



# **Childhood Obesity in Brent**

An Overview and Scrutiny Task Group Report

**Chair, Councillor Ketan Sheth**

**Community and Wellbeing Scrutiny Committee**

## **Task group membership**

Councillor Ketan Sheth, task group chair

Councillor Anita Thakkar

Councillor Faduma Hassan

Councillor Orleen Hylton

Councillor Promise Knight

The members' task group was set up by the Community and Wellbeing Scrutiny Committee on **9 July 2019** and reported back to the committee on **16 March 2020**.

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## **Executive Summary**

Childhood obesity is too large in scale and multi-faceted in cause to be tackled by a single organization and a strong partnership is required to overcome the problem. In short, NHS providers and commissioners, Public Health and the other departments of the local authority, need to collaborate to solve the problem; work to a common goal, and cohere their individual initiatives into an integrated approach with a shared strategy.

A priority for Brent should be to rebuild the borough's healthy weight care pathway. Inevitably, after a prolonged period of expenditure reduction and reorganization in the NHS and local government with changes to joint commissioning arrangements there are gaps in particular for specialist weight-management support. A renewed healthy weight care pathway will help professionals working across the NHS and local government to co-ordinate prevention services and manage support for those children and their families who are overweight or obese.

The rise of the obesogenic environment is one of the main causes of childhood obesity. However, it can be tackled by a strategy working at place, such as a neighbourhood or high street, to create healthier environments for children. Place functions such as the public realm and transport, which are the remit of local government, could as they affect childhood obesity be addressed in the joint health and wellbeing strategies agreed by the local authority and Brent Clinical Commissioning Group. A new place-based strategy could provide greater co-ordination, and help to provide a focus on initiatives to improve children's physical activities, such as walking to school, which could have a greater effect in particular localities.

The local authority and the local NHS should develop a healthier communities strategy to help address childhood obesity among the borough's diverse communities. The borough has a high proportion of children who because of poverty or their cultural community are more likely to develop weight problems or obesity. By developing this work with communities, the leadership in local government and the NHS can provide culturally appropriate support and maximize many of the assets and strengths which exist among parents, childcare groups and community organisations in Brent.



## **Chair's Foreword**

I hope this members' task group report will help to reinvigorate efforts to deal with the challenge of childhood obesity in the London Borough of Brent. The scale of the problem is overwhelming. In London, Great Britain and around the world, childhood obesity has been on the rise and it is now a significant Public Health challenge; perhaps equal to what previous generations faced from conditions such as TB.

However, there is nothing inevitable about some children developing obesity, and we should not accept it as such. In a few places the upward trend over decades has been checked and even reversed, and what I've learnt from this task group is that with a stronger sense of urgency among the agencies and highly motivated parents and communities we too could achieve that. Recently, we've seen that for the sake of future generations, towns and cities around the world, including this borough, have declared a climate change emergency. Is it not time that we thought and acted in a similar way to meet the challenge of what is a children's health emergency?

I would like to say a special thank you to everyone who took the time to attend one of our task group evidence sessions or the scrutiny open session which we held over the summer; I was truly impressed by the concern and passion shared with the members. Finally, while this was a member-led task group rather than a study by academics, I would like to say a thank you to Lander Bosch, from the University of Cambridge, who very kindly shared with us the key insights from his doctoral research on childhood obesity in Brent and other boroughs.

**Councillor Ketan Sheth**

**Chair, Overview and Scrutiny Task Group**

## **Recommendations:**

**The Overview and Scrutiny Task Group makes the following recommendations to Brent Council's Cabinet and Brent Clinical Commissioning Group.**

**Recommendation 1:** Renew Brent's care pathway for childhood obesity and ensure children who are overweight or obese are able to access joined up specialist support services which are evidence-based, cost-effective and work holistically with parents.

**Recommendation 2:** Develop a new place-based strategy for working at locality in Brent to integrate and maximise preventative activities such as walking to school which increase children's physical activity and minimise barriers in the environment which exist to increasing children's physical activity, and minimise factors which contribute to an obesogenic environment for children.

**Recommendation 3:** Develop a healthier communities strategy to help mobilise communities and people to tackle childhood obesity by sharing their assets and offering culturally appropriate peer-to-peer support for parents.

## Brent's Health Emergency

1. Childhood obesity is a health emergency in Brent. The condition is widespread, affecting children of every social class, faith, and cultural community and while it is a national and international problem, Brent's rates are among London's worst and far higher than the average for England. Figures from the National Child Measurement Programme (NCMP) show that prevalence has increased over the long-term and now nearly a third of schoolchildren in Reception classes, and two out of five children in Year 6, are overweight or obese. If this trend continues, around two-thirds of adults in Brent will be overweight or obese by 2034. <sup>1</sup> Obesity can have a serious effect on a child. It can lead to physical complications such as cardiovascular conditions, and harm a child's mental and emotional wellbeing. In the long-term it is a time-bomb for the NHS and social care because it can lead to chronic conditions such as diabetes and heart disease.

2. The condition has multidimensional, complex causes, which are difficult to control, and are based on interwoven factors such as environment, diet, and family background. The increasing rates among children have proved extremely difficult to reverse, and Brent is similar to many areas of London in experiencing a rise. To date, Leeds City Council is one of the few places in the United Kingdom and Amsterdam is one of the few cities in Western Europe to have reversed a rise. <sup>2</sup>

3. Tackling childhood obesity is now a national and regional priority. In response to the NHS Long Term Plan, the North West London Health and Care Partnership has advocated closer working between local government and the NHS, and is aiming at a 10% reduction in the proportion of children in Reception who are overweight by 2023/24, and in Year 6. <sup>3</sup> The Mayor of London's strategy Health Inequalities Strategy has prioritised the need to help more children achieve a healthy weight, particularly in deprived communities. Furthermore, the pan-London collaboration of the Greater London Authority, NHS, London Councils and Public Health England has identified childhood obesity as a priority in its new strategy. <sup>4</sup>

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<sup>1</sup> Brent childhood obesity statistics from 2015/16 to 2017/18 presented at Evidence Session 1, 16 July 2019

<sup>2</sup> British Medical Journal, [www.bmj.com/content/365/bmj.l2045.full](http://www.bmj.com/content/365/bmj.l2045.full)

<sup>3</sup> North West Health and Care Partnership, *Strategic Delivery for the NHS Long Term Plan*, (draft, 27 September 2019) p14, pp.77-78

<sup>4</sup> *The London Health Inequalities Strategy*, p11 *Our Vision for London*, (Greater London Authority, 2018), p14

## **Renewal of Brent's Healthy Weight Care Pathway for Children**

4. An effective healthy weight care pathway is essential for addressing childhood obesity. A pathway can co-ordinate the different interventions commissioned and provided across the NHS and local government. It should co-ordinate preventative interventions to stop children becoming overweight and ensure overweight children do not become obese, as well as support for those who develop the condition.

Brent's existing health care pathway across health, and Public Health is based on a tier 1 provided by health professionals such as GPs, practice nurses, health visitors and school nurses; tier 2 is commissioned by Public Health and tier 3 specialist services are the responsibility of Brent Clinical Commissioning Group. NHS England nationally commissions the most complex tier 4 surgical interventions.

5. The borough has a universal offer at tier 1 and tier 2 to support children and families in a preventative way. The 0-19 children's Public Health service incorporates the Maternal Early Childhood Sustained-Visiting (MECSH) model, which provides additional support for vulnerable families from pregnancy to age two, and staff have been trained up to address obesity in children as part of the wider programme in Brent. Alongside this universal preventative offer as part of the Public Health service for children there is a lifestyle weight management, known as Brent Health 4 Life, for children and their families who are overweight or obese.<sup>5</sup>

6. As well as the National Child Measurement Programme in primary schools, which is commissioned by Public Health, doctors and primary care are also involved in identification of weight issues in children and referral or signposting to extra support. GPs are a key part of tier 1 services. The doctor and the local GP practice plays a pivotal role in ensuring good health outcomes for children and from the scrutiny evidence sessions, and it is clear that they are trusted by Brent's communities. However, the task group believes it is important that GPs maximise the central role they play in providing parents with advice about a child's weight management and helping children to access services which help children achieve a healthy weight. This could be taken forward by the borough's newly established Primary Care Networks, especially in localities with a higher rate of overweight or obese children.

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<sup>5</sup> Evidence Session 2, 23 July 2019

7. Supporting mothers to breastfeed, which helps to prevent obesity and other diseases in children, is a preventative tier 1 service in which the local authority and the provider Central London Community Healthcare NHS Trust have had success. Rates of breastfeeding in Brent are high although not even across all groups. The 0-19 service support for breastfeeding is through an infant feeding co-ordinator and breastfeeding peer support workers. Midwifery services help mothers to initiate breastfeeding, and support is continued by health visitors – the health visiting service is accredited at Level 3 Unicef Baby Friendly Initiative, which has also been achieved by London North West Healthcare NHS Trust, and Brent’s children centres have achieved Level 2. There has also been attempts to encourage workplaces and public spaces in Brent to be welcoming to breastfeeding as well. However, during an evidence session, the issue of maternal obesity was highlighted in terms of working with women not just during pregnancy, but after giving birth and in preparation for a future birth because every successive pregnancy, can see women put weight on.<sup>6</sup> The task group also recognises the importance given to parental education from a pre-conception stage to introduce parents to breastfeeding and weaning children.<sup>7</sup>

8. There are perhaps the most gaps in Brent’s care pathway in terms of specialist support at tier 3 for children who are overweight and obese. In part this is to do with changes to joint commissioning arrangements. Until March 2011 Brent Council and NHS Brent, jointly commissioned a treatment programme for children aged 7 to 13 called MEND (Mind, Exercise, Nutrition Do it!) to help children make positive changes to their diet and fitness levels. There was also the Health Little Eaters programme in children’s centres, offering obesity prevention and treatment initiatives for children aged under five. This ceased in 2011.<sup>8</sup> Public Health has previously commissioned Dietetics Brent at London North West Healthcare Trust to run the Fit4Health programme designed to offer support to children who were overweight or obese. This worked with the whole family and ran from September 2015 to March 2016, supporting around 250 families.

9. From reviewing the local offer, the task group is of the view that there is universal integrated support at tier 1 and tier 2 in terms of the services provided by Public

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<sup>6</sup> Evidence Session 1, 16 July 2019

<sup>7</sup> Evidence Session 2, 23 July 2019

<sup>8</sup> Brent Obesity Strategy 2010-2014, Health Partnerships Overview and Scrutiny Committee, 17 March 2011

Health and NHS health partners for pre-school children, including in their first 1,000 days, and school-age children. This is important in prevention and reducing the need for more complex, and costly, support later on. However, it is less clear to what extent that those with weight issues are able to access evidence-based specialist support. This means that the care pathway is not as complete as it should be and it needs to be renewed to address fragmentation and ensure services are joined up. The task group has made the following recommendation to the Cabinet and Brent CCG, which should be aligned with the single North West London Clinical Commissioning Group when it comes into effect in 2021, together with the new borough-level arrangements.

**Recommendation 1: Renew Brent’s care pathway for childhood obesity and ensure children who are overweight or obese are able to access specialist support services which are evidence-based and cost-effective and work holistically with families.**

## **Working at Place to Tackle Brent's Obesogenic Environment**

10. While an effective care pathway is important in managing childhood obesity it is dependent on their being prevention activity working with the whole local population. From the evidence sessions, it is clear to the task group that the London Borough of Brent has seen a rise of the 'obesogenic' environment; in other words changes to high streets, and other public places, which can contribute to weight issues.

Therefore, it is more important than ever to have sufficient preventative activities, known as 'tier 0' interventions, in localities and work at place to counter 'obesogenic' trends, including initiatives to support physical exercise and wellbeing or to improve diet.

11. Brent has various initiatives aimed at improving children's diet and activity levels. Healthy Schools London, which aims to improve nutrition and hydration through the school day and promote physical activity through the Daily Mile, is now operating in around 32 Brent schools. A number of schools are developing travel plans and promoting cycling to school, and others have successfully applied for funding to help increase physical activity. Similarly, the Healthy Early Years award is now active in around 80 pre-school settings in the borough. The award aims to ensure that nurseries, toddler groups and childminders are preventing children's excess weight gain and improving diet during the day.

12. The local authority directly provides services which counter obesogenic trends. Brent Council's Play Streets project allows residents to apply for a temporary road closure for three hours as often as once a month so children who are living on the street can play safely and take part in physical activity in their road without traffic.<sup>9</sup> In Brent's parks there has been the Junior Park Run and Kids Run Free, and investment in outdoor gyms, and the Council has agreed to change park byelaws to allow cycling in the parks. Most importantly, the council's leisure centres at Vale Farm in Wembley, Bridge Park in Stonebridge and Willesden Sports Centre have an offer for children and families. For example, children under five can swim for free at Willesden and under 16s can swim for free during school holidays. However, the task group is aware that austerity and reductions in local government expenditure have also had an effect on the council's ability to provide these preventative services

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<sup>9</sup> Evidence Session 2, 23 July 2019

for the local population, and in the case of Charteris Sports Centre in Kilburn this meant closure of the local authority service in 2011 although it is now open as a community sports centre at certain times.

13. The maintenance of the public realm removes barriers to physical activity. However, the research by Lander Bosch presented in an evidence session identified public realm problems such as cracked pavements as making it feel unsafe for children to cycle while traffic congestion can make streets seem unsafe for play. Furthermore, while crime may be more localised in particular hotspots there is a wider perception of crime which leads parents to think that crime is a problem in their areas and they feel uncomfortable with leaving children outside.<sup>10</sup> The task group also heard at the scrutiny open session that perceptions of places such as parks or particular roads being unsafe is common among many residents; however, the perception can at times outweigh the real issue or safety concern.<sup>11</sup> A perception that parks are unsafe places may also be why parents in some areas are reluctant to allow their children to play in them, especially during the late evenings as well.<sup>12</sup>

14. Similarly, encouraging walking as a physical activity can face other barriers. According to the research by Lander Bosch, walking to school is often seen as too time-consuming, and many parents are in the habit of organising a child's day around the 'school run', particularly when they have children of different ages at different schools. However, for many parents it is thought that walking to school is a marginal loss of time, perhaps 10 minutes or so, compared with driving to school.<sup>13</sup>

15. The task group is of the view that children's walking to school is a physical activity which ought to be encouraged as much as possible in the borough despite our weather patterns and could become a flagship preventative activity. As Lander Bosch pointed out, it is at weekends when children can be at their most sedentary and inactive and going to school and being at school is an opportunity for activity. The walk to school and reducing the 'school run' also dovetails with the council's commitments on climate change; and can promote community cohesion by bringing

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<sup>10</sup> Evidence Session 2, 23 July 2019

<sup>11</sup> Scrutiny Open Session, 10 September 2019

<sup>12</sup> Evidence Session 3, 3 September

<sup>13</sup> Evidence Session 2, 23 July 2019

people into greater face-to-face contact compared to private journeys by car.<sup>14</sup> A walk to school is empowering for parents because it is a low intensity, easy activity, which is participatory and universal across all social and cultural groups, and can be done at zero-cost. While perception of time is often the main barrier; other physical activities also have time barriers. For example, bikes break down and parents say they have no longer have time to fix them.<sup>15</sup> The task group is of the view that the borough can set itself the goals of developing a universal walk to school for all primary school-age children in the borough. This may help to combat the doubling of children's obesity rates by the end of Year 6 as well as having wider societal and environmental benefits. By encouraging a widespread, participatory activity it could also be a social movement for health in which parents can feel more empowered as well.<sup>16</sup>

16. Planning also plays a role in shaping the environment. Brent Council has a landmark planning policy restricting new fast-food premises within 400m of secondary schools, and the Local Plan, against which all planning applications must be considered, has an Integrated Impact Assessment. However, it is clear from the task group evidence sessions that the borough is limited by national planning legislation and Brent's local policy cannot stop all new fast-food outlets opening.<sup>17</sup> Recently, Sir Simon Stevens, Chief Executive of the NHS, called for tighter controls on planning directives so that the number of new takeaways are limited as well, and the task group also supports the view that there needs to be more done in this area. As Brent Council participates in the joint committees of London Councils, which is the regional body of the Local Government Association and represents the interests of the capital's local authorities to national Government and Parliament, this is an issue which the Cabinet could take forward for discussion at a London-wide level with London leaders.

17. In terms of improving the diet of the wider population, the local authority has sought to improve the local food offer through encouraging food-growing initiatives. During the evidence sessions, the task group met with members of Northwick Park

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<sup>14</sup> Evidence Session 2, 23 July 2019

<sup>15</sup> Evidence Session 2, 23 July 2019; Scrutiny Open Session, 10 September 2019

<sup>16</sup> *Health As A Social Movement: Theory Into Practice* (Royal Society of Arts, New Economics Foundation, 2019), p7; [www.england.nhs.uk/new-care-models/about/empowering/social-movement/](http://www.england.nhs.uk/new-care-models/about/empowering/social-movement/)

<sup>17</sup> Evidence Session 2, 23 July 2019; Scrutiny Open Session, 10 September 2019

Community Garden and Harlesden Town Garden who have set up community food growing projects in their areas, and members were impressed with the work these projects are doing. If more food-growing project can be encouraged, they could have an even greater impact.

18. The task group evidence sessions learned about local initiatives to deal with the role of high-sugar foods in leading to obesity. Since 2016 Public Health has run its Slash Sugar campaign which has done a lot of awareness-raising preventative activities about the sugar content of food and drink. At a national government level the introduction of the Sugar Tax is thought to have had an impact as well. As part of Brent's local campaign there has been work in schools, and promotion of the new Sugar Smart app that has been launched by Change4life, allowing people to see how much sugar content there is in their food and drink measured in cubes and grams.<sup>18</sup>

19. To counter the obesogenic environment in the borough's high streets fast-food and takeaway outlets are encouraged to adopt the Healthier Catering Commitment (HCC). This is a London-wide initiative to encourage fast-food outlets to offer healthier alternatives such and to prepare food healthily. During the evidence sessions, the task group heard that in some town centres, particularly in Harlesden, a large number of outlets have signed up. A local vegan food company also told us about their positive experiences in adopting the HCC. However, while it is a free scheme it is also a voluntary one and there is no compulsion to take part. The task group has considered how the Healthy Catering Commitment could be adopted by more local takeaways and be transformative. This perhaps could be done by incentivising more takeaways and fast-food outlets to take part in the Healthy Catering Commitment. As part of a strategy for working at place, the Cabinet may want to explore reviewing policy around National Non-Domestic Rates (NNDR), also known as business rates, to see if an incentive could be developed for these high-street takeaway businesses, many of which may operate at small profit margins. A council has the discretion to apply a discount for business rates and the Cabinet has

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<sup>18</sup> Evidence Session 3, 3 September 2019

previously taken the decision to offer a one-off discount for companies accredited with the Living Wage Foundation, and meeting certain criteria.<sup>19</sup>

20. Overall, the task group would like to see preventative activities on a large-scale to help re-shape 'places' such as neighbourhoods, high streets and town centres so that the risks to children from a rising obesogenic environment are minimised and protective factors maximised. These activities can prevent children from becoming overweight, and overweight children from becoming obese. The task group feels that a new strategic approach could help to co-ordinate a very wide variety of activities at place – whether that be borough-wide or in particular localities – and focus on those such as a daily walk to school which may be well-suited to Brent. The Health and Wellbeing Board, working with the Children's Trust, as an 'anchor of place' could take this forward through its joint health and wellbeing strategy. Having considered these place issues and the obesogenic environment, the task group has made this recommendation to the Cabinet and Brent Clinical Commissioning Group.

**Recommendation 2: Develop a new place-based strategy for working at locality in Brent to integrate and maximise preventative activities such as walking to school which increase children's physical activity and minimise barriers in the environment which exist to increasing children's physical activity, and minimise factors which contribute to an obesogenic environment for children.**

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<sup>19</sup> Brent Council Cabinet, 26 January 2015, Report 'National Non-Domestic Rates Discretionary Discount Scheme for Businesses Accredited to Living Wage Foundation'; [www.brent.gov.uk/business/business-rates/how-to-reduce-your-business-rates/](http://www.brent.gov.uk/business/business-rates/how-to-reduce-your-business-rates/)

## Encouraging Diverse Communities to Overcome Childhood Obesity

21. Not every child in the borough is at the same level of risk of developing obesity, and childhood obesity is a major health inequality in the borough. Children in Stonebridge, Brent's poorest ward, have among the highest levels of being overweight or obese while children in Kenton, the most affluent ward, have the lowest rates. During the evidence sessions, the task group heard that the most affected children by deprivation and poverty are often those living in multi-occupancy households, often in the private-rented sector, or in temporary accommodation. It was described how parents often struggled to prepare meals because of a limited space to cook or store food. In addition, there are parents in Brent who have to rely on food banks as a source of meals for their children. The task group also heard that while there are initiatives in children's centres to encourage healthier cooking, the take up can be modest. In addition, for some of the borough's most marginalised parents, who face difficulties with housing, irregular working hours and precarious employment, there can be a perception that healthy eating and cooking on a budget are difficult to reconcile.<sup>20</sup>

22. However, while there is a relationship between poverty and childhood obesity, the evidence sessions heard that in Brent it is not as important as cultural factors. Children of Black or African heritage are at the highest risk of developing the condition. In addition, particular cultural communities may have higher risk factors despite relative economic affluence. During the evidence sessions it was explained to the task group that some of the more affluent south Asian communities are at higher risk than many other groups. The task group also heard that clinicians and GPs have worked with newly emerging communities to make sure they understand the risks of diet or engaged with them about cultural conceptions, which can mean a larger weight of a child is perceived as a sign of health.<sup>21</sup> Furthermore, at the scrutiny open session there was considerable discussion about diverse communities in the borough. Brent has a high proportion of residents born in another country for whom English is a second language. GPs find that there are issues of translating

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<sup>20</sup> Evidence Session 3, 3 September 2019

<sup>21</sup> Evidence Session 3, 3 September 2019

information and a need to ensure terms such as Body Mass Index are explained in a way which is sufficiently jargon free.<sup>22</sup>

23. Brent is a borough of minorities with a very high Black and Minority Ethnic (BAME) 0-5 and school-age population and therefore it has more children who may be at higher risk of developing weight issues or obesity. The task group's view is that we need to ensure parents of Black, Asian and other minority ethnic children are aware of the risks their children could face. This could involve using local networks to disseminate information on the increased risks faced by these groups, engaging with parent representatives or as with diabetes, organising local Community Champions of parents to spread a preventative message in a culturally appropriate way.<sup>23</sup>

24. Communities should not feel that they are being stigmatised. However, the task group thinks a new approach could be developed. This could draw on ideas of a social movement for health, or as been demonstrated in education, the principles of community organising to improve parents' self-efficacy. This approach helps to build capacity in the community and allows individuals to take more control of their health and wellbeing. There are limits to what a health care pathway and improving places can achieve, and the borough needs to help communities to mobilise and lead the way with the support of the local authority and health partners. During the evidence sessions it was apparent to the task group that the borough has many assets, for example a parent who wrote her own cookbook based on world foods and promoting portion control, which could be better brought together to help tackle childhood obesity.<sup>24</sup> The task group would welcome efforts to support people to work in partnership with our local NHS and Public Health to address childhood obesity by improving health in their own communities.

25. During the evidence sessions the task group learned that one of the reasons for the success of Amsterdam in reducing childhood obesity was the civic sense of urgency and political commitment which brought together different communities from across the city. The task group thinks that we need to develop a greater collective, shared purpose across communities to tackle childhood obesity. At the scrutiny open

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<sup>22</sup> Scrutiny Open Session, 10 September 2019

<sup>23</sup> Evidence Session 3, Scrutiny Open Session, 10 September 2019

<sup>24</sup> *Health As A Social Movement: Theory Into Practice* (Royal Society of Arts, New Economics Foundation, 2019), p7; [www.england.nhs.uk/new-care-models/about/empowering/social-movement/](http://www.england.nhs.uk/new-care-models/about/empowering/social-movement/)

session and evidence sessions the task group heard from a number of private, voluntary and independent (PVI) early years providers about the wealth of experience there is in these groups but this is not always joined up with the 'anchor institutions' of the local authority and local NHS.<sup>25</sup> The Cabinet and Brent CCG should consider how it could facilitate more joined up work between Public Health, and private, voluntary and independent (PVI) early years providers and wider communities to work as a borough with a shared sense of purpose to tackle childhood obesity and mobilise more people to take part. On the basis of the above findings from the evidence sessions, the task group has made this final recommendation to the Cabinet and Brent Clinical Commissioning Group.

**Recommendation 3: Develop a healthier communities strategy to help mobilise communities and people to tackle childhood obesity by sharing their assets and offering culturally appropriate peer-to-peer support for parents.**

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<sup>25</sup> Scrutiny Open Session, 10 September 2019

## Appendix A

**The task group would like to thank the following participants at its evidence sessions, which took place on 16 July, 23 July, and 3 September 2019.**

Duncan Ambrose, Assistant Director, Brent Clinical Commissioning Group

Wioletta Bura, Little Smile Nursery

Joan Byas, Happy Stars Nursery

Joy Donaldson, Central London Community Healthcare NHS Trust

Sylvia Gauthereau, Brent Cycling Campaign

Jo Gordon, Director, Daniel's Den

Dionne Greenaway, Senior Commissioning Manager, Brent Clinical Commissioning Group

Dr Ketana Halai, Clinical Director Willesden Locality, Brent Clinical Commissioning Group

Farhat Hamid, Head of Nutrition and Dietetics Brent, London North West Healthcare Trust

Sarah Hawken, Active Lifestyles Manager, Brent Council

Cllr Krupesh Hirani, Brent Council Cabinet Member for Public Health, Culture and Leisure

Debbie Huckle, Team Leader Safety and Travel Planning, Brent Council

Ruth Joseph, Barnardo's Children's Centres

Paul Lewin, Planning Policy and Projects Manager, Brent Council

Janet Lewis, Director of Operations, Central London Community Healthcare NHS Trust

Geraldine Madanga, 0-19 Locality Lead, Central London Community Healthcare NHS Trust

Marie McLoughlin, Public Health Consultant, Brent Council

Julie Pal, Brent Healthwatch

Rishil Parekh, Northwick Park Community Garden

Gabriel Parfitt, Harlesden Town Garden

Dr Madhukar C Patel, Chair, Brent Clinical Commissioning Group

Paul Richards, Traffic Manager, Brent Council

Dr Mahesh Shah

Nishma Shah and Mashersh Shah, Shambhu's

Dr Melanie Smith, Director of Public Health, Brent Council

Sasi Srinivasan, Early Years Manager, Brent Council Children's Services

Hilary Turner, Curzon Crescent and Fawood Children's Centres Partnership

Douglas Twenefour, Diabetes UK Clinical Adviser

**The task group would also like to thank all those who attended the open session on 10 September 2019**

## **Appendix B: Task Group Terms of Reference**

- a) Understand the causes of childhood obesity among children in Brent up to Reception and Year 6.
- b) Examine the trends for obesity rates among Reception children and the increase in obesity by Year 6.
- c) Evaluate the impact of NHS, health services and public services in preventing childhood obesity and preventing and responding to excess weight and obesity in childhood.
- d) Review the effects of external environment and home environments on children's health, wellbeing and weight, including the impact of household poverty, parents working hours and other family 'stressors' such as insecure housing or employment.
- e) Evaluate the role of parents and parenting in preventing childhood obesity with particular reference to adult obesity.
- f) Understand how different children may be affected, in particular those with Special Educational Needs and Disabilities, and children who are carers.
- g) Review local authority and NHS strategies and Policy Framework as appropriate.
- h) Make reports or recommendations to NHS bodies, the council's Cabinet or Full Council on the basis of the evidence it has gathered as part of the review.

## Appendix C: Evidence Sessions

<b>Evidence Session 1 16 July 2019</b>	<b>Themes and areas discussed</b>
	<p>Breastfeeding, solid foods.</p> <p>How encouragement is given to mothers around breastfeeding, and training for health professionals; how health services work with other agencies and work places to encourage and create an environment to support mothers.</p> <p>Signposting by GPs; midwives, paediatricians and consultants in hospitals.</p> <p>GP training in discussing weight management.</p> <p>Understanding what weighing/measuring takes place 0-4 in Brent</p> <p>Collecting data and information systems: GPs, A&amp;E departments, paediatricians, school nurses, children's centres</p> <p>Training for healthcare professionals in identification Healthy weight 'pathways' for 0-5; 5-10 year olds</p> <p>Healthy Early Years (HEY) Award; National Child Measurement Programme in schools</p>

<b>Evidence Session 2 23 July 2019</b>	<b>Themes and areas discussed</b>
	<p>The influence of the external environment, presentation by Lander Bosch</p> <p>Walking to school, driving to school or pre-school</p> <p>Opportunities for children's physical exercise</p> <p>Helping children who live in unsafe areas or who do not have access to safe walking routes or opportunities to be physically active</p> <p>Brent's parks and playgrounds and encouraging physical activity</p> <p>Wider opportunities to be physically active in a safe environment</p> <p>Creating healthier high streets</p> <p>Play Streets in Brent</p> <p>The relationship between physical activity and weight</p>

<b>Evidence Session 3</b>  <b>3 September 2019</b>	<b>Themes and areas discussed</b>
<p>Home environment</p> <p>Diet</p> <p>Budgeting</p> <p>Food preferences of family members</p> <p>Family habits and physical activity</p> <p>High sugar food</p> <p>Food growing</p> <p>Fast food and takeaways</p> <p>Culture and diet</p>	

**Evidence Session 4: 10 September 2019**

The final session was run as a Scrutiny Open Session and was open for residents, parents and community groups to attend. It reviewed the main themes as set out above but was a forum for members of the public to contribute to the scrutiny task group.