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Oldham Council

HEALTH AND WELL BEING BOARD
Agenda

Date	Thursday 12 September 2024
Time	10.00 am
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 at least 24 hours in advance of the meeting.

2. CONTACT OFFICER for this agenda is Constitutuional Services email constitutional.services@oldham.gov.uk

3. PUBLIC QUESTIONS - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Monday, 9 September 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.

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

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

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

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

MEMBERSHIP OF THE HEALTH AND WELL BEING BOARD
Councillors Brownridge, Davis (Chair), Mushtaq, Nasheen, Shuttleworth and Sykes

Item No

Oldham Council

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 Meeting (Pages 5 - 10)
	The Minutes of the meeting held on 11th July 2024 are attached for approval.
6	Joint Strategic Needs Assessment
	10:10am
	Jon Taylor to provide a general update on the Joint Strategic Needs Assessment.
7	Oldham Child Death Overview Panel (Pages 11 - 74)
	10:30am
	An analysis of deaths reported to CDOP and reviewed by CDOP in 2021/22, 2022/23, and 2023/24
8	Corporate Plan (Pages 75 - 94)
	10:50am
	An update on the development of the Oldham 2030 Plan
9	Health Inequalities Plan Update (Pages 95 - 110)
	11:10am
	An update on the Health and Wellbeing board's two-year Health Inequalities Plan 2022-2024.
10	Northern Roots
	11:30am
	Presentation to follow

Oldham Council

11 Membership Update (Pages 111 - 112)

11:50am

Updated Membership of the Health and Well Being Board to be noted.

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HEALTH AND WELL BEING BOARD
11/07/2024 at 10.00 am

Present: Councillors Brownridge, Davis (Chair), Mushtaq, Nasheen, Shuttleworth and Sykes

Rebecca Fletcher (Director of Public Health)
Dr. John Patterson (NHS)
Jayne Ratcliffe (Director of Adult Social Care)
Anna Tebay (Public Health Service)
Laura Windsor-Welsh (Action Together)
Charlotte Stevenson (Public Health)
Mike Barker (NHS)
Erin Portsmouth (NHS)
Liz Windsor-Welsh (Healthwatch)
Mandy (Public Health)
Gaynor Mullins (NHS)
Stuart Lockwood (OCL)
Claire Hooley (Assistant Director of Commissioning & Market Management)
Durga Paul (Constitutional Services)

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Jack Sharp, Alistair Craig, Gerard Jones, Kristina Atkins and Michelle Scholes.

2 **URGENT BUSINESS**

With the approval of the Chair, Dr John Patterson shared information about a stop smoking initiative taking place in Oldham over the coming weeks. A Smoking Cessation Offer was being provided and all current or ex-smokers in Oldham over the age of 40 received an invitation for a CT scan to allow for early detection of Lung Cancer. Other support would also be made available for those wishing to stop smoking including nicotine replacement products.

RESOLVED that, this was noted by the Board.

3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4 **PUBLIC QUESTION TIME**

There were no public questions to consider at this meeting.

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting held on 7th March 2024 be approved as a correct record.

6 **REVIEW OF HEALTH AND WELL BEING BOARD MEMBERSHIP**

The Board reviewed the Statutory and Discretionary members of the Health and Wellbeing Board. They noted that the list would need to be updated due to changes in staff roles and responsibilities.

Members of the Board also discussed possible new members but agreed that further discussions would need to take place to establish in what capacity they would join the Board.

The Board agreed that a representative working within an education setting would be a valuable addition to the Membership.

The Director of Public Health and Dr. John Patterson were nominated as co Vice-Chairs alongside Cllr Shuttleworth.

RESOLVED that,

1) The Director of Public Health is to work with Constitutional Services to update the membership.
2) The Director of Public Health and Dr. John Patterson would act as co Vice-Chairs alongside Cllr Shuttleworth.

7 **OLDHAM INTEGRATED CARE PARTNERSHIP**

The Associate Director of Strategy, Planning and Development for Oldham presented on the Oldham Integrated Care Partnership's five-year strategy and one-year 2024/25 delivery plan.

The Partnership's five-year strategy was agreed during 2023/24, following a full refresh of Oldham's Locality Plan, which was ratified in November 2019. It has had some minor updates but has not been extended in timeframe.

The Partnership's 2024/25 delivery plan covers commitments in this current financial year, as well as the delivery of a range of objectives and priorities in relation to the national NHS Operational Guidance and NHS Greater Manchester Operational Plan. This one-year delivery plan features the key priorities for the year ahead, as well as the detail of various action areas and milestones. At the heart of the plan is the implementation of the new Population Health Management model, build from extensive work to determine the drivers of demand for local services, as well as five workstreams making up the delivery and transformation programme for local health and care.

The Board heard how Oldham face three core challenges in the deliver plan:
1) High health, care and social needs
2) Ineffective focus on early intervention and prevention
3) Lack of service integration, communication and signposting

In order to address these concerns, four top priorities have been identified:

1) Reduce 'late' service access, presenting in high demand for Urgent and Emergency Care
2) Proactive Children and Yound Person intervention to reduce downstream demand, including in social care

3) Enhanced model for managing mental health needs, including low- and mid-severity
4) Supporting better care navigation and coordination

Members of the Board commended the preventative approach taken in the delivery plan and agreed that early intervention within communities will provide better outcomes.

RESOLVED that, the Oldham Integrated Care Partnership's strategy and delivery plan be noted by the Health and Wellbeing Board.

8 **HEALTHWATCH OLDHAM'S WORK PROGRAMME 2024/25**

The Health and Well Being Board heard how Local authorities have a statutory duty to commission a local Healthwatch organization which in turn has a set of statutory activities to undertake, such as gathering local views and making these known to providers and commissioners, monitoring and scrutinizing the quality of provision of local services, and a seat on the local Health and Wellbeing Board.

Local Healthwatch services are required to:

- Listen: be proactive to gather the views of people about their needs and experiences of local health and care services in Oldham.

- Involve and Engage: involve and engage communities from across the borough including by connecting with trusted networks to understand and learn what is important to local people.

- Provider Data and Insight: share the data and insight that has been gathered and produce reports which include recommendations about what local people have said about ways health and care services can be improved.

- Share Information: provide information and advice to the public about the local health and care services available to them and share information and support to access this.

The workplan for 2024/25 is focused on three areas of focus; improving services, influencing plans and involving the public.

The Framework of the plan Split into projects - two local projects and three projects with GM counterparts. Healthwatch will look to identify where they should target our engagement and share with partners where there is an intent to work strategically with others on issues that may not be solely delivered by a health or care provider.

Following approval from the Healthwatch Advisory Board, the Projects for this year are:

- Secondary/Metastatic Cancer Services

- Greater Manchester Children and Adolescent Mental Health Services (CAMHS)
- Greater Manchester Menopause and Mental Health
- People with learning disabilities experiences of diabetes services

Members of the Board noted the work being done, but queried progress on work started to address issues with accessing GP appointments. Healthwatch to provide an update on the work and Annual Reports to be presented to the Health and Wellbeing Board to review progress on all projects.

RESOLVED that,

1. Healthwatch Oldham's Work Programme be noted by the Health and Wellbeing Board.
2. Annual Reports to come back to the Health and Wellbeing Board so progress can be reviewed

9 **BETTER CARE FUND END OF YEAR REPORT AND PLAN**

The Better Care Fund's (BCF) vision has been to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. The BCF Policy Framework centres on these objectives; 1. enable people to stay well, safe and independent at home for longer and 2. provide people with the right care, at the right place at the right time.

The Board heard how in order to meet the national funding conditions of the Better Care Fund, the Health and Wellbeing Board's approval is required on the 2023-24 End of Year report and 2024-25 Planning template. To meet the deadlines, the templates have already been submitted so retrospective approval is required. The Board's approval is also required to delegate the decision to submit quarterly reports to the Better Care Fund team, with the understanding that the reports will be noted at the next available Health and Wellbeing Board meeting.

RESOLVED that the Health and Well Being Board approve,

1) the Better Care Fund End of Year Report 2023-24
2) the Better Care Fund Planning Template 2024-25
3) to delegate the decision to submit quarterly reporting templates to the Place-Based Lead and Oldham Council's Chief Executive in consultation with the Director of Adult Social Services (DASS).

10 **PUBLIC HEALTH ANNUAL REPORT 2023/24: HEALTH AND HOUSING IN OLDHAM**

The Health and Well Being Board heard from the director of Public health on the impact that Housing has on the health of Oldham residents. The three key themes that impact health are unsafe homes (Damp and Mould, Pests etc), unsuitable homes (Overcrowding etc) and unstable homes (Homelessness etc).

The Board heard about The Oldham Offer and work that is already being done including but not limited to the below initiatives;

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.

Damp Mould
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.

Members of the Board noted that Health is now becoming a key factor when building new houses is Oldham. Considerations such as safe walking routes are looked into to encourage children walking to school and promoting healthier lifestyles.

RESOLVED that, the Annual Report be noted by the Health and Wellbeing Board.

The meeting started at 10:00am and ended at 12:03pm

Child Death Overview Panel
CDOP

Perinatal & Neonatal Events
Oldham, Bury and Rochdale

Dr Sophie French
Public Health ST1

Overview

Bury Council

- **Background**
- **Introduction to CDOP**
- **Our research question**
  - Analysis of perinatal / neonatal events
  - Analysis of modifiable factors
- **Reflections**
  - Summary and recommendations

NHS Greater Manchester Integrated Care

Background

NHS
Greater Manchester
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Bury
Council

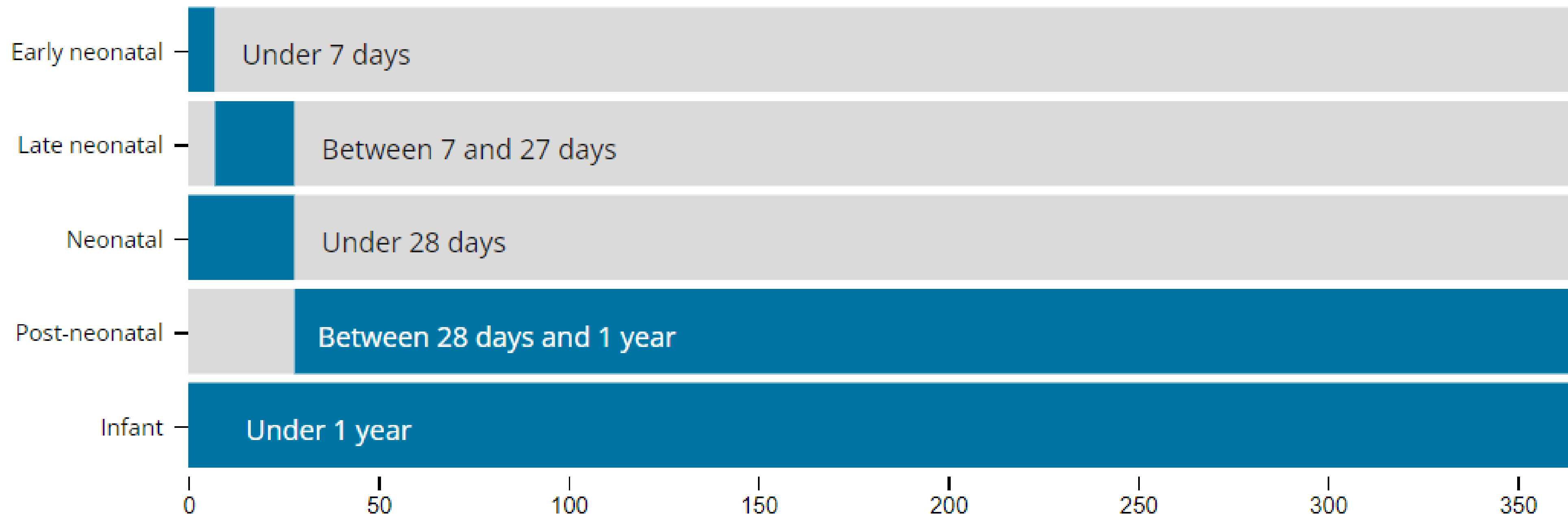
Key terms and definitions

- **Early neonatal**

The first 7 days of a person's life

- **Neonatal**

The first 28 days of a person's life



NHS Greater Manchester Integrated care

Bury Council

Key terms and definitions

Perinatal mortality rate:

$$\frac{\text{Number of stillbirths} + \text{number of deaths at ages under 7 days}}{\text{Number of total births}} \times 1000$$

Early neonatal mortality rate:

$$\frac{\text{Number of deaths at ages under 7 days}}{\text{Number of live births}} \times 1000$$

Neonatal mortality rate:

$$\frac{\text{Number of deaths at ages under 28 days}}{\text{Number of live births}} \times 1000$$

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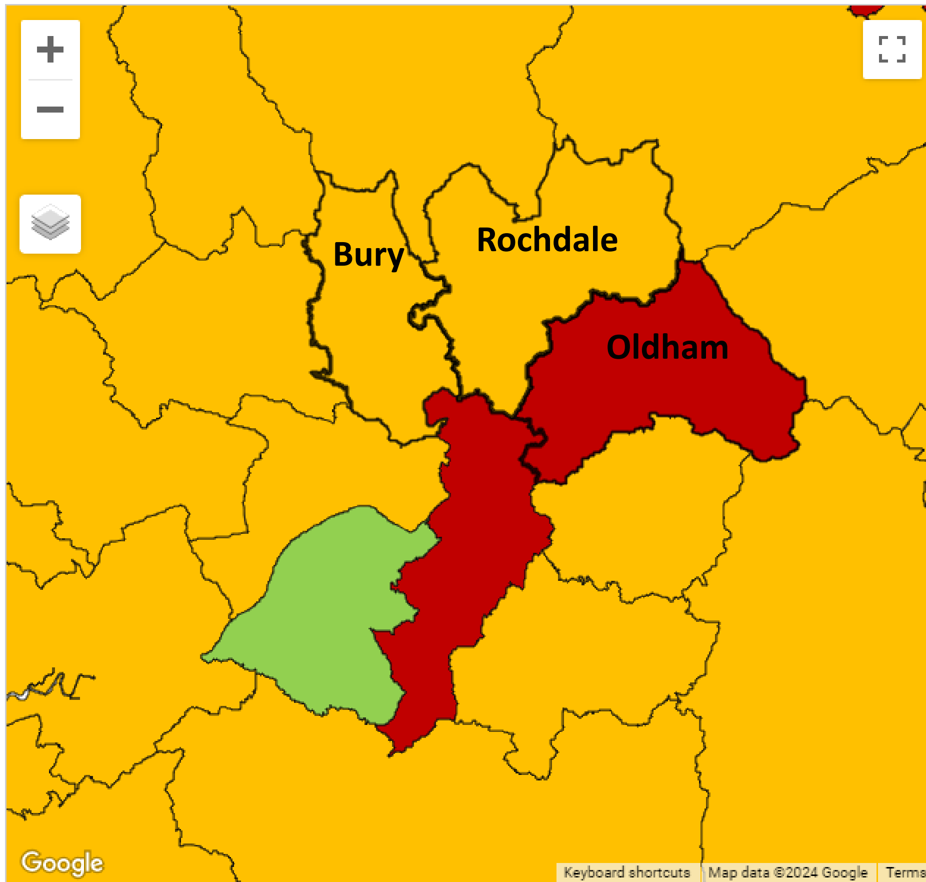
Bury Council

Neonatal mortality, crude rate per 1,000 live births 2019-2021

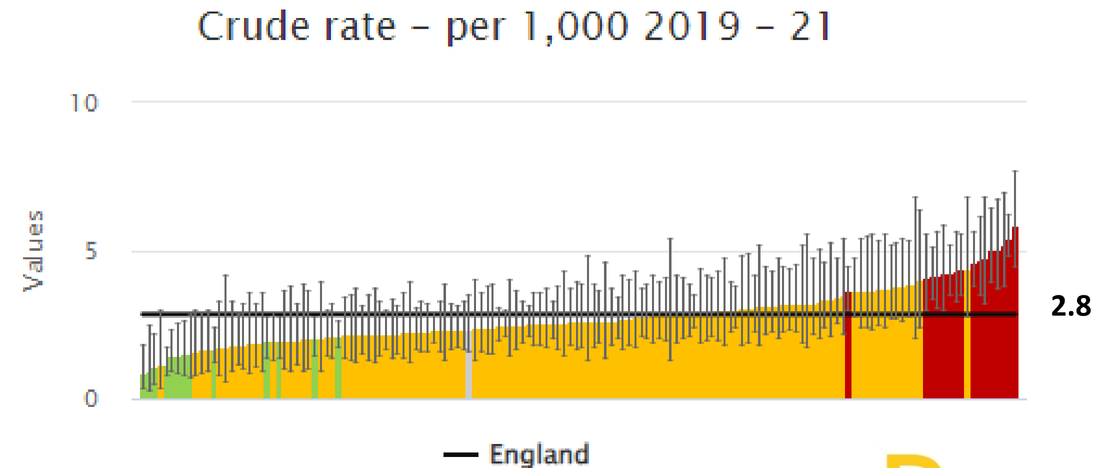
Office for Health Improvement & Disparities



Better 95% | Similar | Worse 95% | Not compared

Areas All in England

Area	Count	Value	Lower CI	Upper CI
Oldham	47	5.1	3.7	6.7
Rochdale	32	3.8	2.6	5.4
Bury	24	3.7	2.4	5.6



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Bury Council

Neonatal and infant mortality risk factors
Office for National Statistics

- Gestational age
- Birthweight
- Ethnicity
- Deprivation
- Maternal age
- Maternal health
  - Smoking
  - Alcohol consumption
  - Obesity

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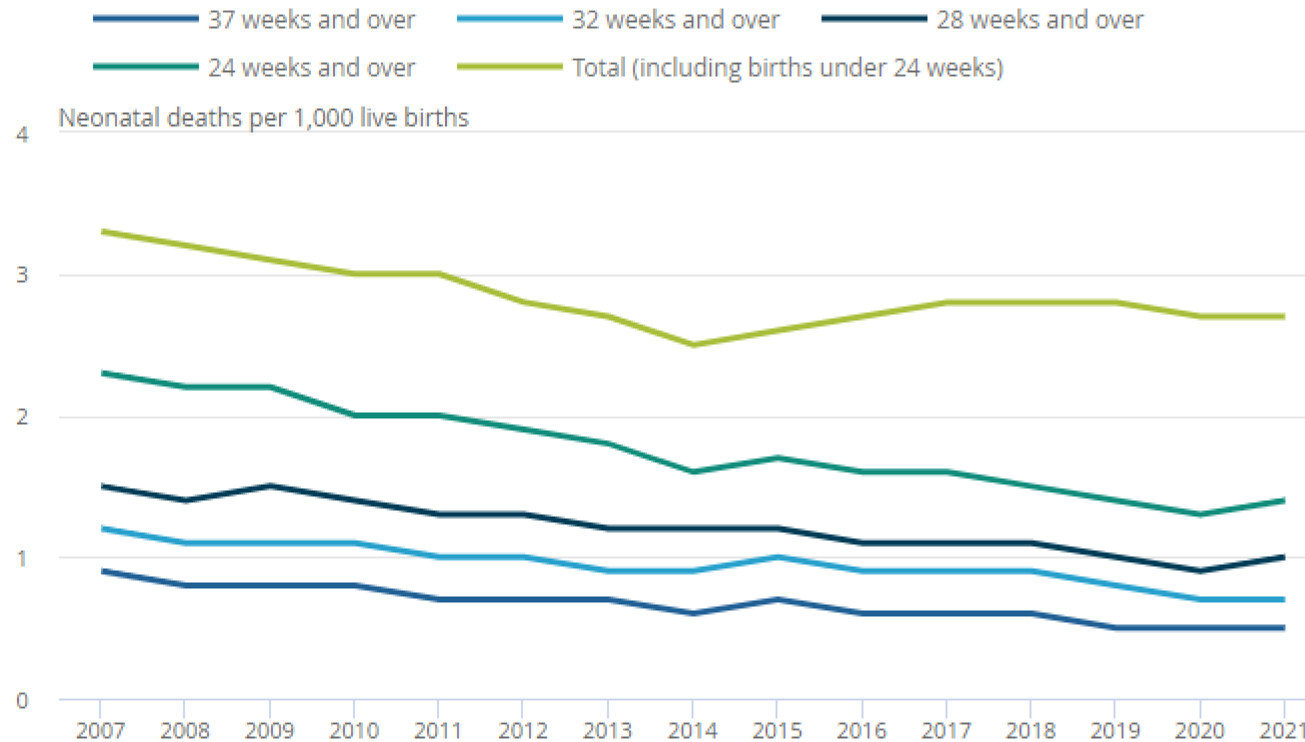
Bury Council

Neonatal and infant mortality risk factors
Office for National Statistics



Neonatal mortality rates by gestational age, England and Wales, 2007 to 2021

NHS Greater Manchester Integrated care

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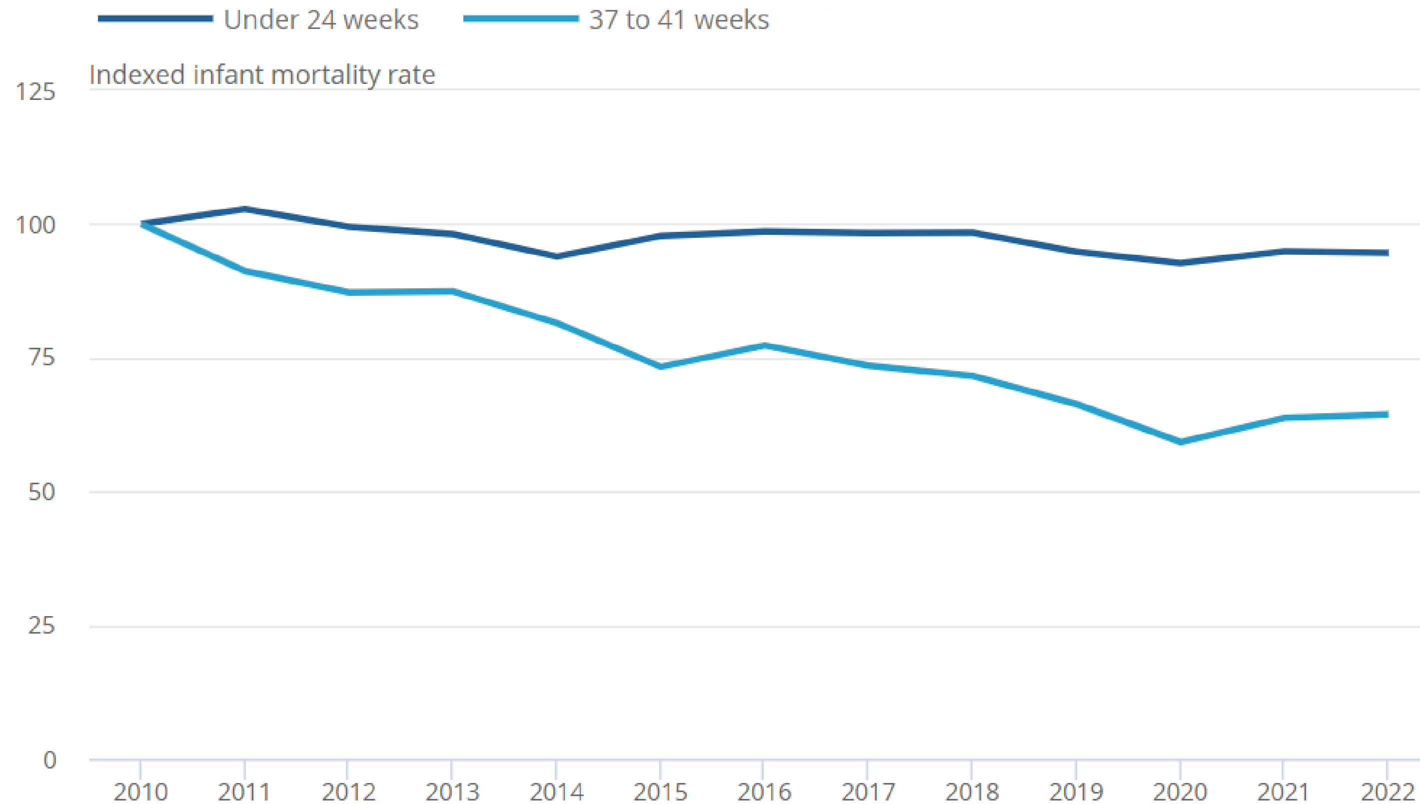
Neonatal and infant mortality risk factors

Office for National Statistics



Change over time in neonatal mortality rates by selected gestational ages England and Wales, 2010 to 2022

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Introduction to CDOP

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Introduction to CDOP

- **CDOPs analyse all deaths between 0-17 years of age**
  - Social and medical circumstances
  - Excludes stillbirth, late foetal loss or termination of pregnancy

- **There are 4 CDOP panels within Greater Manchester (GM)**
  - Oldham, Rochdale & Bury (ORB)
  - Bolton, Salford & Wigan (BSW)
  - Stockport, Trafford & Tameside (STT)
  - Manchester

- **The CDOP has a statutory requirement to prepare and publish a local report on:**
  - a) what has been done as a result of the child death review arrangements; and
  - b) how effective the child death review arrangements are in practice.

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Key terms and definitions

- **Notified case**

A death that has been legally registered

- **Closed case**

A case is defined as closed at the end of the CDOP review process

A case is not necessarily closed in the same year as notification of death

- **Modifiable factor**

A factor which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths'

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Categories of death

- Deliberate inflicted injury, abuse or neglect
- Trauma and other external factors
- Acute medical or surgical condition
- Chromosomal genetic and congenital anomalies
- Infection
- Suicide or deliberate self-harm
- Malignancy
- Chronic medical condition
- Perinatal / neonatal event
- Sudden unexpected, unexplained death

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Perinatal / Neonatal event (P/N)

- Death ultimately related to perinatal events
  - irrespective of age at death
  - e.g. **sequelae of prematurity**, antepartum and intrapartum anoxia, bronchopulmonary dysplasia, post-haemorrhagic hydrocephalus
  - includes cerebral palsy without evidence of cause
  - includes congenital or early-onset bacterial infection (onset in the first postnatal week)

Cause of death categorised as perinatal / neonatal event	Death occurred during perinatal / neonatal period: Yes	Death occurred during perinatal / neonatal period: No
Yes	✓	✓
No	✗	✗

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Research question

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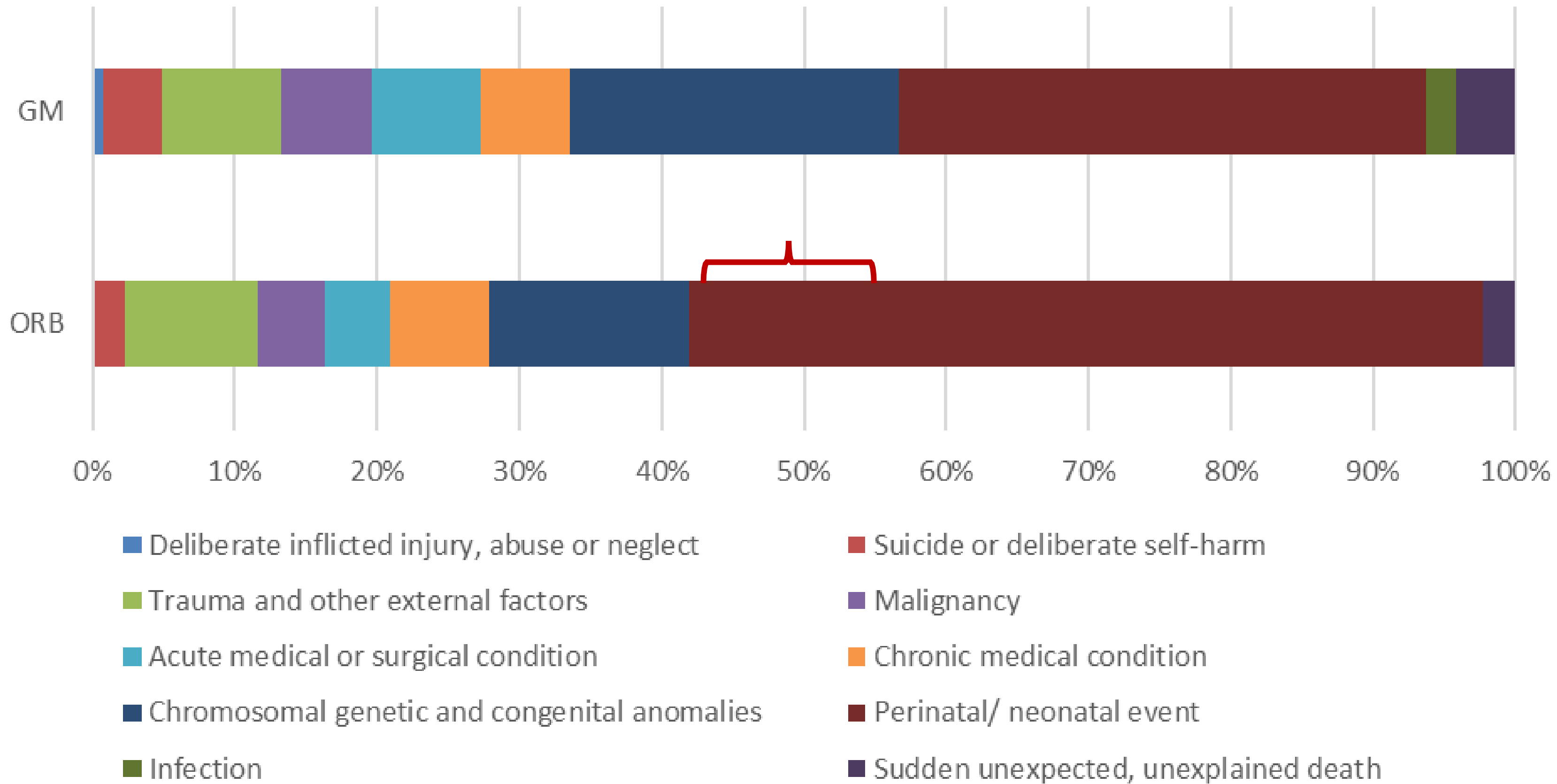
Bury
Council

Research question



The primary category of death for CDOP cases closed in ORB and GM 2021-2022

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Research question

- Is the mortality rate from perinatal / neonatal events in ORB higher than elsewhere in GM?

- Can we explain the difference between ORB and GM in terms of % of perinatal / neonatal events?

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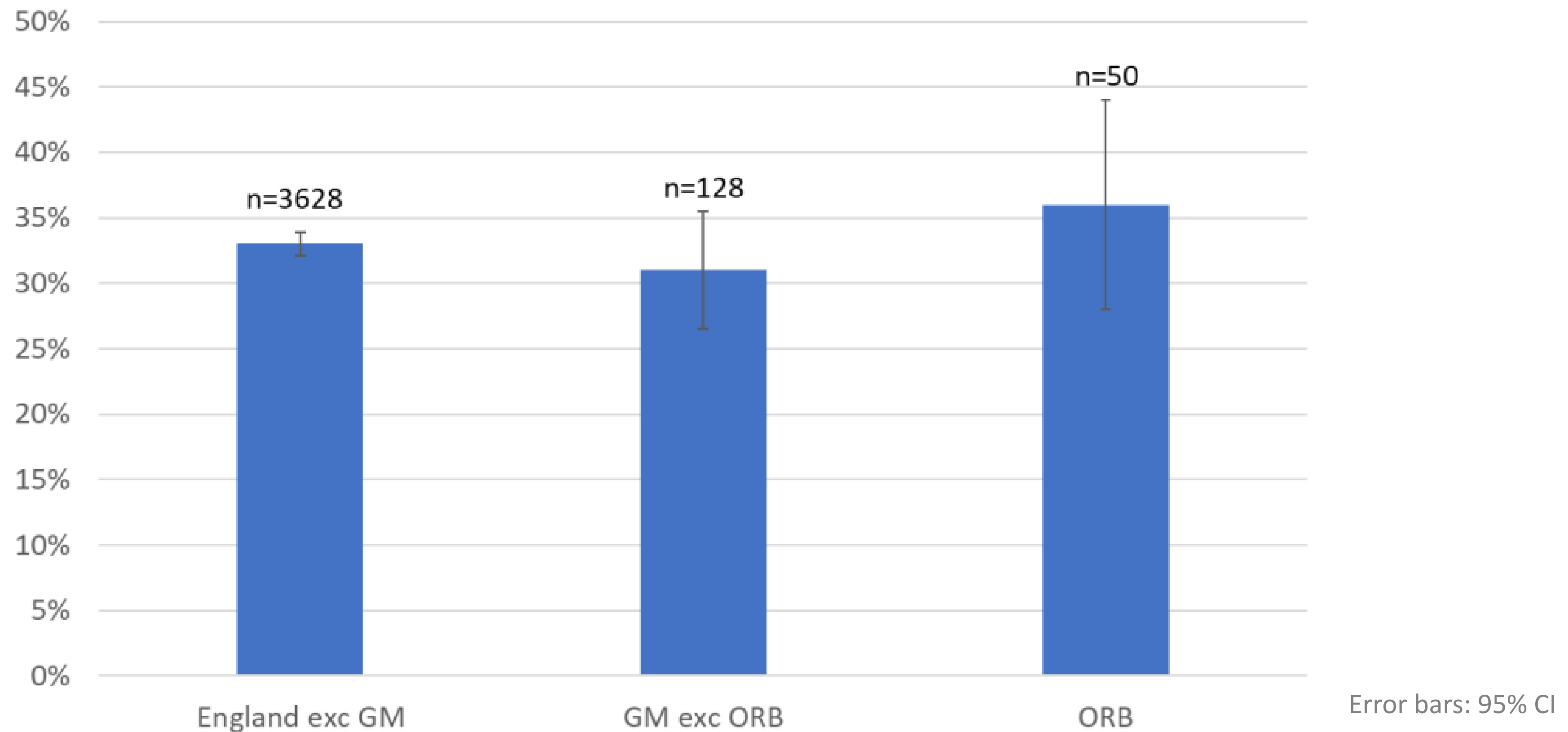
% cases categorised as perinatal / neonatal event closed by CDOP April 2019 – March 2023 cumulative



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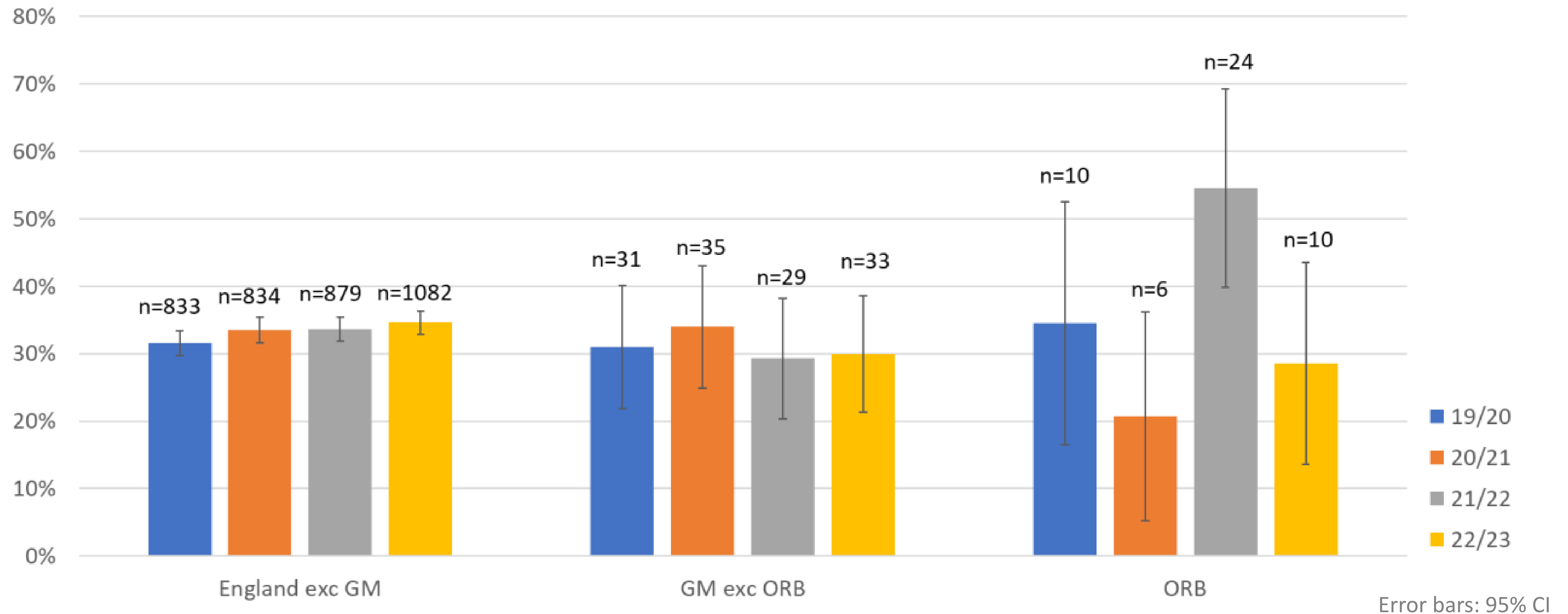
% cases categorised as perinatal / neonatal closed by CDOP per annum April 2019 – March 2023



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Modifiable factors

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Analysis of modifiable factors

- What are the actual causes of death, and which are most common?
- What is the distribution of these deaths by place, deprivation, ethnicity, sex etc.?
- What are the most common modifiable factors identified associated with this category of deaths?

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Modifiable factors

Level of relevance
0: Information not available / not applicable
1: No factors identified, or factors identified but are unlikely to have contributed to the death
2: Factors identified that may have contributed to vulnerability, ill health or death

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Domain A:
Factors intrinsic to the child

- **Child health history / medical conditions**
  - Low birth weight / prematurity

- **Risk factors in mothers during pregnancy / delivery**

Multiple pregnancy	Assisted conception	High Maternal BMI	Low maternal BMI
Smoking in pregnancy	Substance misuse in pregnancy	Alcohol misuse	Perinatal mental health condition
Maternal diabetes	Late booking	Concealed pregnancy	Maternal infection
Gestational diabetes	Maternal age	Other obstetric complications	Delivery complications

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Domain B:
Factors in social environment including family & parenting capacity

- Challenges for parents with access to services
- Cultural factors
- Domestic or child abuse / neglect
- Household functioning, parenting / supervision
- Parent / carer's health
- Poverty & deprivation
- School / peer groups
- Smoking / alcohol / substance misuse by parent / carer
- Social care
- Other

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Domain C:
Factors in the physical environment

- **Home / safety conditions**
  - Overcrowded, dirty, mouldy, poor repair, unsafe appliances, attack by animals, homelessness
- **Public safety**
  - Availability of safety equipment, accessible water / railway tracks, absent / non-visible warning signs
- **Sleep environment**
  - Unsafe sleeping arrangements, co-sleeping
- **Vehicle collision**
  - Speeding / recklessness, not using appropriate safety equipment (car seat), unsafe road conditions
- **Other**

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Domain D:
Factors in service provision

- Access to appropriate services
- Communication with family / between agencies
- Following guidelines / pathway / policy
- Initiation of treatment / identification of illness
- Staffing / bed capacity / equipment
- Other

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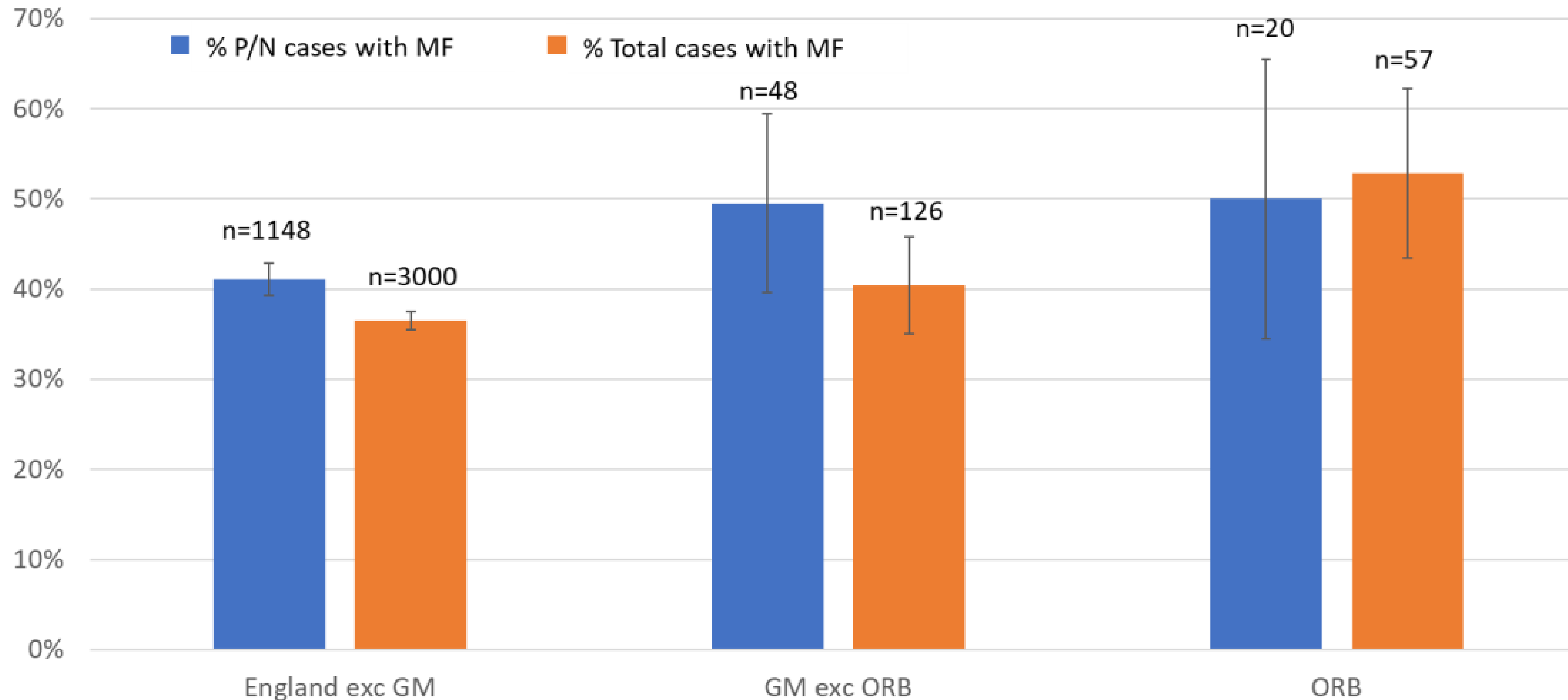
% cases closed by CDOP with identified modifiable factors April 2020 – March 2023, all cases and perinatal / neonatal cases



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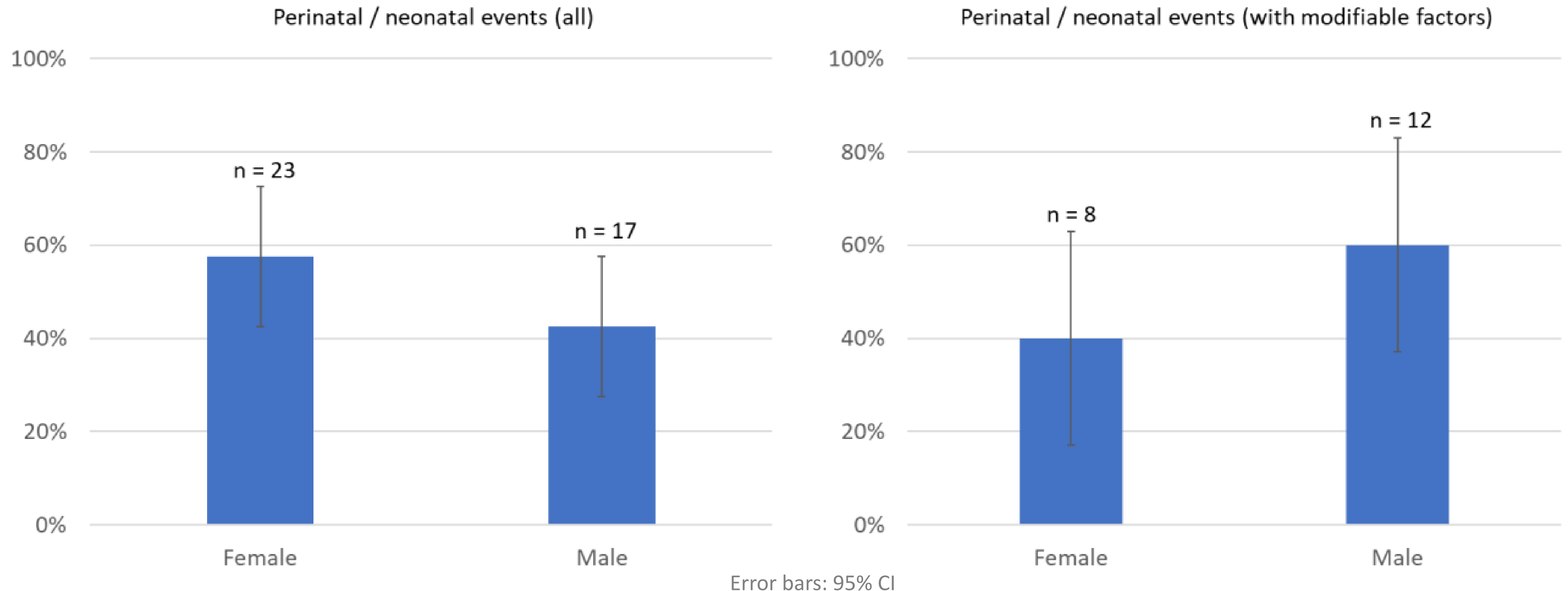
% cases categorised as perinatal / neonatal closed by ORB CDOP April 2020 – March 2023, by sex & modifiable factors



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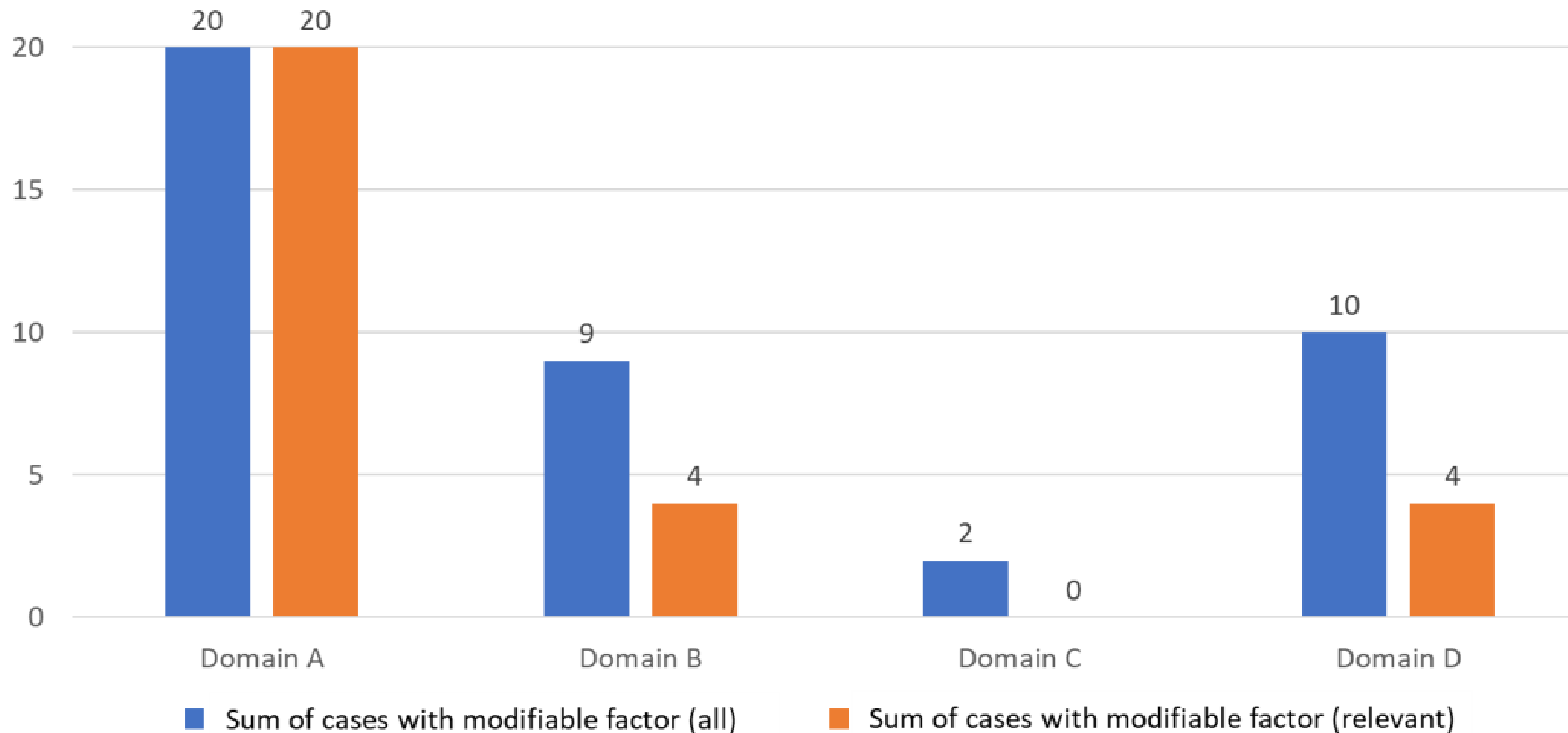
Number of cases categorised as perinatal / neonatal closed by ORB CDOP April 2020 – March 2023, with identifiable modifiable factors by Domain



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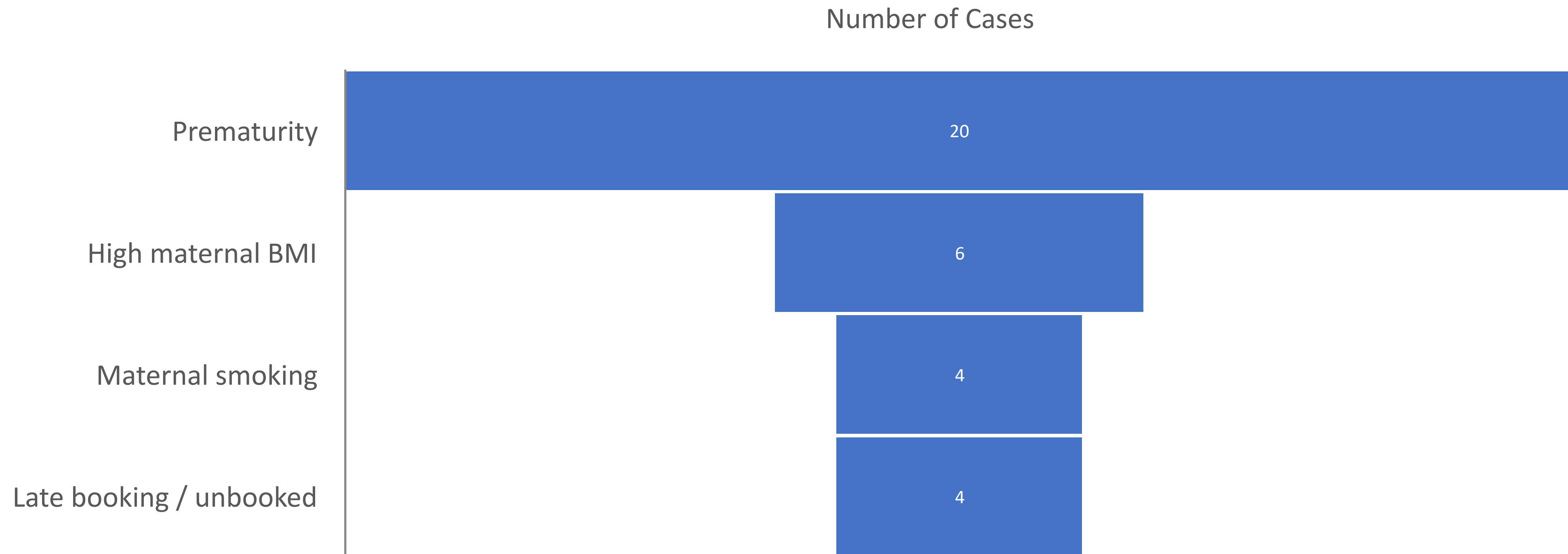
Domain A:
Factors intrinsic to the child



Number of cases categorised as a perinatal / neonatal closed by ORB CDOP between April 2020 and March 2023 most common modifiable factors identified within Domain A

Modifiable factors attributed to <3 cases excluded
Factors directly attributable to prematurity, such as lung immaturity, also excluded

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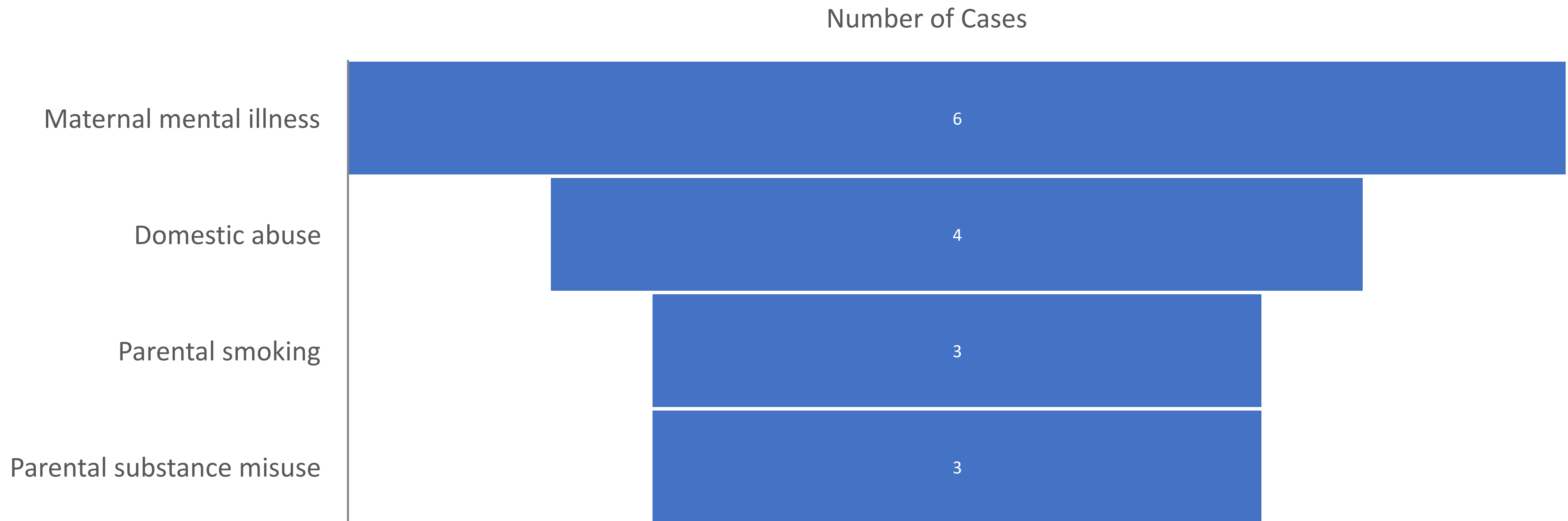
Domain B:
Factors in social environment including family & parenting capacity



Number of cases categorised as a perinatal / neonatal closed by ORB CDOP between April 2020 and March 2023 most common modifiable factors identified within Domain B

Modifiable factors attributed to <3 cases excluded

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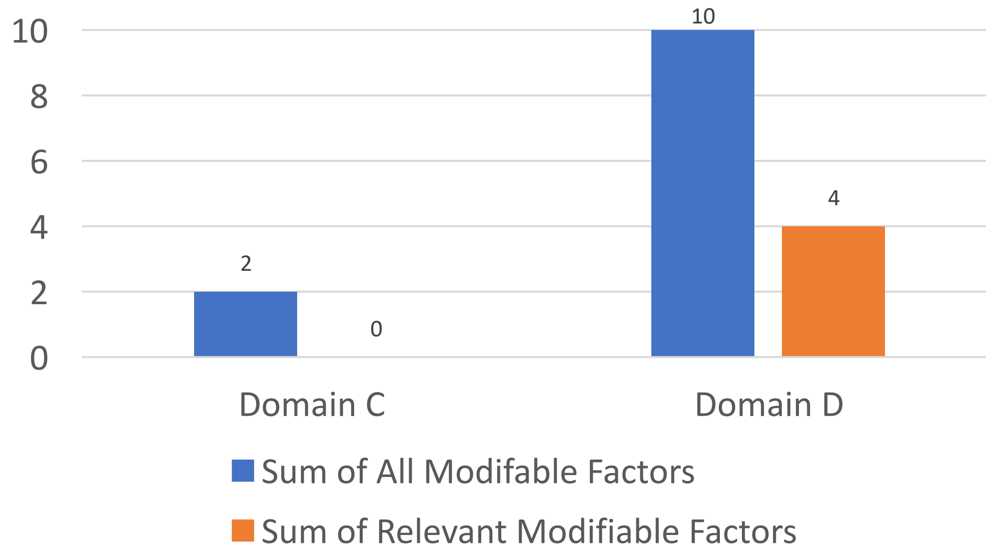
Domain C:
Factors in the physical environment

- Home / safety conditions
  - Overcrowding



Number of cases categorised as perinatal / neonatal closed by ORB CDOP April 2020 – March 2023, with modifiable factors identified in Domains C & D

Domain D:
Factors in service provision

- Access to appropriate services
- Following guidelines / pathway / policy
- Communication with family / between agencies
- Initiation of treatment / identification of illness

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Reflections

- Limitations due to data quality & small sample sizes
- Unable to draw generalisable conclusions
- Unlikely significant difference between ORB & GM
- More longitudinal studies required
- Clarity required for the recording modifiable factors

Many thanks to

- Public Health Consultant Steven Senior, CDOP administrator Denise Dawson & CDOP panel members for ORB

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Questions?

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Bury Council

Annual report of the Bury, Oldham, and Rochdale Child Death Overview Panel

2023-2024 and 2024-2025

Dr Steven Senior

Consultant in Public Health

Chair of the Bury, Oldham, and Rochdale Child Death Overview Panel.

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Executive summary

- The Bury, Rochdale, and Oldham Child Death Overview Panel (CDOP) reviews all deaths of children normally resident in the three local authority areas.
- This report provides an analysis of deaths reported to CDOP and reviewed by CDOP in 2021/22, 2022/23, and 2023/24. It also includes key demographic data on the population of children in Bury, Rochdale, and Oldham, as well as data on important contributors to child mortality, such as rates of premature births, child poverty, and homelessness among families with children.
- Birth rates in Bury, Rochdale, and Oldham have fallen since 2016 but remain above average for England. The Office for National Statistics projects that the numbers of children living in the three local authority areas will be similar in 2030 to 2023.
- Numbers and rates of child deaths in Bury, Rochdale, and Oldham have fluctuated year-to-year but overall stayed constant. Child death rates have tended to be higher than average for England in Oldham and Rochdale while rates in Bury have been similar to the England average.
- Children living in areas of higher deprivation continue to be more likely to die, as are children from Asian ethnic background (potentially because they are more likely than White children to grow up in areas of deprivation). Rates of child poverty and homelessness have increased since 2020/21 in all three areas covered by this report.
- Along with the effects of poverty, CDOP continues to identify known, modifiable risk factors in its reviews of child deaths. 57% of deaths reviewed by CDOP between 2021/22 and 2023/24 had one or more risk factors identified. The most common category of modifiable factor were factors relating to the physical environment and factors relating to service provision (both present in 41% of deaths reviewed).
- Known modifiable risk factors identified in reviews of child deaths included:
    - Smoking, alcohol misuse, and substance misuse during pregnancy and in the households;
    - Unsafe sleeping arrangements, potentially linked to overcrowded housing or alcohol use by one or both parents; and
    - Parents who are blood relatives, linked to 25.9% of deaths categorised as due to ‘chromosomal, genetic, and congenital anomalies’.

Summary of recommendations

Based on the analysis of deaths reported to and reviewed by CDOP, as well as of the publicly available data presented above, this report recommends that:

- **Child poverty:** Health and Wellbeing Boards should note the worsening in measures of child poverty and to work with local partners to ensure that local antipoverty plans address increases in childhood poverty.

- **Smoking, alcohol, and substance misuse:** Health and Wellbeing Boards, with partners, should continue to work to reduce smoking, alcohol, and drug misuse in pregnancy by:
  - Ensuring smoking status and alcohol or substance misuse problems are identified early by ensuring that pregnant people are asked about smoking status, alcohol use, and substance use, that this information is recorded, and referrals to appropriate services are made; and
  - Continuing wider work to reduce the prevalence of smoking, alcohol misuse, and substance misuse across the population and ensuring provision of smoking cessation and drug and alcohol treatment services.

- **Safe sleeping arrangements:** Health and Wellbeing Boards, with partners, should continue to promote safe sleeping practices, noting the possible relationship between unsafe sleeping arrangements and overcrowded or otherwise inappropriate housing and with alcohol use by parents. Safeguarding partnerships should ensure for children who have additional vulnerabilities that are captured in child protection or child in need plan.

- **Consanguinity:** Health and Wellbeing Boards should work with partners and community organisations to raise awareness of the increased risk of death and illness faced by children born to parents who are close blood relatives and assure themselves that genetic counselling and testing services are being offered appropriately.

1. Introduction and background

The CDOP Annual Report is prepared to inform Child Death Review (CDR) Partners about local patterns and trends in child deaths, any lessons learned, actions taken, and the effectiveness of the broader child death review process. The report highlights relevant and modifiable factors contributing to the infant (under one year of age) and child (age 1-17 years) mortality rate in Bury, Rochdale, and Oldham. It also highlights.

The Bury, Rochdale, and Oldham CDOP is one of four CDOPs that make up the Greater Manchester (GM) CDOP Network:

- Manchester CDOP
- Bury, Rochdale & Oldham CDOP
- Bolton, Salford & Wigan CDOP
- Tameside, Trafford & Stockport CDOP

2. The Child Death Overview Process

The Bury, Rochdale, and Oldham Child Death Overview Panel (CDOP) reviews all deaths of children normally resident in the three local authority areas. This includes only live births and excludes stillbirths and legally terminated pregnancies. The panel may also review deaths of non-resident children who died in the local authority area. The panel operates under the Child Death Review Statutory and Operational Guidance.[1] The chart below, taken from this guidance summarises the child death review process, and where CDOP sits in this process:

[1] Department for Health and Social Care (2018) Child Death Review Statutory and Operational Guidance (England).

Figure 1: The child death review process

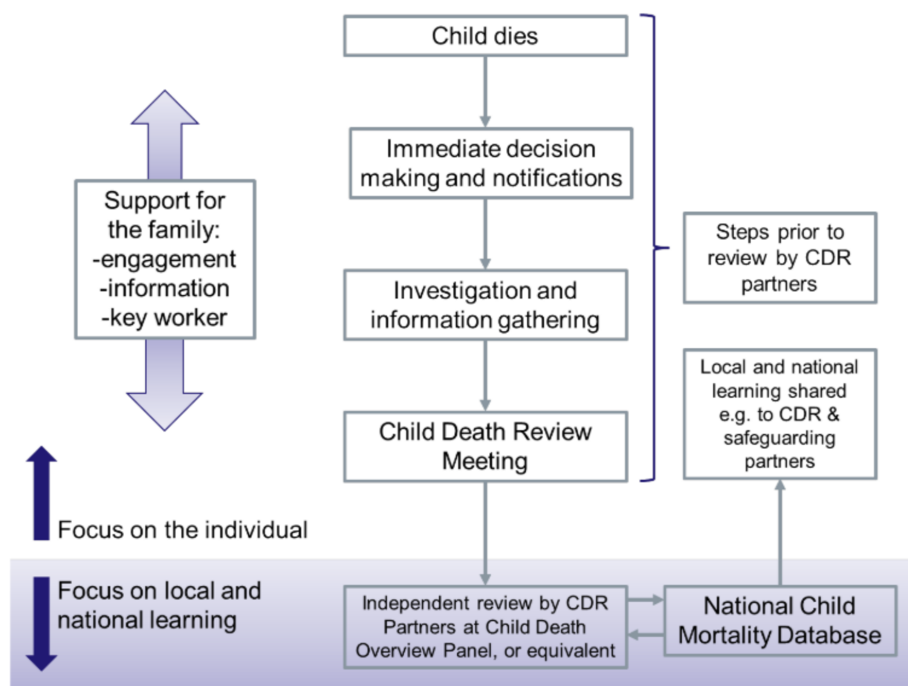


Figure 1 Chart illustrating the full process of a child death review. This includes both the statutory responsibilities of CDR partners to review the deaths of children at an independent multi-agency panel (described here, and throughout, as review at CDOP or equivalent), and the processes that precede or follow this independent review. Further explanation is below.

As illustrated in figure 1, the focus of CDOP is on local and national learning. This involves looking for patterns between deaths and common 'modifiable factors' - things that could be changed to prevent future deaths. The purpose of CDOP is not to assure the preceding steps in the child death review process or to check that actions identified in reviews of specific cases have been taken. CDOP is accountable to the Health and Wellbeing Boards of the three local authority areas. Reports are also shared with local safeguarding partnerships. A full list of CDOP responsibilities is presented in Appendix A.

3. Contents of this report

This report contains:

a. An overview of the demographics of children in Bury, Oldham, and Rochdale, including numbers of live births, fertility rates, and factors relating to child health such as rates of premature births, low birth weight, and poverty indicators.
b. A summary of publicly available child mortality statistics.
c. A description of numbers of deaths *notified* to CDOP between 1st April 2022 and 31st March 2023 and 1st April 2023 and 31st March 2024.
d. Analysis of deaths *reviewed* by the CDOP between 1st April 2022 and 31st March 2023 and 1st April 2023 and 31st March 2024.
e. A summary of recommendations of the previous CDOP report and any actions taken as a result.
f. Recommendations for Health and Wellbeing Boards in Bury, Rochdale, and Oldham.

It is important to note that due to the length of the child death review process, deaths reviewed each year may not have happened or been notified to the panel in that year.

This report contains analysis of two financial years' CDOP data, 2022-23 and 2023-24.

4. Data protection

Data about children who die and the circumstances of their death is shared anonymously with the CDOP members. The panel is a confidential environment and panel members are aware of their obligation to treat information shared in meetings in confidence. Panel members and observers are required to sign confidentiality agreement. Every care has been taken in this report to make sure that no child can be identified from the data presented. Due to the personal nature of the underlying data it cannot be shared more widely.

5. Demographics of children and Young People in Bury, Oldham, and Rochdale

5.1 Population statistics

Table 1 provides the overall number of children aged 0-17 in Bury, Oldham, and Rochdale in the 2021 census. Children make up a higher proportion of the overall population in Oldham (25.6% of the population) than in Rochdale (24.3%) or Bury (22.6%). However, this can vary within local authorities.

Table 1: Numbers of 0-17 year olds in Bury Oldham and Rochdale by sex (Census 2021)

Sex	Bury		Oldham		Rochdale	
	No.	%	No.	%	No.	%
Female	20,156	10.4%	29,196	12.1%	25,063	11.2%
Male	21,597	11.1%	29,789	12.3%	26,774	12.0%
Total	43,852	22.6%	61,953	25.6%	54,361	24.3%

Table 2 shows a breakdown of the ethnicities of children in each local authority area. Oldham has the highest proportion of children belonging to Black and ethnic minority backgrounds (47.87% of children), followed by Rochdale (38.82%) and Bury (16.93%). Across all three areas the largest ethnic minority category was 'Asian, Asian British, or Asian Welsh' although within this there was variation in what proportion identified as Pakistani, Bangladeshi, and other Asian backgrounds. Note: the total numbers of children in table 1 and 2 do not match. This is due to demographic data missing in the census data for a small number of children.

Table 2: Numbers of 0-17 year olds in Bury Oldham and Rochdale by ethnic category (Census 2021)

Ethnic category	Bury		Oldham		Rochdale	
	No.	**%**	**No.**	**%**	**No.**	**%**
Asian, Asian British or Asian Welsh	6,782	15.45%	21,700	35.02%	13,840	25.33%
Black, Black British, Black Welsh, Caribbean or African	1,164	2.65%	3,410	5.50%	3,164	5.79%
Does not apply	0	0.00%	0	0.00%	0	0.00%
Mixed or Multiple ethnic groups	2,688	6.12%	3,321	5.36%	2,914	5.33%
Other ethnic group	1,186	2.70%	1,235	1.99%	1,289	2.36%
White	32,067	73.07%	32,300	52.13%	33,424	61.18%
Grand Total	**43,887**	**100.00%**	**61,966**	**100.00%**	**54,631**	**100.00%**

Population projections from the Office for National Statistics (ONS) suggest that the 0–17-year-old population is expected to be broadly stable up to 2030, with forecast increases of between 1% and 3%. However, these projections are based on 2018 population estimates, and projections depend on accurately predicting birth rates, which may change.

Table 3: Population projections for 0-19 year olds (ONS, 2018-based)

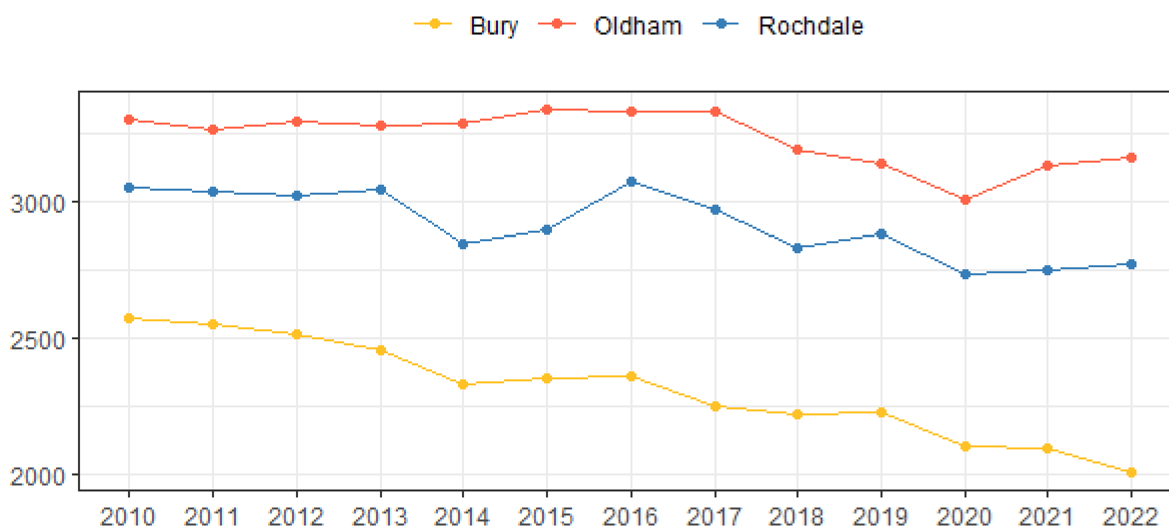
Area	Bury	Oldham	Rochdale
2023	35,490	48,641	43,977
2030	35,875	49,219	45,203
% Growth	1.1%	1.2%	2.8%

5.2 Births

Figure 2 shows the number of live births in Bury, Oldham, and Rochdale by year from 2010 to 2022. Numbers of births fell in all three areas over the 12-year period. The biggest fall was in Bury, where the number of live births fell from 2,571 to just over 2,008 (a 22% reduction in live births). The smallest fall was in Oldham, where the number of births fell from around 3,300 to 3,158 (around a 4% decrease).

Figure 2: Live births

Live births 2010 to 2022

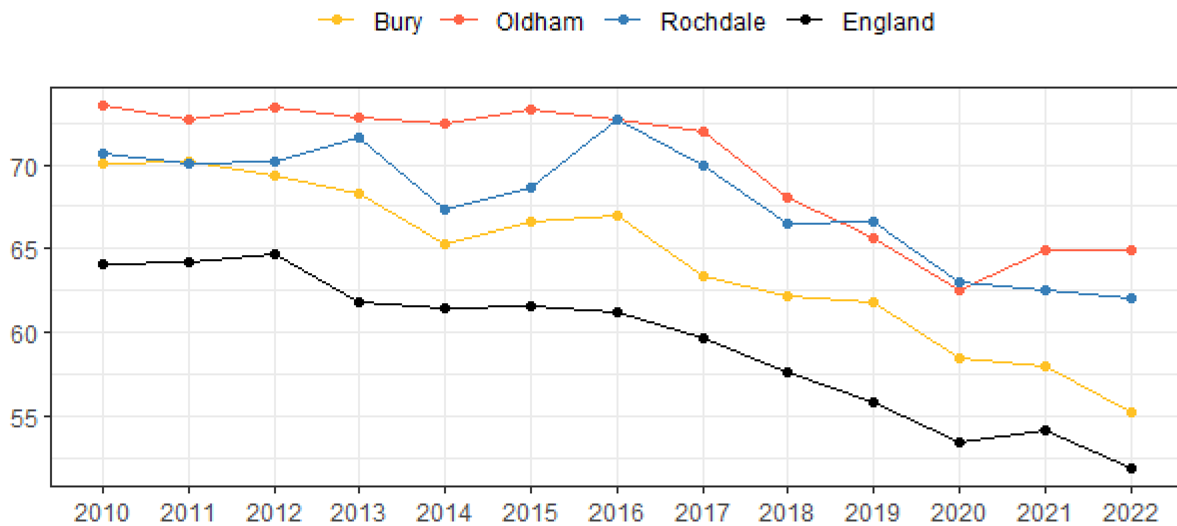


Source: Fingertips (Office for Health Improvement and Disparities).

The general fertility rate gives a measure of the number of births relative to the number of females aged 15 to 44 (as very few births are to females aged under 15 or over 45). Figure 3 shows the general fertility rate for Bury, Rochdale, Oldham, and England for the same 12-year period. The national fertility rate fell from around 64 per 1,000 women per year in 2010 to 52 in 2022 (a 19% decrease). General fertility rates were higher in Bury, Rochdale, and Oldham than England over the whole period. However, fertility rates fell more sharply in Bury, reducing the gap in general fertility rates from 6 births per 1,000 females aged 15-44 to 3.4 births per 1,000 females aged 15-44. General fertility rates only fell by 12% in Rochdale and Oldham, with Oldham's general fertility rate increasing slightly from 2020.

Figure 3: General fertility rate

Birth rate per 1,000 females aged 15 to 44 years 2010 to 2022



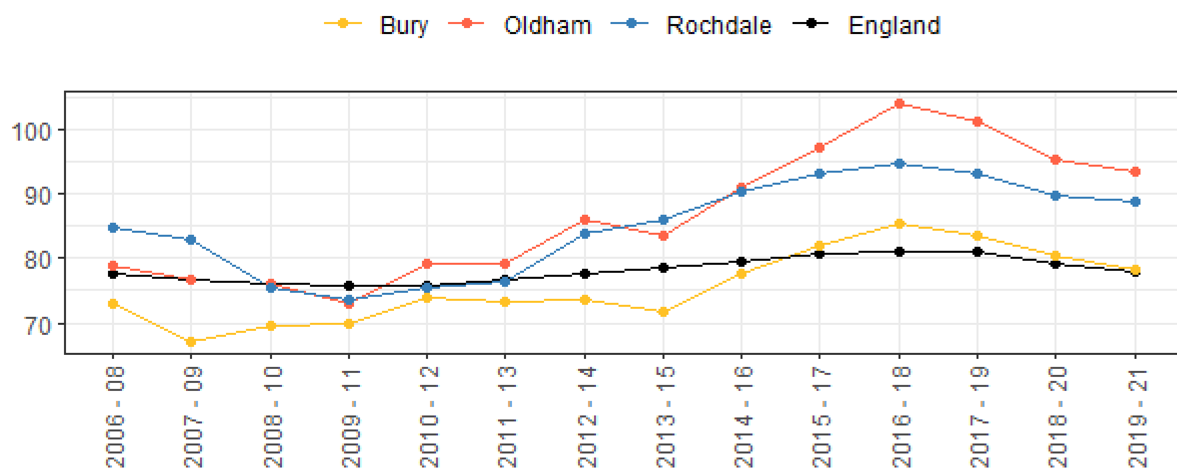
Source: Fingertips (Office for Health Improvement and Disparities).

Babies born prematurely (before 37 weeks of gestation) often experience a range of poor health and other outcomes including higher risk of death. As well as being a cause of poor health in children, premature births are associated with poor maternal health, particularly smoking in pregnancy.

Rates of premature births are higher in Oldham and Rochdale than Bury and England. And while premature birth rates have remained roughly the same in Bury and England, rates of premature birth have increase in Oldham and Rochdale, starting from the 2010-12 period.

Figure 4: Babies born prematurely (before 37 weeks gestation)

Crude rate per 1,000 births 2018/19 to 2022/23



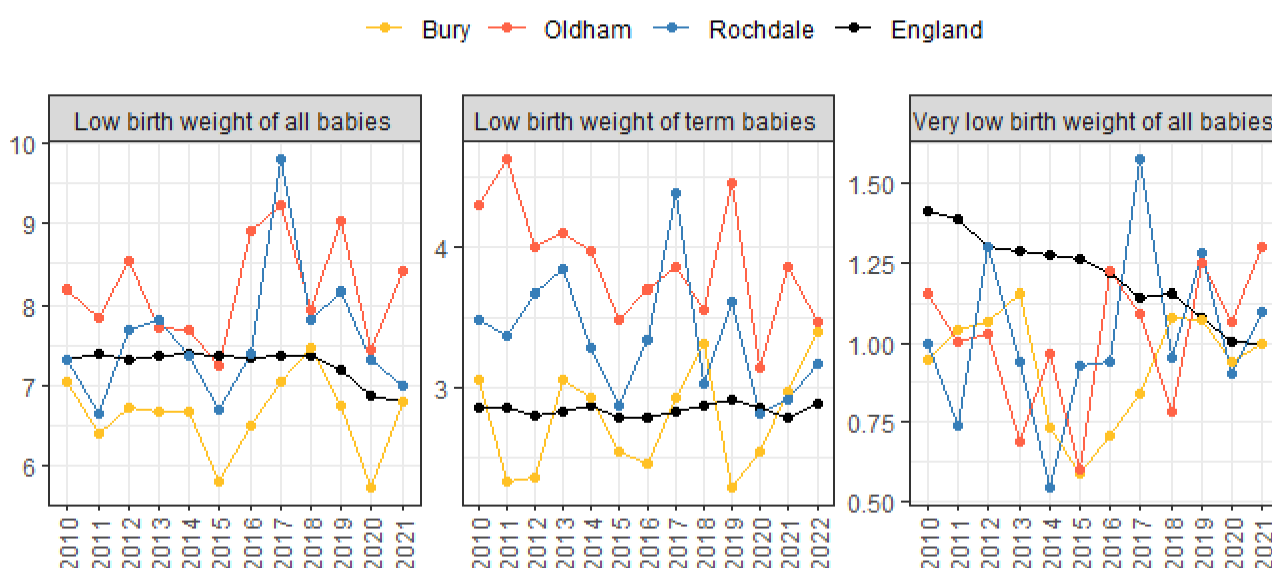
Source: Fingertips (Office for Health Improvement and Disparities). Crude rate of premature live births (gestational age between 24-36 weeks) and all stillbirths per 1,000 live births and stillbirths.

Children born at low birth weights (less than 2.5 kg) are also at higher risk of dying and poor health. Premature birth is one cause of low birth weights so separate indicators are available for babies born after 37 weeks of gestation as well as for all babies. Figure 5 shows babies born at less than 2.5kg as a percentage of all live births (left panel) and of all births of babies born after at least 37 weeks gestation (middle panel). The right panel shows the percentage of all babies born at very low birth weight (less than 1.5kg).

The numbers involved for Bury, Rochdale, and Oldham are small in each year and the data are noisy as a result. Rochdale and Oldham have tended to have a higher proportion of babies born at low birth weights, whereas Bury has tended to be similar to the national average. While England saw a decrease in the proportion of babies born at very low birth weight, no such trend exists for Bury, Rochdale, or Oldham.

Figure 5: Low birth weight babies

Percent of all births, 2014/15 to 2022/23



Source: Fingertips (Office for Health Improvement and Disparities). Babies are considered low birth weight if they weigh less than 2,500g at birth and very low birth weight if they weigh less than 1,500g. Babies are considered born at term if they are born after 37 weeks of gestation.

5.3 Poverty and children in care

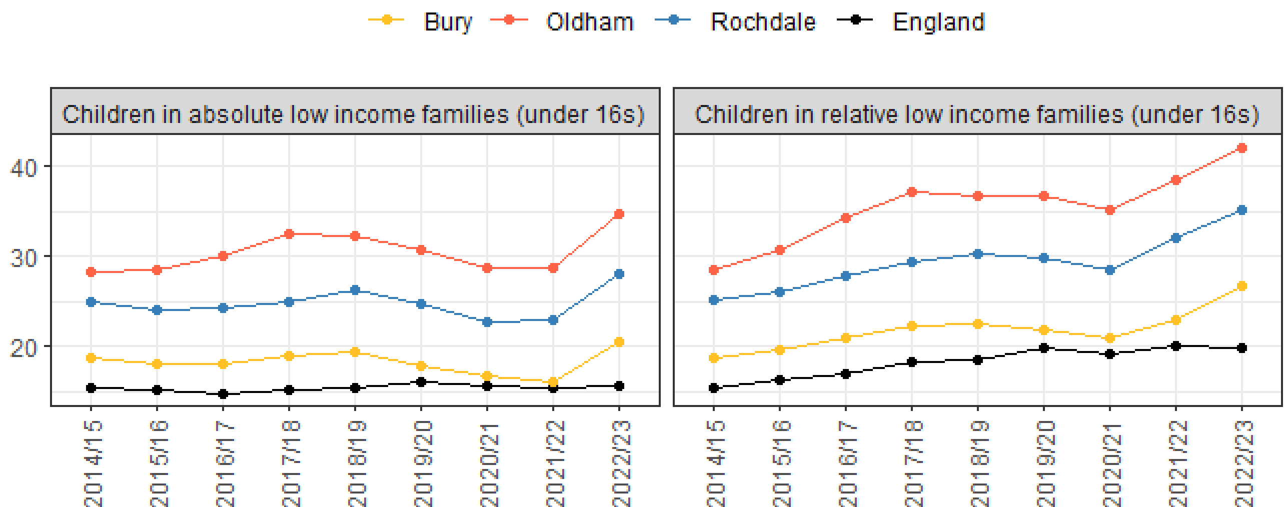
Poverty is a major cause of child deaths and poor health. Families living in poverty often lack access to the basic building blocks of health, such as good quality housing, good diets, safe outdoor environments in which to plan and be physically active. Poverty also causes stress and mental illness, increasing the risk of childhood neglect or abuse or domestic violence. Families on low incomes are also more likely to be exposed to environmental hazards such as air pollution. And access to healthcare also tends to be worse for people living in poverty.

Figure 6 shows the proportion of children living in low-income families. Low income can be defined in absolute or relative terms. A household is in relative low income if household receives less than 60% of the median household income. A household in absolute low income is one which receives less than 60% of the median household income in 2010/11, updated to match inflation. This is designed to assess how low-income households are faring with reference to inflation. Figure 7 shows the number of households with children who are registered homeless per 1,000 households with children. Both child poverty and homelessness indicators have worsened markedly since 2020/21. Figure 8 shows the

numbers of children in care per 10,000 children. All three local authorities covered in this report have a greater proportion of children in care than the national average, particularly Rochdale. Bury and Oldham saw increases between 2018/19 and 2021/22 which reflect a national trend.

Figure 6: Proportion of children in low income families

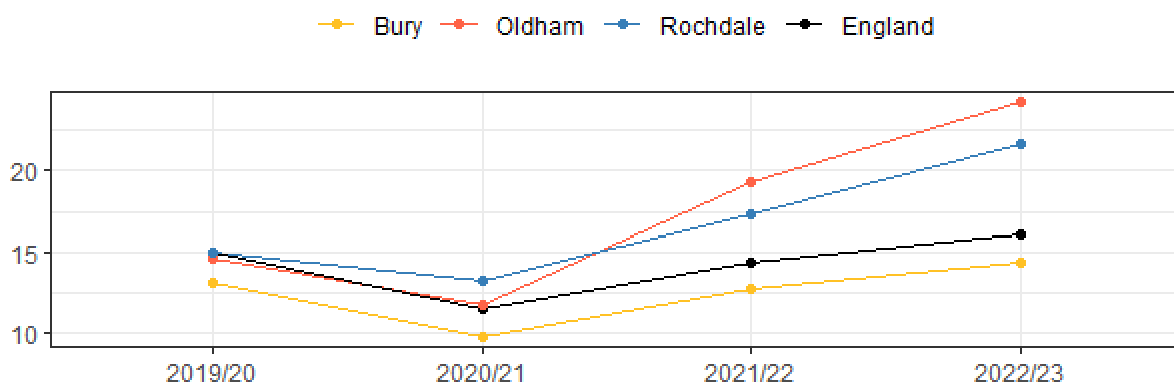
Percent, 2014/15 to 2022/23



Source: Fingertips (Office for Health Improvement and Disparities). Percentage of children (under 16 years) in a local area. Absolute low income is defined as a family in low income Before Housing Costs (BHC) in the reference year in comparison with incomes in 2010 to 2011. A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income.

Figure 7: Homeless households with children

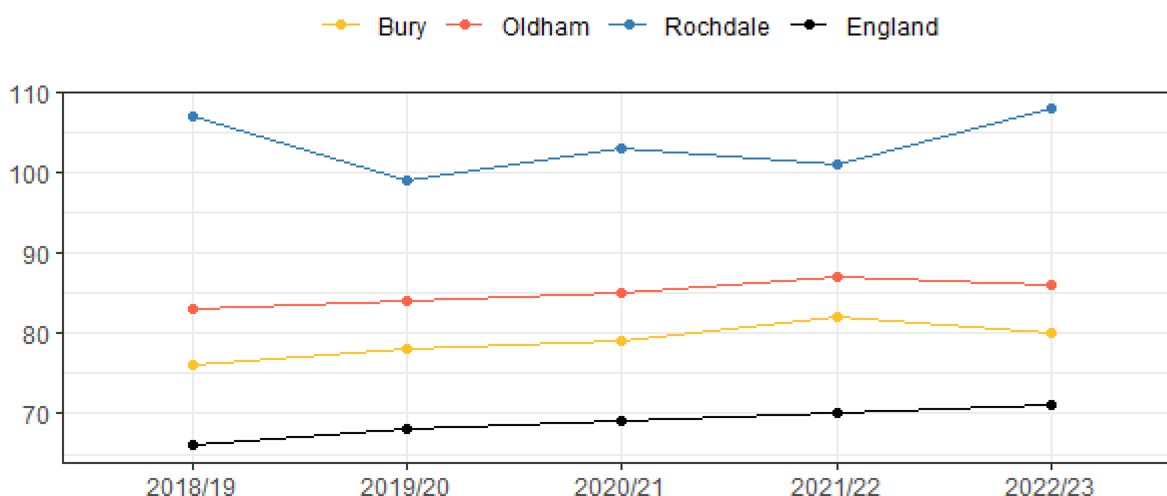
Rate per 1,000 households with children 2019/20 to 2022/23



Source: Fingertips (Office for Health Improvement and Disparities). Households including one or more dependent children owed a prevention or relief duty under the Homelessness Reduction Act, crude rate per 1,000 estimated households that include at least one dependent child. Children are dependent if they're under 18 and living at home. An 18 year old can also count as dependent if they're in full time education or can't support themselves for other reasons, and they live at home.

Figure 8: Children in care

Rate per 10,000 children 2018/19 to 2022/23



Source: Fingertips (Office for Health Improvement and Disparities). Children looked after at 31 March on the given year as a rate per 10,000 population aged under 18 years.

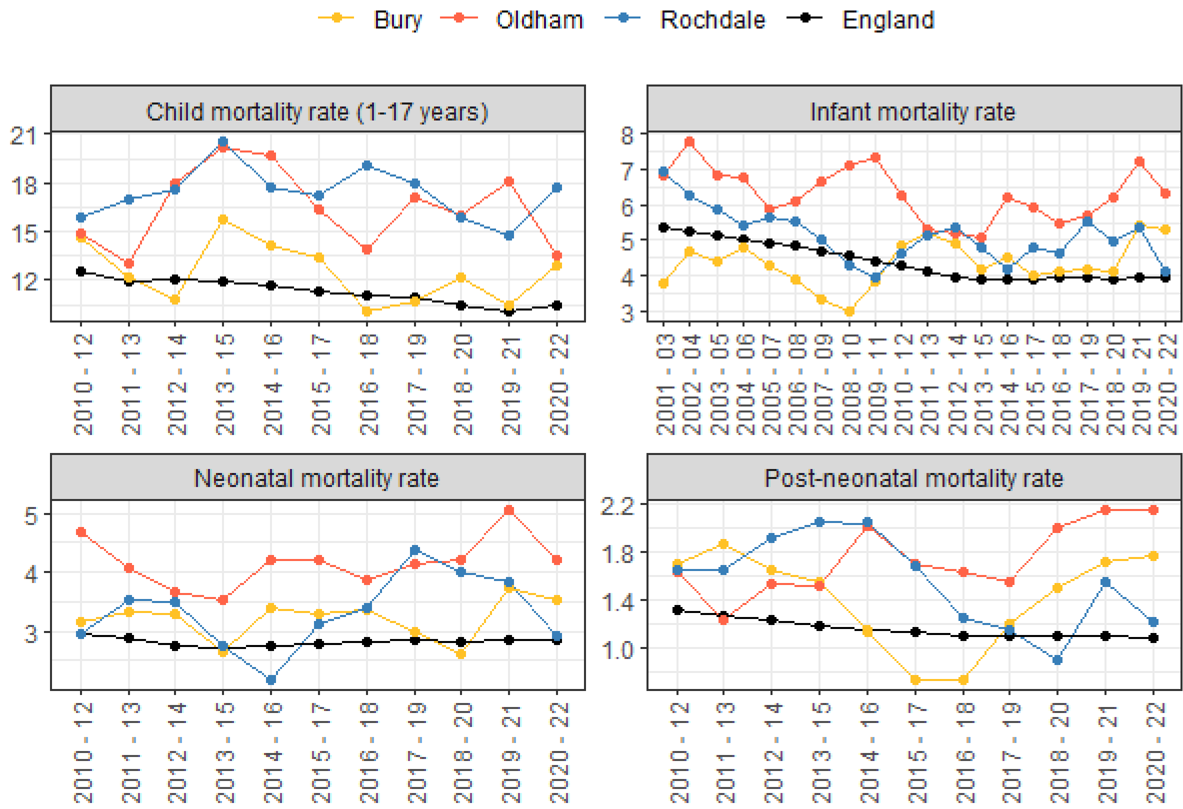
6. Mortality statistics

Figure 9 shows mortality rates for children aged 1 to 17 years, the infant mortality rate which reflects deaths in those aged 0 to 1 year old, the neonatal mortality rate which covers deaths in babies aged 0 to 28 days old and the post-neonatal mortality rate which covers deaths of babies aged 29 days to 1 year old. Due to the small numbers of deaths covered, trends are harder to discern. Oldham and Rochdale's child mortality rates have been higher than the national average in every period whereas child mortality in Bury has been closer to the national average throughout. Infant mortality rates in Oldham have been consistently higher than the national average, and both neonatal and post-neonatal mortality has contributed to this. Infant mortality in Rochdale appears to fall between 2001-03 and 2009-11 before levelling off or possibly increasing. Infant mortality in Bury was below or similar to the England average between 2001-03 and 2009-11 after which it has roughly followed the national trend, though with possible signs of an increase in 2019-21 and 2020-22.

Figure 10 shows the rate of deaths and serious injuries among children aged 0 to 15 years in road traffic accidents. These appear to have decreased slightly up to 2012-14 after which they have remained stable across all three areas.

Figure 9: Child, infant, neonatal, and post-neonatal mortality rates

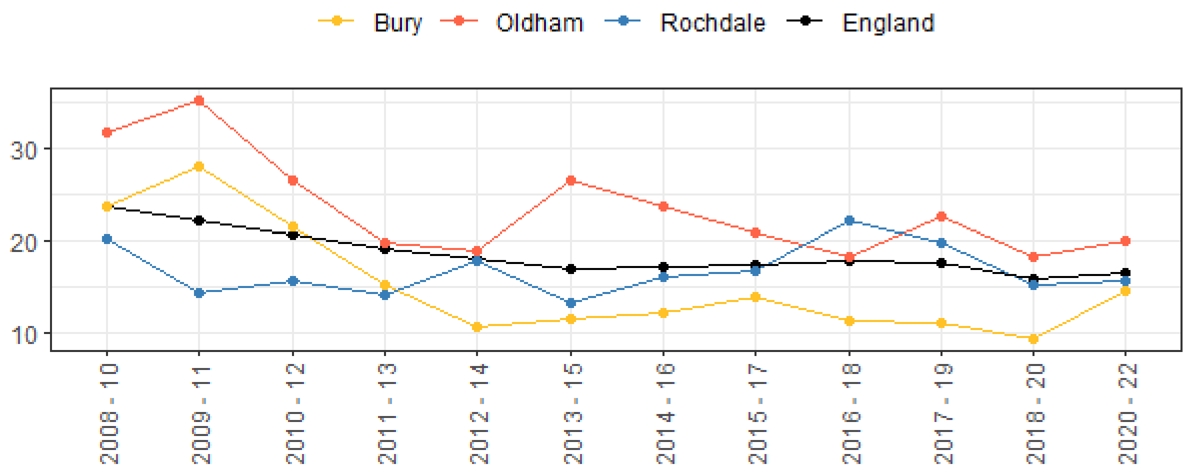
Rate per 1,000



Source: Fingertips (Office for Health Improvement and Disparities). Child mortality rate: number of deaths in children aged 1 to 17 years per 1,000 population aged 1-17. Infant mortality rate: number of deaths in babies aged under 1 year per 1,000 live births in the same year. Neonatal mortality rate: the number of deaths in the first 28 days of life per 1,000 live births. Post-neonatal mortality rate: the number of deaths in babies aged 29 days to 1 year per 1,000 live births.

Figure 10: Children aged 0-15 killed or seriously injured in road traffic accidents

Rate per 100,000 children 2008-10 to 2020-22



Source: Fingertips (Office for Health Improvement and Disparities). The number of children aged 0-15 years that were killed or seriously injured in road traffic collisions per 100,000 population aged 0-15 years. Rolling three year averages.

7. Notified deaths

7.1 Notified by local authority area of residence and year of death

Table 4 shows the numbers of deaths reported to the Bury, Rochdale, and Oldham CDOP by local authority of residence and financial year in which the child died. As the number of deaths is related to the size of the population, the table also provides the population aged 0-17[2], the child mortality rate per 100,000 children, and 95% confidence intervals for the rate. Death numbers and rates are shown graphically in figures 11 and 12.

Table 4: deaths and death rates reported to CDOP by local authority and year

Financial year	Local authority	deaths	population	rate per 100k	95% confidence interval	
2021/2022	Bury	18	43,767	41.1	24.4	64.9
2022/2023	Bury	15	43,906	34.2	19.1	56.3
2023/2024	Bury	12	44,046	27.2	14.1	47.5
2021/2022	Oldham	30	61,744	48.6	32.8	69.3
2022/2023	Oldham	35	62,439	56.1	39	77.9
2023/2024	Oldham	23	63,143	36.4	23.1	54.6
2021/2022	Rochdale	16	54,671	29.3	16.7	47.5
2022/2023	Rochdale	16	55,674	28.7	16.4	46.6
2023/2024	Rochdale	15	56,696	26.5	14.8	43.6

Due to the small numbers of deaths, differences between local authority areas and between different years are not statistically significant and could be due to chance variation. That important caveat aside, numbers and rates of deaths were consistently higher in Oldham across all three years in this report. Numbers of deaths decreased slightly in Bury between 2021/22 to 2023/24 and in Rochdale between 2022/23 and 2023/24.

[2] Population data were derived from the ONS mid-year population estimates tool. Population estimates were not available for 2023/24 so populations were estimated by extrapolating population growth from 2021/22 to 2022/23 in each area to the following year.

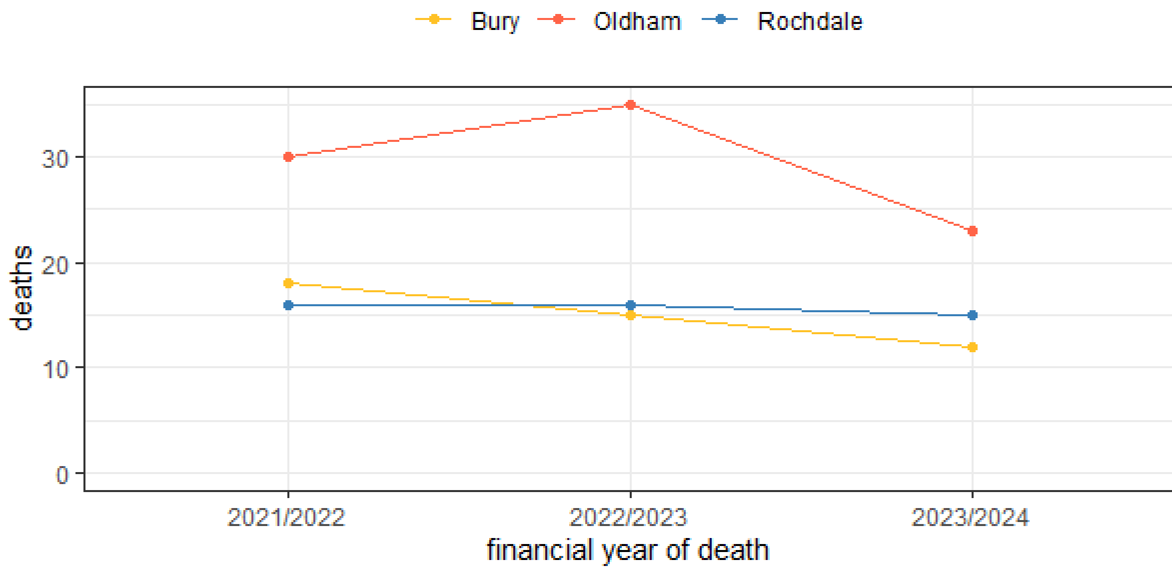


Figure 11: deaths reported by financial year of death
Bury, Oldham, and Rochdale. 2021/22 - 2023/24
Bury
Oldham
Rochdale
deaths
0
10
20
30
2021/2022
2022/2023
2023/2024
financial year of death

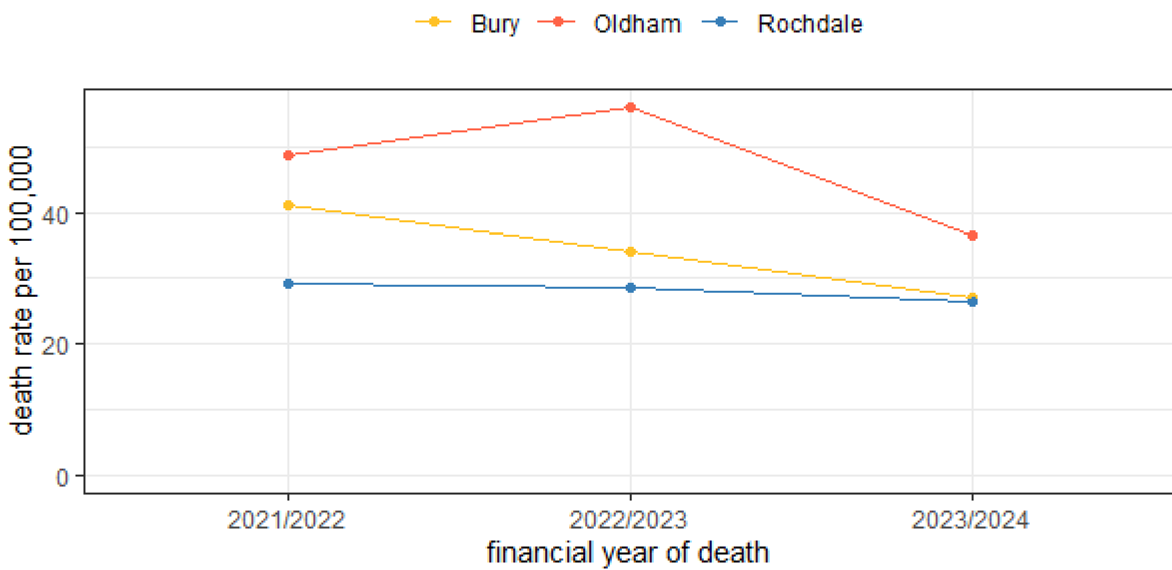


Figure 12: deaths rates per 100k by financial year of death
Bury, Oldham, and Rochdale. 2021/22 - 2023/24
Bury
Oldham
Rochdale
death rate per 100,000
0
20
40
2021/2022
2022/2023
2023/2024
financial year of death

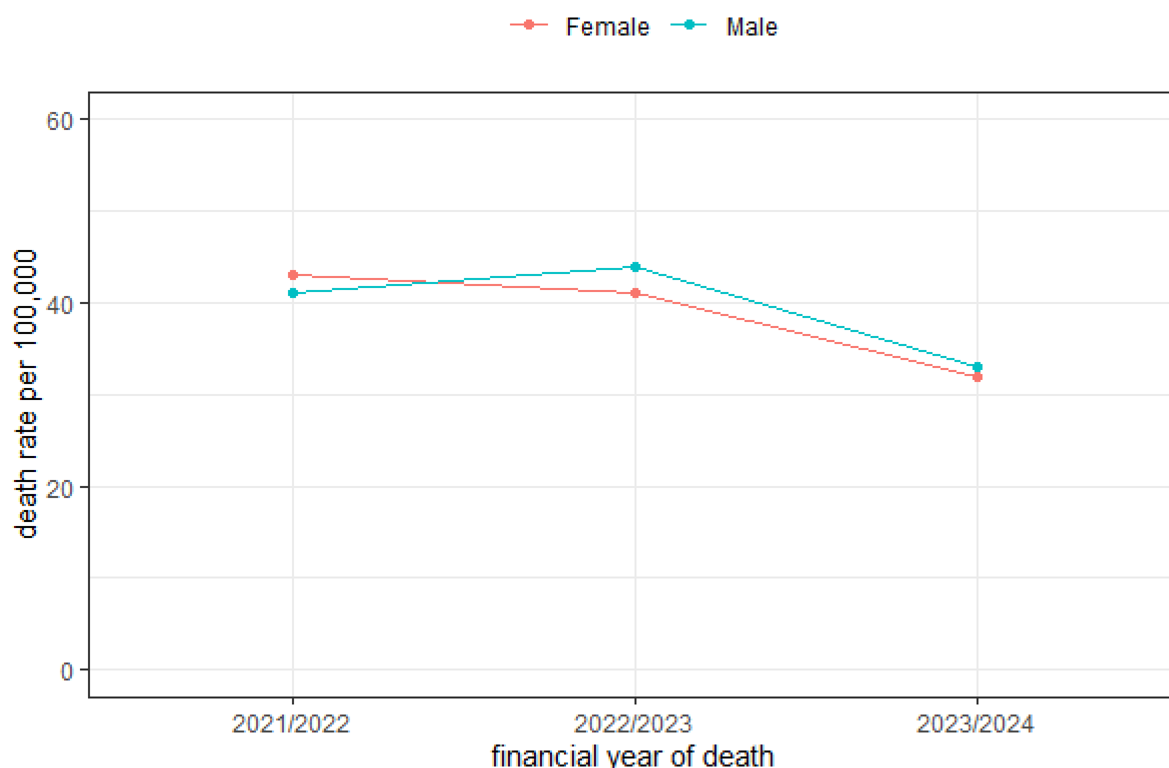
7.2 Notified deaths by gender and year of death

Table 5 shows deaths and death rates per 100,000 children by year and gender, combined across Bury, Rochdale, and Oldham. Numbers of deaths and death rates were similar between male and female children. A slight decrease in the number of deaths reported between 2022/23 and 2023/24 was seen in both male and female children, however this decrease may still be due to chance variation, rather than a meaningful reduction in child mortality rates. Figure 13 presents death rates by gender and financial year in which the child died.

Table 5: deaths reported to CDOP by gender and year

Bury, Rochdale, and Oldham 2021/22 – 2023/24

Financial year	Gender	Deaths	Population	Rate per 100k	95% confidence interval	
2021/2022	Female	32	78,082	41	28	57.8
2022/2023	Female	31	79,028	39.2	26.6	55.7
2023/2024	Female	24	79,990	30	19.2	44.6
2021/2022	Male	32	82,100	39	26.7	55
2022/2023	Male	35	82,991	42.2	29.4	58.6
2023/2024	Male	26	83,895	31	20.2	45.4



7.3 Notified deaths by age at death

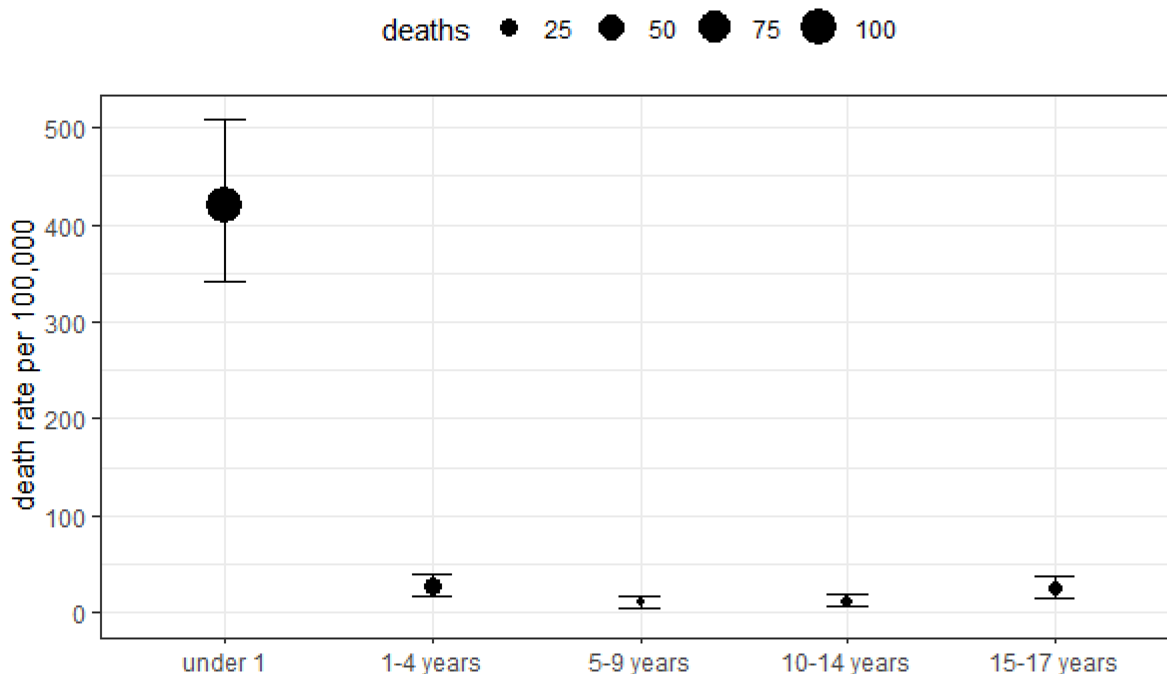
Table 6 shows numbers of deaths reported in Bury, Rochdale, and Oldham between 2021/22 and 2023/24. Because numbers of deaths are small, the data are presented for all three years and all three areas combined. These data are presented graphically in figure 14.

Numbers of rates of death were significantly higher in children aged under 1 year, consistent with national data that this is the time when the risk to a child's life is highest. A slight increase in death rates can be seen among 15-17 year olds, however the small numbers of deaths involved even after aggregating figures across years and local authority areas means it remains possible that this higher risk is a result of chance variation.

Table 6: Deaths reported by age group

Bury, Rochdale, and Oldham, 2021/22 to 2023/24

Age group	Deaths	Population	Rate per 100k	95% confidence interval	
under 1	103	24,564	419.3	342.3	508.5
1-4 years	27	10,1001	26.7	17.6	38.9
5-9 years	14	13,6383	10.3	5.6	17.2
10-14 years	16	14,2223	11.2	6.4	18.3
15-17 years	20	82,066	24.4	14.9	37.6



7.3 Notified deaths by ethnicity

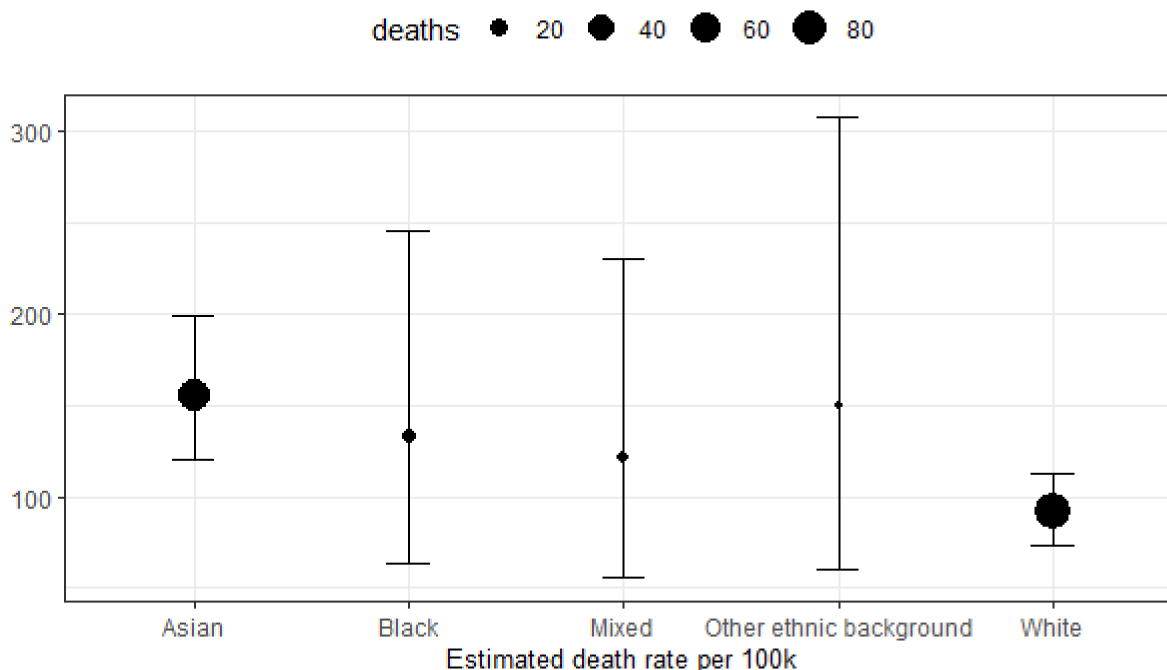
Table 7 shows death numbers and approximate rates[3] by ethnic category for Bury, Oldham, and Rochdale from 2021/22 to 2023/24. Death rates are presented graphically in figure 14.

Although there were more deaths among White British children, death rates were higher for most other ethnic groups. Small numbers mean that in most cases the apparent higher cases may be due to chance variation, except for children of Asian ethnic backgrounds where death rates appear to be significantly higher than for their White British counterparts. This was mainly driven by deaths of children of Pakistani ethnicity.

Table 7: Deaths and approximate rates by broad ethnic background

Bury, Rochdale, and Oldham, 2021/22 – 2023/24

Ethnic category	Deaths	Population	Rate per 100k	95% confidence interval	
White	89	97,087	91.7	73.6	112.8
Asian	65	41,672	156	120.4	198.8
Black	10	7,484	133.6	64	245.1
Mixed	9	7,398	121.7	55.5	230.2
Other ethnic background	7	4,672	149.8	60	307.2



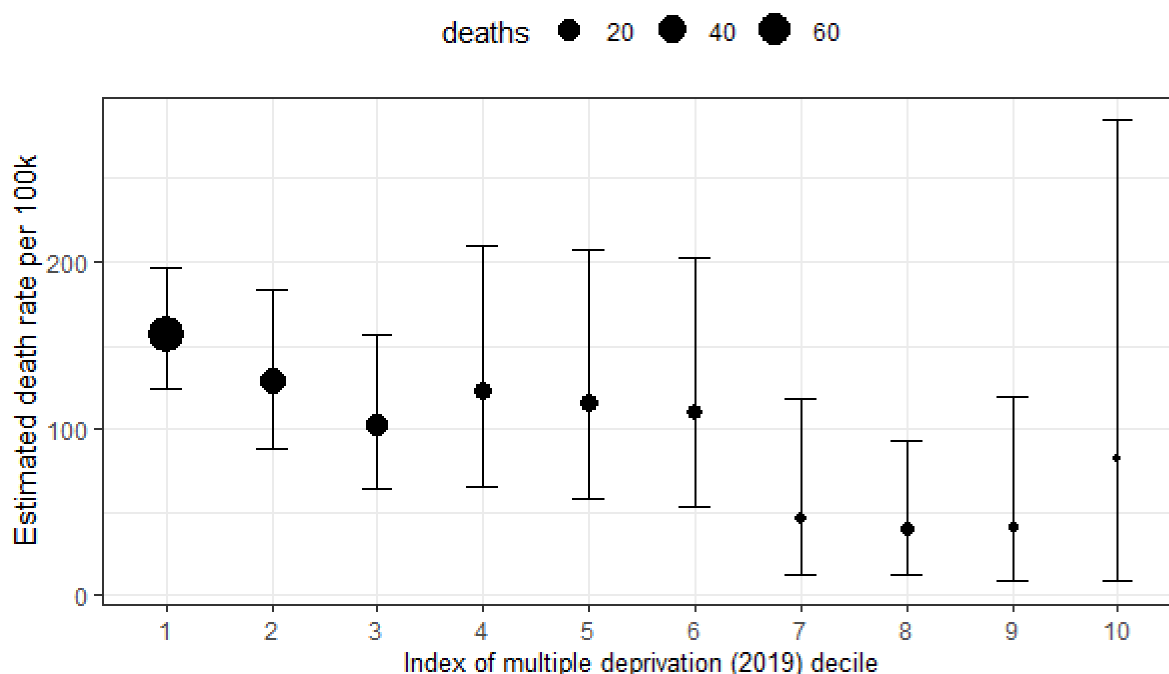
[3] Mid-year population estimates are not available by ethnicity and age. The nearest data that are available are from the 2021 census which gives an age and ethnicity breakdown of the census population. The rates have been calculated by dividing the number of deaths in each ethnic category over the three years 2021/22 to 2023/24 by three times the combined 0-17 populations for Bury, Rochdale, and Oldham.

7.4 Notified deaths by deprivation

The Index of Multiple Deprivation gives a measure of the deprivation experienced by populations living in small areas (lower super output areas, with populations of around 1,500). Table 8 shows the number of notified deaths by decile of deprivation. More children died in areas of higher deprivation than in less deprived areas. However, the combined population of Bury, Rochdale, and Oldham is more deprived than England as a whole. This is reflected in greater numbers of children living in deciles 1, 2, and 3. Nevertheless, death rates were higher in the more deprived areas than in less deprived areas, with a decreasing trend in death rates from most to least deprived. This reflects the effects of poverty and higher rates of low birth weight, homelessness, and other risks described in section 5 above in these areas. These data are presented graphically in figure 14.

Table 8: Deaths and death rates by decile of deprivation, Bury, Rochdale, and Oldham, 2021/22-2023/24

IMD (2019) decile	Population aged 0-17	Deaths	Rate per 100k	95% Confidence interval	
1 (most deprived)	49,084	77	156.9	123.8	196.1
2	24,689	32	129.6	88.6	182.9
3	20,425	21	102.8	63.6	157.1
4	10,606	13	122.6	65.2	209.3
5	9,488	11	115.9	57.8	207
6	9,066	10	110.3	52.8	202.3
7	8,558	4	46.7	12.6	118.1
8	12,474	5	40.1	12.9	92.7
9	7,202	3	41.7	8.4	119.1
10 (least deprived)	2,431	2	82.3	9.2	284.9



8. Analysis of deaths reviewed

8 .1 Numbers of deaths reviewed

This section describes the activity of the Bury, Rochdale, and Oldham CDOP for the financial years 2021/22, 2022/23, and 2023/24 in terms of numbers of child deaths reviewed. Because the deaths reviewed in these years happened between 2017/18 and 2021/22 and the population denominators changed over that time, it is not appropriate to express numbers of deaths as rates. For this reason, this section only counts of deaths reviewed are presented.

Table 9 gives the number of deaths reviewed by the local authority area in which the child was living at the time they died and the financial year in which the death was reviewed.

Table 9: Numbers of deaths reviewed by local authority and year reviewed

Year reviewed	Bury	Oldham	Rochdale	Total
2021/22	9	21	14	44
2022/23	8	19	8	35
2023/24	15	18	17	50
Total	**32**	**58**	**39**	**129**

Due to the variable length of the child death review process, many CDOP reviews do not happen in the year in which the child died. Table 10 shows the numbers of deaths reviewed by year the child died and the year the CDOP review was completed.

Table 10: Numbers of deaths reviewed by year reviewed and year of death

	Year of death					
Year reviewed	**2017/2018**	**2018/2019**	**2019/2020**	**2020/2021**	**2021/2022**	**Total**
2021/22	1	9	29	5	0	44
2022/23	1	9	14	11	0	35
2023/24	2	1	15	15	17	50
Total	**4**	**19**	**58**	**31**	**17**	**129**

Table 11 shows the number of child deaths notified to CDOP and the number of child deaths reviewed each year for 2021/22 to 2023/24.

Table 11: Numbers of deaths notified to CDOP and reviewed by CDOP by year

Year	Deaths notified	Deaths reviewed
2021/2022	64	44
2022/2023	66	35
2023/2024	50	50

The number of child deaths notified to CDOP each year exceeded the number of deaths reviewed 2021/22 and 2022/23. As a result, a backlog of unreviewed cases has built up. As of the 31st of March 2024, the backlog stood at 168 cases. This has been a result of both

limited CDOP officer capacity, limited panel time, impacts of COVID-19 on child death review processes in 2020 and 2021, and delays in receiving key information from partners.

In response CDOP panel meetings for Bury, Rochdale, and Oldham have been extended from half days to full days. This has increased the numbers of cases reviewed per panel to 15 in March 2024 and 17 in June 2024. This contributed to the increase in cases reviewed in 2023/24. If continued, this provides capacity to review 60-70 cases per year.

8.2 Demographics of deaths reviewed

Table 12 presents the numbers of child deaths reviewed by the Bury, Rochdale, and Oldham CDOP. Table 13 presents the numbers of child deaths reviewed by the Bury, Rochdale, and Oldham CDOP by ethnic category.

Table 12: Number of deaths reviewed by age and gender

Bury, Rochdale, and Oldham, 2021/22 – 2022/23

Age Group	Female deaths	Male deaths	Total
0-27 days	27	23	50
28-364 days	9	23	32
1-4 years	4	6	10
5-9 years	3	4	7
10-14 years	4	10	14
15-17 years	6	10	16
Total	**53**	**76**	**129**

Table 13: Number of deaths reviewed by ethnicity

Bury, Rochdale, and Oldham, 2021/22 - 2022/23

Ethnic category	Deaths reviewed
White	63
Asian	38
Ethnicity not known	12
Black	11
Mixed	3
Other ethnic background	2
Total	**129**

8.3 Deaths reviewed by category of death, pre-existing conditions, and learning disability

All CDOP panels use a standard set of categories of death to describe the broad cause of death based on the information available to them. A list of the standard categories of death is provided in Appendix B. The most common category of death was 'perinatal/neonatal event'. This includes deaths due to consequences of prematurity, adverse events during delivery, and congenital or early onset bacterial infections. Although this was the most common cause when deaths across the three areas were combined and for Oldham and Bury, the most common category of death for Rochdale was 'chromosomal, genetic, and congenital anomalies'. This was the second most common category of death for Oldham and Bury. It includes deaths due to extra copies of chromosomes, single gene disorders, cystic fibrosis, congenital heart anomalies, and neurodegenerative conditions.

Table 14: Numbers of death by category of death, Bury, Rochdale, and Oldham, 2021/22 - 2023/24

Category of death	Bury		Rochdale		Oldham		Total
	n	%	n	%	n	%	
Perinatal/neonatal event	11	34.4	9	23.1	23	39.7	43
Chromosomal, genetic and congenital anomalies	3	9.4	12	30.8	12	20.7	27
Trauma and other external factors, including medical/surgical complications/error	3	9.4	5	12.8	6	10.3	14
Sudden unexpected, unexplained death	4	12.5	3	7.7	5	8.6	12
Chronic medical condition	1	3.1	2	5.1	5	8.6	8
Malignancy	3	9.4	1	2.6	2	3.4	6
Acute medical or surgical condition	0	0	3	7.7	2	3.4	5
Infection	2	6.2	2	5.1	1	1.7	5
Suicide or deliberate self-inflicted harm	3	9.4	0	0	2	3.4	5
Deliberately inflicted injury, abuse or neglect	2	6.2	2	5.1	0	0	4
Total	**32**	**100**	**39**	**100**	**58**	**99.8**	**129**

As shown in table 15 of the 129 deaths reviewed over the three years from April 2021 to March 2024, 52 were of children with pre-existing medical conditions. This represents 40.3% of all deaths. This does not mean that the pre-existing medical condition was the cause of death, though this is likely to be the case for those deaths categorised as due to chronic medical conditions or chromosomal, genetic and congenital anomalies.

Table 15: Deaths reviewed where a pre-existing medical condition was present

Bury, Rochdale, and Oldham, 2021/22 - 2023/24

Pre-existing medical condition	Deaths	Percent
Yes	52	40.3%
No	29	22.5%
Not known	29	22.5%
Not Applicable	19	14.7%

Table 16 shows the numbers and percentage of deaths by whether the child had a diagnosed learning disability. In most cases (nearly 60%) this is category was not applicable, in most cases because the child was too young for a learning disability to be diagnosed: of the 77 child deaths where learning disability status was ‘not applicable’ 45 were neonates aged under 28 days, 28 were aged under 1 year, and 4 were aged 1-4 years old.

Table 16: Deaths reviewed by whether the child had a diagnosed learning disability

Bury, Rochdale, and Oldham, 2021/22 – 2023/24

Learning disability	Deaths	Percent
Yes	14	10.90%
No	19	14.70%
Not known	19	14.70%
Not applicable	77	59.70%

8.4 Deaths reviewed by presence of contributing factors

The main purpose of CDOP is to identify factors that contributed to the deaths of children reviewed with a focus on common modifiable factors that could be changed to prevent other children from dying in future.

Potentially modifiable factors contributing to deaths are grouped into four ‘domains’:

- **Domain A:** factors intrinsic to the child, such as low birth weight, genetic or chromosomal abnormalities, or poor maternal health.
- **Domain B:** factors in social environment including family and parenting capacity. This includes smoking, drug use, and domestic violence in the household as well as wider social risks, such as issues with peer groups or at school.
- **Domain C:** factors in the physical environment, such as inadequate or absent safety equipment or access to open water.
- **Domain D:** factors in service provision, such as when a service fails to follow its procedures and guidance, or when two or more services fail to communicate or work together appropriately.

However, the presence of these factors does not necessarily mean that factor could have been modified in that case. CDOP makes a judgement on whether each factor was modifiable or not. Table 17 presents numbers and percentages of deaths where modifiable factors were identified by CDOP.

Table 17: Deaths reviewed by modifiable factors contributing to deaths

Bury, Rochdale, and Oldham, 2021/22 – 2023/24

Factors present	Any factors	Domain A	Domain B	Domain C	Domain D
Present	73 (57%)	22 (17%)	41 (32%)	21 (16%)	41 (32%)
Absent	56 (43%)	107 (83%)	88 (68%)	108 (84%)	88 (68%)

Potentially modifiable factors contributing to deaths were identified in 73 (57%) of 129 deaths reviewed by the Bury, Rochdale, and Oldham CDOP between April 2021 and March 2024. Factors in domain B (relating to the social environment) and domain D (relating to service

provision) were most common, identified in 32% of deaths. Table 18 shows the proportion of deaths reviewed where potentially modifiable factors were identified broken down by age group. This shows some variation in which domains potentially modifiable factors identified fell into by age group, however the small numbers of deaths in each age group over the three years means that any variations need to be treated with caution. But the relative scarcity of factors relating to the physical and social environments in neonatal deaths is plausible as many of these children never leave hospital following birth.

Proportions of deaths with modifiable factors in each of the four domains did not vary by local authority, so these data are not presented.

Table 18: Deaths reviewed by age group and modifiable factors present

Bury, Rochdale, and Oldham, 2021/22 – 2023/24

Age Group	deaths	Domain A factors present		Domain B factors present		Domain C factors present		Domain D factors present	
		n	%	n	%	n	%	n	%
0-27 days	50	12	24	10	20	2	4	18	36
28-364 days	32	4	12.5	15	46.9	9	28.1	6	18.8
1-4 years	10	1	10	4	40	2	20	5	50
5-9 years	7	0	0	3	42.9	2	28.6	2	28.6
10-14 years	14	3	21.4	5	35.7	2	14.3	3	21.4
15-17 years	16	2	12.5	4	25	4	25	7	43.8

Specific modifiable factors: maternal over/under weight

Both high and low maternal bodyweight is associated with increased risk of child death. Mechanisms involved include higher risk of birth asphyxia in children of mothers with BMIs greater than 30 and at higher levels of obesity increased risk of congenital anomaly.[4]

Low maternal BMI was not identified in any deaths reviewed during this reporting period. High maternal BMI was identified as a factor in 11 deaths (8.5% of all deaths reviewed), 10 of which were neonatal deaths.

Specific modifiable factors: consanguinity

Genetic relatedness (consanguinity) between parents increases the risk of congenital abnormalities and early child death. This is in part due to the higher risk of severe autosomal recessive diseases (where two copies of the disease-causing gene are needed for the disease to occur)[5].

Table 19 shows deaths reviewed broken down by whether the parents of the child were known to be blood relatives. Of the 126 deaths reviewed by CDOP over the three years from 2021/22 to 2023/24, 17 (13.2%) were of children born to parents who were known to be blood relatives. Parental relatedness was not known for a further 25 deaths (19.4% of deaths reviewed). Deaths of children whose parents were related involved children who died at ages ranging from 0 days to 17 years and 10 months old. The most common categories of

[4] Thornton et al (2023) Non-linear associations of maternal pre-pregnancy body mass index with risk of stillbirth, infant, and neonatal mortality in over 28 million births in the USA: a retrospective cohort study; Johannsen et al (2014) Maternal overweight and obesity in early pregnancy and risk of infant mortality: a population based cohort study in Sweden.

[5] Olubunmi et al (2019) A review of the reproductive consequences of consanguinity.

death identified for these deaths were ‘chromosomal, genetic, and congenital anomalies’ and ‘perinatal or neonatal events’.

Table 19: Deaths reviewed where parents were known to be blood relatives

Bury, Rochdale, and Oldham, 2021/22 - 2023/24

Are parents blood relatives	n	%
No	86	66.7
Not known	25	19.4
Yes	17	13.2

Specific modifiable factors: smoking, alcohol, and substance misuse

Smoking, alcohol misuse, and substance misuse are risk factors for poor child and adult health. All three continue to be identified in reviews of child deaths across Bury, Rochdale, and Oldham. Table 19 provides numbers of deaths where parental smoking, alcohol misuse, or substance misuse were identified. Data on these factors is not always recorded, so the numbers below should be taken as a minimum and are probably an underestimate. Smoking by the children who died is not reliably recorded but data are available on children who had known drug or alcohol misuse issues.

Smoking during pregnancy was identified by CDOP in 7 deaths (5% of those reviewed by the panel) between 2021/22 and 2023/24. All these deaths involved children aged under 6 months old. Smoking in the household (not necessarily during pregnancy) was identified in 23 deaths. Maternal smoking was identified in 21 deaths, paternal smoking in 11 deaths, and both parents smoking in 12 deaths. Alcohol and substance misuse in parents were less common and were identified in 8 and 13 deaths.

Table 20: Deaths where smoking, alcohol, or substance misuse issues were identified

Bury Oldham and Rochdale, 2021/22 – 2023/24

Modifiable factor	n	%
Mother smoked during pregnancy	7	5.4
Mother smoked	21	10.9
Father smoked	14	9.3
Both parents smoked	12	3.1
Mother had an alcohol misuse issue	4	5.4
Father had an alcohol misuse issue	7	2.3
Both parents had an alcohol misuse issue	3	4.7
Mother had a substance misuse issue	6	7
Father had an alcohol misuse issue	9	1.6
Both parents had a substance misuse issue	2	2.3
Child had drug or alcohol issue	3	16.3

Specific modifiable factors: unsafe sleeping arrangements

There were 5 deaths where unsafe sleeping practices were identified. All these deaths were categorised as ‘sudden unexpected, unexplained death’ by CDOP, and made up 41.7% of all 12 deaths in this category. Four of these deaths were of children aged between 28 days and 1 year, one was of a child aged between 1 and 4 years old. In three of the five deaths where

unsafe sleeping arrangements were noted, the family were identified to have been living in overcrowded or otherwise unsuitable housing. In two other cases, parents had consumed alcohol around the time of death.

9. Previous recommendations and actions

The last CDOP report for Bury, Rochdale, and Oldham made the following recommendations:

I. That future reports should analyse data over a three-year rolling period to enable more meaningful analysis.
II. Work with statutory partners to increase completion of data fields.
III. Take steps to reduce the backlog of cases.

This report analyses deaths notified and reviewed by CDOP over the three years from 2021/22 to 2023/24. Training has been provided to contributing general practitioners to improve the quality of data received from general practice. Panel meetings have been extended from half days to full days, increasing the number of cases reviewed at each panel.

In addition, discussion at the Rochdale Health and Wellbeing Board led to a recommendation for further analysis into whether the Bury, Rochdale, and Oldham area has a higher than expected number of deaths categorised as 'neonatal or perinatal events'. This analysis has been completed and will be circulated along with this report.

10. Recommendations

Based on the analysis of deaths reported to and reviewed by CDOP, as well as of the publicly available data presented above, this report recommends that:

- **Child poverty:** Health and Wellbeing Boards should note the worsening in measures of child poverty and to work with local partners to ensure that local antipoverty plans address increases in childhood poverty.

- **Smoking, alcohol, and substance misuse:** Health and Wellbeing Boards, with partners, should continue to work to reduce smoking, alcohol, and drug misuse in pregnancy by:
    - Ensuring smoking status and alcohol or substance misuse problems are identified early by ensuring that pregnant people are asked about smoking status, alcohol use, and substance use, that this information is recorded, and referrals to appropriate services are made;
    - Continuing wider work to reduce the prevalence of smoking, alcohol misuse, and substance misuse across the population and ensuring provision of smoking cessation and drug and alcohol treatment services.

- **Safe sleeping arrangements:** Health and Wellbeing Boards, with partners, should continue to promote safe sleeping practices, noting the possible relationship between unsafe sleeping arrangements and overcrowded or otherwise inappropriate housing and with alcohol use by parents. Safeguarding partnerships should ensure for children who have additional vulnerabilities that are captured in child protection or child in need plan.

- **Consanguinity:** Health and Wellbeing Boards should work with partners and community organisations to raise awareness of the increased risk of death and

illness faced by children born to parents who are close blood relatives and assure themselves that genetic counselling and testing services are being offered appropriately.

Appendix A: Child Death Overview Panel Responsibilities

CDOP responsibilities are:

- to collect and collate information about a child's death, seeking relevant information from professionals and where appropriate family members.
- to analyse the information obtained, to confirm or clarify the cause of death, to determine any contributing factors, and to identify any learning arising from the child death review process.
- that may prevent future death.to make recommendations to all relevant organisations where actions have been identified which may prevent future child deaths and will promote the health safety and well-being of children.
- to notify the relevant locality's Child Safeguarding Practice Review Panel and local Safeguarding Partners when it suspects that a child may have been abused or neglected.to notify the Medical Examiner (once introduced) and the doctor who certified the cause of death, if it is identified there are any errors or deficiencies in an individual child's registered cause of death.
- to provide specific data to NHS digital through the National Child Mortality Database.
- to produce an annual report for Child Death Review Partners on local patterns and trends in child deaths, and any lessons learnt, and actions taken and the effectiveness of the wider child death review process.
- to contribute to local, regional, and national initiatives to improve learning from child death reviews including where appropriate approved research carried out within the requirements of data protection.

Appendix B: CDOP categories of death

Category	Name & description of category
1	**Deliberately inflicted injury, abuse, or neglect** This includes suffocation, shaking injury, knifing, shooting, poisoning & other means of probable or definite homicide; also deaths from war, terrorism or other mass violence; includes severe neglect leading to death.
2	**Suicide or deliberate self-inflicted harm** This includes hanging, shooting, self-poisoning with paracetamol, death by self-asphyxia, from solvent inhalation, alcohol or drug abuse, or other form of self-harm. It will usually apply to adolescents rather than younger children.
2 (i)	**Suicide (where the panel feels the intention of the child was to take their own life)**
2 (ii)	**Self-inflicted harm leading to death (where it is unclear if the child's intention was to take their own life)**
2 (iii)	**Death as the result of substance misuse (excluding deaths as a result of a deliberate overdose)**
3	**Trauma and other external factors, including medical/surgical complications/error** This includes isolated head injury, other or multiple trauma, burn injury, drowning, unintentional self-poisoning in pre-school children, anaphylaxis & other extrinsic factors. Also includes proven medical and surgical complications or errors as the primary cause of death. **Excludes** Deliberately inflicted injury, abuse, or neglect (category 1).
4	**Malignancy** Solid tumours, leukaemias & lymphomas, and malignant proliferative conditions such as histiocytosis, even if the final event leading to death was infection, haemorrhage etc.
5	**Acute medical or surgical condition** For example, Kawasaki disease, acute nephritis, intestinal volvulus, diabetic ketoacidosis, acute asthma, intussusception, appendicitis; sudden unexpected deaths with epilepsy.
6	**Chronic medical condition** For example, Crohn's disease, liver disease, immune deficiencies, even if the final event leading to death was infection, haemorrhage etc. **Includes** cerebral palsy with clear post-perinatal cause.
7	**Chromosomal, genetic and congenital anomalies** Trisomies, other chromosomal disorders, single gene defects, neurodegenerative disease, cystic fibrosis, and other congenital anomalies including cardiac.
8	**Perinatal/neonatal event** Death ultimately related to perinatal events, e.g. sequelae of prematurity, antepartum and intrapartum anoxia, bronchopulmonary dysplasia, necrotising enterocolitis, post-haemorrhagic hydrocephalus, irrespective of age at death. It **includes** cerebral palsy without evidence of cause, and **includes** congenital or early-onset bacterial infection (onset in the first postnatal week).
8 (i)	**Immaturity/Prematurity related**
8 (ii)	**Perinatal Asphyxia (HIE and/or multi-organ failure)**
8 (iii)	**Perinatally acquired infection**
8 (iv)	**Other (please specify)**
9	**Infection** Any primary infection (i.e. not a complication of one of the above categories), arising after the first postnatal week, or after discharge of a preterm baby. This would include septicaemia, pneumonia, meningitis, HIV infection etc.
10	**Sudden unexpected, unexplained death** Where the pathological diagnosis is either 'SIDS' or 'unascertained', at any age. **Excludes** Sudden Unexpected Death in Epilepsy (category 5).

Pride in Oldham, Together

The Oldham Plan

An update on the development of the Oldham 2030 Plan

Oldham Council

Introduction

- The Oldham Plan is our 'partnership plan', separate from our Corporate Plan and the Local Plan.
- This is a strategy reflecting where we want to realistically be in Oldham by 2030, and how we will achieve that collectively.
- This current document is a draft and reflect where we are up to in our thinking.
- We would like to hear your thoughts on the priorities, and how the HWBB can support our objectives.

Findings from discussions

Feedback and insight - Housing

- Partners have said:
  - It can be difficult to keep up with council's changing priorities and need, with housing stock being pulled in different directions (TA, Social Housing, ABEN).
  - Would like to work with a resident focus - past few years has highlighted the need for residents to be in safe and secure accommodation.
  - Linking in with other partners would be useful to identify social and learning opportunities for residents.
  - Would be beneficial to work more closely with the council to identify sites for housing & bringing land forward for development.
  - Working together to achieve net-zero by 2030 has been important and wish for this to continue.

Feedback and insight - Economy and Employment

- Partners have said:
  - We need a common purpose for the Oldham Economy.
  - It's important to fulfil the recommendations of the Oldham Economic Review which took place a couple of years ago.
  - We need to utilise the role of AI and consider its impact in the industries and skills of the future.
  - A collective role for social value and boosting the 'Oldham Pound'.
  - Better public transport opportunities for potential employees.
  - How can the council support improving digital infrastructure, business support, Co-operatives and Social Enterprise?
  - We want to collectively promote Oldham as a place of business.
  - Excited about Eco-friendly infrastructure / Green technology.

Feedback and insight - Education & Skills

- Partners have said:
  - Need to collaborate as a borough to ensure we have the skills needed for the future of the town (including Northern gateway).
  - Residents are always looking for new learning and upskilling opportunities, even those in later life (digital skills in particular).
  - Collaborating with local businesses to align vocational training with local business / industry needs.
  - We should ensure all children have access to high-quality early education, giving them the best start in life.

Feedback and insight - Health and Wellbeing

- Partners have said:
  - Important partnership role to play in early intervention and prevention.
  - Difficult to promise 'timely services' at the moment.
  - The changing needs of care mean we need to think more strategically & consider how residents can live independently for longer.
  - Wider role of understanding dementia among Oldham organisations.
  - Access to healthy food, green space, recreational facilities is important.
  - We should be doing more to support carers, care leavers, etc.

Feedback and insight - Public Spaces and Community Safety

- Partners have said:
  - Fly tipping and enforcement continues to be a challenge.
  - Selective Licensing + Quality of Housing is key to tackling issues in this area.
  - Town centre development and parks is important as a catalyst for wider change.
  - We need to continue engaging with Oldham's young people, ensuring they feel part of the solution.
  - Enhancing safety of public transport after recent events is a priority.

Feedback and insight - Poverty and Inequality

- Partners told us:
  - Immense pressure on food banks following the cost-of-living crisis.
  - Huge increase in energy debts from rising prices - and working with partners to help change energy consumption behaviours.
  - Working together to increase prevention is crucial.
  - Working with social housing providers to create more affordable housing
  - Ensuring benefit take-up, linking to Pension Credit campaign.

Our emerging priorities

Four key missions

1. **Building Homes, Building Futures**
2. **Communities that Thrive**
3. **Delivering Economic Growth and Opportunity**
4. **Pride in Oldham**

Building Homes, Building Futures, the vision:

Vision: We envision an Oldham where everyone has access to a home they can be proud of. By focusing on innovative housing developments and improving existing homes, we will create vibrant communities that are diverse, affordable, and designed for the future.

How You Benefit: Enjoy access to a range of high-quality housing options that meet your needs. Whether you're starting a family or settling down, our commitment to housing ensures that everyone can find a home that fits their lifestyle and aspirations.

Building Homes, Building Futures, the actions:

- **DRAFT: Actions to be identified with partners.**
- Oldham Council has pledged to build 500 new social homes over the next five years to help tackle the borough's housing crisis.
- Developer Muse and Oldham Council have revealed plans for delivering up to 2,000 new homes in the centre of the town.
- First Choice Homes Oldham continue to deliver their Development Strategy, building high quality, affordable homes that meet local need.
- Hive Homes are building 132 houses in Derker, including 43 affordable homes and will 'set a standard' for good housing in the district, according to developer.
- We are implementing new plans to clamp down on poor housing and rogue landlords through an extended selective licensing scheme, which will allow the local council to hold those renting out homes to higher standards.

Communities that Thrive, the vision:

Vision: In Oldham, every individual matters. Our vision is to build a community where the most vulnerable among us – whether children, the elderly, or those facing difficult times – receive the best care and support.

How You Benefit: With a focus on inclusivity and care, our community becomes a safer, more supportive environment for everyone. The services we provide today shape the quality of life for all of us, ensuring that our loved ones live with dignity and respect.

Communities that Thrive, the actions:

- **DRAFT: Actions to be identified with partners.**

- Oldham Council has opened two new customer service sites in the heart of the town centre, as it aims to make it easier for residents to access the services they need.

- Action Together continues to work with our local Age UK Oldham to deliver the lottery funded program, Ambition for Ageing Oldham which aims to reduce social isolation in the over 50's population in Alexandra, Crompton and Failsworth West.

- Oldham Council recently announced that a sixth form backed by the elite boarding school Eton College will be replacing the town's old outdoor market.

- Children's services in Oldham have been rated 'good' by Ofsted. The council received 'good' ratings in all inspection areas including the treatment of young people in care, social work and vulnerable children.

- The Oldham Integrated Care Partnership brings together health and social care services to provide more integrated and efficient care for residents. It's part of a broader strategy to improve public health and social outcomes in the borough.

Delivering Economic Growth and Opportunity, the vision:

Vision: A thriving economy benefits us all. By focusing on economic development, we can create more job opportunities and attract businesses to our area, attracting new industries, and fostering entrepreneurship.

How You Benefit: More job opportunities, a dynamic local economy, and improved amenities make Oldham a place where you can build a successful and fulfilling life. Economic growth translates to better services, enhanced public spaces, and a higher quality of life for all residents.

Delivering Economic Growth and Opportunity, the actions:

- **DRAFT: Actions to be identified with partners.**
- A new social enterprise and entrepreneurship hub has been launched in Oldham. The Hive, on the upper floor of the Spindles Town Square Shopping Centre, provides a space for businesses to grow and thrive.
- Plans are in place to relocate and redevelop Tommyfield Market as part of the town centre regeneration. This initiative aims to modernise the market, support local traders, and attract more visitors to the area.
- The development of the Alexandra Park eco-centre will include state-of-the-art facilities for recycling and environmental education, creating jobs and promoting green practices.
- Oldham College has been expanding its vocational training programs to align with the needs of local industries. This includes new courses in digital skills, construction, and healthcare, aimed at equipping residents with the skills needed for modern job markets.

Pride in Oldham, the vision:

Vision: Oldham's rich cultural heritage is a source of pride and inspiration. We will celebrate and preserve this unique identity while fostering a vibrant arts and culture scene that reflects our diverse community. Through the development of cultural districts, public art installations, and engaging community events, Oldham will be a vibrant and inclusive place to live.

How You Benefit: Immerse yourself in a community that celebrates diversity, creativity, and shared experiences. Whether through Oldham's festivals, art, or cultural spaces, we bring people together, fostering a strong sense of belonging and civic pride.

Pride in Oldham, the actions:

- **DRAFT: Actions to be identified with partners.**

- The reopening of the Oldham Coliseum Theatre, providing a central hub for the town's cultural life. It will host a variety of performances, including plays, musicals, and community events that reflect the town's diverse cultural background.

- As part of the Holiday Activities and Food (HAF) programme, Oldham Theatre Workshop provide a series of inclusive theatre activities designed for children and young people from diverse backgrounds. The program specifically aims to engage those from disadvantaged communities.

- Greater Manchester Police is supporting this year’s GM Hate Crime Awareness Week, as multiple partners and agencies commit to tackling abuse and providing further support for victims.

Final comments and feedback

- Thank you for attending!

Report to HEALTH AND WELLBEING BOARD

Oldham Health Inequalities Plan

Portfolio Holder:
Councillor Barbara Brownridge, Cabinet Member for Adults, Health and Wellbeing

Officer Contact: Dr Rebecca Fletcher, Director of Public Health

Report Author: Anna Tebay, Head of Service, Public Health

Date: 12th September 2024

Purpose of the Report
This report provides an update on the Health and Wellbeing board's two-year Health Inequalities plan 2022-2024.

Requirement from the Health and Wellbeing Board
The board are asked to note the progress over the past 2 years, the good practice embedded and the challenges where progress has not gained traction.

Title Oldham's Health Inequalities Plan

1. Background

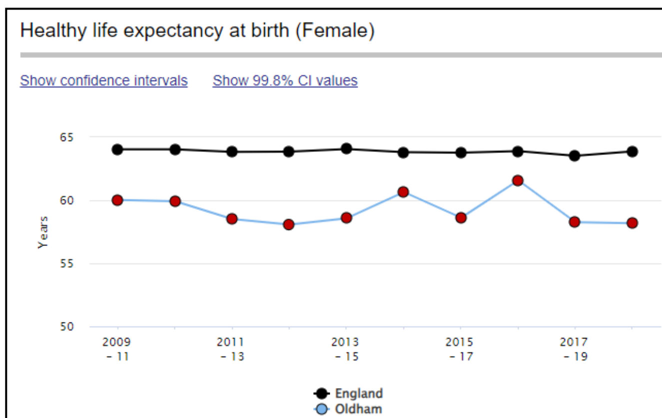
In June 2022, the health and wellbeing board agreed a health inequalities plan broadly aligned to the Marmot review 'Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives'. The Oldham plan has 6 thematic areas and 57 actions. Each theme had an identified senior sponsor to drive the work.

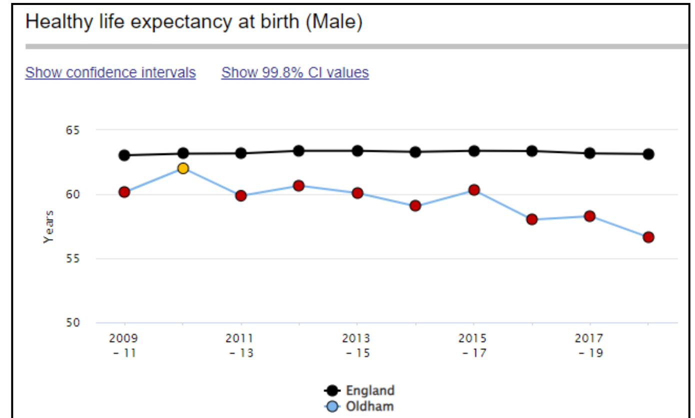
- Children and Young People – Gerard Jones,
- Health in all Policies/ Communities and Place – Mike Barker and Laura Windsor Welsh
- Health and Wellbeing, and Health Services – John Patterson and Rebecca Fletcher
- Work and Unemployment – Majid Hussain and Charlotte Walker
- Housing, Transport and Environment – Paul Clifford and Nasir Dad
- Income, Poverty and Debt – Sayeed Osman

Many of the actions were not new but have been brought together in this plan as means of coordinating the approach, accentuating delivery and raising visibility. Each of the thematic areas had the opportunity of a focused review at a Health and Wellbeing board to share good practice and raise system barriers.

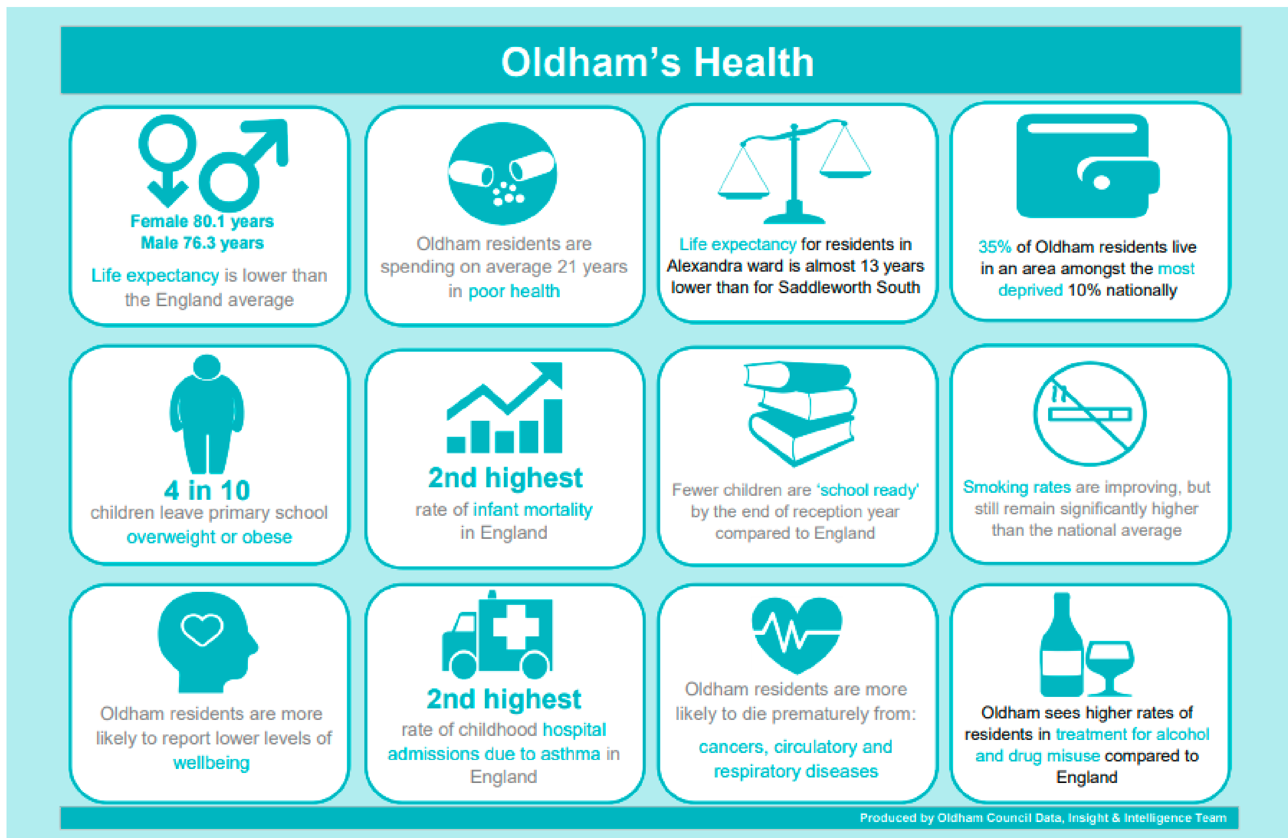
This piece of work was in response to the stark inequalities that Oldham experiences between the borough and England average, and within our least and most deprived wards of Oldham. The gap in inequalities has not reduced as a result of this piece of work but has been pedaling against a backdrop of a cost living crisis.

The charts below shows that the difference in healthy life expectancy between Oldham and the England average is widening. A widening of inequalities in life expectancy is also observed between Oldham's least and most deprived wards.





The below graphic shows that inequalities exist in Oldham across a wide number of themes, no just health but the wider determinants that significantly influence health outcomes.



2. Summary of Each Theme

2.1 Children and Young People
Sponsor Gerard Jones

"*Giving every child the best start in life is crucial to recuing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional are laid in early childhood*" Marmot

Prior to the inequalities action plan, this theme already had a high-level governance arrangement, with many of the actions already in flight. Bringing it into the action plan allowed for review with an inequality's lens, providing opportunity for a focused review at the health and wellbeing board. With the completion of the inequalities plan, the actions will be maintained and reviewed through the established children's services boards and subgroups. The Council's Children Services have recently had an OFTED inspection and have been assessed as good in all areas and provides an additional layer of reassurance after a three-week long review. Despite this assurance, we can not shy away from the rising level of demand for children's health and social care needs across the Oldham system.

2.2 Health & Wellbeing/ Health Service
Sponsors Dr John Patterson and Rebecca Fletcher

The transition of the Oldham CCG to the Greater Manchester Integrated Care Partnership (ICP) has presented a number of challenges, and within some of the identified actions, it has been difficult to gain a view of the progress. Also worth noting, some of the identified

actions become out of step with the pace of change required for the ICP. The ICP have now developed an Oldham five-year strategic plan and a delivery plan for 2024/25 based on data for a population health management approach to targeting residents. The delivery plan referencing the Inequalities Plan and the need to integrate actions into the Board Assurance Framework.

The Oldham Integrated Care Partnership Operating Plan ambition is clearly articulated “People lead longer, healthier, and happier lives, and the gap in health outcomes between different groups and communities in Oldham, and between Oldham and England, is reduced. A demonstrable difference will be made to the average life expectancy and average healthy life expectancy of residents, and inequalities will be reduced.” In addition to this there are four overarching aims with an inequalities lens:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

This has also included a plan to build in an ‘inclusion health’ checklist to local health and care decision making. The Health and Wellbeing board may be interested in an update when appropriate.
agenda-and-papers-locality-board-25424-updated.pdf (gmintegratedcare.org.uk)

There appear to be a number of inequalities work streams within the ‘health’ domain, whether this be the H&WBB inequalities plan, the Norther Care Alliance (NCA), Pennine Care, or GM inequalities group. It may be worth consideration of how these could be cross referenced to maximise impact and avoid duplication.

A number of the actions related to Public Health commissioned services which are delivered under contractual arrangements, with data returned on a quarterly basis to monitor and track progress. Where outcomes are not being achieved, mitigation are in place to work with the providers, but many of these challenges relate to the noticeable demand increasing alongside challenges with recruitment to specialist positions. An area of success to draw attention to is the dual diagnosis work for those engaged with the commissioned substance misuse treatment and recovery service. There is a dual diagnosis worker based with Pennine Care bridging the gap into mental health services for those with sever and injuring mental health, and a short-term provision within TOG MIND to support those with low level mental health needs. The additional mental health support is having a positive impact on successful treatment and recovery outcomes.

2.3 Work and Unemployment
Sponsors Charlotte Walker, Majid Hussain and Kelly Webb
Through the work progressed by the Economic board and via the Oldham Economic plan, there is a clear vision for the creation of better jobs for local people within the borough, working across the sectors including the private sector to bring this to fruition. There is a developing pipeline that links education and training to future jobs to build sustainable employment opportunities. Work is underway to simplify the LA recruitment processes with a goal of better utilising plain English to attract residents from all demographics to apply for vacancies. The Norther Care Alliance presented to the health and wellbeing board as part of this themes focused review, and there is a significant amount of learning that could be embedded across the system to support recruitments to anchor organisations from areas within the borough with the greatest risk of experiencing inequalities.

2.4 Housing, Environment and Transport
Sponsors Paul Clifford and Nasir Dad

This theme incorporates three very distinct areas and shouldn't be considered as one interrelated topic. The Oldham transport strategy reflect a view of the need for our diverse population and has a strong set of actions relating to the promotion and enablement of active travel. The Oldham Transport and supporting delivery plan are recognised as live documents responding to strategic need on the ground. It is recognised that there will be a need to review local documentation as the holistic regional review on the GM Transport Strategy is concluded. It is noted that significant progress has been made on this agenda through initiatives such as the implementation of Tranche 2 bus franchise, ongoing role out of active travel and the adoption of School Streets within the borough. These are all important programmes for connection of services and employment opportunities for those most at risk of experiencing inequalities.

The emerging environment strategy and board would be well placed to hold the associated actions from the inequalities plan as we move forward. There are some areas of great practice and ambition from Oldham on the green agenda, and we need to ensure that the inequalities lens is considered throughout all developments. Running in parallel to this, significant progress continues to be made on the delivery of the supporting Oldham Green New Deal Strategy. This includes securing external funding to undertake community area energy planning across our communities, support to take forward the district heat network to commercialization and procurement of a strategic partner helping to unlock the private sector investment required to deliver Green Infrastructure across Oldham developing local business supply chains and skills pathways for our residents, including those from deprived communities and those with long term health conditions.

Although the initial inequalities actions were quite specific relating to housing, it is of note, that the Health and Wellbeing board had the opportunity in July 2023 to attend a development session focusing on 'environmental impacts on health' and the breadth of environmental impacts on health and health inequalities were discussed. These included but were not limited to various Trading standards enforcement work relating to illicit tobacco, vape compliance, alcohol and product safety (e.g. toys), environmental health compliance work on food safety, health and safety at work regulation, infection prevention and the control for licensed establishments such as petting farms and tattoo parlors.

In addition, the neighbourhood enforcement team based in Environmental Health respond to concerns from private tenants relating to the conditions in their privately rented home as well as enforcing the selective licensing scheme in certain neighbourhoods, delivering the pest control service and investigating incidents of fly tipping.

With the level of housing need rising year on year, including the demand for temporary accommodation, Oldham Council has declared a housing emergency. The leader of the Council hosted a summit in November 2023 and pledges from across the system were made – it is essential that these are reviewed to ensure all partners are delivering. The Director of Public Health has focused the 2023/24 annual report on the links between health, housing and inequalities with seven focused recommendations that have been presented to the health and wellbeing board. The Council is also committed to the acceleration of the delivery of new homes within the borough including the provision of 500 social homes over the next 5 years. Despite the challenges faced, the Oldham system continue to work as a collective to join the needs of people's health and housing needs

including the well established ABEN scheme, and joint working between homeless team and the substance misuse service.

2.5 Income, poverty and debt
Sponsor Sayyed Osman
This has been a particularly challenging theme given the cost of living crisis experienced nationally, but arguably disproportionality impacting those on the lowest incomes and areas of high deprivation like Oldham.

Tools have been developed to signpost residents and front line services to help appropriately navigate people to the breadth of support available. In addition to this, work has commenced to risk stratify our population to actively identify the most vulnerable and provide an outward focused approach to maximising benefits and income that people may be entitled to. This is through the LIFT tool, Low Income Family Tracker which can identify residents that are entitled to benefits, but that may not be claiming their entitlement.

2.6 Health in all Policies/ Communities and Place
Sponsors Mike Barker and Laura Windsor-Welsh

This theme has wide ranging actions from across the system and organistaional departments. Progress has been made on a number of themes but there is still work to do to routinely and systematically include the resident/ patient voice in service design, implementation and evaluation. Good strides have been made to align agendas and progress greater integration including the establishment of Community District Councils and placed based working. Through the Oldham impact assessment tool, OMBC ensure that all significant decisions/ those going through cabinet, have been assessed for impact for particular groups. There should be consideration for expanding equality impact assessments carried out by our partner organisations to further include an inequalities lens.

A partnership approach has been taken to community insight and engagement work with the plan for the development of a framework to provide a structured and consistent approach to listening to and responding to our residents. The will be partnership use of the engagement HQ as a platform for consulting with residents, and ensuring that as a system we ask once and build on existing insights to reduce duplication.

3. Key Issues for Health and Wellbeing Board to Discuss

Oldham's health inequalities plan was developed with the specific intention of having tangible actions that could be realistically delivered over a 2-year period. This timeframe has now completed, and many of the actions are successfully embedded as business as usual. The completion of this piece of work does not mean that the actions will cease. Where the actions have not gained traction there is a reflective question as to whether the actions were approximate, or whether there have been system challenges that have hindered progress. Actions that have gained the least traction, are often where the action belongs to organistations rather than sat with one or more specific individual.

Health Inequalities have not reduced in Oldham, and a number of data sets suggest inequalities are widening. This includes life expectancy, healthy life expectancy and across the wider determinants of health. This isn't to say that the actions adopted within the plan

have been ineffective, but that actions to mitigate don't reach the scale of inequalities driven by the cost-of-living crisis experienced over the past 2 years.

4. Recommendation

4.1 The board is asked to note the good practice to date.

4.2 The actions should continue, but do not need to be held centrally under the Oldham Inequalities Plan as they have embedded into wider system structures where accountability and reporting mechanisms exists.

Appendix

A tracker tool has been developed to consider current position, next steps and challenges, along with a RAG rating to assess how the identified actions are progressing. The below section includes specific updates for each of the actions in summary form only.

Children and Young People

CYP1 Develop a pathway for 2-5 year olds for MH support.
A Social & Emotional pathway was coproduced with key partners in 2015. The pathway is underpinned by a range of universal, targeted and specialist support delivered through our 0-19 Right Start and School Nursing Service. which includes:
- assessment tools e.g. ASQ Social & Emotional
- targeted interventions such as Family Nurse Partnership

CYP2 Increasing the number of 18 and19 year olds who get into employment, encouraging public sector employers to take on more vulnerable residents and use more equitable recruitment practices (linked to action in employment section).
Employment and Skills Partnership drive the strategic approach to employment and NEET reduction. There are plans in place to link strategies with mental health locality boards to ensure the MH offer in Oldham is understood and maximised. DfE Supported Internship Project will create more capacity for YP with SEND to enter the workplace. Empower Oldham provides low level mental health support to 15 to 19 year olds via specific interventions. GOW Youth continues to support young people with enhanced offer, including GOW Therapy where appropriate. Multi-agency Youth Hub launched to engage YP into EET.SEND and Inclusion Engagement Group established. The Mental Health in Education Team working across schools and colleges.

CYP3 Build on the work the MH in education team are doing with parents around anxiety.
Mental Health difficulties in CYP still remain high, and much of the service provision is focused on crisis support rather than prevention due to demand. Mental Health First aiders established in 77 settings with a reach to 1084 professionals.

CYP4a Revisit outcomes from previous poverty proofing the school day audits and develop further actions to ensure education is as responsive to poverty as it can be.
CYP4b Further roll out poverty proofing audits across Oldham schools.
7 Schools have been supported to complete poverty proofing audits. Further interest across schools is low, resources have been made available to schools through the Council governor support team, should this be considered by schools at a later time.

CYP5 Partners supporting and working with the education team to help ensure young residents are attending school wherever possible.
Primary attendance is tracking above 22/23 figures by 0.8%, however it remains 0.3% below DfE national average. Oldham Secondary school attendance is 0.4% above the same point last year, and 0.3% above DfE national average. Live data is tracked across 46,000 students to ensure

timely responses. The SEND & Inclusion Strategy is now in place, and is underpinned by the SEND & Inclusion Improvement Programme (SEND&IIP) and a Local Area Inclusion Plan (LAIP). All of these are created through partnerships between the Integrated Care Partnership, the Local Authority and POINT (our parent/carer organisation) being the three main bodies who are responsible for delivery.

CYP6 Develop a targeted physical activity offer for low-income families (driven by data which highlights who should be targeted).
The Council Youth Service deliver the HAF (holiday activities and food) programme in line with the DfE. This is particularly focused on children and young people in receipt of free school. The programme has high uptake and works with 50 providers across the Borough.

CYP7 Work with schools and early years education providers on approaches to healthy weight and healthy eating (linked to action under wellbeing on Healthy Weight).
The provider service 'Your Health Oldham' currently offer the FAB 5 programme to schools. They deliver a range of topics for Yr 3 to 6 but can tailor to the needs of the school. The priority for supporting a school is based upon NCMP data. Parents are engaged through a variety of mechanisms aiming to increase awareness of the service that support physical activity. Information is provided on healthy eating, physical activity and wellbeing. This action has been rated as amber given the level of demand.

CYP8 To maximise uptake of the Healthy Start scheme for children in early years.
HomeStart are a Public Health commissioned service that are proactively introducing expecting mothers, new mothers and mothers with children 0-4 years old to the Healthy Start Scheme. The scheme is promoted through social media, targeted promotion through text messages and literature provided via printed posters. Uptake in Oldham is one of the highest within Greater Manchester.

CYP9 Act on infant mortality review being carried out to understand Oldham's highest rates of infant mortality in GM.
Oldham Council intelligence team produced a report outlining the current position in relation to infant mortality. This highlighted higher rates of infant mortality in the borough than other parts of GM and the North West. Oldham maternity services, 0-19 services including health visitors and Homestart work together to support infant feeding in the borough. Safe sleep messages are embedded in the mandated contacts and midwifery advice. Family nurse partnership in the borough supports young first time mothers, who are at higher risk of experiencing infant mortality. Homestart provide a community Genetic Outreach service aimed at providing culturally appropriate information regarding recessive genetic conditions.

CYP10 Review CYP and health data and ensure that where possible it is being looked at through a LAC lens to help drive further action.
Every child in care is a unique child with individual strengths and needs. However, the physical, emotional and mental health of some looked-after children and young people will have been compromised by neglect or abuse prior to coming into care. Looked-after children are also at a greater risk of poor educational outcomes. (NICE 2021). Within Oldham, the health needs of our Children Looked after are under the governance of the Corporate Parenting Panel. The Health and Wellbeing subgroup sits under this governance structure and has an action plan which reviews the health and system of our Children Looked After. The actions are set out from the Corporate Parenting Strategy alongside statutory responsibilities.

Health and Wellbeing and Health Services
This theme had a number of amended actions to ensure alignment to the ICP delivery plan.

HW1 To develop an accountable structure where SMART action plans track weight, physical activity and oral health (0-5yrs) measures.

An Alliance has been established focusing on a whole system approach to tackle physical inactivity, healthy weight and oral health. Tooth brushing scheme established across 90% of yearly year settings. Fluoride toothpaste and brushes given out at NCMP. Training to professionals has taken place alongside, campaigns and targeted interventions for 0-19 children and young people.

HW2a) Establish a long term vision for embedding the prevention framework across the Oldham system

A Prevention Framework for Oldham has been developed and agreed across Oldham system partners, setting out the vision for prevention. Work to embed the framework is underway, including completion of a review of funding to the Voluntary, Community, Faith and Social Enterprise sector, and a plans agreed to sustain the Social Prescribing Network. The next stage of this work will be to establish a prevention community of practice to share learning and develop shared tools for embedding preventative approaches across the system.

HW2b) Identify a medium to long term investment plan for social prescribing.

Sustainable funding for the continuation of Social Prescribing has been identified from within the Public Health Grant, the service is in the process of being reprocured for a six year contract. The service also continues to host NHS funded link workers, and to contribute to local and GM level discussions regarding the future funding and sustainability of that element of the funding.

HW3 Have a consistent approach across the system that aids self help and self care, with joined up directories of services.

This action is now embedded into the new Oldham ICP Delivery Plan for local health and care in 2024/25 and have also been embedded into Oldham ICP Committee's Partnership Assurance (strategic risk) framework as part of action plans. In addition, ICP place team leads have been assigned the actions for their workplans under the transformation and delivery workstreams.

HW4 Further development of Oldham MH Living Well model, transforming of community MH services. Focus on 'no wrong front door' and MH teams working at a PCN level more focused on population need.

The Living Well model continues to develop within Oldham, alongside the CMHT transformation. The multi-disciplinary team within each of the 5 PCN's is growing as more programmes are aligned to each team. The focus remains to provide more place based and person-centred approach to providing MH services in the places where people need them most, Referral pathways into the teams are being reviewed so that these are clear and colleagues are aware.

HW5 Increase capacity for, and equity of access to, addiction services, including developing dual diagnosis pathways.

Pressure on addiction services remains challenging with those presenting into treatment for substance misuse increasing over last 12 months to an overall caseload of 1585. The dual diagnosis is in place working across Pennine Care and Turning Point for sever and injuring mental health. Additionally TOG MIND have a short term commission to support those with engaged substance misuse treatment to support low level mental health needs such as depression, anxiety and past trauma.

HW6 Include questions relating to MH in the NHS Health Check and link patients to appropriate support

The NHS Health Checks are commissioned by the Council Public Health team and contracts have been developed with General Practice to include questions regarding MH. Audits have found that many NHS Health Checks are being partially completed with elements missing. A strategic group are meeting to improve quality outcomes.

HW7 Provide workforce education sessions to increase utilisation of the referral portal from EMIS/ elemental and capture the activity data for further interrogation.

This action is now embedded into the new Oldham ICP Delivery Plan for local health and care in 2024/25 and have also been embedded into Oldham ICP Committee's Partnership Assurance

(strategic risk) framework as part of action plans. In addition, ICP place team leads have been assigned the actions for their workplans under the transformation and delivery workstreams.

HW8 Collect and report on primary care data on referrals into social and employment support to target improvements in uptake.
Data is available on the number of referrals through social prescribing- this is broken down by inclusion health cohorts e.g. LD, disability, English not as a first language and age. No stark outliers are observed. There is still work to progress connectivity to DWP and Get Oldham Working.

HW9 Maximise funds that residents are entitled to that will support all elements of preventive ill health through to acute re chronic health conditions.
This action is now embedded into the new Oldham ICP Delivery Plan for local health and care in 2024/25 and have also been embedded into Oldham ICP Committee's Partnership Assurance (strategic risk) framework as part of action plans. In addition, ICP place team leads have been assigned the actions for their workplans under the transformation and delivery workstreams.

HW10 Implementation of the minor ailment scheme
Pharmacy First has gone live, meaning that the local pharmacy team can give on a range of conditions and suggest medicine as an alternative to GP appointments. This includes; earache (aged 1 to 17 years), impetigo (aged 1 year and over), infected insect bites (aged 1 year and over), shingles (aged 18 years and over), sinusitis (aged 12 years and over), sore throat (aged 5 years and over) and urinary tract infections or UTIs (women aged 16 to 64 years).

HW11 Agree a system wide approach to population health management that uses both data and intelligence to prioritise action and that fosters greater collaboration.
Oldham have an agreed 5-year strategy and a 2024/25 delivery plan setting out key priorities as identified within the population health management work. The plan focuses on 7 themed workstream areas incorporating local recovery, improvement and transformation.

HW12 Work with GPs and patients to create a set of standards with regards to how virtual consultations are used in the borough and how patients' confidence in virtual consultations can be improved.
This action is now embedded into the new Oldham ICP Delivery Plan for local health and care in 2024/25 and have also been embedded into Oldham ICP Committee's Partnership Assurance (strategic risk) framework as part of action plans. In addition, ICP place team leads have been assigned the actions for their workplans under the transformation and delivery workstreams.

HW13 Work with Royal Oldham Hospital to review the DNA policy relating to children and young people, with specific focus on those that are in Care.
This action is now embedded into the new Oldham ICP Delivery Plan for local health and care in 2024/25 and have also been embedded into Oldham ICP Committee's Partnership Assurance (strategic risk) framework as part of action plans. In addition, ICP place team leads have been assigned the actions for their workplans under the transformation and delivery workstreams.

HW14 Reporting on waiting lists and length of wait by protected characteristics and income level and review the reasonable adjustments that are made for residents where appropriate.
This action is now embedded into the new Oldham ICP Delivery Plan for local health and care in 2024/25 and have also been embedded into Oldham ICP Committee's Partnership Assurance (strategic risk) framework as part of action plans. In addition, ICP place team leads have been assigned the actions for their workplans under the transformation and delivery workstreams.

HW 15a) To ensure robust data on vaccination programmes, with a particular focus on gaining intelligence on MMR vaccination rate by inclusion health groups e.g. Roma community.
a) While we have good data on uptake of MMR vaccination by geographical area, by GP practice, and by ethnicity group, which go some way to describing inequalities, some gaps in our intelligence still remain for example vaccination rates amongst Gypsy/Roma/Traveler communities.

There is a dedicated vaccination plan aiming to increase vaccination uptake across all communities.

HW15b) Collect robust data on cancer by stage and by cancer type, and uptake of screening through inclusion health cohorts.
b) The Council has developed a dashboard pulling information from across the system looking at number of cancers by type and proportion of each at early stage diagnosis verses advanced stage diagnosis. NHS GM have screening data available by practice, deprivation and ethnicity showing that cancer screening continues to be highly variable in uptake across the GP practices and targeted interventions will be needed to address this inequality for all cancer screening programmes.

HW16 Partners to support delivery of the LD strategy and action plan across the borough and ensure that when measuring health inequalities that outcomes for LD residents are reported as a group, drawing on the LD dashboard.
The collaborative Learning Disability and Autism board routinely considers health outcomes of the LD population. A few examples of work underway include developing information packs in easy read for patients and training packs for practices, developing training videos for practices (communication, reasonable adjustments etc.), developing a comms plan to ensure information is received and in the correct format.

Work and Unemployment
WU1 Anchor organisations to work together to develop more equitable and accessible recruitment practices. Maximise benefit and learning from NCA work and how this can be shared more broadly across anchors.
There was a focused review at a past Health and Wellbeing board that show cased the good practice undertaken by the NCA and the learning that had the potential for adoption across anchor organistaions.

WU2 Review adult education course uptake data and develop a plan for improving uptake in areas of highest socio-economic need, developing a targeted offer and engagement strategies and considering course time commitments and how they link to UC thresholds.
There is embedded work that proactively supports learners from the 5 and 10 most deprived wards. There is a holistic offer around engagement, IAG, confidence building and progression, with dedicated referral routes for key partners such as JCP throughout the year particularly for ESOL classes. The partnership and engagement team (PACE) work directly with partners to support the engagement of learners into further education including Get Oldham Working, JCP, National Careers Service, Family Hubs and schools and Oldham College.

WU3 Develop a campaign to increase participation in the GM employment charter and living wage for Oldham, including enabling social care providers to pay the living wage.
No update available.

WU4 Strengthen Social Value Procurement emphasis on the need to be a good and fair paying employer.
Oldham Council have worked to develop the social value framework to help reduce inequalities in employment opportunities. Organisations such as Norther Care Alliance have a mature approach to recruiting and employing local residents from deprived neighborhoods.

WU5 Collate data relating to employment practices and seek to share these data across the borough to inform understanding of need, the development of plans and monitor progress. Reported unemployment data to include those who are inactive due to illness or caring.
No update available.

WU6 Work to connect pathways from lifelong learning into employment opportunities, maximising opportunities from leveraging pre-employment programmes (like the NCAs) and connecting into further learning opportunities (e.g. NCA's English language course for NHS roles.)
Embedded working with JCP to provide specific courses/ qualifications to meet identified need for their clients including ESOL, language/ written skills in preparation for employment. Strong partnership working with GOW with referral pathways to and from Lifelong Learning. Attendance at the monthly Jobs Fair at the Oldham Library and Lifelong Learning Centre.

Housing, Transport and Environment

HTE1 Continue to support the A Bed Every Night (ABEN) initiative and work to improve access to health and wider services for homeless population.
Oldham ABEN is well established with commissioning arrangements in place until 2025. Demand continues to rise, and additional emergency bed provision opened where needed. Within the ABEN scheme support is offered for GP registration. Partnership work is key to this programme of work for wrap around support.

HTE2 Expand NHS Health Check eligibility criteria to all people who are homeless regardless of age.
Health checks to our homeless population is recorded as very low. In July 2024, the Council were informed that Oldham had been successful in a bid to have a funded nurse dedicated to supporting the homeless population. Increasing uptake of Health Checks could be within scope.

HTE3 Continue development of substance misuse offer for people who are homeless.
External grant funding has bolstered this provision, with the homeless addiction treatment support service working collaboratively across partners to support those in substance misuse treatment that are at risk of or have lost their home. In addition to this, a dual diagnosis worker is now in post for those with mental health conditions as well as substance misuse increases successful abstinence.

HTE4 Explore a housing and health approach so that the warm homes team can signpost individuals with CVD or acute respiratory conditions to 'Your Health Oldham' for targeted support
This programme has had limited success with the greatest focus being on supporting those in warm homes crisis with limited data captured on health conditions and limited referrals made. This approach needs further consideration.

HTE5a Proactively identify houses with defects, assessing for category 1 and category 2 hazards.
There is a dedicated Oldham Strategic Housing Board which includes a focused view on damp, mould and overall stock condition within our social housing sector and a dedicated task and finish group to focus on stock condition within the borough.

HTE5b Roll out of free universal pest control to Oldham residential properties to understand the scale of the issue and direct action accordingly.
2023-24, Oldham Council has commissioned free pest control to residential properties.

HTE6 Develop a forum for sharing good practice across providers and wider system in terms of making healthy improvements to homes
Oldham strategic housing partnership regularly meet where wider topics including health can be discussed.

HTE7 Develop and include content on healthy planning and healthy green spaces in the new Local Plan
The draft Local Plan went live for consultation early, which including proposed new policies that will incorporate healthier design principles into all developments. Public Health have been involved in the consultation process.

HTE8 Strengthen the use of health impact assessments as part of the planning process.

The new Local Plan proposes policy that will ensure HIAs are routinely undertaken on larger developments.

HTE9 Develop and embed a delivery strategy for key ambitions included in the Oldham Transport Strategy with actions and timeframes included.
The transport strategy has been developed consulted and phased implementation commenced. Funding has been secured for delivery of active travel and sustainable transport schemes.

Income Poverty and Debt

IPD1 Develop, deliver and sustain training to front line staff on the MART and Cost of Living, across Council and Partner organisations. Embed a consistent approach to staff learning relating to residents' experiences of poverty/ debt/ benefits, as part of workforce development and the induction process.
Training has been provided to Council staff, staff from VCFSE organisations and housing associations.

IPD2 All partners to buy into the 'no wrong front door' approach and be equipped to sign post to appropriate services eg Money Advice Referral Tool (MART)
The money advice referral tool (MART) tool is being used across frontline services (system wide) as part of the Council's Cost of Living response. The Cost of Living Dashboard shows that demand remains high for support with food; energy bills and financial support and advice so the need to continue with the use of MART is essential.

IPD3 Continue to support the delivery of, and funding for, Warm Homes Oldham. Risk stratify our population to identify those most at risk of the impacts of CoL e.g. using the LIFT tool, and target interventions accordingly.
The Council has procured LIFT and has been using the tool most recently to pro-actively target older people eligible for, but not claiming Pension Credit. It is also being used to identify vulnerable households in fuel poverty to enable pro-active targeting of support by the Warm Homes team. (100 residents have been identified as a first step.) This is amber as the programme is still relatively new.

IPD4 Through the development of new Council tax collection policies, consider residents 'package of debt' holistically as part of a fair debt policy. Use data and intelligence to proactively work with credit unions and illegal money lending teams to target support.
This action is still under development but will be reviewed with additional consideration of connection to substance misuse service, gambling addiction support and through a trauma informed lens.

IPD5 Develop a wider programme of work aimed at preventing and reducing levels of problematic debt, including a focus on money management and rent arrears. Bolster capacity with strengthened relationships of key stakeholders e.g. the CAB and community engagement teams.
The Council and it's partners continue to promote safe lending and borrowing and using the LIFT tool to help identify particularly at risk households with the lowest levels of disposable income, to enable early intervention. Discussions are ongoing with GMCA; Credit Union re the No Interest Loan Scheme - and whether LIFT can be used to help CU identify who may be in a position to borrow from them. This action is rated as Amber in acknowledgement that the level of household debt area increasing nationally.

Health in all Policy/ Communities and Place

HIAP1 Embed Health and Health Inequalities into corporate reporting templates and embed into all new contracts that are commissioned.

The new Oldham Impact Assessment tool has gone live with all Council Cabinet papers now requiring the competition of an Impact Assessment on submission. The Impact Assessment tool considers policy and projects through three lenses: Equality Characteristics, Corporate Priorities and Future Oldham Aims. The Impact Assessment Tool is an automated tool that supports decision makers to consider wider impacts.

HIAP2 Review metrics which underpin Social Value Procurement as part of the annual review to ensure focus on Health Inequalities, including a focus on how we can add social value to places of particular need.

Anchor institutions such as The Northern Care Alliance and Oldham Council have embedded social value frameworks within procurement exercises. There is still further work to undertake to collectively evaluate the impact that this has on the locality.

HIAP3 Review the Equality Impact Assessment processes and how the EIAs inform decision making.

(Repeated narrative from HIAP1) The new Oldham Impact Assessment tool has gone live with all Council Cabinet papers now requiring the competition of an Impact Assessment on submission. The Impact Assessment tool considers policy and projects through three lenses: Equality Characteristics, Corporate Priorities and Future Oldham Aims. The Impact Assessment Tool is an automated tool that supports decision makers to consider wider impacts.

HIAP4 Expand public health work with licensing to consider how health impacts can be a consideration in the range of licensing decisions in Oldham.

Public Health is currently making representation under the licencing objectives using ‘The protection of children from harm’ and ‘The prevention of crime and disorder’ to input into licensing decisions. Work has started with GMCA and with other GM Local Authorities to standardize approach and contribution of PH into licensing decision process.

HIAP5 Embed resident engagement and codesign in system culture and everything we do and supporting sustainable investment into it, including sustaining investment into doorstep engagement teams.

A collective system wide working group has been established and is progressing the development and delivery of an insight and engagement framework. A network of engagement and insight leads from across the system and VCFSE has been established and is meeting quarterly, the group is exploring how best to utilise the Council engagement HQ and working together to develop an engagement toolkit. More work is still required before this action can be considered as complete. The doorstep engagement work has scaled back in response to budget pressures, however it does now have sustainable investment in place.

HIAP6 Develop infrastructure to draw together themes from multiple different resident engagements ensuring that intelligence is used to inform decision making at a corporate and a place-based level.

Oldham has developed an engagement and insight network scoping out platforms such as the engagement HQ, the potential for the development of a toolkit and planned engagement from across the system in an endeavor to create a more coherent and consistent approach to resident engagement and insight.

HIAP7 Involving people with lived experience in changing the way systems respond to, and support people, with multiple disadvantage, drawing on learning from Changing Future programme, Poverty Truth Commission and Elephant Trails.

HIAP8 To roll out a number of workforce development sessions under one approach that includes trauma informed, strength based and resident first.

The concept of bringing the approaches together was tested and rejected. These work strands need to be considered in their own right. Trauma informed, Strength based, systemic practice,

person centered and resident focused are all gaining traction with training either delivered or commissioned to be delivered.

HIAP9 Work with GM and local BI teams to develop a fit for purpose dashboard for Oldham that reflects key data at Oldham level and aligns with the GM Marmot recommendations.
A low tech solution was put in place to track the progress of these actions. It has served its purpose, and with capacity issues in mind, this action needs to consider the added value that it would bring – potentially minimal, it therefore has not been progressed as other reporting mechanisms exist.

HIAP10 Place-based boards to be developed for each place to help drive this coordination of services and focus on prevention, early intervention and tackling inequalities.
Governance model for Placed Based Working well developed with a problem solving operational group established, planning for Real events have taken place in all Districts with actions and outcomes developed. Community District Councils have now also been established in each District. This has been rated as amber given the ongoing nature of the work.

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HEALTH AND WELLBEING BOARD

Membership 2024/2025

Statutory

Oldham Council – minimum of one elected Member appointed by Leader of the Council - Six Councillors	Councillor Davis Councillor Brownridge Councillor Mushtaq Councillor Nasheen Councillor Shuttleworth Councillor Sykes
Director of Public Health	Rebecca Fletcher
Director of Children's Services	Julie Daniels
Director of Adult Social Care	Jayne Ratcliffe
NHS Greater Manchester Oldham Locality reps	Mike Barker- Oldham Council Deputy Chief Executive and NHS Greater Manchester Director of Health & Care Integration Dr John Patterson- Associate Medical Director, Oldham for NHS Greater Manchester Andrea Edmondson- Associate Director of Quality, Oldham for NHS Greater Manchester Erin Portsmouth- Associate Director of Strategy & Development, Oldham for NHS Greater Manchester
Local Healthwatch Organisation	New Healthwatch Manager- TBC

Discretionary membership Council or Board determined

Chief Executive	Harry Catherall
Deputy Chief Executive	Emma Barton
Chief Officer (Oldham) – Northern Care Alliance	Steve Taylor
Chief Officer (or rep) – Pennine Care	Gaynor Mullins
Greater Manchester Police	Ch Supt Estelle Mathieson
Oldham Community Leisure	Stuart Lockwood
Housing Partnership (First Choice Homes)	Paul Knight
Voluntary Action (Oldham)	Laura Windsor-Welsh
Oldham Education Representative- OSFC Principal	Suzannah Reeves

Advisory/Non-voting

GM Fire and Rescue	Val Hussain

Invited Representative (Observer/participant by invitation)

Dr Kershaw’s	Joanne Sloan