

Present: Councillor Judith Skinner (Chairman), Councillor Nigel Welton (Vice-Chairman), Councillors Colin Brotherton, David Brown, Jonathan Noble, Barrie Pierpoint, Elizabeth Ransome, Sue Ransome, Yvonne Stevens and Stephen Woodliffe

In attendance:

Officers –

Chief Executive, Partnerships & Sustainability Manager and Democratic Services Officer

## **60 APOLOGIES**

Apologies were received from Councillor Stephen Raven with Councillor Elizabeth Ransome substituting.

## **61 MINUTES**

The minutes of the previous meeting were signed by the Chairman with the agreement of the committee

## **62 DECLARATION OF INTERESTS**

No declarations of interest were noted

## **63 PUBLIC QUESTIONS**

No public questions were tabled.

## **64 BOSTON HEALTH AND WELLBEING STRATEGY 2017 - 2020**

The Partnerships and Sustainability manager presented the report to the committee stating he felt it important to set the context in that the NHS reforms in 2013 had transferred responsibility for Public Health to local authorities in two tier areas: the upper tier authority Lincolnshire County Council being the lead authority for Public Health employing a Director of Public Health with the district councils having responsibility for delivery in key areas such as housing and leisure.

Committee were advised that Boston continued to faces challenges and it was important to recognise that both obesity and dementia trends were in line with national trends but that a key factor in the high levels of obesity in Boston was the ongoing problem of a lack of physical activity by the public.

Significant investments with the support of partners had been made in health and wellbeing initiatives with the launch of the Boston Park Run; development of the Body Hub and the provision of Memory Lane activity sessions for people with dementia.

The proposed new strategy set out 3 priority areas for the Council to focus on over the following 3 years.

The first priority was to encourage healthier lifestyles and behaviour to address the unhealthy living lifestyles currently favoured by many which increased risks of serious illnesses including diabetes, strokes and cancer. With research showing that 80% of obese adolescents would grow into obese adults; 40% of deaths in England related to lifestyle and that three quarters of adults in Boston were overweight or obese. With 25% of the adults in Boston smoking and with high levels of alcohol misuse – encouragement of changes in lifestyles supported by improved leisure activity was vital.

The second priority was to work towards Boston becoming a more Dementia Friendly Community. Committee were advised that over 1000 people over the age of 65 were living with Dementia in Boston in 2015 which was 7.1% of the population. Research showed a projected increase in that level to 8.5% of over 65's having the condition by 2030 which would be the highest proportion of cases in the Country. Members were advised that two thirds of people with dementia were women and that 1 in 3 people who died after 65yrs had dementia, with 1 in 20 under 65yrs who died having the condition. To support and understand the condition increasing both awareness and understanding was key to reducing the stigma and discrimination currently labeled at sufferers and increased supportive and caring environment at a local level for both sufferers and their carers, was required to allow them to live well and feel part of the community.

The final priority was to improve both local housing and financial confidence. Statistics showed that 1 in 5 households in the Borough were in fuel poverty and 1 in 5 also categorised as having serious hazards. The gross weekly pay for Boston was significantly lower than the national average but private rental rates higher than the national average. Improvements to housing standards were needed with increased ranges of affordable housing and flexible housing options. By working with partners the Council could look to support people to manage their finances which in turn it would help to identify those who could potentially become homeless due to financial problems.

Furthermore earlier identification of the vulnerable already homeless, or at risk of becoming homeless would prevent increases in homelessness.

Concluding the Partnerships and Sustainability Manager stressed the need for committee to recognise that only a partnership approach could address and take forward the complex problems. Members were reassured that officers continued to submit bids for funding streams and advised that resources for prevention of Boston's priorities would be strongly influenced by the outcome of the county-wide Health Strategy review and asked to support lobbying to influence the decisions.

**Committee deliberation followed which included:**

There was overall praise for the report and the draft strategy and recognition by most members of the problems the town continued to experience. The urgent need for a change in lifestyles was evident by the findings within the policy and concern was voiced by many at both the current high levels of obesity and dementia and at the projected increases.

Whilst acknowledging they were in line with national trends, members recognised the significance of the figures within the draft strategy.

Areas identified and suggestions made to support the implementation of the strategy included working with schools and employers.

Debate in respect of the need to address the obesity levels of schoolchildren was robust with comments on the need for changes in their lifestyles being paramount with an emphasis on physical activity and healthy eating.

Type 2 diabetes in the young, alongside obesity, was directly linked to lack of activity and diet: members voiced very strong comments about the levels of sugar in all foodstuffs and a lack of monitoring of the content of lunch boxes and about how often school children were seen eating sweets / chocolate bars and drinking sugar laden fizzy drinks.

Strong concerns were voiced at the amount of children (*particularly those who were old enough to walk on their own*) being driven to and from school daily, over very short distances from their own homes. Parents of young children would benefit by walking to and from school; elder children would benefit walking on their own or with friends and from an environmental stance it would reduce congestion and the dangers of traffic parking, in front of the schools.

During the discussion a number of members agreed that parents needed to take far more responsibility for their children's lifestyle and health needs and that they should be monitoring their eating habits, providing healthy lunch boxes and ensuring that they support their children in undertaking physical activity. Limitations on iPad / laptop / usage should be implemented and time made for family physical activity, be it simply walking; bike riding or visiting a local park and using the free facilities they provided for exercise. Money did not need to be an issue as there were plenty of free parks and green areas with exercise and play equipment within the town.

A comment was made by a member that a dictatorial approach to parents to enforce changes could have a negative effect, dependant on the situation of each individual household. Encouragement and support would the member noted, be a far more productive approach: a realisation of both an individuals and their own families health issues, together with their personal circumstances was more important rather than simply dictating that a person had to change their lifestyle.

Committee recognised that investing in green spaces was an area where the Council could make a big difference. By working with BTAC, alongside all the Parish Councils and other organisations it could achieve a very practical improvement in the provision of exercise and play equipment and in providing clean open spaces for families to visit and enjoy outdoor activity.

Discussing the high level of smoking in the town members did acknowledge that a contributory factor could be the concentration of the migrant workers, a large number of whom appeared to smoke. The Partnerships and Sustainability Manager advised that whilst members identified it could prove difficult in knowing how to approach the various migrant communities in educating them on the dangers, contact could be made with Quit 51 the smoking cessation service to see if they had experience of similar situations and could offer advice on how an approach could be made.

Concluding the Chairman thanked the officer for the report and the committee for the rounded debate.

Councillor Jonathan Noble moved the officer recommendation which was seconded by Councillor Barrie Pierpoint and the motion was clearly carried.

**RECOMMENDED:**

1. That the committee having consider the draft Health and Wellbeing Strategy for 2017 – 2020 recommend that Cabinet approve the strategy subject to baseline data and target-setting within the action plan
2. That committee agree that the priorities and key principles identified in its district-based Health and Wellbeing Strategy be used as the basis for responding to any request for feedback on the emerging Lincolnshire Joint Health and Wellbeing Strategy.

**65 WORK PROGRAMME**

Committee noted the work programme and were reminded that within the new ways of scrutiny working the quarter performance monitoring data would be emailed in due course for members information.

The Meeting Closed at 8.00 pm