
**OBESITY TASK AND FINISH REVIEW GROUP
FINAL REPORT**

Introduction

1. This is the final report of the Obesity Task and Finish Review Group, established by the Health and Partnerships Scrutiny Committee to consider the services that combine to provide an obesity pathway of care.

Background Information

2. The Health and Partnerships Scrutiny Committee agreed that a Task and Finish Review Group be established to consider the obesity pathway of care and the surgical interventions available such as bariatric surgery, to scrutinise the provision and services available and highlight any gaps.
3. After considering research information, Members decided to meet with Officers from Darlington Clinical Commissioning Group, Public Health, County Durham and Darlington NHS Foundation Trust and Officers from Darlington Borough Council. An initial meeting and was held on 17 December 2012, to determine a way forward.
4. Further meetings were held on 24 January, 28 February and 6 March 2013. In addition Members sent questions to the GP Lead on Obesity and the Dolphin Centre Catering Manager.
5. A wide number of issues have been considered and discussed at the numerous meetings and this report describes the outcome of the Review Group, it summarises the work undertaken, the findings from the processes and the subsequent recommendations.

Terms of Reference

6. The Task and Finish Review Group approved the Terms of Reference which is attached as **Appendix 1**.

Membership of the Review Group

7. All members of this Scrutiny Committee were invited to attend the meetings of this Group and the meetings were jointly Chaired by Councillor Regan and Councillor S. Richmond.

Acknowledgements

8. The Review Group acknowledges the support and assistance provided in the course of their investigations and would like to place on record their thanks to the following: -

Dr Patrick Holmes, Obesity GP Lead, Darlington Clinical Commissioning Group,
Mr Akeil Samier, Consultant Bariatric and Upper Gastro Intestinal Surgeon, County Durham and Darlington NHS Foundation Trust,
Ken Ross, Public Health Specialist, County Durham and Darlington NHS Public Health,
Dr Julia Coleby, Psychologist, Tees, Esk and Wear Valleys NHS Foundation Trust,
Mike Crawshaw, Head of Culture, Darlington Borough Council,
Emma Reah, Sports and Physical Activity Development Manager, Darlington Borough Council,
Allison Raw, School Games Organiser, Darlington Borough Council,
Jenni Cook, Services for People, Darlington Borough Council,
Yvonne Coates, Head of Family Support, Darlington Borough Council,
Chris Sivers, Assistant Director of Development and Commissioning, Darlington Borough Council,
Jackie Kay, Interim Deputy Chief Operating Officer, Darlington Clinical Commissioning Group,
Vicky Waterson, Health Improvement Manager, County Durham and Darlington NHS Foundation Trust,
Debbie Large, Health and Well Being Advisor, Darlington Borough Council,
Graham Carey, Catering Manager, Darlington Borough Council,
Abbie Metcalfe, Democratic Officer, Darlington Borough Council and
Neneh Binning, Democratic Officer – Health, Darlington Borough Council.

Methods of Investigation

9. This Review Group have met with Officers from Darlington Borough Council, Public Health Team, Darlington and County Durham NHS Foundation Trust, and Darlington Clinical Commissioning Group on a number of occasions.
10. A meeting was arranged to discuss Childhood Obesity meeting and Members of the Children and Young People Scrutiny Committee were invited. This meeting was for fact finding purposes and to determine the early stages of the Obesity pathway.
11. During the course of this Review, requests for information and questions were sent to Officers unable to attend meetings to enable members to be in receipt of as much information as possible to allow them to complete this work and draft recommendations.

Obesity

12. The Public Health Specialist defined Obesity as a form of malnutrition and further explained Obesity as a symptom/outcome of a set of behaviour/circumstances.

13. This Review Group established that Obesity leads to a multitude of long term health problems such as Diabetes and Cancer. Tackling Obesity at an early stage would mean such conditions could be avoided, creating a saving on the pool of resources set out for Long Term Conditions.
14. 51 per cent of the UK has a population is classed as overweight and obese and it is predicted that by 2050, 60 per cent of the Male adult population and 50 per cent of the female adult population will be obese.
15. The GP lead on Obesity, Dr Holmes has stated that that there is a high prevalence of Obesity within the population of Darlington. It has become evident that there are coexisting conditions such as Hypertension, Diabetes and Osteoarthritis, creating the need for time and effective referral options in line with NICE Guidance.
16. The Consultant Bariatric and Upper Gastro Intestinal Surgeon outlined that lifestyle changes such as poor diet, skipping meals, alcohol, snacking, and psychological contributions such as anxiety, stress and depression contribute to developing Obesity.
17. It was noted that it was also common for people with Obesity to be suffering from co-morbidities such as Hypertension, Diabetes and Osteoporosis.
18. The Interim Deputy Chief Operating Officer outlined that Obesity is featured in the CCG's Clear and Credible Plan in relation to developing more diabetes service closer to home and through expanding healthy lifestyle programmes such as weight management, exercise on referral, smoking, health checks and bowel cancer screening.
19. Dr Holmes suggested the formation of an "at high risk of developing diabetes clinic" and service be developed for people with a BMI of above 35. People with BMI 30-35 can be referred to a slimmer's world service for 12 weeks. This Review Group recognises the need for such a service and a highlighted gap in the Obesity Pathway.
20. Members were informed of national programmes and policies that are promoting changes to lifestyles such as 'Change 4 Life' and 'Eat Well Cook Well', designed to influence adoption of healthier lifestyles to educate and strengthen skill development. Members have also been made aware of the Food Train Project – Community Interest Company which is developing locally and are a team who are keen to work with community groups to teach children to cook, using fresh produce and making healthy choices. Projects such as these are designed to educate families that convenience feed is not always cheaper or healthier.
21. The Public Health Specialist explained the three Tiers of Obesity treatment. Tier 1 involves people that are overweight but are able to do something by themselves. In this case Healthcare Professionals will provide them with the right information and signpost them to physical activity and sports development teams. Tier 2 involves individuals diagnose as obese or morbidly obese and are suffering co-morbidities,

this group would be referred to a variety of programmes commissioned by Public Health, such as exercise on referral, to the Dolphin Centre and Eastbourne Sports Complex. Tier 3 consists of individuals referred to hospital to be assessed for Bariatric Surgery.

Childhood Obesity

22. This Review Group held a meeting to discuss childhood obesity and Members of the Children and Young Peoples Scrutiny Committee were invited to attend.
23. The Public Health Specialist outlined that the Single Needs Assessment will continue to cover Childhood Obesity as it is recognised as a key public health issue. There is a strong correlation between obesity and deprivation as evidenced by the rates of obesity in deprived Wards.
24. There is substantial evidence to suggest childhood obesity is linked to having obese parent/s, although, this is not always the case.
25. Childhood obesity can be a result of sedentary behaviour and lack of physical activity and can lead to high blood pressure, glucose intolerance, bad eating patterns, poor self-esteem and bullying.
26. This Review Group were pleased to note that for obese children there was a Specialist service available provided by a Specialist Paediatrics Team. The focus is on preventative methods and dieticians play a key role in the pathway. Children are encouraged to eat healthy and undertake physical activity, even walking.
27. The National Child Measurement Programme is supported by the Local Authority and children are measured and weighed at School, letters are then sent to parents reporting the outcome of the measurement.
28. Obesity rates over Reception and Year 6 are varied and the rate tends to be lower during reception years but increases by year 6.
29. The Head of Culture and Physical Activity Development Manager outlined projects and programmes available to tackle Childhood Obesity. Members noted that most Primary Schools within the Borough use the Dolphin Centre for swimming lessons.
30. In addition, Holiday Programmes are run and involves the Local Authority working with a variety of community clubs to engage children to participate in numerous physical activities across the Borough during the summer holidays.
31. The introduction of the SAM Programme, designed to promote 'Sixty Active Minutes' of physical activity, is working well in Darlington. The SAM Programme works with Schools and families to increase levels of physical activities and thereby reducing sedentary behaviour.
32. The Sports and Physical Development Manager highlighted the FISCH (family initiative supporting children's health) Programme, which is commissioned by public health and delivered in partnership with CDDFT, DBC and individual Schools.

Children across Darlington and County Durham, aged between eight and ten, enrol in a ten week course of physical activity and theory based sessions encouraging the adoption of healthier lifestyles. Through the FISCH Programme there is opportunity for one to one support with the child's family.

33. A National, community based, family intervention scheme, 'Mind, Exercise, Nutrition, Do It' exists for children aged between seven and 13 who are overweight or obese. The programme involves working with the family, educating in nutrition, psychical activity and behavioural change.
34. The Head of Family Support reported that a review of Obesity was conducted in 2010 in the Northgate Corridor of Darlington, where work was conducted in partnership with school nurses, ethnic minorities, schools and community centres in delivering programmes to encourage adoption of healthier lifestyles. The review encouraged integrated partnership working which enabled families and children to work together in reducing sedentary behaviour, which resulted in the development and delivery of FISCH Programme.

Sports and Physical Activity Strategy

35. The Head of Culture, Public Health Specialist and the Sports and Physical Activity Development Manager attended a further meeting and it was reported that that only a quarter of the adult population of Darlington were registered physically active and 45 per cent of adults were inactive. Evidence suggests that affluent wards tend to exercise more than deprived wards.
36. The Exercise on Referral Programme was discussed and it was noted that 250 referrals were made each month to the Dolphin Centre. The programme involves 12 weeks supported exercise, where programmes are tailored to meet the individual's needs to enable them eventually to be able to exercise independently. The programme has been successful with many adults deciding to remain at the Dolphin Centre after the 12 week programme.
37. The Dolphin Centre attained 900,000 visitors in 2012 of which 96,000 were visits to the gym, 250,000 were recreational swims and 6,000 were exercise on referrals. The Dolphin Centre is also host to a variety of 47 clubs and societies.
38. Eastbourne Sports Complex attains 180,000 visits a year and is a rehabilitation sports hub which provides a safe environment for people to exercise. The complex is accessible and provides supported exercise for disability/medical referrals.
39. The Head of Culture provided an overview of the work and role of the Sports and Development Team, which works with voluntary sport groups in ascertaining funding form Sports England to run projects in the community.
40. The IMPACT Register is defined as a tool used by Healthcare Professionals to refer patients to services and for individuals to locate activities in their community. The register is held by the Local Authority and activities are being promoted

through Councils Website, the IMPACT Register, Town Crier, Council venues and in the Northern Echo.

41. Members of this Scrutiny Committee have in the past, been involved in scrutinising the Sport and Physical Activity Strategy and are interested that the recent Strategy is currently being refreshed. This Strategy will outline Darlington's commissioning priorities for sport over the next five years.

Bariatric Surgery

42. The Consultant Bariatric and Upper Gastro Intestinal Surgeon, Mr Samier, met with this Review Group and delivered a presentation outlining the pathway of Obesity and summing up the bariatric element.
43. Mr Samier stated that Obesity is life long, life threatening, progressive, costly and multi factorial disease of excess fat storage. Morbid Obesity is severe obesity with a Body Mass Index (BMI) of 40 plus.
44. Reasons why individuals can become Obese include the increase of portion sizes, changes in lifestyles towards sedentary behaviour and neuromarketing.
45. Obesity creates a variety of consequences for the cardiovascular, respiratory, immune, digestive, reproductive and urinary systems. In addition it was outlined that maternal obesity can cause still birth, neonatal death, fetal disease and the child developing obesity.
46. Mr Samier emphasised that depression, anxiety, low self-esteem, and unemployment can make it harder for individuals to lose weight. Losing weight is not easy and depends on a range of factors such as psychological issues, the environment and food availability. The body capacity to burn weight reduces by ten per cent, per year.
47. This Review Group were informed of the surgical interventions available from Gastric Bypass, Sleeve Gastrectomy, Intra Gastric Balloon and Gastric Band. Mr Samier advised of a new procedure that the Trust is obtaining funding for and that is Endobarriear which will be similar to the Gastric Band but half the cost.
48. Post-surgery patients continue to have follow up appointments with the Bariatric Team for a period of two years, in the first year the patient will be seen every three months, and in the second year the patient will be seen twice. Following the two year period patients have yearly reviews with their GPs for the remainder of their life and if problems arise later the patient will be referred back to the Bariatric Team.
49. Members were surprised to hear that the service initially expected 100 referrals per annum and was now receiving 40 referrals a month.
50. It was outlined that an individual will have to follow a strict criteria for surgery and failing to comply would mean that the individual will be discharged from the service.

All individuals must lose between five and ten kilogrammes, attend all appointments, change their lifestyle, exercise and eat regularly, avoid sweet foods and must not smoke. Providing the individual meets the criteria, surgery would be permitted.

Psychological Issues

51. Mr Samier emphasised that the psychological element was part of the pathway for obesity. If people are unable to lose weight GPs refer patients to the Bariatric Department, to complete a questionnaire to assess the patient's emotional wellbeing. The patient would then be referred to a psychologist to assess whether the patient is medically ready for intervention.
52. The Psychologist has a key role before and after surgery and assesses reasons for weight gain, considers an individual's environment and provides the necessary support required.
53. Dr Coleby, Clinical Psychologist, TEWV met with Members and discussed potential reasons people use food as a coping mechanism at time of crisis and become reliant on food. Food can contribute to mental health issues and sometimes the relationship people have with food can unearth or trigger episodes.
54. Support is available to assist people to lose weight and work through the programmes available. Individuals must be committed to lose weight and complete the programme.

Darlington Borough Council leading the way

55. The Dolphin Centre Catering Manager stated that Catering Menu's are not specifically designed but incorporate a wide variety of healthy options to give customers choice.
56. The current menus are based on demand and have evolved to meet the needs of the family market. Items on the Dolphin Centre Bistro menu and Dolphin Centre Function menu, follow high level of flexibility and can be altered on request. There are healthy options running right through the menu such as salads, jacket potatoes, smoothies, vegetables, wholemeal bread.
57. Demand for healthy options is growing, and further led to an introduction of a Healthy Bites Menu Supplement. The Catering Manager highlighted that the options provided accommodates historical sales data and experience collated over the last six years.
58. Councillor Regan met with the Health Improvement Manager from County Durham and Darlington NHS Foundation Trust and reported back to this Review Group on work place initiatives.

59. The Health Improvement Manager explained the role of the 'Food and Health Team' that focus on prevention across Darlington and County Durham. The Team runs programmes in areas of need, for families and children on promotion of skills, knowledge and practical abilities in adopting a healthy lifestyle. The programme obtains referrals from Health and Social Care Teams such as Social Services and Youth Offenders.
60. In relation to workplace, two programmes are being undertaken; Darlington Investors in Health (local) and North East Better Health at Work Award (regional). The programmes involve businesses departments working with the Trust to embed the importance of the health promotion into the organisations. The employees are presented with opportunities to become health advocates. The role provides them with development opportunities and gives the company recognition at award events.
61. The Health and Well Being Advisor from this Council reported that Darlington Borough Council had been awarded both Silver and Gold level of Darlington Investor in Health award in 2012. The Council has provided a number of initiatives to adopt healthier lifestyles, support is given on the internal website to Council employees, work place initiatives such as STOPtober and Dry January were designed to tackle smoking and issues around alcohol and currently the Council is implementing a revised Work Place Stress Policy.
62. We were informed that NHS Health Trainers provided free mini health checks at the Dolphin Centre, Eastbourne Sports Complex and Vicarage Road where staff could drop in and seek information on adopting a healthier diet and the importance of regular physical activity.

Conclusions

63. The cause to Obesity is multifactorial, evidence suggests deprivation, sedentary lifestyles, growth of portion sizes, neuromarketing, and psychological issues have played a contributory role.
64. There is substantial evidence to suggest where a parent is Obese the child is at risk of becoming Obese therefore preventative measures need to be promoted to tackle Childhood Obesity. Members have acknowledged the value of working with families to embed healthy lifestyle choices into day to day life.
65. It is recognised that weight loss is not easy with psychological issues, an individual's environment and access to food affecting an individual's ability to lose weight.
66. Bariatric surgery is an option for individuals when they have exhausted other means weight loss over a long period of time. The surgical intervention does provide strict criteria for the individual to follow and once the individual has shown commitment and the optimum weight has been achieved prior to any surgical procedure being carried out.

67. Post-surgery support will continue to be provided by the bariatric team, psychologist and GPs for the remainder of the patient's life. However, Bariatric surgery although evidence and effective will not reduce the prevalence of obesity in Darlington. The surgery is available for a relatively small numbers of people and is very cost and time intensive.
68. This Council provides physical activity through partnership working with Schools, and community groups to target young people and families. In addition referrals can be made by Healthcare Professionals into a variety of intervention programmes to encourage healthier lifestyles.
69. Work place initiatives have been adopted by this Council to influence adoption of healthier lifestyles. Darlington Borough Council has won awards for work carried out on health improvement.
70. It is evident that the Council is setting an example through providing easy access to healthier choices in catered venues such as the Dolphin Centre and promoting health lifestyles to its employees.

Recommendations

71. It is recommended;
 - a) That the prevalence of Obesity within Darlington will continue to be featured in the Joint Strategic Needs Assessment to inform future commissioning of prevention services;
 - b) That the key aims for the delivery of the Clinical Commissioning Group's Clear and Credible Plan be welcomed and the work of this Group be shared with Darlington Clinical Commissioning Group to influence their on going work to tackle obesity and that the that consideration be given to including obesity as a priority for 2014/15;
 - c) That the work of this Group be shared with County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valley's NHS Foundation Trust and consideration be given to better liaison and integrated working around pathways of tackling obesity as an issue before needing surgical interventions;
 - d) That there be an acknowledgement that Obesity patients tend to be multifactorial and have other associated long term conditions and that the condition of Obesity and preventative measures needs to be addressed by all partners;
 - e) That healthy lifestyles need to be considered in terms of economic development, planning applications and licensing terms and that consideration of health needs when determining granting applications;

- f) That maintaining a 'healthy weight' be encouraged and 'normalised' building on the benefits of people's lives this brings such as prevention of long term conditions to premature death;
- g) That work carried out in respect of investors in Health continues with Darlington Borough Council workforce and further attempts to engage with other local Businesses, including the voluntary sector to sign up to the Better health at Work Awards;
- h) That the work of this Group be shared with Children and Young People Scrutiny Committee for consideration;
- i) That the work of the Bariatric Surgeon be supported and welcomed for the appropriate patients;
- j) That healthy activity and healthy eating be encouraged and promoted across the Borough, through different programmes such as healthy eating and nutrition and as Community leaders, Councillors are well placed to promote healthy lifestyles in their Ward Newsletters; and
- k) That the refreshed Physical Activity and Sports Development Strategy considered by the relevant Scrutiny Committee to ensure that Councillors are aware of the variety of activities available for people within the Borough.

Obesity Task and Finish Review Group