

HEALTH AND WELL BEING BOARD

03/04/2025 at 10.00 am

Present: Councillors Brownridge, Davis (Chair) and Shuttleworth

Also in attendance:

Rebecca Fletcher- Director of Public Health
Rev Jean Hurlston- Voluntary member
Anna Tebay- Head of Public Health
Julie Daniels- Director of Children's Services
Laura Windsor-Welsh- Action Together
Claire Hooley- Adult Social Care
Laura Wilson- GMP
Rachel Dyson- Thriving Communities Hub Lead
Andrea Entwistle- Public Health
Michelle Clegg- NCA
Anna Howarth- Healthwatch
Stuart Lockwood- OCL
Lauren Clannis- OCL
Hayley Bibby- Weight Management and Wellbeing Services
Charlotte Stevenson- Public Health
Andrea Edmondson- NHS
Erin Portsmouth- NHS
Dr John Patterson- NHS
Steve Taylor- NCA
Jon Taylor- Data Insight and Intelligence Lead
Emily Baylis-Turner- Data Insight and Intelligence Officer
Mark Gifford- First Choice Homes
Michelle Scholes- IGP Care
Kristina Atkins- IGP Care
Durga Paul- Constitutional Services

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Sykes, Cllr Nasheen, Jayne Ratcliffe and Mike Barker.

2 URGENT BUSINESS

There were no items of urgent business received.

3 DECLARATIONS OF INTEREST

There were no declarations of interest received.

4 PUBLIC QUESTION TIME

There were no Public Questions for this meeting to consider.

5 MINUTES OF PREVIOUS MEETING

RESOLVED that the minutes of the meeting held on 30th January 2025 be approved as a correct record.

6 ORAL HEALTH

The Health and Well Being Board heard from Public Health on the importance of Oral Health. Tooth decay is preventable;

however, tooth extraction is the leading cause of hospital admission in 5–9-year-olds with 15 million days of school missed due to dental problems each year. Tooth decay and tooth loss can be source of embarrassment and low self-esteem and gum disease has been associated with increased risk preterm birth, as well as heart disease and dementia. In older adults, poor oral health can lead to aspiration pneumonia, malnutrition, dehydration and subsequent urinary tract infections. Around 1 in 10 deaths from pneumonia among older adults in hospital or care facilities can be prevented by improving oral hygiene.

The Board received an update on the JSNA data dashboard with comparative data between Oldham, the North West, Greater Manchester and authorities with a similar demographic. Oldham ranked high across the board for tooth decay and plaque.

Members heard how about a shift in the Oldham Approach to Oral Health. The previous Oral Health Strategy (2018-2021) focused specifically on 0–5 year-olds. The Proposed approach is to shift to a life course oral health approach based around 4 priority areas; early years, targeted groups, oral health/food environments and the oral health system.

Officers confirmed that the next steps are to put together a Steering Group to continue work on improving Oral Health with partners and ask the board to identify named members of staff from respective organisations to attend and engage with the Oral Health Steering Group once established.

Members of the Board noted that Oldham already provided a good offer and were providing toothbrushes and toothpaste to children at key points. Members queried if there was opportunity to increase this offer and address need in key groups such as the homelessness and vulnerable groups.

Members noted that key groups needed to be expanded to include babies, and parents needed to be educated on the dangers of sugar in baby pouches before babies even have teeth. Members also welcome support of older people, there are instances of elderly residents unable to eat in care homes due to poor oral health.

The Board discussed how 40,000 NHS appointments are taken up with dental issues each year. There is a need for a social movement to focus on oral health as it is a 100% preventable issue that is causing a significant drain on money, time and resources.

Some members noted work done on an Oral Health Campaign in Chadderton 6-7 years ago which proved to have a positive impact on the community. Members asked that Officers share details of Oral Health Campaigns to district leads to see what members can do in their wards to support.

Members queried whether shortages of NHS Dentists had an impact on the Oral Health issues faced in Oldham. Officers explained that although it could be a contributing factor, the current focus is a prevention of decay through oral hygiene and improved diet. They further noted that there are issues with access to dentistry, but decay is 100% preventable without dentists.

RESOLVED that, the Health and Well Being Board note the Oral Health report.

7

OCL AND THE NHS WORKPLACE HEALTH CHECKS

The Health and Well Being Board heard from the OCL and Public Health on Workplace and NHS Health Checks.

Cardiovascular Disease (CVD) is a major cause of death and disability for Oldham residents. NHS Health Check is for people aged of 40 to 74 who do not already have a long-term health condition and is an opportunity to pick up early signs of CVD and calculate individual risk. People need to aware they are available and must be able to access them through GP practices in Oldham

As part of a National Pilot, the OCL received £86,400 grant funding from the NHS to deliver 1800 workplace CVD health. The OCL were able to mobilise quickly, and the work commenced in November 2024 with 15 members of staff being upskilled and trained in delivering a FULL NHS Health Check. OCL engaged with workplaces, agree a suitable space and arrange appointments with workers and found that workplaces promoted the health checks and give their employees time within the day to attend.

The Board heard that so far 814 workplace checks have been completed. The BMI was over 25 in most participants and more men participated than women. From the 814 completed checks, 72 GP referrals were made. The OCL also noted that of the 814 participants, 91 people had been offered NHS checks within last 5 years and not attended.

The OCL plan to continue to deliver health checks once the pilot is over and intend on widening the demographic of participants which has mostly been while males so far.

In response to member queries, OCL officers confirmed that they had secured NHS funding for the next quarter to continue their work and hope to continue this going forward.

Board members commended the work done so far and highlighted a need to coordinate about the commissioning to mitigate the risk of funding to be taken away because similar initiatives are going on already. They stressed the need to deliver health where people are such as workplaces in a preventative capacity, rather than waiting for health conditions to

become more serious. The Board will add this to the IPC agenda to discuss further with other partners and agencies.

RESOLVED that, the Health and Well Being Board note the OCL and NHS Workplace Checks report.

8

LIVE WELL UPDATE

The GM Live Well model is a key priority for GMCA, and for NHS GM. The goal is for everyone in every community to have daily access to support and advice to improve their physical and mental health, and socio-economic status. The Oldham Partnership mission for Healthier Happier Lives and resident focus means that this model aligns well with the existing approach in Oldham. In addition, a Live Well approach will support Oldham to deliver the Prevention and Early Intervention pillar in the Council's Corporate Plan.

Important issues

- Need to focus on Oldham – how do we access our share of GM funding?
- Fragmented system – pressures on individual organisations
- VCFSE need to be at the heart
 - Long-term sustainability & support for local groups
- Voice of residents is vital
 - Need to include everybody (not just those in need) & across generations
- Spread the word about the offer

Live well next steps are to identify all Live Well building blocks, co-produce Live Well principles, establish mechanisms to ensure connectivity and address gaps and continue to test and learn through innovation programmes

One of the Innovation Programmes ongoing is the Live Well Accelerator which will develop district-based budgets for commissioning and delivery of community led prevention activity. Efforts are currently being focused on delivering this in East Oldham.

Another innovation programme is the Employment trailblazer. This will focus on developing new approaches to supporting economically inactive residents back into employment. It also reflects the Oldham approach for the integration of employment support with social prescribing offer, growing community-led employment support, and growing volunteering into employment model.

RESOLVED that, the Health and Well Being Board note the Live Well update.

9

BETTER CARE FUND

The Health and Well Being Board heard that in order to meet the national funding conditions of the Better Care Fund, the report seeks the Board's approval on the submission of Oldham's: 2024-25 Quarter 2 & 3 submissions and 2025-26 Planning template. The Board should note, that in order to meet the deadlines set for the above, the templates have been submitted, delegation of this was previously provided for the submissions in the report presented in July 2024 and covered the 2024-25 financial year. It also seeks the Board's approval to continue to delegate the decision to submit quarterly reports during 2025-26 to the Better Care Fund team, with the understanding that the reports will be noted at the next available Health and Wellbeing Board meeting.

RESOLVED that, the Health and Well Being Board-

1. note the content of the Quarter 2 & 3 reports
2. note the content of the 2025-26 BCF Planning Template
3. approve to delegate the decision to submit quarterly reporting templates (including the year-end report) to the Place-Based Lead and Oldham Council's Chief Executive in consultation with the Director of Adult Social Services (DASS).

10

LONG-ACTING REVERSIBLE CONTRACEPTION UPDATE

The Board heard from Public Health on the work that was being done to improve the awareness and access to Long Acting Reversible Contraception in the borough. The provision of contraception is widely recognised as a highly cost-effective public health intervention. This is because it reduces the number of unplanned pregnancies which bear high financial costs to individuals, the health service and to the state. There is a significant return on investment with and for every £1 spent, there is £48 saved over 10 years by the NHS.

Findings from the 2019 Oldham, Rochdale and Bury Sexual Health Needs Assessment, which included an extensive consultation with residents, found that only 20% of residents who were using LARC as their main form of contraception, accessed this via their GP. There are only 13 practices within Oldham providing LARC, with no provision at all in West Oldham. Work needs to be done to provide to allow residents to access LARC through Primary Care.

Members of the Board noted that there was an increase spend on £0.5m on abortions which could be attributed to a lack of contraceptive options. Members agreed with officers that more awareness of the availability of LARC was needed, and public engagement was required.

Officers noted that good work was being done on maternity wards to ensure that LARC was available to patients who had just given birth upon leaving the hospital.

RESOLVED that, the Health and Well Being note the LARC update.

The meeting started at 10:00am and ended at 11:58am.