Public Document Pack

Oldham Council

HEALTH SCRUTINY
Overview & Scrutiny Committee
Agenda

Date	Tuesday 26 January 2021
Time	6.00 pm
Venue	Virtual Meeting - Virtual address
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 Mark Hardman at least 24 hours in advance of the meeting.

2. CONTACT OFFICER for this agenda is Mark Hardman, email constitutional.services@oldham.gov.uk

3. PUBLIC QUESTIONS - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Thursday, 21 January 2021.

4. FILMING – This meeting will be recorded for live and/or subsequent broadcast on the Council's website. The whole of the meeting will be recorded, except where there are confidential or exempt items and the footage will be on our website. This activity promotes democratic engagement in accordance with section 100A(9) of the Local Government Act 1972.

Recording and reporting the Council's meetings is subject to the law including the law of defamation, the Human Rights Act, the Data Protection Act and the law on public order offences.

MEMBERSHIP OF THE HEALTH SCRUTINY
Councillors Toor, McLaren (Vice-Chair), Alyas, Byrne, Hamblett, Ibrahim, Akhtar (Chair) and Cosgrove

Item No

1   Apologies For Absence

2   Declarations of Interest

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

3   Urgent Business

        Urgent business, if any, introduced by the Chair

4   Public Question Time

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

5   Minutes of Previous Meeting (Pages 1 - 10)

        The Minutes of the meeting of the Health Scrutiny Committee held on 8th
        December 2020 are attached for approval.

6   Tackling Digital Exclusion in Oldham (Pages 11 - 52)

7   Northern Care Alliance - Update on employment support and local recruitment.
        (Pages 53 - 58)

8   Health Improvement and Weight Management Service (Pages 59 - 68)

9   Health Scrutiny Committee Work Programme 2020/21 (Pages 69 - 82)

10   Date of Next Meeting

        The next meeting of the Health Scrutiny Committee is scheduled to be held on
        Tuesday, 16th March 2021 at 6pm.

HEALTH SCRUTINY
08/12/2020 at 6.00 pm

Present: Councillor Akhtar (Chair)
Councillors McLaren (Vice-Chair), Alyas, Byrne, Hamblett and Ibrahim

Also in Attendance:

Mike Barker	Chief Operating Officer, Oldham CCG and Council Strategic Director for Commissioning
Nicola Hepburn	Director of Commissioning and Operations, Oldham CCG
Charlotte Walker	Head of Service - Integrated Adults Learning Disability and Autism Service
Joe Charlan	Planning and Commissioning Manager
Sarah Hollobone	Campaigns Manager, Crohn's and Colitis UK
Mark Hardman	Constitutional Services
Lori Hughes	Constitutional Services

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Cosgrove and Toor.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

3 **URGENT BUSINESS**

There were no items of urgent business.

4 **PUBLIC QUESTION TIME**

There were no public questions received.

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting of the Health Scrutiny Committee held on 13th October 2020 be approved as a correct record.

6 **MINUTES - JOINT SCRUTINY COMMITTEE**

RESOLVED that the minutes of the joint meeting of the Council's Overview and Scrutiny Committees held on 24th September 2020 be noted.

7   **MINUTES - JOINT SCRUTINY PANEL FOR PENNINE ACUTE NHS TRUST**

   RESOLVED that the minutes of the meeting of the Joint Scrutiny Panel for Pennine Acute Hospitals NHS Trust held on 15th September 2020 be noted.

8   **MINUTES - JOINT SCRUTINY PANEL FOR PENNINE CARE NHS TRUST**

   RESOLVED that the minutes of the meeting of the Joint Scrutiny Panel for Pennine Care NHS Trust held on 22nd September 2020 be noted.

9   **PRIMARY CARE STRATEGIC PRIORITIES 2019/20 - 2021/22**

   Mike Barker, Joint Strategic Director/Chief Operating Officer and Nicola Hepburn, Director of Commissioning and Operations, Oldham CCG delivered a presentation setting out a vision and ambition for primary care services in Oldham. The drafted Primary Care Strategy had been written in the context and framework of the Oldham CCG Vision and Objectives and described how primary care services will work with partners and the contribution they will make to the following strategic objectives –

   - Clinical leadership – to improve the population's health and drive better wellbeing outcomes;
   - Nursing and quality improvement – to ensure that services become the highest quality and safest in the region;
   - Commissioning operations – to deliver an effective and strategic approach to commissioning that focuses on tackling health inequalities;
   - Finance – to ensure that local health and care services are sustainable for future generations;
   - Strategy and support – to lead partnership working and collaboration across a sustainable health and care system; and
   - Transformation – to create a place-based health and care system that is closer to people's homes.

   It was noted that Primary Care, like many parts of the health service, was under increasing pressure and struggling to deliver ever more complex services. In developing the strategy the CCG had identified a number of challenges in primary care which needed to be addressed, leading to a number of Primary Care Strategic Priorities being identified and which were presented under collective headings of Restoration of Primary Care Services and strengthening the foundations of Primary Care; Partnership working to reduce inequalities and improve health and social care outcomes; and Delivering Integrated Health and Social Care.

   To deliver the strategy, Primary Care Networks (PCNs) would become the primary vehicle for the delivery of integrated primary

and community care, with resources increasingly organised to respond to the needs and priorities of the people that live in each locality. A key objective for PCNs would be to shift the pattern of care and services to be more preventative, proactive and local for people of all ages, working with other system partners to deliver more care at home and in the community, with people being supported to remain independent in their own home for as long as possible. A number of measures that would be reviewed over time to measure outcomes were further considered and presented under headings of reducing health inequalities, access to clinical services, and workforce.

The Committee was reminded that Oldham, like all other Greater Manchester authorities, operated a Locality Plan that set out the health and social care priorities for five years. The Primary Care Strategy followed the same principles for tackling health inequalities and also reflected the national context of developing PCNs, collections of GP practices aligned to local authority boundaries, to deliver primary care. The health inequality challenge in Oldham could be represented by the expected 5-10% incidence of complex issues being as high as 40% in certain areas, pointing to the fact that a 'one size fits all' approach was inappropriate. The CCG had a Quality Strategy directing how improvement would be made, highlighting challenges such as developing alternate work and roles in primary care to enable professionals to address inequalities, looking to improve the estate where required, and how to provide digital services, particularly in light of Covid-period experience and the need to ensure inclusion of those with, for example, mental health and cognitive issues. It was noted that there were a number of single GP practices and there was a need to ensure that these were joined up in the system to make sure that no-one missed out.

A Member noted the similarity of issues related to staffing, services and estates to those that had been considered at the previous meeting of the Committee in connection to the Northern Care Alliance. The position of the CCG in respect of these issues was queried, with particular reference being made by Members to the use of prefabricated buildings and buildings in poor condition with access difficulties. The Committee was advised that the CCG had a Workforce Plan and it was known which areas were in need of additional recruitment and where work was required with colleges to develop particular skills. The Plan could be shared with members of the Committee. While Oldham was well placed with regard to the amount of new estate, it was acknowledged that focus was needed particularly on a number of smaller practices with their own buildings. A position statement on the estate could be shared with Committee members. Members were reminded that such practices were individual businesses and control was exercised mostly by regulatory bodies. The CCG had limited powers via contracts but could not impose changes. However, the CCG would work with and encourage these practices and provide assistance, for example to identify funding sources, where possible.

Pharmacy provision was queried, particularly where GP practices were grouped in new buildings incorporating pharmacies which appeared always to be allocated to large chains rather than to local independent pharmacies. Reference was also made to charges made by the large chains for home deliveries and the implications for those on benefits or low incomes. The Committee was advised that Oldham was unusual in that it had more pharmacies than GPs which, it was suggested, needed attention and that the allocation of pharmacies to such buildings was not a CCG responsibility. Members were also asked to note that expenditure on prescriptions in Oldham was very high when compared to, for example, Bury, and that expenditure on medication exceeded that on GPs. Both these issues needed consideration in respect of their long term implications and the effective use of resources, though the implications of the levels of local deprivation on the personal affordability of even the cheaper medicines needed to be factored in.   It was suggested that the Committee might wish in the future to consider the Pharmacy Needs Assessment and a Prescription Strategy that might look to control that budget through, for example, educating the community about these issues.

The need for health education across the community was considered. While it was acknowledged that people might approach GPs for reassurance, people needed to be aware of what alternatives existed and, for example in circumstances where it was suggested that people approached GPs for personal re-assurance, what they could and should expect from the health service. Members considered patient involvement and the contribution this could make to health education. The Committee was advised that while the CCG could go into practices with Health Watch, it also needed the support of patients to drive change with individual practices. The need for health learning across Oldham was recognised, along with the support this would need from within the local community to work with the health sector. However, the challenge was to how to ensure diversity in involvement in an area which, with a reference to Patient Participation Groups, had historically been difficult to achieve.

A Member noted that prevention had been a major theme of reform discussions over recent years and queried where the Primary Care Strategy fitted with this and what steps could be taken to increase the focus on prevention rather cure. The Committee was advised of work undertaken with the Managing Director Community Services and Adult Social Care with regard to system integration across health and social care, looking to redirect the workforce, funding etc. There was a need to work closer to understand health and wellbeing needs down at the Ward level to ensure that the PCNs, Public Health etc all reached out with appropriate levels of care. Reference was made to the bringing together services so that these could be accessed from a single point and of a need to consider the public sector estate as a whole.

It was acknowledged that a wide range of issues had been identified in discussion that the Committee might wish to pursue and which could form the basis of a work programme for the Committee going forward.

RESOLVED that

1. the presentation on the Primary Care Strategy and the Primary Care Strategic Priorities 2019/20 - 2021/22 be noted;

2. the Chair, Vice Chair and other members of the Committee as available meet with the Chief Operating Officer/Strategic Director Commissioning, the Director of Commissioning and Operations and the Managing Director Community Services and Adult Social Care to consider future issues for consideration by the Committee arising from discussion under this item.

10 **GREATER MANCHESTER LEARNING DISABILITY STRATEGY UPDATE**

The Committee received an update on the implementation of the Greater Manchester Learning Disability (GMLD) Strategy which set out some of the challenges and successes in implementing the strategy, particularly in light of the Covid 19 situation.

The GMLD Strategy had been in place for over a year. The following ten themes had been identified within the strategy, with Covid being added as an eleventh theme as it cross-cut all themes within the strategy –

- strategic leadership;
- advocacy;
- belonging;
- bespoke commissioning;
- good health;
- homes for people;
- employment;
- workforce;
- early support for children and young people;
- criminal justice; and
- Covid-19.

Reports on progress were considered at the GM level on a bi-monthly basis for scrutiny and challenge.

The update presented to Members included a summary of the progress to date across the themes, including an update on Covid impact and measures that had been put in place. Particular attention was drawn to the ongoing review of accommodation for people with a learning disability; the implementation of alternative methods of working to support people; that while acknowledging the impact of Covid, work had been able to continue and, in particular, there had been some successes in the health theme in the supporting of annual health checks; and that despite many of the individuals with a learning disability finding the Covid situation difficult to deal with, there

had been good resilience within the cohort with people coping with the help of the support they had received.

In response to a query as to any themes emerging from the review of accommodation, Members were advised that key lines of enquiry had been into single occupancy and where service users had been in a particular accommodation for a lengthy period to consider whether there was a need to move or whether other options might be explored. There was an ageing population of people with learning disabilities who might need to move into alternate provision and a pilot exercise was being undertaken with a provider to see how an alternate set-up might operate in terms of care packages, costs and outcomes for individuals.

With regard to training, education and employment, a piece of work had been undertaken prior to Covid to try and capture information about the people the service worked with and the employment offers, including apprenticeships, internships, funded schemes etc. During the Covid period a spike in digital offers had been noted. While college or remaining in education was an option in day services, a greater demand for jobs was being seen as service users sought normality in the Covid period. Work was therefore ongoing with colleagues to bring this consideration into transition and to look at options for supported work, training etc and related funding.

Further to a query concerning care leavers with autism and other disabilities transferring over to Adult Services, the Committee was informed that this was a significant area of work. While this was currently dealt with on a case-by-case basis, the Service was working with colleagues to better understand, quantify and plan ahead for future accommodation, access to services etc needs.

In response to a number of further queries, the Committee was advised that -
- day services were supported by individual personal budgets rather than being directly commissioned. With regard to day services during the Covid period, providers had been advised of lockdown requirements and alternate means of support had been promoted and encouraged;
- the Service looked to work closely with parents/carers and encourage the developing of a Carer's Assessment that considered what support a parent/carer would benefit from. The CCG had been approached with a view to their BME link worker who had worked on the Dementia Strategy also working on learning disability issues;
- Miocare employed a number of support workers from the local community who could encourage and support those from the community who wished to live at Holly Bank; and
- with regard to the promotion of working with people with a learning disability, Skills for Care was the national training

body for people working in the care sector and, locally, Miocare publicised work with people with autism and learning disabilities.

RESOLVED that the report be noted and a further update on the implementation of the Greater Manchester Learning Disability Strategy be submitted in 12 months time.

11   **COUNCIL MOTION: AMENDMENT TO THE MAKING A COMMITMENT TO THE UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS REPORT TO COUNCIL**

Further to Minute 9 of the meeting held on 13th October 2020, the Committee gave further consideration to a proposed amendment to the Committee's report submitted to the Council meeting on 9th September 2020 and which had been referred by the Council to the Committee for consideration. The Committee was advised that, further to the submitted report, no suggested names for inclusion in the amendment had been received from political groups in response to correspondence forwarded.

A Member noted that the Committee's report considering the Council's actions related to the United Nations Sustainable Development Goals had been under consideration for several months prior to the submission of the report to the Council and that the issues raised in the amendment had not been raised in that time.

RESOLVED that the inclusion of the Amendment to the report be not agreed or commended to Council.

Note: The Chair requested that the minutes record that Councillors Byrne and Hamblett were not present in the meeting at the time the vote was taken.

12   **COUNCIL MOTION: NOT EVERY DISABILITY IS VISIBLE**

The Committee was reminded that, at a meeting of the Council held on 9th September 2020, the Council had referred a Motion "Not Every Disability is Visible" to 'Overview and Scrutiny' for consideration. The Health Scrutiny Committee had been determined as the appropriate overview and scrutiny body to consider the referral and the Committee received a report presenting an initial consideration of the issues raised in the Council Motion.

The report considered the background to the Crohn's and Colitis UK campaign 'Not every disability is visible' and the campaign objective of revised signage for accessible toilets to indicate that not every disability is visible, and the nature and local availability of 'Changing Places' toilets together with the requirements to be introduced in 2021 for new public buildings and those undergoing major refurbishment to have Changing Places toilet facilities.

The Committee further received a briefing paper from Sarah Hollobone, Campaigns Manager, Crohn's and Colitis UK, who addressed the Committee highlighting why accessible toilets are so important to people with Crohn's Disease and Ulcerative Colitis, the benefits for people in Oldham of the Council getting involved, and what Crohn's and Colitis UK could do to support the Council. In response to a concern expressed that signs alone would not change anything, it was noted that signage made people more comfortable in their use of accessible toilets and the signs acted as a visual resource to point to and give individuals confidence.

The Chair thanked Sarah Hollobone for raising the issue with the Committee and suggested this was a matter that the Council should take forward and give encouragement to other groups in the Borough to take forward also. Further reference was made to the provision of Changing Places toilets and the potential for such a facility to be provided on the Spindles Shopping Centre.

RESOLVED that
1.   the issue of signage of accessible toilets as suggested by the Crohn's and Colitis 'Not every disability is visible' campaign be forwarded to the relevant Cabinet Member and Officers to look at and cost up the necessary changes and to report further to this Committee to enable the Committee to prepare a report on this matter;
2.   the provision of a Changing Places toilet facility at the Spindles Shopping Centre be referred to the relevant Portfolio Holder and Officers to look at and cost up to consider whether this could be provided, to apply for relevant grants and progress if the funding is forthcoming, and to report back to this Committee.

13   **HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2020/21**

The Committee gave consideration to the proposed Health Scrutiny Committee Work Programme for 2020/21, outlining those issues which would be considered by the Committee during the municipal year.

The Committee's attention was drawn specifically to the outcomes from Members' consideration on 10th November 2020 of anonymised safeguarding cases, of actions taken in respect of a referral from Council related to a Council Motion concerning Chatty Checkouts and Cafes, and to the intended submission of a report to the Committee in January 2021 of a report detailing work to address digital inclusion that had been commissioned following concerns expressed by Members at earlier meetings.

RESOLVED that the Health Scrutiny Committee Work Programme 2020/21, as presented, be noted.

14   **DATE OF NEXT MEETING**

It was noted that the next meeting of the Health Scrutiny Committee was scheduled to be held on Tuesday, 26th January 2021 at 6pm.

The meeting started at 6.00 pm and ended at 8.00 pm

This page is intentionally left blank

Report to Health Scrutiny Committee

Tackling Digital Exclusion in Oldham

Portfolio Holders:
Councillor Sean Fielding, Council Leader & Cabinet Member for Economy and Skills and
Councillor Abdul Jabbar MBE, Deputy Leader and Cabinet Member for Finance and Low Carbon

Officer Contact:
Dominic Whelan, Chief Operating Officer Unity Partnership and Senior Responsible Officer for Customer and Digital

Report Author:
Fran Lautman, Customer and Digital Lead, Oldham Council

Tuesday 26 January 2021

Purpose of the Report
This report provides an update to the Health Scrutiny Committee on the digital exclusion challenge both nationally and regionally within the context of the Coronavirus pandemic.

The report provides a summary of the current initiatives and support across Team Oldham including examples of council services, partners, anchor organisations, the VCFSE sector, and businesses working together with communities to tackle digital exclusion.

The report also provides a summary of future development and initiatives in Oldham to continue to tackle the digital divide. This includes:

- presenting this paper to the Oldham Leadership Board (and for digital exclusion to be a quarterly agenda item) to create visibility and ownership for digital exclusion with strategic leaders across the system and to continue the momentum to join up initiatives to have the most impact as a system moving forward;
- the Customer and Digital Lead as custodian of the digital strategy and roadmap will coordinate the digital inclusion offer and activity with services and will provide strategic leadership to drive forward our approach with momentum and to ensure a joined up and consistent approach across Team Oldham and beyond;
- tackling digital exclusion will be a key element of the Team Oldham COVID-19 Recovery Strategy;

- embedding digital skills into the emerging Work and Skills Strategy for Team Oldham linked to economic development to ensure that we provide joined up support and opportunities for digital skill development and
- developing a robust evidence base of digital exclusion in Oldham to demonstrate the difference we are making together as a system as well as understanding where we can have most impact moving forward.

Recommendations

Members are asked to:
- note the Greater Manchester Digital Inclusion Strategy *(Appendix B)* and the opportunity to work across Greater Manchester to reduce the digital divide;
- note the summary of initiatives currently in place across Oldham and those in development;
- share whether there are any gaps in tackling the digital divide in Oldham that we need to consider as a system moving forward and to
- endorse that Digital Inclusion should be included an as a specific item within the equalities section for all council decision making reports to ensure that it is considered sufficiently in the decision-making process.

Tackling Digital Exclusion in Oldham in Response to Coronavirus

1   Background

1.1   Digital exclusion is defined as when a person doesn't have one or more of the following: access to the internet (device, data or connectivity) or the skills, confidence or motivation to use technology *(UK Digital Strategy, 2017)*.

1.2   According to the *Lloyds Bank Consumer Digital Index 2020*, 21% of the UK population (11.7 million people) do not have the essential digital skills outlined in the *Government's Essential Digital Skills Framework.* A lack of digital access, skills, motivation, or confidence can have a significant effect on a person's life, often impacting those who already face multiple inequalities. The follow extract is taken from the *Good Things Foundation, 2020*:

1.3   "*Digital inclusion is a social issue. A lack of digital skills and access can have a huge negative impact on a person's life, leading to poorer health outcomes and a lower life expectancy, increased loneliness and social isolation and less access to jobs and education. It can mean paying more for essentials, financial exclusion and an increased risk of falling into poverty. Digitally excluded people also lack a voice and visibility in the modern world, as government services and democracy increasingly move online. What's more, it's those already at a disadvantage - through age, education, income, disability, or unemployment - who are most likely to be missing out, further widening the social inequality gap.*"

1.4   Further detail is included in the *Good Things Foundation, Digital Nation UK 2020* report included in *Appendix A.* The report also calls for a national strategy to reduce the digital divide reflecting on the challenges that Coronavirus has created.

1.5   Coronavirus has exacerbated already significant challenges for many people. As schools moved learning online, some families were faced with the challenge of how children and young people could participate in online lessons and access resources without a suitable device or connection. For those without digital access at home or the skills or motivation to use the internet, social isolation and loneliness (particularly for older people and those who have been shielding) has been a significant challenge. And for people who have lost their jobs during the pandemic and don't have either the skills, confidence or access to undertake job searches or apply for universal credit, life will have been extremely challenging.

1.6   The Good Things Foundation has estimated that at the height of the pandemic, 1.2 million people across Greater Manchester are digitally excluded. To tackle this challenge, the *Greater Manchester Digital Inclusion Strategy* launched in late 2020. A copy of the strategy is included within *Appendix B*. The vision for the strategy is as follows:

1.7   *"We want everyone in Greater Manchester to have a fair and equal opportunity to access the benefits of operating online safely and confidently, regardless of their age, background or situation".*

1.8   To deliver the strategy, a *Digital Inclusion Taskforce* has been established to understand the current digital inclusion offer and to develop a framework for delivery. Further activity will be developed to remove the barriers to digital inclusion and recommendations will be made to government around national initiatives. As GMCA Portfolio Lead for Employment, Skills, and Digital, Cllr Sean Fielding and Team Oldham are well placed to work across Greater Manchester to tackle digital exclusion together with communities, partners, anchor organisations, the VCFSE sector, and businesses as well as building on what we are already delivering now and in the future to reduce the digital divide here in Oldham.

2   Reshaping Support and Services across Team Oldham during the Pandemic to reduce Digital barriers

2.1   The following section outlines how Team Oldham, partners, anchor organisations, the VCFSE sector, and businesses across Oldham have come together during the Coronavirus pandemic to provide access to support and services to those who are likely to be digitally excluded. The examples used throughout this section are provided to share the breadth of support and services across Team Oldham rather than being an exhaustive summary of all support available.

2.2   To ensure that support and services remained accessible, Customer Service Bronze was quickly established in April 2020 with key services within Team Oldham. Customer Service Bronze provided coordination with services in reshaping how they offered support and services during the pandemic and to share learning and good practice.

Helpline and Place Hubs

2.3   Following the set-up of the Team Oldham Helpline and Place Hubs on 27 March 2020, 13,210 calls (as at 22 December 2020) have been received. The service was purposefully designed to be accessed via telephony only with no digital access as we were mindful to not exclude those without online access. Calls also enable customer service officers to engage with residents more broadly and to have quality conversations. Callers often call for support with food but following the decision trees in place and training the team have undertaken, conversations quickly turn to the root causes. Broader help is often needed, and referrals and signposting are made to a broad range of services around the themes of financial support, wellbeing and isolation and loneliness.

2.4   Having the Helpline in place also means that residents without internet access can call to ask for guidance around the latest government advice and restrictions as well as accessing local support and services without online access being a barrier to keep up to date with important information.

2.5   We have also promoted the Greater Manchester Text Hub which has been established to support residents who can't access local Helplines. We currently have the third highest uptake in Greater Manchester. Examples of its usage include residents with no credit to make calls or who have hearing difficulties or where there are language barriers. The Helpline Team receive a message from the Text Hub and make outbound calls within one working day of receiving a message to ensure residents receive the support and services they need.

Library and Information Service

2.6   The Library and Information service has continually adapted its approach at various stages of the pandemic. Upon the temporary closure of the Library network in late March 2020, the service established several support mechanisms to support those who may be digitally excluded.

2.7   The service set up a digital skills offer accessible via the phone. Referrals were made by the Contact Centre Team, Helpline and Place Hubs. Residents were supported to use council and partner services as well as advice and guidance on using devices.

2.8   The service has also supported residents to access digital content online at time when many people have felt lonely and isolated. Between March and mid-August 2020, the service had a 300% increase in e-book and e-audio downloads compared to the same period last year. A partnership with Age UK Oldham was also established to extend the Home Library Service to provide books to residents who couldn't get online.

2.9   Over 300 Creative Care packs for children and young people were also distributed in partnership with OCL, Housing Associations, Schools, and Community Groups in early summer.

2.10   The service has worked together with the Good Things Foundation, Get Oldham Working and Action Together to issue mobile devices and data packages. To date, 40 devices have been gifted by the Good Things Foundation to those in most need. Below is an example from a resident who received a device:

2.11   The Library and Information service reopened access to public computers in early July 2020 to ensure residents could access the internet and online services. This continued to operate as an essential service during the November Lockdown offering PC usage and for click and collect book services across 5 Libraries. In the period from 6 July – 14 December, there have been a total of 9,736 public access computer sessions across the Libraries that were open. This demonstrates that there is demand in Oldham to access online support and services.

Education, Families, Children and Young People

2.12   A range of support has been available for the most vulnerable children, young people and families during the pandemic with a focus on digital access and skills.

2.13   Disadvantaged children and young people are at most risk of not having a suitable device for learning and not engaging with remote learning. From a recent research project, led by Louise Astbury from Oldham Sixth Form College, access to devices and data remain the key barriers to an inclusive learning offer.

2.14   Following the re-introduction of a national lockdown in early 2021 and the closure of schools, trusts, and colleges, it's imperative that we have accurate and up to date data on the number of children and young people without access to the internet or an appropriate device at home so that we can use our role to help influence the reduction of this barrier locally, regionally and nationally. Many schools, trusts, and colleges already hold this information which has already informed their access to DFE laptops and their own investment in remote learning. On 7 January 2021, each school, trust and college in Oldham received an email from Patsy Kane, CEO Oldham Learning to formally request this information within the next week. We will then analyse the findings and share the information with the GMCA who have asked to review the information as part of their future planning for supporting children and young people across Greater Manchester.

2.15   In Oldham, access to devices and data to date has been prioritised for children and young people with a social worker (including care leavers) prioritising those whose families or carers don't have access to suitable devices or data. Through Government funding from the DFE and GMCA funding, 1,036 devices have been issued in addition to 124 Wi-Fi

routers via maintained primary schools and academies. For disadvantaged Year 10 pupils, an initial allocation of 110 devices and 48 routers were provided to cover the 4 maintained secondary schools (including Kingsland) and through discussions and negotiations, we were able to extend this up to 192 devices and 58 routers.

2.16   Ultimate Products generously donated 90 tablets which have been gifted with referrals coming from Young Carers, Careers, Integrated Health and Early Help services.

2.17   Vodafone have provided 250,000 data SIMs across the country for children and young people with 30GB to use for up to 90 days. This offer is delivered via schools and trusts and the scheme was promoted by the Council via existing communication channels to encourage schools and trusts to take up the offer to reduce barriers to learning particularly for children and young people who have been required to self-isolate enabling them to continue their learning from home.

2.18   A Digital Families offer has been established to reach families with very young children who are unable to access face to face support and where children are too young to access most mainstream digital learning. This has been shared with families and Early Years Foundation Stage (EYFS) providers. As part of this, an online festival was developed with partners from Oldham Theatre Company. Launching on 11th May for 4 weeks, the website had over 2000-page views and the YouTube videos had a total of over 100 views. Below is an example of feedback from a teacher:

2.19   "*The songs and rhymes from the gallery were amazing, the story sharing and the act it out made for a really comprehensive EYFS resource. As an early years teacher, I was happy to share with friends and colleagues - and at a time where there's so much 'stuff' online I felt like this cut through and hit the nail on the head*"

2.20   The Oldham Digital Skills Programme has been developed through a partnership between the Oldham Opportunity Area, the Rio Ferdinand Foundation and BT Skills for Tomorrow. The programme offers a range of activities as part of a suite of digital and personal development activities to support local young people. From July – September 2020, a range of digital skill development activities were delivered to 40 children and young people in Oldham with targeted activity in Glodwick, Holts and Lees to address digital exclusion where young people have less access to digital skills development opportunities. Below is an example of how one of the children and young people who attended the development opportunities is now using their digital skills:

2.21   *"x, aged 16 took part in wellbeing, filmmaking and leadership and is current receiving weekly 1-2-1 mentoring with the Rio Ferdinand Foundation to develop her anti-bullying workshops using digital skills which she is keen to deliver within Oldham Sixth Form College to other students using drama and forum theatre".*

2.22   Targeted work remains ongoing. This includes the full Digital Skills programme using Positive Steps as the venue as well as other bespoke opportunities such as Saddleworth School, Fatima Women's Association and Greenhill Community Sports Club.

Lifelong Learning, Employment, and Skills

2.23   Lifelong Learning, Employment and Skills services have adapted their support and provision to support digital access, confidence, and skills. The service is also maximising regional funding streams and opportunities to collaborate on initiatives across Greater Manchester.

2.24   The Get Oldham Working service has adapted its approach throughout the pandemic with a blended approach of face to face, digital, and telephony support. Residents who use Get

Oldham Working services have access to computers by appointment to undertake employability activities.

2.25   Providers of the Adult Education Budget including the Lifelong Learning Service have moved many courses online and are offering digital skill courses. The Lifelong Learning Service currently has 258 learners on role accessing ICT and digital courses with a target audience of learners with low level digital skills and those who want to retrain or upskill. This covers entry level courses such as using devices, handling information online, e-safety and communicating online, to level 1 and 2 courses and qualifications including Microsoft Office programmes and business administration studies. Several providers have also created tablet lending schemes to reduce the barriers to access learning online.

2.26   The Employment and Skills service has successfully been awarded £100k of GMCA funding in recent months. This includes £50k for a Digital Skills Officer to map digital courses in Oldham, to research training needs, and to work together with providers to develop a fit for purpose digital curriculum and £50k to issue 40 laptops to be used by providers to deliver support and services in the community and 40 data dongles to gift to residents in most need.

2.27   GMCA have approved several digital skills initiatives known as the *Fast Track Digital Provision* to be delivered across Greater Manchester open to Oldham residents.

Community Health and Adult Social Care Service

2.28   The Community Health and Adult Social Care Service (CHASC) has taken an innovative approach to engaging and supporting vulnerable adults throughout the pandemic, utilising digital technologies and approaches to ensure an inclusive responsive. A reduction in face to face contact whilst ensuring individuals are safeguarded and health and care needs are met has led to new and innovative ways of supporting individuals to realise the best possible outcomes. The service has actively worked with partners, the ICT service and residents to enable digital inclusion. Examples in this section include direct digital inclusion activities to vulnerable adults as well as indirect digital inclusion activities, i.e. via care providers.

2.29   CHASC have worked with the Oldham Virtual Hospital to develop a protocol for patients at The Royal Oldham Hospital to enable them to return home with health care equipment (pulse oximeters) and access to a text messaging service (Florence) for them to send in blood oxygen readings; enabling a quick and safe clinical response to any change in their health condition. Over 70 patients have been supported to date.

2.30   CHASC Client Finance have continued to support vulnerable adults who lack capacity to maximise their financial security through attendance at virtual court hearings and tribunals. The team have provided equipment and access to vulnerable residents to access the hearings and have been with them during the process (following robust risk assessments and adoption of Covid secure measures). This has led to several resident's financial security positively improving. One individual's benefit income increased by 150% and the court also ruled that they were entitled to an additional £16,000 in backdated payments.

2.31   Video Consultation software (AccuRx) has been rolled out to clinical teams so they can undertake patient consultations remotely and safely. This included supporting individual patients to access the software.

2.32   Keyring have increased access to Zoom licenses so they can hold more sessions online. This has included the Oldham face to face hubs moving to a remote hub. They are now delivering skill building courses online including Money Management to vulnerable adults. The provider has also ensured they can engage and support vulnerable adults in telecalls with GPs, social workers, DWP, and other professionals. Staff have also been trained in

using video conferencing, such as Microsoft Teams to enable remote attendance at meetings including annual reviews, learning disability annual health checks, Child Protection conferences, and multi-disciplinary meetings. Keyring have also established a Facebook group for vulnerable clients, staff and volunteers to share information about the pandemic as well as supporting mental wellbeing and sharing stories. This is now predominantly owned by the clients they support. Lastly, Keyring set up online activity Zoom meetings with vulnerable clients supporting each other through a peer support model to access the offer. These are now run predominantly by those individuals Keyring supports via a dedicated Zoom line. The sessions include quiz night, bingo, silent bingo, singalong and social brew. For Keyring service users there have been many positive impacts of using the technology available particularly around feeling connected with family, friends and other Keyring members. An example of the support provided was a member who was quite distressed at not being able to see her Mum during the first lockdown as her Mum didn't have a phone that could have WhatsApp installed. Keyring staff safely visited the Mum's house and called the daughter to they could see each other and talk. The Mum was supported to purchase a suitable phone and they were then able to call each other via WhatsApp whenever they want to.

2.33   Day service providers working with people with a learning disability and/or autism have found several creative ways to work with their customers during the pandemic. In the initial lockdown, all customers were contacted regularly by providers to offer remote support where possible. Many providers used Facetime and Zoom to keep in touch and to try to keep up 'face to face' contact, albeit on phones and laptops. One provider created online content for customers on YouTube, such as exercise classes, dance sessions, cooking lessons, and quizzes. Since services reopened, they have adapted again to support people who are unable to physically attend, or who have been shielding. They have continued to use Facetime and Zoom to stay in touch with individuals. One service is running physical sessions with a reduced number of people but running the sessions on Zoom. People attending remotely appear on the screen at the day service so they can be part of the whole session. The approach is very successful as it is inclusive and ensures that individuals can take part, see their friends and reduce social isolation whilst keeping safe.

2.34   CHASC's Safeguarding services held a multi-agency Facebook Live event with GMP and other partners. The event was well attended by members of the public which focussed on offering support, answering any immediate questions and reaching people where there may be cases of hidden harm. Two of these events were held through the first lockdown and due to the positive response future sessions are being explored.

2.35   The Safeguarding Service has seen an increase in engagement from individuals and families in safeguarding meetings via Microsoft Teams. This has been really positive, and families have been able to support individuals, which previously had been challenging due to geographic locations. As these have been mainly remote meetings via Microsoft Teams, families and individuals have been better engaged.

2.36   CHASC has continued to support co-production with vulnerable adults and their carers through its Partnership Board model of engagement. Representatives across the Learning Disabilities and Carers Partnership Boards have received support to access ICT, advice on ICT, and assistance to engage in meetings, ensuring local voices continue to shape delivery of CHASC services.

2.37   The CCG have set up a Digital Hub for Care Homes at the start of the pandemic and our commissioning service worked closely with all Care Homes to ensure they were provided with a smart phone, thermometers, and pulse oximeters to use and were able to link with the Digital Hub. This enabled clinical support for Care Homes to take place remotely and safely. Care Homes were provided with a clear pathway process.

2.38   The Commissioning and Quality Service have supported Care Homes to access free tablets through offers from charities and NHS Digital. Following the completion of delivery of the NHS Digital iPad offer, all Care Homes in the borough will have at least one tablet device (with most homes having more than one). These are being used both to support resident care but also to allow residents to maintain contact with friends and family whilst visiting to the homes is so restricted.

2.39   We have started a roll out of the Safe Steps CV19 Tracker across Care Homes in Oldham. The tracker is accessed via a website and therefore accessible in all homes. It allows carers to record the current position of residents within the home which can then be viewed by clinicians. It is intended to act as an early warning system in terms of Covid outbreaks, but the same software can also be used for outbreak monitoring around any infections e.g. influenza. It should enable clinicians to quickly provide additional support or input in the Care Home where required.   Roll out is currently in phase one, with 5 Care Homes 'onboarded' and inputting data into the system. There is an option to add in the Restore 2 Mini, a deterioration tracking tool and the Safe Steps falls prevention tool at a later stage of roll out as they are all based within the same web platform. Health Innovation Manchester have secured funding for the tool until at least March 2021 so there are currently no associated costs.

2.40   All Care Homes and care at home providers have been able to access an NHS Email account without completing the full *Digital Security Protection Toolkit* in advance. The Commissioning Service provided support to our providers to assist them to sign up to this and have worked with the NHS Digital North Team to run training and troubleshooting sessions to ensure that providers are able to access these accounts. Having an NHS email account means that NHS services can send referral and other resident information securely via email rather than fax, the care home has access to the NHS Directory – all NHS email addresses across the country and the care home can access Microsoft Teams for free.

2.41   The Care at Home and Care Home Provider Forums have continued to meet virtually via teams throughout the pandemic. The Provider forums are designed to bring care at home, care home managers and senior staff together with partners across health and social care, to provide a support network and an opportunity to share experiences, showcase good practice, discuss any issues and challenges, and identify any support and training needs. Where providers reported difficulty in utilising Microsoft Teams to access these meetings, ICT individual training and support was arranged for providers to address any issues and concerns they may have around accessing and participating at the forums and other ad-hoc events via Microsoft Teams. This approach was invaluable and helped build staff confidence in using Microsoft Teams. The virtual provider forums have been well attended and incredibly productive as managers and staff have been able to directly get answers to questions and issues like PPE, swab testing, hospital discharges, additional expenditure, and finance support.

2.42   A series of specialist events have been held to engage providers on specific issues such as the Infection Control Fund, PPE, and more recently to seek their views on the implementation of the Lateral Flow Tests, and the development of the *Care Home Visitors Policy*. Over 55 provider representatives participated at the last forum which was for Care Homes in relation to rapid testing.

2.43   The Integrated Community Equipment Service have ensured all new prescribers based within acute and community settings still receive training on how to order equipment by running monthly virtual training sessions via Microsoft Teams. 46 new prescribers have been trained virtually between March and December 2020 to ensure that they are confident

with ordering equipment via Ross Care which will avoid delayed discharges, help to prevent admission, or prevent deterioration. The training also ensures they are aware of internal policies and procedures. Product training sessions have also been delivered via Microsoft Teams to train Northern Care Alliance (NCA) clinicians on prescription of complex equipment such as tilt in space shower chairs and specialist seating to ensure they are able to confidently adjust the chairs to meet the needs of their clients and ensure their safety.

2.44   Throughout the pandemic CHASC has continued to ensure its workforce is highly skilled and this has included delivery of core, essential training such as the Mental Capacity Act. Virtual deployment of this training meant the service was able to facilitate large numbers of staff and deliver the training on how to undertake virtual assessments; ensuring compliance with changing statutory requirements. The focus on completing meaningful assessments, meeting legal and statutory responsibilities, and supporting individuals were essential themes. This training package has been seen as a model of best practice and is being rolled out across Greater Manchester.

2.45   Housing21, who manage our older persons housing stock have developed a specification for the replacement of the alarm and door entry systems between 2022 and 2024/2025. This specification focusses on digital inclusion through the adoption of fully digitalised systems and Wi-Fi capability.

Department for Work and Pensions (DWP)

2.46   In November, DWP established the Flexible Work Fund. The offer has been established for residents who are unemployed, actively seeking work, and in receipt of work-related benefits when access to a suitable device or connectivity is a barrier to searching and applying for jobs. To apply for the scheme, residents can ask their work coach of place a request through their work journal. This offer has been shared widely across the council, partners, anchor organisations and the VCFSE sector to ensure awareness of the scheme. This scheme is significant, as *the Greater Manchester Digital Inclusion Strategy* (included in *Appendix B*) identified through its research with The Good Things Foundation that 40% of benefit claimants in Greater Manchester had very low digital engagement.
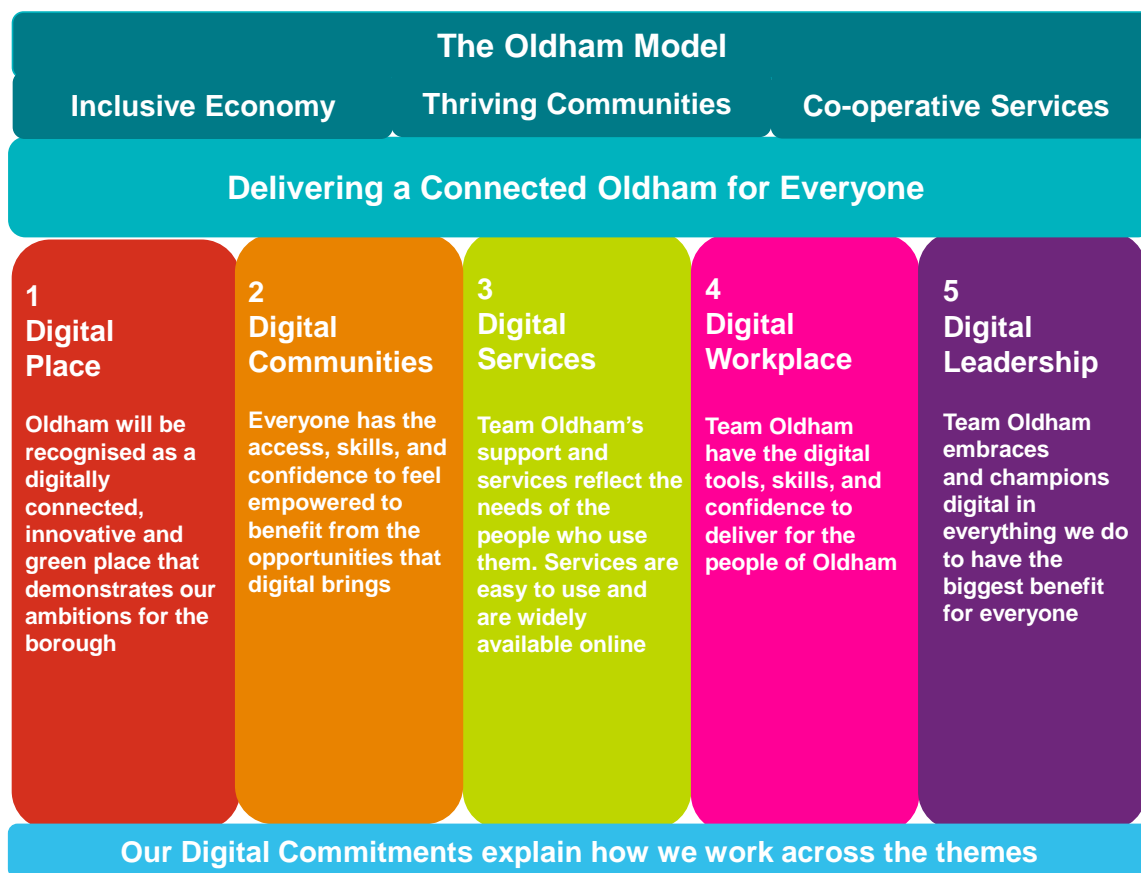
Voluntary, Community, Faith and Social Enterprise

2.47   Action Together have donated £39,950 between March and December 2020 to a broad range of VCFSE organisations across Oldham to enable them to ensure that their members are supported with digital access and connectivity.

3   Moving Forward Together to Tackle Digital Exclusion

3.1   Moving forward, we are keen to build on the energy and momentum that reshaping access to services and tackling the barriers to digital inclusion presented by Coronavirus has enabled by expanding the collaboration across services, partners, anchor organisations, the VCFSE sector, and businesses working together with communities. By working together as a system, we can maximise the local, regional and national funding streams available to create economies of scale and to communicate and share a clear and accessible approach with residents. To help make this a reality, this paper will be presented to the Oldham Leadership Board (and for digital exclusion to be a quarterly agenda item) to create visibility and ownership for digital exclusion with strategic leaders across the system and to continue the momentum to join up initiatives to have the most impact as a system moving forward.

3.2   *The Team Oldham Digital Strategy* and implementation roadmap are in the final stages of development. The digital strategy is broad and ambitious and focuses on the various digital elements that delivered together will realise our ambition of delivering a connected Oldham for everyone. This is illustrated in the diagram below:

The Oldham Model

Inclusive Economy **Thriving Communities** **Co-operative Services**

Delivering a Connected Oldham for Everyone

1 **Digital Place**	**2** **Digital Communities**	**3** **Digital Services**	**4** **Digital Workplace**	**5** **Digital Leadership**
Oldham will be recognised as a digitally connected, innovative and green place that demonstrates our ambitions for the borough	Everyone has the access, skills, and confidence to feel empowered to benefit from the opportunities that digital brings	Team Oldham's support and services reflect the needs of the people who use them. Services are easy to use and are widely available online	Team Oldham have the digital tools, skills, and confidence to deliver for the people of Oldham	Team Oldham embraces and champions digital in everything we do to have the biggest benefit for everyone

Our Digital Commitments explain how we work across the themes

3.3   The Customer and Digital Lead as custodian of the digital strategy and roadmap will coordinate the digital inclusion offer and activity with services and will provide strategic leadership to drive forward our approach with momentum and to ensure a joined up and consistent approach across Team Oldham and beyond.

3.4   Tackling digital exclusion will also be a key element of the Team Oldham COVID-19 Recovery Strategy. Please see S*ection 5* for further detail.

3.5   Digital skills will be embedded into the emerging Work and Skills Strategy for Team Oldham linked to economic development to ensure that we provide joined up support and opportunities for digital skill development.

3.6   Learning and evidence is now being gathered and shared nationally around the impact of Coronavirus on digital exclusion with the aim of influencing government policy. We are keen to learn from this and build it into our work regionally and locally. An example of the emerging recommendations is *Build Back Fairer*, a report produced by the Institute of Health Equity and commissioned by the Health Foundation published in December 2020. The report suggests several recommendations to consider when re-building society and the economy post-Coronavirus. This includes addressing inequalities in access to laptops for children and young people and a national programme to enable the provision of laptops to more deprived pupils should be expanded and resourced appropriately. Wolverhampton Council have already established and funded a scheme for schools when children are

required to isolate at home to ensure that they have access to ICT equipment and data to continue their learning.

3.7   The following initiatives are currently in development for delivery across Team Oldham in the coming weeks and months:

Tablet Lending and Gifting Scheme for Adults in most need

3.8   We are committed to reducing the barriers to accessing suitable devices and connectivity. Part of our focus is establishing a blended tablet lending and gifting scheme for adults that will be managed by the Library and Information service. Funded by a successful bid of £40k funding from GMCA from the Local Growth Fund and £10k from the Library and Information Service budget, the offer entails developing a cost-effective tablet gifting scheme that will benefit those in most immediate need of digital kit and connectivity, blended with a tablet lending scheme to widen digital participation beyond the scope of a gifting scheme alone. This will be supported by Oldham Libraries' digital skills offer with clear pathways to further training for example via the Lifelong Learning service.

3.9   Building on the success of Oldham Libraries participation in the Good Things Foundation project (as outlined in *section 2.10)*, recipients will be prioritised based on need including those who are on a low income or Clinically Extremely Vulnerable or have a physical or learning disability, or over 65 or are an unpaid carer. Criteria will be based on reducing the barriers to digital access and the impact that receiving a device could have for a household or organisation. Exact data sources to proactively identify recipients in addition to a nomination or referral request both directly and on someone's behalf will need to be established. This requires further definition and debate across the system.

3.10   We aim to establish a range of cost-effective devices over time to meet several levels of confidence in using devices and to meet a range of learning or physical needs.

3.11   We are currently working with CCG colleagues to establish whether the lending scheme can come together to create economies of scale as part of a single scheme that meets the needs of older people, dementia and learning difficulties.

3.12   We also aim to consolidate (where this makes sense), the offer from across the council and partners into a single tablet lending and gifting scheme to ensure those who most need devices can access them. This will also help us to communicate a clear approach to residents and partners to access the scheme.

3.13   We aim to start the scheme by late February 2021. We are currently working with ICT colleagues to identify suitable devices and to manage risks around insurance and lending and to establish referral pathways.

3.14   We know that the number of devices and data packages that we can obtain with £50k funding will not solve the access to digital barrier. Moving forward, we will seek to identify additional regional or national funding streams to continue to build up our tablet lending and gifting programme.

Wi-Fi Packages for Independent Care Leavers

3.15   Childrens Services are aiming to provide a mobile Wi-Fi package for our independent Care Leavers. This would be a significant investment from the Council and a pledge to ensure that all our Care Leavers had access to the internet would really support our engagement

with Care Leavers and improve education, employment, and training opportunities. Greater Manchester is working on securing an offer from one of the five big internet companies as part of a Care Leaver covenant pledge.

Census 2021

3.16   A Census Working Group has been established to bring together several officers from across Team Oldham to ensure we maximise the response rate in Oldham.

3.17   A number of workstreams have been established including 'Assisted Digital Service'. The Library and Information Service made a successful bid to the Good Things Foundation. This includes funding 2 members of staff for 35 hours per week for the duration of the census to provide support at Oldham and Crompton Libraries to provide assisted digital support for people to complete the census. Working with Action Together, the service is also arranging for digital champion volunteers across the other Libraries that are currently open to provide support to complete the census.

3.18   The Strategy and Performance service are working with the Office for National Statistics (ONS) who are responsible for running the census, to ensure that Oldham receives a sufficient number of paper copies for those where access to digital or digital skills is a barrier to completing the census. ONS have shared their calculations with us and we are currently compiling an evidence base with the aim of checking the volume and locations that the paper copies will be sent to and, if necessary, challenging this and obtaining more paper copies and/ or a re-think of the areas that paper copies are directed to.

Developing a Robust Evidence Base on Digital Exclusion

3.19   Moving forward, we are keen to develop a robust evidence base to inform which parts of the borough we need to deliver and/ or commission digital inclusion activity based on an up to date understanding of where local support is needed. We are keen to create impact in a more targeted and joined up way informed by the data we hold. This will be at a hyper local level based on the Thriving Communities Index. No individuals will be identified within the data.

3.20   In a dashboard and webmap format, this would bring together a number of evidence bases collated nationally and locally to ensure we have up to date information. This will likely include age data as the *Greater Manchester Digital Inclusion Strategy* (see *Appendix B*) estimates that 52% of those offline are between 60 and 70. It will also include deprivation data. The Indices of Multiple Deprivation 2019 (IMD) data contains historic data sets stretching back as far 2011) and we therefore feel that we are better placed to use our own local data that is up to date. This may include local data on pension credit, qualifications, unemployment, households in receipt of discretionary payments, and disability payments as examples. We will also collate information about those in Oldham who engage with the council digitally such as residents who have signed up to e-billing. Lastly, we will pull together information about broadband connectivity and those who are less likely to have an internet connection.

3.21   Next steps include engaging with the Council's Information Governance Team and continuing the debate and discussion at pace around which data sets are in scope. Following this, a commission will be developed for Strategy and Performance and ICT colleagues to deliver and maintain the dashboard and web-map. We aim to have a minimum viable product in place by the end of March 2021 at the latest. This will be funded by a

successful bid of £10k funding from GMCA from the Local Growth Fund. Not all of this funding may be needed to develop and maintain the dashboard and web-map. If funds remain, they will be added to the tablet lending and gifting scheme.

4 Key Questions for Health Scrutiny to Consider

4.1 What gaps to Health Scrutiny consider there to be in tackling the digital divide in Oldham?

4.2 Do Members endorse that Digital Inclusion should be included an as a specific item within the equalities section for all council decision making reports to ensure that it is considered sufficiently in the decision-making process.

5 Links to Corporate Outcomes

5.1 As a Co-operative Council, Oldham is committed to tacking the impact of COVID-19, protecting out most vulnerable residents and communities. The steps we are taking to tackle the pandemic and the subsequent recovery planning, aim to support people, especially those groups who are often most impacted.

5.2 Building on the learning so far and the anticipated events to come, we are developing a comprehensive COVID-19 Recovery Strategy, which will help shape our approach and vision for Oldham moving forward. The strategy is in development with key initiatives being prioritised due to the existing challenges posed by COVID-19, with the full twelve-month Strategy in place for April 2021. Key to this will be maintaining the delivery of all essential public services, providing modern, accountable services, shaped around the needs of Oldham's communities.

5.3 Unequal access to digital services threatens to make the multiple impacts on the COVID-19 pandemic worse for communities that remain offline, so digital inclusion will form a key theme of the Recovery Strategy, ensuring Oldham's residents are able to use and access the internet and online technologies to meet their needs and to access support and services.

(Jonathan Downs – Corporate Policy Lead)

6 Additional Supporting Information

6.1 Please refer to *Section 8*, Appendices.

7 Consultation

7.1 A broad range of services and partners have contributed to the content of this report as outlined in *section 2.*

7.2 Services have engaged widely to adapt services for people who use support and services during the Coronavirus pandemic including making they remain accessible. Moving forward, we are keen to use feedback and lived experience alongside the evidence base we are building on digital exclusion to better join up the system in Oldham to ensure that together, we can tackle the barriers.

8 Appendices

8.1 Appendix A – Good Things Foundation, Digital Nation UK 2020

📄 PDF

digital-nation-2020.
pdf

8.2 Appendix B – Greater Manchester Digital Inclusion Strategy

📄 PDF

GM Digital
Inclusion Strategy Pl

This page is intentionally left blank

DIGITAL NATION UK 2020

FACTS, STATS AND FIXING THE DIGITAL DIVIDE

ESSENTIAL DIGITAL SKILLS FRAMEWORK 1 2 3 4 5

UK DIGITALLY EXCLUDED

7m NO internet access at home[5]

9m CAN'T USE INTERNET WITHOUT HELP[1]

38% non or lapsed users worried about **privacy + security**[7]

1.2m increase in basic device + internet **ability** since 2019[3]

42% of population worried about **fraud + scams**[6]

UK DIGITALLY INCLUDED

27.6m HIGHLY ENGAGED[2]

£348 I **saved** on utility bills alone.[28]

<£20k earners with least digital engagement pay **42% more** on utilities than the most digitally engaged.[4]

Map statistics
- SCOTLAND 31% 44%
- N IRELAND 18% 52%
- North East 18% 53%
- North West 31% 41%
- ENGLAND 37% 39% 8
- WALES 28% 42%
- South East 49% 35%

80% Digital is a **vital support** for me in lockdown.[14]

77% Online **learning** benefits my **mental health.**[26]

11k+ devices with data + support delivered by Good Things during the pandemic.[35]

44% I manage my **health + wellbeing** online.[30]

10% of UK economic output is linked to online learning for work[27]

23% of children in DE households lack home broadband and access to a desktop, laptop or tablet.[21]

I'm a **financially vulnerable** full time **carer.**

I live in a city and have **never worked** or had a long term job.

I'm **young**, in **semi/unskilled** work, unlikely to go to university.

11m use the internet for **social media** and **entertainment.**[23]

ACCESS

I'm **retired** and financially vulnerable.

I have a **longterm** health condition / disability.

MOTIVATION

2.7m claimant count. **730k less employed** in July than March. Many need new digital skills to find work.[10]

I don't know where to get **help.**[13]

I can't afford home broadband or mobile data.[11]

49k+ more Good Things online learning **episodes.**[36]

900+ Good Things community partners continue support including remotely.[37]

55% I feel more part of a **community.**[32]

Page 27

10m do not or **rarely use** the internet.[20]

I live **alone** in rented / sheltered accommodation.

17m use the internet for **limited purposes.**[22]

CONFIDENCE

SMARTPHONE ONLY 9x more likely in DE than AB households. It can affect **critical engagement.**[24]

I'm a **late-career parent** with children at home, **struggling to get or keep work.**

I live **alone** with **little contact** and am **vulnerable to COVID-19.**[12]

SKILLS

61% The internet should be a **utility.**[18]

4 in 5 adults use a **smartphone.**[34]

87% I **connect better** with my friends and family.[31]

DIGITAL STRATEGY FOR ALL

DATA POVERTY LAB

DIGITAL CATCH UP

COVID-19 exacerbates the digital divide

56% I'm furloughed and **want to learn** new digital skills.[17]

27% I used **mobile payments** for the first time.[15]

75% Every community needs a place to get Internet skills help.[19]

29% I **was helped** to use the internet for the first time.[39]

57% I **improved** my digital skills in lockdown.[16]

57% I earn **£2,160** more per year.[29]

76% I have **improved** my job / prospects.[38]

73% of **small business** owners agree that IT skills are essential for their business to thrive.[33]

13.6m workers have digital **life skills** but lack digital **work skills.**[25]

I have **no/few qualifications**, am **isolated rurally** and **lack confidence** in digital skills.

1 in 10 I'm struggling to pay **bills.**[9]

Good Things Foundation
Improving lives through digital

www.goodthingsfoundation.org

September 2020

Digital Nation UK 2020 Explainer

Good Things Foundation

On the horizon 9m struggle to use the internet independently.[1] 27.6m are highly digitally engaged.[2] 1.2m more people gained basic internet abilities since last year.[3] The benefits of digital inclusion can be greater for those earning less.[4] But 7m (11%) are still offline.[5] Online safety is an issue for all,[6] and can be a big barrier for some.[7] The map shows some differences between extensive internet users (in green) and limited or non-users (in red), using Ofcom data.[8]

Digital Nation UK 2020 carries a warning: 'COVID-19 exacerbates the digital divide.' 3 bridges set out ways to cross this divide: a Digital Catch-up scheme; a Data Poverty Lab; and a Digital Strategy for all. In the left COVID-19 zone: challenges compounded by COVID-19 include reduced incomes,[9] redundancies,[10] not being able to afford internet access,[11] isolation,[12] and not knowing where to turn.[13] In the right COVID-19 zone: how digital has helped people in the pandemic: as a vital support,[14] using mobile payments,[15] improving skills,[16] and wanting to improve skills.[17] A new public poll indicates support for internet access to be recognised as a utility[18] and for every community to have a place to get help with Internet skills.[19]

Digitally Excluded UK (on the left, in red), are those who never or rarely use the internet.[20] Some use the internet but lack adequate home access to broadband or suitable devices.[21] A worrying number of 'limited internet users' (in orange) are online but using the internet for very few things.[22] For example, young people with no or few qualifications who only use the internet for social media or entertainment.[23]

Many limited users only have a smartphone; this can affect critical engagement.[24] Many still lack the digital skills needed for work.[25] Four signposts point to access, motivation, confidence and skills as factors needed to cross the digital divide.

Digitally Included UK (on the right, in green) shows the benefits for those digitally engaged, including the mental health[26] and economic benefits[27] of online learning generally. Saving money,[28] increased earnings,[29] managing health and wellbeing,[30] connecting with family,[31] and community life[32] as well as helping businesses.[33] Many own a smartphone.[34]

Finally, examples of how we and our network have helped people before and during the pandemic: supplying data, devices and support,[35] free online learning,[36] offering local and remote support,[37] developing skills,[38] and helping people go online for the first time.[39]

References

1. Lloyds Bank UK Consumer Digital Index 2020.
2. Lloyds Bank UK CDI 2020.
3. Lloyds Bank UK CDI 2020.
4. Lloyds Bank UK CDI 2020.
5. Ofcom Adults' Media Use and Attitudes Report 2020 / Ofcom Technology Tracker.
6. Ofcom & ICO (2020), Internet Users' Experience of Potential Online Harms.
7. Lloyds Bank UK CDI 2020.
8. Ofcom 2020 Adults' Media Use & Attitudes / Yates. Analysis of Ofcom data by Prof. Simeon Yates for Good Things Foundation. Latent class analysis to understand characteristics of 'non-users', 'limited users' and 'extensive users'.
9. ONS Coronavirus and the Social Impacts on Great Britain Survey (3.7.20) 11% of adults (5% pre-COVID-19).
10. ONS Labour Market Overview UK: Aug 2020.
11. APLE Collective (2020), Coronavirus response must include digital access to connect us all. JRF.
12. BT Skills for Tomorrow (2020), Fears for over 70s struggling with digital isolation during lockdown - post 15.5.20.
13. Good Things Foundation (2020), COVID-19 Response Report. Updated with September 2020 data.
14. Lloyds Bank UK CDI 2020. (Attitudes towards digital engagement during COVID-19).
15. Nationwide (2020) Average Brit goes 44 days without using cash - post 23.3.20.
16. Lloyds Bank UK CDI 2020. (Attitudes towards digital engagement during COVID-19).
17. Make it Click (June 2020) Research on furloughed workers, drawn from a UK sample of 2,003. Censuswide 1.6.20-3.6.20.
18. Research by Ipsos MORI for Good Things Foundation. Nationally representative quota sample of 2,219 adults aged 16-75. Online I:Omnibus. 28.08.20- 31.08.20.
19. Research by Ipsos MORI for Good Things Foundation.
20. Ofcom 2020 / Yates analysis.
21. Ofcom 2020 (Children and Parents: Media use and attitudes 2019) / Yates. Analysis of Ofcom data by Prof. Simeon Yates for Good Things Foundation.
22. Ofcom 2020 / Yates analysis.
23. Ofcom 2020 / Yates analysis.
24. Ofcom 2020 Adults' Media Use & Attitudes. Smartphone-only users are less likely to recognise sponsored links preceding search results.
25. Lloyds Bank UK CDI 2020. Note, the Essential Digital Skills Framework covers skills for life and for work.
26. Demos (2020), The Learning Curve.
27. Demos (2020), The Learning Curve.
28. Lloyds Bank UK CDI 2020.
29. Lloyds Bank UK CDI 2020.
30. Lloyds Bank UK CDI 2020.
31. Lloyds Bank UK CDI 2020.
32. Lloyds Bank UK CDI 2020.
33. Make it Click (August 2020) Research on 503 UK small business owners and sole traders. Censuswide 1.6.20-3.6.20.
34. Ofcom 2020 Adults' Media Use & Attitudes.
35. Good Things Foundation (2020).
36. Good Things Foundation (2020).
37. Good Things Foundation (2020).
38. Good Things Foundation (2020).
39. Good Things Foundation (2020).

Page 29

OCTOBER 2020

THE GREATER MANCHESTER DIGITAL INCLUSION STRATEGY

#FixTheDigitalDivide

GREATER MANCHESTER
**DOING THINGS DIFFERENTLY**

THIS IS THE PLACE
WHERE DIGITAL CONNECTIVITY MAKES THINGS BETTER FOR PEOPLE.

Where a lack of digital skills is never a barrier to social mobility and employment, and public services are intuitive, joined up and available to all.

THIS IS THE PLACE
WITH A FAST-GROWING £5BN DIGITAL ECO-SYSTEM.

Where communities, business, academia and public services work together to create opportunity, innovate and invent; and where growth benefits everybody.

OUR AMBITION IS FOR GREATER MANCHESTER TO BE A TOP FIVE EUROPEAN DIGITAL CITY-REGION AND RECOGNISED GLOBALLY FOR ITS DIGITAL INNOVATION.

Page 30
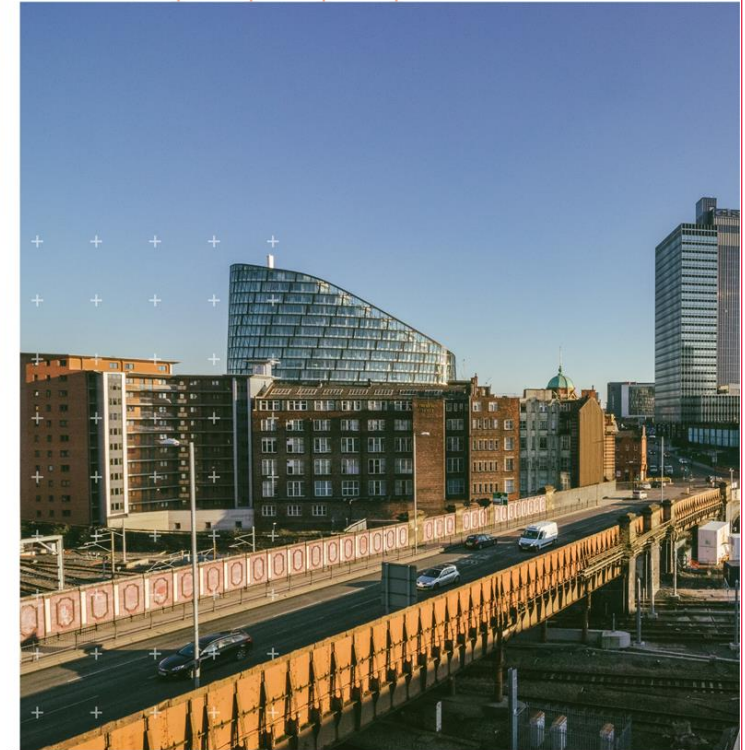
**THIS IS THE PLACE
THAT MAKES THINGS HAPPEN.**
—

Driven by a clear civic vision, leadership and mandate that fosters collaboration and enables everyone to do well and lead fulfilled lives.

**THIS IS THE PLACE
WHERE BUSINESSES OF ALL TYPES AND SIZES CAN COME AND THRIVE.**
—

Benefiting from top-level physical infrastructure, and a highly-skilled, ready-to-go digital workforce.

THIS IS THE PLACE
THAT DOES DIGITAL
DIFFERENTLY.

#FixTheDigitalDivide

THE CURRENT LANDSCAPE

Digital exclusion is a national pandemic, with harmful consequences.

The pandemic has highlighted the UK's digital divide, which amplifies the impact of social isolation and loneliness particularly for groups continuing to shield such as older people and those with serious health conditions.

Covid-19 has illustrated that digital inclusion should now be considered a **human right and connectivity as a basic utility**.

Digital marginalisation faces the poorest, most vulnerable communities. Research indicates that ppeople who are digitally-excluded are likely to be disproportionately heavy users of government services.

Page 32

1.2M **residents** in Greater Manchester are digitally-excluded

20% **of GM residents** live in social housing

Households with a single adult are less likely to have a home internet connection

52% of those offline are between 60 and 70

44% of those offline are under 60

40% of benefit claimants have very low digital engagement.

52% those offline can spend £300+ a year on utilities because they don't have capacity to compare prices online.

#FixTheDigitalDivide

Our vision …

WE WANT EVERYONE IN GREATER MANCHESTER TO HAVE A FAIR AND EQUAL OPPORTUNITY TO ACCESS THE BENEFITS OF OPERATING ONLINE SAFELY AND CONFIDENTLY, REGARDLESS OF THEIR AGE, BACKGROUND OR SITUATION.

#FixTheDigitalDivide

The UK Government's Digital Strategy sets out the ambition for the UK to be a world-leading digital economy that works for everyone, and for everyone to have the digital skills, connection and access they need to fully participate in society.

Page 34

OUR VISION

> **To reach a 100% digitally-enabled city-region by 2023**

> Build a GM Digital Inclusion Network to convene partners across government, businesses and communities, to do more to close this digital divide, once and for all and to make a commitment to supporting everyone to become digitally included

> A place where Greater Manchester residents and organisations have a fair and equal opportunity to access the benefits of digital, feel safe and confident online and are supported to develop their skills to engage and thrive in life in the city-region, regardless of their background or situation

COLLABORATING

TO SUCCEED

We have a legacy of working together as a city-region and this builds a strength and platform for our digital ambitions.

As the Greater Manchester Independent Prosperity Review showed, people and organisations in our city-region get together more than other places in the UK.

This approach dovetails with Greater Manchester's Local Industrial Strategy and the new **One Public Service** model. It builds on the work of the past two years and takes on board what we've learned during that time.

Page 35

CREATIVITY

PEOPLE

INNOVATION

FACETS OF DIGITAL EXCLUSION

> Digital exclusion encompasses a variety of different elements – the reasons for exclusion can be very personal, complex or place-specific. We have categorised digital exclusion using four different, but overlapping, factors:

➢ **Connectivity, Access and Affordability** of devices to connect, internet services and mobile data. Research indicated that this is primarily low-income households on benefits, estimations of 100,000 people impacted in Greater Manchester.

➢ **Basic Skills and confidence** to explore the digital world safely and confidently. Whilst age remains the biggest indicator of whether an individual is online, it is not the only picture as 44% of those offline are under 60.

➢ **Skills and motivation to fully exploit the opportunities that digital access offers**. A lack of digital skills can limit an individual's access to services, especially recently. Low skills are also closely correlated with poverty and deprivation. Aims for residents to have 5 basic digital skills as part of the Essential Digital Skills Framework.

➢ **Demographics**, recognising that certain groups are less likely to access digital services, or have the opportunity or motivation to access digital content. This applies particularly to those living in social housing.

ACTION PLAN

Action (Proposed)

Establish a governance framework for delivery

Develop an ecosystem framework of support in the region

Agree a common framework to measure the impact that D.I support has on residents, communities and orgs

Utilise local partnerships to define opportunities for further and higher education

Identify gaps across the region and define opportunities for sharing resources

Increase the number of places people can access free public WiFi

DELIVERY

1 Convening a Greater Manchester Digital Inclusion Taskforce to identify and utilise the current offers in Greater Manchester and develop a framework of delivery

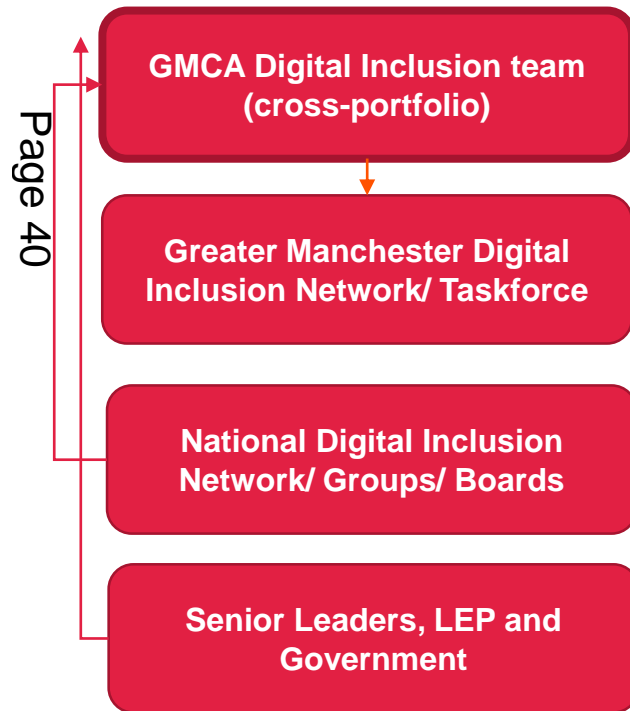**2** Development activity to remove barriers to Digital Inclusion

3 Recommendations to government and a platform for further engagement opportunities
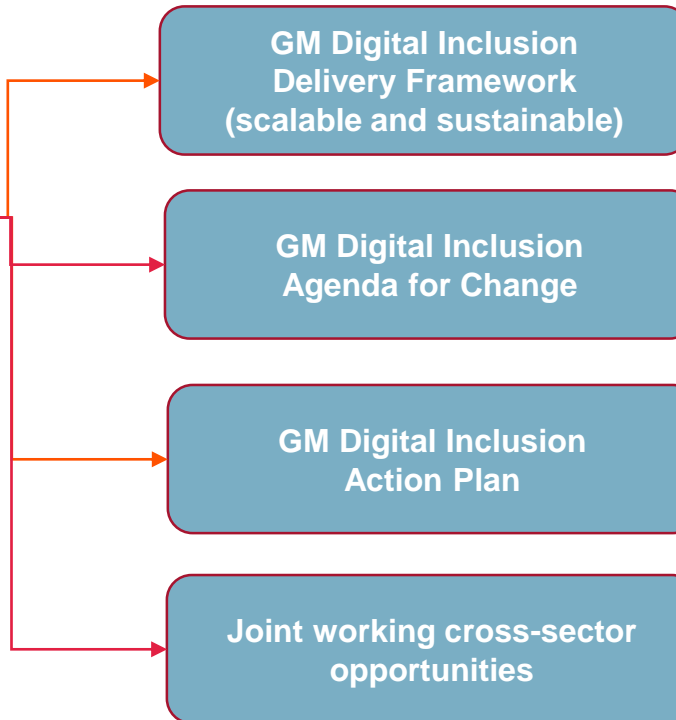
MECHANISMS FOR DELIVERY

NETWORKS

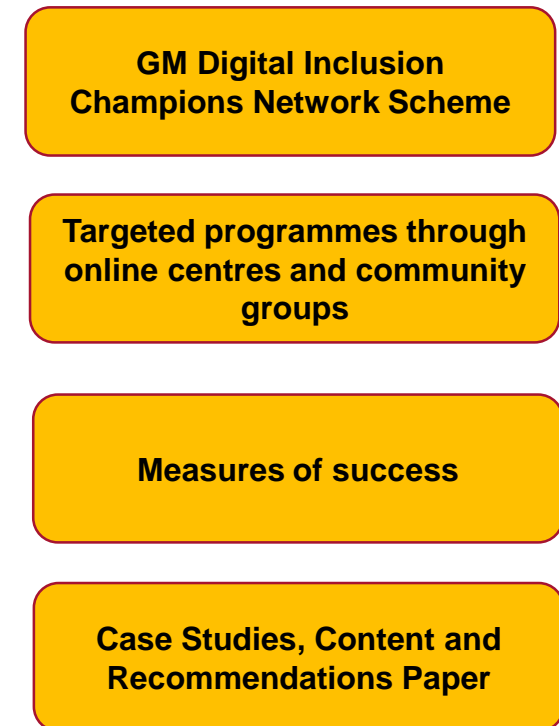Locally-mobilised to drive the delivery of the strategy, regionally and nationally.

DELIVERABLES

Outputs required to support the delivery and action plan.

OUTCOMES

Expected results of delivering the Digital Inclusion action plan.

Page 40

GMCA Digital Inclusion team (cross-portfolio)

Greater Manchester Digital Inclusion Network/ Taskforce

National Digital Inclusion Network/ Groups/ Boards

Senior Leaders, LEP and Government

GM Digital Inclusion Delivery Framework (scalable and sustainable)

GM Digital Inclusion Agenda for Change

GM Digital Inclusion Action Plan

Joint working cross-sector opportunities

GM Digital Inclusion Champions Network Scheme

Targeted programmes through online centres and community groups

Measures of success

Case Studies, Content and Recommendations Paper

Why should industry and businesses get involved?

- A single, clear and co-ordinated mechanism to reach such a cross-sector network across Greater Manchester.
- The opportunity to test an approach which can be rolled out nationally
- A clear and co-ordinated way to contribute to the economic prosperity of Greater Manchester
- Improve their customer base
- Contribute towards local employment and skills
- Are involved in or will benefit from people being online

Why should local councils get involved?

- One single, clear mechanism to share resource, learning and access skills and opportunities
- Focus on capacity building within locality boroughs
- Strengthen and empower communities within the borough
- Improved employment outcomes
- Improved health and prosperity outcomes of residents and access of council services digitally
- Achieve higher rate of resident engagement with 2021 census
- Priority to improve the lives of their residents.
- GMCA has provided each borough some funding to address digital exclusion within their borough. This mechanism provides the conditions to stretch resource and reach more people
- Contribute to levelling up inequalities in the North West

MECHANISMS FOR DELIVERY

GMCA Committees

Enablers

GMCA Digital Inclusion team (cross-portfolio)

- **Digital Portfolio** – Beena P, Helen W and John S
- **Work and Skills Team** – Dan C, Jack L and Anna C, Helen Daniels
- **The Ageing Hub** – Jo Garsden
- **The Culture Team -** Julie McCarthy
- **Housing Association** - Esme Davies
- **Humanitarian and Inequalities Commission -** Anne Lythgoe
- **Green Team**
- **GM Health and Social Care Partnership**

Page 42

Greater Manchester Digital Inclusion Taskforce (incl. but not limited to)

We currently have representation from the following sectors:

- Greater Manchester Networks
- Strategic partnerships, such as:
- Banking:
- Providers
- Public Sector
- Charities and VCSE Sector

A list of some of those identified in the above sectors can be seen on the next slide.

GMCA Individual Partnerships

- Strategic partnerships with partners to help deliver the digital inclusion strategy

Disability People's Panel

The Youth Advisory Group

The Race Equality Panel

GM Older People's Network

Tackling Inequality Board

Bridge GM/ Enterprise Co-ordinator Network

Independent Inequalities Commission

GM Tech Fund

Adult Education Budget

The Prince's Trust

Future Workforce Fund

Non-GMCA funded programmes

Shared Prosperity Fund

• WHO/ WHAT ELSE SHOULD BE HERE?

GREATER MANCHESTER DIGITAL INCLUSION TASKFORCE

Detailed below are example representations from the various sectors that will form part of the GM Digital Inclusion network

Page 43

Strategic Partnerships

- GM Digital Champions Network
- GM Health and Social Care Partnership
- GM Bridge Network
- GMCVO Network
- GM Housing Providers Network
- GM Older People's Network
- GM Cyber Advisory Group

Greater Manchester Networks

- GMCA Digital Inclusion cross-portfolio team
- GMCA Comms and engagement
- GM Digital Inclusion Council Leads
- GM Digital Infrastructure Group

Public Sector

- DWP / Job Centre Plus
- DCMS
- Care Homes
- NCSC
- BAE Systems
- The National Lottery Fund

Private Sector

- Lloyds Bank
- Barclays Eagles
- Arm
- Google
- The Business Growth Hub

Telecoms Sector

- BT
- Virgin Media
- Vodafone
- Hyperoptic

Charities and Voluntary, Communities and Social Enterprise Sector

- Starting Point
- Tech and Tea
- Code Nation
- The Good Things Foundation
- The Prince's Trust

TASKFORCE PRIORITIES

Prioritise the following (proposed):

- **Social Housing Providers-** Subsidised connectivity and skills schemes for people claiming benefits
- **Digital Champion Network** across Greater Manchester
- **Poverty - Connectivity and Access** : Subsidised data packages for those claiming benefits or on pension credits
- **Young Digital Stars Scheme** (subsidised connectivity, data and devices)
- **GM Tech Fund** for vulnerable groups (older people over 65, care leavers) - devices, data and skills through community orgs and
- **Grant Funding** - Capacity building for community groups/ VCSC sector, including asylum-seekers and families, the homeless
- **Disabled People -** connectivity, skills, devices and data
- **Care Homes-** Free/ subsidised WiFi in care homes
- **Research and evaluation**
- **Free/ subsidised public WiFi** in town centres and high streets
- **Free public WiFi on buses and trams**

Page 44

BARRERS TO DIGITAL EXCLUSION

Connectivity, Access, Affordability

Skills, Confidence and Motivation

Targeted Community and Support Groups

PRINCIPLES FOR OUR APPROACH

Based on key learnings from digital inclusion pilots locally and nationally, our approach is centred around **localising digital inclusion** so it speaks to and engages local residents; but does so in a way which **maximises efficiency** and **value for money**, **delivering core functions** at a **regional** rather than borough level.

Page 45

1 | **Digital inclusion should be embedded into local community sector activity across Greater Manchester**

2 | **Digital inclusion needs to be prominent in the local community**

3 | **Digital inclusion needs strategic championing in each borough**

#FixTheDigitalDivide

5 Core Components of Success

Drawing on experience and learning from successful Digital Inclusion projects carried out in Salford, Stockport and Leeds, there are five core components of an effective, sustainable and scaleable digital inclusion programme for Greater Manchester:

GM Level

1 GM-wide collaboration

2 Lobby Gov't for change

3 Grants to community organisations

4 Local Promotion and Co-ordination

5 Local Strategic Ownership and Fundraising

GMCA with LAs

Capacity building

Shared learning

Shared resource

GM Private Sector Partners

WE ARE CALLING ON EVERYONE WHO HAS A STAKE IN DIGITAL INCLUSION, OR THOSE THAT BENEFIT FROM RESIDENTS OR BUSINESSES BEING ONLINE TO JOIN US IN ADDRESSING AND REMOVING THE BARRIERS TO DIGITAL EXCLUSION

#FixTheDigitalDivide

NEXT STEPS…

DIGITAL PRIORITY 1

EMPOWERING

PEOPLE

Page 49

We want to ensure that everyone in Greater Manchester, whatever their age, location or situation, can benefit from the opportunities digital brings.

DIGITAL PRIORITY 1 ⌄

EMPOWERING

PEOPLE

WE WILL:

> **Offer digital access to public services that is joined up, user-friendly and makes sense**

> Make sure everyone can get online to access public services within their community

> Help everyone to be confident internet users

> Help people avoid internet harms like online fraud

> Give plentiful opportunity to feedback, recognising the importance to people that their voices are heard

> Invest in the security and privacy of the systems that hold public data – people should have absolute confidence in what's happening to their information

MAIN PROJECTS

> **Early Years Digitisation (GMCA)**

> **Integrated Digital Healthcare Record (GM Health & Care Partnership)**

> **GM Digital Platform (GMCA and GM Health & Care Partnership)**

> **Get GM Digital (GMCA, Councils and partners)**

… Plus connecting and enabling activity across the eco-system

> **Locality projects and private, not-for-profit and academic initiatives**

> **Cross-cutting work on skills and infrastructure**

GLOSSARY

Terminology	Description
GM Digital Inclusion Delivery Framework	A framework to guide government, public and private sector and community organisations to support greater collaboration, partnerships and joint working
Digital Inclusion Agenda for Change	A statement of intent and a set of principles to go in hand with an action plan. A guide for organisations helping people to go online A guide for businesses that want to operate online A guide for people to achieve 5 essential digital skills
Digital Inclusion Champions Scheme	A mechanism to channel local skills to support organisations that are helping people to get online

JOIN US!

@GMCAdigital

GREATER MANCHESTER
DOING THINGS DIFFERENTLY

https://www.greatermanchester-ca.gov.uk/what-we-do/digital/

#FixTheDigitalDivide

Page 52

Northern Care Alliance NHS Group
Oldham Care Organisation

Update on employment support and local recruitment.

1.   **Introduction**

" We at the NCA know we cannot deliver on our potential without the expertise, experience and support of our partners in place. But our potential to make a difference to people's lives beyond our normal caring services is significant. At this time of national crisis the NHS must stand up and do more than its brilliant work in caring for the sick"
    Raj Jain, Chief Executive Northern Care Alliance NHS Group 30th October 2020.

The NCA is the largest employer in Oldham. There is a strong link between decent work and good health. We need to use our social, economic and human capital to tackle the inequalities within Oldham. We have a place based organizational form and place brings us to a human scale of operation where we can see the difference that can be made to neighbourhoods and communities.   Therefore our Social Value ambition is locally driven supported by Group and was launched through a community of practice launch event on the 30th October 2020 which can be viewed on line: https://vimeo.com/475455960/b0a6ac64c7

The approach within the NCA was informed by system conversations notably Oldham Leadership Board (chaired by Cllr Sean Fielding) following work with CLES in 2017 on Anchor Institutions and a meeting in late 2019 with Oldham College and Oldham Cares regarding workforce development potential and how the work of the NCA could be "anchored" to the wider system. This has led to the development of 5 pillars of social value; environment, place, people, purchasing and to anchor or influence.
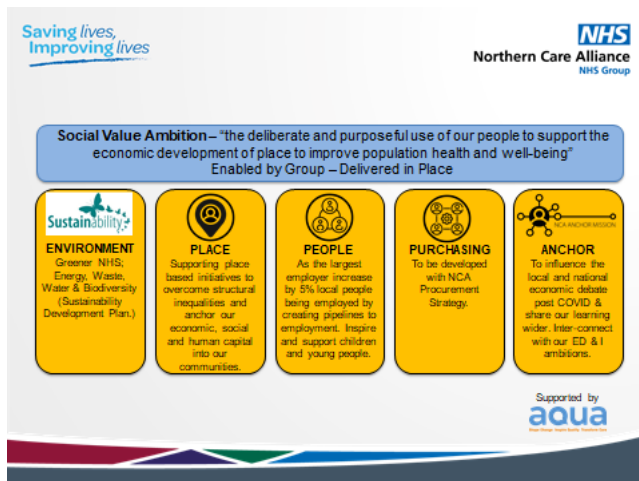
This update will focus on the people pillar and provide an update to Oldham Overview and Scrutiny Committee on the range of initiatives which are being put in place to provide local employment opportunities with particular focus on young people who during times of economic downturn have historically been disadvantaged in obtaining meaningful paid work. In recent times, the world, particularly of work has changed significantly and like the disease the economic impact of COVID will fall disproportionately on low income communities. Oldham has been identified as in the top 10 localities in the country in danger of seeing the highest economic impact and associated increase in health inequalities.

NCA has agreed by 2025 the following ambitions:

- Create 1000 pre-employment opportunities across the NCA for those furthest away from the employment from a baseline of 320. Approximately 210 will be created in Oldham, from a baseline of 17 (2019-20).
- 85% of pre-employment learners will be supported into paid work from NCA baseline of 55% and 31% in Oldham.
- 50% of those employed by the NCA to be local resident of Oldham from 45% (based on NCA configuration of Oct 2019) which is approximately 80 jobs each year in Oldham.
- Support 1000 staff to become NHS Career Ambassadors by 2025 of which 220 will be in oldham.

The NCA has secured over £100k to support people into work and to provide young people with experience of the NHS. This is from the Oldham opportunity area and Greater Manchester Combined Authority. The COVID pandemic whilst accelerating the importance and significance of this work has presented some challenges and plans have had to be modified for example, the NHS has had to limit visitors to its site and face to face interactions including work experience was initially suspended and is slowly coming back in a limited way in line with national guidance.

There is a risk that this or future surge in COVID-19 hospital cases could result in the government re -introducing restrictions as to who is allowed to access our sites. We hope that the digital solutions will mitigate some of this and if necessary we will work funders to manage this dynamic situation which remains out of our control.

2. Work with Oldham Schools

In an ideal world we would inspire children and young people about NHS careers and job opportunities much earlier. The evidence is compelling: a young person who has four or more encounters with an employer is 86% less likely to be unemployed or not in education or training and can earn up to 22% more during their career. Importantly the earlier these encounters take place the better because research shows that:

- Children at age 6 see jobs and future pathways as gendered
- Almost half of children age 7 base their career aspirations on people they know.
- Children at age 9 they are becoming more aware of potential constraints on their futures based on perceptions of social class, perceived intelligence and social mobility[1].

The NHS Career Ambassadors Programme is a national programme which relies on NHS staff volunteering and then acts as a broker with schools. There are currently 70 NHS Career Ambassadors within Oldham with the plan to increase this to 220 by 2025 as part of the commitment to support 1000 NHS Career Ambassadors across the NCA.

Obviously going into schools has been limited due to the pandemic. Therefore, we are currently focusing on non-patient facing roles e.g. HR, finance, digital and supporting schools remotely. Any Oldham school who is interested are encouraged to register with NHS Career Ambassador Programme and utilise this national resource which is in place rather than set up a unique infrastructure for Oldham. The intention is to pick this up with schools in the run up to the new academic year in 2021 and facilitate face to face contact between NHS staff and children.

3.   Work with Oldham College.

The government is bringing in changes to technical education. The NCA funded by the Opportunity Area has been able to support Oldham College by seconding Julie Miller, a healthcare scientist and educationalist to review the health and social care T level curriculum to ensure it reflected opportunities for healthcare science given the large laboratory on the Royal Oldham site. This was so successful that the college have agreed to continue with this secondment into 2021 and focus on further curriculum design support for nursing cadet programme and estates and facilities roles. These new T levels include up to 90 days work experience which the NCA has committed to support these within health and social care.

4.   Support to Young People to gain skills and experience by volunteering

For many, volunteering is a great way of gaining experience and an understanding of the world of work. During the COVID crisis we have seen an increase in the number of volunteers support the NHS and wider communities.   Funded through the Oldham Opportunity Area by August 2021 we will co-produce 30 new volunteering opportunities in Oldham for young people supported by Barnado's.

5.   Support to young people to gain work experience

The original plan with Oldham Opportunity Board was to hold two Open Days for 100 young people in the spring and summer of last year, which was not possible then and in the foreseeable future. Therefore, we are creating a digital knowledge hub which will be accessible to all young people interested in a career with the NHS it will sit underneath the NCA recruitment and be linked to the Oldham College website. This will be completed by August 2021.

On site work experience was suspended during COVID and is likely to recommence towards in autumn 2021. Historically, the NCA supported over 400 individual work experiences opportunities with over 70 happening in Oldham.

6.   Support into Employment for Young People with Learning Disability

The NCA already supports a "bridging the gap" which is a supported internship programme for young people from New Bridge School taking place over an academic year. This has been in existence for a number of years, although suspended during COVID this will be reinstated as soon as possible.

7.   **Providing Pre-employment opportunities**

This has been challenging during COVID and we committed to enabling 20 young people to undertake a pre-employment opportunity funded through the Opportunity Area consisting of three elements; a 10 week work placements; support to obtaining the Care Certificate and support with English and Maths. Given the practical nature of this course it is not possible to deliver this all virtually and therefore this was suspended until February 2021 and will be in two cohorts of 10 learners with a mixture of on-line learning and physical placements. If successful these learners will be supported into paid employment as healthcare assistants either at the Royal Oldham Hospital or within Oldham Community Health Services and there are sufficient vacancies to enable this.

The NCA in partnership with the Prince's Trust supports the "Get into Hospitals" employability programme which supports young disadvantaged people 16-30 years old (NEETs, care levers, careers, those with mental health or physical health conditions and those with learning disability). A dedicated cohort is due to start in Oldham in March 2021. Given the COVID restrictions this has moved to an on line programme with work experience being provided in existing vacancies as on a "working interview" model.

The NCA Clinical Advisory Group (CAG) has confirmed that pre-employment placements can commence in January 2021 with individual risk assessments taking place for each learner to the same standard as if they were employed staff. This may restrict some learners due to the risks identified being limited to certain placements or areas of the hospital. It is hoped that this will be managed on an individual basis.

8. Kickstart

This is a government initiative whereby employers provide a 6 month learning opportunity for young people in receipt of universal credit and at risk of long term unemployment. The government backfills employers with 25 hours of minimum wage. The NCA has been approved as a Kickstart employer and our first cohort of 30 learners will start across the NCA in April 2021. There will be 5 learners on the Oldham site. The NCA are in negotiations with the DWP to support additional cohorts.

9. Apprenticeships.

The NCA offers a range of apprenticeships (nurse associates, catering, estates, business administration and healthcare science for example) and there are currently 105 within Oldham. These range from level 2 to level 7 indicating that apprenticeship is not just about accessing jobs but ensuring career progression.

Level	Number
2	26
3	14
4	6
5	32
6	15
7	12

However, it is recognised that there are barriers for some people to obtain apprenticeship positions and therefore we also offer pre-apprenticeship opportunities.

10. GMCA Removing Barriers to Apprenticeships – Young People

This project is held jointly with Positive Steps and Oldham Council. This will create 40 pre-employment opportunities for Young People who will be supported initially by Positive Steps until a work place experience can be created on the Royal Oldham Site or Oldham Community Health services. From these 40 learners, 10 will be supported to apprenticeships with us.   Furthermore, Positive Steps will be based for 2 years at Royal Oldham Hospital to support any existing member of staff, volunteer, learners or patient aged 16-25 who require support to obtain work, stay in work or access further adult education. The 10 apprenticeships will need to be found from existing vacancies. The intention is to offer other partners within Oldham Cares the opportunity to host pre-employment opportunities and or apprenticeships.

11. Support within communities

Oldham has a rich diverse population and the NCA is committed to inclusivity to ensure that our workforce reflects the communities we serve.

The NCA through Director of Social Value Creation and the Associate Director of Equality and Inclusion have made significant progress in reaching out to Coldhust community.   This has included listening and insight work as to the perception of the NCA as an employer.   As a consequence of this relationship we have managed to secure a grant from the GMCA with Get Oldham Working and Oldham Council. This will create 20 pre-employment opportunities for the BAME community in Coldhurst who will be supported initially by Get Oldham Working until a work place experience can be created on the Royal Oldham Site or Oldham Community Health services. From these 20 learners, 10 will be supported to apprenticeships with us. In addition the job coaches from Get Oldham Working will work with the BAME community in Coldhurst and make recommendations to our recruitment and pre-employment offer and hopeful increase the BAME participation in existing programmes e.g. Bridging the Gap and Princes Trust.   The 10 apprenticeships will need to be found from existing vacancies and converted to apprenticeships. The intention is to offer other partners within Oldham Cares the opportunity to host pre-employment opportunities and or apprenticeships.

11. Next Steps

From the 1st April the NCA will produced a framework which will track progress in each of our localities against our social value ambitions to:

- Create 1000 pre-employment opportunities across the NCA for those furthest away from the employment from a baseline of 320. Approximately 210 will be created in Oldham, from a baseline of 17 (2019-20).
- 85% of pre-employment learners will be supported into paid work from NCA baseline of 55% and 31% in Oldham.
- 50% of those employed by the NCA to be local resident of Oldham from 45% (based on NCA configuration of Oct 2019) which is approximately 80 jobs each year in Oldham.
- Support 1000 staff to become NHS Career Ambassadors by 2025

External financial support will continue to be required to support this agenda and a partnership approach seems to be most successful. We will continue to develop this and welcome any suggestions from the Overview and Scrutiny Committee.

Donna McLaughlin

Director of Social Value Creation

14th January 2021

---

[1] The ACEVO commission on Youth Unemployment; *Youth Unemployment: the crisis we cannot afford;* London 2012.

This page is intentionally left blank

Report to Health Scrutiny Committee

Health Improvement and Weight Management Service

Portfolio Holder:
Councillor Chauhan, Cabinet Member Health and Social Care

Officer Contact: Katrina Stephens, Director of Public Health

Report Authors: Andrea Entwistle, Public Health Business and Strategy Manager (Oldham Council) and Angela Welsh, Senior Commissioning Business Partner – Children and Maternity (NHS Oldham CCG)
Ext. 3386

26 January 2021

Purpose of the Report

To update the Health Scrutiny Committee on the outcome of the recent collaborative commission by Oldham Council and NHS Oldham Clinical Commissioning Group (CCG) for the provider of a Health Improvement and Weight Management Service through an open competitive tendering procedure.

To introduce the new borough-wide health improvement and weight management service offer, Your Health Oldham, delivered by ABL Health Limited.

Executive Summary

Having a high functioning health improvement offer is an essential component of the range of activity required to achieve better population health and reduce demand on health and social care services.

Oldham Council and NHS Oldham Clinical Commissioning Group (CCG) have worked in collaboration, under the banner of Oldham Cares, to jointly commission a provider for the provision of a Health Improvement and Weight Management Service through an open competitive tendering procedure

Following completion of the tender evaluation processes, the Oldham Council Chief Executive and NHS Oldham CCG Accountable Officer awarded the contract on behalf of

both the Council and NHS Oldham CCG, as per the delegated authority agreed by Cabinet in November 2019, to the provider who submitted the most economically advantageous bid, ABL Health Limited.

The contract term is for a period of five years up to the end of 31 December 2025 at a value of £970,000 per year (£700,000 contribution from Oldham Council and £270,000 contribution from NHS Oldham CCG). There is an option to extend the contract for up to a further two years.

Representatives from ABL Health have been invited to attend the meeting to introduce 'Your Health Oldham': Oldham's Health Improvement and Weight Management Service which went live in January 2021.

Recommendations

Health Scrutiny Committee are recommended to review the collaborative commissioning exercise undertaken by Oldham Council and NHS Oldham CCG, the first collaborative commission between the two organisations, and note the outcome of the recent tender exercise to procure a provider for the delivery of the Health Improvement and Weight Management Service.

Health Scrutiny Committee are also asked to consider the new exciting health improvement offer which is available for residents of Oldham and those registered with an Oldham GP, Your Health Oldham, which is delivered by ABL Health Limited and offers support to people who want to live a better, healthier life.

Health Improvement and Weight Management Service

1   **Context**

1.1.   Local authorities have responsibility for improving the health and wellbeing of their local population and for public health services. There is also a responsibility to reduce health inequalities across the life course, including within hard to reach groups, and to ensure the provision of population healthcare advice. As such, statutory duties for public health include the provision of public health advice on obesity and physical activity for both adults and children and smoking and tobacco (including smoking cessation and intervention).

1.2.   Oldham's adult population is less physically active, smokes more, and carries more excess weight than the England average. These unhealthy behaviours mean Oldham has significantly higher numbers of people with recorded diabetes, and deaths from smoking-related diseases, cardiovascular disease and cancer (which are significantly higher than the England average).

1.3.   In Oldham:
   •   18% of the adult population smoke.
   •   67.1% of adults, 23.3% of reception children and 37.4% of year 6 children are overweight or obese.
   •   32.4% are physically inactive (they complete less than 30 minutes of activity per week).
   •   On average, Oldham primary care complete around 5,000 NHS Health Checks per year, many of these residents would benefit from behaviour changes to reduce their risk of vascular disease.

1.4.   The major risk factors contributing to mortality are preventable/modifiable with smoking and dietary risks contributing to one-third of all deaths in Oldham.

1.3   The King's Fund shows that in more deprived areas (such as Oldham, which has a significant proportion of ward within the most deprived 10% or 20% in England in almost all of the measures within the Indices of Multiple Deprivation, with the exception of Barriers to Housing and Services), unhealthy behaviours co-occur or cluster with patterns of multiple behavioural risks evolving over time. This requires a more holistic approach to address health behaviours that encompass multiple rather than individual unhealthy behaviours.

1.4   Reducing smoking prevalence, levels of obesity and increasing physical activity levels are behavioural risk factors, with strong connections to the wider socio-economic determinants of health, that have the potential to have the biggest impact on the improvement of population health, reduce demand on health and social care services and reduce health inequalities.

2   **Background**

2.1   In 2015, Oldham's community stop smoking offer and community health check service was commissioned as part of the Early Help procurement as one element of the Low and Medium Intensity offer. It was agreed by Cabinet in November 2019 to extend the contract for the All Age Early Help contract by nine months until the end of December 2020 to allow time to separate the All Age Low and Medium Early Intervention and Stop Smoking and Community Health Checks service and procure them separately, with the latter being incorporated with weight management to form a health improvement offer for Oldham.

2.2   Tier 3 Weight Management (adults) was delivered separately and commissioned by NHS Oldham CCG with a contract end date of 31 December 2020. NHS Oldham CCG extended their current weight management provision to align with the Local Authority procurement timeframe to allow for an integrated health improvement and weight management service to be commissioned.

2.3   The rationale for an integrated Health Improvement and Weight Management Service included:
- The offer available through the Early Help service focused primarily on adult smoking cessation and had limited reach
- The Tier 2 (behaviour change support) weight management support was limited and the financial provision from the Local Authority ended in October 2019
- In Oldham, nearly a third of children aged 2 to 15 are overweight or obese and younger generations are becoming obese at earlier ages and staying obese for longer, however, there was no Tier 2 weight management support for children and young people in the borough.
- The model did not allow for residents to increase or decrease the level of weight management support dependent on need or to move between the Local Authority provider and NHS Oldham CCG provider

2.4   Therefore, it was agreed to collaboratively commission a Health Improvement and Weight Management (HIWM) service which would motivate and connect people (both adults and children/families) to healthy living opportunities and encourage and support them to make and maintain healthier behaviours by empowering them to make decisions and change their behaviours to improve their health and wellbeing. This is the first truly integrated collaborative commission undertaken together by Oldham Council and NHS Oldham CCG.

2.5   It was agreed at Cabinet in November 2019 to delegate authority to the Strategic Director of Communities and Reform to award the contract following completion of the tender evaluation processes, on behalf of both the Council and NHS Oldham CCG.

3   Health Improvement and Weight Management Service

3.1   The Public Health Outcomes Framework sets out the key indicators the Department of Health expects local authorities to work towards. The Health Improvement and Weight Management Service (HIWM) contributes significantly to the local area's performance for a number of indicators. The specification for the HIWM service has a specific focus on working with those most at risk of tobacco, dietary or physical inactivity-related harm.

3.2   The high-level outcomes of the Health Improvement and Weight Management provision, include:
- Reduction in the proportion of adults who smoke
- Contribute to the reduction in smoking related illnesses and deaths
- Contribute to improving the health of the population by reducing exposure to passive smoking
- Contribute to the reduction in the proportion of adults and children who are overweight or obese
- Contribute to the reduction in the proportion of adults and children who are physically inactive
- Increase in the proportion of adults and children eating a healthy diet
- Reduction in the proportion of adults that have a high vascular risk score
- Reduction in the number of adults consuming alcohol above recommended limits
- Reduction in the level of health inequalities experienced in the borough.

4

3.3   The Health Improvement and Weight Management Service will deliver the following themed interventions, for residents of Oldham and those registered with an Oldham GP:
1. Single Point of Assessment and Signposting
2. Community Stop Smoking Support
3. Weight Management Support
4. Physical Activity Support
5. Post NHS Health Checks Support
6. Targeted Community Health MOTs and support
7. Alcohol Brief Interventions and support
8. Mental Wellbeing Support

All of which will help to improve the health outcomes for the borough and ensure that children and young people have the best start in life and are growing up in families that are thriving and that individuals are supported to make and maintain informed health decisions and behaviours

The service will also be enabled and developed by the provision and delivery of the following:
- Delivery of evidence-based training programmes to equip community facing staff with the knowledge and competence to support a population health approach
- A comprehensive Digital Offer to increase access, reach, engagement and motivation.

3.6   The Weight Management Support element of the service will provide all-age weight management support incorporating universal, targeted and specialist weight management options. This will include non-surgical weight loss treatment options for children, young people, families and individual adults, ensuring individuals who are overweight or obese have access to effective and high-quality weight management support when needed.

3.7   The service will assess people's needs and deliver interventions holistically. An individual or family will not have to be referred multiple times or see a number of different practitioners to have their needs met and all practitioners within the service will be able to support individuals and families to make and maintain healthier behaviours.

3.8   The service will deliver a borough wide offer that has a specific focus on working with the most socially disadvantaged, least likely to engage and those groups who are most at risk of health behaviour related harms with a view to reducing health inequalities. The health improvement offer will support individuals and families and will be available universally but will have a focus in the communities where the needs are greatest and health outcomes are worst, otherwise known as proportionate universalism. It will do this by having a workforce that is familiar with the local communities, the assets and the diversity and by ensuring a physical presence in all 5 geographical footprints within the Borough to ensure equitable and fair access to provision, whilst ensuring a targeted offer for those vulnerable groups identified.

3.9   The service is anticipated to work with the following people[1]:
- Stop Smoking Support
  o At least 1600 people (5% of estimated local population who smoke) to access stop smoking support per year
  o At least 720 people to achieve a self-reported 4-week quit per year.
- Weight Management

---

[1] Subject to the impact of the ongoing COVID-19 pandemic. The performance management framework for the service will be agreed, and regularly reviewed throughout the contract length, in discussions between commissioners and provider.

- o At least 450 overweight or obese adults to receive weight management support per year
  - Of these individuals, 50% will have sustained a minimum of a 5% weight loss after 6 months of entering the service.
- o At least 320 severely overweight adults to receive support from the service per year (CCG funded element of the service)
  - Of these individuals, 50% will have sustained a minimum of a 5% weight loss after 12 months of entering the service.
- o 20%[2] of those children and young people identified as overweight or obese through the National Child Measurement Programme (NCMP) to be enrolled into the service for weight management support.
- Physical Activity
  - o 0.5% reduction in the Oldham population that are physically inactive
- Alcohol Brief Interventions and Support
  - o At least 60% of people accessing the service, who have been identified as consuming alcohol above recommended levels, to reduce intake using validated tools

3.10 The length of the contract will be for a five-year period from 1 January 2021 until 31 December 2025, with the option to extend the contract for a further two years until 31 December 2027.

3.11 The contract price is £970k, per annum. Budgetary provision of £700k per annum is available within the Public Health base budget to cover the cost of this proposal, with the balance of £270k being met from the CCG

4   Procurement Process

4.1 The procurement of the Health Improvement and Weight Management Service was led by the local authority's Strategic Sourcing Service. A core working group was established to plan, monitor and deliver the work required to carry out a full procurement exercise and met on a fortnightly basis to enact the detailed project plan.

4.2 Prior to commencement of the tendering process, a comprehensive consultation process was undertaken as part of the development of the specification and included engagement with residents and the market, as well as key stakeholders. A Market Engagement Session took place on 17 December 2019 with providers operating in the Health Improvement market in order to help determine future requirements and to shape the proposal and specification for the formal tendering process. The event was attended by representatives from 15 different providers. A public engagement exercise, conducted by the Oldham Council Research, Engagement and Consultation team and Action Together Oldham, took place in January 2020. This engagement activity reached around 50 residents, including a mix of those with experience of services within scope of the commissioning activity and those with an interest or lived experience. Information from the market engagement and public consultation, including slides, details of questions and answers and a report detailing the findings, were published on 'The Chest' and made available to any potential bidders.

4.3 Following the completion of the Market Engagement exercise, the Council, as lead procuring partner of Oldham Cares for this contract, undertook an open procurement process, following Light Touch Regime. An open tender process was advertised on the Council's e-tendering Due North Portal 'The Chest' which is also used by all GMCA local authorities. The tender was publicised on 2 March 2020 with a deadline to respond by 12 noon on 16 April 2020.

---

[2] To be achieved incrementally throughout the contact length

4.4 However, due to the COVID-19 pandemic and following feedback from the market and potential providers that they were having difficulty in prioritising bid writing and formalising consortium arrangements whilst supporting efforts to respond to COVID-19, it was agreed to pause the procurement activity on 9 April 2020 until the end of May 2020 to allow providers to continue to provide services in response to the COVID-19 pandemic. The pause in procurement activity until the end of May, with the intention to go out to market no later than the end of July, if appropriate, meant that the Council could still meet the Contract Procedure Rules without the need to extend the current contract any further, beyond the end of December 2020 and allowed commissioners the opportunity to review their commissioning intentions in light of the COVID-19 pandemic.

4.5 Following monitoring of the market and the evolving situation in relation to COVID-19 pandemic throughout April and May 2020 and as a result of due consideration by the Strategic Director of Communities and Reform, it was agreed to go back out to market in July 2020 with a very minimally amended specification and tender pack that reflected learning from COVID-19 and resulting changes to service delivery and the wider health system as a result of the pandemic. The tender was publicised on 17 July 2020 with a deadline to respond by 12 noon on 13 August 2020. The opportunity was advertised on the basis of the NHS Short Form Contract terms and conditions owing to the clinical aspect of the commission.

4.6 Bids were evaluated by the Evaluation Panel, which was made up of commissioners from the Council and NHS Oldham CCG, in multiple stages. The first stage was a Supplier Questionnaire, during which bids were evaluated on a Pass/Fail basis on a range of competencies including economic and financial standing, compliance with equality and health and safety legislation and data protection and information security, to ensure due diligence of providers. References and certificates of past performance were also requested to demonstrate past experience in delivering similar provision. The second stage was a Technical Capacity evaluation, which evaluated bidders' responses to range of questions including their proposed delivery model, effective partnership working, approaches to performance management and assurance, safeguarding, implementation plans and approaches to managing change. Social Value was also evaluated against the Oldham Social Value Procurement Framework

4.7 The financial envelope for the delivery of the Health Improvement and Weight Management Service was fixed and took into account the amounts allocated from the local authority and CCG. Therefore, bidders were not competing on price, however consideration was given to the value and impact of each bidder's proposed model and resource configuration.

4.8 Finally, upon completion of the Technical Capacity evaluation, all bidders who were within 20% of the highest scoring bidder were passed through to the presentation stage where providers were asked to present two presentations: the first based on their approach to supporting two case studies and the second that focused on their approach to working with the most socially disadvantaged, least likely to engage and those groups who are most at risk of health behaviour related harms with a view to reducing health inequalities and ensuring a joined up health and care system.

4.9 Due to the ongoing COVID-19 pandemic, all evaluation, moderation and presentations were conducted remotely via Microsoft Teams to ensure the safety of all officers and providers involved.

5   Outcome of Evaluation and Moderation

5.1 Eight bidders applied for the tender, and all of those bidders passed the initial Stage 1 Supplier Questionnaire (evaluated by the evaluation panel), subject to the final due diligence checks as part of the contract award process.

5.2 The responses to the Technical Evaluation questions were evaluated and seven of the eight bidders were then invited to the presentation stage. The panel was joined by the Clinical Director for Maternity and Children's services, who is also the designated Safeguarding GP for Oldham CCG, for the presentation stage.

5.3 Following completion of evaluation of the bids and moderation of the scores, it was determined that the most economically advantageous tender was submitted by ABL Health Limited. As such, the evaluation panel made the recommendation to the Oldham Council Chief Executive and NHS Oldham CCG Accountable Officer (in lieu of the Strategic Director of Communities and Reform as per the delegated authority agreed by Cabinet in November 2019), that the contract for the provision of the Health Improvement and Weight Management Service is awarded to ABL Health as the most economically advantageous tender, in accordance with the results of the tendering exercise (based on quality, social value and financial modelling).

5.4 Following the successful completion of a 10 day standstill (Alcatel) period and due diligence, the contract for the Health Improvement and Weight Management Service was awarded to ABL Health Limited on 19 November 2020.

6 Your Health Oldham

6.1 Your Health Oldham, Oldham's Health Improvement and Weight Management Service, delivered by ABL Health, in partnership with a range of local delivery partners and grassroot organisations, launched on 1 January 2021, following completion of a successful mobilisation period.

6.2 Representatives from ABL Health will present an overview of their delivery model to the Health Scrutiny committee and introduce the exciting new service which offers realistic and practical support for people who want to live a healthier life to make life long healthy behaviour changes.

7 Key Issues for Health Scrutiny to Discuss

7.1 Health Scrutiny Committee are recommended to review the collaborative commissioning exercise undertaken by Oldham Council and NHS Oldham CCG, the first collaborative commission between the two organisations, and note the outcome of the recent tender exercise to procure a provider for the delivery of the Oldham Health Improvement and Weight Management Service.

7.2 Health Scrutiny Committee are also asked to consider the new exciting health improvement offer which is available for residents of Oldham and those registered with an Oldham GP, Your Health Oldham, which is delivered by ABL Health Limited and offers support to people who want to live a better, healthier life.

8 Key Questions for Health Scrutiny to Consider

8.1 Health Scrutiny Committee is asked to consider whether an update on the first 12 months of delivery of the Health Improvement and Weight Management Service, including relevant performance management information and contributions towards health outcomes, would be useful.

9 Links to Corporate Outcomes

9.1 The Health Improvement and Weight Management Service, as with all Public Health commissioned services, fully supports the Council's cooperative agenda as it promotes the

active engagement of Oldham residents and providers delivering in Oldham in Thriving Communities, Co-operative Services and an Inclusive Economy. The commissioning of the service and the award of the contract to ABL Health Limited is consistent with the commitment within the Oldham Plan to take a person and community centred approach, that places prevention at the heart of our emerging new model of delivery.

10   Consultation

10.2   A comprehensive consultation process was undertaken as part of the development of the specification and included engagement with residents and the market, as well as key stakeholders.

10.3   Officers from Procurement, Finance and Legal were part of the project team for the procurement exercise and were consulted throughout the process for any implications relevant to their respective specialisms. Procurement, finance and legal implications were included in the delegated decision for the award of the contract. NHS Oldham CCG Contracts Team were involved throughout the procurement process and drafted the contract upon contract award.

10.4   The Director of Public Health, as the key relevant statutory officer, was briefed throughout the process, as was the Strategic Director of Communities and Reform and senior officers from NHS Oldham CCG. The Oldham Council Chief Executive and NHS Oldham CCG Accountable Officer approved the award of the contract for the delivery of the Health Improvement and Weight Management Service, in lieu of the Strategic Director of Communities and Reform, as per the delegated authority agreed at Cabinet in November 2019.

10.5   The Cabinet Member for Health and Social Care has been briefed prior to and throughout the procurement process.

10.6   An Equality and Diversity Impact Assessment has been completed prior to the tender exercise taking place. A copy is available on request.

11   Appendices

11.1   None

This page is intentionally left blank

Report to HEALTH SCRUTINY COMMITTEE

Health Scrutiny Committee Work Programme 2020/21

Chair:
Councillor Shoab Akhtar

Report Author: Mark Hardman, Constitutional Services Officer

26th January 2021

Purpose of the Report

For the Health Scrutiny Committee to review the Health Scrutiny Committee Work Programme 2020/21.

Recommendations

The Health Scrutiny Committee is asked to note and comment on the attached Health Scrutiny Committee Work Programme 2020/21.

Health Scrutiny Committee Work Programme 2020/21

1.   Background

1.1   Overview and Scrutiny Procedure Rule 4.1 requires each Overview and Scrutiny
       Committee to prepare and maintain a Committee Work Programme.

1.2   The Health Scrutiny Committee Work Programme presents the issues that the
       Committee will be considering and scrutinising during the 2020/21 Municipal Year. The
       2020/21 Work Programme covers the issues to be discussed at each meeting, issues
       and actions arising, matters identified for consideration at workshops or in task and finish
       groups, and other matters that have been identified as issues for possible consideration.

1.3   The Committee's area of interest covers health, social care and public health functions
       and the implications of the Covid-19 pandemic on work programing and Committee
       business was considered briefly in the report to Committee in July 2020. It was noted
       that the Public Health have a focus on mandated functions related to the pandemic
       meaning that public health-related business identified in the Work Programme had been
       listed as 'pending' until such time as re-assessment of public health activities going
       forward means that these items can progress and be brought to the Committee.

1.4   Members will recall that, at the meeting of the Committee held on 8th December 2020, the
       Chief Operating Officer/Strategic Director Commissioning offered to meet with the Chair,
       Vice Chair and other members of the Committee as available, alongside the Director of
       Commissioning and Operations and the Managing Director Community Services and Adult
       Social Care, to consider future issues for consideration by the Committee. This meeting
       will help inform one strand of the Committee's work programme going forward into 2021/22
       Municipal Year.

1.5   The Health Scrutiny Committee Work Programme has been updated to reflect the
       outcomes of the Committee meeting on 8th December 2020 and is attached for
       consideration and noting.

HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME 2020/21

PART A - COMMITTEE MEETINGS SCHEDULE

Date of Meeting	Agenda Item	Summary of issue and Anticipated Outcome/Resolution	Lead Officer(s)	Notes
Tuesday, 7th July 2020 at 6.00pm	Healthwatch – End of Life services Review	To provide comments on the findings and draft recommendations of the Healthwatch review of palliative and end of life services in Oldham prior to the conclusion and sign-off of the report.	Ben Gilchrist Interim Manager, Oldham Healthwatch	**RESOLVED –** That the comments of the Committee be commended to Healthwatch Oldham for their consideration, and Healthwatch Oldham be thanked for the undertaking of the Review and for the presentation of the draft Report to the Committee. A copy of the final report, incorporating the inputs of the Committee, was forwarded to Committee Members on 4th August 2020.
	Safeguarding Adults Update	To receive an overview presentation of adult safeguarding arrangements and services in Oldham	Jayne Ratcliffe Deputy Managing Director Health and Adult Social Care Community Services Hayley Eccles Head of Strategic Safeguarding	**RESOLVED** that 1. the presentation of the work of the Adult Safeguarding Service and the Oldham Adult Safeguarding Board be noted; 2. the Committee give a further consideration to the randomised safeguarding cases highlighted in the presentation. The consideration of anonymised safeguarding cases was undertaken in a session comprising Members of the Committee with Safeguarding Team Leaders held on 10th November 2020 and reported to Committee in the Work Programme report on 8th December.

| | | Council Motion - Ban on Fast Food and Energy Drinks Advertising | To consider and, if appropriate, make recommendations to Council in respect of the Council Motion | Mark Hardman Constitutional Services | **RESOLVED** that the Motion be considered at the next meeting of the Committee and the Director of Public Health be asked to consider submission of the proposed Healthy Weight and Physical Activity Strategy* for consideration alongside the Motion.

*A copy of the draft 'Healthy Weight and Physical Activity Strategy' (see the 'NOTE' section below) that had been drafted in the pre-Covid-19 period was appended to the report submitted to the September meeting of the Committee. |
| | | Council Motion – Making a Commitment to the UN Sustainable Development Goals | To consider and, if appropriate, make recommendations to Council in respect of the Council Motion | Jonathon Downs Corporate Policy Lead | **RESOLVED** that the work being undertaken in Oldham that contributed to the ambitions of the UN's Sustainable Development Goals be noted and the submitted report be commended to Council.

The report commended to the Council was the subject of an amendment moved and seconded at the meeting of the Council held on 9th September 2020. The amendment was referred to this Committee for consideration. |
| | | Thriving Communities and Health Improvement Update | To receive an update on the Thriving Communities Programme | Peter Pawson Thriving Communities Programme Manager | **RESOLVED** – that the report be noted. |
| | | Overview and Scrutiny Annual Report 2019/20 | To receive the draft Annual Report | Chair

Lori Hughes Constitutional Services | **RESOLVED** that the Overview and Scrutiny Annual Report for 2019/20 be commended to Full Council. |

Page 73

				The Annual Report was received and approved by the Council at a meeting held on 9th September 2020.
Tuesday 1st September at 6.00pm	Multi-agency Early Help Strategy	To consider emerging proposals on the development of a multi-agency Early Help Strategy across all levels of need	Bruce Penhale Assistant Director Communities and Early Intervention	**RESOLVED** that 1. the update on the developing approach to the multi-agency early help offer be noted; 2. an update on the refresh of the Strategy and the development and implementation of new governance and staffing structures be submitted to the March 2021 meeting of the Committee.
	Urgent Care Review	Due to changing circumstances, the CCG consider there is a need to reconsider the review proposals and the associated proposals for engagement.	Mike Barker Strategic Director Commissioning/ Chief Operating Officer Nicola Hepburn Director of Commissioning Operations	**RESOLVED** – that the work undertaken to date with regard to the Integrated Care Centre, and the development of the Covid Assessment Centre and the Oldham Clinical Digital Hub, be noted, along with the intentions for further developments and the involvement of the public.
	Council Motion - Ban on Fast Food and Energy Drinks Advertising	To consider and, if considered appropriate, make recommendations to Council in respect of the Council Motion.	Mark Hardman Constitutional Services (Katrina Stephens Director of Public Health)	**RESOLVED** that 1. the Motion be referred to the Cabinet with a recommendation that the issues raised within the Motion relating to a Ban on Fast Food and Energy Drinks Advertising be progressed on a Greater Manchester-wide basis, that the matter be raised with the Leaders of the other Greater Manchester authorities, and that the Mayor of Greater Manchester be requested to run a campaign on these issues in conjunction with the Greater Manchester local authorities;

Page 74

				2. the Cabinet be requested to submit a progress report on actions taken to this Committee.
	Council Motion - Chatty Checkouts and Cafés	Initial consideration of a referred action contained in the Motion.	Mark Hardman Constitutional Services	**RESOLVED** that the referral of the action arising from the Council Motion 'Chatty Checkouts and Cafés' and the initial actions taken be noted. An update on actions reported to Committee in the Work Programme report on 8th December.
Tuesday 13th October 2020 at 6.00pm	Health and Adult Social Care Services	Further update on the progress of Health and Adult Social Care Services integration. To also include an update on the transfer of Pennine Care community services to Northern Care Alliance that took place in January 2019.	Mark Warren, Managing Director Community Health and Adults Social Care (DASS)	**RESOLVED**– that the update on the integration of community health and adult social care services be noted.
	Oldham Royal Hospital and Local Acute Services - Update	Report on the position of the Royal Oldham Hospital in the context of local NHS Acute Trust re-organisation.	Mike Barker Strategic Director Commissioning/Chief Operating Officer David Jago Chief Officer/Director of Finance, Pennine Acute Hospitals Trust	**RESOLVED** – that 1. the update presentation on the position of the Royal Oldham Hospital be noted; 2. further reports be submitted to the Committee providing updates on the completion of the transaction programme and in respect of employment and apprenticeship opportunities at the Royal Oldham Hospital.
	Delivery of the Flu Vaccination Programme 2020/21	Report on the Flu programme being delivered across Oldham	Katrina Stephens Director of Public Health	**RESOLVED** – That Flu Vaccination Programme 2020/21, including Oldham's approach to the priority groups, be noted and support be given to the additional actions being undertaken for 2020/21.

Page 75

	Childhood Immunisation Programme	Report on performance summary in providing childhood immunisations 0-5 years and the HPV programme 2019/20.	Katrina Stephens Director of Public Health	**RESOLVED** – that the reported performance data related to the childhood immunisation programme be noted and the continued activities to improve immunisation uptake be supported.
	Council Motion – Making a Commitment to the UN Sustainable Development Goals	To consider an amendment moved at Council on 9th September to the report agreed by the Committee on 7th July 2020 (above)	Lori Hughes Constitutional Services	**RESOLVED** – that the amendment be circulated to the other political groups on the Council, and to other groups as might be appropriate, to consider any additions to the organisations listed within the amendment. Item to be further considered by the Committee on 8th December 2020
Tuesday 8th December 2020 at 6.00pm	Implementation of the GM Learning Disabilities Strategy in Oldham Council	To update the Committee on implementation.	Mark Warren Managing Director Community Health and Adults Social Care (DASS)	**RESOLVED** that the report be noted and a further update on the implementation of the Greater Manchester Learning Disability Strategy be submitted in 12 months time.
	Primary Care Strategic Priorities 2019/20 – 2021/22	Further update and consultation on the Primary Care Review and Strategy.	Mike Barker Strategic Director Commissioning/ Chief Operating Officer Nicola Hepburn Director of Commissioning Operations	**RESOLVED** that 1. the presentation on the Primary Care Strategy and the Primary Care Strategic Priorities 2019/20 - 2021/22 be noted; 2. the Chair, Vice Chair and other members of the Committee as available meet with the Chief Operating Officer/Strategic Director Commissioning, the Director of Commissioning and Operations and the Managing Director Community Services and Adult Social Care to consider future issues for

				consideration by the Committee arising from discussion under this item.
	Council Motion – Making a Commitment to the UN Sustainable Development Goals	To further consider an amendment moved at Council on 9th September to the report agreed by the Committee on 7th July 2020 (above)	Mark Hardman Constitutional Services	**RESOLVED** that the inclusion of the Amendment to the report be not agreed or commended to Council.
	Council Motion - Not Every Disability is Visible	To consider and, if appropriate, make recommendations to Council in respect of the Council Motion	Mark Hardman Constitutional Services	**RESOLVED** that 1. the issue of signage of accessible toilets as suggested by the Crohn's and Colitis 'Not every disability is visible' campaign be forwarded to the relevant Cabinet Member and Officers to look at and cost up the necessary changes and to report further to this Committee to enable the Committee to prepare a report on this matter; 2. the provision of a Changing Places toilet facility at the Spindles Shopping Centre be referred to the relevant Portfolio Holder and Officers to look at and cost up to consider whether this could be provided, to apply for relevant grants and progress if the funding is forthcoming, and to report back to this Committee.
Tuesday 26th January 2021 at 6.00pm	Royal Oldham Hospital in the Community	To report on the Hospital as an anchor institution in the community, and it's role in social inclusion and adding value.	David Jago Chief Officer, Pennine Acute Hospitals Trust	Item picking up from the Committee resolution, 13th October 2020.

| | | Digital Inclusion | To report on activities and projects being undertaken to ensure digital inclusion. | Kirsty Littlewood Interim Assistant Director - Community Business Services, Community Health and Adult Social Care Service

Dominic Whelan Chief Operating Officer, Unity Partnership | Item considering concerns expressed by Members at meetings held on 7th July and 1st September 2020 |
|---|---|---|---|---|---|
| | | Health Improvement and Weight Management Service | To report on the new service from January 2021 | Katrina Stephens Director of Public Health | |
| | | | | | |
| | Tuesday 16th March 2021 at 6.00pm | Multi-agency Early Help Strategy - update | To receive an update on the development of the Strategy and the implementation of structures. | Bruce Penhale, Assistant Director Communities and Early Intervention | Agreed by Committee, 1st September 2020 |
| | | Thriving Communities and Health Improvement Update | To receive an update on the Thriving Communities Programme | Peter Pawson Thriving Communities Programme Manager | Periodic update – provisional date |
| | | Talking About Dying: Review of Palliative and End of Life Care in Oldham | To receive an update in respect of the recommendations arising from the Healthwatch Oldham | Tamoor Tariq, Oldham Healthwatch Manager | Consideration agreed by Committee, July 2020. Provisional date – submission of report to align with the End of Life Board action plan. |
| | | | | | |

NOTE

The Committee will receive periodic reports providing an update on activity in respect of the Mayor's Healthy Living Campaign.

Each meeting of the Committee will receive an update in respect of the Committee's Work Programme.

The work of the Public Health Team has shifted substantially due to COVID. Other than mandated services the majority of other work is temporarily on hold in order that COVID work can be prioritised. The position of the Public Health Team and what could be brought back on line, including a consideration as to what might be able to be brought to the Committee and in what timescale, will be re-assessed periodically. The following confirms Public Health items listed previously on the Committee work programme.

	Public Health Annual Report	To provide the Committee with an overview of the Public Health Annual Report	Katrina Stephens Director of Public Health	Listed initially for a Development Session in January 2020; proposed consideration in March 2020 delayed.
	Healthy Weight and Physical Activity Strategy	To consider giving support to the Strategy and related actions.	Katrina Stephens Director of Public Health

Gabriel Adboado Consultant in Public Health Medicine | This report has linkage with/was to have been considered in conjunction with the Council Motion report re Ban on Fast Food and Energy Drinks Advertising. Listed initially for March 2020. |
| | All Age Oral Health Improvement | To receive an update in respect of the programmes and strategies targeted at improvements in oral health across communities in Oldham and to consider giving support to ongoing actions and interventions. | Katrina Stephens Director of Public Health

Mike Bridges Public Health Specialist | Listed initially for March 2020. |
| | Health and Wellbeing Strategy | To consider and review the Health and Wellbeing Board's proposed priorities and objectives for the Health and Wellbeing Strategy and to provide comments to the Board's working group that is to develop the Strategy. | Katrina Stephens Director of Public Health | Listed initially for July 2020. Date of consideration will be led by the Health and Wellbeing Board's consideration of Strategy development. |
| | NHS Health Check Programme | Further update on the NHS Health Check programme, to also include progress on work undertaken to seek common standards on data recording. | Katrina Stephens Director of Public Health | Agreed by Committee, 7th January 2020 and provisionally scheduled for March 2021. Acknowledged that consideration was dependant on available information and the item might be put back to July 2021. |

PART B - ONE OFF MEETINGS, WORKSHOPS AND TASK AND FINISH GROUPS

The Committee is asked to note the following proposed and progressing workshop and task and finish groups and consider progression/prioritisation of the issues at a future meeting as resources permit.

	Over the Counter Medicines Review	Task and Finish Group.		Issue identified by Committee, March 2019. An initial scoping meeting convened but cancelled. The issue and possible scheduling would need to be further discussed with the CCG before seeking confirmation of progression from the Committee.
	Continuing Healthcare – Equality and Choice Policy	Following a workshop in October 2019, to receive detailed information regarding complex cases (demographic profile, types of care being provided, budget information) and a summary of consultation findings, to hold a further workshop to receive the results of the consultation and implementation of the newly commissioned service	Helen Ramsden, Interim Assistant Director of Joint Commissioning	Planned consultation through community groups was unable to proceed and the issue will need to be picked up as part of the recovery plans. Current priorities are at an operational level, working through the relocation of staff as they have been supporting other nursing priorities and then catching up with those who may have been Continuing Health Care eligible through this period, once the pausing of activity (via a national directive) is lifted. An updated timescale will be provided in due course.
	Infant Mortality and Child Death	Task and Finish Group		Raised as an issue of concern from the Oldham in Profile, Business Intelligence Report April 2019 - Children and Young People's Health and Lifestyle: Rates of infant mortality (under 1 year old) are higher than national levels (6.2 per 1,000 for Oldham, 3.9 per 1,000 for England).

PART C – OUTSTANDING ISSUES/POSSIBLE TOPICS FOR CONSIDERATION

	Smoking and Tobacco Control	To consider local provision and initiatives	Katrina Stephens Director of Public Health Andrea Entwistle, Public Health Business and Strategy Manager	If the Committee is minded to consider this topic, it will be scheduled in line with the Public Health work programme.

	Sexual Health Integrated Service	Tri-borough (Oldham, Rochdale and Bury) contract re-tender	Katrina Stephens Director of Public Health Andrea Entwistle, Public Health Business and Strategy Manager	It has been proposed to delay the retender for 12 months. If the Committee is minded to consider this topic, it will be scheduled accordingly.
	Greater Manchester Fire and Rescue Service	To outline the current performance, position and initiatives of GMFRS in the Oldham area.	Val Hussain, Borough Manager: Bury, Oldham & Rochdale, GMFRS	If the Committee is minded to consider this topic, it is suggested that the presentation focus be on the contributions of GMFRS to health and scheduling be undertaken in consultation with GMFRS.
	Covid-19	Health and social care implications arising, including identified health inequalities.		Consideration agreed by Committee, July 2020. Detailed issues to be determined.
	Oldham Children and Young Person's Alliance	To provide the committee with an overview of the priorities of the Alliance and progress made since its establishment	Gerard Jones, Managing Director Children Elaine Devaney, Director of Children's Social Care	Item listed previously for consideration in March 2020. Discussions ongoing with partners and item to be re-scheduled.
	Urgent Care Review	To receive further reports providing updates, consultation etc on respect of the Urgent Care provision.	Mike Barker Strategic Director Commissioning/Chief Operating Officer Nicola Hepburn Director of Commissioning Operations	Consideration agreed by Committee, September 2020.
	Council Motion - Ban on Fast Food and Energy Drinks Advertising	Following referral of the issue by Committee, to receive feedback from the Cabinet's consideration.		Consideration agreed by Committee, September 2020.
	Royal Oldham Hospital – update report	To report further following completion of the Transaction Programme	David Jago Chief Officer, Pennine Acute Hospitals Trust	Consideration agreed by Committee, October 2020.
	Council Motion - Not Every Disability is Visible	Following referral of the issue by Committee, to receive feedback from Portfolio Holder(s) and Officers and to further consider.		Consideration agreed by Committee, December 2020.

This page is intentionally left blank