GREATER LONDON AUTHORITY

REQUEST FOR ASSISTANT DIRECTOR DECISION – ADD2535

Title: London Child Obesity Taskforce and the Healthy Food Healthy Weight Mission

Executive summary:

This decision form seeks approval for two pieces of work relating to the recommendations of the London Child Obesity Taskforce (LCOTF) and the Healthy Food Healthy Weight recovery mission.

The work comprises an LCOTF legacy document, to be published at the end of 2021, that marks the end of its term and captures progress against each of the actions outlined in 'Every Child a Healthy Weight'; and a grant to the Association of London Environmental Health Managers (ALHEM) to support further development of the Healthier Catering Commitment (HCC) scheme that helps food businesses make the small changes that will make their food healthier.

Decision:

That the Assistant Director of Health, Education and Youth approves expenditure of:

- 1. £10,000 to commission a legacy report on behalf of the LCOTF, capturing London's progress against its recommendations on child obesity.
- 2. £25,000, by way of a grant, to ALHEM to continue developing the HCC scheme.

AUTHORISING ASSISTANT DIRECTOR/HEAD OF UNIT

I have reviewed the request and am satisfied it is correct and consistent with the Mayor's plans and priorities.

It has my approval.

Name: Jazz Bhogal Position: Assistant Director – Health,

Education and Youth

Signature: Date: 20/09/2021

PART I - NON-CONFIDENTIAL FACTS AND ADVICE

Decision required – supporting report

1. Introduction and background

- 1.1 Nearly 40 per cent of all London's children are overweight or obese, with the highest rates occurring in the areas of greatest deprivation. In response to this the Mayor established the LCOTF in collaboration with a range of partners.
- 1.2 The LCOTF's vision is that every child in London grows up in a community and an environment that supports their health and weight. Its commitments by 2030 are to halve the percentage of London's children who are overweight at the start of primary school and obese at the end of primary school; and to reduce the gap in childhood obesity rates between the richest and poorest areas in London. In 2019 the LCOTF published its call to action, 'Every Child a Healthy Weight', which outlines 10 ambitions for London.
- 1.3 COVID-19 changed the daily lives of children and their families in ways that are likely to exacerbate levels of childhood obesity. These impacts will have been disproportionately felt by those communities who already experience the greatest health inequalities in London. Living with excess weight is a risk factor for a range of chronic diseases, including type 2 diabetes, cardiovascular disease and many cancers. Obesity is also associated with reduced life expectancy and a lower quality of life; studies also show that it is a risk factor for severe COVID-19.
- 1.4 Healthy Food Healthy Weight is one of several recovery missions adopted by the London Recovery Board. It will continue align closely with the LCOTF ambitions to reduce the barriers to healthy weight in the city.
- 1.5 The ambition of the Healthy Food Healthy Weight mission has been updated following a summer consultation process. The current suggested aim, in draft for further refinement, is: "By 2025, London's children and families face fewer barriers to healthy weight where they learn, play, shop and eat." As many areas of food policy including access to healthy food and food insecurity are being taken forward by other missions, the feeling now is that this mission should shift towards a greater emphasis on healthy weight. This can add the most value and additionality to what is already happening across recovery missions, as well as local authorities and the NHS in London.
- 1.6 There is a need to partly shift our focus to a whole-family approach. This will enable us to take a preventative approach, build on the work already undertaken by the LCOTF, and focus on pan-London policy interventions and initiatives that support local work and allow as many Londoners as possible to benefit.

LCOTF Legacy report

- 1.7 In November 2021 the LCOTF's current term will come to an end, and the Taskforce is now considering its legacy. It wants to ensure that its ambitions are realised by 2030, through continued action by stakeholders in London boroughs and beyond. It plans to create a two-part legacy report, building on engagement with stakeholders and partners.
- 1.8 This report was agreed by LCOTF members at its previous quarterly meeting in May 2021, but work was delayed while transition plans for the Taskforce beyond November 2021 were agreed.

Due to this delay, and to align with profiled spend, we are keen to commission this work as soon as possible.

1.9 The cost of the work is based on the likely daily rate of a suitable consultant who will be commissioned over a five-week period. The work will be commissioned, and the funding administered, in accordance with the GLA Contracts and Funding Code.

Healthier Catering commitments (HCC)

- 1.10 London has over 8,000 fast-food takeaways. They are good for London's economy but often bad for Londoners' health. The Mayor has therefore committed to supporting local authorities and businesses to:
 - reduce the negative effects fast-food takeaways have on our health (especially those around schools)
 - encourage environmental and public health teams to work together to tackle childhood obesity
 - support businesses that commit to making their food healthier.
- 1.11 ALHEM developed the HCC scheme in autumn 2010. Participating food businesses receive personalised support to make the small changes that will make a big difference to the health of their customers. The changes are simple enough for the smallest of operators, but scalable for larger businesses. Participating businesses report that the changes reduce wastage and save money.
- 1.12 Since the launch of the scheme in 2011, it has been supported by the Mayor and the London Food Board. The Mayor of London's Food Strategy, published in 2018, details support for the scheme to improve good food shopping and eating out. Its Takeaway Toolkit contains a wide range of measures local authorities can use to maintain the economic benefits of takeaways whilst reducing their negative impacts on our health.
- 1.13 The scheme is aligned with the ambitions of the Healthy Food Healthy Weight recovery mission, notably the delivery of the School Superzones initiative. It is also relevant for the delivery of the London Plan ambition to limit new fast-food takeaways within 400m of schools. Funding will be provided in the form of a grant to ALHEM, with the London Borough of Greenwich acting as the lead borough for the scheme. The grant will be administered in accordance with the GLA Contracts and Funding Code.

2. Objectives and expected outcomes

Objectives of the LCOTF Legacy report

- 2.1 The report will provide a review of the 10 ambitions since 'Every Child a Healthy Weight' was published. It will involve research to:
 - identify and describe action that has taken place across London relating to the 10 ambitions, drawing on research and insights from boroughs and partners
 - capture the journey partners have taken in light of the COVID-19 pandemic in the Calls to Action; and set out the challenges and opportunities in the current context
 - collate assets, such as reports and case studies, to support this description and provide examples of good practice
 - analyse collected insights and evidence, and form a narrative around what is required to drive further action

- outline how health and care partners in London have embedded the LCOTF recommendations within London-wide strategies, such as the London Health and Care Vision and the London Recovery Programme; and outline next steps and commitments from partners to embedding actions under the 10 ambitions into the London Vision and recovery work
- feed into a dissemination and communications plan with assets that can be shared by partners across their channels.

Objectives of the HCC

- 2.2 The scheme recognises businesses in London that demonstrate a commitment to reducing the levels of saturated fat, salt and sugar in the food sold on their premises; and to make smaller portions available on request. Food consumed outside of the home tends to be higher in saturated fats, salt and sugar than food that is freshly prepared at home. The HCC helps businesses to make small changes in the way they cook and serve food, and to improve their customers' health. Customers can be assured that healthier food choices are available in the businesses that deliver the HCC.
- 2.3 Funding will be used to work with the regional lead to consider development of the scheme in line with both the mission and strategic aims. Potential KPIs could include:
 - an increase in the number of HCC-accredited businesses particularly within deprived neighbourhoods with high child obesity rates
 - improvement to the offering across HCC-accredited businesses (measured as change against the HCC framework)
 - through the HCC-accredited businesses Londoners have consumed less fat/sugar shift over time within HCC-accredited businesses
 - an increase in the availability of healthier offering through food businesses.

3. Equality comments

- 3.1. In his London Health Inequalities Strategy, the Mayor restated his commitment to addressing child obesity to effect a step change for all children across London, especially those who face the most challenging circumstances.
- 3.2. The effects of deprivation can be seen at both ages 4-5 and 10-11, but they widen with age. At age 10-11, a child in one of London's poorest neighbourhoods is twice as likely to experience unhealthy weight than a child living in one of London's richest neighbourhoods (47.6 per cent versus 24.9 per cent). At age 4-5 the number of children affected by unhealthy weight ranges from 8.3 per cent in Muswell Hill (Haringey) to 35.6 per cent in Harlesden (Brent). By age 10-11, these differences become even more pronounced, ranging from 17.4 per cent in Twickenham Riverside (Richmond upon Thames) to 51.9 per cent in Camberwell Green (Southwark). The work of the LCOTF responds to this disparity by driving action that supports all children across London, working closely with partners.
- 3.3. Significant differences also exist between ethnic groups in London. At age 4-5, the prevalence of unhealthy weight ranges from 14.2 per cent among White and Asian children to 31 per cent among Black African children. While overall rates rise for all children by age 10-11 irrespective of ethnicity, differences remain starkly apparent, ranging from 27.1 per cent in White and Asian children to 46.5 per cent in Black African children.
- 3.4. The taskforce legacy document will provide an overview of the state of play in London relating to various actions on child obesity. Insights will allow gaps in action to be identified across London

- boroughs, and support the development of equitable support to children and families most in need. The Healthy Food Healthy Weight recovery mission seeks to build on existing action in London, starting with those most impacted by the pandemic.
- 3.5. Funding to the HCC provides an opportunity to extend the initiative across more food businesses in London. The Healthy Food Healthy Weight mission provides an opportunity to join up a range of place-based interventions, such as the HCC, that make local environments healthier rather than instigating individual behaviour change.

4. Other considerations

Risks and issues

4.1. There may be a reputational issue for the taskforce if there is low interest in the competition. Promoting the opportunity via social media should increase awareness of the competition and encourage more young people to enter.

Links to Mayoral strategies and priorities

- 4.2. The LCOTF, established by the Mayor, sets out its 10 ambitions for London in its call-to-action publication 'Every Child a Healthy Weight'. The purpose of the LCOTF and its work is to improve health outcomes and reduce health inequalities among London's children, working closely with key partners. This report will demonstrate progress against actions since 2019, framing the issue within the current context of recovery from the pandemic; and highlighting what more needs to be done by partners, and why child obesity continues to be a focus for London.
- 4.3. One of the 10 ambitions for 'Our Vision for London', to which the Mayor is a signatory, is to reduce childhood obesity working in partnership across the city.
- 4.4. The Mayor's Health Inequalities Strategy sets out his vision to create a healthier, fairer city, where nobody's health suffers because of who they are or where they live. This includes helping more children to achieve a healthy weight, particularly in deprived communities and reduce childhood obesity.
- 4.5. The Healthy Food Healthy Weight recovery is being rescoped following a summer consultation process. The mission will have a strong focus on supporting London's children and families to achieve a healthy weight.

Consultations and impact assessment

- 4.6. The development of LCOTF work plans continue to be informed by members' engagement, including representation from Public Health England London, the Associate Directors of Public Health, the Associate Directors of Children's Services and Impact on Urban Health (Guys & St Thomas' Charity). Taskforce-led projects focusing on water have been informed by roundtable discussions chaired by the Mayor's Health Adviser, and attended by stakeholder including headteachers.
- 4.7. Early workshops with key partners and stakeholders to scope the mission: building on early insight, a mission steering group has been convened to support the development of the mission,

including a consultation on the proposal to refocus the mission on the healthy weight of children and families which concluded over summer.

4.8 There are no conflicts of interest for anyone involved in the drafting or clearance of this decision.

5. Financial comments

5.1 This decision is seeking the approval of up to £35,000. The expenditure of up to £10,000 on the London Child Obesity Taskforce (LCOFT) programme and expenditure of £25,000 by the way of a grant for the Healthy Food, healthy weight recovery programme. This expenditure will be funded from the Health Team Recovery Budget for the healthy food healthy weight mission.

6. Planned delivery approach and next steps

Activity	Timeline
Legacy report	
Procurement of contract	4 October 2021
Announcement	5 October 2021
Delivery Start Date	11 October–12 November 2021
Delivery End Date	Late December 2021
НСС	
Grant to the ALHEM to begin scoping a delivery proposal	Quarter 3 2021/22 (October to November 2021)

Appendices and supporting papers:

None

Public access to information

Information in this form (Part 1) is subject to the Freedom of Information Act 2000 (FoIA) and will be made available on the GLA website within one working day of approval.

If immediate publication risks compromising the implementation of the decision (for example, to complete a procurement process), it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary. **Note**: This form (Part 1) will either be published within one working day after it has been approved <u>or</u> on the defer date.

Part 1 - Deferral

Is the publication of Part 1 of this approval to be deferred? Yes

If YES, for what reason:

Deferred until the commissioning process has been undertaken and a consultant appointed which should be by mid October.in mid-September.

Until what date: September 2021

Part 2 - Sensitive information

Only the facts or advice that would be exempt from disclosure under FoIA should be included in the separate Part 2 form, together with the legal rationale for non-publication.

Is there a part 2 form - NO

ORIGINATING OFFICER DECLARATION:	Drafting officer to confirm the following (√)
Drafting officer:	
<u>Ciara Litchfield</u> has drafted this report in accordance with GLA procedures and confirms the following:	√
Corporate Investment Board	,
This decision was agreed by the Corporate Investment Board on the 20 September	✓

ASSISTANT DIRECTOR OF FINANCIAL SERVICES

I confirm that financial and legal implications have been appropriately considered in the preparation of this report.

Signature Date
20/09/2021

ADD Part 1 Template July 2018