

Report to Health Scrutiny Committee

Oldham Health Inequalities Plan

Portfolio Holder:

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

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Date: 26th November 2024

Reason for Decision

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

Executive Summary

Oldham residents experience many inequalities across the wider determinants of health that contribute collectively to the difference in life expectancy and healthy life expectation that we observe. In June 2022, Oldham's Health and Well-being board agreed the 6 themes and associated actions that underpin the local health inequalities plan that was intended to be achieved over a 2-year period. This report seeks to provide an update on the progress made to date.

Recommendations

Health scrutiny are asked to note the progress over the past 2 years, the good practice embedded and the challenges where progress has not gained traction.

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.

Title Oldham’s Health Inequalities Plan

1. Background

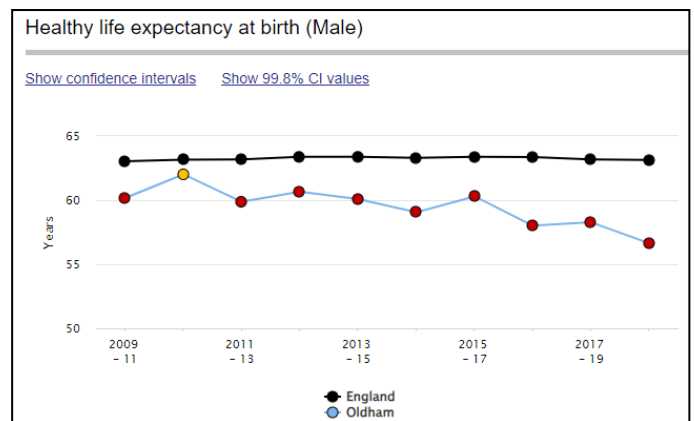
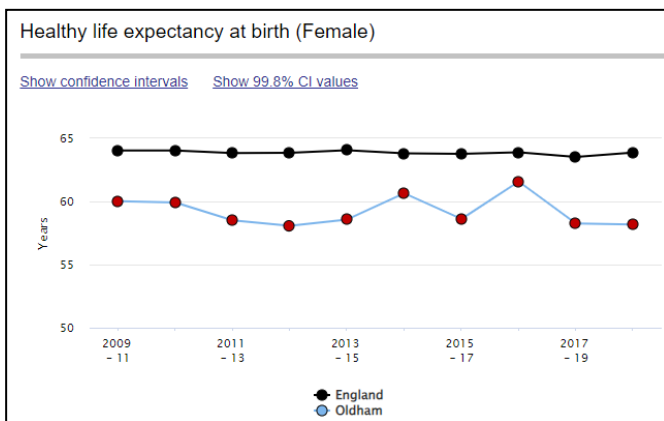
In June 2022, the health and wellbeing board agreed a health inequalities plan broadly aligned to the Marmot review ‘Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives’. The Oldham plan has 6 thematic areas and 57 actions. Each theme had an identified senior sponsor to drive the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

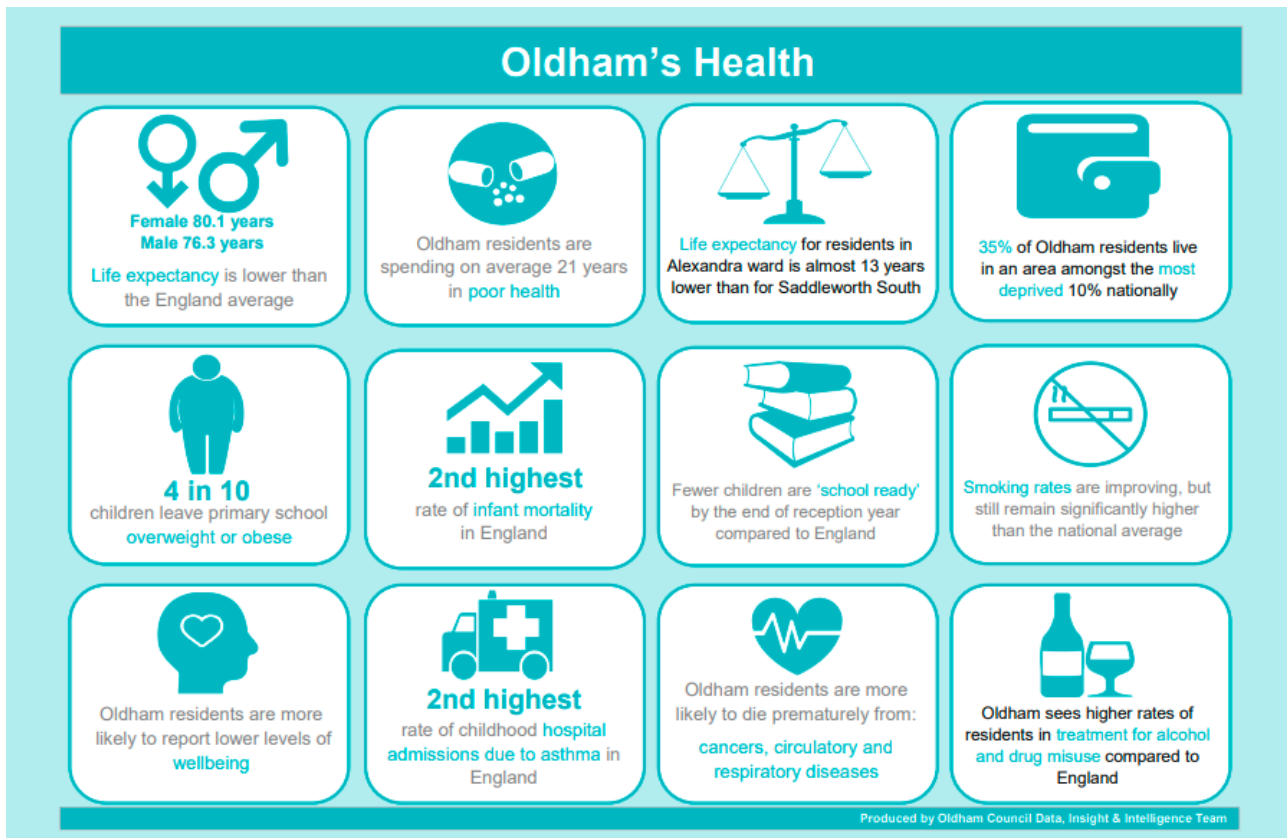
Many of the actions were not new but have been brought together in this plan as means of coordinating the approach, accentuating delivery and raising visibility. Each of the thematic areas had the opportunity of a focused review at a Health and Wellbeing board to share good practice and raise system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

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 and 19 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 severe 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 showcased the good practice undertaken by the NCA and the learning that had the potential for adoption across anchor organisations.

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 Northern 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 completion 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 completion 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 licensing 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.