

**HEALTH AND WELL BEING BOARD**  
**11/09/2025 at 10.00 am**



**Present:** Councillor Davis (Chair)  
Councillors Brownridge, Mushtaq, Nasheen and Shuttleworth  
(Vice-Chair)

Also in Attendance:

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| Mike Barker         | Strategic Director of<br>Commissioning/Chief Operating<br>Officer |
| Emily Baylis-Tunney | Public Health Data, Intelligence and<br>Insight Officer           |
| Alison Berens       | Oldham MBC - Adult Care                                           |
| Lauren Connis       | Oldham Active                                                     |
| Julie Daniels       | Strategic Director of Children's<br>Services                      |
| Andrea Edmondson    | NHS – Greater Manchester                                          |
| Rebecca Fletcher    | Director of Public Health                                         |
| Mark Gifford        | CEO, FCHO                                                         |
| Julie Goreham       | Action Together                                                   |
| Jack Grennan        | Constitutional Services                                           |
| Julian Guerriero    | Community Safety Services                                         |
| Anna Howarth        | Healthwatch                                                       |
| Rev. Jean Hurlston  | Manchester Church of England<br>Diocese                           |
| Neha Lamech         | Oldham MBC - Public Health                                        |
| Dr. John Patterson  | Clinical Commissioning Group                                      |
| Charlotte Stevenson | Consultant in Public Health<br>(Healthcare)                       |
| Jon Taylor          | Intelligence Officer                                              |
| Anna Tebay          | Public Health Specialist                                          |
| Laura Windsor-Welsh | Action Together                                                   |

1           **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Howard Sykes, Sandy Mitchell, Erin Portsmouth and Jayne Ratcliffe.

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 the meeting to consider.

5           **MINUTES OF THE PREVIOUS MEETING**

RESOLVED: That the minutes of the Health and Wellbeing Board held on 19<sup>th</sup> June 2025 be approved as a correct record.

6           **BETTER CARE FUND 2025-26 QUARTER 1 SUBMISSION**

The presentation and report were presented by Alison Berens. It was noted that going forward, it was hoped that Better Care

Funding would be signed off ahead of submissions rather than retroactively approval. It was highlighted that spending was on track.

Two case studies were discussed, AGE UK Home First Service and the Carers service. It was noted that case studies were useful to show what the Better Care Fund is being used for, noting that services like the Carers service and Home First service were often gateways to other support and services.

Members of the panel noted the themes of the case studies, particularly highlighting a complicated landscape of support, and it was queried how the board and its partner think about helping people to navigate around support. It was also queried what priorities for the Better Care Fund would be going forward. Members also raised the issue of integrating the Better Care Fund with the work of partners, and it was noted that work around aids and adaptations were being reviewed. The Chair highlighted the difference that support was making.

RESOLVED: That the report be noted.

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## **GAMBLING HARMS IN OLDHAM**

Neha Lamech and Rebecca Fletcher presented the report on Gambling Harms in Oldham, noting that it was designed to map through the impact of gambling within the borough.

The legislative and commercial contexts were outlined, and it was noted that in 2024, profits for Gambling in the UK were £15.6billion. It was noted that the harms associated with gambling were not just financial, but also mental health, crime and issues with relationships.

The prevalence of gambling was discussed and it was noted that there were greater levels of harm in areas of deprivation. It was noted that much of the data reported was likely to be an undercount due to stigma around gambling. However, it was noted that 11 percent of children and young people aged 11-16 participate in gambling. It was noted that gambling harms cost £80million to Greater Manchester in 2022.

It was highlighted that the work in Oldham was at the starting point, and the Council was working with the GMCA and partners within the borough, particularly through the Oldham Gambling Alliance. Information was also available online through support pages to help those with gambling issues.

It was highlighted that some of the key barriers to support were stigma and not knowing where to seek help, and it was noted that good support should be non-judgemental, anonymous and informed.

Members highlighted the significant number of children, and the fact that 85 percent of gamblers said they needed or wanted to make more money. Members noted the need to involve partners such as the police and schools within the Gambling harms

process, and that any campaign needed to focus on the reasons for and consequences of gambling. It was also suggested that the council lobby government to change the planning rules around betting shops.

Members noted that gambling was a real problem being seen by partners, and raised the possibility that gambling should be seen like alcohol and smoking, with screening questions. Educational and promotional work on the harms of gambling were also discussed.

Members highlighted the need for Oldham specific context, highlighting that within the South East Asian community, gambling can come to light only at the extremes (Family breakdown etc), and that gambling is not focussed on as the problem. Members also noted that the message needs to be broad, given the prevalence of gambling advertising on TV and during sports, for example.

Members noted the wider problems around gambling, for example theft to pay for gambling addiction, illegal money lending etc. Members also noted that the gambling harms work was helpful for awareness, highlighting that it is not just a financial issue. It was suggested that work could be done to help partners spot issue and signpost people to the most suitable help.

Members queried the expectations of the strategy, noting the need for information sharing and turning it into actionable intelligence.

Rebecca Fletcher noted that the action plan would be brought back to a future meeting of the board as a focus.

RESOLVED: To note the report and the recommendations.

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## **COMMUNITY LED PREVENTION UPDATE**

Laura Windsor-Welsh and Julie Goreham presented the update on the work of the Oldham Community Health Champions, providing the background of the scheme which had originated during the COVID pandemic in order to provide an appropriate and meaningful response in order to inform conversations. It was noted that the network had been a positive model of working. It was noted that the work post-COVID had continued, having seen the potential more broadly around resolving health inequalities.

It was noted that meetings took place bi-monthly and involved sharing learning and insight gathering, enabling better design and redesign of services. A resource library was also in operation, providing templates, videos, and leaflets to organisations in the scheme.

It was highlighted that the partners in the scheme are eligible for small grants of up to £3,000 to help with capacity building. In 2024/25, 34 grants had been issued, and in 2025/26 so far 5

grants had been agreed. These grants were being used across the borough and in all districts. Case studies of work being conducted were also discussed, including MAHDLO and Oldham Community Meals.

It was noted that the next steps for the Health Champions programme were a sustainable approach, to grow and strengthen the network, and to link members to opportunities.

The Chair asked about grants and whether the money would be spent. It was advised that it would in all likelihood, and that officers were looking at other flexible grant money streams. It was also noted that the focus of the programme was not grants, but rather on partnership and relationship opportunities for health partners.

It was noted that other GM authorities were looking at similar models to Oldham's too.

Members praised the scheme, noting that it spoke for itself and was performing well, although they did express concerns over how the programme could be made sustainable, noting that funding could dry up which could put the scheme at risk.

The date of the next meeting of the Health Champions would be circulated to members of the board if they wished to attend.

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## **GM ALCOHOL STRATEGY**

Jon Taylor, Emily Baylis-Tunney and Julian Guerriero presented the report and presentation on the GM Alcohol Strategy. It was noted that new data would improve the picture regarding alcohol harms. It was noted that the council uses intelligence hubs which allow for comparison and timelines of data. It was acknowledged that the scope of data needs to be widened. It was also noted that cultural changes regarding drinking alcohol had been noticed.

The GM Alcohol Strategy is meant to be part of a wider conversation around the use of alcohol throughout life, and it was noted that there was a need for a national prevention strategy. It was highlighted that the Alcohol Strategy was the first GM had published.

It was noted that drinking was higher in affluent areas but that harms from alcohol were more prevalent in deprived areas. The impact on hospitals was discussed, and it was noted that there was lots of crossover with tobacco and obesity.

It was noted that the GM strategy was designed 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 started at 10.00 am and ended at 12.00 pm



**Oldham**  
Council