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HEALTH AND WELL BEING BOARD

Agenda

Date	Thursday 15 June 2023
Time	10.00 am
Venue	Crompton Suite, Civic Centre, Oldham, West Street, Oldham, OL1 1NL
Notes	<p>1. DECLARATIONS OF INTEREST- If a Member requires any advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or in advance of the meeting.</p> <p>2. CONTACT OFFICER for this Agenda is Tel. 0161 770 5151 or email constitutional.services@oldham.gov.uk</p>

Item No

- 1 Appointment of Vice-Chairs
To appoint the Vice-Chairs for the 2023/24 municipal year.
- 2 Declarations of Interest
To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.
- 3 Urgent Business
Urgent business, if any, introduced by the Chair.
- 4 Minutes of the Previous Meeting (Pages 1 - 6)
The Minutes of the meeting of the Health and Wellbeing Board held on 21 March 2023 are attached for approval.
- 5 Joint Strategic Needs Assessment
To discuss and consider a presentation by Jon Taylor regarding Oldham's new JNSA website <https://www.jsnaoldham.co.uk/>
- 6 Health and Wellbeing Strategy (Pages 7 - 26)
 - (i) To discuss and consider an overview of Oldham's Health and Wellbeing Strategy from Katrina Stephens, Director of Public Health.
 - (ii) To discuss and consider a presentation from Kathryn Willan regarding

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

7 Oldham Health Inequalities Plan Update (Pages 27 - 30)

To discuss and consider a report on progress to date on Oldham's Health Inequalities plan agreed by Health and Wellbeing Board June 2022.

8 Better Care Fund Plan 2023 Year End Return (Pages 31 - 36)

To discuss and consider the Oldham Better Care Fund (BCF) Plan year end return for 2022-23.

9 Public Health Updates (Pages 37 - 42)

(i) To receive the Health Improvement Highlight Report for the period March to June 2023.

(ii) To receive the Health Protection Highlight Report for the period April to June 2023.



Present Dr J Patterson (in the Chair)
Councillors Brownridge, Moores and Sykes
H. Catherall – Chief Executive
K. Stephens – Director of Public Health
G. Jones – Managing Director of Children’s Services
D. Jago – Pennine Acute Hospitals NHS Trust
S. Lockwood Chief Executive – Oldham Community Leisure
L. Black – First Choice Housing
H. Ramsden – Assistant Director Adult Care Services
Dr C. Stephenson – Consultant in Public Health
Dr R. Fletcher – Consultant in Public Health
S. Larking – Children’s Services
A. Tebay – Public Health Service
J. Taylor – Public Health Service
P. Thompson – Constitutional Services

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor M. Bashforth, Councillor S. Bashforth, Councillor Munroe, Majid Hussain, Mike Barker, Tamoor Tariq, Gaynor Mullins, Laura Windsor-Welsh, Sayyed Osman, Paul Clifford and Jayne Ratcliffe.

2 **URGENT BUSINESS**

There were no items of urgent business received.

3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4 **PUBLIC QUESTION TIME**

There were no public questions for this meeting to consider.

5 **MINUTES**

Resolved:
That the Minutes of the meeting of the Health and Wellbeing Board held on 24th January 2023, be approved as a correct record.

6 **NATIONAL CHILD MEASUREMENT PROGRAMME**

The Health and Wellbeing Board received a report regarding the National Child Measurement Programme Oldham. The prevalence of overweight/obesity amongst reception aged children in Oldham (20.8%) was statistically lower in 2021/22 than in either the North West Region (23.3%) and England as a whole (22.3%). The prevalence of those overweight/obese observed in 2021/22

represented a decrease of 4.9 percentage points on the previous recorded year (2019/20).



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The prevalence of overweight/obesity amongst Year 6 age children in Oldham (children aged 11) (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).

Examining the data over a four year period, 2017/18 to 2021/22 (the year 2020/21 was excluded due to Covid-19) by ward of child, the wards with the highest levels of overweight/obese children were for the Reception Year – Failsworth East (28.0%), followed by Medlock Vale (27.4%) and Chadderton South (27.0%). For Year 6 - Coldhurst (47.2%), followed by 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 was similar the previous rate of 87.8% (2018/19) but lower than in previous years whereby participation had been consistently above 91% for all years since 2010/11. Participation rates were lower than regional and national averages for both year groups.

The ethnic group in the Borough 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%.

Resolved:

That the report be noted.

7

HEALTH INEQUALITIES PLAN: CHILDREN AND YOUNG PEOPLE

The Health and Wellbeing Board received a presentation regarding multi-agency efforts, within the Borough to combat health inequalities, specifically for this purpose insofar as it affected and impacted on children.

In terms of general background information regarding 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. It was noted that boys have a higher prevalence of living with obesity than girls for both age groups. In the ethnic minority communities, there was a prevalence of Children in Oldham who were overweight and obese, which was higher in

all non-white ethnic groups for both reception and year 6 children.



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Surveys had revealed that:

- a. A 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.
- b. A 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.
- c. An 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.
- d. A higher Prevalence in Boys – Across both age groups, boys have a higher prevalence, but is more significant at Year 6.
- e. A higher Prevalence in deprived areas – Children living in deprived areas are much more likely to be overweight or obese.
- f. A 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.

It was reported that Oldham's infant mortality rate has been higher than Greater Manchester, the North West region and England rates consistently for over a decade. In the 2018-20 period, Oldham was 6.2 per 1,000, compared with 3.9 per 1,000 England. It was an established fact that infant mortality correlates with deprivation. Oldham's intelligence team found that the highest rates are observed by babies under 28 days of age. The most significant risk factors included: smoking in pregnancy, maternal obesity, unsafe sleep patterns and recessive genetic conditions.

The Board also considered the Borough's Children's Transformation Programme, which defined the approach to Children's Transformation as being a holistic one encapsulating all areas of the service. The authority needed to address issues early with appropriate interventions to prevent escalation. The Council needed to consider cases where it has a 'duty of care', then there is an imperative to ensure that the best placement decisions are made, with the right checks and challenge. Secondly the council should ensure that it has productive and mature relationship with the necessary elements of the market to shape it to the authority's needs and requirements.

Resolved:

That the presentation be noted and welcomed

That further updated reports/presentations, on this matter, be submitted to the Health and Wellbeing Board during 2023/24.

HEALTH PROTECTION – LOCAL OUTBREAK MANAGEMENT PLAN



The Health and Wellbeing Board considered a report of the Consultant in Public Health and the Senior Health Protection Nurse regarding Oldham's updated Local Operational Health Economy Outbreak Plan and to approve suggested changes detailed therein.

The Local Operational Health Economy Outbreak Plan had been developed to ensure clarity on operational roles and responsibilities for each responding organisation in the event of an outbreak in Oldham. It was 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 was therefore 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 had led to a refresh and review of the plan for Oldham. The plan had been updated so that it was in alignment with the other localities across Greater Manchester and contact details were updated to reflect organisational change across the system.

The following were suggested areas of consideration for each locality to look closely at when updating their Local Outbreak Management Plan:

- a. To look for areas of duplication and opportunities for streamlining
- b. To review key contacts list and adjust/update as required.
- c. To consider the following for inclusion:
 - i. Isolation support pathways
 - ii. Additions to common outbreak scenarios and challenges
 - iii. Outbreak Control Team (OCT) agenda template

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 was detailed at section 3 of the submitted report, to assist the Health and Wellbeing Board in its review.

Resolved:

That the Health and Wellbeing Board approve the recommendations from the Greater Manchester Health Protection Reform review of the Greater Manchester Local Outbreak plans, the changes proposed to the Oldham plan and authorise sign off of the Oldham Plan.

HEALTH IMPROVEMENT

The meeting received a Health Protection and Health Improvement Highlights report. The Health Improvement Highlights report examined **Page 4** 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 seasonal 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

The Director of Public Health reminded the meeting that in July 2022 the Health and Wellbeing Board had 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 4th October 22. The goals for each priority were discussed on 15th November 22 and with guidance from colleagues across the Board membership, specific metrics have been added. The strategy could now be presented to the Board for final review and sign off.

The strategy aimed to set out high level objectives, 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 will highlight the key messages of the strategy in a simplified way to ensure accessibility for a wider audience.

It was proposed that, in 2023/24, the Health and Wellbeing Board, will focus 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 monthly 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.

Resolved:

1. That the Health and Wellbeing Board approves the Oldham Health and Wellbeing Strategy 2022-2030 and notes the intention to publish an 'easy read' version.
2. The health and Wellbeing Board agrees the proposed approach to working with Community Explorers and structuring future Health and Wellbeing Board agendas around the strategy themes, as outlined in the report.
3. That the Board notes how objectives and actions will be adopted and delivered by the organisations represented on the Board, and how the Board will monitor progress thereon.

11

DATES FOR FUTURE MEETINGS

The meeting was advised that the Health and Wellbeing Board was scheduled to meet 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

The meeting started at 2.00pm and ended at 3.35pm



Oldham Health and Wellbeing Strategy

2022 – 2030

Page 7

Date: January 2022

Approved: 21st March 2023

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 are:

- 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.

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.

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, in 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%

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

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Report to HEALTH AND WELLBEING BOARD

TITLE – Oldham Health Inequalities Plan Update

Portfolio Holders:

Councilor Brownridge, Cabinet Member for Health and Social Care

Officer Contact: Katrina Stephens, Director of Public Health

Report Author: Anna Tebay, Head of Service Public Health

Ext. anna.tebay@oldham.gov.uk

Date: 15th June 2023

Purpose of the Report

This paper provides information to the board on progress to date on Oldham's Health Inequalities plan agreed by Health and Wellbeing Board June 2022.

Requirement from the Health and Wellbeing Board

The board is asked to note the content of the paper and the progress to date.

Title Oldham's Health Inequalities Plan

1. Background

- 1.1 Oldham Life Expectancy for men is 77.2 years, compared to the national average of 79.4 years (PHOF 2018-20). By contrast, Westminster has an average life expectancy of 84.7 years. The difference in life expectancy for men, between Alexandra ward (most deprived) and Saddleworth South ward (least deprived) is 12 years.
- 1.2 Oldham Life Expectancy for women is 80.5 years compared to the national average of 83.1 years (PHOF 2018-20). By contrast, Kensington and Chelsea has an average life expectancy for women of 87.9 years. The difference in life expectancy between Alexandra ward (most deprived) and Saddleworth South ward (least deprived) is 12.9 years.
- 1.3 The inequalities that we observe for life expectancy and for healthy life expectancy in Oldham are not just associated with deprivation but are also present between different ethnicities.
- 1.4 In November 2021, the Health and Wellbeing Board members discussed the development of a Health Inequalities plan for Oldham. This process took key recommendations from the GM Marmot Build Back Fairer and GM Independent Health Inequalities Commission report and mirrored broad six thematic areas
- Income, Poverty, Housing and Debt
 - Housing, Transport and Environment
 - Work and Unemployment
 - Health in all Policies / Communities and Place
 - Health and Wellbeing, and Health Services
 - Children and young people
- 1.5 Each of the thematic areas was underpinned by a series of actions (a total of 57), and senior sponsor(s) assigned. The board agreed the plan in June 2022.
- 1.6 A tracker tool has been developed, detailing all the actions within the agreed Health Inequalities plan. Action owners have been invited to review and update the progress made towards each of the actions utilising commentary boxes and RAG ratings to provide a visual review of where programmes are on track, stalling or behind. Each of the sponsors has access to the tracker tool for oversight and review of their thematic area.
- 1.7 One of the thematic areas – 'Health and Wellbeing and Health Services' will undergo a review of the actions to align to the Integrated Care Partnership (ICP) priorities outlined within the ICP 5-year strategy and to ensure that the actions are reflective of existing programmes contributing to the reduction of health inequalities. The wording of the actions will be agreed with action owners before being committed.
- 1.8 Of the 40 actions, within the remaining 5 themes, nearly half (19) are RAG rated as green, indicating that they are on track or have been completed. This indicates that broadly speaking the health inequalities plan is on track to deliver the actions within the agreed 2-year time period, completing May 2024.
- 1.9 Those that are amber, are usually so because of short term funding or staffing capacity issues. Amber can also indicate that services are in place as per action, but that demand is exceeding capacity for example healthy weight support from the commissioned service 'Your Health Oldham'

- 1.10 The board is asked to note the addition of new sponsors for the theme ‘Housing, Transport and Environment’ Paul Clifford, Director of Economy, and Nasir Dad, Director of Environment. Both directors are well placed to oversee progress of work and have already held a forum bringing together all action owners within this theme to monitor progress.
- 1.11 During the period of September 2022 to March 2023, all six thematic areas had presented focused reviews to the Health and Wellbeing board. This allowed for the sharing of good practice across Oldham organisations, opportunity to accentuate programmes that reduce inequalities and as a system provide a safe place to discuss barriers to delivery.

2 Current Position

The table below outlines some of the previously agreed actions or objectives, and a proposed amended version to better align to existing pieces of work or work that will maximise impact in reducing health inequalities.

Theme	Original objective or action	Proposed amended objective or action
Children and Young People	Develop systems and pathways that lead to the earlier identification of, and action on, early years and primary school age food insecurity.	To maximise uptake of the Healthy Start scheme for children in early years.
Children and Young People	Identify food insecure residents at an earlier age (i.e., before FSM)	Reduce food insecurity at an earlier age i.e., before free school meals
Housing Transport and Environment	Developing a pilot funded by GM HSCP to improve minor repair provision, linking in participants into health service offers and measuring the impact of house repairs on resident health.	Explore a housing and health approach so that the warm homes team can signpost individuals with CVD or acute respiratory conditions to ‘Your Health Oldham’ for targeted support
Housing Transport and Environment	Incorporate healthier design principles into all developments (resi and non-resi) in the borough.	Work towards delivery of key ambitions included in the Oldham Transport Strategy.
Housing Transport and Environment	Embed active travel and improved air quality within the Oldham transport strategy	Develop and embed a delivery strategy for key ambitions included in the Oldham Transport Strategy with actions and timeframes included.
Housing Transport and Environment	Further develop the Healthy Homes element of the housing strategy in the next iteration of the housing strategy action plan, including strengthening links between health services and housing enforcement support.	Proactively identify houses with defects, assessing for category 1 and category 2 hazards. Roll out of free universal pest control to Oldham residential properties to understand the scale of the issue and direct

		action accordingly.
Health in all Policies/ Communities and Place	Provide workforce development sessions/training on Health Inequalities to improve awareness of the impact in Oldham and action required and make this a core part of the placed based workforce development offer.	To roll out a number of workforce development sessions under one approach that includes trauma informed, strength based and resident first.

3 Recommendations

- To agree the proposed amendments to the actions or objectives as outlined in section 2
- To continue an approach whereby each of the six thematic areas brings a focused review or more detailed progress update to the board over the next 12 months.



Report to HEALTH AND WELLBEING BOARD

TITLE: Better Care Fund Plan 2022-23 Year End Return

Portfolio Holder:

Councillor Barbara Brownridge, Cabinet Member Health & Social Care

Officer Contact: Jayne Ratcliffe, Director of Adult Social Care

Report Author: Helen Ramsden, Assistant Director of Commissioning and Market Management, Adult Social Care

Contact: 07870483555/ helen.ramsden@oldham.gov.uk

Date: 08 June 2023

Purpose of the Report

To provide the Health & Wellbeing Board with details of the Oldham Better Care Fund (BCF) Plan year end return for 2022-23 and to obtain sign off in line with the requirements of the national conditions of the BCF.

Requirement from the Health and Wellbeing Board

1. That the Health & Wellbeing Board considers the content of the Oldham BCF year end return and provide any suggested amendments.
2. Subject to any agreed amendments Health & Wellbeing Board agrees to sign off the year end return in line with the requirements of the national conditions of the BCF.

Title**1. Background**

- 1.1 In line with the Better Care Fund policy framework and planning requirements, Oldham's BCF Plan for 2022-23 was signed off at Health and Wellbeing Board in November 2022. In late November 2022, following submission, government announced the Adult Social Care Discharge Fund, with a value to Oldham of £2,573,295. The use of this additional funding was approved at Health and Wellbeing Board on 24th January 2023. Use of the funding was required to be reported on a fortnightly basis from January to the end of March, and as a partial submission of the BCF year end return by 2nd May 2023, with the full return being submitted by 23rd May 2023.
- 1.2 In line with the national requirements the BCF year end return was submitted on 2nd May (for the Adult Social Care Discharge Fund element) and in full on 23rd May 2023. The process allows for submission of the plan prior to approval of the Health and Wellbeing Board.

2. Current Position

- 2.1 The BCF Plan includes four key metrics to be measured and reported on. The metrics, planned performance, achievements and supporting narrative are summarized in the table below:

Metric	Planned performance	Achievement	Comments
Avoidable admissions - Unplanned hospitalisation for chronic ambulatory care sensitive conditions	1,160	Local estimate is 1,113	Oldham are on track to achieve this due to the number of avoidable admissions services in place. The Urgent Care Hub (part of Oldham's Urgent Treatment Centre) managed over 70,000 patients with a 96% success rate of keeping them out of hospital. Community health and social care services have also significantly contributed to the achievement with existing and newly developed pathways for patients, including reablement, 2 hr rapid response service, and district nursing care. Extensive work across health and social care has taken place with care homes in order to better manage patients and enable them to stay in their own place of residence.
Discharge to normal place of residence (from acute setting)	92.3%	90.8% for 12 months to Feb-23	We have seen a decrease in patients returning to their normal place of residence due to two main factors. The emphasis on Discharge to Assess has meant that patients are discharged earlier to a D2A setting (often a care home or

			intermediate care setting) in order to best establish their needs without being in an acute hospital bed. These patients often do return to their usual place of residence, but the extra move within their journey has an impact on this metric. The other significant impact is the acuity of patients presenting and subsequently being discharged from hospital. Oldham are seeing an increased number of patients who are sicker or more advanced in their disease than in previous years and so their final destination once treatment has taken place is often needed to be long term care and/or hospice care.
Residential admissions - Rate of permanent admissions to residential care per 100,000 population (65+)	681	590	Actual rate is better than planned, and this equates to 229 permanent admissions to residential care of people aged 65+
Reablement - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	93.3%	88% - of 108 people 13 didn't stay at home.	To meet target an additional 8 people would have needed to stay at home for 91 days. The acuity of people at the point of discharge is significant and this is having an impact on this measure.

- 2.2 The Adult Social Care Discharge Fund element of the Better Care Fund was utilized in accordance with the plan that was signed off by Health and Wellbeing Board in January 2023. Adult Social Care related hospital discharge activity was reported to the national Better Care Team on a fortnightly basis in line with grant requirements.
- 2.3 The majority of the funding was used to manage demand for adult social care services as a result of hospital discharge, and ensured appropriate care, equipment and technology was available to support on discharge. The funding supported the discharge of 417 people to bed based services, 5271 hours of home care and reablement and c500 people supported with equipment and technology from mid December until 31st March 2023.
- 2.4 The second largest proportion of funding was distributed to care at home, care home and reablement services who provide the majority of support at the point of discharge, to support them to put in place measures to address workforce challenges in the most effective ways for their individual circumstances. For care homes 84% was spent on a combination of agency staff, overtime, retention bonuses and bringing forward planned pay rises. For community based services, 93% was spent on a combination of incentive payments, local recruitment initiatives, retention bonuses and overtime.
- 2.5 An extract from the year end return is below, and sets out each scheme, the planned and actual expenditure.

Scheme Name	Scheme Type	Sub Types	Planned Expenditure	Actual Expenditure	Actual Number of Packages
Administration	Administration		£25,730	£25,730	
Bank holiday incentives	Improve retention of existing workforce	Incentive payments	£333,177	£129,000	
D2A demand	Residential Placements	Other	£380,000	£437,185	100
Demand management	Other		£780,711	£1,018,603	
Domiciliary care service retention	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£20,000	£3,800	100
Hospital discharge premium	Residential Placements	Care home	£100,000	£25,300	253
Workforce incentives	Improve retention of existing workforce	Incentive payments	£934,270	£934,270	

- 2.6 The planned Better Care Fund for 22-23 prior to the inclusion of the Adult Social Care Discharge Fund was £35,119,107. The actual total was £34,952,229. The difference was as a result of the realignment of funding following the creation of Greater Manchester ICB and some elements of funding being managed centrally at a GM level, in common with other localities across Greater Manchester. This change did not impact on the delivery of services funded through the BCF.
- 2.7 The total Better Care Fund for 22-23, including the discharge fund element was £37,525,524.
- 2.8 The year end return requires the inclusion of two successes and two challenges, each aligned to one of the SCIE Logic Model Enablers. For 22-23 the successes and challenges reported were:

Success	SCIE Logic Model Enabler	Response
Joint working on the delivery of the integrated contract for residential and nursing homes.	Joint commissioning of health and social care	The focus of the work was to refresh the commissioning and contracting arrangements in place for residential and nursing homes supporting Oldham residents. Whilst predominantly the arrangements are for in-borough provision, they also cover out of area placements supporting Oldham residents. The work was made possible by partners coming together having clear principles, processes and clarity on roles and responsibilities for the lead organisations involved. The approach has provided clarity to internal staff and also external partners such as providers of care. This success could also meet additional 'SCIE Logic Model Enablers' such as: 2 "strong, system-wide governance and systems leadership"; 5. "integrated workforce"; 6. "joined-up regulatory approach"; and 8. "pooled or aligned resources".
Carers	Empowering users to have choice and control	"The carers team, which is jointly funded between the Council and ICB, through the BCF, have seen a significant increase in the identification of hidden carers and individuals who do not identify themselves as carers.

	through an asset based approach, shared decision making and co-production	<p>Since 2021/2022, we have seen an increase in carers receiving some form of support including information, advice, support for the person they cared for, access to prevention services, use of AT/digital or a personal budget. The additional carers were identified through effective place-based outreach working across primary care, community and acute.</p> <p>2022/23 saw a coproduction focus on the refresh of the Carers' Strategy in Oldham. Various focus group sessions were held encouraging participation from all stakeholders including carers and people with lived experience, staff and support workers to gather views on the practical ways support can be provided to unpaid carers of all ages. The sessions covered the following: reflection on previous strategy; carers' priorities; the strengths of the services; and key areas of improvement.</p> <p>Positive and improved outcomes were achieved for carers through the use of strength-based practices which have enabled continuation of the caring role. Examples include the use of assistive technologies including epilepsy pendants, to enable carers to take a break whilst knowing they will be alerted should the person they care for have a fit. The benefits of this approach minimised the risk of readmittance to acute settings. Another example is funding for a specialist chair to enable the carer to safely move the person they care for and remain in their home environment, rather than be at risk of falls and requiring more intensive care and support. These approaches have enabled both the carer and the person they care for to live independent lives with their wellbeing significantly improved whilst minimising more intensive and clinical interventions across the health and care system."</p>
Challenge	SCIE Logic Model Enabler	Response
Care home market	Good quality and sustainable provider market that can meet demand	During 2022-23 the care home market has become increasingly fragile, this has in particular impacted upon the nursing market in Oldham and a number of providers have approached the council and ICB about de-registering nursing or changing the profile away from general needs nursing towards specialisms such as mental health. Given that the Oldham Market Position Statement articulates an increased need for nursing provision this presents a challenge to joint working both in terms of the number of beds available but also potential needs to move residents where provision changes. We are seeking to address this by reviewing our care home rates, and in particular nursing fee rates, which will have longer term implications for us from a funding perspective enabling us to meet the needs of the Oldham population.
Discharge to Assess	Other	The 'Discharge to Assess' process places additional pressures on an already stretched social care resource. This can result in reviews not taking place as quickly as the system would wish. It can also place pressures on community health services such as GPs and Therapy teams where people are placed in short term placements away from where they are normally registered. The Oldham health and social care system is currently exploring opportunities for block booking 'Discharge to Assess' beds in one or two locations which may streamline the review and therapy inputs but more resource/support is required in this area.

3. Key Issues for Health and Wellbeing Board to Discuss

- 3.1 For the Health and Wellbeing Board to consider the contents of the BCF Year end return for 2022-23 and make any suggested amendments.
- 3.2 To agree whether the HWB is prepared to sign off the return, in line with national conditions

4. Recommendation

- 4.1 It is recommended that the Health and Wellbeing Board agree to sign off the Better Care Fund Return for 2022-23.

Health Improvement Highlight Report

Update for:	Health and Wellbeing Board	Period Covered	March – June 2023
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Work area	Priority objectives	Progress this period	Planned activities for next period
Page 37	<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 can access this in a timely manner at locations that best suit them. Progress is being made to move the commissioning of delivery of LARC via Primary Care to the provider of the Integrated Sexual Health Service (HCRG Care Group) from 1 July 2023. Opportunities to build additional capacity around LARC provision in Maternity Services are being further explored.</p> <p>Progress continues to be made towards the establishment of the North East Sector (Oldham, Rochdale and Bury) Sexual Health Strategic Partnership to enable the associated strategic action plan to be aligned to the collaborative commissioning arrangements in place for the Integrated Sexual Health Service. A proposed partnership approach has been drafted and terms of reference are being agreed.</p>	<p>Transfer the commissioning responsibility for Primary Care LARC to HCRG Care Group. Delivery of a GP Education Session on Primary Care LARC in conjunction with HCRG Care Group and GM NHS Integrated Care – Oldham Locality.</p> <p>First meeting of Sexual Health Strategic Partnership to take place, including initial discussions around the co-production of an alliance action plan.</p>
	<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 has started to meet. The first meeting took place on 25.5.2023. This was chaired by Stuart Lockwood from OCL and had good representation. TOR and membership were collectively agreed by the group.</p>	<p>Next meeting will take place on 6.7.2023 and will focus on the working age of our population. There will be presentations from OCL and ABL.</p>
	<p>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</p>	<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. The results of a recent survey and local data and insight are being used 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>Submit Expression of Interest to OHID for Swap to Stop pathfinder programme (details tbc) for the first national vaping</p>

	<p>reduce smoking rates, minimise tobacco-related harm and contribute to reductions in health inequalities.</p>	<p>Colleagues from Oldham continue to engage with Greater Manchester Making Smoking History regarding the refresh of GM Tobacco Strategy. 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>GM Youth Vaping Toolkit briefing has been released – plans to launch in Oldham being progressed.</p> <p>3 Oldham Secondary Schools took part in the North West Trading Standards Survey looking at tobacco, vaping and alcohol use – consideration is being given to how to increase engagement with next year's survey to improve the quality of data and local insight. Key findings included:</p> <ul style="list-style-type: none"> Levels of tobacco smoking amongst young people in the local authority area continue to fall. 6% of 14-17 year olds claim to smoke, the lowest levels recorded for the area. Additionally, more than 4 in 5 young people claim to have <p>Almost a third of young people in Oldham claimed to have tried or use vapes. 12% claimed to vape more than once a week, compared to 6% in 2020. Increasingly they are trying vapes either before or instead of tobacco cigarettes. Flavours are a key factor in tempting young people to vape, and also in what they buy.</p>	<p>scheme where vapes will be provided as quit aids to support adults to stop smoking alongside the behaviour support from community stop smoking service commissioned by the Local Authority.</p>
Healthy Start	<p>Develop and deliver an Infant Mortality Action Plan</p>	<p>The Reducing Infant Mortality Group has been meeting regularly and has good attendance and representation from NCA, Maternity Voices Partnership, Spoons and Homestart. The group has collectively reviewed a Safe Sleep Tool that was produced by the Oldham Safeguarding Partnership and as a group we are looking at ways in which the advice from this tool can be used as a person-centred approach to promote safe sleep.</p>	<p>To hold smaller meetings with colleagues involved in the priority areas to have a more focused discussion on work and actions for the action plan.</p>
Drug and Alcohol Treatment System	<p>Collaboratively respond to the National Drugs Plan and work to support recovery and reduce drug and alcohol related harms in Oldham</p>	<p>In this period, we have continued to mobilise/ deliver the Adult Integrated Treatment and Recovery Service. Contract commenced 1st April 2023 and fortnightly Mobilisation Meetings are in place.</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 are to be increased by 20% for those in treatment based on 2022/23 baseline.</p>	<ol style="list-style-type: none"> 1. Confirmation of new building for Oldham Service to be confirmed. 2. Delivery outcomes to continue to be measured against OHID, GMCA CDP and Outcome Framework targets.

		<p>Numbers in treatment for all substances (drugs & alcohol) is currently 1587 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. Lack of suitable accommodation and long-term recovery support continue to effect overall outcomes.</p> <p>Bespoke programmes of work relating to criminal justice, rough sleeping and homelessness and increasing employability for those in treatment are delivering well but a focus on increasing numbers being engaged continues.</p> <p>Work continues to align Oldham with requirements of National Drugs Plan and Oldham Drug & Alcohol Partnership Group is now established and meets Quarterly.</p>	<p>3. Continued review of performance with commissioned service and partners.</p> <p>4. Oldham Drug and Alcohol Partnership Group to review partnership progress for treatment & recovery.</p>
<p>Public Mental Health and Wellbeing and Suicide Prevention</p> <p>Page 39</p>		<p>Public Mental Health / Wellbeing</p> <ul style="list-style-type: none"> • Locality MH board well established and currently drafting its priority action plan. The board have agreed to include a focus on improving mental health and wellbeing in line with the aims of the Health and Wellbeing Strategy • Connect 5 roll-out continues. The grant received from GMCA is administered by Action Together with the aim of increasing the number of front line staff who have been trained in working with residents using the Connect 5 approach (to have more proactive and evidence-based conversations about mental health) • GM have recently published a Measuring Mental Wellbeing report – representatives from Oldham contributed to the development of the metrics used in the reports in a number of forums – the report provides an overall across the sub-region with some specific Oldham data available <p>Suicide Prevention</p> <ul style="list-style-type: none"> • The 5 year Suicide Prevention Strategy will be published on the council website shortly. Behind this will sit an action plan that will be refreshed annually. This will be a multi-agency plan which will focus on the 6 priority areas as defined by the consultation conducted during 2022. 	<p>Continue to work on the roll out of Connect 5 to promote training on wellbeing conversations with a broader group of front line workers.</p> <p>Suicide Prevention Action Planning workshop is taking place on the 15th June 2023</p>

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Health Protection Highlight Report

June 2023

Update for:	Health and Wellbeing Board	Period Covered	April-June 2023
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Work area	Priority objectives	Progress this period	Planned activities for next period
Page 41	Manage outbreaks of communicable disease.	<p>Ongoing support provided to care homes, schools and other settings to manage COVID 19 and other non-covid infections such as scabies and norovirus</p> <p>Support to three care homes to manage outbreaks of invasive Group A Streptococcal infection/Group A Streptococcal Infection.</p> <ul style="list-style-type: none"> • 1 care home no longer in outbreak • Outbreak control meetings chaired by UKHSA – review of epidemiology, microbiology and environment. Risk assessments conducted. Control measures including IPC recommended. Further investigations including swabbing and treatment. • Training sessions delivered to support care homes. Topics are - Hand Hygiene and Moments of Care, Mask Wearing and PPE, Decontamination and Cleaning, Working in a team during an outbreak. Six sessions delivered so far. • Support visits to care homes affected. Six visits March-May 2023. • Announced and unannounced IPC visits to affected homes. • High level of reactive outbreak management work currently for health protection team. <p>Change in GAS epidemiology means increased burden on the system and higher risk in high-risk settings. Discussion and future planning taken place at recent HP subgroup of Health and Wellbeing Board.</p>	<p>Continue to work with UK Health Security Agency to monitor risks and respond to outbreaks</p> <p>Continue to deliver training sessions to support homes with GAS/IGAS outbreaks. Additional dates to be arranged</p> <p>Further support visits to be arranged</p>
		<p>Audit programme of high -risk settings to continue. No progress this quarter due to unprecedented volume of outbreak response activities</p>	<p>Dates and plans to be arranged as part of a wider look at Health Protection capacity.</p>
Infection prevention & control in high- risk settings	Maintain and progress with an audit programme of high -risk settings GP Practices and Care Homes and Early Years settings		

<p>Healthcare Acquired Infections (HCAI) & Anti-microbial resistance (AMR)</p>	<p>Provide support to prevent and reduce risks associated with HCAI and AMR</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, and includes the following Care Home staff - gastrointestinal illness (including outbreak management) GP practices - Back to Basics IPC including IPC audit Care Home staff - Oral Hygiene and respiratory illness including aspiration pneumonia GP Practices - HCAIs, AMR, Respiratory Illness/Vaccines, Sepsis 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 for Adult Social Care delivered.</p>	<p>Implementation of catheter care pack for Nursing staff to support reduction in CAUTI and related issues – following the Certificate of Excellence Session for Care Homes</p> <p>Continuation of the HCAI review meetings</p>
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