

**HEALTH AND WELL BEING BOARD**  
**07/09/2023 at 10.00 am**



**Present:** Councillor J. Harrison (in the Chair)  
Councillors Brownridge, Mushtaq, Nasheen and Shuttleworth

Also in Attendance:

Rebecca Fletcher – Interim Director of Public Health

Anna Tebay – Public Health Service

Gerard Jones – Managing Director (Children’s Services)

Alistair Craig – Northern Care Alliance

Simon Blair – Oldham Community Leisure

Claire Hooley – Adults Social Care Service

Andrea Entwistle – Public Health Service

Charlotte Stephenson – Consultant in Public Health

Tamoor Tariq – HealthWatch Oldham

Laura Windsor-Welch – Action Together

Rifat Mohammed – Smoking Cessation Service

Jon Taylor – Intelligence Officer, Public Health Service

John Garforth – Licensing Manager

Peter Thompson – Constitutional Services

**1            APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Sykes, Harry Catherall, Sayyed Osman, Majid Hussain, Christina Murray, Paul Clifford, Jayne Ratcliffe and Dr John Patterson.

**2            URGENT BUSINESS**

There was no urgent business for this meeting of the Health and Wellbeing Board to consider.

**3            DECLARATIONS OF INTEREST**

Tamoor Tariq declared a personal interest, insofar as he was a member of Bury Metropolitan Borough Council’s Health and Wellbeing Board.

**4            PUBLIC QUESTION TIME**

There were no public questions for this meeting of the Health and Wellbeing Board to consider.

**5            MINUTES**

Resolved:

That the Minutes of the meeting of the Health and Wellbeing Board held on 15<sup>th</sup> June 2023 be approved as a correct record, subject to the inclusion of Councillor Shuttleworth as being present, that Councillor Mushtaq’s designation is the Deputy Leader of the Council and the correct spelling of the Chief Executive’s name, Harry Catherall, in the apologies section.

**6            BETTER CARE FUND PLAN 2023 - 2025**

The Health and Wellbeing Board received a report of the Head of Commissioning and Market Management that provided members with details of the Oldham Better Care Fund (BCF)

Plan for 2023-25 and to obtain 'sign-off' in line with the requirements of the national conditions of the BCF.



The Board was requested to consider the content of the Oldham BCF Plan 2023-25 and provide any suggested amendments and subject to any agreed amendments to sign-off the plan in line with the requirements of the national conditions of the BCF.

The Board was advised that in line with the national requirements the Oldham BCF Plan had been due to be submitted by the deadline of 28<sup>th</sup> June 2023. The process allowed for submission of the plan prior to approval of the Health and Wellbeing Board. Subsequently, Oldham's plan were approved by the regional Better Care Fund Panel and was provided to the central team for sign-off. On 31<sup>st</sup> July the NHSE Regional Assurance Team that Oldham's BCF plan has been recommended for approval.

For 2023-25 the BCF plan was in three parts: an overall template that provides information on income, expenditure, type of schemes funded, metrics and how the plan meets national conditions; a narrative plan outlining the key areas of focus in Oldham and a Capacity and Demand template. The Better Care Fund's vision has been to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person.

Differing from previous years, this year's BCF plan spanned two years for the period 2023-25, with the delivery of the BCF supporting two key priorities for the health and care system that align with the two existing BCF objectives of:

- a. improving overall quality of life for people, and reducing pressure on UEC, acute and social care services through investing in preventative services
- b. tackling delayed discharge and bringing about sustained improvements in discharge outcomes and wider system flow.

Additional funding has been allocated to the BCF allocations which included: a 5.66% increase to the NHS minimum contribution into the BCF each year; an extra £1.6 billion nationally to support hospital discharge. Additionally, as announced in the *Next Steps to put People at the Heart of Care* a further £102 million nationally to support adaptations is likely to be dispersed as an additional tranche of the DFG funding, with the position to be confirmed later in the year.

The BCF continues to consist of three main funding contributions: NHS Greater Manchester Integrated Care Board (NHS GM ICB) contribution to the BCF; the Disabled Facilities Grant (DFG); and the Improved Better Care Fund.

In considering the report a Member noted the financial constraints that applied in respect of the operation of the Better Care Fund.

Resolved:

1. That the Health and Wellbeing Board notes the financial constraints within which the Better Care Fund operates.
2. That the Health and Wellbeing Board approves the Better Care Fund Plan for 2023-25.

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## **JOINT STRATEGIC NEEDS ASSESSMENT - INTELLIGENCE UPDATE ON TOBACCO USE IN OLDHAM**

The Health and Wellbeing Board received a presentation regarding the use of tobacco across the Borough of Oldham.

It was noted that Oldham's smoking prevalence has substantially increased compared with the last few years of data, rising by 30% between 2020 and 2021. Oldham's 2021 rate was the highest across Greater Manchester and the 4th highest in England.

The decrease in the proportion of current smokers over time may be partly attributed to the increase in vaping and e-cigarette use. Data from the Opinions and Lifestyle Survey (OPN) have shown regular use of a vaping device had increased in 2021 and the highest usage was among those aged 16 to 24 years". Policies associated with the Tobacco Control Plan for England, such as increased public awareness campaigns and smokefree places, may have also contributed to decreased smoking prevalence.

Smoking was the single largest driver of health inequalities in England. Smoking was more common among people that experience higher levels of deprivation and lower incomes. Rates varied vastly between different housing tenure across Oldham, with those in rented accommodation more than twice as likely to smoke as homeowners. Routine and manual workers and unemployed residents have higher smoking than those in Intermediate and Managerial and Professional occupations nationally. In Oldham however, there was a higher smoking rate amongst Intermediate level roles.

Smoking accounted for approximately 5.5% of the NHS budget. Admissions to hospital due to smoking related conditions represented a large demand on NHS resources. In 2019/20 there were 2,002 smoking attributable hospital admissions to Oldham residents.

Oldham's smoking attributable hospital admissions was like 2015/16 figures. There was a notable dip in 2016/17 but there had an increase year on year since. Greater Manchester and England have seen slight reductions in their rates over the same period. Oldham's latest smoking rates were similar to the GM average and the 42<sup>nd</sup> highest across England.

Oldham's smoking attributable mortality rate is comparable to the Greater Manchester average (ranks 5th highest) but is significantly higher than the national average. Although Oldham is in line with the Greater Manchester average, it is important to

note the rate is still extremely high and ranks 16th highest nationally.

Oldham had a higher smoking related mortality rate across Cancer, Heart Disease and Stroke. The rates for Oldham, represented in the report, were 447 Cancer deaths, 174 deaths from Heart Disease and 42 deaths from Stroke. Oldham's rate was ranked 18<sup>th</sup> highest nationally for Cancer, 7<sup>th</sup> highest for Heart Disease and 16<sup>th</sup> highest for Stroke. The more disadvantaged a person was, the more likely they were to smoke and to suffer from smoking-related disease and premature death. Nationally, smoking related deaths in the most deprived decile are more than double that in the least deprived.

Oldham has a similar rate of smokers setting a quit date and successful quitters compared to England as a whole, although both have been on a downward trend year on year. In 2019/20, 1,264 people set a quit date in Oldham and 582 had successfully quit after four weeks. Oldham had the highest rate of smokers setting a quit date across Greater Manchester and the third highest rate of successful quitters.

Resolved:

That the presentation be noted and welcomed.

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## **REDUCING TOBACCO HARMS**

The Health and Wellbeing Board considered a report that provided an overview of the tobacco control work in Oldham, in the context of regional and national policy and approaches. It focused on the role of the Oldham Tobacco Alliance, made up of partners and services from across the borough, in progressing this agenda and working together to tackle tobacco-related harm and improve the health and wellbeing of people living in Oldham.

It was noted that one in seven adults still smoked in England and tobacco remained the single biggest cause of preventable illness and death. Up to two out of three lifelong smokers will die from smoking, and smoking substantially increases the risk of heart disease, heart attack and stroke and causes the vast majority of cases of lung cancer. Tackling smoking was one of the most effective interventions that could be made to prevent ill health and to reduce health inequalities. Reducing smoking rates not only improved health outcomes and reduced the burden on the NHS, it also boosted productivity and economic growth.

Smoking prevalence in Oldham was considerably higher than Greater Manchester and England rates and tobacco-related harm disproportionality impacted several of the Borough's communities, including those who were already impacted by high levels of deprivation and other socio-economic determinants of health. Reducing smoking rates in the borough was a priority in the Oldham Health and Wellbeing Strategy and Oldham Integrated Care Partnership's Locality Plan.

The vision of the Oldham Tobacco Alliance is to improve the health and wellbeing of Oldham's population by reducing smoking rates, minimising tobacco related harm and contributing to a reduction in the health inequalities experienced by some of our communities due to smoking and tobacco.



Significantly reducing smoking prevalence at a far faster rate than at present will:

- improve health outcomes,
- support poverty reduction,
- deliver higher productivity,
- give babies and children a better start in life,
- reduce health and social care costs and
- cut crime by dealing with the illegal tobacco trade.

Therefore, the Oldham Tobacco Alliance is taking a strategic and comprehensive approach to tobacco control (aligned to national and regional policy and evidence base) to make smoking less accessible, acceptable and desirable, empower successful quitting and stop young people starting to smoke in the first place.

The Health and Wellbeing Board was asked to consider Oldham's approach to tobacco control, the work to date of the Oldham Tobacco Alliance and the wider health and care system in tackling smoking and the effectiveness of the locality tobacco control plan in reducing smoking prevalence and tobacco related harm.

Health and Wellbeing Board was asked to consider what more can be done to address smoking locally and to reduce the risk and impact of tobacco related harm and how we can work together as a system to contribute to reducing the health inequalities caused by tobacco and smoking and improve the health and wellbeing of our residents.

In this regard the Board received presentations concerning assistance for smokers to quit; the range of measures that NHS Pharmaceutical Services can provide to help people to quit smoking; enforcement action that the Council and partner agencies can and are taking to counter the threats posed by vendors selling tobacco products to under 18-year-olds and problems associated with counterfeit and illegal cigarettes. The Board was also advised of the problems that were being caused by young people who used vaping products. In this regard the meeting noted that the Youth Council had submitted a Motion, to Council on 12<sup>th</sup> July 2023, regarding the prevalence of vaping amongst young people and the negative side-effects that this led to. the Motion was unanimously endorsed by the Council.

Resolved:

That the Health and Wellbeing Board supports current and planned initiatives to reduce smoking, for the benefit of the Borough's residents.

## **OVERVIEW PANEL ANNUAL REPORT 2021/22**

The Board considered a report of the Interim Director of Public Health which provided the Health and Wellbeing Board with the Oldham, Rochdale and Bury Child Death Overview Panel Report for 2021/22. This was an annual review of the Child Death Overview Panel (CDOP) data for Oldham, Rochdale and Bury (ORB), one of the four CDOP groupings in Greater Manchester. CDOPs review all child deaths under 18 years, apart from still births, late foetal loss, or termination of pregnancy. CDOPs are not responsible for establishing the cause of death, they explore all factors relating the death of the child.

The findings of the report should be used to inform future action to prevent child deaths. CDOPs collate information annually on closed cases, this is used to establish themes in the data enabling each area to identify lessons learnt and recognise where service or population level interventions are needed.

Resolved:

1. That the Health and Wellbeing Board members note the Child Death Overview Panel Annual Report.
2. that Board Members be requested to take the key findings of the report back to their respective organisations, if appropriate and to consider if there are any issues that need addressing within the borough.

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## **HEALTH PROTECTION AND HEALTH IMPROVEMENT UPDATES**

The Board was verbally updated on Health Protection and Health Improvement issues that had arisen since the Board's last meeting in June. There had been a scabies outbreak in the Borough recently and it was suggested that the Board receive a report on measles at a future meeting.

Resolved:

1. That the Health Protection and Health Improvement updates be noted.
2. That a report on the prevalence of measles in the Borough be presented to a future meeting of the Health and Wellbeing Board.

The meeting started at 10.00am and ended at 12.50pm