

SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 12TH MARCH, 2024

PRESENT: Councillor A Scopes in the Chair

Councillors P Alderson, C Anderson,
L Farley, M France-Mir, J Gibson, M Iqbal,
W Kidger, K Ritchie and E Taylor

Co-opted Member present – Dr J Beal

86 Appeals Against Refusal of Inspection of Documents

There were no appeals.

87 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

88 Late Items

There were no late items.

89 Declaration of Interests

No declarations of interest were made at the meeting.

90 Apologies for Absence and Notification of Substitutes

Apologies had been received from Councillor C Hart-Brooke.

Apologies had also been relayed by Caroline Baria, Director of Adults and Health.

91 Minutes - 13th February 2024

RESOLVED – That the minutes of the meeting held on 13th February 2024, be approved as an accurate record.

92 Supporting Healthy Weight and Active Lifestyles

In introducing this item, the Chair explained that given the wide-ranging implications of living with obesity on health and beyond, the Scrutiny Board had agreed to utilise its March 2024 meeting to have a themed focus on supporting healthy weight and active lifestyles for the population of Leeds.

As part of this item, four separate reports had been provided for the Board's consideration. These were appended to the main covering report and included:

- Appendix 1 - A report from Public Health setting out the local approach and plans in place to deliver an environment that leads to a healthier weight.
- Appendix 2 - A report from the Leeds Health and Care Partnership on the Leeds Tier 3 Specialist Weight Management Service Recovery and Redesign Plans.
- Appendix 3 - A report from the Leeds GP Confederation presenting the perspective of primary care and General Practitioners.
- Appendix 4 - A joint report from the Director of City Development and Director of Public Health on the Physical Activity Ambition.

The Chair highlighted the planned approach in terms of each appended report being considered in turn and for all contributors to be in attendance for the full duration of the Board's discussion on this agenda item.

The following were in attendance for this item:

- Councillor Salma Arif, Executive Member for Adults Social Care, Public Health and Active Lifestyles
- Councillor Fiona Venner, Executive Member for Children's Social Care and Health Partnerships
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Anna Frearson, Chief Officer - Consultant Public Health
- Kathryn Ingold, Chief Officer - Consultant Public Health
- Heather Thomson, Head of Public Health
- Anna Ross, Head of Public Health
- Jane Walne, Chief Officer Operations and Active Leeds
- Steve Baker, Head of Active Leeds
- Helen Lewis, Director of Pathway Integration, Leeds Health and Care Partnership
- David Wardman, Clinical Lead Long Term Conditions, Leeds Health and Care Partnership
- Ram Krishnamurthy, Clinical Head of Portfolio 2 – Leeds Community Healthcare NHS Trust
- Jim Barwick, Chief Executive of Leeds GP Confederation
- Dr Marcus Julier, Primary Care Representative, Long-Term Conditions Population Board

The following areas were discussed during the Board's consideration of the appended reports:

- *Understanding Body Mass Index (BMI)* – Acknowledging that BMI is often used as a measure to work out if an individual’s weight is healthy, Members were given a brief explanation of how this is calculated (i.e. by dividing a person’s weight in kilograms by their height in metres squared. For example, A BMI of 25 means 25kg/m²). Age and gender would also be taken into account when measuring the BMI of children. It was also noted that other factors, such as being a very muscular person, would be taken into account too given that muscle is much denser than fat and would therefore generate a higher BMI result.
- *Health Promoting Infrastructures/ Environments* – The Board was advised of the new draft Adult Healthier Weight Plan (AHWP) which has an emphasis on the role of social and environmental determinants of health. Linked to this, the Board noted that the Council’s Supplementary Planning Guidance policy for controlling Hot Food Takeaways is currently under review to help address the density of hot food takeaways in areas around schools, parks and where access to healthier alternatives are limited.
- *The impact of advertising of unhealthy food* – Members discussed the impact of advertising and were pleased to learn that Public Health is also exploring the feasibility and impact of advertising and sponsorship policies to restrict the promotion of unhealthy commodities that cause harm, which usually includes food and drinks high in fat, sugar or salt, for possible adoption by the Council.
- *Healthy eating information and cooking sessions* – The Board acknowledged that food systems have become more saturated with ultra-processed, energy dense foods that are high in fat, sugar, and salt. Such unhealthy foods also tend to be intensely promoted in supermarkets with price reductions on multiple purchases. The Board therefore discussed the importance of educating families how to source nutritious foods and prepare healthy meals. It was highlighted that Community Food Projects help people to take control of where food comes from, learn how to cook, understand healthy eating messages and connect. It was agreed that a list of these local projects would be shared with Board Members.
- *Child obesity levels* – Members were advised that national and local data shows there is a strong relationship between children living with obesity and deprivation, with obesity rates double for children living in the most deprived wards when compared to the least deprived. It was noted that Leeds was previously bucking the national trend for child obesity rates due to having a variety of intervention measures in place. While such interventions still remain in place, Members were advised that existing rates are being impacted due to more children now living in poverty.
- *HENRY programme* – Members discussed the uptake of the HENRY 5-12 programme and noted that action was being taken to monitor the number of referrals onto this programme and number of referrals who complete courses.
- *Social prescribing opportunities* – the Board discussed the benefits of social prescribing and increasing opportunities for walking and cycling and maximising learning through the Department for Transport pilot programme in Burmantofts, Harehills and Richmond Hill linking social prescribing with active travel (part of the Physical Activity Ambition).

- *Healthy options in vending machines* – Members were advised that a Healthier Vending Policy was developed through the Healthy Weight Declaration to ensure food and drink items met specific standards for healthier options.
- *Tiered model of weight management provision* – Linked to the Tiered model of weight management, Members were reminded that Tier 1 and Tier 2 focus on primary and secondary prevention while Tier 3 and Tier 4 represent more specialist, clinically led weight management services that are commissioned by the NHS.
- *Tier 3 weight management waiting lists* – Members were advised that following the pause to referrals for the Tier 3 service on 15th July 2023, there had been a reduction of 19.7% in caseload in 6.5 months (up to 31st January 2024). For those individuals with urgent or complex needs, it was noted that there remains a fast-track approach, which had been a recommendation arising from the Scrutiny Board's earlier consideration of this matter. The Board was also advised of the next steps towards redesigning the specialist Tier 3 service in Leeds.
- *Tier 4 surgery* – Members noted the eligibility criteria surrounding Tier 4 and were advised that when patients are suitable for T4 surgery, a multidisciplinary meeting is held between T3 and T4 clinicians to understand the patient journey and suitability. Importance was placed on patients being psychologically prepared for such major surgery too. Members also discussed aftercare and while noting that NHS patients would have follow up appointments over a two year period following surgery, many individuals who have sought surgery privately have found the aftercare support to be lacking, resulting in some accessing NHS services when faced with complications following surgery.
- *New weight loss drug* – Members were advised that on 4th September 2023, NICE Technology Appraisal (TA) 875 was published mandating access to the new drug Semaglutide for managing overweight and obesity. While this new drug is designed to suppress appetite leading to significant weight loss, it was highlighted that the drug alone does not address the root causes of obesity and needs to be provided as part of a multidisciplinary weight management service that addresses psychological, dietary and physical activity elements of weight management in order to maximise weight loss and the chances of sustaining weight loss beyond the treatment period. An investment proposal of up to £328,000 had therefore been prepared for formal approval at the ICB Leeds Committee in March 2024 that will support 108 patients a year to access treatment with a total pathway cost of £3,034 per patient. The investment proposal will be considered and balanced against all other statutory duties but is strongly recommended, given the obligations to deliver in line with Technology Appraisals.
- *Impact on primary care* – The Board considered the impact on primary care and noted how GP practices in Leeds are struggling to help and support their patients who are overweight or obese and who are at risk of developing related complications. It was acknowledged that while Primary Care Networks (PCNs) are trying to utilise their own workforce to fill the gaps caused by a reduction in other services, for example, PCN Health Coaches to cover Tier 2 work, this will limit PCN roles on other functions.

It was also acknowledged that support provided by Social Prescribing colleagues can be limited and in part, is only as good as the available services within the community and the ability of the social prescriber to offer motivational interviewing type techniques.

- *Investing in preventative measures* – It was reported that while resource pressures within Public Health had primarily led to the Leeds Tier 2 service in Leeds being ceased, there were also issues surrounding the previous model as it was not achieving the desired outcomes. Members were advised that while the Long Term Conditions (LTC) Population Board remains committed to revisiting an integrated weight management model, resource pressures continue to be a key barrier. The Board agreed that prevention is a critical factor in tackling obesity and warrants the same high level of attention and resource that was given to tackling smoking in terms of being a major public health problem. The Chair therefore agreed to act on behalf of the Board in pursuing this further with the Chair of the LTC Population Board, as well as on a ministerial level, to emphasise the urgency for greater investment in preventative measures.
- *Physical Activity Ambition* – the Board discussed and welcomed the progress made surrounding the Physical Activity Ambition and particularly acknowledged the Get Set Leeds local programmes and the Aging Well campaign. A request was made for future progress reports to include reference to services provided for individuals with disabilities too.

The Chair thanked everyone for their valuable contribution to the Board's discussion.

RESOLVED –

- a) That the report and appendices be noted.
- b) That the Chair acts on behalf of the Scrutiny Board in continuing to pursue this matter with the Chair of the Long Term Conditions Population Board, as well as on a ministerial level, to help emphasise the urgency for greater investment in preventative measures towards tackling obesity.

93 2023/24 End of Year Scrutiny Board Statement

The Head of Democratic Services submitted a report which presented the 2023/24 end of year statement for the Scrutiny Board (Adults, Health and Active Lifestyles) for the Board's consideration and approval.

The 2023/24 end of year statement provided details of the Board's full work programme over the current municipal year, including links to the associated agenda packs, minutes and webcast recordings, as well as including a statement from the Chair that reflects on the key priorities for the Scrutiny Board over the last year.

RESOLVED –

- a) That the contents of the report be noted.
- b) That the publication of the 2023/24 end of year statement for the Scrutiny Board, be approved.

94 Work Schedule

The Chair explained that as this was expected to be the Board's final formal public meeting for the municipal year, a draft work schedule for the new municipal year had been set out in Appendix 1 of the report for Members' consideration. This included preliminary future meeting dates and reflected known items of scrutiny activity, such as performance and budget monitoring, as well as other identified areas of work that the Board had already recommended for the successor Scrutiny Board to pursue in the new municipal year.

In consideration of the draft work schedule, it was recommended that the successor Board considers the role of Public Health and partners in the prevention of chronic diseases, to include chronic kidney disease.

In conclusion, the Chair thanked all Board Members, Executive Members, officers and partners for their valuable contributions and support to the work of the Scrutiny Board throughout the year.

RESOLVED –

- a) That the contents of the draft work schedule of the successor Scrutiny Board for 2024/2025 be noted.
- b) That the successor Scrutiny Board is recommended to consider the role of Public Health and partners in the prevention of chronic diseases, to include chronic kidney disease.

95 Date and Time of Next Meeting

RESOLVED – To note the next meeting of the Adults, Health and Active Lifestyles Scrutiny Board is provisionally scheduled for Tuesday, 18th June 2024 at 1:30pm (pre-meeting for all Board Members at 1.00 pm)