



Office for Health  
Improvement  
& Disparities



**MAYOR OF LONDON**



# **Every Child a Healthier Weight Delivery Plan**

**Our Vision for London - Healthier Child Weight**

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# Leadership Statement

Our vision is for children and their families to be able to grow, live and work in supportive environments, allowing them to maintain a healthier weight and be physically active. We recognise that childhood obesity is a complex issue and poses a major public challenge in London, with significant health inequalities.

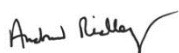
This is why we are committed to adopting a multi-sectoral and integrated approach by working across health, education and social care systems to improve the health of London's children and their families. This ambition can only be achieved by working with our communities, with genuine and active involvement of children and families as we seek to bring about far-reaching change.

The Every Child a Healthier Weight Delivery Plan sets out our vision to take a whole-systems approach to ensuring that every child gets the best start in life in London, enabling them to maintain a healthier weight from early years to adulthood. Every child in London should have equal opportunities to be healthy. The vision embeds prevention in all policies but also includes supportive actions to halt unhealthy weight gain and provide support for communities to enjoy healthy living.

Therefore, London Councils, the London Association of Directors of Public Health (ADPHL), the NHS, the Office for Health Improvement and Disparities (OHID), the Mayor of London and communities have come together to realise the ambitions set in the London Every Child a Healthier Weight Delivery Plan. This work is vital as we strive to build a better London for everyone.



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# Glossary of terms

ICS: Integrated Care Systems

GLA: Greater London Authority

LA: Local authority

OHID: Office for Health Improvement and Disparities

TfL: Transport for London

NCMP: National Child Measurement Programme

HFSS: high in fat, salt or sugar

LCOT: London Childhood Obesity Taskforce

ADPHL: London Association of Directors of Public Health

# Executive Summary

Childhood obesity is a significant public health challenge facing London with multifaceted and often interlinked causes with significant health inequalities (1). We need to ensure children and their families have opportunities to live, grow and prosper in a city that promotes healthy environments. We aim to adopt a systems wide approach by engaging with communities, early years settings, schools, businesses, health and social care, transport, voluntary sectors in supporting families and children to achieve and maintain a healthier weight.

This call-to-action means cutting across systems and the wider determinants to influence policies, systems and environments to support healthy behaviours and improve child health, while also increasing efforts to reduce health inequalities and inequities.

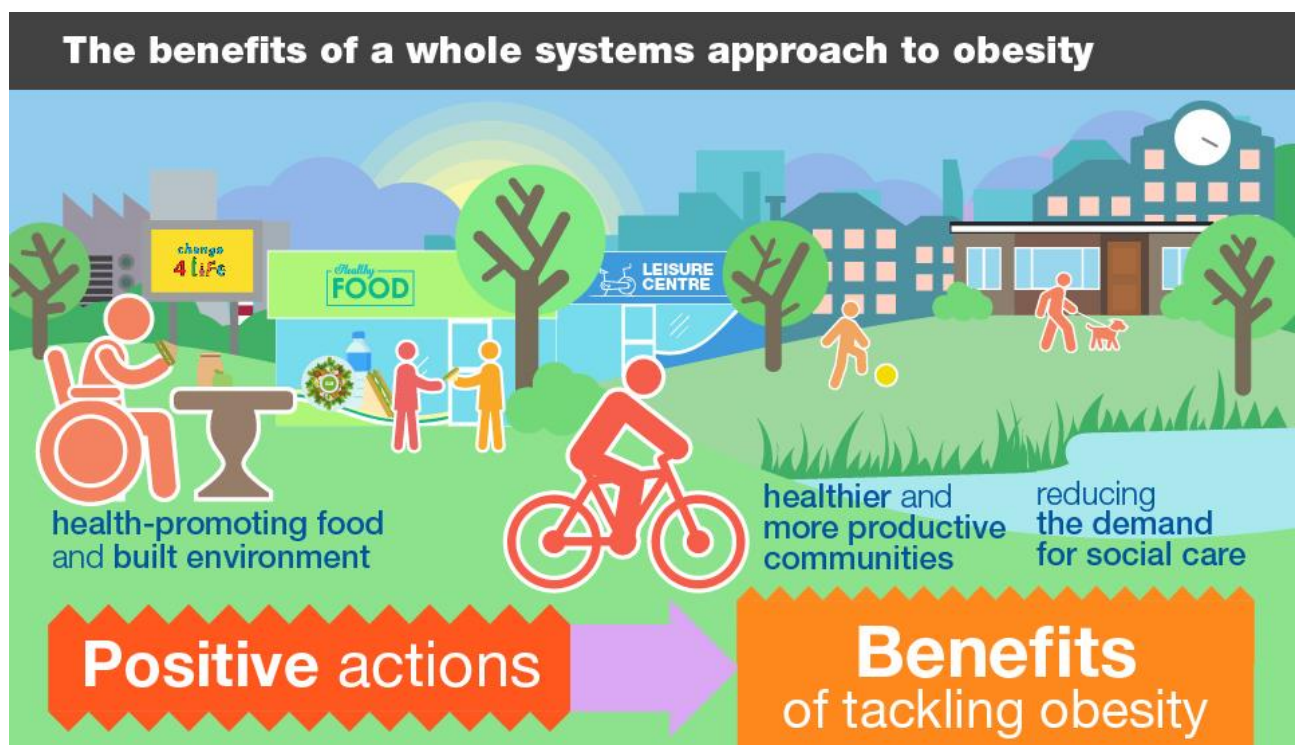
Every Child a Healthier Weight Delivery Plan sets out to achieve the ambitions in Every Child a Healthy Weight (2019) by adopting a systems wide approach to ensure every child gets the best start in life, supporting them through their journey to adolescence into becoming healthy adults by tackling the wider determinants. These ambitions and actions have been agreed with relevant partners and are included in Appendix 1. A summary of actions include:

1. Tackling child poverty and promoting supportive environments
2. Supporting women to breastfeed for longer and establishing links with London's Local Maternity Systems to raise this issue up the agenda and gain an understanding of what would help support delivery of this high impact area.
3. Skilling up early years professionals by facilitating training to enable them to support young children and their families in maintaining a healthier weight
4. Using the National Child Measurement Programme (NCMP) to better support parents to understand how they can be supported if their child is identified through the NCMP as being affected by overweight or obesity
5. All nurseries and schools are enabling health for life by providing healthy environments and ensuring evidence-based consistent messages are delivered by early years staff, health visitors, school nursing, school staff, and primary care to local communities
6. Making free 'London water' available everywhere by ensuring water is readily available in public spaces, neighbourhoods and schools
7. Creating more active, playful street and public spaces by supporting and promoting the implementation of local activities such as Opening School Facilities Projects in secondary

schools, School Superzones, School Garden Projects, School or Play Streets or the Daily Mile

8. Stopping unhealthy marketing that influences what children eat by supporting and promoting the implementation of Healthier Food Advertising policies which includes restrictions on advertising food that are high in saturated fat, salt or sugar (HFSS)
9. Transforming fast food business to enable them to provide healthy choices for local communities
10. Funding good-food innovation and harnessing the power of investment. Supporting the Healthier Catering Commitment scheme to help caterers and food businesses make simple, healthy improvements to their food

Supporting London's children to achieve and maintain a healthier weight is an investment in London's future and we are inviting you to help us make this a reality.



# Acknowledgements

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# Overview

## About this delivery plan

This delivery plan focuses on implementing population-wide interventions to contribute to the Mayor of London's ambition to promote that Every Child maintains a Healthier Weight in London (see section on Tackling Obesity in London).

Considering the scale of the problem (see section on The Challenge), we envisage that this will involve collaborative cross-sector working between the Greater London Authority (GLA), Local Authorities (LA), NHS England and Improvement (NHSE/I) and the Office for Health Improvement and Disparities (OHID), Integrated Care Systems (ICS), TfL to build healthier environments for children and their families with healthier food options and spaces that encourage active travel and physical activity.

It also aims to support the system to ensure that children and young people and their families who are at-risk of or are living with overweight are supported and enabled to maintain a healthier weight as they grow into adults.

The actions in this plan set out how we hope to achieve the Mayor's London Childhood Obesity Taskforce's (LCOT) ambitions to ensure that every child in London has a healthy weight.

This document provides evidence-based guidance and actions based on the life course of the child, from preconception up to school-age, recognising the importance of addressing the wider determinants of health and inequalities that different communities experience.

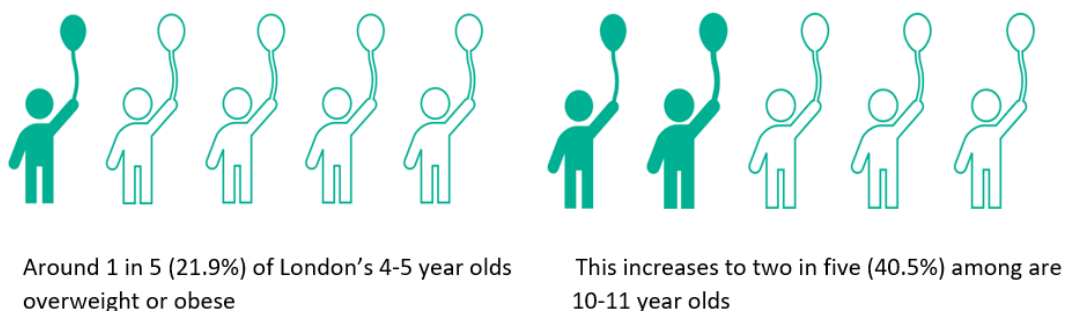
It sets out the evidence-base, the current status in London and actions for the following areas:

1. Promoting Healthier Weight in Pregnancy
2. Infancy and Early Years (0 – 5) focusing on:
  - Breastfeeding and feeding
  - Healthy Early Years
  - School Aged Children (5 - 18)
  - Healthy Communities

## The Challenge

In 2021-2022 London had the third highest obesity prevalence among 10-11-year-olds compared with other regions.

Figure 1: Obesity prevalence in London's Reception age and Year 6 Children (2021-2022)



A summary of prevalence and trends of overweight and obesity across London local authorities is provided in appendices 2 and 3.

There are variations by local authority, which ranged from 49.1% of 10-11 year olds having excess weight in Barking and Dagenham compared with 22.5 % of children living in Richmond in 2021-2022. There are significant inequalities in childhood obesity across England (1):

- Children living in the most deprived areas are disproportionately affected. Obesity prevalence was over twice as high for 10- to 11-year-olds living in the most deprived areas (27.5%) than for children living the least deprived areas (11.9%). Severe obesity prevalence was over four times as high for 10- to 11-year-olds residing in the most deprived areas (7.5% and 1.6% respectively).
- Children from certain Black, Asian, Minority Ethnic communities are at increased risk of weight gain. Children from black Caribbean and black African background are most affected for both Reception and Year 6 age groups. Reception children from Chinese backgrounds had the lowest prevalence of obesity and year 6 children from White and Chinese backgrounds had the lowest prevalence, respectively.

## Impacts of childhood obesity

Living with overweight or obesity in childhood has profound impacts on the health and life chances of children:

- It increases the risk of developing a range of adverse health conditions such as type 2 diabetes, respiratory problems, cardiovascular disease, liver diseases, cancer and musculoskeletal pain (2). The National Paediatric Diabetes Audit reported year on year increases in the numbers of children with Type 2 diabetes and that higher risk was found in girls, those of Black Asian Minority Ethnic background and those living in the most deprived areas (3). These conditions have long-term consequences that can severely impact children's quality of life.
- There is a bidirectional association between poor mental health and obesity which emerges in mid-childhood stemming from young people's self-esteem and experiences of living in obesogenic environments (4).
- The obesity epidemic places a significant financial burden on the NHS as well as societal costs. It has been estimated that the NHS spends about £6.5 billion a year on conditions associated with being overweight or obese (5).
- The COVID-19 pandemic has highlighted that excess body weight is a significant factor for adult mortality and morbidity increased risk of intensive care admission, as well as poorer health outcomes from COVID-19 (6).

Our call to action is to ensure that every child has the best start in life with a solid foundation for health, education, economic growth and prosperity by adopting a whole systems approach (7).

## Causes of Obesity and shared risks

The causes of obesity are complex with interactions between environmental, societal, cultural, behavioural (food consumption and physical activity) and genetic factors, which influence energy balance and subsequently the development of overweight and obesity (8).

In the last few decades, there have been major changes to social behaviours, shaped by longer working hours, less physical activity and abundant availability of fast food. This obesogenic environment has affected overall food consumption patterns (8). Consuming unhealthy food and sugars sweetened drinks are associated with weight gain (9). High

sugar consumption is also associated with an increased risk of tooth decay which is a public health burden for young children in London (10).

Although upstream interventions which are aimed at the wider socio-environmental determinants may be more effective in tackling childhood obesity, we also need to ensure that supportive environments are enabling positive health behaviours. There is no magic bullet. We need to ensure a continuum of interventions including fiscal measures, healthy schools and workplaces and supporting those with excess weight to lead healthy lives (11). Our ambition is to put child healthier weight in all local policies and working with communities to maintain a healthier weight across the life course.

Active participation of Londoners, London's health, education and social care systems working in partnership, to deliver actions that are sustainable with positive short and medium-term outcomes.

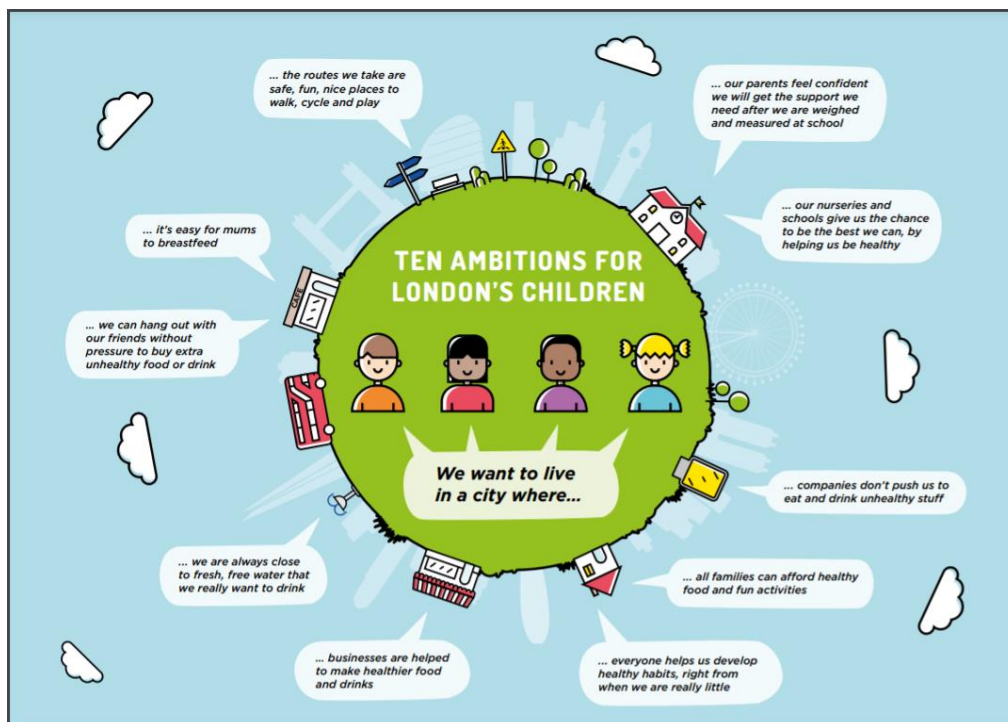
## **Tackling Obesity in London**

The London Health Inequalities Strategy (2018) sets out the Mayor of London's aim that every London child has a healthy start in life (12). One of the objectives identified to help achieve this is to take action to help all children achieve and maintain a healthier weight with focused support for communities with high rates of child obesity.

Achieving a healthier weight for London's children and young people is a key priority in the London Health and Care Vision 2019 - a partnership publication signed by the Mayor, London Councils the NHS and the city's public health system. This includes a range of ambitious targets, alongside an overarching aim to integrate services and work collaboratively to improve the city's wellbeing and health (13).

The London Child Obesity Taskforce (LCOT) was established in 2019 and published ten key ambitions and actions needed for London's children to be a healthier weight (14).

Figure 2: Ambitions and actions developed by the London Obesity Taskforce



## Healthy Place, Healthy Weight (HPHW) recovery mission

The London Recovery Board jointly chaired by the Mayor of London and the Chair of London Councils, is taking a mission-based approach to London's long-term social and economic recovery from the COVID pandemic. HPHW is one of two health missions with a focus on the healthier weight of children and families and a commitment that 'By 2025, all London's families will find it easier to eat healthy food and be active where they live, learn, shop, work and play'. It is through this recovery mission that the GLA will take forward work on Child Obesity. This includes expansion of school Superzones, water only schools and healthier food advertising policies, and support for infant feeding.

## The Role of the London Child Obesity Delivery Board (LCODB)

The LCODB will work alongside other London-level strategic boards in overseeing the delivery of key aspects of the LCOT ambitions.

There will be a focus on areas which are not being delivered or overseen elsewhere in the system that the LCODB could influence and add value to. This delivery plan brings together existing opportunities and wide-scale initiatives being taken by partners that

contribute to the LCOT's ambitions. The LCODB will oversee and ensure that the actions delivered by partners across the system are joined-up, coherent and consistent with the LCOT's calls to action.

We are committed to delivering evidence-based actions and so the LCODB will also seek to promote the evaluation of existing and proposed actions and their impact where possible.

## **Guiding Principles**

Tackling health inequalities in child obesity is a priority for London. This will involve a "proportionate universalism" approach, with universal public health actions to reduce the social gradient overall but also focusing on those most disadvantaged families. Additionally, we need to address the needs of vulnerable children, including children with special educational needs, children with physical disabilities, children with long term medical conditions, looked after children, care leavers, children with mental health disorders.

The following guiding principles have been agreed by the Obesity Delivery Board in promoting a healthier weight among children, their families and the wider population in London.

## The Guiding Principles

Systems wide approach in which policy makers create healthy environments, minimise any potential barriers and coproduce with communities to take collective and cohesive action to promote positive health outcomes

Tackling health inequalities and ensuring that interventions are relevant and culturally sensitive and address the needs of vulnerable children by adopting proportionate universalism to address local populations' needs

Focus on prevention, adoption of a life course approach and early intervention - every child gets the best start in life

Implementation of evidence-based interventions which promote healthy food environments and accessible physical spaces for all

Promoting equitable access to weight management services

Innovation in digital technologies and tools to support healthy living

Collective actions need to be sustainable and effective

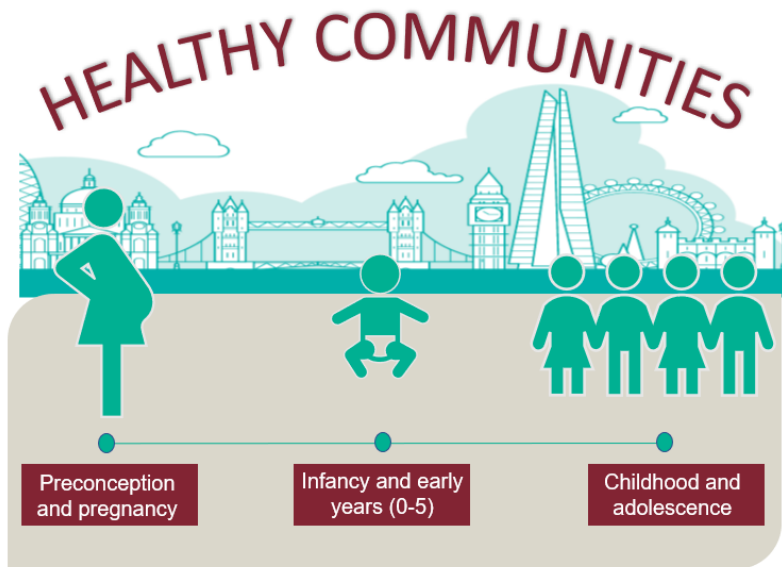
Monitoring and feedback coupled with research to drive improvements in public health actions

## Taking a life course approach

Action to maintain child healthy weight must start before birth and be followed through the life course of the child.

This plan will take a life-course approach to realise the Mayor's ambition to reduce childhood obesity and the ambitions published by the LCOT. In addition, this plan also recognises the wider determinants of health that contribute to inequalities and achieving a healthier weight such as poverty and the built and natural environments that children and young people and their families live in.

Figure 3: Infographic showing the life course approach through childhood



## AMBITION 1 TACKLING CHILD POVERTY AND PROMOTING SUPPORTIVE ENVIRONMENT

### What is the evidence?

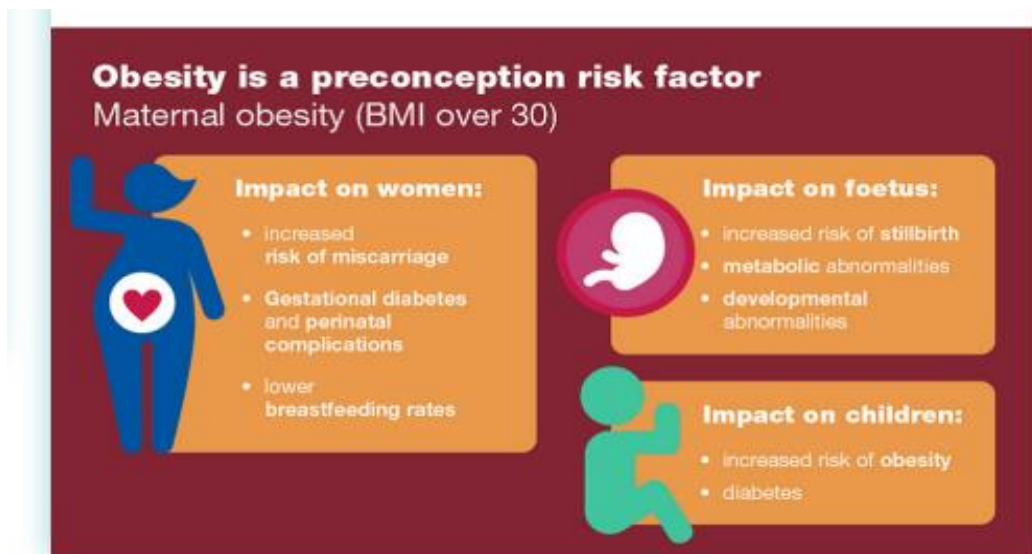
Families from lower incomes tend to have poorer access to healthy food due to limited disposable income. Therefore, families need to be supported to enable the purchase of healthy foods. Healthy Start helps to encourage a healthy diet by providing support to pregnant women and families with children under four to help increase the range of fruits and vegetables that families can buy.

Supporting women in achieving and maintaining a healthier weight before, during and between pregnancies is a crucial part of reducing childhood obesity.

Promoting a healthier weight in pregnancy is identified as a high impact area for ensuring a best start in life and supports the delivery of the Healthy Child Programme (15). This approach follows the evidence that the 1,000 days from conception to the age of two is a critical period for child development and establishing the foundations for a healthy life. Nutrition plays an important role in maternal conception as well as ensuring a healthy start to infancy. Maternal obesity and diet have implications for pregnancy outcomes as well as foetal development and increased risk of obesity in childhood development of chronic diseases (16). Studies have found that children who live with parents living with obesity are more likely to grow up to live with overweight or obesity themselves (15).



Figure 4: Graphic showing impacts of obesity on mother and child (Public Health England, Health Matters)



Evidence also shows that there is a correlation between maternal obesity and breastfeeding rates (17). Women living with overweight, and obesity are less likely to initiate breastfeeding (18) due to factors contributing to delayed onset of lactation (19).

## Current practice in London

Eligible families from lower income backgrounds are supported by the Healthy Start scheme, which provides a prepaid card that is topped up automatically every four weeks to be spent on or put towards the cost of food and milk. Healthy Start beneficiaries also have access to free vitamins. In some London boroughs, families also have access to Vouchers to purchase fruit and vegetables.

To help mitigate the effects of the cost-of-living crisis, the Mayor of London has provided £3.7 million additional funding for new work to help Londoners on low incomes understand their rights and entitlements and access support. The GLA has recently launched the Cost-of-Living Hub which provides information about advice and support for Londoners struggling with the rising cost of living.

A Robust Safety Net Mission has been established to provide support for London residents to prevent or alleviate financial hardship. This will include supporting Local Authorities in promoting and increasing the uptake of all relevant benefits e.g., facilitate sharing of resources and best practice, create new resources if needed, targeted communications (e.g., for migrant families with no recourse to public funds (NRPF) following recent changes).

The Advice in Community Settings initiative provides support to enable Londoners to access financial, welfare and debt advice in trusted, local, informal settings. The two-year programme funds 11 partnerships across London, providing advice in food banks, baby banks, schools and community centres.

Maternal obesity is associated with demographic health inequalities. Women from Black ethnic groups and women living in deprived communities are more likely to enter pregnancy with a body mass index (BMI) above that for a healthy weight (20). The prevalence of obesity in early pregnancy in London is 17.8%. This varies across local authorities ranging from 27.4% in Barking and Dagenham to 6.8% in Kensington and Chelsea (21).

Evidence from a recent COVID-19 study shows a disproportionate impact of COVID-19 on pregnant women living with overweight or obesity, with 76% of pregnant women admitted to hospital with COVID-19 symptoms were found to be living with overweight or obesity (22).

## **What can we do to support healthy environments and reduce maternal obesity in London?**

1. Support making London a Living Wage City so that families can afford the essentials and live a good quality of life.

2. Establish links with London Local Maternity Systems to raise this agenda and gain an understanding of what would help support delivery on this high impact area

-Develop clear referral pathways across the system that is made accessible and available to midwives, health visitors and other health professionals locally using the results from Weight Management Service mapping exercise

-Ensure all pregnant women are booked for antenatal care to receive preventive advice and support but also ensuring women from the most deprived quintiles are targeted and prioritised

-Facilitate the development of local resources to support the implementation of healthier weight messaging for relevant professionals in collaboration with the London Obesity Leads Network, Local Maternity Systems and the multi-disciplinary Obesity Clinical Network

-Facilitate the sharing of best practice work (incl. cooking classes and use of community services such as walking groups to support women achieve a healthier weight) via the London Obesity Leads Network

-Facilitate future training opportunities and resources (including motivational interviewing and Making Every Contact Count and Moving Medicine modules that will enable all midwives, health visitors and other allied health professionals to start healthier weight conversations and physical activity as part of the multi-disciplinary Obesity Clinical network.

Promoting a healthier weight in pregnancy can support the LCOT's ambition 2 in supporting women to breastfeed for longer:

Other documents and resources that could support this work:

- [All Our Health 'call to action' for health and care professionals](#) (including e-learning resources)
- [Promoting a healthier weight for children and young people and families: consistent messaging](#) (2019)
- [Maternity High Impact 3: Supporting healthy weight before and between pregnancies](#) (2020)

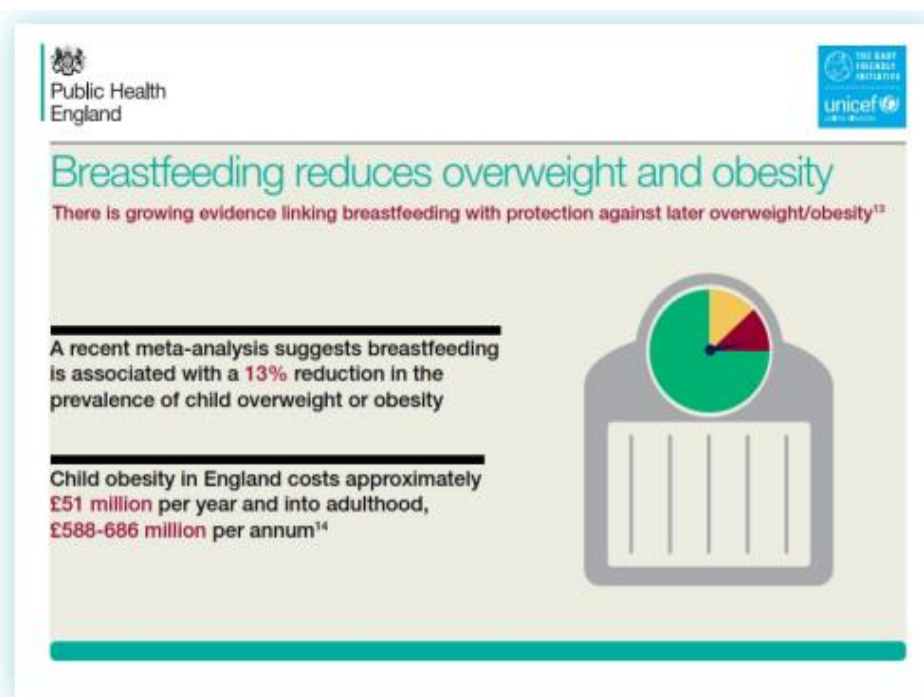
AMBITION 2

**SUPPORT WOMEN TO  
BREASTFEED FOR LONGER**

## What is the evidence?

Breastfeeding is an important public health priority and is central to giving every child the best start in life and reducing health inequalities (23, 24, 25). Exclusive breastfeeding for around the first six months of life is therefore recommended by healthcare professionals (26). Not breastfeeding can be linked to increased risk of gastroenteritis, respiratory disease and sudden infant death syndrome. There is also growing evidence that breastfeeding reduces a child's current and future risk of overweight and obesity (26).

Figure 5: Graphic showing the breastfeeding as a protective factor for overweight and obesity (Public Health England, Unicef Baby Friendly Initiative)



## Current practice in London

There is currently limited data published on breastfeeding rates in London. Previous work with Local Authorities and contracted health visiting providers highlighted key reasons relating to capacity and issues with the IT system used. The non-validated data for 2019/20 annual figures show that the breastfeeding status is known for around 74% of infants aged 6-8 weeks in London. Based on this data, it is estimated that around 57% of infants aged 6 – 8 weeks were totally or partially breastfed (27).

A new UK wide Infant survey has already been commissioned and findings from the survey are due to be published in 2024. In the last UK-wide Infant Feeding Survey in 2010, it was found that 81% of women initiate breastfeeding but there is a steep decline in breastfeeding rates during the early postnatal period, with just 55% of women breastfeeding at six weeks (28). Mothers who did not receive support after childbirth were more likely to have stopped breastfeeding usually within the first two weeks. The survey as well as other studies show that mothers from all minority ethnic groups are more likely to breastfeed compared to white mothers (28, 29). Breastfeeding peer support networks and incentives can increase mothers' confidence in breastfeeding as well as increasing the duration of breastfeeding (30).

As part of the Family Hubs and Start for Life Programme, the Government is investing £50 million to enable 75 local authorities in England, 16 of which are in London, to design and develop infant feeding services in line with local needs. This investment will help local areas to create an environment that is supportive of breastfeeding, and to put in place the range of specialist support and advice that is needed to help mothers who want to continue their breastfeeding journey. Different mothers and babies have different needs, so this investment will increase the range of advice and specialist support that is available, ensure support is available face to face, over the phone and digitally (including at antisocial hours), and reach families where they are – whether that’s at home, in Family Hubs or in hospital settings. It will also ensure that all parents and carers receive the infant feeding help they need, irrespective of whether they are breastfeeding, expressing, combination feeding, or using formula.

## **What can we do to help increase the number of women breastfeeding and supporting them to breastfeed for longer in London?**

### **Promotion of breastfeeding**

1. The Mayor of London is committed to ensuring that London becomes a ‘baby-friendly city’ and that more women are supported to start and sustain breastfeeding in the city. A recent study of the urban environment in Cardiff City demonstrated that barriers to breastfeeding can include physical and social barriers such as lack of available space, poor quality mother and baby rooms, and stigmatisation in spaces with high level of surveillance or low privacy (31).
2. The Mayor calls for partners to work with TfL to ensure those who wish to breastfeed on London’s transport network are supported to do so.
3. Support areas to become UNICEF UK Baby Friendly Initiative accredited in maternity and community services and ensuring that the standards are being met. In London, 12 Boroughs have achieved Stage 3 accreditation, 7 Boroughs have achieved Stage 2 accreditation, 10 Boroughs have achieved Stage 1 accreditation and 3 Boroughs have a certificate of commitment or are not participating in the UNICEF Baby Friendly Initiative (32).
4. Provide a universal offer of support to promote breastfeeding as well as targeting women living in the most deprived areas by adopting peer-to-peer networks and exploring the use of incentives.

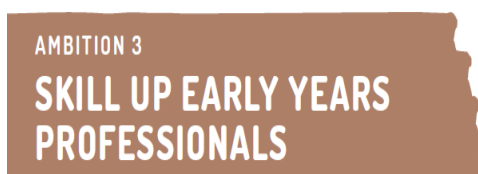
## Monitoring and data collection

5. Explore approaches for robust data collection of breastfeeding status at 6-8 weeks.
6. Support midwives, local authorities and their contracted health visiting services to collect robust and reliable breastfeeding data at birth and at 6-8 weeks.
7. Support and advocate for collecting robust data on breastfeeding rates at 10 days or during the 'New Birth Visit' by the health visiting service. This is a step towards monitoring the continuation of breastfeeding and could give us a better understanding of the optimum time to offer breastfeeding support.

Other documents and resources that could support this work:

- [Early Years High Impact Area 3: Breastfeeding](#) (2018)
- [Going Baby Friendly: Maternity, Neonatal, Health Visiting and Children's Centres](#) (2017)

## Early years



## What is the evidence?

Pregnancy and early life have significant impacts on children's health and well-being, with significant health inequalities continuing into adulthood. As babies grow into toddlers and toddlers into young children, there is a need to ensure they are provided a supportive and healthy environment to thrive in. Interventions aimed at creating healthy environments such as access to healthy foods and physical play have been shown to be effective in obesity prevention in children (33).

Enabling access to high quality early years childcare settings are crucial to children and young people's long-term outcomes including in education attainment, physical, mental and emotional wellbeing and play a vital role in reducing health inequalities (34).

Environments in early years settings should be safe, clean and secure. This includes clean air environments away from pollution with safe spaces to enable physical activity and adequate nutrition (35). The Early Years Foundation Stage (EYFS) statutory framework recommends physical development to offer opportunities for younger children to be active and interactive and to support personal, social and emotional development (35).

Children's food habits are established during the early years and hence early years settings can provide opportunities for nurturing a healthy and balanced diet to reduce the risk of weight gain in childhood and into adulthood (36). It is therefore crucial to consider the nutritional requirements for under 5's and ensure the appropriate amounts of energy and nutrients are provided during early years to meet their developmental needs (36, 37). This should be in line with recommendations from the Scientific Advisory Committee on Nutrition (SACN), in particular those made in the reports on Feeding in the first year of life, Dietary Reference Values for Energy (2011) and Carbohydrates and Health (2015).

## **Current practice in London**

In London, the Mayor funds the Healthy Early Years London (HEYL) scheme, which aims to support early years childcare settings to boost the health, wellbeing and development of children under five years old (38, 39). An air quality audit of 20 nurseries and children's centres in the most polluted areas in London led to recommendations to reduce emissions and exposure including promotion of school streets and encouraging children to walk, cycle and scoot to nursery (39).

## **What can we do to help create healthier early years environment for families in London?**

### **Healthy Early Years London**

1. Encourage early years settings to follow early years guidance to help them meet the Early Years Foundation Stage welfare requirements for food and drink (40).
2. Provide opportunities for promotion of a safe and clean environment for physical activity.
3. Promote the Mayor of London's Healthy Streets approach which aims to improve air quality and making London's neighbourhoods greener and healthier. The Mayor is expanding the Ultra-Low Emission Zone (ULEZ) and tightening the Low Emission Zone (LEZ).

4. Ensure all London early years settings are encouraged to sign up to the HEYL scheme and achieve Bronze, Silver and Gold awards.
5. Developing partnerships between health, social care and education and local communities.
6. Promote well-balanced diets with increased fruit and vegetable intake, and decrease intake of sugary food and drinks, and promote the consumption of water and milk.
7. Conduct research on the impacts of COVID-19 pandemic on the early years environment.

Figure 6: Infographic showing the importance of giving every child the best start in life (source Public Health England, Health Matters. Giving Every Child the Best Start in Life)



## Training of the wider workforce

There is an opportunity to work with early years practitioners to effectively engage and support families around healthy eating (including complementary feeding) practices and the promotion of physical activity. This could also include Healthy Weight Coach training which although is mainly aimed at adults can support families with maintaining healthier weight. There is online training available for health professionals through Health Education England's e-learning for health hub (e-lfh) and Personalised Care Institute's e-learning platform.

Targeted support should be considered to enable the provision of culturally sensitive support to diverse communities in London:

Facilitation of training for early years' workforce (including midwives, health visiting services, early years practitioners, primary care teams including GPs, dental teams and pharmacists) to enable them to support young children and their families in maintaining a healthier weight:



- Use existing national guidelines and resources
- Ensuring evidence-based consistent messages is delivered by early years staff, health visitors, school nursing, school staff, primary care (GPs, nurses, dental teams, pharmacists) and social care
- Signposting of families to parental programmes or weight management services

## Empowering parents

- Consider how diverse communities in London can be supported in a culturally sensitive way e.g., introduction to solids/complimentary feeding practices in a culturally sensitive way
- Encourage the use of Start4Life resources
- Support London local authorities in promoting and increasing the uptake of Healthy Start Vouchers (41)

Resources that could support this work:

- [Early Years High Impact Area 4: Healthy Weight, Healthy Nutrition](#) (2018)
- [The Nurture Early for Optimal Nutrition study](#) (ongoing)
- E-learning for health <https://www.e-lfh.org.uk/>

AMBITION 4

**USE CHILD MEASUREMENT  
TO BETTER ENGAGE PARENTS**

## What is the evidence?

Access to weight management services can support children in maintaining a healthier weight. NICE guidelines recommend that multi-component weight management services are readily available and should be part of a weight management pathway (42). These

services should meet the needs of children and young people targeting different age groups and children with special needs. It is important that programmes are culturally sensitive and tailored accordingly.

## **What can we do to support families affected by overweight in accessing support in a timely, seamless way to address their needs?**

- Facilitation of training for early years' workforce (including midwives, health visiting services, early years practitioners, primary care teams including GPs, dental teams and pharmacists) to enable them to support young children and their families in maintaining a healthier weight
- Develop a clear understanding of weight management support available to CYP and families in London and work with key stakeholders within local authorities and NHS ICSs to enhance support available to families
- Work with families to understand how they can be supported if their child is identified through the NCMP as being affected by overweight or obesity
- Ensuring stakeholders are supported to implement consistent and clear pathways to evidence-based preventive advice on healthy living across the life course, through the promotion of clear messaging guidance (43). Signposting of families to parental programmes or weight management services where relevant.

As a system, we have been working with local authorities to explore best approaches in delivering weight management services which include:

- Ideally, weight management services should be multi-component, monitored and evaluated in relation to a wide range of outcomes including parental and child satisfaction surveys, accessibility of services by children at increased risk of obesity, deprivation and ethnicity
- The programme is age and culturally and language appropriate
- Services should be accessible to people with additional needs such as physical, sensory or learning disabilities
- Consider exploring digital technologies to promote health and well-being across the life course

- Scope opportunities for supporting families affected by overweight or obesity via social prescribing

# School Aged Children (5 - 18)

AMBITION 5

ENSURE ALL NURSERIES  
AND SCHOOLS ARE ENABLING  
HEALTH FOR LIFE

AMBITION 6

MAKE FREE 'LONDON WATER'  
AVAILABLE EVERYWHERE

AMBITION 7

CREATE MORE ACTIVE, PLAYFUL  
STREETS AND PUBLIC SPACES

## What is the evidence?

School aged children (some of whom may leave school at 16) spend most of their time at school and at home and so interventions for reducing childhood obesity in this population should encompass engaging with schools, families and other agencies that can pose influence on the children and young people's health attitude and behaviours (44).

Schools can promote health through the whole school environment by creating healthier settings for their pupils. This can include implementing healthier school food and 'water-only' policies, breakfast schemes, the Daily mile or promoting active travel to and from schools and reconfiguring the physical environment and setting of the school to encourage healthy attitudes towards food (e.g., school garden projects) and physical activity. Studies in the United States demonstrated that installing and promoting water fountains in schools resulted in positive behaviour change and health outcomes (45).



Source (Better Health Better Families <https://www.nhs.uk/healthier-families/>)

## Current practice in London

In London, 2,210 schools have registered to the Healthy Schools London scheme which provides London schools the tools and support to enable them to support children's health and wellbeing. The scheme recognises that schools have an important role to play in ensuring that the key health messages are reinforced as part of school curriculum (e.g.,

cooking and budgeting skills) to help students develop the knowledge, attitudes and skills to make healthy choices.

It is important that local authorities, schools and the NHS should ensure that vending machines on their premises offer healthy food and drinks for children and young people and their families. Schools, local authorities and the NHS should ensure that nutritional content of food is displayed to encourage healthy choices.

Primary school aged children are measured and weighed in school as part of the National Childhood Measurement Programme (NCMP). This presents an opportunity to engage with parents or carers of children with unhealthy weight to build their awareness of the issue and the underlying causes of the problem as well as to signpost them to receive help and support. The LCOT advocates for London Boroughs to co-produce guidance with parents and carers on how to make the NCMP more supportive for London's families.

There is an opportunity to explore the use of schools as a resource for the wider community and bring together a wide range of organisations in a co-ordinated approach to community health.

## **What can we do to support school aged CYP in London achieve and maintain a healthier weight?**

### **Schools enabling health environments**

1. Support the Healthy Schools London (HSL) scheme and encourage schools in London that are already taking multi-level action to supporting their pupils' health and wellbeing to act as 'ambassadors'.
2. Promote healthy eating and a reduction in foods high in salt, fat and sugar in schools and community settings.
  - schools, local authorities and the NHS should ensure that nutritional content of food is displayed to encourage healthy choices.
  - prioritisation of healthy options in venues used by children and young people (e.g., hospitals and leisure centres).
3. To ensure that schools incorporate healthy eating and living as part of the statutory Relationships, Sex, and Health Education (RSHE) curriculum including sugar free learning spaces.

4. Vending machines in local authority owned venues (sports and leisure facilities, community centres) used by children and families should offer healthy food and drink options.

## **Make free London water available everywhere**

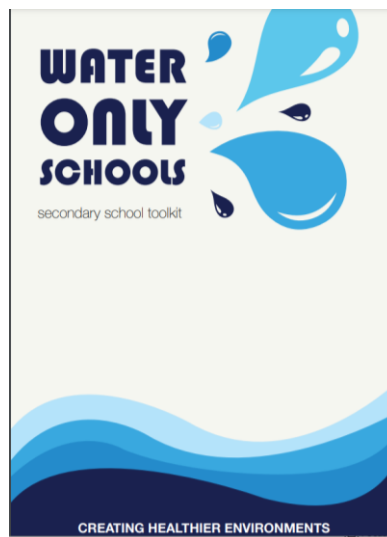
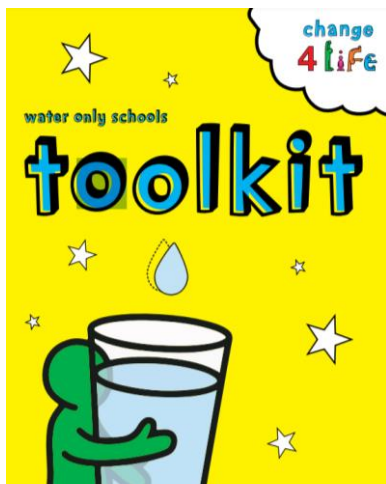
5. Ensure water is readily available in public spaces, neighbourhoods and schools.

6. Promote and encourage the implementation of 'Water-only School' toolkit for primary and secondary schools through the Healthy Place Healthy Weight Recovery Mission

7. Co-produce 'Water-only School' toolkit for secondary schools with key stakeholders such as young people and teachers to ensure they are relevant to them.

8. Ensure that uptake of water only schools is monitored and evaluated

9. Vending machines in other venues including the NHS should offer healthy food and drink options.



## Create more active playful streets and public spaces

9. Launch the School Superzones brochure and support local authorities in developing this work in their area. Encourage schools to adopt the Clean Air Schools Framework to identify the most relevant air pollution actions.
10. Support and promote the implementation of local activities such as Opening School Facilities Projects in secondary schools, School Garden Projects, School or Play Streets or Daily Mile.



# Healthy Communities

AMBITION 7

CREATE MORE ACTIVE, PLAYFUL STREETS AND PUBLIC SPACES

AMBITION 8

STOP UNHEALTHY MARKETING THAT INFLUENCES WHAT CHILDREN EAT

AMBITION 9

TRANSFORM FAST-FOOD BUSINESSES

AMBITION 10

FUND GOOD-FOOD INNOVATION AND HARNESS THE POWER OF INVESTMENT

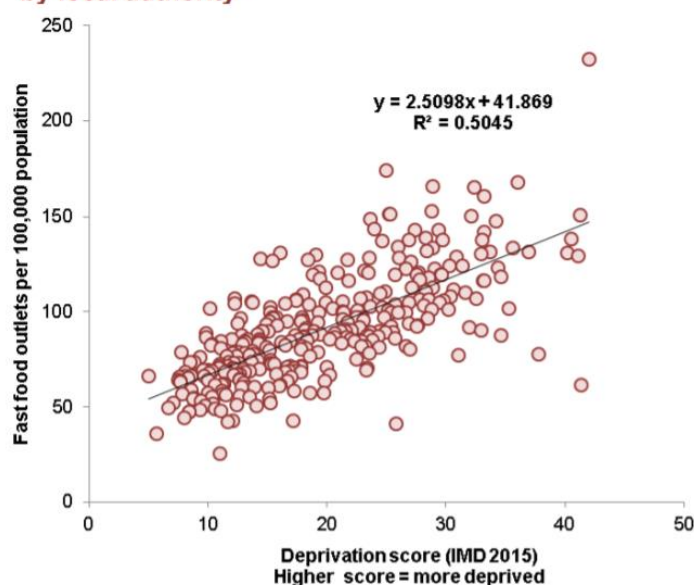
## What is the evidence?

Communities, neighbourhoods and built environment play a key role in promoting health and reducing health inequalities across the life course (46,47). Built and natural environment can have a significant impact on people's healthy food options, access to open spaces and opportunities to engage in active travel and other physical activities as well as exposure to air and noise pollution (47).

For example, unhealthy food and drink environments make it more challenging for children and families to maintain healthier lifestyles (48), which is shown to be linked to health inequalities and higher prevalence of population with overweight and obesity (see Figure 7 below).

Figure 7: Relationship between density of fast-food outlets and deprivation by local authority (49)

### Relationship between density of fast food outlets and deprivation by local authority\*



This chart illustrates the association between density of fast food outlets and area level deprivation.

The local authorities with a higher deprivation score (i.e. more deprived) have a greater density of fast food outlets.

Evidence from health survey data shows that the prevalence of overweight and obesity also rises with deprivation and fruit and vegetable consumption falls with deprivation.<sup>5,6</sup>

\*City of London data excluded from chart

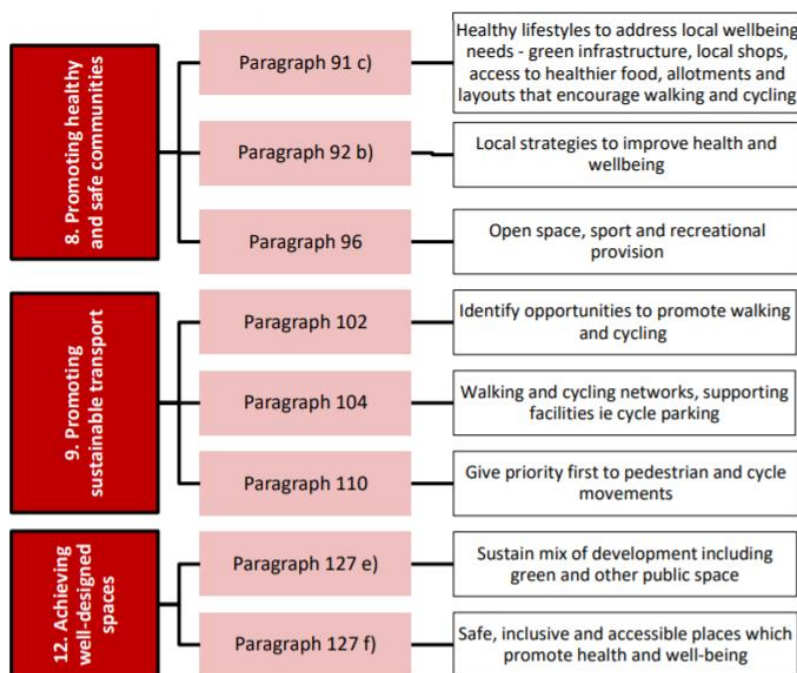


Actions towards building healthier neighbourhoods and addressing the obesogenic environment in which families live can have an impact on reducing childhood obesity. This involves taking a whole system (6) and coordinated approach across local authority departments, communities and local businesses.

Local authorities are in a unique position to build healthy weight environments through local planning policies and decisions which should link with Council-wide priorities including health and wellbeing (50). The National Planning Policy Framework (NPPF) sets out policy requirements that contribute to healthy weight environment and neighbourhoods (51).

Figure 8 provides a breakdown of these requirements in the NPPF.

Figure 8: NPPF chapters and policies relevant to healthy weight environment (51)



## Current practice in London

In London, long-term recovery from the pandemic includes efforts to ensure that all-London's families will find it easier to eat healthy food and be active where they live, learn, shop, work and play. The 'Healthy Place, Healthy Weight' mission is being designed to support action on priorities that partners are already working on across London such as the Health Inequalities Strategy (38), the London Health and Care Vision (16) and the

London Food Strategy (52). The concept focuses on communities and people most affected by the impact of the pandemic.

School Superzones are place-based interventions around schools in areas of the greatest disadvantage. They aim to protect children's health and enable healthy behaviours through the place-shaping powers of local authorities and local partnership working. The School Superzones concept was piloted during 2018 and 2019 with 13 London Boroughs. The Mayor has made a commitment to an expansion of the programme with a target of 50 school Superzones across London by 2024.

Low Traffic Neighbourhoods (LTNs) are streets in residential areas where motor traffic is restricted to provide a safer active travel environment for local communities. In Waltham Forest, a longitudinal study showed that residents living close to an LTN were more likely to walk and cycle compared to people living elsewhere (53, 54). LTNs have also been linked to a lowering of air and noise pollution, factors recognised internationally as contributing to premature mortality and in the UK correlated with socioeconomic inequalities (53). Play Streets are community-led temporary road closures on residential streets, to encourage children to play actively close to their homes. Research has shown that children are more likely to engage in physical activity after school in outdoor environments (53). An evaluation of Play Streets in Hackney demonstrated that the intervention was a direct measure for an increase in physical activity amongst children (55).

Life at home can be very challenging for children living in poverty: the poorest 10-11-year olds in London are twice as likely to be affected by unhealthy weight than the richest 10 percent (1). Ending child poverty in London is a cross cutting workstream and covers housing, the London Living Wage and Good Work mission. The Mayor of London and others are committed to supporting children living in poverty as does the Board.



## **What can we do to support Londoners achieve and maintain a healthier weight in their communities?**

- Support the implementation of healthy environment and healthy streets including Transport for London's Healthy Streets Approach particularly in areas with high levels of deprivation
- Support and promote the implementation of Healthier Food Advertising policies which includes restrictions on advertising food that are high in fat, salt or sugar (HFSS)
- Supporting the Healthier Catering Commitment scheme to help caterers and food businesses make simple, healthy improvements to their food
- Support the work of Sustain to promote food growing with a focus on school Superzone areas through the Capital Growth programme
- Support local authorities in implementing whole systems approaches to tackling obesity including promoting the whole systems approach to obesity with sharing learning and best practice via the London Obesity Leads Network
- As part of taking a whole-systems approach, support local authorities in aligning healthy weight or obesity strategies with local planning policies and decisions

# Appendix 1

## Summary of actions broken down by LCOT ambitions

**AMBITION 1  
TACKLING CHILD POVERTY AND  
PROMOTING SUPPORTIVE ENVIRONMENT**

What	Who	Resources	When
Support Healthy Environments			
Work in partnership to ensure children and young people have access to healthy environments	GLA, LAs, NHS E/ICBs, TfL	All partners	2025
<p>Cost of Living Hub</p> <p>To help mitigate the effects of the cost of living crisis, the Mayor has provided £3.7 million additional funding for new work to help Londoners on low incomes understand their rights and entitlements and access support. The GLA has recently launched the Cost of Living Hub which provides information about advice and support for Londoners struggling with the rising cost of living. There is information about saving money, increasing income, tackling problem debt, help in a crisis and support with mental health. The Hub is being promoted by a Mayoral campaign aimed at Londoners in financial hardship as well as targeted communications working with civil society, the faith sector and local authorities to ensure the hub reaches a wide audience. This digital approach is being taken alongside funding advice services to offer in-person advice for those who need more in-depth 1:1 support.</p>	GLA	GLA	2022

What	Who	Resources	When
<p>Kitchen Social</p> <p>Under the Mayor’s Fund for London’s Kitchen Social programme, work is continuing to expand the network of delivery partners supporting the increase of meals and activities to children at risk of food insecurity in the capital. The Mayor's fund for London have been working closely with 10 Local Authorities to provide Take &amp; Make recipe boxes to HAF delivery partners. In addition, scoping work is under way, looking into introducing additional wellbeing opportunities/resources to the programme.</p>	<p>GLA</p> <p>Mayor’s Fund for London</p>	<p>GLA</p>	<p>2022</p>
<p>Working with partners to advocate for:</p> <p>Universal free school meals</p> <p>Ensure the minimum wage in London is raised to London Living Wage levels</p> <p>Ensure social security in all forms provides protection against destitution</p> <p>Ensure Early Years childcare and education is affordable and accessible for families on low incomes</p> <p>Support an urgent review of universal free school scheme and to continue to advocate and follow the lead of those London boroughs already investing in universal provision for all primary school pupils. Calls are in line with those set out by the Food foundation and support to Marcus Rashford Campaign.</p>	<p>GLA</p>	<p>GLA</p>	<p>2024</p>

What	Who	Resources	When
<p>London Living Wage</p> <p>The Mayor encourages London’s employers to pay the London Living Wage and do more to support their employees with the cost of living through the Good Work Standard.</p>	GLA	GLA	2025
<p>Work with Early Years settings, schools and colleges to improve the availability and quality of food provided, using Healthy schools, EY and colleges approaches and with reference to the Government Buying Standards e.g., providing support (contract templates etc.) to ensure retendering of catering in EY, school and college settings has improved nutritional value</p>	GLA/LAs	GLA/LAs	2025
<p>Robust Safety net mission</p> <p>Support the Robust Safety net mission in enabling every Londoner to be able to access the support they need to prevent or alleviate financial hardship. This will include supporting Local Authorities in promoting and increasing the uptake of all relevant benefits on a pan-London level e.g., facilitate sharing of resources, best practice, create new resources if needed, targeted comms (e.g., for migrant families with NRPF following recent changes).</p> <p>Advice in Community Settings</p> <p>The GLA’s Advice in Community Settings programme funds partnerships between advice organisations and community locations to help Londoners access financial, welfare and debt advice in trusted, local, informal settings. The two-year programme funds 11 partnerships across London, providing advice in food banks, baby banks, schools, and community centres. The</p>	<p>GLA</p> <p>London</p>	<p>GLA</p> <p>London Councils</p>	<p>2023</p> <p>2024</p>

<p>programme is being evaluated to assess and demonstrate the value of community-based advice interventions and build a case for sustainable funding of these types of partnerships.</p> <p>Healthy Start</p> <p>Through the Robust Safety net mission, the GLA has recently developed a theory of change and programme proposal on how we can work with partners to increase the uptake Healthy Start. The programme proposal includes work to increase frontline staff awareness, embedding Healthy Start in everyday processes and KPIs, communications, promotions and campaigns, improved use and sharing of data, targeted work for those who face additional barriers, and advocating for changes to the Healthy Start policy and implementation.</p>			2023
<p>Healthy Place, Healthy Weight recovery mission</p> <p>Support the Healthy Place, Healthy Weight recovery mission’s work with convenience stores. Including supporting stores to increase their offer of healthy affordable food and increase acceptance of Healthy Start.</p>	<p>GLA</p> <p>London Councils</p>	<p>GLA</p> <p>London Councils</p>	2024

AMBITION 2

**SUPPORT WOMEN TO  
BREASTFEED FOR LONGER**

What	Who	Resources	When
Work across the system to enable women to initiate breastfeeding and for longer			
Address maternal obesity by working with London Local Maternity Systems and scope out support needed to help the system in reducing maternal obesity in London	OHID NHSE/ICBs LAs	All partners	2024
Help establish clear referral pathways across the system (including tier 1, 2 and 3 weight management services as well as other digital offers) that is made accessible and available to midwives, health visitors and other allied health professionals locally using the results from Weight Management Service mapping exercise	OHID LAs NHSE/ICBs	All partners	2022
Ensure all pregnant women are booked for antenatal care to receive preventive advice and support but also ensuring women from the most deprived quintiles are targeted and prioritised	NHSE/ICBs	NHSE/ICBs	2024
Work in partnership to develop clearer understanding of state of play of the UNICEF baby friendly initiative in London. Including creating baby friendly and breastfeeding environments including working with transport partners to make it more infant feeding friendly  Action to support infant feeding, will be taken forward in partnership through Healthy, Place, Healthy Weight Mission	GLA, LA, TFL	GLA/LA	2024



What	Who	Resources	When
Support areas to become UNICEF UK Baby Friendly Initiative accredited in maternity and community services and ensuring that the standards are being met.	NHSE/ICBs, LAs	NHSE/ICBs, LAs	2024
Promotion of local e-learning resources to support the implementation of healthier weight messaging for relevant professionals in collaboration with the London Obesity Leads Network, Local Maternity Systems and the multi-disciplinary Obesity Clinical Network	OHID LAs NHSE/ICBs	All partners	2023
Improve data monitoring by:  Exploring approaches for robust data collection of breastfeeding status at 6-8 weeks and supporting.	OHID  LAs	LAs	2024
Healthy Place, Healthy Weight recovery mission  To collect insights into the challenges London mothers face when breastfeeding and what support is needed. This work is expected to provide:  <ul style="list-style-type: none"> <li>• A snapshot of current infant feeding support services across London</li> <li>• Some case studies and good practice examples of infant feeding support services</li> <li>• A better understanding of the obstacles to data collection and of the issues faced by mothers in the first two weeks after giving birth.</li> </ul>	GLA  London Councils  NHSE/ICBs  LAs  OHID  ADPHL	Under the HPHW recovery mission	2022

<p>Examples of good practice, service improvement and co-produced or co-designed initiatives with service users.</p> <p>Information that will help local authorities, particularly commissioners, support infant feeding in London.</p>			
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**AMBITION 3**  
**SKILL UP EARLY YEARS PROFESSIONALS**

What	Who	Resources	When
Support early years professionals to support families to maintain a healthier weight			
<p>Healthy Early Years London</p> <p>In light of the pandemic’s impact on young Londoners the GLA will work with partners to review and update the Healthy Early Years programme. The programme is a key vehicle to share best practice and encourage discussion on a range of topics including:</p> <p>Potential training needs of the early years workforce to enable them to support young children and their parents in maintaining a healthier weight.</p> <p>Supporting diverse communities in a culturally sensitive way when discussing health and weight</p>	GLA via HEYL network	GLA borough engagement via HEYL	2025
Work with local authorities to enable early years professionals to signpost families to parental programmes or weight management services or family hubs available in their area	OHID ADPHL	WMS mapping report	2024

AMBITION 4

**USE CHILD MEASUREMENT  
TO BETTER ENGAGE PARENTS**

What	Who	Resources	When
Ensure that any family affected by overweight, or obesity (identified via NCMP) can access support in a timely, seamless way which is most appropriate to their needs.			
Develop a clear picture of what Weight Management support is available to families in London	OHID	OHID working with local authorities	2022
Work with families to understand the support that they would like to receive / be offered if their child is identified through NCMP as living with overweight or obesity – work undertaken pre-COVID-19 options to review/refresh findings and discuss next steps	OHID LAs	OHID/LAs	2024
Scope opportunities for supporting families affected by overweight or obesity via social prescribing	ICS	ICS	2024
<ul style="list-style-type: none"> <li>Develop a consistent and clear pathway to evidence-based preventive advice on healthy living across the life course: preconception, infancy, school age and families by working in partnership with LA, NHS, and ICS.</li> </ul> <p>Weight management services:</p>	LA, NHSE/ICBs, ICS  OHID	LA, NHSE/ICBs, ICS, OHID	2024

<ul style="list-style-type: none"> <li>• It is important that weight management services are monitored and evaluated in relation to a wide range of outcomes including patient and public involvement</li> <li>• The programme is age cultural and language appropriate and incorporates digital technology, depending on need of the local community</li> <li>• Services should be accessible to people with additional needs such as physical, sensory or learning disabilities</li> </ul>			
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AMBITION 5

**ENSURE ALL NURSERIES  
AND SCHOOLS ARE ENABLING  
HEALTH FOR LIFE**

What	Who	Resources	When
Ensure optimal healthy environments for children in education settings			
<p>Healthy Early Years London</p> <p>Ensure all London early years settings are encouraged to sign up to the HEYL scheme and progress towards achieving Bronze, Silver and Gold awards. Monitoring of the Programme will continue with a focus on increasing engagement with early years settings.</p>	GLA/LA	GLA/LA	2025
<p>Healthy schools London</p> <p>Support the Healthy Schools London (HSL) scheme and encourage schools in London to taking multi-level action to supporting their pupils' health and wellbeing. This will include:</p> <p>Using the network to promote opportunities for implementing whole-school approaches e.g., school garden projects, opening up facilities, School or Play Streets or Daily Mile.</p> <p>Support schools in incorporating healthy eating and living as part of the statutory Relationships, Sex, and Health education (RSHE) curriculum including sugar free learning spaces</p>	<p>GLA via HSL</p> <p>LA</p> <p>with support from</p> <p>OHID</p>	GLA via HSL network	2024

Using existing partnerships and networks to share best practice as part of a broad review of the programme			
<p>School Superzones</p> <p>Launch the School Superzones brochure and support local authorities in developing this work in their area. Grants programme to be delivered under the Healthy Place, Healthy Weight recovery mission to support Superzones expansion.</p>	<p>GLA</p> <p>OHID</p>	GLA	2025
<p>Promote healthy nutrition and a reduction in foods high in salt, fat or sugar in schools and community settings.</p> <p>Schools, local authorities, and the NHS should ensure that nutritional content of food is clearly displayed to encourage healthy choices.</p> <p>Healthy options should be prioritised in local authorities, the NHS and community settings</p>	LAs, TfL	LAs, TfL	2025

AMBITION 6

**MAKE FREE 'LONDON WATER'  
AVAILABLE EVERYWHERE**

What	Who	Resources	When
Ensure water is readily available in public spaces, neighbourhoods and school			
<p>Healthy Place, Healthy Weight recovery mission</p> <p>Encourage the implementation of Water Only School toolkit for primary schools and set up monitoring of uptake</p> <p>For every LA to have at least one water only primary school</p>	<p>GLA ADPHL and OHID</p>	<p>GLA</p>	<p>2021</p> <p>2022</p> <p>2024</p>
<p>Co-produce water only schools toolkit for secondary schools with key stakeholders such as young people and teachers to ensure they are relevant to them</p> <p>Ensure uptake is monitored and the scheme is evaluated</p> <p>Making sure that the toolkit is being promoted with schools</p> <p>Pilot two water only secondary schools to understand the barriers and facilitators to implementation and share examples of good practice</p>	<p>OHID  NHSE/ICBs  GLA  LAs  DfE</p>	<p>GLA (design expertise (£5,000 for toolkit))</p> <p>OHID</p> <p>NHSE/ICBs - (technical expertise)</p>	<p>2022</p> <p>2024</p>
<p>London's child obesity taskforce, supported by the GLA, convened a Water Action Group. The group brings partners together from environment, schools, water companies, boroughs etc. to explore recommendations on access, motivation and water only schools.</p>	<p>GLA</p>	<p>GLA</p>	<p>2022</p>

<p>Working with Thames water to gift water fountains to 20 London schools</p> <p>Water action group have launched a competition asking London's pupils to design and advert to promote drinking water.</p>			
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**AMBITION 7**  
**CREATE MORE ACTIVE, PLAYFUL STREETS AND PUBLIC SPACES**

What	Who	Resources	When
Create more active, playful streets and public spaces			
<p>The Mayor will work with partners to develop better public spaces, safer streets and more walking and cycling-friendly schemes (linked to renewed commitment to Healthy Streets)</p> <p>Ensure the Healthy Streets Approach is championed and delivered through the GLA, TfL and the boroughs. This will create more spaces that encourage children to be more physically active through active travel and play.</p> <p>Expansion of School Superzones scheme in London: 'Roll out 50 School Superzone sites</p> <p>Continue to champion and support TFL STARS programme</p> <p>Support local activity on traffic restriction schemes such as school streets (to date 22 boroughs run school streets)</p>	<p>GLA</p> <p>TfL</p> <p>Support from ADPHL</p>	<p>GLA, TfL</p>	<p>2024</p> <p>2024</p>
Support local authorities in implementing whole systems approaches to tackling	OHID		2023



obesity including promoting the Whole systems approach to obesity guide (incl. aligning healthier weight strategies with planning policies and decisions) and sharing learning and best practice via the LOLN	LAs GLA NHSE/ICBs ADPHL	OHID LA GLA NHSE/ICBs ADPHL ICS'S	
Through the High Streets for All Challenge fund areas are encouraged to explore innovative ways to support active travel and healthy streets	GLA London Councils	High Streets for All Challenge fund	2025

**AMBITION 8**  
**STOP UNHEALTHY MARKETING THAT INFLUENCES WHAT CHILDREN BUY**

What	Who	Resources	When
Stop unhealthy marketing of food and drinks that influences what children buy			
Support and promote the implementation of Healthier Food Advertising policies which includes restrictions on advertising food that are high in fat, salt or sugar (HFSS)	ADPHL GLA (funding to Sustain)	HFSS advertising ban toolkit	70% of all boroughs by end of 2023
Deliver a webinar to share outcomes of the policy evaluation with Local	LOLN		2023

authorities, promote the toolkit and share best practice.			
<p>Healthy Place, Healthy Weight recovery mission</p> <p>Under the Healthy Place, Healthy Weight recovery mission, consider extension of the current policy to include additional settings and products such as sponsorship and sales food and drink at sports &amp; major cultural events towards healthier food and drinks</p> <p>Scoping to follow the external impact analysis publication</p>	GLA with technical input from OHID, LA, London Sport, London Councils	All partners	2025
Ensure hospitals provide optimal healthy environments by rebalancing advertising, sponsorship and sales of food and drink	NHSE, ICBs	NHSE/I, ICBs	2025

AMBITION 9

**TRANSFORM FAST-FOOD BUSINESSES**

AMBITION 10

**FUND GOOD-FOOD INNOVATION AND ENTREPRENEURS IN LONDON**

What	Who	Resources	When
Use fiscal and policy levers to rebalance food that families can buy on London high streets.			
<p>Healthy Place, Healthy Weight recovery mission</p> <p>Through the Healthy Place, Healthy Weight recovery mission, continue to support take up of the Healthier Catering</p>	GLA and LAs	GLA	2024

Commitment scheme to help caterers and food businesses make simple, healthy improvements to their food			
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# Appendix 2

## Prevalence of 4-5-year olds and 10-11-year olds who are overweight

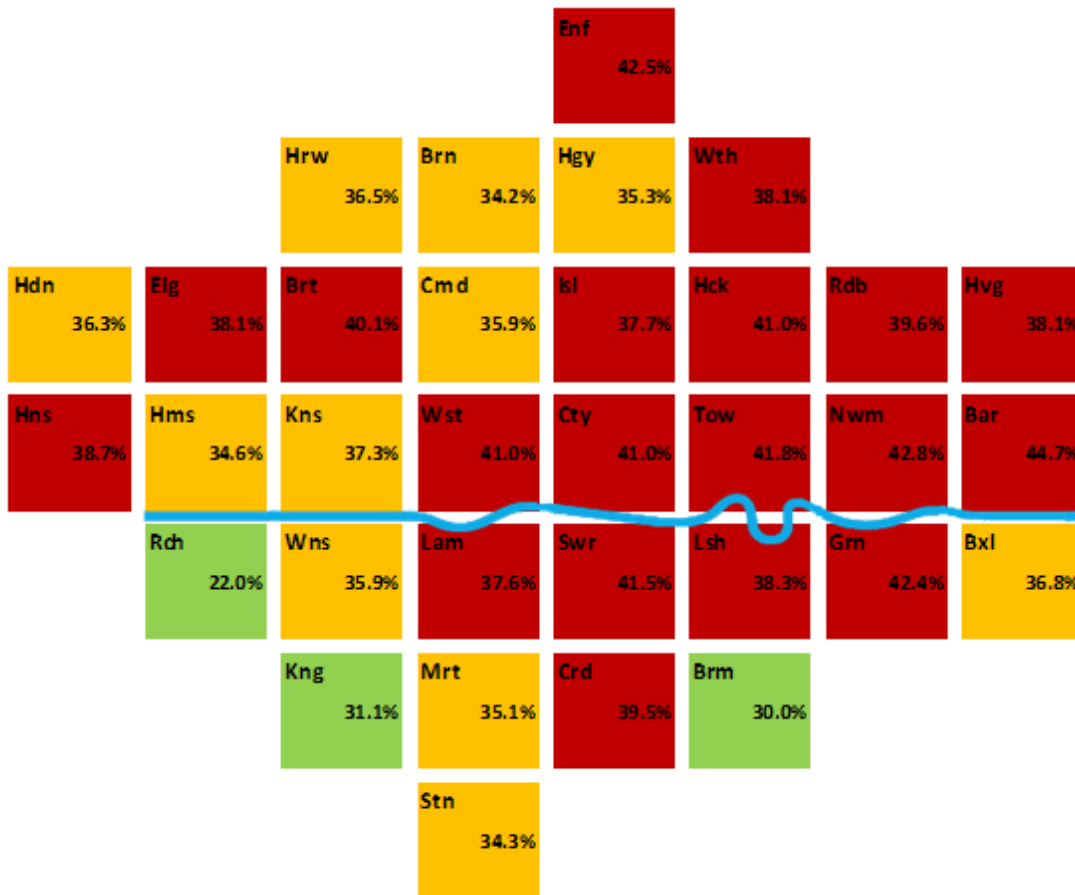


### or obese in London (NCMP, 2019)

Figure 3: London boroughs' prevalence of overweight and obese 4–5-year-olds compared to the average in England (2019/20) (1)

Key: Comparison to England average	
	Better than
	Similar
	Worse than

Figure 4: London boroughs' prevalence of overweight and obese 10-11 year olds compared to the average in England (2019/20) (1)



Key: Comparison to England average	
	Better than
	Similar
	Worse than

# Appendix 3

## Trends in prevalence of 4-5-year-olds and 10-11 year-olds who are overweight or obese in London (1)

Figure 1: 6-year trends in prevalence of 4-5-year olds who are overweight including obesity in London against the England average

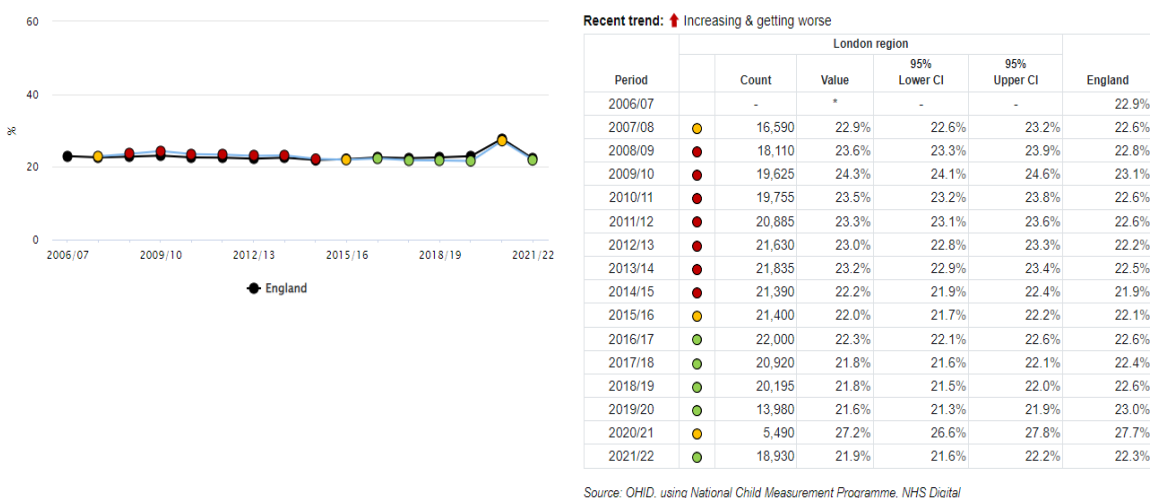
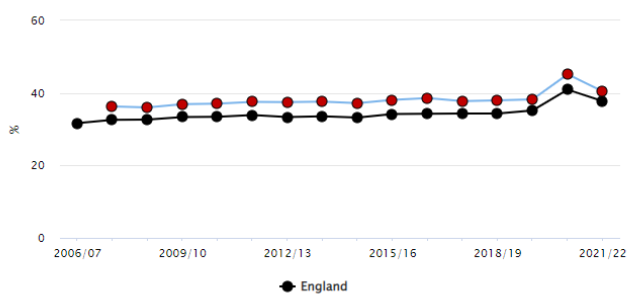


Figure 2: 6-year trends in prevalence of 10-11-year olds who are overweight including obesity in London against the England average



Recent trend: ↑ Increasing & getting worse

Period	London region				England	
	Count	Value	95% Lower CI	95% Upper CI		
2006/07	-	*	-	-	31.7%	
2007/08	●	25,225	36.3%	36.0%	36.7%	32.6%
2008/09	●	25,375	36.0%	35.7%	36.4%	32.6%
2009/10	●	26,435	36.9%	36.6%	37.3%	33.4%
2010/11	●	26,870	37.1%	36.7%	37.4%	33.4%
2011/12	●	27,285	37.5%	37.2%	37.9%	33.9%
2012/13	●	27,630	37.4%	37.1%	37.8%	33.3%
2013/14	●	29,355	37.6%	37.3%	38.0%	33.5%
2014/15	●	29,990	37.2%	36.9%	37.5%	33.2%
2015/16	●	31,795	38.1%	37.7%	38.4%	34.2%
2016/17	●	33,260	38.6%	38.2%	38.9%	34.2%
2017/18	●	34,070	37.7%	37.4%	38.0%	34.3%
2018/19	●	35,555	37.9%	37.6%	38.3%	34.3%
2019/20	●	29,420	38.2%	37.9%	38.6%	35.2%
2020/21	●	9,105	45.2%	44.5%	45.9%	40.9%
2021/22	●	36,390	40.5%	40.1%	40.8%	37.8%

Source: OHD, using National Child Measurement Programme, NHS Digital

2020/21 data is excluded from the '5-years data combined' indicators, see Notes section in Definitions for details.

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