

HEALTH AND WELLBEING BOARD

MINUTES OF MEETING Wednesday, 6 September 2023

PRESENT: Dr. B. Alam (Primary Care Network Representative) (in the Chair), Kuiama Thompson (Director of Public Health, Rochdale Borough Council RBC), Margaret Parker (Chair of HealthWatch Rochdale)

ADVISORS: Maddy Hubbard (Action Together Representative), Joanne Williams (Greater Manchester Police)

OFFICERS: Lianne Davies (Assistant Director Public Health, RBC), Dianne Gardner (Public Health Specialist, RBC), William Townsend (Public Health Programme Officer, RBC), Martyn Hall (Public Health Intelligence Manager, RBC), Amira Taha (Equality, Diversity and Inclusion Manager, RBC), Fabiola Fuschi (Senior Governance and Committees Officer, RBC)

ALSO IN ATTENDANCE: Graeme Hill (Primary Care Network), Samina Arif (Primary Care Network), Mark Wynn (Heywood, Middleton and Rochdale Circle)

8 APOLOGIES

Apologies for absence were received from the following Board Members: Councillors D. Ali, R. Massey, I. Ahmed, J. Emsley, N. Emmott, Wardle, Nichola Thompson, Sharon Hubber, Steve Taylor, and Kate Jones.

The following supporting officers also submitted their apologies: Steve Rumbelow, Nicky Porter, Jo Williams, Donna Bowler and Charlotte Mitchell.

Margaret Parker attended as a substitute for Kate Jones.
Joanne Williams attended as a substitute for Nicky Porter

The Senior Governance and Committees Officer informed those present that the meeting was not quorate. Those in attendance could agree to meet informally and any decisions would require appropriate ratification at the next quorate meeting of the Health and Wellbeing Board in order for decisions to be legal/ legally binding.

Those present agreed to meet informally and noted that any decisions would require ratification at the next quorate meeting of the Board.

The Senior Governance and Committee Officer asked those present to appoint a Chair for the duration of the meeting.

Resolved that Dr. B Alam be appointed Chair for the duration of today's meeting.

9 DECLARATIONS OF INTEREST

There were no declarations of interest received.

10 URGENT ITEMS OF BUSINESS

There were no items of urgent business received.

11 ITEMS FOR EXCLUSION OF PUBLIC AND PRESS

There were no items for exclusion of press and public.

12 MINUTES

Resolved that, subject to the ratification of this decision at the next meeting of the Board, the minutes be approved as a correct record.

13 LONELINESS & ISOLATION DEEP DIVE

The Chair welcomed those present and noted the importance of today's topic, "Loneliness and Isolation"; the Chair stressed how the information shared in today's report was an eye opener for all the agencies represented on this Board and how this topic did not receive so far the recognition it needed.

The Public Health Specialist, the Public Health Programme Officer and the Public Health Intelligence Manager delivered a presentation which sought to inform of loneliness and isolation as key cause of population's ill health and early mortality. This was a new and increasing priority area for which a number of initiatives were ongoing but they often happened in silos and a more strategic/coordinated approach would be useful.

Officers informed of how the Council, together with other agencies, had a key role in tackling loneliness, using community knowledge to bring together partners and lead projects and using community assets where community action could take place.

The Public Health specialist introduced the topic and informed that loneliness and isolation affected people of all ages and especially younger age groups. The Officer outlined the health implications associated with loneliness and isolation such as increased blood pressure, sleep deprivation, weight gain, and impact on diabetes, depression and poor mental health. The Officer continued informing of how a prevention strategy aimed at meaningful social connections should be a Public Health priority.

The Public Health Programme Officer informed of how loneliness and isolation affected the people of Rochdale and shared data and information which pointed out that this issue was the fourth most common reason for social prescribing in Heywood and likely to be the same for the other four townships in the Borough. The Officer continued informing that, in 2021-22, 48.2% of adult social care service users aged 18-64 had reported that they did not have as much social contact as they would like to and this figure increased to 59% for those aged 65 and over.

Officers shared data and information concerning areas of higher risks of loneliness and isolations in the Borough and how this overlapped with areas

of higher deprivation. Officers added that it was possible to determine which households were at higher risks and compared Rochdale against regional and national data, with opportunities for targeted intervention.

Board Members queried about the possibility to refine the mapping exercise to better understand groups at risks. Officers informed that the area-based scoring system and Mosaic (i.e.: social care software) analysis both correlated with areas of deprivation. This was consistent with Office for National Statistics research and the latest Active People's Survey findings and noted that this was a first draft which could be developed further.

The Chair referred to QRISK 3.2, a system utilised in Primary Care and its ability to quantify risks based on households and postcodes and discussed possibility to implement this system at national level, as a tool to prevent population's ill health.

Representatives from the Primary Care Network drew the attention of the Board on the importance of social prescribing and on the fact that there were great services and provision in Rochdale and the importance of having enough resources to be able to signpost people as well as engage with them.

A representative from Heywood, Middleton and Rochdale Circle informed the Board that people wanted help in different ways. For example, volunteer drivers service instead of a befriender for someone with no transport and with friends who lived in different places. Other people were interested in the Digital Programme as they wanted to learn how to do things for themselves. The representative highlighted that there was a discrepancy about funding between community groups and this was a barrier to reaching out people.

The Equality, Diversity and Inclusion Manager noted that loneliness was subjective and personal. Solutions needed to be balanced and intersectionality was very important and working in communities and social solidarity. In Rochdale, there were many celebrations and events throughout the year. These activities could be promoted to engage more people in and the third sector organisations could support greatly.

Officers noted that more needed to be done in terms of improving awareness and understanding for the workforce and volunteers who came into contact with people on a daily basis, so they knew the best approach, could increase referrals to relevant support. It was equally important to make aware commissioners, town planners, strategic housing etc, as the built environment had a significant impact on these topics.

Finally, the Board agreed that there were many existing and planned activities, but they often happened in silos and a more strategic/coordinated approach would be useful. Especially thinking long term and for strengthening and supporting the more structural enablers. Neighbourhood approaches, planning, asset based community development were really important.

Resolved that, subject to the ratification of this decision at the next meeting of the Board, the following points be agreed:

1. That the current position and ongoing loneliness related initiatives on the Borough be noted;
2. That requests and suggestions for future work related to loneliness and isolation be noted;
3. That loneliness and isolation be maintained as a Public Health priority;
4. That a more coordinate approach to addressing loneliness and isolation be endorsed.