

## ***ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD Overview & Scrutiny Committee Agenda***

Date Tuesday 30 July 2024

Time 6.00 pm

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

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

2. CONTACT OFFICER for this agenda is Andrew Mather or email [constitutional.services@oldham.gov.uk](mailto:constitutional.services@oldham.gov.uk)

3. PUBLIC QUESTIONS - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Friday, 26 July 2024.

4. FILMING - The Council, members of the public and the press may record / film / photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming.

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**MEMBERSHIP OF THE ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD**

Councillors Adams, Hamblett, Hurley, J. Hussain, Ibrahim, Kouser, Malik, McLaren, Moores (Chair), Rustidge and Sharp

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 of Previous Adults Social Care and Health Scrutiny Board Meeting (Pages 3 - 6)  
The Minutes of the Adults Social Care and Health Scrutiny Board held on 12<sup>th</sup> June 2024 are attached for approval.
- 6 Care Home Market  
Presentation by Director of Adult Care Services on the current market for the provision of care home services. (Presentation to follow)
- 7 Public Health Annual Report 2023/24 (Pages 7 - 42)  
The Director of Public Health will present the Public Health Annual Report for 2023/24.
- 8 Health and Wellbeing Board Strategy Update (Pages 43 - 50)  
The Director of Public Health will present a report updating the Scrutiny Committee on the Health and Wellbeing Strategy.
- 9 Work Programme (Pages 51 - 52)  
To consider the Adults Social Care and Health Work Programme 2024/25
- 10 Key Decision Document (Pages 53 - 62)
- 11 Rule 13 and 14  
To consider any rule 13 or 14 decisions taken since the previous meeting.



**Present:** Councillor Moores (Chair)  
Councillors Adams, J. Hussain, Ibrahim, Kouser, Malik,  
McLaren, Rustidge and Sharp

Also in Attendance:

Councillor Brownridge	Cabinet Member for Adults, Health & Wellbeing
David Garner	Head of Business Strategy and Performance Adult Social Care Constitutional Services
Andrew Mather	Director of Adult Social Care
Jayne Ratcliffe	Assistant Director -Adult Social Care
Charlotte Walker	

1           **ELECTION OF VICE CHAIR**

RESOLVED - That Councillor Hamblett be appointed as Vice-Chair of the Adults Social Care and Health Scrutiny Board for the 2024/25 Municipal Year.

2           **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Hurley, Rebecca Fletcher, Alistair Craig and Mike Barker.

3           **URGENT BUSINESS**

There were no items of urgent business received.

4           **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

5           **PUBLIC QUESTION TIME**

There were no public questions.

6           **MINUTES OF PREVIOUS ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD MEETING**

**RESOLVED** that the minutes of the meeting held on 7<sup>th</sup> March 2024 be approved as a correct record.

7           **NORTHERN CARE ALLIANCE AND ROYAL OLDHAM HOSPITAL UPDATE**

This item was deferred to the next meeting.

8           **PREPARATION FOR CQC ASSESSMENT**

David Garner, Head of Business Strategy and Performance Adult Social Care, gave a presentation on the Authority's preparation for an Assessment by the Care Quality Commission which would take place within the next 18 months. (The presentation slides were included within the Scrutiny Committee's Agenda pack)

The Care Quality Commission (CQC) is tasked with assessing local health and care systems under the Health and Care Act 2022. These assessments aim to understand how care is

improving outcomes and reducing inequalities. The focus is on local authorities' compliance with the Care Act 2014. The assessment period will start with the local authority's receipt of an information request and ends with the final report's publication. It mainly considers evidence from the 12 months preceding the assessment. CQC's Single Assessment Framework, includes nine quality statements across four themes: Working with people; Providing support; Ensuring safety and Leadership.

The presentation described the full assessment process and the steps that the authority is taking to prepare for it. Preparation included carrying out a self assessment process from which an improvement plan had been developed to identify areas that require further development. An assurance preparation awareness day and follow up had also taken place as well as a number of staff engagement events aimed at providing staff with information on the assessment process. A mock information return exercise was also undertaken to test the departments readiness to complete the CQC Information Return that starts the assessment process. A Task and Finish Group had been established to focus on key preparation activities.

In response to a question from a Member regarding working with other authorities the Director responded that the service had close contacts with other Greater Manchester authorities and was sharing information and was working on co-production of strategies.

In response to a question from a Member concerning the selection of the people who would be put forward for the CQC to talk to, the Director responded that they would be selected in an open and transparent way to provide an accurate picture of the service.

In response to questions about what CQC score level the service was currently working to, the Director informed the Scrutiny Committee that the Service was working towards a score of 'Good' at a minimum. In terms of current performance some aspects of the service, such as safeguarding were outstanding, while others such as equality and diversity, waiting times and transitions needed further improvement. The Action Plan focused on areas which needed improvement.

In response to a questions regarding resources and workforce capacity, the Director praised staff who had embraced the assessment process. The CQC, however, would not take into account the financial situation facing the authority or the very weak provider market.

RESOLVED:

1. That the report be noted.
2. Staff be thanked for their work in preparing for the CQC inspection.
3. A progress report be made in six months time..

9           **WORK PROGRAMME**

The Adult Social Care and Health Scrutiny Board Work programme 2024/25 was circulated for members consideration.

RESOLVED – That the work programme be noted

10           **KEY DECISION DOCUMENT**

The Council's current published Key Decision Document, advising of key decisions due to be taken by the Council's Cabinet was circulated for Member's consideration.

RESOLVED - That the Key Decision Document be noted.

11           **RULE 13 AND 14**

There was nothing to report under Rule 13 and 14.

The meeting started at 6.00 pm and ended at 7.20 pm

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**Oldham**  
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## Report to Adult Social Care and Health Scrutiny Board

# Public Health Annual Report 2023/24

### **Portfolio Holder:**

Councillor Barbara Brownridge, Cabinet Member for Adults, Health and Wellbeing

**Officer Contact:** Dr Rebecca Fletcher, Director of Public Health

**Report Author:** Rebecca Fletcher, Director of Public Health, and Anna Tebay, Head of Service, Public Health

**30<sup>th</sup> July 2024**

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### **Purpose of the Report**

The Adult Social Care and Health Scrutiny Board is asked to note the content and recommendation of the Public Health Annual Report.

### **Executive Summary**

The Public Health Annual Report is the report of the Director of Public Health. The 2023/34 report has taken a data led approach to examine the relationship between housing, health, and health inequalities. There is a particular focus and consideration on the cumulative effect of poor-quality housing on those most at risk of experiencing health inequalities and sets out a set of key recommendations in response to the findings. The report acknowledges the many examples of how Oldham is seeking to respond to the challenges.

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### **Recommendations**

The Adult Social Care and Health Scrutiny Board is asked to note the content and recommendation of the Public Health Annual Report.

Members of the board are asked to consider the implications of the report across the wider system.

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# Health and Housing in Oldham

Public Health Annual Report 2023/24



**Oldham**  
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“A good life starts with a good home.  
It’s so important”

Simon Carrigan  
Poverty Truth Commissioner

# Forewords

## Foreword by Cabinet Member for Health and Social Care Councillor Barbara Brownridge

The annual report of the Director of Public Health is an independent view on matters related to health and wellbeing in Oldham, and what needs to be done to improve it.

This report has a focus on health and housing. We know that Oldham, like many other places in the country, needs more good-quality housing. If we want our residents to live happy and healthy lives, then they must be able to live in a safe and secure environment that does not negatively impact on their wellbeing. Overcrowded homes of poor quality contribute to inequalities that must be addressed, and so I am pleased that this report is examining this area and look forward to seeing the future partnership working to combat the issue.

As Council Cabinet Lead for Health and Social Care I am happy to support publication of the 2023 Annual Report of the Director of Public Health and to encourage councillors, partners and communities in Oldham to do their bit by engaging in discussion and action about health, wellbeing and health inequalities in Oldham so that we could build toward a healthier future.

*Councillor Barbara Brownridge*



Councillor Barbara Brownridge

“If we want our residents to live happy and healthy lives, then they must be able to live in a safe and secure environment that does not negatively impact on their wellbeing.”

# Forewords

## Foreword by the Director of Public Health Rebecca Fletcher

Welcome to my first Public Health Annual Report as the Director of Public Health. I am pleased to be able to consider various aspects of housing, health and the unequal impact across particular groups within our population. For context, this report reflects on housing past, present and future, with the greatest degree of focus on the data and evidence base that links different aspects of poor-quality housing with physical and mental health.

There is a strong link between good-quality and secure housing and positive health outcomes, but of course the reverse of this is true, with poor housing causing or exacerbating physical and mental health conditions. Oldham has stark inequalities, between the borough and other areas of the country, and also within the borough between our least and most deprived areas. Housing is well recognised as one of the many contributing factors that affect our communities unequally.

This report identifies that for some communities, we can draw associations between poor health and an accumulative effect of multiple aspects of poor housing standards. For example, overcrowding is more likely to exist in deprived areas, where families are also experiencing fuel poverty with little/ no disposable income to spend on heating; this is then compounded by the fact that they are more likely to live in poorly

insulated properties, where heat is easily lost through walls and the roof.

Tackling multiple aspects of housing standards is complex, and accountability does not sit with any single organisation or department, which is why it is essential that all partners continue to play their part during this time of need, but also in the consideration of future demand/ need. I close by thanking all colleagues who have contributed to this report from across the system.

*Rebecca Fletcher*

**“Oldham has stark inequalities, between the borough and other areas of the country, and also within the borough between our least and most deprived areas. Housing is well recognised as one of the many contributing factors that affect our communities unequally.”**



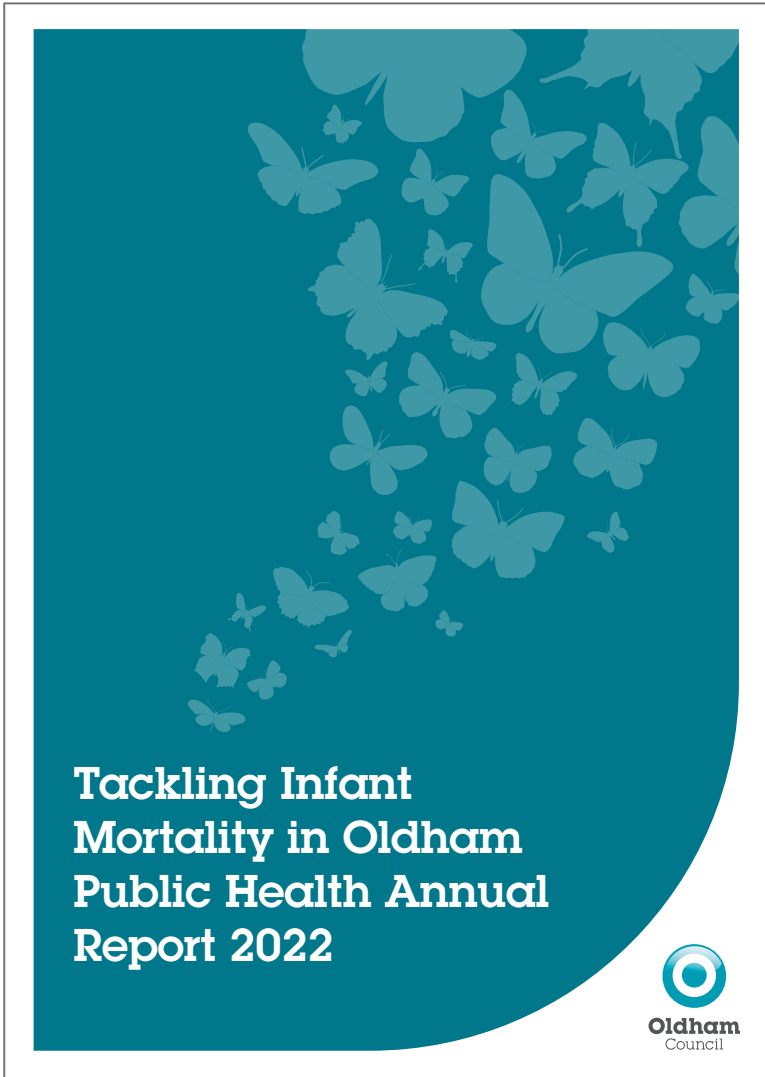
Rebecca Fletcher

# Reflections

Reflections on the recommendations from the 2022/23 Public Health Annual Report 'Tackling Infant Mortality in Oldham'

For the reflection on the recommendations made in last year's report 'Tackling Infant Mortality in Oldham', please see Appendix 1.

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# Introduction

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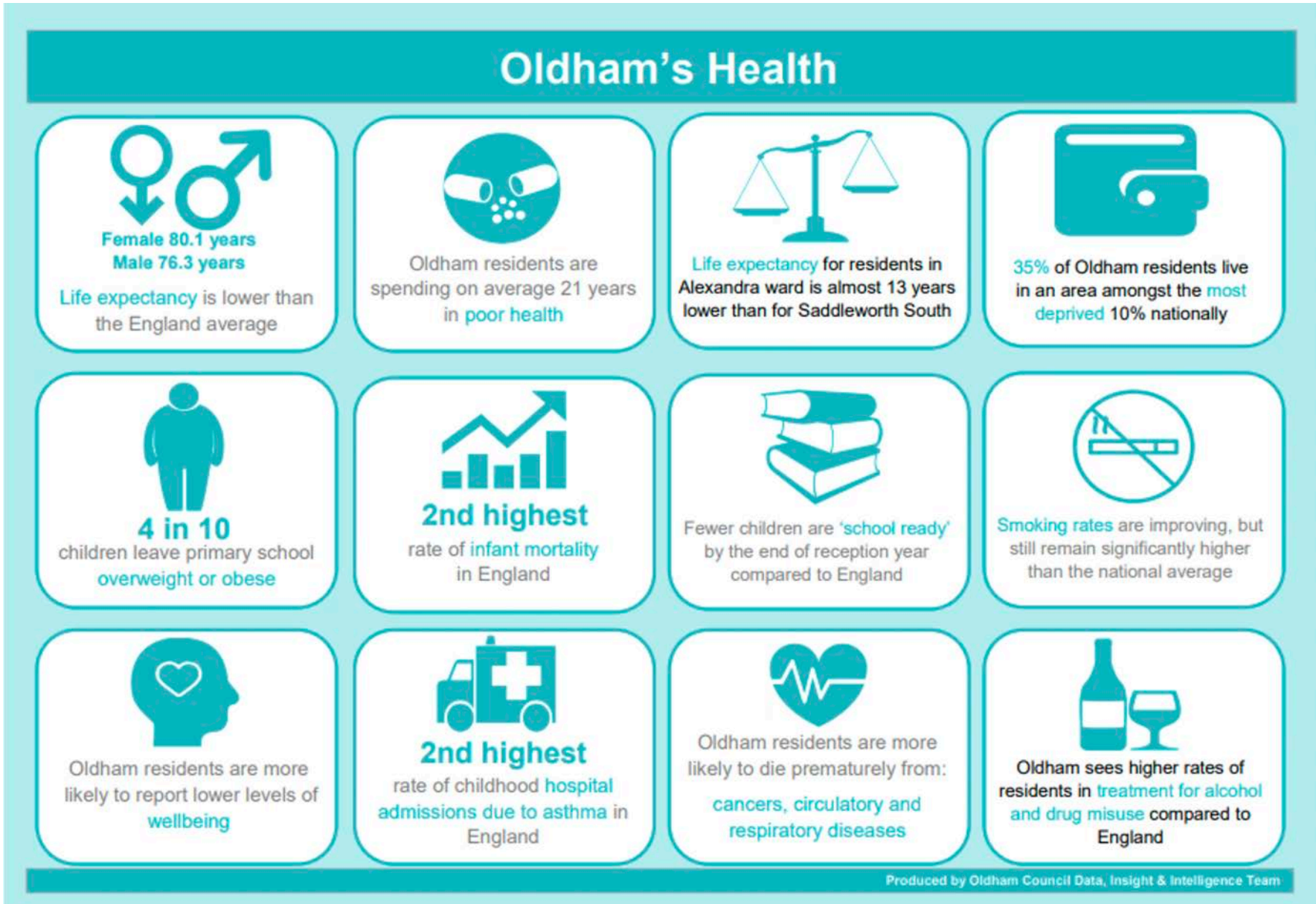
Oldham's previous public health annual reports focused on specific health topics – COVID-19 and infant mortality, and poor-quality and overcrowded housing were highlighted as risk factors for both. This report therefore seeks to explore in more depth how housing contributes to health and health inequalities.

In Oldham, life expectancy and healthy life expectancy are shorter than the national average and there is a stark difference of nearly 13 years in life expectancy between the least and most deprived parts of the borough (JSNA Oldham). The 2021 Census shows us that in Oldham, fewer people self-report having 'very

good health' (47%) compared to the England and Wales average (48%), and residents start to experience 'bad or very bad health' at an earlier age. Poor health and limited life expectancy are not new to Oldham, and to provide context for the relationship between health and housing in the borough, this report describes key historical aspects that have been integral to housing design. It describes Oldham's current housing stock while exploring the health of residents across different types and tenures, and it explains different issues faced by residents. This report also provides information on how Oldham Council is supporting residents, and what can be expected in the future.

*Within this report, 'housing quality' refers to the physical conditions of a person's home. The World Health Organisation (WHO) defines good housing, or 'healthy housing', as a "shelter that supports a state of complete physical, mental and social well-being. ...Healthy housing also refers to the physical structure of the dwelling and the extent to which it enables physical health, including structurally sound, by providing shelter from the elements and from excess moisture, and by facilitating comfortable temperatures, adequate sanitation and illumination, sufficient space, safe fuel or connection to electricity, and protection from pollutants, injury hazards, mould and pests."*

*The terms 'poor-quality housing' and 'inadequate housing conditions' relate to the physical state that can negatively contribute to health including chronic disease or injury. Where the level of deprivation of an area is described, this is per the English Indices of Deprivation 2019 (IMD). Multiple sources of information have been used throughout, and detailed references are available on request.*



## Key determinants of health

Problems with people’s homes can influence their health. This idea is underpinned by Maslow’s hierarchy of need (1943) and the Dahlgren and Whitehead (1991) model of the main determinants of health, the ‘rainbow model’. In 1943, Abraham Maslow introduced the theory that people have basic needs which must be met before they can satisfy their psychological needs or reach self-fulfilment (Figure 1).

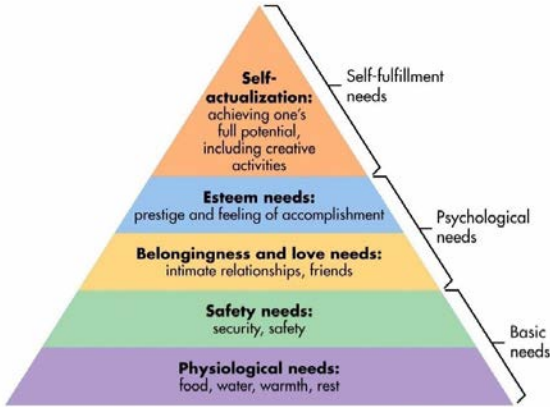


Figure 1: Maslow’s hierarchy of needs (1943)

Good housing is fundamental for ensuring that basic needs can be met, with the ability to provide a place to shelter, a place to prepare food and eat, a place of safety and warmth, and somewhere to rest. The ‘rainbow model’ shows how a person’s health is influenced by multiple factors, described as the wider determinants. These include an individuals’ economic, social, cultural, and environmental conditions (Figure 2).

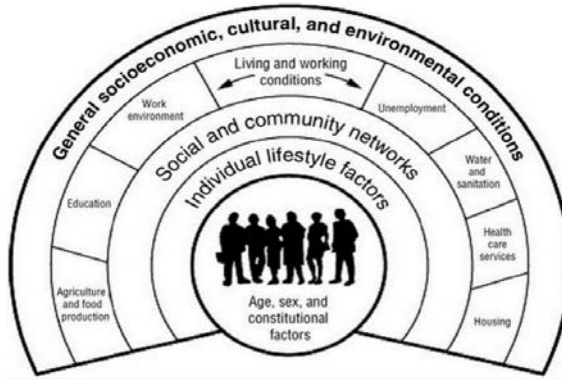


Figure 2: Dahlgren and Whitehead (1991) model of the main determinants of health

The wider determinants of health are increasingly thought to be the root cause of inequalities, and housing is arguably one of the most critical components. Housing comes in many different forms, and poor-quality, overcrowded and unaffordable housing contributes to poverty, instability, social exclusion, and direct health problems, including but not limited to respiratory infections, asthma, and poor mental health.

There are wide reaching impacts of housing, including on a person’s ability to:

- Live independently and without risk of injury or illness
- Access healthcare services, education and training opportunities, and employment easily
- Manage own health and care needs
- Become part of a community, contribute, and feel safe

Furthermore, the WHO identified that poor physical and

structural housing conditions disproportionately impact young children, older adults, individuals with disabilities and those with low income. This is because these groups are more likely to spend prolonged periods of time in the home and are therefore more exposed to the associated health risks. This means that poor-quality housing has the potential to widen health inequalities in Oldham.

The relationship between housing, health and health inequalities will be explored across tenure, type, and quality within three themes: 1) unsafe or unhealthy homes; 2) unsuitable homes, including overcrowding or inaccessibility; 3) unstable homes, including temporary accommodation or homelessness. Across the life course, the risks associated with each theme can vary. For example, while unhealthy homes increase the risk of respiratory illness and poor mental health in children, working age adults and older people, the risk of physical injury is greater for children and older people. Unhealthy homes are also associated with poor infant weight gain and poor diet in children. Unsuitable, overcrowded homes are associated with increased harms from tobacco and higher rates of tuberculosis in children and working age adults, while inaccessibility brings greater risks for older people, with higher chances of social isolation and injuries from falls. Adults with unstable homes experience increased risk of physical and mental health problems, suicide, alcohol and drug misuse, tobacco harm and tuberculosis, while children and young people may miss important health checks and immunisations.



# The past

Oldham saw a transition from farming as the dominant industry to textiles. Small communities of weavers grew around established historic towns and by the mid-1700s, weavers' cottages were being built.

Oldham comprised little more than a scattering of small settlements. From 1854 to 1910, urban Oldham roughly doubled in size, and Shaw, Royton, Hollinwood and Greenacres grew. By the late 19th century, Oldham was one of the foremost cotton towns in the world, and the population increased from around 12,000 to 137,000 by 1900.

Industry declined owing to general economic depression.

This led to bankruptcy and massive unemployment, and mill building ceased by the 1920s. Building of social housing began after the First World War. Large estates of semi-detached houses were erected to accommodate commuters from Manchester and terraced houses were built for industrial workers. Terraced houses are a significant part of Oldham's history, however this legacy leaves residents with poorly insulated properties.

The Housing Market Renewal (2004 – 2011) scheme intended to improve neighbourhoods that had low housing demand. Alt, Hathershaw, Fitton Hill, Werneth, Sholver and Derker were due to benefit. The scheme planned the demolition, refurbishment and erection of new homes. The scheme was intended to be carried out over 15 years, however funding was withdrawn in April 2011. Demolitions had already happened with no new housing built. Oldham Council committed to deliver an ongoing development in Derker.

New Deal for Communities (2000 – 2010) launched in 1998 to transform 39 deprived neighbourhoods in England. Hathershaw and Fitton Hill were beneficiaries of this programme.

The Single Regeneration Budget (1994 – 2002) was the UK government's main regeneration fund for deprived areas.

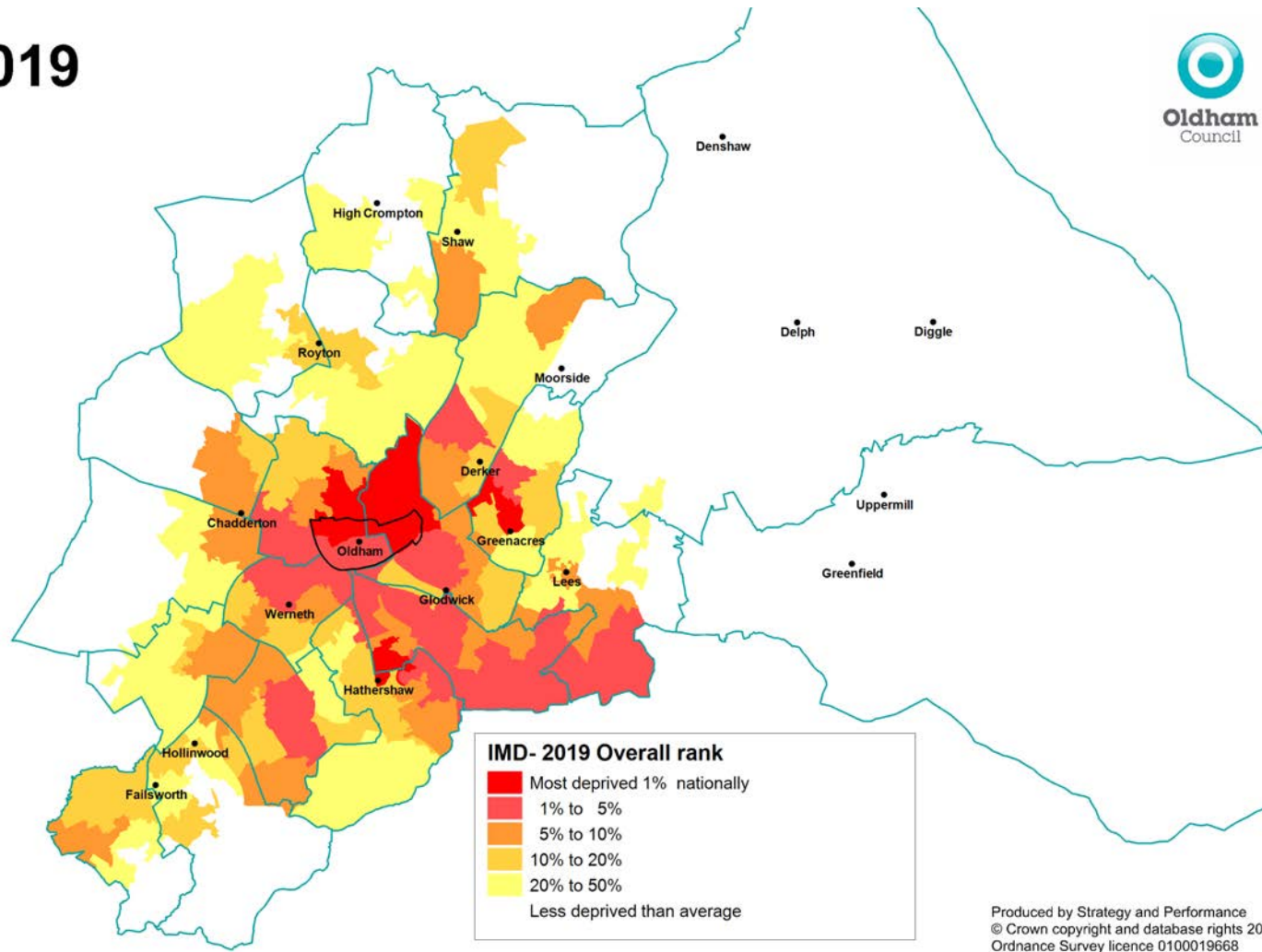
## Industrial

## Post-medieval



2019

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House prices

In 2023, the median house price in Oldham was £180,000 (ONS). For decades, median house prices in the borough have been consistently lower than those for the North West region and England as a whole. However, there has still been a marked increase in property prices since 2000 (Appendix 2). There are more than 93,100 homes in Oldham (ONS Census 2021), with an estimated vacancy rate of 1%. In Oldham, 7 of 20 wards are among the 10% most deprived areas in England (Figure 3), and more than one quarter of residents experience the highest level of income deprivation (English Indices of Deprivation 2019; IMD). This affects residents' ability to buy properties of their own and means that choice of property may be more limited. Residents' ability to maintain and repair a purchased property could also be restricted.

Figure 3: Level of deprivation in Oldham compared with the national average (IMD)

## Health and tenure

Health varies by tenure, both in Oldham and nationally (Figure 4). The largest proportion of people with good health in Oldham are owner occupiers, while people with poor health most commonly live in social rented homes. The pattern of general health and tenure is similar in Oldham to the national picture; however, the proportion

of people over the age of 65 with 'bad or very bad' health living in the private rented sector is larger in the borough (20% compared with 16%). This has implications for adult social services which may be limited in their ability to support people to stay at home with home adaptations in this sector. It is also expected

that the older population of 10–15 years in the future may be more dependent on the private rented sector than currently.

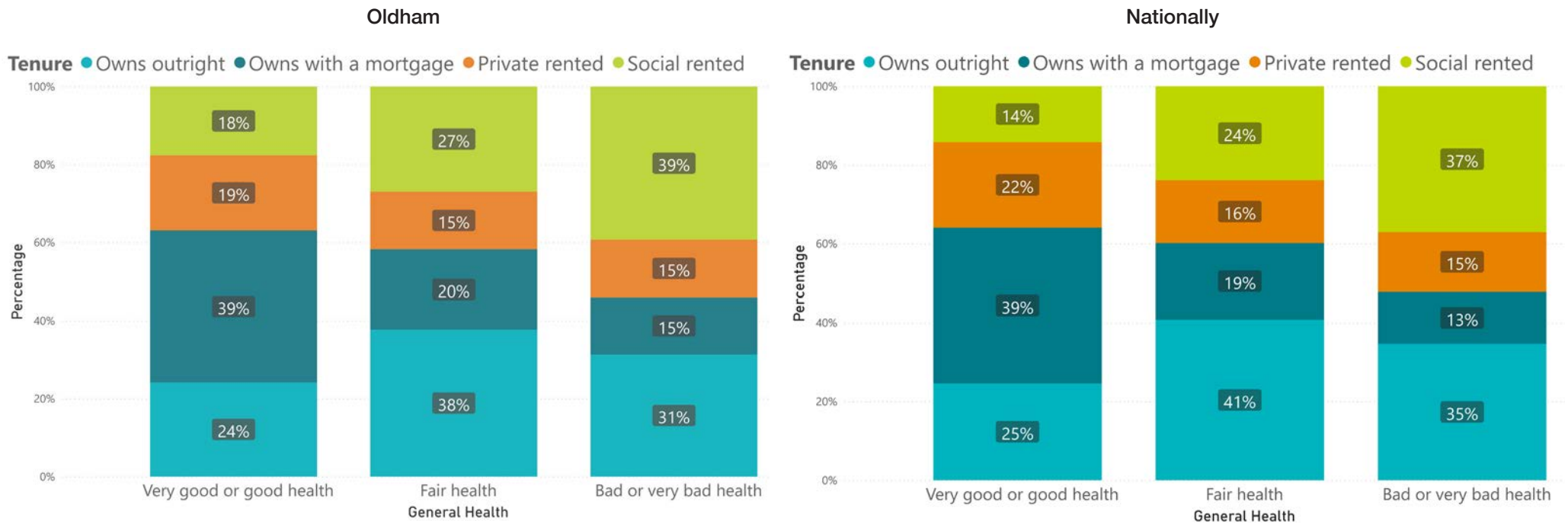


Figure 4: Percentage of people by general health status and tenure of accommodation. Oldham (top right) and nationally (bottom right). (ONS Census 2021)

Over the last 30 years only the private rented sector has seen consistent growth in Oldham (Figure 5), and while more properties have become rental properties, rent prices have also increased. Emerging research shows that the private rented sector in the UK on average fares worse for affordability, precariousness, security, and quality compared to other tenures. The Health Foundation recently found that 21% of homes in the private rented sector were non-decent, and more than half had serious hazards.

The private rented sector is largest in Oldham’s more deprived wards. This means that the high costs and poor conditions most associated with the private rented sector disproportionately impact Oldham’s deprived communities. People living in these communities are therefore likely to spend a higher proportion of their income on housing and have less remaining to spend on essentials such as heating or food. The 2021 Census shows that just over a quarter of children in Oldham are now living in the private rented sector, which is an increase of 15% from 2001. This means that more children in Oldham are now vulnerable to the associated impacts, and these may have additional repercussions for this age group. If accommodation is unstable, for example, this could impact on school attendance and attainment.

Compared with homeowners, the English Housing Survey 2021/22 identified that people living in rented accommodation (private rented sector or social renting), generally had lower scores for life satisfaction, thinking life is worthwhile, and happiness, and higher scores for

anxiety. Social renters had the lowest wellbeing scores and the highest anxiety score (Appendix 3). Additional factors may influence the relationship between wellbeing and tenure; for example, social renters were most likely to be unemployed or ‘other inactive’ (this includes people with long-term sickness or full-time caring responsibilities) or earn the lowest income.

More information about health and housing tenure in Oldham is available on Oldham’s [Joint Strategic Needs Assessment website](#).

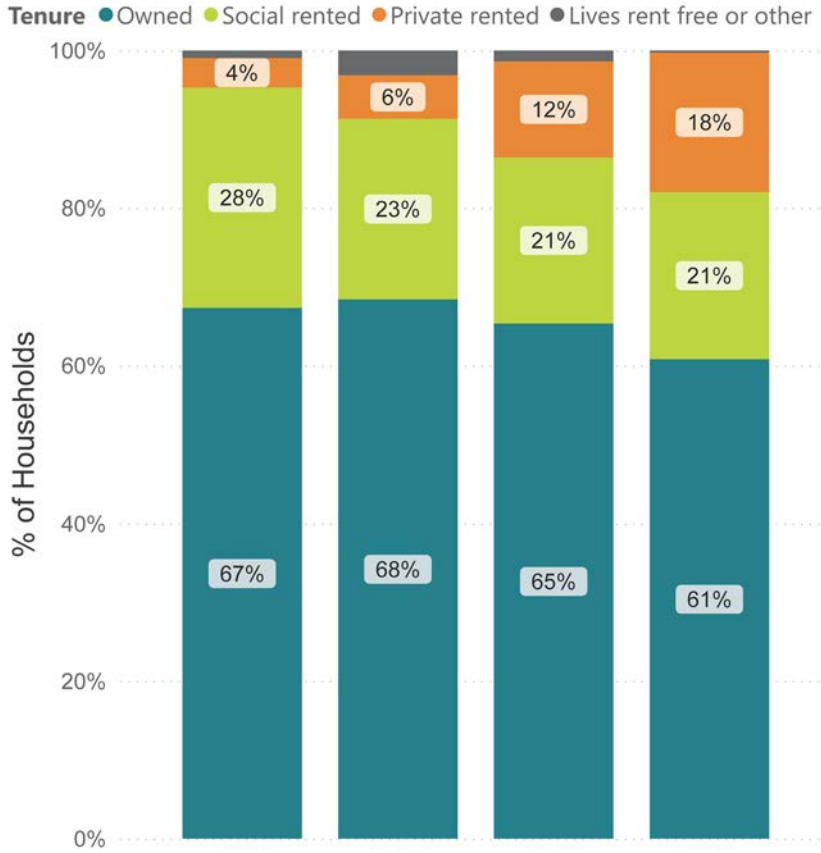


Figure 5: Percentage of households in Oldham by housing tenure type, from 1991–2021 (ONS Census)

## Health and housing type

There are also different patterns of health across different types of housing. People who live in flats generally experience poorer health than people living in other types of housing in Oldham (Figure 6), and people who live in flats in other parts of England. Compared with other types of accommodation in Oldham, a larger percentage of flats are occupied by disabled people (Figure 7). Disabled people living in flats are therefore likely to have worse health than people who only live in a flat or only have a disability. If people with reduced mobility are without access to a lift or ground floor accommodation, there could be a knock-on effect to accessing outdoor green space, social activities, or affordable healthy food. This would in-turn affect their health and wellbeing.

Additionally, more Oldham residents aged 65 years and over live in terraced houses than the national average. The Office for National Statistics (ONS) shows that terraced houses generally have the lowest ratings of insulation; this means they are not energy efficient, and some may remain cold through the winter. Oldham has approximately 36,000 terraced houses and the distribution is not equal across the borough (ONS Census 2021; Appendix 4). Terraced houses are most commonly found in deprived wards such as St Mary’s, Waterhead, Medlock Vale, and Werneth. This means that in Oldham, warmth may be less affordable for a more deprived, more vulnerable population (see ‘Excess cold or heat’ for more information about the impact of cold homes on health).

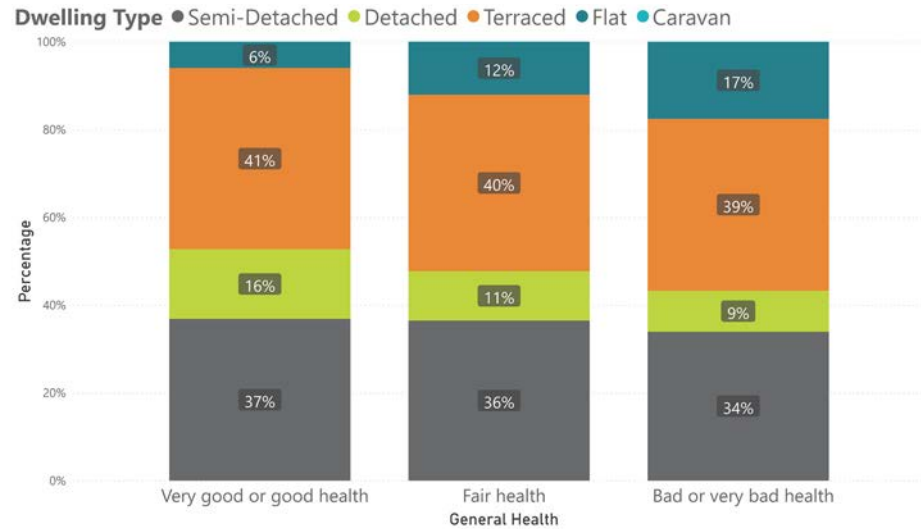


Figure 6: Percentage of people by general health status and type of housing; Oldham (ONS Census 2021)

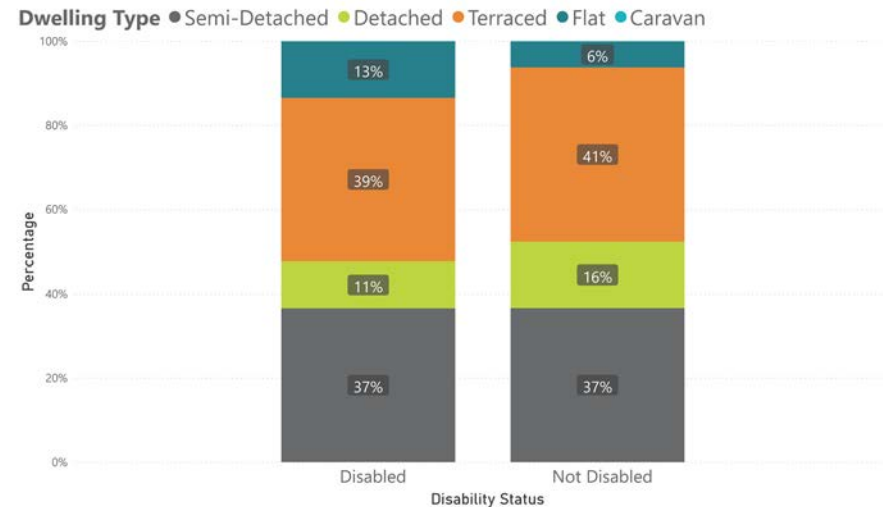


Figure 7: Percentage of people by disability status and type of housing; Oldham (ONS Census 2021)

## Health and housing quality

In 2000, the Government introduced the Decent Homes Standard (DHS) to set a minimum standard for social housing in England and Northern Ireland. This aimed to improve housing stock and therefore quality of life, by ensuring that homes were free from serious hazards, in a reasonable state of repair, had reasonably modern facilities, and could provide reasonable thermal comfort. The DHS has been developed over time, to include the housing health and safety rating system (HHSRS) and to be extended to the private rented sector. According to The Health Foundation, in 2022, 3.7 million homes (15%) did not comply with the DHS. Although the percentage of non-decent homes in Oldham is similar to England as a whole, as of 2020, Oldham had a higher percentage of homes with Category 1 hazards, per the HHSRS (Oldham 12%, England 10%). This means that more homes in Oldham pose a risk of serious harm to occupants. According to the English Indices of Multiple Deprivation 2019, 10% of Oldham is represented by housing of the poorest quality, nationally.

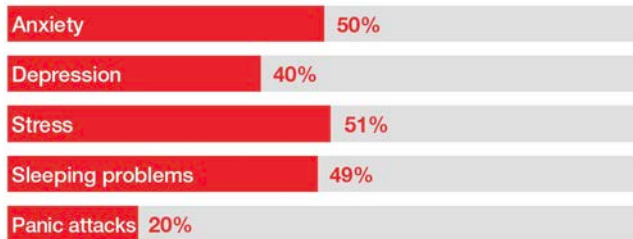


Figure 8: Percentage of all adults in the North West who have had a housing problem in their lifetime, who said that it contributed to mental health issues (Shelter 2017)

Shelter (2017) found that nationally, 1 in 5 adults had suffered mental health issues in the past 5 years due to housing problems. This figure was higher in the North West region, with almost half reporting anxiety, stress or sleeping problems (Figure 8).

Oldham’s Local Housing Needs Assessment (2019) reviewed the extent to which households were satisfied with the state of repair of their home. Overall, almost 3 in 4 respondents were satisfied and more than 1 in 10 reported some dissatisfaction. Within the assessment, 46% of respondents indicated a home repair problem. Of those with a repair problem, the most common areas of concern in the borough were dampness/mould growth (39%), windows (31%), and the roof (29%).

As part of the Cost-of-Living response, a targeted programme of doorstep engagement took place. This focused on areas where data suggested people were most likely to be impacted. Conversations were open ended, asking residents about their general wellbeing. Between July 2022 and July 2023, 483 issues were raised by residents about housing, and this was the 5th most common issue discussed. Outstanding repairs, damp, and mould were the most common issues raised by tenants of both private and social landlords, followed by the need for aids or adaptations within the home. Ill health or disability and overcrowding were the most common reasons residents in social housing were seeking a house move.

### Households expressing the highest levels of dissatisfaction were characterised by:

- households living in East Oldham
- renting privately
- living in affordable housing
- living in terraced houses
- flats or maisonettes
- living in pre-1919 dwellings
- having an income of less than £200 each week
- had a young Household Reference Person
- households containing someone with an illness/disability

## Unsafe homes

Hazardous, unsafe housing is characterised by risk of fire, unsecured blind cords, dangerous windows and stairs, and presence of mould and damp, for example. Each year there are approximately 6,000 deaths in the UK as a result of home accidents (ROSPA), with the highest proportion represented by children under 5 years old and people in older age. In addition to this, 500,000 hospital admissions are attributed to accidents in the home each year. In Oldham, the rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0–4 years is almost double that for England as a whole (Oldham: 204.5 per 10,000; England: 103.6 per 10,000). The rate of injury varies over the year, with more accidents occurring during the summer months when children spend more time in the home.

### Damp and mould growth

One indicator of a poor-quality home is mould, which is a hazard to health. 1% of the Oldham private rented sector (approximately 165 properties) is considered to have serious mould and 20% (approximately 3,300 properties) have moderate mould. Damp and mould in the home could be caused by penetrating damp, rising damp, or condensation leading to mould growth. Penetrating damp is a structural issue that could be from a roof leak, leak from a water pipe or disrepair of a window. Rising damp usually relates to deterioration of the damp proof course of the building.

Condensation leading to mould growth is the most common cause of damp and is particularly evident during the winter months when there is less likely to be ventilation. Anecdotally, there has been an increase in condensation during the cost-of-living crisis owing to reduced usage of central heating during cold periods. Damp and mould in the home is associated with respiratory infections, allergies and asthma. Damp and mould can also affect the immune system.

Research by the National Institute of Health suggests that homes experiencing greater deprivation are more likely to experience greater severity of mould. This is particularly relevant for children living in deprivation, as they are more susceptible to hospital admissions linked to respiratory syncytial virus which is known to be exacerbated by damp and mould. 16% of children in Oldham experience the highest level of income deprivation nationally, which means that a substantial proportion are at risk. Minority ethnic households are also disproportionality impacted – “Mixed White and Black Caribbean (13%), Bangladeshi (10%), Black African (9%) and Pakistani (8%) households were more likely to have damp than White British households (3%)”.

## The Oldham Offer

### The Home Improve Loan scheme

The Home Improve Loan scheme is one of the tools available to help owner occupiers in Oldham who are on a low income to carry out essential repairs to their home, for example, to pay for a damp proof course, or replace a window. This is a loan facilitated through the release of equity in their home. Home Improve Loans play a crucial part in the sustainability of housing within Oldham, and by helping residents to remain in the area they also help to maintain communities. The scheme also enables the local authority to contribute to meeting the Decent Homes Standard for vulnerable households in the private sector, which means that more people live in homes that are in a decent condition. To date, Oldham Council has provided 191 equity loans to residents with a value of £3.75m and has made budget provisions for the next three years of more than £500,000.

### Selective Licensing

Selective licensing is a license scheme which requires all private landlords with properties in a designated area to apply for a license and comply with certain conditions. Conditions include gas and electrical safety, installation and management of smoke alarms, and suitable provision for storage and collection of household waste. The scheme was introduced within the Housing Act 2004 as a tool to improve the management and quality of private rented properties.

It was recognised that poor management standards in the private rented sector contributed to several issues for Oldham residents. Oldham Council implemented Selective Licensing in the borough in 2015, and a new scheme came into operation in July 2022. This means that any privately rented properties in certain areas, such as in Hollinwood and Clarksfield, will require a licence to operate. A map of affected areas is available on the [Oldham Council website](#).

### Tenants Charter

Oldham Council also has a Tenants Charter so that residents know what to expect from their landlord, how to get help if they need it, and what to do if a landlord doesn't carry out repairs and maintenance properly. This is in line with the Council's Housing Strategy (2019), that committed to: provide access to information and accommodation, prioritise early intervention and prevention, and provide support to those most in need.

### Pests

Pests are similarly found in houses of disrepair, or in low-income households that cannot afford pest control measures. Rats for example, are more commonly found in densely populated areas where they can access food and shelter easily. Pests are associated with increased risk of asthma, allergies and transmission of certain diseases, which are spread through urination, faecal droppings and shedding of skin/ fur. In addition to this, rodents can cause an increased fire risk by gnawing through electricity cables.

### The Oldham Offer

#### Pest Control

For a 12-month trial period (April 2023 – March 2024), Oldham Council invested in free and universal pest treatment for all homeowners and private tenants in Oldham who were experiencing an infestation in their home. This helped to tackle infestations of rats, mice, cockroaches, bed bugs and fleas. The aim was to remove all 'public health related pests' with the aim of reducing the risks associated with poor health/ infectious diseases.

**“Homes that are cold can cause and worsen respiratory conditions, cardiovascular diseases, poor mental health, dementia, hypothermia, and problems with childhood development.”**

Institute of Health Equity

### Excess cold or heat

Homes that are cold can cause and worsen respiratory conditions, cardiovascular diseases, poor mental health, dementia, hypothermia, and problems with childhood development (Institute of Health Equity). Cold homes are associated with an increase in hospital admissions and excess winter deaths, particularly in vulnerable groups such as the elderly, the young, and those with pre-existing health conditions. The Building Research Establishment (2021) estimates the cost to the NHS of treating those affected by poor housing to be £1.4bn per year.

The recent rise in energy prices has driven more households into fuel poverty, which is associated with properties that are: poorly insulated, older, rented, end terrace or converted flats, or off the gas network. Age UK have estimated that 2.35 million households in England are fuel poor and struggle to heat their homes, and 6 million low-income homes in the UK have band D or lower energy efficiency. This likely means that low-income families not only struggle to afford to heat their homes, but when they do, they lose much of the heat due to poor insulation.

In 2021, 16% of households in Oldham experienced fuel poverty. This means that more households in Oldham were not able to meet their energy needs at a reasonable cost when compared with Greater Manchester (15%) and England (13%) as a whole. The percentage in Oldham also increased from 2020, where the regional and national percentages fell. The variation



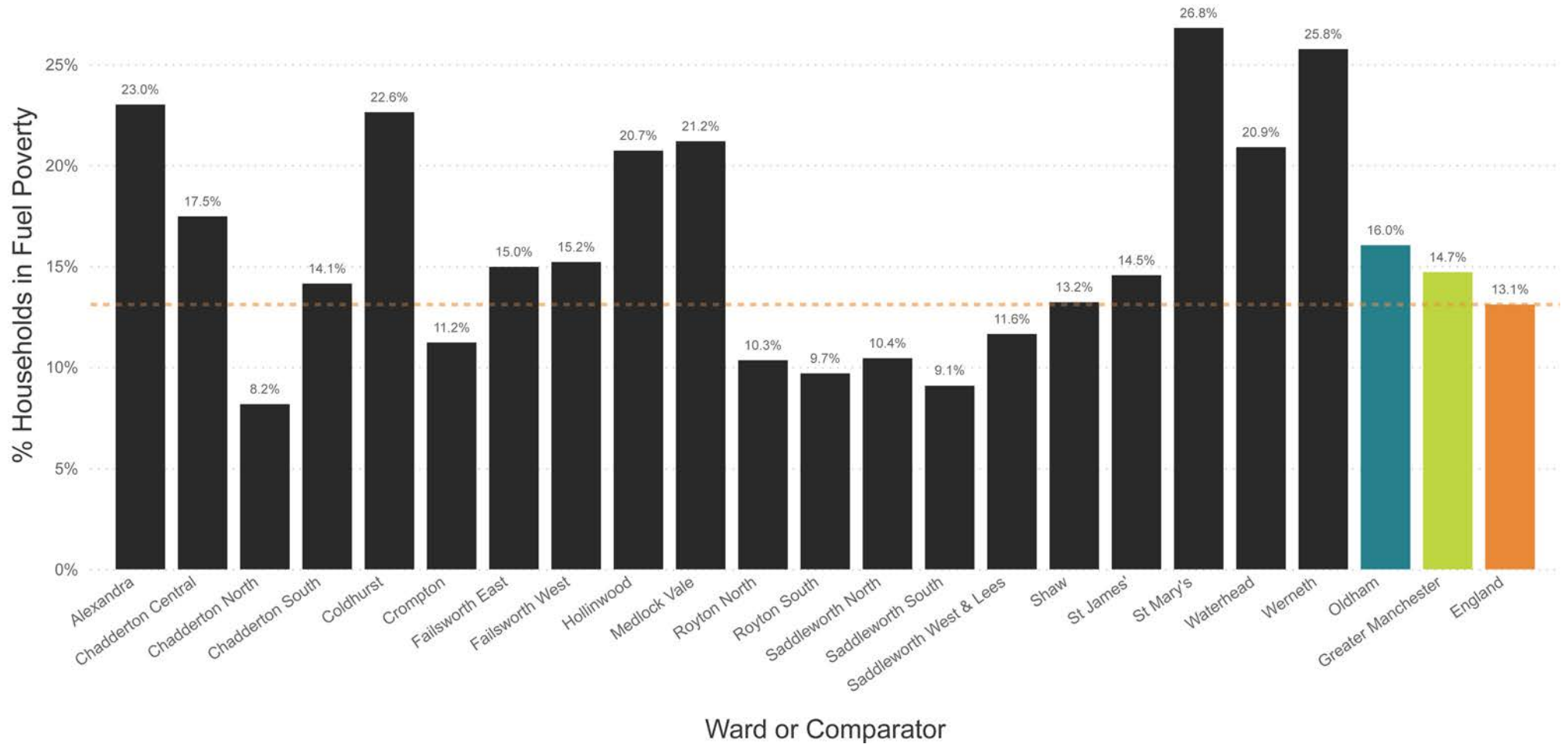


Figure 9: Percentage of households experiencing Fuel Poverty in Oldham by Ward, with reference to Greater Manchester and England (ONS Census 2021)

across wards in Oldham is highlighted in Figure 9. In St Mary's and Werneth, more than 1 in 4 households experienced fuel poverty in 2021.

The death rate also increases during heatwaves, with heat contributing to deaths from various causes such as heart disease and respiratory disease. In 2022, across all periods of high temperatures, the ONS estimated there were 2803 excess deaths in England, the highest number since the Heatwave Plan for England was introduced in 2004.

## The Oldham Offer

### Warm Homes Oldham

The Warm Homes Oldham scheme has been running since 2013 with the aim of tackling fuel poverty experienced by vulnerable residents, including older people, people with illnesses and disabilities, families with young children and pregnant women. The warm homes scheme provides a range of support including:

- Home visits
- Energy efficiency measures and advice
- Help with energy and water debt
- Application to trust funds
- Fuel and food vouchers
- Referrals to other partner services for further support

Between October 2022 and March 2023, the Warm Homes team received 5200 referrals. The increase and spikes in demand have at times out paced

capacity, but the team are continuing to support residents who are struggling to pay energy bills and heat their home, particularly those most likely to be disproportionately affected.

### Support and Inclusion team

The Oldham Council team works with residents who are struggling with money by helping them learn budgeting skills and maximise their income, this means they are more likely to be able to afford their bills, so they are more likely to stay warm. The team proactively identifies residents who struggle the most with their energy bills, seeking help from the Warm Homes team to offer a "Winter Warm" pack. This includes draft excluders, radiator foils, blankets, hot water bottles and energy efficient devices. This is a proactive step to ensuring that the cost of living doesn't further widen inequalities.

### Cost of Living programme

The winter of 2022/23 saw substantial increases in inflation and in the costs of food, energy, and fuel. This widened the disadvantage gap between the less and more affluent households in the borough. The Cost of Living response allocated a total of £3m towards a programme of interventions to support residents who were likely to be significantly impacted by the rising cost of living. Interventions included the Warm Homes Scheme, the Support and Inclusion team (both above), and the provision of more advice and support via Citizens Advice and the doorstep engagement team. When residents raised issues with the doorstep engagement team,

they were able to signpost to relevant support or in more complex cases, connect residents with services such as Tenancy Relations or the Social Landlord. The Cost of Living response also funded voluntary, community, faith, and social enterprise sector organisations to provide support for those residents either already in financial crisis and experiencing multiple disadvantages or likely to be disproportionately impacted, such as Age UK and homelessness charities. Support for the Cost of Living response remains in place throughout winter 2023/24 as inflation, although reduced from 2022/3 levels, remains high, and the energy price cap was raised by Ofgem.

Discretionary Housing Payments are also available and can prevent eviction for residents in arrears or unable to pay their rent.

### Able-to-pay Area Based Retrofit programme "Homes for Health and Resilience"

In autumn 2023, Oldham Council secured a £140,000 grant from Connected Places Catapult to work together with the Catapult and local retrofit experts, Carbon Co-op, to develop an Area Based Retrofit offer in Oldham for the 'able to pay' sector. The scheme will address properties which do not qualify for national grant schemes and aims to deliver a programme of work which will improve housing in terms of energy and carbon performance, health and wellbeing and resilience to a changing climate. The programme will also design a study to look at all aspects of implementing a local area-based

retrofit scheme for improved energy efficiency and decarbonisation of the housing stock including supply chain, skills, financing options for home-owners and also delivery models for non-owner-occupier tenures including the private rented sector.

The project partners will also work closely with local registered providers of social housing to look at how they are addressing the retrofit challenge. They will also review the Council's private finance initiative housing stock and explore how the contract can move away from like-for-like gas boiler replacement programmes to lower carbon alternatives, to improve the fabric of the building while ensuring the needs of tenants are met.

It is expected that the scheme will select two areas of Oldham initially, with consideration of housing types and a range of socio-economic indicators. If the scheme is successful in these areas, it will be rolled out more widely across the borough.

## Unsuitable homes

A house can be unsuitable for many reasons, whether it is too small, doesn't meet an individual's health or disability needs, or it is not affordable.

### Overcrowding

The amount of space people have is an important aspect of housing quality. The ONS defines overcrowding as “to have an occupancy rating of negative 1 or less, which implies that a household has fewer bedrooms than required”. Overcrowding can also be described as a mismatch between the type of dwelling and the needs of the household, depending not only on the number of people but their ages, their sex and their relationships. It indicates insufficient space not only for sleeping but for living, for household activities such as cooking, and for storage.

Damp and mould growth is a common side-effect of overcrowding due to the increase in humidity from having a large number of people in a small space. This means that people living in crowded conditions are also likely to experience the impacts of exposure to damp and mould, described previously.

Overcrowding can have a significant impact on health behaviours and is linked to food insecurity (see Facilities), increased risk of infection and poor mental health. There is evidence that overcrowding impacts on children's education through higher rates of sickness absence and difficulty in studying/ concentration at home.

Compared with England, approximately double the percentage of homes in Oldham are overcrowded (Oldham: 8%; England 4%). The percentage in Oldham has also increased slightly while there has been a reduction of almost 3% nationally. Overcrowding in Oldham is most common to terraced properties in the most deprived wards. Overcrowding, in the main, is not observed

in Oldham's most affluent wards (Figure 10). More information relating to overcrowding in Oldham is provided on Oldham's [Joint Strategic Needs Assessment website](#). Overcrowding is distinct from intergenerational living in this context, where the latter is associated with benefits such as decreased social isolation, and improved mental and physical health.

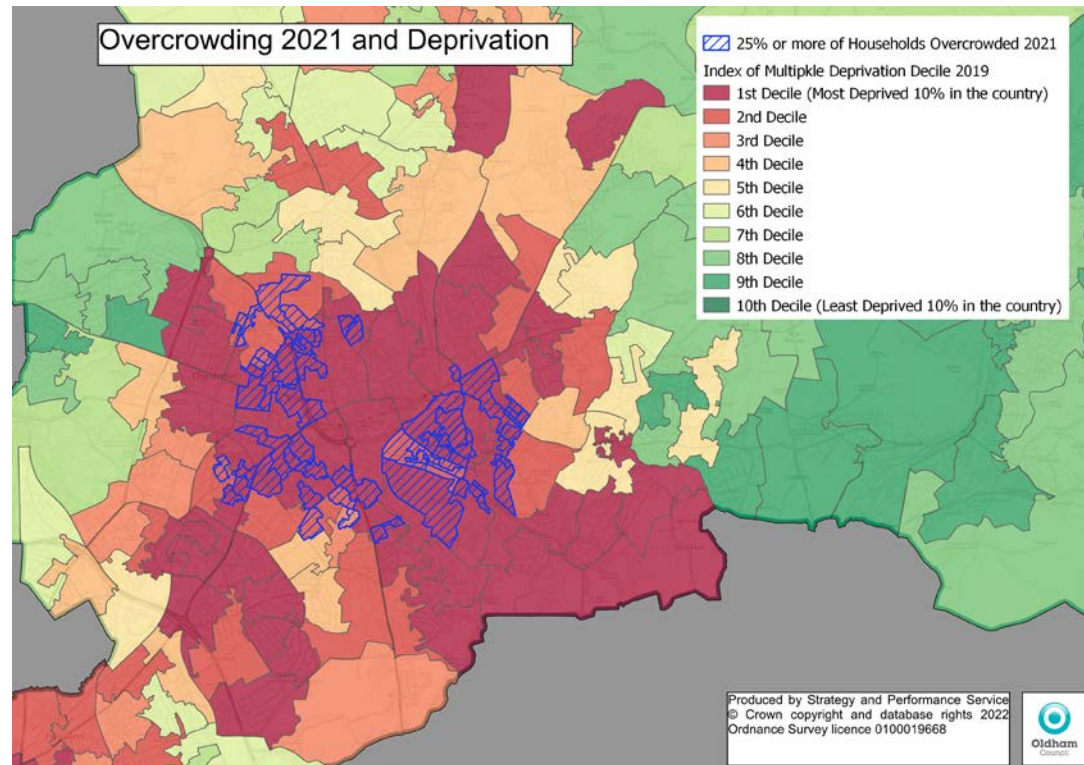


Figure 10: Areas in Oldham with overcrowding of 25% or more households overlaid with deprivation.

### Facilities

There are many factors that positively or negatively affect diets and food choices, including the type of housing people live in and if this gives them access to basic kitchen and cooking facilities. When “people do not have adequate physical and economic access to sufficient, safe and nutritious foods that meet their dietary needs and preferences for an active and healthy life”, they experience food insecurity. Studies into food insecurity affecting young people in the UK found that lacking the sufficient storage space to store food e.g., fridge or a freezer (21%), not being able to afford energy costs to cook (17%) and not having access to a decent kitchen to prepare meals (11%) were significant contributors to poor diet.

Those who struggle with food insecurity are more likely to rely on cheaper, poor-quality options that are high in calories, fat, salt or sugar. Consistently having an unhealthy diet has a negative effect on health outcomes, and is associated with weight gain, obesity, and other chronic conditions such as diabetes, cancer, heart disease or stroke. Food insecurity has also been found to negatively impact on mental health, leading to feelings of stress, anxiety, and depression. The Food Foundation monitors the impact of household food insecurity in the UK; in 2022 they estimated that 7.3 million adults and over 2.6 million children in the UK experienced food insecurity.

### Unsuitable for individual needs

The shortage of accessible/ adaptable properties has a significant and disproportionate impact on people with disabilities and or health conditions as it affects their ability to live independently.



Source: Public Health England

Food insecurity has been found to negatively impact on mental health, leading to feelings of stress, anxiety, and depression.

## Unstable homes

### Homelessness

Homelessness doesn't just refer to rough sleepers but includes those with unstable accommodation and those that are 'sofa surfing'. People who are homeless are more likely to have poor mental and physical health, and are more vulnerable to issues relating to alcohol and drug use, and exploitation. Some conditions might have been a catalyst to becoming homeless, and some conditions might result from rough sleeping.

The use of Section 21 eviction notices, which landlords can deliver without tenants doing anything wrong, increased nationally by 38% on the previous year and is thought to be driving the surge in homelessness and the need for temporary accommodation in England.

### Temporary accommodation

Figures from the Department for Levelling Up, Housing and Communities (DLUHC) show that the number of households living in temporary accommodation in England was at a record high between January and March 2023. 104,510 households were living in temporary accommodation, which is a 10% increase from the previous year. This includes almost 65,000 families, and 131,370 dependent children. ([Statutory Homelessness in England: January to March 2023](#)). There are a number of direct and indirect health, social, and educational consequences for children and families experiencing homelessness or living in temporary or insecure accommodation. For example, children who move into temporary accommodation are 50% more

likely to have lower wellbeing than those who don't (Children's Society). Shelter (2023) found that nationally, almost half (47%) of families with school-age children have been forced to move schools because of living in temporary accommodation, and this has a wider impact on pupil attainment. Children under 5 years old living in temporary accommodation also have more accidents and respiratory infections, and poor vaccination rates (Local Government Association). In addition to this, there is an identified risk to parental mental health, especially among single mothers, with an association between housing instability and an increased risk of depression in mothers.

People who are accommodated in houses of multiple occupation (HMO) are also more likely to be subject to the impacts of overcrowding on health directly, and indirectly through health behaviours. Health behaviours are actions taken by individuals that affect health outcomes, for example diet, alcohol consumption, drug taking, physical activity, smoking or sexual activity. The house in which an individual or family lives has a considerable influence on the choices, or lack of choices available to support healthy behaviours. For individuals who live in shared accommodation, the behaviours of other residents such as smoking, can remove all control within the environment that impacts on health outcomes. Exposure to second hand smoke is damaging to health for children and adults. It can lead to minor illnesses such as eye irritations, headaches, coughs, sore throat, dizziness or nausea, or significant impact to health for example onset of or exacerbation

of respiratory conditions like asthma. Although some landlords may enforce smoke-free homes and spaces, there can be a lack of consistency and there may be no policy against tenants smoking in any shared living area.

**People who are homeless or living in temporary accommodation are also disproportionately affected by food insecurity.**

People who are homeless or living in temporary accommodation are also disproportionately affected by food insecurity (see Facilities), with more than two thirds (68%) of people living in temporary accommodation having inadequate access to basic facilities (Shelter).

The type of temporary accommodation provided by a local authority can vary widely dependant on housing stock and availability. Some households might be offered self-contained properties with access to a kitchen whereas others could be offered options where cooking facilities are either limited or shared with others, such as a hotel, bed and breakfast (B&B) or HMO. UK government guidance states that for families with children and pregnant women, local authorities should only use B&B accommodation as a last resort and for a maximum of 6 weeks. Despite the 6-week limit, due to a lack of housing stock and other available options, families will sometimes stay for much longer than this. There is no limit for single adults or couples on the length of time they might be accommodated with no access to cooking facilities. There are also inconsistencies across B&Bs and hotels, with some providers offering breakfast and evening meals, and some with no provision of food or cooking facilities. For people living without cooking or storage facilities, the quality and variety of food options available to them is limited, often relying on takeaways or food that doesn't require heating. This can further impact on the finances of a group already in financial hardship.

In line with the Housing Act 1996, Oldham has a legal duty to offer interim accommodation to households that

are eligible. In the period between December 2020 and December 2023, the number of households in statutory Temporary Accommodation rose from 171 to 507, which is almost a three-fold increase. There are now consistently more than 7500 applicants on Oldham's Council Housing Need Register, and households requiring temporary accommodation have more complex needs than in previous years. More applicants have a history of mental health problems, a history of rough sleeping, have experience with the criminal justice system, or have experience of/are at risk of domestic abuse.

In a recent snapshot of the register (Appendix 5), half of the applications are for Council Tax band 2 properties, and the most common requirement is for 1 bed (41%).

**Between December 2020 and December 2023, the number of households in statutory Temporary Accommodation rose from 171 to 507, which is almost a three-fold increase.**

## The Oldham Offer

### Shared Health Foundation

Oldham Council is working with Shared Health Foundation to reduce the impact of poverty through practical support to families who live in temporary accommodation. It ensures that families have access to health services and are signposted to the support they require. It offers a drop-in service at local hotel provision so families can discuss any health-related concerns they may have with a qualified practitioner.

As a strategic priority, Shared Health Foundation work closely with Oldham Council to make sure the temporary accommodation provision is safe and secure for families. For example, facilitating safe sleeping arrangements by ensuring cots are provided, and ensuring properties are free from child hazards through the provision of baby gates and blind cord clips. Shared Health Foundation also lobbies and collaborates with policy bodies to ensure the voices of families are heard. The most recent project enabled fridges and washing machines to be installed in one of Oldham's most used temporary accommodation hotels for families.

# The future

Housing is one of the political priorities for Oldham Council and in 2023, the Leader of the Council, Arooj Shah, agreed a motion declaring the borough is in the midst of a housing crisis as too many residents are considered to be living in substandard or overcrowded housing. In early 2024, the Council will seek to bring together key partners including social housing, private rented and owner-occupiers as well as members of the voluntary and social enterprise sector, council officers and cabinet members for an Oldham Housing Summit.

The most recent Local Housing Needs Assessment was conducted in 2019 to inform the Council's Housing Strategy and the Local Plan review, and there are plans in place to update the information.

The 2019 report shows the number of people across the borough aged 65 or over is projected to increase by more than 35% by 2037, from 37,800 in 2018 to 51,300. A major strategic challenge for the Council is to ensure that there is a range of appropriate housing provision which

is accessible and adaptable to support for the borough's older population, and residents with disabilities and/or health conditions. Future builds will also need to respond to demands relating to climate change and more extreme weather patterns, for example with better insulation and the ability to cool down in high temperatures.

New build housing plays a vital role not only in the creation of more properties, but also in generating market churn. This creates opportunities for households to move into more suitable housing and may therefore release housing that is affordable to lower income groups. More information on population churn in Oldham is available on Oldham's [Joint Strategic Needs Assessment website](#).

Oldham's Housing Land Supply indicates the number and location of homes expected to come forward in the borough in the short and long term to meet Oldham's housing need. As of 1st April 2023, 13,061 homes have been identified for the period of 2023 to 2049. This is split into:

- Short term (2023–2028) – 3,191 homes
- Medium term (2028–2033) – 5,202 homes
- Long term (2033–2049) – 4,668 homes

A large portion of the housing land supply is expected to come forward within the central wards of Coldhurst and St Mary's, particularly within Oldham Town Centre (over 2,000 homes) (Figure 11). Most of the housing supply within Oldham Town Centre will be made up of apartments.

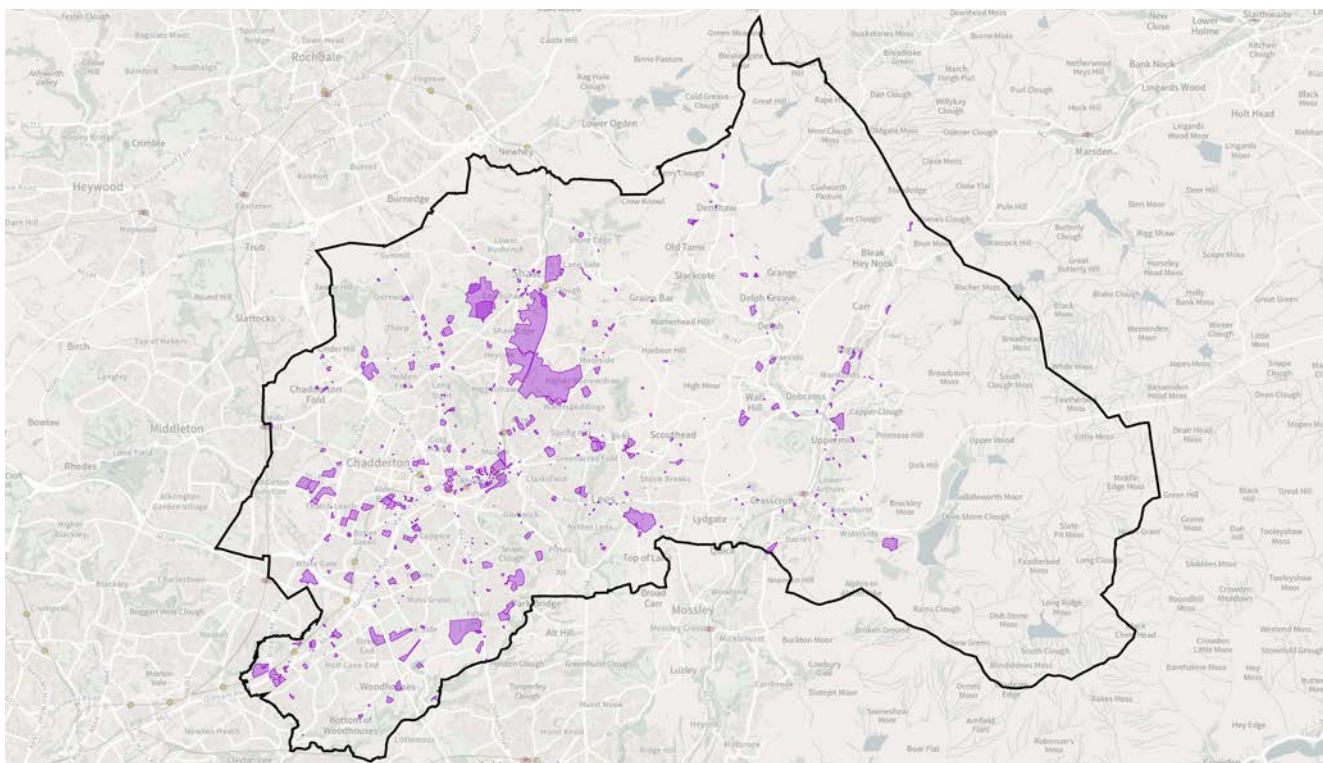


Figure 11: Oldham Housing Land Supply 2023 - purple highlighting indicates proposed development areas.



The number of new homes needed in Oldham is set out in 'Places for Everyone' – a Greater Manchester long term plan for housing. Oldham is required to deliver 11,560 homes between 2022 and 2039, which equates to an average of 680 homes per year. The housing requirement is phased:

- 2022–2025 – 404 homes per year
- 2025–2030 – 680 homes per year
- 2030–2039 – 772 homes per year

## Places for Everyone Strategic Allocations

Places for Everyone sets out several strategic allocations for around 2,650 homes within Oldham. The largest scale of development from these allocations will be in the north of the borough and most of the allocations are expected to come forward in the medium to long term. Some of the allocations, particularly the larger such as Beal Valley and Broadbent Moss, will require supporting transport, education, health and social infrastructure. As such, the timescales for delivery may differ.

In terms of the quality of the existing housing stock, especially in terms of energy performance, there will be a need to deliver a large-scale retrofit programme over the next few years to meet local Oldham and Greater Manchester carbon neutrality targets, improve health outcomes and tackle the 'cost of living crisis' by reducing residents' energy bills. Oldham's 2030 carbon neutrality target is for every Oldham household to have a comfortable property with affordable energy bills. The scale of investment required to achieve this is significant, and the Council continues to explore the potential to secure large-scale investment from commercial sector low carbon infrastructure providers. More information is available in the Oldham Green New Deal Delivery Partnership investment prospectus (2023), and on Oldham's [Joint Strategic Needs Assessment website](#).

# Recommendations

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1. Oldham should continue to work as a system in response to crisis and the unprecedented housing demand, and also move towards a preventative and early intervention model.
  - a. To explore mitigations to barriers in accessing school, employment opportunities, or health centres
  - b. To ensure that household complexities, including presence of drug or gambling addictions, alcohol dependency, disabilities, and physical and mental illness, are recognised and supported.
  - a. Ensure that Oldham Council continues to use data and intelligence to monitor trends across a number of housing areas to prepare for future demand and implications to a wide range of services.
2. Oldham should build upon the commitments made at the housing summit, led by the leader of the Council. This includes a pledge to build 500 new social homes over the next 5 years. Oldham Council should ensure healthy housing is a focus in the actions taken forward.
3. Health needs and potential impacts on health should be considered during temporary accommodation allocations, where properties have been assessed for suitability for families with young children and those with health conditions or disabilities. Housing leads and healthcare practitioners should further work together to explore shared solutions:
  - a. To ensure that health needs and potential impacts on health are considered during temporary accommodation allocations, where properties have been assessed for suitability for families with young children and those with health conditions or disabilities.
  - b. To ensure that health needs and potential impacts on health are considered during temporary accommodation allocations, where properties have been assessed for suitability for families with young children and those with health conditions or disabilities.
4. Through a no wrong front door approach, Oldham Council should ensure that staff from across the system are equipped to support vulnerable or at risk individuals with a range of housing needs.
5. Oldham Council should maximise opportunities to improve housing standards, for example through selective licensing, pest control and home improvement loans. A key focus should be on the private rented sector where residents are experiencing damp and mould.
6. Oldham Council should seek to systematically join and analyse data to understand how housing issues for residents are layered with non-housing complexities. Oldham's most vulnerable residents should be proactively identified and supported to prevent a point of crisis.
7. Ensure that strategic links are made and maintained to improve health outcomes and reduce inequalities through wider environmental and economic plans, such as housing development, climate change and decarbonisation.

# Conclusion

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This report has reflected on the links between health and housing, and identified the groups most likely to be disproportionately impacted. The report highlights several characteristics of poor-quality housing, and although the possible health impacts have been explored in isolation, it is more likely that homes have multiple issues at the same time, for example, overcrowding and mould. This brings a cumulative effect, where more issues lead to worse health and wellbeing. Young children, the elderly, and those with health conditions are more likely to be negatively impacted by the effects of poor-quality housing. People living in poor-quality homes are also more likely to live in deprived areas, which in Oldham, have a higher proportion of privately rented homes. This raises the scenario of a large family living in an insecure, privately rented home in a deprived area; the home is overcrowded and has poor insulation, and the family are experiencing fuel poverty. The lack of affordable warmth during cold periods can drive condensation and encourage mould growth. Evidence presented in this report demonstrates that this family could experience increased hospital admissions due to accidents and respiratory illness, poor mental health, poor diet and physical health, and poor educational attainment. Each of these

possible consequences can have life-long impacts, which widen inequalities over generations. Over the last 30 years, Oldham has seen noticeable growth in the private rented sector, an increase in no fault evictions, and increased demand for temporary accommodation. These are driven by the cost-of-living crisis and are occurring nationally. However, the impact appears to be starker in deprived local authorities such as Oldham, and existing inequalities in life expectancy and healthy life expectancy will be exacerbated.

This report would not have been possible without input from staff working across multiple teams and service areas in Oldham Council. Special thanks must go to Anna Tebay, Head of Service – Public Health, who expertly curated and coordinated the content, and to Amber Podmore, Kathryn Willan, John Pritchard and Emily Baylis-Tunney for their invaluable contributions.

This report explores housing with restriction to the physical features of the property. Homes do not exist in isolation but are part of a social community which can, in itself, positively or negatively impact on wellbeing. This is similarly true of the location of the house in terms of safety, access to services, transport infrastructure, jobs, air quality and so much more. While housing plays a critical role in population health, it is not the only factor.

# Appendix

## 1 Reflections on the recommendations from the 2022/23 Public Health Annual Report 'Tackling Infant Mortality in Oldham'

We should continue to take steps to improve the cultural competence of maternity services by ensuring the impact of parents' culture, ethnicity and language is discussed and considered during the antenatal risk assessment process, initial assessment and follow-up

- A Maternity Improvement Programme is underway at the Northern Care Alliance to improve quality & safety of maternity services.
- The Rochdale & Oldham Midwifery Enhanced Service (ROMES) continues to offer culturally sensitive enhanced maternity services to service users with specific needs.
- The Rochdale and Oldham Maternity Voices Partnership (ROMVP) provide the user perspective. ROMVP has been established for some time to inform service development and was commissioned locally. The service will be commissioned centrally from Greater Manchester from April 2024 with a significant financial uplift. The service will follow the new guidance and will include the 'neonatal' element to become an 'MNVP' from 1st April.
- Badgernet (digital healthcare notes) has recently been introduced for all women accessing maternity services, enabling them to take a more active role in their maternity care.
- There is increased capacity in the community midwifery service following recent recruitment of new midwives.

Professionals who work with families and pregnant women including GPs, midwives, maternity support workers, and neonatal staff, should undertake training on consanguinity and genetic conditions, for example the e-learning for health (eLfH) Close Relative Marriage module.

- The maternity services in Oldham undertake regular update training on all aspects of preconceptual and maternity care.
- In addition to the mainstream genetics service, the Community Genetics Service continues to provide additional support to at risk or concerned families. This service is to be promoted more.
- There is a requirement to improve the waiting time for the mainstream genetic screening as there is anecdotal evidence that some families are waiting up to 2 years for results and are left considering pregnancy whilst waiting, with the outcome of screening not known.
- Plans are in place to review Bradford's consanguinity model and success rate to share the learning from that programme.

We need to agree and roll out an Oldham approach to delivering personalised safe sleep messages for parents across the borough. This should be led by maternity and health visiting but include wider training for all staff across the wider children's workforce to understand the risks of SUDI.

- Oldham have continued with the Safer Sleeping Programme, with the intention to re-visit the communication campaign to ensure it dovetails with any national/regional campaigns for maximum impact.
- Sleeping arrangements are observed via targeted early help visits (from a variety of professionals) with a particular focus on safe sleep messaging in multi-occupancy homes.
- The handover from Midwifery to Health Visiting teams to be tightened up to ensure Safe Sleep (and other appropriate health messages) are consistently given.
- Oldham continues with Spoons Neonatal Family Support Programme, which helps parents to deal with these vulnerable infants on eventual discharge to home.
- New guidance for GPs has been published for post-natal maternal health checks. This has been circulated to all primary care services. However, prior to this, targeted and generic education & development sessions were completed within primary care following feedback from the MVP of poor experience.

As a borough, we need to commit to mitigating the impacts of poverty on the risks for infant mortality and make this a priority for the Health and Wellbeing Board and the wider Oldham system. This should include considering funding for safe places for babies to sleep and ensuring that housing for families with infants recognises that they need to sleep in a cot.

- There is a poverty alleviation programme in Oldham. This involves a number of partner agencies working together to address the wide-ranging risk factors for, and consequences of, poverty on all members of the community. Within that wider programme there are specific initiatives targeted at pregnant women and families with young infants. They include access to the 'Baby Bank' to provide recycled equipment for the care of an infant, the provision of 'Crib' to provide safe sleeping equipment for parents living in temporary accommodation, and the promotion of healthy start vouchers, vitamins and the uptake of child benefit. There are also local initiatives on the provision of services to ensure 'warm homes' that are of suitable quality.
- The maternity services have also been using the 'poverty proofing approach' to ensure that any financial barriers to service users accessing their services are reduced/removed.

Oldham should become fully accredited by UNICEF Baby Friendly Initiative and work towards the gold award. This will support Oldham to continue to be breastfeeding friendly over the coming years.

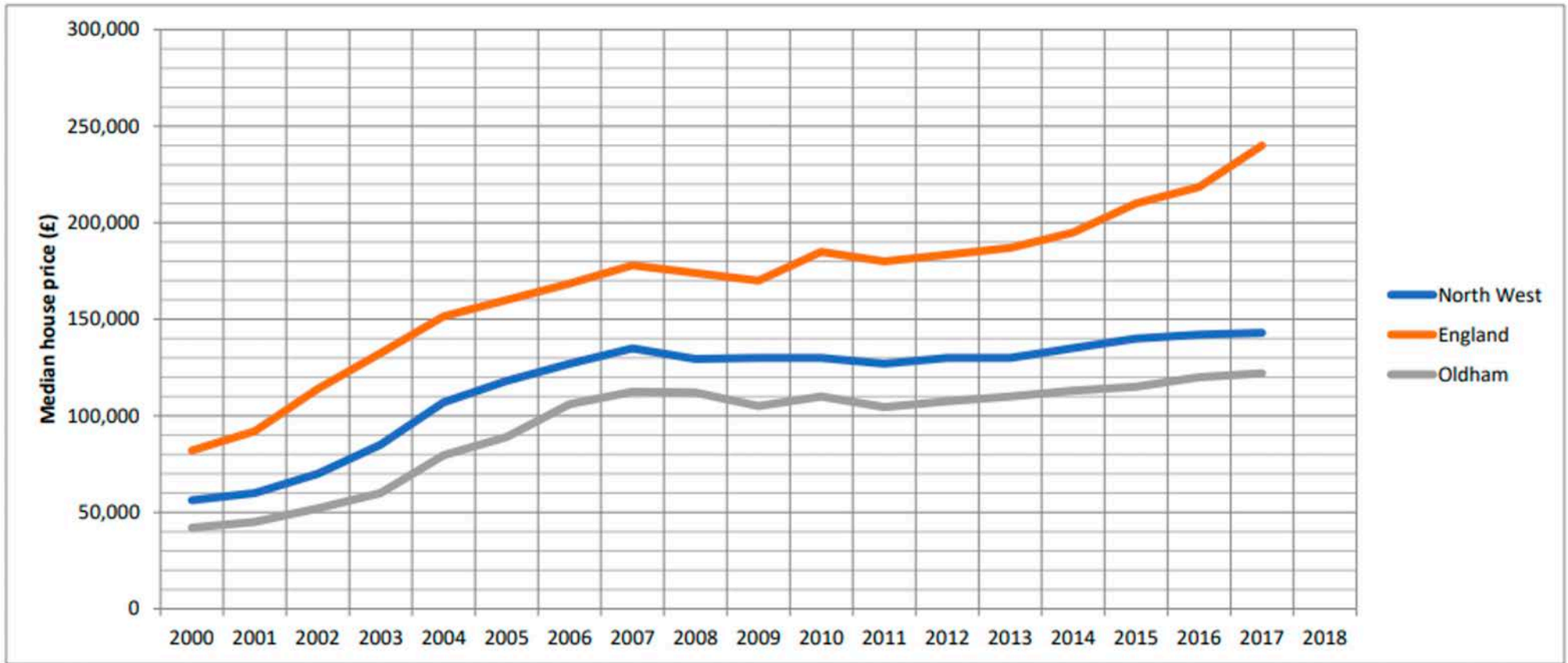
- Oldham Council and the Northern Care Alliance are working together towards gold accreditation from the UNICEF baby Friendly Initiative.
- There is also a number of other initiatives underway to promote breast feeding in Oldham, e.g., Home Start Oldham and Tameside (HOST) breastfeeding peer support service, continued access to the Breastfeeding Network's breastfeeding helpline, and the infant feeding support service.

The aim for Oldham should be for all pregnancies to be smoke-free. The Oldham Tobacco Alliance should work closely with maternity, Rochdale and Oldham Maternity Voices Partnership (ROMVP) and leaders across the borough to develop approaches to further reduce smoking in pregnancy.

- Oldham continues to provide the Smoking in Pregnancy Service and to promote smoke-free homes in Oldham, via the work of the Tobacco Alliance.
- Women with additional risks to their pregnancies, such as smoking, are placed on the 'Saving Babies' Lives' pathway of maternity care and given additional advice and support.

## 2 House Prices

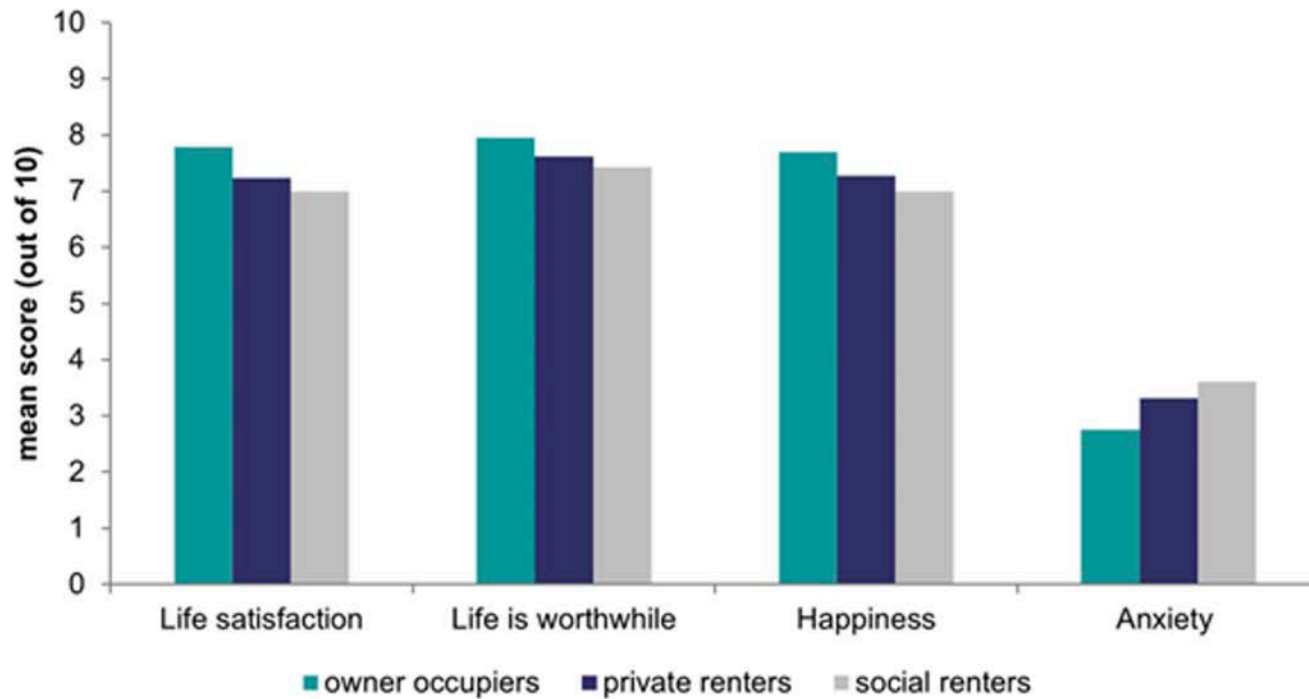
Median house price trends (2000 to 2017): Oldham borough, North West region and England



Source: Data produced by Land Registry © Crown copyright 2018

### 3 Housing Tenure

Housing tenure and wellbeing in England (English Housing Survey 2021/22)

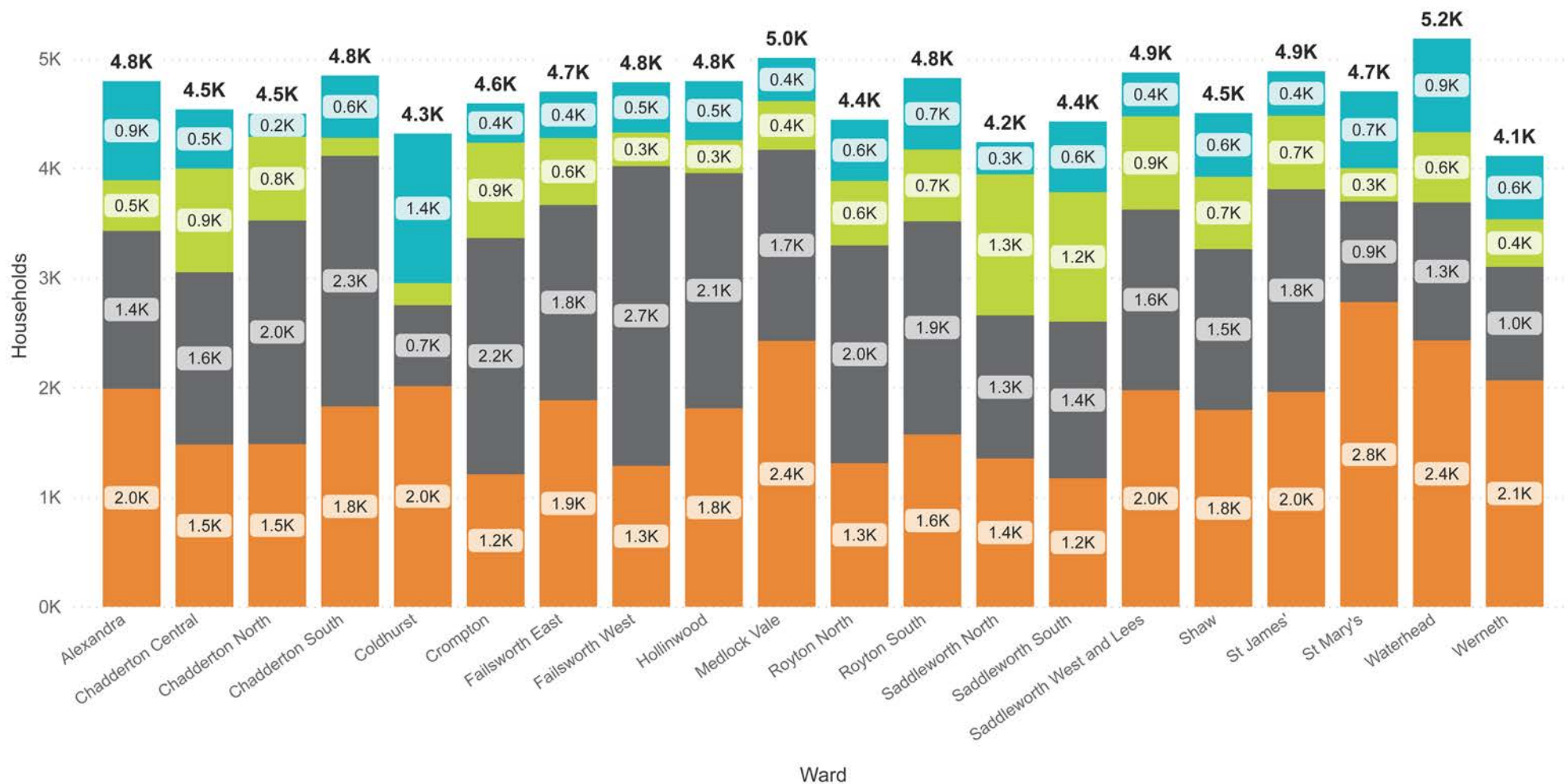


## 4 Housing Type

Number of households by ward and housing type in Oldham (ONS Census 2021)

### Households by Ward and Housing Type

Dwelling Type ● Terraced ● Semi-detached ● Detached ● Flat, maisonette or apartment





## 5 Temporary Accommodation

Snapshot of requirements per applications to Oldham's Housing Needs Register (2023)

<b>Bed size</b>	<b>Band 1</b>	<b>Band 2</b>	<b>Band 3</b>	<b>Band 4</b>	<b>Total</b>
<b>1 bed</b>	864	1349	725	194	3132
<b>2 bed</b>	507	971	358	90	1926
<b>3 bed</b>	342	1105	309	57	1813
<b>4 bed</b>	175	390	85	19	669
<b>5 bed</b>	48	50	7	2	107
<b>6 bed</b>	7	7	0	0	14
<b>Total</b>	1943	3872	1484	362	7663

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**Report to Adult Social Care and Health Scrutiny Committee**

## **Oldham Health and Wellbeing Strategy Update**

**Portfolio Holder:**

Cllr Brownridge, Cabinet Member for Adults, Health and Wellbeing

**Officer Contact:** Rebecca Fletcher, Director of Public Health

**Report Author:** Rebecca Fletcher, Director of Public Health  
**30<sup>th</sup> July 2024**

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### **Purpose of Report**

To provide an update to the committee on Oldham's Health and Wellbeing Strategy

### **Executive Summary**

The Health and Wellbeing Strategy was approved by the Health and Wellbeing Board in March 2023. It was presented to the Scrutiny Committee in July 2023. The strategy contains five priorities for action. This report provides an update on the strategy and progress on the priorities. The Committee are asked to consider the progress below.

### **Recommendations**

The Committee is asked to consider the report, and the progress made against the priorities.

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## 1. Background

- 1.1. The Joint Local Health and Wellbeing Strategy, and the Health and Wellbeing Board aim to improve the health and wellbeing of people in Oldham and reduce inequalities for all ages. The responsibility for developing and delivering the Health and Wellbeing Strategy (and the Joint Strategy Needs Assessment) sits with the Health and Wellbeing Board and rests with all the members of the board. Oldham Health and Wellbeing Board is chaired by Cllr Peter Davis, and has good representation from partners.
- 1.2. This strategy was developed over twelve months through reviewing data on health and wellbeing, engagement with residents, and coproduction with members of the board. Since the approval of the strategy, the Health and Wellbeing Board has had focused meetings on each of the priorities.
- 1.3. Below are updates on all five priorities in the strategy

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

- 2.1. The Oldham Engagement Framework, is being developed by a cross-sector partnership group. The Oldham Engagement and Insight Leads Group was established 12 months ago to work together to co-design a Framework for how all partners across Oldham engage with residents and use the insight to influence decision making.
- 2.2. In the last 6 months the group have worked together to:
  - Design and launch The Engagement and Insight Network, bringing together a wide range of partners in Oldham, to develop a networking space for anybody whose work involves community engagement, engaging with people in Oldham or who is interested in engagement. The Network has met twice (bringing together 40-50 people each time) and has focused on co-ordinating engagement activity, The Big Oldham Convo (Engagement HQ) and co-designing the engagement toolkit element of the Framework.
  - Implement the Big Oldham Convo (Engagement HQ) as the digital engagement and insight capture platform.
- 2.3. In the next 6 months the priorities for the work are:
  - Finalise the Engagement Framework guidance and toolkit
  - Have each member of the Engagement and Insight Leads Group given the ability to administrate The Big Oldham Convo (Engagement HQ)
  - Members of the Engagement and Insight Network to plan and deliver a large public engagement event at Oldham Sports Centre in September.

## 3. Giving children the best start in life

### 3.1. Measures

- The infant mortality rate increased for 2019-21 to 7.2 per 1,000, with the gap further widening compared to the England average. However, the rate for the most recent period (2020-22) has seen a decline to 6.4 per 1,000, similar to the 2018-20 rate. The England rate has remained consistent at 3.9 per 1,000 throughout. This latest Oldham rate translates to 59 infant deaths over the most recent three-year period (2020-22).
- The percentage of children achieving a good level of development falls 4.4 percentage points below the England average for the most recent cohort (2022/23). Between 2021/22 and 2022/23, Oldham's rate increased by 3 percentage points, evidencing improvement on this measure.

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- The latest under 18 conception rate is 20.5 per 1,000, compared to the England rate of 13.1 per 1,000. This translates to 106 conceptions to under 18s for 2021.

### **3.2. Implement a targeted action plan to reduce infant mortality**

We continue to offer and improve our universal and targeted services to reduce the risk factors associated with infant mortality. These include:

- Advice to pregnant women on smoking during pregnancy and around the infant
- Immunisations for pregnant women and the infant
- Promotion of breastfeeding
- Targeted genetic counselling for close relation marriages
- Promotion of the healthy start programme
- System wide anti-poverty work with families.

Our 'Reducing Infant Mortality Action Plan' is being updated and the ToR for the action planning group have been refreshed. Priorities for the group have been based on the national and local evidence base. Smoking in pregnancy is a key risk factor for infant mortality as well as still birth, prematurity and babies being born small for gestational age. The detail on this is in section 3.3 below

Safe sleep advice is an important way to reduce the rate of Sudden Unexpected Deaths of Infants (SUDI). The Tackling Infant Mortality Group have developed a tool to support person centred conversations with new parents on safe sleep. This is based on guidance from The Lullaby Trust.

### **3.3. Improve communications about healthy pregnancy from pre-conception to birth**

Clinical pathways for care in pregnancy have been reviewed to ensure standardisation, particular focus has been applied to Badgernet (the new electronic patient record in maternity services) and collaborative working with GP's. Emphasis has been placed on the need for early engagement to reduce deviations in care and identify early risks in pregnancies.

Smoking rates in expectant Mothers has also reduced following some collaborative working between acute and community maternity staff. The rate is now below 10%. Smoking in pregnancy holds direct links to stillbirths. The latest figure for smoking in pregnancy is from 2022/23 and is the first time in more than 13 years that our rate is similar to the national average. In 2019/20, 13.6% of pregnant women were still smoking at the end of their pregnancy compared to the England rate of 10.4%. In 2022/23, 9.6% were smoking in Oldham, compared to 10.3% in the North West, and 8.8% in England.

Health inequalities are a focus of Oldham maternity services, with a view to reducing the inequalities which currently exist in relation to access, experience and outcomes for babies, children and families. This includes a focus on encouraging parents to be to register their pregnancies with the service early in pregnancy. The conversations in relation to Early hubs are continuing, and the value of these hubs for early contact is widely recognised.

### **3.4. Provide family-focused, coordinated support in our communities**

Our integrated children and families service brings together our Family Hubs, and the Healthy Child Programme. Excellent progress has been made with delivery of Oldham's Family Hub and Start for Life Programme.

- Capital funding has been utilised to refurbish and rebrand the 5 existing children's centres (CCs) as Family Hubs. The hubs provide open access to a welcoming safe environment:
  - Beaver Hub launched in July 2024
  - Stanley Rd hub is open, launch on the 20 March 2024
  - Spring Meadows, Shaw and Medlock Vale CCs launched June 2024
  - Alexandra will be launched in the autumn term.

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- All hubs provide a clinical and non-clinical space to enable midwifery teams to provide antenatal and post-natal care. New spaces have been created in Oldham library (7<sup>th</sup> hub) and Failsworth Town Hall.
  - A new Family Hubs website which provides users with information and support on our Family Hub and Start for Life offer. Site reaching **2-3,000 users** per month.
  - **10,000** leaflets being printed as part of our new branding work and have been distributed to residents via the Hubs, local events, VCFSE sector and staff working closely with residents.
  - Parents can access a range of universal information and support on parenting through the website 24/7. This includes information about face-to-face delivery and online parenting programmes, Solihull online parenting courses, Essential Parent digital library and the Chathealth text messaging service. Parents can also access support on home learning, speech development, infant feeding, perinatal and infant mental and breastfeeding.
  - Social networking opportunities have increased through the commissioned Homestart and Dad Matters activities:
    - Oldham has a well-established Early Attachment Service supporting families around parent–infant relationships and perinatal mental. Investment has been utilised to increase capacity within this service and to fund a Mental Health Practitioner Talking Therapies. This post supports lower level/ universal mental health support across FHs, baby clinics

## **4. Improving mental health and mental wellbeing**

### **4.1. Measures**

- Latest (2022/23) levels of people reporting high anxiety are similar to 2020/21 figures. The gap has widened when compared to the latest England average to 1.5 percentage points.
- There has been no further update to the loneliness measure.
- The number of adults in structured drugs and alcohol treatment has increased by 25% from Q1 2023/24 to Q4 2023/24.

### **4.2. Establish clear routes to accessing support and care for all communities**

The Family Hubs Programme has a public health approach to mental health and wellbeing embedded throughout the programme. This includes improving access to perinatal infant mental health (PIMH) support, early attachment service and Talking Therapies. PIMHs champions have been trained and are delivering a family focused approach in hospital and community settings and through peer support.

Connect 5 Training builds capacity, capability and confidence by enabling people to look after their own and others' mental wellbeing through proactive conversations. Over 200 more Oldham professionals and volunteers have received Connect 5 training. This has further embedded this approach across a number of agencies that serve our residents. The trained cohort included representatives from some of our community groups working with our ethnic minority communities, such as: SAWN (Support and Action Women's Network), and Yuvanis. In addition, training has been provided to groups that work with vulnerable adults such as Salvation Army, those that work with residents around increasing physical activity (the Failsworth Walking Group) as well as governors from some of our schools. We have been successful in obtaining a final year of funding for 24/25 from GMCA and so we will be building on these previous success.

### **4.3. Improve the physical health and wellbeing of people with mental ill-health**

For some people with a mental illness, physical ill-health is seen only as part of the mental health condition or related medication even when their symptoms could mean there is evidence of a physical health problem. This diagnostic overshadowing can lead to inadequate medical treatment for physical health conditions in people with mental illnesses, leading to increased mortality and poorer treatment outcomes. Major causes of death in people with severe mental illness include chronic physical medical conditions such as cardiovascular disease, respiratory disease, diabetes

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and hypertension. Undertaking annual physical health checks for people with severe mental illness helps contribute to a reduction in all these domains.

- Smoking cessation and weight management for residents with serious mental illness (SMI):
  - ABL started to run the co-located Community Mental Health clinics in October 2023. Clinics run every Friday 9-1pm, clients can be supported by both a smoking and/or weight management advisor. Delivering the service from a Community Mental Health venue means there are clinical staff available to support any pharmacotherapy issues.
  - Current offer includes behavioral support alongside NRT, and pharmacotherapy such as Zyban. Vape pathways are also included as is the ABL service wide Swap to Stop, whereby people accessing the community mental health support are able to receive free vapes for a longer period of time than the standard offer. Using a Swap to Stop approach will allow some entrenched clients to move away from tobacco use to a less harmful vape product. This ensures the benefit of a holistic approach whereby smoking cessation is integrated in the patient's overall mental health treatment plan.
- ABL Stop Smoking Leads are also continuing with further service development to support SMI clients and explore ways to increase referrals for this cohort, working closely with PCN clinical leads and identifying GPs that have a low referral rate to the smoking service. They are also looking to build on existing partnership working with community mental health providers, including the voluntary sector.

## 5. Reduce smoking

### 5.1. Measures

- Latest QOF data for smoking indicates that 16.7% of Oldham's population currently smoke, compared to 14.7% across England.
- Smoking at time of delivery has decreased from 10.7% (2021/22) to 9.6% (2022/23), meaning Oldham's performance is improving. Data has been statistically significantly worse than the England average up until the most recent year, whereby we are now similar.
- Latest data for 2022/23 shows 58.8% of Oldham adults have never smoked, up from 55.5% for 2021/22. Latest data is similar to the England average of 59.3%.
- However, we know there is considerable variation in smoking prevalence across the borough and that in some wards, particularly those with high levels of deprivation, rates are considerably higher.

### 5.2. Make high quality evidence-based stop smoking support accessible to all smokers

Oldham Council were recently awarded £321,524 per year for up to 5 years covering financial periods 2024/25 to 2028/29, as part of the government's plans to create a smokefree generation. This funding is in addition to our current spend of £339,500 per year for specialist community stop smoking support. As approved by Cabinet in February 2024, the allocated additional funding will supplement ABL Health Ltd (Your Health Oldham), who deliver our current stop smoking service (as part of the Health Improvement Service), to bolster the current stop smoking offer. The funding will be used to create additional capacity to deliver stop smoking support and will increase the provision available in the borough to improve the number of people stopping smoking and, thus, reduce smoking prevalence and the impact of tobacco related harm. Specifically, the funding will be used to target and support certain priority groups which may have entrenched smokers that are most at risk of tobacco-related harm, thus tackling health inequalities as well as supporting targets for reducing smoking prevalence.

Oldham Council were also recently successful in receiving approval for an expression of interest for participation in the national 'Swap to Stop' scheme, for our community stop smoking service to provide vapes directly to clients who are accessing stop smoking support. Vapes will be provided alongside behavioural support by our community stop smoking service, Your Health Oldham, to allow for the best intervention package to support a client with their quit attempt. As well as offering

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vapes as a quit aid to all people accessing the stop smoking provision, the service will assertively target groups including who are most at risk of tobacco-related harm including routine and manual workers, those from Black and other ethnic minority communities, LGBTQ+ community, those with long term conditions and those living in the most deprivation.

### **5.3. Embed tobacco control approach into all relevant public policies**

Oldham Tobacco Alliance has now been in place since September 2021. The strategic partnership oversees the delivery of the locality Tobacco Control Action Plan, which drives forward a whole system approach to making smoking history. The coordinated and comprehensive approach to tobacco control across Oldham (aligned to national and regional policy and evidence base) aims to reduce smoking prevalence and harm from tobacco by making smoking less accessible, acceptable and desirable, empowering successful quitting and stopping young people starting to smoke in the first place.

Considerable progress has been made by the Alliance since its inception, including successful joint communications and engagement activity, considerable system-wide workforce development, comprehensive policy review and a continued focus on enforcement of tobacco legislation (including underage sales) and a persistent approach to tackling illicit tobacco and unregulated vapes. The Alliance continues to review smoking cessation provision locally in order to ensure there is high quality, evidence-based specialist stop-smoking services available to everyone who smokes (including access to alternative products to support people to quit smoking successfully) whilst ensuring that there is appropriately targeted support for those most at risk of tobacco-related harm and any emerging vulnerable groups (such as the digitally excluded, asylum seekers) and overseeing that there are effective pathways in place and support available for alternative forms of nicotine and tobacco, including shisha, and the use of tobacco with illicit substances.

To ensure that the work of the Tobacco Alliance continues to be effective, the partnership is undertaking a CLear self-assessment, which is an evidence-based approach that allows localities and alliances to Challenge their existing tobacco control services, review their Leadership for comprehensive action on tobacco control and consider the Results demonstrated by the outcomes achieved, measured against national and local priorities. This process will allow the Alliance to consider and evaluate progress to date and enable a refresh of local priorities and our locality tobacco control plan, in line with the release of the anticipated refreshed national Tobacco Control Plan for England and the revised GM Making Smoking History delivery framework. Findings from the self-assessment and next steps will be shared at a partnership event in Autumn 2024.

## **6. Increasing physical activity**

### **6.1. Measures**

- The gap between Oldham and England has widened further and latest data for 2022/23 shows 57% of Oldham adults to be physically active, compared to 67.1% for England. This measure is from the Active Lives Survey (ALS). We will continue to work in a whole system approach through the Place Partnership work and wider and will monitor the next ALS results.
- The percentage of physically active children and young people was slightly up from the previous academic year to 47.8% (47.5% in 2021-22) and going in the right direction from previous years. This is higher than GM (45.6%) and England (47.0%) in 2022-23.

### **6.2. Supporting voluntary, community and faith organisations to be able to provide services and work with their communities to increase physical activity.**

We are continuing to work as a system to support our VCF organisations to feel confident and capable to deliver, facilitate or signpost to local physical activity opportunities in a hyper local way for our communities. The One Oldham Fund grants programme administered by Action Together Oldham continues to support VCF projects that focus on reducing health inequalities and promote



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preventative activity like increasing physical activity levels. As a system we continue to support these organisations to increase skills and knowledge around physical activity and two examples include the Active Through Football programme supporting local residents and leaders to become trained to deliver football related activities and OCL who upskill with dance and fitness related qualifications.

**6.3. Improving communication with both residents and businesses to embed the message that any movement matters, for people of all abilities.**

We are seeing more through our Council communication channels which promote opportunities to move more including active travel, walking and sport activities & events. We have also promoted the recent Tour of Britain Women's event which saw the best female cyclists in the world come through our town. This will no doubt inspire many to cycle more.

**6.4. Celebrating and championing positive examples of Moving More through the #Oldham #MoveMoreFeelBetter social media campaign.**

We continue to use the #Oldham #MoveMoreFeelBetter campaign to celebrate and champion examples of Moving More in our borough. We have also been working with Diva Creative to help create some videos and narrative about the campaign so that we can share this to encourage more people to use it and understand it. The cost of working with this agency was fully funded by money secured for Oldham from GM Moving.

**6.5. 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.**

Working with our communities especially in those areas of most need through a proportionate universalism approach we will carry on trying to reduce the inequality gap that some of our residents' face. In our recent Place Partnership submission for the next stage of funding from Sport England we plan to expand our approach from two of our districts Central (Glodwick) and South (Failsworth) into all five districts to tackle inactivity and the inequalities, whilst also aligning to the Place Based Integration work that Oldham is prioritising as a preventative measure.

**6.6. Maintaining and creating safe green spaces and other high quality activity spaces to increase confidence & access to opportunities to be active.**

Having secured external funding to improve some of our local facilities in our communities we have started to see some of the capital work taking place after (some) improvements in our weather.

We have started to see Cricket Non-Turf Pitches (NTPs) installed in Oldham Edge, New Barn Playing Fields, George Street Playing Fields & Heyside Playing Fields. There is one remaining which will go in at Hathershaw College for community and school use. This was totally funded (100%) by external funding from the England & Wales Cricket Board (ECB).

We have also started to see improvements to some of Tennis Courts in parks including Alexandra, Chadderton, Dunwood, Higher Crompton, Lower Memorial and Werneth. This was 96% funded by the Lawn Tennis Association (LTA) / Tennis Foundation with a contribution from the council. Extra outdoor gyms have also been installed and activated which has been led by Environmental Services colleagues.

## **7. Recommendations**

7.1. The Committee is asked to consider the report, and the progress made against the priorities.

## **8. Appendices**

8.1. A page overview of the Health and Wellbeing Strategy is provided below

**Oldham Health and Wellbeing Strategy 2022 – 2030: Priorities**

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

- Develop a common framework for engagement to ensure residents can share services to their needs
- Adopt a resident focused approach to communication and tailor messages
- Support established peer and patient support groups to grow and improve reach
- Build a local approach to communication using the Health Foundation toolkit

- 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.

**Giving children the best start in life – focus on reducing infant mortality**

- Implement a targeted action plan to reduce infant mortality
- Provide family-focused, coordinated support in our communities
- Improve communications about healthy pregnancy from pre-conception to birth
- Normalise breastfeeding and become a UNICEF Baby Friendly Borough
- Ensure access to early education and increase % children who start school ready to learn

- Reduce infant mortality rate to England average
- Increase % of children who achieve a good level of develop by age 5 to England average
- Reduce under 18s conception rate to England average

**Improving mental wellbeing and mental health**

- Support community organisations and networks to grow and support residents
- Promote the use of shared language and reduce stigma across communities
- Establish clear routes to accessing support and care for all communities
- Provide support to education workforce on emotional health and wellbeing
- Reduce the harm caused by alcohol and substance misuse
- Improve the physical health and wellbeing of people with mental ill-health

- Reduce % of people reporting high levels of anxiety to less than England average
- Reduce % of people who feel lonely to significantly less than England average
- Increase drug treatment places by 20%

**Reduce smoking**

- Embed tobacco control approach into all relevant public policies
- Promote smokefree homes and community spaces
- Ensure that comms around smoking, vaping and alternative forms are tailored
- Make high quality evidence-based stop smoking support accessible to all smokers
- Reduce uptake of smoking and vaping in young people and enforce legislation

- Reduce the % of population smoking to England average
- Reduce smoking in pregnancy to England average
- Increase the % of adults who have never smoked, to England average

**Increasing physical activity**

- Support VCFSE to increase physical activity,
- Promote use of foot and cycle paths
- Celebrate and champion physical activity via social media and other campaigns
- Widening access and participation, providing more inclusive options
- Take a strengths-based community approach
- Maintain and create safe green and other activity spaces

- Oldham will have the same % of adults who are physically active as England as a whole

**Key Goals**

**Measures**

## ADULT SOCIAL CARE AND HEALTH SCRUTINY BOARD

### WORK PROGRAMME 2024/25

8 <sup>th</sup> October 2024				
	Public Health Annual Report	To review the Annual Report	Portfolio – Health and Social Care Director of Public Health	Review and scrutiny of proposals/performance
	Healthy Child Programme	To update on changes to health visiting and school nursing services	Portfolio - Health and Social Care. Director of Public Health - Rebecca Fletcher,	Annual update report
26 November 2024	Safeguarding Annual Report	Annual Update from ASC	Portfolio - Health and Social Care.	Update from service
	Oldham Community Leisure (OCL) Annual report	To receive the OCL annual report detailing leisure related activity in the Borough, which OCL provide on behalf of the Council	Assistant Director of Leisure and Community Services/Chief Executive of OCL	Annual report
28 January 2024	CQC Assessment	Update on preparations for the CQC Assessment	Director of Adult Social Care	Six month update requested at ASC&H on 12 <sup>th</sup> June 2024

11 <sup>th</sup> March 2025				
<b>TO BE SCHEDULED (additional session)</b>				
<b>REMOVED</b>				

**OUTSTANDING**

**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2024**

<b>Key Decision Reference</b>	<b>Subject Area For Decision</b>	<b>Led By</b>	<b>Decision Date</b>	<b>Decision Taker</b>
HL-02-24	Housing Delivery Test Action Plan	Director of Economy, Executive Director for Place & Economic Growth	15 <sup>th</sup> July 2024	Cabinet
<p>Description: To approve the Housing Delivery Action Plan (Part One and Part Two) for publication in line with the requirements of the Housing Delivery Test: 2022 Measurement results (published December 2023).</p> <p>Document(s) to be considered in public or private: Private - NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				
NEI-07-24	Carriageway Investment Funding	Director of Environment	15 <sup>th</sup> July 2024	Cabinet
<p>Description: Additional funding to carry out carriageway maintenance.</p> <p>Document(s) to be considered in public or private: Private - NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				
ESR-05-24	Creating a Better Place Update	Director of Economy	15 <sup>th</sup> July 2024	Cabinet

**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2024**

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: Report detailing proposed improvements to Oldham town centre and the Borough</p> <p>Document(s) to be considered in public or private: Private - NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				
NEI-04-24	Street Lighting Attachments Policy	Director of Environment	15 <sup>th</sup> July 2024	Cabinet
<p>Description: To ask Cabinet to formulate and agree a Streetlighting attachments policy</p> <p>Document(s) to be considered in public or private: Private - NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				
NEI-08-24 <b>New!</b>	Oldham Cremator Replacement	Director of Environment	15 <sup>th</sup> July 2024	Cabinet
<p>Description: A report requesting a replacement cremator</p> <p>Document(s) to be considered in public or private: Private - NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				
NEI-09-24 <b>New!</b>	Manchester Street Viaduct Main Contractor Appointment		15 <sup>th</sup> July 2024	Cabinet

**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2024**

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: This report seeks delegated approval to appoint a main contractor to undertake the pre-construction services (Stage 1) and main works (Stage 2) on the Manchester Street Viaduct refurbishment.</p> <p>Document(s) to be considered in public or private: Private - NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				
NEI-10-24	DWP Restart contract extension for Get Oldham Working service.	Deputy Chief Executive -	15 <sup>th</sup> July 2024	Cabinet
<p>Description: To approve the acceptance of the Restart contract extension for a further three years, from July 2024 to 30th June 2027, which will maintain Get Oldham Working's delivery to a further thousand Oldham residents, supporting them back into work and sustainable employment.</p> <p>Document(s) to be considered in public or private: Private - NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				
NEI-11-24	Approval of Enforcement Policy	Director of Environment	15 <sup>th</sup> July 2024	Cabinet
<p>Description: To review and approve a revised Corporate Enforcement Policy in order to take account of updated guidance, codes of practice and new regulatory sanctions which have been introduced since the Council's Enforcement Policy was last reviewed in 2022.</p> <p>Document(s) to be considered in public or private: Private - NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				

**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2024**

<b>Key Decision Reference</b>	<b>Subject Area For Decision</b>	<b>Led By</b>	<b>Decision Date</b>	<b>Decision Taker</b>
HSC-04-24 <b>New!</b>	The Future of Mental Health Social Work		15 <sup>th</sup> July 2024	Cabinet
<p>Description: a report outlining future options for the provision of Mental Health Social Work Services</p> <p>Document(s) to be considered in public or private: Private - NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				
FCR-10-24 <b>New!</b>	Financial Update and working capital requirements for 2024/25 – Oldham Total Care		15 <sup>th</sup> July 2024	Cabinet
<p>Description: A report outlining the financial situation and working capital requirements for 2024/25 in respect of Oldham Total Care</p> <p>Document(s) to be considered in public or private: Private - NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				
FCR-06-24	Wireless Infrastructure Upgrade	Assistant Chief Executive	15 <sup>th</sup> July 2024	Cabinet
<p>Description: Proposals for the proposed update of the Wireless Infrastructure network</p> <p>Document(s) to be considered in public or private: Private - NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				
FCR-07-24 <b>New!</b>	Report of the Director of Finance – Local Taxation and Benefits Discretionary Policies	Director of Finance	15 <sup>th</sup> July 2024	Cabinet



**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2024**

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: This report provides detail of proposed updates to discretionary policies already in place, these are:</p> <ul style="list-style-type: none"> <li>• The Discretionary Rate Relief Policy</li> <li>• The Local Welfare Provision Policy</li> <li>• The Discretionary Housing Payment Policy</li> <li>• The Discretionary Council Tax Discounts Policy</li> <li>• The Empty Premium Exception Policy</li> </ul> <p>Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Local Taxation and Benefits Discretionary Policies</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				
FCR-08-24 <b>New!</b>	Report of the Director of Finance – Debt Recovery Policies	Director of Finance	15 <sup>th</sup> July 2024	Cabinet
<p>Description: To provide clear guidance for Council Officers, local taxpayers, and organisations who use Council services on recovery of monies owed to the Council.</p> <p>Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Debt Recovery Policies</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				

**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2024**

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
FCR-09-24 <b>New!</b>	Treasury Management Review 2023/24	Director of Finance	15 <sup>th</sup> July 2024	Cabinet
<p>Description: The Annual Review of Treasury Management activity during the year compared to the Treasury Management Strategy 2023/24. Document(s) to be considered in public or private: Proposed Report Title: Treasury Management Review 2023/24</p> <p>Background Documents: Appendices</p> <p>Report to be considered in Public</p>				

**Key:**

**New!** - indicates an item that has been added this month

Notes:

1. The procedure for requesting details of documents listed to be submitted to decision takers for consideration is to contact the Contact Officer contained within the Key Decision Sheet for that item. The contact address for documents is Oldham Council, Civic Centre, West Street, Oldham, OL1 1UH. Other documents relevant to those matters may be submitted to the decision maker.
2. Where on a Key Decision Sheet the Decision Taker is Cabinet, the list of its members are detailed on the Council's website
3. Full Key Decision details (including documents to be submitted to the decision maker for consideration, specific contact officer details and notification on if a report is likely to be considered in private) can be found via the online published plan at:  
<http://committees.oldham.gov.uk/mgListPlans.aspx?RPId=144&RD=0>

## KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
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### Notice of Private Reports

**(In accordance with Part 2 of the Local Authorities (Executive Arrangements) Meetings and Access to Information) (England) Regulations 2012)**

Oldham Borough Council intends to hold a private meeting (or part thereof) of the Cabinet on Monday, 15<sup>th</sup> July 2024

#### **Decision to be taken (Agenda Item) Decisions proposed to be taken in private at Cabinet on 15<sup>th</sup> July 2024:**

##### **a. Housing Delivery Test Action Plan**

**Reason:**

The meeting (or part thereof) will be held in exempt session on the grounds that the reports and background papers will contain the likely disclosure of exempt information as defined in paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended) – information relating to the financial or business affairs of the Council and a third party.

##### **b. Carriageway Investment Funding**

**Reason:**

The meeting (or part thereof) will be held in exempt session on the grounds that the reports and background papers will contain the likely disclosure of exempt information as defined in paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended) – information relating to the financial or business affairs of the Council and a third party.

##### **c. Creating a Better Place - Update**

**Reason:**

The meeting (or part thereof) will be held in exempt session on the grounds that the reports and background papers will contain the likely disclosure of exempt information as defined in paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended) – information relating to the financial or business affairs of the Council and a third party.

## KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
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### d. Street Lighting Attachments Policy

**Reason:**

The meeting (or part thereof) will be held in exempt session on the grounds that the reports and background papers will contain the likely disclosure of exempt information as defined in paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended) – information relating to the financial or business affairs of the Council and a third party.

### e. Oldham Cremator Replacement

**Reason:**

The meeting (or part thereof) will be held in exempt session on the grounds that the reports and background papers will contain the likely disclosure of exempt information as defined in paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended) – information relating to the financial or business affairs of the Council and a third party.

### f. Manchester Street Viaduct Main Contractor Appointment

**Reason:**

The meeting (or part thereof) will be held in exempt session on the grounds that the reports and background papers will contain the likely disclosure of exempt information as defined in paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended) – information relating to the financial or business affairs of the Council and a third party.

### g. DWP Restart contract extension for Get Oldham Working Service

**Reason:**

The meeting (or part thereof) will be held in exempt session on the grounds that the reports and background papers will contain the likely disclosure of exempt information as defined in paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended) – information relating to the financial or business affairs of the Council and a third party.

### h. Approval of Enforcement Policy

**Reason:**

## KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
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The meeting (or part thereof) will be held in exempt session on the grounds that the reports and background papers will contain the likely disclosure of exempt information as defined in paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended) – information relating to the financial or business affairs of the Council and a third party.

### i. The Future of Mental Health Social Work

#### Reason:

The meeting (or part thereof) will be held in exempt session on the grounds that the reports and background papers will contain the likely disclosure of exempt information as defined in paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended) – information relating to the financial or business affairs of the Council and a third party.

### j. Financial Update and working capital requirements for 2024/25 – Oldham Total Care

#### Reason:

The meeting (or part thereof) will be held in exempt session on the grounds that the reports and background papers will contain the likely disclosure of exempt information as defined in paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended) – information relating to the financial or business affairs of the Council and a third party.

#### Representations:

If you wish to make representations against the intention to hold a private meeting, please send these to Constitutional Services, Level 3, Civic Centre, Oldham, OL1 1UL or email: [constitutional.services@oldham.gov.uk](mailto:constitutional.services@oldham.gov.uk)

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