

WEST KENT CCG HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON TUESDAY 18 NOVEMBER  
2014

Present: Dr Bob Bowes (Chairman), and Gail Arnold, William Benson, Councillor Annabelle Blackmore, Alison Broom, Councillor Alison Cook, Councillor Roger Gough, Jane Heeley, Fran Holgate, Dr Caroline Jessel, Dr Tony Jones, Mark Lemon, Councillor Mark Rhodes, Dr Sanjay Singh, Malti Varshney and Councillor Lynne Weatherly

24. APOLOGIES FOR ABSENCE

It was noted that apologies for absence had been received from Linda Southern.

25. DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS

There were none.

26. MINUTES OF THE MEETING HELD ON TUESDAY 16 SEPTEMBER 2014

RESOLVED: That the Minutes of the meeting held on Tuesday 16 September be approved as a correct record.

27. DISCUSSION AND DECISION ON ACTIONS TO BE TAKEN FROM CHILDHOOD OBESITY TASK AND FINISH GROUP.

Malti Varshney, Consultant in Public Health with Kent County Council, introduced the report of the West Kent Childhood Obesity Task and Finish Group. The remit of the Group included development of a sound common understanding of the issues related to childhood obesity, understanding of cross organisational issues, and the articulation of how different organisations link up to resolve the issue.

A number of conclusions were reached which included the following:

The need to commission a pathway and associated services for childhood obesity that represented a whole system approach across the early years of the life course;

The need to develop a coherent lead to work with commissioners on the workstream to ensure that action bridges differences in practice and contracting;

The importance of communication, such as promoting awareness of available programmes, contact between different parts of the

system, communicating referrals and results, and communicating with children and families about obesity.

Barriers were identified within the report from among which the following were noted:

The lack of comprehensive services for pregnant women with a high BMI;

The lack of consistency in breast feeding support across West Kent;

Gaps in data collected on childhood obesity.

During discussion the Board decided to appoint a childhood obesity lead to work with commissioners to address recommendations of the report, and instigate and cultivate productive relationships between members to tackle issues.

It was suggested that data from the report of the National Child Measurement Programme could prove informative once released.

**RESOLVED:** It was agreed that:

1. Jane Healey be appointed as the officer lead for obesity
2. The report of the Childhood Obesity Task and Finish Group be noted, with feasible recommendations to be taken forward

## 28. INTERACTIVE WORKSHOP SESSION ON ADULT OBESITY

Laurie McMahon, Professor in Health Policy at City University, London facilitated a group discussion which included the Board and invited guests from public sector and voluntary organisations.

The meeting heard that the pressures on health funding in conjunction with a rise in public expectations had created a gap between funding and demand. Options discussed had included localisation, investment in prevention, profiling and targeted interventions, and generating citizen responsibility.

During discussion the following points were made:

Foresight modelling in 2007 projected a substantial increase in obesity by 2050. A raised BMI denoted an increase in disability affected life years, characterised by conditions such as musculoskeletal disorders, sleep apnoea, and type II diabetes.

Modelling of prevalence described how, by 2034, 50% of 50-79 year old men would be obese, and 50% of 70-79 women would be obese, and that this would create increased dependency.

Programmes such as Change for Life had demonstrated that awareness did not necessarily instigate engagement. There were a number of small projects to tackle obesity in progress, but in order to create a widespread affect an industrialisation of intervention would need to be created. These could be brief interventions, and include methods such as motivational interviewing, as per current interventions for smoking and alcohol. Inactivity constituted less than 30 minutes of activity per week, and so individuals who fell within this category needed to be located and motivated to change behaviour.

Convenience food had become an issue, and Local Authorities had a the ability to control licensing for fast food establishments, however a message that communicated the need for balance with moderation should be prioritised over a bad food/good food message. This message would need to be consistent across all services to inspire change and reduce confusion.

Interventions could be implemented using local, drill down data on obesity to target interactions and disseminate through communities. School and pre-Schools could have a major role within this through physical education and Healthy Schools Pilot. Staff within organisations, as members of the community, could be supported with programmes such as work place challenges and the support of in house Champions. Interventions would need to encompass a life course message and make contact with women prior to pregnancy, and through maternity and post-natal services.

Making a habit socially unacceptable was considered the most effective way to change behaviour. This would suggest that concentration on social and cultural changes would affect change laterally and virally. Financial levers could be explored for educating and raising awareness, such as the impact of high BMI on matters such as insurance premiums and mortgages borrowing. Research had been conducted into the kind of messages that change behaviour. Borough Councils and District Councils experienced in local educational campaigns could lend expertise to disseminating the message.

There could be an opportunity to create a model for a healthy town approach based upon research conducted by other towns and cities, which could then be adapted to localised areas.

**RESOLVED:**

1. That a task and finish group be set up by Malti Varshney and Jane Healey to produce further information and recommendations on child and adult obesity
2. That Maidstone BC, Tonbridge and Malling BC, Sevenoaks DC and Tunbridge Wells BC discuss the potential for a cycle of agenda setting

meetings, with each authority taking in turn in conjunction with the Clinical Commissioning Group and Kent County Council

29. DATE OF NEXT MEETING

The next meeting would be held at Maidstone Borough Council Officers on 20 January 2015 starting at 4 p.m.

30. DURATION OF MEETING

5.02 p.m. to 6.51 p.m.