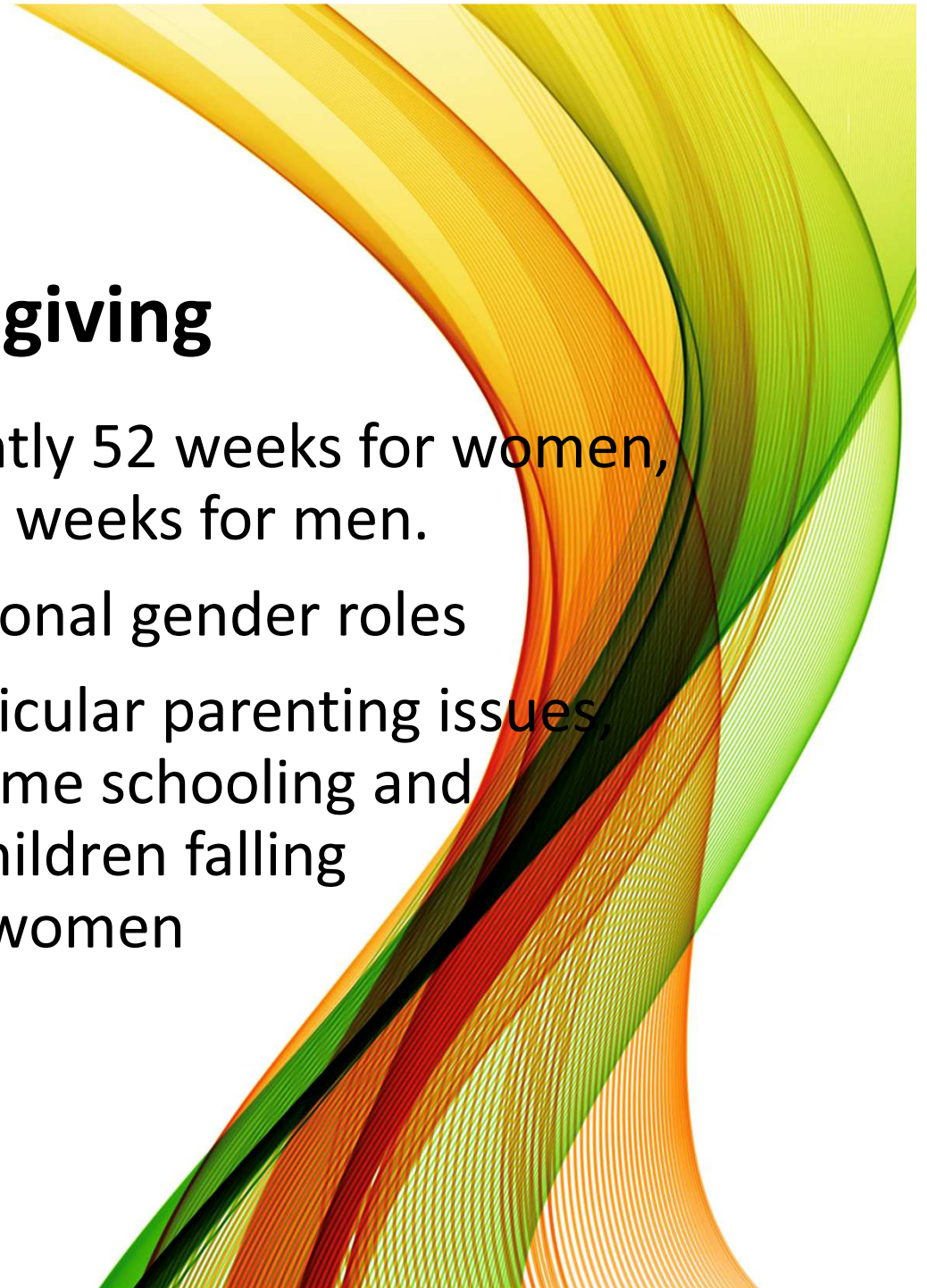
Education and chil

- Women tend to perform better in the educational system, with better outcomes at GCSE and A level
- 56% of young women attend university compared to 44% of young men.
- However, there are points of inequality which would be detrimental to women
- School uniform: Girls uniforms are more expensive, costing £135 more over a school life
- School harassment/sexual violence: no requirement for schools to even record, until September this year



Parenting and caregiving

- Parental leave is currently 52 weeks for women, six at 90% pay, but two weeks for men.
- This can enforce traditional gender roles
- Covid has brought particular parenting issues, with the burdens of home schooling and generally supporting children falling disproportionately on women



Parenting and caregiving

- Prior to the January lockdown, **parents on low incomes** (household annual income under £20,000) **were nine times more likely to report risk of losing their jobs if nurseries/schools/childminders closed** or their child was sent home for self-isolation
- **Nearly twice as many mothers (15%) report believing they would have to take time off work with no pay due to school closures** or a self-isolating/sick child compared to fathers (8%).
- Of those furloughed, **mothers were more likely to be put on furlough to look after their children (27%) than fathers (23%).**
- **One in five mothers were made redundant or lost hours because of caring responsibilities**, compared to 13% of fathers

Menopause

- Menopause constitutes a major life event for the majority of women, and yet 50% of women do not consult a medical professional about their symptoms. 36% of women say the menopause has impacted their social life, and 50% their sex life. Symptoms are severe for 25% of women.
- Over a third of women also report impacts on their work life, at an age where many may be transitioning into senior management roles. 25% of women have considered leaving work because of symptom. 7% of the England workforce consists of women in the 45-54 age range (those most commonly impacted).

However, a recent meta-study suggests that there is little evidence these translate into women actually leaving the workplace in the UK, and highlights the lack of research on many aspects of economic impacts.

Violence and crime

- 2.3m adults experienced domestic abuse in 2019-20. 7.3% of women (particularly those aged 16-19) and 3.6% of men were victims.
- Disabled women are particularly likely to be victims, almost 15% in 2019-20
- 77% of domestic homicides are of women, and overwhelmingly the perpetrators are male. In male domestic homicides, there is a relatively even split of perpetrators by gender
- 22.9% of women and 4.7% of men have at some point experienced a sexual assault, with 2.9% of women having experienced an assault or attempted assault in the last year.

