

HEALTH AND WELL BEING BOARD Agenda

Date Tuesday 21st March 2023

Time 2.00pm

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

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

2. CONTACT OFFICER for this agenda is Constitutional Services, telephone 0161 770 5151, or email – constitutional.services@oldham.gov.uk

3. PUBLIC QUESTIONS - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Thursday, 16 March 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.

Please note that anyone using recording equipment both audio and visual will not be permitted to leave the equipment in the room where a private meeting is held.

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

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

https://www.oldham.gov.uk/homepage/1449/attending_council_meetings

MEMBERSHIP OF THE HEALTH AND WELL BEING BOARD

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

Item No

- 1 Apologies For Absence
- 2 Urgent Business
Urgent business, if any, introduced by the Chair
- 3 Declarations of Interest
To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.
- 4 Public Question Time
To receive Questions from the Public, in accordance with the Council's Constitution.
- 5 Minutes (Pages 1 - 8)
The Minutes of the meeting of the Health and Well Being Board, 24th January 2023, are attached for approval.
Standing Items: Joint Strategic Needs Assessment & Health Inequalities Plan
- 6 National Child Measurement Programme (Pages 9 - 40)
Jon Taylor to present
- 7 Health Inequalities Plan: Children and Young People
Anna Tebay/Rebecca Fletcher/Gerard Jones to present
Public Health Updates
- 8 Health Protection – Local Outbreak Management Plan (Pages 41 - 100)
Charlotte Stevenson/Andrea Evans to present
- 9 Health Improvement (Pages 101 - 110)
 - a. Health Protection Action Plan
 - b. Health Improvement Action PlanBusiness items
- 10 Health and Wellbeing Strategy (Pages 111 - 154)
Director of Public Health to report
- 11 Dates for Future Meetings



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To note that the Health and Wellbeing Board meets on the following dates in 2023/2024:

- a. Thursday, 8th June 2023 at 10.00am.
- b. Thursday, 13th July 2023 at 10.00am (Development Session)
- c. Thursday, 7th September 2023 at 10.00am
- d. Thursday, 2nd November 2023 at 10.00am
- e. Thursday, 7th December 2023 at 10.00am (Development Session)
- f. Thursday, 11th January 2024 at 10.00am
- g. Thursday, 7th March 2024 at 10.00am

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Present: Councillor M Bashforth (Chair)
Councillors Brownridge, Moores and Sykes
Majid Hussain, Mike Barker, Sayyed Osman, Gerard Jones,
Laura Windsor-Welsh, Stuart Lockwood and Katrina Stephens

Also in Attendance:

H. Ramsden – Assistant Director of Joint Commissioning
C. Stevenson – Consultant in Public Health
R. Fletcher – Consultant in Public Health
D. McLaughlin – NHS Northern Care Alliance
A. Tebay – Head of Service - Public Health
V. Morris – Assistant Director (Human Resources)
S. Larkin – Children’s Services
L. Black – First Choice Housing Oldham
J. Wareham – Public Health Service
J. Taylor – Public Health Service
P. Thompson – Constitutional Services

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Munroe, Jayne Ratcliffe, Nasir Dad, Paul Clifford, Dr John Patterson, Tamoor Tariq, Joanne Sloan and David Jago.

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 for the meeting to consider.

5 **MINUTES**

Resolved:

That the Minutes of the meeting of the Health and Wellbeing Board held on 15th November 2022, be approved as a correct record.

6 **JOINT STRATEGIC NEEDS ASSESSMENT**

The Health and Wellbeing Board received a presentation from the Data Insight and Intelligence Lead regarding the Oldham Drug and Alcohol Needs Assessment 2022.

Oldham had a total population of 237,628 (according to the Mid-Year Estimate, 2020) of which 49.4% are male and 50.6% female. Those who were 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%.

In terms of Indices of Multiple Deprivation (IMD) Oldham is 19th worst in England and had five LSOAs (Lower Super Output Areas) which now sit in the most deprived 1% nationally.



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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. 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.

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, except for 'crack (only)', are inferior to national averages. 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.

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.

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 overrepresented in the treatment population, South Asian communities are significantly underrepresented 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. Approximately two-thirds (65.7%) had a 'mental health treatment need identified' when they presented to drug treatment services in Oldham. 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%).



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%.

Deaths in drug treatment increased from 13 in 2019/20 to 19 in 2020/21. The proportion of adults Oldham with opiate problems in treatment for 6 years or more was now 33% compared to 27% nationally. 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.

Amongst adult alcohol only clients in treatment in Oldham 62% are male and 38% were 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. Approximately 1.3% of alcohol only clients in treatment indicated 'urgent housing problems' and 8.2% cited other 'housing problems', whilst approximately two-thirds (65.9%) had a 'mental health treatment need identified' when they presented to alcohol treatment services in Oldham.

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%. 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.

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). 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.

In considering the report and presentation the Board expressed its concerns at the degree of addiction issues that were prevalent across the Borough, noting various other, underlying

issues that were making the problems much worse, such as poverty and deprivation.



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Resolved:

1. That the report be noted.
2. That the Director of Public Health be requested to commission a piece of work, consulting all relevant agencies, regarding the underlying issues that were adversely affecting addiction levels, in the Borough of Oldham and scoping an improvement plan that could be put in place.

7

HEALTH INEQUALITIES THEMATIC REVIEW; WORK AND UNEMPLOYMENT

The Health and Wellbeing Board received a detailed review of one of the key thematic areas, that had been extracted from Oldham's Health Inequalities Plan and considered progress, opportunities and challenges. The themes that were discussed included 'work and unemployment'.

A key area of focus was work around reducing inequalities in working practices. Work to counter this included encouraging 'anchor' organisations to work together to develop more equitable and accessible recruitment practices. This would in turn help to maximise the benefit and learning from NHS Northern Care Alliance (NCA) work and how this can be shared more broadly across anchor organisations. Another measure involved reviewing adult education course uptake data and the development of plans for improving uptake in those areas of highest socio-economic need, developing a targeted offer and engagement strategies and considering course time commitments and how they link to recognised thresholds.

There were initiatives ongoing to drive the uptake in the living wage and the Greater Manchester employment charter across Oldham – which offered opportunities and protection to some of the city-region's most vulnerable groups. Actions in this regard included the development of campaigns to increase participation in the Greater Manchester employment charter and living wage for Oldham, including enabling social care providers to pay the living wage. There were aims to strengthen Social Value Procurement, with an emphasis on the need to be seen to be a 'good and fair paying employer'.

There was an identifiable need to improve the understanding of inequalities associated with employment matters across the Borough. This could be achieved by collating data relating to employment practices and look to share the data across the Borough, thereby obtaining an understanding of the 'need' in the Borough, aided by the development of plans and monitoring progress. It would also monitor unemployment data, including those who are inactive due to illness or caring.

A key outcome would be to maximise opportunities into employment in Oldham, particularly in the most under employed areas. In this regard work was ongoing to connect pathways from lifelong learning into employment opportunities, maximising

opportunities from leveraging pre-employment programmes (such as the NCAs) and connecting into further learning opportunities.



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The board was advised that there had been a 'workshop' held in November 2022, which had focused on Recruitment – exploring best practice and opportunities. The key recommendations arising from the workshop included: for foundation roles, recruitment needed to be in plain English – adverts, job descriptions and interview questions; the issue of 'appointable candidates' being retained in a 'jobs pool' for future opportunities – which was considered a positive way forward. There had been recruitment fairs which could lead to offers of employment and/or training. Recruitment activity to penetrate communities with low employment prospects was another key outcome. Finally in terms of job vacancies there had been an identifiable need to join with education establishments as part of a pipeline into employment gaps.

The Board was advised that the NCA provided a nationally recognised programme to support Refugee and Asylum-seeking medics obtain a licence to practice within the UK, which was known as the REACHE programme. Since May 2019, 13 REACHE doctors have received Clinical practice training (CPT) at Royal Oldham Hospital. REACHE was being rolled out into other professions – pharmacy, midwifery, nursing and dentistry. In terms of the NHS there were approximately 350 Careers. The local uptake of employment was 59.4%.

The NCA was developing a youth employment a charter, recognising good practice. There were plans to revise their apprenticeship offer. There was also the NCA kickstart programme and the Graduate offer working with the University of Manchester and Manchester Metropolitan University. There were schemes to provide work exposure, to support adult education courses (including around domiciliary care) and more recruitment events.

Resolved:

That the Health and Wellbeing Board offers its full support to the programmes and initiatives outlined above and will continue to work proactively with partner organisations.

8

HEALTH INEQUALITIES THEMATIC REVIEW; HOUSING, TRANSPORT AND ENVIRONMENT

The Health and Wellbeing Board received a further detailed review of one of its key thematic areas, that had also been extracted from Oldham's Health Inequalities Plan. The themes that were discussed included 'housing transport and the environment'.

The Council's Cabinet was due to consider a report that would seek approval and adoption of the Oldham Transport Strategy and the Board received a presentation outlining the strategy, its aims and its links to other key strategic areas.. The Oldham Transport Strategy set out how Oldham would meet the

ambitions set out in the Greater Manchester Transport Strategy 2040 and sub strategies, whilst ensuring investment was prioritised to ensure that Oldham's Transport and Highways Network supported a Healthy, Clean and Thriving borough.



The Vision for Oldham was to create a connected borough with increasing use of public transport and active travel that provides all people with safe and inclusive access to opportunities and healthy choices. The Transport Strategy set out the council's transport and highways ambitions in relation to:

- A Healthy Oldham
- A Clean Oldham
- A Safe Oldham
- An Accessible Oldham
- A Connected Oldham and
- A Thriving Oldham

The Oldham Transport Strategy and Delivery Plan was aligned with the Greater Manchester Transport Strategy 2040 'Right Mix' ambition for half of all journeys to be made by active and sustainable transport modes by 2040.

The aim of Oldham's Transport Strategy was to reduce carbon emissions from transport, increase cycling, walking and public transport use and enable the borough to become an increasingly attractive place to live, work and visit.

The Delivery Plan set out transport interventions to be delivered over the following time periods:

- short term 0 - 5 years;
- medium term 5 -10 years;
- long term 10 – 20 years (up to 2040); and
- beyond 20 years - 2040 onwards.

The Transport Strategy also included the first proposed sub-strategy - an update to the Oldham Town Centre Parking Strategy. The refreshed Town Centre Parking Strategy was necessary to support the current regeneration proposals for the town centre.

Resolved:

That the Health and Wellbeing Board support and endorse the Oldham Transport Strategy including the Delivery Plan.

9

PUBLIC HEALTH UPDATES

The meeting received a Health Protection and Health Improvement Highlights report. The Health Improvement Highlights report examined issues relating to teenage health and pregnancies; healthy weight and physical activity; tobacco related issues (including dependency and smoking cessation); 'Healthy Start' (the development and delivery of infant mortality action plans); drug and alcohol treatment services and governance issues (including the establishment of a Health Improvement Group that would report to the Health and Wellbeing Board).

The Health Protection Highlights included outbreak support (the management of outbreaks of communicable diseases – including respiratory and new and emerging infections; infection prevention and controls in high-risk settings (such as GP Practices, Care Homes and Early Years settings); the combating of flu, including the rolling out of the autumnal/winter vaccination programme; and Healthcare Acquired Infections and anti-microbial resistance (via the provision of support to prevent and reduce attendant risks)

Resolved:
That the report be noted.

10 **HEALTH AND WELLBEING STRATEGY**

Resolved:
That consideration of the Oldham Health and Wellbeing Strategy be deferred, to the next scheduled meeting of the Health and Wellbeing Board on Tuesday, 21st March 2023.

11 **ADULT SOCIAL CARE DISCHARGE FUND 2022/23**

The meeting considered a report of the Assistant Director of Joint Commissioning (Adult Social Care) which provided the Health and 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.

The board was advised that in September 2022, the Department of Health and Social Care (DHSC) had 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 31st March 2023 and submit fortnightly activity and spend returns, the first of which is required on 6th January 2023.

DHSC had 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 funds for Oldham, allocated directly to the local authority were £935,295. The funds allocated to Oldham via Greater Manchester NHS Integrated Care were £1,638,593. Funding was to be paid in two tranches, the first in December and the second in January, subject to completion of the first monitoring return.

As a locality and in the context of Greater Manchester, Oldham performed well in respect of timely hospital discharge, but this came at a cost, particularly in relation to home care packages, care home placements and equipment. Capacity in the care sector was significantly challenging, with workforce availability cited as the greatest contributor.

Fortnightly reporting is required to be submitted, providing total activity, discharge specific activity and spend information. The first return was completed on 6th January 2023 which also included baseline information of all local authority funded activity for the period 1st October - 31st October 2022. A final spending report is required to be submitted to DHSC, alongside the wider end of year BCF report by 2nd May 2023. The Section 75 agreement, which deals with the Better Care Fund is required to be amended to incorporate the Adult Social Care Discharge Fund.

Resolved:

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

12

DATE OF NEXT MEETING

It was noted that the next meeting of the Health and Wellbeing Board will be held on Tuesday, 21st March 2023 at 2.00pm, in the Civic Centre, Oldham.

The meeting started at 2.00pm and ended at 4.05pm

National Child Measurement Oldham

Jon Taylor - Data Insight & Intelligence Team

Strategy & Performance Service

National Child Measurement Programme

- The National Child Measurement Programme (NCMP), established in 2006, collects annual measurements of the height and weight of over one million children in Reception (age 4-5 years) and Year 6 (age 10-11 years) in primary schools across England.
- This slide set presents data from the 2021 to 2022 NCMP showing the patterns and trends in the prevalence of overweight and obesity among Reception and Year 6 children.
- The 2021 to 2022 NCMP was the first data collection since the coronavirus COVID-19 pandemic that was unaffected by school closures and other public health measures. The number of children measured in Oldham in 2021 to 2022 was 2,855 in Reception, and 3,160 in Year 6. The participation rate in Oldham in 2021 to 2022 was 85.5% in Reception children and 90.3% for children in Year 6.
- The participation rate in England, though high (93%), is lower than pre-pandemic years where participation had been around 95% for England since the data collection in 2014 to 2015. This is likely to be due to resourcing issues within some local authorities during the pandemic recovery process.

Prevalence of overweight and obesity in Oldham by age

National Child Measurement Programme 2021 to 2022

Around 1 in 5 children (20.8%) in Reception (aged 4-5 years) were overweight or living with obesity



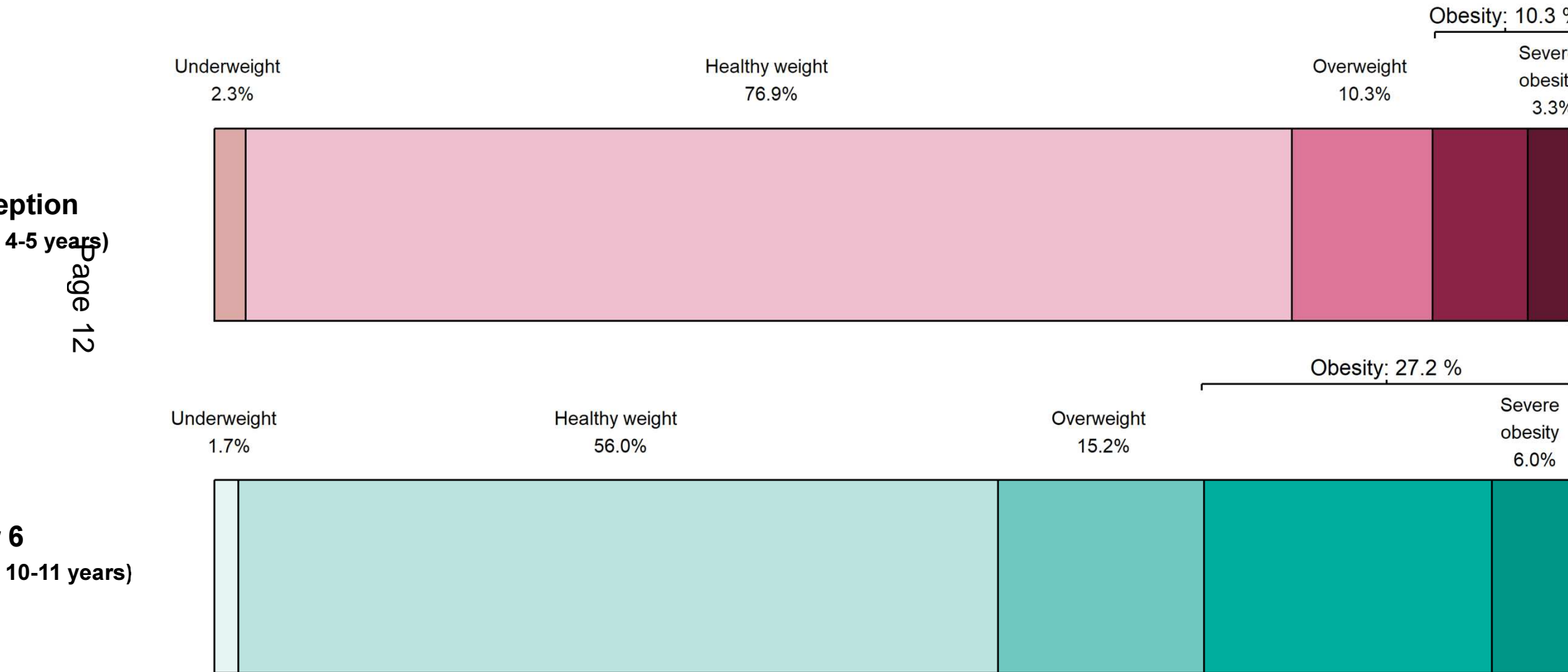
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Around 2 in 5 children (42.4%) in Year 6 (aged 10-11 years) were overweight or living with obesity



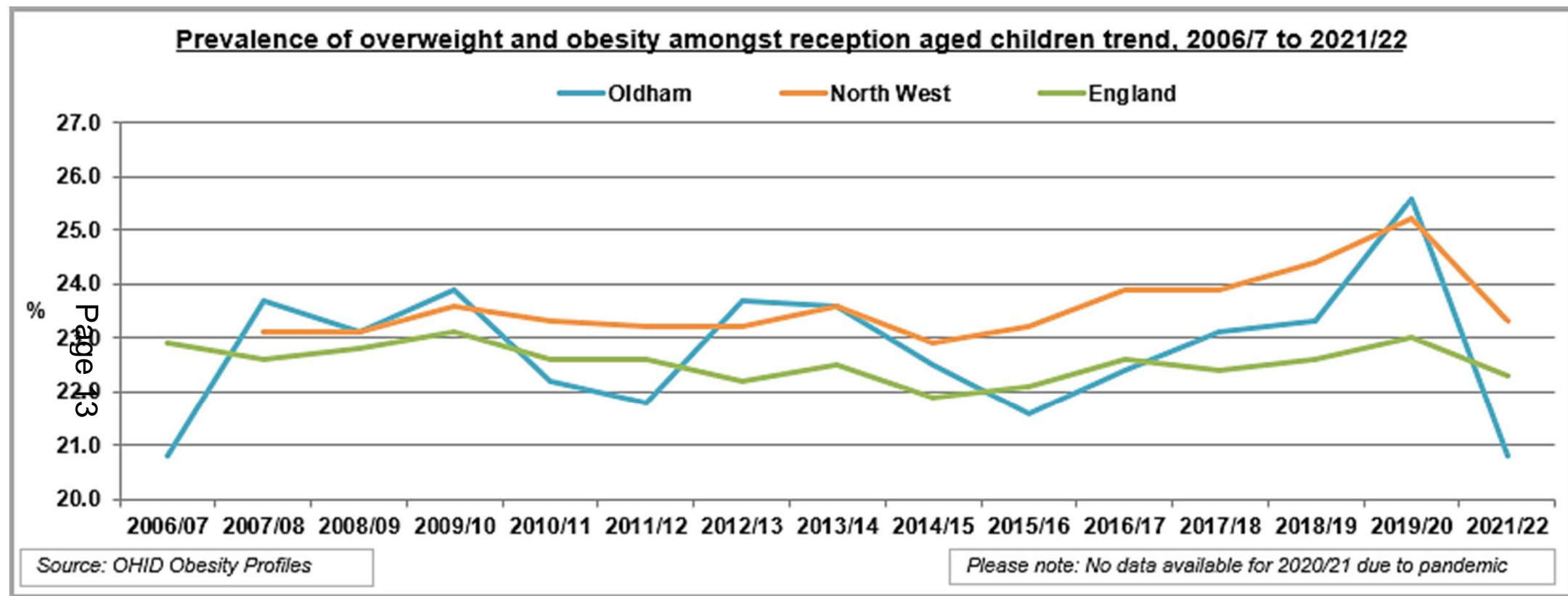
BMI status of children by age in Oldham

National Child Measurement Programme 2021 to 2022



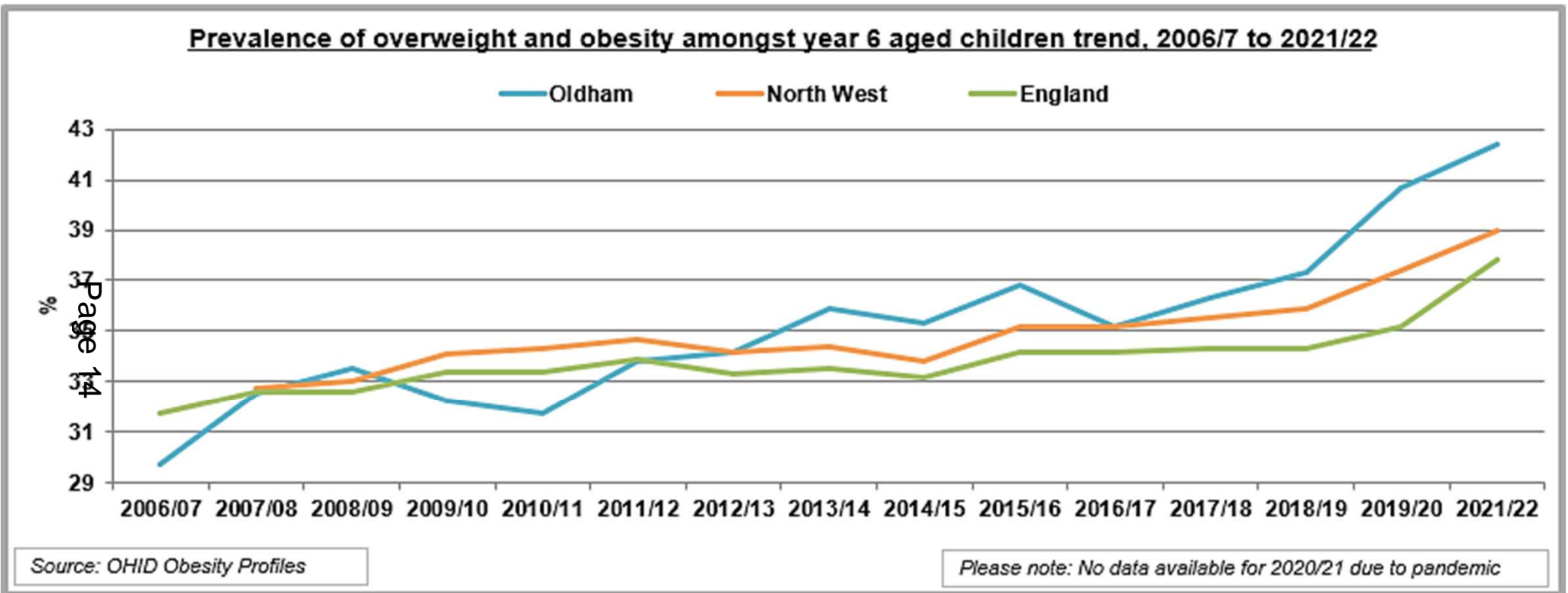
Totals may not sum due to rounding

Percentage of reception children classified as overweight or obese trend, 2006/7 to 2021/22



- The prevalence of overweight / obesity amongst reception aged children was statistically lower in 2021/22 to the North West and England averages. In 2021/22 Oldham's rate was 2.5 percentage point below the North West rate and 1.5 percentage points below the England rate.
- Overall prevalence levels have remained relatively stable throughout the period shown at national level, with some small decreases seen in the North West trend (-1%). Bigger fluctuations can be seen at Oldham level due to smaller numbers but the 2021/22 rate is now the same as that in 2006/07.
- No data was published at regional level for 2006/07 due to data quality problems and no data was published for all levels for 2020/21 due to the pandemic.

Percentage of Year 6 children classified as overweight or obese trend, 2006/7 to 2021/22



- In 2021/22 the prevalence of overweight/obesity amongst Year 6 age children in Oldham was statistically higher than the North West and England rates.
- The prevalence of overweight / obesity in Year 6 aged children has been on an increasing trend since 2006/07 across Oldham, the North West and England.
- Between 2006/07 and 2021/22, the prevalence rate has increased by 42.8% in Oldham compared to increases of 19.3% both regionally and nationally.

Percentage of children classified as overweight or obese by ward of child, 2017/18 – 2021/22

Ward	Reception % Overweight & Obese	Year 6 % Overweight & Obese
Alexandra	23.9	40.8
Chadderton Central	22.2	41.5
Chadderton North	20.0	38.6
Chadderton South	27.0	43.7
Coldhurst	21.5	47.2
Crompton	22.1	35.1
Failsworth East	28.0	37.2
Failsworth West	23.2	44.7
Hollinwood	25.4	36.1
Medlock Vale	27.4	41.1
Royton North	19.0	35.0
Royton South	19.9	37.0
Saddleworth North	16.8	25.4
Saddleworth South	17.7	24.7
Saddleworth West and Lees	19.3	29.3
Shaw	24.9	39.6
St James'	22.1	38.2
St Mary's	24.7	39.9
Waterhead	22.6	40.6
Werneth	22.5	41.7

- The wards with the highest levels of overweight/obesity amongst reception aged children were Failsworth East, Medlock Vale and Chadderton South.
- The wards with the lowest levels of overweight/obesity amongst reception aged children were Saddleworth North, Saddleworth South and Royton North.
- The wards with the highest levels of overweight/obesity amongst Year 6 aged children were Coldhurst, Failsworth West and Chadderton South.
- The wards with the lowest levels of overweight/obesity amongst year 6 aged children were Saddleworth South, Saddleworth North and Saddleworth West & Lees.

Population Inequalities

- **Poverty** - Children living in the most deprived areas were more than twice as likely to be living with obesity, than those living in the least deprived areas
- **Sex** - Boys have a higher prevalence of living with obesity than girls for both age groups
- **Ethnic Group** - Prevalence of Children in Oldham who are overweight and obese is higher in all non-white ethnic groups for both reception and year 6 children

Summary of Findings

- **Lower Take up in Oldham** – Participation in the programme fell nationally in 2021/22 but remained lower in Oldham. This could potentially impact the findings.
- **Decrease in Prevalence in Reception** – Children in reception who are overweight and Obese decreased in 2021/22 in Oldham and nationally. Oldham's rate is now lower than national average, this is the first time since 2015/16.
- **Increase in Prevalence in Year 6** – In contrast, prevalence across year 6 in Oldham and Nationally continued to increase and has done consistently since 20016/17. Oldham's rate is significantly higher than national rate.
- **Higher Prevalence in Boys** – Across both age groups, boys have a higher prevalence, but is more significant at Year 6.
- **Higher Prevalence in deprived areas** – Children living in deprived areas are much more likely to be overweight or obese.
- **Higher Prevalence in Non-White Ethnic Groups** – Prevalence of Children in Oldham who are overweight and obese is higher in all non-white ethnic groups for both reception and year 6 children.

Future Implications

Children living with severe and persistent obesity are more likely to have:

- **Poor attendance at school** and could impact on their academic achievement
- **Develop a variety of illnesses** in childhood and later life such as high blood pressure, high cholesterol, increased risk of type 2 diabetes (pre-diabetes), breathing difficulties, dental caries and bone and joint problems.
- **Emotional and social issues** such as poorer emotional well-being, being at a higher risk of depression, developing an eating disorder in older children, lower body image and self-esteem, teasing or bullying, behavioural problems, avoidance of active play or learning opportunities in school sport and PE.

Discussion and Questions?

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National Child Measurement Programme Oldham

Results – LA, Regional, England Level 2021/22
Local Area Level 2021/22

January 2023

Sources:

Office for Health Improvement & Disparities (OHID): NCMP and Child Obesity Profiles,
NCMP Enhanced Pupil Dataset 2017/18 to 2021/22

Overview

- The prevalence of overweight/obesity amongst reception aged children in Oldham (20.8%) was statistically lower in 2021/22 than both the North West (23.3%) and England (22.3%). The prevalence of those overweight or obese observed in 2021/22 represented a decrease of 4.9 percentage points on the previous recorded year (2019/20).
- The prevalence of overweight/obesity amongst year 6 age children in Oldham (42.4%) was statistically higher than both the North West (39.0%) and England rates (37.8%). The prevalence of those overweight or obese observed in 2021/22 represented an increase of 1.8 percentage points on the previous recorded year (2019/20).

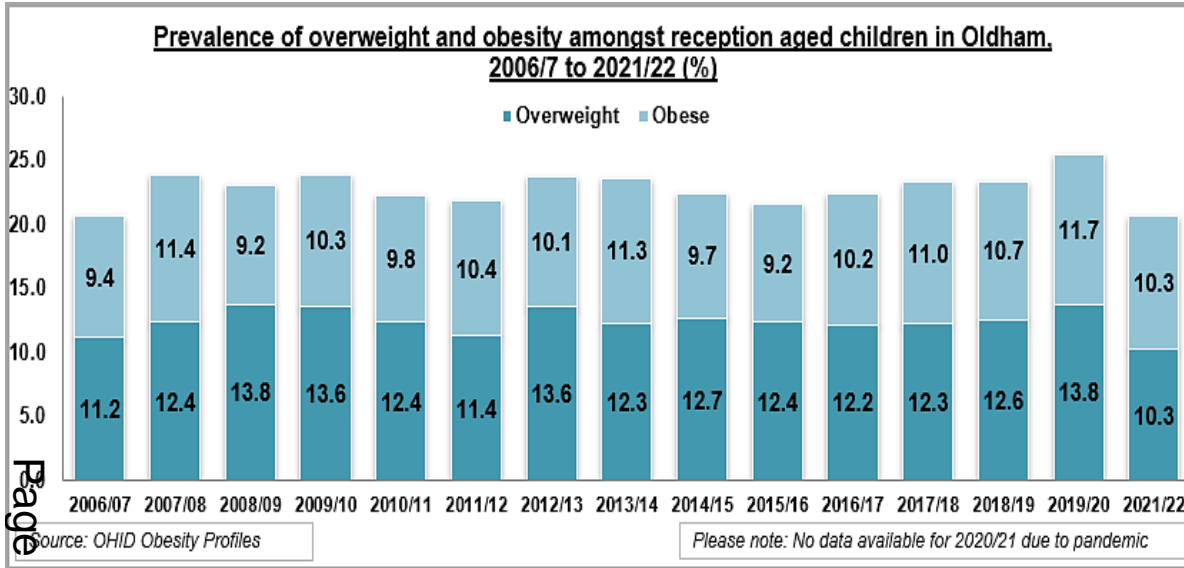
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Examining the data over a 4 year period (2017/18 to 2021/22*) by ward of child, the wards with the highest levels of overweight/obese children were:

- Reception – Failsworth East (28.0%), Medlock Vale (27.4%) and Chadderton South (27.0%).
 - Year 6 - Coldhurst (47.2%), Failsworth West (44.7%) and Chadderton South (43.7%)
- Oldham's participation rate in the national child measurement programme in 2021/22 was 85.5% for reception aged children and 90.3% for year 6 aged children. This is similar the previous rate of 87.8% (2018/19) but lower than in previous years whereby participation has been consistently above 91% for all years since 2010/11. Participation rates are lower than regional and national averages for both year groups.

* Denotes four-year period that excludes 2020/21 due to COVID-19 pandemic

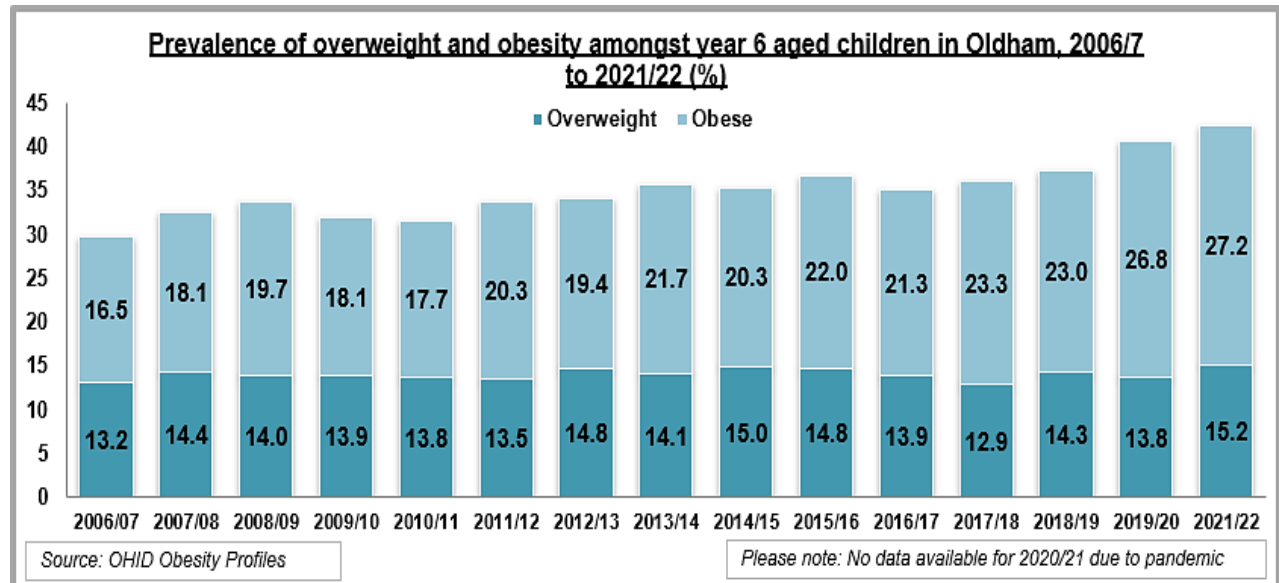
Percentage of children classified as overweight or obese trend, 2006/7 to 2021/22



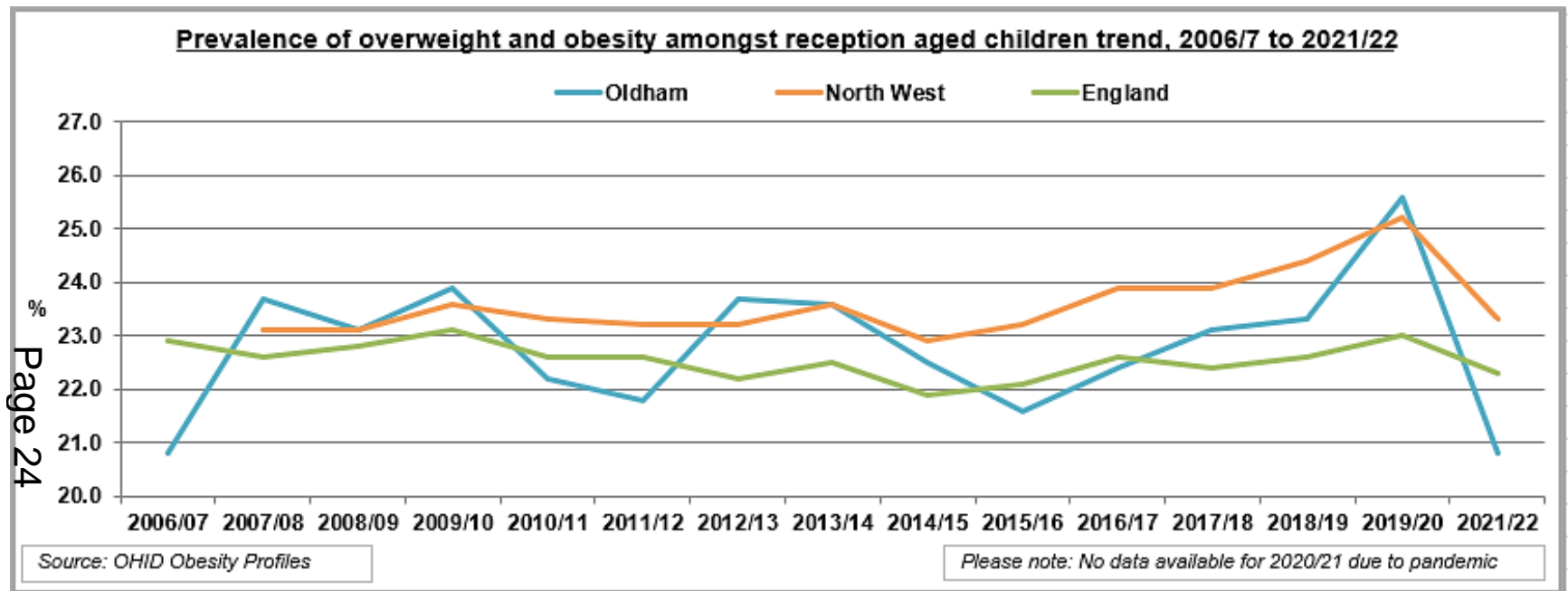
- Amongst reception aged children in Oldham, the prevalence of those overweight or obese observed in 2021/22 represented a decrease of 4.9 percentage points on the previous year (2019/20).
- The proportion of reception aged children classified as overweight decreased to 10.3% from 13.8%. The proportion of children classified as obese decreased by 1.4 percentage points to 10.3%.

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- Levels of overweight and obesity in Year 6 have increased on the previous year's data to 42.4% from 40.6%.
- The proportion of Year 6 children overweight increased by 1.4 percentage points, while the percentage of those classified as obese increased by 0.4 percentage points.

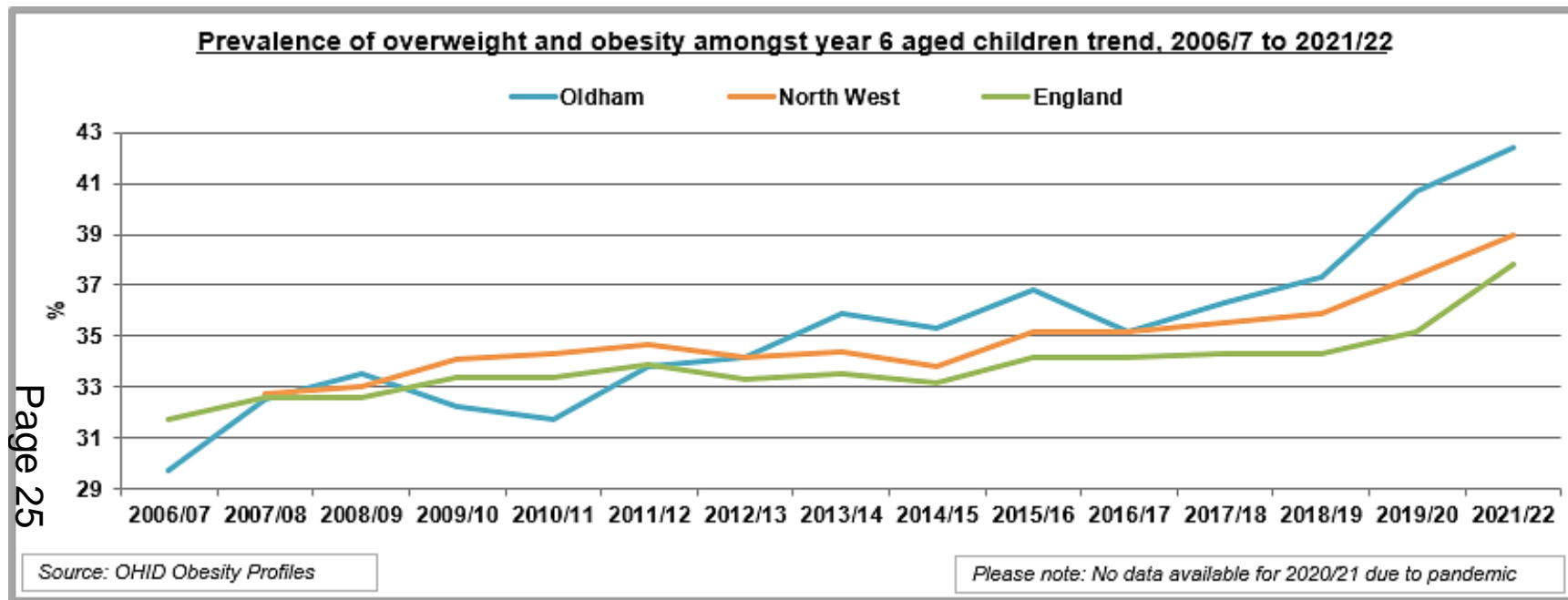


Percentage of reception children classified as overweight or obese trend, 2006/7 to 2021/22



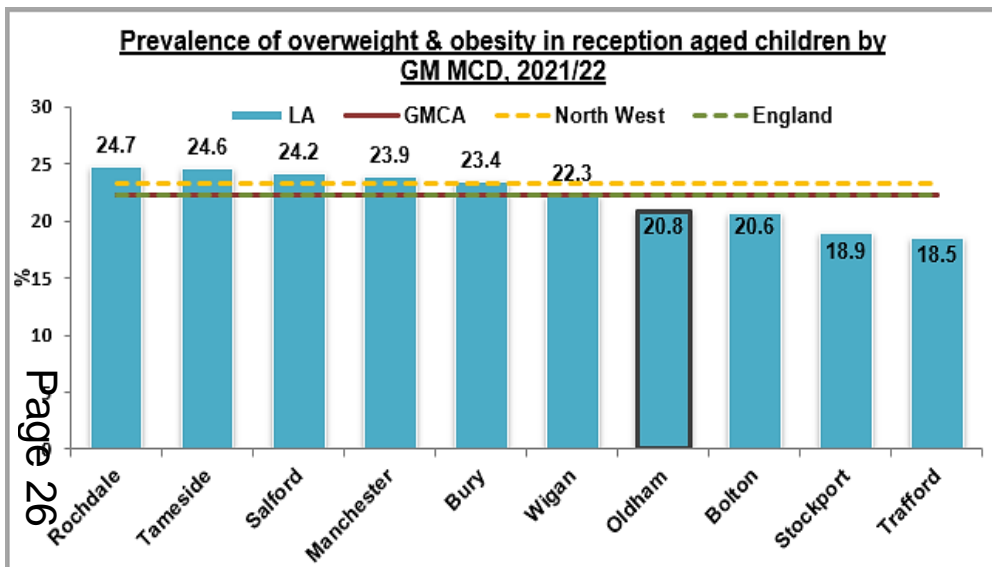
- The prevalence of overweight / obesity amongst reception aged children was statistically lower in 2021/22 to the North West and England averages.
- In 2021/22 Oldham's rate was 2.5 percentage point below the North West rate and 1.5 percentage points below the England rate.
- Overall prevalence levels have remained relatively stable throughout the period shown at national level, with some small decreases seen in the North West trend (-1%). Bigger fluctuations can be seen at Oldham level due to smaller numbers but the 2021/22 rate is now the same as that in 2006/07.
- No data was published at regional level for 2006/07 due to data quality problems and no data was published for all levels for 2020/21 due to the pandemic.

Percentage of Year 6 children classified as overweight or obese trend, 2006/7 to 2021/22



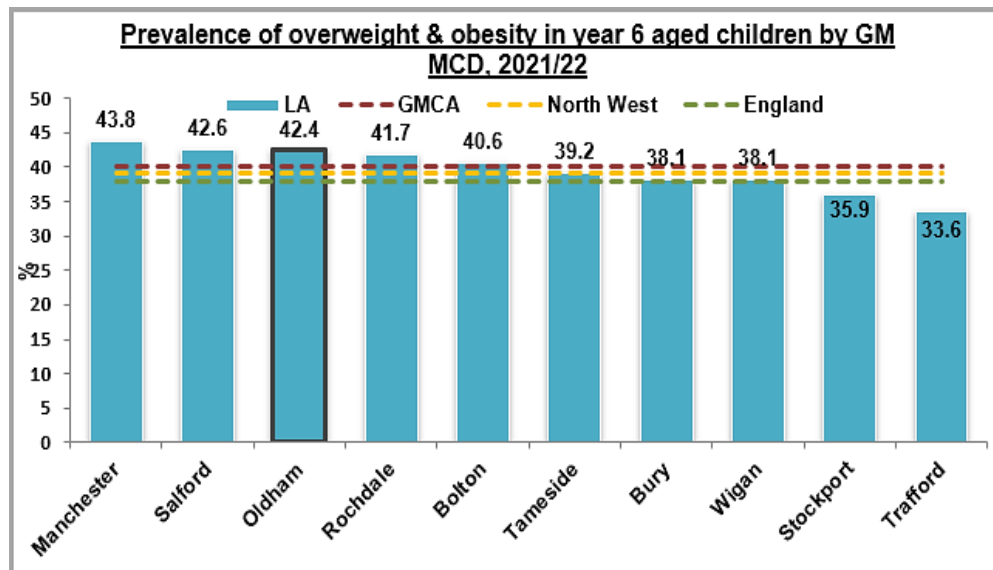
- In 2021/22 the prevalence of overweight/obesity amongst Year 6 age children in Oldham was statistically higher than the North West and England rates.
- The prevalence of overweight / obesity in Year 6 aged children has been on an increasing trend since 2006/07 across Oldham, the North West and England.
- Between 2006/07 and 2021/22, the prevalence rate has increased by 42.8% in Oldham compared to increases of 19.3% both regionally and nationally.

Prevalence of overweight & obesity in children across Greater Manchester, 2021/22



- Oldham ranks 4th lowest across Greater Manchester for the percentage of reception aged children classified as overweight or obese with a rate of 20.8%, lower than the Greater Manchester average of 22.3%.
- Rochdale has the highest rate at 24.7% and Trafford the lowest at 18.5%.
- Oldham, Bolton, Stockport and Trafford have rates lower than the England rate.

- Oldham ranks 3rd highest across Greater Manchester for the percentage of Year 6 aged children classified as overweight or obese with a rate of 42.4%, higher than the Greater Manchester average of 40.0%.
- Manchester has the highest rate at 43.8% and Trafford the lowest at 33.6%.
- Only Stockport and Trafford have rates lower than the England rate.



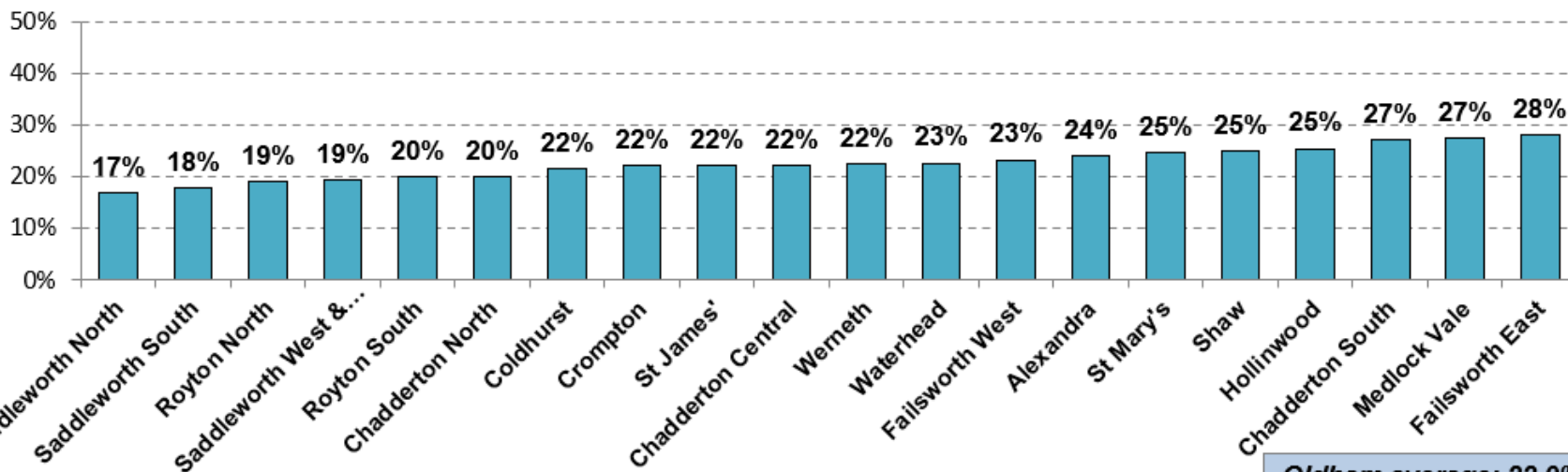
Percentage of children classified as overweight or obese by ward of child, 2017/18 – 2021/22

Ward	Reception % Overweight & Obese	Year 6 % Overweight & Obese
Alexandra	23.9	40.8
Chadderton Central	22.2	41.5
Chadderton North	20.0	38.6
Chadderton South	27.0	43.7
Coldhurst	21.5	47.2
Crompton	22.1	35.1
Failsworth East	28.0	37.2
Failsworth West	23.2	44.7
Hollinwood	25.4	36.1
Medlock Vale	27.4	41.1
Royton North	19.0	35.0
Royton South	19.9	37.0
Saddleworth North	16.8	25.4
Saddleworth South	17.7	24.7
Saddleworth West and Lees	19.3	29.3
Shaw	24.9	39.6
St James'	22.1	38.2
St Mary's	24.7	39.9
Waterhead	22.6	40.6
Werneth	22.5	41.7

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- The wards with the highest levels of overweight/obesity amongst reception aged children were Failsworth East, Medlock Vale and Chadderton South.
- The wards with the lowest levels of overweight/obesity amongst reception aged children were Saddleworth North, Saddleworth South and Royton North.
- The wards with the highest levels of overweight/obesity amongst Year 6 aged children were Coldhurst, Failsworth West and Chadderton South.
- The wards with the lowest levels of overweight/obesity amongst year 6 aged children were Saddleworth South, Saddleworth North and Saddleworth West & Lees.

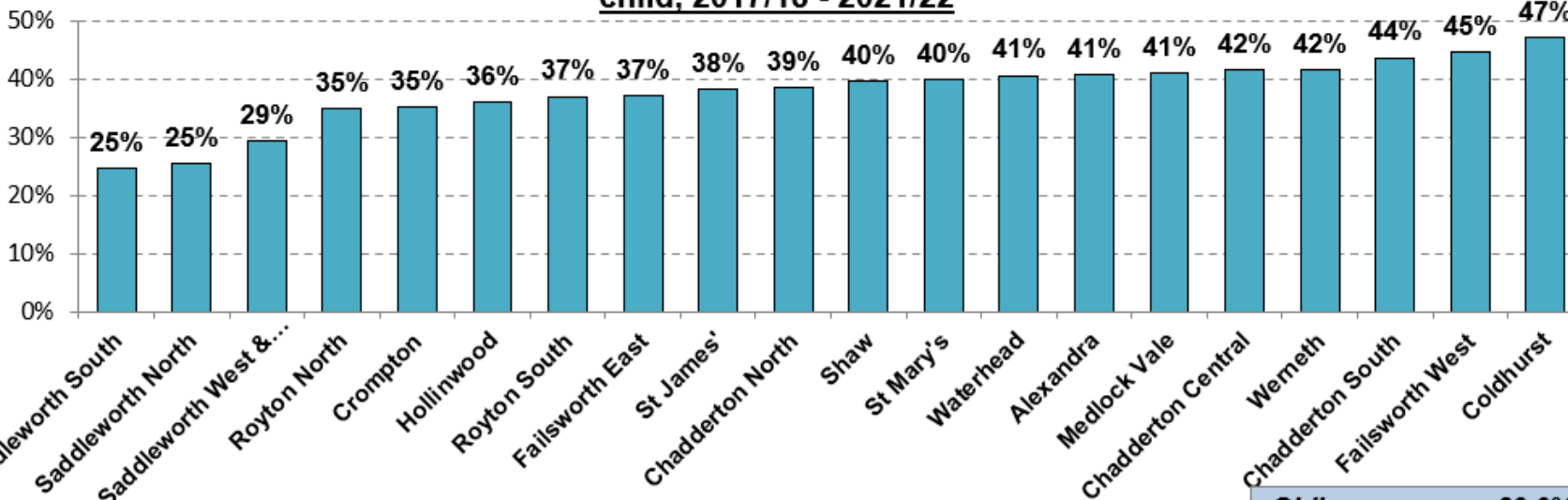
Percentage of reception aged children classified as overweight or obese by ward of child, 2017/18 - 2021/22



Oldham average: 22.9%

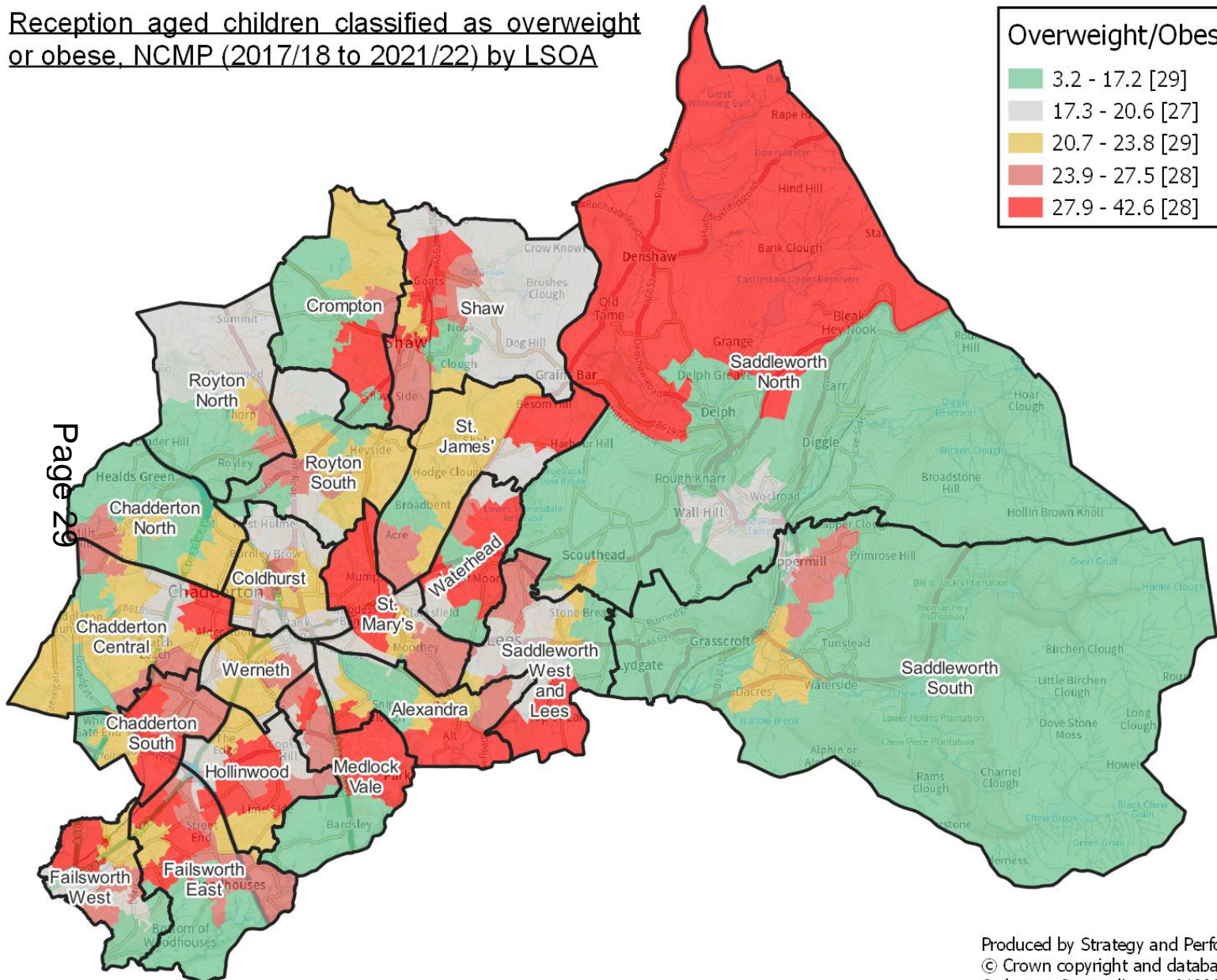
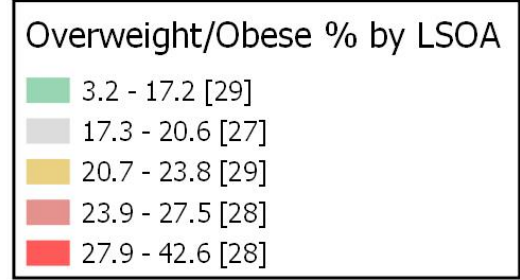
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Percentage of year 6 aged children classified as overweight or obese by ward of child, 2017/18 - 2021/22



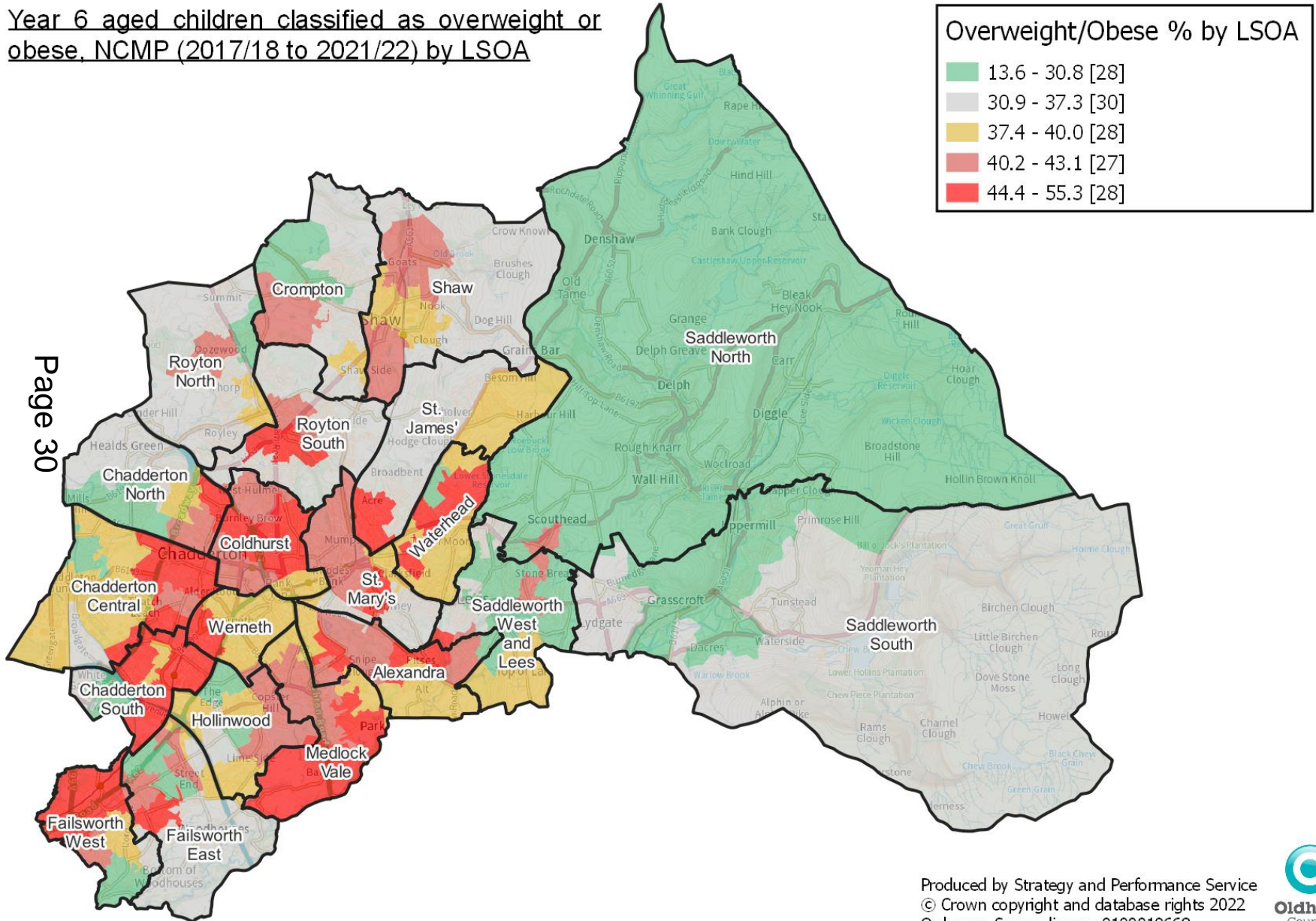
Oldham average: 39.0%

Reception aged children classified as overweight or obese, NCMP (2017/18 to 2021/22) by LSOA

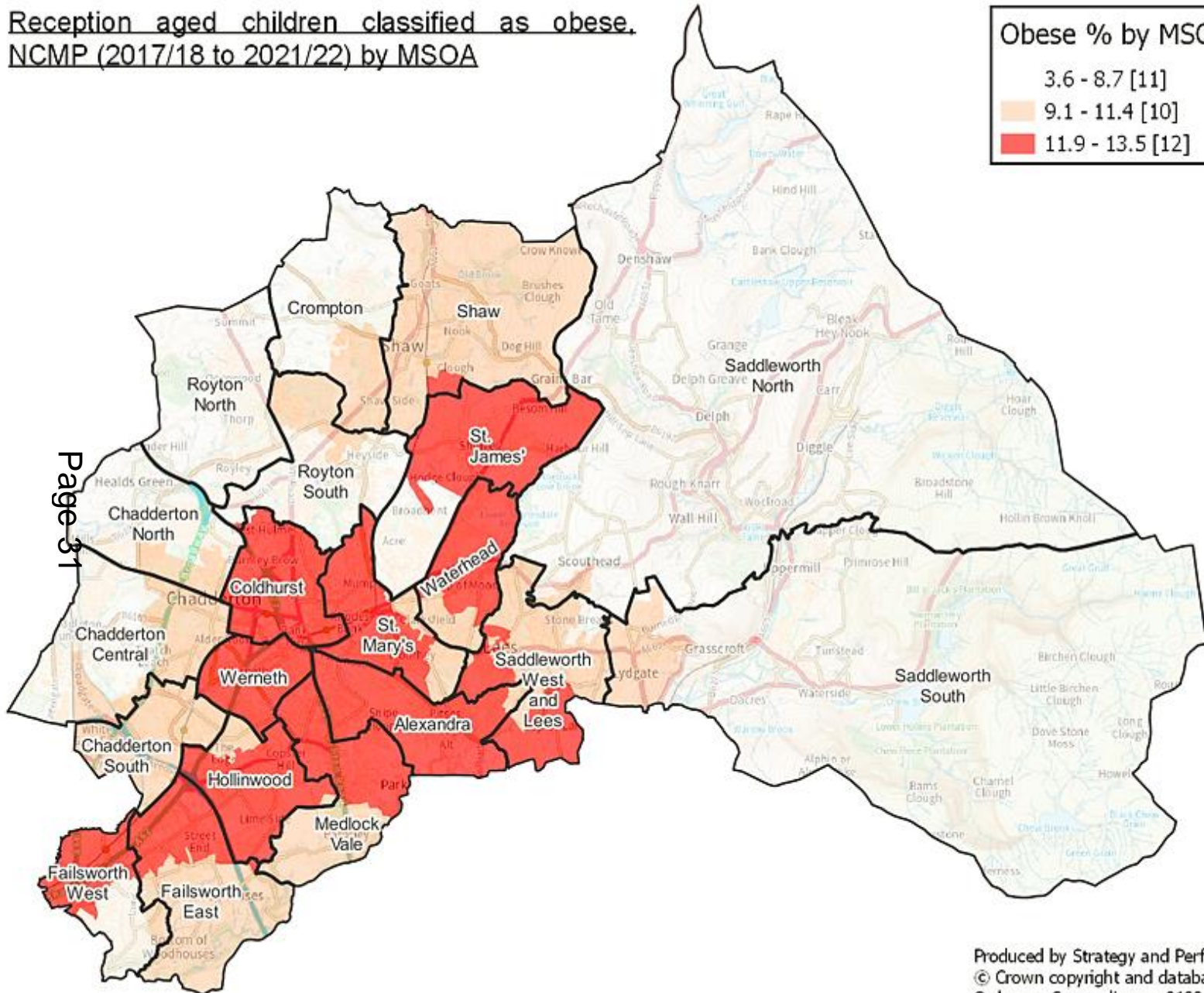
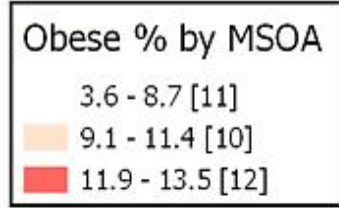


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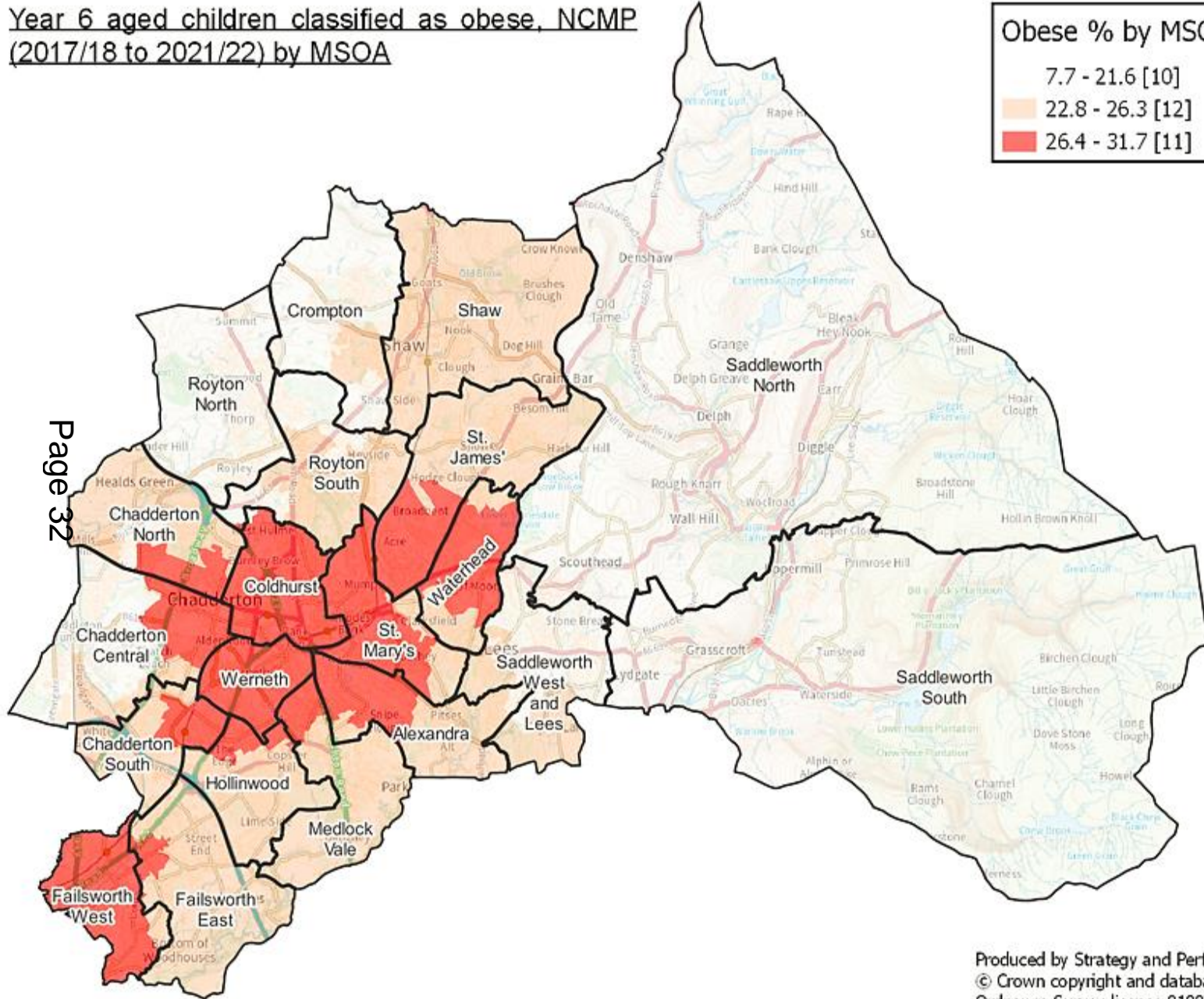
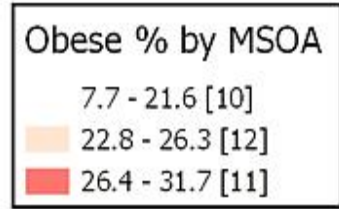
Year 6 aged children classified as overweight or obese, NCMP (2017/18 to 2021/22) by LSOA



Reception aged children classified as obese.
NCMP (2017/18 to 2021/22) by MSOA

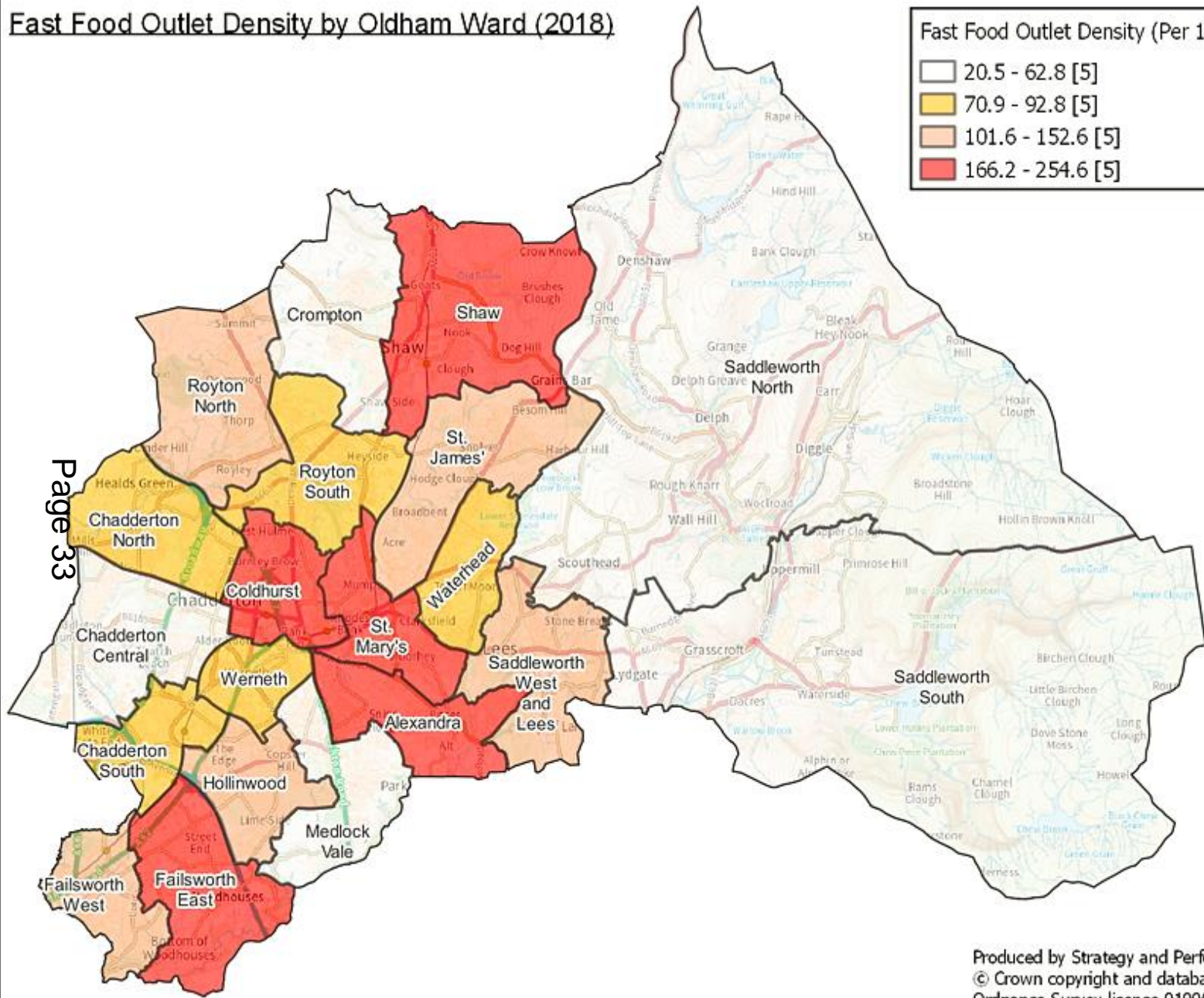
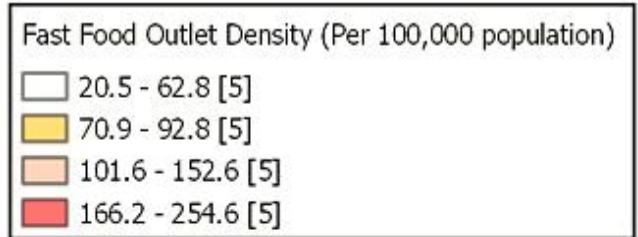


Year 6 aged children classified as obese, NCMP
(2017/18 to 2021/22) by MSOA



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Fast Food Outlet Density by Oldham Ward (2018)

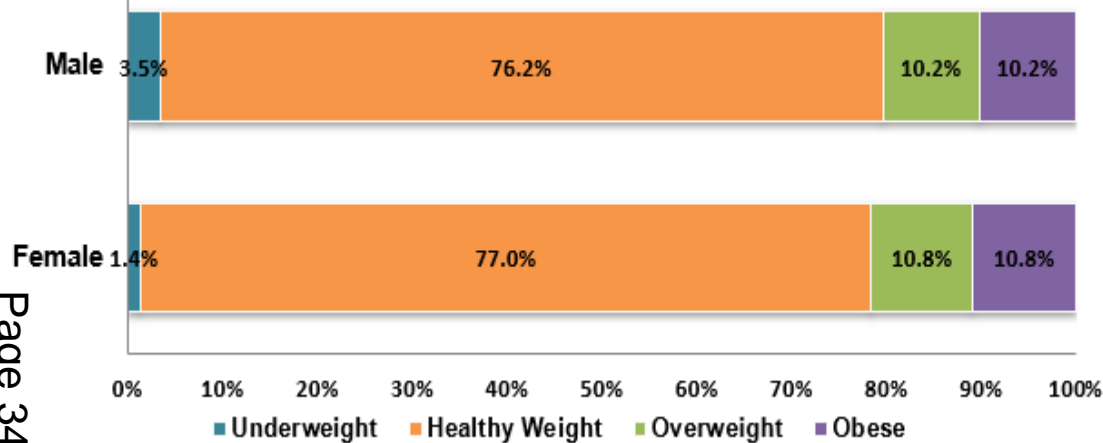


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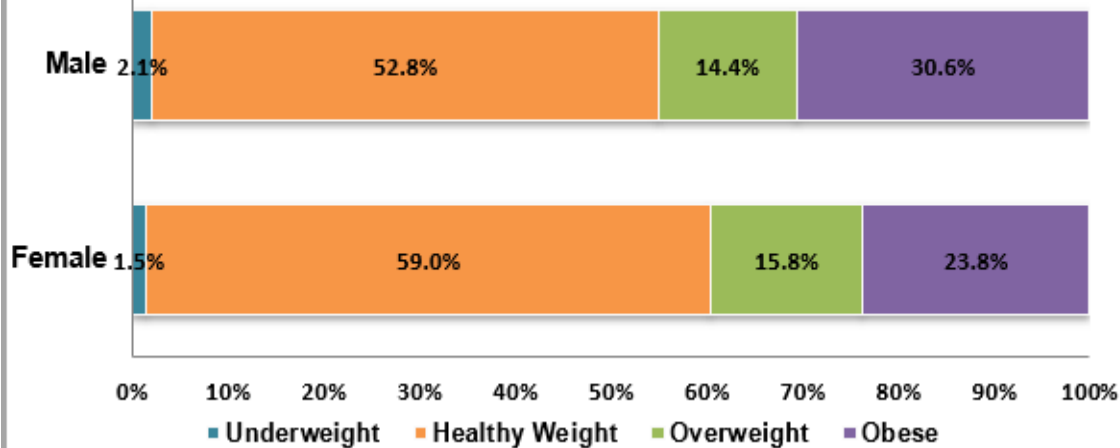
Percentage of children by BMI category and gender, 2021/22

Percentage of reception aged children by BMI category and gender, 2021/22



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Percentage of year 6 aged children by BMI category and gender, 2021/22



The graphs to the left explore the data for the school year 2021/22 in isolation.

Amongst children in both aged groups males are more likely to be classified as underweight than females – at reception age 2½ times more likely.

For reception aged children, there is a slightly higher percentage of girls classified as overweight or obese than boys (21.6% for girls, 20.4% for boys). This is a similar difference to England (22.5% boys, 22.0% girls).

By year 6, the gap between boys and girls is larger, with 45.0% of boys being classified as overweight or obese compared with 39.6% of girls. Again, the gap is also wider at England level (40.7% boys, 34.7% girls).

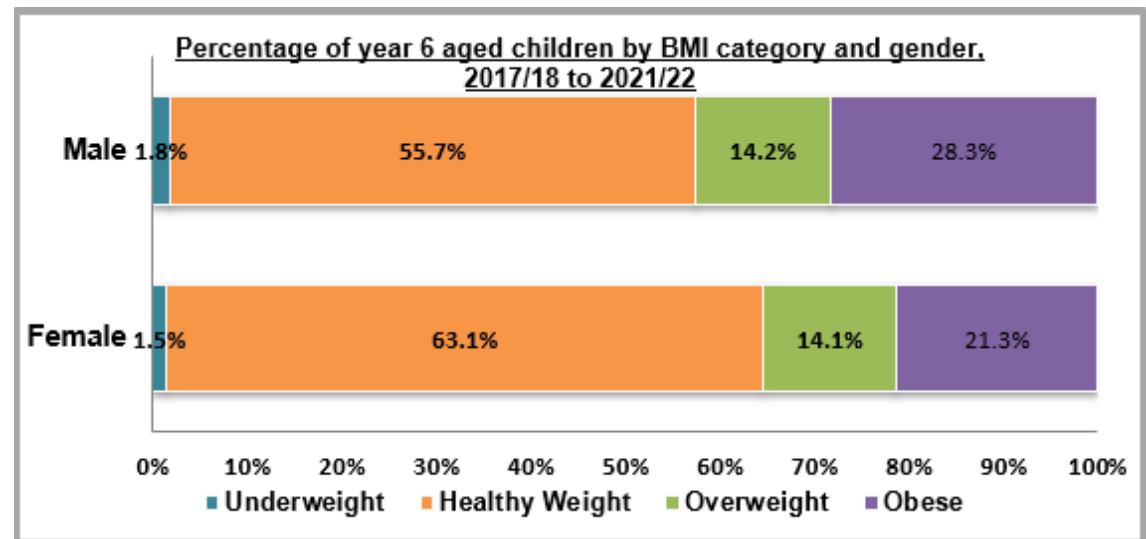
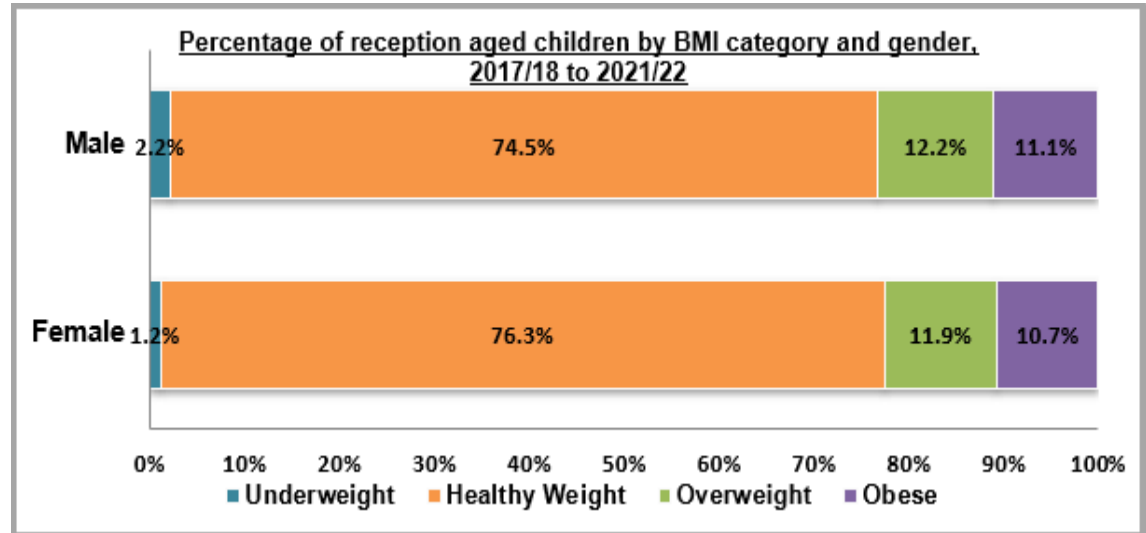
Percentage of children by BMI category and gender, 4 year pooled data, 2017/18 to 2021/22

The graphs to the right explore the data pooled across 4 school years (2017/18 to 2021/22).

There are a higher percentage of boys classified as underweight at reception age than girls (2.2% boys, 1.2% girls). There are slightly higher percentages of boys underweight by year 6 (1.5% girls, 1.8% boys).

For reception aged children, there is a slightly higher percentage of boys classified as overweight or obese than girls (23.3% for boys, 22.6% for girls).

By year 6, the gap between boys and girls is more pronounced, with 42.5% of boys being classified as overweight or obese compared with 35.4% of girls.

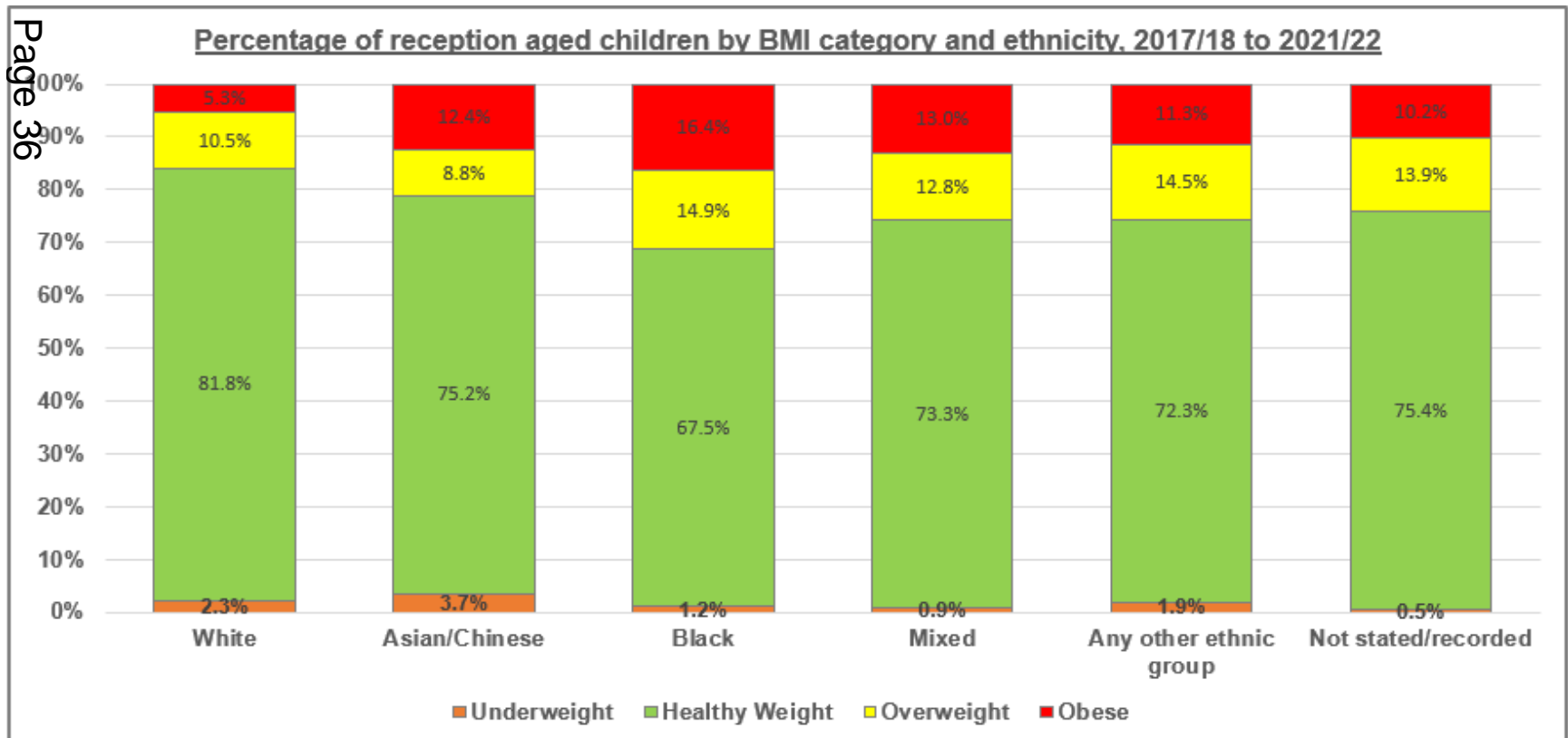


Percentage of reception aged children by BMI category and ethnicity, 4 year pooled data, 2017/18 to 2021/22

The ethnic group with the highest percentage of children classified as overweight or obese at reception age was Black with 31.3%. The ethnic group with the lowest percentage was 'White' with 15.8%, followed by Asian/Chinese with 21.2%.

Looking at the obesity category alone, Black was highest at 16.4%, followed by Mixed (13.0%) and Asian/Chinese 12.4%. The ethnic group with the lowest level of obesity was White with 5.3%.

The ethnic group with the highest percentage of reception aged children classified as underweight was Asian/Chinese with 3.7%. The ethnic group with the lowest percentage was Mixed with 0.9%.

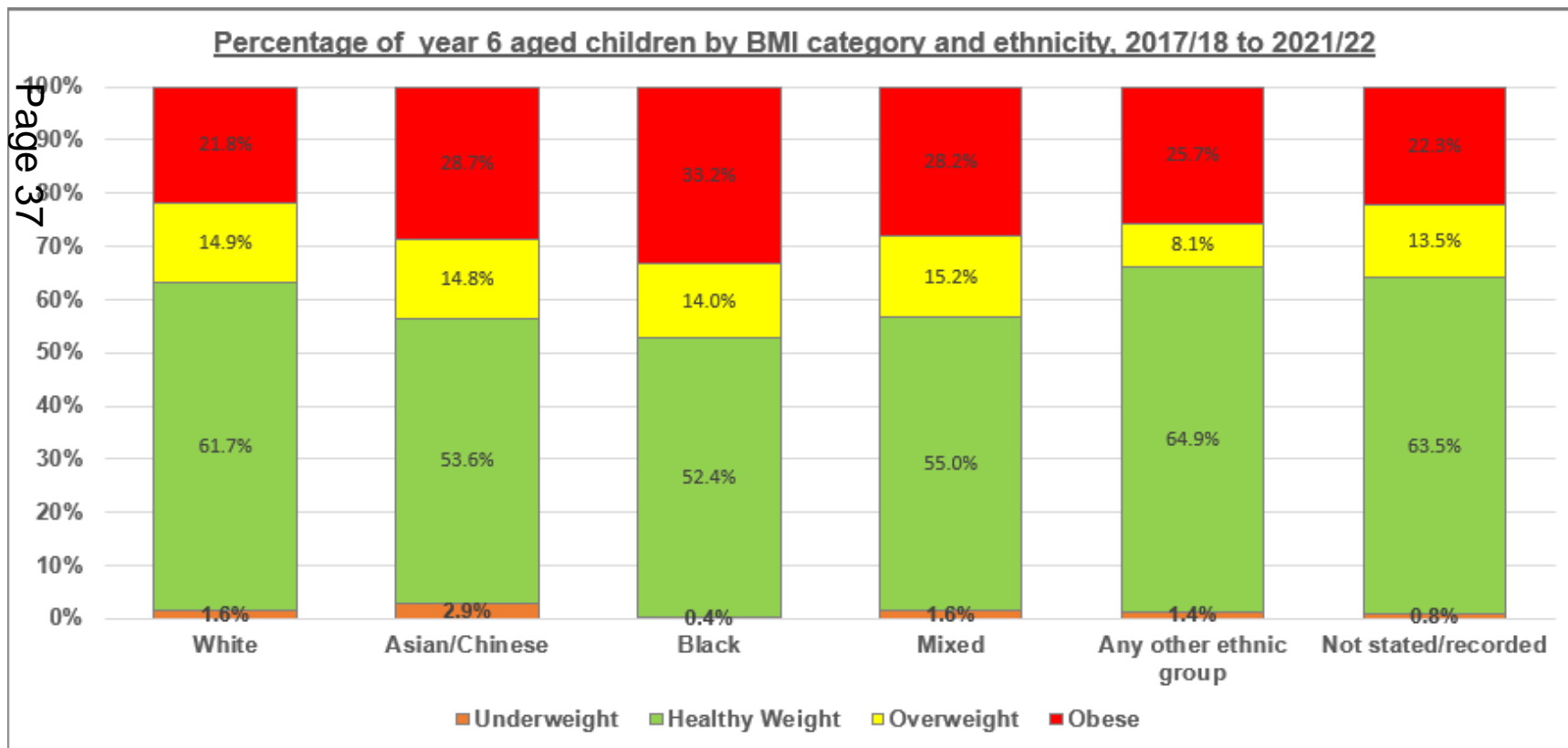


Percentage of year 6 aged children by BMI category and ethnicity, 4 year pooled data, 2017/18 to 2021/22

The ethnic group with the highest percentage of children classified as overweight or obese at Year 6 age was Black with 47.2%. The ethnic group with the lowest percentage was 'Any Other Ethnic Group' with 33.8%.

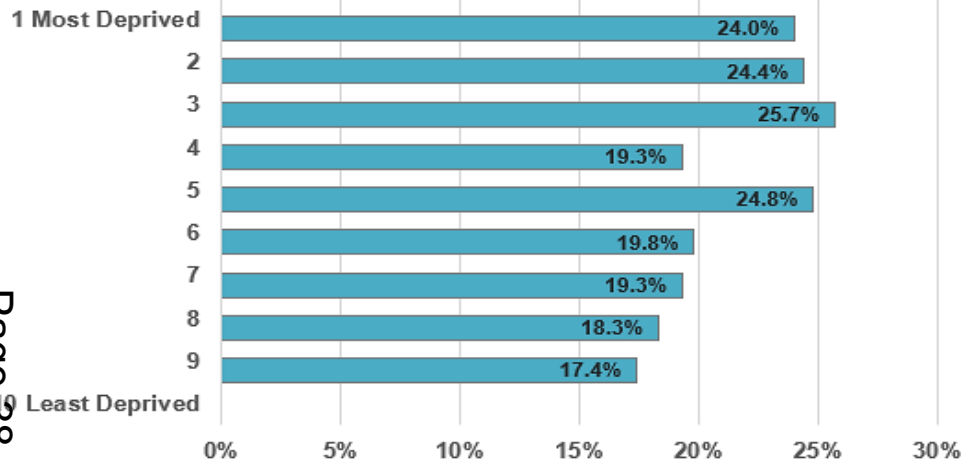
Looking at the obesity category alone, Black was highest at 33.2%, followed by Asian/Chinese with 28.7%. The ethnic group with the lowest level of obesity was White with 21.8%.

The ethnic group with the highest percentage of reception aged children classified as underweight was Asian/Chinese with 2.9%. The ethnic group with the lowest percentage was Black with 0.4%, followed by 'Any other' with 1.4%.

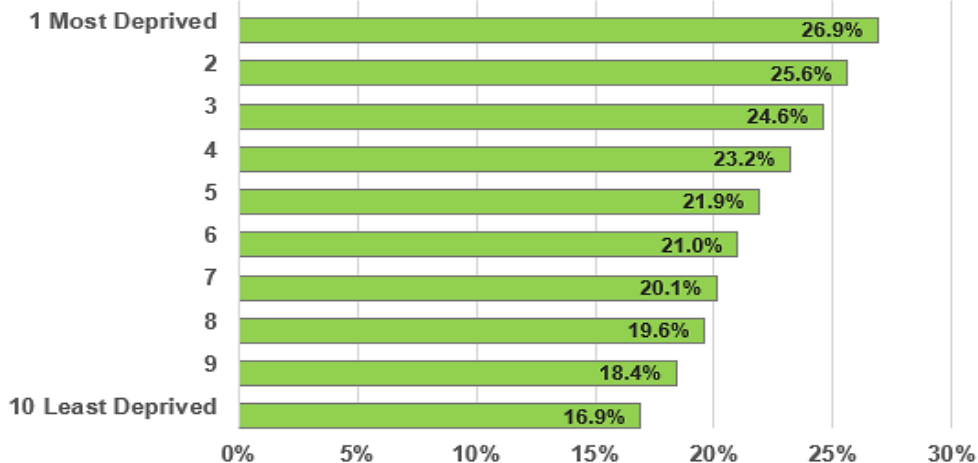


Percentage of children overweight & obese by IMD Decile, 2017/18 to 2021/22

Percentage overweight and obese at Reception by IMD Decile, 2017/18 to 2021/22, Oldham



Percentage overweight and obese at Reception by IMD Decile, England (2021/22 only)



The graphs to the left show pooled data over a 4 year period relating to the percentage of overweight and obese children.

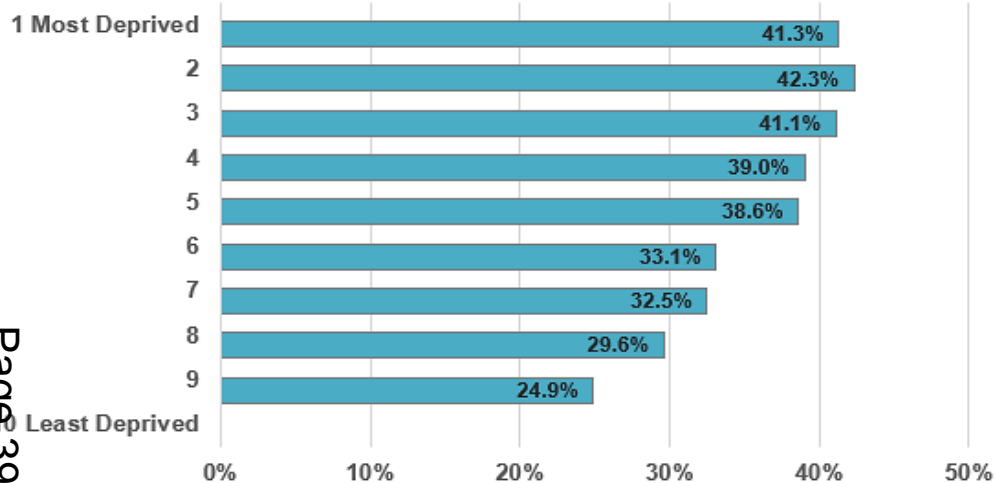
It should be noted that even with data pooled over a 4 year period, none of the children in Oldham fall into the least deprived decile.

Unlike in the previous report in 2019, when there did not appear to be a strong correlation amongst Reception aged children relating to deprivation decile and overweight and obesity, the relationship is more apparent in this edition. This is particularly the case when comparing the three most deprived deciles to the three least deprived with a typical differentiation of 5 to 7 percentage points, illustrating higher prevalence of overweight/obesity for more deprived deciles. At the England level the correlation is consistently stronger as demonstrated in the figure to the lower part of the page.

Please note the England data only refers to a single year of data (2021/22) whereas the Oldham data is pooled over 4 years (2017/18 to 2021/22 (excluding 2020/21 due to the pandemic)).

Percentage of children overweight & obese by IMD Decile, 2017/18 to 2021/22

Percentage overweight and obese at Year 6 by IMD Decile, 2017/18 to 2021/22, Oldham

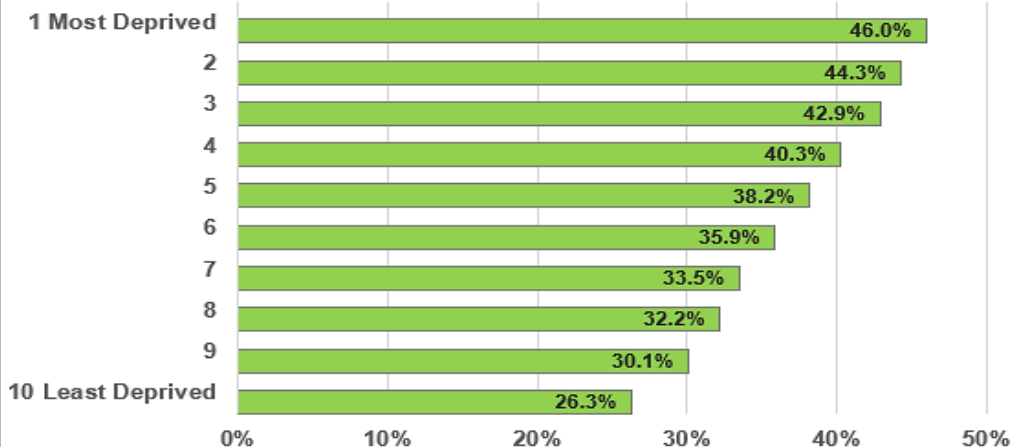


The graphs to the left show pooled data over a 4 year period relating to the percentage of overweight and obese children.

It should be noted that even with data pooled over a 4 year period, none of the children in Oldham fall into the least deprived decile.

By year 6, there appears to be a stronger link between deprivation decile and prevalence of overweight and obesity in children, with those within the more deprived deciles more likely to be overweight or obese than those in the least deprived. The variation amongst Year 6 children more accurately reflects the correlation at England level between deprivation and overweight / obesity.

Percentage overweight and obese at Year 6 by IMD Decile, England (2021/22 only)



Please note the England data only refers to a single year of data (2021/22) whereas the Oldham data is pooled over 4 years (2017/18 to 2021/22 (excluding 2020/21 due to the pandemic)).

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Report to HEALTH AND WELLBEING BOARD

Local Operational Health Economy Outbreak Plan

Chair: Cllr M Bashforth

Officer Contact: Katrina Stephens, Director of Public Health

Report Authors: Charlotte Stevenson, Consultant in Public Health.
Andrea Evans, Senior Health Protection Nurse.

Date: 23/03/2023

Purpose of the Report

For the board to consider Oldham's updated Local Operational Health Economy Outbreak Plan and approve the suggested changes.

Summary

The Local Operational Health Economy Outbreak Plan was developed to ensure clarity on operational roles and responsibilities for each responding organisation in the event of an outbreak in Oldham. It is intended to act as a companion to the GM Multi-Agency Outbreak Plan, providing operational detail and helping responders provide an effective and coordinated approach to outbreaks of communicable disease.

It is important for each organisation, having signed off this plan, to support staff to engage and to embed the multi-agency response to an outbreak and create familiarity over key tasks.

A recent review of the Local Operational Health Economy Outbreaks Plans across the 10 Greater Manchester Localities has led to a refresh and review of the plan for Oldham. The plan has been updated to be in alignment with other localities across Greater Manchester and contact details updated to reflect organisational change across the system.

1. Background

1.1. As part of the Greater Manchester Health Protection Reform work, a review of the Outbreak Plans for the 10 GM Local Authorities was undertaken. The purpose of this exercise was to highlight similarities and differences across the GM system to help support system improvement and cohesion.

1.2. Following analysis of all GM LOMPs, key similarities and differences were highlighted, and a list of things to consider drawn up for localities to assist with updating their plans.

2. Things to consider

2.1 The following were suggested areas of consideration for each locality to look closely at when updating their LOMP:

- Look for areas of duplication and opportunities for streamlining
- Review key contacts list and adjust/update as required.
- Consider the following for inclusion:
 - Isolation support pathways
 - Additions to common outbreak scenarios and challenges
 - Outbreak Control Team (OCT) agenda template

3. Review and update of plan

3.1 The plan was reviewed by the Local Authority Health Protection Team and a list of suggested changes presented at the most recent Health Protection subgroup of the Health and Wellbeing Board. A full list of changes is detailed below to assist the Health and Wellbeing board with reviewing and approving changes.

3.2 Acronyms have been updated to reflect current organisational changes and links to the most current up to date guidance made available in section 1.9.1.

3.2 Contents pages have been updated, with a flow chart added to Section 2.1: Detection and Coordination Roles and Responsibilities, reflecting updated organisation details.

3.3 Additional tables have been added in Section 2.2: Investigations, roles and responsibilities, Section 2.3: Control Measures and Section 2.4: communications roles and responsibilities.

3.4 Additional specific outbreaks have been added to Section 3. These are:

- Outbreaks of IGAS in a care home
- GI outbreak linked to a food premise, swimming pool or petting farm
- Hepatitis A outbreak in a care home

3.5 A section on funding arrangements has been added to section 4b

3.6 In section 4c, Scabies has been added to the table: Outbreak situations not requiring an OCT

3.7 Current Flu pathways for antiviral access and treatment have been added to the table in 4c and also Appendices 1

3.8 Contact numbers have been checked and updated in Appendices 4 with outdated telephone numbers removed. Job titles and organization names have been used rather than named individuals.

4. Issues for Health and Wellbeing board to consider

- 4.1. Health and Wellbeing Board is asked to consider the recommendations from the Greater Manchester Health Protection Reform review of the GM Local Outbreak plans, the changes proposed to the Oldham plan and provide recommendations and final sign off.

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Operational Local Health Economy Outbreak Plan

Oldham

Updated 17.02.2023 draft

Document Control

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Document status:	Consultation Draft
Document version: 3	Version 3
Document date:	17 th February 2023
Document author(s): <i>(Name, Title)</i>	Andrea Evans, Senior Health Protection Nurse
Document owner(s): <i>(Name/organisation)</i>	Template: GM Local Health Resilience Partnership / Greater Manchester Resilience Forum Borough Plan: Local Director of Public Health /NHS Greater Manchester Integrated Care (Oldham)

Change History

Version	Date	Status	Notes
0.01	20-02-17	Initial draft	Following 1 st Planning Group meeting
0.02	15-03-17		Following 2 nd Planning Group meeting
0.03	05-04-17		Following Health Protection Confederation discussion
1	15-01-17		Populated with Oldham information
2	28.09.21		In preparation of the winter, updated by Oldham
3	23.02.23	AE	Updated for the Greater Manchester Review

Approval

Approving group/body: FOR TEMPLATE	Approval date
Director of Public Health	
Health and Wellbeing Board	

Foreword:

Oldham is seen to be both a safe and greatly improved borough. As a Co-operative Council, we are working with our communities and businesses to keep Oldham a secure, safe, and successful place to live and work.

This plan has been developed to ensure clarity on operational roles and responsibilities for each responding organisation in the event of an outbreak. It is intended to act as a companion to the GM Multi-Agency Outbreak Plan, providing operational detail helping responders quickly provide an effective and coordinated approach to outbreaks of communicable disease. It is important for each organisation, having signed off this plan, to support staff to engage in appropriate exercising to embed the multi-agency response to an outbreak and create familiarity over key tasks.

Signed

.....
[Local DPH]

Signed

.....
NHS Greater Manchester Integrated Care (Oldham)

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Glossary of Terms

CPH	Consultant in Public Health
GMIC NHS	Greater Manchester Integrated Care NHS (Oldham)
HERG	Health Economy Resilient Group
DPH	Director of Public Health
NCA NHS	Northern Care Alliance NHS
PCFT	Pennine Care Foundation Trust
HCAIs	Health Care Associated Infections
LA HPT	Local Authority Health Protection Team
SIT	Screening & Immunisation Team
GMIC NHS MO	GMIC NHS Medicines Optimisation
GTD	Go To Doc
LRF	Local Resilience Forum
OCT	Outbreak Control Team
PGD	Patient Group Directive
PSD	Patient Specific Directive
UKHSA	UK Health Security Agency
UKHSA NW Centre	UKHSA North West Centre
OMBC	Oldham Metropolitan Borough Council
BBV	Blood Borne Virus
TB	Tuberculosis
ILI	Influenza like Illness
MR(S)SA	Methicilin Resistant Staph Aureus (MRSA) Methicilin Sensitive Staph Aureus (MSSA)
CDI	Clostridium difficile Infection
ESBL	Extended Spectrum Beta Lactamases
PVL-MRSA	Panton–Valentine leucocidin- MRSA

PCR	Polymerase chain reaction
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1: Aim, objectives and scope of the plan

1.1 Aim of the Plan

This document has been developed to supplement the “Greater Manchester Outbreak Plan” at an Oldham level ensuring the right people are contacted at the right time to ensure that the borough is resilient and can respond appropriately to outbreaks. It focuses on the most likely outbreak scenarios and provides the contact details should an outbreak control team need to be called, and an immediate response made by health and social care partners across the borough.

It has been designed to ensure that an appropriate lead from each organisation is contacted as they will know which member of their service will need to be called and is therefore output/effect focused e.g., identifying clinical staff to provide antibiotics to many school children both in and out of normal working hours.

To set out the multi-agency operational arrangements for responding to outbreaks of human infectious diseases within the borough of Oldham

1.2 Objectives of the Plan

- To outline roles and responsibilities at a local operational level
- To outline the key tasks / activities involved in responding to outbreaks
- To give key considerations and outline some specific requirements needed for different outbreaks

Primary Objectives

- The primary objective in the management of an outbreak is to protect public health by identifying the source of an outbreak and implementing necessary control measures to prevent further spread or recurrence of the infection. This should be underpinned by a risk assessment, with regular re-assessment of the risk.
- The protection of public health takes priority over all other considerations, and this must be understood by all members of the Outbreak Control Team (OCT).

Secondary Objectives

- Responsibility for managing outbreaks is shared by all the organisations who are members of the OCT. This responsibility includes the provision of sufficient financial and other resources necessary to bring the outbreak to a successful conclusion.

- The great majority of incidents and outbreaks are dealt with as part of normal service provision and may not impact greatly on routine services or require an OCT to be convened.
- On occasion, outbreaks are of such magnitude that there may be significant implications for routine services and additional resources are required. In this instance the Director of Public Health may declare a major outbreak / incident and therefore the major incident plans of organisations affected will be invoked as appropriate.

1.3 Command & Control

- If UKHSA call an OCT, Oldham's DPH & members of Oldham's LA Health Protection Infection Team (LA HPT) will participate in that group.
- It is likely that the OCT will be supplemented by a Local Co-ordination Team (LCT), established by the HPT; the purpose of this group is to co-ordinate necessary actions and feedback into the OCT.

1.4 Declaration of an outbreak

- It is usual that locally confined smaller outbreaks (such as Norovirus, HCAs, COVID19 & Influenza) will be recognised and declared by the Oldham LA HPT, with the response being led locally, however, rarely and for some very complex outbreaks the response may be led by UKHSA.
- The LA HPT may be contacted by a variety of sources to report an outbreak, typically these include UKHSA, nursing/care home staff, schools/nurseries, Adult Social Care, Northern Care Alliance NHS Trust Infection Prevention & Control (NCA NHS), Microbiology/virology or Environmental Health Officers.
- Following the recognition and declaration of an outbreak, a decision regarding the need and urgency to convene an OCT is required, this decision should be guided by risk assessment
- There are many minor outbreaks and clusters of disease that occur within Oldham every year that are managed satisfactorily without the need to convene an OCT. For example, an OCT will not normally be necessary to support the management of confirmed or suspected viral gastroenteritis in a nursing home, school, or similar setting. Not convening an OCT does not necessarily mean that there will be no public health actions required.
- The DPH will lead the local response to an outbreak within the Borough of Oldham, this may, however, be delegated to the Consultant in Public Health (CPH) or other appropriate member of the Health Protection Team.
- Terms of reference should be agreed upon at the first meeting of the OCT & should be reviewed at regular intervals.
- When a decision has been made not to declare an outbreak or establish an OCT, the Consultant in Health Protection should be informed at appropriate intervals to determine if the formal declaration of an outbreak or convening of an OCT is subsequently

required¹ This may involve consulting with the other parties to assist with on-going surveillance.

- A suggested list of OCT members can be found in Annex 6: this is not an exhaustive list and depending on the nature of the outbreak representation from additional organisations may be required.

1.5 Investigation and Control of Outbreaks

- Investigation and Control response will depend on the nature of the incident/outbreak and the outcome of the OCT discussion. It is expected that UKHSA will lead or support the provider in undertaking a risk assessment.
- Control measures should be documented with clear timescales for implementation and responsibility.
- A case definition should be agreed and reviewed as required during the investigation.
- Basic descriptive epidemiology is essential and should be reviewed at the OCT.
- Legal powers relating to the investigation of food poisoning outbreaks are vested in Local Authorities. If, during the investigation, it is determined that the outbreak is related to food then the management of this of would be handed over to the Environmental Health Team (EHO) and UKHSA.

1.6 Communications

- The communications response will depend on the nature of the incident/outbreak and the outcome of OCT discussions. It is expected that the OCT will identify & nominate which agency will lead the media response at the outset of the outbreak.
- The Marketing & Communications Team are the lead for communications within Oldham MBC and in the event of an outbreak/incident, it is anticipated that they would produce communications/information for the public in conjunction with UKHSA.
- Social Media will be used in accordance with existing OMBC policies.

1.7 End of the Outbreak

- The Health Protection Team will decide when outbreaks of a smaller, contained nature that are not likely to escalate to significant, major emergency status, are over. The HPT

will make a statement to this effect via email to the 'Outbreak Group' and will be based on an ongoing risk assessment and considered when:

- There is no longer a risk to public health that requires further investigation or management of control measures.
 - The number of cases has declined.
 - The probable source has been identified and withdrawn.
- At the conclusion of the outbreak/s, a written report will be provided to the Health Protection Sub-group. An annual outbreak report will be included in the Director of Public Health Annual Report.
 - Any lessons learnt and recommendations should be disseminated to the Outbreak Group where appropriate and refinements to practice considered and implemented where appropriate.

1.8 Scope / Context of the Plan

- Outbreak and incidents of human infectious diseases which could impact Oldham
- Outbreaks and incidents requiring an OCT: see part 2 and 3
- Outbreaks and incident not requiring an OCT: see part 4

1.9 Complementary Guidance and Documentation

1.9.1 National

- [Covid-19 Supplement to the infection, prevention and control resource for adult social care \(Updated 23rd December 2022\)](#)
- [Infection Prevention and Control Resource for Adult Social Care \(Updated 31st March 2022\)](#)
- [Covid-19 Testing in Adult Social Care \(Updated 15th December 2022\)](#)
- [National Infection Prevention and Control Manual for England \(Updated 6th February 2023\)](#)
- [Communicable Disease Outbreak Management: Operational Guidance 2014](#)
- [Guidelines for UKHSA Health Protection Teams on the management of outbreaks of influenza-like illness \(ILI\) in care homes \(publishing.service.gov.uk\)](#)
- [Infectious Diseases: education and child care settings \(Updated 27th April 2022\)](#)
- [Investigation and Management of Outbreaks of Suspected Acute Viral Respiratory Infection in Schools: Guidance for Health Protection Teams \(Updated September 2022\)](#)
- [The Health and Social Care Act \(2008\) Code of Practice on the Prevention and Control of Infections and Related Guidance](#)
- PHE [national-measles-guidelines](#) 2019

- PHE [meningitis-and-septicaemia-prevention-and-management-in-higher-education-institutions 2017](#)
- [UK Guidelines for the Management of Contacts of Invasive Group A Streptococcus \(IGAS\) Infections in Community Settings \(December 2022\)](#)
- [UKHSA Guidance on the Management of Scabies Cases and Outbreaks in Long Term Care Facilities and Other Closed Settings \(January 2023\)](#)

1.9.2 Greater Manchester

Roles in an outbreak

- Role of DPH
- Role of the CICN
- Role of the ICS
- Role of the Environmental Health Officer
- Role of the NHS Trust/Community Services
- Role of UKHSA
- Role of the Laboratory

GM Outbreaks general including Legionnaires

Legionnaires

- GM Outbreak Plan (including Legionnaires Disease and High Consequence Infectious Disease (HCID) annexes)
- GM Multi-Agency Outbreak Plan Legionnaires' draft v0.7 (2).docx

Influenza

- Acute Respiratory Infection Resource Pack for Care Homes (Interim) 15th November 2022

1.9.2 Oldham

- Local Outbreak Forms
- Local: Workflow chart (In and out of hours)

Influenza

- Influenza outbreak - Care Home preparation form
- Record keeping templates for care homes
- Oldham Swabbing and Antiviral procedure for FLU /ILI

- **Generic Documentation**

- Call Log for Outbreaks GENERIC
- Management of outbreaks in CH flowchart 2017
- Deep Cleaning Guidance 2017
- Outbreak Procedure November 2015

- **Role Cards**

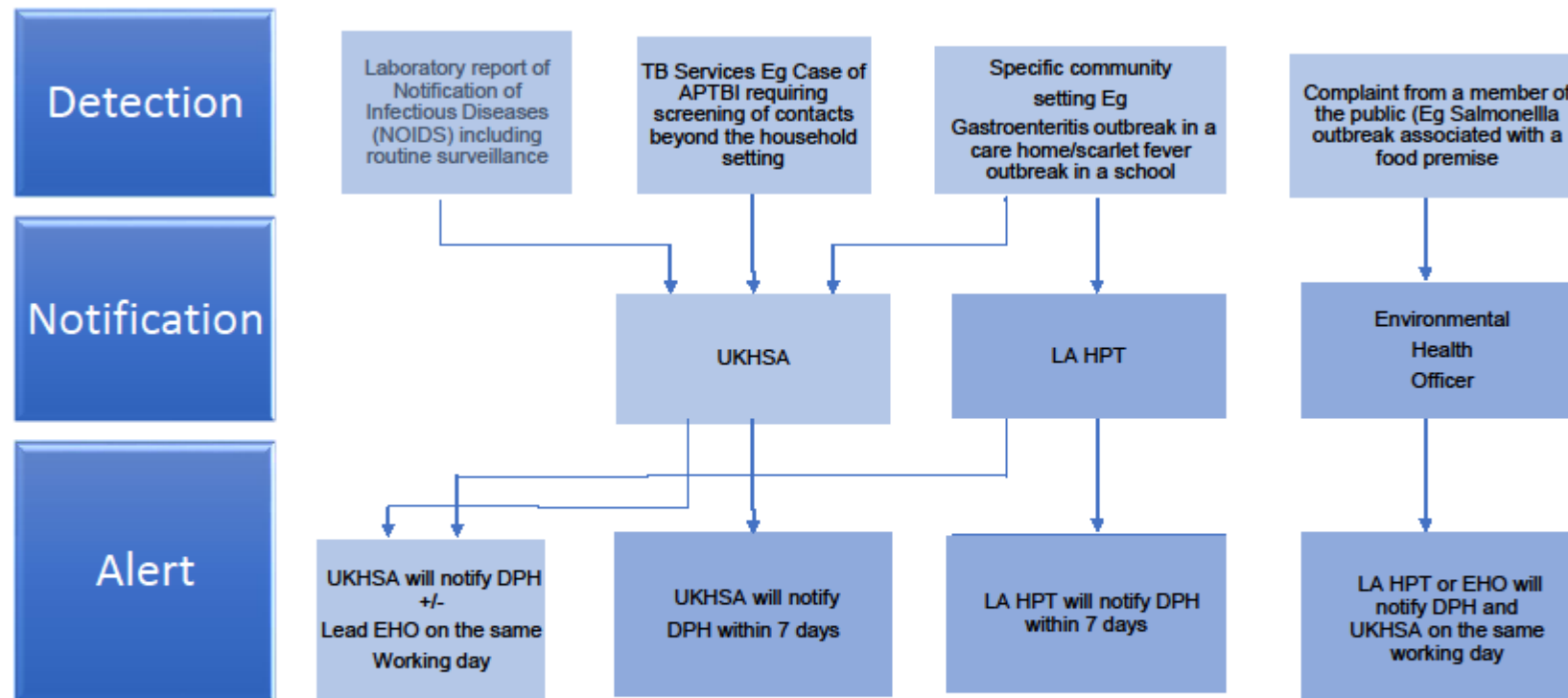
- DPH
- HP Nurse (Community Infection Prevention & Control)
- Environmental Health Officer

2: KEY ASPECTS OF OUTBREAK MANAGEMENT

2.1 Detection and Coordination: Roles and Responsibilities

Outbreaks are usually detected in the following ways

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2.2 Investigations Roles and Responsibilities

	Response activity	Potential responder(s)		Considerations, comments or potential issues
		In hours (9-5)	Out of hours	
Investigation (NB. Any setting where staff affected have access to Occupational Health, the investigation will be delivered through them)	Questionnaires / Interviews/Consent	UKHSA	UKHSA	If notifiable (except sexual health clinics). Support from Oldham Royal Hospital)
		Hospital IPC team	Hospital IPC team	For Acute Trust incidents
		UKHSA (Oldham EHO – Legionella only)	UKHSA	UKHSA undertake the patient questionnaires and sampling for Oldham (except in the case of Legionnaires Disease, where Oldham officers do undertake the questionnaire).
		LCO Children’s Services	UKHSA	Consent to immunisation forms: Schools/Children: Contact: LCO School Immunisation Leads Contact details in contact list.
	Respiratory samples (e.g., swabbing)	NHS Provider/Nursing Home Staff/GP/School Immunisation Team Go To Doc	UKHSA Go to Doc	Clinical sampling will be undertaken by: Care staff in care setting. Additional support with swabbing can be arranged with Local Swabbing Team in Central Coordination Hub eg: Extra Care setting Uni/over 18 referral to GP

					<p>Nursery/Under 5 years – referral to GP Those not registered with GP e.g., Homeless/Rough sleepers Option 1: GP option 2: GTD (dependant on outbreak)</p> <p>Flu: Flu Swab Kits arrangements yet to be agreed/confirmed and circulated by UKHSA for 2022/2023 season. Proposed arrangements may involve OMBC HPT undertake risk assessment</p> <p>Out of hours SPOC for UKHSA to access GMIC NHS Oldham Locality is via NWS ROCC. Ask for the locality GMIC NHS Oldham Director On Call.</p> <p>Out of hours SPOC for UKHSA Northwest.</p>
	Faecal (GI outbreak)		Care home staff GP Adult Care	UKHSA Go to Doc	UKHSA undertake the patient sampling for OMBC for environmental health related outbreaks UKHSA may notify EHO and CHPT of outbreak, Samples posted back to UKHSA labs

					If more than 2 cases unconnected – to see GP GP may be asked to obtain samples depending on organism. E.g., Clostridium difficile
	Faecal (GI outbreak in a care home)		Care /Care Home Staff/ GP	UKHSA Go to Doc	Initial sampling taken by care home on GP instructions or with advice from OMBC HPT. OMBC HPT coordinate outbreak response and advise the home. OMBC HPT may contact UKHSA or EHO for advice. Care home staff take samples.
	Oral fluid (e.g. Hep A outbreak)		GP/NHS Provider/LCO/GTD	N/A	Risk assessment and contact tracing undertaken by UKHSA Self-administered arranged by UKHSA. If wider community outbreak: e.g., School/nursery: option 1: School nursing team option 2: GTD Care Home: Care home nurses/NH team/GP University: Go to Doc Commercial Premises: UKHSA/CHPT may support staff self-sampling GP- for rough sleepers
	Urine Test		GP/Care Home	N/A	If legionella:

					Care Home – Care Home Staff on request by UKHSA Primary care: GP
	Environmental (e.g., food / water)		Environmental Health Officers / HSE	UKHSA	e.g., Legionella/cryptosporidium? Where EH are the enforcing authority then EHO should be able to undertake sampling For certain premises or complex sampling eg legionella linked to cooling towers EHO may need to discuss with HSE
	Blood test		NHS provider/GP		e.g. Phlebotomy services for adults and children
	TB skin test		TB Nurses	N/A	e.g. Mantoux/IGRA testing
	Scabies (clinical assessment)		GP/Dermatologist	N/A	Most cases treated based on clinical assessment by GP or referral to dermatologist without testing. Advice from OMBC HPT for single cases and outbreaks. Follow NICE Scabies Guidance
	Mass blood tests (e.g., IGRA testing) for TB		TB Nurses	N/A	
	Mass X-Ray (incl. mobile x-ray)		TB nurses	N/A	When/if required coordinated by MFT TB team as above

	Sexually Transmitted Infections		NHS Trust Sexual Health Clinic/GP	N/A	Sexual Health Services would respond to the outbreak. Public Health Commissioning manager-sexual Health OMBC would be contacted in regard to response & communicate with partner services.	
	Transport to lab	Local lab transport system	EHO		UKHSA UKHSA	
				UKHSA Postal	N/A	e.g., measles on individual cases, Flu packs, UKHSA packs have paid return envelope.
			Hand deliver			Care home flu swab samples Flu swabs – via UKHSA MRI lab process courier

Prior to an OCT being set up, UKHSA will liaise directly with relevant partners to recommend and coordinate investigations. Once an OCT is set up, the OCT will agree on coordination of investigations.

The types of investigation involved usually include:

- Epidemiological investigation: establishing links between cases/sources based on questioning of cases/NOK and information on settings.
- Microbiological investigations: where a sample is taken and sent for analysis to a laboratory. There are 2 types:
- Clinical sampling: from human tissue (blood, respiratory secretions, salivary, faeces etc)
- Environmental sampling: e.g. water, work surfaces etc.

2.3 Control Measures

	Response Activity	Potential Responder (S)		Considerations, comments or potential issues
		In Hours 9-5	Out of Hours	
Control	Advice on infection, prevention & control measures	Oldham Health Protection Team EHO	UKHSA	9am-5pm The OMBCHPT have a central email UKHSA may also provide some infection control information and advice if related to a specific notifiable disease not routinely dealt with by LA HPT or if unusual situation EHO for commercial food premises/preparation
	Exclusion Advice	OMBC /UKHSA	UKHSA	Using national UKHSA guidelines and advice. Would depend on the outbreak
	Enforcement of control measures	Local Authority with UKHSA support	Local Authority with UKHSA support	Proper Office EH for Part 2a Order (EHO team)
	Treatment and Prophylaxis (Including immunoglobulin, vaccines, antivirals, antibiotics and anti-toxins)	GMIC NHS Oldham Medicines Optimisation – order vaccines/coordinate delivery. Identify local of antiviral stockpile in key pharmacies. Antivirals available from general community pharmacies on prescription May use Immform or order direct from manufacturer for non- immunisation programme vaccines UKHSA may order direct in some circumstances/use own stocks- antivirals/vaccines at UKHSA discretion PGDs to be available from Trust for Immunisation Team/DNs	UKHSA to order vaccines in specific cases Trust pharmacy/GMIC NHS Oldham Out of hours arrangements also to be confirmed by UKHSA. Other out of hour's work will be via Director on call and meds optimisation response use Go to doc etc for	There may be vaccine manufacturing shortages or ordering issues, ordering at short notice in some unusual outbreaks. – UKHSA to advise/support if vaccination recommended by them

		From SIT for primary care/Use of PSD	antivirals – assessment of patients/contacts	
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Prior to an OCT being set up, UKHSA will liaise directly with relevant partners to recommend and coordinate control measures. Once an OCT is set up, the OCT will agree on coordination of control measures.

Control measures usually include:

- Identifying and controlling on-going sources. e.g., A cooling tower suspected of aerosolising Legionella, or a food premise with unsafe food preparation practice
- Preventing/limiting onwards spread
- Reducing likelihood of severe illness in specific vulnerable groups: usually by prompt post-exposure prophylaxis (PEP)
- Where compliance with recommendations around control measures is an issue, enforcement powers may be used. For the purposes of outbreaks and health protection incidents, the bulk of enforcement powers lie with LA. Further info here: Chartered Institute of Environmental Health Toolkit / DoH guidance on Health Protection regulations

The key partners usually involved depend on which control measures are recommended, but most commonly, they are:

- EHOs: IPC advice for cases/contacts of GI illness + enforcement powers
- LA HPT: IPC advice and monitoring for community settings
- GPs: prescribing of Rx and PEP
- School nurses: delivery of PEP (e.g., vaccination) in a school setting
- NHS community providers (e.g., DNs): delivery of PEP in community settings (excluding schools) e.g. traveller site, university, care home...

2.4 Communications: Roles and Responsibilities

	Response Activity		Potential Responders		Considerations, Comments or Potential Issues
			In Hours	Out of Hours	
Communications	To public	Setting specific advice letters (e.g., businesses, care	OCT: OMBC/GM NHS Oldham/EHO/UKHSA	UKHSA	Dependent on topic and setting. Template letter

		homes)			provided by UKHSA for Infectious Diseases Template letter provided by UKHSA/EHO for food related or Environmental
		Update NHS 111	UKHSA	UKHSA	Script and algorithm provided by UKHSA for any LA comms via the Contact Centre. This would need to be pre-agreed.
		Helpline	OMBC/GMIC NHS Oldham	OMBC/GMIC NHS Oldham	Script and algorithm provided by UKHSA for any LA comms via the Contact Centre. This would need to be pre-agreed.
		Websites / social media	UKHSA/OMBC/GMIC NHS Oldham	UKHSA/OMBC/GMIC NHS Oldham	Comms Lead for UKHSA/OMBC/GMIC NHS Oldham
		Door to door	UKHSA/OMBC/GMIC NHS Oldham	UKHSA/OMBC/GMIC NHS Oldham	Need would have to be clearly identified and resourced.
	To health partners	Briefings / sitreps from OCT	UKHSA/OMBC/GMIC NHS Oldham Comms & PCC	UKHSA/MHCC – Comms & PCC	see list of contacts for community cases in appendix
		Other relevant groups	Responsibility of each agency	Responsibility of each agency	
	To the Media	Coordinated by UKHSA/OMBC/GMIC NHS Oldham via OCT	UKHSA/OMBC/GM NHS Oldham via OCT		Include all partner agencies in discussion of key comms messages
	To Elected	DPH	DPH		Director of Public



	Members / Committees e.g. Health and Wellbeing Boards		GMIC NHS Oldham on call director	Health
	Internal briefs	OMBC/GMIC NHS Oldham	OMBC/GMIC NHS Oldham	<p>Oldham Communications</p> <p>All media queries within office hours (9am to 5pm) should be sent to press office.</p> <p>Out of Hours queries</p>


3: LOCAL OPERATIONAL ARRANGEMENTS FOR SPECIFIC TYPES OF OUTBREAKS REQUIRING AN OCT

- 3a Arrangements for an outbreak of Influenza like illness/ARI including C19 in a care home
- 3b Arrangements for investigating complex TB incidents
- 3c Arrangements for investigating and controlling a BBV outbreak/incident
- 3d Arrangements for meningococcal disease in a nursery/school/college
- 3e Arrangements Hepatitis A in a school or childcare setting
- 3f Arrangements for outbreaks in hard to reach populations
- 3g Arrangements for outbreaks of IGAS in a care home
- 3h Arrangements for a GI outbreak linked to a food premise, swimming pool or petting farm
- 3i Arrangements for a Hepatitis A outbreak in a care home

NB: In the event of a BBV incident/outbreak occurring in Oldham, OMBC Health Protection Team will act as a facilitator, providing the link between UKHSA and various parts of Oldham MBC (these will vary according to location of outbreak and who is involved). The Health Protection Team will also act as a point of contact for individuals seeking advice.

3a. Arrangements for an outbreak of Influenza like illness (ILI)/ARI (including Covid19) in a care home

	Response Activity		Responders		Considerations /Documents
			In hours	Out of hours	
Investigations	Detection/Alerting	<ul style="list-style-type: none"> Two or more residents or staff suffering from ILI OMBC/UKHSA alerted by home Exclude Covid19 Information for affected staff/ residents taken Outbreak email sent to relevant groups Outbreak form sent daily to home to fill out and return to OMBC 	<ul style="list-style-type: none"> OMBC HPT GM UKHSA GP/GtD MRI virology 	<ul style="list-style-type: none"> PM UKHSA GTD CCG on call 	 UKHSA NW ARI CARE HOME RESOU  Testing and Antiviral Procedure_
	Sampling	<ul style="list-style-type: none"> Swabs to be obtained from symptomatic people (Max 5) on a wait and return Swabs delivered to MRI Public health Laboratory for PCR Results to Oldham LA HPT in hours and GM UKHSA out of hours 			
Control	Advice IPC	<ul style="list-style-type: none"> Increased hand and respiratory hygiene measures advised PPE including FRSM/visors Home closed to admissions (and possibly also visitors except essential carers) Affected residents isolated until 5 days post symptoms Affected staff excluded for 5 days 	<ul style="list-style-type: none"> OMBC HPT GP/GtD 	<ul style="list-style-type: none"> UKHSA GtD 	<ul style="list-style-type: none"> Cohort residents is key where residents may have dementia

		<ul style="list-style-type: none"> • Deep clean before reopening 			 Oldham Locality Out of Season Antiv
	Treatment/Prophylaxis	<ul style="list-style-type: none"> • OCT called to discuss management • Antiviral treatment/PEP prescribed and administered dependant on lab results • GP/GtD to use FP10 in season and PSD Out of Season. 			
Comms	To care home	<ul style="list-style-type: none"> • Advice letters/emails/outbreak info pack 	<ul style="list-style-type: none"> • UKHSA • OMBC Comms • GMIC NHS Oldham • LA HPT 	No out of hours Comms needed	
	To health partners	<ul style="list-style-type: none"> • Outbreak email* • OCT minutes circulated 			
	To media	<ul style="list-style-type: none"> • Coordinate by UKHSA via OCT 			

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3b. Arrangements for investigating complex TB incidents

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	Detection/Alerting	<ul style="list-style-type: none"> • Notifiable disease • UKHSA/OMBC Health Protection Team alerted about greater than usual cases/linked cases • Alert TB services • Identify contacts of infected 	<ul style="list-style-type: none"> • UKHSA • TB services Oldham • LA HPT • GMIC 	UKHSA	

		individuals	NHS Oldham		
	Sampling	<ul style="list-style-type: none"> • Screen contacts/people in affected area (Oldham FT chest clinic) • Large scale screening if needed • Mantoux testing • Interferon testing • Mass x-ray (including mobile x-ray) 	<ul style="list-style-type: none"> • Microbiology laboratory 		
Control	Advice IPC	<ul style="list-style-type: none"> • Isolation • Hygiene measures • Provide advice/reassurance to worried individuals 	<ul style="list-style-type: none"> • UKHSA • LA HPT • TB services 	UKHSA (if necessary)	<ul style="list-style-type: none"> • Prescribing • Sourcing • Individuals not complying with treatment due to complex social needs (e.g. homeless)
	Treatment/Prophylaxis	<ul style="list-style-type: none"> • Mass vaccinations – BCG • TB antimicrobial therapy – individual prescriptions from Consultant • Latent infections? 	<ul style="list-style-type: none"> • GMIC NHS Oldham • District nursing • General Practice 		
Comms	To public	<ul style="list-style-type: none"> • Advice letters • Update NHS 111, helpline, social media 	UKHS GMIC NHS Oldham Comms LA HPT	There is no out of hours Comms support. Silver Control will decide when Comms need to be involved	
	To health partners	<ul style="list-style-type: none"> • Outbreak email* • OCT minutes circulated 			
	To media	Coordinate by UKHSA via OCT			

3c. Arrangements for investigating and controlling blood-borne viruses (BBV)

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	Detection/Alerting	<ul style="list-style-type: none"> UKHSA/OMBC Health Protection Team notified when unusual numbers or cluster of cases 	<ul style="list-style-type: none"> UKHSA OMBC HP/IPC Team Turning Point Oldham MRI Virology laboratory GPs 	UKHSA	
	Sampling	<ul style="list-style-type: none"> Blood samples for virology Screening of contacts Screen for multiple BBVs 			
Control	Advice IPC	<ul style="list-style-type: none"> Explain routes of transmission Hygiene measures 	<ul style="list-style-type: none"> UKHSA OMBC HP/IPC Team General Practice Consultant Microbiology 	UKHSA	<ul style="list-style-type: none"> Prescribing Sourcing
	Treatment/Prophylaxis	<ul style="list-style-type: none"> PEP treatment for close contacts Vaccinations for close contacts and other contacts (dependant on virus) 			
Comms	To public	<ul style="list-style-type: none"> Advice letters Update NHS 111, helpline, social media 	<ul style="list-style-type: none"> UKHS GMIC NHS Oldham Comms LA HPT 		
	To health partners	<ul style="list-style-type: none"> Outbreak email* OCT minutes circulated 			
	To media	Coordinate by UKHSA via OCT			

3d. Investigating meningococcal disease in a nursery, school or college

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	Detection/Alerting	<ul style="list-style-type: none"> Meningococcal case notified to UKHSA (also OMBC HP/IPC team via email to DPH) Identify close contacts - UKHSA 	<ul style="list-style-type: none"> UKHSA Oldham HPT Team NCA school nurses Consultant Microbiology 	UKHSA	
	Sampling	<ul style="list-style-type: none"> No screening needed, but highlight symptoms and importance of urgent medical attention Hospitalisation of anyone displaying symptoms 			
Control	Advice IPC	<ul style="list-style-type: none"> Highlight symptoms and importance of urgent medical attention 	<ul style="list-style-type: none"> UKHSA LA HPT GPs NCA school nurses 0-5 yrs 	UKHSA	<ul style="list-style-type: none"> Prescribing Sourcing
	Treatment/Prophylaxis	<ul style="list-style-type: none"> Prophylactic antibiotics for close contacts Check vaccination status of rest of school/college – offer vaccination for unimmunised 			
Comms	To public	<ul style="list-style-type: none"> Advice letters Update NHS 111, helpline, social media 	<ul style="list-style-type: none"> UKHSA LA HPT 		
	To health partners	<ul style="list-style-type: none"> Outbreak email* OCT minutes circulated 			
	To media	Coordinate and led by UKHSA via OCT			

3e. Investigating Hepatitis A in a school or childcare setting

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	Detection/Alerting	<ul style="list-style-type: none"> • Notifiable disease • UKHSA/OMBC Health protection Team notified of case(s) • Identify close contacts • Identify source 	<ul style="list-style-type: none"> • UKHSA • LA HPT • NCA school Nursing 	UKHSA	
	Sampling	<ul style="list-style-type: none"> • Blood samples from all contacts for Hep A testing – students/staff/household 			
Control	Advice IPC	<ul style="list-style-type: none"> • Increased hand hygiene, extra measures for close contacts • Environmental Assessment of toilets and hand washing facilities 	<ul style="list-style-type: none"> • UKHSA SIT & LA HPT • NCA NHS school nurses • GPs • GMIC NHS Oldham 		<ul style="list-style-type: none"> • Availability of sufficient vaccine • Ensure vaccinations are given in a timely manner
	Treatment/Prophylaxis	<ul style="list-style-type: none"> • Immunoglobulin therapy for household contacts • Vaccinate contacts • Mass vaccination of childcare setting 			
Comms	To public	<ul style="list-style-type: none"> • Advice letters to schools/households 	<ul style="list-style-type: none"> • UKHSA • GMIC NHS Oldham 		

	To health partners	<ul style="list-style-type: none"> • Outbreak email* • OCT minutes circulated 	<ul style="list-style-type: none"> • OMBC Comms LA HPT 		
	To media	Coordinate and led by UKHSA via OCT			

3f. Investigating outbreaks in a hard to reach population (e.g measles at a traveller’s site)

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	Detection/Alerting	<ul style="list-style-type: none"> • Notifiable disease • UKHSA/OMBC Health protection Team notified of case(s) • Identify close contacts • Identify source 	<ul style="list-style-type: none"> • UKHSA • LA HPT • District Partnership 	GTD	
	Sampling	UKHSA to provide kits if required			
Control	Advice IPC		<ul style="list-style-type: none"> • UKHSA • LA HPT • District partnership • GPs • NCA NHS School nurses 		
	Treatment/Prophylaxis	Advice from UKHSA Mass vaccination onsite			
Comms	To public	<ul style="list-style-type: none"> • Advice letters to remaining traveller 	<ul style="list-style-type: none"> • UKHSA • LA HPT 		

	To health partners	<ul style="list-style-type: none"> • Outbreak email* • OCT minutes circulated • Messages to GPs re increasing vaccine uptake / bringing forward routine vaccinations • Targeting schools with low uptake 	<ul style="list-style-type: none"> • OMBC Comms 		
	To media	Coordinate by UKHSA via OCT			

3g Investigating outbreaks of IGAS in a care home

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	Detection and Alert OCT with UKHSA Communication with care home information gathering Communication with outside professionals Communication with outside professionals	<ul style="list-style-type: none"> • Notifiable disease • UKHSA/OMBC Health protection Team notified of case(s) • Identify close contacts • Identify source 	<ul style="list-style-type: none"> • UKHSA • LA HPT 	GTD	
	Sampling	UKHSA to provide kits if required			
Control	Advice IPC	Audit Hand Hygiene Isolation Advice	<ul style="list-style-type: none"> • UKHSA • LA HPT 	UKHSA	Long term follow -up for staff and

	Treatment/Prophylaxis	Advice from UKHSA	<ul style="list-style-type: none"> • Adult Community Services • GPs 		<p>residents who have tested positive</p> <p>Using one pharmacy to dispense preventative treatment for staff and residents</p>
Comms	To public	Communication to relatives	<ul style="list-style-type: none"> • UKHSA • GMIC Oldham Comms • LA HPT 	UKHSA	
	To health partners	<ul style="list-style-type: none"> • Outbreak email* • OCT minutes circulated 			
	To media	Coordinate by UKHSA via OCT			

3h. Arrangements for a GI outbreak linked to a food premise, swimming pool or petting farm

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	Detection and Alert OCT with UKHSA, EHO Rapid Investigation of potential source in the setting	<ul style="list-style-type: none"> • UKHSA/OMBC Health protection Team notified of case(s) • Identify close contacts • Identify source 	<ul style="list-style-type: none"> • UKHSA • OMBC • LA HPT • EHO 	UKHSA EHO OMBC	

	Sampling Environmental Faecal Sampling	UKHSA to provide kits if required			
Control	Advice IPC/EHO	Hand Hygiene Isolation Advice Recommended/enforcement case-based control measures	<ul style="list-style-type: none"> • UKHSA • LA HPT • Adult Community Services • GPs 	UKHSA EHO OMBC	
	Treatment/Prophylaxis	Advice from UKHSA			
Comms	To public	Communications as required as a result of the OCT	<ul style="list-style-type: none"> • UKHSA • LA HPT • OMBC Comms 	UKHSA EHO OMBC UKHSA	
	To health partners	<ul style="list-style-type: none"> • Outbreak email* • OCT minutes circulated 			
	To media	Coordinate by UKHSA via OCT			

•3i. Arrangements for a Hepatitis A outbreak in a care home

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	Detection and Alert OCT with UKHSA, EHO Rapid Investigation of potential source in the setting	<ul style="list-style-type: none"> • UKHSA/LA HPT notified of case(s) • Identify close contacts • Identify source 	<ul style="list-style-type: none"> • UKHSA • LA HPT • EHO • GP 	UKHSA EHO OMBC GtD	Transportation for Samples

	Complete questionnaires required if at local level				
	Sampling Obtain samples with support for residential homes if necessary Blood samples if required	UKHSA to provide kits if required			
Control	Advice IPC/EHO	Hand Hygiene Isolation Advice Recommended/enforcement case-based control measures	<ul style="list-style-type: none"> • UKHSA • LA HPT • Adult Community Services • GPs 	UKHSA EHO OMBC	
	Treatment/Prophylaxis	Advice from UKHSA			
Comms	To public	Communications as required, a result of the OCT	<ul style="list-style-type: none"> • UKHSA • LA HPT • GMIC NHS Oldham • Comms 	UKHSA EHO OMBC UKHSA	
	To health partners	<ul style="list-style-type: none"> • Outbreak email* • OCT minutes circulated 			
	To media	Coordinate by UKHSA via OCT			

OFFICIAL SENSITIVE

*In the event of any of these outbreaks an email is sent out stating the location and nature of the outbreak, and the number of people affected. This is used to notify the following:

- Health Protection Team
- Adult Social Care
- Environmental Health
- Consultant Microbiologists
- CCG
- Councillors
- Schools
- DPH

4: LOCAL OPERATIONAL ARRANGEMENTS FOR SPECIFIC TYPES OF OUTBREAKS NOT REQUIRING AN OCT

4a Table of arrangements for:

- Investigating & controlling outbreaks of viral gastroenteritis in schools/nurseries;
- Investigating & controlling outbreaks of viral gastroenteritis in care homes;
- Investigating & controlling outbreaks of respiratory disease in care homes (excluding seasonal ILI-covered in part 3a);
- Investigating an outbreak of a HCAI;
- Investigating & controlling outbreaks of influenza in a school/nursery.
- Investigating & controlling outbreaks of scabies in a care home


4b Funding arrangements:





Guiding principles:




- Protection of human health takes priority over funding challenges/financial discussions
- Where a local arrangement is in place re delivery of a certain aspect of the response (e.g., delivering an immunisation session in a school setting): partners must actively:
- Involve key decision makers from the relevant agency to formally approve the agreement (i.e., do not assume that the organisation will do it)
- Consider whether activity should be absorbed in existing contracts or whether additional funding is required and if so, which commissioner will sort this.
- Key commissioners in Oldham health economy include:
- GMIC NHS Oldham which commissions: Primary care and acute and community/social care providers
- NCA which commission public health services (school nurses and HVs)
- GM Health and Social Care Partnership (GMHSCP), Dentists and GPs which are jointly commissioned with GMIC NHS Oldham
- Specialist Commissioning commissioned by the CCG
- LA Environmental Health


GM NHS Oldham Medicines Optimisation: A Locally Commissioned Service Specification has been developed and agreed for use with GPs including OOH in case of outbreak responses for antiviral treatment/prophylaxis and vaccination.

4c. Outbreak situations NOT requiring an OCT

Outbreak Situation	Detection/Alerting	Response	Control	Treatment/Prophylaxis	Documents
<p>Viral gastroenteritis in schools/nurseries</p>	<p>OMBC Health Protection Team contacted by school/nursery/other source when 2+ cases are noted</p>	<ul style="list-style-type: none"> • Phone call between school & LA HPT to discuss symptoms and numbers of affected staff & students. • LA HPT email outbreak form to school to be completed and emailed to LA HPT Team on daily basis • Outbreak form details added to outbreak spreadsheet daily. • Arrange for stool samples to be taken from affected residents and sent to laboratory 	<ul style="list-style-type: none"> • Ill pupils & staff to stay home for 48hours post last symptoms • Outbreak email sent out daily* • Extra hygiene measures advised • Deep clean of school 48 hours after last symptoms 	<p>Unnecessary in most cases</p>	<div style="text-align: center;">  <p>Outbreak log.doc</p> </div>

Outbreak Situation	Detection/Alerting	Response	Control	Treatment/Prophylaxis	Documents
<p>Viral gastroenteritis in nursing/care homes</p>	<p>OMBC Health Protection Team contacted by home/other source when 2+ cases are noted</p>	<ul style="list-style-type: none"> • Phone call between home & LA HPT to discuss symptoms and numbers of affected staff & residents • LA HPT to email outbreak form to home, to be filled out daily and emailed back to HP Team • Outbreak form details added to outbreak spreadsheet daily • Arrange for stool samples to be taken from affected residents and sent to laboratory (see outbreak management doc) 	<ul style="list-style-type: none"> • Ill residents isolated for 48hours post symptoms • Ill staff excluded for 48 hours post symptoms • Closure to admissions and visitors until 48 hours post symptoms • Extra hygiene measures advised • Deep clean before reopening (48 hours after last symptoms) • Outbreak email updated and sent out daily* 	<p>Unnecessary in most cases</p>	<div style="text-align: center;">  Outbreak log.doc </div> <div style="text-align: center; margin-top: 20px;">  DV Outbreak Report Template.doc </div> <div style="text-align: center; margin-top: 20px;">  OOH Flowchart for Outbreak D&V 2018.c </div> <hr style="width: 20%; margin: 10px auto;"/> <div style="text-align: center;">  In hours Flowchart for D&V 2018.docx </div>

Outbreak Situation	Detection/Alerting	Response	Control	Treatment/Prophylaxis	Documents
<p>Respiratory illness in nursing/care homes (Not seasonal Influenza – see part 3a)</p>	<p>OMBC Health Protection Team contacted by home/other source when 2+ cases are noted</p>	<ul style="list-style-type: none"> • Phone call between Care Home & LA HPT to discuss symptoms and numbers of affected staff & residents • OMBC HPT email outbreak form to Care Home to be completed and emailed to HP team on daily basis • Outbreak form details added to outbreak spreadsheet daily • Arrange for swabs to be taken from affected people, and sent to laboratory (see outbreak management doc) 	<ul style="list-style-type: none"> • Ill staff to stay home for 5 days post last symptoms • Closure to admissions and visitors until 5 days post symptoms • Outbreak email sent out daily* • Extra hygiene measures advised • Deep clean of home before reopening, must be 5 days after last symptoms 	<ul style="list-style-type: none"> • To be arranged with GtD as per service specification 	<div style="text-align: center;">  Outbreak log.doc </div> <div style="text-align: center; margin-top: 20px;">  ILI Outbreak Report template.doc </div> <div style="text-align: center; margin-top: 20px;">  Care Home and Resident influenza Inf </div>

Outbreak Situation	Detection/Alerting	Response	Control	Treatment/Prophylaxis	Documents
<p>An outbreak of influenza in childcare settings (non-residential)</p>	<p>OMBC Health Protection Team contacted by School/Nursery or another source when 2+ cases are noted</p>	<ul style="list-style-type: none"> • Phone call between school & LA HPT to discuss symptoms and numbers of affected staff & pupils/children • LA HPT email outbreak form to School to be completed and on daily basis • Outbreak form details added to outbreak spreadsheet daily • Warn & inform letter to go to school/nursery for parents. 	<ul style="list-style-type: none"> • Ill pupils/staff to stay home for 5 days post last symptoms • Information put on office online to alert other schools of outbreak • Outbreak email sent out daily* • Extra hygiene measures advised • Deep clean of school before reopening, must be 5 days after last symptoms 	<p>To be arranged with child's/staff's own GP</p>	 <p>School Ili outbreak letter to GM CICNs0.</p>
<p>Scabies in a Care Home Outbreak</p>	<p>Care home/GP or Adult Care Services to alert LA HPT</p>	<ul style="list-style-type: none"> • Obtain information regarding cases from the care 	<ul style="list-style-type: none"> • Coordination of treatment 	<p>Care Home to arrange with the GP</p>	




		<p>home manager or person in charge</p> <ul style="list-style-type: none"> • Care home to request GP review for a diagnosis • Staff and residents to be treated in accordance with national guidance • LA HPT to support the home • Monitor and follow up cases within the home 	<p>Isolate cases if possible</p> <p>PPE place</p> <p>Hand Hygiene</p> <p>Deep Clean following treatment</p>		
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*In the event of any of these outbreaks an email is sent out stating the location and nature of the outbreak, and the number of people affected. This is used to notify the following where appropriate:

- Infection Prevention Team in ROH
- Adult Social Care
- Education and Early Years
- NW Ambulance Service
- Environmental Health
- Consultant Microbiologists
- UKHSA

APPENDICES

Appendix 1: Stocks of Laboratory Testing Kits, Medication, and Other Equipment

Type of Stock	Where Located	Quantity	Arrangements for Access
Flu swabs	Office Manager National Infection Service UKHSA	Up to 5 kits per outbreak	Pathway outlined within the document below for 2022/2023  Testing and Antiviral Procedure_
Stool pots	<ul style="list-style-type: none"> • GP • Some care homes have own supply • EHO 	Up to 5 stool pots per outbreak	Care Homes to collect from GP and send via post/GP to Manchester Lab. Request I-Log as above.  ILOG request form for D+V 2023.docx
Antivirals	<ul style="list-style-type: none"> • Lloyds Chemist ICC 	As required	In Hours and out of hours - GtD OOH - Phone ICB Director on Call  Oldham Locality Out of Season Antiv

Appendix 2: Common and Other Outbreak Settings or Sources

These are examples of community settings sometimes associated with outbreaks

- Care homes: nursing, residential, intermediate, mixed etc.
- Schools / Colleges
- Nurseries / Child minders / Play centres
- University / student accommodation
- Food outlets
- Petting farms
- Swimming pools / water activity parks
- Dental practices
- Community health care settings (GP practices, Integrated Care centres etc.)
- Prisons / Detention Centres
- Workplaces
- Ports / airports
- Hotels
- Leisure Centres
- Travellers Sites
- Private camp sites / holiday parks
- Community Hospitals
- Hostels
- Tattoo Parlours

Appendix 3: Common Pathogens

Below is a list of pathogens which can commonly cause outbreaks. This list is not exhaustive.

The full list of notifiable diseases is available [here](#):

- Influenza
- Norovirus
- Scabies
- Tuberculosis
- Clostridium difficile
- PVL positive MR(S)SA
- Invasive Group A Streptococcal infection
- E Coli O157
- Hepatitis A
- Meningitis
- Pertussis
- Legionnaires Disease
- Measles
- Covid 19

Appendix 4: Contacts and Capabilities

Below are Consideration and Contact numbers for appropriate Oldham Health Economy Partners

[Oldham Health Economy](#) [Emergency Services](#) [External Agency](#) [Health](#) [GM](#) [Log](#)
[MOU](#)

OLDHAM HEALTH ECONOMY CAPABILITIES

TB Outbreak (In Adult Setting) e.g., Factory, Office & University			
Emergency Response Role	Health Economy is responsible for Identifying further cases of TB and preventing further spread of infection. By following TB national guidance consideration should be given to the following, not necessarily in order of priority: Large scale screening - Mantoux testing, Interferon testing, Mass x-ray (including mobile x-ray), BCG Immunisation, TSpot, Communication both Internally and Publicly		
Contact	Capability	Office Hours	Out of Hours
TB Services at Royal Oldham Hospital	Identification of cases and contact screening		UKHSA Northwest Centre
Oldham Health Protection/IPC Team	Provide advice and support to Residents, Staff and Public		UKHSA Northwest Centre
Northern Care Alliance NHS School Nurses	Support with regards to outbreaks	School Nursing Team/School Nursing Lead	
Director of Public Health	Their role to ensure appropriate outbreak response and comms role		NWAS Hold on call commissioner
Communication	Oldham Comms - On call Officer Tel: / Mobile:	All media queries within office hours (9am to 5pm) should be sent to press office	Out of Hour queries
GM Integrated Care Partnership	To commission any additional services, i.e. engaging outside contractor. Adjust the existing contract appropriately		NWAS Hold on call commissioner

Community Health and Adult Social Care	Can provide support to residential care homes			
UKHSA	Coordinate the outbreak response and provide scientific and technical advice		UKHSA Northwest Centre	

Below are Consideration and Contact numbers for appropriate Oldham Health Economy Partners

[Oldham Health Economy](#)
 [Emergency Services](#)
 [External Agency](#)
 [Health](#)
 [GM](#)
 [Log](#)
[MOU](#)

TB Outbreak (In Children's and Young Persons Setting) e.g. School or Child Care Setting				OLDHAM HEALTH ECONOMY CAPABILITES
Emergency Response Role	Health Economy is responsible for Identifying further cases of TB and preventing further spread of infection. By following TB national guidance consideration should be given to the following, not necessarily in order of priority: Large scale screening - Mantoux testing, Interferon testing, Mass x-ray (including mobile x-ray), BCG Immunisation, TSpot, Communication both Internally and Publicly			
Contact	Capability	Office Hours	Out of Hours	
TB Service for Oldham	Identification of cases and contact screening at Oldham Royal			
Oldham Health Protection/IPC Team	Provide advice and support to Residents, Staff and Public		UKHSA Northwest Centre	
Northern Care Alliance NHS School Nursing	Can provide support to Schools and Child Care Settings throughout outbreaks	School Nursing Team/School Nursing Lead		
Director of Public Health	Their role to ensure appropriate outbreak response and comms role		NWAS Hold on call commissioner	
Communication	Oldham Comms – On call Officer	All media queries within office hours (9am to 5pm) should be sent to press office		

Greater Manchester Integrated Care Partnership Oldham	To commission any additional services, i.e. engaging outside contractor. Adjust the existing contract appropriately		NWAS Hold on call commissioner	
Children's Community Nursing Team	Can provide support to Schools and Child Care Settings			
UKHSA	Coordinate the outbreak response and provide scientific and technical advice		UKHSA Northwest Centre	

Below are Consideration and Contact numbers for appropriate Oldham Health Economy Partners

[Oldham Health Economy](#)
 [Emergency Services](#)
 [External Agency](#)
 [Health](#)
 [GM](#)
 [Log](#)
[MOU](#)

Influenza Outbreak in a Care and Residential Facility.				OLDHAM HEALTH ECONOMY CAPABILITIES
Emergency Response Role	Health Economy is responsible for taking action to prevent further spread of infection by: Screening following UKHSA guidance Prescribing and distribution of antivirals Infection control advice Communications internally and externally			
Contact	Capability	Office Hours	Out of Hours	
GP Practice with responsibility for patient	Responsible for Clinically assessing patient and prescribing relevant medication (in hours)	GP Practice with responsibility for patient	Contact UKHSA NW on call* and Oldham GMIC Director on Call*	
Go to Doc (GtD)	Responsible for Clinically assessing patient and prescribing relevant medication (out of hours)		Health Care Professional Line	
Oldham Health Protection/IPC Team	Provide advice and undertake swabs and support to Residents, Staff and Public (in hours)		UKHSA Northwest Centre	

District Nursing Services	Additional support and distribution of anti-viral by Patient Group Direction (PGD)			
NHS Funded Care	To give broad support to the nursing care homes			
Community Health and MIO Care	To give broad support to the adult residential and care facilities			
UKHSA	Coordinate the outbreak response and provide scientific and technical advice		UKHSA Northwest Centre	
Northern Care Alliance NCA	To provide support in residential care homes for children and young people	School Nursing Team/School Nursing Lead		

Below are Consideration and Contact numbers for appropriate Oldham Health Economy Partners

[Oldham Health Economy](#) [Emergency Services](#) [External Agency](#) [Health](#) [GM](#) [Log](#)
[MOU](#)

Hepatitis A (In Children’s and Young Persons Setting) e.g. School or Child Care Setting			
Contact	Capability	Office Hours	Out of Hours
Emergency Response Role	The Health Economy role is to prevent further spread of infection by: National Guidance on Hep A Activating Outbreak Control Team Infection control advice Communications internally and externally Providing exclusion advice and immunising contacts		
Northern Care Alliance School Nursing	Immunising Children in School	School Nursing Team/School Nursing Lead	

OLDHAM HEALTH ECONOMY CAPABILITIES

Oldham Health Protection/IPC Team	Advice and support to patients, staff and public		UKHSA Northwest Centre
Director of Public Health	Their role to ensure appropriate outbreak response and comms role		NWAS Hold on call commissioner rota and numbers
Communications	Oldham Comms	All media queries within office hours (9am to 5pm) should be sent to press office	
Greater Manchester Integrated Care Partnership Oldham	To commission any additional services, i.e. engaging outside contractor. Adjust the existing contract appropriately		
Northern Care Alliance School Nursing	Can provide support to Schools and Child Care Settings	School Nursing Team/School Nursing Lead	
UKHSA	Coordinate the outbreak response, arrange vaccinations and provide scientific and technical advice		UKHSA Northwest Centre

Below are Consideration and Contact numbers for appropriate Oldham Health Economy Partners

[Oldham Health Economy](#) [Emergency Services](#) [External Agency](#) [Health](#) [GM](#) [Log](#)
[MOU](#)

Measles at a Travellers Site			
Emergency Response Role	The Health Economy role is to prevent further spread of infection by: Providing exclusion advice and immunising contacts		
Contact	Capability	Office Hours	Out of Hours
Northern Care Alliance School Nursing	Immunising Children in School	School Nursing Team/School Nursing Lead	

OLDHAM HEALTH ECONOMY

Oldham Health Protection/IPC Team	Advice and support to patients, staff and public		UKHSA Northwest Centre	
Director of Public Health	Their role to ensure appropriate outbreak response and comms role			
Communication	Oldham Comms	All media queries within office hours (9am to 5pm) should be sent to press office		
Greater Manchester Integrated Care Partnership Oldham	To commission any additional services, i.e. engaging outside contractor. Adjust the existing contract appropriately			
Northern Care Alliance School Nursing	Can provide support to Schools and Child Care Settings Immunisations in all educational settings	School Nursing Team/School Nursing Lead		
UKHSA	Coordinate the outbreak response and provide scientific and technical advice		UKHSA Northwest Centre	
Single point of Access for District Nurses	Can provide immunisation to Adults			
Community engagement workers)	To give advice and support to vulnerable individuals and their families	Service Manager Districts		

Meningitis in a School or Child Care Setting				OLDHAM HEALTH ECONOMY
Emergency Response Role	The Health Economy role is to prevent further spread of infection by: Providing Health Care Information and Chemoprophylaxis			
Contact	Capability	Office Hours	Out of Hours	
Northern Care Alliance NHS School Nurse Team	Distribution of medication within the setting	School Nursing Team/School Nursing Lead		

Oldham Health Protection/IPC/IPC Team	Advice and support to patients, staff and public		UKHSA Northwest Centre	
Director of Public Health	Their role to ensure appropriate outbreak response and be a strategic comms lead			
Communication	Oldham Comms	All media queries within office hours (9am to 5pm) should be sent to press office		
Greater Manchester Integrated Care Oldham	To commission any additional services, i.e. engaging outside contractor. Adjust the existing contract appropriately			
Northern Care Alliance NHS School Nurse Team	Can provide support to Schools and Child Care Settings Immunisations in all educational settings	School Nursing Team/School Nursing Lead		
UKHSA	Coordinate the outbreak response and provide scientific and technical advice		UKHSA Northwest Centre	

EMERGENCY ROLES AND CONTACT DETAILS

[Oldham Health Economy](#) [Emergency Services](#) [External Agency](#) [Health](#) [GM](#) [Log](#)
[MOU](#)

OLDHAM MEMBER LIAISON

Emergency Response Role	To work with elected Members of the council, keeping them informed of progresses and ensuring that their energies are deployed in a manner that support the overall response. This liaison may be extended to MP's and MEP's where appropriate.
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[Oldham Health Economy](#) [Emergency Services](#) [External Agency](#) [Health](#) [GM](#)
[Log](#) [MOU](#)

SCC SERVICE
DELIVERY STREAMS

Out of Hours Oldham Director On Call	
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EMERGENCY ROLES AND CONTACT DETAILS

[Oldham Health Economy](#)
 [Emergency Services](#)
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 [Health](#)
 [GM](#)
 [Log](#)
[MOU](#)

NORTHWEST AMBULANCE SERVICE

Emergency Response Role	<ul style="list-style-type: none"> The Control Room will be able to provide details of any incident to which NWS has responded (including a log number). In the event that non-urgent medical assistance is required at RVP, reception centre or any other location to which MCC has responded to an incident, the Control Room can be contacted to request attendance (if available) from NWS. For medical emergencies always dial 999.
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24/7 contact (Control Room)	
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Contact	Mobile	Office Hours	Notes
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In an emergency always dial 999			
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EMERGENCY SERVICES

EMERGENCY ROLES AND CONTACT DETAILS

[Oldham Health Economy](#)
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 [Health](#)
 [GM](#)
 [Log](#)
[MOU](#)

UKHSA Northwest Centre

Emergency Response Role	UKHSA has the statutory responsibility for the protection of public health. This includes (but is not confined to) infectious disease, environmental hazards and contamination and extreme weather events – although some specific powers are delegated to the DPH who will lead the local authority response
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HEALTH ECONOMIES

<p>to any incident which poses a threat to public health. UKHSA will support an emergency response by:-</p> <ul style="list-style-type: none"> - providing health protection services expertise and advice and co-ordinating responses to major incidents - assessing public health needs and gathering data to support emergency plans - carrying out risk assessments with the support of the organisation involved - providing scientific and technical advice - providing microbiology services <p>In response to an incident the DPH will work with the HPT to establish arrangements for mobilising resources to respond as well as the provision of advice to Clinical Commissioning Groups, discussions with NHS CB Area Teams and joint chairmanship of the Local Health Resilience Forum. The PHEC will also work with the DPH develop communications about health protection concerns and keep the DPH informed about health protection issues and any action taken to resolve them.</p>			
In Hours			
Contact	Mobile	Office Hours	Out of Hours
Health Protection/IPC Team			

EMERGENCY ROLES AND CONTACT DETAILS

[Oldham Health Economy](#)
 [Emergency Services Log](#)
 [MOU](#)
 [External Agency](#)
 [Health](#)
 [GM](#)

Public Health Support		GREATER MANCHESTER
Emergency Response Role	<p>Key responsibilities of Directors of Public Health in the response to public health incidents and emergencies include:</p> <ul style="list-style-type: none"> ❖ Providing initial leadership, with UKHSA, for the response to public health incidents and emergencies within their local authority area, ❖ Maintaining oversight of population health and ensuring effective communication with communities, 	

	<ul style="list-style-type: none"> ❖ Representation on an Outbreak Control Team (where convened), either in person or through an appropriate deputy, ❖ Working with CCGs and NHS Area Team to ensure that appropriate resources are available to support the investigation and control of outbreaks, including human, financial and other resources e.g. the assistance of community staff, funding and delivery of vaccinations and prophylaxis both in and outside office hours, ❖ Ensuring that appropriate organisations and officers, including hospitals where appropriate, and other relevant NHS/DH organisations are informed, ❖ Ensuring that effective communication is in place to provide Elected Members with a source of leadership, expertise and advice, 		
Out of Hours		NW UKHSA	
		Office Hours	Mobile
Director of Public Health			

EMERGENCY ROLES AND CONTACT DETAILS

[Oldham Health Economy](#)
 [Emergency Services MOU](#)
 [External Agy](#)
 [Health](#)
 [GM](#)
 [Log](#)

Communication teams in Partner Organisations	
Emergency Response Role	<ul style="list-style-type: none"> • To coordinate the communication response

Organisation	In hours	Out of Hours
Oldham Metropolitan Borough Council		
Greater Manchester Integrated Care Oldham		

GREATER MANCHESTER

NHS England			
NW UKHSA			
Royal Oldham Hospital	Ask for the senior manager on-call	Ask for the senior manager on-call	

Appendix 5: Suggested OCT Members

- Consultant in Communicable Disease Control
- Environmental Health Officer
- Consultant Microbiologist / Virologist
- Director of Public Health/ Local Health Protection Nurse
- CCG Representative
- District Partnership Representative
- Representative from Comms and Marketing Team at Oldham Council
- Local NHS Provider Services (as required) [e.g. acute trust, GTD]

NB: This list is not exhaustive; depending on the nature of the outbreak representation from additional organisations may be required, for example, in the event of an outbreak in a school would be appropriate to include a representative from Education at OMBC.

Health Improvement Highlight Report

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
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>Public Health commissioners continue to work with the Integrated Sexual Health Providers and Primary Care to build capacity for the delivery of Long Acting Reversible Contraception (LARC) so that more residents are able to access this in a timely manner at locations that best suit them. The first LARC Fitters Forum was well attended and practitioners shared best practice. Opportunities to build additional capacity around LARC provision in Maternity Services are also be explored.</p> <p>Progress continues to be made towards the establishment of the Sexual Health Strategic Partnership and engagement has been taking place with stakeholders to identify the appropriate membership for the group, agree terms of reference and wider governance arrangements and explore opportunities to establish an alliance arrangement across the whole of the North East Sector (Oldham, Rochdale and Bury) so the strategic action plan is aligned to the collaborative commission arrangements in place for the Integrated Sexual Health Service.</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> <p>Establishment of the Sexual Health Strategic Partnership and initial discussions to take place to co-produce alliance action plan.</p>
Healthy Weight and Physical Activity	<p>Establish a Moving More and Healthy Weight group to coordinate actions including those that contribute to an improvement in physical activity levels and healthy weight</p>	<p>MM & HW Alliance</p> <ul style="list-style-type: none"> • Provisional April date set for the first meeting. Invites to be sent out once member list, and alliance clear aims finalised. <p>Capital Funding – High Quality facilities in our communities</p> <ul style="list-style-type: none"> • PlayZones (Football Foundation) continues to progress including 3 successful LIF bids to match fund (25%) for Playzone developments in Oldham. First PlayZones district consortium & engagement meeting held specifically for the St Thomas’s Werneth / Tudor Street site. • Cricket Non Turf Pitches – Procurement exercise for the supply and installation of 5 NTPs has been completed and the successful company appointed. <p>Healthwatch Oldham held a successful Health & Wellbeing event (28.02.2023) which had a number of Physical Activity & wellbeing providers present.</p>	<ul style="list-style-type: none"> • First MM & HW alliance meeting (20.04.2023) & agree combined priorities & actions moving forward • Community engagement for the PlayZones programme continues as well as development of the Oldham application. Next Strategic Consortium to meet in March (tbc 23.03.2023) • Oldham Edge NTP to be installed in March – specific dates tbc. Agree timeline of supply and installation of the other 5 NTPs

		Working group established to work towards securing Opening School Facilities funding for Oldham	Working group will establish priority schools and work with them to submit applications to GreaterSport.
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>Colleagues from Oldham continue to engage with Greater Manchester Making Smoking History regarding the refresh of GM Tobacco Strategy and have attended workshops to map the Stop Smoking Offer across the GM City Region. It is anticipated that the Oldham Tobacco Alliance will review/refresh Oldham's Tobacco Control Action Plan, as necessary, to remain aligned to GM's ambitions and strategy.</p> <p>The Oldham survey regarding use and prevalence of tobacco and nicotine products received excellent engagement, with over 1250 responses, the vast majority of which were from young people. Analysis and evaluation of the survey responses is underway and the data and insight will be used to inform the next steps regarding prioritisation of local tobacco control activity.</p>	<p>Share results of survey and use the local data and insight to inform next steps regarding prioritisation of tobacco control action plan activity.</p> <p>Align the Oldham Vaping Position Statement with the GM Vaping Harm Reduction Consensus that is currently under development.</p> <p>Share learning and best practice from GM Offer of Stop Smoking Services workshop with Tobacco Alliance, in particular with Stop Smoking Providers, to explore opportunities for reviewing our local offer.</p>
Healthy Start	Develop and deliver an Infant Mortality Action Plan	<p>The Reducing Infant Mortality Group has met and agreed the initial areas of focus for the action plan. Regular meetings have been established and arranged to ensure involvement from the Maternity Voices Partnership, Spoons and Homestart. The priority areas agreed so far are:</p> <ol style="list-style-type: none"> 1. Reducing smoking in pregnancy 2. Improving breastfeeding rates 3. Reducing maternity obesity 4. Addressing risks of recessive genetic conditions 5. Reducing teenage conceptions 6. Reducing SUDI – in particular those associated with unsafe sleep 7. Impact of poverty and the cost of living 	<p>Next meeting will be held to further develop the action plan</p> <p>Communications for Safe Sleep Week shared</p>
Drug and Alcohol Treatment System	1. To provide a high quality, recovery focused treatment offer across Oldham that supports people to become free	In this period, we have moved into mobilisation phase for implementation of new Adult Integrated Treatment and Recovery Service due to be operational from 1 st April 2023. Operational and clinical governance of service currently being agreed alongside this is a more outcome focused PMF.	1. Adult Integrated Treatment and Recovery Service due to be operational from 1st April 2023 and development of new building to commence.

	<p>from dependency from substances and enable them to thrive.</p> <p>2. Reduce risk levels of complex clients and seek to embed substance misuse-related prevention and early intervention as key elements of our treatment & recovery system.</p> <p>3. Work towards the agreed priority outcomes</p> <p>4. Collaboratively respond to the National Drugs Plan and work to support recovery and reduce drug and alcohol related harms in Oldham</p>	<p>There is a continued focus to increase the number of treatment places available and numbers accessing treatment. This is an expectation of the Supplementary Substance Misuse Treatment & Recovery Grant and Government 10yr drug plan. Number of patients accessing the Rochdale & Oldham Active Recovery (ROAR) Service have increased by 20% target for increased numbers in treatment based on 2021/22 baseline.</p> <p>Numbers in treatment for all substances (drugs & alcohol) is currently 1063 Oldham Adults. This continues to be monitored via NDTMS to manage treatment outcomes & provider performance. There is a focus on increasing number of patients successfully completing treatment and maintaining recovery.</p> <p>Work continues to align Oldham with requirements of National Drugs Plan and the establishment of Oldham Drug & Alcohol Partnership Group.</p> <p>Co-occurring Conditions Locality Action Plan: Recent GMCA workshop attended to discuss better outcomes for patients presenting to substance misuse services and CMHT with mental ill health & cooccurring conditions</p> <p>On Monday 27th February a Hep C ‘Test and Treat’ event was held by ROAR at Oldham hub (Greaves St). This was a coordinated effort between ROAR Clinical Team, NMGH Dept of Infectious Diseases and the Hep C Trust. Over 60 clients attended for testing on the day, and of these 20% commenced treatment following a positive Hep C test. Clients tested received an instant result, avoiding the need to wait 3 weeks for the return of a standard DBST test. This allowed further testing in the Cephid machine brought along by NMGH, and then medication was issued for start of treatment on the same day, where appropriate. These clients will be followed up in the community by the NMGH team. The Rough Sleepers team based themselves within local hostels on the day to arrange for clients accommodated there to get to the hub to participate.</p>	<p>2. Delivery outcomes to continue to be measured against OHID & GMCA CDP targets.</p> <p>3. Oldham Drug and Alcohol Partnership Group to have commenced and first meeting scheduled for 14th March.</p> <p>4. Locality Action Plan to be developed over next quarter.</p> <p>5. Regular in-house incentivised testing events, aiming for at least monthly and facilitated by peer mentors.</p> <p>Further test and treat events are hoping to be scheduled at least quarterly.</p>
Overall Governance	Establish a Health Improvement Group that reports to the Health and Wellbeing Board	Health Improvement Group meeting calendar has now been established for the next 12 months with the inaugural meeting due to take place on 6 April 2023. Terms of Reference, including membership and proposed governance arrangements, have been drafted and will be reviewed and agreed at the first meeting.	First meeting to take place in April. Terms of Reference to be agreed. Work programme and forward plan to be developed.

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Health Protection Highlight Report

March 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
Page 105	Outbreak support	<p>Manage outbreaks of communicable disease, including respiratory & new and emerging infections</p> <p>Ongoing support provided to care homes, schools and other settings to manage COVID</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>Updated LOMP completed and to be submitted to GM after final version signed off by Health and Wellbeing Board.</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:</p> <ul style="list-style-type: none"> • Hand Hygiene and Moments of Care • Mask Wearing and PPE • Decontamination and Cleaning • Working in a team during an outbreak <p>2 sessions delivered so far 16.02.2023 and 23.02.2023</p> <p>Continue with local response to outbreaks as and when it is required.</p>
	Infection prevention & control in high- risk settings	<p>Maintain and progress with an audit programme of high -risk settings GP Practices and Care Homes and Early Years settings</p> <p>IPC Audit for Care Home April - September 2022 Overview</p> <ul style="list-style-type: none"> • 10 Audits have been undertaken by IPC team, of which 8 had action plans • 5 Self-audits have been returned to date, with more expected to be returned for review • There are no outstanding face to face care home audits for this period • Visits to 4 Care Homes due to concerns raised, ongoing support in relation to IPC practices and audit requirements <p>IPC Audit for GP Practices April - September 2022:</p>	<p>IPC Audit plan for October 2022 - March 2023:</p> <ul style="list-style-type: none"> •1 Care Homes will require re-audit December 2022 (or earlier if action plan completed) •0 GP practices will require re-audit •15 Early Years Settings will require IPC Audit to be completed by IPC team <p>Ongoing support visits to Care Homes where concerns are raised to support</p>

		<ul style="list-style-type: none"> • 5 Audits have been undertaken by IPC team, of which 3 had provided action plans • 9 Self-audits have been returned to date, with more expected to be returned for review • There are no outstanding face to face GP audits at this time <p>IPC Audit Early Years Settings April - September 2022:</p> <ul style="list-style-type: none"> • 5 audits in Early Year settings have been undertaken <p>IPC Audit GP settings October 2022 – January 2023:</p> <ul style="list-style-type: none"> • 6 GP surgeries have returned their IPC self-audit <p>IPC Audits Care Home settings October 2022 – January 2023:</p> <ul style="list-style-type: none"> • 5 Care Homes are due to be re-audited January 2023 • 9 Care Homes have returned their IPC self-audit <p>IPC Audits Early Years Settings October 2022 – January 2023:</p> <ul style="list-style-type: none"> • One audit has been undertaken by the IPC team 	<p>with IPC practice, provide training and resources to meet audit requirements</p> <p>Training sessions are being delivered on- line to support improvements with IPC practices on- line</p> <p>Monday 31st October-Friday 19th October and then monthly thereafter</p> <p>Topics are:</p> <ul style="list-style-type: none"> • Hand Hygiene and Moments of Care • Cleaning and Decontamination • Winter vaccines • Working in a Team during an outbreak <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>
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<p>Flu</p>	<p>Increase uptake of flu vaccinations among all priority groups and manage outbreaks effectively</p>	<ul style="list-style-type: none"> • Monthly covid and flu programme meetings • Raising awareness of the importance of winter vaccinations at provider forums, locally and across the GM Health Protection Network • Supporting Care Home staff with vaccine hesitancy <p>Sessions delivered to care homes to support staff in their decision making to have the winter vaccines</p> <p>Flu Data (Up to the end of January 2023)</p> <p>Flu vaccine uptake for 65+ age group was 78.3% for Oldham, a slight increase from 2021/22 where uptake was 78.1%.</p> <table border="1" data-bbox="790 568 1491 1088"> <thead> <tr> <th colspan="4">65 and over</th> </tr> <tr> <th></th> <th>Registered</th> <th>Vaccinated</th> <th>% uptake</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">2022/23</td> </tr> <tr> <td>Northwest Commissioning Region</td> <td>1,366,891</td> <td>1,075,969</td> <td>78.7</td> </tr> <tr> <td>NHS Greater Manchester Integrated Care Board</td> <td>486,452</td> <td>377,434</td> <td>77.6</td> </tr> <tr> <td>NHS Oldham</td> <td>40,953</td> <td>32,050</td> <td>78.3</td> </tr> <tr> <td>England</td> <td>10,761,887</td> <td>8,546,613</td> <td>79.4</td> </tr> </tbody> </table> <p>Flu vaccine uptake for those under 65 and at risk was 46%. This is a slight decrease from 2021/22 where the uptake was 48.2%</p> <table border="1" data-bbox="775 1197 1509 1407"> <thead> <tr> <th colspan="4">Under 65 (at risk only)</th> </tr> <tr> <th></th> <th>Registered</th> <th>Vaccinated</th> <th>% uptake</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">2022/23</td> </tr> </tbody> </table>	65 and over					Registered	Vaccinated	% uptake	2022/23				Northwest Commissioning Region	1,366,891	1,075,969	78.7	NHS Greater Manchester Integrated Care Board	486,452	377,434	77.6	NHS Oldham	40,953	32,050	78.3	England	10,761,887	8,546,613	79.4	Under 65 (at risk only)					Registered	Vaccinated	% uptake	2022/23				<p>Delivery of key immunisation messages to Oldham LA Engagement Team on Winter Flu Vaccinations</p> <p>Lessons to be learned from 2022/23 flu season and used to assist planning for the next flu season, to increase rates and reduce inequality.</p>
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Northwest Commissioning Region	1,167,396	544,635	46.7
NHS Greater Manchester Integrated Care Board	497,808	228,586	45.9
NHS Oldham	44,143	20,309	46
England	8,273,635	4,020,808	48.6

Flu vaccine for those who are pregnant in 2022/23 was 31.7%, a slight decrease from 2021/22 where the uptake was 32.7%.

All Pregnant Women			
	Registered	Vaccinated	% uptake
	2022/23		
Northwest Commissioning Region	71,589	23,072	32.2
NHS Greater Manchester Integrated Care Board	29,654	9,842	33.2
NHS Oldham	2,701	855	31.7
England	580,401	201,471	34.7

In the 50-64 age group who were not at risk 35.8% were vaccinated across Oldham which is an increase from 2021/2022 where 39.3% were vaccinated.

50-64 (not at risk)			
	Registered	Vaccinated	% uptake
	2022/23		
Northwest Commissioning Region	929,935	352,040	37.9

NHS Greater Manchester Integrated Care Board	348,293	125,347	36
NHS Oldham	28,525	10,220	35.8
England	7,624,705	3,064.073	40.2

For all 2 year olds the fu uptake in Oldham is 28.1 % which is a slight decrease from 2021/2022 which was 29.3%

All 2 year olds			
2022/23			
	Registered	Vaccinated	% uptake
Northwest Commissioning Region	78,179	26,297	33.6
NHS Greater Manchester Integrated Care	34,776	11,841	34
NHS Oldham	3,161	887	28.1
England	609,453	242,753	39.8

For all 3 year olds the flu uptake for Oldham is 29.3% a slight decrease from 2021/2022 which was 31.7%

All 3 year olds			
2022/23			
	Registered	Vaccinated	% uptake
Northwest Commissioning Region	82,763	30,947	37.4
NHS Greater Manchester Integrated Care	36,523	13,906	38.1

		<table border="1"> <tr> <td>NHS Oldham</td> <td>3,312</td> <td>972</td> <td>29.3</td> </tr> <tr> <td>England</td> <td>637,001</td> <td>268,807</td> <td>42.2</td> </tr> </table>	NHS Oldham	3,312	972	29.3	England	637,001	268,807	42.2	
NHS Oldham	3,312	972	29.3								
England	637,001	268,807	42.2								
<p>Healthcare Acquired Infections (HCAI) & Anti-microbial resistance (AMR)</p>	<p>Provide support to prevent and reduce risks associated with HCAI and AMR</p>	<p>Flu Vaccination Schools Programme The schools flu vaccination programme in Oldham finished on 1st February 2023</p> <p>Primary school Total Vaccinated- 53.3%</p> <p>Secondary school Total Vaccinated- 29.59%</p> <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> <ul style="list-style-type: none"> •27.6.22 - Care Home staff - gastrointestinal illness (including outbreak management) •29.6.22 - GP practices - Back to Basics IPC including IPC audit •7.9.22 - Care Home staff - Oral Hygiene and respiratory illness including aspiration pneumonia •21.9.22 - GP Practices - HCAIs, AMR, Respiratory Illness/Vaccines, Sepsis <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"> • 13.1.23 Care Home Staff – introduction to HCAI/AMR, UTIs & Catheter Care – reducing harm • 25.1.23 GP practices - HCAIs, AMR, hand hygiene, ANTT, in addition to reviewing the role of the IPC link worker and undertaking IPC self-audit. 	<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>Continuation of the HCAI review meetings</p>								



Report to HEALTH AND WELLBEING BOARD

Development of Oldham's Health and Wellbeing Strategy

Chair: Cllr M Bashforth

Officer Contact: Katrina Stephens, Director of Public Health

Report Author: Kathryn Willan, Specialty Registrar – Public Health

Date: 21st March 2023

Development of the Strategy

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 22. The goals for each priority were discussed on the 15th November 22 and with guidance from colleagues across the Board membership, specific metrics have been added. The strategy can now be presented to the Board for final review and sign off.

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.

Alongside the original strategy presented, an 'easy read' version will be made available both via the Oldham Council website and in print on request. This version highlights the key messages of the strategy in a simplified way to ensure accessibility for a wider audience.

Next Steps

It is proposed that, in the next municipal year, the Health and Wellbeing Board, focuses on one theme from the strategy at each meeting.

Prior to each meeting there will be engagement with 'Community Explorers' to discuss and seek views on the topic area. Community Explorers are representatives of voluntary, community, faith and social enterprise organisations operating in Oldham, who come together on a monthly basis to

make connections, share knowledge and develop new approaches to supporting the community. The network is facilitated by Action Together, and has presence in each of the five districts.

Insight from the engagement work, alongside other quantitative and qualitative data and intelligence will be presented at each meeting to inform the discussion. The Board discussions would focus on actions that each partner organisation on the Board can take individually, and that the Board can take collectively, in order to deliver the strategy objectives. Follow up meetings will be held with Community Explorers to discuss the outcome of the Board meeting, and seek further feedback.

Requirement from the Health and Wellbeing Board

Board members are asked to:

- Review and sign off the strategy, and note the intention to produce and publish an 'easy read' version.
- Agree the proposed approach to working with Community Explorers and structuring future Health and Wellbeing Board agendas around the strategy themes.
- Consider how the objectives and actions will be adopted and delivered by the organisations represented on the Board, and how the Board will monitor progress.



Oldham Health and Wellbeing Strategy

2022 – 2030

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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 England¹. 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 Oldham².

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”³. 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’ toolkit⁴

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 borough⁵
- 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 wellbeing⁷.

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)⁸

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

	OHID Public Health Outcomes Framework: Indicators	OHID Public Health Outcomes Framework: Definitions
All residents	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
Start well	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
Live well	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
Age well	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
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>
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7. 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

Oldham Health and Wellbeing Strategy

Easy read

2022 – 2030

Date: January 2022

DRAFT FOR REVIEW

This document

This document is quite long and has lots of information. We have broken it up into sections:

Section 1: Introduction

Section 2: Oldham in the future

Section 3: Our principles

Section 4: Our priorities

Click here for the complete version of this document, with more information and references.

If you need this document in another format, please contact XXX

Section 1: Introduction

What are health and wellbeing?

Health and wellbeing are connected but are not the same.

Good wellbeing means that people are comfortable and happy in their everyday lives.

They can manage with normal, everyday stresses.

They feel well both in their mind (mentally) and in their body (physically).

Good health means that people do not have any illness or injury and have complete wellbeing.

Health and wellbeing are important to people, their families, and to whole communities.

Why do we need a strategy?

We all need a variety of things to live our lives well – things like healthy food and exercise.

Some people struggle to get these things.

More people in Oldham are struggling than in lots of other places in England.

This can have a big impact on health and wellbeing.

Compared with England as a whole, Oldham's health and wellbeing are poorer.

People in Oldham die two years earlier on average.

Health and Wellbeing Strategy, or plan, sets out how we will help everyone in Oldham to have better health and wellbeing.

We'll do this over the next 8 years.

Where did the strategy come from?

The Health and Wellbeing Board makes and manages the strategy.

The Health and Wellbeing Board is made up of people who work for Oldham Council, the NHS, voluntary groups and other services like the police and housing.

They worked together with people who live in Oldham to set the priorities.

Section 2: Oldham in the future

What we want for the future:

- People who live in Oldham will be happier
- People who live in Oldham will feel safe, supported, and have everything they need to live well
- People who live in Oldham will be healthier and they will live for longer
- People who face challenges in their lives, like poverty or having a disability, will have better health and wellbeing – more like people who don't experience the same challenges

Section 3: Our principles

We put **residents first**, this means we are:

- Talking with with people who live in Oldham about their health and wellbeing
- Building trust with residents through kindness and compassion
- Working with communities to come up with solutions and design services
- Providing care which is close to, and connected with, home

We have a **well-managed health and care system**. This means:

- Services are safe and are good quality
- Our services are easy to access
- We use good quality information to plan services and make sure they're properly joined up
- Ensuring best value for money

We are **champions of equality**; this means we are:

- Offering more to people who are struggling the most and have the worst health or wellbeing
- Providing services which work for people from all cultures
- Making sure we employ all kinds of local people
- Treating your mental and physical wellbeing as equally important

We make sure **preventing illness comes first**; this means we are:

- Making sure people can find the information and support that need to stay well, stay healthy, and be independent at any age
- Thinking about everything that could affect your health and wellbeing, like food, housing or past experiences, so we can do whatever's best to help you
- Making the most of the understanding our voluntary, community and faith groups have about our communities

Section 4: Our priorities

We have five key priorities

1. [To make sure that people in Oldham have the skills to look after their own health and wellbeing](#)
2. [To make sure that children in Oldham have the best start in life](#)
3. [To support people in Oldham to have better mental health and mental wellbeing](#)
4. [To help more people in Oldham to stop smoking and prevent people from starting](#)
5. [To support people in Oldham to have more active lives](#)

1. To make sure that people in Oldham have the skills to **look after their own health and wellbeing**

Our residents told us that the health and care system can be difficult to understand.

Problems with communication have caused stress.

People who are experiencing challenges such as poverty have the most trouble finding support.

We have set out goals to help people overcome these problems

When we achieve our goals, people in Oldham will live longer.

The difference in health and wellbeing across the borough will be smaller.

Our goals are:

- To give everyone in Oldham the chance to shape the support available for them and their family
- To make sure everyone in Oldham feels listened to, and that messages make sense
- To help local peer and patient support groups to grow and work with more people in Oldham

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2. To make sure that **children in Oldham have the best start in life**

In Oldham, more babies die before their first birthday than in lots of other places in England.

Fewer new mums breastfeed, and fewer children start school ready to learn.

We have set out goals to overcome these problems

When we achieve our goals, fewer babies in Oldham will die before their first birthday.

More children will have a good level of development at the end of reception.

Fewer teenagers will become pregnant.

Our goals are:

- To continue working with local groups to prevent babies from dying
- To give more targeted support to families who need it
- To improve how we talk about what parents need to have a healthy pregnancy
- To make more new mums feel comfortable breastfeeding, and help them to continue if they start
- To make sure more children start school ready to learn
- To be a UNICEF UK Baby Friendly borough
- To help more teenagers avoid unplanned pregnancy

3. To support people in Oldham to have **better mental health and mental wellbeing**

Poor mental wellbeing and mental ill-health can affect people at any age.

People in Oldham are less happy and more anxious than in England as a whole.

Some children and young people have poor mental wellbeing and low self-esteem.

Many people also feel lonely and isolated.

We have set out goals to help people overcome these problems

When we achieve our goals, fewer people in Oldham will have high levels of anxiety and fewer people will feel lonely.

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

Some goals will help everyone in Oldham in the same way, and some will be aimed at specific groups of people, like children and young people.

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

- Supporting community groups to grow, and helping them to offer more of the services people living in Oldham need
- Making sure everyone understands and talks about mental health in the same way
- Making sure everyone knows how to get help, and that trusted support is nearby

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

- Supporting people working in schools to make sure they can help with children's emotional health and wellbeing
- Making sure support takes account of everything in a person's life, and is available to all children, young people and school staff
- Making sure mental health support in schools is the same for all children and young people

We'll help working-age people in Oldham to **live well**, by:

- Supporting working people to talk about mental health and mental wellbeing, so that help can be offered as early as possible
- Reducing the problems caused by drinking alcohol and using drugs
- Improving the physical wellbeing of people with severe and long-term mental illness, and making sure they are as healthy as people without mental ill-health
- Improving the physical wellbeing of people with learning disabilities, and making sure they are as healthy as people without learning disabilities

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

- Giving more opportunities for older people living in Oldham to socialise and make friends in their community
- Making sure people are aware of ways to prevent dementia
- Supporting services to be dementia friendly

4. To help more people in Oldham to **stop smoking and prevent people from starting**

More people in Oldham smoke than the national average, and fewer people have never smoked.

Smoking is the main reason people in Oldham die earlier than people in the rest of the country.

The rates of smoking are highest in areas where more people experience poverty.

We have set out goals to help people stop smoking and avoid starting to smoke

When we achieve our goals, the percentage of people who smoke in Oldham will be smaller.

Fewer people will take up smoking.

Fewer mums will be smokers when they deliver their baby.

Some goals will help everyone in Oldham in the same way, and some will be aimed at specific groups of people, like children and young people.

For **all** our residents, we will work towards making Oldham a place without smoke (smokefree). We'll do this by:

- Making sure that the decisions we make help us to make Oldham a place without smoke
- Promoting smokefree homes and community spaces
- Making sure messages about smoking, vaping, and other products make sense for groups who have the highest rates
- Making services that we know help people to stop smoking available to everyone

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

- Stopping young people from starting to smoke or vape, and helping young smokers to quit
- Stopping underage sales of tobacco and vaping products
- Blocking supply of illegal tobacco
- Supporting pregnant women to stop smoking, and avoid second hand smoke

We'll help working-age people in Oldham to **live well**, by:

- Helping employers to understand how supporting the people who work for them to stop smoking can be good for them

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

- Making sure older people know about the benefits of smoking less and stopping smoking
- Providing targeted support for older people to stop smoking

5. To support people in Oldham to have **more active lives**

More people in Oldham are overweight or obese.

Adults and children who live in Oldham move less, or are less physically active, than people in England on average.

More people do 'nothing' now, compared with 5 years ago.

Not doing enough physical activity is associated with heart disease, stroke and diabetes.

We have set out goals to help people move more in their everyday lives.

When we have achieved our goals, people in Oldham will move as much as people in the rest of England

Some goals will help everyone in Oldham in the same way. Some goals will be aimed at specific groups of people, like children and young people.

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

- Supporting voluntary, community and faith groups to work with people from their communities to increase how active they are
- Making sure people who live in Oldham and the companies who employ people know that any movement matters, for people of all abilities
- Encouraging people to use improved foot and cycle paths
- Making sure people know about upcoming developments for Oldham planned through The Bee Network
- Celebrating good examples of Moving More through social media (#Oldham #MoveMoreFeelBetter)
- Providing ways for people from all backgrounds to be active every day
- Taking a community approach to helping people to move more
- Making sure parks or other activity spaces are safe so that people feel confident about using them and have more opportunities to be active

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

- Making sure people know about activities like The Daily Mile and Oldham's 50 Things To Do Before You're Five
- Making sure people know about the Young Persons membership offer from Oldham Active

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

- Working together across Greater Manchester to improve Oldham's footpaths and cycle lanes to help people move more in everyday life

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

Continuing to use what we know about Oldham to make sure people who live here feel safe to move more