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Foreword

People in Oldham are, on average, living for longer than before and that is a cause for celebration. However, the health of Oldham people is not improving as quickly as others in the country and some people in Oldham still experience poor health that limits their job opportunities, quality of life and their lifespan. The health of our population is a key factor in the goal of increased job opportunities and of everyone in Oldham doing their bit to help Oldham thrive.

The annual report of the Director of Public Health is an independent view on the state of wellbeing in Oldham and what needs to be done to improve it. The 2017 report has a focus on the wide range of factors that have an impact on health and wellbeing in Oldham and recommended areas of focus and action. Oldham Council and partners are active in many of these areas and others to fulfil our public health responsibilities and to go further by incorporating public health activity into our ambition for a truly co-operative Oldham.

As Council Cabinet Lead on Health and Wellbeing I am happy to support publication of the annual report of the Director of Public Health 2017 and to encourage councillors, partners and communities in Oldham to do their bit by engaging in discussion and action about health and wellbeing in Oldham.

Councillor Eddie Moores

Oldham Council Cabinet lead Health and Wellbeing.





Introduction

This year's annual report looks at more or less everything that affects health and wellbeing in Oldham. It sets out the rationale behind what we are doing as partnerships of services, volunteers, organisations and people to improve health and wellbeing in Oldham.

The current health and wellbeing profile of people in Oldham is the way it is as a result of many things acting at a local, national and international level and having an impact on individuals and communities. The interaction of factors could go something like this.

Children who get a good start in life in warm homes with parents who are in employment and manage to ensure infants are breastfed, up to date with immunisations, and emotionally attached are more likely to be healthy and ready for school at age five...children who are ready for school when they start are more likely to have a good school experience, achieve good educational outcomes and be ready for further education, training or employment options.... young people with such options are more likely to have a sense of control over their lives, such that they can thrive on social opportunities and resist pressure from commercial sources to consume more food and alcohol than is healthy or can respond to the physical environment in a way that finds space for being physically active.... and being socially and physically active are important for mental health and wellbeing and mental wellbeing is central to overall wellbeing.

In that brief sketch of an early life course, several factors were acting to influence health and wellbeing. These included, at least, a warm home, parents in employment, family environment, availability of health services, availability and quality of schools, employment and training opportunities, commercial pressures, social environment and physical environment. All of these, and more, will have a part in shaping an individual's and community's health. Acting on any single one and hoping the health outcome will be different is wishful thinking. We need to act with people on all of the above to get an improvement in health and wellbeing in Oldham.

That being the challenge, this report aims to have a high level look at how the way we live and work in Oldham gives us the health and wellbeing that we currently have, what we are doing to improve health, with great examples of what Oldham people are doing of their own initiative, and what we should be doing more of to build on the innovation and energy of people in Oldham.

Alan Higgins

Director of Public Health, Oldham.



Summary

The overarching theme of this year's public health report is that the health and wellbeing of the Oldham population is a product of everything to do with the way we live, work, socialise, grow and how we see the world. That may appear to be stating the obvious. I hope that by stepping back to look at the overall picture of Oldham we can see again the key things that we need to prioritise to achieve better health and wellbeing and a reduction in inequality in health.

Our health is determined by our genetics, personal behaviour and habits, the health care we receive and our wider economic, physical and social environment. Although estimates vary, the wider environment is believed to have the largest impact.

The report opens with a review of available information with the intention of getting an idea about who lives in Oldham, the jobs they do and where they live. The information is mainly gathered from available statistics, most of them published by Oldham Council in the last five years. It includes a breakdown of the population by age and ethnicity, information about what people in Oldham think about living in Oldham, about volunteering, about the major employers, transport and housing. Some of the information may have been overtaken by newer data but the overall picture will be the same.

After summarising what that tells us about the Oldham population, and the summary is positive but cannot ignore the differences within the population, the report moves on to briefly look at the health and wellbeing profile of Oldham as a product of the interaction of these wide range of factors.

It's a brief look because the position is well known. Ranked next to others in the country the health and wellbeing of the Oldham population is not good. It has been improving for some time but the

gap between Oldham and the average and best for the country has not been getting smaller. The difference in health and wellbeing within the borough has also not been decreasing.

The final section takes on board the review of wider determinants of health in Oldham from section one and highlights a number of areas that I think we should focus on to improve health and reduce inequalities in health. The areas do not include everything that we are currently doing, which should continue, but do deliberately go outside the activity that would usually be funded from a public health budget in recognition of the need to think about health more widely. The areas covered are:

- Income, inclusive growth and welfare
- Social connection and thriving communities
- Public service reform and a new relationship with the public
- Public Health in primary care in Oldham
- Reducing the impact of commercial interests on behaviour
- Encouraging behaviour change
- Giving every child the best start in life
- Promoting mental health and wellbeing
- Public health and the public realm

Of course there is a strong system in place in Oldham that has been successful in developing more good schools, shaping and reshaping the town centres, generating employment opportunities, treating people when they are sick and caring for people over the longer term, providing top notch leisure facilities and making the most of Oldham's beautiful open space and countryside.

The current health and wellbeing of the Oldham population is the product of the way all of those things, and others that act at a national and international level, interact with each other and act on individuals and communities. If we didn't have the system in place as it is then health and wellbeing in Oldham would be worse.

There is also so much in Oldham that is good for health. Examples are highlighted in this report that typify the action of Oldham people to do things for themselves; Inspire Women Oldham, The Ghazali Trust and Real Junk Food Oldham all stand out as initiatives that directly engage with the social environment mentioned above. They are typical of such activity in Oldham.

The borough has high levels of volunteering and this is a significant reason for optimism for better health in the future. Supporting people to act for themselves, to gain more control, make more contacts and grow in confidence is essential for better health and wellbeing in Oldham.

Income inequality is highlighted in this report as a major determinant of health both in the social pressures that inequality gives rise to and the impact of low income in putting limits around the potential for social participation and the impact on the ability to provide for basic needs. Again there is much that is happening in Oldham to support people to find employment and to prioritise good employment over any employment. Oldham Council was one of the early pioneers of the Living Wage.

The development of Greater Manchester (GM) as a conurbation with the potential of devolution to drive economic growth offers hope for a positive impact on health and wellbeing. Oldham Council and partners are leading and championing inclusive growth to ensure that all parts of Greater Manchester benefit and, borrowing the proportional universalism concept from the world of health inequalities, making the point that those parts of GM in greatest need will need greatest investment.

Oldham councillors have also been active in lobbying for national action on some of the commercial determinants of health. The council has resolved to campaign to ban all high sugar foods and drinks available in our buildings, to support the 'End Hunger Campaign' and to reduce the stigma associated with mental ill-health. This action should be continued to make the voice of Oldham people heard through their elected representatives on matters that affect their health.

The individual behaviour that increases risks for health can best be understood as a development from social circumstances that give rise to a difficult context for people to feel in control of their lives. In such circumstances a temporary feeling of control or comfort may be gained from smoking or eating high energy foods. In addition to the Wellness Service to support behaviour change a priority must be to support social connections between people that give rise to joint actions, volunteering and more that will enable a greater sense of being in control, of doing something for yourself and your community. This must be retained as the core driver for the borough's Thriving Communities programme even above the drive to reform public service provision. There is also the benefit of a greater sense of control leading to being better able to resist commercial pressures to drink or smoke.

Primary healthcare services (general medical practice, dental practice, pharmacists and others) are the parts of the health service with the biggest influence on the public's health. We are embarking on the development of public health in primary care that will turn the currently project focussed approach into a substantial programme of population health focussed primary care services.

School readiness comes out in the review in section one as a measure of progress in early years development. This has been improving in Oldham and is given particular attention here as being generally indicative of progress towards giving every child in

Oldham the best start in life. I have also drawn attention to the concept of Adverse Childhood Experiences. Research in this country is linking experiences in childhood to significant health behaviours and outcomes in later life. Actions are recommended and linked to other programmes that, if followed, could have a significant impact on the health, and childhood, of the most disadvantaged populations in Oldham.

Work that we have begun to address the stigma associated with mental illness and to promote mental wellbeing should be taken even further with the young people in the Youth Council and engaged through the recent work in Oldham taking the lead.

Finally, public health and the public realm is an area that takes in to account all the spaces between buildings in towns and villages to which the public has access. This includes streets, squares, greens, parks and footpaths. This is such an important area to protect and develop further both in terms of the town environment and the access to green space.

In setting the agenda as above and in section three I am aware that much of this work is underway in Oldham. We know what we need to do. However we are limited by reduction in funding for local government, the pressure of other priorities and the pressure on resources for investment in services and interventions. By setting the agenda against a backdrop of the impact of the wider determinants of health on the Oldham population, I want to draw attention to the effect of all policies and areas on health and to highlight the actions in each area that will have most impact on health.

Recommendations

Income, inclusive growth and welfare

- Lead and support inclusive growth in Greater Manchester and Oldham to ensure that those communities most in need benefit from economic development.
- Test, and if successful, further commission an early help service for people at risk of losing work through ill-health.
- Promote a different narrative and conversation about welfare support as a strategic investment in economic growth for people currently least able to engage with that growth.
- Support local services such as the council's own welfare support service but also the Oldham Citizen's Advice Bureau and the Oldham Food Bank to deliver their services.
- Link these welfare services to health services for people with mental health problems or with long term physical ill health.

Social connection and thriving communities

- Keeping the focus of the Thriving Communities programme, and investment plan, on working with communities, on providing the support mechanisms to generate and regenerate insight from communities into solutions that come from communities and for which funding support is available.
- Support the Growing Oldham Feeding Ambition programme to be ambitious to achieve an alternative model of food production for Oldham based upon community ownership and social interaction.

Public Service Reform and a New Relationship with the public

- Focus on a new relationship that supports communities to do things for themselves as the goal of public service reform.

Public Health in Primary Care in Oldham

- Work with the general practices in clusters to jointly make real what a substantial public health in primary care programme could be like and how it would operate as a live and continually emergent function.

Reducing the impact of commercial interests on behaviour

- Stronger controls on inappropriate marketing by the food and drink industry
- Responsible retailing of food and drink, particularly around schools and parks
- Improved spatial planning measures to impact on physical activity

Encouraging behaviour change

- Develop an evidence based approach to behaviour change through the work on antibiotic prescribing and make it widely applicable in Oldham.
- Commission an Oldham Wellness Service that is aligned to a Greater Manchester Service and closely tied to primary health care services.

Giving children the best start in life

- Creating wider awareness and understanding about Adverse Childhood Experiences (ACEs)
- Preventing ACEs
- Building resilience in families and children
- School Readiness partnership approach.

Promoting mental health and wellbeing

- Publicise the findings and recommendations of the MH:2K report on young people and mental health in Oldham and support an

across Oldham programme of activity to raise awareness of coping with mental ill health and to reduce stigma.

Public health and the public realm

- To scope out the potential health improvement in town centre developments and build such improvements into the capital development programme.
- To continue to prioritise the contribution made to the public realm by Oldham Libraries and Gallery and to support further development of the cultural services in Oldham.

Acknowledgements

In preparing this report I have gathered information from many sources. Most of the information for the section on who lives in Oldham is taken from reports put together by Oldham Council and available through the council website. Some of the information is from national sources.

The annual Public Health Report is written for a wide readership. I choose not to put references in the report as I believe to do so would be to change the tone of the report to something less accessible. However I have been influenced by the ideas of many people through written reports or presentations. Where I have made direct quotes then I have, I hope, given the name of the source. For others I would like to acknowledge your influence on my report so thanks to:

Neil McInroy, Centre for Local Economic Strategies.

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Prof. Mark Gamsu, Leeds Beckett University

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Perspectives in Public Health January 2017 Vol 137 No 1

The Spirit Level by Richard Wilkinson and Kate Pickett March 2009 Adverse Childhood Experiences (ACES) Public Health Institute Liverpool John Moores University

The Welfare Benefit system is a public health system by Mark Gamsu. blog on 'Local Democracy and Health'

I also acknowledge the direct input of the following individuals for preparing content and commenting on sections of the report:

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Section One

What do we know about who lives in Oldham and what they do, where they live?

What Makes Us Healthy?

Our understanding of the immediate causes of ill health is good. There is ongoing debate about the impact of different factors but there is broad agreement that smoking, having a diet that is high in energy and refined foods, drinking more than is a sensible amount of alcohol and not getting enough physical activity are bad for your health. Knowledge among the general public about these immediate risk factors is also good. Most people know what is bad for them.

It is also clear that different parts of our population in Oldham engage in health risk behaviour to a greater extent than others. For example, a much higher proportion of people, in what are classed as manual occupations, smoke than in the professional classes. It is also clear that different parts of our population in Oldham experience different levels of illness and people in some areas die much earlier than in others.

The image opposite makes the point that individual health behaviour is additional to other factors, wider determinants, that have a

cumulative effect on an individual's behaviour. Living in poor housing, not having a job and so on will make it more difficult to be healthy in your day-to-day routine.

When a number of factors are looked at, such as income, educational achievement, air quality and access to green space, it is clear that differences in health behaviours and health and wellbeing match the differences in these factors. These are called wider determinants of health because they have an impact on health over a broad spectrum and in the longer term and are underlying causes of poor health in populations.

The Health Gradient

Individually orientated preventative action



This infographic from the Health Foundation illustrates what makes us healthy. Taking this message on board means that to understand health and wellbeing in Oldham we need to understand something about how the wider determinants of health affect people in Oldham.

So what do we know about who lives in Oldham and what they do and where they live?

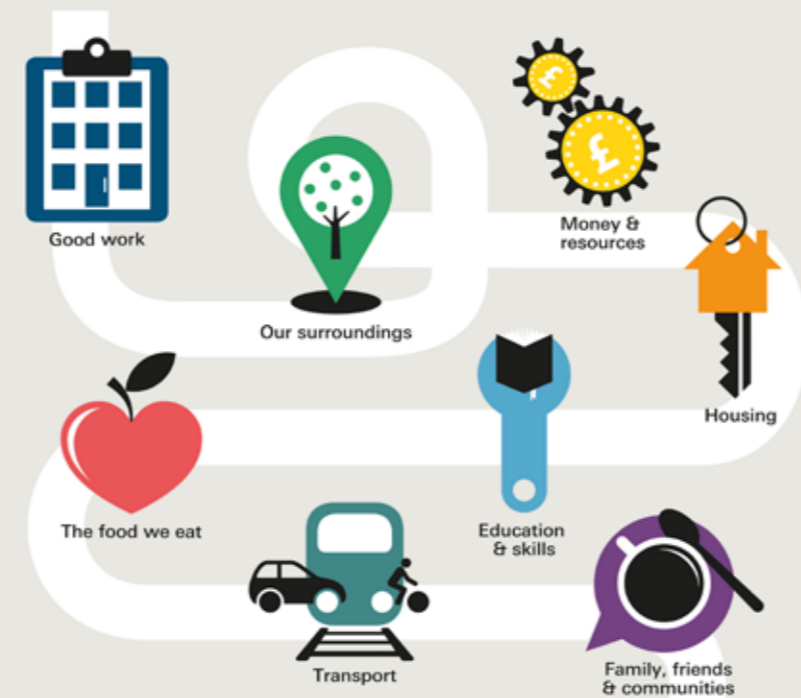
The rest of this section has information about people in Oldham. There are many statistics available to provide a picture of life in Oldham and how that relates to the health and wellbeing of the population. Sometimes the more data there is the less clear the picture becomes. I have selected data rather than attempted to present all of it to clear the way for the key points.



What makes us healthy?

AS LITTLE AS **10%** of a population's health and wellbeing is linked to access to health care.

We need to look at the bigger picture:



But the picture isn't the same for everyone.

The healthy life expectancy gap between the most and least deprived areas in the UK is: **19** YEARS



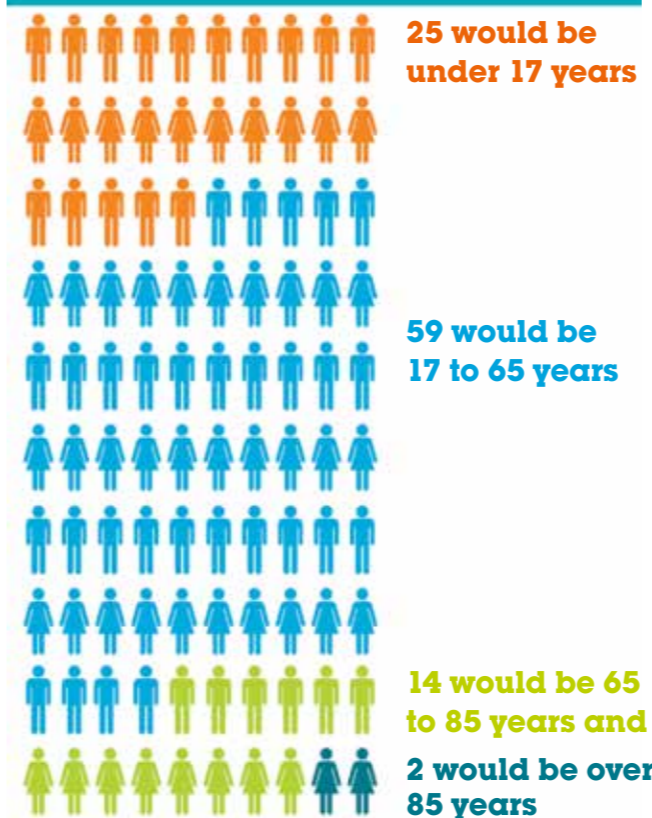
References available at www.health.org.uk/healthy-lives-infographics
© 2017 The Health Foundation.

Population Structure

The population of Oldham is around 235,000 people and this figure is increasing by about 1,000 people per year. Every year about 3,250 children are born to Oldham parents.

About 2,000 Oldham people die each year, hence the growth in population which is of course also affected by inward and outward migration.

If Oldham was represented by 100 people then...



The number of people living in Oldham is growing and is projected to reach 254,000 by 2026. That is an 8.1% increase over the estimated 2016 population.

Age Structure

Since 2001, the population across England has aged, with more people aged over 65 and fewer under 16s. This change has been influenced by an increase in the average life expectancy. In Oldham too there is a larger proportion of over 65s in the population than 10 years ago but the relatively high proportion of under 17s, at about 25%, is also significant.

Looking forward, all age groups are projected to increase in size, but there are particularly large increases expected in the proportions of older people. This is partly noticeable because the total numbers at present are relatively small and an increase will show up as a significant percentage growth. Nevertheless the data in the infographic on the next page, about future population growth shows ongoing population change that will have an impact on demand for health and social care services for older people.

Oldham's ageing structure

Population growth in the older population of this kind in the next ten years, in contrast to the previous ten years, is difficult to comprehend. It does assume that our population projections are accurate. Growth in the older population does not directly translate into increasing demand for health and social care. Other factors, such as intensive treatment regimes, better survival after treatment, higher expectation of treatment and technological advances and others, also play a part.

Population change and, in the case of Oldham, growth in the population, has been continuous for decades and the impact of such growth is felt gradually. However, if the population projections are even partially realised, it does suggest that a different approach to the health and social care of older people is necessary. Additional demand is unlikely to be met by service efficiencies within the current approach to treatment and care.

Between 2016 and 2026

children, young people and working age

12,000



Growth in these categories contributes nearly 12,000 to Oldham's population

People aged 75 – 85 up by

3,345



This is in contrast to growth of 969 people between 2006 and 2016

People aged 85 up by

1,600



This is in contrast to growth of about 221 people between 2006 and 2016

Oldham population distribution

The Oldham population is distributed across 20 council wards

The wards with the largest proportion of people over

65 are **Crompton, Saddleworth South and Royton North**

Saddleworth North
9,800

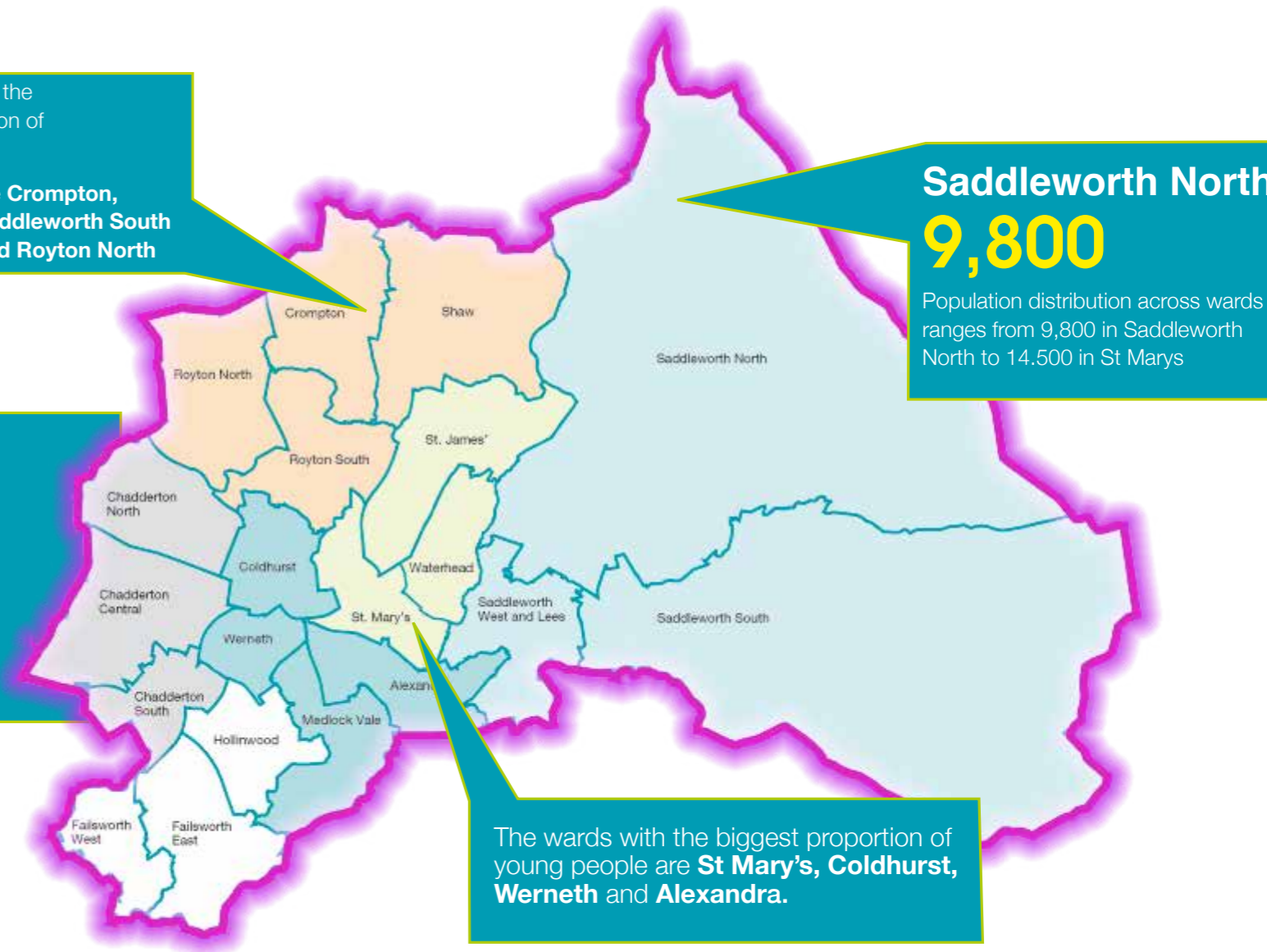
Population distribution across wards ranges from 9,800 in Saddleworth North to 14,500 in St Marys

There is relatively small variation between wards in the proportion of the population aged from

18-64

It is lowest in **Chadderton** at **57%** and highest in Failsworth East at **61.5%**

The wards with the biggest proportion of young people are **St Mary's, Coldhurst, Werneth** and **Alexandra**.



Diversity

People in Oldham are a diverse group with about 80 languages spoken as a main language. More than three quarters of the population identified themselves as white in the last census and 10% as of Pakistani origin and 7.5% of Bangladeshi origin. In total the minority ethnic population in Oldham in 2011 was 22.5% of the total population.

Oldham's Bangladeshi and Pakistani heritage communities live primarily in the wards surrounding the town centre. The Pakistani heritage community lives in two main areas, Werneth and St Mary's. However, as the population has grown in size there are now significant clusters of Pakistani heritage residents in the wards of Alexandra, Medlock Vale and Waterhead. The Bangladeshi heritage community primarily lives in Coldhurst but as the population has increased there are now clusters of Bangladeshi heritage residents living in Chadderton North and Werneth.

You and Your Community

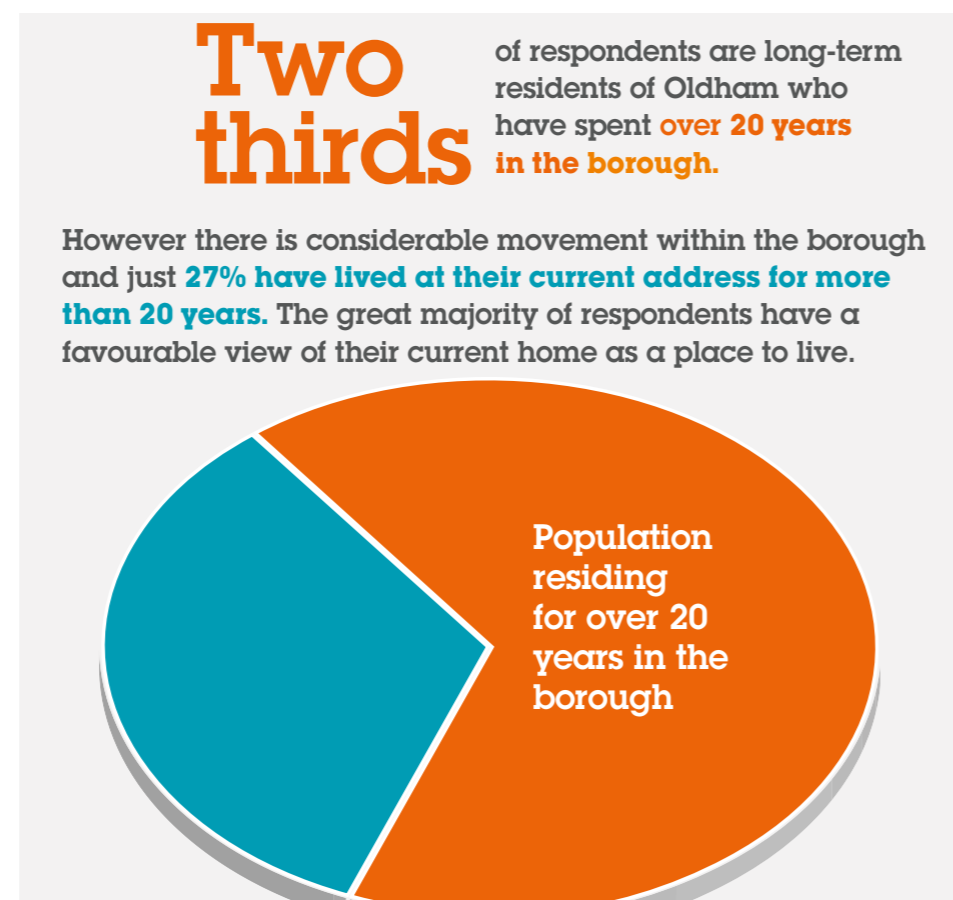
Over the years Oldham Council and partner organisations have carried out a number of surveys among residents. The 2013 survey was conducted through a postal self-completion questionnaire and is available in full on the Council website. From the survey a picture begins to emerge of how people live in Oldham.

Across wards, population transience is greatest in those near Oldham town centre, such as Alexandra, St. James' and Coldhurst; these are also generally the wards with more acute deprivation.

About seven out of ten respondents are satisfied with their local area and this figure is greater among those of retirement age, white respondents and those in the highest income bands. It is considerably lower among respondents from a Bangladeshi background and respondents in neighbourhoods identified as

deprived. Other factors which may influence satisfaction with the local area include community involvement and quality of health; respondents think more positively about their local area if they are involved in the community and have many friends nearby and also if they enjoy good health and wellbeing.

Overall, only a minority of respondents feels consistently active and influential in local democracy. While the levels of community involvement have increased since 2010, the proportions feeling informed or able to influence decisions that affect the local area have fallen.



There appears to be some disparity between interest in and actually being involved in the community with an untapped potential for increasing involvement. Compared to the Ipsos MORI Norms, Oldham has a greater proportion of respondents who already volunteer either through organised groups or as individuals. Further, the borough also has a very small proportion (just six per cent) who say they do not want to be involved in their communities.

Community cohesion

Community cohesion is taken to mean working towards a society in which there is a common vision and sense of belonging by all communities; a society in which the diversity of people's backgrounds and circumstances is appreciated and valued; a society in which similar life opportunities are available to all; and a society in which strong and positive relationships exist and continue to be developed in the workplace, in schools and in the wider community.

This is, by most people's understanding, an aspirational definition. It's difficult to name a society where community cohesion as described above exists to the full extent. It is nevertheless useful to have aspiration to achieving such a society and it would be beneficial for the health of the population.

The results from the You and Your Community Survey have more to say on community cohesion than I want to cover here and it is available on the council website. As in previous surveys, respondents, when asked about tensions and the ability for different groups to get along, are more positive about differences across age groups than about differences across social groups and then again they are more positive about differences across social groups than about differences across ethnic groups.

Respondents of a black and minority ethnic background, especially South Asian, are consistently more positive about

the local level of cohesion, whether it is by age, ethnicity or social background. This is despite the fact that they are also most likely to report tensions between different ethnic groups in the vicinity. This is reflected in findings across Oldham: wards nearest to Oldham town centre and with high numbers of Asian heritage populations, have a greater level of reported community cohesion, but also a greater perceived degree of tension between different ethnic groups.



Volunteering

The quantity and quality of volunteering activity in any area gives some indication of the life of the borough, showing how individuals are active in their communities.

Volunteering is at the core of the co-operative Oldham ambition in which everyone is encouraged to do what they can to help themselves and neighbours. Volunteering features in national policies across many sectors and was core to a previous government's high profile policy known as Big Society. It also features in the well-known Five Ways To Wellbeing particularly in the aspects on giving to others and connecting with the people around you.

In 2012/13 research was commissioned by a partnership of local support and development organisations in Greater Manchester. This was undertaken by the Centre for Regional Economic and Social Research at Sheffield Hallam University.

The reports, one for each Borough in GM, presented a picture of the state of the voluntary sector.

The following key findings are about Oldham.

Most of these organisations (78%) are relatively micro with an annual income of less than £10K, only 14% are small and 7% are medium sized with an income over £100,000 per annum. The majority of income is concentrated in the medium sized organisations. Of the 1,112 voluntary, community and faith groups in Oldham, 800 are run solely by volunteers.



In Oldham there were an estimated

1,112

voluntary organisations operating in the sector In 2012/13

The research also found that the voluntary sector in Oldham works in a diverse range of service areas. More than a quarter of organisations responding to the survey worked in each of the four following areas:

Health and wellbeing

30%

Sport and leisure

29%

Community development, including working to tackle inequality and disadvantage

42%

Education, training and research

28%

It was estimated in the research that Oldham organisations had £1.4 million worth of interventions with clients, users or beneficiaries. More than a third of voluntary organisations work

with people across the whole age range. Of those organisations that listed a main client group;

- 31%** were focussed on children aged under 13 years
- 30%** on young people aged 13 to 25 years
- 27%** on women
- 23%** on men

In 2012/13 an estimated **25,500** volunteers were part of the sector workforce in Oldham contributing an estimated **79,100** hours of their own time per week. It is also estimated that volunteers in Oldham organisations contribute equivalent to **£70.9 million** worth of Gross Value Added to the economy per annum. The voluntary sector in Oldham employed an estimated **1400** full time equivalent staff in 2012/13. The staff often have close working relationships with public sector bodies particularly Oldham Council, NHS Oldham CCG and GM Police.



At the time of the research the voluntary sector had begun to feel the effects of national policies of economic austerity. After a good period of growth in the late 1990s through to 2010, the funding to voluntary sector groups has come under threat with cuts in funding being made from several sources.

Action Together in Oldham and Tameside has recently formed from two former separate voluntary sector bodies in each borough. The organisation exists to support voluntary bodies with a range of support from sourcing funding or training to develop new ones or grow an existing one. The organisation helps to strengthen partnerships between groups, the public sector and local businesses, and by championing volunteers, help local people connect with voluntary work available in their communities.

Action Together has been working with a range of partners to ensure volunteering is accessible to everyone. It has established volunteering pathways for young people who want to get a job, people who have been unemployed for over 12 months, people for whom the English language is a barrier and people who have a criminal record. The programmes have been extremely

successful in helping people gain skills and experiences through volunteering. They also have added benefits - from the cohort of people with a criminal record who participated in the programme, 87% did not go on to re-offend.

It isn't possible to compare levels of volunteering through the research carried out in 2012/13 although it is fair to say that the research captured much that was and is still happening in volunteering in Oldham. It is undoubtedly an underestimate of the true situation. It is clear that people in Oldham do not stint in volunteering!

Volunteering can be challenging, rewarding, frustrating and is clearly a significant asset for Oldham. It is a core part of the life of thousands of people and will have an impact for thousands more people who receive services or support from volunteers in Oldham.

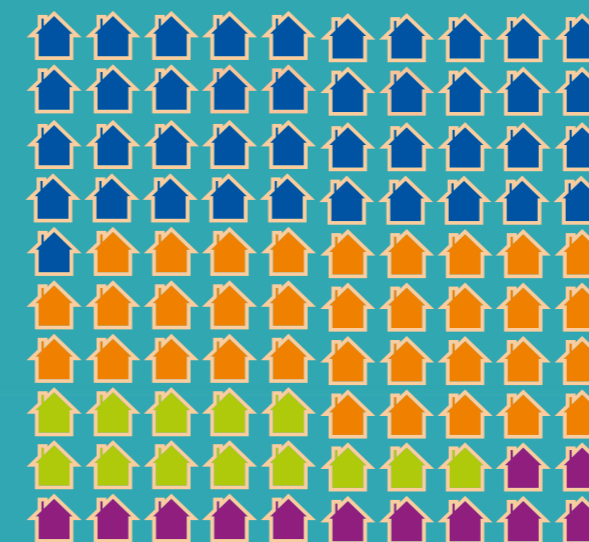


Oldham's Housing Stock

The type of housing in a borough gives some insight into how people live in the area. Housing has of course been long recognised as a key influence on a population's health and wellbeing. Oldham's housing stock is typically characterised

by its nineteenth century red brick terraced properties, which make up a large share (41.2%) of the 95,919 households in the borough. Within Greater Manchester, Oldham is the borough with the largest proportion of terraced houses.

If Oldham's households were represented by **100 households** then of that number:



41 would be red brick terraced houses

34 would be semi-detached houses

13 would be flats or apartments

12 would be flats or apartments

And of those:

65 privately owned **21** from Housing Associations **12** privately rented

Fuel Poverty

As of 2013, there were 9,806 households in Oldham (10.7%) classed as fuel poor, marginally higher than the England average (10.4%). Someone is regarded as living "in fuel poverty" if he or she is a member of a household living on a lower income in a home which cannot be kept warm at reasonable cost.

An insufficiently heated home is linked to various physical and mental illnesses.

Fuel poverty is closely associated with low income, and is most common among those who live in private rented accommodation. Fuel poverty significantly impacts the more deprived wards surrounding the town centre. In parts of Coldhurst, the proportion of households who are fuel poor are in excess of 25%.



As of 2013, there were

9,806

10.7% households in Oldham classed as fuel poor

In parts of Coldhurst, the proportion of households who are fuel poor are in excess of

25%

Business and Employment

Oldham is currently home to around **6240** businesses employing around **77,000** people. Oldham's business base is primarily made up of small or medium size enterprises and over time become more heavily reliant on public sector employment, particularly the Local Authority and NHS which together employ more than **20%** of the total jobs in the district.

6,240

businesses in Oldham employ around

77,000

About 73% of Oldham businesses are micro-businesses employing fewer than **5 people**

30%

of available jobs in Oldham are provided by a small number of large employers.

The largest private sector employers include Shop Direct (distribution centre) (**1,000 employees**), large supermarkets (**1,800 employees**) and Park Cakes (**800 employees**).

The main two public employers are:

Oldham Council
8,000 employees

NHS Oldham
7,000 employees



Business and Employment

Being in good, secure employment has a significant impact on wellbeing and health. There are **75,000** jobs in Oldham, and **46,000** of these are filled by people who live in the borough. A further **36,000** Oldham residents commute to jobs that are outside of Oldham, the majority to jobs in Manchester, but also to work in the neighbouring boroughs of Rochdale and Tameside.

There is significant variation in unemployment across the borough, with the highest levels in the Werneth, St Marys, Alexandra and Coldhurst wards (ranging from **4.8-6.6%**) compared with only **0.9%** in Saddleworth. Employment rates in Oldham are lower than in Greater Manchester and England especially so for the **25 – 34** year old group. Average youth unemployment in Oldham is **6.1%** but rises to **11.5%** in Coldhurst. The wards of Werneth, Coldhurst, Alexandra and St Mary's have rates of child poverty (after housing costs) nearing **50%**.

Oldham has had low wage levels in terms of residents and work place earning potential (as measured by median weekly wage levels). This is likely a reflection on the industry mix within Oldham and the relative skill levels of the local workforce.

Resident wages in Oldham are higher than workplace earnings showing that the more skilled residents of Oldham are finding higher-value employment outside the borough. It is likely that these residents live in the eastern half of the district, where skill levels are higher.

There are
75,000
jobs in Oldham,

46,000
of these are filled by people
who live in the borough



Transport

On a daily basis about **36,000** Oldham residents commute to work outside Oldham. Alternatively **30,000** people travel into Oldham for work.

The highest number, close to **8,000** each morning, is from Rochdale with Tameside and Manchester next at around **4,500** each.

Active transport that involves people travelling to a large extent through their own efforts, and is generally taken to mean walking or cycling, accounted for **11.4%** and **1.2%** respectively of daily commutes.

That compares to **2.1%** for cycling in GM and around **3%** for England.



Education and Skills

Educational attainment is one of the main markers for wellbeing through the life course and so it is important that no child is left behind at the beginning of their school life. The level of school readiness is closely related to future educational attainment. Across the country there are significant gaps by social background in the level of school readiness. School readiness is a measure of how prepared a child is to succeed in school cognitively, socially and emotionally. The Good Level of Development (GLD) measure is used to assess school readiness. Children are defined as having reached a GLD at the end of the Early Years Foundation Stage if they have achieved at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development, physical development and communication and language) and in the specific areas of mathematics and literacy.

In Oldham, as in England, school readiness has been increasing steadily since data began to be gathered a few years ago.

- The proportion of children in Oldham achieving a good level of development at age 5 has increased from **41%** in 2012/13 to **60%** in 2015/16.
- However this means that **1,287** children were not school ready in 2015/16.
- There is a wide variation in school readiness across Oldham from **88.3%** in Saddleworth South to **44.3%** in Coldhurst.

Similarly, the distribution of students achieving five or more GCSE's including English and Maths varies significantly across Oldham.

The best performance in **Crompton at 82%** of students and **Chadderton North at 76.8%** far exceeds the England average of 59.2%.

Worst performance in **Hollinwood 39.6%** and **Alexandra 41.6%** among others meant that the Oldham score in **2015/16** of **50.5%** is below the England average.

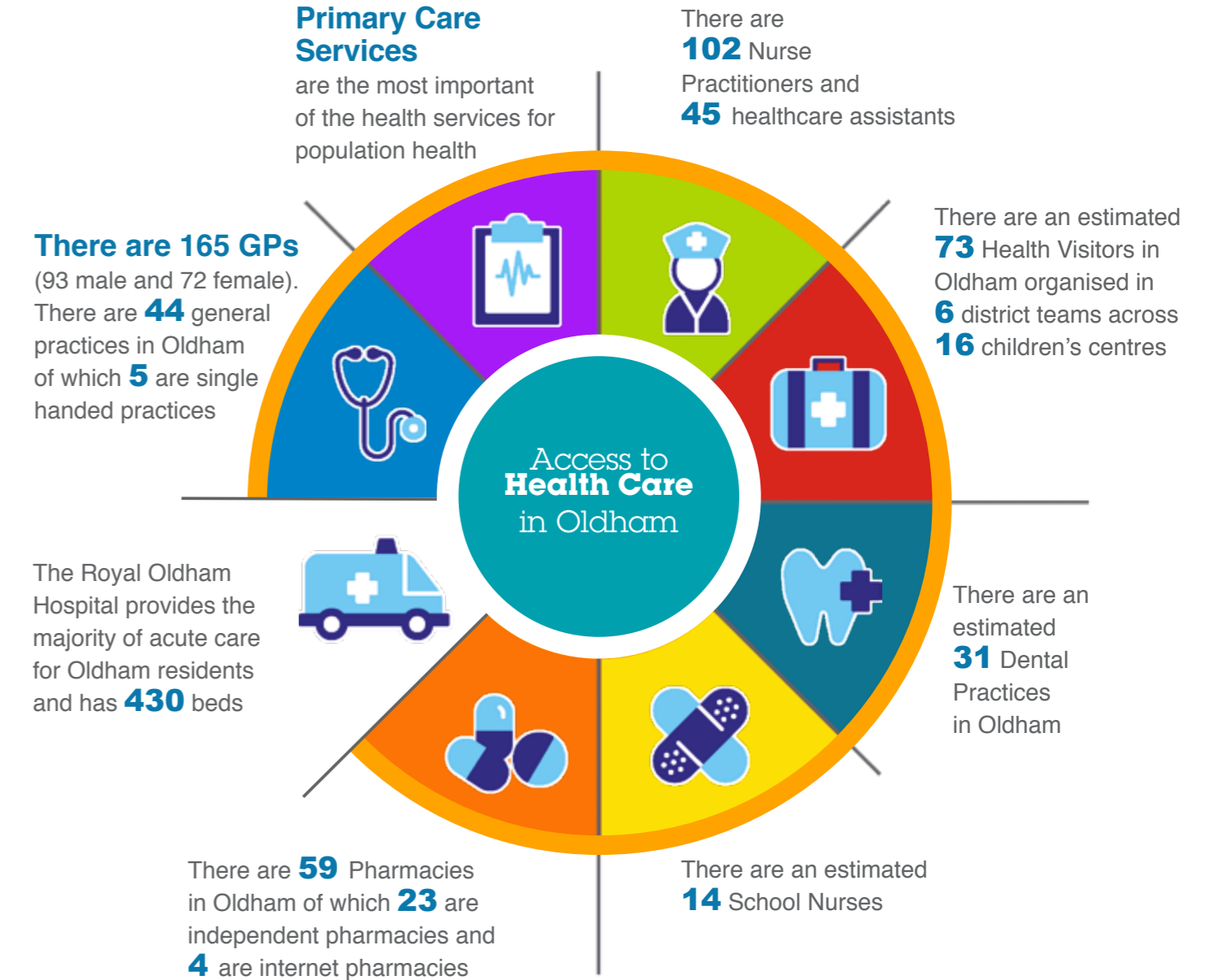


Health Care in numbers 2017

Access to good quality healthcare that is available when people need it is undoubtedly one of the wider determinants of the health of the population. Of particular importance in healthcare with regard to a population health profile is access to good quality primary health care services.

This includes general practice services, community (as compared to hospital) based pharmacy, dentistry and others. Developments in early detection and treatment of problems have had a significant effect on life expectancy over decades.

Investment in service delivery through primary care is the most effective way to enhance the impact of healthcare services to improve population health.



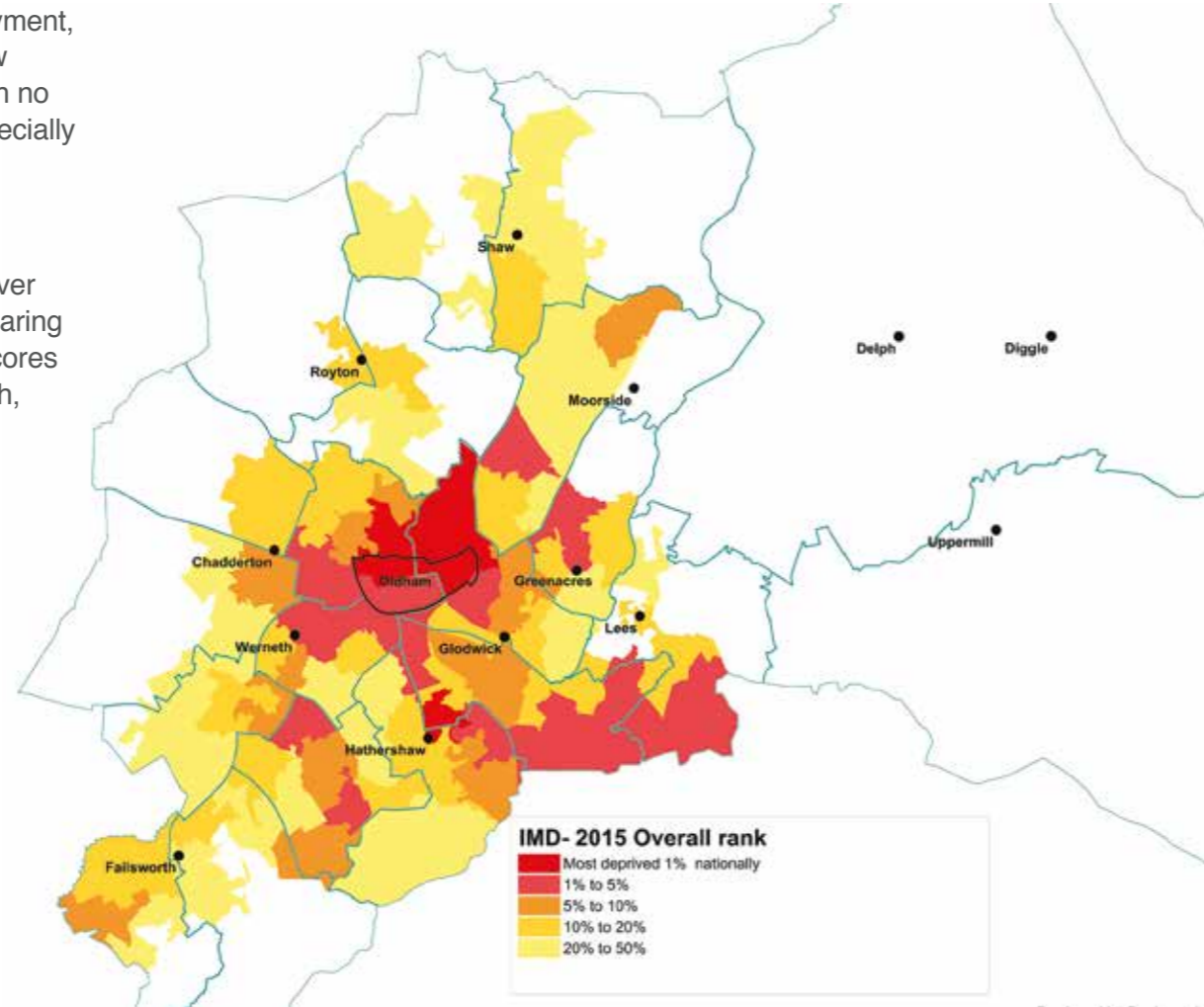
Skill Levels

Skills are one of the most important determinants of socio-economic outcomes. Skills are not only an important route out of poverty for individuals, but a key driver of economic prosperity. Unfortunately Oldham has traditionally had a weak skills base, which has been a legacy of generations of manual employment, and has resulted in residents finding it difficult to enter new growth sectors over recent years. Working age people with no qualifications will find it more challenging to find work, especially work that is well paid.

Deprivation

The English indices of deprivation have been calculated over a number of years and presented as an overall rank comparing Oldham in a list of **326** local authorities. There are also scores for separate domains within the indices that relate to health, employment and income among others. Oldham's ranking has declined over the years from **37th** to **34th** out of the **326** local authorities.

The following map shows the index of multiple deprivation as it applied to Oldham in 2015. The areas in red have the highest levels of deprivation. Patterns of illness across Oldham tend to follow the distribution of deprivation closely.



Healthy and risky behaviour

Smoking remains a major risk factor for illness and premature mortality despite a reduction in prevalence.

At **19%** the proportion of adults smoking in Oldham is still in excess of the figure for England at **15.5%** in 2016.

That translates into approximately **33,000** adults smoking in Oldham and again there is variation within Oldham with higher prevalence of smoking in people working in routine and manual occupations. This stands at **27.4%** of that population. But progress is being made in reducing the number of people who smoke and the overall figure has fallen by over **5,000** people since the previous estimate.

The story is similar for people who are assessed to be physically inactive or classified as overweight or obese.

The proportion of the adult population with excess weight in Oldham is **66.8%** in 2013-15 and this compares to **64.8%** for England as a whole. In this indicator at least Oldham is performing better than would be expected from its socio-economic profile. However it is not of any comfort to know that the national figure for overweight or obesity in adults is about 65%.

This does not suggest a decrease in demand on health and social care services is around the corner.



The Kings Fund (2012) estimates that 70% of adults in England regularly engage in two or more unhealthy behaviours, and this clustering is far more likely among people living in more disadvantaged circumstances.

Unhealthy behaviour also has an impact on children. Almost half of all five year olds in Oldham have experienced dental decay, with an average of 2.10 teeth decayed, extracted or filled per child. Not only does poor oral health constitute a health issue but it also impacts on a child's life chances in terms of self-confidence and employability. In addition, Oldham has a higher than average number of children in Year 6 recorded as overweight or obese (37%).

Alongside physical health, mental health is an important determinant of people's ability to engage with work, their family and their wider community. Poor mental wellbeing, a lack of self-esteem and low aspirations also make choosing healthier behaviours and managing existing health conditions more difficult.

Mental health issues reported	Oldham	England average
Patients reporting a long-term mental health condition	5%	
Proportion of adults who report feelings of low satisfaction	8.1%	4.8%
Adults reporting low happiness	12%	9%

It is positive to note the significant increase in satisfaction with life overall since the last **You and Your Community** survey in 2010 (from 69% to 73% saying they are satisfied with life overall), although the proportion saying they are dissatisfied remains unchanged (12% in both 2013 and 2010). The increase in satisfaction with life overall may be related to the fact that fewer respondents show signs of mental distress (from 29% down to 24%).

However problems with mental health and stress are much more acute among some groups in Oldham. Respondents in rented housing, women, younger people and those from an Asian background are all more likely

than for respondents overall to say they have had recent problems with nervous anxiety or depression and also to exhibit signs of mental distress.

Further, there is a consistent pattern for these problems to be worse among groups facing economic disadvantages, this includes unemployed and economically inactive people, respondents with low incomes and those in receipt of benefits. Not only have these groups more sources of financial stress, but they report a greater incidence of depression and show more signs of mental distress. This is also reflected in geographic differences: problems with stress and mental ill-health are more marked in the wards of Alexandra, Coldhurst, Medlock Vale, Werneth and St. Mary's; all are places with a greater concentration of social housing, generally lower incomes and a higher level of unemployment.

In summary

Based on all this information it can broadly be summarised that if you are an adult living in Oldham you are likely to be satisfied with life overall, in work within the borough, and live in a terraced house which you own. As an adult resident in Oldham it is likely that you do not smoke but you may find it difficult to maintain a healthy weight, as we know a high proportion of adults in Oldham are overweight and not physically active. It is also likely that you volunteer or are connected to local community and voluntary groups.

However the picture is not the same in all areas of Oldham. If you live in the areas around the town centre it is more likely that you will have fewer qualifications, live in rented housing, experience financial difficulties and poorer health outcomes, including low mental wellbeing, and are more likely to be of Asian heritage than the Oldham average. In the East side of the borough you are likely to have higher level qualifications, be in high paid employment outside the borough, own your own home and experience better health outcomes than the Oldham average.

Section Two

What does this mean for Health and Wellbeing in Oldham?

The health and wellbeing of the people who live in Oldham is the product of the way we live; the social and physical environment, how well students do in school, how many people are in work and the quality of that work and so on. It is not a revelation to report that health and wellbeing in Oldham is not, in comparison to other parts of the country, good and within Oldham there are large differences in the health of different people living in different parts of Oldham. This is largely related to the distribution of wealth in the borough.

It is not a revelation because it has previously been reported in annual public health reports and because the challenging economic context, educational context and physical environment mean that one couldn't really expect the health and wellbeing of the population to be anything other than challenging.

However it is worth spending some time looking at key statistics again to note where Oldham has come from and to set up the discussion about what is currently happening in Oldham that is good for health and that we need to do to an even greater extent.

The Statistics

There are many statistics to log the health and wellbeing of people in Oldham but the focus here will be on a few of the key ones. To know whether a statistic about health in Oldham is presenting a good or bad picture a comparison needs to be made of the same statistic to the NW region or the country or another comparable group. It is also helpful to compare where we are in Oldham now with where we were previously to know whether an improvement is being made.

Life expectancy is a statistic that has been gathered over many years. Life expectancy at birth is defined as the average number of years a person would expect to live based on current mortality rates. For Oldham in the second decade of the 21st century life expectancy is an estimate of the average number of years a newborn baby would live if he or she experienced the mortality rates for Oldham throughout his or her life. It is a measure of the current health and wellbeing of the population.

Life expectancy for males in Oldham for the period 2013-2015 is 77.2 and for females is 80.7. This is put in context by comparison to life expectancy for England which for the same period is 79.5 for males and 83.1 for women. Oldham men have lower life expectancy by 2.3 years and women in Oldham by 2.4 years than that for England.

Looking over the years it is worth noting just how much life expectancy and therefore health and wellbeing has improved. In England and Wales life expectancy has almost doubled over approximately 170 years

England and Wales life expectancy

Date	Male	Female
1841	39.53	42.75
1917	58.79	65.19
1952	78.46	82.98
2015	79.50	83.10

Happily a similar trend is apparent in Oldham although the data is from the last three decades.

Oldham life expectancy

Date	Male	Female
1991 – 93	71.2	77
1998 – 2000	72.8	77.9
2008 – 10	75.7	80.4
2013 – 15	72.7	80.7

This is a positive picture – life expectancy and therefore health and wellbeing has been improving for men and women in Oldham over several decades. That is worth holding on to as it reminds us that the population’s health is not a given, a predominantly natural phenomenon over which we have no influence. It can change and is the product of policies that affect economic growth and distribution of income, policies that affect the quality of education and support for parents, policies on transport, air quality, food production and how communities respond to commercial pressures to consume unhealthy products.

The improving trend for Oldham also comes with some warning. It must be noted that life expectancy for males and females in Oldham was at its highest in 2011/2013 when it reached 77.5 years and 81.2 years respectively. Two sets of data since then have led to the lower figure for 2013-2015. Many things contribute to life expectancy and it is not possible to explain the fall since 2011-13. Oldham is not unique and discussion is alive on whether this decrease might be attributable to the economic recession from 2008.

Second it has to be noted in any discussion of life expectancy in Oldham that there is significant variation across Oldham. The index of inequality for Oldham in 2012-2014 showed that the difference in life expectancy at birth in Oldham from the most deprived areas to the most affluent was 11.4 years for men and 10.7 years for women.

This picture of health and wellbeing in Oldham is also evident in other indications of health and wellbeing whether that is life expectancy at age 65, infant mortality or premature mortality. Progress is being made but generally for each indicator Oldham is not as good as the national picture and certainly some way off the best performance in the country. A key feature of the health and wellbeing profile in Oldham is the inequality in health between populations in Oldham. This comes through for almost all indicators of health in Oldham and tends to follow patterns of economic deprivation.

Healthy life expectancy is the number of years in good health for a population.



These figures have slightly decreased from previous years.



Conclusion

Health and Wellbeing in Oldham is pretty much where you would expect it to be given the socio-economic profile of the Borough. The socio-economic profile and so the social determinants of health and wellbeing tend to be largely affected by the adoption and implementation of national policies that relate to the economy and fair distribution of income, the job market, education and parental support policies to give every child the best start in life, welfare support and management of the physical environment.

It can be a challenge to be healthy. For many people it is something that has to be actively pursued because so much of our environment, be that at home, in work or outside, is set up, not deliberately to increase health risks, but because other priorities are higher.

The transport system is set up to enable people to travel quickly to work or elsewhere usually by car. It isn’t designed for people to be nudged towards active transport, walking or cycling. An obesogenic environment is one that, through the ready availability of high energy food and few opportunities or prompts to exercise, leads people to greater risk of becoming overweight and obese. This is a significant risk to health and will drive the demand for health and social care services for decades to come. The effect of pollution from transport and industry on the quality of air is getting greater recognition as a cause of ill health; the problems of social isolation are also being recognised as a threat to health.

The physical and social environment that we inhabit largely arose from incremental changes. Over time the incremental changes have resulted in major impacts on health on a daily basis and are often unnoticed until someone becomes ill and in need of treatment.

The Marmot report on inequalities in health put fairness at the heart of the matter and questions of social justice are relevant to health and wellbeing. It is not surprising, but neither is it fair, that a community’s health and wellbeing are closely linked to patterns of deprivation or that the gap in life expectancy of around 11 years in Oldham can be explained by the gap in wealth.

Yet individuals and communities are proving to be resilient and innovative and public services are responding with an approach that is seeking a different relationship with the public. The next section will review some of these factors in Oldham and suggest what we should do to achieve an environment that is supportive of good health for all our residents. It will also draw upon great examples of what people in Oldham are doing that will have an impact on their health and wellbeing and what can be done to support them.

Section Three

Where we need to focus and what we have to build on

Income, welfare and inclusive growth

It is clear that having a job and good income is a significant factor in shaping an individual's and community's health and wellbeing. The earlier data showed that these factors have a significant impact in Oldham.

The Marmot Review, Fair Society Healthy Lives, clearly presented evidence of a gradient in health. The health of people who have the least income is worse than people with more income and gradually more money means better health. This means that attention should be given to those at the bottom of the slope who are experiencing the worst health but also that people half way up the slope, and higher, are also experiencing poorer health than people with more income and would also benefit from a more equal distribution of income.

This is important for at least two reasons. One because it gives rise to the idea that Marmot called proportional universalism. This is that services or interventions to improve health should be universally available for the whole population but that proportionally more should be done for people experiencing the worst health. Secondly it prompts questioning of why the gradient of health by income exists and what it means for action to improve health.

Having a low income is important for health in two ways. One is in just not having enough money to meet need in terms of housing, warmth or food. Across the country it is estimated that 1.25 million people are in this position, being in poverty or destitute, at any one time. Action to address this would include an effective benefit system, improved educational attainment, strengthening families and communities and boosting inclusive economic growth.

Marmot has written that another impact of low income on health is through the effect it has on the opportunity for social participation. Being in poverty includes not having a hobby, not having friends or family round, not taking children swimming or not having a family holiday.

Inequality in degree of participation and control over your life could account for inequality in health that arises for people whose basic needs are being met. Conversely some people who are relatively poor could have good health if their social participation was high and their social connections and networks in good shape.

It is also established, by Wilkinson and Pickett in their book The Spirit Level that, other things being equal, a population with equal distribution of income will have better health than another with the same average income but greater income inequality. It is the inequality in income that is a key factor in determining the health of the society. This is because, in a population above the poverty line, income is important as it reflects where a person is in the social hierarchy rather than only because it is a measure of pounds in the pocket. According to Wilkinson and Pickett the perception of status and relative position has an impact on health through:

- More superiority and inferiority
- More status competition and consumerism
- More status insecurity
- More worry about how we are seen and judged
- More 'social education' anxiety (threats to self-esteem and social status, fear of negative judgements)

Not having enough money to meet basic needs of housing, warmth and food matters for health. It also matters because of the limitation it places on full participation in society. If full participation and access to services (education, social care, leisure facilities etc.) is significantly improved by having more money, then having less money, is a serious factor. Finally, inequality in income affects the health of everyone, including those well above the poverty line, because of the status insecurity, status competition and anxiety that it imbues.

Income redistribution through a tax system would improve overall health by relieving the fate of the poor more than it would hurt the better-off. Michael Marmot has written that, given that pre-tax income inequalities have increased in many countries, 'A policy of not redressing this through the tax and benefit system linked to lack of investment in public goods that brings the benefits of richer communities to all, will damage health.'

Inclusive growth is that which creates opportunities for all segments of the population and distributes the benefits fairly. Developing an inclusive economy would include more employers and organisations paying the living wage, including more people in economic opportunity, affordable transport, etc. This is an area in which Oldham has a leading role for Greater Manchester. It has also been identified as an important priority in the new Oldham Plan to work with partners in Oldham.

We also have significant programmes in place such as Get Oldham Working and Working Well that are supporting people in Oldham to access employment and support services. A recent development is participation in a Greater Manchester pilot to test the impact of a service to support people who are in employment but at risk of losing that employment through ill health. This is being developed with a GP cluster in Oldham.

Recommended action:

It is therefore recommended from a need to benefit health and reduce inequalities in health in Oldham that Oldham Council, and partner organisations in Oldham

- Lead and support inclusive growth in Greater Manchester and Oldham to ensure that those communities most in need benefit from economic development
- Test, and if successful, further commission an early help service for people at risk of losing work through ill-health

Welfare

A further development is to recognise that investment in welfare or health is not a cost or an output of the economy but is an input, an investment in economic growth and a way of enabling those people and communities most in need to benefit from economic development. If people not in work or currently not well are enabled to live to their potential then they are also in a better position to engage with volunteering, training and job opportunities.

The economist Ha-Joon Chang has written that a lot of welfare spending is investment that pays back through increased productivity in the future. Expenditure on education (especially early learning programmes such as Sure Start), childcare and school meals programmes is an investment in the nation's future productivity. Increased spending on disability benefits and care for older people helps carers to have more time and less stress, supporting them to be more productive workers.

Drawing on a blog by Mark Gamsu, it then follows from this that to contribute to an impact on health in Oldham, we should promote:

- A different narrative and conversation about welfare support as a strategic investment in economic growth for people currently least able to engage with that growth
- Support local services such as the council's own welfare support service but also the Oldham Citizen's Advice Bureau and the Oldham Food Bank to deliver their services
- Particular benefit could be derived from further linking these services to health services for people with mental health problems or with long term physical ill health

The theme of this section and recommendations on inclusive growth, access to welfare support and employment could be considered as outside the remit of a public health report. Given the widespread acceptance of the significant links between these factors and other wider determinants of health and ultimately of the differences in how long people live and how much of that time is in good health, it could be more questionable when a public health report does not make recommendations in this area.

Social Connection and Thriving Communities

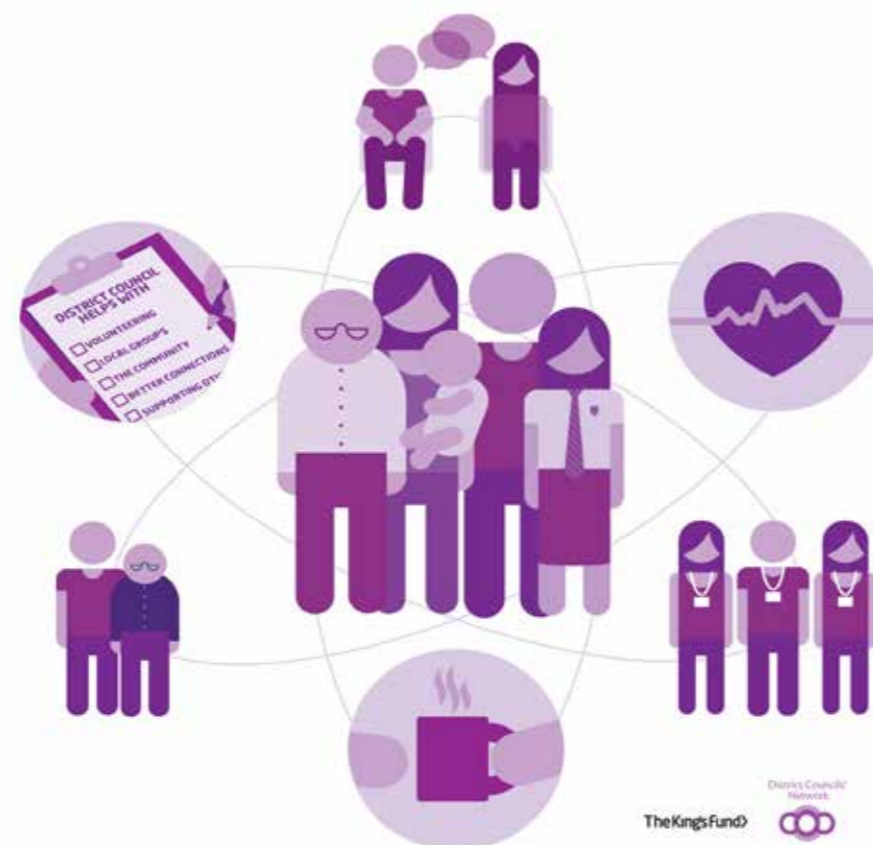
Oldham's Locality Plan in response to the devolution of health and social care responsibilities to Greater Manchester included Thriving Communities as one of the four key transformational programmes. This was a deliberate move in recognition of the power that resides in communities to make change happen.

The rationale for the programme is in recognising that active engaged citizens are the bedrock for empowered communities and social cohesion which in turn are core to reducing inequalities in health. A fundamental cause of inequalities in health is the relative lack of control and powerlessness of disadvantaged groups. Activity that can support disadvantaged groups to affect the use of public resources (e.g. participatory budgeting) will lead to improved health and wellbeing. The process of getting involved, together with others, builds upon social capital that leads to health benefits: feeling able to influence and control the living environment has psychological benefits and reduces the adverse health effects of stress.

Promoting active citizenship is about being involved in the community, residents having their say and taking part in decisions that affect them. It is a key part of creating an environment that supports good health.

The Thriving Communities Programme must be a development from everything that we have in Oldham that is good in this area. Earlier in this report the extent of voluntary activity in Oldham was noted. It is this willingness of people in Oldham to act and the evidence that taking such action is good for health and wellbeing that inspired the inclusion of the Thriving Communities programme in the development of a new approach to the health and social care system in Oldham. It is part of that emerging system and it is a priority in the Oldham Plan for partners across Oldham to support. The aim is to support people and communities in Oldham to work with their strengths in innovation, passion and commitment to double or treble the quantity of such activity across Oldham.

That this is achievable is evident from a few examples of what people in Oldham are doing. The following are examples of initiatives that have arisen from people living in Oldham following their passions and linking with other people to create something special.



Well-connected communities are good for health. Those with strong social relationships have a 50% higher survival rate than those with poor social relationships.

District councils are close to their communities, parish and town councils, and actively support volunteering, local voluntary groups and the development of community hubs.

Inspiring a women powered pathway and a thriving women's community

Inspire Women Oldham

In 2004 I began working in Oldham leading on Social Enterprise development (Oldham Collective-OMBC). In 2007 following the loss of funding I developed the Oldham Collective into a Social Enterprise; The Collective Partnership. The Collective Partnership developed with the aim of bringing like-minded organisations and individuals together to co-produce ideas and innovation in the community. Asset and place based working being at the heart of everything we do. Having spent over 25 years working in the third sector my passion and interests are focused on social value, community self organisation and the opportunities it brings, particularly to women in re-creating services and places they would want to live and bring up children. I believe that harnessing the assets that women have, creating both the space and culture for women to develop for themselves is key to sustaining thriving communities. My own journey through mental illness made me question how I was categorised and what I was offered to "fix me", and was one of the factors leading me to develop Finding Me, the Inspire Pathway and later Inspire Women Oldham.

In 2012 I began working alongside a group of local women delivering Finding Me. This journey led to the creation of the Inspire Women Network and later the development of an empowering and nurturing space for women in the centre of Oldham. Our approach is based on values, beliefs and purpose; requiring only that we are present, available and willing to grow and work alongside other women in a non-judgemental way. For almost five years we haven't stopped believing in the power of women helping other women, our values and ethos built on collective participation and ownership. In 2016 we secured £250k financial support from The National Lottery through the Women and Girls Fund, establishing an amazing space for women in Oldham town centre. Now happily settled in the new Centre we work to encourage all women to have a voice and co-produce services that overcome loneliness, isolation and disempowerment. Many of the women who engage in the centre have very long histories of medical and non-medical interventions, and almost all lacked positive social connections, a key factor in terms of lasting wellbeing.



The journey for Inspire Women Oldham (Inspiring Futures Partnership CIC) has been a collaborative one. This included foundations that are built on recognising women's assets with the ability to contribute to their own and other's journeys. Recognising their inherent strengths and contributions has been critical in shaping responses going forward. Inspire Women is a great example of co-producing – from a small group of women who engaged on Finding Me almost five years ago to now being viewed as a key partner locally, being part of the Early Help offer, gaining pledges from Women Leaders across Oldham, along with local and national award recognition for our pioneering approach. There is much interest nationally in terms of our structure that provides a pathway from which a woman can become a member initially, growing into an Associate role and later an Associate plus paid role. The structure is based on a cooperative asset model, that is gender specific and where leadership is amongst the many.



This structure ensures that the organisation sustains its collaborative/participatory approach. The Framework is based on a set of beliefs that recognises individual gifts and the importance of social connections, voice and place; inviting women to adapt and evolve the framework, further developing new uses and new connections within their communities. This approach encourages the creation of listening spaces, redefines power and begins from a place of equality and human connection.

As we move through 2017 one of our hopes is that organisations like Inspire Women who sit outside of mainstream health services are recognised and considered for both their value and impact. Mobilised and empowered women do not choose to act on the same issues or priorities of decision makers. The proposed devolution of power that exists within the notion of preventative work does not filter down. Inspire’s approach considers the role/involvement of the woman and is designed to both encourage and enable her to be self directed. Working towards getting women’s voices heard in Oldham is a large part of the future ambitions of Inspire. This is what they said to The National Lottery:

“ we want The National Lottery and other women to know that we are ordinary women who want to help other women see how valuable their lived experience is; we didn’t set out to be where we are today; we never considered ourselves experts or professionals but our way has worked for us; we have always had a voice as individuals on this journey; we didn’t have one before, we were seen as victims by everyone else; this was the space we became visible, where what had happened to us was seen as a strength not a weakness- we didn’t need fixing or rescuing- this was the space where we put our “magic” together and this “magic” is recreated every time a woman joins us”

Inspire Women Associates
Sally Bonnie, Director The Collective Partnership,
sally@thecollectivepartnership.co.uk

Partners across Oldham, including the social housing and voluntary sectors, are working to promote community engagement and volunteering in the borough through wellbeing and health initiatives that include:

- BGreen (Coldhurst and St Mary’s wards) – using an opportunity of installing energy efficient improvements in 1,400 homes to also address wider social issues in the area including health and getting people into work and, along the way, winning national awards in recognition of the value of this work.
- Get Oldham Growing – encouraging people to get involved in growing, cooking and selling local food and now expanding into a bigger programme that includes a greater focus on social enterprise and developments such as the Oldham Food Network and the Junk Food Oldham. This is now known as Growing Oldham Feeding Ambition to reflect the development into social enterprise and is set to become a major multi sectoral programme that is sustainable in Oldham

Recommended actions:

- Keeping the focus of the Thriving Communities programme, and investment plan, on working with communities, on providing the support mechanisms to generate and regenerate insight from communities into solutions that come from communities and for which funding support is available.
- Support the Growing Oldham Feeding Ambition programme to be ambitious to achieve an alternative model of food production for Oldham based upon community ownership and social interaction.

Public Service Reform and a New Relationship with the Public

Oldham is a Co-operative Borough. This means that ‘everyone does their bit and everyone benefits’. This is driving us to move away from a ‘professional knows best’ paradigm towards working with our citizens in a more supportive, brokerage role, helping them to solve problems and asking them what they can do for themselves.

We are changing the ways in which the public sector workforce provides services and changing the ways in which the public use the services and their expectations of the service provision. Generic service provision at the frontline seems to be a key to success. Empowering frontline staff to take decisions with clients about what is needed at that point and then acting on that decision is producing good outcomes.

Trust and relationships as ever are key to the reform – trust between partners and trust in the community to take control and do things for themselves. This is about designing new relationships with people and communities and service providers. It is not sufficient just to design new services.

We are taking this co-operative approach on a number of projects that include:

- Early Help – providing intervention at the earliest point to people who have a range of complex issues and are dependent on services. Early help will reduce the barriers to school attendance and employment that include crime, anti-social behaviour, domestic abuse and drug and alcohol use.
- Place based working in Holts and Lees and in Chadderton where the focus is on working with people in an area to resolve problems and how to integrate service provision.

Recommended action:

- Focus on a new relationship that supports communities to do things for themselves as the goal of public service reform.

Public Health in Primary Care in Oldham

Primary care services – family doctors, practice nurses, pharmacists, dentists and others – are the part of the NHS that sees most people on a daily basis. It is also the part of the service that has the most potential to improve health and wellbeing.

Public health and primary care have a common goal of achieving the best health and wellbeing for their population; however, historically they have often operated independently of one another. Partnership working between public health and primary care can result in substantial and lasting improvements in the health of individuals and communities. Oldham currently has a wide range of programmes that involve public health and primary care working as partners. This is often as a part of another programme of work. We are looking to further develop a practical approach to putting public health in primary care in Oldham. Current activity in Oldham is summarised below.

Oldham Intelligent Learning Lab

The Oldham Intelligent Learning Lab is an opportunity for those working in primary care to work alongside partners within the health and social care system in Oldham. The Oldham intelligent learning lab is a fully funded, unique and accredited CPD project over a period of twelve weeks.

Participants in the current Oldham learning lab cohort include:

- GPs
- Practice managers
- Cluster business partners
- Oldham Council: public health, leisure, adult social care
- CCG governing body members
- First Choice homes
- Pennine Care Foundation trust

Participants work with colleagues in a multidisciplinary team, within their locality cluster to enhance their public health knowledge, hone their public health skills and contribute to the development of a specific locality asset based prevention plan for the local community.

The aim is to strengthen the skills of the public health workforce, develop new and innovative ways of working together with the result being a locality plan which builds resilience in communities and harnesses their assets.

Public Health working with clusters

All of Oldham's GP practices are members of the CCG, they are organised into five clusters. The population demographics in Oldham are diverse. As such, each cluster has different population health challenges, health needs and assets. Cluster based working provides an opportunity for place based working between public health and primary care. Through the Oldham Intelligent Learning Lab, each cluster has developed an initial plan for a piece of public health work in their cluster. Public health will directly engage and develop these pieces of work with each cluster group.

Healthy Living Primary Care

Health Living Primary Care in Oldham includes pharmacy, dentistry and optometry. The proposal is designed to support them to deliver brief interventions and provide information on health lifestyle topics. Our key actions locally include:

- Engaging with Oldham pharmacies, optometrists and dentists.
- GM partnership working and collaboration on the roll out of Healthy Living Primary Care including key working relationships with the GM Local Pharmaceutical Committee and GM Health and Social Care Partnership.
- Understanding good practice from early implementers within GM e.g. Wigan, Stockport, Bolton.
- Ensure sustainability approach is built within the GM delivery model

In addition there are examples in Oldham where frontline service providers have taken the initiative to respond to what they see is needed either for their patients or with their local communities. Focused Care is an initiative from the Hill Top Surgery in Fitton Hill to address the social and environmental aspects of their patient's health and wellbeing instead of relying on medical interventions. In Glodwick, the Growing Healthy Communities project is also led from primary care and has taken an asset based approach to working with community members.

The key point is that the initiatives are primary care led, respond to perceived need and opportunity and did not ask for permission to begin.

Recommended action:

Work with the general practices in clusters to jointly make real what a substantial public health in primary care programme could be like and how it would operate as a live and continually emergent function.

Another example of social action in Oldham is from The Ghazali Trust.

Ghazali Trust is a community interest organisation that has established itself as a company limited by guarantee and has charitable status. Formed shortly after the 2001 disturbances in order to understand and address some of the underlying issues that existed at the time. The organisation has since grown to having over 250 active volunteers and 4000 people on its circulation list.



The guiding principles of the Trust are, that at the centre of every community are physical and community assets as well as the people who live and work there. These should be the focus of any work that is carried out within that community in order to bring about a 'joint effort' between the community and services to better understand and address the challenges that are evident within that area.

Turning community challenges into community opportunities

In May 2016 Ghazali Trust acquired the former Glodwick Baths site, which through a public poll was renamed Clemency House. The unique approach of Clemency House is that it has been purchased and is being run by the community for the Community', with income generated reinvested in the community.

Clemency House brings together residents, community, voluntary and public sector organisations to build confidence, self-esteem, improve education, relieve poverty, promote healthy lifestyles and wellbeing amongst some of the most deprived communities in the country. It provides the opportunity to raise potential, develop skills and increase levels of community involvement. All designed to stimulate social movement and economic regeneration.

The Impact of Commercial Interests on Behaviour

The commercial sector is increasingly recognised for its influence on health. On the one hand it has succeeded in raising the public's interest in health and wellbeing, with products as wide-ranging as nutritional supplements, hi-tech sportswear, and technology to track fitness. However, poor health outcomes persist and this is because, suggested by Hastings in 2012, the commercial sector has used "evocative promotion, ubiquitous distribution, perpetual new product development, and seductive pricing strategies" to encourage the over-consumption of unhealthy food, drinks (sugar-dense soft drinks and alcohol), and tobacco products. The consequence has been the high prevalence of obesity and preventable illnesses such as cancer, heart disease, cirrhosis, and diabetes.

Learning from the success of the commercial sector, the field of social marketing developed to apply sophisticated commercial marketing techniques to behaviour change. However, whilst enjoying some success in Oldham and elsewhere, social marketing remains an inadequate counter to the scale of commercial operations.

Increasingly, health is at the centre of a debate about freedom and choice, and this is where the commercial and political determinants of health collide. It is true that we each have a right to choose to behave in ways that harm ourselves. However, what is more contentious is whether companies have a right to persuade us to choose those harmful behaviours through their marketing practices. By marketing, we mean the product itself, its price, how it is promoted, and where it can be purchased.

In the case of tobacco, whilst it remains a legal substance we have decided as a nation that tobacco companies do not have the right to market its use. We have used taxation and the law to restrict marketing practices which have in turn influenced behaviours, for example preventing people from smoking in enclosed public spaces has created the need to act consciously (go outside) in order to smoke.

The key to this fundamental decision was political will, and whilst this is influenced by evidence, the reality is that it largely follows behind public consent. The role of public health has always been to gather evidence about the effectiveness of measures to improve health, or to model their

potential and to drive public awareness and debate. There is mounting public health evidence about the applicability of the approach that we have taken with tobacco to other products, such as alcoholic drinks and food and soft drinks that are high in salt, fat or sugar.

Harmful and hazardous alcohol consumption in Oldham is responsible for a significant proportion of hospital admissions and early deaths. There are case studies from other countries demonstrating that setting a minimum price at which a unit of alcohol can be sold reduces the level of consumption of alcohol among those who drink the most. In Oldham and across Greater Manchester, elected members and NHS leaders should voice their support for the setting of a national minimum unit price as an important tool to reduce alcohol harm in our communities.

A high level of obesity among children and adults raises the risk of diabetes, cardiovascular disease and cancer. Obesity arises when people consume more calories than they burn and of particular concern is the rise in the consumption of energy-dense soft drinks that are high in sugar. There is research demonstrating that a tax on sugary drinks will help shift our consumption habits towards cheaper, less sugary drinks, and could stimulate the manufacturers to design and market healthier options.

Recommended actions:

To address these issues, Councillors in Oldham will be considering the adoption of Food Active's Local Government Declaration on Healthy Weight. The declaration would include councillors agreeing to support three key themes to support behaviour change, namely:

- Stronger controls on inappropriate marketing by the food and drink industry
- Responsible retailing of food and drink, particularly around schools and parks

Encouraging behaviour change

Behaviour change is central to many of our objectives across the Council and the NHS. We need our population to adopt healthier behaviours, to act in ways that improve the environment, to support and promote the wellbeing and health of others, and to reduce the demand on our services.

In promoting behaviour change, we have tended to assume that people behave rationally and that when presented with facts, for example that smoking kills, or that our planet is warming, they will act on that information. The psychologist Thomas Kahnemann, demonstrated that our decision-making is largely instinctive and based on evolutionary traits, our experience and our perceptions. This makes our decision-making prone to error in terms of how we assess risk and benefits (we focus on the short-term and tend to be over-optimistic), and deal with losses and gains (our aversion to losses is greater than our liking of gains). Other insights included our desire to behave like everyone else (social norms) and our desire to minimise effort (e.g. forming habits, going for the closest option, or not having to make a choice at all). Kahnemann's research spawned a new field called behavioural economics.

The 2008 book 'Nudge: Improving Decisions about Health, Wealth and Happiness,' written by US academics Richard Thaler and Cass Sunstein, demonstrated how applying these behavioural insights can get people to change their behaviour automatically. This approach to behaviour change has been called libertarian paternalism; it leaves people free to act as they wish but puts in place arrangements which lead to most people doing the right thing most of the time.

Various models and frameworks have been developed to guide this approach to behaviour change, including Susan Michie's Behaviour Change Wheel, which takes a step by step approach to understanding the specific behaviour you are trying to change so that the most appropriate intervention can be designed. The Behavioural Insight Team's approach on the other hand has been to trial multiple low-cost variations of the same intervention, for example several versions of an invitation to screening letter, to understand which approach produces the greatest behaviour change.

Examples of where behavioural insights have been used to successfully influence health-related behaviour include:

- Reducing the number of holes in salt shakers. People's habit remains the same but the amount of salt they receive decreases;
- Placing jugs of water and glasses on tables and bars rather than requiring people to ask for them. People will reach for water when it is provided and their intake increases;
- Making salads and fruit more prominent in school and workplace canteens. People help themselves to the more readily accessible food.
- Making salads and fruit the default option in place of chips or dessert in school and workplace canteens. Most people do not ask for the alternative.

Importantly, all of these interventions are low cost.

We are applying this knowledge to public health campaigns in areas such as oral health, health checks and physical activity to improve health outcomes and to encourage residents to take control of their lives. In 2017, the council's public health team, with support from the Greater Manchester Health Protection Unit, the CCG and the Behavioural Insights Team will be testing an approach to behaviour change that works for us in Oldham.

The test case is the prescribing of antibiotics. Oldham has a high rate of prescribing of antibiotics and we are taking an evidence based approach to reducing that prescribing and from that developing an approach to behaviour change that can be applied to other areas.

Individual behaviour such as in smoking, consumption of alcohol or drugs, eating and physical activity are often highlighted as the key factors in determining population health. There is no doubt that individual behaviour is a contributory cause of an individual's health history and future. There is a need to provide support for people to change their behaviour through smoking cessation services, weight reduction classes, advice on alcohol and facilities to improve levels of physical activity. Access to this support should be provided and coordinated through an Oldham Wellness Service that is aligned to a Greater Manchester Service and closely tied to primary healthcare and the potential of social prescribing.

Recommended actions:

- Develop an evidence based approach to behaviour change through the work on antibiotic prescribing and make it widely applicable in Oldham.
- Commission an Oldham Wellness Service that is aligned to a Greater Manchester Service and closely tied to primary health care services.

Giving every child the best start in life

Early years, giving children the best start in life, is widely recognised as an essential part of any programme of activity to improve the health of a population. It is also a transformational programme in the Oldham Locality Plan. Some of the reasons for accepting the importance of early years in good health are more obvious than others – establishing a healthy diet at an early age, tooth brushing and ensuring immunisations are up to date.

However it is also, and more importantly, about establishing meaning and purpose for individuals and families. The social and physical environment from an early age must be comprehensive, manageable and meaningful, otherwise chronic stress and a cycle of alienation can take hold. Individuals and their communities will thrive when, from an early age, people see their lives as having purpose and they feel some degree of control. Key to this in early years is having close bonds with at least one family member or an emotionally stable parent.

A growing body of research, as reported by the Liverpool John Moores University Public Health Institute, is revealing the long-term impacts that experiences and events during childhood have on individuals' life chances. Adverse Childhood Experiences (ACEs) such as abuse, neglect and dysfunctional home environments have been shown to be associated with the development of a wide range of harmful behaviours including smoking, harmful alcohol use, drug use, risky sexual behaviour, violence and crime. They are also linked to diseases such as diabetes, mental illness, cancer and cardiovascular disease, and ultimately to premature mortality.

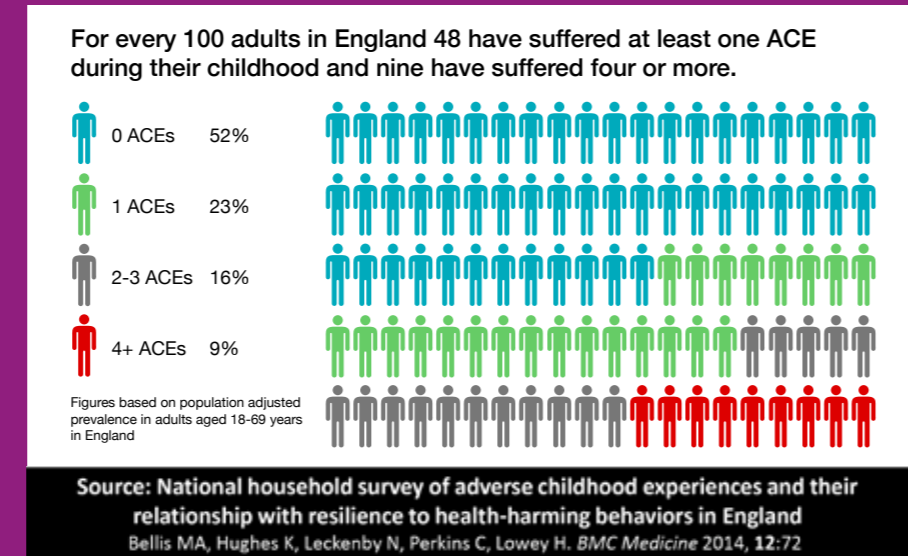
The Liverpool Public Health Institute studied the impact of ACEs on a sample of the UK population. This showed that people who have experienced four or more ACEs when compared to another person who has no experience of ACEs were:

- almost four times more likely to smoke
- almost four times more likely to drink heavily
- almost nine times more likely to experience incarceration and
- three times more likely to be morbidly obese

ACEs have been shown to be related to deprivation with the experience of four or more ACEs being reported by 4.3% in the least deprived quintile and 12.7% in the most deprived quintile. ACEs, therefore, clearly have a role in inequalities.

Impact of Adverse Childhood Experiences in Oldham

Work carried out by the Liverpool Public Health Institute in England found that almost 50% of people interviewed reported experiencing at least one ACE and 9% experienced four or more. That 9% of the adult population, if applied to Oldham, would equal about 16,500 people. Given the association with deprivation and Oldham's position in the ranking of deprived boroughs it is likely that the number of people affected by four or more ACEs is higher and that there is a difference in that experience across the Oldham population with the poorer population being more heavily affected.



What can be done about Adverse Childhood Experiences?

The Scottish Public Health Network report has helpfully suggested the following actions

Creating wider awareness and understanding about ACEs

It has been recognised that communicating the role of social conditions in child maltreatment and adversity is difficult. That people generally understand the importance of individual behaviours, whereas seeing the link between poverty, lack of access to quality health care or poor educational opportunities and child abuse and neglect is more challenging.

A number of communication challenges to increase public understanding have been identified:

- help people to think beyond individual-level causes of maltreatment and adversity to see the importance of societal-level solutions;
- deepen understandings of cycles of maltreatment;
- expand people's understanding of the effects of poverty to include other social drivers; and
- help people see that addressing child maltreatment and reducing early adverse experiences is possible.

Preventing ACEs

Clearly, aiming to prevent ACEs rather than deal with the consequences when the damage has already been done makes sense. This could help to break the intergenerational cycle of ACEs. Potential areas for action can be divided into three areas:

Context in which families live

Contextual factors include:

- tackling social isolation and increasing community connectedness and social capital;
- mitigating the impact of the recession and austerity measures on families;
- working across sectors including education, public health, health care, work and employment etc;
- tackling inequality and absolute poverty;

- focusing on low wages and insufficient wages rather than just unemployment;
- examining equity impacts, particularly for families with children and those on lower incomes.

Tackling parental and family risk factors

- Parenting programmes offered universally but targeted to those in greater need with multiple risk factors supported and delivered by a range of sectors including education and health.

Tackling household adversity

Household adversity includes problems such as domestic violence, parental substance use and criminality. Suggested strategies include:

- multi-agency teams working across professional and organisation boundaries;
- recognising multiple needs and addressing these holistically;
- flexible and needs-based provision;
- importance of staff recognising and responding to risk factors for ACEs;
- importance of recognising the differing effects for different ages of children;
- gather and share data on the prevalence and clustering of ACEs; and
- advocate for policy options that would reduce the risk factors for childhood adversity such as increasing the price of alcohol.

Building Resilience

Resilience has been defined as a 'positive adaptive response in the face of significant adversity.' It is thought to transform 'toxic stress' into 'tolerable stress.' Children who end up doing well despite adversity have usually had at least one stable committed relationship with a supportive parent, caregiver or other adult. This seems to buffer them from development disruption and builds skills such as the ability to plan, monitor and regulate behaviour and adapt to changing circumstances.

Actions that could strengthen the foundations of resilience have been suggested:

- identify and support children whose needs are not being addressed adequately by existing services;
- enhance “serve and return” interactions between babies living in disadvantaged environments and the adults who care for them in order to strengthen the building blocks of resilience;
- target the development of specific skills that are needed for adaptive coping, sound decision-making, and effective self-regulation in children and adults;
- develop new frameworks for integrating policies and programmes across sectors that collectively reduce adversity and build capacity; and
- maximize the ultimate effectiveness of all early childhood policies and programmes by focusing collectively on the full range of factors that facilitate resilience.

Action in Oldham

There is much that is in place in Oldham already that addresses this particular issue. The Early Help Service, Multi-Agency Safe Guarding hub and the ‘Right Start Service’; a single service which aims to ensure that children have the best start in life, develop well in their early years and are ready for school are all aspects of the range of services that will have an effect on the impact of ACE’s in the Oldham population.

Other activity such as the Thriving Communities programme and action on inclusive growth as mentioned earlier will also, if successful, have an impact on the occurrence of ACE’s. We could, and should, of course do more and the above actions on creating greater awareness, preventing ACE’s and building resilience stand as a challenge with the potential to have a significant impact on the health and wellbeing of people in Oldham.

Recommended action:

- Creating wider awareness and understanding about Adverse Childhood Experiences
- Preventing ACEs
- Building resilience in families and children

School Readiness

In the first section of this report school readiness was highlighted as a reflection of childhood development in early years. In Oldham we have established the ‘Right Start Service’; a single service which aims to ensure that children have the best start in life, develop well in their early years and are ready for school.

This service is now delivered by a single provider across Oldham – Bridgewater Community Healthcare NHS Foundation Trust. The Right Start service works with families through pregnancy and until their child starts school at five years old.

The service provides a range of support from Right Start practitioners such as health visitors, community nurses and early years staff. Oldham’s children’s centres are the ‘shop front’ of the service and the primary hub for the integrated teams.

This service is key to giving every child the best start in life. Success will be measured through the improvement of school readiness figures not only for the whole of Oldham but for the parts of Oldham where performance is not good. However the drive to attain better performance must come through more than this service and is reliant upon having a strong partnership approach that embraces maternity services through to schools.

Therefore the recommended action is about that.

Recommended action:

- Establish a robust multi-partner drive to combine efforts to improve school readiness across Oldham and particularly for those parts of Oldham that are furthest from good performance

Promoting Mental Health

Mental health is central to good health is the fourth of the transformational programmes in the Oldham Locality Plan. Mental health as a public health priority needs little explanation. It is also linked to the themes in the Thriving Communities programme of gaining control and having a sense of purpose and resilience in the Early Years theme.

The Oldham Mental Health Strategic Partnership is developing plans for the transformation of service provision. The particular part I want to highlight is the work that we have been doing on promoting a conversation about mental illness and promoting good mental wellbeing.

In 2016/17 the council and CCG with funding from the Wellcome Trust commissioned Involve and Leaders Unlocked to engage with 600 young people in Oldham about mental health, both illness and wellbeing. The young people talked about families and relationships, the environment and culture of schools, stigma, professional practice and self-harm. A short video on the project can be found here: <https://m.youtube.com/watch?v=VodR1qob3cU>

This work is in addition to an interest that the Youth Council in Oldham has had in mental health and young people for some time. It also builds upon the council’s commitment as a signatory to the national Time to Change and the annual Time To Talk day and mental and emotional wellbeing is a key part of the staff Fit For Oldham programme. Finally we recently launched The Whole School and College Approach to Emotional Health and Mental Wellbeing in Oldham. All of this this activity needs to be sustained and taken more widely with partner organisations.

Recommended action:

Publicise the findings and recommendations of the MH:2K report on young people and mental health in Oldham and support an across Oldham programme of activity to raise awareness of coping with mental ill health and to reduce stigma.

Public Health and the Public Realm

The ‘public realm’ is the collective term for all the spaces between buildings in towns and villages to which the public has access. This includes streets, squares, greens, parks and footpaths. I would like to add to that to include buildings to which the public has free access. That includes galleries, museums and libraries that are in public ownership. The public realm is the collective backdrop to how the town is understood and experienced.

The quality of the public realm within our towns and villages can make a positive contribution to the lives of people who live and work in them. Poor public space contributes to crime and reinforces negative perceptions of a place. High quality public space engenders a sense of pride in a place, discourages crime, promotes biodiversity and healthy living, and increases land values.

The physical environment can be shaped through various planning and design processes to improve health outcomes. Street-scale urban design and land-use approaches can support physical activity and safety.

Several countries have introduced the concept of ‘active design’ in guidelines to address obesity and related diseases by encouraging physical activity through the design of the environment. Other practices include good quality, well-maintained public spaces, improved street lighting or infrastructure projects that increase the ease and safety of street crossing, better street connectivity, traffic calming measures, and enhancing the attractiveness of streets through landscaping. Urban environmental design can also contribute to reduced crime and violence.

Civic squares and spaces in the public realm should be consciously planned and designed to promote social interaction. People living in urban areas also need easily accessible places where they can interact with nature, so community gardens, allotments and conservation projects are important. Green infrastructure provides a cost-effective way of meeting many of these objectives, while creating attractive green spaces that can also enhance property values and encourage tourism. All of these things benefit the socio-economic status of local populations and contribute to community cohesion and sustainable development, as well as benefitting wellbeing.

There has been increasing participation across the country in local food production in recent years and this has been particularly successful in Oldham where Get Oldham Growing has developed well. Linking this initiative to the town and park environment has brought further benefits and potential to go further.

In Oldham we have Gallery Oldham and a network of 12 libraries across the Borough, located at the centre communities and open for just under 500 hours a week. Oldham library is in the top 20 most visited libraries in the country with 50,000 visitors a month.

These library buildings are key community assets, providing welcoming, safe spaces – spaces for people to connect with each other and their community, spaces that provide the opportunity for interaction between people helping to generate trust and trust towards others (of different ages, class, gender race and ethnicity).

Physical activity is also very important to help people lose weight and to sustain that weight loss. Whilst we are already introducing ways to make physical activity an easier option, for example by providing more green spaces, there is more we can do. For example, we can adopt spatial planning measures that prioritise active travel (walking and cycling), and we can promote or incentivise the design of health-promoting public and private buildings in Oldham e.g. those that provide natural light, space to exercise and shower, and visible, accessible and attractive stairwells.

Spatial planning also concerns the density and position of shops and services. There is more we can do to regulate and limit the provision of businesses that undermine the public's health, including the density and position of fast food outlets, for example in or near schools, colleges and NHS buildings.

Alexandra Park is the borough's flagship park and a great example of what can be achieved in designing and maintaining parks with benefits for social interaction, physical activity and wellbeing.

Oldham Council has just announced a high level plan for a major town centre development. This plan, which will take over ten years to implement, has great potential to further transform the town centre building upon the work done in Parliament Square. There is also much that could be done to maximise the positive health benefits of this development and that of the public realm.

Recommended action:

- To scope out the potential health improvement in town centre developments and build such improvements into the capital development programme
- To continue to prioritise the contribution made to the public realm by Oldham Libraries and Gallery and to support further development of the cultural services in Oldham



Oldham
Council