

**AGENDA MANAGEMENT SHEET**

**Name of Committee** Health Overview and Scrutiny Committee Meeting  
**Date of Committee** 19<sup>th</sup> July, 2006  
**Report Title** Terms of Reference for Childhood Obesity Panel

**Summary** The following report provides suggested terms of reference for the scrutiny exercise of Childhood Obesity. It includes a suggested reporting timetable culminating in a final report to this committee. This committee is now asked to agree panel members for this scrutiny exercise, scope, methodology and resources.

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**Would the recommended decision be contrary to the Budget and Policy Framework?** No.

**Background papers** None

**CONSULTATION ALREADY UNDERTAKEN:-** Details to be specified

- Other Committees  .....
- Local Member(s)
- Other Elected Members  Cllrs Jerry Roodhouse, Anne Forwood, Marion Haywood
- Cabinet Member  Cllr Bob Stevens .....
- Chief Executive
- Legal  Victoria Gould.....

- Finance
- Other Chief Officers  David Carter
- District Councils
- Health Authority
- Police
- Other Bodies/Individuals

**FINAL DECISION NO**

**SUGGESTED NEXT STEPS:**

Details to be specified

- Further consideration by this Committee
- To Council
- To Cabinet
- To an O & S Committee
- To an Area Committee
- Further Consultation  .....

## Agenda No

# Health Overview and Scrutiny Committee Meeting 19<sup>th</sup> July, 2006.

## Terms of Reference for Childhood Obesity Panel

### Report of the Performance and Development Directorate

#### Recommendation

That the committee agrees the terms of reference for the scrutiny of childhood obesity with specific reference to:

- Panel Members
- Scope
- Methodology
- and Resources

#### 1. Introduction

- 1.1 Health OSC selected this review as a priority due the recent publicity from the Government and the media about the increase childhood obesity and growing concern that this may have for their health.
- 1.2 In recent decades the proportion of children who are overweight or obese has increased in the UK. The latest Health Survey for England suggests that 15.8% of 2-10 year olds in the West Midlands are obese.
- 1.3 Tackling obesity has become a Government priority and a number of actions have been outlined in the delivery plan for 'Choosing Health: Making Healthier Choices Easier'.

#### 2. Recommendation

- 2.1 That the committee agrees the terms of reference for the scrutiny of 'Childhood Obesity' (2<sup>nd</sup> Phase) with specific reference to:
  - Panel Members
  - Scope

- Methodology
- and Resources

DAVID CARTER  
Strategic Director of  
Performance and  
Development Directorate

Shire Hall  
Warwick

15 June 2006

## ***Terms of Reference for the Scrutiny of Childhood Obesity***

### **1. Aims and Objectives**

The aim of this review will be to assess:

- The extent of childhood obesity within the county.
- The causes of childhood obesity.
- The consequences of childhood obesity

It will involve scrutinising the services of the NHS to see what services they provide to help reduce the incidence of childhood obesity. Also as part of the public health agenda the review will look at the services provided by Boroughs and Districts Councils and relevant departments within the County Council.

The objective will be to understand:

- How childhood obesity is linked with health inequalities e.g. employment prospects, reducing life expectancy.
- What the health service and the local authorities do to meet the needs of those affected.
- The implications of children being obese.
- What needs to be done to reduce the incidence of childhood obesity

Also

- To ensure that the health service provides a flexible, appropriate, clinically effective and accessible service in response to the needs of those affected.

The review will take into account equity of access to services in line with the social inclusion agenda.

### **2. Scope**

In order to achieve the aim set out in paragraph 1, the Childhood Obesity Panel will look at the following:

- Environmental factors which may cause the increase in obesity
- How are children assessed to whether they are obese
- How long does it take for children to receive treatment
- What specialist services are available in Warwickshire
- Whether there are sufficient number of specialist staff
- Whether there is an equity of access and service provision across the county
- What do Local Authorities and other agencies do to help to reduce childhood obesity

### **3. Background**

In recent decades the proportion of children who are overweight or obese has increased in the UK. The latest Health Survey for England suggests that 15.8% of 2-10 year olds in the West Midlands are obese.

Tackling obesity has become a Government priority and a number of actions have been outlined in the delivery plan for Choosing Health: Making Healthier Choices Easier.

### **Defining Overweight and Obesity**

The clinical definition of the optimum weight in adults is based on the Body Mass Index (BMI). It is calculated by dividing weight (in kilograms) by height squared (in metres). Adults with a BMI 25-29.9 are considered overweight and 30 or above are classified obese

Due to complexities of defining optimum weight for children's bodies there is no consensus of BMI criteria for overweight and obesity in childhood. The NHS use BMI reference curves to compare individual children with their peers. Children above the 85<sup>th</sup> centile are classed as overweight and those above the 95<sup>th</sup> are considered obese.

### **The Consequences and Causes of Obesity**

- Shorter life expectancy and an increased likelihood to have asthma and in later life type 2 diabetes, coronary heart disease, stroke, osteoarthritis or cancer
- Social stigmatisation
- Reduced quality of life and low self esteem
- Most disadvantaged at higher risk.
- Differences in patterns for males and females. Higher level than the national average of obesity in Irish males and with females it is higher amongst Pakistani and Black Caribbean.
- Increasing burden on the healthcare system. It was estimated that the total cost of obesity in 2002 was in the region of £3.3 - 3.7 billion with approximately one-third of cost attributed to sickness absence.

#### **4. Panel**

To be decided

#### **5. Methodology**

To be decided

#### **6. Resources**

To be decided

#### **7. Timetable**

<i>Activity</i>	<i>Timescale</i>
Terms of Reference presented to Health and Scrutiny Committee, agree Panel Membership, Scope, Methodology and Resources	19 <sup>th</sup> July 2006
First Meeting of Panel	September/October 2006
Carry out scrutiny	November 2006 – April 2007
Report to Panel	May 2007
Report to full committee	June/July 2007