

	<p align="center">Community and Wellbeing Scrutiny Committee 16 March 2020</p>
	<p align="center">Report from the Assistant Chief Executive</p>
<p align="center">Childhood Obesity: Members' Scrutiny Task Group Report</p>	

Wards Affected:	All
Key or Non-Key Decision:	N/A
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 - Childhood Obesity in Brent Task Group Report
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 update members of the Community and Wellbeing Scrutiny Committee with the report of a scrutiny task group set up to review childhood obesity.

2.0 Recommendation

- 2.1 Members of the Community and Wellbeing Scrutiny Committee to discuss the contents of the report, including the recommendations, and agree they are satisfied to send the final report and recommendations to the Cabinet as well as the Governing Body of Brent Clinical Commissioning Group for a response.

3.0 Detail

- 3.1 The Community and Wellbeing Scrutiny Committee discussed a report presented by the Director of Public Health and Cabinet Member for Public Health, Culture, and Leisure and on childhood obesity on 28 February 2018. The report and discussion made clear the scale of the problem in Brent with average levels as measured by National Child Measurement Programme higher than the national average for England and most London boroughs. As part of the work planning for 2019/2020 the committee agreed a task group should be set up to examine the issue in detail and the membership, scope and terms of reference were agreed by the scrutiny committee on 9 July 2019.

- 3.2 Childhood obesity is complex area and the task group reviewed the subject with three evidence sessions looking at the themes of NHS, local government and public services; external environment; the home environment, and parental engagement. In addition, the task group organised an open scrutiny session. The details of these sessions are set out in the report's appendix.
- 3.3 A key part of the task group's work was to produce a written report with recommendations which the Community and Wellbeing Scrutiny Committee can refer to Cabinet or local NHS as part of the committee's remit. As stated in the report, the task group agreed three recommendations to the Cabinet and Governing Body of Brent Clinical Commissioning Group. However, if agreed these will be referred separately to each to agree its own response.
- 3.4 For clarity, the three recommendations agreed in the task group report to the council's Cabinet and Brent Clinical Commissioning Group are the following:
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.
 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 factors which contribute to an obesogenic environment for children.
 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.

4.0 Financial Implications

- 4.1 There are no direct financial implications arising from this report because the recommendations in the task group's reports are strategic and not operational. However, if Cabinet were to agree a strategic recommendation there could be cost implications in implementing it operationally, which would need to be considered by Cabinet. For example, if Cabinet introduced changes to the care pathway there could be cost implications for commissioning arrangements.

5.0 Legal Implications

- 5.1 There are no direct legal implications from the report. However, under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 a scrutiny committee can ask an NHS organisation to answer questions as necessary and respond to scrutiny reports and recommendations.
- 5.2 In addition, as set out in the council's constitution the scrutiny committee can review or scrutinise decisions made, or other action taken, in connection with the discharge of any functions which are the responsibility of the executive, and make recommendations and reports to the council's Cabinet.

6.0 Equality Implications

6.1 Pursuant to s149 of the Equalities Act 2010, there are no direct equalities implications from the report. However, the task group report discusses health inequalities and the differing rates of childhood obesity among children from Black Minority and Ethnic (BAME) communities. It also makes a recommendation to the Cabinet to introduce a healthier communities strategy. If Cabinet were to implement that recommendation then it may need to consider an equalities impact assessment before the decision.

7.0 Consultation with Ward Members and Stakeholders

7.1 Non-executive members were involved in this task group, which involved a number of stakeholders in the community as listed in the report's appendices.

Report sign off:

SHAZIA HUSSAIN
Assistant Chief Executive