



**Community and Wellbeing Scrutiny
Committee**
9 July 2019

**Report from the Assistant Chief
Executive**

Childhood Obesity: Members' Scrutiny Task Group

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	1 – Scoping Paper
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	James Diamond, Scrutiny Officer, Strategy and Partnerships, james.diamond@brent.gov.uk 020 8937 1068

1.0 Purpose of the Report

1.1 To enable members of the Community and Wellbeing Scrutiny Committee to set up a members' scrutiny task group to review childhood obesity in Brent.

2.0 Recommendation(s)

2.1 Members of the Community and Wellbeing Scrutiny Committee to discuss and agree the contents of this report and scoping paper attached in the Appendix.

2.2 Members of the Community and Wellbeing Scrutiny Committee agree to set up a task group with the terms of reference and membership in the Appendix.

3.0 Detail

3.1 In 2018 the Community and Wellbeing Scrutiny Committee discussed a report from the Director of Public Health about childhood obesity, which was presented by the Cabinet Member for Public Health, Culture, and Leisure and Director of Public Health. It stated that average levels of childhood obesity in Brent measured by National Child Measurement Programme exceed those of similar boroughs. At the meeting members discussed the wider problems of children achieving a healthy weight, balanced diets and exercising habits in

Brent. The committee decided a task group should be set up to examine the issue in detail.

3.2 The causes, prevention and treatment of childhood obesity are an extremely broad and complex area. Instead of an 'end to end' review the task group has opted to look at four focused areas for its evidence sessions: NHS, local government and public services; external environment; the home environment, and parental engagement.

3.3 A key part of the work of the task group will be to produce a written report with recommendations which the Community and Wellbeing Scrutiny Committee will agree to refer to Cabinet, Full Council, or the NHS and health services. Recommendation-making is a key function of an overview and scrutiny committee. It's considered good practice that recommendations are SMART (specific, measurable, agreed, realistic and timed); limited in number, and rest on a body of evidence which is accumulated during the scrutiny review.

3.4 Evidence-gathering is a key part of the role of the task group. Members will be expected to develop their own lines of questioning to test the evidence they are presented with, and to weigh-up the evidence they are given. It is considered best practice for members to consider different types of qualitative and quantitative information so they have a complete view of a subject. ¹

4.0 Financial Implications

4.1 There are no financial implications arising from this report, but finance implications in the task group's final report will be considered at that stage.

5.0 Legal Implications

5.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 a scrutiny committee can ask for health bodies to provide information about the planning, provision and operation of health services as reasonably required by local authorities to enable them to carry out health scrutiny; attend before a local authority committee to answer questions as necessary and respond to scrutiny reports and recommendations.

6.0 Equality Implications

6.1 There are no equality implications arising from this report, but equality implications in the final report of the task group will be considered at that stage.

7.0 Consultation with Ward Members and Stakeholders

7.1 Non-executive members are involved in this overview and scrutiny task group.

Report sign off:

Peter Gadsdon
Assistant Chief Executive

¹ *The Scrutiny Evaluation Framework*, (Centre for Public Scrutiny, April 2017) pp.7-9