

HEALTH AND WELL BEING BOARD
05/03/2026 at 10.00 am



Present: Councillor Davis (in the Chair)
Councillors Mushtaq, Nasheen and Sykes

Also in Attendance:

Dr Rebecca Fletcher – Director of Public Health
Andrea Edmondson – NHS ICB Oldham
Mark Gifford – Chief Executive (FCHO)
Steve Taylor – Northern Care Alliance
Dr John Patterson – NHS ICB Oldham
Jude Brown – Children’s Services (OMBC)
Moneeza Iqbal – NHS ICB Oldham
Anna Howarth – OCLL
Sandy Mitchell - OACT
Reverend Jean Hurlston – Manchester Church of England
Diocese
Claire Hooley – Assistant Director: Adult Social Care (OMBC)
Dr Charlotte Stephenson – Consultant in Public Health (OMBC)
Dr Lois Hall-Jones – Consultant in Public Health (OMBC)
Anna Tebay – Public Health Service (OMBC)
Rachel Dyson – Public Health Service (OMBC)
Jon Taylor – Intelligence and Data Services (OMBC)
Peter Thompson – Constitutional Services (OMBC)

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Brownridge, Councillor Sykes, Mike Barker, Lucy Lees, Stuart Lockwood, Jayne Ratcliffe and Mohammed Sarwar.

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 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 15th January 2026, be approved, as a correct record.

6 **JOINT STRATEGIC NEEDS ASSESSMENT UPDATE**

Jon Taylor gave the Board a detailed presentation which outlined the significant harms that were caused by alcohol consumption.

The data available was being used to improve the picture, for relevant and concerned agencies regarding alcohol harms. It was noted that the council used intelligence hubs which allowed for comparison and timelines of data. It was acknowledged that the scope of data needed to be widened. It was also noted that certain cultural changes regarding drinking alcohol had been noticed.

There existed the Greater Manchester Alcohol Strategy that aimed to be part of a wider conversation around the use of alcohol throughout life, and it was felt that a national prevention strategy, was required to address the prevalence of excessive alcohol consumption.

The rates of alcohol consumption were higher in affluent areas but that harms from alcohol were more prevalent in deprived areas. The impact on hospitals was discussed by the Board and it was noted that there were high levels of crossover with tobacco consumption, obesity and domestic violence.

The Greater Manchester Alcohol Strategy aimed to be a whole system approach, and that work had to be done in cooperation with partners. The priority areas of the strategy were discussed.

Members noted that community and prevention were at the heart of the strategy and that there was a need for a broader approach to alcohol. Members noted that alcohol is seen as 'socially acceptable' and that non-alcoholic option choices were weaker. This was noted in relation to changing drinking patterns.

The meeting was advised that the Borough of Oldham's overall actual rate of alcohol consumption was lower than would be first expected. However, the figures were distorted somewhat by the fact that up to 30% of the Borough's population professed to not drinking alcohol and there was in the Borough a large Moslem community.

There was though, high levels of hospital admissions and deaths caused, that were attributable to the consumption of high levels of alcohol. A disproportionate number of admissions and fatalities derived from people who lived in the Borough's most deprived communities.

It was noted that a spike in the levels of alcohol related incidents was expected over the summer months coinciding with the staging of the Football World Cup.

Resolved

That the presentation be noted and welcomed.

7

CHILD DEATH OVERVIEW PANEL ANNUAL REPORT

The Health and Wellbeing Board received a report from the Director of Public Health which advised that the Bury, Oldham and Rochdale Child Death Overview Panel (CDOP) reviewed deaths of children who were normally resident in the relevant local authority areas. The Panel was also able to review cases

of non-resident children who died within the local authority areas. A review of a case by this panel is one of many stages of a child death review process and is intended to find patterns in modifiable factors that have contributed to child deaths. This supports local and national learning and supported the prevention of future deaths.



The annual report for 2025 was produced by Dr Steven Senior, Consultant in Public Health and Chair of the Bury, Oldham, and Rochdale CDOP Panel at the time of writing. The report examined demographic data for the three areas, publicly available mortality statistics, and presented an analysis of cases reported to Bury, Oldham and Rochdale CDOP between 2022 and 2025.

The Health and Wellbeing Board was requested to consider the worsening measures of child poverty, in the Borough and look to work with local partners to ensure that local anti-poverty plans address the consequential increases in child poverty

The Health and Wellbeing Board, together with the Borough's partner agencies, should continue to work to reduce smoking, alcohol, and drug misuse in pregnancy by:

- a. Ensuring smoking status and alcohol or substance misuse problems are identified early by ensuring that pregnant people are asked about smoking status, alcohol use, and substance use, that this information is recorded, and referrals to appropriate services are made; and
- b. Continuing wider work to reduce the prevalence of smoking, alcohol misuse, and substance misuse across the population and ensuring provision of smoking cessation and drug and alcohol treatment services.

The board, with partners, was requested to promote safe sleeping practices, noting a possible relationship between unsafe sleeping arrangements and overcrowded or otherwise inappropriate housing and with alcohol use by parents. The Safeguarding Partnership were requested to ensure that children with additional vulnerabilities were captured in child protection or child in need plans.

The Health and Wellbeing Board was asked to work with partners and community organisations to raise awareness of the increased risk of death and illness faced by children born to parents who were close blood relatives and assure themselves that genetic counselling and testing services were being offered appropriately.

It was reported that reductions in high maternal body weight was likely best achieved by reducing high body weight in the population as a whole. This should include efforts to improve diet and exercise in childhood as well as adulthood and reduce inequalities. The board should assure itself of plans to reduce obesity in the population, as well as that support with nutrition and appropriate exercise is available to pregnant people and to people who were planning to become pregnant.

Resolved:

That the Annual report of the Child Death Overview Panel, be noted.

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LONELINESS AND SOCIAL ISOLATION UPDATE

The Health and Wellbeing Board considered a report of the Director of Public Health which advised that loneliness and social isolation were causes of growing concern across the whole of the UK and in Oldham, which has serious implications for the health and wellbeing of the local population. Data showed that there were higher rates of loneliness in the Borough of Oldham, compared with regional and national averages.

Whilst the network of health and wellbeing services in Oldham had a positive impact on loneliness and social isolation, the Council was yet to take a borough-wide, targeted, and strategic approach to addressing these priority issues.

A recent development session had identified key themes around current assets, gaps and challenges, data and insights, and community engagement and participation.

Loneliness and social isolation were causes of growing concern, having serious implications for the health and wellbeing of the population. It was reported that anyone could experience loneliness and social isolation. Experiences of loneliness can be influenced by underlying factors such as identity, personality and situation. Triggers could include moving to a new area or becoming unemployed. Therefore, some people were particularly at risk of experiencing loneliness and social isolation.

An ONS Community Life Survey in 2023/24 had demonstrated that around one-four-adults feel lonely often or some of the time. However, a recent survey conducted by Ipsos on behalf of the Marmalade Trust (2025) found that 61% of UK adults who have experienced loneliness have never told anyone that they feel lonely. Internalised stigma was an identified barrier to opening up about their feelings. We therefore need to interpret data with caution and recognise that published statistics may underrepresent the true picture.

In Oldham, mental health and wellbeing (including reducing loneliness and supporting people to age well by reducing social isolation, are priorities identified in the Oldham health and wellbeing strategy 2022- 2030.

According to the Sport England Active Lives Survey, 8.5% of adults in Oldham feel 'lonely often' or 'always' (22/23- 23/24). Oldham had the 4th highest rate in Greater Manchester and higher rates of loneliness compared with the North-West and National average.

Resolved:

1. That the Health and Wellbeing Board supports the development of an Oldham Loneliness and Social Isolation Strategy based on the following principles:
 - a) Building on current assets
 - b) Improving access to existing offers
 - c) Proportionate universalism around identified target groups
 - d) Strengthening data and insights
 - e) Community engagement and resident-led approaches
 - f) Building confidence and reducing stigma
 - g) Reducing the risk of CVD in those experiencing loneliness and social isolation
2. That the Health and Wellbeing Board supports work focusing on the key role of primary care in addressing loneliness and social isolation
 - a) Education and awareness about the impact on health
 - b) Awareness of offers in Oldham
 - c) Referrals into the social prescribing service.

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OLDHAM LIVE WELL UPDATE

The Health and Wellbeing Board considered a report that provided an overview of the Live Well model and its implementation in Oldham. It provided a summary of progress to date including governance, and investment priorities. It also highlighted the specific contributions of the programme to improving health and wellbeing across the borough.

The submitted report provided an overview of the Live Well model and its implementation in Oldham, summarising progress to date, governance, investment priorities and the specific contributions of the programme to improving health and wellbeing across the borough.

Live Well was a Greater Manchester's borough-wide approach to prevention and health creation, launched in February 2024. It aimed to tackle health, social and economic inequalities by growing community power, wealth and action. The model aligns strongly with Oldham's mission for Healthier, Happier Lives and is designed to be:

- Community-led – enabling residents and communities (including those most affected by inequalities, racism and injustice) to identify priorities and take direct action.
- System-enabled – reshaping public services to remove barriers, share accountability and support community leadership.

The Live Well approach was built around four components:

- Integrated neighbourhood working
- Strong, resilient VCFSE sector
- Community leadership and action
- Live Well spaces, centres and offers

The Oldham Live Well approach was an important programme of work that will have a significant impact on the health and

wellbeing of the Borough's residents. This could be realised in several domains:



Oldham
Council

- a. Prevention & Early Intervention
 - Embedding prevention-first ways of working across the workforce
 - Strengthening pathways to local support
 - Providing consistent, sustainable prevention resources
- b. Stronger Community Assets and Places
 - Creation of local Live Well centres
 - Support for sustainable and accessible community spaces
 - Investment in safe, welcoming environments where residents can connect, participate and stay well
- c. Tackling Inequalities
 - Focus on communities most affected by structural inequalities
 - Integrated support for people experiencing economic inactivity, poor health or multiple disadvantages
- d. Mental & Physical Wellbeing
 - "Get Oldham Healthy" supporting mental health therapy and physical activity
 - Community-led projects centred on nature, outdoor activity, safety and social connection
 - Volunteering as a route to improved wellbeing
- e. Community Leadership and Voice
 - Participatory budgeting and resident decision-making
 - Expanded community organising and citizen leadership
 - Empowered communities shaping health, wellbeing and prevention priorities

The next steps for the project included: finalising the first Live Well Centres across districts; scaling participatory funding boroughwide; strengthening the Live Well Campus model; delivering the Live Well culture event and ongoing workforce development; and embedding evaluation and insight to shape future phases of delivery.

Resolved:

1. That the Health and Wellbeing Board notes the progress made across Live Well implementation.
2. That the Health and Wellbeing Board endorses the continued focus on prevention, community leadership and neighbourhood integration.
3. That the Health and Wellbeing Board supports alignment between Live Well priorities and Health & Wellbeing Board objectives.

4. That the Health and Wellbeing Board champion cross-system engagement, ensuring organisational commitment to the prevention-first culture.

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INTEGRATED CARE BOARD - TRANSFORMATION UPDATE

The Director of Public Health reported that national changes to the composition and functionality of Integrated Care Boards were due to be implemented in the coming months. The Health and Wellbeing Board would be formally consulted on proposals. One of the aims of the exercise was, to reduce costs which, unfortunately, in some cases, could lead to compulsory redundancies.

Resolved:

That the Director of Public Health's verbal update on the future operations of Integrated Cre Boards be noted.

The meeting started at 10.00am and ended at 12.10pm