A fresh perspective on health inequalities… seizing opportunities

Public Health Report for Oldham
Director of Public Health
Annual Report 2014
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The annual report of the Director of Public Health is the professional statement about the health of people in the borough. Through the report I attempt to give a perspective on aspects of health that I think are important to address in the coming twelve months.

This year’s report, the first to reflect on health in Oldham one year after the council assumed lead responsibility for health and wellbeing, has inequalities in health as its main focus. This has been a recurrent theme over several reports. This is because of the importance of the issue as a key factor in Oldham’s health and wellbeing and because of the persistence of inequality in health in Oldham, Greater Manchester and the North West.

Previous reports have set out the data that demonstrates the existence of inequalities in health. But the main focus for the year is on interventions that could be adopted by local authorities and health and wellbeing boards that would reduce health inequalities.

The interventions are drawn from a report by the British Academy, 2014. The report asked experts in social science to name the one thing they would do to reduce health inequalities. The list includes implementing a living wage, early childhood interventions, introducing 20mph speed limits, taking a health first approach to worklessness, participatory budgeting, further and adult education, ethnicity and health and an older age friendly environment.

We have briefly assessed, with the input of those people leading on the areas, what progress is being made in Oldham against those actions. The result is generally positive with Oldham Council leading on innovative work to implement a living wage and a dementia friendly environment among others. The challenge is to sustain this innovation over time and at a sufficient scale to fully engage with communities to reduce inequalities in health in Oldham.

Chapter two of the report summarises a sometimes overlooked part of public health activity on health protection. It includes immunisation and screening programmes, infection control and emergency planning. These effective programmes are often taken for granted but are essential to protect the population from infectious diseases and to pick up early signs of illness.

Chapter three picks out three aspects of the council’s public health programme as examples of the work the council is doing with the leadership of councillors. Get Oldham Growing is an initiative that builds on the widespread enthusiasm for growing fruit and veg to develop opportunities for business and social enterprise. An assessment of chronic liver disease has uncovered an interesting fact that while the numbers of people with and being treated for liver disease continues to increase in Oldham, the number of people dying from liver disease is falling. This probably reflects well organised effective treatment. However, the consequence of the rising numbers means that more people than before are being treated and the costs and demand on carers is also increasing. As ever, the real solution would be in prevention.
The last example summarises the council’s and partner’s response to evidence of poor dental health among Oldham’s children. The council has committed to turning this round in the next three years.

Finally, the last chapter presents the ten actions that, with my fellow Directors of Public Health across the North West, I would ask the next Government to implement across the country to improve health and wellbeing.

Since assuming responsibility for health and wellbeing on 1st April 2013, Oldham Council has agreed two important motions to address smoking as a major cause of ill health in Oldham. In February 2014 the Council signed up to the Local Government Declaration on tobacco and in doing so joined up with council’s across the country to take action on tobacco. In May 2014 the council agreed a motion to examine local government investment, through pension funds, in tobacco companies and to seek to divest from those companies.

Both developments illustrate the willingness of local government and Oldham in particular to act to improve health and wellbeing. These actions and the council’s commitment to a co-operative future and to innovation with communities in Oldham are grounds for optimism.

Alan Higgins
Director of Public Health
Over recent years there have been improvements in the health of the people of Oldham, as measured by life expectancy. However, whilst people are living longer, they are not living healthier. Healthy life expectancy for men and women in Oldham are significantly lower than the North West and England rate. The gap in life expectancy between the most and least deprived men in Oldham is 10.9 years, and for women is 9.3 years.

The total deaths in Oldham graphic (page 9), shows the main cause of death for all people of all ages in Oldham. From the 5,939 deaths over three years, respiratory disease was the main cause of deaths, accounting for 1,569 deaths in three years, with the majority of respiratory deaths due to pneumonia. Cancer was the second main cause of deaths, followed by Circulatory disease. The picture of deaths would look different if we look at Premature mortality.

What do we mean by Health Inequalities?
Health inequalities are the avoidable differences in the health, wellbeing and life expectancy between people. These differences result from the conditions in which people are born, grow, live, work and age.

Health inequalities have been a priority of recent Government policy. Despite this inequalities have not only persisted but widened.

A fresh perspective on health inequalities is needed, seizing the opportunities created by the relocation of Public Health into the local authority.
There is now a wealth of evidence on how the physical, social and economic conditions in which we are born, grow up in and work shape our health, directly and indirectly by influencing our lifestyles.

Analysis suggests that 20% of influences on health relate to clinical health services, health behaviours account for 30%, socio economic factors account for 40% with the physical environment accounting for 10%. All of these influences are within the scope and influence of the local authority to some extent.

Previously, much of the focus for improving the population’s health and reducing inequalities has been on individual and behavioural changes. The harder structural issues: poverty, housing, worklessness, social capital etc. have received less focus. A combined approach is essential if we are going to improve health and reduce inequalities. This is not to ignore the important contribution of the NHS, but it is imperative to recognise that health has structural as well as behavioural and inherited factors.

Content of report
In the past the Director of Public Health Annual Report was a place where health data was brought together and published. This is no longer the case, the report presents the headline data. The detailed information is available online at the Public Health Outcomes Data Tool site (http://www.phoutcomes.info/), with local data and analysis brought together in our Joint Strategic Needs Assessment (available at http://www.oldham.gov.uk/).

This year’s report begins by assessing and discussing what Oldham has done and is planning in relation to structural issues. These interventions have been identified by experts in the field, as the areas that local authorities could introduce to improve the health of the population and reduce health inequalities.

Each of the key interventions was included within the recent British Academy (2014) report “If you could do one thing...” Nine local actions to reduce health inequalities. The actions and interventions covered include:

1. Addressing health inequalities through greater social equity at a local level: Implement a living wage policy.
2. The impact of early childhood education and care on improved wellbeing
3. 20mph for cars in residential areas, by shops and schools
4. Tackling health related worklessness: A ‘Health First’ approach
5. Using participatory budgeting to improve mental capacity at the local level
6. The scope of adult and further education for reducing health inequalities
7. Ethnic inequalities in health: Addressing a significant gap in current evidence and policy
8. Building age friendly communities: New approaches to challenging health and social inequalities
9. Make good use of evidence of cost effectiveness before choosing between competing interventions to reduce health inequalities.
Each of the actions is likely to have an important impact on public health. It is entirely appropriate that public health should be working with the sectors that are responsible for influencing those conditions of daily life that have an impact on health inequalities. The report identifies concrete approaches that can be adopted to reduce health inequalities, translating academic understanding into local action. In these tough and challenging financial times, there is also a sharp focus on making the most effective use of resources.

The first eight of the interventions were presented to the relevant council officers, who were asked to review Oldham’s approach, as compared to recommended action. With the recommendations being a good yardstick with which to judge the council’s work on health inequalities.

In chapter two the report takes the opportunity to review in detail the Health Protection arrangements and performance following on from the recent organisational changes.

In chapter three, the report aims to give a sense of the breadth of work covered within Public Health by looking at three work areas that have been undertaken over the course of the year, and the plans going forward.

**Get Oldham Growing**
The defining feature of the Get Oldham Growing programme is community engagement and activism linked to the development of employment opportunities. Growing food will be the medium for change, and ultimately Oldham residents will save money on their food bills and improve their diets.

**Chronic Liver Disease**
Deaths from liver disease are increasing, with deaths in the North West higher than any other area. A needs assessment is underway to understand the trends in Oldham. Whilst hospital admissions have increased in Oldham, it appears there is a downward trend in terms of deaths.

**Oral Health**
The two common dental diseases are dental decay and gum disease. The damage they cause is cumulative and costly, despite them being largely preventable. Within Oldham almost half of 5 year olds had some extent of tooth decay, which is second worst in England.

The final chapter presents the top ten actions that an incoming government should act on to improve health and wellbeing across the country. Its purpose is to raise awareness of public health issues, to impact upon the public health agenda in the North West and to influence cross party political manifestos ahead of the General Election in May 2015.
Last year the Director of Public Health made a number of recommendations to the Health and Wellbeing Board, an update on their progress is provided below:

- **Lead engagement with communities, explore the sharing of power with communities and request the investment of resources by Oldham Council and Oldham CCG in community development, at a scale that is sufficient to have an impact on health.** Over the last year the council has reviewed its approach to community development and is in the process of putting together an investment proposal, in order to sustain capacity for community development across Oldham and support the commissioning of specific community development projects when necessary and appropriate.

- **Continue to support the introduction of a minimum unit price of alcohol set at 50p/unit.** Councils across Greater Manchester continue to lobby government for the introduction of a national policy on minimum unit price for alcohol. This will also be a feature of the forthcoming Greater Manchester Alcohol Strategy.

- **Support the development of proposals to regulate the sugar content of soft drinks.** This links into the food and obesity work streams as well as the oral health work. The commissioning of oral health activity is underway.

- **Consider the availability and further regulation of the availability of take away foods in Oldham.** There has been some initial work with local planners, although this work is still in its infancy. It is likely that further work in 2014 will lead to a proposal for council action in this area.

- **Request Oldham Council and CCG to invest in an early intervention service following the model of the Fit for Work programme.** An intervention based on the fit for work approach has been implemented in an area of Chadderton and is currently being evaluated.

- **Request Oldham Partnership to explore the means of supporting employers to develop employee participation in decision making in workplaces.** The recent development of the cluster approach to partnership working in Oldham has led to the setting up of an economy and skills theme. Employee participation in decision making will be proposed for discussion in this forum.

- **Support the implementation of the joint investment agreement on fuel poverty and its evaluation and further action following evaluation.** Good progress has been made on this recommendation, with joint investment secured and work underway.

- **To seek further investment in joint working with housing associations to deliver health and wellbeing programmes for tenants of social housing in Oldham.** Good progress is being made in developing joint working with housing associations on health and wellbeing, and models of service provision in social care.

- **Address social isolation, requesting prioritisation of investment from Oldham Council and CCG. Targeting those groups affected.** Oldham’s Health and Wellbeing Board hosted a workshop on social isolation and the Board has identified this issue for further detailed investigation through the JSNA.
Seizing the opportunities to tackle health inequalities
Action 1: Addressing health inequalities through greater social equality at a local level: Implement a living wage policy

Background & context

Implementing a living wage policy will have a direct impact on the UK’s income inequality, which in turn is a root cause of health inequalities and other social problems. This section suggests that the best action local authorities can take to reduce health inequalities is to implement a living wage policy.

- **Why inequality matters** - In the UK you can expect to live around eight years longer if you live in the wealthiest rather than poorest areas. More unequal societies have poorer outcomes in relation to: obesity, drug dependency, mental illness and infant mortality. They typically have higher rates of teenage pregnancies, lower educational attainment, lower child well-being and less social mobility.

- **The current political context: austerity and localism** - The economic climate of stagnant wages, unemployment and welfare cuts mean that the lowest paid are seeing declining incomes, with knock on effects for health and social problems.

- **The case for the living wage** - In many cases work does not provide a way out of poverty. Two thirds of children living in poverty, live in a household where at least one person works. Raising the wages of those on the very lowest incomes through paying and importantly encouraging others to pay a living wage provides:
  - an incentive to work
  - a way out of in-work poverty
  - improvements in work quality and productivity
  - reduced sickness and has a positive impact on staff recruitment and retention.

Median household income

Source: CACI, 2013

- Saddleworth North (highest ward) £37,473
- Coldhurst (lowest ward) £17,411
- Oldham £25,116
- England £28,024
The living wage for Oldham Council

In April 2012, the council moved towards an Oldham Living Wage. This set a minimum hourly rate of £7.11 per hour for employees. On the 1st April 2013 this was raised to £7.24 per hour for directly employed council staff. The borough’s schools are being actively encouraged to follow suit for those non-teaching staff that fall within the remit of school governing bodies.

Oldham’s Living Wage was applied following regional research, which concluded that the Greater Manchester Living Wage should be set at £7.22 per hour. This research was undertaken on the basis of the ‘cost’ of a representative ‘basket’ of goods and services which families in Manchester would need to live ‘decently’.

The council has made a further commitment to pay the National Living Wage (currently £7.65 per hour and reviewable annually) by 2015. This has been costed and work is in progress to identify how this might best be achieved.

Oldham Council is also leading the way to reducing pay differentials and has made positive reductions between highest and lower paid staff. A combination of increases to minimum pay and reductions in the most senior pay has reduced the ratio from 1:13 in March 2012 to 1:11 less than two years later.

By moving to the level of the National Living Wage in 2015, Oldham Council is committed to maintaining or improving the current position.
The benefits of the living wage

The living wage is good for employees, business and local society. The living wage can be part of the solution for the complex causes of poverty.

In Oldham, 69% of council staff live in the borough. Local business typically employ a higher percentage of local people, therefore working with partners to implement a living wage will ultimately benefit staff and local communities. The better off the staff the more they will have to spend in our local community. Thus our local economy will be supported and in turn, demand for products and services will increase allowing local businesses to thrive and enjoy sustainable success.

The expected impact on reducing inequalities

The above measures can support a collaborative approach to improving social equality for all communities within the borough.

At this stage it is difficult to provide a view as to whether this approach will successfully reduce inequalities in Oldham. But as the first measure of action to reduce inequalities the work to date, together with future plans, is positive.
Action 2: Impact of early childhood education and care on improved wellbeing

Background & context

Despite decades of social and educational reform, there has been little progress in equalising opportunities in child outcomes, and inequalities in child health and wellbeing have persisted and even increased.

There is a need to focus resources on improving life chances in early childhood through the universal provision of early education centres, integrated education and child care, parenting support and health services. This will reduce inequality, increase wellbeing and enhance economic productivity.

- **The importance of early childhood to equality** - Learning capabilities are primarily formed during the first years of childhood, this is the most effective time to improve the lives of disadvantaged children.

- **Early childhood education and care** - Simply providing childcare or pre-school education is not enough. Ideal systems combine high quality, affordability, are accessible and sufficiently flexible enough for either parent to return to work.

- **The importance of the home learning environment** - Providing a range of learning opportunities in the home, improves cognitive, language and social development.

- **The case for a fully integrated service model** - England has transformed its early childhood services, with the integration of health, education, childcare, parenting support and work services. This model was found to be successful in terms of language, cognitive and social development, child health, parenting, home learning, reduced worklessness and some improvements in school readiness.

Source: The Kings Fund, 2013
Oldham’s Early Years Improvement Board is committed to raising standards across early years providers from all sectors. The Improvement Strategy includes:

- Universal support for all providers through learning networks, advice, guidance and support
- Targeted support for settings judged to ‘Require Improvement’ or intervention where assessed as ‘Inadequate’ by Ofsted.
- Placing conditions on providers wishing to deliver the free early education entitlement for two, three and four year olds around their Ofsted quality grading.

As part of the work building on the importance of the home learning environment, Oldham offers a targeted home learning programme based on the Raising Early Achievement in Literacy (REAL) principles. It comprises one to one support to the parent in the home to achieve the following:

- Improve children’s progress in early language, literacy and social development so they are confident, engaged and ready for school.
- Develop parent’s confidence to engage with their child’s learning by improving the quality of the home learning environment.
- Promote opportunities for parent’s learning, employment and skills development.

Staff within the children’s centres, private early years providers and schools have been trained in the REAL principles in order to get the widest possible reach of the programme.

Oldham’s early childhood service offer

Oldham Council commission an integrated early childhood service offer, on a district basis, through a hub of children’s centres. Whilst centres do not offer all services on site, they are the lead agent with health, education, social care, employment services and the voluntary sector. This brings about an integrated, unified approach to meeting need and reducing inequalities.

Targeted family support and services for children with additional and complex needs are arranged by the district children’s centre, as part of their wider team. Evidence from Ofsted has suggested that this is a very strong way of working, which enables support for families to be delivered at the appropriate time.

Oldham’s new delivery model for early years includes a focus on better use of data on children’s progress and outcomes.

Oldham’s strategic direction for early childhood provision is part of a wider 0-19 Early Help offer. Part of this offer is Oldham’s Early Help Strategy which, reflects the importance of early childhood to equality and is the focus within its current commissioned 0 – 4 years offer. Where there is a specific focus on:

- Child development and school readiness
- Parenting aspirations, self-esteem and parenting skills
- Child and family health and life chances.

Moving forward, the emphasis in Oldham’s commissioning plans is to tackle inequality and improve outcomes by focusing on three key areas: parenting, attachment, and speech and language.
Through this work Oldham will bring improvements to its early years outcomes. Uptake of the universal free entitlement for three and four year olds is 97%, which is higher than the national take up of 96%. This has contributed to improvements in the percentage of children reaching the National ‘good level of development’ measure, with an increase from 46% in 2009 to 55% in 2012.

Despite this improvement Oldham is the lowest out of the 10 Greater Manchester authorities. The achievement gap between the 20% lowest achieving children and the rest narrowed, from 37.2% in 2011 to 33.2% in 2012. However, in 2013, the attainment gap widened, under the new Early Years Foundation Stage Profile assessment to the widest in the region at 42.9% (comparisons between 2013 and previous years cannot be made due to a change in the DfE national assessment methodology).

Oldham’s childhood provision and the impact on inequalities

Oldham continues to refine the operating model of early childhood services across the borough, learning from what has worked for families. Future delivery models will seek to further integrate early health and education services to ensure that needs are both identified and met, as early as possible.

Through Oldham’s Public Service Reform programme and by ensuring an integrated approach across all age provision in the borough; inequalities will be tackled not only for the young child in the family, but for the whole family in many other aspects of their lives.

There has been considerable development in Oldham’s early years work. It is positive to see the amount of targeted work with children and families. It is also reassuring that Oldham has programmes that build on the importance of very early childhood, the home learning environment and the quality of childhood education and care.

However, data suggests that there is still more that needs to be done; both in terms of the achievement of all children as well the gap between the 20% lowest achieving children and the rest of Oldham’s children. The comparative statistics across Greater Manchester emphasise the extent to which the work underway to give every child a good start in Oldham, needs to be sustained over time and grown in size so that every community in the borough can benefit. This will be necessary for this key area of work on inequalities in health to have an impact for children, and as they grow older, into their adult lives.
Action 3:

20mph speed limits for cars in residential areas, by shops and schools

Background & context

The number of people dying on Britain’s roads from car accidents is increasing, as is the proportion of pedestrian deaths.

This section suggests that the best action local authorities can take to reduce inequalities is to implement 20mph speed limits where 30mph ones have usually been in place. This would save lives, prevent injuries and reduce health inequalities. It is a low cost measure that can easily be enacted at the local level.

- **How does traffic speed relate to health inequalities** - Reducing speeds protects both children and adults, with the greatest benefits gained in poorer areas, where there are higher rates of road traffic accidents.

- **The case for 20mph** - Death is much less likely if a pedestrian is hit by a car travelling at 20mph, than at 30mph or more. Cyclists are also safer travelling in traffic at 20mph.

- **Broader benefits of 20mph** - Alongside reducing deaths and injuries, any slowdown of vehicles reduces congestion, air pollution and CO2 emissions and facilitates stronger communities, with more people walking and cycling helping to reduce obesity.

- **Examples of 20mph areas and its outcomes** - In many urban areas in mainland Europe 18.6mph is normal in residential areas. In Sweden the long term effect of road safety policies is evident, with the number of children killed on the roads falling from over 120 a year to less than 10 a year. Within the UK many areas have now implemented a 20mph with sharp falls in road casualties and deaths.

Source: The Kings Fund, 2013

Getting just one more child to walk to school could pay back the equivalent of £768 in health benefits to individuals, savings in NHS costs, productivity gains and reductions in air pollution and congestion.

Source: The Kings Fund, 2013

£768
Oldham’s road safety success

The level and severity of road traffic injury accidents in Oldham is continuing to fall and is now at an all time low. Since 2000, the number of people killed or seriously injured on the borough’s roads has reduced almost 50% from 87 in 2000 to 46 in 2012.

In line with this, the number of child pedestrian accidents has consistently fallen from 132 in 2000 to 44 in 2012. These improvements in road safety and casualty reduction have been achieved through data led interventions involving engineering, education and enforcement.

Current 20mph zones in Oldham

In Oldham there are 56 schemes that incorporate 20mph zones, covering 84 miles of residential and unclassified roads. These schemes were designed to target areas of the town with the poorest accident records, specifically those involving pedestrians and children. A number of these locations included areas of deprivation.

As a consequence, the majority of residential areas with the poorest casualty records have now benefited from road safety interventions.
Killed or seriously injured road casualties in Oldham
Source: Department for Transport Statistics

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<td>2005</td>
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<td>2012</td>
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Key considerations for 20mph zones

In keeping with best practice and with the support of the police, 20mph zones should only be introduced on roads with average speeds below 25mph (as there are no repeater signs of the speed limit once inside the zone). In some cases physical traffic calming measures are introduced to reduce speeds to this level; however in some areas, no such action may be necessary due to the alignment of the particular roads involved.

A 20mph speed limit is signed as any other limit along a length of road with terminal and repeater signs erected as required. There are no physical measures within the limit except signage; consequently the most appropriate sites are those where average speeds are already low.

The potential positive contribution that speed reduction initiatives have on making a place safer to live and work is recognised. A positive financial rate of return is an important factor in the economic viability and success of a 20mph scheme, as the actual cost of it is compared to the likely costs of the number of accidents saved. If Oldham were to introduce extensive 20mph limits and zones on its 30mph road network there would be a number of financial implications to consider, including the costs of installing signs and any speed reducing features.
Future plans for 20’s plenty in Oldham

Recent developments at the Department for Transport have made it easier for a Highway Authority to implement 20mph schemes. A consultation exercise with the various district executives is being undertaken to understand the support at a community level for such an initiative.

It is planned to present the results of the initial findings over the summer 2014. As part of this work there are a number of actions currently being considered:

- Determination of the extent and nature of the lengths of residential and unclassified roads currently not part of an existing 20mph Zone.
- Identification of which of these roads would require additional physical measures to encourage drivers to comply with the limit.
- Accident and traffic speed analysis to determine the current conditions.
- Identification of both the capital and revenue implications of the borough wide proposals and investigate partnership working where appropriate.
- Promotion of a pilot scheme.

The expected impact on reducing inequalities

There are already numerous 20mph schemes in place in Oldham, targeting the area with the poorest accident records. Many of England’s cities have announced wide scale plans for 20mph zones, with Birmingham planning for 90% of its roads to have 20mph limits by 2020. There is still more that can be done to extend Oldham’s 20mph speed zones to seek maximum impact on health inequalities, so it is reassuring that the current strategy is looking at potential further extensions.
**Action 4:**

Tackling health related worklessness: A ‘Health First’ approach

**Background & context**

It is well documented that unemployment results in poorer health and increased mortality. Health related worklessness is an important factor behind socio-economic and geographical inequalities.

This section advocates a health first approach to tackling worklessness, with a focus on the health problems of incapacity related benefit recipients.

- **Worklessness and health inequalities** - There are strong associations between incapacity related benefit receipt and morbidity, mortality and unemployment. Furthermore health related worklessness also varies by:
  - Gender, with employment rates lower for women than men.
  - Socio-economic status, adverse employment consequences are more likely to be experienced by those in lower socio-economic groups. There are also clear educational inequalities in the employment rates of people with ill health or a disability.
  - Geographical region, areas that experienced rapid de-industrialisation and loss of manufacturing jobs typically have high rates of health related worklessness.

- **Tackling health related worklessness** - The large numbers of claimants of health related benefits has meant that efforts to reduce worklessness have been a priority. There are three broad approaches to reducing worklessness:
  1. Improving the skills and employability of incapacity related benefit recipients.
  2. Stimulating the demand for labour in areas of economic decline.
  3. Addressing/managing the ill health and disabilities of incapacity recipients.

- **Health first approaches** - The focus of previous policies to reduce health related worklessness has been on the first two approaches above, with little attention given to the latter, the health needs of this population. The health first approach focuses on improving and managing the health of recipients before addressing any employability issues. Integrated programmes which combine traditional vocational training approaches, financial support and health management on an on-going case management basis are recommended.
Oldham’s approach to support people back to work

Data shows that 59% of Oldham’s unemployed population has a health related condition, and are in receipt of Employment Support Allowance (ESA) or Incapacity Benefit (IB). Within the ESA/IB client group 61% have not worked for 5 or more years.

A health first approach will help residents see what they can do rather than validate what cannot be done. There is increasing recognition that health practitioners play a pivotal role in engaging residents in a health first dialogue, which contributes to re-engagement in economic activity.

The Economic Development and Enterprise Board commissioned the Incapacity Benefit Claimants into Work programme, between 2006-2009. This programme demonstrated how a payment by results commission could lead to innovation, which in turn supported health related worklessness.

Since then there has been limited intervention. The programme was expected to work effectively with all client groups, however the majority of delivery has been with Job Seekers rather than those claiming ESA/IB. The Work Programme has supported 1390 claimants into work, of which only 10 were ESA/IB claimants.

The Greater Manchester Combined Authority has recently commissioned the Working Well programme. This follows a health first methodology with clients being supported by a key worker and health professional. The client is reviewed in terms of their mental and physical health, and offered skills and employment support.

The Get Oldham Working campaign has also been adopted as a key priority to support people back into work. Whilst it is not a health first approach, it aims to connect residents to employment opportunities, working with key government funded programmes.

The impact on inequalities of Oldham’s approach to worklessness

The expectation is that the Greater Manchester Working Well scheme will reduce inequalities. The programme is based upon Public Service Reform methodologies and if the scheme is deemed successful it will inform Government policy which will have a far reaching impact on areas like Oldham.

However, the schemes success relies on engagement with health professionals to ensure a collaborative approach is managed, therefore the current activity will only succeed if it includes commitment from the health providers and deliverers of health care.

The largest proportion of unemployed people in Oldham have a health related condition, and whilst Oldham recognises the Get Oldham Working campaign as a key priority, much of the work focuses on improving skills and employability as well as stimulating demand for employment. Whilst this will be beneficial to job seekers and will therefore have some impact on reducing inequalities, more work is needed to specifically tackle health related worklessness. The welfare reforms have had a further negative effect on ill health so Oldham is facing an increasing need to take a health first approach to increasing employment, at a scale sufficient to tackle inequalities.

Oldham’s approach to support people back to work

Data shows that 59% of Oldham’s unemployed population has a health related condition, and are in receipt of Employment Support Allowance (ESA) or Incapacity Benefit (IB). Within the ESA/IB client group 61% have not worked for 5 or more years.

A health first approach will help residents see what they can do rather than validate what cannot be done. There is increasing recognition that health practitioners play a pivotal role in engaging residents in a health first dialogue, which contributes to re-engagement in economic activity.

The Economic Development and Enterprise Board commissioned the Incapacity Benefit Claimants into Work programme, between 2006-2009. This programme demonstrated how a payment by results commission could lead to innovation, which in turn supported health related worklessness.

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Action 5: Using participatory budgeting to improve mental capital at the local level

Background & context

It is difficult to think about any health issue that does not rely on good mental health, or any initiative that would not be affected by poor mental health.

This section suggests local experimentation and testing using a process of participatory budgeting as a way of working to improve mental health and wellbeing of the population.

- **Fundamental connections – health, mental health and mental capital** – Physical and mental illness are intertwined, “There is no health without mental health”, is a term commonly used, however it is more than this. It is about mental health and wellness. Mental capital was introduced as a concept which encompasses aspects of mental health, intelligence and emotional intelligence, including people’s cognitive ability, how flexible and efficient they are at learning as well as social skills and resilience in the face of stress.

- **The importance of mental capital** – The economic importance of mental capital means that there may be less wealth without mental health. Increasing community engagement and social efficacy is key to improving mental health and decreasing inequalities.

- **Participatory budgeting** – There are many different forms of participatory budgeting, but the general methodology involves a defined budget, given to residents in the local area who brainstorm ideas for spending the money. The community then select representatives to work with the budget holder to develop clear proposals. Residents are then asked to vote for the various proposals, the proposal with the most votes are funded.

- **Benefits of Participatory Budgeting** – It offers a potential solution to local authorities, it promotes mental capital, and active citizenship and facilitates a fairer decision making process. Developing an approach for Public Health would:
  1. Help demonstrate a population having shared responsibility for public health.
  2. Engage the population in discussions around public health and offer a democratic avenue for identifying local priorities.
  3. Give the council the opportunity to develop social capital locally and directly target inequalities.
  4. Ultimately produce fairer, better informed decisions about priorities.

Participatory budgeting in Oldham

The Big Local Partnership in Waterhead ward, which is a grant making group, formed to distribute monies from the National Lottery. The group who were supported by Oldham Council and Voluntary Action Oldham used participatory budgeting techniques in November 2013, to allocate a total budget of £15,000. As part of the process 24 proposals were submitted for “Up2Us”, with 16 local projects awarded funding of up to £1,000.

A report of the process highlighted high levels of participation, with 250 local people attending the event to hear proposals and cast votes for their preferred project.

The participatory approach was found to be beneficial in getting more people involved than using a traditional grant giving process, due to the direct and transparent nature of their ability to influence decisions.
There are many good examples of schemes from neighbouring boroughs and across the country where this approach has proved to be successful. However to truly increase mental capacity and reduce health inequalities, Oldham would need to be bold and develop mechanisms to use participatory budgeting as a process for participative decision making on parts of core budgets not just as a mechanism for grant giving. This would also be a tangible example of Oldham’s commitment to becoming a Cooperative Borough.

In order to see an impact in terms of health inequality, regular cycles of engagement and participatory budgeting processes are needed, to support learning and demonstrate an increase in mental capacity.

Participatory budgeting has great potential. Whilst a number of small schemes have been successful in Oldham, there is a need to step it up, so that each district executive is running participatory budgeting in 2014-15 with public health grants to districts executives playing a role in participatory budgeting.

The Big Local Partnership has committed to running another Up2Us event in the next couple of years. However, the council is keen to explore new avenues for involving people in local decision making. Participatory budgeting could offer such an opportunity.

One potential area for discussion is around the use of participatory budgeting as an incentive for behaviour change. For example, a neighbourhood which successfully reduced demand on local services (such as by reduced fly tipping and increased recycling rates) could be offered a say in how savings are used.

The future plans for participatory budgeting in Oldham

The impact of participatory budgeting on reducing inequalities in Oldham

There is undoubtedly much potential for participatory budgeting to act as a catalyst for change, and to generate meaningful involvement of communities in decision making processes. It also has the potential for the identification of innovative solutions appropriate to local circumstances. However, the approach in Oldham did not involve people in the actual design of a solution, and this is something that would need to be considered when designing the process.
**Action 6:**

**The scope of adult and further education for reducing health inequalities**

**Background & context**

There is substantial evidence to demonstrate that a large part of health inequality is accounted for by poor health among people who leave school without any qualifications. As formal education tends to finish by early adulthood, poor educational outcomes can cast a long shadow over the life course. There is a need to ensure that lifelong learning is available to the unemployed and economically inactive of all ages. This section discusses the substantive role of further and adult education in reducing social inequalities in health.

- **Benefit of participation in learning** – It can lead to improvements in health and wellbeing and reduce inequalities, via:
  - Skill development
  - Cognitive development
  - Personal development, including enhanced self-esteem and confidence
  - Opportunities for social interaction, both inside and outside the classroom
  - Economic benefits such as improved career prospects.

- **Implementation: Challenges** - Unfortunately access to further and adult education across England has tended to become more difficult in recent years. There is a need to address the challenges that have arisen due to changes in national policy:
  - The national focus has switched to young people and full time rather than part times courses, participation has decreased. In addition participation from disadvantaged social groups and those without qualifications is lower compared to more privileged social groups.
  - There is the need to ensure the system is flexible to meet the needs of the learners.
  - Often a focus on formal qualifications when the barriers to employment can be basic numeracy and literacy skills.

- **A successful policy framework** – Will address the challenges and include:
  - Financial support for those adults who left compulsory schooling with no qualifications, as they work towards achieving qualifications.
  - Provision of literacy and numeracy courses for adults who struggle with these key skills.
  - Encouraging greater participation in learning amongst older adults.
  - Harnessing the role of further and adult education institutions in overcoming disadvantage, given their community locations and ability to identify and prioritise needs at a local level, and through direct engagement with local communities.
Current adult and further education provision in Oldham

There are two major providers of Adult and Further Education in Oldham: Oldham Lifelong Learning Service and Oldham College. Whilst the College also delivers a broad educational offer leading to a range of qualifications post-16, there is a strong emphasis for both providers on targeting learning on:

- Employability (supporting Get Oldham Working)
- Engaging vulnerable groups in learning
- The acquisition of basic skills
- Progression in learning

Both providers cater for a wide range of abilities and starting points, offering flexibility in how learners’ needs can be met and supported.

Financial support for learners

There are a number of support packages available to enable students to attain qualifications at both providers.

The role of further and adult education on inequalities in Oldham

Both providers in Oldham have shaped and are continuously shaping their offer in order to reduce inequalities in Oldham by:

- Targeting the most vulnerable groups: including the unemployed, the economically inactive, those living in deprived communities and those who have under-achieved at school.

- Supporting employability: the basis of initiatives such as Get Oldham Working is that gaining meaningful employment reduces inequality. Adult and Further Education provision in Oldham helps learners to acquire the skills, knowledge, confidence and self-esteem needed to compete successfully in the labour market.

- Family learning: there is evidence that when family members learn and acquire skills together the impact is both multiple and sustained, particularly in raising aspirations and valuing education.

- Community cohesion: the College’s enrichment programmes incorporates aspects of religion and equality and diversity issues, the introduction of citizenship activities which includes motivational speakers and a high number of learners participating in extra-curricular events.

Oldham’s offer in terms of adult and further education includes many of the elements of a successful framework. Specifically there is a range of financial support available, provision of basic skills courses; literacy, numeracy and importantly for Oldham language courses. This is reassuring to see given the large black and minority ethnic population. Additionally there are large scale programmes to support employability with targeting of programmes to reduce inequalities.

Whilst the offer meets with a large part of the recommendations, there is a need to query the scale of investment and offer of adult learning opportunities and whether it is sufficient to impact on health inequalities.

The provision offered in Oldham appears to be focused on basic skills and acquisition of qualifications. The most beneficial forms of provision vary at different stages of the life course, whilst this provision is recommended for early adulthood to midlife.

For older adults there is a need to maintain skills and boost wellbeing by providing mental stimulation and interest, as well as opportunities for social interaction. It would be beneficial to review the offer across the life course given the ageing population.
Action 7: Ethnic inequalities in health: Addressing a significant gap in current evidence and policy

**Background & context**

Evidence on ethnic inequalities in health is typically based on poor quality data and research, with differences in health often described in terms of mortality or specific diseases. This makes it difficult to determine the underlying reasons for such inequalities. Work on social and economic causes of inequality clearly shows that those associated with ethnicity are the main drivers of health inequalities.

This section recommends that in order to address ethnic inequalities in health, that the public sector as an employer in the broadest sense raise employment standards and reduce ethnic inequalities. Ethnic inequalities in health are a particular issue for Oldham given the high Black, Minority and Ethnic (BME) population.

- **Explanations for ethnic differences in health** –
  Published work in relation to ethnic differences in health developed a model to explain the contributors:
  - Genetic differences
  - Migration effects – selection of healthy or unhealthy people into the migrant population, and the impact of migration and new context on people
  - Culturally based differences in lifestyle
  - Poorer access to good quality healthcare
  - Socio-economic inequalities, including experience of racism and discrimination

- **What can be done to reduce inequalities in health by ethnicity** – There has been little done at a national level in relation to policy to specifically address ethnic inequalities in health. The evidence base highlights the need for short term welfare, tax and benefit changes. Longer term there is a need to promote equitable life chances and address racism and the marginalisation of people with different ethnic backgrounds.

- **At a local level** – In order to address the social and economic inequalities, utilise the role of the public sector as an employer. Public sector employers are able to set standards regarding good, equitable employment practices and financial benefits, as well as ensure that contractors also meet such standards. Such changes are likely to mostly benefit those in lower employment grades and those with more uncertain employment conditions.

**Specific work to address ethnic inequalities in Oldham**

A variety of work in Oldham has contributed to a reduction of ethnic health inequalities, but there is little work which is specifically targeted at this. An exception is the former Cottoning On initiative, which was specifically targeted at reducing health inequalities. Whilst this initiative is no longer running as a specific programme, the work was integrated within the work of the health improvement service and still has aspects of work which focus on BME groups.
**Education and learning**

As part of the work to improve educational attainment there has been a focus on reducing ethnic inequality. Between 2009 and 2013 the percentage of young people achieving five GCSEs including English and Maths at grades A*-C has increased from 43% to 50% for boys and 50% to 64% for girls. Among girls there has been a narrowing of ethnic differentials over time, with particular improvement among Pakistani heritage girls (increasing from 26% to 61%). Among boys there is a more mixed picture. Attainment for Bangladeshi boys remains at around 33% (though there have been variations from year to year), but attainment has increased among other ethnic groups.

Part of the rationale for the establishment of University Campus Oldham was to improve the accessibility of higher education for people who, for various reasons, would not have been able to go to university outside Oldham. One of the key groups in relation to this is Asian heritage women. The University Campus now has around 600 students. Three-fifths (62%) of students are from BME groups, and 70% of the students are women. The Centre has had a huge impact on improving progression into higher education in Oldham, particularly in BME communities.

An inability to speak, read and write English is a major barrier to employment. There is a substantial need for English as a Second or Other Language (ESOL) training in Oldham to address this. The Lifelong Learning Service and The Oldham College both provide ESOL training. Additional funding has recently been received from the Department of Communities and Local Government to increase provision for the next 18 months, with the intention that it will subsequently be possible to sustain this, for example through the use of volunteers.
Housing

Black and Minority Ethnic families are disproportionately likely to live in overcrowded housing, and also in housing in poor condition. The 2011 Census showed that the percentage of households in need of at least one additional room was 6.8%. This was the second highest in Greater Manchester (GM) (the GM average is 4.8%) and is exacerbated by Oldham having the highest level of terraced homes in the area, 42.1% compared with a GM average of 30.3%.

The council and its partners have been successful in developing new larger affordable housing to tackle overcrowding in the borough as a whole. In the period between April 2012 and March 2015, over 700 new affordable homes will be built that are predominantly three or more bedrooms and the majority are located within inner Oldham.

The Gateways to Oldham project is delivering over 400 larger new homes both private and affordable on four estates across Oldham. Together these new homes are helping to address issues of overcrowding and poor quality housing, especially within inner Oldham.

Crime

Hate crime motivated by prejudice against someone because of their personal identity, such as their race, faith or sexual orientation, can have a highly detrimental impact upon an individual’s quality of life. A variety of work has been undertaken in Oldham to build the confidence of victims to report hate crimes and ensure they receive the support they need. The numbers of reported crimes fell substantially following 2001/02 and have since fallen further. In 2013/14 there were 317 reported hate crimes in Oldham as compared with 591 in 2008/09. In 2013/14 89% of hate crimes were racially motivated.

In the longer term work in schools to tackle bullying and prejudice among young people should help to reduce these figures further.

Integration of emerging communities

People coming to Oldham from overseas may be particularly vulnerable, for example as a result of having experienced violence or persecution in their country of origin. Asylum seekers are provided with accommodation and basic support while their claims are assessed. Failed asylum seekers who seek to remain in the country illegally are likely to be destitute and experience particularly poor health. Signposting to services, and providing access to advice, are important in supporting the integration of new arrivals.
Impact on reducing ethnic inequalities in Oldham

There are a number of areas of work, that have not been solely focused on ethnicity, but will all contribute towards reducing ethnic inequalities. For example, The Get Oldham Working programme will contribute to a reduction in ethnic inequalities. Whilst the programme is not targeted at BME communities in particular, it will benefit all unemployed people.

Additionally preventative work on the issue of consanguinity may assist in reducing the incidence of infant death and disability linked to autosomal recessive disorders. However, in terms of inequalities and ethnicity, it is unlikely health inequalities will be reduced, without there being a major impact on the economic well-being of people in BME communities.

Despite a model to explain the contributors to ethnic inequalities in health, there has been no systematic approach to reducing ethnic inequalities. Much of this relates to a lack of action and policy at a national level, which has resulted in fragmented action and policy at a local level. It is positive to see one of the main drivers for establishing University Campus in Oldham related to BME access to higher education. This will undoubtedly benefit economic inequalities particularly in the longer term.

There has been much successful work focused on ethnicity and crime, which is a fundamental building block to work relating to ethnicity. Despite much positive work in Oldham, more is needed to impact on inequalities in health by ethnicity.

Unemployment rate for people aged 16+ in 2013

Source: Nomis, 2014

<table>
<thead>
<tr>
<th>BME Groups</th>
<th>White Groups</th>
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<tr>
<td>13.9%</td>
<td>8.0%</td>
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<tr>
<td>-2.2%</td>
<td>-1.2%</td>
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<td>from 16.1% in 2010</td>
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Action 8: Building age friendly communities: New approaches to challenging health and social inequalities

Background & context

Building sustainable communities and places has been identified as a key area of action relevant to all stages of the life course, but is especially important for younger and older age groups. Research on healthy ageing is also demonstrating that action taken on behalf of people at older ages can also combat social disadvantage.

This section argues that place matters and implementing locally based age friendly environments facilitates improvements in the independence, participation, health and well-being of older people, and, in doing so, reduces social and health inequalities.

- **What do we know about the impact of the environment on older people** – Older people are highly sensitive to changes in their physical and built environment, given its significance for the maintenance of identity, and because of the amount of time spent in the home and neighbourhood. A variety of factors may result in the increased vulnerability of older people including:
  - Length of exposure to damaging environmental effects
  - Increased biological, psychological, and cognitive vulnerability
  - Changing patterns of spatial use.

- **Developing age friendly communities** – Communities can be considered age friendly to the extent that they enable community members to “age in place”, while having opportunities to meet age related needs through participation in community life. “Age in place” can be supported by:
  - Promoting opportunities for social integration and leisure activities
  - Urban design that promotes interaction and mobility for pedestrians
  - Affordable and accessible housing that allows older adults to remain in familiar neighbourhoods
  - A wide range of transport and mobility options.

- **Dementia friendly communities** - The importance of dementia friendly communities has emerged as an important theme in discussions on redesigning urban environments for ageing populations. A dementia friendly community has four building blocks; place, people, network and resources and is defined as one in which:
  - people feel safe within their locality
  - have access to local facilities
  - where they are integrated with their preferred social network.

Age friendly initiatives in Oldham

The ageing society is well documented, as part of plans for supporting independent living Oldham has invested heavily in its sheltered housing stock. The investment scheme created 8 extra care schemes, remodelled 11 existing schemes and refurbished 820 bungalows. Best design principles were used to help create greater access to existing buildings. Further homes will be created as part of the £113m Gateways to Oldham PFI scheme. The 700 new build homes will be built to the lifetime homes standards, with a number of bespoke accessible homes being created.

Following on from this, the extra care service is currently being remodelled and will provide a 24/7 service offering care/ support and security across 185 independent living flats for tenants in these schemes. This will provide support for all to live independently, and will enable couples to remain living together, as well as support for those who need help and encouragement to access services in the scheme. As part of this redesign, work is underway to increase the scope and support for activities on the scheme. In the case of someone who is part of a couple where one has dementia, this means safety and security, social activities, support and amenities that meet both their needs. Additionally Memory Support Services are starting to be delivered from extra care that will provide additional support for those with early memory problems in the borough.
The role of age friendly communities on inequalities in Oldham

People with long term conditions, including dementia, and their carers, often find it difficult to access community facilities. As a result of this they often become isolated. There is now significant evidence outlining the profound health impacts that social isolation can bring. The initiatives that Oldham is undertaking to develop age friendly communities will promote the inclusion of many older people who currently have very limited involvement with their local communities. This will considerably improve their physical and mental health, thereby reducing inequality. However, to ensure that there is a real change to these inequalities, more work in this field is required.

Being lonely is as bad for someone’s health as smoking 15 cigarettes a day and is as big a health risk as obesity.

Source: The Kings Fund, 2013

Estimates suggest that 800,000 people in England are chronically lonely.

Oldham’s vision in relation to age friendly communities

Oldham Council approved a new Residential Development Framework for Oldham in November 2013 which will underpin future housing development activity. This outlines the Council’s commitment to support housing growth and a wider choice of housing in the Borough, including higher value and higher quality housing. The Council will use its own land as a key facilitator in these objectives. The Council will measure ‘quality’ by reference to Building for Life criteria and Lifetime Homes guidance. Lifetime Homes supports the changing needs of individuals and families at different stages of life.

The dementia challenge was launched in March 2012 to tackle one of the most important issues faced as the population ages. Enabling people to live independently for as long as possible not only improves their quality of life, but also costs £11,300 less per year than residential care. Oldham is making excellent progress in establishing dementia friendly communities and is one of just 50 communities in England to have gained recognition from the Alzheimer’s Society as ‘Working towards a dementia friendly community’. The borough is also hosting a dementia friendly community pilot in Saddleworth that is being led by the Alzheimer’s Society and funded by the Big Lottery Fund.
This chapter has presented an assessment of the progress being made in Oldham against the eight actions recommended to reduce health inequalities. There is considerable work underway across the areas from implementing a living wage for staff through to ethnic inequalities and transport in terms of speed. However there is still more that can be done across the council, at a sufficient scale to fully engage with communities to reduce inequalities in health in Oldham. It is hoped that this report will further fire the imagination and enthusiasm of the council and its services and create opportunities to generate discussion about opportunities and inform further action.

Based on the findings from this years report there are a number of recommendations for Oldham to work on going forward:

1. Honour the commitment to pay the national living wage by October 2015.
2. Develop further integration of early childhood services, and to identify and support needs early, through the development of early help in order to impact on early year’s outcomes.
3. Expand Oldham’s 20 mph schemes, so that 20 is the norm in residential areas across Oldham.
5. Embed the use of participatory budgeting as a process for decision making on parts of core budget.
6. Review and ensure provision of adult learning and education for older adults.
7. Need to ensure ethnicity is a focus within several policy areas in order to impact on inequalities. In particular there is a need to improve the economic well-being of Black and Minority Ethnic groups, to ultimately improve health inequalities.
8. More work needed on developing age friendly communities in terms of transport and mobility options, with better integration of social care and health agendas in order to better support people to age in place.
Health Protection – A review
Public Health in Oldham

Introduction

Since the 1800s, protection from environmental threats to health such as air pollution, lack of adequate sanitation, poor housing, infectious disease transmitted by people or animals have been an essential part of public health. Some of the most significant improvements to population health have been achieved through health protection measures. Health protection issues have not gone away, although it is an area that is often taken for granted.

Health protection is one of the three domains of public health. It deals with protecting the population from infectious diseases and other threats to their health. It covers:

- preventing and controlling infections (for example, healthcare associated infections such as MRSA and Clostridium difficile (C. diff), tuberculosis, blood-borne viral infections such as hepatitis B and C and HIV, and sexually transmitted infections)
- vaccinating and immunising people against a range of diseases
- health screening (e.g. for cancer)
- emergency planning for major incidents and outbreaks of disease
- Controlling environmental hazards (e.g. radiation, air and land pollution).

Who deals with Health Protection

Health protection has four main components, prevention (preparedness), surveillance, control and communication. Effective health protection is a collaborative activity across many different organisations and services, currently including Environmental Health departments in local authorities, the NHS, Public Health England regionally and nationally, water companies, the Department for Environment Food and Rural Affairs (DEFRA), the Environment Agency, prisons, universities, primary care contractors and the independent sector, particularly care homes.

From 1 April 2013 the system changed radically with new organisations responsible for many aspects of health protection and major changes in the commissioning of NHS services. The local authority’s new health protection duty is to provide information and advice to relevant organisations so as to ensure all parties discharge their roles effectively for the protection of the local population.

Guidance envisages that it is the Director of Public Health (DPH) who is responsible for the local authority’s contribution to health protection, and that this is primarily a leadership not a managerial function which depends on the capacity of the DPH and his team to influence other parts of the system. Responsibility for commissioning or coordinating lies with other organisations in the system.
Health Protection performance

Preventing and controlling infections - Health care associated infections

There have been several recent scandals around poor care for those who are ill, and evidence that this has caused early death and reduced quality of life. At Stafford Hospital, for example, many people died from avoidable infections. This scandal highlighted concerns about the levels of infections linked to health care.

As a result of the focus on health care associated infections (HCAI), there has been joint collaborative work to adopt a zero tolerance approach. Reducing HCAIs to the minimum acceptable level. This work needs to remain a priority with the advent of new HCAIs. The most recent which is a particular problem in acute hospital trusts in GM, is Carbapenemase-producing Enterobacteriaceae (CPE). These are gut bacteria which have acquired resistance to antibiotics.

The World Health Organisation (WHO) has revealed that antibiotic resistance is a serious threat and is no longer a prediction for the future. It is happening right now in every region of the world and has the potential to affect anyone, of any age, in any country. Antibiotic resistance, when bacteria change so antibiotics no longer work in people who need them to treat infections, is now a major threat to public health.

Unless we take significant actions to improve efforts to prevent infections and also change how we produce, prescribe and use antibiotics, the world is headed for a post-antibiotic era, in which common infections and minor injuries which have been treatable for decades can once again kill.

A whole health economy strategy which focuses on the reduction of HCAI’s and work programme is monitored at regular meetings held by the infection prevention nurses in the council. It is vital that focus on this work continues, as all health care providers; doctors, nurses, care assistants, paramedics, dentists and other carers, have both an individual and collective moral responsibility to practice in a safe way.

Since 2012, The Infection, Prevention & Control (IP&C) Team have been routinely auditing all Care homes within Oldham. The audits look at cleanliness, clinical practice and the management of infection, in order to raise staff awareness and reduce HCAIs through promoting best practice.

In 2012-13 100% of care homes who were audited by the IP&C Team did not meet all IP&C standards. By 2013-14 69% were meeting the standards. Our goal for 2014/15 is that 100% of all Care Homes in Oldham are audited and meeting all IP&C Standards.
Immunisations and communicable disease

Immunisation is a simple and effective way of protecting children and groups of vulnerable adults from potentially life threatening diseases which can be easily passed from person to person (such as measles). As well as protecting the individual person, high immunisation rates within communities can also minimise the spread of diseases.

Immunisation programmes themselves are one of the great public health success stories of the twentieth century, helping to eradicate diseases such as small pox and polio. With the exception of clean, safe water, no other public health intervention has done more to reduce the impact of disease and improve childhood survival rates.

However, complacency is not an option. We have seen all too frequently how low immunisation rates can lead to outbreaks of diseases such as measles, mumps and more recently of whooping cough and we must maintain uptake rates to prevent these potentially life threatening diseases re-establishing a foot hold in our communities.

Immunisation programme

Current recommendations are that on a national basis at least 95% (with the exception of preschool booster and MMR2 which is 90%) of children are immunised against diseases preventable by immunisation.

Childhood immunisation programmes across Oldham are performing very well. With increases in coverage of the annual primaries at 12 months, two years and the preschool booster as well as MMR vaccine coverage. With performance exceeding targets and the England average.

A cervical cancer prevention vaccine (HPV) was introduced in September 2008 for year 8 females. Oldham’s coverage (91.82%) continues to exceed the 90% target for uptake of a complete course.

Flu vaccination programme

Flu is an unpredictable and recurring pressure facing individuals and organisations during the winter. In order to manage the burden there is an annual vaccination programme. There are a number of groups where immunisations are recommended, including all those over 65 years, those under 65 who are at risk, pregnant women and frontline health workers. It is concerning to see a fall in coverage, as Oldham has typically performed well on flu vaccination.

Flu vaccination programme in Oldham in 2012-13

Source: Public Health Outcomes Framework 2014

Over 65 coverage

Target: 75%
Oldham: 74.2%
-1.8% on the previous year

Under 65 at risk coverage

Target: 70%
Oldham: 56.8%
-2.2% on the previous year

Pregnant women coverage

Target: 80%
Oldham: 47.7%
+7.7% on the previous year but still below NW and National average

Childhood & school

Immunisation is also often referred to as vaccination. The difference is that vaccination is the process of providing an injection but immunisation means both receiving a vaccine and becoming immune to a disease, as a result of being vaccinated.
What is measles?

Measles is an illness caused by a viral infection.

There is an early ‘prodromal’ phase, usually lasting a day or so, when the person may have fever, cough, malaise, cold-like symptoms and greyish white spots in the mouth and throat, followed by a rash. The rash is red brown. It usually starts behind the ears, then spreads to the head and neck, eventually covering the body.

Measles is extremely infectious and is spread by droplets. It can be passed on to other people from the time when the rash starts (7 to 18 days after becoming infected) to four days after the rash appears.

A detailed look at measles

In the last two years there have been several very large measles outbreaks in England and Wales the most recent was in Swansea, South Wales in spring 2013. These outbreaks were related to an increasing number of people who had not been vaccinated against measles with the MMR (measles, mumps and rubella vaccine). People who have not been vaccinated are at risk of catching measles if they come into contact with the virus.

Measles commonly causes:

- Ear infections (7–9% of cases)
- Pneumonia (1–6% of cases)
- Diarrhoea (8% of cases)
- Rarer complications include convulsions (0.5% of cases) and brain inflammation (1 in 1,000 cases)
What is TB?

Many people will have heard of tuberculosis, usually called TB, but what is it?

TB is a bacterial infection that can occur in any part of the body, but most commonly it affects the lungs.

Symptoms include cough, fever, weight loss and night sweats. Not everyone who comes into contact with TB gets the disease. In some people it may take a long time, even years, for the disease to develop. This is so-called ‘latent TB’.

TB is not easily passed on between people, it requires close contact.

A detailed look at tuberculosis

Although much progress has been made in relation to TB cases and deaths, there is still a need to focus on this area. In 1993 WHO declared TB a global emergency. TB is not confined to developing countries, there are cases in Oldham.

The peak age for people getting TB is between 25 and 35 years old, there are also some cases in people over 65. This is because the TB bacterium can remain dormant in the body, only causing disease in later life when your immune system may not be so strong.

The TB service is provided by Pennine Acute Hospitals NHS Trust. Over recent years the service together with the Oldham’s health community (Hospitals, GP’s, TB Consultants and Nurses, Public Health and the Voluntary Sector) have worked closely together to reduce the number of TB cases.

This has been achieved through the tuberculosis BCG vaccine immunisation programme. This is a risk based programme targeted at protecting children most at risk of exposure to TB. Screening and treatment for those who are shown to be harbouring the disease (latent TB) and who might develop it in the future, have also helped in reducing the number of cases.
Screening

Screening is a service offered to specific population groups to detect potential health conditions before symptoms appear. Screening saves lives and improves quality of life through early diagnosis of serious conditions. There are three national cancer screening programmes: breast, cervical and bowel.

Cervical screening

The cervical screening programme aims to detect and treat early abnormalities, which if left untreated could lead to cancer in a woman’s cervix. All women aged 25 to 64 years are invited for screening every 3-5 years depending upon age. Whilst coverage in Oldham has shown slight improvements in recent years, and is currently 78.4% (source: NHS England, 2013), it is below the 80% minimum standard. With lower coverage in the age range 25-39 years.

Breast cancer screening

16,522 women (aged 53-70) in Oldham went for breast screening in 2012-13. This gives coverage of 72.3% (source: NHS England, 2013) down 0.7% on the previous year. The programme has recently extended its age coverage, offering women aged 47-73 years screening.

Bowel cancer screening

The bowel screening programme aims to reduce bowel cancer mortality by detecting and treating cancer or its early abnormalities. The programme offers men and women aged 60-74 years screening every 2 years. There is no national standard set, however it is recommended that a 60% minimum is achieved. Uptake in Oldham was 52% (source: NHS England, 2013) and whilst below the recommended minimum, it is above the GM average 51%. With rates in the NW 55% and England 58% also below the recommended threshold.

Breast cancer is the most common cancer among women in the UK

1 in 8 women in the UK will develop breast cancer at some point in their lives. Most women now survive breast cancer, and survival rates are going up thanks to early diagnosis and better treatments and cares.

Bowel cancer is the third most common cancer

Every day, around 110 people are diagnosed with bowel cancer. It is particularly common among people aged 60 or over.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 to 60</td>
<td>15%</td>
</tr>
<tr>
<td>60 to 79</td>
<td>56%</td>
</tr>
<tr>
<td>80 or over</td>
<td>27%</td>
</tr>
</tbody>
</table>

1% are aged 20 to 39
Less than 0.1% are aged 0 to 19
Health Protection conclusions and recommendations

The major reorganisation brought about through the Health and Social Care Act has inevitably had an impact on the health protection function. A critical aspect of effective health protection is a close collaboration within and across a wide range of organisations and professions. This requires a clear understanding of each organisation’s role and its contribution to the overall protection of the health of the public.

The new health protection system has not yet faced a major health protection challenge such as a pandemic or a large scale emergency so it is too early to say how well the system would work. One of the key dangers is the potential fragmentation of the new system and unclear expectations of the role of organisations and agencies both individually and in relation to others.

In terms of the impact upon health protection, there are concerns about the performance of some health protection indicators such as screening and immunisation, which have started to show a declining trend.

While challenges remain, some progress is being made. Oldham Council is developing its health protection assurance role through the Health Protection Sub-group of the Health and Wellbeing Board. The committee has a range of organisations represented at the local level and is able to raise issues such as declining performance or concerns about the role and expectations of organisations and agencies in health protection.

The Civil Contingencies Resilience Unit is developing its capacity and capability in health protection. There is closer collaboration with NHS England and Public Health England in developing emergency and outbreak plans and preparedness e.g. through exercises.

In summary, there are some concerns about the fragmentation of the health protection system and the reduced local capacity but there are indications that these issues are being addressed. Locally there are a number of specific recommendations for Oldham to address in order to ensure a robust health protection system:

- There is a need to consolidate and improve our role so that the people of Oldham are protected from health risks and threats.
- The Health and Wellbeing Board should continue to emphasise the importance of immunisation and screening programmes. The council should work with PHE and GP’s and Pennine Care to communicate well with the public and ensure delivery of an effective service
- More targeted approaches are required in order to improve uptake and coverage of the screening programmes, particularly cervical screening.
- We should continue to adopt a zero tolerance approach to all avoidable infections.
- There is a need to review surveillance mechanisms and ensure we can deal with the new challenges posed by drug resistant organisms and new infections
- There is a need to monitor the TB service. The Health Protection Committee should adopt the recommendations in the collaborative Tuberculosis strategy 2014 – 17. Including developing appropriate TB accountability arrangements, and assessing the local service against the evidence based service specification, and developing plans to secure improvements.
This section looks in a little more detail at a small selection of work undertaken in Public Health over the course of the year.
Get Oldham Growing

Food costs are rising at a higher rate than the general cost of living. The appearance of food banks in Oldham is a response to the financial pressures that some people are facing. Many of the main causes of ill health and inequality in health and wellbeing are related to diet. In Oldham the proportion of healthy eating adults is significantly lower than national rates. This is defined as those who consume five or more portions of fruit or veg per day.

Get Oldham Growing is a new initiative in Oldham to help turn growing fruit and vegetables into opportunities to grow communities and grow businesses. Funded by public health, it is supported by the health sector, business partners and the community and voluntary sector.

Percentage of adults eating healthy

Source: PHE, Oldham Health Profile, 2013

Oldham 23.7%

England 28.7%
Get Oldham Growing

The defining feature of the Get Oldham Growing programme is community engagement and activism linked to the development of employment opportunities. Being in a job is important for health, and being in a job that offers control to the individual is best. Social enterprise as a public health and wellbeing intervention will drive this programme. This focus will enable the programme to contribute to the development of the Oldham economy and to the Get Oldham Working initiative.

The programme fits in with the corporate objectives of Oldham Council:

- **A productive place to invest where business and enterprise thrive** - The programme has an emphasis on growing the food economy and supporting the development of social enterprise and local businesses.

- **Confident communities where everyone does their bit** - Community development is at the core of the programme and communities will drive it, with volunteering activity central to delivery of the programme. Get Oldham Growing uses a strengths-based approach which builds on the existing social and physical assets.

- **A co-operative council creating responsive and high quality services** - Communities working in partnership with the council to make a difference locally, which will enable the maximum value to be achieved from the resources.

Programme activity to date

So far two successful events have been held. ‘Feeding Oldham’ was held to mark World Food Day. It was organised in response to the publication of the Greater Manchester Poverty Commission’s report, and its recommendations for tackling food poverty and the subsequent Oldham Council Motion to support local food growing.

The second event introduced Get Oldham Growing and launched the brand and website (www.getoldhamgrowing.co.uk). The focus of the day was the local food economy - growing food, the food supply chain, education and training, social enterprise and business.

**Future plans**

The diagram on the next page shows the intended progress of the project from the top left to bottom right.

This year the emphasis is on community development activity which will encourage volunteering. Community groups will be supported to access land, resources and training to enable increased food growing in Oldham. The increased availability of affordable, locally grown food will enable increased consumption of fruit and vegetables.

Building on the strengths within communities the programme will ensure people have appropriate skills by working with education providers to deliver food related qualifications in horticulture, catering, and food retailing. It will also liaise with businesses who can offer placements, apprenticeships and job opportunities. In following years work will focus on developing the programme into a sustainable local food economy. Commercial outlets for locally produced food will be sought in the catering, food retailing and processing sectors. Direct links will be made with organisations which support those managing on low incomes. In the future, the efforts to ensure that more of the income generated remains within Oldham for longer to benefit both individuals and the Oldham economy.
Get Oldham Growing

Community Development

- Volunteering
- Community growing
- Council & partners land
- Market gardens
- Public events
- Vacant land

The Market

- Cooking Skills
- Home cooking
- Advice & training
- Btec in Horticulture

- Hospital/ school catering
- Social enterprise
- Community shops
- Speciality shops
- Social business
- How to get food to market
- How to set up a social business

- The Oldham £ stays longer in Oldham
- Reinvest
- Credit union

Food banks

Community enterprise

Take food to

Public Health Report for Oldham - Director of Public Health Annual Report 2014
Chronic liver disease

2% of all deaths in England are caused by liver disease.

40% of these deaths can be attributed to alcohol.

Liver disease is sometimes referred to as the ‘silent killer’. This is because only vague symptoms appear until liver damage is quite severe, resulting in the majority of people being unaware of their condition and presenting at services in an advanced stage of disease. Unfortunately, public awareness of liver disease is low. As a result liver disease is typically detected during tests for an unrelated illness or a medical check-up.

Liver disease is the fifth most common cause of preventable death in the UK. It is largely preventable through tackling the 3 main causes: alcohol, obesity and hepatitis B & C. Whilst other major causes of death are falling, the number of people who die from liver disease is rising and younger age groups are disproportionately affected. The average age of liver related death is 59 years and falling.

The mortality from liver disease is higher in the North West than in any other English region. Rates of premature mortality from liver disease in 2010 were nearly double those in 1995. Across the North West, there is great variation in mortality and hospital admissions rates for all liver disease categories.

Source: The Kings Fund, 2013
Chronic liver disease

The situation in Oldham

A joint needs assessment is in the final stages; identifying and examining current services addressing causal factors such as alcohol, obesity management and hepatitis. The work is also examining the liver disease pathways identifying strengths and gaps in prevention, primary, secondary care and end of life provision.

The good news is that preliminary findings have found that whilst the North West and England liver disease mortality continues to increase, Oldham rates show a decrease and a downward trend in both males and females. It appears that the male mortality rate is declining at a faster rate than females. Rates overall still remain higher than the England average.

This decreasing trend in Oldham is also seen in the mortality considered preventable from liver disease (in those under 75 years age). Again this is in contrast to the increasing rates in the NW, many of the Greater Manchester boroughs and the England average.

Whilst the number of deaths is decreasing, the number of people living with liver disease is increasing. The hospital admissions, both emergency and non-emergency for liver disease have increased, from 2006/07 to 2013/14, emergency admissions for alcohol related liver disease have increased by 41%. In the non-emergency admissions, where the primary diagnosis was liver disease, over the same time period the admissions had increased by 62.5%. As the number of people with liver disease grows, it takes an increased proportion of health and social care budgets. It is therefore important to focus on primary prevention.

Mortality from liver disease in persons less than 75 years of age per 100,000 population

Source: Public Health England (based on ONS source data)
Chronic liver disease

What needs to be done in Oldham

Work with Oldham liver disease patients and their families, has revealed that they often feel unable to seek support due to the perceived stigma surrounding the disease that it is all self-induced and alcohol related. This has left patients and their families feeling isolated.

The nurse led liver disease service in Pennine Acute Foundation Trust provides high quality support and care at the chronic stage, but unfortunately for some it is too late. For this reason, Oldham must focus on tackling the causal factors: obesity, alcohol misuse and blood borne viruses through prevention and early intervention. Liver disease is also closely associated with inequalities and deprivation.

The prevention and early intervention needs to be multi-facetted and include an awareness campaign. This campaign will be aimed at the population and also healthcare professionals. Age is no barrier to liver disease therefore raising awareness of risk factors across the age spectrum is essential. The outcome will be to increase the population’s understanding of liver disease and tackle the stigma and perceived negative views.

Preventing and managing alcohol misuse and overweight/obesity are complex problems, with no easy answers. There are practical evidence based recommendations for both obesity and alcohol misuse. Work needs to commence on an obesity plan for Oldham. This process also needs to occur for alcohol and drug misuse.

Around 90% of patient contact is with primary care services, therefore early intervention for liver disease needs to be woven into these settings. New patient registration check-up and the NHS health check already assess alcohol intake and Body Mass Index (BMI). Therefore, education and training need to occur for healthcare professionals so that in assessing BMI and presence of diabetes they consider risk factors for fatty liver disease.

Similarly, health professionals also need to assess the risk of viral hepatitis through questions on travel, family history, ethnicity, intravenous drug use and blood transfusions. An approach should be adopted by practices identifying ‘high risk’ patients that will receive liver function tests.

Finally, the nurse-led liver service should include a patient and family support group. This would support Oldham’s patient and families with the diagnosis, life with liver disease and, for a few, on their traumatic journey to a transplant.

Levels of alcohol consumption in Oldham

Source: LAPE, 2014

6% Higher Risk Drinkers
More than 50 units per week for men and 35 for women

19% Increasing Risk Drinkers
Between 22 and 50 units per week for men and 15 and 35 units for women

74% Lower Risk Drinkers
Less than 22 units for men and 15 units for women

Typical unit content of drinks

- Bottle of wine
  - 9 units
- Double measure of spirits
  - 2 units
- Pint of lower strength lager
  - 2 units

Men should not regularly exceed 3-4 units of alcohol per day

Women should not regularly exceed 2-3 units of alcohol per day
Oral health

Good oral health is an important part of general health and wellbeing. The two common dental diseases, dental decay and gum disease are largely preventable. Poor infant feeding practices, including prolonged bottle use and bottles of sweetened juice, together with poor weaning habits and diets high in sugary food and drinks are the major cause of dental decay.

The recent survey of oral health in five year olds in England found improvements since the previous survey in 2008. However, approximately 48% of Oldham five year olds have decayed teeth, which is the second worst in the country. The combination of the high proportion of children affected and average numbers of teeth affected mean that Oldham is worst in the country, with an average number of decayed, missing and filled teeth at 2.10 per child.

Improving the oral health of children has been set as a priority for action through the Health and Wellbeing Board and Oldham Council. This priority is being supported by Oldham Clinical Commissioning Group, Public Health England and NHS England in Greater Manchester.

Oldham’s approach to improving oral health

An Oral Health Task Group has now been established and led by the Director of Public Health, with the ambition to reduce decay amongst 5 year olds to 38%. The group has identified a number of high level actions to achieve this, including:

1. Establishing an Oldham wide culture that supports and values oral health.
2. Increasing the number of under 5’s in Oldham who attend a dentist
3. Increasing the number of children under 5 who have a fluoride varnish applied to their teeth
4. Reducing the numbers of children under 5 who are subject to prolonged bottle feeding / use
5. Reducing the number of children who are drinking sugared drinks, or drinks with sugar added, particularly from a bottle
6. Increasing the numbers of children who are brushing their teeth twice a day, and particularly before bed
7. Increasing exposure to fluoride
8. Supporting the infant feeding strategy
9. Robust commissioning of oral health improvement resources with a focus on children under 5
Oral health

Locally this work is backed by a multi-agency implementation group, which will champion the desire to improve oral health locally through the use of existing networks and early year services. The network will ensure that all oral health messages are given consistently across Oldham from General Practices through to leisure centres and the voluntary and community sector. District Partnership’s will have a key role in supporting the development of a positive oral health culture and in identifying ward level opportunities to engage with the public.

An oral health summit was held recently with the aim of:

- Raising the importance of oral health amongst the early year workforce, district partnerships, dental practices, health services and other voluntary services.
- To formally commit Oldham Council and key partners to the oral health actions.
- Ensuring the causes of poor oral health is everyone’s business.
- Demonstrating that oral health is integral to general health and should not be considered in isolation.

The graphics below show the average number of decayed, extracted or filled teeth ($d_{mft}$) among five year old children in Oldham LA compared with England and the North West region and the proportion of children affected by dental decay.

### The average decayed, missing or filled teeth among 5 year old children

Source: PHE, 2013

<table>
<thead>
<tr>
<th>Location</th>
<th>Average $d_{mft}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oldham</td>
<td>2.1</td>
</tr>
<tr>
<td>England</td>
<td>0.9</td>
</tr>
<tr>
<td>Northwest</td>
<td>1.3</td>
</tr>
<tr>
<td>England</td>
<td>0.9</td>
</tr>
<tr>
<td>Northwest</td>
<td>1.3</td>
</tr>
</tbody>
</table>

### Percentage of 5 year old children affected by decay

Source: PHE, 2013

- Oldham: 47.7%
- Northwest: 34.8%
- England: 27.9%
Action to improve health and wellbeing – A call to action across the North West
The North West Directors for Public Health (NWDsPH) commissioned a call-to-action. This is a list of the top ten actions that an incoming government should act on to improve health and wellbeing across the country. Its purpose is to raise awareness of public health issues, to impact upon the public health agenda in the North West and to influence cross-party political manifestos ahead of the General Election in May 2015.

This call to action contains the ten most popular pledges selected by the NWDsPH:

1. Implement a minimum price of 50p per unit of alcohol to tackle alcohol related harm.
2. Implement a sugar sweet beverage duty at 20p per litre to reduce poor dental health, obesity and related conditions.
3. Commit to the eradication of childhood poverty to meet targets set by the Child Poverty Act 2010.
4. Work with employers to increase payment of the living wage to benefit both businesses and employees, and introduce a higher minimum wage.
5. Ban the marketing on television of foods high in fat, sugar and salt before 9pm to reduce children’s exposure to unhealthy food advertising.

6. Implement the recommendations contained within the “1001 critical days” cross-party report to ensure all babies have the best possible start in life.
7. Implement tougher regulation of pay day loan companies to prevent people ending up with unmanageable debts.
8. Require all schools to provide a minimum of one hour of physical activity to all pupils every day in line with UK physical activity guidelines for 5-18 year olds.
9. Implement policies to encourage active travel and use of public transport to increase physical activity, reduce emissions, increase road safety and reduce pollution.
10. Require compulsory standardised front of pack labelling for all pre-packaged food and alcohol.

Whilst the call to action has only recently been launched, it further reiterates the importance of many of the actions detailed in chapter one of this report, in terms of the role in improving health and reducing inequalities. Additionally the insight into the public health work areas detailed in the report also link to many of the topics covered within the call for action.
This report is available online at www.oldham.gov.uk

We welcome feedback about our annual report. If you have any comments please contact Alan Higgins on 0161 770 4750 or email alan.higgins@oldham.gov.uk

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