

**HEALTH AND ADULTS
OVERVIEW AND SCRUTINY COMMITTEE
Monday 20th October 2014**

PRESENT – Councillors O’Keeffe (Chair), H. Akhtar, Brookfield, K. Foster, Hardman, Hollings, Humphrys, D. Smith, Riley and Whittle.

Also Present –

| | |
|------------------|--|
| Dominic Harrison | Director of Public Health |
| Mark Rasburn | Chief Executive, Blackburn with Darwen Health Watch |
| Martin Eden | Director of Culture, Leisure, Sport and Young People |
| Heather Taylor | Head of Service Committee Support |
| Denise Andrews | Group Manager; Business Compliance and Licencing |
| Gillian Finlay | Principle Planner |
| Ben Aspinall | Head of Democratic Services |
| Rebekah Mercer | Scrutiny Support Officer |

RESOLUTIONS

15. Welcome and Apologies

The Chair welcomed everyone to the meeting of the Health and Adults Overview and Scrutiny Committee for 2014. Apologies were received from Councillor Jacqueline Slater.

RESOLVED –

That the apologies be noted.

16. Minutes of Meeting held on 10th September 2014

RESOLVED – That the Minutes of the meeting held on 10th September 2014 be agreed as a correct record.

17. Notes on Licensing Objective Task Group held on 28th August 2014

RESOLVED – That the notes of the task group held on 28th August 2014 be agreed as a correct record.

18. Notes on the Public Health Task Group held on the 27th August 2014

RESOLVED – That the Committee agreed that the notes on the Public Health Task Group held on 27th August be agreed as a correct record.

19. Declarations of interest in items on this Agenda

There were no declarations of interest received.

20. Healthy people healthy places briefing: Obesity and the environment: Regulating the growth of fast food outlets

Members were reminded that as part of the Committee's work programme, Members had wished to explore how severe the problem with obesity was in Blackburn with Darwen, what other Local Authorities had done to combat obesity and what was being done within the borough to target the problem. The Chair invited the Director of Public Health to lead the discussion on obesity and fast food.

The Director of Public Health advised the Committee that obesity was the product of a system and did not have one specific cause. He advised that obesity across America had increased from 10% of the population to 30% of the population in just 20 years, and it was imperative that preventative measures were put in place to avoid this happening across Great Britain.

Members were informed that multiple areas needed to be targeted to identify key methods to tackle obesity. The Director of Public Health advised that the most effective way to make a difference to obesity was through collaborative working with partner organisations.

The presentation 'Health OSC Collaborative Inquiry, Obesity and Fast Food' was tabled by the Director of Public Health for Members information. The Director gave an overview of the wards within Blackburn with Darwen which housed those who were 50% most likely to develop diabetes or become obese using the Grand Index. It was told that the Grand Index was a national classification system, which grouped the resident population into different types according to demographic, lifestyle and health information.

Members questioned why some wards appeared to have a low-medium risk of obesity but a high risk of diabetes. The Director explained that Blackburn with Darwen had a high level of residents at risk of diabetes as those of South Asian/Afro-Caribbean origin were genetically disposed to be 50% more likely to develop diabetes and its related illnesses than Caucasian people of the same weight.

Members noted that culturally, portion sizes and supermarket special offers had increased, with high fat and sugar products (most of which were marketed directly to children and were being sold in multi packs). The Director of Public Health informed Members that Americanisation in fast food outlets had become prevalent throughout the United Kingdom already; with customers being encouraged to 'go large' for relatively little extra charge. The Director advised that this was one contributing area to obesity which needed to be targeted.

Members were concerned that 1 in 5 children were already classed as obese as they entered Reception class, and that this figure had doubled by the time the cohort reached Year 6. The Director of Public Health explained that obesity was not the only weight issue with children in the borough and advised that the rate of underweight children was double the national average, and that the issues around children of Blackburn with Darwen being under and overweight was being monitored by the mandated weighing and measuring of children.

The Director of Public Health advised the Committee that the data taken from the weighing and measuring of children was available nationally for numerous reasons. It was reported that when a child was identified as being over/underweight, a letter would be sent to parents, the school and the child's GP. It was noted that more could be done with this information and this was something to be looked at going forward.

The Chief Executive of Blackburn with Darwen Healthwatch informed Members that from information gathered through Healthwatch's engagement with schools, it was apparent that people were interested in healthy lunchboxes; but when parents assessed the cost, it was more expensive to be healthy than to pack sandwiches, crisps, chocolate and fizzy drinks.

Members queried if the introduction of free school meals for infants would help to regulate under and overweight children. The Director advised that parents put foods in lunchboxes that they felt their children would eat; which were usually foods with high fat and sugar content so it was intended that the take up of free school meals would be beneficial.

The Committee heard that studies had shown breakfast cereal and fizzy drinks to be the main intake of calories in children. The Director of Public Health advised that the Mayor of New York had banned fizzy drinks from public buildings and schools; though this move was met with strong dispute from the drinks industry. The Director explained that becoming a 'Nanny State' was not desired, but if something was not done to change the country's eating and drinking habits; the multi-national companies would continue to advertise and sell products with high fat and sugar content and the population would continue to become obese, which would lead to early and preventable obesity related death.

The Director of Public Health informed the Committee that the new Chief Executive of NHS England was challenging NHS staff to lead by example in the fight to combat obesity. He explained that there was the chance to work collaboratively to prevent obesity, but if nothing was done, in 20 years the majority of hospital beds would be taken by obesity related illnesses.

Members were informed that there were stark inequalities in obesity rates between different socio-economic groups and that Public Health England deemed it important to modify the environment so that it did not promote sedentary behaviour or provide easy access to energy dense foods. Members

noted that the largest concentrations of takeaways were in the most deprived wards of the borough and were often within close proximity to a school.

The 'Health OSC Collaborative Inquiry Obesity and Fast Food' presentation contained examples from the 'NICE Public Health Guidance 25, Take-aways and other food outlets.

It advised the encouragement to local planning authorities to;

- Restrict permission for takeaways and other food retail outlets in specific areas
- Help them to implement existing planning policy guidance in line with public health objectives'
- Tackle the concentration of outlets in a given area by reviewing and amending 'classes of use' orders to prevent disease

The Principle Planning Officer advised the Committee that the planning department was looking to develop a Supplementary Planning Document (SPD) to assist with the implementation of a cumulative impact policy to allow for; vicinity, public health, anti-social behaviour, litter and other issues to be taken account of when assessing a planning application. The Officer explained that until this document was in place, rejecting an application on the basis of health was difficult and, in most cases, subject to challenge.

Members questioned if there was an SPD in place at the moment. The Principle Planning Officer advised that there was nothing currently in place but 9-10 documents were being developed with the aim for implementation over the next 3 years. Members requested that the Health and Adults Overview and Scrutiny Committee be consulted to allow Members to have an input with the development of the SPD that would include health.

The Group Manager for Business Compliance and Licencing informed Members that there were no restrictions on consent for the location of a street trading van. She added that restriction on site location was something that could be looked at going forward.

Members were informed that for the last 6 months, the Licencing department had an officer working full time engaging with businesses to encourage them to join the 'Recipes 4 Health' scheme, which awarded food outlets for changing the way they cook and sell food to make it healthier. The Group Manager for Business Compliance and Licencing advised that 88 businesses had already been given the award; with many more awaiting assessments.

The Director of Public Health noted that there was not enough data yet to prove that takeaways directly cause health problems, but it was clear that there was a complex relationship between fast food outlets and obesity. He added that the long term response to obesity was to change food policy, and to develop a way of teaching children to cook, make healthy food more affordable and readily available, extend the 'Recipes 4 Health' scheme and campaign to regulate promotion of high density food.

Members agreed that a multi-faceted approach was required to combat obesity and questioned whether control on school food had been lost in those schools that were academies or free schools; and if the Public Health Department was still responsible for the health of those children who studied at such schools. The Director advised that the department was responsible for the health of the children and whilst it had a good relationship with the academies and free schools in the borough; did not have control over them.

The Director of Public Health advised that there were also concerns about dental health of the children in the borough as the children of Blackburn with Darwen had one of the highest rates of poor dental health in the country as the result of a high sugar diet. Members raised concerns that the Health and Adults Overview and Scrutiny had previously recommended all children up until Year 6 be provided with a toothbrush and paste in school and were concerned this had stopped.

The Director of Public Health advised that this scheme was still in place but as the staff that ran this were centralised, the dental equipment was often sent directly to the children's houses. He added that whilst dental health was poor in comparison to national statistics, the borough had made the most improvement nationally in the last 3 years.

The Director of Culture, Leisure, Sport and Young People advised that the Local Authority had control over the business rates and could look to introduce incentives such as lower business rates for those who took part in the 'Recipe 4 Health' scheme and could prove that they had made a demonstrable difference. He explained that relationships needed to be built to promote healthy lifestyle and sports in schools.

Members were informed that the commissioning of Health Visitors would soon be under the control of the Public Health department. The Director of Public Health advised that currently a large amount of Health Visitors time was taken with safeguarding issues but once they became integrated into the Local Authority, there would be a redesign of children's services to utilise Health Visitors, which would allow opportunities for working with schools. He explained that the World Health Organisation had a standard for promoting health in schools and Public Health had put a programme in place for the year to work on this.

The Committee heard that obesity was often a problem in deprived areas as it was cheaper to buy high density foods than healthy food. The Director of Public Health reported that there was a need to promote cheaper, healthier foods and make them more accessible. Members suggested approaching schools and encourage them to grow their own vegetables on the schools grounds to introduce children to healthy eating early on.

The Director of Public Health outlined target areas locally to reduce obesity including; reviewing local strategy, routine assessments of Body Mass Index

(BMI) at a younger age, increase age appropriate interventions of adolescent health and wellbeing, implement local fast food restriction policy, public health campaigns and develop the workforce with routinely raising the issue of weight and making every contact count.

Members raised concerns that there were little healthy food options on offer at hospitals; particularly for visitors. It was noted that the vending machines offered crisps and sweets and the newsagents often had offers on chocolate such as buy one get one free. Members felt that this needed to be revised.

At this point in the meeting, the Chair welcomed comments and questions from the public. Mr Spencer raised concerns around the provision of food for visitors within hospitals and indicated that after the canteen closed, you could generally only buy food from vending machines. He stated that there was no way of checking the ingredients of the food until you had purchased it; so those with allergies/dietary requirements would struggle. The Group Manager for Business Compliance and Licencing advised that work was being done with regards to food labelling and that she would ensure that labelling in vending machines was checked.

RESOLVED –

1. That the 'Health OSC Collaborative Inquiry, Obesity and Fast Food' presentation be noted.
2. That members of the Planning and Licensing departments be thanked for their attendance.

21. The Committee's Work Programme

The Head of Democratic Services explained that 3 task groups had taken place since the last meeting. At this point the minutes for the briefing 'Independence through Preventative Support were tabled for Members attention. The Committee felt that a further briefing on Independence through Preventative Support would be beneficial.

Members heard that many of the mandated programmes of public health had been covered in the work programme and there were two areas left to cover; consequences of health inequalities in vulnerable communities and food banks, poverty & the welfare reform.

The Chair enquired if it was felt that a task group should be set up to discuss food banks as their use was on the increase and there were a lot of surrounding issues as to why. Members agreed that an in depth briefing on food banks would be useful.

The Head of Democratic Services advised that the briefing notes be agreed and recommendations brought forward for those areas to then be signed off.

RESOLVED -

1. That the Chair, Vice Chair, the Head of Service and the Head of Democratic Services meet to agree a list of Recommendations
2. That further a briefing be arranged with the Director of Adults Commissioning and Personalisation to discuss Independence through Preventative Support
3. That a task group be arranged to discuss the rising need for food banks within the borough.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....