Oldham's Covid-19 Six-Month Plan

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Introduction

Introduction

Since the start of the Covid-19 pandemic we have seen an incredible effort. from across Team Oldham and our communities, to respond to the unprecedented challenge to our way of life posed by the virus. Oldham has suffered some of the highest rates of infections and deaths in the country, and our communities have made significant sacrifices to contain the spread of the virus and save lives.

By working together across Oldham and Greater Manchester we have achieved a number of successes as part of our Covid-19 response - including implementing localised contain measures that have reduced the rate of increase, improving Covid-safe practices in our educational settings, retail, hospitality and businesses, and supporting the most vulnerable.

While our collective efforts meant we successfully reduced the rate of growth of the virus, the reproduction rate rose significantly above one across the country and led to a rapid resurgence of infections. On the 4th January 2021 a further national lockdown was announced, instructing people to stay at home to control the virus, protect the NHS and save lives. This drastic jump in cases has been attributed to the new variant of COVID-19, which is more transmissible than the previously predominant variants.

The impact of Covid-19 and the measures to contain it in Oldham have already had far reaching impacts, and have exacerbated the health, social and economic inequalities both within Oldham and between Oldham and the rest of the UK. While we suffer the cost of higher mortality, our businesses have also been under more severe restrictions and for a longer period of time than many places in the UK.

We also need to look ahead to the next six months. We have a number of challenges to overcome but also hope that our collective actions and scientific developments will enable us to soon reach a phase where the virus no longer poses a significant risk.

Over the next six months Covid-19 continues to pose a very serious threat. compounded by the additional challenges our society faces over winter. We need to learn from the lessons of this last year in how to safely reopen our society and economy and continue to suppress the virus. The contain measures we put in place will be crucial to doing this.

This plan sets out what we will do to contain Covid-19 over the next six months. It is based on the Greater Manchester's Covid-19 Six-Month Plan, but contains specific detail about Oldham's response. It sets out how we will take an evidence-based approach through the assessment framework we have developed, and how we will work within the Government tiered approach to contain Covid. Recognising the impacts that contain measures have, we also set out the mitigations we will put in place over the next six months to support health, reduce social harms and protect the economy.

Scientific developments over the next six months give us hope that we will soon reach a phase where the virus no longer poses a significant risk to public health. This plan sets out what we will do in terms of rollout of a vaccine and testing to enable us to live with Covid-19 in the longer term.

Oldham's Covid-19 Six Month plan sets out the following, aligning to the GM plan:

The impact of Covid-19

Containing Covid-19

Engaging our communities

Living with Covid

What we understand about the impact of Covid-19 in Oldham.

The measures we will put in place to contain Covid-19 and the assessment framework we will use to inform our position.

How we will communicate with. engage and activate our communities alongside implementing these contain measures.

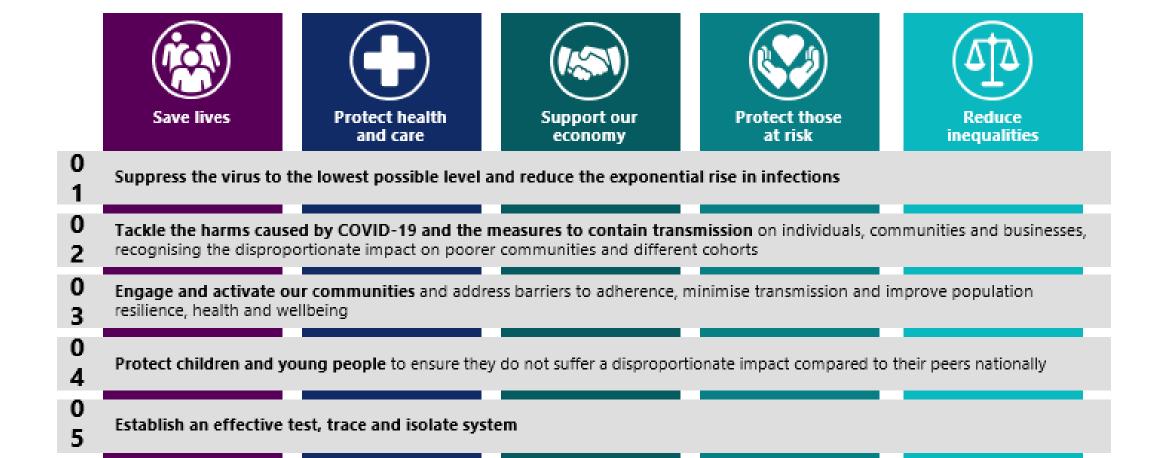
The mitigations we will put in place to counter the harms to health, society and the economy of these contain measures

Mitigating the harms

The actions we need to take over the next six months to to reach a position where the virus no longer poses a very severe threat.

Our strategic intent for the next six months

To develop this plan, we agreed that our intent would be to:



Our Six Month Plan is guided by the following principles

The actions we plan to take are also guided by both national, and agreed Greater Manchester containment principles.

National principles

The primary responsibility is to make the public safe Build consensus between decision-makers to secure trust, confidence and consent Build on public health expertise and use a systems approach

Be open with data and insight so everyone can protect themselves and others Consider equality, economic, social and health-related impacts of decisions

Follow wellestablished emergency management principles

Greater Manchester containment framework principles:

- 1 Informed by epidemiology and key metrics
- 2 Fluid to allow for professional judgement
- 3 Responses are proportionate
- Moderated by an understanding of local context and soft intelligence
- Specific, evidence-based responses to the issues identified
- 6 Responses are transparent for communities
- Informed by solid community engagement and behavioural insights
- 8 Responses are appropriate and timely
- 9 Responses are non-stigmatising

The Impact of Covid-19 in Oldham

Oldham has been disproportionately impacted by both Covid-19 and the measures to contain it

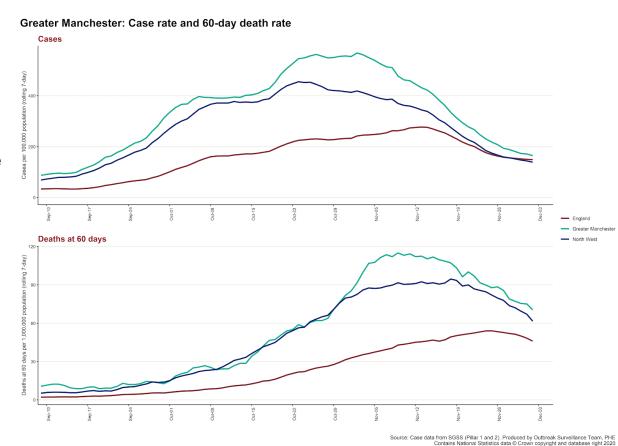
As of 4 January 2021 Oldham has had a total of 17,570 Covid-19 cases, with the tragic loss of 532 lives.

Oldham, like its GM counterparts, has been disproportionately impacted in comparison to the rest of the UK: and is ranked 2nd highest (6377 per 100k) nationally, across local authorities in the UK by all-time case rate.

Both Covid-19 and the measures to control it have exacerbated the fundamental inequality in death rates between Oldham, GM and the wider North, and the rest of the UK.

The Northern Health Science Alliance has found that 12.4 more people per 100,000 population have died with Covid-19 in the North from March to July than elsewhere in the country, with 57.7 more people per 100,000 dying of all causes

This gap has only widened during the second wave of the pandemic where Oldham has suffered from extremely high case rates and deaths (3rd nationally, as of 28th November) and the most severe restrictions for the longest period of time. Many businesses will not be able to withstand more restrictions without additional support. The impact of the virus and the restrictions on individuals and our communities is significant - and is most keenly felt by the most vulnerable.



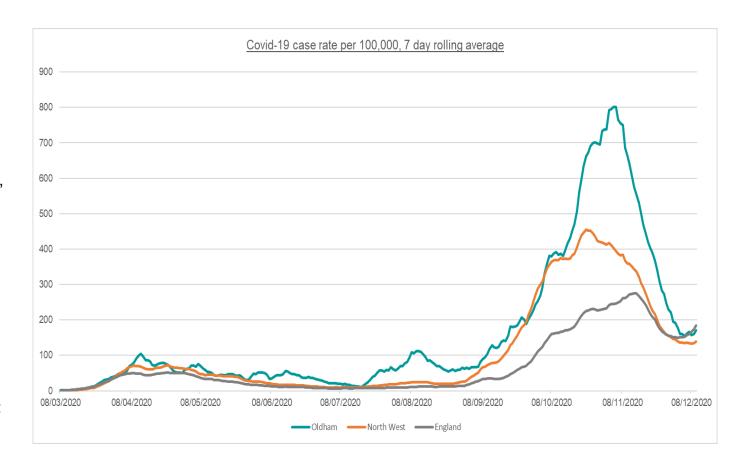
We have taken unprecedented action to contain transmission of Covid-19 in Oldham

Since the pandemic began we have taken unprecedented action to contain transmission of Covid-19. This started with the first national lockdown which was effective in bringing Covid-19 under greater control in Oldham.

However the last nine months has shown that easing measures too fast can lead to a rapid resurgence in cases, as we saw after the first lockdown was eased. We also know if the package of measures put in place is not comprehensive enough we risk putting restrictions on our businesses without the benefits of a substantial reduction in transmission, as we saw with the Tier 3 restrictions in GM before the second lockdown.

As we look forward over the next six months we must continue to learn from our experience of how to effectively contain Covid-19 and bring R to as low as possible and keep it there.

We must also recognise and mitigate as far as possible against the significant impacts on individuals, businesses, and communities that these measures have. We have taken action to mitigate the harms caused by these measures - for example improving the way we manage Covid-19 in schools to reduce the number of days of learning lost by our children and young people, and working with businesses to help them operate in Covid- secure ways - but more needs to be done over the next six months to mitigate these harms.



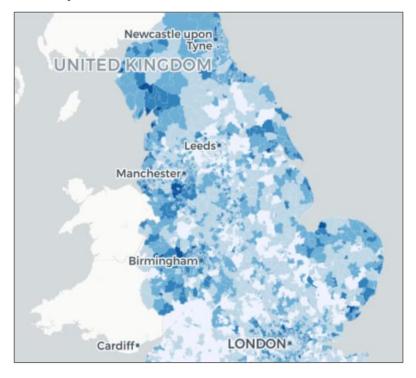
Both Covid-19 and the measures to contain it have severe socioeconomic impacts and have exacerbated inequalities within Oldham

Both Covid-19 and measures to contain it have affected every person and every business in every part of our Borough. To some it has been inconvenient, to some challenging, and to many, devastating. The impact has been unequal and unfair, starkly highlighting and deepening existing inequalities and social harms. The impacts are ongoing and we do not yet know their full extent. As we seek to set out how to contain Covid-19 in Oldham we must continue to do all we can to tackle harms and inequalities, recognising that the scale of the issue requires a comprehensive national response as well as regional and local action.

Covid-19 has exacerbated inequalities within Oldham

- As with other diseases, Covid-19 has had a more severe impact on vulnerable groups, including older people, people with disabilities, ethnic minorities and those living in deprived areas
- In Oldham we have a particularly high concentration of deprivation, with some of the
 most intense deprivation in places. Many of our areas of deprivation overlap with
 BAME communities and Covid-19 vulnerabilities [Figure 1] such as overcrowded
 housing, and low-paid insecure work.
- There is now a substantive body of evidence proving that more deprived areas have experienced higher mortality rates from Covid-19 than more affluent areas.
- Our most vulnerable communities are not only at higher risk of Covid-19 mortality but are also most adversely affected by the measures put in place to contain Covid-19.

Fig 1: Population map showing overlapping Covid vulnerabilities in the UK (% of population on shield list; average resident age; BAME population; index of multiple deprivation; ONS deaths; population density.



We are seeing significant impacts on vulnerable groups including the homeless, those living in poverty and on our children and young people

Impact on vulnerable groups including the homeless and those living in poverty

Our system set up to provide humanitarian aid has experienced significant demand through the pandemic. While initially set up to provide support to the clinically vulnerable, we have had to respond to calls for support to those facing the socioeconomic impacts of the pandemic.

The distribution of food parcels and medication has been compounded by requests for support relating to welfare advice, mental health and wellbeing and we continue to identify unmet needs and vulnerabilities across many of our communities.

The Covid-19 response has also been inextricably linked to the challenges of people having safe, affordable accommodation. The numbers of people living in temporary accommodation is higher than it has ever been in GM and the requirement for truly affordable housing, homelessness prevention, and access to appropriate and timely support remains critical.

Impact on our children and young people

- We anticipate a direct impact on child development as a result of reduced activity in the Early Years Foundation Stage during Lockdown. Anecdotal evidence is emerging that Yr1 cohort has below expected skills due to them experiencing a sustained period of absence during Lockdown.
- School children in Oldham have been disproportionately impacted compared to their peers nationally by number of days of learning lost. Between 12 October and 20 November 15.7% of children were unable to attend school due to Covid, compared to 11.5% across GM and 6% nationally. Along with the impact on each individual child, this risks widening the pre-existing attainment gap between Oldham and the UK average.
- The educational impact is greatest on our most vulnerable children. Whilst overall attendance figures demonstrate an average of 77.6% since 2nd November 2020; those pupils with and EHCP show and average of 70.7% and those with a social worker 74.4%.
- The wider socioeconomic impact of Covid-19 will also see many more children and young people living in families experiencing unemployment, debt and bereavement with the potentially greater exposure to issues such as domestic abuse. Many more will be experiencing anxiety and depression. Evidence suggests they are also at increased risk of exploitation both online and in the community particularly for those not in school - a situation exasperated by limited capacity and closures of youth venues during lockdowns.
- Young people are also suffering economically with people in Oldham aged 18-24 experiencing 132% increase in unemployment since March compared with 101% of people of working age.

The severity and length of restrictions has caused significant stress for businesses and the scale of the economic problem will likely only grow

Businesses have reported significant stress as a result of the pandemic and contain measures, including decreased sales, cashflow issues and less than six months sustainability. Many are increasingly reliant on Government support.

Even before additional Covid-19 restrictions were in place, in Oldham we saw:

- Unemployment claimants almost double from 6,545 in March to a total of 14,015 at peak in September.
- Oldham's monthly Claimant Count increase by 101%, a similar rate to GM (102%) but lower than English levels (118%).
- Oldham's monthly youth Claimant Count increase by 132%, significantly more than GM (122%) and roughly in line with England (135%).
- Increases have hit more traditional deprived areas to a greater extent, rather than being spread proportionally across the borough.

The impacts across our economy have not been uniform. Sectors dependent on social mixing such as hospitality, culture and leisure have been hit the hardest and most immediately - but the impact extends across the foundational economy, through supply chains, or from lower overall confidence and demand. Other businesses have been able to find growth opportunities, including those in digital and cyber industries, and in the life sciences sector.



Nevertheless, the scale of the economic problem will likely only grow.

Whilst low numbers of business failures have been registered to date, national survey data shows 15% have ceased trading permanently or temporarily, including manufacturing, ICT and constructions companies as well as the more immediately affected sectors [2].

This suggests many business failures may be in the pipeline in the coming months. The end of Government support schemes including furlough and the start of interest payments on business loans may be the triggers. This requires proactive and preventative action, as well as significant planning for GM's economic recovery as the vaccine takes effect.

The pandemic has also exacerbated health inequalities and disrupted our wider health and social care system

The impact of Covid-19 on the health and social care system goes beyond the impact of Covid-19 mortality and morbidity. It has exacerbated health inequalities and caused disruption to the wider health and social care system that will worsen health outcomes in Oldham. The impacts in Oldham risk worsening the health inequalities that already exist between Oldham and the rest of the UK and within Oldham itself, with the associated socioeconomic damage that health inequality is inextricably linked to.

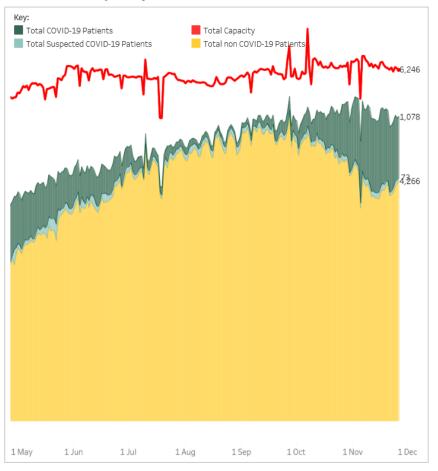
Mental health: The impact of the pandemic and restrictions on mental health on our residents is significant - with consequences of lockdown such as food insecurity, income loss, isolation and anxiety all worsening mental health outcomes. We have seen increases in mental health referrals from A&E and the community, and increases in mental health admissions for 34 hours and 3-5 days which are indicators of crisis.

Physical health: The physical health of our residents has also been impacted both by high Covid-19 mortality and morbidity and by the disruption to the wider health and social care system caused by the pandemic. The NHS has worked at times to capacity to manage increasing Covid-19 hospital and ICU admissions. This has had knock on impacts on the health and social care system including the disruption to non-Covid acute care across Oldham and a backlog of care across acute and primary care.

Significant drops in A&E use, admissions for urgent conditions, and attendance rates for primary care also indicate that many residents have not been seeking the help they need. This is particularly the case for our most vulnerable residents and risks increasing the health inequalities that already exist within Oldham and causing more non-Covid deaths.

Workforce resilience: Additionally there are also longer-term impacts on NHS and social care capacity and resilience, including the impact on a workforce that has tirelessly worked through many months of a pandemic.

GM Hospital total and ICU patients and total capacity



Looking forward over the next six months we have a series of challenges that we need to work together to overcome

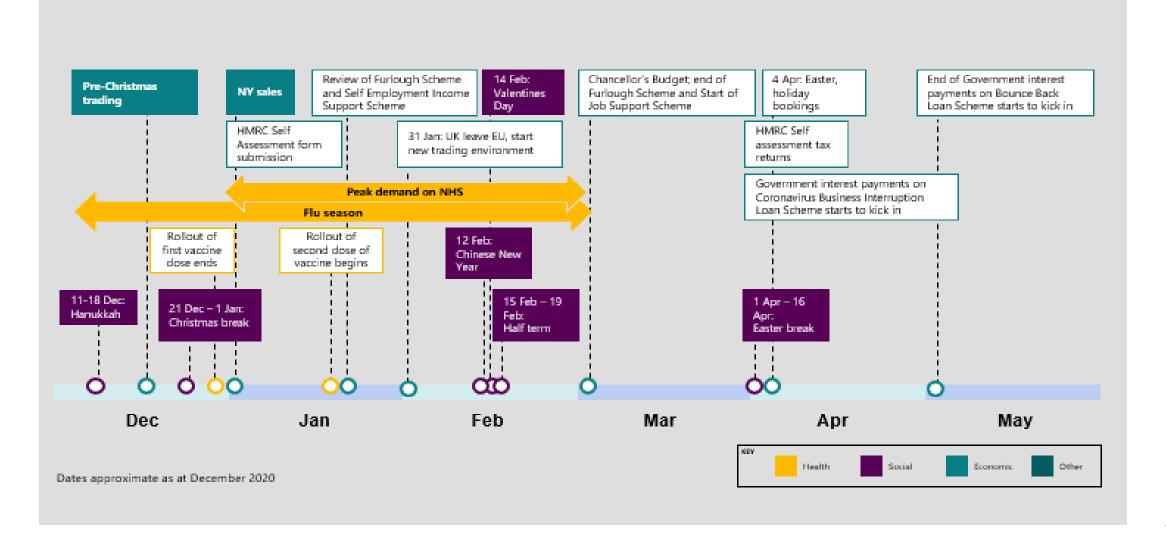
- A large resurgence of COVID-19, with widespread community transmission coinciding with a period of peak demand on the NHS and increased household mixing over the holiday period
- 4. Multiple pressures on public services, including staff sickness through Covid-19 and flu, seasonal risks such as cold weather and flooding, and the potential impact of Brexit.
- Wider societal impacts of Covid-19 and of measures to contain the virus, including on mental health and wellbeing, loneliness and exacerbated inequalities

- Ongoing restrictions with major concern from the business community that ongoing restrictions will lead to business closures if they are not given the support they need.
- A disproportionate impact on children and young people from Covid-19 compared to their peers nationally, both in educational attainment and wellbeing.
- Operational issues in the Covid response, including inconsistent national rules and messaging, testing and tracing systems not effectively reaching the numbers they need to, and inadequate financial support to enable people to comply.

- Disruption of health and social care and a backlog of non-Covid-19 care, with increased non-Covid morbidity and mortality and a surge in long-Covid worsening health outcomes and increasing the gap between GM and the UK.
- 6. Lost economic output, investment and human and firm-specific capital due to loss of businesses and jobs that risks 'levelling down' the region compared to the rest of the country
- Fatigue with contain measures and the challenge of how to continue to engage and activate our communities to comply with measures to contain Covid-19 over the next six months

Despite these challenges our six month plan can look ahead with a degree of optimism. Scientific developments in treatment of Covid-19, testing and vaccinations give us hope that we will soon reach a phase where the virus no longer poses a significant threat to public health. This plan will set out a framework for how we will tackle these challenges to a point where we reach a more sustainable solution and can live with Covid-19 in the longer term.

Key events over the next six months



Containing Covid-19

This chapter sets out how we will contain Covid-19 over the next six months ensuring that our plan is agile and evidence-based

The prevalence of the virus is still high in Oldham, and we will need to take action to suppress it over the next six months until a vaccine is widely available. Throughout the pandemic Oldham has had high rates of Covid-19 compared with the rest of the country, and there is evidence that the virus may be endemic in central parts of the borough where there are high levels of deprivation, as well as other risk factors for Covid-19 such as overcrowded housing. We cannot predict exactly how the virus will affect us over the next six months but can set out two high level projections that we may face to prepare for likely best and worst case scenarios. Although we hope that current measures will sufficiently reduce R and a vaccine will soon be available, our plan for containing Covid-19 must be able to respond to all situations, and must be agile to respond to our situation as it develops. It must also be evidence-based and rooted in local context and understanding of the impact both of Covid-19 and of the measures we use to contain it.

Dec

Jan

Feb

Mar

Apr

May

Optimistic projection for the next six months

Good adherence to lockdown in the New Year. Limited household mixing over holiday period. Good adherence to case isolation and quarantine and good access to effective and timely tests. Initial roll out of vaccine sees effective uptake of most vulnerable elderly and staffing groups

Outcome: good reduction in R to below 1 and case rates continue to fall in all parts of the borough.

Contain measures and mitigations put in place as appropriate.

Spring leads to more outdoor activities and fewer infectious diseases. Cases continue to fall in all parts of the borough and reach a low rate by May. Successful vaccine developed which starts to be available in increasing amounts to reduce mortality. Further successful vaccine developments enable increasing roll out to priority cohorts with effective uptake and impact on mortality

Outcome: R remains below 1 with gradual easing of restrictions and positive socioeconomic impacts of fewer infections and

restrictions.

Pessimistic projection for the next six months

Lockdown insufficient or poor adherence to lockdown measures.

Easing of household restrictions over holiday period or lack of adherence leads to a spike in cases mid-January, with continuing high and increasing case rates. Limited vaccine uptake due to uncertainty of vaccine stability and public perception of safety.

Outcome: rates increasing, with major impact on hospitals and lives lost by end of January.

More severe restrictions needed and for a longer period of time in GM, with Tier 3 continued throughout March and April. Vaccines not effective or not delivered before June. Outcome: ongoing high R and ongoing need for continued restrictions in GM and mitigations to be put in place.

Our contain plan is informed by learning from our experiences to date and emerging evidence

Since the pandemic began we have sought to rapidly learn from local, national and international experiences and from emerging evidence on the efficacy and wider impacts of contain interventions.

These key lessons have informed our contain plan and the mitigations we will put in place.

It is difficult to assess the impact and efficacy of interventions. This is easier for interventions that are implemented across the whole population (e.g. lockdown) than it is for targeted control measures. There is an incubation period between when interventions are implemented and when results may be seen in the data.

A package of measures is required to reduce transmission when it is widespread in the community, with each measure having a relatively small effect but acting simultaneously to slow rate of growth. 'Whole population' control measures are more likely to be effective than targeted ones and individual case management measures such as test and trace.

The earlier and stronger we intervene the less time interventions need to be in place. The longer they are delayed the more stringent measures may need to be and for a longer period of time, and may cause more economic damage. Countries that instituted hard, early restrictions lost the fewest lives and have been more economically resilient.

Easing contain measures too fast can lead to a resurgence in cases if incidence and prevalence is still high, regardless of the trend for infection rates. The first lockdown is likely to have ended when prevalence was still high, and this endemic picture is likely to have led to an accelerated increase in rates and the early second wave.

Individual case management measures such as test and trace and selfisolation is likely to have an impact on transmission when transmission is localised with a small number of cases. It is less likely to be effective when there is widespread transmission in the community.

COVID-19 and all measures to contain it have negative short and long term socioeconomic impacts. Restrictions impact businesses required to close but also affect others indirectly. GM has the most stringent restrictions and for the longest period of time in the UK. Many businesses will not be able to withstand further restrictions without support.

Maintaining detailed understanding of local epidemiology is crucial and decisions on contain measures must be focused on a range of indicators, including current metrics, trends and future projections. Decisions must also take into account wider indicators on the impacts of contain measures.

Acting across a broad geography has greater impact. Social geography is more important than administrative boundaries when implementing measures – within GM and across the NW. Multiple varying and regularly changing approaches is not effective in controlling transmission and may have a perverse effect due to public confusion.

Our position on which contain measures and mitigations are required in Oldham is informed by data, intelligence and local

judgement

Decisions on contain measures need to be evidence-based and informed by local context and understanding. They also need to take into account the socioeconomic and health impacts of both Covid-19 and the measures to contain it, to ensure appropriate decisions are made and mitigations put in place.

Within GM a process has been developed to proactively understand the GM situation and to ensure that data, intelligence and local judgement informs the policy position. The best time for assessing our local position and making decisions on contain measures and mitigations will not necessarily align to the frequency set by Government and although we will feed into this, we will continue with our local battle rhythm over the next six months.

The GM approach is designed to aid decision making at a locality level, support discussions about policy options and mitigations in GM, and enable proactive engagement with Government and our local population.

Within Oldham, locality data is formally assessed twice per week to understand the current position and identify where further action is needed to reduce transmission or mitigate the impact of both Covid-19 and control measures.

| Data and intelligence | Frequency | Purpose | | |
|--|-------------------|---|--|--|
| Interactive Data Warehouse | Ongoing | To provide ongoing access to as near as possible real time evidence for decision makers in localities on Covid-19 and the socioeconomic harms, enabling them to access data and intelligence for GM and their localities. | | |
| Dashboard | Weekly | To provide weekly updates to decision makers on the latest data through a comprehensive dashboard of key indicators providing as near as possible real time evidence and data | | |
| Assessment Framework | Fortnightly | To provide a fortnightly expert assessment of our current Covid-19 situation and wider impact to: Provide expert advice and analysis informed by data, intelligence and local judgement Inform, as far as is helpful, a united position across GM about Covid-19 and its impacts and a shared narrative to share with Government Guide our own decisions and actions within GM including on mitigations required to put in place for contain measures Influence government policy on mitigation of harms. | | |
| Oldham data and intelligence report | Twice per week | To provide local leaders with an assessment of the current position in relation to Covid-19, health and care system resilience, and the impact of Covid-19 and control measures on local residents, services and businesses. | | |

We have established effective Governance arrangements to support a whole system response to managing the pandemic and delivering this plan

- It is clear that it will take a whole Oldham system approach to continue to effectively manage the pandemic. We will
 need to reply upon the leadership of every sector in Oldham and have put governance arrangements in place to enable
 this.
- We have established a single Oldham System Response & Recovery Board to oversee the overall strategic response
 covering the breadth and depth of those issues needed to respond as a whole borough to the pandemic, including
 transition, recovery and transformation. This group is chaired by the Deputy Leader of the Council and Portfolio Lead
 for Covid 19.
- The System Response and Recovery Board is supported by:
 - The Strategic Coordination Group which meets twice weekly to coordinate the delivery of this plan and the local response to the pandemic, and fulfils the role (set out in national guidance) of the Health Protection Board
 - Local Community Bronze Sub-Group responsible for coordinating emergency crisis support, including food, medicine and other essential items.
 - The Health & Care System Coordination Group to coordinate the response of the health and care system, and support the resilience of the local system.
 - The Health Protection & Air Quality Sub group which fulfils the role of the member-led local outbreak control board for public engagement and community leadership.
- In addition the Oldham Equalities Advisory Group will continue to provide advice and challenge to all of the Oldham system on the effectiveness of its response and therefore acts in support of all of the groups described above.

Actions we will take to contain Covid-19 over the next six months

Actions we will take over the next six months:

1

Ensure decision making is informed by data, intelligence and local judgement

- Utilise the interactive data warehouse and local data and intelligence to provide real-time data accessible to locality decision makers
- Continue to provide twice weekly intelligence reports to SCG and weekly reports to the System Response & Recovery Board
- Continue to review indicators and respond to changes in national framework and policy

National action required:

- Collaborate with GM and Oldham in the development of additional contain approaches and mitigations
- Communicate early and effectively around any changes to the current tiered framework or the implementation of the framework
- Engage in regular discussion about the current position of Oldham and GM and the measures, mitigations and support required

2

Continue to review the evidence base on the effectiveness of contain measures and mitigations

 Continue to review evidence within Oldham, GM, nationally and internationally on the effectiveness of contain measures and mitigations to inform the response over the next six months

Maintain links across the Oldham system with range of partners

- Continue to use the Contain and Data and Intelligence cells as a forum for maintaining links across the GM system and incorporating expertise from a range of partners including VCSE and academia
- Continue to work as part of the GM system, maximising the benefits of City Region collaboration whilst ensuring that decisions meet the needs of, and benefit, Oldham residents.

What are the indicators we use to measure containment?

- Testing rates per 100,000
- Positivity rate in Oldham, compared to North West and England
- Contact tracing performance data proportion of people contacted

Our contain approach will be supported by efforts to increase compliance and enforce where needed

In April 2020 the GM Covid-19 Compliance Group was stood up to establish a consistent approach to compliance across GM. Oldham representatives (Council and Police partnership) attend the GM Group and report to the local TCG with a focus on:

- communicating and engaging with the community and local businesses to educate them on the restrictions in place, and undertaking compliance visits to premises.
- Regularly meeting with partners, educational settings and local businesses to ensure the wider population is aware of, and engaged in, complying with restrictions
- Working closely with communications and engagement teams to secure insights from across our population are in place to inspire and change behaviours
- Carrying out multi-agency enforcement across the Borough using the Engage, Explain, Encourage and Enforce approach

Additional funding has been allocated to spend on compliance and enforcement of regulations which are tier dependent. In Oldham we are continuing to focus on:

- Checking COVID-19 secure arrangements are in place in premises and engaging businesses about what more they can do, or ensuring premises are closed.
- Providing bespoke advice to businesses each time the tiers/restrictions are changed.
- Working closely with the police to communicate and engaging with the community and local businesses to educate them on the restrictions in place, and undertaking compliance visits to premises.
- Regularly meeting with partners, educational settings and local businesses to ensure the wider population is aware of, and engaged in, complying with restrictions.
- Working closely with communications and engagement teams to secure insights from across our population are in place to inspire and change behaviours.
- Carrying out multi-agency enforcement across the Borough using the Engage, Explain, Encourage and Enforce approach.

What are the indicators we use to measure compliance and enforcement?

Private properties:

- Number of warning letters sent
- Number of visits made
- Number of enforcement actions

Businesses:

- Number of directions to close
- Number of other enforcement powers used
- Number of licenced and unlicensed businesses engaged with/provided evidence to on managing the risks of COVID-19
- Number of Health and Safety Improvement notices served to licenced and unlicensed businesses in relation to safe workplace requirements
- Number of Health and Safety Prohibition notices served to licenced and unlicensed businesses in relation to safe workplace requirements
- Number of Health & Safety Prosecutions initiated for licenced and unlicensed businesses in relation to safe workplace requirements

Face coverings:

• Number of complaints received related to face coverings

Plans / projects which this work links to:

- GM Compliance and enforcement terms of reference and compliance and enforcement approach.



Communicating, engaging and activating our communities

Communicating, engaging and activating our communities

Our communities have already made significant sacrifices during the pandemic and are central to our continued efforts to suppress the virus over the next six months.

However our ability to effectively communicate with our residents has been held back by a number of challenges, including frequently changing restrictions, blanket messaging, disinformation, increasing public frustration, and a lack of insight.

Over the next six months we will continue to work with our partners to engage our communities, focusing on key public health messaging, including updated messaging on the revised guidelines in Oldham which we continue to communicate through a wide range of engagement channels.

We will continue to build confidence and trust across Oldham's diverse communities, promoting our We Are Oldham Campaign aimed at showing how the borough is coming together to help tackle Coronavirus, as well as continuing to promote the support available for vulnerable residents, people financially impacted by the pandemic, and local businesses.

Over the next six months we will continue to use our partnerships and networks to tailor our messaging to reach as many communities as possible, helping contain the spread of Covid-19 and minimise its harmful impacts.

Supporting our enforcement approach. These activities will also form an essential part of our enforcement approach which is rooted in 'The Four Es' - Engage, Explain, Encourage and then Enforce. Increasing our engagement, clearly communicating contain measures, and activating our communities to encourage them to comply will mean we only need to use enforcement when it is genuinely required. We recognise that there are often good reasons why people do not or cannot comply, and we will seek to address these through our communications, engagement and support.

What are the wider indicators we are using to measure impact in this areas?

- Individual feelings (life satisfaction / wellbeing; confidence in key areas such as work, transport and visiting town / city centres; changes that could be made to improve lives) through our Covid-19 Survey.
- Advice / instructions / regulations (levels of awareness and understanding; willingness and ability to comply, including current behaviours, barriers and motivations; perceptions of other people's compliance.)
- Impacts (how coronavirus is affecting individuals, friends, family and community; worries / anxieties for future; perceptions of ability of NHS / public services to cope)
- Access to information (where people obtain COVID information; levels of trust in these different sources)
- Community sentiment through our networks, including the Equality Advisory Group

So far we have:

- Utilized a variety of communication platforms to ensure that key messaging around government policy is communicated in a meaningful and helpful way for our communities. This includes an information hub on the council website, extensive social media activity, newsletters to businesses, direct mail to our most vulnerable groups along with regular engagement with local media channels.
- Established Oldham's Equality
 Advisory Group to help develop culturally appropriate messaging.
- Launching the We Are Oldham
 Campaign to show how the borough is coming together to help tackle
 Coronavirus.
- Promoted self-isolation payments to support people self-isolating.
- Through our website, communication channels and partners we have been promoting a wide range of mental health support that's available.

Increase insight

- Secure ongoing insight on key trends and emerging issues through monthly surveys with residents from all boroughs, in-depth qualitative interviews and rapid 'pulse checks'
- Working with PHE Behavioural Insights Team and the Independent Scientific Pandemic Insights Group on Behaviours to create genuine behavioural insight across GM
- Undertake a Covid-19 Impacts survey of Oldham residents in January 2021

Develop deeper, targeted insight for equalities-focused approaches (not yet funded)

- Through the Equality Advisory Group, facilitate targeted community conversations with key audiences to inform culturally competent comms and engagement approaches
- Collaborate with partners and networks for deeper investigation into issues holding back communities' ability to live with and recover from Covid-19

Increase comms and campaigns

 Draw on the outcomes of insight activities, co-design and deliver evolved approaches to informing, educating and engaging our residents, with more accessible, targeted and sophisticated social marketing approaches.

Continue to build trust across Oldham's communitie

- Share good news stories about community groups / individuals through the We Are Oldham Campaign.
- Co-design our approach with the public, including our targeted approaches to address inequalities through the Equality Advisory Group and Equality Strategy.
- Draw on expertise from across the system to tailor our messaging, ensuring we reach all of Oldham's diverse communities.
- Continue to work across Team Oldham to coordinate key messaging.

2

Mitigating Harms

Resetting the health and care system

Following the implementation of phase 2 recovery as part of the Covid-19 response, Oldham's health and care phase 3 recovery assessment and route to implementation has been established.

The overarching aim of this recovery work is to ensure that more, if not all, services are stepped back up safely, whilst operating within the context of enhanced infection, prevention and control (IPC) measures, which as well as impacting on care delivery, impacts on estate capacity also.

The data used for our planning is based on assumptions using existing and current capacity and demand modelling, and is aligned (for Oldham borough patients) with the Northern Care Alliance (incorporating Pennine Acute Hospitals – Royal Oldham) and Pennine Care.

National activity target expectations

Referrals:

 The national expectation is that this returns to 100% of the previous year's activity – Oldham is realistically planning for this to be back to 80%

Elective inpatients:

 That national ask is that this activity incrementally returns to 70% of the previous year rising to 90% by March 2021 – Oldham is realistically planning for this to be back up to 73%

Elective outpatients:

 The national ask is that this activity incrementally returns to 90% of the previous year rising to 100% by March 2021 – Oldham is realistically planning for this to be back up to 91%

Non-elective inpatients:

 Oldham is planning for this to be back up to 83% of the previous year's activity

Emergency department attendances:

 The regional ask is that this activity returns to not less than 75% of the previous year – Oldham is realistically planning for this to be back up to 89%

Assessing the gap

The data that has been compiled and submitted provides us with the ability to assess the gap between the national ask around phase 3 recovery and current local capacity and delivery - we also know there is a gap in relation to some of the expected timescales for implementation and completion, and the ability for some of the services to be able be meet these specified deadlines.

Work is, therefore, now underway to establish how we can get local health and care services to the required levels for phase 3 recovery implementation – this builds on what was already taking place in Oldham prior to the Covid-19 response, due to many services not meeting the required national NHS Constitutional standards.

Additional bed capacity was put in place across the North West, but more work is needed to establish what the acute and complex parts of the pathway need to look like in Oldham – the aim will be for independent sector providers to support lower acuity care, and builds on brokerage between organisations to help develop relationships across providers to enable them to work together effectively across the locality.

Activity context

The CCG is required to plan for its population, which is anyone registered at an Oldham member GP practice, irrelevant of where they receive their care. Many Oldham patients receive care outside of Oldham, either due to circumstance or choice. Whilst the CGG commissioned a large amount of healthcare, it does not commission everything. Some services provided by hospital are commissioned by other agencies and are therefore not included the CCG's plans.

Hospitals are required to plan for the utilisation of their facilities. They are location based and have to plan for anyone attending their services, irrelevant of where those patients live or are registered. Many people from out of the Oldham borough access Royal Oldham Hospital, and in the last 12 months, only 62% of the activity for people who used Royal Oldham were Oldham-registered patients.

For these reasons the CCG activity plan and the local hospital provider plan will never fully align. The CCG has submitted a plan that is broadly in-line, but slightly less than national and regional recovery expectations, with the exception of referrals, which are significantly less than required.

1

Cancer

- Improve cancer referral data
- Work with NCA on a diagnostic hub business case to provide additional capacity
- Work with NCA to ensure that its cancer recovery plan is reviewed and approved
- Implement additional PET-CT scan machine
- Continue to promote the bowel, cervical and breast proactive screening programmes in primary care under 'Primary Care Plus'
- Implement local and national cancer campaigns: "We are here for you"
- Utilise existing Covid-19 community engagement to provide information on cancer symptoms and services

2

Elective care

- Work with providers to enact key demand management tools, such as 'advice and guidance' to support the reduction in outpatient need
- Work with NCA on the broader 'System Wide Outpatient Programme' to continue to implement different ways of delivering outpatient care, as well as implementing new initiatives to support reduction in volumes such as PIFU
- Work with providers to consider and consult on a more permanent arrangement to the use of medication for early medical abortions (up to 10 weeks) in conjunction with over the phone or virtual appointments
- Roll out of new referral template to improve quality of referral information and support improved triage with advice and guidance responses back where appropriate

What we are already doing

Cancer

- Northern Care Alliance (NCA) has recently launched the Rapid Diagnostic Centre at its Oldham and Salford sites, which has seen an increase in referrals and is running at an 8-10% cancer conversion rate
- Two week wait (2WW) cancer referrals now only 8% down on pre-lockdown levels
- Contracting of routine endoscopy diagnostics were transferred to the hospital trust to provide support for cancer work – supported by a GM-wide programme to increase mobile endoscopy capacity
- GM-wide surgical hubs for cancer in place at Rochdale Infirmary and The Christie as 'green' Covid-secure sites
- CCG-chaired Board in place to transform outpatients system-wide (SWOP), focusing on diagnostics and service recovery

What we are already doing

Elective care

- GM-level management of independent sector hospital capacity in place across the system
- Independent sector community elective providers being engaged in relation to capacity availability, and will be supported by the CCG regarding estates needs due to IPC measures
- Virtual solutions are being used to increase outpatient activity (including assessments and reviews) to the required levels
- Pregnancy terminations continued to be provided throughout lockdown, with medications sent via post
- Supply of all community elective providers to NCA to look at potential for additional capacity that can be offered on an provider-to-provider basis
- Implementation of tele-dermatology to reduce face-to-face contacts required and increase the numbers of patients managed outside of specialist services

Mental health and learning disabilities

- IAPT services activity is returning to pre-Covid levels the service has continued to be in place throughout
- It is expected that the children and young people access target will be met
- Health checks for people with learning disabilities (LD) have continued throughout as part of the Direct Enhanced Service and Primary Care plus
- We are expecting the Transforming Care trajectories to be met for both secure and non-secure patient discharges by 31 March 2021
- The 'eliminating mixed sex accommodation' programme is now underway again following a pause in March 2020

Health inequalities

- Health inequalities are being addressed via Primary Care Plus in relation to key indicators such as by increasing prevalence and reducing exception reporting – those with severe and enduring mental health conditions are targeted, as well as those vulnerable to frailty
- Work is underway to address the issues that driver poor health outcomes, such as the recruitment of social prescribers who are deployed into PCNs
- GPs and the acute trust are reviewing all children and young people on the 'shielded' patient list and removing those from the list that are no longer deemed clinically 'extremely vulnerable' – all children and young people on the list are seen by services
- Increased testing is in place for all vulnerable people
- · Regular 'sit-reps' are in place for care homes

3

Workforce

- Work across the Oldham Cares system to agree a collaborative approach and response to the NHS People Plan
- Produce a specific primary care response to the NHS People Plan, as a collaborative approach between the commissioners and Greater Manchester and Health Education England workforce leads
- implement the new primary care workforce programme to support the delivery of recruitment, retention and training objectives

4

Mental health and learning disabilities

- Increase investment in mental health services in line with the 'MHIS' plan
- Oversee the implementation of the IAPT 24/7 helpline to include full crisis resolution and home treatment services, and work with Pennine Care FT to ensure that the appropriate recruitment is in place and delivered to support the workforce action plan for the service
- Work with providers to ensure that access to these services is clearly promoted and advertised this will include continued borough-wide campaigns to support mental health and wellbeing for all
- Following a review of LD prescribing of anti-psychotics, develop an action plan for this area to support practices and provide them with implementation plans
- Develop an action plan to support LeDeR reviews and lack of capacity

5

Health inequalities

- Examine the potential to utilise medicines optimisation pharmacists working within PCNs to identify and support at risk patients as part of structured medicines reviews and health checks
- Extend the teams to support the 'continuity of carer' agenda, with specific teams to be put in place for vulnerable patients, including those with learning disabilities
- Phase in a new 'visiting plan' for maternity units to ensure the necessary family support is in place, as safety measures allow

Workforce actions already underway

- Enhanced mental health initiatives, platforms and support for all staff across the Oldham system are in place
- Regular 'pulse' surveying is in place to track how staff in the Oldham Cares system are feeling
- New equality strategy for Oldham is being produced by all partners and the community, voluntary and faith sector
- Oldham CCG 'equity' plan for recruitment, retention and progression is in development

We are ensuring community health and care services are enabled to support the most vulnerable through:

- Prioritising the safeguarding needs of adults at risk
- Working to enable flow at the hospital so as to ensure Oldham residents can receive lifesaving acute care and beds are not taken by people who have acute needs
- Supporting care homes and care providers to continue providing care and support the most vulnerable seven days per week
- Supporting informal carers (23,000 in Oldham) through these challenges times

6

Primary care

- Ensure clinical pathways and standard operating procedure are signed off for the paediatric virtual ward
- As part of processes to deal with childhood immunisation issues, oversee (in collaboration with CHIS) the redesign of processes to improve the system going forward
- Assess the effectiveness and quality of the weekly pastoral care calls between primary care and care homes, as well as individual care plans and structured medicines reviews
- Development of a revised outcome-based district nursing offer to bridge the period up to March 2021, which will ensure caseload prioritisation and also areas of current commissioned activity that can be ceased/provided differently in the wider system
- Confirm next steps for STICH enhanced nursing support for care homes and end of life pathways
- Develop robust links between medicines optimisation team and the PCNs
- Commission the GM 'minor ailments' scheme as support to the 'self-care' policy work
- Work with secondary care to increase the amount of medicines provided at discharge to reduce pressure on primary care prescribing
- Ensure that clinical vulnerable children are prioritised in community service recovery plans
- Ensure oversight of children with complex health needs and who have been shielding who may not be able to return to school so that their care and educational needs are met
- Maximise and lock in the benefits and changes that have been realised during COVID-19
- The system deficit will need to be managed in the context of the impact of the pandemic and will focus on: Managing the backlog of patients; Safely resuming clinical activity; Preparing for winter; Surge planning; Supporting our existing workforce and securing a sustainable workforce; and Exacerbation of existing health inequalities.

What we are already doing

- Locality-wide post-Covid rehab pathway implemented across acute, community and primary care and is working well, and additional capacity has provided for the lung service
- Community service recovery plans in place
- A community optometry service was commissioned in May 2020 to support the national ask for local urgent eye care services, which has continued and will be expanded to include routine care to help reduce the demand on acute trusts
- Care home 'STICH' enhanced community nursing support in place for care homes and end of life
- Work underway for PCNs to take a greater lead role in proactively reaching out to vulnerable patients as part of the MDT approach
- All 6-8 week checks for babies have been maintained throughout
- Paediatric 'virtual' ward due to go live, with an additional 20 beds to support early discharge
- Paediatric 'rapid access clinics' due to commence for primary care community care services to refer into specialisms, with the aim of avoiding hospital admissions
- The children's community nursing team has maintained face-to-face contract throughout Covid-19 with children who have complex health needs and also children on the end-of-life pathway

7

Winter

- Consider the establishment of a 'cold diagnostic site to reduce DNAs due to Covid-19 fears
- Consider a more joined-up approach with community pharmacy so that there is reduced competition for vaccine supply
- Work with community pharmacies to improve the signposting of key services and the best ways to access them during the winter, as well as promotion of the flu immunisation programme to encourage take-up
- Increase the number of paediatric multi-disciplinary teams across the neighbourhoods in the borough

What we are already doing

Winter

- A robust flu immunisation programme plan is now in place for Oldham, with specific interventions for target and at-risk groups, integrated with the national and local communications and engagement flu and winter campaign
- A multi-agency flu programme group is in place to ensure the delivery of the immunisation plan – this includes a dedicated individual from the CCG's primary care team to coordinate work as needed with practices
- Community and primary care nurses are trained to administer flu vaccines
- Paediatric rapid access clinics are increasing in number, offering up to 30 appointments per week - GP 'advice and guidance' service in place, which will also coordinate with the rapid access clinic
- · StartWell specialist nurses are back in the emergency department

Conclusion

The success of the next six month recovery plan will be reliant on:

- · Robust partnership working
- · Strong clinical leadership and engagement
- Effective engagement with our communities and with patients
- Clear programmes for service redesign and transformation
- Good governance

The core transformation programmes will centre around:

- A new model for managing long term conditions, utilising a 'hub' that includes non-elective, elective and primary / community care
- A new model for urgent care, as linked to the Greater Manchester model
- Redesign of local community services

Mitigating social harms and inequalities

Tackling the inequalities exacerbated by Covid-19

Oldham has a rich history of people from different backgrounds and cultures living and working together. However, we know that there are groups of people that are marginalised, who are more likely to face inequality and discrimination than others. As we recover from the impact of Covid-19 it is critical that we tackle inequality and discrimination head on.

We know Oldham is a place where deep social and economic disadvantage still exists and life can be a struggle for many. COVID-19 has exacerbated these pre-existing inequalities. Nationally, we know that some people may be more at risk of transmission of COVID-19, at risk of poorer outcomes from infection, and at risk of greater impact from control measures. Public Health England (PHE) have found older people, males, those living in deprived areas, and those from Black, Asian and Minority Ethnicities (BAME) are at increased risk of poor outcomes. However, it is equally important to note that inequalities are also experienced in how people are treated – in the assumptions that are made; the language that is used; the way we communicate; and how services are designed and accessed.

In Oldham equality and diversity has been at the heart of our Covid-19 response. We have formed the Equality Advisory Group, made up of key community representatives, to help us positively respond to any disproportionate impact Covid-19 has had on our communities. We have completed a comprehensive Equality Impact Assessment to help us identify and mitigate any equality impacts caused by the pandemic, shaping both our response and subsequent recovery planning, ensuring our offer is responsive and equitable to all.

We are also developing an Equality and Diversity Strategy for Oldham, which will aim to:

- 1. Identify and mitigate the potential equality impacts caused by Covid-19, informing our response through research, best practice and lived experience.
- 2. Provide services that put the citizens' voice at the heart of decision-making, advancing equality of opportunity and celebrating diversity and inclusion for all.
- 3. We will lead the way in championing inclusivity across the borough, working with our partners and communities to design out inequality, making Oldham a fairer place for everyone.
- 4. Encourage and enable a skilled and diverse workforce to build a culture of equality and inclusion in everything we do.

Tackling poverty in Oldham

Poverty in Oldham

The exacerbation of existing inequalities as a consequence of COVID19 has also resulted in a further deepening and widening of poverty in the borough. Unemployment rates have doubled since March and rates are highest in our most disadvantaged communities. We are especially concerned about the rise in youth unemployment; now approaching 16% borough wide in some hotspots, within our poorer wards, as high as 37%.

Calls to our Emergency Helpline set up in response to the pandemic remain high (from March to the beginning of December we'd received 11,000 calls). Whilst the number of calls in relation to COVID19 and shielding have decreased, calls in relation to poverty remain high as people are now seeking help with accessing benefits; managing debt and paying essential bills. Callers are increasingly presenting with more complex needs and requiring support across multiple services. We are currently working with colleagues across the system to maintain the helpline as a first port of call for support; ensure it is sustainable longer term and that referral routes across the system operate effectively to get people the help they need early and quickly.

The end of the furlough scheme in March of next year, the removal of mortgage payment holidays and protection from eviction for rent arrears, will continue to challenge us and place increasing demands on increasingly constrained crisis services. Our commitment to tackling poverty is unwavering and we are working hard with our partners to ensure we are doing all we can both to support people experiencing poverty now; enabling them to take steps out of poverty and working longer term to tackle the underlying causes.

In the short term, for those struggling with poverty now, we are ensuring no child in Oldham goes hungry over Christmas through the roll-out of the DWP COVID-19 Winter Grant. We are again working with our partners e.g. VCFSE sector, Credit Union and Registered Providers to ensure vulnerable families and individuals can get help with essential bills; boiler repairs and essential goods. In the longer term our approach will focus on how we enable people to move out of poverty and tackle the root causes. To help us with this we have established a senior level Poverty Steering Group to oversee and provide ownership of the development of a system-wide Poverty Strategy and Action Plan .

In addition we are:

- Ensuring our understanding of poverty informs our proposals for place-based integration and links to both our Thriving Communities and Community Wealth Building programmes
- Supporting the development of and engagement in a Poverty Truth
 Commission to ensure we are engaging, listening and working with people experiencing poverty to tackle it
- Working with Action Together to strengthen our existing Poverty
 Agenda Group – so that it becomes more focused on delivery of our key poverty priorities

Supporting Oldham's Children and Young People

We are supporting our children and young people by prioritising safe education provision and addressing the mental, physical, social and developmental harm that has been caused by Covid-19. The actions that do this are:

- Maintaining opening of schools through contact tracing, advice to schools and guidance for parents
- Multi agency work on risk management of vulnerable children
- Attendance focus for agencies working with CYP with EHCPs and / or social workers
- Flexible and responsive approach to FSM provision and a holiday hunger strategy
- Increased SEND transport provision and other work to support the most vulnerable children to attend school
- Safeguarding the CME and EHE pupils and supporting schools to minimise exclusion
- Sharing high quality research, practice and resources for online/blended learning, including a digital learning commission
- Support the sustainability of the local childcare market and take account of changing parental needs and preferences
- Face to face visits and virtual consultations for SEND pupils and families, as required.

Children's Social Care

Within Children's Social Care and Early Help we will continue to maintain a focus on our children and young people and their well-being and safety remains paramount. We will continue to adhere to our key service principles and ways of working which have been established in response to the pandemic in relation to ensuring children and families continue to receive the care, help and protection needed. Staff safety will remain our priority and we will continue to ensure that quidance is regularly updated, staff can readily access testing and PPE, and there is regular communication through a weekly update and management oversight and supervision is maintained.

We will continue to maintain our Children's Social Care Service "Bubble Rota" which means that each service area will have a Duty Team in the office for the week they are on the rota and all other staff are working from home and maintain contact with all children and families on their caseload, with team regular check in with their team managers in via Microsoft Teams. A 'hybrid' approach is being taken to Child Protection Conferences and Looked After Reviews with partners being invited via MS Teams for the foreseeable future.

We have developed a flexible approach to service delivery and continue to ensure that where there are co-working arrangements in place with other services there are clear cross-service communications in place to reduce duplication.

Twice-weekly strategic partnership meetings are held to ensure an integrated approach to Oldham's response to children and families and develop our recovery planning including the management of increased demand for services, including Domestic Abuse.

We are considering how, moving forward we may use the learning from the Covid-19 crisis to develop our future operating model and deliver more flexible and responsive services for vulnerable children and families in Oldham

Tackling and Preventing Homelessness

We are working with our key stakeholders to prevent homelessness. Our registered social landlords have signed a pledge that they will not evict tenants who are experiencing hardship due to Covid 19.

Oldham has continued to operate the 'everyone in' initiative which the Government launched at the start of the pandemic. Oldham has a localised offer for rough sleepers and this is delivered through an extension of our A Bed Every Night 'ABEN' scheme. Anyone who is a rough sleeper or who is at risk of rough sleeping will be accommodated through this scheme. All our temporary accommodation has been risk assessed as Covid safe and complies with the relevant guidance.

Through our strategic housing partnership we are working on refreshing our homelessness pledges to ensure fairness and consistency throughout the housing sector and to ensure everyone receives their entitlement to a warm, safe, secure place to live which they can call home.

In addition we are:

- Working closely with Oldham Street Angels, the 7-day homelessness service enables individuals to provide an address for test results, ensuring that homeless people can access testing facilities in Oldham.
- Providing £974,689 of Winter Grant funding to support residents with food, fuel and other essential costs during winter (from December 2020 to March 2021).
- Work across services to ensure the mechanisms are in place to support the timely distribution of the vouchers and to match this with other sources of funding for example the DEFRA Emergency Assistance Fund; vouchers from the GM Mayor's No Child Should Go Hungry Campaign; Local Welfare Provision and resources available within the VCFSE sector. This will enable us to ensure that support reaches the maximum number of vulnerable families and individuals giving them peace of mind in the run up to Christmas, and over the winter months, that they will be able to access help with food and essential bills.

Providing Humanitarian Assistance

Through a multi-agency Community Bronze Structure, will be provided to those who are most in need, using the local authority-led Helpline and Community Hubs that we set in each district in our initial response. These will continue providing humanitarian aid and our strategy to implement a whole system model for public services (including the voluntary, community, faith sector (VCFSE) to work as 'one response' and with 'one voice' in communities, based on five public service neighbourhoods, underpinning our current approach to outreach in communities and individuals disproportionately impacted by Covid-19. This will include:

- Maintaining preparedness for increases in demand for humanitarian and acute welfare support.
- Strengthen the connection with the VCSE and mutual aid groups and work in partnership with them to ensure they have the resources they need to meet the increasing demands.
- Provide ongoing humanitarian support to those shielding and self-isolating
- Prepare for additional humanitarian support that will be required when the current Universal Credit cap 'grace period' ends in January and the £20 Universal Credit increase ends in March

In addition to support our humanitarian assistance, we will continue community engagement work through Action Together (our CVS) and Council district teams working closely with community leaders, champions and anchor organisations. Also through an outreach team do targeted door to door engagement.

Humanitarian assistance measures:

No of people contacting the helpline for assistance
No of people referred for support into the Hubs

No and type of support requested No and reason for request No. of 'CEVs' contacted by the Councils and no. that the Council was unable to contact

Number of 'CEVs' directly supported to access food

Number of 'CEVs' who did not need support with access to food after follow-up

The indicators we will use to measure progress over the next six months

Inequalities

- Self referrals to IAPT services
- Education (e.g. number of new COVID-19 cases, children self-isolating, staff self-isolating) – from GM and DFE data
- . Domestic Abuse Incidents
- Prevalence and severity of impact for BAME residents
- Volume of residents in council tax arrears.
- Number of new claimants for Universal Credit, newstyle JSA and new-style ESA.

Education

- Attendance in school, and of vulnerable children in school
- No. of children affected by COVID and unable to attend school
- . Average Days of Education Lost to COVID per FTE
- The number of +VE cases affecting schools (staff and pupils)
- The number of contacts identified per positive case
- GM provider survey on Early Years and Out of School Provision

Homelessness

- * Number of people:
- a) Rough sleeping
- b) In emergency temporary accommodation
- c) In statutory temporary accommodation
- Progress through move on programmes (Housing First, Next Steps etc.)

Older People

- Falls and fractures related admissions to hospital for 65+ age group (TBC)
- Mental health referrals for 65+ age group (TBC)
- Waiting times for specific health services (TBC)
- Self-reported nutrition and hydration status (TBC)
- Older people volunteering (TBC)
- Access to cultural / community activities (TBC)
- Pension Credit take up (TBC)
- Use of the concessionary bus pass (through Transport for Greater Manchester)
- Attendance at leisure service physical activity provision (through GM Active)
- Attendance at exercise referral schemes (through GM Active)
- Attendance figures from GM Culture Fund recipients
- Utilisation of the Dementia United Greater Moments Ann

Humanitarian assistance

- No. of households contacting local authority Community Hubs for:
 - a) food support
 - b) medication support
 - C) other non-essentials support
 - d) welfare support and advice
 - e) well-being support
- No. of individuals seeking support from local authority Community Hubs because they are:
- a) Shielding (CEV and non-CEV)
- b) Experiencing poverty/hardship
- c) Self-isolating
- No. of Self-isolation grants requested and received.
- Volume of individuals and families supported through the COVID Winter Grant Scheme
- Demand on VCSE services, its workforce resilience and financial sustainability.

Supporting Oldham's economy

As per the GM Economic response, over the next six months it will be essential to protect the economy and ensure it receives the support it needs to lead to a strong recovery. There is massive uncertainty both from Covid-19 and the end of the Brexit transition period, but until a lasting solution to the Covid-19 crisis is found businesses are going to find it harder to survive and unemployment will rise.

The widespread impacts on the UK economy will continue to require large scale resources and programmes from central Government support such as the Job Support Scheme and Local Discretionary Business Grants.

Oldham will need to work with publicly funded agencies to maximise the value of the core existing and emerging employment support programmes, including: Working Well, JE:TS and recently announced £2.9bn "Restart" programme. The aim is to launch the new Social Enterprise Incubator Hub within the next 6 months.

GMCA aims to use resource and expertise to fill the gaps left by Government support, react quickly, support groups missed by national provision and deliver more effectively where an integrated response is required. We will also focus on growing new businesses and good jobs beyond the immediate restrictions.

So far GMCA have implemented targeted support on the newly unemployed and those facing long-term entrenched inequalities, however, the referrals from onto these programmes are not geographically equal.

What are the wider indicators we are using to measure impact on Oldham's economy?

- · Claimant count (JSA and UC)
- Number of businesses requesting pause in business rates
- Numbers of people on furlough scheme/SEISS
- Number of redundancy notifications (not available at LA level)
- Business Start ups Supported by GC

Over the next six months to support our economy we will:

1

Support businesses

- Ensure that local businesses access maximum support to ensure that they are able to survive and recover from the difficulties caused by the pandemic including:
- Keeping them informed of latest support programmes via a weekly CV19 business newsletter and social media campaigns.
- Deliver a number of business grant programmes including the Local Restrictions Grant Scheme, National Lockdown Programme
 and the Additional Restrictions Grant (ARG) in Oldham. The ARG will be used to maximise support for those businesses that
 have been badly affected and cannot access mainstream Government funding.
- Continue to work with the Business Growth Hub and other partners through Team Oldham to ensure that businesses are aware of and can access the support they need to recover and grow following the pandemic.

2

Support unemployment

- Support to furloughed or newly unemployed, including fully-funded skills programme, Employ GM and Working Well Early Help
- Retraining and reskilling, including Safe Return to Work Programme and £7m Skills for Growth Programme, and Fast track
 Digital Workforce Fund
- Support for young people, £150k GM Tech Fund and Young Person Guarantee launched
- £300k funding for new apprenticeships, Levy Matchmaking Service, annd free bikes for key worker apprentices
- Tackling inequalities including £2.5m local authority grant scheme, supporting 50+ people into employment

Living with Covid-19

Living with Covid-19

Looking ahead to the next twelve months we also have a degree of optimism that society to return to some form of normality, though there will likely be ongoing restrictions in place to combat the spread of the virus and limit the impact of virus mutations which could impact on the effectiveness of vaccines. Effective, test, trace and isolate (TTI) infrastructure can exert strong downward pressure on R, and can handle the occasional spike before we need to resort to stronger contain measures. Technological developments in testing and in vaccinations, and developing the infrastructure in Oldham and GM to roll these out rapidly and ensure they are widely available, are critical in helping us to reach this phase where the virus no longer poses a significant risk.

- Test for the disease through the roll out of targeted testing at scale
- Contact trace and ensure infected residents and their contacts isolate
- Vaccinate the population, starting with those most at risk

What are the wider indicators we are using to measure the effectiveness of our Living with Covid-19 Plan

Testing:

- Prevalence rate (rate per 100,000)
- Testing rate
- Turnaround time for test results
- Public insight surveys as well as soft intelligence and feedback on testing where indicators are yet to exist

Contact trace and isolate:

- % of index cases and contacts reached (already exists)
- Number of contacts per case

Vaccination:

- Analysis of data by cohort to ensure early recognition of most vulnerable
- Prevalence rate of vaccine uptake (once the roll out begins)
- Correlation of vaccine uptake against % cases per cohort to understand the impact (measure over time however impact of immunity will be some way into the future)
- Utilise GM & National Public Insight Surveys in support of our local communications to enable appropriate feedback and outreach to vulnerable groups, health inclusion groups and to address inequalities on a locality basis

1

Test

- Continue to test symptomatic patients via our three local testing sites
- Review take up of testing and location of testing sites to assess future need for sites
- Begin to test asymptomatic residents in targeted cohorts e.g. health and social care staff
- Scale up testing in Oldham using new and existing technologies and increasing capacity
- Continue to make improvements to existing testing arrangements

2

Trace and isolate

- Continue to operate the locality Single Point of Contact for contact tracing for schools and other settings escalated by the national system
- Continue to deliver locally supported contact tracing (Level 2) for index cases not reached by the national team within 24 hours.
- Lobby for a fundamental redesign of the national test and trace system
- Support the redesign of the GM contact tracing system to be locally led, GM supported and nationally enabled.
- Strengthen our Level 1 response to complex settings and vulnerable people, with an emphasis on implementing a "local first" model
- Increase our focus on proactive and preventative engagement
- Engage, empower and mobilise settings, citizens, communities and VCSE sector

3

Vaccinate

- Deliver the vaccination program at at operational level across Oldham, in line with JCVI Priorities, starting with the most vulnerable segments of our population
- The high priority categories including over 80's, care home residents and staff and health and care frontline workforce will be completed by mid February 2021
- Focus on vulnerable groups and particularly our homeless population to ensure equity of access to vaccination
- Vaccinate JCVI Priorities 1-4 by 15th February 2021 and priorities 5-9 by end of June 2021. The national aim is for all population by Autumn 2021.
- Utilise GM Mass Vaccination site at Etihad Tennis Complex to support local delivery

National action required:

Proposal provided to the government for GM to have more autonomy and control of testing in GM, including finance and discretion in use of tests. GM also continues to meet with DHSC to determine the requirements and approaches for lateral flow and saliva testing in GM.

Fundamental redesign of the national test and trace system with an emphasis on codesign, system architecture, resources, and strategic intent. In the absence of this, improve the approach to households and families, and to improve timeliness, reduce "handoffs" and streamline processes. Continued investment in locality-led approaches to CT and the redeployment of national staffing assets to local levels.

Investment in locality led delivery of the vaccination programme with redeployment of national staffing resource. Streamlined data aligned with JCVI cohorts to enable local targeted delivery. Clarity on national booking and recording processes to align with GM Mass Vaccination site. Move as quickly as possible to a 'pull' model of vaccine supply.

Conclusion

Asks of Government

Action is required from national Government to support Oldham and GM in our response.

- The scale of disruption and challenge to our way of life caused by the virus is unprecedented. It requires more than the action we will take at a local and GM-level.
- A concerted response from UK Government is required, both to control the spread of the virus but also to provide the support our individuals, communities and businesses desperately need to survive the next six months. We ask that Government continues to engage with us over the next six months and responds to the national action required we have set out in each section of the plan.
- As we look over the next six months we have hope that we will reach a position where the virus no longer poses a significant threat to public health. However we also know that at this point the socioeconomic implications of Covid-19 may only just be starting to be seen. Packages of further support will be required to ensure GM is able to recover from the virus and continue to tackle the inequalities within Oldham, and between Oldham and the rest of the UK.