

Children & Young People Select Committee

A meeting of Children & Young People Select Committee was held on Wednesday, 8th October, 2008.

Present: Cllr David Harrington (Chairman), Cllr Jim Beall, Cllr Phillip Broughton, Cllr Mrs Ann Cains, Cllr Dick Cains (vice Cllr Maurice Frankland), Cllr Mick Eddy, Cllr Miss Barbara Inman, Cllr Alan Lewis.

Officers: Elizabeth Shassere (PCT/CESC); Fiona Shayler, Judith Trainer (LD).

Also in attendance: Dr Alex Barlow; Rachel Fawcett (North Tees PCT); Mr R Cash (Parent Governor Representative).

Apologies: were submitted on behalf of Cllr Maurice Frankland and Cllr Andrew Sherris.

1 **Declarations of Interest**

None

2 **Minutes of the meeting held on 24 September 2008**

The minutes of the meeting held on 24th September 2008 were agreed as a correct.

3 **Scrutiny Review of Obesity**

Members were provided with a presentation - Specialist Weight Management Service 'The Way Forward' by Rachel Fawcett, Public Health Practitioner, Stockton on Tees Teaching PCT.

Figures were provided on national trends for overweight and obesity. Based on the health survey for England data 2003-2005 24.5% of the adult population in Stockton had a Body Mass Index (BMI) of 30 and over and was higher than the national average. Obesity was a major health problem and there is currently a gap in service provision of a specialist weight management for those with BMI in excess of 35 with co-morbidities or BMI 40 and over. Members were provided with information on the Specialist Weight Management Service Models that had been examined in Redcar and Cleveland, Middlesbrough and Sunderland. In anticipation of establishing a similar service North of Tees.

The Specialist Weight Management Service would be offered to those who fitted the following criteria:-

- a BMI over 40 or a BMI over 35 who had weight related health problems and/or waist circumference over 102 cm Males (90cm Asian Males) and 88cm Females (80cm Asian Females)
- Patients should have already attended weight management services but have failed to loose 10% of their body weight.
- Patients with obesity related infertility.

It was anticipated that GP's would be able to refer adults to the service.

The services that would be made available would be a personal assessment, psychological formulation and intervention, individualised dietary treatment, fitness assessment and advice, anti obesity medication, on going patient reviews.

The desired outcomes of the service were highlighted. It was stated that a 5-10% reduction in body weight can improve health dramatically.

Dr Alex Barlow was in attendance and provided information on patient flows with regard to weight issues. His assessment was that although 50% of his consultants would involve illnesses potentially related to weight, only about one in a hundred consultations involved patients seeking help in respect of weight problems and that this was significantly lower in respect of children's weight. It was anticipated that 60-80% of patients would be classed as overweight in 25 years. He referred to the numerous medical problems caused by obesity which included bowel cancer and heart disease but also psychological problems, low self esteem and social aspects.

In the main, GPs tended to focus on the patients' "agenda" during a consultation but he suggested that GPs needed to be more focused on the public health agenda. He advised that, following a diagnosis of obesity, GPs would signpost patients to other services and discuss therapeutic interventions. He felt that many morbidly obese patients had low self esteem and psychological issues and that addressing the root cause is a significant key.

He felt that GPs didn't use data systematically to target patients and that practices offering weight management services should be rewarded. He pointed out that patients seemed to welcome the involvement of practice nurses. He also stressed that GPs needed better feedback on successful approaches to treating obesity in primary care.

Dr Barlow provided information on the different types of drugs available for patients which were recommended to be taken in conjunction with a health diet and lifestyle. However, there was no data on long term effects of the drugs and therefore some GPs were reticent about prescribing them. Bariatric surgery was also available for people with a BMI of over 40.

Dr Barlow felt that it was important for the problem to be tackled pre school and suggested that this might mean a bigger role for health visitors. He felt that the National Child Measurement Programme should be in place for children from 3 years old. It should be recognized that part of the solution to childhood obesity in children was addressing obesity and lifestyles in adults and families to which the Members of the Committee agreed pointing out that adults needed to be educated in order to tackle issues of childhood obesity aware that eating habits were formed at a very young age.

Dr Barlow stressed that the Council and partner agencies should be seeking to get preventative messages across in as many different ways and settings as possible (school, health visits, leisure centres, children's centres etc) and that more "non medical" people could be utilised. For example, he referred to the work being carried out by organisations such as Weight Watchers and Slimming World which illustrated a need not being met elsewhere.

Elizabeth Shassere updated Members on the evidence gathered and main points raised to date.

Concluded that the evidence provided be noted.

4 Work Programme

Members held discussion on any further information that they would wish to receive as part of their review of obesity. The Chairman would be raising issues with Carol Straughan with regard to planning policies relating to fast food outlets and would provide an update to Members. It may be appropriate that Rosemary Young be invited to a future meeting to detail anything that could be included within the Local Development Framework.

The next meeting would be held on 29th October, Dave Adams, Eric Jewitt and Khalid Azam had been invited to discuss extended schools, school gate policies, school security fencing.

The Chairman would attend the next Youth Assembly to gain their views on obesity and measures that could be put in place within schools and invited any other interested Members to attend. The Chairman would also ask the Youth Assembly for any future review topics.

CONCLUDED that the Work Programme be noted.

5 Chairman's Update

The Chairman would circulate an email to members regarding the Standards Fund Grant.

Members were asked to consider the information that they wished to receive from their next witnesses.

CONCLUDED that the update be noted.

