

## ***HEALTH AND WELL BEING BOARD Agenda***

Date Tuesday 24<sup>th</sup> January 2023

Time 2.00 pm

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

- Notes
1. DECLARATIONS OF INTEREST- If a Member requires any advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or Constitutional Services in advance of the meeting.
  2. CONTACT details for this Agenda are available from the Constitutional Services team: telephone: 0161 770 5151 or email: [constitutional.services@oldham.gov.uk](mailto: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 12.00 noon on Thursday, 19 January 2023.
  4. FILMING - The Council, members of the public and the press may record/film/photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming.

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Please also note the Public attendance Protocol on the Council's Website

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MEMBERSHIP OF THE HEALTH AND WELL BEING BOARD IS AS FOLLOWS:

Councillors M Bashforth (Chair), S Bashforth, Brownridge, Moores, Munroe and Sykes

### 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 (Pages 1 - 6)

The Minutes of the meeting of the Health and Wellbeing Board held 15<sup>th</sup> November 2022, are attached for approval.

Standing Items

6 Joint Strategic Needs Assessment (Pages 7 - 54)

Drugs and Alcohol Needs Assessment (Jon Taylor)

7 Health Inequalities Thematic Review; Work and Unemployment

Work to date introduced and key recommendations by the Sponsors - Charlotte Walker, Majid Hussain, and Kelly Webb (*30 minutes*). Report to follow

- NCA recruitment – sharing good practice – Donna McLaughlin & Rohema Khan
- Oldham Council recruitment update – Vicki Morris/ Victoria Fitzpatrick
- Social value framework – impact on employment - Rajnish Ahuja

8 Health Inequalities thematic review; Housing, Transport and Environment

Oldham's Transport Strategy – Eleanor Sykes (25 minutes). Report to follow

9 Public Health Updates (Pages 55 - 62)

- a. Health Improvement – Rebecca Fletcher
- b. Health Protection – Charlotte Stevenson

Business items

10 Health and Wellbeing Strategy (Pages 63 - 82)

Director of Public Health to report

Item for Decision

11 Adult Social Care Discharge Fund 2022/23 (Pages 83 - 88)

12 Date of Next Meeting

The next meeting of the Health and Wellbeing Board will be held on Tuesday, 21<sup>st</sup> March 2023 at 2.00pm in the Lees Suite, Civic Centre, Oldham.

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## HEALTH AND WELL BEING BOARD

15/11/2022 at 2.00 pm

**Present:** Councillors M Bashforth (Chair), Brownridge, Moores, Munroe and Sykes

Independent Member: Dr. John Patterson and Laura Windsor-Welsh

Apology for absence had been received from:  
Councillor S. Bashforth; M. Barker and D. Cezair

Also Present: - Director of Public Health

Public Health

David Garner - Head of Special Projects Adult Social Care

Jayne Ratcliffe - Deputy Managing Director, Health and Social Care Services

Sayyed Osman - Deputy Chief Executive

In Attendance: David Jago - NHS Northern Care Alliance

Stuart Lockwood - OCLL

Paul Rogers - Constitutional Services

Tamoor Tariq - Oldham Healthwatch

### 1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors S Bashforth, Councillor M Hussain, Councillor L J Munroe, also Mike Barker, Donna Cezair, Stuart Lockwood, Elaine Ratcliffe and Tariq Tamoor.

### 2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

### 3 **URGENT BUSINESS**

There were no items of urgent business received.

### 4 **PUBLIC QUESTION TIME**

There were no public questions received.

5 **MINUTES**

**RESOLVED** that the minutes of the meeting held on 4 October 2022 be approved as a correct record.

6 **STATEMENT ON THE HEALTH IMPACT OF THE COST OF LIVING CRISIS.**

At the Health and Wellbeing Board meeting on 4<sup>th</sup> October 2022, members of the Board discussed the long standing challenge that poverty presents for health and wellbeing, and the risk that the current cost of living crisis would have a further, and significant, negative impact on health, wellbeing and health inequalities. Board members agreed to produce a public statement outlining these concerns and the additional actions that they would recommend are taken nationally to address both the immediate impacts of the cost of living crisis and the longer term impact of poverty on health and wellbeing and health inequalities. The statement was presented to the Board for discussion and agreement.

Resolved:

That the cost of living statement and recommendations for action contained therein be agreed.

7 **BETTER CARE FUND PLAN 2022/23**

The Health & Wellbeing Board was provided with details of the Oldham Better Care Fund (BCF) Plan for 2022-23 with a view to obtaining sign off in line with the requirements of the national conditions of the BCF.

The details of the operation of the BCF are set out in two documents: Better Care Fund policy framework 2022 to 2023 and Better Care Fund planning requirements 2022-23. These documents form the basis of the Oldham BCF plan for 2021-22.

The details of the operation of the BCF are set out in two documents: Better Care Fund policy framework 2022 to 2023 and Better Care Fund planning requirements 2022-23. These documents form the basis of the Oldham BCF plan for 2021-22.

In line with the requirements the Oldham BCF Plan was submitted on 26 September 2022. The process allows for submission of the plan prior to approval of the Health and Wellbeing Board.

The Oldham Plan has been approved by the regional Better Care Fund Panel and has been forwarded to the central team for sign-off.

For 2022-23 the BCF plan is in three parts: an overall template that provides information on income, expenditure, type of schemes funded, metrics and how the plan meets national conditions; a narrative plan outlining the key areas of focus in Oldham and a Capacity and Demand template with a focus on supporting hospital discharge.

Details with regard to the main funding sources and contributions from those sources are set out in the report. The Board was informed that the funding was is dependent on meeting the following four conditions –

**National Condition 1** - a jointly agreed plan between local health and social care commissioners signed off by the HWB.

**National Condition 2** – NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution.

**National Condition 3** – invest in NHS commissioned out of hospital services.

**National Condition 4** – implementing the BCF policy objectives.

The Board noted that conditions 1-3 are the same as those set out in 2021-22. National Condition 4 has changed from improving for people being discharged to hospital in 2021-22 to requiring areas to agree a joint plan to deliver health and social care services that support improvement in outcomes against the following BCF objectives –

- Enable people to stay well, safe and independent at home for longer.
- Provide the right care in the right place at the right time.

Resolved;

That the Better care Fund Plan for 2022-23 as attached to the report be approved and signed off.

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## **HEALTH AND WELLBEING -DRAFT STRATEGY**

The Board was reminded that in July 2022 the Health and Wellbeing Board held a development session to discuss the creation of a new Health and Wellbeing Strategy for the borough. The proposed vision, ambition, principles, and overarching priorities were discussed at the Health and Wellbeing Board on the 4th October. In collaboration with colleagues from across the Board membership, the content for each priority area, including background and suggested goals, has been drafted and is presented to the Board for discussion.

The strategy aims to set out high level objectives for the coming 7-8 years, with the intention that actions to achieve these are embedded within other strategies, action and service plans developed and owned by the organisations which make up the Board's membership.

Regarding evaluating and reporting, the members were advised that the overall aim for the Health and Wellbeing Strategy is to close the gap in life expectancy between Oldham and England as a whole. Progress will be measured using indicators referenced throughout from the Public Health Outcomes

Framework, maintained by the Office for Health Improvement and Disparities.

Reference was made to the goals set out relating to Giving Children a best start in life (page 42 of the report). It was suggested that targets for each area need to be measured to give a specific focus on needs for each area.

The Director of Public Health agreed that some targets can be put against each of the goals identified on page 42.

Resolved: That

- (i) The goals and actions outlined within each priority area as set out in the draft Strategy be agreed.
- (ii) The final draft strategy be submitted to the next Board meeting for approval and sign off.

9

### **HEALTH INEQUALITIES UPDATE**

The Board received a report which provides information to the on progress to date on Oldham's Health Inequalities plan agreed by Health and Wellbeing Board June 2022.

Oldham's Health Inequalities plan was agreed at the Health and Wellbeing Board in June 2022. In the report now submitted the six thematic areas that were agreed, along with associated objectives and tangible actions, that if delivered over a two-year period would contribute to reducing health inequalities in the borough. The actions were not devised as new programmes of work, but an opportunity to maximise efforts as a system, and to identify/ unblock system challenges. Each of the thematic areas has a nominated sponsor(s) to help maintain a continued focus. The report gave further information on the progress on each thematic area.

Resolved:

That the content of the report and the progress to date be noted.

10

### **HEALTH INEQUALITIES PLAN - THEMATIC FOCUS**

Members noted the previous Health Inequalities Update, minute no.9 to these minutes refers, which focused on

- Oldham Prevention Framework
- Population Health management
- Living Well
- Focused Care Evaluation. To develop a single shared framework for Early Intervention & Prevention in Oldham
- To oversee a review of commissioning and grant funding to the Voluntary, Community, Faith & Social Enterprise Sector



The purpose of that report was to develop a single shared framework for Early Intervention & Prevention in Oldham and to oversee a review of commissioning and grant funding to the Voluntary, Community, Faith & Social Enterprise Sector. The Prevention Framework Objectives set out in that report are as follows –

- To articulate shared objectives and outcomes
- To ensure prevention is central to everything we do
- To review and make sense of our current early intervention & prevention offer across the system
- To identify gaps
- To avoid duplication and maximise effective use of resources - building on work already done
- To support investment and commissioning decisions
- To support a collective approach to deliver enablers, such as workforce development
- To ensure resident focus and alignment to place-based delivery

Dr John Patterson gave a brief overview and update on Focused Care in Oldham and Greater Manchester. Members were informed that Focused Care provided support to residents at all levels and aimed to reach out mainly to those residents presenting with complex needs; to help those residents to seek help with health care, to guide them to the appropriate healthcare professionals who may have some solutions to their problems and help get them back into the system and community. Examples of areas in which Focused Care provided help to achieve positive outcomes were child protection, domestic violence, drugs and alcohol abuse, school attendance and immunisation and vaccination.

Members were advised that Focused Care teams that were operating throughout the Greater Manchester area, including the Borough of Oldham, had specialist healthcare workers who spent time finding those individuals who because of their individual specialist needs had kept themselves outside of the healthcare umbrella. He informed the Board that since 2011, when Focused Care had first started the service had expanded and was now situated on 96 permanent sites throughout Greater Manchester area giving help to General Practices. There is almost full coverage of Focused Care in Oldham.

Members were informed that General Practitioners (GPs) are praising the Care Units for their work and solutions for those residents with complex needs who are not in the health system.

Resolved:  
That the presentation be noted.

11 **HEALTH IMPROVEMENT HIGHLIGHT REPORT**

The meeting received a Health Improvement Highlight report which updated Members on the priority objectives, current progress and planned activities in the following work areas –

- Sexual Health and Teenage Pregnancy
- Health Weight and Physical Activity
- Tobacco Alliance
- Healthy Start

Members were informed that a Health Improvement Group would be established which reports to the Board. Draft Terms of reference have been developed and the next stage will be to hold the first meeting and develop a reporting structure.

Resolved:  
That the report be noted.

12 **HEALTH PROTECTION HIGHLIGHT REPORT**

The meeting received a Health Protection Highlight report which gave details of guidance for Care Homes and detailed the current progress on the following priority objectives and planned activities on the following work areas –

- Outbreak Support (managing communicable Disease, respiratory and new emerging infections)
- Infection Prevention and control in high-risk settings
- Flu
- Healthcare Acquired Infections (HCAI) and Anti-microbial resistance (AMR)

Resolved:  
That the report be noted.

13 **DATE OF NEXT MEETING**

It was noted that the next meeting of the Health and Wellbeing Board will be held on Tuesday 24 January 2022 at 2.00pm.

Members noted that a Health and Wellbeing Board Development Session is scheduled to be held on Tuesday 13 December 2022 at 2.00pm on the theme of Mental Health and Wellbeing.

The meeting started at 2.00 pm and ended at 3.45 pm

# Oldham Drug & Alcohol Needs Assessment 2022

**Roy Egginton (Data Management Officer)**  
**Data Insight & Intelligence Team**  
**Strategy & Performance Service**

September 2022



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## Executive Summary

1. Oldham has total population of 237,628 (Mid-Year Estimate, 2020) of which 49.4% are male and 50.6% female. Those 18 years or older represent 75.0% of the population. It is currently estimated that White/White British ethnicities comprise the largest concentration (71.3%) followed by Asian/Asian British communities with 22.4%.
2. In terms of Indices of Multiple Deprivation (IMD) Oldham is 19<sup>th</sup> worst in England and has five LSOAs (Lower Super Output Areas) which now sit in the most deprived 1% nationally.
3. As of March 2022 the number of adult drug users in treatment in Oldham was 1,197 compared to 1,046 in the previous year – an increase of 14.4%. The number of adult alcohol-only clients also increased significantly by 17.9% from 385 in March 2021 to 454 in March 2022. These increases are significantly greater than averages for Greater Manchester, the North West region and England.
4. The number of new presentations to adult drug treatment services in Oldham increased sharply by 28.9% from 450 to 580 which was accompanied by a rise of 18.3% amongst alcohol-only clients from 268 to 317. Again, increases in this context were far higher than sub-regional, regional and national averages.
5. Estimates of unmet need, based on the proportion of people who are dependent on opiates and/or crack cocaine or alcohol not in the treatment system, show that rates amongst Oldham's population, with the exception of 'crack (only)', are inferior to national averages.
6. Successful completions since 'historic lows' in 2018/19 are currently showing signs of recovery, approaching 6% amongst opiate users and a four-year high of 37.2% amongst non-opiate clients. The rates of successful completions are now beginning to compare well with national and 'local outcome comparator' group averages.
7. In the past 12 months the rates for re-presentations within six months of a successful completion are also, to a large extent, improving. Amongst non-opiate users, rates have dropped to zero and typically 0% to 4% amongst the combined user category of 'Alcohol & Non-opiates'. Rates amongst opiate users fell from 42% in March 2021 to 17% in March 2022. However, amongst alcohol only clients the rate increased to 17% during the same period following a consistent period of sub-five percent rates.
8. Within Oldham's adult in-treatment drug user population 72% are male. White/White British ethnicities represent 85% of this cohort, with Asian/Asian British communities being the next largest grouping at 8%. This means that while White ethnicities are over-represented in the treatment population, South Asian communities are significantly under-represented when compared to the general population. In terms of age, 30 to 49 year olds account for 63% of adult in treatment.
9. Almost 7% of drug users in treatment indicated 'urgent housing problems' and 13% cited other 'housing problems'.
10. Approximately two-thirds (65.7%) had a 'mental health treatment need identified' when they presented to drug treatment services in Oldham.
11. In March 2022 the largest referrers to drug treatment services in Oldham were 'Self, Family & Friends' (53.1%) with the next largest proportion of referrals coming from 'criminal justice' agencies (22.6%).

12. From 2018/19 to 2021/22 the key trends in substance involvement amongst adult drug user engaging with treatment are as follows:
  - i. Upward trend in combined opiate/crack cocaine use from 31.3% to 33.5%
  - ii. Cocaine (powder) almost doubling from 11.1% to 21.4%
  - iii. Cannabis up more than 1½ times from 19.0% to 30.3%
  - iv. Alcohol citations up by almost one-third from 22.9% to 29.7%
13. Deaths in drug treatment increased from 13 in 2019/20 to 19 in 2020/21.
14. The proportion of adults Oldham with opiate problems in treatment for 6 years or more is 33% compared to 27% nationally.
15. The proportion of missing data with regards to adult drug user clients declaring their parental status when presenting to treatment services in Oldham has decreased from 13.8% in 2020/21 to 5.7% in 2021/22. This compares to a national average of 1%. It is important all information in relation to parental status and clients declaring whether or not they live with children is accurately recorded for safeguarding purposes.
16. Amongst adult alcohol only clients in treatment in Oldham 62% are male and 38% are female. More than nine in ten (94%) are from White/White British backgrounds. Almost one in five (19.2%) are aged 30-39 years, 28.9% aged 40-49 years and almost 36% aged 50-64 years.
17. Approximately 1.3% of alcohol only clients in treatment indicated 'urgent housing problems' and 8.2% cited other 'housing problems'.
18. Approximately two-thirds (65.9%) had a 'mental health treatment need identified' when they presented to alcohol treatment services in Oldham.
19. In March 2022 the largest referrers to alcohol treatment services in Oldham were 'Self, Family & Friends' (51.7%) with the next largest proportion referral coming from 'hospital' (12.0% up from 6.7% in the previous year). The third highest proportion was via GPs with 7.3%.
20. The monthly consumption of alcohol units amongst alcohol only clients presenting to treatment indicated increases in higher values. For instance, the proportion of those stating that they consumed 1,000 or more units per month almost doubled from 10.6% in 2018/19 to 19.2% in 2021/22.
21. The rate per 100,000 of hospital admissions decreased from 835 in 2019/20 to 681 in 2020/21, however, although lower than the North West average (795), it remains higher than that of England (587).
22. Alcohol specific mortality per 100,000 population in Oldham in 2020 (latest figures) was 15.9 which was similar to GM (15.8) and the North West (14.6) averages but almost 1½ times the rate for England (10.9). Mortality due to chronic liver disease (per 100,000 population) in Oldham was 19.3 which was similar to GM (18.1) but higher than North West (16.8) and England (12.2) averages.
23. The proportion of missing data with regards to adult alcohol clients declaring their parental status when presenting to treatment services in Oldham has decreased from 16.3% in 2020/21 to 7.3% in 2021/22. This compares to a national average of 2%. It is important all information in relation to parental status and clients declaring whether or not they live with children is accurately recorded for safeguarding purposes.

24. The impact of COVID-19 on treatment activity monitoring when comparing two two-year periods: one prior to the implementation of pandemic related restrictions (February 2018 to January 2020), the other during lockdown and the gradual loosening of restrictions (February 2020 to March 2022) offers some dramatic reading. For instance, the number of new presentations in Oldham increased by 27.9% compared to an average of 0.9% for the North West region and 2.7% for England. The number of deaths in treatment in Oldham increased by 34.8% compared to 23.3% for the North West and 23.7% for England. In Oldham there was a decrease of 5.6% in the number of individuals (in treatment) in contact with children compared to larger decreases for the North West region (down 26.0%) and England (down 17.4%).

## Introduction

In 2018 *Turning Point* were commissioned to deliver Tier 3 drug and alcohol treatment services for adults in Oldham (ROAR) as part of a joint commission with Rochdale (ROAR). In June 2022 the process of inviting relevant organisations to tender for a new joint commission commenced. This document – a Needs Assessment – has been compiled in order to provide detailed analysis and information with regards to both past and current performance of drug and/or alcohol treatment provision in Oldham. This document will also be used to form part of the Joint Strategic Needs Assessment (JSNA) for Oldham. At the same time a similar document has been authored by colleagues in Rochdale.

## Backdrop and Context

Greater Manchester is made up of 10 Boroughs. Oldham is located north east of the city.



## Oldham’s population

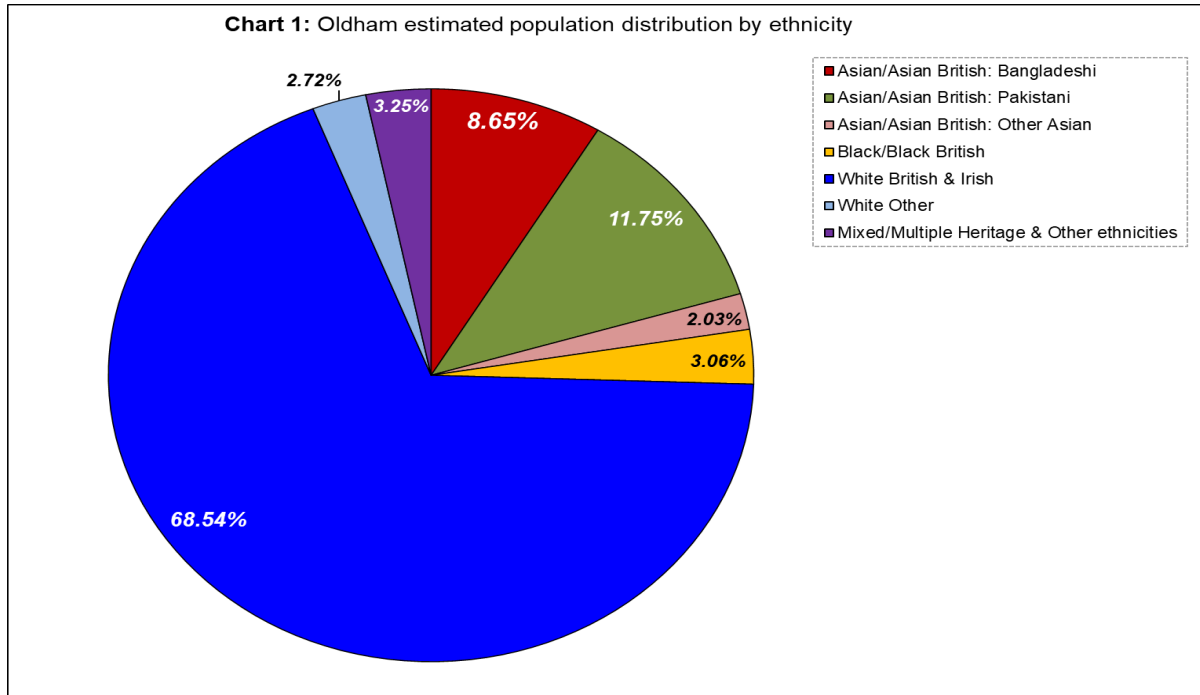
It has a population of 237,628 and spans 55 square miles (142 km<sup>2</sup>). The borough is named after its largest town, Oldham, but also includes the outlying towns of Chadderton, Failsworth, Royton, Shaw and Crompton, the village of Lees, and the parish of Saddleworth.

Although some parts, contiguous with the city of Manchester, are highly industrialised and densely populated, about two-thirds of the borough comprises rural open space; the eastern half stretches across the South Pennines. Oldham has 20 electoral wards.

<b>Table 1: Oldham Metropolitan Borough Population by Gender and Age</b>	
<b>ONS 2020 Mid-Year estimates</b>	<b>Oldham Borough</b>
Total Population:	237,628
Total Population: All Males	117,387
Total Population: All Females	120,241
Adult Population (18 years and over)	178,178
Child Population (0 to 17 years)	59,450
Over 65	38,417



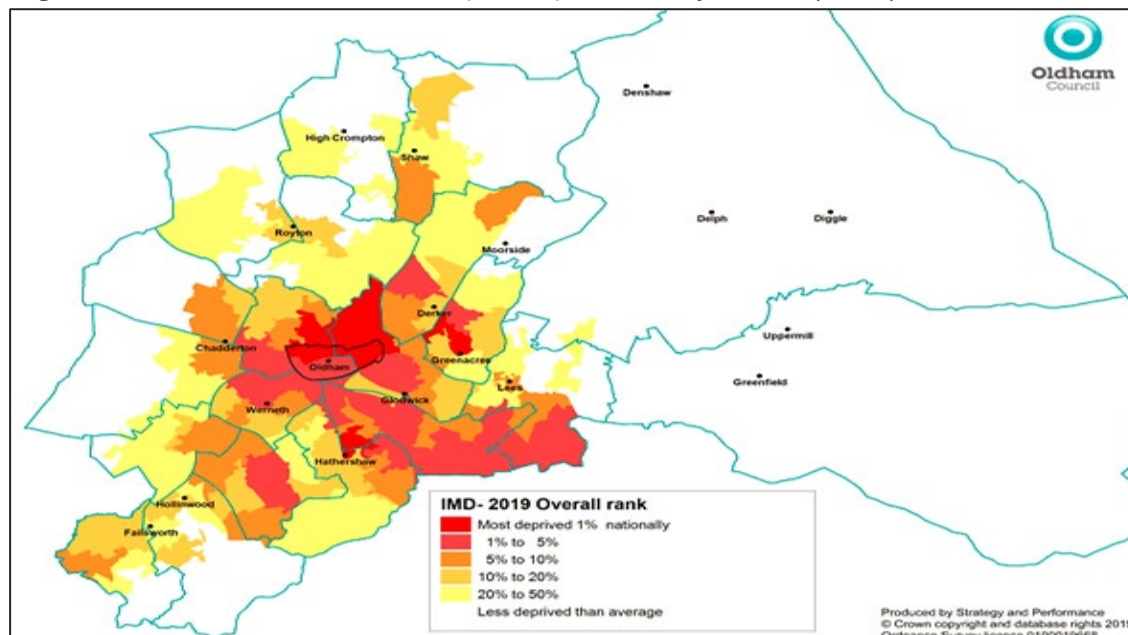
It is estimated the population of Oldham has grown by 3.0% since 2011 and is becoming more diverse with the estimated BME population growing from 24.4% in 2011 to 31.5% in 2019. Chart 1 below shows that after White ethnicities the next largest concentration is Pakistani (11.75%) followed by Bangladeshi (8.65%).



Oldham’s overall ranking has declined from 34<sup>th</sup> to 19<sup>th</sup> most deprived of 317 Local Authorities. This appears to be associated with a widening in the extent of deprivation relative to other areas, and with declines in health and crime domains in particular. However, more investigation will be needed.

This appears to be associated with a widening in the geographical extent of deprivation in the borough, with the gentrification of London boroughs taking them out of the lower positions, and with decline in the crime domain in particular. However, more in-depth investigation will be needed to fully understand the picture.

**Figure 2: Oldham Indices of Multiple Deprivation by LSOA (2019)**



There have been encouraging ranking improvements in Health Deprivation. Employment rank has also improved slightly, but this is offset by Income rank worsening – perhaps suggesting a shift in employment quality. The crime domain has worsened substantially in rank.

Few areas of Oldham have shown any improvement in deprivation. Five LSOAs now sit in the most deprived 1% nationally, an increase of one. These sit in Hathershaw, parts of St. Mary's and Coldhurst, and now Greenacres/Littlemoor. Much of the accommodation is social housing in each case.

## Numbers in Drug and/or Alcohol Treatment and New Presentations

From March 2021 to March 2022 the number of adults in Oldham in treatment for drug and/or alcohol use increased across all substances use categories. As Table 2 below shows amongst 'all drug' users there was a 14.4% increase – significantly higher than average rates for GM, North West and England. Increases amongst non-opiate only users and those involved in combined use of non-opiates and alcohol were considerable – over 39% and by almost one-quarter respectively, and again, in all instances, higher sub-regional, regional and national averages.

**Table 2:** Number of adults *in Treatment* in Oldham for drug and/or alcohol misuse with proportional change (%) in numbers in Treatment in Oldham, GM, North West & England (March 2021 to March 2022)

Census period >>>	Oldham	Oldham	Change (%) in Number in Treatment 2020 to 2022			
	April 2020 to March 2021	April 2021 to March 2022	Oldham	GM	North West	England
	n	n				
Opiates	674	709	5.2%	1.7%	0.3%	1.7%
Non-opiate only	168	234	39.3%	10.6%	9.8%	11.9%
Non-opiate & Alcohol	204	254	24.5%	16.0%	14.9%	19.1%
<b>All drugs</b>	<b>1046</b>	<b>1197</b>	<b>14.4%</b>	<b>6.0%</b>	<b>3.9%</b>	<b>6.4%</b>
Alcohol only	385	454	17.9%	6.8%	7.1%	7.3%

Source: NDTMS/PHE Compiled by Roy Egginton (DMO, SPS, OMBC) May 2022

Please note: Numbers in Treatment in this table are only provided for Oldham

Table 2 above also shows numbers and change amongst Oldham's adult alcohol only clients. During the earlier census period there were 385 alcohol only users in treatment increasing to 454 in the most recent period – an increase of 17.9% and, again, significantly higher than averages for GM, North West and England.

Table 3 below shows that from March 2021 to March 2022 the number of Oldham adults entering treatment. Amongst 'all drug' users numbers increased from 450 to 580 (28.9%). The rate of change was particularly high amongst 'non-opiate only' users, increasing almost 1½ times (47.7%) and significantly higher than GM, North West and England rates. The 'Non-opiate & Alcohol' increased by one-third and the increase amongst 'Opiate' users was in sharp contrast to the decreases for GM, the North West region and England.

**Table 3:** Number of adults *newly presenting* to Treatment in Oldham for drug and/or alcohol misuse with proportional change (%) in numbers entering treatment in Oldham, GM, North West & England (April 2020 to March 2022)

Census period >>>	Oldham	Oldham	Change (%) in Number Entering Treatment 2021 to 2022			
	April 2020 to March 2021	April 2021 to March 2022	Oldham	GM	North West	England
	n	n				
Opiate	173	192	11.0%	-5.7%	-6.5%	-11.2%
Non-opiate only	130	192	47.7%	10.5%	7.8%	2.8%
Non-opiate & Alcohol	147	196	33.3%	14.5%	9.9%	11.8%
<b>All drugs</b>	<b>450</b>	<b>580</b>	<b>28.9%</b>	<b>5.0%</b>	<b>2.1%</b>	<b>-1.5%</b>
Alcohol only	268	317	18.3%	5.2%	6.5%	9.4%

Source: NDTMS/PHE Compiled by Roy Egginton (DMO, SPS, OMBC) May 2022

Please note: Numbers in Presenting to Treatment in this table are only provided for Oldham

Amongst 'alcohol only' clients new presentations increased by more than 18% - more than three times greater than the GM average and far higher than North West and England average rates.

### Estimates of unmet need of drug and alcohol users in Oldham

Table 4 below shows the estimated proportion of people in Oldham and England who are dependent on opiates and/or crack cocaine or alcohol not in the treatment system.

**Table 4:** Estimates of unmet need of drug and alcohol users in Oldham and England

	Oldham	England
Opiates and/or crack cocaine	46.3%	53.7%
Opiates	40.0%	47.1%
Crack	57.6%	57.6%
Alcohol	76.8%	80.5%

**Source:** NDTMS/PHE ~ ~ ~ Compiled by Roy Egginton (DMO, SPS, OMBC) - May 2022

**Please note:**

Prevalence period: 01/04/2018 to 31/03/2018.

Estimated unmet need rate period: 01/04/2021 to 31/03/2022

With the exception of 'Crack', Oldham's unmet need, in this context, is lower than the England average.

### Successful completions of Treatment (Tier 3)

Table 5 below shows successful completions of treatment amongst adult drug and/or alcohol clients in Oldham, as well as its Local Outcome Comparator Group (LOC) and England in March 2022. For the 'Opiate' use category Oldham (5.8%) is ranked in the second lowest quartile and similar to the LOC average (5.8%) but higher than the England average (5.2%). Amongst 'Non-opiate only' users LOC ranking is in the second highest quartile with a slightly higher rate than both LOC and England averages. However, for the remaining two use categories Oldham's rates are inferior to both LOC and England averages. Oldham's LOC rankings for the 'Non-opiate & Alcohol' and 'Alcohol only' use categories fall into the lowest quartiles. With the exception of 'Alcohol only', performance in relation to successful completions amongst the remaining three use categories has improved within the last 5-6 months.

**Table 5:** Successful Completions of Treatment amongst adult drug and/or alcohol clients in Oldham, Local Outcome Comparator Groups (LOC) and England (March 2022)

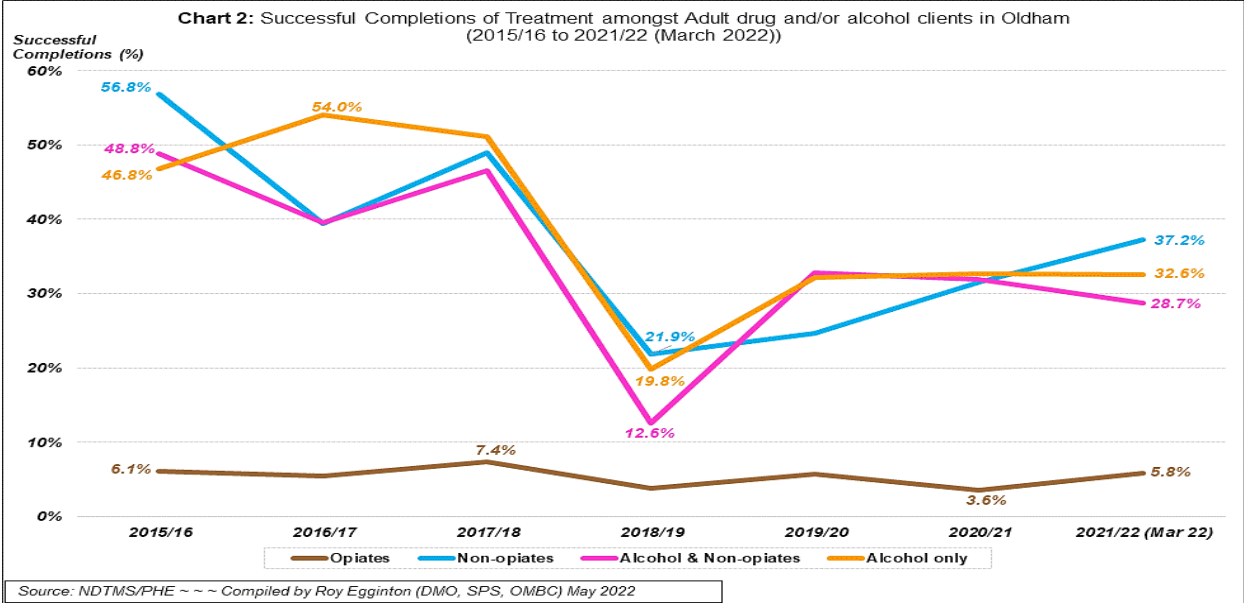
	Number in treatment in last 12 months	Number of successful completions in last 12 months	Oldham	Local Outcome Comparator	England	Oldham's Rank in LOC
	n	n	%	% (average)	% (average)	1st is best
Opiate	709	41	5.8%	5.8%	5.2%	18th out of 33
Non-opiate only	234	87	37.2%	36.2%	37.1%	16th out of 33
Non-opiate & Alcohol	254	73	28.7%	32.3%	32.8%	30th out of 33
Alcohol only	454	148	32.6%	38.8%	37.5%	26th out of 33

**Source:** NDTMS/PHE Compiled by Roy Egginton (DMO, SPS, OMBC) May 2022

**Please note:** Numbers in Treatment and for successful completions in this table are only provided for Oldham

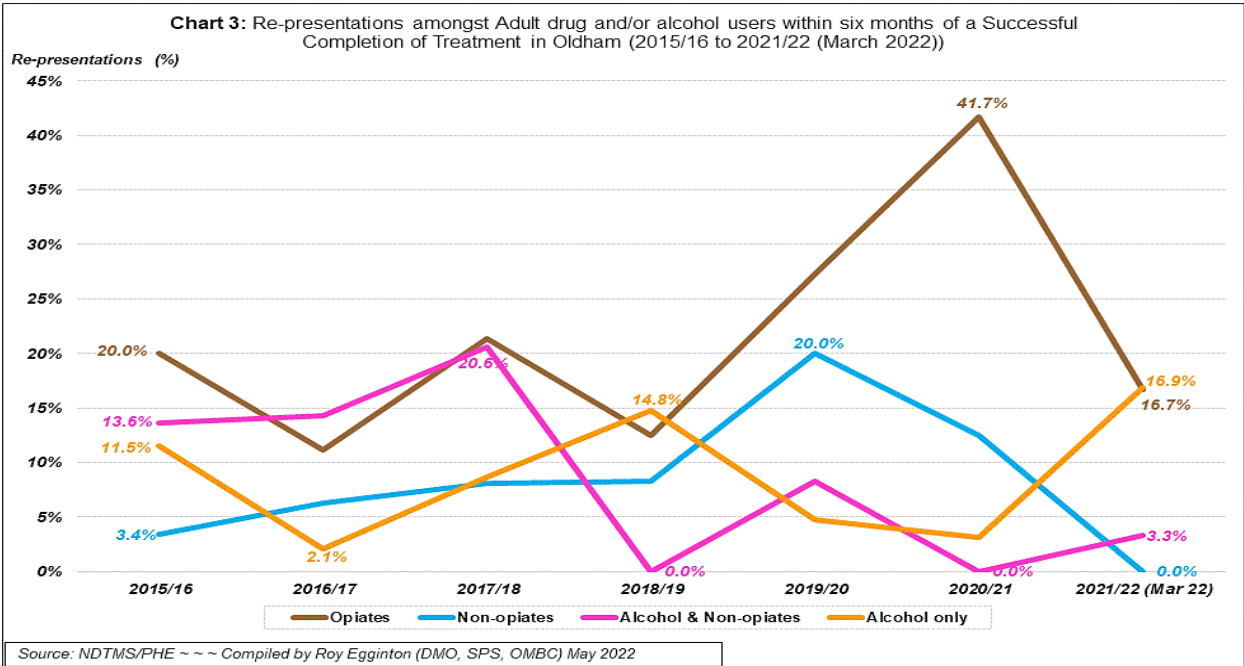
Chart 2 below shows successful completions of treatment amongst adults in Oldham by substance use category (2015/16 to 2021/22 (March 2022)). During the period from 2015/16 to 2017/18 successful completions amongst the respective user categories of Non-opiates (only), Alcohol & Non-opiate(s) (combined) and Alcohol only clients were typically above 40%. Following a sharp dip in performance in 2018/19, which coincided with the change in treatment providers in Oldham, successful completions for these three substance categories have partially recovered to around 28% to 35%.

Amongst clients involved in Opiate use prior to the change in providers ranged from 5.5% to 7.5%. In the most recent period from 2020/21 to 2021/22 (March 2022) a steady upward trend can be observed from 3.6% to 5.8%.



**Re-representations within six months of a successful completion of treatment**

Chart 3 below illustrates re-representations amongst adults within six months of a successful completion of treatment in Oldham by substance use category (2015/16 to 2021/22 (March 2022)).

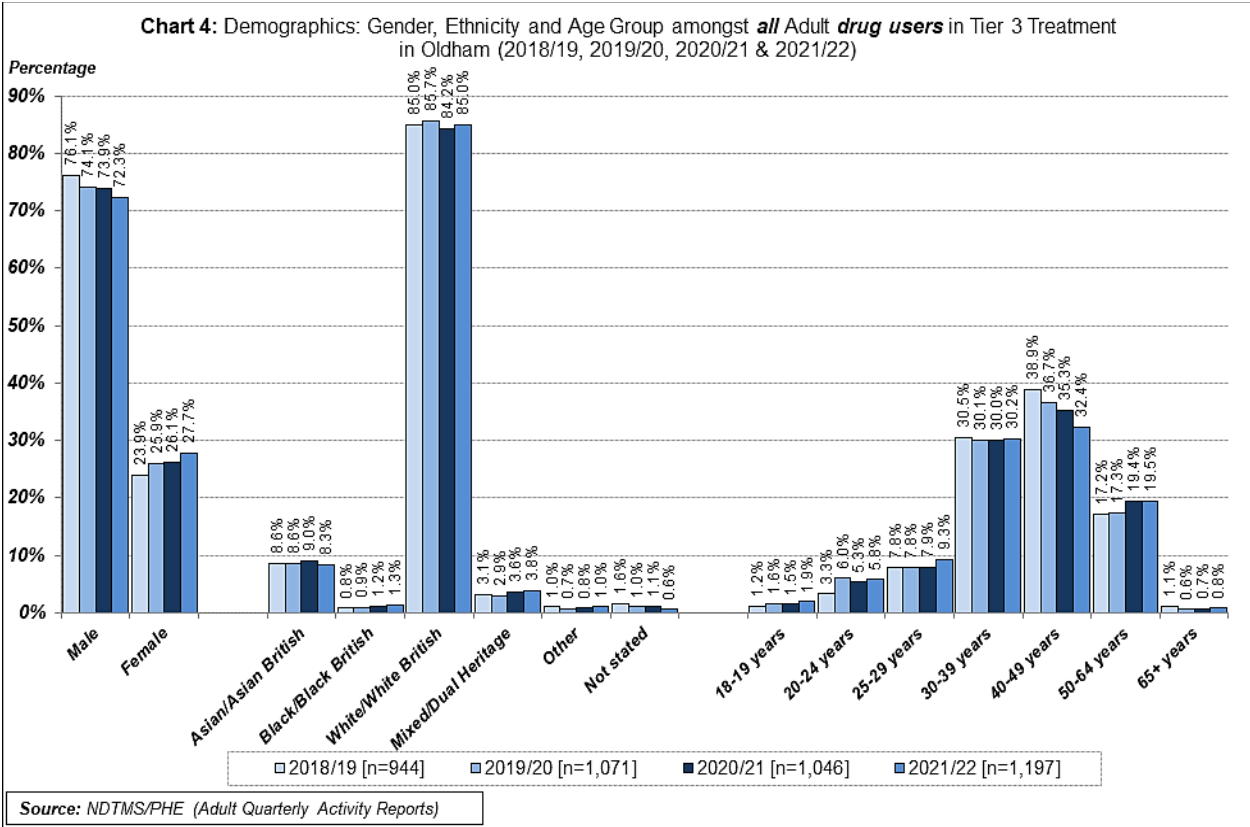


In the most recent period (2021/22 (March 2022)) Oldham’s re-presentation rates are, with the exception of the ‘Alcohol only’ cohort, the best for some time and currently compare well to England averages.

**Summary profile of adults in drug treatment in Oldham**

This subsection contains data in relation the **demographic** make-up of Oldham’s in-treatment population from Q4 2018/19 to Q4 2021/22 (March 2022).

Chart 4 below shows that historically around three-quarters of adult drug users in treatment are male. Typically around 85% are from White/White British ethnicities with approximately 8%-9% from Asian/Asian British backgrounds. The largest age cohorts are amongst the 30-39s and 40-49s.



**Mapping areas of residence of adult drug users in Tier 3 treatment in Oldham**

The two maps below (Figure 3a and 3b) show the electoral wards and MSOAs (Medium Super Output Areas) the areas in Oldham in which adults in Tier 3 treatment for drug misuse reside.

Figure 3a illustrates the areas of residence amongst Oldham’s adults in Tier 3 drug treatment for all drugs (excluding Alcohol only clients) per 100,000 population. It can be observed that the areas with the highest concentrations of drug users in treatment encompass central Oldham with rates of between 417 and 930 per 100,000 population. The central band of Waterhead ward, south-east St. James’, northern St. Mary’s and eastern Coldhurst have particularly high rates. Continuing further anti-clockwise north-east Werneth, west Alexandra, northern Medlock Vale, south-east Alexandra and southern Saddleworth West & Lees all contain high concentrations in this context. There are also similar densities in the wards of Chadderton Central, North and South as well as Hollinwood.

The areas of high concentration in Figure 3a broadly correspond to the areas of high multiple deprivation shown in Figure 2 (See page 5) above.

**Figure 3a:** Oldham adults in Tier 3 Drug Treatment for All Drugs (excl. Alcohol only) by MSOA 2018-19 rate per 100,000 population

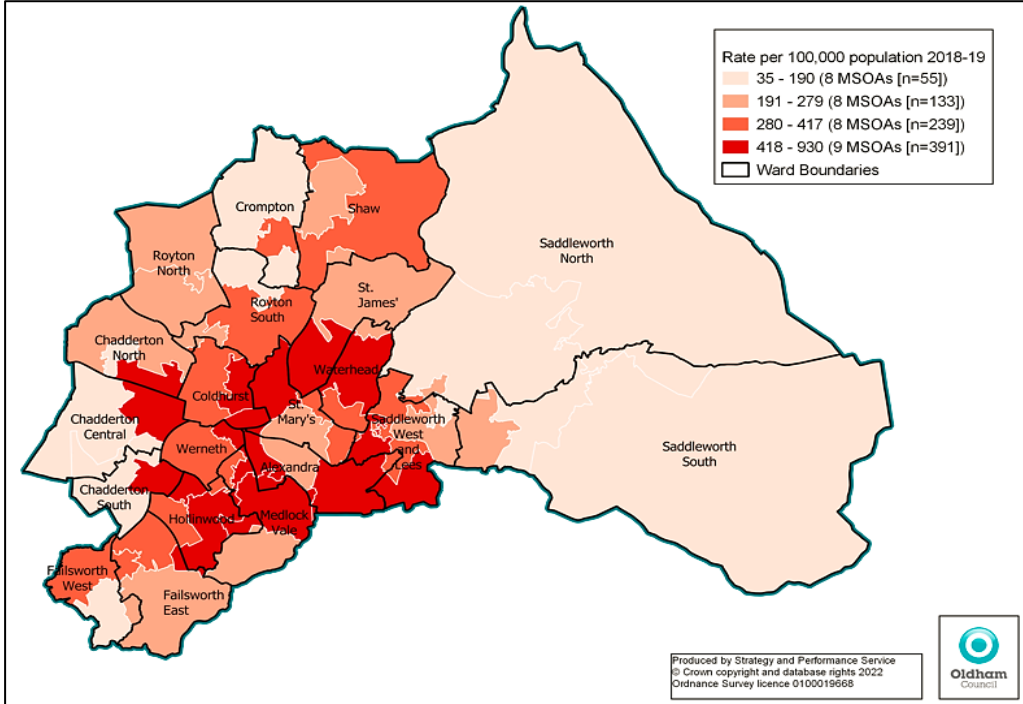


Figure 3b below shows the areas of residence amongst Oldham’s adult new presentations to Tier 3 drug treatment for all drugs (excluding Alcohol only clients) per 100,000 population. Whilst there are broad similarities in the pattern of distribution to Figure 3a above, particularly with regards to higher densities in areas to the north and west of Oldham town centre, some differences are apparent. It can be observed that MSOAs with higher densities continue from Werneth through parts of Chadderton South, Hollinwood and Failsworth East and West.

**Figure 3b:** Oldham adult new presentations to Tier 3 Drug Treatment for All Drugs (excl. Alcohol only) by MSOA 2019-21 rate per 100,000 population

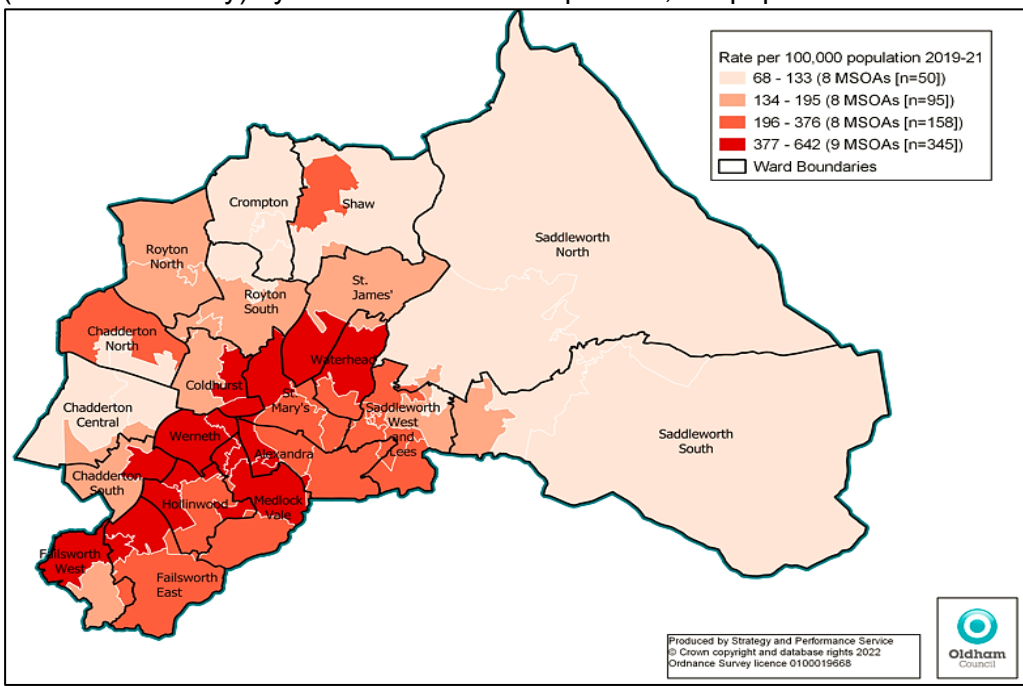


Figure 3b above also shows that lower densities were recorded in Alexandra, Saddleworth West & Lees and Shaw when compared to those illustrated in Figure 3a.

**Waiting times to access treatment for drug users**

Figure 4 below shows that waiting times for drug treatment in Oldham is broadly similar to the national average.

**Figure 4:** Waiting times for first interventions for Oldham and England (2020-21)

Waiting time to first intervention	Local		England	
	Total interventions started	Proportion of all interventions started	Total interventions started	Proportion of all interventions started
Under 3 Weeks	432	>95%	98,661	99%
3 - 6 Weeks	0	0%	754	1%
Over 6 Weeks	<5	<5%	470	0%

Recent performance for waiting times in Oldham (up to Mar 22):	<b>Unchanged</b>
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**Accommodation need status** at the point of entering treatment is shown in Chart 5 below. 'NFA – urgent housing problem' has decreased in the two most recent census periods from 12.2% to 6.6%.

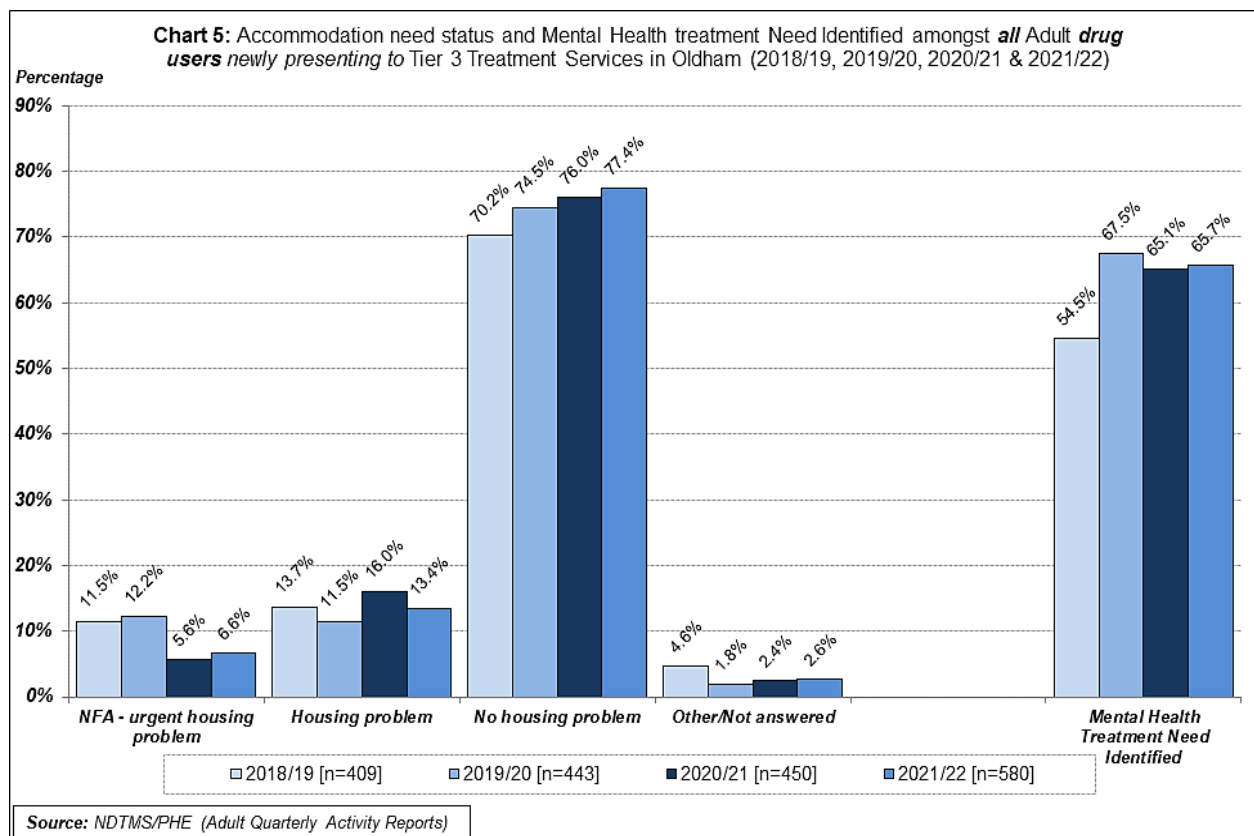
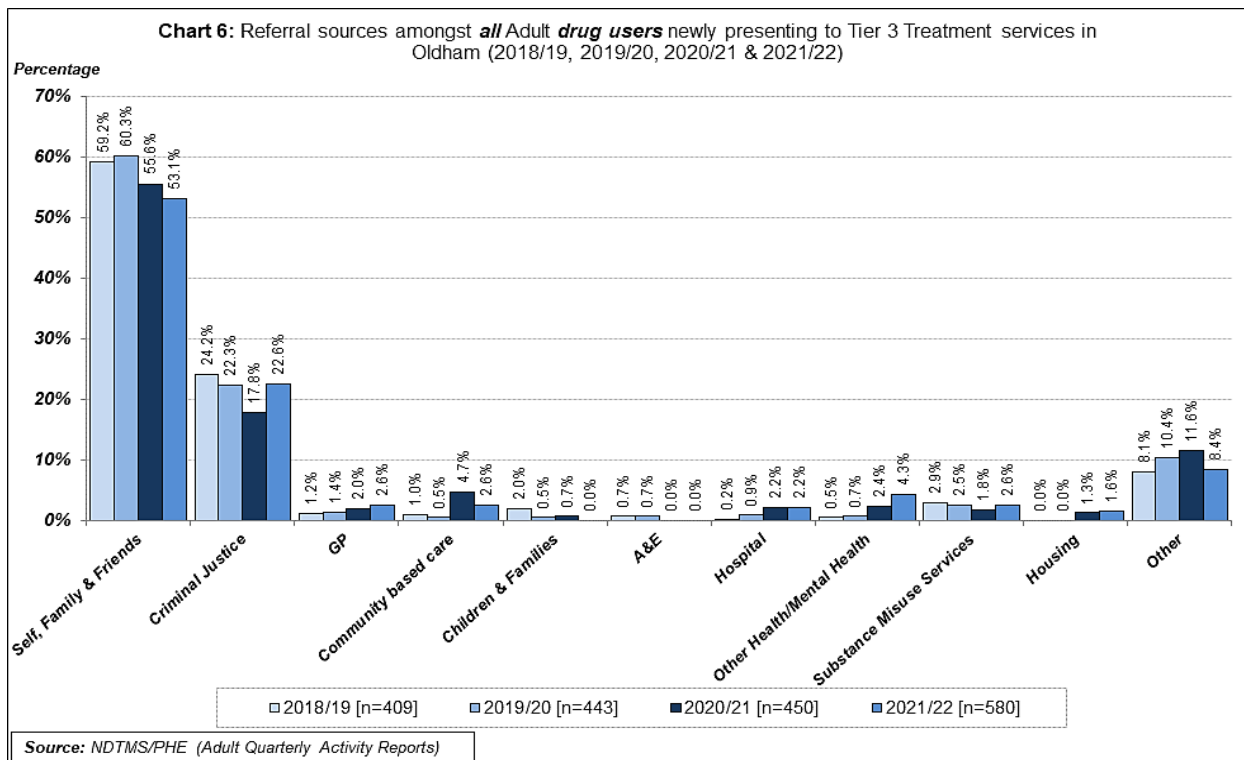


Chart 5 above also shows that since 2018/19 to 2021/22 (March 2022) the proportion of those entering treatment amongst Oldham’s adult drug using clients with a **‘mental health treatment need identified’** has increased from 54.5% to 65.7%.

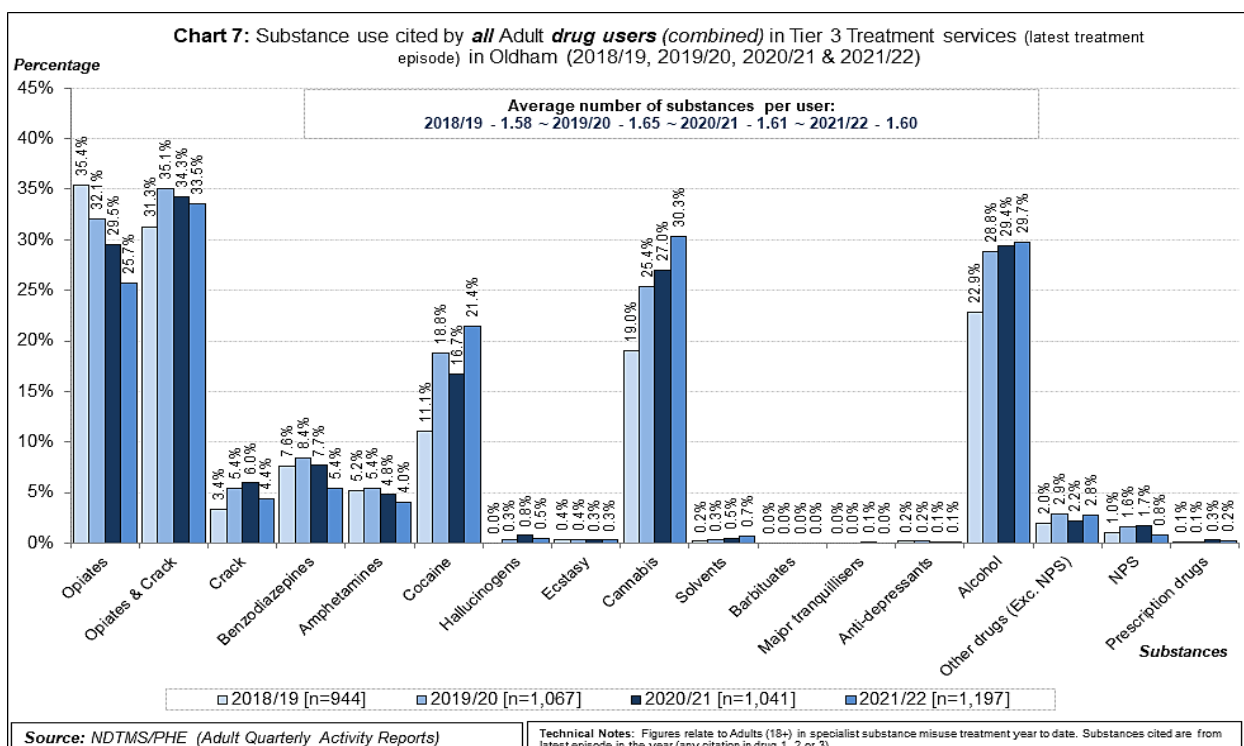
Chart 6 below shows the distribution of **referral sources** amongst adult drug users entering treatment in Oldham (2018/19 to 2021/22 (March 2022)). The proportion of referrals from ‘Self, Family & Friends’ has ranged from 60.3% in 2019/20 to 53.1% in the most recent period. The second largest proportion of referrals comes from ‘criminal justice’ agencies – typically around 22%.





**Overall substance use amongst new presentations in Oldham**

Chart 7 below shows all substance use citations amongst adult drug users in Oldham entering treatment Q4 2018/19 to Q4 2021/22 (March 2022).



Key points regarding overall substance use citations:

- Upward trend in opiate and crack cocaine from 31.3% to 33.5%
- Cocaine (powder) almost doubling from 11.1% to 21.4%
- Cannabis up by more than 1½ times from 19.0% to 30.3%
- Alcohol citations up by almost one-third from 22.9% to 29.7%

Chart 8 below shows **units of alcohol consumed (monthly)** amongst Oldham's adult drug using in-treatment population. While those recording '0 units' decreased by more than two-thirds, the reporting of '1-199 units' per month increased significantly in the two most recent census periods.

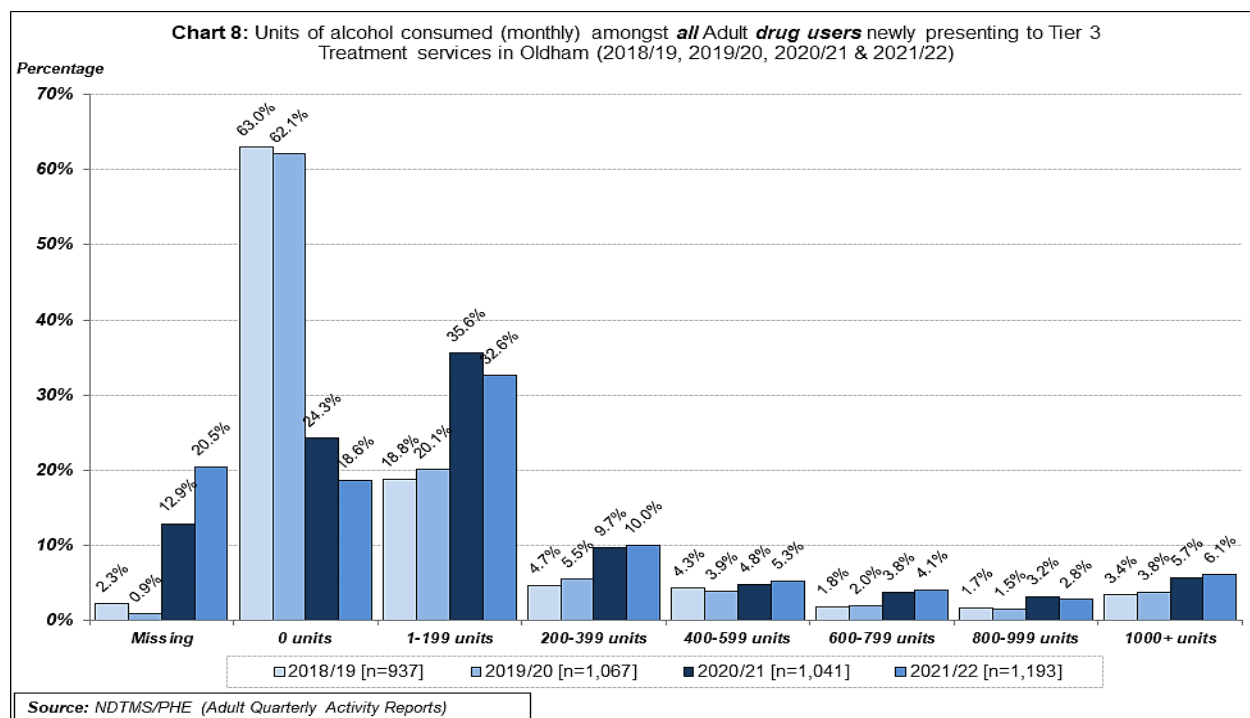


Chart 8 above also shows that drug users reporting '200-399 units' has roughly doubled over the same period. Smaller increases can also be observed for higher unit values.

Chart 9 below shows **treatment exits** amongst all adult drug users leaving Tier 3 treatment services in Oldham. The most recent rate for 'Planned exits' is 1½ times that for 2018/19 – 41.4% compared to 27.0%. During the same period 'Unplanned exits' have fallen by one-quarter from 60.7% to 45.7%.

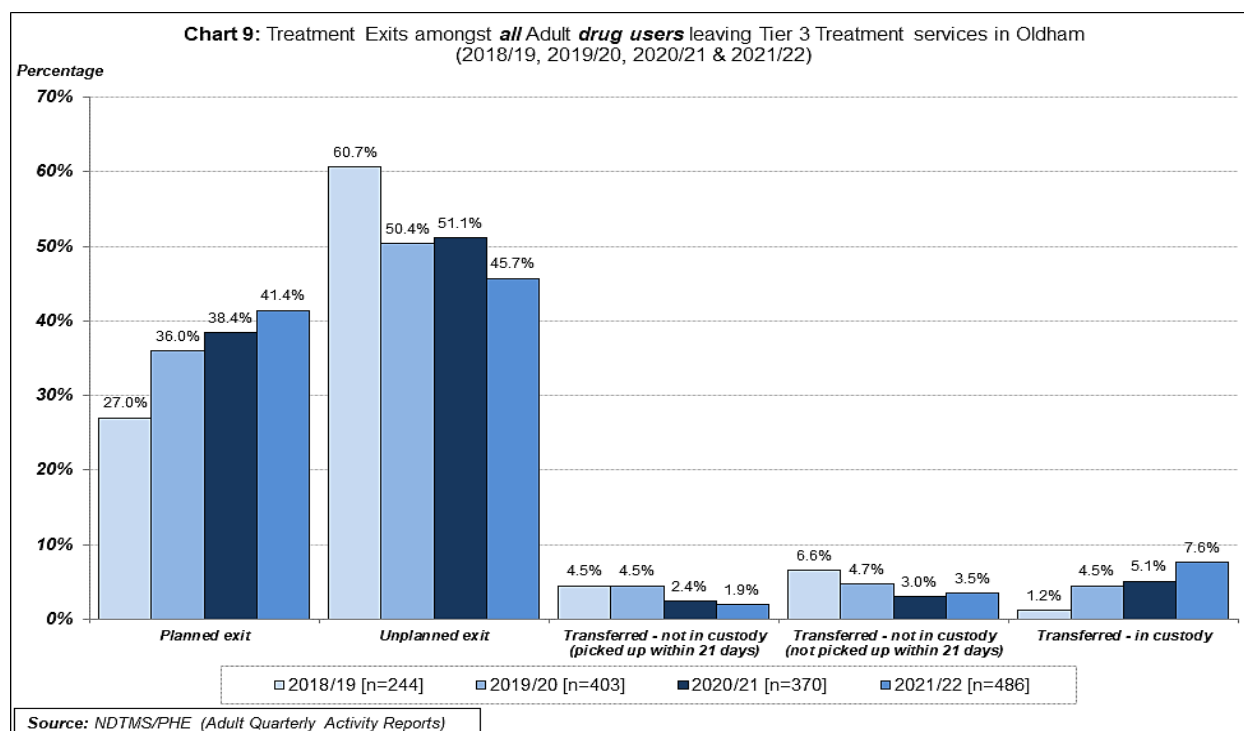


Chart 9 above also shows that ‘Transferred – in custody’ has increased from 1.2% in 2018/19 to 7.6% in 2021/22. The rates for each of the five exit categories are broadly in line with England averages.

#### **Tier 4 Drug Treatment**

Table 6 below shows the number of adults from Oldham in Tier 4 drug treatment by provider in 2021/22. In total there were 13 adult Oldham residents in Tier 4 drug treatment at the end of this period.

**Table 6:** Oldham Adults in Tier 4 Treatment for Drug misuse (2021/22)

<b>Treatment provider</b>	<b>Number in Treatment</b>
ACORN	1
Blackpool Horizon/Delphi Medical	1
CAIS AT SALUS	1
GMMH Chapman Barker Unit	1
OASIS Recovery Communities - Bradford	1
OASIS Recovery Communities - Runcorn	1
Sefton Park	1
Shardale St Anne's Ltd	1
Turning Point Leigh Bank	2
Turning Point Smithfield Detox	3
<b>Total</b>	<b>13</b>

Source: PHE/NDTMS

#### **Hospital admissions for drug poisoning in Oldham and England**

Drug poisoning admissions can be an indicator of future deaths. People who experience non-fatal overdoses are more likely to suffer a future fatal overdose. Drug treatment services are in a position to assess and manage overdose (including suicide) risks.

Figure 5 below shows that a rate of hospital admissions of 67.75 per 100,000 population in Oldham is higher than the England rate of 50.22. From 2017/18 to 2020/21, however, the differentiation between the local and national rates has remained broadly similar.

**Figure 5:** Drug specific hospital admissions for drug poisoning 2020-21

<b>Hospital admissions*</b>	<b>Number of admissions</b>	<b>Local rate</b>	<b>LCL</b>	<b>UCL</b>	<b>Number of admissions</b>	<b>National rate</b>	<b>LCL</b>	<b>UCL</b>
Hospital admissions for drug poisoning**	161	67.75	57.69	79.06	28,398	50.22	49.63	50.8

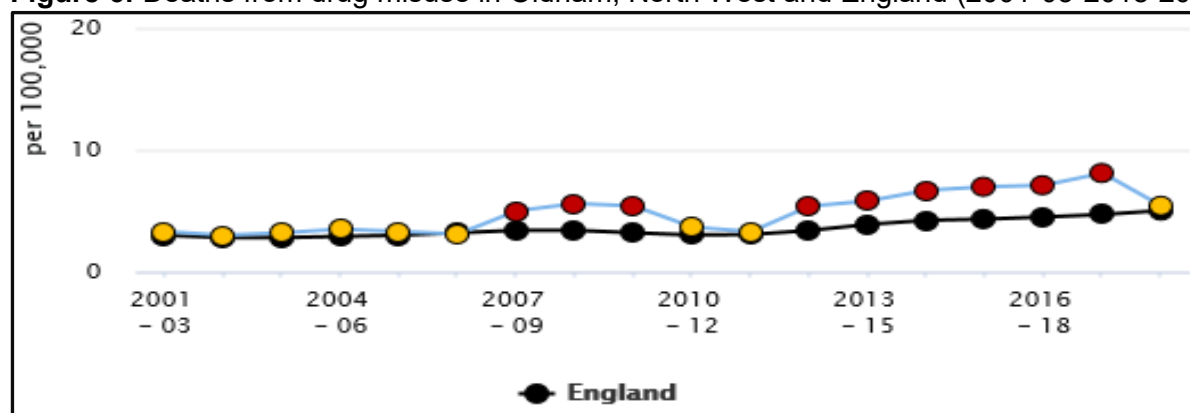
Note:  
 \*Hospital admissions for drug poisoning(primary or secondary diagnosis): All persons, crude rate per 100,000  
 \*\*Hospital Episode Statistics data (Source: NHS Digital) and ONS population data, analysed by PHE

#### **Drug-related deaths in Oldham, North West and England**

Understanding and preventing drug-related deaths (DRDs) is an important function of a recovery-orientated drug treatment system. This is even more pressing in the light of continued very high numbers of such deaths.

Figure 6 below shows in the period from 2018-2020 the rate of drug-related deaths per 100,000 population in Oldham was 5.4 which similar to the England rate of 5.0. This is the first census period since 2011-13 that Oldham's rate has broadly matched the national rate and is now considerably lower than the region average (7.1).

**Figure 6:** Deaths from drug misuse in Oldham, North West and England (2001-03-2018-20)



Period	Oldham					North West	England
	Count	Value	95% Lower CI	95% Upper CI			
2013 - 15	37	5.8	4.1	8.0	5.6	3.9	
2014 - 16	43	6.7	4.8	9.0	6.1	4.2	
2015 - 17	45	7.0	5.1	9.3	6.2	4.3	
2016 - 18	45	7.1	5.2	9.5	6.5	4.5	
2017 - 19	52	8.1	6.0	10.6	6.8	4.7	
2018 - 20	35	5.4	3.8	7.5	7.1	5.0	

### Deaths in Treatment

Figure 7 below shows the number of people in drug treatment who were recorded as having died while in treatment within the year (based on NDTMS discharge reason field).

In 2020-21, there was an 18% increase at a national level in the number of people recorded as having died while in treatment for drug misuse, with wide local variation. It is likely that changes to drug treatment, reduced access to broader healthcare services, changes to lifestyle and social circumstances during lockdowns, as well as COVID-19 itself, will have contributed to this increase. Commissioners and providers are encouraged to consider any actions they can take towards reducing deaths in treatment.

**Figure 7:** Number and proportion of deaths in drug treatment by drug group for Oldham and England (2020-21)

Drug group	Local (n)	Proportion of treatment population			England (n)	Proportion of treatment population		
		Male (%)	Female (%)	Male (%)		Female (%)		
Alcohol and non-opiate	0	0.0%	0.0%	169	0.6%	0.6%	0.4%	
Non-opiate	1	0.6%	0.0%	75	0.3%	0.3%	0.2%	
Opiate	18	2.7%	1.2%	2,418	1.7%	1.8%	1.6%	
<b>Total</b>	<b>19</b>	<b>1.8%</b>	<b>0.7%</b>	<b>2,662</b>	<b>1.3%</b>	<b>1.4%</b>	<b>1.2%</b>	

Overall deaths amongst drug users in treatment has increased since 2019/20

**Up from 1.2% (n=13) to 1.8% (n=19)**

Overall the proportion of adult deaths in drug treatment in Oldham was 1.8% [n=19] compared to 1.3% in England. The proportion of deaths amongst males in Oldham (2.2%) was 1½ times greater than the national rate (1.4%), while deaths amongst females (0.7%) in Oldham was almost half the England average (1.2%).

Tables 7a and 7b below provide a profile of deaths that occurred amongst adult clients from Oldham who were in Tier 3 drugs and/or alcohol treatment. Overall 95 deaths occurred amongst Oldham clients from 2018/19 up to 2021/22 (up to December 2021) of which 24 (25.3%) were female and 71 (74.7%) were male. The average age at time of death was 47.6 years with females being on average 3 years younger than males – 45.2 years and 48.3 years respectively. One in eight females (12.5%) were age under 30 years on date of death compared to none amongst males. More than four in ten males (40.8%) were aged 40-49 years when they died. Almost three-quarters (73.7%) occurred were White/White British with 4.2% from Asian/Asian British ethnicities. One-fifth (20.0%) of those had no ethnicity recorded.

**Table 7a:** Profile of deaths amongst adult clients from Oldham in Tier 3 treatment for drugs and/or alcohol misuse by gender, age, ethnicity and circumstances of death status (2018/19 to 2021/22 (up to December 2021))

Census period	2018/19 to 2021/22 (Dec 21)					
	Female [n=24]		Male [n=71]		Total [N=95]	
Gender	n	%	n	%	n	%
<b>Year death occurred:</b>						
2018/19	8	33.3%	16	22.5%	<b>24</b>	<b>25.3%</b>
2019/20	6	25.0%	16	22.5%	<b>22</b>	<b>23.2%</b>
2020/21	8	33.3%	26	36.6%	<b>34</b>	<b>35.8%</b>
2021/22 (up to Dec 2021)	2	8.3%	13	18.3%	<b>15</b>	<b>15.8%</b>
<b>Age on date of death:</b>						
Under 30 years	3	12.5%	0	0.0%	<b>3</b>	<b>3.2%</b>
30 to 39 years	4	16.7%	14	19.7%	<b>18</b>	<b>18.9%</b>
40 to 49 years	8	33.3%	29	40.8%	<b>37</b>	<b>38.9%</b>
50 to 64 years	7	29.2%	25	35.2%	<b>32</b>	<b>33.7%</b>
65 to 79 years	2	8.3%	3	4.2%	<b>5</b>	<b>5.3%</b>
Average age on date of death	45.2		48.3		<b>47.6</b>	
<b>Ethnicity:</b>						
Asian/Asian British	0	0.0%	4	5.6%	<b>4</b>	<b>4.2%</b>
Black/Black British	0	0.0%	0	0.0%	<b>0</b>	<b>0.0%</b>
White/White British	20	83.3%	50	70.4%	<b>70</b>	<b>73.7%</b>
Mixed/Multiple Heritage	1	4.2%	1	1.4%	<b>2</b>	<b>2.1%</b>
Not recorded	3	12.5%	16	22.5%	<b>19</b>	<b>20.0%</b>
<b>Circumstances of death status:</b>						
Medically expected	1	4.2%	7	9.9%	<b>8</b>	<b>8.4%</b>
Not medically expected - illness	4	16.7%	32	45.1%	<b>36</b>	<b>37.9%</b>
Not medically expected - SUI*	15	62.5%	31	43.7%	<b>46</b>	<b>48.4%</b>
Inconclusive	1	4.2%	0	0.0%	<b>1</b>	<b>1.1%</b>
Not recorded/No status	3	12.5%	1	1.4%	<b>4</b>	<b>4.2%</b>

Source: Turning Point Oldham and Oldham Coroners ~ ~ ~ Compiled by Roy Egginton (OMBC) April 2022

Note: The 95 deaths recorded occurred between 7th April 2018 and 20th December 2021

\* denotes SUI (Serious Untoward Incident)

Table 7a above also shows 'circumstances of death status' amongst this sub-population of adults in treatment. Almost half (48.4%) were recorded as 'not medically expected – SUI

(Serious Untoward Incidents)' – females (62.5%) were more likely than males (43.7%) to be recorded as such. The status of 'not medically expected – illness' was recorded in relation to 37.9% of deaths with deaths amongst males (45.1%) being almost three times more likely than females (16.7%) to be recorded in this way.

Table 7b below shows coroners' inquest outcome and cause of death by gender. In almost one-fifth (18.9%) outcomes were recorded as being due to 'Overdose/Combined Toxicity/Drug Related Deaths (DRD)'. This outcome was almost twice as likely to be attributed to females (29.2%) than males (15.5%).

In 29.5% of cases details of outcomes were 'not recorded/not available' at time of writing.

**Table 7b:** Profile of deaths amongst adult clients from Oldham in Tier 3 treatment for drugs and/or alcohol misuse by gender, Coroner's inquest outcome and cause of death (2018/19 to 2021/22 (up to December 2021))

Census period	2018/19 to 2021/22 (Dec 21)					
	Female [n=24]		Male [n=71]		Total [N=95]	
Gender	n	%	n	%	n	%
<b>Coroner's inquest outcome:</b>						
Overdose/Combined Toxicity/DRD (inc. Alc)	7	29.2%	11	15.5%	18	18.9%
Health Related	0	0.0%	3	4.2%	3	3.2%
Murder	1	4.2%	1	1.4%	2	2.1%
Suicide	1	4.2%	1	1.4%	2	2.1%
Misadventure	0	0.0%	1	1.4%	1	1.1%
Not updated by Coroner	1	4.2%	1	1.4%	2	2.1%
Not recorded - closed at time of death	3	12.5%	1	1.4%	4	4.2%
Not recorded	7	29.2%	21	29.6%	28	29.5%
Not applicable	4	16.7%	31	43.7%	35	36.8%
<b>Cause of death:</b>						
Substance related (inc Alc)	9	37.5%	13	18.3%	22	23.2%
Possibly substance related (inc. Alc)	2	8.3%	4	5.6%	6	6.3%
COVID-19	0	0.0%	4	5.6%	4	4.2%
Health related	3	12.5%	22	31.0%	25	26.3%
Assault	0	0.0%	1	1.4%	1	1.1%
Murder	1	4.2%	1	1.4%	2	2.1%
Suicide	1	4.2%	1	1.4%	2	2.1%
Misadventure	0	0.0%	2	2.8%	2	2.1%
Not recorded	8	33.3%	18	25.4%	26	27.4%
Unknown	0	0.0%	5	7.0%	5	5.3%

Source: Turning Point Oldham and Oldham Coroners ~ ~ ~ Compiled by Roy Egginton (OMBC) April 2022

Note: The 95 deaths recorded occurred between 7th April 2018 and 20th December 2021

Table 5b above provides details of cause of death. Almost three in ten (29.5%) were either 'Substance related (including Alcohol)' or 'Possibly substance related (including Alcohol)' with deaths of this nature being more likely amongst females. 'Health related' deaths represented more than one in four (26.3%) of causes with deaths amongst males being 2½ times more likely to be attributed as such.

Deaths recorded as 'suicide' or 'misadventure' accounted for 4.2% of causes while those attributed to 'murder' or 'assault' were 3.3%. In 27.4% of cases the cause of death was 'not recorded'.

Four deaths (4.2%) were attributed to COVID-19 of which all were male.

## Blood borne viruses and overdose death prevention in Oldham and England

Sharing injecting equipment can spread blood-borne viruses. Providing opioid substitution treatment (OST), sterile injecting equipment and antiviral treatments protects people who use drugs and communities as well as providing long-term health savings. Eliminating hepatitis C as a major public health threat requires the identification and treatment of many more infected people who use drugs. Hepatitis C testing and referral data will vary from area to area depending on local systems and pathways, the availability of test results to providers and where/how hep C treatment is provided, so it needs to be assessed and understood locally more than compared to national figures.

**Figure 8a:** Injecting status of adults presenting to drug treatment by drug use category across the treatment journey for Oldham (2020-21)

Injecting status	Opiate (n)	Opiate(%)	Alcohol and non-opiate (n)	Alcohol and non-opiate (%)	Non-opiate (n)	Non-opiate (%)	Total (n)	Total(%)
Never injected	93	53%	140	95%	121	95%	354	79%
Previously injected*	53	30%	7	5%	5	<5%	65	14%
Currently injecting*	28	16%	<5	<5%	<5	<5%	31	7%
Missing / Inconsistent	0	0%	<5	<5%	<5	<5%	<5	<5%
Not currently injecting, previous behaviour unknown	0	0%	0	0%	0	0%	0	0%
Declined to answer	0	0%	0	0%	0	0%	0	0%
<b>Total**</b>	<b>174</b>		<b>150</b>		<b>130</b>		<b>454</b>	

Figures 8a above (Oldham) & 8b (England) below show overall and amongst opiate only users rates for 'previously injected' and 'currently injecting' were lower in Oldham than the England average.

**Figure 8b:** Injecting status of adults presenting to drug treatment by drug use category across the treatment journey for England (2020-21)

Injecting status	Opiate (n)	Opiate(%)	Alcohol and non-opiate (n)	Alcohol and non-opiate (%)	Non-opiate (n)	Non-opiate (%)	Total (n)	Total(%)
Never injected	16,831	45%	18,594	93%	17,408	92%	52,833	69%
Previously injected*	12,064	32%	1,149	6%	988	5%	14,201	19%
Currently injecting*	8,153	22%	226	<5%	414	<5%	8,793	12%
Missing / Inconsistent	148	0%	788	<5%	1,059	6%	1,995	<5%
Not currently injecting, previous behaviour unknown	216	<5%	73	0%	85	0%	374	0%
Declined to answer	28	0%	19	0%	27	0%	74	0%
<b>Total**</b>	<b>37,440</b>		<b>20,849</b>		<b>19,981</b>		<b>78,270</b>	

Note:

\*Current or previously injecting' can mean that a person has injected other substances than the ones they are being treated for.

\*\*This is the total number of adults with any injecting risk across the treatment journey. It includes adults with missing/inconsistent injecting status

Proportion was calculated using the total number of adults without the missing/inconsistent category

**Figure 8c:** Latest status of adults in drug treatment in 2020-21 eligible for Hepatitis B vaccination who accepted one for Oldham and England (2020-21)

Hepatitis B	Local (n)	Proportion of			England (n)	Proportion of		
		eligible adults	Male (%)	Female (%)		eligible adults	Male (%)	Female (%)
Adults eligible for a HBV vaccination who accepted one	86	28%	27%	30%	15,264	29%	29%	30%

Figure 8c above shows the rates for Oldham (28%) and England (29%) amongst adults eligible for a Hepatitis B vaccination who accepted one were similar. However, rates for completing and starting a course of vaccination amongst Oldham adults were lower than national rates.

**Figure 8d:** Latest status of adults in drug treatment in 2020-21 eligible for Hepatitis C testing who accepted one for Oldham and England (2020-21)

Hepatitis C	Local (n)	Proportion of			England (n)	Proportion of		
		eligible adults	Male (%)	Female (%)		eligible adults	Male (%)	Female (%)
Adults eligible for a HCV test who accepted one	131	36%	35%	36%	26,399	41%	41%	39%

Figure 8d above shows the rate for Oldham adults eligible for a Hepatitis C test who accepted was lower than the England average – 36% compared to 41%.

Figure 8e below shows that amongst Oldham adults in drug treatment that the proportion who provided a positive antibody test for Hepatitis C was 15% which is lower than the England average of 21%.

**Figure 8e:** Latest status of adults in drug treatment in 2020-21 who have a positive Hepatitis C antibody test for Oldham and England (2020-21)

Hepatitis C Antibody Test	Local (n)	Proportion of eligible adults	Male (%)	Female (%)	England (n)	% of eligible adults		
						Male (%)	Female (%)	Female (%)
Adults who have a positive hep C antibody test*	17	15%	18%	6%	4,790	21%	21%	22%

*Note:*  
\*The stated proportions are of those tested for whom either a positive or negative result is recorded on NDTMS (i.e. 'unknown' and 'not recorded' have been removed from the denominator).

Figure 8e also shows that for England the differentiation between males and females who gave a positive antibody test for Hepatitis C was marginal (21% and 22% respectively), in Oldham males (18%) were three times more likely than females (6%) to be positive.

Figure 8f below shows that amongst Oldham's opiate adults in treatment in 2020/21 only <5% were issued with naloxone compared to 28% nationally.



**Figure 8f:** All opiate adults in treatment in 2020/21 issued with naloxone (including CIR information) for Oldham and England (2020-21)

Naloxone issued	Local (n)	Proportion of			England (n)	Proportion of		
		eligible adults	Male (%)	Female (%)		eligible adults	Male (%)	Female (%)
Yes - Naloxone issued	16	<5%	<5%	<5%	39,727	28%	28%	29%

### ***Length of time in treatment***

Figure 9 below shows the proportion of drug users, split by adults in treatment with opiate problems under two years and six years or over and adults in treatment with non-opiate problems for over two years. Adults that have been in treatment for long periods of time (six years or over and under two years) will usually find it harder to successfully complete treatment. Current data shows that adults with opiate problems who successfully complete within two years of first starting treatment have a higher likelihood of achieving sustained recovery.

**Figure 9:** Length of time in treatment for adults with opiate problems (under 2 years and 6 years or more) for Oldham and England (2020-21)

Length of time in treatment	Local (n)	Proportion of all in treatment		England (n)	Proportion of all in treatment
		Male (%)	Female (%)		
Proportion of adults with opiate problems in treatment for under two years	279	41%	47%	65496	46%
Proportion of adults with opiate problems in treatment for six years or more	225	33%	29%	37800	27%

In Oldham the proportion of adults with opiate problems in treatment for under two years account for 41% of all in treatment compared to 46% for England. One-third (33%) of all in treatment in Oldham are opiate users who have been treatment for 6 years or more compared to a 27% average for England.

### ***Adult drug users in treatment who are parents/carers and their children***

Figure 10a below shows the number of drug users who entered treatment in 2020-21 who live with children and the stated number of children who live with them. Users who are parents but do not live with children and users for whom there is incomplete data are also included. In addition, the number of pregnant female adults entering treatment in 2020-21 is presented, as is the number of parents or carers engaging with Early Help or children’s social care. The data can help identify the level of need to engage local antenatal and family support services to ensure appropriate support for families at risk.

**Figure 10a:** Number and proportion of adults presenting to drug treatment by parental status for Oldham and England (2020-21)

Parental Status	Local (n)	Proportion of new presentations			England (n)	Proportion of new presentations		
		Male (%)	Female (%)	Male (%)		Female (%)		
Parents living with children	58	13%	11%	18%	10,071	13%	9%	21%
Parents not with children	97	21%	21%	23%	17,016	22%	22%	22%
Other contact, living with children	16	<5%	<5%	5%	3,434	4%	5%	4%
Not parent - no contact with children	220	48%	51%	42%	46,652	60%	63%	52%
Missing / incomplete	63	14%	14%	13%	1,097	1%	1%	1%

Missing data (i.e. Client declining to answer questions) 2021/22 [N=580]

Down from 13.8% (n=63) to 5.7% (n=33)

The only notable aspect of difference in the table above concerns data recording in that Oldham's rate of 'missing/incomplete' is 14% compared to an England average of 1%.

In Figure 10b below the proportion of male children in Oldham (64%) living with adults entering drug treatment is higher than the England rate (59%) while the proportion of female children is lower – 36% compared to 41%.

**Figure 10b:** Children living with adults entering drug treatment for Oldham and England 2020-21

Living with children	Local	Proportion of children by client sex		England	Proportion of children by client sex	
		N	Male (%)		Female (%)	N
Type						
Number of children living with drug users	160	64%	36%	25,007	59%	41%

Figure 10c below shows numbers and proportions of adults entering drug treatment whose children are receiving early help or in contact with early help and children's social care.

The most notable difference can be observed in comparative proportions for 'Child Protection Plan in place' with 15% for Oldham and 12% for the England average.

**Figure 10c:** Adults in drug treatment with children in receipt of early help or in contact with early help and children's social care for Oldham and England 2020-21

EHCSC Group	Local (n)	Proportion of adults with child contact			England (n)	Proportion of adults with child contact		
		Male (%)	Female (%)	Male (%)		Female (%)		
Early help	<5	<5%	<5%	<5%	1,303	4%	3%	6%
Child in need	12	7%	10%	2%	1,619	5%	4%	8%
Child protection plan in place	26	15%	7%	31%	3,548	12%	8%	19%
Looked after child	13	8%	<5%	17%	2,167	7%	4%	13%
No early help	113	66%	76%	47%	19,967	65%	74%	49%
Missing	<5	<5%	<5%	<5%	1,917	6%	7%	5%

## Co-occurring mental health and drug use

Figure 11a below shows the numbers of drug using adults starting treatment in 2020-21 who were identified as having a mental health treatment need and, of these the number who were receiving treatment from health services. Comparing prevalence with treatment received can help to assess whether need is being appropriately met.

In Oldham a total of 298 adults who entered drug treatment were identified as having a mental health treatment need which equates to 66% of all new presentations amongst drug users. This compares similarly to 63% nationally. Amongst Oldham females in this sub-population 78% were identified as having a mental health need compared to 61% for males. The differentiation between males and females in Oldham in this context was slightly greater than that nationally (73% compared to 58% respectively).

**Figure 11a:** Adults who entered drug treatment in 2020-21 and were identified as having a mental health treatment need for Oldham and England

Drug group	Local (n)	Proportion of new presentations			England (n)	Proportion of new presentations		
			Male (%)	Female (%)			Male (%)	Female (%)
Alcohol and non-opiates	104	69%	65%	80%	14,836	71%	67%	81%
Non-opiates	90	69%	61%	89%	12,852	64%	59%	75%
Opiates	104	60%	57%	67%	21,307	57%	53%	67%
<b>Total</b>	<b>298</b>	<b>66%</b>	<b>61%</b>	<b>78%</b>	<b>48,995</b>	<b>63%</b>	<b>58%</b>	<b>73%</b>

Recent performance for those identified as having a mental health treatment need in Oldham (Q4 2021/22 (up to Mar 2022)):

**Similar: Currently 65.7%**

Figure 11b below shows in what setting adult drug users who had been identified as having a mental health treatment need received treatment for their mental health. In Oldham 51% received such treatment via their GP compared to 50% nationally. A further 14% amongst Oldham's adult drug users engaging in treatment were already receiving treatment for their mental health compared to an England average of 19%.

**Figure 11b:** Adults who entered drug treatment identified as having a mental health treatment need and receiving treatment for their mental health for Oldham and England 2020-21

	Proportion of adults identified				Proportion of adults identified			
	Local (n)		Male (%)	Female (%)	England (n)		Male (%)	Female (%)
Health-based place	<5	<5%	<5%	0%	266	1%	1%	1%
NICE	6	<5%	<5%	0%	510	1%	1%	1%
Engaged with IAPT	<5	<5%	<5%	0%	583	1%	1%	1%
Already engaged	42	14%	12%	18%	9,320	19%	17%	22%
GP	151	51%	46%	60%	24,360	50%	48%	52%
<b>Total individuals receiving mental health treatment</b>	<b>203</b>	<b>68%</b>	<b>63%</b>	<b>77%</b>	<b>34,780</b>	<b>71%</b>	<b>68%</b>	<b>77%</b>

Note:

Already engaged - Already engaged with the Community Mental Health Team/Other mental health services

Engaged with IAPT (Improving Access to Psychological Therapies)

GP - Receiving mental health treatment from GP

NICE - Receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem

Health-based place - Has an identified space in a health-based place of safety for mental health crises

Recent performance relating to adults who entered drug treatment identified as having a mental health treatment need and receiving treatment for their mental health in Oldham (Q4 2021/22 (up to March 2022):

Already engaged	<b>Increased: from 14.1% to 22.3%</b>
GP	<b>Decreased: from 50.1% to 46.7%</b>
Health-based place	<b>Similar: from &lt;5.0% to &lt;5.0%</b>
NICE	<b>Decreased: from &lt;5.0% to 0.0%</b>
Engaged with IAPT	<b>Decreased: from &lt;5.0% to 0.0%</b>

### **Criminal Justice Pathways**

Criminal Justice Integrated Teams (CJIT) were established in 2003 as part of the Drug Interventions Programme (DIP) as a dedicated resource refer, assess and case manage substance misusing offenders into treatment. When DIP was discontinued as a centrally funded national programme in 2012, some local authorities continued to maintain dedicated teams while others integrated CJIT posts into mainstream community-based treatment services. However, many areas have continued to report activity in relation to this group and this section shows the number of adults who were in contact with both a CJIT and community-based treatment. Also included are the proportion of these adults against the total treatment population and a breakdown by the offence (see Figure 12b) which brought them into the criminal justice referral pathway and how they entered the pathway. A mandatory referral pathway implies referral from probation services for an assessment by the CJIT.

Figure 12a below shows that with the proportion of CJIT adults in contact with the treatment in Oldham is lower than the England average. Overall the proportion of CJIT adults in contact with the [drug] treatment system in Oldham is 8% compared to 11% nationally.

**Figure 12a:** CJIT adults in contact with the treatment system for Oldham and England (2020/21)

Drug group	Local(n)	Proportion	England (n)	Proportion
Alcohol and non-opiates	6	<5%	1,723	6%
Non-opiates	5	<5%	1,296	5%
Opiates	72	11%	19,207	14%
<b>Total*</b>	<b>83</b>	<b>8%</b>	<b>22,226</b>	<b>11%</b>

*Note:*  
\*Please note the total is comprised of all drug groups: Opiate, Non-opiate only, Non-opiate and alcohol

Figure 12b below shows the proportion of Oldham CJIT adults involved in 'Acquisitive' type offences is considerably lower in Oldham (39%) than the England average of 53%. Offences determined as 'Inconsistent' are proportionally 10 times greater in Oldham (21%) than the England rate (2%).

**Figure 12b:** CJIT adults by offence type for Oldham and England (2020/21)

Offence type	Local (%)	England (%)
Acquisitive	39%	53%
Behavioural	8%	8%
Drug related	10%	5%
Inconsistent	21%	2%
Other	22%	31%

*Note:*  
Please note offence type is for all drug groups: Opiate, Non-opiate only, Non-opiate and alcohol

Figure 12c below shows that 'Voluntary' referral pathways in Oldham accounted 78% of all pathways compared to 46% for England. 'Mandatory' referral routes were recorded at 0% for Oldham with England averaging 22% in the same period. There were 18% of CJIT adults in with a 'Referred assessment' which is lower than the England rate of 24%.

**Figure 12c:** CJIT adults by referral pathway for Oldham and England (2020/21)

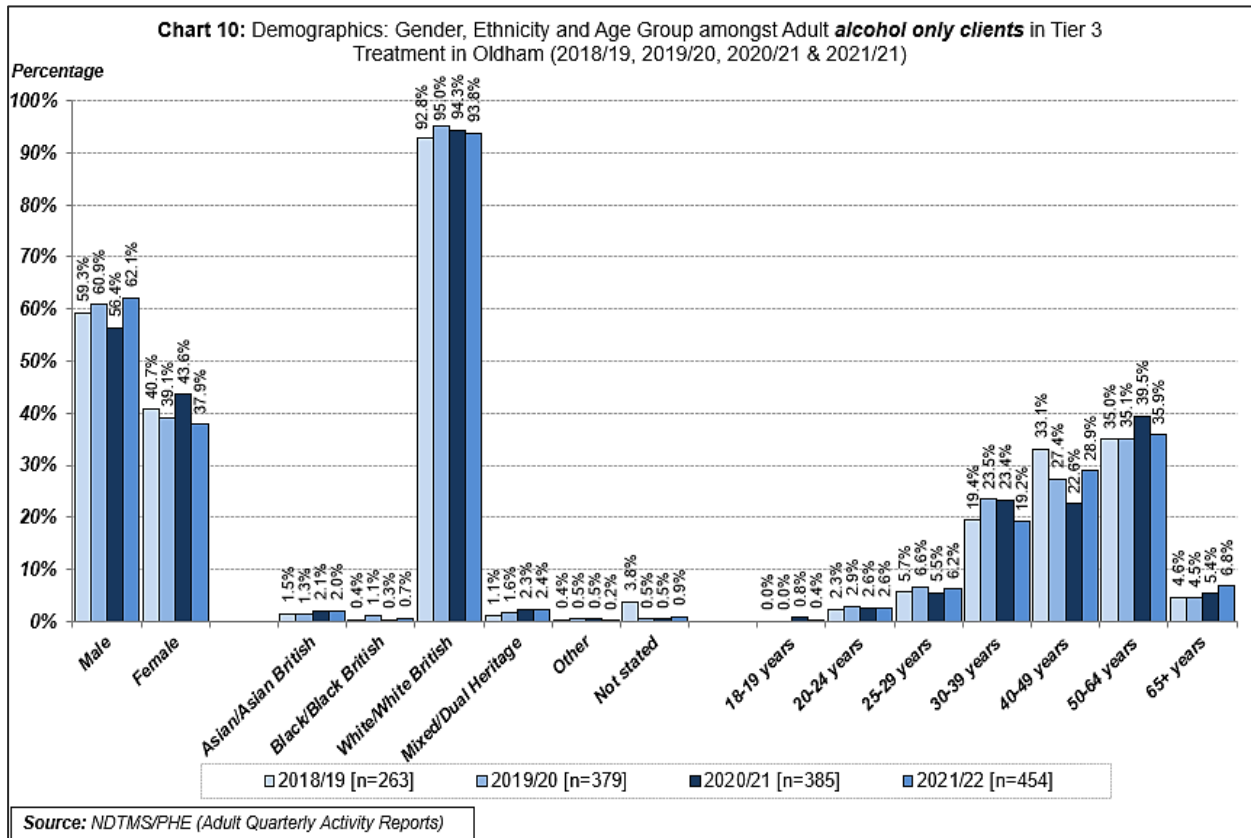
Referral pathway	Local (%)	England (%)
Not recorded/incorrectly recorded	0%	3%
Mandatory	0%	22%
Other	<5%	4%
Referred by treatment provider	0%	1%
Referred assessment	18%	24%
Voluntary	78%	46%

*Note:*  
Please note referral pathway is for all drug groups: Opiate, Non-opiate only, Non-opiate and alcohol

## Summary profile of adults in alcohol (only) treatment in Oldham

This subsection contains data in relation the **demographic** make-up of Oldham’s alcohol only in-treatment population from 2018/19 to 2021/22 (March 2022).

Chart 10 below shows that historically 55%-62% of adult alcohol only users in treatment were male. Typically around 95% are from White/White British ethnicities with approximately 2.4% from Mixed/Dual Heritage backgrounds. The largest age cohorts are amongst the 40-49s and 50-64s.



### Mapping areas of residence of adult alcohol only clients in Tier 3 treatment in Oldham

The two maps below (Figure 13a and 13b) show the electoral wards and MSOAs (Medium Super Output Areas) the areas in Oldham in which adults in Tier 3 treatment for alcohol misuse reside.

Figure 13a illustrates the areas of residence amongst Oldham’s adult alcohol only clients in Tier 3 treatment per 100,000 population. It can be observed that the areas with the highest concentrations of alcohol only clients in treatment are in Royton North and South as well as western Shaw with rates of between 124 and 225 per 100,000 population. Similar rates can be seen in parts of Coldhurst, St. Mary’s, Waterhead and Saddleworth West & Lees. There are also high concentrations in eastern Hollinwood, south Medlock Vale and most of Failsworth East. Areas with lower densities are situated in Saddleworth South, northern parts of St. James’, eastern St. Mary’s, central Alexandra and most of Werneth. The areas of high concentration in Figure 13a broadly correspond to the areas of high multiple deprivation shown in Figure 2 (See page 5).

**Figure 13a:** Oldham adult alcohol only clients in Tier 3 Treatment by MSOA 2018-19 rate per 100,000 population

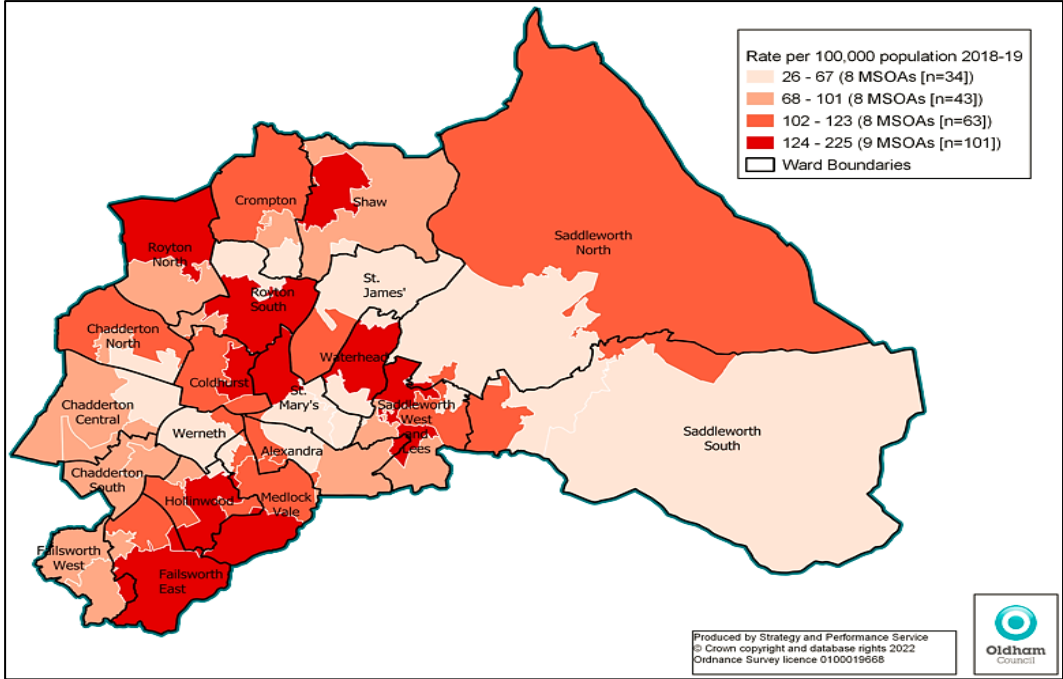
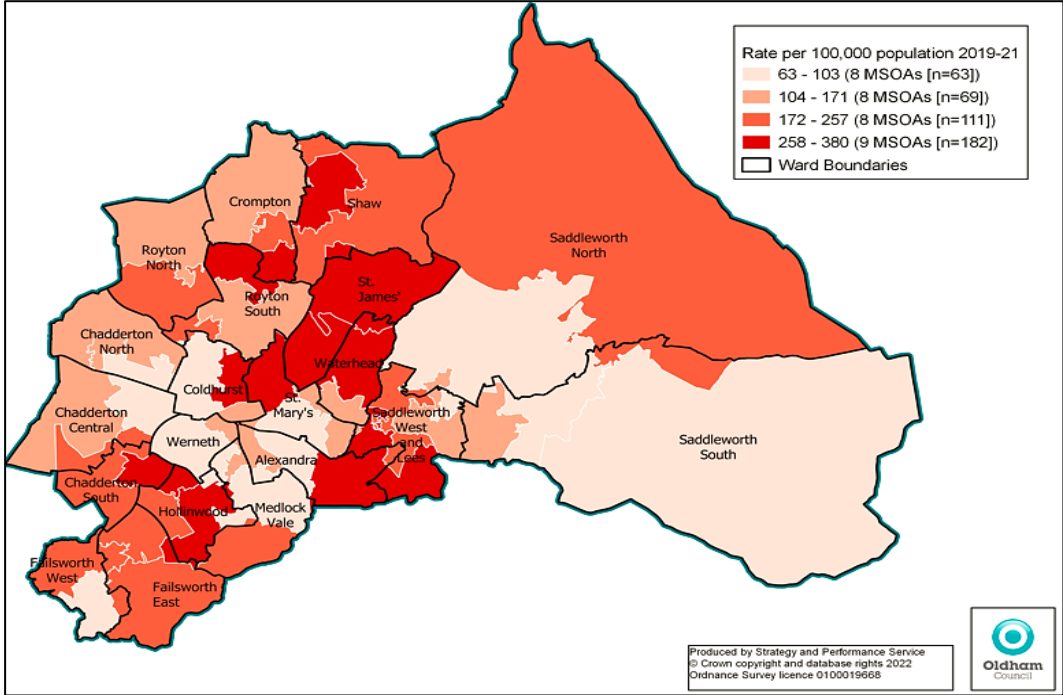


Figure 13b below shows the areas of residence amongst Oldham’s new presentations to Tier 3 treatment amongst adult Alcohol only clients per 100,000 population. Whilst there are some broad similarities in the pattern of distribution to Figure 13a above, particularly with regards to higher densities in areas to the north of Oldham town centre, Shaw and Hollinwood, some differences are apparent.

The MSOAs with higher densities can now be seen in the whole of St. James’, parts of Chadderton South and eastern Alexandra continuing into Saddleworth West & Lees.

**Figure 13b:** Oldham adult new presentations to Tier 3 Treatment for Alcohol only by MSOA 2019-21 rate per 100,000 population



The MSOAs and electoral wards with lower rates (i.e. 63 to 103 per 100,000 population) can be found in Saddleworth South, northern Medlock (Coppice) through to Werneth, western Coldhurst and Chadderton Central.

**Waiting times to access treatment for Alcohol**

Figure 14 below shows that waiting times for alcohol only treatment in Oldham is broadly similar to the national average.

**Figure 14:** Waiting times for first interventions for Oldham and England (2020-21)

Waiting time to first intervention	Local		England	
	Total interventions started	Proportion of all interventions started	Total interventions started	Proportion of all interventions started
Under 3 Weeks	244	>95%	53,365	98%
3 - 6 Weeks	<5	<5%	706	1%
Over 6 Weeks	0	0%	404	1%

Recent performance for waiting times in Oldham (up to Dec 21): **Unchanged**

**Accommodation need status** at the point of entering treatment amongst alcohol only users is shown in Chart 11 below. ‘NFA – urgent housing problem’ has remained similar across the observed census periods between 1.3% and 1.5%.

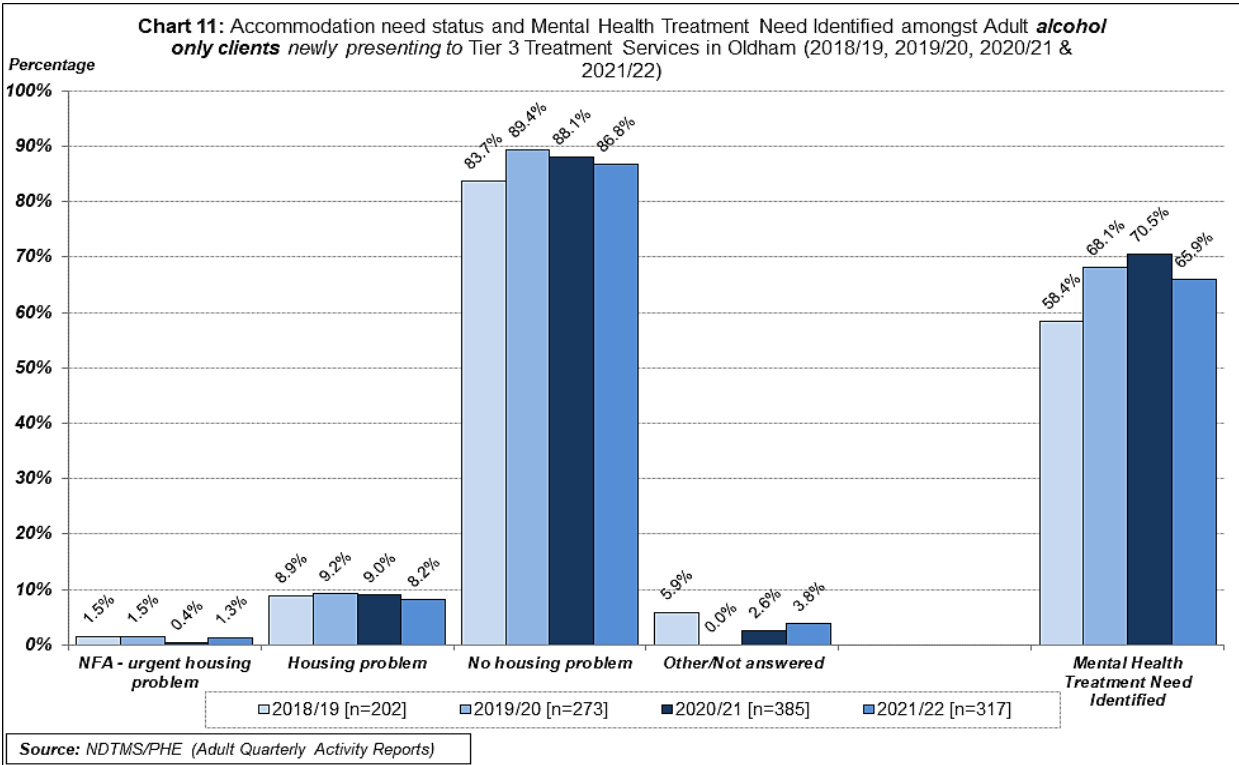


Chart 11 above also shows that since 2018/19 to 2021/22 (March 2022) the proportion of those entering treatment amongst Oldham’s adult alcohol only users with a **‘mental health treatment need identified’** has increased from 58.4% to 65.9%.

Chart 12 below shows the distribution of **referral sources** amongst adult alcohol only users entering treatment in Oldham (2018/19 to 2021/22 (March 2022)). The proportion of referrals from ‘Self, Family & Friends’ has fallen from 62.4% in 2018/19 to 51.7% in the most recent



period. The second largest proportion of referrals comes from ‘other’ agencies – typically around 14%.

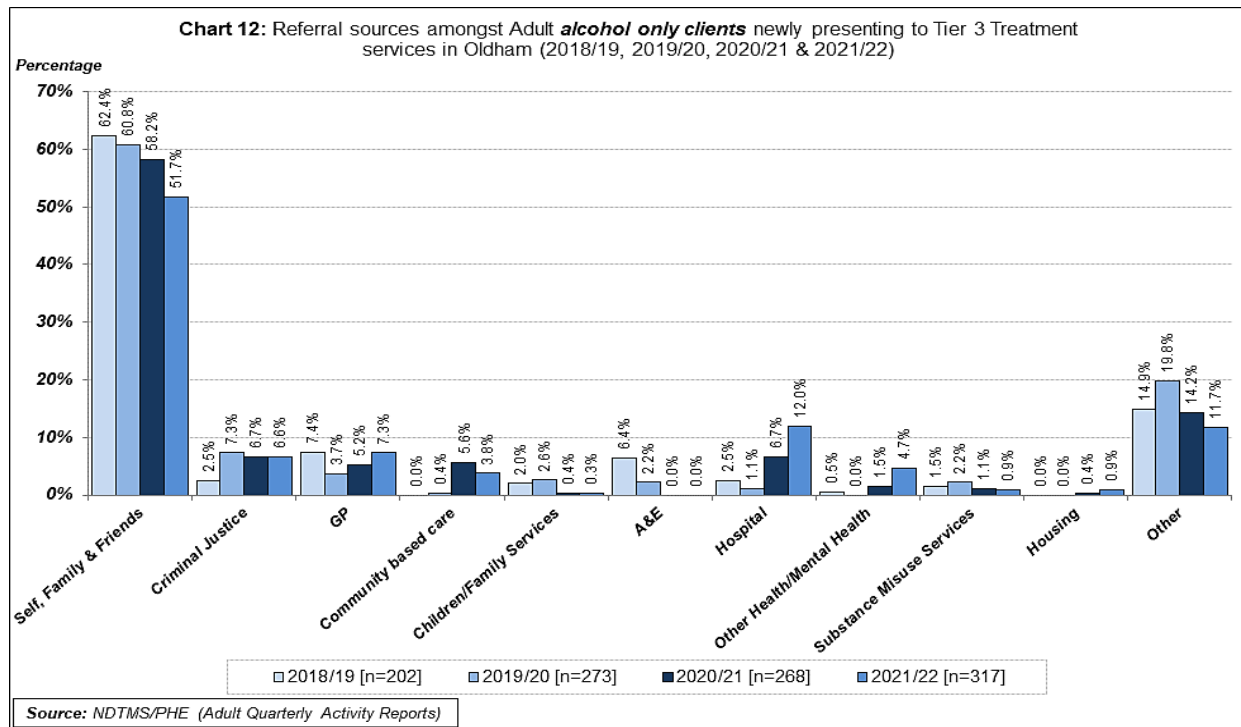


Chart 12 above also shows that referrals from ‘Hospital’ increased almost than five-fold from 2.5% in 2018/19 to 12.0% in Q4 2021/22. Lower level increases can be observed for referrals from ‘Other Health/Mental Health’ services from 0.5% to 4.7% over the same period.

Chart 13 below shows **units of alcohol consumed (monthly)** amongst Oldham’s adult alcohol only using in-treatment population. While those recording ‘0 units’ has decreased from 7.4% in 2019/20 to 1.3% in the most recent census period, those reporting ‘1-199 units’ are down by one-third. The largest increases can be observed above 400 units per month with recording of ‘1000+ units’ almost doubling from 10.6% in 2018/19 to 19.2% in Q4 2021/22 (March 2022).

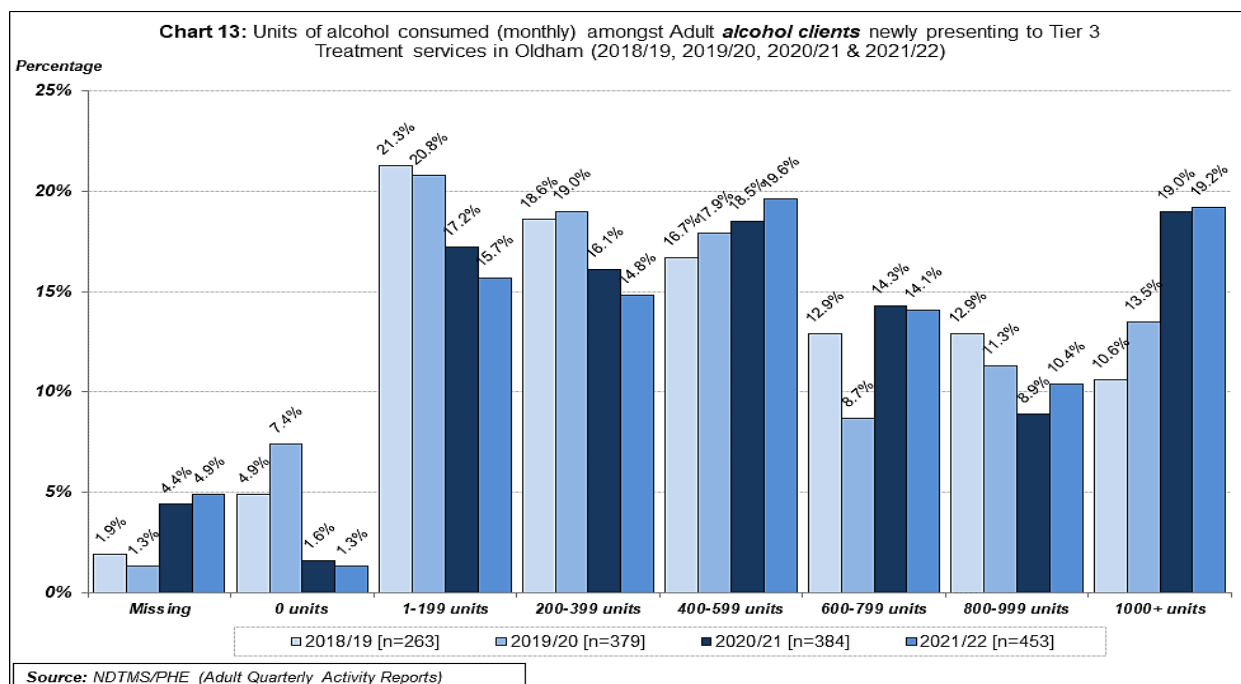


Chart 14 below shows treatment exits amongst adult alcohol only clients leaving Tier 3 treatment services in Oldham. The most recent rate for 'Planned exits' is 1½ times that for 2018/19 – 59.0% compared to 40.6%. During the same period 'Unplanned exits' have fallen by one-quarter from 48.4% to 36.3%.

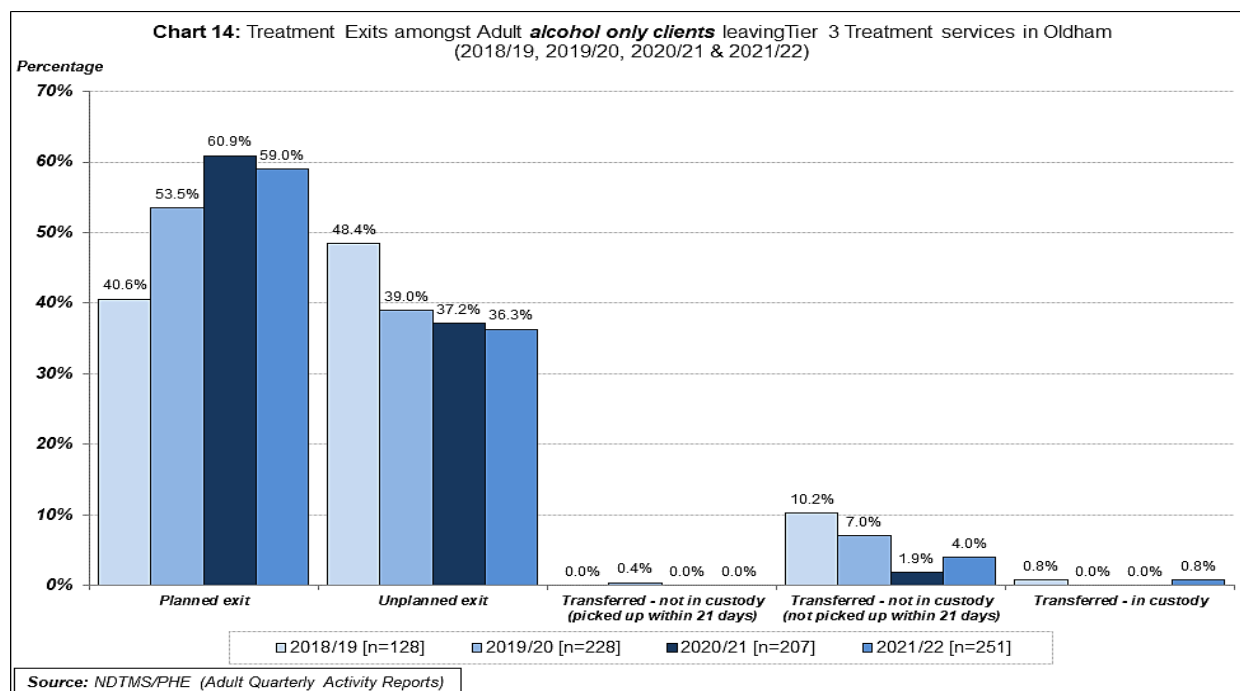


Chart 14 above also shows that 'Transferred – not in custody (not picked up within 21 days)' has decreased from 10.2% in 2018/19 to 4.0% in 2021/22. The rates for each of the five exit categories are broadly in line with England averages.

### Tier 4 Alcohol Treatment

Table 8 below shows the number of adults from Oldham in Tier 4 alcohol treatment by provider in 2021/22. In total there were 48 adult Oldham residents in Tier 4 alcohol treatment at the end of this period. Almost two-thirds [n=31] of adult alcohol only clients in Tier 4 treatment were in either Chapman-Barker – RADAR Ward [n=13], Turning Point Leigh Bank [n=10] or Turning Point Smithfield Detox [n=8].

**Table 8: Oldham Adults in Tier 4 Treatment for Alcohol dependency (2021/22)**

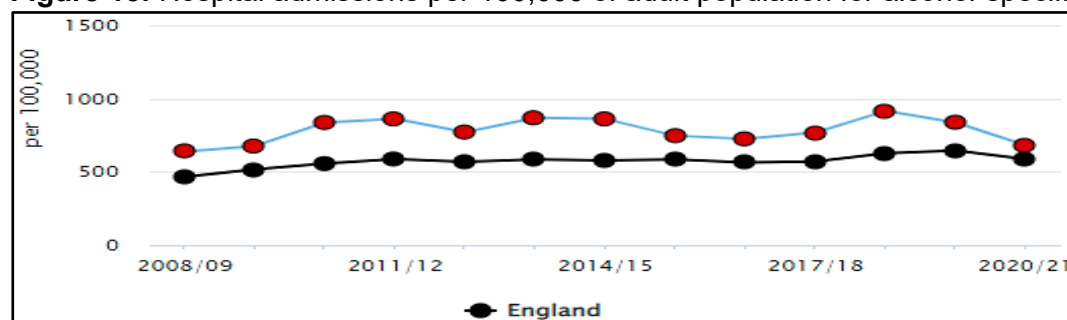
Treatment provider	Number in Treatment
ACORN	1
CAIS AT SALUS	1
GMMH Chapman Barker - RADAR Ward	13
GMMH Chapman Barker Unit	5
Holgate House	6
Phoenix Futures Sheffield Adult Services	1
Salus Withnell Hall	2
Turning Point Leigh Bank	10
Turning Point Smithfield Detox	8
Turning Point Stanfield House	1
<b>Total</b>	<b>48</b>

Source: PHE/NDTMS

### Hospital admissions for alcohol-related and specified conditions in Oldham

Figure 15 below shows the rate of hospital admission per 100,000 of adult population for alcohol-specified conditions for Oldham, North West and England. Oldham historically has been higher than England, however, while this remains the case, the gap has narrowed – its rate (681) is currently 16% higher than the England average (587). Oldham’s rate overall has been – and continues to be – lower than the regional average.

**Figure 15:** Hospital admissions per 100,000 of adult population for alcohol-specific conditions



Period	Oldham					North West	England
	Count	Value	95% Lower CI	95% Upper CI			
2015/16	1,554	745	709	784	891	583	
2016/17	1,527	724	688	761	842	563	
2017/18	1,625	767	730	805	818	570	
2018/19	1,950	913	873	955	883	626	
2019/20	1,790	835	797	875	891	644	
2020/21	1,475	681	646	716	795	587	

Table 9 below shows Oldham’s rates per 100,000 population for admission episodes by alcohol-related conditions compared to GMCA, North West and England.

		Oldham	GM	NW	England
Admission episodes for alcohol related cardiovascular conditions	Male	1,244	1,231	1,184	1,123
	Female	208	205	199	180
Admission episodes for alcohol liver disease condition	Male	238.8	216.3	217.0	176.0
	Female	105.4	113.6	113.7	83.4
Admission episodes for mental and behavioural disorders due to use of alcohol	Male	89.6	119.2	136.3	99.1
	Female	30.9	48.9	62.5	41.1
Admissions for unintentional injuries	Male	91.8	92.3	93.2	78.1
	Female	13.6	13.8	13.6	10.9
Admissions for intentional self-poisoning by and exposure to alcohol	Male	37.7	46.3	48.2	35.4
	Female	49.7	55.0	64.4	51.8

Key points:

- For cardiovascular conditions both males and females in Oldham have similar rates to GMCA but are higher than the North West and England
- For alcohol liver disease rates amongst males in Oldham are higher than GMCA, North West and England while amongst females in Oldham rates are only greater than the national average.

- Episodes for mental and behavioural disorders amongst males and females in Oldham are lower than GMCA, North West and England averages.
- For unintentional injuries both males and females in Oldham have rates that are broadly similar to GMCA and North West averages but are higher than the England average
- Episodes for intentional self-poisoning and exposure to alcohol amongst males and females in Oldham are lower than GMCA and North West averages but similar to the England average.

### **Alcohol related mortality**

Alcohol-related deaths made up around 4% of all deaths in 2019 (ONS, 2021). Of these, about a quarter are alcohol-specific deaths (e.g. from alcohol poisoning, alcoholic liver disease, alcoholic pancreatitis). The remaining alcohol-related deaths are from conditions partially related to alcohol, roughly two-thirds of which are from chronic conditions (e.g. cardiovascular diseases and cancers, with the remainder caused by acute consequences such as road traffic accidents or intentional self-harm). The rate of chronic liver disease mortality in the most deprived quintile (17.6 per 100,000 of the population) is double the rate in the least deprived (9.1) (Source: LAPE, PHE).

Table 10 below shows alcohol-related mortality in Oldham, GMCA, North West and England (2020). Whilst Oldham’s rate for alcohol-specific mortality (15.9 per 100,000 (DSR) population) is similar to GMCA and North West averages it is almost 1½ higher than the England rate (10.9). A similar pattern can be observed for alcohol-related mortality and mortality due to liver disease.

	Oldham	GM	NW	England
Alcohol Specific Mortality (rate per 100,000)	15.9	15.8	14.6	10.9
Mortality due to chronic Liver disease (rate per 100,000)	19.3	18.1	16.8	12.2
Alcohol Related Mortality (rate per 100,000)	51.0	47.1	45.7	37.8

### **Patterns of alcohol consumption**

The proportion of adults abstaining from drinking alcohol in Oldham is one-third greater than the national average (see Figure 16 below). This difference will undoubtedly be associated with the composition of Oldham’s population amongst whom reside a large minority of people from South Asian backgrounds within which exists a significant proportion who observe Islamic codes and cultural practice in relation to abstaining from alcohol consumption.

**Figure 16: Patterns of alcohol consumption for Oldham and England (2019-20)**

Indicator	Local (%)	LCL	UCL	England (%)	LCL	UCL
Proportion of adults who abstain from drinking alcohol	21.6	16.2	28.2	16.2	15.8	16.6
Proportion of adults drinking over 14 units of alcohol a week	28.7	22.4	36.0	22.8	22.4	23.3

Figure 16 also shows that the proportion of adults drinking over 14 units of alcohol per week in Oldham is approximately 25% higher than the England average.

### **Prevalence estimates and rates of unmet need for alcohol treatment**

Figure 17 below contains the estimated numbers of people with alcohol dependence in your local authority area and rate of unmet need. The prevalence estimate gives an indication of the number of adults in your local area that are in need of specialist alcohol treatment and the rate of unmet need gives the proportion of those not currently in treatment. This data can be used to inform commissioning and any subsequent plans to address unmet treatment need.

Specific rates for addressing unmet need will be determined locally. Effective structured treatment for alcohol dependent adults will be an essential element of a local integrated alcohol harm reduction strategy. Ambition for addressing unmet need for treatment will be based on local need in the context of that strategy

**Figure 17:** Prevalence estimates and rates of unmet need for alcohol treatment in Oldham and England

Area	Local estimate	Local rate per 1,000 of population	No. in treatment*	Unmet need (%)	LCL	UCL
Local	3,052	17.3	592	81%	74%	86%
England	602,391	13.7	107,428	82%	78%	86%

*Note:*  
 Current rates are based on the population of alcohol dependent adults potentially in need of specialist treatment, while previous models used the (much larger) population of harmful drinkers.  
 Prevalence estimates 2018-19, rate per 1,000 of the population.  
 'Adults' refers to people 18 and over.  
 \*Alcohol only and alcohol/non-opiate treatment numbers for 2020-21 has been used to calculate unmet need. All subsequent treatment data focuses solely on adults in alcohol only treatment, unless otherwise stated

Oldham’s prevalence rate of 17.3 per 1,000 of population is higher than the England rate of 13.7 whilst unmet need for alcohol treatment in Oldham (81%) is similar to England (82%).

### **Adults in alcohol only treatment who are parents/carers and their children**

Figure 18a below contains the number of alcohol adults who entered treatment in 2020-21 who live with children and the stated number of children who live with them. Alcohol adults who are parents but do not live with children and users for whom there is incomplete data are also included. In addition, the number of parents/carers engaging with Early Help or children’s social care (EHCS) (see Figure 18c). The data can help you identify the need to engage local antenatal and family support services to ensure appropriate support for families at risk.

In Figure 18a it can be observed that the proportion of new presentations to alcohol only treatment in Oldham where ‘parents [are] living with children’ is the same as the England rate – 22%. The proportion of parents not living with their children is lower in Oldham (14%) than the national average (18%).

Figure 18a also shows that Oldham has a significantly higher rate of ‘missing/incomplete’ data in relation to recording parental status amongst alcohol only service users – 16% which is eight times the England average of 2%.

**Figure 18a:** Numbers and proportion of new presentations to alcohol (only) treatment by parental status for Oldham and England 2020-21

Parental Status	Local (n)	Proportion of new presentations			England (n)	Proportion of new presentations		
		Male (%)	Female (%)	Male (%)		Female (%)		
Parents Living With Children	60	22%	15%	32%	11,626	22%	17%	29%
Parents Not With Children	37	14%	14%	13%	9,389	18%	20%	15%
Other Contact Living With Children	<5	<5%	<5%	<5%	1,222	2%	3%	2%
Not Parent No Contact With Children	125	46%	52%	39%	28,974	55%	58%	51%
Missing / Incomplete	44	16%	18%	14%	1,009	2%	2%	2%

Missing data (i.e. Client declining to answer questions) 2021/22 [N=317]

Down from 16.3% (n=44) to 7.3% (n=23)

Figure 18b below shows that the proportion of male children living with alcohol only adults in treatment in Oldham is 36% which is lower than the England rate of 47% but the proportion of female children in Oldham (64%) is higher than that for England (53%).

**Figure 18b:** Children living with adults entering alcohol only treatment for Oldham and England 2020-21

Living with children	Local	Proportion of children by adult sex		England	Proportion of children by adult sex	
		Male (%)	Female (%)		Male (%)	Female (%)
Type	Total adults	Male (%)	Female (%)	Total adults	Male (%)	Female (%)
Number of children living with alcohol adults	110	36%	64%	22,681	47%	53%

Figure 18c below contains data in relation to the children of alcohol only service users whose children received Early Help or in contact with Early Help and Children's Social Care. In Oldham 16% were in receipt of 'Early Help' which is more than 2½ times the England average of 6%. The rate amongst female children (22%) in Oldham was more than double the rate for males (10%) – a differentiation that mirrors the national picture in this regard (8% and 4% respectively).

**Figure 18c:** Adults in alcohol (only) treatment with children in receipt of early help or in contact with early help and children's social care for Oldham and England 2020-21

EHSC Type	Local (n)	Proportion of adults with child contact			England (n)	Proportion of adults with child contact		
		Male (%)	Female (%)	Male (%)		Female (%)		
Early Help	16	16%	10%	22%	1,238	6%	4%	8%
Child In Need	9	9%	<5%	14%	1,243	6%	4%	8%
Child Protection Plan In Place	14	14%	15%	14%	1,843	9%	6%	12%
Looked After Child	<5	<5%	<5%	<5%	581	3%	2%	4%
No Early Help	55	56%	65%	47%	14,997	70%	77%	62%
Missing	<5	<5%	<5%	<5%	1,459	7%	8%	6%

Figure 18c also shows that children of adults in alcohol only treatment in Oldham are 1½ more likely than the England average to be a ‘Child in Need’ – 9% compared to 6%. They are also more than 1½ times more likely to be subject to a Child Protection Plan (14% compared to 9%), with the proportion amongst male children in Oldham (15%) being 2½ times greater than the national average (6%).

### **Alcohol dependent adults and drug use**

Whilst the NDTMS data in focuses specifically on those adults who are in treatment for alcohol only, it is important to take into account the wider cohort of alcohol users who also have drug problems. The needs of these adults are particularly complex and extra consideration needs to be given to what additional support they may require.

Figure 19 below shows the number and proportion of adults in Oldham’s treatment system who have a problem with alcohol only. This is followed by the number and proportion of adults who have a problem with both alcohol and drugs and then the most commonly cited drugs by these adults, crack, cocaine and cannabis

**Figure 19:** Proportion of alcohol adults in treatment system for Oldham and England 2020/21

Alcohol and drug users in treatment	Local		England	
	Total adults	Proportion of all adults receiving alcohol treatment	Total adults	Proportion of all adults receiving alcohol treatment
All alcohol adults	695	100%	131,391	100%
Alcohol only adults	385	55%	76,740	58%
Alcohol and opiate adults	30	<5%	6,590	5%
Alcohol and non-opiate adults	207	30%	30,688	23%
Alcohol, opiates and non-opiate adults	73	11%	17,373	13%
Cited crack*	81	12%	15,565	12%
Cited cocaine*	113	16%	17,207	13%
Cited cannabis*	123	18%	18,805	14%

Note:  
\*Please note adults may cite more than one additional substance and are counted once under each relevant category

### **Interventions**

The types of intervention delivered to service users will have an impact on their achievement of recovery outcomes. Figures 20a and 20b below show what interventions are delivered locally and nationally in what setting.

In Oldham (see Figure 20a) 52 alcohol only service users had pharmacological intervention of which 52% were in a community setting and 50% in an inpatient unit this compares to 80% and 21% respectively for England averages (see Figure 20b). Of the 349 Oldham alcohol only service users who had psycho-social interventions 99% were in a community setting, 7% in an inpatient unit and <5% in ‘residential’ compared to 98%, 3% and 1% respectively for national averages.

Of the 345 Oldham alcohol only service users who received ‘recovery support’ 99% were in a community setting, 7% in an inpatient unit and <5% in ‘residential’ again compared to 98%, 3% and 1% respectively for England.

**Figure 20a:** Number and proportion of adults in treatment in high level interventions and settings across the treatment journey for **Oldham 2020-21**

Setting Type	Pharmacological		Psychosocial		Recovery Support		Total Adults**	
	Total adults	Proportion	Total adults	Proportion	Total adults	Proportion	Total adults	Proportion
Community	27	52%	345	98%	342	99%	345	99%
Inpatient Unit	26	50%	28	7%	24	7%	26	7%
Primary Care	0	0%	0	0%	0	0%	0	0%
Residential	0	0%	8	<5%	7	<5%	8	<5%
Recovery House	0	0%	0	0%	<5	<5%	<5	<5%
Young Persons Setting	0	0%	0	0%	0	0%	0	0%
Missing / Incomplete	0	0%	0	0%	0	0%	0	0%
<b>Total*</b>	<b>52</b>	<b>100%</b>	<b>349</b>	<b>100%</b>	<b>345</b>	<b>100%</b>	<b>349</b>	<b>100%</b>

*Note:*  
 \*This is the total number of individuals receiving each intervention type and not a summation of the setting the intervention was delivered in.  
 \*\*This is the total number of individuals receiving any intervention type in each setting and not a summation of the pharmacological, psychosocial and recovery support columns

**Figure 20b:** Number and proportion of adults in treatment in high level interventions and settings across the treatment journey for **England 2020-21**

Type	Total adults	Proportion	Total adults	Proportion	Total adults	Proportion	Total adults	Proportion
Community	9,978	80%	74,231	98%	59,516	98%	74,669	99%
Inpatient Unit	2,631	21%	2,607	3%	2,108	3%	2,690	4%
Primary Care	221	2%	439	1%	251	0%	660	1%
Residential	514	4%	1,107	1%	776	1%	1,311	2%
Recovery House	5	0%	22	0%	55	0%	64	0%
Young Persons Setting	0	0%	5	0%	0	0%	5	0%
Missing / Incomplete	0	0%	0	0%	0	0%	0	0%
<b>Total*</b>	<b>12,547</b>	<b>100%</b>	<b>75,458</b>	<b>100%</b>	<b>60,564</b>	<b>100%</b>	<b>75,778</b>	<b>100%</b>

*Note:*  
 \*This is the total number of individuals receiving each intervention type and not a summation of the setting the intervention was delivered in.  
 \*\*This is the total number of individuals receiving any intervention type in each setting and not a summation of the pharmacological, psychosocial and recovery support columns

Figure 20c below focuses on those who received a pharmacological intervention and whether it was for withdrawal or relapse prevention. This has been separated in this way so as to distinguish between prescription for initial medically assisted withdrawal (detox) and that to reduce craving and maintain sustained abstinence.

**Figure 20c:** Adults (alcohol only) with a pharmacological intervention by intention for Oldham and England 2020-21

Pharmacological intervention type	Local		England	
	Total adults	Proportion	Total adults	Proportion
Withdrawal	23	44%	3,156	25%
Relapse prevention	28	54%	5,455	43%

Amongst Oldham's alcohol only service users who had a pharmacological intervention 44% were for 'withdrawal' compared 25% for the England average. Approximately 54% of Oldham



alcohol only adults had a pharmacological intervention in relation to ‘relapse prevention’ compared to 43% nationally.

With regards to adult alcohol only service users who had a residential rehabilitation intervention the proportion in Oldham mirrors the national average of 2%.

**Co-occurring mental health and alcohol conditions**

Figure 21a below shows the number of alcohol adults who started treatment in 2020-21 who were identified as having a mental health treatment need and, of these the number who were receiving treatment from health services. Comparing prevalence with treatment received can help to assess whether need is being appropriately met.

In Oldham a total of 191 adult alcohol only users who entered treatment were identified as having a mental health treatment need which equates to 71% of all new ‘alcohol only’ presentations. This compares to 64% nationally. Amongst Oldham females in this sub-population 81% were identified as having a mental health need compared to 64% for males. The differentiation between males and females in Oldham in this context was greater than that nationally (71% compared to 59% respectively).

**Figure 21a:** Adults who entered alcohol only treatment in 2020-21 and were identified as having a mental health treatment need for Oldham and England

Local				England			
Total adults	Proportion of new presentations	Male (%)	Female (%)	Total adults	Proportion of new presentations	Male (%)	Female (%)
191	71%	64%	81%	33,618	64%	59%	71%

Recent performance for those identified as having a mental health treatment need in Oldham (up to March 2022): **Decreased: Currently 65.9%**

Figure 21b below shows in what setting adult alcohol only service users identified as having a mental health treatment are receiving treatment for their mental health. In Oldham 68% received such treatment via their GP compared to 62% nationally – this is the only notable difference as most proportionalities for other settings are broadly similar to the England averages.

**Figure 21b:** Adults who entered alcohol only treatment identified as having a mental health treatment need and receiving treatment for their mental health for Oldham and England 2020-21

Treatment type	Local (n)	Proportion of new presentation	Male (%)	Female (%)	England (n)	Proportion of new presentation	Male (%)	Female (%)
Already engaged*	25	13%	12%	14%	5,516	16%	15%	18%
GP*	129	68%	70%	65%	20,681	62%	59%	64%
Health-based place*	<5	<5%	<5%	<5%	142	0%	1%	0%
NICE*	<5	<5%	<5%	<5%	338	1%	1%	1%
Engaged with IAPT	<5	<5%	<5%	<5%	535	2%	1%	2%
<b>Total</b>	<b>165</b>	<b>86%</b>	<b>88%</b>	<b>85%</b>	<b>27,027</b>	<b>80%</b>	<b>77%</b>	<b>84%</b>

Note:  
 The total number is the number of individuals receiving mental health treatment and not a summation of treatment type.  
 \*Already engaged - Already engaged with the Community Mental Health Team/Other mental health services.  
 GP - Receiving mental health treatment from GP.  
 NICE - Receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem.  
 Health-based place - Has an identified space in a health-based place of safety for mental health crises.

Recent performance relating to adults who entered alcohol only treatment identified as having a mental health treatment need and receiving treatment for their mental health in Oldham (Q4 2021/22 (up to March 2022):

Already engaged	Increased: from 13.1% to 23.4%
GP	Decreased: from 67.5% to 52.6%
Health-based place	Decreased: from <5.0% to <5.0%
NICE	Decreased: from <5.0% to <5.0%
Engaged with IAPT	Decreased: from <5.0% to 0.0%

### **Deaths in treatment amongst alcohol only clients**

Figure 22 shows data on deaths in treatment. In 2020-21 there was an 44% increase at a national level in the number of adults recorded as having died while in treatment for alcohol alone, with wide local variation. It is likely that changes to alcohol and drug treatment, reduced access to broader healthcare services, changes to lifestyle and social circumstances during lockdowns, as well as COVID-19 itself, will have contributed to this increase. Commissioners and providers are encouraged to consider any actions they can take towards reducing deaths in treatment.

This shows the number of adults in treatment for alcohol who were recorded as having died while in treatment within the year.

**Figure 22:** Deaths in alcohol treatment for Oldham and England 2020-21

Area	Total number	Proportion of treatment population	Male (%)	Female (%)
Local	6	1.56%	1.38%	1.79%
England	1,064	1.39%	1.54%	1.18%

The proportion of adult in alcohol only treatment in Oldham who died while in treatment was 1.56% which is higher than the England rate of 1.39%. Deaths amongst Oldham females in this context were more than 1½ times greater than the corresponding average for England (1.79% compared to 1.18% respectively). Deaths amongst males in Oldham (1.38%) were lower than the national average (1.54%).

## Young People in Treatment for Substance Misuse in Oldham

In this section an overview of Young People accessing treatment for substance misuse in Oldham is provided. Whilst it is understood that Young Peoples' Substance Misuse Treatment provision is not directly associated with the commission of adult treatment services. The profile that follows is intended to offer some insight into the composition and nature of this young cohort as it potentially transitions into adult services.

Chart 15 below shows the **demographic make-up** of young people in substance misuse treatment for 2018/19 to 2021/22 (March 2022). In terms of gender it can be seen that since 2018/19 the proportion of males in treatment has decreased from 75.0% in 2018/19 to 55.7% in the most recent period with females currently representing approaching half of the young in-treatment population compared to a quarter in 2018/19.

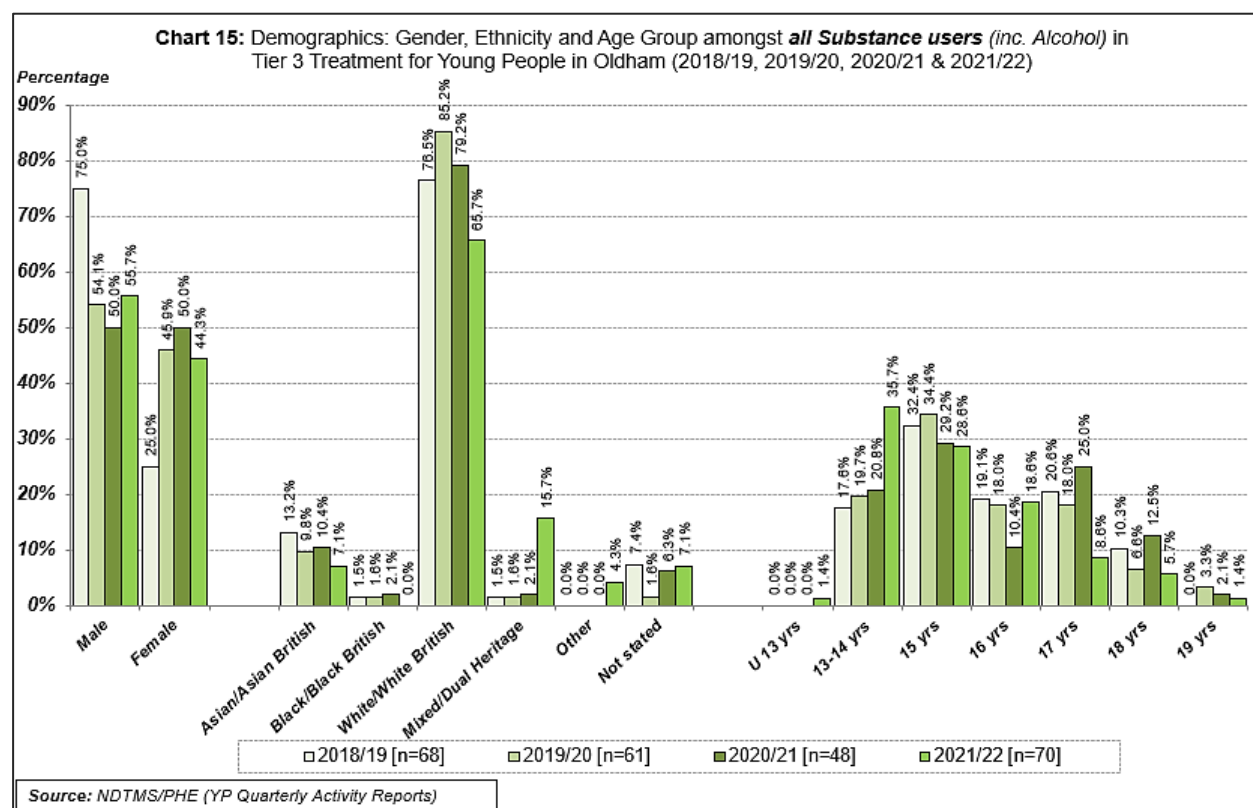


Chart 15 above also shows that since 2019/20 White/White British ethnicities have decreased from 85.2% to 65.7% (in 2021/22) amongst young people in treatment in Oldham. During the same period the proportion of those from Asian/Asian British background have almost halved from 13.2% in 2018/19 to 7.1%. In the most recent period the proportion of young people from Mixed/Dual Heritage background has increased markedly from typically around 2% to 15.7%.

Some changes can be observed for age distribution amongst young people in treatment for substance misuse in Oldham. The proportion of 13-14 year olds has doubled from 17.6% in 2018/19 to 35.7% in the most recent period. The proportion of 15 year olds has been typically around 30% to 35%, while the proportion of 16 year olds has remained constant around 18% to 19% with exception of 2020/21 (10.4%). Proportionality amongst 17 year olds has decreased by two-thirds since 2020/21 from 25.0% to 8.6%. Eighteen and nineteen year olds currently account for around 7% of the in-treatment population.

Chart 16 below shows **referral sources** amongst young people newly presenting to Tier 3 substance misuse treatment services in Oldham. The most recent census period does not

truly represent usual pathways into treatment for young people in Oldham due to a change in provider. The previous three years provides a more reliable picture of the nature of referrals amongst this young cohort. In 2020/21 the greatest number of referrals were from children and family services (41.4%) compared to 31.0% from 'Self, Family & Friends' which was double the proportion of the previous two years.

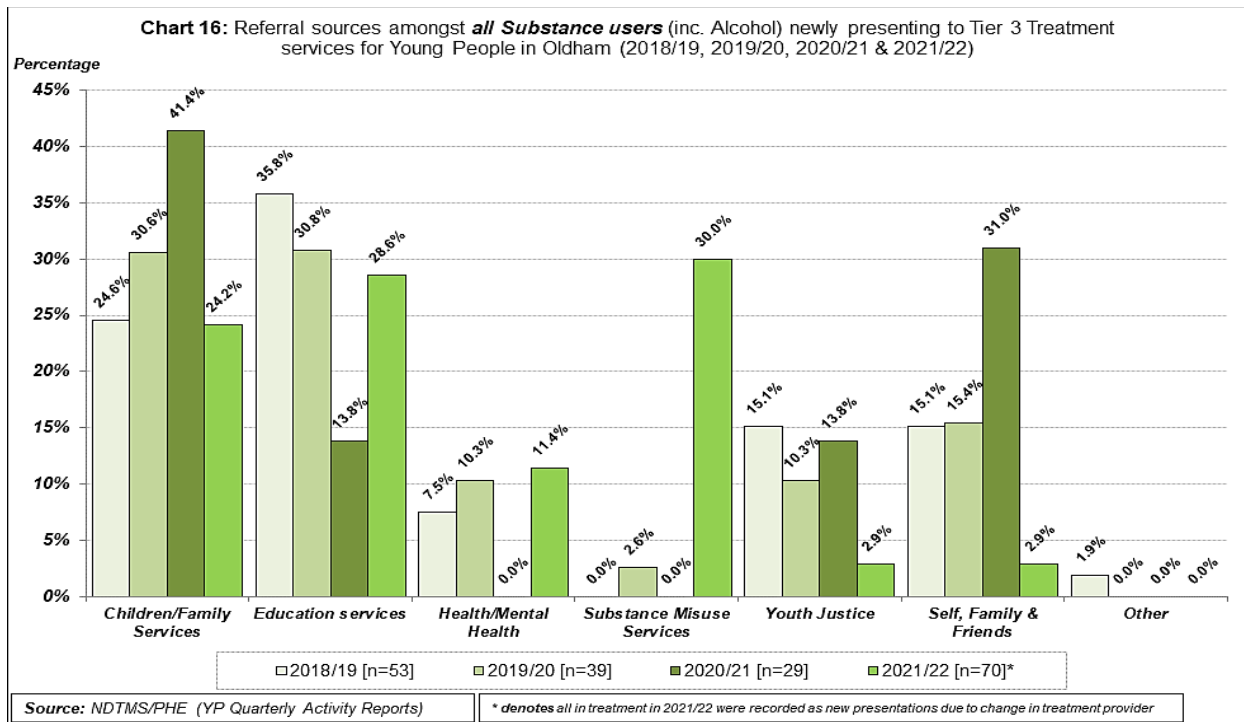


Chart 16 above also shows that referral from 'Education services' more than halved from 2019/20 to 2020/21. Youth Justice referrals during the same period fell from 13.8% to 2.9%.

Chart 17 below shows **substance citations** amongst young people engaged in substance misuse treatment in Oldham. The proportions of those citing cannabis and alcohol remained broadly similar over the periods shown.

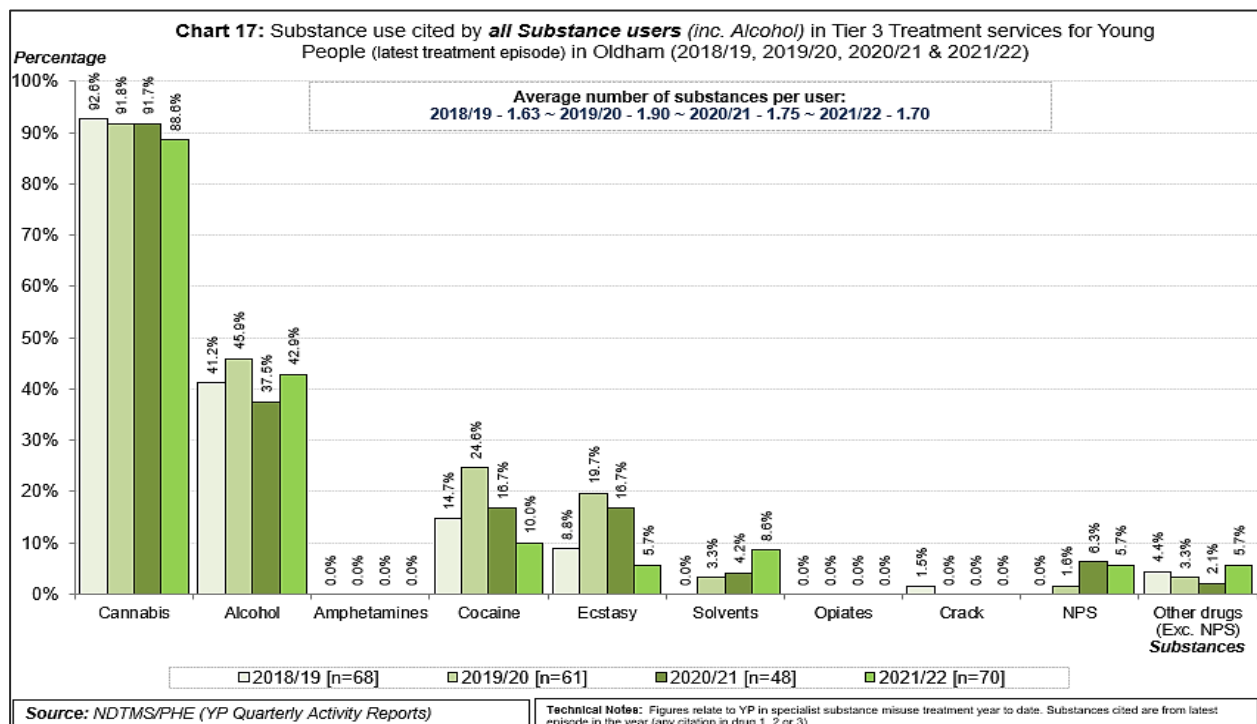


Chart 17 above also shows that the proportion of young people reporting use of Ecstasy has fallen from almost one in five (19.7%) in 2019/20 to 5.7% in the most recent period. A similar spike in reporting can be observed in Cocaine citations with one in four (24.6%) in 2019/20 falling to 10.0% in 2021/22 (March 2022). At a lower level, citations for 'NPS' and 'Other drugs (excluding NPS)' have increased three-fold and four-fold respectively over the most recent census periods. A more worrying development has been the upward trend of young people citing solvents from zero in 2018/19 to one in twelve (8.6%) in 2021/22.

Chart 18 below shows **treatment exit status** amongst young people from Oldham discharged from treatment for substance misuse 2018/19 to 2021/22.

With the exception of 2020/21, when almost half of exits were recorded as 'transferred – not in custody' due to change to a new treatment provider, planned exits ranged between 71% and 94%.

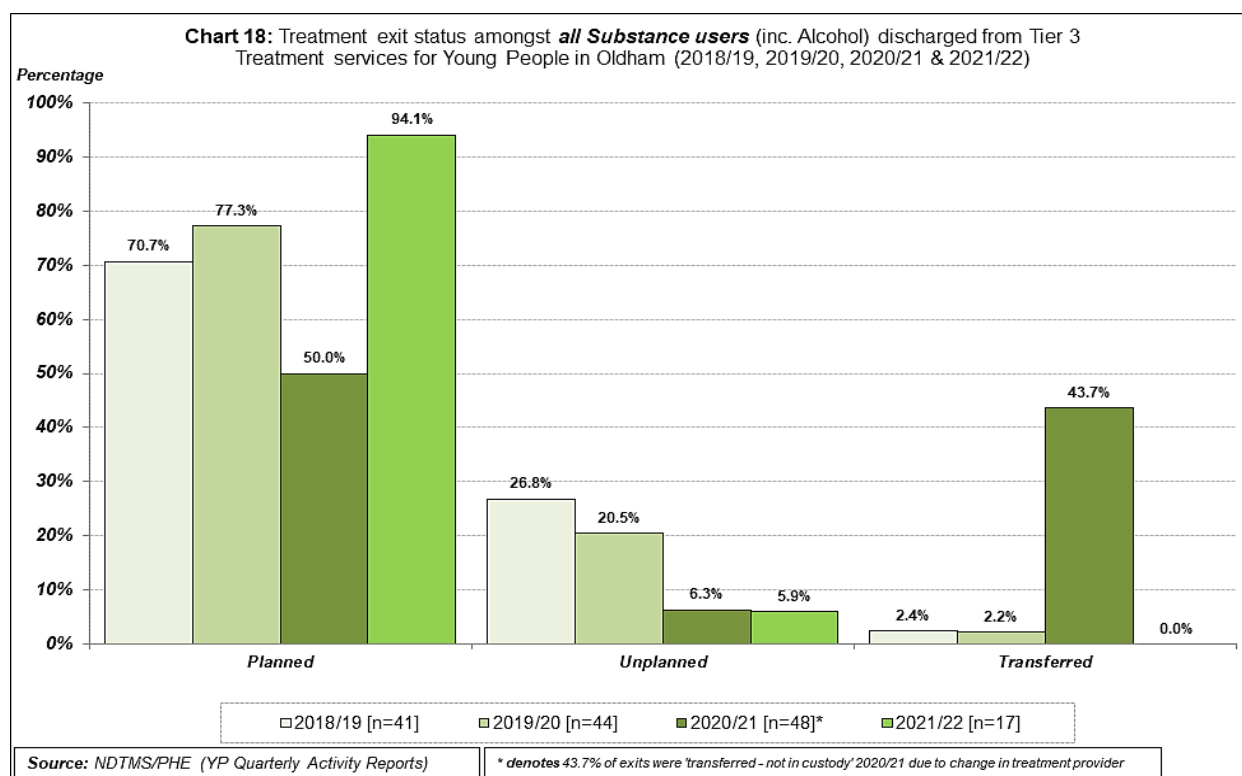


Chart 18 above also shows that during the same period unplanned exits decreased from 27% to around 6%.

It is important to note that in the last four census periods not a single young person exiting treatment has been recorded as 'transferred – transition to adult [treatment] services'.

### **Vulnerabilities amongst cited by young people in treatment for substance misuse**

Charts 19a & 19b focus on the respective **substance misuse specific vulnerabilities** and wider vulnerabilities identified amongst young people presenting to substance misuse treatment in Oldham.

Chart 19a below shows substance misuse specific vulnerabilities amongst this cohort with 'Early Onset' being typically around 82% to 89% which tends to be 8-10 percentage points higher than the England average. The proportion of high risk alcohol users is historically half the national rate. For polydrug use, with the exception of 2019/20 when Oldham's rate was 72% compared to 58% for England, the Oldham rate has been the similar to the national rate.

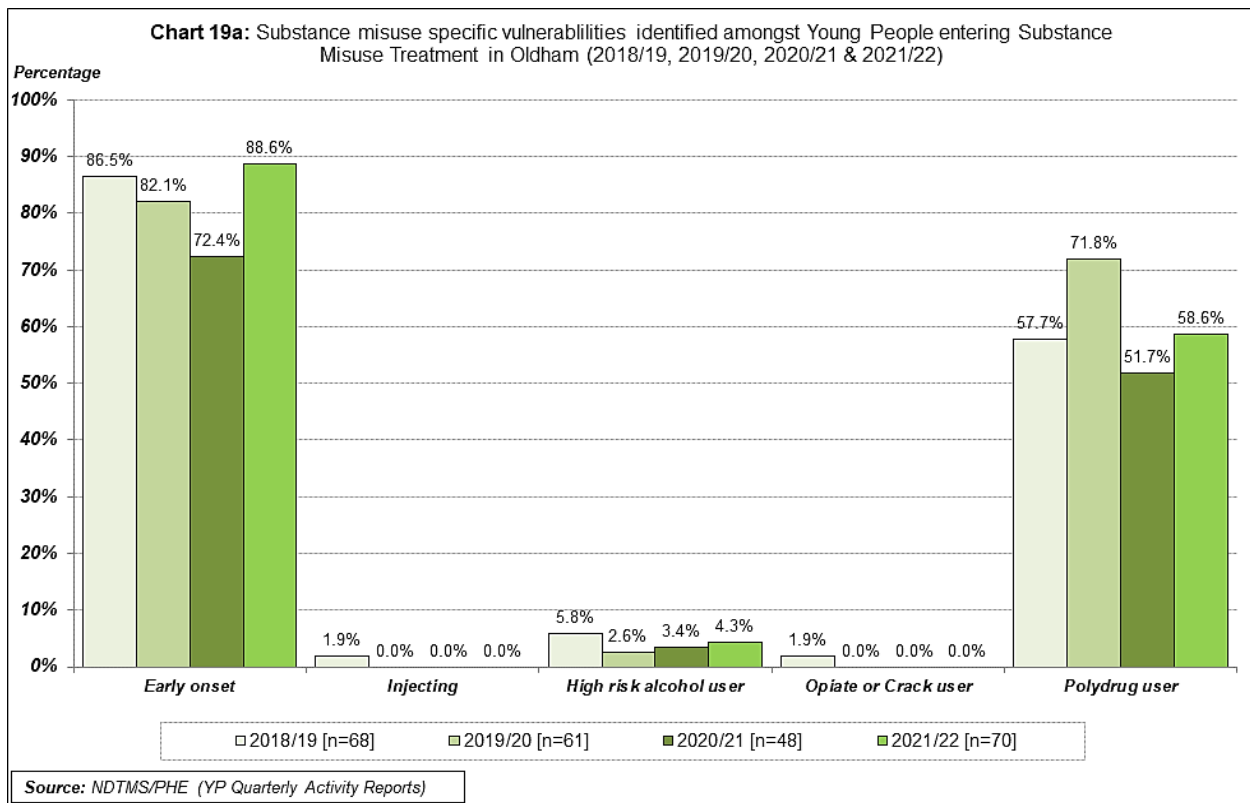


Chart 19b below shows **wider vulnerabilities identified** amongst young people presenting to substance misuse treatment in Oldham. The proportions of young people identified as 'Looked after child' or 'Child in Need' have more or less halved between 2020/21 and the most recent period. A significant decrease can also be observed for those who are subject to a 'Child Protection Plan'.

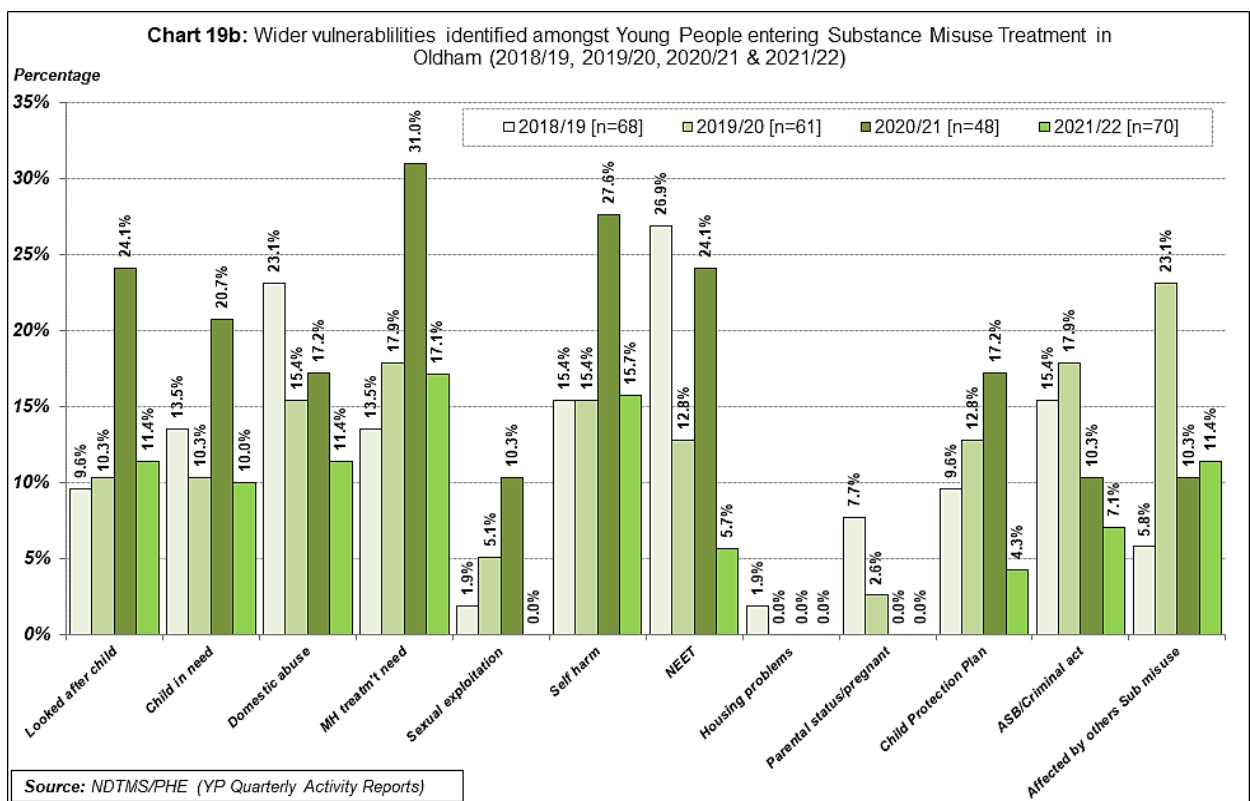


Chart 17b above also illustrates that, although proportionalities may be falling, approximately one in nine (11.4%) of young people entering substance misuse treatment have experienced 'Domestic Abuse' in their home environment while approximately one in six (15.7%) have self-harmed. A similar proportion (17.1%) were identified as having a 'Mental Health Treatment Need'.

In 2020/21 approximately one in ten young people (10.3%) were identified as being subject to/involved in sexual exploitation but in the most recent census period (2021/22 (March 2022)) the rate had dropped to zero percent.

Chart 19b also shows that 5.7% of young people were 'not in education, employment or training (NEET)' compared to 24.1% in 2020/21 and 26.9% in 2018/19. The proportion involved in 'anti-social behaviour/criminal activity' has more than halved since 2019/20 (17.9%) to 7.1% in 2021/22 (March 2022).

## Impact of COVID-19 on treatment activity monitoring (adult services only)

In Table 11 below a summary of six areas of treatment activity are examined in order to demonstrate the impact of COVID-19 by comparing two two-year periods: one prior to the imposition of pandemic related restrictions (February 2018-January 2020), the other during lockdown and the gradual loosening of aforementioned restrictions (February 2020-March 2022). According to the National Drug Treatment Monitoring System (NDTMS) Oldham had an 8.9% increase in numbers in treatment – double the North West regional average and more than 1½ times the national average. In relation to change in the number of new presentations Oldham’s rate increase by 27.9% - ten times the England (2.7%) and over 30 times greater than that for the North West (0.9%) as a whole.

**Table 11: Impact of COVID-19 on treatment activity monitoring:**

Change in the number of individuals from February 2020 to March 2022 compared to the average of the same periods between February 2018 to January 2020 for Oldham, North West region and England

<b>March 2022 All substances</b>	Change in number in treatment	Change in number of new presentations	Change in number of deaths in treatment	Change in number of successful completions	Change in number of individuals with any housing need	Change in number of individuals in contact with children
<b>Oldham</b>	<b>8.9%</b>	<b>27.9%</b>	<b>34.8%</b>	<b>34.3%</b>	<b>20.5%</b>	<b>-5.6%</b>
<b>North West</b>	<b>3.9%</b>	<b>0.9%</b>	<b>23.3%</b>	<b>1.8%</b>	<b>-3.1%</b>	<b>-26.0%</b>
<b>England</b>	<b>5.6%</b>	<b>2.7%</b>	<b>23.7%</b>	<b>2.1%</b>	<b>-5.6%</b>	<b>-17.4%</b>

Source: PHE/NDTMS ~ ~ ~ Compiled by Roy Egginton (DMO, SPS, OMBC) June 2022

Table 11 above also shows that change in the number of deaths in treatment in Oldham was almost 1½ times higher than both the North West and England averages. Furthermore, the number of successful completions for Oldham increased by 34.3%, significantly greater than the marginal increases for the North West and England.

Oldham recorded a 20.5% increase in the number of individuals with any housing need which was in sharp contrast to the decreases in the North West region (-3.1%) and England (-5.6%). The only measure for which Oldham recorded a decrease was in relation to the number of individuals in contact with children with a rate of -5.6%. However, the decrease was far less than those recorded for the North West (-26.0%) as a whole and the England average of minus 17.4%.



## Concluding comments

There is no doubt that adults engaging with drug and alcohol treatment services in Oldham are, on the whole, receiving adequate support and care, particularly when considering a challenging two year period with the backdrop of a global pandemic. Over the past 12 months, as COVID-19 restrictions eased and a form of 'normality' has begun to emerge, other challenges are becoming apparent. Already documented in this report are the increased numbers in treatment and new presentations. The rise in demand amongst the communities of Oldham for support and care in relation to problematic drug and/or alcohol use will be affected by the capacity of treatment providers to meet, what currently appears, an increase in need.

It has been observed that approximately 45% to 50% of adults dependent on opiate and/or crack users are estimated not to be in the treatment system. The rate is much higher (77%) amongst adult alcohol only users. The recent upsurge in new presentations and numbers in treatment may be an indication that some of those previously 'not-in-treatment' are beginning to come forward to seek help and support. However, the larger increases in demand appear to be amongst non-opiate users (47.7% increase in new presentations) and the combined use category of 'alcohol & non-opiate' users (33.3% increase in new presentations). Both of these categories do consist of individuals with complex needs particularly amongst 'alcohol & non-opiate' users. In the past 12-18 months they have increased their substance repertoires with greater use of cocaine (cited by 21.4%) and strong variants of herbal cannabis (reported by 30.3%) as well as increasing reliance on alcohol (29.7%). The challenge for the individuals involved as well as for treatment providers is to ensure increasingly problematic recreational use does not go beyond the crises that prompted their engagement with services.

An encouraging finding from this report are that rates for successful completions and re-presentations are improving, although there is still some way to go to achieve pre-2018 levels of performance in this context.

Finally, missing data is always a lost opportunity with regards to leaving gaps in our understanding of the nature of the in-treatment population as well as the individuals involved. It has been acknowledged that in the area of recording parental status and whether or not a newly presenting client lives with/has children has improved over the past 12 months. Nonetheless, missing data is still apparent: currently 5.7% (down from 13.8%) amongst drug user clients and 7.3% (down from 16.8%) amongst alcohol only clients. The national averages for both of these cohorts are 1% and 2% respectively. The key point here relates to the current recording option (as designed by PHE/NDTMS) which allows for the client to be recorded as 'declined to answer either question'. This inherently presents the treatment service with a challenging scenario, as a client by declining to indicate whether or not they are a parent and whether or not they live with children (aged under 18 years) raises concerns in relation to safeguarding issues.

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# Health Improvement Highlight Report

November 2022

Update for:	Health and Wellbeing Board	Period Covered	January 2023
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Work area	Priority objectives	Progress this period	Planned activities for next period
Sexual Health and Teenage Pregnancy	<p>Maintain our delivery of high-quality sexual health service including long-acting contraception</p> <p>Reduce teenage conceptions</p>	<p>A series of Sexual Health Engagement events took place throughout December 2022, engaging with allied professionals involved in sexual and reproductive health from across the system, including school nursing, primary care, pharmacy, community providers, mental health and substance misuse services. Roundtable discussions were held to explore the barriers to good sexual health, resources and assets needed to progress the sector, and what good looks like and allow stakeholders to consider local priorities and ways we can work together to improve the services and outcomes.</p> <p>The Stakeholder Engagement events are pre-cursors to the establishment of a Sexual Health Strategic Partnership which will be a collective alliance of stakeholders and local representatives and will have a primary role to provide strategic leadership to improve sexual health outcomes for the populations of Oldham, Rochdale and Bury, reduce health inequalities experienced by some communities and promote good sexual health. There will be an associated strategic action plan which will be co-produced with a focus on actions relating to prevention, awareness, inequalities, workforce development and commissioning and a number of associated task and finish working groups focusing on key projects.</p> <p>Work has progressed around the development of the Primary Care offer around Long Acting Reversible Contraception (LARC) including the undertaking of an audit to map current provision, the development of a training and support package and pathway to build workforce capacity, the appointment of a Practice Educator and the establishment of a Quarterly LARC Fitters Forum.</p>	<p>Establishment of the Sexual Health Strategic Partnership and initial discussions to take place to co-produce alliance action plan.</p> <p>Move further towards the Integrated Sexual Health Service provider (HCRG Care Group) supporting the commissioning of delivery of LARC and other sexual health provision via Primary Care.</p>
Healthy Weight and Physical Activity	<p>Establish a Moving More and Healthy Weight group to coordinate actions including those that</p>	<p>Local Pilot next steps workshop was held 05.01.2023</p> <ul style="list-style-type: none"> <li>The title of the workshop was: "Let's Talk #MoveMoreFeelBetter in Oldham - A Whole System &amp; Place Based Approach to Support Oldham Residents and Communities To Move More &amp; Improve Their Wellbeing"</li> </ul>	<ul style="list-style-type: none"> <li>Meeting set (08.02.2023) to further progress the MM &amp; HW group.</li> <li>Agree date for first meeting and proposed attendees / members.</li> </ul>

	contribute to an improvement in physical activity levels and healthy weight	<ul style="list-style-type: none"> <li>• A variety of different people attended. There were more than 25 attendees</li> <li>• We discussed the GM &amp; Oldham journey so far and then facilitated activities to help decide what was important moving forward.</li> </ul> <p>Capital Funding Programmes</p> <ul style="list-style-type: none"> <li>• <a href="#">PlayZones</a> (Football Foundation) progressing through the different stages after being successful in our Expression of Interest. Requirement of 25% match funding to refurbish or develop new PlayZones in our communities. Currently at the 'Narrow the Focus' &amp; 'Application' stage</li> <li>• Cricket Non-Turf pitches (England &amp; Wales Cricket Board), 6 sites identified and have gone out to procurement to appoint a successful company to supply &amp; install the NTPs (aiming for a Spring installation)</li> </ul>	<ul style="list-style-type: none"> <li>• Group to agree combined priorities &amp; actions moving forward</li> <li>• Decide on sites and submit application for phase 1 or 2 of the PlayZones programme</li> </ul> <p>Appoint company to supply &amp; install Cricket NTPs</p>
Tobacco Alliance	Collaboratively support the strategic vision of making Greater Manchester Smoke Free by 2030. This will include facilitating the local delivery of evidence-based tobacco control work across Oldham to reduce smoking rates, minimise tobacco-related harm and contribute to reductions in health inequalities.	<p>The Oldham Tobacco Alliance is continuing to meet regularly, and progress is being made against the associated Oldham Tobacco Control Action Plan, with partners working collaboratively through task and finish groups and providing regular updates.</p> <p>The Oldham Vaping Position Statement has been drafted and agreed by the Tobacco Alliance – this will be used to inform actions around smoking cessation support, reducing the appeal and availability of vapes and other nicotine products to children, communications and campaigns and work around enforcement activity (especially in relation to the sale of unregulated vaping products and the sale of vapes/vaping products to under 18s)</p> <p>Review of Smokefree Places policies for partner organisations is underway and the smoking and alternative forms of nicotine and tobacco survey went live for residents.</p>	<p>Analysis of survey results to gather local data and insight to inform next steps regarding prioritisation of tobacco control action plan activity.</p> <p>Development of young people's survey in collaboration with Young People's Substance Misuse Service and Youth Voice family.</p> <p>Engage with Greater Manchester Making Smoking History regarding refresh of GM Tobacco Strategy and then review/refresh Oldham Tobacco Control Action Plan as necessary.</p>
Healthy Start	Develop and deliver an Infant Mortality Action Plan	The first meeting of the Reducing Infant Mortality Group is on the 16 <sup>th</sup> January. Initial conversations have been held with other areas with strategies to reduce infant mortality to determine good practice. The membership and focus of the local group has been co-produced with the Maternity Voices Partnership, and Voluntary sector representation to ensure that it is resident focused	<p>Coproduce the draft action plan following the first meeting with members of the group</p> <p>Initial first actions will include those highlighted from the Oldham Safeguarding Children's Partnership including implementation of the Safer Sleep toolkit.</p>

Drug and Alcohol Treatment System	Collaboratively respond to the National Drugs Plan and work to support recovery and reduce drug and alcohol related harms in Oldham	<p>The current period has seen completion of tender for delivery of drug &amp; alcohol treatment service from April 2023 onwards.</p> <p>Oldham drug &amp; alcohol needs assessment completed and will be incorporated into the Joint Strategic Needs Assessment</p> <p>Treatment Updates:</p> <ul style="list-style-type: none"> <li>• Number of patients accessing the Rochdale &amp; Oldham Active Recovery (ROAR) Service have increased overall with pressure due to numbers presenting with problematic or dependent alcohol use – started trend establishing during COVID period.</li> <li>• Numbers in treatment for all substances (drugs &amp; alcohol) is currently 1065 Oldham Adults and the National Drug Treatment Monitoring Service (NDTMS) continues to be used to performance manage treatment outcomes &amp; provider performance.</li> <li>• The Supplementary Substance Misuse Treatment Recovery Grant (SSMTRG) and associated Delivery Plan continues to be delivered with partners including Probation &amp; Police and engagement of offenders into treatment has improved and is in line with requirements of Government National Drug Plan.</li> <li>• The Rough Sleeper Drug and Alcohol Grant (RSDATG) continues to be delivered with treatment providers &amp; homelessness teams to increase numbers in treatment for those rough sleeping or at risk of losing their accommodation.</li> <li>• This period has seen recruitment to Mental Health Dual Diagnosis role with Community Mental Health Teams to support clients presenting with mental ill health or co-occurring conditions and establishment of role within Alcohol Care Team at Royal Oldham Hospital.</li> </ul> <p>The Oldham Drug &amp; Alcohol Related Deaths (DARD) Panel is now embedded and is being delivered by John Moores University and engages all Oldham partners, including Coroner’s Office to review and prevent deaths in treatment.</p> <p>Work continues to align Oldham with requirements of National Drugs Plan and the establishment of Oldham Drug &amp; Alcohol Partnership Group.</p>	<p>Mobilisation of new contract and provider for treatment &amp; recovery service.</p> <p>Delivery of Oldham Partnership Group and agreed Combating Drugs Delivery Plan.</p> <p>Review of Supplementary Substance Misuse Treatment Recovery Grant and Rough Sleeper Drug and Alcohol Grant Plans for 2023/24 financial year.</p>
Overall Governance	Establish a Health Improvement Group that reports to the Health and Wellbeing Board	Corporate Governance Support role, which will facilitate the Health Improvement Group, has now been recruited to and progress is being made to arrange the first meeting and develop the reporting structure.	First meeting to be held and forward plan to be developed and agreed.

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# Health Protection Highlight Report

January 2023

Update for:	Health and Wellbeing Board	Period Covered	January -March 2023
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Work area	Priority objectives	Progress this period	Planned activities for next period
Outbreak support	Manage outbreaks of communicable disease, including respiratory & new and emerging infections	<p>Ongoing support provided to care homes, schools and other settings to manage COVID</p> <p>Visits made and information provided to higher risk settings to reduce risk of monkeypox transmission</p> <p>Support provided to care home to manage an outbreak of invasive Group A streptococcal infection.</p> <p>Support to Care Providers with Winter Illnesses such as Flu, Covid, and Gastro-Intestinal Illnesses</p> <p><b>Update to local outbreak management plan to be completed by 23<sup>rd</sup> Feb 2023, in line with key themes and recommendations from the GM HP stocktake exercise. GM agreed disease pathways in development for inclusion. LOMP to be developed with HP board.</b></p>	<p>Continue to work with UK Health Security Agency to monitor risks and respond to outbreaks</p> <p>Deliver training sessions to support the home with GAS/IGAS outbreak. Topics to be covered <b>Dates are set for February 2023</b></p> <p>Hand Hygiene and Moments of Care Mask Wearing and PPE Decontamination and Cleaning Working in a team during an outbreak</p> <p>Continue with local response to outbreaks as and when it is required.</p>
Infection prevention & control in high- risk settings	Maintain and progress with an audit programme of high -risk settings GP Practices and Care Homes and Early Years settings	<p><b>IPC Audit for Care Home April - September 2022 Overview</b></p> <ul style="list-style-type: none"> <li>• 10 Audits have been undertaken by IPC team, of which 8 had action plans</li> <li>• 5 Self-audits have been returned to date, with more expected to be returned for review</li> <li>• There are no outstanding face to face care home audits for this period</li> <li>• Visits to 4 Care Homes due to concerns raised, ongoing support in relation to IPC practices and audit requirements</li> </ul> <p><b>IPC Audit for GP Practices April - September 2022:</b></p> <ul style="list-style-type: none"> <li>• 5 Audits have been undertaken by IPC team, of which 3 had provided action plans</li> </ul>	<p>IPC Audit plan for October 2022 - March 2023:</p> <ul style="list-style-type: none"> <li>•1 Care Homes will require re-audit December 2022 (or earlier if action plan completed)</li> <li>•0 GP practices will require re-audit</li> <li>•15 Early Years Settings will require IPC Audit to be completed by IPC team</li> </ul> <p>Ongoing support visits to Care Homes where concerns are raised to support with IPC practice, provide training and resources to meet audit requirements</p>

		<ul style="list-style-type: none"> <li>•9 Self-audits have been returned to date, with more expected to be returned for review</li> <li>•There are no outstanding face to face GP audits at this time</li> </ul> <p><b>IPC Audit Early Years Settings April - September 2022:</b></p> <ul style="list-style-type: none"> <li>•5 audits in Early Year settings have been undertaken</li> </ul> <p><b>IPC Audit GP settings October 2022 – January 2023:</b></p> <ul style="list-style-type: none"> <li>• 6 GP surgeries have returned their IPC self-audit</li> </ul> <p><b>IPC Audits Care Home settings October 2022 – January 2023:</b></p> <ul style="list-style-type: none"> <li>• 5 Care Homes are due to be re-audited January 2023</li> <li>• 9 Care Homes have returned their IPC self-audit</li> </ul> <p><b>IPC Audits Early Years Settings October 2022 – January 2023:</b></p> <ul style="list-style-type: none"> <li>• One audit has been undertaken by the IPC team</li> </ul>	<p>Training sessions are being delivered on- line to support improvements with IPC practices on- line</p> <p>Monday 31<sup>st</sup> October-Friday 19<sup>th</sup> October and then monthly thereafter</p> <p>Topics are: Hand Hygiene and Moments of Care Cleaning and Decontamination Winter vaccines Working in a Team during an outbreak</p> <p>Online support sessions offered to support Care Homes in completing the IPC self-audit and mandatory annual IPC audits (hand hygiene/ANTT etc)</p>
Flu	Increase uptake of flu vaccinations among all priority groups and manage outbreaks effectively	<ul style="list-style-type: none"> <li>• Attendance at monthly covid and flu programme meetings</li> <li>• Raising awareness of the importance of winter vaccinations at provider forums, locally and across the GM Health Protection Network</li> <li>• Supporting Care Home staff with vaccine hesitancy</li> </ul> <p>Sessions delivered to care homes to support staff in their decision making to have the winter vaccines</p> <p><b>Oldham LA staff influenza vaccines have been delivered via an external occupational health company.</b></p>	<p>Delivery of key immunisation messages to Oldham LA Engagement Team on Winter Flu Vaccinations</p> <p>Seeking to obtain the minimum standards for immunisation (Anaphylaxis Packs/PGD and Cold Chain resource) in order to deliver winter vaccination to at risk staff</p>
Healthcare Acquired Infections (HCAI) & Anti-microbial	Provide support to prevent and reduce risks associated with HCAI and AMR	<p>Along with the audit programme the Health Protection Team deliver a Certificate of Excellence training programme. The programme is for Care Home, Care at Home Staff and GP Practices and is delivered to reduce infections in our high-risk care environments.</p> <p>The following sessions have been delivered between April and September 2022</p>	<p>Implementation of catheter care pack for Nursing staff to support reduction in CAUTI and related issues – following the Certificate of Excellence Session for Care Homes 13.1.23</p>



<p>resistance (AMR)</p>		<ul style="list-style-type: none"> <li>•27.6.22 - Care Home staff - gastrointestinal illness (including outbreak management)</li> <li>•29.6.22 - GP practices - Back to Basics IPC including IPC audit</li> <li>•7.9.22 - Care Home staff - Oral Hygiene and respiratory illness including aspiration pneumonia</li> <li>•21.9.22 - GP Practices - HCAs, AMR, Respiratory Illness/Vaccines, Sepsis</li> </ul> <p>Future training:</p> <p>Monthly facilitation of the HCAI Review meetings with the ICS, reviewing clostridium difficile cases or bacteraemia's in line with National Guidance. Identifying avoidable and unavoidable cases and providing feedback to prescribers</p> <p>Certificate of Excellence Training Sessions January 2023:</p> <ul style="list-style-type: none"> <li>• 13.1.23 Care Home Staff – introduction to HCAI/AMR, UTIs &amp; Catheter Care – reducing harm</li> <li>• 25.1.23 GP practices - HCAs, AMR, hand hygiene, ANTT, in addition to reviewing the role of the IPC link worker and undertaking IPC self-audit.</li> </ul>	<p>Continuation of the HCAI review meetings</p>
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# Oldham Health and Wellbeing Strategy

2022 – 2030

Final – for approval

Date: January 2022

# 1. Background

Occupying a unique setting only five miles from Manchester City Centre, Oldham has both wide-open green spaces and dense urban areas, and affluent neighbourhoods as well as many with high levels of poverty. According to the English Indices of Deprivation 2019 (IMD2019), Oldham has seen a recent increase in the proportion of neighbourhoods ranked amongst the most deprived nationally. The strong links between deprivation, morbidity, and mortality, mean that our high levels of deprivation are having a significant impact on health outcomes and on average, our population has poorer health than the overall population of England<sup>1</sup>. However, Oldham is a young, vibrant, and diverse borough, with almost a quarter of the population belonging to ethnic groups such as Asian/Asian British Pakistani, Asian/Asian British Bangladeshi and White Central/Eastern European.

The Health and Wellbeing Board creates, approves, and oversees the Health and Wellbeing Strategy. This details our key priorities for improving the health and wellbeing of residents in Oldham over the coming eight years (2022-2030). Priorities were set using information we have gathered on local health need along with feedback from residents. The strategy does not represent the extent of our commitment to health and wellbeing or all the work on health and wellbeing taking place in the borough, but focuses on some of the issues which make the greatest contribution, and those where we think that by working together, we can have the biggest impact in the shortest amount of time. High level objectives are outlined with the intention that actions to achieve these are embedded within other strategies, action and service plans developed and owned by the organisations which make up the Board's membership. The Board includes representatives of the Council and the NHS, and of other local services which impact the health and wellbeing of residents including the police, housing, and the leisure and voluntary sectors.

Together, the Health and Wellbeing Strategy and the Health Inequalities Plan inform the work to be delivered by Oldham's Health and Wellbeing Board and should also be considered alongside the wider plan for the borough: The Oldham Plan: Our Future Oldham<sup>2</sup>.

## 2. Our vision

Oldham residents are happier and healthier; they feel safe, supported and they thrive in this vibrant and diverse borough.

## 3. Our ambition

People lead longer, healthier, and happier lives, and the gap in health outcomes between different groups and communities in Oldham, and between Oldham and England, is reduced. A demonstrable difference will be made to the average life expectancy and average healthy life expectancy of residents, and inequalities will be reduced.

## 4. Our principles

**We are resident-focussed, this means we are:**

- Having a two-way conversation with residents about their health and wellbeing, making sure residents feel heard and that we respond to their needs in ways that can be understood by all
- Building trust and strengthening relationships with residents through kindness and compassion
- Engaging with communities to co-produce solutions and co-design services
- Providing support and care which is as close to, and as connected with, home and community as possible

### **We have a well-managed health and care system:**

- Which provides good quality, safe services, and we use resident feedback to continually improve
- With services which are easy to access, and transition between different services is seamless; digital solutions are embraced where appropriate
- Which uses data, intelligence, and insight to plan services and improve the coordination of care
- Ensuring best value for the Oldham pound and maximising the wider social, economic, and environmental benefits of public spending

### **We are champions of equality; we will:**

- Striving to reduce inequalities, offering more to those who face the greatest disadvantage or experience the worse outcomes
- Recognising diversity and delivering culturally competent services
- Developing a workforce which represents the community
- Focussing equally on mental health and emotional wellbeing, and physical health

### **We prioritise prevention by:**

- Promoting wellbeing and prevention of ill-health for residents in all life-stages
- Providing residents with easy access to the information and support that need to stay well, healthy and be independent
- Taking a whole-system view for each of our residents, taking account of wider determinants and past experiences to provide the most appropriate and effective care
- Recognising the importance of voluntary, community and faith organisations in improving health and wellbeing, and making the most of existing community assets and insight

## 5. Our priorities

The average number of years Oldham residents might expect to live (life expectancy) is more than two years less than the national average, and people living in the most deprived areas are likely to die more than seven years earlier than people from the most affluent areas. We will support residents to live longer, healthier lives through each stage of the life-course, from before birth through to the end of life. Oldham's Health and Wellbeing Board considered local health and wellbeing need alongside the resident voice to identify several areas which should receive focused attention and action over the coming years. The following priorities were selected to ensure we achieve the biggest benefit for our residents both in the short term and into the future. Specific goals have been set to show how we aim to achieve our overall ambition, and targets have been established to help us measure progress along the way.

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## Supporting our residents to gain the knowledge and skills to confidently make choices and participate in decisions about their own health

### What does this mean and who does it affect?

Feedback from residents tells us that the range of services and support available across the health and care system can sometimes be difficult to understand, and that “poor communication (either relating to person’s own health and care needs or a family member) has caused them additional distress”<sup>3</sup>. The opportunity to learn about health and the health and care system, and engage in conversations about health, is disproportionately denied from the most disadvantaged and marginalised communities, and this leads to inequalities in wider health conditions.

### What are we doing already?

In July 2022, Oldham’s Health Protection Team worked with a School Health Advisor, the School Nurse Immunisation Team, and the Oldham Youth Council to help young people to prepare for receiving the HPV vaccine at school. A short presentation was created to outline the plan for giving the vaccine, the benefits and side effects, the consent process, and where people could go for answers to any questions. Young people felt more informed and involved, parents were prompted to give consent, and a dedicated HPV lesson was delivered in one school. The approach will be used in other schools and for other vaccines in future.

### What are our goals?

We will raise self-esteem and empower residents to make positive choices about their own health, by:

- Developing a common framework for engagement which can be used by all organisations and services, and providing the opportunity for residents to shape the offer to better suit them and their family
- Adopting a resident-focused approach to communication, ensuring residents feel listened to, language and communication is tailored to need, and steps are taken to ensure messaging has been understood
- Supporting established peer and patient support groups to grow and continue to improve their reach
- Building a local approach to communication using the Health Foundation ‘How to talk about the building blocks of health’ toolkit<sup>4</sup>



## How will we know if our goals have been achieved?

Supporting our residents to gain the knowledge and skills to confidently make choices and participate in decisions about their own health will underpin improvement against all the measures included in this strategy.

If our goals are achieved we will see improvements in life expectancy overall and reductions in inequalities in life expectancy.

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## Giving children the best start in life

### What does this mean and who does it affect?

When compared with England as a whole, almost double the percentage of children under 16 years in Oldham are from low-income families (relative measure; Oldham: 36.2%; England: 18.5%). More babies in Oldham die before their first birthday than the national average (rate per 100,000 livebirths, Oldham: 6.2; England: 3.9) and this is associated with high levels of deprivation. The rate of death in childhood is also higher (16.5 versus 10.3 per 100,000), fewer new mums breastfeed (first-feed: 49.1% versus 67.4%), more children have dental decay (43.2% versus 23.4%), and fewer children start school ready to learn. Experiences in pregnancy and early childhood shape our health and wellbeing for the rest of our lives.

### What are we doing already?

So far, the Oldham Community Genetics Outreach Project has worked with almost 60 families to increase the uptake of genetic screening and diagnostic services, and provide emotional and practical support to ensure that they fully understand their child's condition and care needs. They also coordinate referrals to specialist services for aids and adaptations, and arrange social work assessment to enable families to have access to support packages in the home. The project also holds sessions to raise awareness about the increased genetic risks associated with close relative marriage at community events, mosques and other local venues.

The Home-Start Infant Feeding Team provides information and one-to-one support to families breastfeeding or chestfeeding, for as long as they need it. They also host weekly Infant Feeding groups in community venues, where parents can come together in a friendly group environment to receive advice from trained peer supporters.

### What are our goals?

We will lay the foundations for a healthy life by improving health during pregnancy and throughout childhood and adolescence, with an initial focus on reducing infant mortality. We will do this by:

- Implementing a targeted action plan to reduce infant mortality across the borough
- Providing family-focused, coordinated support in our communities to all families, and additional targeted support for those who need it
- Improving communication about what is needed to have a healthy pregnancy, from pre-conception until birth

- Normalising breastfeeding, encouraging more women to start, and supporting women to continue
- Increasing the proportion of children who start school ready to learn
- Becoming a UNICEF UK Baby Friendly borough<sup>5</sup>
- Reducing teenage conception

### How will we know if our goals have been achieved?

Infant mortality will decrease so that the rate in Oldham is the same as for England as a whole (the gap was 2.3% in 2018-20)

Oldham will have the same percentage of children achieve a good level of development at the end of reception as in England as a whole (the difference between Oldham and England was 3.7% in 2018/19)

The under 18s conception rate will decrease to the England rate (the rate per 1000 was 25 in Oldham in 2020, compared with 13 in England)

## Improving mental wellbeing and mental health

### What does this mean and who does it affect?

Poor mental wellbeing and mental ill-health can affect people of any age. The Greater Manchester BeeWell survey found that some children and young people in Oldham neighbourhoods experience poor mental wellbeing and have low self-esteem. Through our COVID-19 doorstep engagement work, many of our residents also told us that they felt lonely and isolated. More people in Oldham report low happiness (11.3%, compared with 9.2% in England), and high anxiety (24.7% compared with 24.2%), and the percentage of adults in Oldham with a common mental disorder is estimated to be greater than the England average (19.2%, 16.9% respectively).

### What are we doing already?

Sixteen projects were delivered as part of the Better Mental Health Fund. Through these projects, almost 300 staff and volunteers who work across the health and social care, community, education, and volunteer sectors were trained in approaches to supporting the mental health of Oldham residents.

As part of the Oldham Community Mental Health Team transformation and Living Well models, a rolling “5 ways to well-being” program has been run from our older people’s mental health day hospital, Orchard House. This helps people to prepare for discharge from secondary care services through therapeutic groups and 1-1 work, and almost 50 people had benefitted by July 2022.

A physical health trainer has also been recruited to work with adults with learning disabilities who need support to get out into the community, and take physical activity to those people who have lost confidence in leaving their home after lockdown. Group activities were developed to help service users to make friends and social contacts.

### What are our goals?

We’ll support **all** our residents by:

- Supporting community networks, organisations and services to continue to grow, and helping them to offer more of the support and services our residents need

- Promoting the use of a shared language across all organisations, and reducing stigma for all communities
- Establishing clear routes to accessing support and care for all communities, and ensuring everyone in Oldham has easy, safe access to trusted support nearby

We'll help our children and young people to **start well**, by:

- Providing support for the education workforce to ensure they are equipped and confident to meet their emotional health and wellbeing needs
- Providing a universal, holistic offer of support for all pupils and staff in schools and colleges
- Working in collaboration with key stakeholders to ensure a consistent approach to mental health in all schools

We'll help our working-age residents to **live well**, by:

- Educating and empowering the workforce to talk about mental health and mental wellbeing, so that help can be offered as early as possible
- Reducing the harm caused by alcohol and substance misuse, to both the individual and the family
- Improving the physical wellbeing of people with severe and enduring mental ill-health, and reducing inequalities in health outcomes
- Improving the physical wellbeing of people with learning disabilities, and reducing inequalities in health outcomes

And we'll help our older people to **age well**, by:

- Reducing social isolation by providing more opportunities for residents to gain a sense of connection with their community
- Raising awareness of ways to prevent dementia, and promoting the adoption of dementia friendly principles in service provision

Alongside efforts to improve mental wellbeing and mental health, we are also working to prevent self-harm and reduce the number of deaths by suicide; we recognise possible causes may be related but are not limited to mental health and the Oldham approach to tackling these issues has been outlined in a dedicated strategy.

## How will we know if our goals have been achieved?

The percentage of people reporting high levels of anxiety will be smaller than the England average (this affected 24.7% of people in Oldham, and 24.2% in England as a whole in 2020/21)

The percentage of people who feel lonely will be significantly smaller than the national average (19.5% of people in Oldham reported loneliness in 2019/20, and 22.3% in England)

The number of drug treatment places available will increase by 20%

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## Reducing smoking

### What does this mean and who does it affect?

More than 18% of Oldham residents are current smokers, which is greater than the proportion across England as a whole (15.9%); the proportion of the Oldham population who have never smoked is also smaller than the national average. Significantly more pregnant women were current smokers at the time of delivery (Oldham: 11%, England: 9.6%), and the consequences are far reaching. Smoking continues to be the single biggest cause of premature death in Oldham, and rates are highest in areas with deprivation.

### What are we doing already?

Your Health Oldham provides a range of services to support people to stop smoking with flexible times and venues, easy access to stop smoking medication and nicotine replacement therapy, one-to-one appointments and telephone support.

Partners are working together to deliver the Oldham Tobacco Control Action Plan, for example Greater Manchester Fire and Rescue Service and housing providers are working together to promote smokefree homes.

### What are our goals?

For **all** our residents, we will strive towards a smoke-free Oldham. We'll do this by:

- Embedding tobacco control policy in all relevant public policies to promote the health of Oldham residents and staff and tackle smoking-related health inequalities
- Promoting smokefree homes and community spaces
- Ensuring that communications about smoking, vaping, and use of niche products are tailored to reach groups with higher use rates. These will combine information on the harms with hopeful messages on the benefits of quitting, where to access support, and which quitting aids are most effective
- Making available to everyone who smokes, high quality, evidence-based specialist stop-smoking services including access to alternative products to support people to quit smoking successfully

We'll help our children and young people to **start well**, by:

- Reduce the uptake of smoking and vaping in young people, and help existing young smokers to quit
- Enforcing legislation on underage sales of tobacco and vaping products, and tackling the distribution of illicit tobacco
- Providing targeted support during pregnancy to reduce smoking and exposure to second hand smoke

We'll help our working-age residents to **live well**, by:

- Promoting to employers the benefits of encouraging their workforce to stop smoking

And we'll help our older people to **age well**, by:

- Producing targeted communications for older people about the benefits of reducing and stopping smoking
- Providing targeted support for older people to stop smoking

### How will we know if our goals have been achieved?

Oldham will have the same percentage of people currently smoking as in England as a whole (in 2019, 19% of Oldham adults were current smokers, compared with 13% in England):

The proportion of mothers smoking at the time of delivery will reduce to the England average (in 2021/22, the gap was 1.6%)

The gap in the percentage of adults who have never smoked, between Oldham and England as a whole, will narrow (in 2021, the gap was 6%)



## Increasing physical activity

### What does this mean and who does it affect?

Compared with England as a whole, the population of Oldham is less physically active (60% in Oldham adults versus 66% of adults across England; 31% of children and young people in Oldham versus 45% in England) and carries more excess weight (41% of Oldham children in Year 6 versus 35% in England, and 70% of adults in Oldham compared with 64%). According to the 2019/20 Sport England Active Lives survey, a quarter of inactive people reported doing 'nothing' and this proportion has increased by more than 10% in the last five years. The same survey also found that less than half of young people in Oldham achieve the recommended 60 minutes of activity per day, and 31% are active for less than 30 minutes per day on average. Physical inactivity is associated with heart disease, stroke and diabetes, and even a small increase in activity levels can have a substantial impact on physical and mental wellbeing<sup>7</sup>.

### What are we doing already?

In May 2021, community pharmacies in Glodwick and Failsworth started to offer weekly group walks to encourage residents to increase their physical activity. These are promoted by pharmacists as part of a wider programme of self-care, and supported by trusted community groups. Pharmacists also take the opportunity to engage with the community and understand their health concerns while also promoting other health campaigns like flu vaccines. Over 20 people regularly join the walk in Failsworth each week, and find additional benefits from the opportunity to socialise. Members of the group have completed emergency first aid training and now volunteer to lead walks.

Four ladies-only Learn to Ride cycle sessions took place in June and July 2022 in response to interest from the community. Local community groups helped to plan and promote the sessions, and more than 30 women attended. Transport for Greater Manchester recognised the success of working with community partners in Oldham and are keen to continue to develop new approaches to delivery of Learn to Ride sessions in Oldham.

### What are our goals?

We will support **all** residents to build movement into their everyday lives by:

- Supporting voluntary, community and faith organisations to be able to provide services and work with their communities to increase physical activity
- Improving communication with both residents and businesses to embed the message that any movement matters, for people of all abilities

- Promoting the use of improved foot and cycle paths, and communicating upcoming developments for Oldham planned through The Bee Network
- Celebrating and championing positive examples of Moving More through the #Oldham #MoveMoreFeelBetter social media campaign
- Widening access and participation in physical activity, sport and active travel, providing more inclusive options of ways to be active every day, and closing the inequalities gap in activity levels
- Taking a strength based community approach to improving physical activity and moving more through the Local Pilot principles and place-based working

Maintaining and creating safe green spaces and other high quality activity spaces to increase confidence & access to opportunities to be active We'll help our children, young people, and their families to **start well**, by:

- Raising awareness of initiatives such as The Daily Mile and Oldham's 50 Things To Do Before You're Five
- Maintaining and promoting the Young Persons membership offer from Oldham Active

We'll help our working-age residents to **live well**, by:

- Working collaboratively across Greater Manchester to improve Oldham's active travel infrastructure and help residents move more in everyday life

And we'll help our older people to **age well**, by:

- Continuing to use local knowledge to tailor the physical activity offer and ensure residents feel safe and secure

## How will we know if our goals have been achieved?

Oldham will have the same percentage of physically active adults as England as a whole (the gap was 6.3% in 2022)

## 6. Evaluation and reporting

The overall aim for the Health and Wellbeing Strategy is to close the gap in life expectancy between Oldham and England as a whole. Progress will be measured using indicators referenced throughout from the Public Health Outcomes Framework, maintained by the Office for Health Improvement and Disparities (Table 1)<sup>8</sup>

Table 1: Public Health Outcomes Framework indicators for review of progress

	<b>OHID Public Health Outcomes Framework: Indicators</b>	<b>OHID Public Health Outcomes Framework: Definitions</b>
<b>All residents</b>	Healthy life expectancy at birth (Male)	A measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health
	Healthy life expectancy at birth (Female)	Average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health
	Life expectancy at birth (Male, 1 year range)	Average number of years a person would expect to live based on contemporary mortality rates
	Life expectancy at birth (Female, 1 year range)	Average number of years a person would expect to live based on contemporary mortality rates
	Life expectancy at birth (Male, 3 year range)	Average number of years a person would expect to live based on contemporary mortality rates
	Life expectancy at birth (Female, 3 year range)	Average number of years a person would expect to live based on contemporary mortality rates
<b>Start well</b>	Infant mortality rate	Infant deaths under 1 year of age per 1000 live births
	Smoking in early pregnancy	Percentage of pregnant women who smoke at the time of booking appointment with midwife (experimental)
	Smoking status at time of delivery	Number of mothers known to be smokers at the time of delivery as a percentage of all maternities with known smoking status
	Baby's first feed breastmilk	Percentage of babies whose first feed is breastmilk
	Breastfeeding prevalence at 6-8 weeks after birth	Percentage of infants that are exclusively or partially breastfed at age 6-8 weeks

	Child development: percentage of children achieving a good level of development at 2-2½ years	Percentage of children who received a 2-2½ year review who were at or above the expected level in the in all five Ages and Stages Questionnaire-3 (ASQ-3) domains
	School readiness: percentage of children achieving a good level of development at the end of Reception	Children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children
	Reception: Prevalence of overweight (including obesity)	Proportion of children aged 4-5 years classified as overweight or obese according to their BMI score
	Year 6: Prevalence of overweight (including obesity)	Proportion of children aged 10-11 classified as overweight or obese according to their BMI score
	Percentage of physically active children and young people	Percentage of children aged 5-16 that meet the UK Chief Medical Officers' (CMOs') recommendations for physical activity (an average of at least 60 minutes moderate-vigorous intensity activity per day across the week)
	A&E attendances (0-4 years)	A&E attendance rate per 1,000 population aged 0-4 years
	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	Crude rate of hospital admissions caused by unintentional and deliberate injuries in children aged under 5 years per 10,000 resident population aged under 5 years
<b>Live well</b>	Smoking prevalence in adults (18+) – current smokers (APS)	Prevalence of smoking among persons 18 years and over. Annual Population Survey (APS); Office for National Statistics (ONS).
	Percentage of physically active adults	Number of Active Lives Adult Survey respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 moderate intensity (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days
	Percentage of physically inactive adults	Number of Active Lives Adult Survey respondents aged 19 and over, with valid responses to questions on physical activity, doing less than 30 equivalent MIE minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 19 and over
	Estimated prevalence of common mental disorders: % of population aged 16 & over	The estimated proportion of the population aged 16 & over who have a common mental disorder (CMD), where CMD is defined as any type of depression or anxiety.

	Percentage of adults who feel lonely often or always or some of the time	The percentage of adults (aged 16 and over) that responded to the question "How often do you feel lonely?" with "Always or often" or "Some of the time". Active Lives Adult Survey, Sport England.
	Self-reported wellbeing - people with a high anxiety score (APS)	Percentage of respondents scoring 6-10 to the question "Overall, how anxious did you feel yesterday?". Annual Population Survey (APS); Office for National Statistics (ONS).
	Waiting < 6 weeks for IAPT treatment	Percentage of IAPT referrals that have finished course of treatment waiting <6 weeks for first treatment
	Admission episodes for alcohol-related conditions (Broad)	A measure of hospital admissions where either the primary diagnosis (main reason for admission) or one of the secondary (contributory) diagnoses is an alcohol-related condition
	Hospital admissions due to substance misuse (15-24 years)	Directly standardised rate of hospital admission for substance misuse, per 100,000 population aged 15-24 years
	Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check	The rolling 5-year cumulative percentage of the eligible population aged 40-74 who received an NHS Health check
<b>Age well</b>	Emergency hospital admissions due to falls in people aged 65 and over	Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age standardised rate per 100,000
	Estimated dementia diagnosis rate (aged 65 and over)	The rate of persons aged 65 and over with a recorded diagnosis of dementia per person estimated to have dementia given the characteristics of the population and the age and sex specific prevalence rates of the Cognitive Function and Ageing Study II, expressed as a percentage with 95% confidence intervals
	Social Isolation: percentage of adult carers who have as much social contact as they would like (65+ yrs)	The percentage of respondents to the Personal Social Services Survey of Adult Carers in England who responded to the question "Thinking about how much contact you have had with people you like, which of the following best describes your social situation?" with the answer "I have as much social contact I want with people I like".
	Social Isolation: percentage of adult social care users who have as much social contact as they would like (65+ yrs)	The percentage of respondents to the Adult Social Care Survey (service users) who responded to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social

	situation?" with the answer "I have as much social contact as I want with people I like"
Life expectancy at 65 (Male, 1 year range)	An estimate of the average number of years at age 65 a person would survive if he or she experienced the age-specific mortality rates for that area and time-period throughout his or her life after that age
Life expectancy at 65 (Female, 1 year range)	An estimate of the average number of years at age 65 a person would survive if he or she experienced the age-specific mortality rates for that area and time-period throughout his or her life after that age

## 7. References

1. [https://www.oldham.gov.uk/downloads/file/7271/public\\_health\\_annual\\_report\\_2021](https://www.oldham.gov.uk/downloads/file/7271/public_health_annual_report_2021)
2. <https://committees.oldham.gov.uk/documents/s132898/HI%20Draft%20Plan%20-%20For%20HWB.pdf?nobdr=2>
3. <https://www.healthwatcholdham.co.uk/sites/healthwatcholdham.co.uk/files/COVID-19%20Survey%20Overview.pdf>
4. <https://www.health.org.uk/publications/how-to-talk-about-the-building-blocks-of-health>
5. <https://www.unicef.org.uk/babyfriendly/>
6. <https://www.healthwatcholdham.co.uk/report/2019-07-24/healthy-young-mindschildren-and-adolescent-mental-health-services-report-trafford>
7. [https://www.who.int/health-topics/physical-activity#tab=tab\\_1](https://www.who.int/health-topics/physical-activity#tab=tab_1)
8. <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>
9. [https://www.oldham.gov.uk/info/200807/mental\\_health/1795/the\\_whole\\_school\\_and\\_college\\_approach\\_to\\_emotional\\_health\\_and\\_mental\\_wellbeing](https://www.oldham.gov.uk/info/200807/mental_health/1795/the_whole_school_and_college_approach_to_emotional_health_and_mental_wellbeing)



## **Report to HEALTH AND WELLBEING BOARD**

### **TITLE: Adult Social Care Discharge Fund 2022-23**

#### **Portfolio Holder:**

Councillor Barbara Brownridge, Cabinet Member Health & Social Care

**Officer Contact:** Jayne Ratcliffe, Director of Adult Social Care

**Report Author:** Helen Ramsden, Assistant Director of Joint Commissioning, Adult Social Care

**Contact:** 07971 396833 / [helen.ramsden@oldham.gov.uk](mailto:helen.ramsden@oldham.gov.uk)

**Date:** 30 December 2022

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#### **Purpose of the Report**

To provide the Health & Wellbeing Board with details of the Adult Social Care Discharge Fund 2022-23 and to obtain retrospective sign off in line with the requirements of the national conditions.

#### **Requirement from the Health and Wellbeing Board**

1. That the Health & Wellbeing Board approves the content of the Oldham Adult Social Care Discharge Fund Plan
2. That the Health & Wellbeing Board notes that schedule 8 of the Section 75 agreement, pertaining to the Better Care Fund, will be amended to reflect this funding.

## **Title**

### **1. Background**

- 1.1 In September 2022, the Department of Health and Social Care (DHSC) announced £500m of temporary funding nationally to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care. In November 2022, the funding allocations and detailed grant conditions were published, including the requirement to spend the funding by the 31<sup>st</sup> March 2023 and submit fortnightly activity and spend returns, the first of which is required on 6<sup>th</sup> January 2023.
- 1.2 DHSC allocated part of the funding directly to local authorities, and part of the funding to Integrated Care Boards (ICB), with a requirement for ICB's to agree its distribution with local authority partners, dependent on local context and challenges. The full grant conditions and allocations can be found [here](#). The funding will flow to the local authority as a supplement to the Better Care Fund.
- 1.3 The funds for Oldham, allocated directly to the local authority are £935,295. The funds allocated to Oldham via Greater Manchester NHS Integrated Care are £1,638,593. Funding is paid in two tranches, the first in December and the second in January, subject to completion of the first monitoring return.
- 1.4 A planning template was required to be submitted by 16<sup>th</sup> December 2022, setting out how the funds would be used, and signed off by:
- The place based lead – Mike Barker
  - The Director of Adult Social Care – Jayne Ratcliffe
  - The Section 151 Officer – Anne Ryans
  - The place based finance lead – Kate Rigden
  - Integrated Care Board Chief Executive – Mark Fisher

This is attached at Appendix 1 and summarized at section 2.1 below.

### **2. Current Position**

- 2.1 As a locality and in the context of Greater Manchester, Oldham performs well in respect of timely hospital discharge, but this comes at a cost, particularly in relation to home care packages, care home placements and equipment. Capacity in the care sector is significantly challenged at present, with workforce availability cited as the greatest contributing factor. The proposals included within the planning template reflect these challenges, and are summarized in the table below:



Scheme	Tranche 1	Tranche 2
Retention of home care packages for up to 2 weeks of hospital stay, to facilitate speedier discharge	£20,000	
£50/week/placement Discharge to Assess premium	£100,000	
Contribution to overall cost of home care packages, care home placements and equipment supporting hospital discharge	£780,118	
Bank holiday incentives to pay home care staff double time	£129,000	£204,177
Discharge to Assess cost of short stay assessment placements and assessment costs		£380,000
Workforce incentives to care homes and home care providers (covered by a grant agreement, guidance and reporting of use)		£934,270
Cost of administration (up to 1% of the grant)		£25,730
<b>TOTAL</b>	<b>£1,029,118</b>	<b>£1,544,177</b>
GM NHS ICB Funding	£655,000	£983,000
Oldham Council Funding	£374,118	£561,177

2.2 Fortnightly reporting is required to be submitted, providing total activity, discharge specific activity and spend information against the following categories:

- Home care or domiciliary care (long term)
- Bed based intermediate care services
- Reablement in a person's own home
- Care home placements (residential - short term)
- Care home placements (residential - long term)
- Residential placements (complex/nursing)
- Workforce recruitment and retention
- Assistive technology and equipment

2.3 The first return, due on 6<sup>th</sup> January 2023 also requires baseline information of all local authority funded activity for the period 1<sup>st</sup> October-31<sup>st</sup> October 2022.

- 
- 2.4 A final spending report is required to be submitted to DHSC, alongside the wider end of year BCF report by 2<sup>nd</sup> May 2023.
  - 2.5 The Section 75 agreement, which deals with the Better Care Fund is required to be amended to incorporate the Adult Social Care Discharge Fund.

### **3. Recommendation**

- 3.1 That the Health & Wellbeing Board approves the content of the Oldham Adult Social Care Discharge Fund Plan
- 3.2 That the Health & Wellbeing Board notes that schedule 8 of the Section 75 agreement, pertaining to the Better Care Fund, will be amended to reflect this funding.

Appendix 1 – Oldham HWB (Adult Social Care Discharge Fund Planning Template)

Version 1.0.0

**Please Note:**

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

- This template has been produced for areas to confirm how the additional funding to support discharge from hospital and bolster the social care workforce will be spent in each area. The government has also produced guidance on the conditions attached to this funding, that you should ensure has been followed.

- This template collects detailed data on how the funding allocated to each area will be spent. The portion of the funding that is allocated via Integrated Care Boards (ICBs) does not have a centrally set distribution to individual HWBs. ICBs should agree with local authority partners how this funding will be distributed and confirm this distribution in a separate template. The amount pooled into the BCF plan for this HWB from each ICB should also be entered in the expenditure worksheet of this template (cell N31) (The use of all funding should be agreed in each HWB area between health and social care partners.

Health and Wellbeing Board:	Oldham
Completed by:	Helen Ramsden
E-mail:	<a href="mailto:helen.ramsden@oldham.gov.uk">helen.ramsden@oldham.gov.uk</a>
Contact number:	7870483555

Please confirm that the planned use of the funding has been agreed between the local authority and the ICB and indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Confirm that use of the funding has been agreed (Yes/No)	Yes
Job Title:	Place Based Lead
Name:	Mike Barker

If the following contacts have changed since your main BCF plan was submitted, please update the details.

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair				
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Mark	Fisher	<a href="mailto:mark.fisher11@nhs.net">mark.fisher11@nhs.net</a>
	Local Authority Chief Executive				
	LA Section 151 Officer				
Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->					

When all yellow sections have been completed, please send the template to the Better Care Fund Team [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.