HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 9 December 2009.

PRESENT: Councillor Dryden (Chair); Councillors Junier, Lancaster, Porley, Purvis and P Rogers.

OFFICERS: J Bennington and J Ord.

PRESENT BY INVITATION: Dr Peter Heywood, Locality Director of Public Health, Middlesbrough Council and NHS Middlesbrough.

****APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Carter and Cole.

WELCOME – COUNCILLOR PORLEY

On behalf of the Scrutiny Panel the Chair welcomed Councillor Porley who was attending his first meeting since his recent appointment to the Panel.

** DECLARATIONS OF INTEREST

No declarations of interest were made at this point of the meeting.

** MINUTES

The minutes of the meeting of the Health Scrutiny Panel held on 12 November 2009 were taken as read and approved as a correct record.

CHILDHOOD OBESITY – REPORT OF THE DIRECTOR OF PUBLIC HEALTH

The Scrutiny Support Officer submitted a report the purpose of which was to introduce Dr Peter Heywood, the Locality Director of Public Health for Middlesbrough to present a briefing as requested by the Panel on Childhood Obesity in Middlesbrough.

The Chair welcomed Dr Peter Heywood who addressed the Panel and outlined the key issues around child obesity as highlighted in the briefing report a copy of which had previously been circulated.

It was acknowledged that childhood obesity was an important public health issue and that such children were at significantly greater risk of becoming or remaining obese in adult life. The risks, which were cumulative, included early onset of diabetes, cardiovascular disease, hypertension, some cancers, as well as mental health problems and stigma associated with being overweight.

Over the last 20 to 30 year's evidence had shown rapid changes in the increasing number of children overweight or obese the reasons for which did not appear to be genetic but involved a wide range of social, economic and cultural factors. Members were advised that children with a high risk were identified as those having a parent obese and a significant number of 11 year old children were shown to have type 2 diabetes.

An indication was given as to how it was determined that a child was overweight by using standardised growth charts. The current prevalence of obesity and being overweight was estimated by using a number of different data sources. Such sources included: -

a) Local estimates derived from national data sources and applied to the local population using for example the Department of Health toolkit or Health Survey for England data;

b) Each year as part of the Nation Child Measurement Programme, the height and weight of children in Reception Year and year 6 were measured. From such data the prevalence of obesity and overweight across the two-year groups could be calculated and applied to the

rest of the school population. Table 1 of the report submitted provided estimates of the number and proportion of children that were overweight or obese in the Tees area.

Statistical information was provided which showed the number of children, aged 1 to 15 years, in the Tees PCTs who were obese and overweight, using mid-year 2005 population data and prevalence rates from three different sources of data. Such information showed an estimated 5,000 children in Middlesbrough overweight or obese.

Data from the National Childhood Measurement Programme for Middlesbrough was shown in Figure 1 of the report submitted which although measured a different cohort of children each year demonstrated that current prevalence of obesity and overweight in Year 6 children had fallen, overweight in Reception had decreased but obesity in Reception Year had risen slightly. It was noted that the national trend for such children was increasing.

In response to a query from a Member it was confirmed that changes in body shape generally larger and taller in recent years had been taken into account when estimating the prevalence of children overweight and obese. It was also noted that children under two were not included in such calculations. Whilst it was recognised that certain fats were required as part of a healthy diet it was acknowledged that it was important for this to be the right type of fat and in the correct proportion.

The estimates reflected: -

- that despite different methods to calculate prevalence rates, all ways broadly agreed on the proportion of children overweight or obese;

- the rate for obesity among school age children in reception year was 11.6% in Middlesbrough compared to 9.9% in England as a whole;

- the rate for obesity among school age children in Year 6 was 21.9% in Middlesbrough compared to 17.5% in England as a whole;

- during the current school year, for the first time, each child's parent would be sent a letter informing them if their child was underweight, normal weight, overweight or very overweight.

It was confirmed that parental obesity remained the most important risk factor for childhood obesity. Table 2 of the report submitted provided comparative data for rates of overweight and obesity in adults across the Tees area. In summary, the prevalence of adult obesity was estimated to be around a quarter of the population, which was similar across the Tees area.

In terms of the financial implications it was reported that the total cost to the NHS of overweight and obesity (i.e. the treatment of obesity and its consequences) had been estimated in 2001 at £2 billion and the total impact on employment as much as £10 million.

The Panel was advised that one of the most definitive reports on the impact of obesity in adults and children (Foresight Report 2008) estimated that by 2050, the cost to the NHS could rise to £9.7 billion and the wider cost to society being £49.9 billion.

The estimates for future impact had been revised downwards (marginally) following a recent report conducted by the National Heart Foundation. The study team had reviewed trends over time and estimated that the rate of increase of obesity was unlikely to be as fast as previously predicted as in the Foresight Report.

In terms of Middlesbrough's approach to reducing childhood obesity it was reported that they could be tackled into the following three tiers each of which described a different approach to treatment of intervention: -

Tier 3 services: Hospital-based and comprising specialist (paediatric) input to managing obesity in children with significant weight problems and/or significant co-morbidities. Capacity for such services was limited and the criteria for referral would be (deliberately) focused.

Tier 2 services were treatment orientated and offered a holistic approach to assisting children to lose weight. Services were currently commissioned by the Primary Care Trust and focused on the age-group 7-13 years. It was noted that additional treatment services for younger and older children were currently being commissioned. Members were advised that the capacity for such services (relative to need) would still be limited but eligibility criteria less restricted compared with Tier 3 services. Reference was made to a number of programmes which had been implemented such as MEND (Mind, Exercise, Nutrition, Do It) a free 10 week programme for children between 7 and 13 years old who were overweight. The scheme was delivered by Council staff in partnership with Middlesbrough PCT. The emphasis of the programme was involving the family and educating by stimulating interest in health, nutrition and physical activity.

Tier 1 services focused on more preventative measures and encompassed the broad approaches that helped maintain and achieve a healthy weight and encouraged healthy food choices. Given the scale of the problem Tier 1 (universal) services was considered to be a priority. Examples of Tier 1 services included: -

- school-based activities to encourage healthy diet and physical activity;
- curriculum-based learning to develop cooking skills;
- Council leisure services provided for young people and children;
- Club-based sporting activities as well as school-based sports ;
- cycling initiatives;
- services provided by third-sector organisations.

It was acknowledged that there was a need to ensure suitable provision of family-based interventions as parental obesity remained the most important determinant of childhood obesity and 'treatment' offered to children and young people must recognise the important contribution of the family environment.

The Panel was advised that in recent years, a growing field of research had focused in the wider determinants of obesity and included the important contribution of the built environment, urban planning and design, transport policy as well as food policy and the influence of media. All such factors had a significant influence on the ability as individuals to make healthy food choices or become more physically active.

The need to work across policy areas such as urban planning, design, and transport was now very clear and recognised in all major policy documents aimed at addressing the obesity epidemic.

The Panel's attention was drawn to the diagram shown on page 8 of the report submitted which was a conceptualised model of how obesity could be tackled and overweight in adults and children. The model turned the 'traditional' triangular approach to services on its head recognising the priority that needed to be given to developing comprehensive universal services and policies at Tier 1 to provide a population-based approach to creating an environment conducive to making healthy food choices and on physical activity much easier.

Reference was made to the Middlesbrough Healthy Town programme which had attracted a significant amount of investment (£4.5 million) matched against existing resources to test and evaluate different approaches to making regular physical activity and healthy food choices easier. Middlesbrough's approach aimed to develop ways that addressed the wider determinants of the obesogenic environment, which was conceptualised in Figure 4 of the report submitted. The wider determinants that influenced individual choices around healthy eating and physical exercise were complex and included factors such as design of urban environment, opportunities for physical activity, lifestyle and behaviour, food and drink prices, parental norms and behaviour, food marketing, availability of transport, built environment, social norms, working practices and genetic factors. It was acknowledged that the focus of attention needed to be on the above areas.

Middlesbrough's programme had integrated social marketing approaches to influencing behaviour and focused in four major themes of urban farming, youth and community engagement, enhancing the physical environment, and active travel.

In November 2009, a Department of Health National Support Team (NST) visited Middlesbrough and focused its review on childhood obesity. During the four-day visit, the National Support Team had conducted more than 25 interviews with key stakeholders and partners and had reported back to local partners with an overview of their assessment and a set of recommendations. It was noted that such a report would not formally be considered by the PCT Board or the Council's CMT until later December/January following which a copy of which would be made available to the Panel.

The Panel concurred with the comments in the summary as outlined in the report submitted in that tackling obesity and overweight remained a significant challenge. Whilst the scale of the problem remained vast, the evidence base for effective interventions preventing obesity remained very limited.

It was recognised that a single solution would not solve the problem and, as highlighted by the NST team, an integrated approach from all partners was required. The NST team had also recognised that the majority of the levers of change to the obesity environment were outside of the NHS.

At a basic level, obesity and overweight were caused by an energy imbalance but it was recognised that individual choices were strongly patterned by a wide range of powerful socio-cultural determinants that influenced the way a person ate, moved about and propensity to become increasingly sedentary.

In commenting on current programmes Members referred to the New Life New You programme run for adults in partnership between the Council and Middlesbrough PCT with the aim of getting fitter and improving healthy eating and suggested that the possibility of extending this to young people be examined. As part of the Healthy Towns programme there was much work being undertaken with regard to Tier 1 services. In discussing the various programmes Members referred to the importance of ensuring that such activities were sufficiently diversified to cater for the varying capabilities, interests and extent of competitiveness.

Reference was made to the national Healthy Schools Programme and in particular the enhanced National Healthy Schools Programme which assisted schools in promoting health improvement and providing additional support in certain circumstances. The importance of the family environment was reiterated and other wider factors such transport plans and undertaking health impact assessment was reiterated. Members were reminded of a previous review by the Panel with specific reference to one of the recommendations for the Council to seek to encourage and implement Health Impact Assessments.

In commenting on health equality issues it was pointed out that there was no strong correlation between the areas of high and low deprivation in terms of the number of children overweight and obese. It was also noted that there was no significant gap between the prevalence of being overweight or obese between males and females. It was noted, however that such areas formed part of ongoing research projects under the Healthy Towns Programme to examine the existence of such trends.

In terms of the next steps and focussing on the wider determinants of obesity in terms of built environment, urban planning and design, healthy eating and transport policy Members suggested that further evidence be sought on the Council's efforts in this regard. Specific reference was made to community urban farming; encouragement of active travel through greater walking and cycling; health training programmes; and exercise classes including dance.

AGREED as follows: -

1. That as part of the consideration of the wider determinants of children being overweight and obese the Interim Director of Regeneration and Head of Transport and Design Services be invited to attend a meeting of the Panel to explain the scale and the extent to which the Council is facing the challenge.

2. That Panel Members meet with the Head Teacher of a primary school within South Middlesbrough and a secondary school within East Middlesbrough with a view to seeking further information on the extent and effectiveness of implementing the national Healthy Schools Programme and to identify any challenges facing the school in this regard.

3. That further information be provided on the extent of implementation of the Panel's previous recommendation in relation to undertaking Health Impact Assessments.

OVERVIEW AND SCRUTINY UPDATE

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meeting of the Overview and Scrutiny Board held on 17 November 2009.

NOTED