ITEM 9 (b)

1st Meeting

Obesity Task and Finish Review Group

Monday 17th December 2012.

Present: Councillors Regan (in Chair), S. Richmond and Newall.

Officers: Neneh Binning and Abbie Metcalfe, Democratic Services.

Discussion held at the meeting

Members highlighted the importance of carrying out a piece of work on Obesity:

- Obesity leads to long term health problems such as diabetes and cancer. Therefore tackling obesity at an early stage means such conditions can be avoided, thus creating a saving on the pool of resources set out for long term conditions
- Determining whether there are gaps in services, or where services can work together and provide a more efficient service to the individual seeking support

Members discussed the way forward:

- Look at obesity as a patient pathway scenario, (Members mentioned this to be a good method as it had been used and worked well in the Stroke Project) to identify the support available and gaps in the services.
- Clarity is needed when a person is deemed obese and whether the appropriate support is available to them from the offset.
- Identify guidelines/ definition and bands on determining obesity and when obesity becomes an issue on a person's life.
- Identifying what happens when a person goes to the doctors and is determined obese, are they referred to dieticians, nutritionists, hospitals?
- Look at pregnant women who are obese, what support is available to help pregnant women manage their weight and support them to eat healthy and make healthy choices.
- What is being done to tackle the psychological issues involved in obesity, is there enough support to change habits and determining why people gain such weight.
- Collate information on exercise on prescription, whether there are specific gyms for people with obesity.
- Visits to leisure centres and hospitals to see first-hand what is being done to tackle obesity.

Members acknowledged that with obesity there could be an overlap when looking into issues of children obesity and discussed extending an invitation to Members of Children and Young People Committee to attend specific meetings or make recommendations to the committee once this project is complete.

Members discussed sharing findings with the Clinical Commissioning Group (CCG) to influence their priorities for next year. The Democratic Officer advised that obesity is not currently a CCG priority and offered caution, however suggested if the findings in this piece of work are substantial the option is there for the CCG to look into obesity and develop actions.

Members felt that the initial meeting should involve Public Health and Clinical Commissioning Group. In addition the Democratic Officer suggested that inviting the Darlington Borough Council Officer responsible for the Area Wide Strategy, would be helpful in determining where Darlington is at, on obesity.

Members felt that by collating evidence and forming recommendations, the work of this project could be concluded by April.

Actions:

a) To set up an initial meeting with representations from the Clinical Commissioning Group, Public Health and the Area Wide Strategy.
b) To hold a further meeting to formulate the Terms of Reference and clarify the end objective of this project.

2nd Meeting

Obesity Task and Finish Review Group

Thursday 24th January 2013

Present: Councillors Regan (in Chair), Francis, McNab, Newall, E A Richmond, S Richmond and H Scott.

Officers: Neneh Binning, Abbie Metcalfe, Democratic Services. Ken Ross, Public Health Specialist, NHS County Durham and Darlington Public Health and Jackie Kay, Interim Deputy Chief Operating Officer, Darlington Clinical Commissioning Group.

Apologies: Chris Sivers, Assistant Director of Development and Commissioning, Darlington Borough Council. Councillors Donoghue and J Taylor.

Discussion held at the meeting

Discussion with Darlington Clinical Commissioning Group

The Interim Deputy Chief Operating Officer gave members an overview of Obesity in relation to Darlington Clinical Commissioning Group and mentioned obesity does not appear as a priority in the Clear and Credible Plan alone but is a priority in connection with other long term conditions such as Type 2 diabetes.

Members were informed that there are preventative measures for both children and adults, with a mixture of services that are locally. Members raised concerns that services needed to be clearly signposted.

Discussion ensued on weight management services, treatments, and exercise classes. The Interim Deputy Chief Operating Officer highlighted the importance of psychological support to modify behaviour and used Slimming World as an example of a referral scheme that incorporated a variety of tools designed to help patients break down habits and change their relationship with food.

Conversation led to children and obesity. Points raised were; family eating patterns influencing children, generation of inactive children, a new culture of dining out and snacking as factors contributing to childhood obesity.

Members queried whether medical factors played a role in gaining weight. It was answered that in general metabolic causes of obesity were rare, however if patients were put on ‘very low calorie diets’ and failed to lose weight, it would lead to healthcare professionals screening for thyroid problems. It was highlighted that if a person eats more than they burn in energy they would simply gain weight.

The Interim Deputy Chief Operating Officer commented that national programmes and policies do add value such as the ‘Change 4 Life’ campaign and access to

cookery programmes. Members were informed that the 'Eat Well, Cook Well' course had been held in County Durham and had been a success.

Points were raised that education and cooking skills are weak, more knowledge is needed to encourage basic meal preparation to reduce dependencies on takeaway, ready meals and food outlets. Comments were made that a balance needs to be achieved to have cheap, accessible and healthy foods.

The Interim Deputy Chief Operating Officer mentioned cooking programmes that have been commissioned in Darlington have had huge benefits, but highlighted that if facilities provided crèche, child care needs would be met enabling the programmes to be easily accessed. Members were also informed that cooking was no longer on the school curriculum.

Discussion ensued on to Gastric Bands; the Interim Deputy Chief Operating Officer informed Members that when the service was initially set up, it was expected to have 20 patients referred a year. Members recognised some patients have compulsive obsessive disorders which have led to extreme eating habits and require intensive support and surgical intervention. Members were informed that it was a procedure for life (though it can be reversed) and involved the patient having liquidised foods.

Members queried what could be done to tackle obesity. The Interim Deputy Chief Operating Officer established points that needed to be looked at:

- Establish what services are currently being commissioned
- Do those services cover the needs?
- Are the right individuals being targeted?
- Are the programmes commissioned, evidence based?
- Do the programmes support the national food policy changes?

Members discussed behaviour, certain individuals when told they are overweight or obese could feel trapped, become negative, fall in to depression, secret/comfort eat, as people react differently Members established that there was no universal solution.

The Interim Deputy Chief Operating Officer mentioned that the most successful campaign was the banning of smoking in public places which had a major effect on health improvement and was an example of national policy change having an impact on health. Although there is no parallel to obesity, campaigns such as food labelling and school meals are perceived to have a positive impact. The Jamie Oliver Campaign in schools was mentioned in raising awareness and promoting healthy eating in schools.

<u>Discussion with NHS County Durham and Darlington Public Health</u>

The Public Health Specialist informed Members that Adult Obesity has a three tier approach. Tier 1 involves people that are overweight, verging on the obese but able to do something themselves. Health Care Professionals will provide Tier 1 with the

right information and sign post them to services such as physical activity and sports development teams. The support needed in Tier 1 is light.

Tier 2 involves a group of individuals that are diagnosed obese or morbidly obese and have co-morbidities, examples given were heart disease, arthritis and diabetes. Tier 2 would be referred to a 12 week exercise referral programme, commissioned by Public Health, to the Dolphin Centre and Eastbourne Sports Complex. Once the 12 weeks have been completed the individuals were given the opportunity to join into a Membership at a discounted rate providing them with an incentive to carry on. Tier 2 also involved family support through the FISCH programme, which works towards lifestyle and behaviour modification.

Tier 3 consists of individuals that are morbidly obese with a BMI over 35. Tier 3 consists of Bariatric Surgery and Gastric Band. The referral criteria require patients to lose weight before surgery for a number of reasons; clinical risks, anaesthetic risks and to test a person's ability to change their eating habits. The patient will be assessed by an occupational therapist and a psychological therapist before surgery and once referred, which is seen as important as after surgery the patient will be expected to change their eating habits.

The Public Health Specialist informed Members that the GPs do have access to pharmacological treatments such as tablets to lose weight, however prescriptions can have side effects, and are only prescribed in controlled ways. Patients in addition will also have to lose weight before access as recommended by NICE Guidelines.

The Interim Deputy Chief Operating Officer added that Nurses are being trained to give dietary advice, with an aim to give consistent messaging to patients and sign posting to adequate services. Members were informed that dietetic services are important alongside co-morbidities such as diabetes and heart disease as the health care professionals will look at the patient's diet.

In relation to childhood obesity, the measures in place are family interventions, where diets and activities are measured and improved with health care professional's over a 12 week programme. Tier 3 is not accessible for children, there are no surgical treatments for children, instead a referral is made to a specialist paediatric teams who then intervene.

The Public Health Specialist highlighted that certain schools follow the 'child measurement programme' and are duty bound to inform parents the results. Certain children can be classed over weight but can still be physically fit. Problems tend to surface during adulthood.

Members queried how activities and programmes were promoted to make families aware of services. Members were informed that an IMPACT register was being

developed, an online register that outlines various activities. The current form of promotion is advertising registers of activities in libraries and schools.

Members were informed of the drafting and development of a Physical Activity Strategy in Darlington which has input from leisure services within Darlington and works towards decreasing sedentary behaviour. The Strategy will go out to consultation in March to be implemented in autumn.

General Discussion

Members discussed the following points, health awareness in the work place, how the town is planned out to be activity friendly, and whether a person's environment allows them to make healthier choices. In relation to patients with co-morbidities the Members questioned whether these patients are being appropriately diagnosed and referred.

Members discussed reasons why individuals become obese and concluded that the reasons were multifactorial, such as industry promotion of food and drink and lifestyle choices of parents which then influence children.

Members felt information should be gathered from the Assistant Director of Development and Commissioning to understand how the Single Needs Assessment and Health and Wellbeing Strategy incorporate obesity.

Members made the following points for further clarification:

- What are the services available
- How are these services identified
- Which providers are commissioning the current services in place

Actions

Members agreed with the Democratic Officer on a way forward for the project:

- To hold a meeting on childhood obesity, inviting the Children and Young people Committee, and have representations from experts on childhood obesity.
- To arrange a meeting with Head of Cultural Services, and affirm Health Referral Programmes within the community and gather information on the Physical Activity Strategy.
- To hold a meeting with representatives from psychological therapies and determine the psychological aspect to obesity.
- To hold a meeting with a representative from County Durham and Darlington NHS Foundation Trust and determine the surgical element of obesity and referrals being made.

- To establish and make contact with the GP lead on obesity and determine whether there is a method of common screening and whether there are patterns in practices through Darlington.
- To establish what the FISCH programme involves and what the IMPACT register contains.
- To seek information from the Assistant Director of Development and Commissioning, on how the Single Needs Assessment and Health and Well Being Strategy incorporate obesity.
- To seek information from the Dolphin Centre Catering Manager and establish whether the Councils catering menus incorporate and cater for healthy options.