

Minutes of Health and Adult Social Care Scrutiny Board

Monday, 19 January 2026 at 6.00 pm at Council Chamber, Sandwell Council House, Oldbury, B69 3DB

Present: Councillor E A Giles (Chair)

Councillors: Fitzgerald (Vice-Chair) Bhamra E M Giles Kalebe-Nyamongo	Councillors: Muflihi Trumpeter Uppal Taylor
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In Attendance: Councillor Pall and Randhawa.

Officers: Paul Moseley (Better Care Fund lead), Frances Howie (Interim Director of Public Health), Christine Anne Guest (Assistant Director), Amritpal Randhawa (Healthwatch) and Rhys Attqwill (Interim Democratic Services Officer).

1/26 Apologies for Absence

Apologies were received from Councillor Maycock, Councillor Tipper, Councillor Caroline Owen, Councillor Hincliff and Maxine Groves (Dementia Commissioner).

2/26 Declarations of Interest

No declaration of interest were received.

3/26 Minutes

Resolved that the minutes of the meeting held on 17 November 2025 are approved as a correct record.

4/26 Urgent Additional Items of Business

There was no urgent items of business.

5/26 Tackling Obesity in Sandwell

The Interim Director of Public Health presented a report to the Board outlining the scale and impact of obesity in Sandwell. Members were advised that 71.6% of adults are overweight or obese (compared with 64.5% nationally), equating to around 82,000 residents. Childhood obesity remains a significant concern, with 24.2% of Reception children and 44.6% of Year 6 pupils overweight or obese the second-highest Year 6 rate in England. Adult physical activity levels remain low at 50.7% (67.4% nationally), whereas 59.6% of children meet recommended activity levels, placing Sandwell 9th nationally.

The Board noted the pressures obesity placed on health and social care, including increased long-term conditions, higher sickness absence and links to cardiovascular disease, vascular dementia, cancers, and mental health impacts. Members were informed that obesity affects 6 in 10 women and 7 in 10 men, with higher prevalence in deprived communities and among Pakistani, African, and Black Caribbean women. Approximately 68,000 adults in Sandwell were currently living with obesity, above regional and national averages.

Public Health outlined work under the “Think of Sandwell as a Healthy Pacemaker” approach, which aimed to increase access to healthy food, support the development of active travel habits from childhood and promote healthier environments in schools and workplaces. Development of the Healthy Weight Strategy (2026–2031) was progressing, with priorities including reducing childhood obesity, increasing physical activity, improving equity of access, and strengthening prevention pathways.

Members received updates on key programmes, including PlayZones, Free Swimming, Family Hub activities, Cycle More, and targeted support such as Healthy Pregnancy, Choices, and HENRY. Leisure services continued to support residents with 57,095 subsidised swims and 129,724 concessionary memberships delivered in 2024/25. Around £1.72m is invested annually from the Public Health Grant into healthy-weight and physical-activity initiatives.

The Board also noted strong multi-agency partnership working across local government, health, education, and the voluntary sector, with targeted approaches to healthy pregnancy, family-based support, and culturally informed interventions.

From the comments and questions by Members of the Board, the following responses were made, and issues were highlighted:

- There was a discussion around the scale of obesity in Sandwell, the range of stakeholders involved, the activities informing the draft plan, and whether funding levels match the size of the problem. Officers explained that the scale of obesity in the borough required involvement from multiple stakeholders and services. Tier 2 adult weight management information had informed the development of current plans, with programmes showing positive results, although retention remained a challenge as participants often stopped attending over time.

- It was noted that work was underway to bring some provisions in house and to integrate services more closely with leisure centres. Officers noted that current activity was not always sufficiently initiative taking, which had informed the recommendation to take a more data-driven, preventative approach.
- Due to financial constraints, one-to-one interventions cannot be provided at the scale required, and a collective community-based approach is therefore necessary. A three-year financial settlement supports this work. Officers also highlighted that cultural differences influence how obesity is viewed and experienced within communities.
- The prevalence and siting of fast-food outlets, particularly around schools was raised, with Officers confirming that Public Health worked closely with Planning in relation to fast-food outlets, including those located near schools. While there were limits to Planning powers, the Council could sometimes apply restrictions such as limited opening hours. It was acknowledged that fast-food density could accumulate in particular areas over time.
- Members queried the affordability of gyms, the borough's ability to cope with projected obesity levels by 2040, and whether BAME communities receive adequate support and investment. In response to concerns about affordability of gyms and leisure facilities, officers confirmed that concession schemes are in place and that Public Health has been involved in the recommissioning of leisure services to ensure fair access.
- It was noted that weight loss injections was for the majority accessed privately, and the limited data available on the issue would not be sufficient to inform strategic planning.
- In response to Members questioning about how partners and services can be effectively held to account. Officers responded that universal free provision is not financially feasible, but an action plan is in place with long-term outcomes and clear monitoring mechanisms.
- Members highlighted the need to understand poverty related and trauma related drivers of obesity and promoted the importance of expanding cooking-skills education. Officers confirmed that no trauma-informed obesity work has yet been undertaken within Sandwell.
- Officers advised that in relation to shopping-related activities, further information is required and will be provided following clarification.
- There was a discussion around the rising cost of takeaway food, the elevated levels of deprivation in Sandwell, and the relationship between education and deprivation. Officers confirmed that education levels are linked to deprivation.
- Members felt strongly about the need for increased awareness of Sandwell's green spaces being accessible, free resources that promoted active lifestyles.

Resolved: -

- (1) That the Board requests Public Health and relevant partners enhance the provision of accessible and inclusive healthy-cooking support, ensuring materials and programmes reflect language needs, cultural diversity and varying levels of literacy.
- (2) That the Board explores feasibility of strengthening the promotion and utilisation of Sandwell's leisure centres, including improved communication, targeted outreach, and opportunities to increase participation in physical activity.
- (3) That Public Health, in collaboration with partners, further develops and promotes the use of Sandwell's green spaces to support physical activity, wellbeing, and wider community engagement.
- (4) That Public Health undertakes a survey to gather residents' views and experiences of Sandwell's public parks, in order to better understand usage patterns, barriers to access and opportunities for improvement.
- (5) That Public Health ensures that Services to support residents to be a healthy weight are located in places that are accessible for people who are living with deprivation and poverty.

6/26

Dementia Strategy

The Board received an update from Public Health on the development of Sandwell's refreshed Dementia Strategy. Public Health outlined the key elements of the new strategy and the progress that had been made in building dementia friendly communities across the borough.

Members were informed that the previous Better Lives Dementia Strategy had concluded in 2025, and that Public Health had spent recent months drafting a refreshed five year strategy for 2026 to 2031. The strategy was still in its early stages, but significant work had already taken place to modernise language, placing greater emphasis on people and residents rather than patients, and to incorporate the latest research on early diagnosis, prevention, and culturally appropriate support for families and carers.

Members were advised that up to 40% of dementia cases were considered preventable through modifiable lifestyle choices, a key priority that was reflected in the new strategy. Since the introduction of the 2019 strategy, Sandwell's diagnosis rate had risen to 74%, which was above the national average, and the Sandwell Community Dementia Service had grown substantially, supporting nearly 2,000 people. Progress on developing dementia

friendly communities had been strong, supported by Dementia Ambassadors and Champions across Council directorates, although it was noted that the governance arrangements had stalled and would require further strengthening to maintain momentum.

From the comments and questions by Members of the Board, the following responses were made, and issues were highlighted:

- Officers highlighted that approximately 40% of dementia cases are preventable, stressing the need for the right support services and integration with universal services.
- Emphasis was placed on reducing risk factors, increasing joint working across teams, and delivering a major education and awareness programme on dementia prevention.
- Work with providers continues to be strengthened to raise awareness and help keep people out of hospital.
- Officers confirmed that the proposed Dementia Partnership Board would be supported through the Better Care Fund and agreed on the need for stronger communication and engagement to ensure residents receive clear advice and information.
- Officers acknowledged the importance of improving support for carers and confirmed agreement with Members' concerns.
- It was confirmed that dementia does not currently create specific system pressures, but officers agreed that a joint, system-wide strategy must be developed and promoted more effectively.
- Officers accepted that data gaps persist in relation to smaller BAME communities, including Romanian and Polish residents, and stated that the Council must improve outreach and engagement to accurately capture these groups' needs.
- The Chair reiterated the need for strong communications and high levels of engagement, with officers agreeing to take this forward.

Resolved: -

- (1) That the Board recommends officers engage with key partners to increase the number of Dementia Ambassadors across the borough.
- (2) That the Board receives an update in six months outlining a communications plan and associated recommendations for promoting dementia awareness.
- (3) That the Board endorses further investment in initiatives aimed at addressing the 40% of dementia cases identified as preventable within the report.

- (4) That the Board receives a briefing note detailing the governance structure and constitution of the Dementia Partnership Board.
- (5) That Board Members are relevant Council officers receive an open calendar invitation to visit the Dementia bus to gain insight into the lived experience of dementia.

7/26 Work Programme

The Board noted the remainder of items on Health and Adult Social Care Scrutiny Board Work Programme 2025/26.

Meeting ended at 19:55pm.