



# **Tackling Infant Mortality in Oldham Public Health Annual Report 2022/23**



**Oldham**  
Council

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# 1. Foreword by Cabinet Member for Health and Social Care

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The annual report of the Director of Public Health is an independent view on matters related to health and wellbeing in Oldham and what needs to be done to improve it. This report focuses on infant mortality and what can be done to decrease the rates in Oldham.

Many factors affect infant mortality and it's clear that it's a complex issue with no easy answers. Even one infant death is too many. That's why, I'm glad this report has focused on this area. Allowing us to take a whole system approach, working with our partners, to decrease our infant mortality rates and tackle this tragic issue head on. I'm confident that with the work recommended in this report and with the co-operation of our partners we can make a real difference.

As Council Cabinet Lead for Health and Social Care, I am happy to support publication of the annual report of the Director of Public Health 2023. Further, to encourage councillors, partners, and communities in Oldham to do their bit by engaging in discussion and action to give our young people the best possible start in life.

**Councillor Barbara Brownridge**  
**Cabinet member for Health and Social Care**

## 2. Foreword by The Director of Public Health

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Welcome to my second Public Health Annual Report for Oldham. This report covers the period April 2022 to March 2023 and focuses on infant mortality. Infant mortality is defined as death between birth and the age of one year, before the child reaches the age of one year. Nationally, the rate of infant mortality has been declining steadily since the start of the century but in Oldham infant mortality rates have been consistently higher than the national average, and among the highest in the country.

Oldham's high rates of infant mortality long pre-date the COVID-19 pandemic, which was the focus of my last annual report. My previous report looked at the impact of inequalities on our experience of COVID-19 as a borough, and the implications for recovery from the pandemic. An update on the recommendations made in my previous public health annual report are included at the end of this report. The same drivers of inequality which shaped Oldham's experience of COVID-19 are also those which shape local experiences of infant mortality.

In Oldham, during the period covered by this report, 18 babies have died before reaching their first birthday. Every one of these deaths is a tragedy and the impact on the families affected is profound. Whilst this report will provide an overview of the data and the factors we need to try to influence and change if we are to reduce the number of infant deaths; it also highlights the important work being done to reduce the risk of infant deaths and support families bereaved.

I am grateful to those families who have taken time to share their stories and experiences. Thanks also to colleagues and partners who have shared case studies of the valuable work they are already doing. In particular, I would like to thank Katie Moore for her support in bringing this report together, and Rebecca Fletcher for leading Oldham's Tackling Infant Mortality Group, which is bringing partners across Oldham together to drive improvements in infant mortality.

Infant mortality is an indicator of not only the health of the very young, but of the general health of an entire population. This is because the range of factors which influence infant mortality are wide-ranging including societal issues such as poverty, housing, service delivery such as the quality of and access to maternity and antenatal care, and individual factors such as genetics. If we are to improve health and wellbeing overall, we need to take action to reduce infant mortality, and if we are successful in reducing infant mortality, we will see improvements in health overall. For this reason, reducing infant mortality needs to be a priority for Oldham. This report makes recommendations on where further action is needed to tackle this challenge.

**Katrina Stephens**  
**Director of Public Health**

### 3. Updates from 2021 Public Health Annual Report 'Oldham's COVID-19 Journey'

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The 2021 Public Health Annual Report focused on Oldham's COVID-19 journey. The progress from the recommendations made in this Public Health Annual Report have been summarised in Appendix 1.

### 4. What is Infant Mortality?

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The death of a child is a tragedy for all those connected and the impact on loved ones is immeasurable. In addition, rates of deaths in childhood are a key measure of inequalities. It reflects the relationship between the causes of infant mortality and upstream determinants of population health, such as economic, social, and environmental conditions.

Infant mortality is an indicator of the overall health of a population. Infant mortality has decreased in England over the past twenty years. Oldham has had a higher rate than other areas for many years. Rates of infant mortality can be seen as a major indicator of a borough's health as a whole.

We measure deaths in childhood using these different ways.

**Stillbirth:** A baby born after 24 or more weeks completed gestation and which did not, at any time, breathe or show signs of life.

**Neonatal:** The death of an infant aged under 28 days.

**Post neonatal:** The death of an infant aged 28 days to 1 year.

**Infant mortality:** The death of those aged under one year.

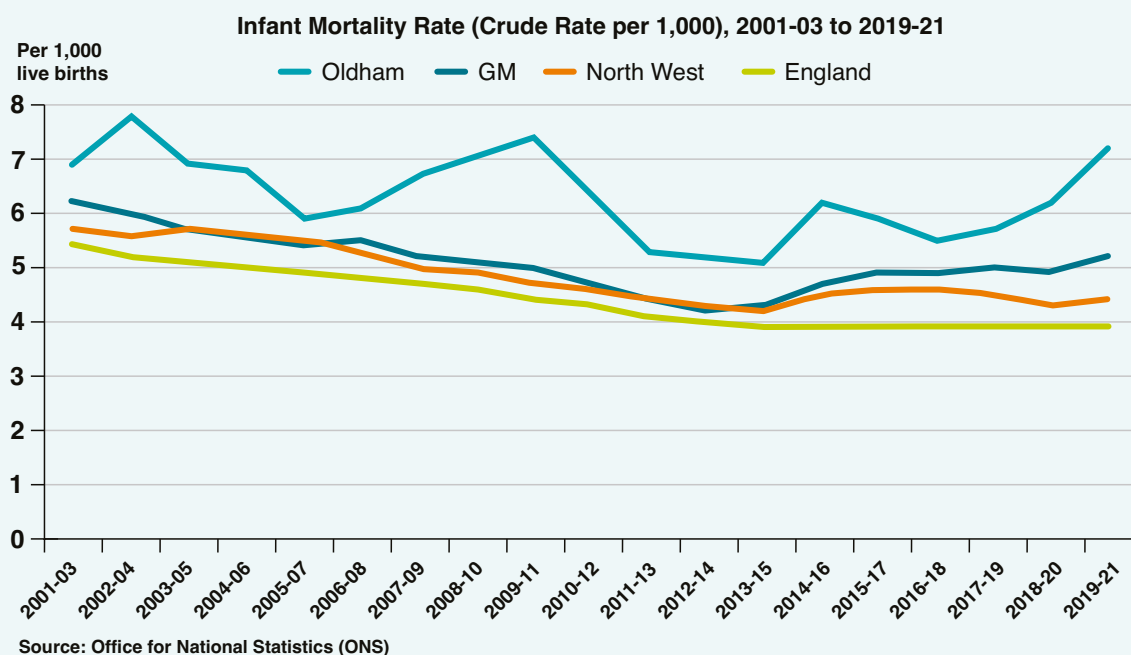
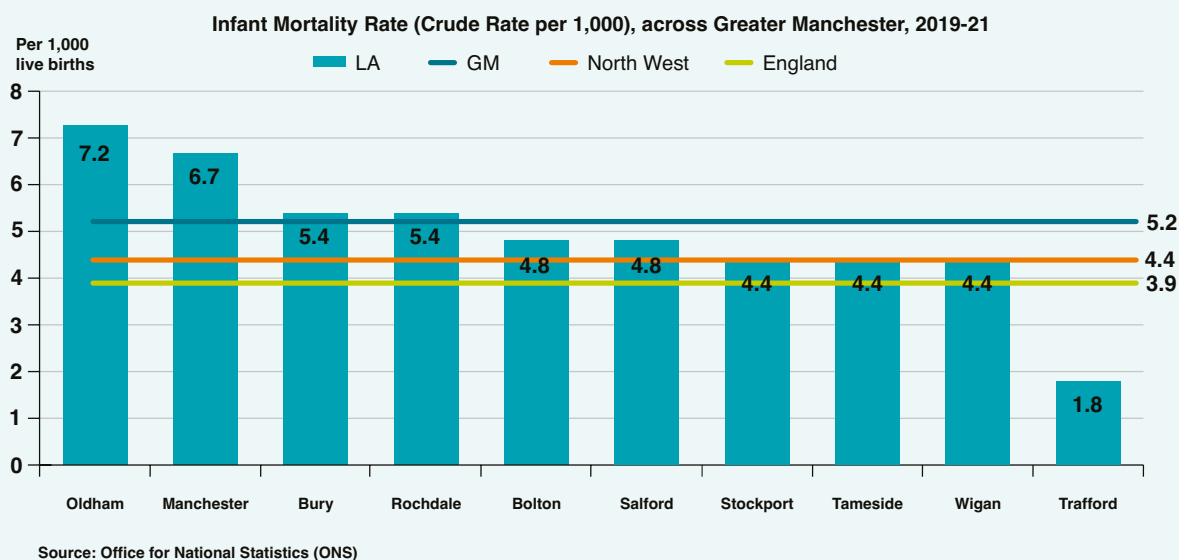


## 5. Infant Mortality in Oldham

Oldham's infant mortality rate is higher than the Northwest and England rates. Oldham's most recent rate for 2019 - 2021 was 7.2 per 1,000, making it significantly higher than the national figure of 3.9 per 1,000.

Our rates of infant mortality have been higher than the regional and national rates for at least the past 20 years.

Over the last few years, Oldham has not seen a reduction in the infant mortality rate, and, in fact, the rate is increasing.



## 5.1 Inequalities across Oldham

The social conditions in which we are born, live, work and age influence our health throughout our lives. These social factors include education, housing, employment, income, community and environment, and are known as the social determinants of health. If you receive a high-quality education, live in a stable, happy home and have a reliable income then you are more likely to experience good health. But these social determinants of health are unfairly distributed throughout our society, leading to health inequalities. People who live in poor social conditions, and in areas of deprivation, will experience an increased risk of illness as well as worse health outcomes, including reduced quality of life and reduced life expectancy. These unfair and unacceptable inequalities are entrenched across society.

**Male life expectancy in Oldham is 77.6 years. This is 2.2 years less than the England average.**

**Female life expectancy in Oldham is 80.1 years. This is 2.4 years less than the England average.**

**On average those living in the most deprived areas of Oldham can expect to have shorter lives than those living in the least deprived areas.**

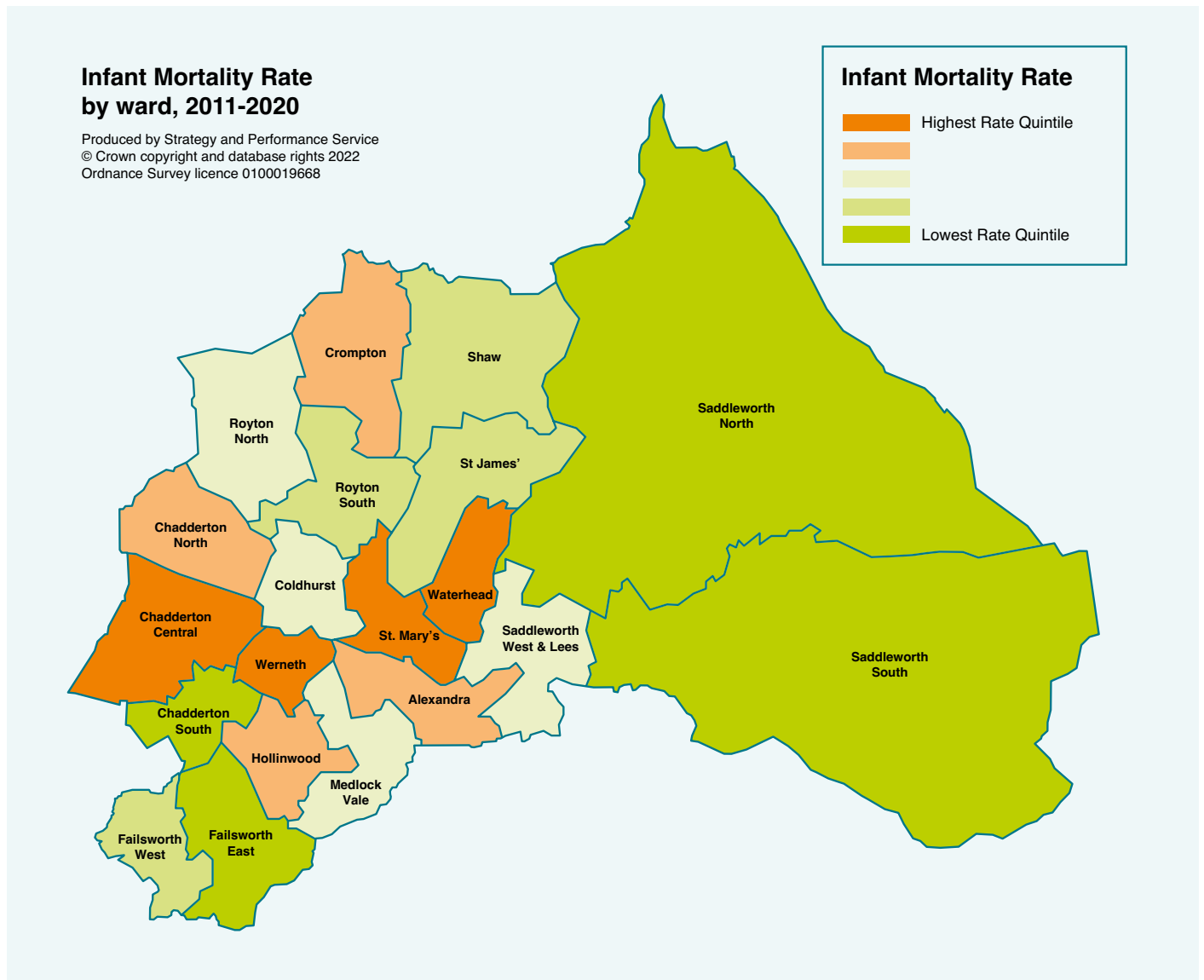
**The difference in life expectancy between the most and least deprived areas for males is estimated at 11 years.**

**The difference in life expectancy between the most and least deprived areas for females is 9.9 years.**

**Oldham residents spend on average 58.3 years in good health. This approximately five years less than the England average.**

	Employment Rate (aged 16-64)	Average weekly earnings	Children in low-income houses (under 16)
Oldham	71.1%	£413.70	31.6%
England	76.2%	£474.40	15.6%

The map shows a ten-year period of data by quintile. Infant mortality rates are highest in Waterhead (8.2 per 1,000 live births), Werneth (8.1), Chadderton Central (8.0) and St Mary's (7.7) indicating these are the areas of highest need. Oldham's overall average for this period is 5.8 (per 1,000 live births).



## 5.2. Deprivation and Child Mortality

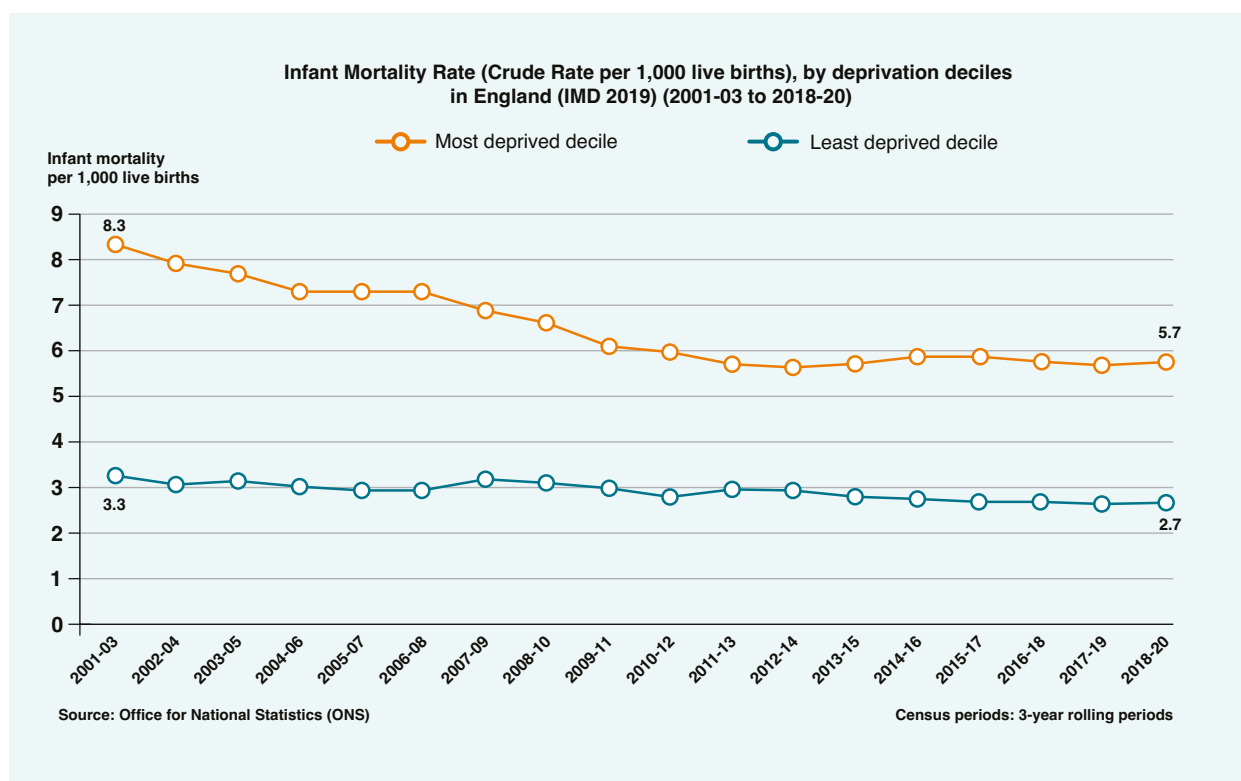
A recent report from the National Child Mortality Database found a clear association between the risk of child death and the level of deprivation for all categories of death except cancer.

Nationally, a fifth of all child deaths might be avoided if children living in the most deprived areas had the same mortality risk as those living in the least deprived – which translates to over 700 fewer children dying per year in England.

Oldham has a population of 237,628 making it the 6<sup>th</sup> largest Local Authority in Greater Manchester. Oldham ranks as the 19<sup>th</sup> most deprived local authority nationally.

Oldham has some of the highest levels of deprivation in the country with 22.7% of areas among the 10% most deprived areas in England.





## 5.3. Causes of Infant Deaths

All deaths of children are reviewed by our Child Death Overview Panel (CDOP). This panel covers Oldham, Rochdale and Bury (ORB). The panel is responsible for reviewing information on all child deaths. They consider any factors that may have prevented the death and make recommendations to prevent future deaths.

The Oldham, Rochdale and Bury CDOP is aligned with the other three CDOPs in Greater Manchester. Modifiable factors recognised by all four CDOPs that were identified in ORB cases included: hospital and clinical factors, domestic violence, consanguinity and parental smoking.

88% of all deaths in children under 1 year were born prematurely across Oldham, Bury and Rochdale. The earlier the gestation at which a baby is born, the higher the risk of infant death. Preterm delivery is associated with risk factors such as poverty and maternal smoking.

### Why are Infant Mortality rates high in Oldham?

Infant mortality is an important health inequalities issue in Oldham. Deaths under 28 days account for 5% of the life expectancy gap within Oldham and between Oldham and England. Infant mortality is indicative of the health of the whole population. It reflects the state of the wider determinants of health including socio-economic and environmental conditions within a community. Infant mortality rates are significantly higher in the 10% most deprived areas compared with the 10% least deprived in England, and this difference has remained relatively constant since 2010.

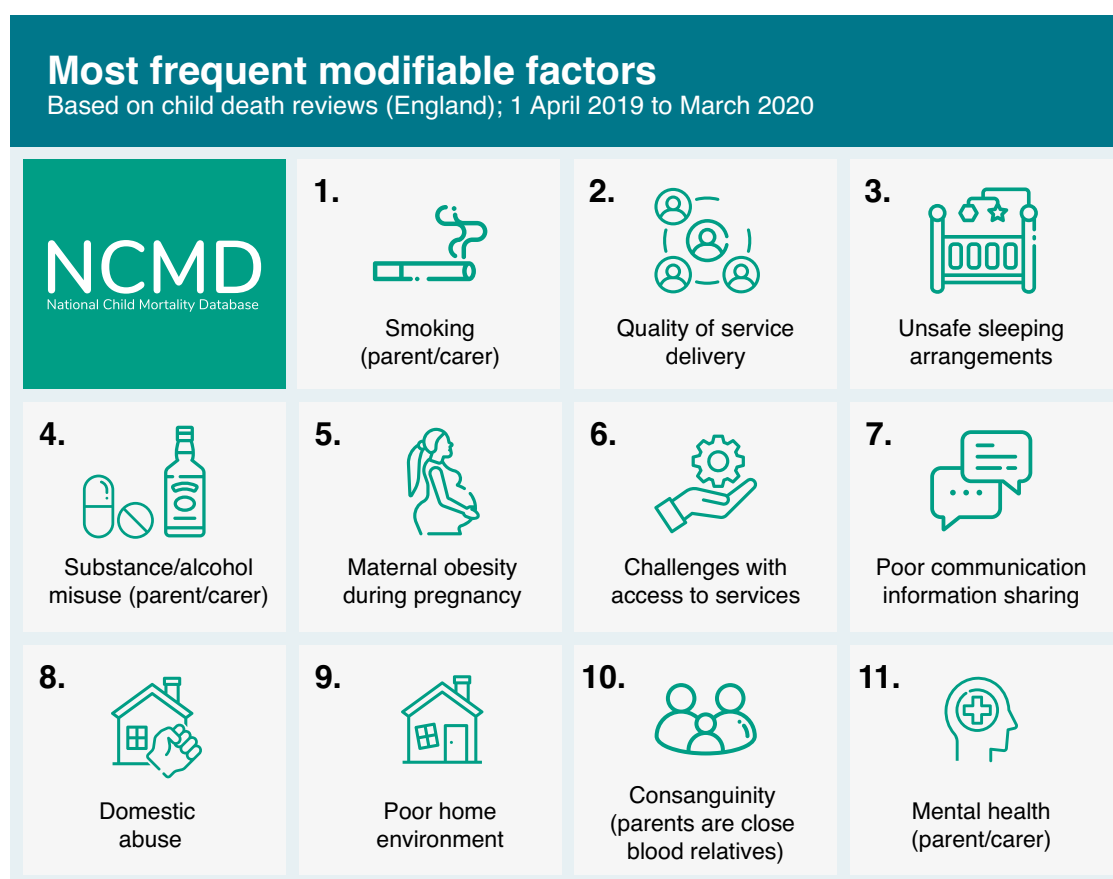
Oldham ranks 19<sup>th</sup> most deprived out of 317 local authorities in 2019 Indices of Deprivation (IMD) data. Seven of Oldham's wards (out of 20) appear in the bottom 10% nationally for overall IMD ranking. Ten wards appear in the bottom 20%. In terms of specific domains within the index, 4 wards fall within the bottom 10% and 9 wards within the bottom 20% for Income Deprivation affecting children. The high levels of deprivation in Oldham help explain why infant mortality rates are higher than the national average. Reducing poverty and income inequality is therefore critically important if we are to significantly reduce infant mortality.

## 6. Risk Factors

Several factors are associated with increased risk of infant death, and these vary according to age at death. For example, the effect of prematurity and low birthweight is greater in the first 28 days.

The National Child Mortality Database was established in 2019. It records comprehensive data, standardised across all of England, on the circumstances of children's deaths. The purpose of collating information nationally is to ensure that deaths are learned from, that the learning is widely shared and that actions are taken, locally and nationally, to reduce the number of children who die.

The information includes modifiable factors which could have contributed to the death of a child. The below infographic illustrates the most common potentially modifiable factors identified in the review of children's deaths between 2019 - 2020.



Despite the downward trend in the infant mortality rate, evidence in the Marmot Review: Fair Society, Healthy Lives noted that factors, including births outside marriage, maternal age under 20 years and deprivation, were independently associated with an increased risk of infant mortality.

**Risk factors for infant and child mortality include social factors such as:**

- Maternal age
- Parents who are closely related to each other
- Smoking or maternal substance misuse, including alcohol
- Poor maternal nutrition or obesity
- Domestic abuse
- Social Class and Income Deprivation

**Additional medical factors also include:**

- Maternal mental illness and stress
- Pre-existing medical conditions
- History of problematic pregnancies
- Parental exposure to environmental pollutants
- Low birth weight

In Oldham we see that rates for many of these risk factors for infant mortality are significantly higher than the national average, including rates of smoking, obesity, domestic abuse and parents who are closely related to each other.

## **7. Oldham Priorities for Reducing Infant Mortality**

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Over the past year, we have reviewed the local data, the national evidence base and worked with colleagues across Oldham, including the voice of residents. This has led to the creation of the Oldham Tackling Infant Mortality Group and the agreement of the below priorities:

- 1. Promoting Smoke-free Pregnancies**
- 2. Reduce the Number of Sudden and Unexpected Deaths of Infants in Oldham (SUDI)**
- 3. Improve Breastfeeding Rates**
- 4. Improve Access to Excellent Maternity Care**
- 5. Reduce Deaths and Severe Disability Related to Consanguinity/Recessive Autosomal Conditions**
- 6. Support Women to be a Healthy Weight in Pregnancy**
- 7. Supporting Young Parents**
- 8. A Focus on Poverty/Cost of Living**

The rest of this report will provide detail on each of these priorities and the current work that is happening in Oldham.

## 7.1. Promoting Smoke-free Pregnancies

Babies and children whose mothers smoke during pregnancy are also at greater risk of sudden and unexplained death, known as Sudden Infant Death Syndrome (SIDS) – as well as happening to new-born babies, this can also happen to infants over 12 months: the risk is greater if you or your partner continue to smoke after she or he is born, particularly if you share a bed with your baby at night.

### Smoking when you are pregnant increases your risk of:

- miscarriage.
- ectopic pregnancy (a pregnancy growing outside the womb).
- your baby dying in the womb (stillbirth) or shortly after birth – one-third of all deaths in the womb or shortly after birth are thought to be caused by smoking.
- your baby being born with abnormalities – face defects, such as cleft lip and palate, are more common because smoking affects the way your baby develops.
- your baby's growth.
- bleeding during the last months of pregnancy.
- premature birth when you have your baby before 37 weeks of pregnancy.

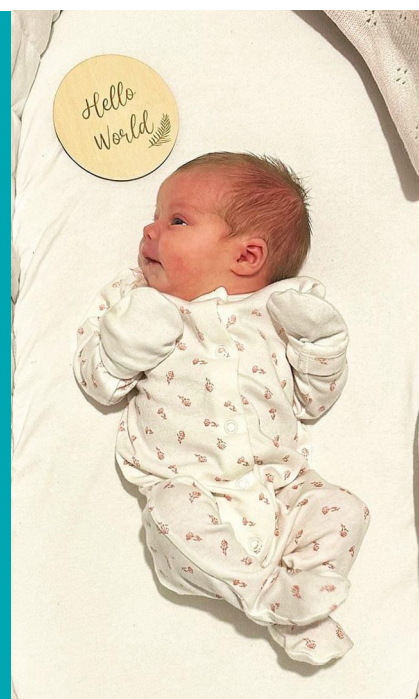
### Oldham Smoking in Pregnancy Service

Oldham has a Specialist Midwife and two dedicated Maternity Support Workers based at The Royal Oldham Hospital.

Nicotine Replacement Therapy (NRT) is now available via direct supply on antenatal clinic and ward, labour ward and postnatal ward and progress is being made to move towards offering NRT via the community team.

The Smoking in Pregnancy Team offers training for all midwives/maternity staff as well as e-learning so that all maternity staff are clear on the importance of smoking cessation in pregnancy.

Smoking rates for pregnant women have dropped from 12.6% in 2017/18 to 9.8% (2020/21 – Oldham CCG data). This means 945 more babies were born smoke-free in Oldham.



**“I found the smoke-free pregnancy programme really helpful. Having my monthly check ins and CO readings kept me on the right path. I knew if I had any cravings or needed anyone to talk to, Jane was there to help. I am now 10 months smoke-free and have a beautiful, healthy baby because of it.”**

## **Smoke-free Homes in Oldham**

Your Health Oldham (YHO) is Oldham’s health improvement and weight management service. They support improvements in infant mortality by educating each client and supporting them to quickly understand the benefits of a smoke-free home.

YHO ask all clients if they smoke in the home or car and help them put changes in place to support them to have a smoke-free home. This will also aid them in their journey to be smoke-free.

YHO also delivers health education workshops to educate students, families, and professionals about this topic. Recently, 200 Oldham College students participated in a workshop about second-hand smoke and smoke-free homes.

YHO also leads the smoke-free homes task and finish group, which brings professionals from across Oldham to focus on raising awareness about this topic.

### **Benefits of Smoke-free Homes include:**

- A smoke-free home is a healthier home for you and your children.
- Your health will improve if you smoke less cigarettes.
- Your children will not see you smoking and are less likely to copy you.
- A smoke-free home is a safer home - more fires in the home are caused by cigarettes than any other single cause.
- A smoke-free car is more pleasant and does not smell of stale smoke.

## 7.2. Reducing Sudden and Unexpected Deaths of Infants in Oldham (SUDI)

In England and Wales, Sudden and Unexpected Deaths of Infants (SUDI) accounted for 59.4% of unexplained deaths in 2019. Unexplained infant deaths are more likely to occur in males, during the post neonatal period, and in low birthweight babies. Most SUDI occur before a child is 6 months old.

In Oldham the primary causes of infant death cited on death certificates amongst registered deaths in the period between 2011-2020 are shown in table 1.

**Table 1 Primary causes of registered infant deaths, Oldham, 2011-2020**

Cause of death	Number	Percentage of deaths
Extreme prematurity	96	50.5
Respiratory conditions	58	30.5
Infections	28	14.7
Congenital anomalies	22	11.6
Circulatory disorders	17	8.9
Pregnancy, childbirth and puerperium causes/conditions	15	7.9
Digestive system disorders	13	6.8
Pneumonia	8	4.2
Nervous system	5	2.6
Genito-urinary conditions	5	2.6
Unascertained	10	5.3
Other	22	11.6
<b>Total deaths</b>	<b>190</b>	

### Risk factors for SUDI include

- Environmental tobacco smoke.
- Non-supine sleeping position.
- Adverse sleeping environments.
- Parents who smoke or have consumed alcohol or substances (including prescription medication that may make them drowsy).
- Smoking, alcohol and/or substance misuse in pregnancy.
- Babies born before 37 weeks or who have a birth weight less than 2.5kg.
- Co-sleeping when known risk factors are present.
- Parental mental ill-health and domestic abuse.
- Overcrowding, poor housing and social deprivation.
- Disruption to normal routines prior to 'the last sleep'.



## Safer Sleeping Programme

Oldham has developed a multiagency approach on safer sleep messaging to parents from pre-birth. Engagement with new parents and family members about safe sleep, the advice given and any potential barriers to them following this advice. The results have been used to inform the ways in which risks are communicated.

## Spoons Neonatal Family Support

Prematurity is a key risk factor for infant mortality and the experience of Neonatal Intensive Care Unit (NICU) can be traumatic for families. When their baby is discharged parents can often experience acute isolation and some parents may encounter problems with attachment and bonding. They can often feel isolated from friends who do not understand their journey, and from partners and family who are also dealing with their own trauma from the experience. Universal messages may also feel that they are not tailored to the specific needs of these children and families.

Spoons aim is to alleviate stress and reduce the isolation of families who experience neonatal care. They provide peer support networks, family support, and trauma therapy as well as sensory play and baby massage sessions. They also work with us to ensure that messages, such as safe sleep messages, are right for families who have experienced NICU care. This ensures that the group that are particularly at risk of SUDI get the right advice that meets their needs.

Spoons facilitate a community of people with neonatal lived experience.



They know parents struggle to access universal baby groups, they often feel like they 'don't fit in' and tend to avoid the groups as a result, as they lead to tough questions about their baby's size/weight or their added care needs. This can lead to parents of neonatal babies being further isolated and compounding any mental health issues. The community groups and sessions in Oldham provide a platform for families to engage with each other, form friendships and access and offer support. Parents tell us these groups are important to them.

"Spoons' sessions have made my maternity leave so enjoyable, and we would have had a very different experience without them. I definitely think they've helped my mental health. My son has definitely benefitted from interacting with babies of different ages and the sessions are so well thought out that they've helped him develop skills that may have taken longer just us at home."

Jo,  
Neonatal parent.



### Home Start Oldham Stockport and Tameside (HOST) Infant Feeding Support

HOST provide an infant feeding support telephone service, available seven days a week. They work in partnership with the Breastfeeding Network. HOST give information to mums, so that they can make an informed choice of how they feed their baby. In addition, infant feeding peer support is on offer to every mum in Oldham.

#### Other support includes:

- Home visiting support and telephone support.
- Partnership working with midwives and health professionals to provide a seamless pathway of care.
- Support in antenatal and baby weighing clinics as well as one-to-one home visits on request.
- Events to help raise awareness of breastfeeding.
- Volunteer programme including training of new volunteers.
- Working closely with volunteers to help run infant feeding groups in local children's centres.
- Oldham has a more culturally diverse population. Demographic statistics have shown that the majority of parents HOST support come from BAME communities. While many of these parents can speak and understand English adequately, following the addition of a new team member with extensive language skills, HOST are now able to offer support to parents who speak Urdu or Bengali as their first language.

## 7.3. Improve Breastfeeding Rates

There are multiple advantages of breastfeeding that demonstrate the relevance of breastfeeding as a global public health issue, for low- and high-income populations alike. Breastmilk is a superfood for babies, and it is estimated that 22% of new-born deaths could be prevented if breastfeeding is started within an hour of birth (Mason, 2013).

Analysis of data from 28 systematic reviews indicates that breastfeeding not only has multiple health benefits for children and mothers, but it also has dramatic effects on life expectancy. For example, in high-income countries, breastfeeding reduces the risk of sudden infant deaths by more than a third, while in low- and middle-income countries about half of all diarrhoea episodes and a third of respiratory infections could be avoided by breastfeeding.

Further studies demonstrate the effects of optimal breastfeeding on all-cause and infection-related mortality in infants and children aged 0–23 months. The authors found higher rates of mortality among infants never breastfed compared to those exclusively breastfed in the first six months of life (WHO, 2016).

In Oldham, breastfeeding prevalence at 6–8 weeks after birth is 39.7% compared to the England average of 49.2%, and the rate of a baby's first feed being breastmilk is 58.7% compared to England's average of 71.7%.

**“Really supportive, I was given enough information and enough time to feel supported in my breastfeeding journey. The supporters were non-judgemental and respected the choices that I made. They were flexible in supporting me which enabled me to crack breastfeeding.”**

**“I was literally in tears. I was given time, information, and sympathy. Forida came to my house to follow up with a pump. I felt welcome to call again any time.”**



## 7.4. Improve Access to Excellent Maternity Care

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In maternity services, the NHS Long Term Plan (2019) recommended an enhanced and targeted continuity of carer model to help improve outcomes for the most vulnerable mothers and babies. The aim was to improve women's experience of care, reduce hospital admissions and reduce the need for intervention during labour. Women will also be: 19% less likely to experience pregnancy loss before 24 weeks, 24% less likely to experience pre-term birth and 16% less likely to experience stillbirth (NHS England, 2019).

It is recognised that within maternity services, women with complex social factors and vulnerability can experience barriers to care and may be less likely to engage with care, resulting in a higher risk of poor outcomes for themselves and their baby. In addition, some groups and communities are more likely to experience poorer outcomes in pregnancy. These include people living in areas of high deprivation, those from Black, Asian and minority ethnic communities and those from inclusion health groups, for example the homeless. It is important to ensure that our maternity services meet the needs of all our service users.

### **Rochdale & Oldham Midwifery Enhance Service (ROMES)**

ROMES is a specialist maternity service for women who may be more vulnerable to poor outcomes in pregnancy. ROMES provides all their clients with a named midwife to support continuity of care. These include women who have substance misuse issues, a learning disability, experience of domestic violence, are homeless, or involved in probation or children's social care.

Referral to the ROMES pathway aims to ensure safe care based on a relationship of mutual trust and respect in line with the woman's decisions. The allocated ROMES midwife works collaboratively with multiagency teams such as Social Care, Drug and Alcohol Services, Police/Probation and Perinatal Mental Health Visitors. This ensures seamless, effective communication, advocacy for the woman and improved holistic outcomes.

The work that ROMES does addresses some of the risk factors that are associated with Infant Mortality such as smoking or maternal substance misuse, including alcohol, safe housing and sleeping environment and domestic abuse. The service offers personalised care and support which is tailored to meet the needs of individuals who might need support on issues that could be a risk to young babies.

## Maternity Voices Partnership

Rochdale and Oldham Maternity Voices Partnership (ROMVP) is hosted by Healthwatch Rochdale and supported by Healthwatch Oldham. ROMVP is made up of service users, service user representatives and professionals with the purpose of ensuring the voice of women, birthing people, partners, and families are heard, communicated, and responded to.

ROMVP works to champion the voices of women, birthing people, and their families in the development of maternity services in Rochdale and Oldham. The MVP does not act on complaints or individual cases but gather feedback to identify what is working well and where improvements are needed.

The vision of the ROMVP is to improve the experiences of maternity for women, birthing people, and their families, through multi-disciplinary collaboration and co-production that brings service users' voices to the centre of planning and strategy.

ROMVP has been using the 15 Steps approach to understand our local services. The 15 Steps is a method that looks at maternity services from the perspective of those who use them. It explores first impressions of care, surroundings, and the overall experience across the maternity journey. Developed by NHS England in conjunction with National Maternity Voices, the 15 Steps for Maternity toolkit has been designed especially for use by Maternity Voices Partnerships (MVPs) using an observational approach to understand the experience of those accessing local maternity care.

**Scan the QR code to access the 15 Steps for Maternity across Rochdale and Oldham Toolkit.**



**“What a great opportunity it has been to be part of the 15 Steps. It was good to talk to women/partners about their experiences and to use the feedback to shape our recommendations for improvements. I was also really pleased by the warm welcome we received from the staff, and it was good to chat to them too. There was a genuine willingness to improve the maternity experience for the families of Oldham and Rochdale as well as making improvements for staff. I will be keen to hear how the recommendations are taken forward as part of the trust’s Maternity Improvement Programme.”**

**Angela Welsh - Senior Commissioning Business Partner  
– Children & Maternity (Oldham)**

## 7.5. Reduce Deaths and Severe Disability Related to Consanguinity/ Recessive Autosomal Conditions

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Consanguinity is when two people share the same blood or a common ancestor. Therefore, a consanguineous marriage is when two people who have the same blood (relatives/cousins) marry one another.

Cousin marriage is quite common and is practised in many different cultures around the world and has been for generations.

The more distantly the parents are related, the lower the risk of having a child with a recessive genetic condition. When there is no family history of a recessive genetic condition most children will be healthy. However, in communities with a tradition of cousin marriage, many couples are more closely related. Consequently, their risk of having a child born with a genetic condition or disability may be significantly higher.

Because there are so many factors that can affect the risk of passing down or inheriting a recessive genetic condition, it needs to be worked out for each family individually during genetic counselling. The genetic counsellor may be able to map out your family tree and tell you if you are a carrier for a particular changed gene that runs in your family, and what the chances are of you passing it on to your children.

It is particularly important for couples who are cousins and are planning to have children, to think about having genetic counselling, especially when there is a known condition in the family.



## Community Genetics Team

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The service was introduced to enhance the understanding of genetics within the community. It encourages families to attend and sometimes accompany them to the Genetics Clinic where a qualified Genetic Counsellor offers the appropriate help and advice to the family.

The Genetic Counsellor and the Community Genetics Team can help families to understand the chance of another child being born with the genetic condition and the potential implications for the wider family and their children.

The service is offered in multiple languages including English, Punjabi, Urdu, and Gujarati and supports and advises families affected with genetic conditions when either a child or a parent is affected.

It can offer advice and explain implications to the wider family and offer tests to other family members who are at risk and helps families to access other support and services that are available to them.

**Contact the Community Genetics Team**  
[www.communitygenetics.org.uk/contact/](http://www.communitygenetics.org.uk/contact/)

In the financial year of 2022-2023, the Community Genetics Team had 1337 conversations about understandings of inherited disorders in affected communities, there were 14 families referred into the outreach service through community agencies and 14 families assessed by the genetic outreach worker.

**‘Parents stated that they have understood the information that was provided and pleased with the support they have received.’**

**‘Now that I know it is a genetic condition, I will make sure when my other children are teenagers that they attend a genetic appointment to see if they are healthy carriers of this condition and will be able to plan for their future and ensure they do not go through what I went through.’**

## 7.6. Supporting Women to be a Healthy Weight in Pregnancy

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An important way to reduce the number of high-risk pregnancies is to support the overall health of our communities, before, during and after pregnancy.

In Oldham the percentage of adults (aged 18 plus) classified as overweight or obese is 71.8% compared to the England Average of 63.8%

The BMI (Body Mass Index) calculation is a simple way to find out whether you are a healthy weight for your height. A BMI of 18.5–24.9 is considered healthy. A BMI of 25 or above is associated with risks for women and their babies. The higher your BMI, the greater the risks are.

Some of the risks with raised BMI include increased risk of thrombosis, gestational diabetes, high blood pressure, pre-eclampsia, induction of labour, caesarean birth, anaesthetic complications, and wound infections. A raised BMI also increases a women's risk of having a miscarriage, giving birth early, having a big baby or having a stillbirth.

**Scan the QR code to read more about being overweight in pregnancy**



### Your Health Oldham - Weight Management Support

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As well as the right care in pregnancy for women who are overweight, we want to support women to enter pregnancy at a healthy weight. Your Health Oldham is Oldham's Health Improvement and Weight Management Service, jointly commissioned by Oldham Council and NHS Greater Manchester Integrated Care Board and delivered by ABL Health.

ABL's approach to weight management ensures no strict diets or exercise routines. They support residents to make positive, practical, and realistic changes to achieve and maintain a healthy weight and lifestyle. They work to ensure that women across the borough can receive the right support to achieve a healthy weight. This includes those women who wish to become pregnant and want to be a healthy weight when they do so.

## 7.7. Supporting Young Parents

Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers and there is a 30% higher rate of stillbirth for children born to women under 20. Whilst national teenage conception rates continue to decline, reaching a record low of 13.1 conceptions per 1,000 females aged 15-17 years in 2020, Oldham's rate is consistently significantly higher than the Northwest and England average and has the highest teenage conception rate of all local authorities in Greater Manchester. In Oldham, in 2020, 111 women under 18 years conceived which equates to a rate of 25 per 1,000 females aged 15-17 years.





## Family Nurse Partnership

Family Nurse Partnership (FNP) is a free and voluntary programme for under-20s expecting their first baby. The family nurse provides information and supports young parents to make decisions which:

- Increases chances of a healthy pregnancy.
- Improves child's development.
- Build a positive relationship with their baby and others.
- Enable them to make lifestyle choices that will give their child the best possible start in life.
- Enable them to achieve their aspirations (such as finding a job or returning to education).

To achieve this, the same Family Nurse works with the family until the baby is 2 years old. This ensures that young parents build trusted relationships with their nurse.

FNP also supports Stay and Play sessions with all young parents where they can share positive role modelling and information around child development and attachment.



'It (The Family Nurse Partnership) has helped. We weren't really sure about becoming parents and how to. The information has helped us feel more confident. I like talking about becoming a mum with my family nurse and resources help us to do this.'

'I feel interested because it helps me get ready for my baby.'

"You have helped me to think about keeping my baby safe."

'I have someone to talk to about the things I can't talk to anyone else about.'

'When you are a first time mum you have that person to support you and help you prepare/become the best mum you can be.'

"I trust you."

"You have given me help with parenting. I need this help as I am a young mum."

"Meeting every week with my family nurse was a godsend to ease my worries."

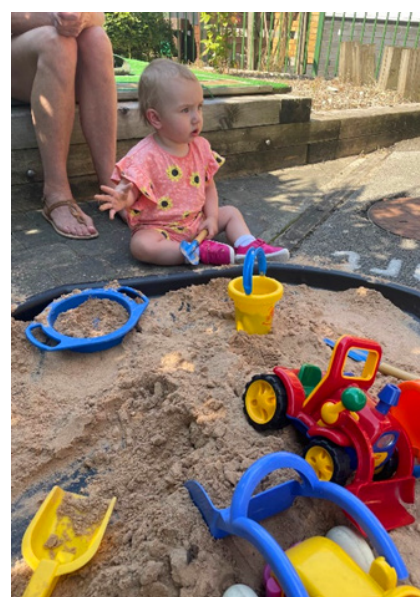
## 7.8. A Focus on Poverty/Cost of Living

In September 2022, Oldham Council approved a £3 million investment in services, support, and funding to help reduce the impact of the cost of living crisis on all Oldham households but also to widen the safety net for those residents who are most vulnerable to financial crisis.

Although the primary aim of the programme was to ensure residents were supported through the winter months of 2022. The investment continues to provide vital support for residents across the borough, helping them to face the ongoing impacts of the cost of living crisis, including helping with issues like personal debt, energy insulation measures and accessing emergency aid.. Some elements of the programme, such as the additional capacity for Citizens Advice Oldham and the Council's Support and Inclusion, community engagement teams and poverty proofing in schools continue, having been funded until March 2024.

Since the launch of the programme, we have seen several positive impacts including, for example, a real increase in the take up of Healthy Start Vouchers, in April Oldham's take-up was the highest in Greater Manchester at 69%. We have also seen a significant increase in the number of families accessing funded early education places, with 87% of the families of eligible 2-year-olds taking up a place. This is much higher than the England benchmark of 62%.

From 22 September 2022 to 23 April 2023 we have answered 10,046 helpline calls from residents requiring urgent support, held 14,575 doorstep conversations to provide advice and guidance, provided over £164k of warm homes related support, distributed 7,511 foodbank vouchers, established warm banks in every district, delivered poverty proofing training in several schools and given nearly half a million pounds in funding for charities to support their communities.





## 8. Recommendations

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- We should continue to take steps to improve the cultural competence of maternity services by ensuring the impact of parents' culture, ethnicity and language is discussed and considered during the antenatal risk assessment process, initial assessment and follow-up.
- Professionals who work with families and pregnant women including GPs, midwives, maternity support workers, and neonatal staff, should undertake training on consanguinity and genetic conditions, for example the e-learning for health (eLfh) Close Relative Marriage module.
- We need to agree and roll out an Oldham approach to delivering personalised safe sleep messages for parents across the borough. This should be led by maternity and health visiting but include wider training for all staff across the wider children's workforce to understand the risks of SUDI.
- As a borough, we need to commit to mitigating the impacts of poverty on the risks for infant mortality and make this a priority for the Health and Wellbeing Board and the wider Oldham system. This should include considering funding for safe places for babies to sleep and ensuring that housing for families with infants recognises that they need to sleep in a cot.
- Oldham should become fully accredited by UNICEF Baby Friendly Initiative and work towards the Gold award. This will support Oldham to continue to be breastfeeding friendly over the coming years.
- The aim for Oldham should be for all pregnancies to be smoke-free. The Oldham Tobacco Alliance should work closely with maternity, ROMVP and leaders across the borough to develop approaches to further reduce smoking in pregnancy.

## 9. Appendix

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### Overarching Report Recommendations

- Develop a plan to reduce health inequalities within Oldham and facilitate its delivery through the Health and Wellbeing Board.
- Develop shared health inequalities targets to be used across Oldham council, and by wider system partners, to monitor and review progress in addressing health inequalities, in relation to Oldham's Health Inequalities Plan. These should be collated in one place and accessible, linking with Greater Manchester's wellbeing and equality goals and the Marmot Beacon Indicators.
- Elected members and other system leaders within the local authority to influence Greater Manchester and national policy around health inequalities.

### Communities and Places

- Identify and embed learning from the COVID-19 pandemic, including the value of place-based services and other 'bottom-up' approaches across public sector services. For example, sustain investment and build on Oldham's existing community engagement, and doorstep engagement, infrastructure to address health needs in the groups most vulnerable to poor health.

Oldham's doorstep engagement approach has been continued and expanded and is now embedded in our place-based approach to delivering public services, building on the learning from the work during COVID-19. The engagement targets those with the most need, in particular those affected by the cost-of-living crisis, to have conversations about their wellbeing. The team provide some information and advice, as well as signposting people to all kinds of self-help options and support and referring into services if needed.

The Oldham Community Champions network continues to work together, supported by Action Together. Additional funding has been secured to enable the network to support in tackling health inequalities around the flu vaccination programme, and to support engagement with the GM Integrated Care Partnership Strategy development. The network are also supporting Oldham's response to the Cost-of-Living crisis through the DWP's Household Support Fund, delivering engagement and direct support to residents. The Community Champions Network member organisations are committed to continuing to work together in this way to tackle the inequalities in health and wealth faced by their communities across Oldham. The network continues to have a focus on communities most impacted by health inequalities; South Asian, Roma, Black African and people with Learning Disabilities & Autism.

There are also a range of other VCFSE networks which are delivering activity and influencing policy which will impact on the wider determinants of health and health inequalities including Oldham Women's Network, Poverty Action Network and place-based Community Explorers Networks.

Oldham has made a significant investment through the One Oldham Fund of grants to the VCFSE sector to support them to sustain their capacity and deliver a wide range of activities which support the key priorities of 1. Driving Equality and 2. Promoting Health and Wellbeing and Supporting the Most Vulnerable.

- Listen to the voices of Oldham's residents' when developing priorities for action on health inequalities and empower residents to co-design plans and assist with their delivery.

As part of our health inequalities plan the Oldham Partnership is committed to the development of a Resident Engagement Framework. The framework aims to embed consistent approaches to resident involvement in the development of priorities and delivery across all our services. It aims to do this through sharing best practice, building skills and capacity across our workforce and creating the mechanisms within our infrastructure to capture and share resident insight and act on it.

## **Public Health**

### **Taking an 'Oldhamised' Approach**

- Tailor national and regional methods to local needs and adopt a proportionate universal approach, to recognise and address the disproportionate needs of Oldham's vulnerable communities and those hit the hardest by the pandemic.

Oldham's Health and Wellbeing Board has a Health Inequalities Plan for Oldham. The GM Marmot report and Independent Inequalities Commission report for GM were used as starting points for understanding key actions for the Oldham Health Inequalities plan. The plan aims to Improve the health of our residents with a focus on: – Reducing the gap in life and healthy life expectancy between Oldham and other boroughs. – Reducing the gap in life and healthy life expectancy within Oldham, particularly between low- and high-income group and by ethnicity. Actions should be deliverable in 2 years.

- Maintain capacity and capability at local level for testing, tracing, infection control and outbreak management, to complement regional and national systems, and ensure that a locally focused approach can be taken to protect the public's health.

Oldham Council maintained a Test and Trace service in line with national guidance and had devised a contingency plan should measures need to be stood back up. The plans evolved to ensure we have robust support in place for all infectious diseases. For example, IGas, Scabies and Monkey Pox.

- Oldham Council should continue to be involved in Greater Manchester's work around health inequalities and implement Greater Manchester's approaches in a way that caters to Oldham's needs. Given the health inequalities across the borough, Oldham should be at the forefront of Greater Manchester's work.

We monitor Health Inequalities through a variety of data sources and use the intelligence from the Joint Strategic Needs Assessment (JSNA) to identify disparities. We work on local footprints to tailor approaches to our communities, but also work at a Greater Manchester level so we can benchmark performance and learn from others.

- Adopt learning from Oldham's tailored COVID-19 vaccination programme and apply to other local vaccination programmes such as influenza and childhood vaccinations, recognising that inequalities and vaccine hesitancy is not isolated to COVID-19. This could include hyper-local community facilities in trusted locations, community members as vaccine advocates and door to door myth busting, with increased resources in groups at higher risk with low vaccine uptake.

"Vaccination continues to be one of the most cost-effective ways of avoiding disease with WHO (World Health Organisation) 2019 preventing 2-3 million deaths per year with a further 1.5 million could be avoided if global coverage could be improved.

Across the UK variation is observed in uptake of vaccines and with the complexities of an era of misinformation and disinformation which could potentially result in vaccine hesitancy it is fundamental that Oldham continue to commit to improving the uptake of vaccines by adopting learnings from Oldham's tailored COVID-19 vaccination programme and apply them to our other vaccination programmes such as influenza and other childhood vaccination programmes such as MMR (Measles, Mumps and Rubella) and HPV (Human papillomavirus) Vaccine.

Recognising that inequalities may have lead to low vaccine uptake, Oldham are committed to listening and working with communities across the Borough and build on the relationships made with hospitals schools, primary care, and the wider system over the years. With vaccine hesitancy contributing to uptake of vaccines, Oldham will ensure we work alongside our communication colleagues to implement social media campaigns to support myth busting and increase vaccine uptake."

### **Health in All Policies**

- Preventing ill health, improving health and reducing health inequalities need to remain as priorities in Oldham, and reflected in key strategies and decision making.

Oldham Council have launched the Oldham Impact Assessment tool, which considers impacts – positive and negative, on pre-set themes including protective characteristics, Council priorities and Partnership priorities as outlined within The Oldham Plan. This tool is systematically being used for all decisions that are going through cabinet. Where negative impacts are identified, mitigations are captured, and where positive impacts are captured but to a small degree the tool encourages narrative on how positive impacts can be accentuated.

- Harness the enthusiasm for working towards shared goals, and the recognition that health is everyone's responsibility, to embed a health in all policies approach throughout the council.

Health has been a consideration within a number of key strategic developments for example the transport strategy or the emerging environment strategy.

- Health equity and sustainability should be at the heart of all Oldham's strategies, to recognise and address inequalities in the social determinants of health in all aspects of the COVID-19 response and recovery.

### **Oldham's health inequalities plan is based around 6 broad themes including:**

- 1. Work and Employment**
- 2. Income and Poverty**
- 3. Early Years, Children and Young People**
- 4. Housing, Transport and Environment**
- 5. Health in all Policies**
- 6. Health and Wellbeing, Health Services**

For all of these areas, a data lead approach has been taken to understand the extent of inequalities, where the disparities occur and the direction of travel. Senior sponsors lead these pieces of work, with tangible actions. Over the past 12 months, each of these thematic areas has brought focused review topics to the health and wellbeing board, to see as a system where good practice could be scaled, and as a system collectively resolve challenges. Health inequalities continue to exist both within the borough and compared to other areas in the country. The system has not accepted this status quo and continues to strive to reduce inequalities against a backdrop of competing pressures.

**Examples of focused reviews brought to the health and wellbeing board include but not limited to:**

- employment programmes engaging marginalised communities
- cost of living
- children's transformation programme
- the borough's transport strategy,
- the Oldham impact assessment tool,
- focused care evaluation

**Work and Employment**

- Reduce unemployment and build the skills of Oldham residents, ensuring fair employment and access to training across all ages, with a particular focus on youth unemployment and deprivation. A holistic view should continue to be taken to tackling the barriers to employment including linking with health and wellbeing services across the borough.

The Get Oldham Working Services actively seeks to reduce unemployment by engaging learners on a route to employment. Over 50% of learners come from the top 5 wards within the borough.

- Expand the number of anchor institutions in Oldham who are fully accredited with the Living Wage Foundation.

Oldham Council is fully accredited with the Living Wage Foundation, and we are encouraging our partner agencies in Oldham to take on this accreditation.

- All anchor institutions in Oldham should take action to reduce inequalities, considering how they use their assets, spending power and resources and how their employment practices can support social value, local economic prosperity and health and wellbeing.

Institutions such as Oldham Council and the NHS Northern Care Alliance have actively embarked on social value frameworks that support the local people and the local economy with enhanced weighting to areas of greatest inequalities. A significant amount of learning has taken place to ensure that anchor institutions understand how current recruitment practices positively or negatively impact on employment rates from communities most at risk of experiencing health inequalities for example deprived wards.

**Income and Poverty**

- Ensure that Oldham's anti-poverty work recognises the multi-factorial and interconnected nature of inequalities, and links with other strands of work to address the intersection of poverty with protected characteristics and vulnerable groups.

Significant investment from Oldham Council supporting the most vulnerable residents through the Cost of living crisis including the funding for the Warm Homes Oldham scheme. Cost of living workshops have successfully brought together partners that collectively support the anti-poverty agenda across the wider determinants of health such as housing, education, and income support through the Citizens Advice Bureau.

- Ensure that local approaches to tackling poverty continue to support those in crisis, as well as provide support which aims to address the causes of poverty and provide sustainable solutions for individuals and communities, including reducing levels of harmful debt and increasing food security.

The approach to tackling poverty has been multi-faceted and system wide engaging key partners such as the voluntary sector to listen to the voice of the resident. This has been further supported by the doorstep engagement team, listening to the concerns of the residents and sign posting to various means of support. A food partnership continues to meet a drive and drive actions aimed at reducing food insecurity.

- Use learning from Oldham's COVID-19 approach to think about ways that support can be streamlined and easily accessed, with services within the council and borough wide working together to provide a joined-up approach, to recognise and address the needs of residents holistically. For example, raise awareness of poverty and income support and appropriate referral pathways across a wide range of workforces who have daily conversations with residents, e.g. healthcare professionals.

The doorstep engagement team established during the pandemic has been sustained as a successful mechanism for listening to and engaging with residents and sign posting. The place-based integration work has gained momentum and partners across the system are on a journey to work as a collective within a place and across organisational boundaries for the benefit of the resident.

### **Early Years, Children and Young People**

- Take action to reduce inequalities in outcomes for children and young people, with a focus on children and young people who are likely to have suffered the greatest long-term consequences of the pandemic, particularly those from low-income families, with specific consideration given to addressing the impact on mental health and wellbeing.

A social and emotional pathway was co-produced with partners to support the mental health of children and young people, with programmes being delivered such as Think Equal as part of the school readiness programme.

- Continue to take action to address the digital divide in access to online and remote learning opportunities.

The council's digital inclusion offer delivered by the Heritage, Arts and Libraries service continues to build its reach and impact. Our device lending offer has doubled in size for residents to loan Google Chromebooks at home to support access to devices as well as each library having free Wi-Fi and pcs terminals. Each site across the library network are also registered databanks via the Good Things Foundation meaning we can hand out free data packages to anyone who needs one. Our skills offer continues to grow with weekly Online Basics sessions at all libraries, and digital drop ins at Oldham Library. We have been successful at securing external funding in 2022/23 to deliver a Digital and Health Literacy pilot at Fitton Hill Library that offers residents the device, connectivity, private space and skills needed to follow digital health pathways. A network of Digital Champions, including both staff and volunteers from the library service, have received training to support them to deliver our digital inclusion offer across the borough. The team also delivered the Good Things Foundation funded programme Breaking Digital Barriers programme that delivered tailored digital training, and in some cases a free device with data, to 140 residents.

- Prioritise investment in and development of support for young people's mental health and wellbeing, recognising the short- and long-term impact of the pandemic on the mental wellbeing of children and young people.

The introduction of the Mental Health and Education Team has brought in clinical supervision of school staff so that young people's mental health conditions can be managed in school. There is also an emergency response vehicle for schools, for children who are at risk and be transported to a place of safety for young people with mental health issues.

Child and Adolescent Mental Health Services (CAMHS) who offer specialist services to children and young people who are experiencing mental health and emotional wellbeing difficulties are producing a new transformation strategy.

## **Housing and the Environment**

- Improve green spaces, air quality and high streets, including clean air zones, support of active travel in areas of high deprivation and improving community safety.

The borough has launched a transport strategy that seeks to address many of these areas including connectivity to the labour market, access to health services/ hospitals, active travel and an ambition around reducing carbon emissions. The Council has an emerging environment strategy that will reflect the connection between environmental factors such as air quality and health. Oldham's regeneration strategy sets out a vision to create new homes, shops, leisure and culture facilities together with improved green spaces for people to enjoy.

- Continue to provide support through the Warm Homes scheme to address fuel poverty and improve the quality and energy efficiency of homes. Given rising fuel costs, consideration should be given to expanding this scheme to enable more residents to access this support.

Significant investment from Oldham Council supporting the most vulnerable residents through the cost of living crisis including the funding for the Warm Homes Oldham scheme. Cost of living workshops have successfully brought together partners that collectively support the anti-poverty agenda across the wider determinants of health such as housing, education and income support through the Citizens Advice Bureau.

- Prioritise early identification and intervention to prevent people from becoming homeless, taking a collaborative approach across the borough, with everyone having a 'duty to refer' people who are homeless or at risk of homelessness to appropriate services.

There is a list of specified public authorities which are subject to the duty to refer and housing associations have also agreed to adopt it on a voluntary basis.

### **[Click here to access the duty to refer guide](#)**

- Continue the selective licensing scheme to improve the quality of private rented sector housing in the borough and support the work of the Greater Manchester Combined Authorities' GM Good Landlord Scheme to respond to the pressures in the private rented sector.

Private rented properties in certain areas of Oldham required to be licensed. The aim is to improve the management of the properties through licensing conditions to improve housing conditions and positively impact the social and economic development of an area.



**Oldham**  
Council