

At the meeting of the  
**HEALTH SCRUTINY and  
PERFORMANCE PANEL**

Held at the Council House, Walsall  
On Monday 20<sup>th</sup> December 2004 at 6:00pm

Present

Councillor V Woodruff  
Councillor I Robertson  
Councillor D Pitt  
Councillor C Micklewright  
Dr S Ramaiah – Director of Public Health  
Mr J Weston – Patients Forum  
Ms L Mabley – PALS (PCT)  
Mr D Martin  
Mrs K McAteer

**15. Apologies**

Apologies were received from Sue James, Dr Varkey and Doreen Russell.

**16. Substitutions**

For this meeting only Councillor Micklewright for Councillor McCracken

**17. Declarations of Interest and the Party Whip**

Councillor Woodruff declared a personal non prejudicial interest as an employee of Walsall Hospitals NHS. Councillor Pitt declared a personal non prejudicial interest as an employee of Walsall Ambulance NHS.

**18. Tackling Obesity in Walsall**

Dr S Ramaiah presented information relating to obesity in Walsall. Highlights on the presentation included:

Tackling Obesity – The Evidence

- There is limited evidence for the positive effects of self-help peer groups in maintaining weight loss
- There is evidence that physical activity alone, diet alone and physical activity and diet combined are effective interventions for the treatment of overweight and prevention of obesity and for the treatment of obesity.

How do we tackle obesity

- Obesity occurs when people over eat in relation to the energy they expend
- The main determinants are:

- a. Eating patterns and
- b. Physical Activity Levels

### Prevalence of Obesity in Walsall

#### Adults

- Approximately 126,000 adults in Walsall are overweight or obese (62% of the adult population) of those 45,600 are obese (23%)

#### Children

- It has been estimated that around 8,200 children in Walsall are overweight or obese (15%) of those 2,000 are obese (4%)

### Gaps

- The exercise on referral scheme is offered to people who want to increase activity levels. Most people who are referred are overweight. Currently the service meets less than 3% of the estimated need
- Lack of awareness and limited support for the work- based activities
- Very little work has been tailored to the needs of ethnic minority groups
- There is a need to develop a coordinated borough-wide programme of preventative services (including obesity and exercise) rather than relying on short term externally funded projects
- There is no systematic data surveillance at present
- There is no ongoing training for health professionals
- Weight management clinics currently meeting less than 5% of need of those who could benefit

### Recommendations

- Tackling the obesity crisis in Walsall requires coordinated action from a range of partners
- Tackling obesity in children is an important and complex issue. The children's and Young People's Partnership Board should develop a strategy for tackling obesity in children
- Robust data collection and monitoring process for adult BMI need to be established
- There are several gaps and priority areas for action that can be addressed jointly
  - a. Adults especially 35-64 year olds
  - b. Ethnic Minority Groups, especially Black Caribbean, Pakistani and Bangladeshi women
  - c. Brownhills Ward (Birchills is partially covered by the new deal.
- This could be achieved through
  - a. Increasing the opportunities for Physical Activity e.g. through increasing numbers using exercise on referral
  - b. Working with Workplaces
  - c. To monitor this need to improve surveillance of obesity

The key issue for the panel was to agree on the focus of the review, concentrating on the areas where Health Scrutiny had the potential and add value to what was already being done locally.

RESOLVED

1. Dr Ramaiah look at these issues more closely and report back to the next meeting with clear recommendations.
  1. The progress of the work on obesity
  2. What the key questions for Health Scrutiny were
  3. Who would need to be involved

He would also consult with the Health Inequalities Group and explore the potential for joining up with them

2. Mark Inglis was asked to look at how other councils had approached this issue and report back.

### **19. Tackling Health Inequalities – Spearhead Group**

The spearhead group was a new initiative and Walsall was wholly to receive additional funding to tackle Health Inequalities. Further information would be following.

RESOLVED

That the information be noted.

### **20. Minutes of Regional Health Scrutiny on 3<sup>rd</sup> November 2004**

The minutes had not been received; however the chair updated members on the issues discussed including the relocation of the Dental Hospital and the discharging of patients by ambulances at Accident and Emergency.

RESOLVED

That the information be noted.

### **21. Access to Mental Health Services**

The full report would be presented to the next meeting on 31<sup>st</sup> January 2005.

RESOLVED

That the information be noted.

### **22. Future Support for Public Involvement in Health Questionnaire**

Members were advised to fill in the online questionnaire.

RESOLVED

That the information be noted.

### **23. Walsall Hospitals NHS Trust Outline Business Case**

The summary of the above was noted and full copies had been placed in each of the group rooms.

David Martin reminded the meeting that the development needs to be mindful on the needs of the community and that partner were resolved to make any necessary adjustments.

It was also noted that the Black Country review was now moving to the implementations stage and patient involvement was essential to ensure that the PCT fully honoured the commitments it had made.

RESOLVED

That the information be noted.

The meeting terminated at 7:30pm