

MDA No.: 1488

Title: Health Committee – *Healthy Living for All* Report

1. Executive Summary

1.1 At the Health Committee meeting on 2 March 2023 the Committee resolved that:

Authority be delegated to the Chair, following consultation with party Group Lead Members, to agree any output arising from the discussion.

1.2 Following consultation with party Group Lead Members, the Chair is asked to agree the *Healthy Living for All* Report as attached at **Appendix 1**.

2. Decision

2.1 **That the Chair, in consultation with party Group Lead Members, agrees the Committee's *Healthy Living for All* Report, as attached at Appendix 1.**

Assembly Member

I confirm that I do not have any disclosable pecuniary interests in the proposed decision and take the decision in compliance with the Code of Conduct for elected Members of the Authority.

The above request has my approval.

Signature:



Printed Name: Dr Onkar Sahota AM, Chair of the Health Committee

Date: 13 March 2024

3. Decision by an Assembly Member under Delegated Authority

Background and proposed next steps:

- 3.1 The terms of reference for this investigation were agreed by the then Chair, in consultation with party Lead Group Members, under the standing authority granted to Chairs of Committees and Sub-Committees on 23 September 2022. Officers confirm that the letter and its recommendations fall within these terms of reference.
- 3.2 The exercise of delegated authority approving the report will be formally submitted to the Health Committee's next appropriate meeting for noting.

Confirmation that appropriate delegated authority exists for this decision:

Signature (Committee Services): 

Printed Name: Diane Richards, Committee Officer

Date: 13 March 2024

Telephone Number: 07925 353478

Financial Implications: NOT REQUIRED


Note: Finance comments and signature are required only where there are financial implications arising or the potential for financial implications.

Signature (Finance): Not Required

Date: Not Required

Legal Implications:

The Chair of the Health Committee has the power to make the decision set out in this report.

Signature (Legal): 

Printed Name: **Rory McKenna**, Monitoring Officer

Date: **14 March 2024**

E Mail: MonitoringOfficer@london.gov.uk

Supporting Detail / List of Consultees:

- Emma Best AM (Deputy Chairman) and Caroline Russell AM

4. Public Access to Information

- 4.1 Information in this form (Part 1) is subject to the FoIA, or the EIR and will be made available on the GLA Website, usually within one working day of approval.

- 4.2 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.
- 4.3 **Note:** this form (Part 1) will either be published within one working day after it has been approved or on the defer date.

Part 1 - Deferral:

Is the publication of Part 1 of this approval to be deferred? **NO**

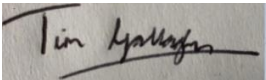
If yes, until what date:

Part 2 – Sensitive Information:

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

Is there a part 2 form? **NO**

Lead Officer / Author

Signature: 


Printed Name: Tim Gallagher

Job Title: Senior Policy Advisor

Date: 13 March 2024

Telephone Number: 07704 348487

Countersigned by Executive Director:

Signature: 

Printed Name: Helen Ewen

Date: 13 March 2024

Telephone Number: 07729 108986



Healthy Living for All

Health Committee

LONDON ASSEMBLY

Health Committee



Krupesh Hirani AM
(Chair)
Labour



Emma Best AM
(Deputy Chairman)
Conservatives



Andrew Boff AM
Conservatives



Dr Onkar Sahota AM
Labour



Caroline Russell AM
Greens

This investigation was carried out by the Health Committee in 2022-23, with Krupesh Hirani AM as Chair, and the Assembly Members listed above.

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Contents

Foreword.....	4
Executive summary	6
Recommendations.....	8
Healthy Living – background	10
Importance of healthy living.....	10
Healthy living in London	12
Active travel for all	23
Inclusive schemes, consultations and representation	23
Accessible infrastructure	26
Behaviour change.....	27
Children’s healthy eating habits	29
Healthy food environments.....	33
The Mayor’s Healthy Living initiatives.....	37
Appendix – Minority report from City Hall Conservatives.....	40
Committee activity	46
Other formats and languages.....	47
Connect with us	48

Foreword



Krupesh Hirani AM
Chair of the Health Committee

Our daily habits, including our activity levels and our diets, have a significant impact on our health. All the evidence shows that by keeping active and eating healthily, we can prevent a range of diseases, maintain a healthy weight, and improve our mental wellbeing. Yet, inactivity, obesity and poor-quality diets remain significant problems in London – and in the case of childhood obesity, we see that the problem is getting worse.

Across London, a range of inequalities in healthy living outcomes persist. Childhood obesity is highest among those on the lowest incomes, and this issue is only going to be exacerbated by the current cost-of-living crisis. The pandemic had disproportionate impacts on people’s activity levels, with older Londoners and disabled people less likely to be meeting recommended daily activity targets.

The London Assembly Health Committee set out to examine the barriers that were driving these inequalities, and to discover what more can be done to alleviate them and make healthy living a reality for all. Across two meetings, we spoke to experts in the fields of promoting physical activity and eating healthily. We heard that there are a range of environmental factors that influence and often dictate the food that we eat, and the level of activity that we’re able to do. Accessibility is key, and for many people in London, choosing healthy food and active travel is neither easy nor accessible.

The Committee’s visit to Cycle Sisters, a community organisation that supports Muslim women to take up cycling, was inspiring. We were grateful to be able to join on one of their group rides, and we were struck by the power of grassroots, community action in showing that cycling is for everyone, regardless of their background. Organisations such as these are doing outstanding work across London to educate and empower people in their local area to take up cycling and walking, and to cook and eat healthy meals.

This report makes a series of recommendations designed to lower barriers to everyday physical activity and eating healthily in London. The Mayor can play a strong role in improving active travel infrastructure to make it accessible for everyone, and to ensure that the voices of disadvantaged groups are included in consultations. The Committee welcomes the Mayor’s announcement of the free school meals programme for London’s primary school children during

the 2023-24 school year, and the potential this has to positively impact children’s health. The Mayor can take further action to improve the diets of Londoners by reviewing food outlets on the TfL estate, and by encouraging improved food offerings on high streets through the Healthier Catering Commitment (HCC).

I would like to thank my fellow Committee Members for all their advice and input to the report. We are also very grateful to those who participated in our investigation by speaking at our meetings, and to Cycle Sisters, for inviting us to take part in one of their cycling sessions.

Executive summary

This report was drafted at the end of the 2022-23 committee year.

The Health Committee carried out an investigation into ‘healthy living’, one of the five aims included in the Mayor’s Health Inequalities Strategy (HIS), as part of its 2022-23 work programme. The Mayor has introduced various initiatives and programmes designed to meet the commitments set out in this part of the strategy, including the Healthy Streets approach to encouraging active travel; the Walking and Cycling Grant programme; and the TfL junk food advertising ban.

The investigation focused on two elements: everyday physical activity and healthy eating habits. The Committee set out to understand the importance of everyday physical activity and healthy eating habits for the health of Londoners; the barriers in engaging in these healthy behaviours; the inequalities that exist in these areas; and the groups in London that are most affected by these inequalities. The Committee scrutinised the impact of the Mayor’s initiatives and programmes designed to reduce barriers to healthy living; and asked what further action the Mayor, local government and third-sector organisations could take.

As part of the investigation, the Committee held two meetings in City Hall, with invited guests. The meeting on 6 October 2022 focused on everyday physical activity; the meeting on 2 March 2023 focused on healthy eating habits. The Committee also carried out a site visit to the organisation Cycle Sisters, where we joined the group for a cycle around Valentines Park, Redbridge, and spoke to the women that take part in the group cycles and the ride leaders.

The Committee reached a number of key findings as part of its investigation:

- Healthy living behaviours, including maintaining a healthy diet and undertaking everyday physical activity, help prevent disease and improve a person’s overall quality of life.¹ Physical activity levels in London are broadly comparable to the rest of the UK; however, variations between boroughs are significant.² London has the lowest adult obesity rate in the country, yet childhood obesity is a significant and worsening problem.³
- There are inequalities in health outcomes related to healthy living. During the pandemic, activity levels dropped to a greater extent for ethnic minority groups and those on lower incomes. There is also a strong link between deprivation and childhood obesity.⁴

¹ OHID, [Health Profile for London 2021](#)

² OHID, [Data: Physical Activity – London region](#)

³ OHID, [Obesity Profile – Data](#)

⁴ OHID, [Obesity Profile – Data](#)

- Low Traffic Neighbourhoods (LTNs) have been found to have significant benefits in reducing traffic injuries and increasing active travel.^{5,6} However, despite these benefits, the Committee heard from guests that more could be done to improve the accessibility and implementation of these schemes, in particular around consultation processes and including the voices of older people and disabled people.⁷
- At the meeting on everyday physical activity, the Committee heard from guests that improving healthy living outcomes requires changes to the environment and infrastructure, as well as encouraging behaviour change. Poor-quality and inaccessible pavements were mentioned as a significant barrier to people undertaking active travel. Behaviour change can also be driven by healthcare professionals if they are given the knowledge and training to discuss these issues with patients.
- The Mayor has announced £130m in emergency funding to provide free school meals to all primary school children in London for the 2023-24 academic year.⁸ Making healthy food accessible for children is important in preventing child obesity, and for developing healthy eating habits that are maintained through to adulthood. The Committee heard from guests of the significant health benefits of free school meals, but more detail is required on how this will be achieved through the Mayor's programme.⁹
- The Committee heard that our 'food environment' strongly influences the food choices that Londoners make. London has some of the highest densities of fast-food outlets in England, and the Committee heard that more can be done to support small businesses to improve the healthy food offering on high streets through the Healthy Catering Commitment.
- We heard from Peter Rogers from Highams Park Food Aid that his charity had had trouble with recruiting volunteers with ULEZ-compliant vehicles.

⁵ Rachel Aldred and Anna Goodman/Transport Findings, [Low Traffic Neighbourhoods, Car Use, and Active Travel: evidence from the People and Places survey of Outer London active travel interventions](#), September 2020

⁶ Anna Goodman, Jamie Furlong, Anthony A. Lavery, Asa Thomas and Rachel Aldred/Transport Findings, [Impacts of 2020 Low Traffic Neighbourhoods in London on Road Traffic Injuries](#), July 2021

⁷ See 'Appendix – Minority report from City Hall Conservatives'

⁸ Mayor of London, [Mayor announces every London primary schoolchild to receive free school meals](#), 20 February 2023

⁹ See 'Appendix – Minority report from City Hall Conservatives'

Recommendations

Recommendation 1

The Mayor and Transport for London (TfL) should work with groups representing older and disabled Londoners, and with local authorities, to ensure that consultations on active travel schemes are sufficiently inclusive of underrepresented groups, including older people and disabled people.¹⁰

Recommendation 2

In his response to this report, the Mayor should set out which recommendations have been adopted by the GLA from Transport for All's 'Pave the Way' report, and which have not; and the rationale for these decisions. Once adopted, the Mayor should encourage and support local authorities to adopt the recommendations in 'Pave the Way', in order to mitigate the negative impacts of LTNs and ensure future schemes are more inclusive.

Recommendation 3

The Mayor and TfL should increase representation of older and disabled people walking and cycling, including images of non-standard cycles, in Mayoral documents and communications, and TfL guidance.

Recommendation 4

TfL should work with local authorities through the Local Implementation Plan (LIP) funding programme to improve pavement infrastructure and accessibility. This should be prioritised when putting together plans for the 2024-25 programme.

Recommendation 5

The Mayor should publicise the Physical Activity Clinical Champions training programme, including through the London Health Board, to help increase uptake in London.

Recommendation 6

The Mayor should build in healthy food standards with local authorities procuring school meals under the free school meals programme; and report back to the Committee on specific actions taken to ensure that the free school meals he is funding provide sustainably-sourced, healthy food for children.

Recommendation 7

The Mayor should launch a publicity campaign aimed at raising awareness of Healthy Start in order to increase enrolment levels.

¹⁰ See 'Appendix – Minority report from City Hall Conservatives'

Recommendation 8

The Mayor should carry out a review of the effectiveness and impact of the Healthier Catering Commitment programme. If the programme is deemed successful, he should expand support for it and explore proposals such as providing incentives to businesses that sign up to the Programme. This will help the Mayor meet the commitments contained in the Health Inequalities Strategy around improving healthy eating habits.

Recommendation 9

The Mayor should set out his policy on which retail outlets are granted leases on the TfL estate. He should also review TfL’s policy on retail leases, with a view to improving the food environment for the passengers that use London’s transport system.

Recommendation 10

The Government should review and publish a timetable for the implementation of the proposed bans on multibuy offers for foods high in fat, salt or sugar (HFSS) and on advertising these products on TV before 9pm.

Healthy Living – background

‘Healthy Living’ is one of the five aims included by the Mayor of London in the GLA’s Health Inequalities Strategy. This part of the strategy addresses issues including daily activity, access to healthy food and tobacco, and alcohol consumption.¹¹ The NHS ‘Live Well’ directory provides advice “about healthy living, including eating a balanced diet, healthy weight, exercise, quitting smoking and drinking less alcohol”.¹² This investigation focuses specifically on two of these elements: everyday physical activity, which can be defined as exercise and movement as part of our daily lives (as opposed to sports or organised exercise classes); and healthy eating.

Importance of healthy living

Healthy living has a significant impact on the quality of a person’s overall health throughout their life. The Office for Health Improvement and Disparities’ (OHID’s) Health Profile for London 2021 identifies the key risk factors that “play an important role in determining whether a person becomes ill, at what age, and the associated effect on quality of life”.¹³ These include dietary risk and low physical activity, which are both potential causes of ill health.¹⁴ The King’s Fund – a charity working to improve health and care in England – states that ‘health behaviours and lifestyles’, including diet, exercise, and alcohol and tobacco consumption, are the “second most important driver of health”, after wider determinants of health such as income, education and housing.¹⁵

Physical activity has a range of health benefits for individuals. Vicky Hobart, GLA Group Director of Public Health, told the Committee: “If physical activity were a drug, we would refer to it as a miracle cure.”¹⁶ According to the World Health Organization (WHO), regular physical activity is proven to help prevent and manage diseases such as heart disease, stroke, diabetes and several cancers. The organisation also finds that physical inactivity “increases the risk of cancer, heart disease, stroke and diabetes by 20-30 per cent”. Physical activity also helps prevent hypertension and maintain healthy body weight; and can improve quality of life and wellbeing, with significant mental health benefits.¹⁷ Academic research published in 2022 found that physical activity can reduce the risk of depression by 30 per cent.¹⁸

¹¹ Mayor of London, [The London Health Inequalities Strategy](#), September 2018

¹² NHS, [Live Well](#)

¹³ OHID, [Health Profile for London 2021](#)

¹⁴ OHID, [Health Profile for London 2021](#)

¹⁵ The King’s Fund, [What is a population health approach?](#), 21 July 2022

¹⁶ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Everyday Physical Activity](#), 6 October 2022

¹⁷ WHO, [Physical activity](#)

¹⁸ Machaczek KK, Allmark P, Pollard N, Goyder E, Shea M, Horspool M, Lee S, de-la-Haye S, Copeland R, Weich S. Integrating physical activity into the treatment of depression in adults: A qualitative enquiry. *Health Soc Care Community*. 2022 May;30(3):1006-1017. <https://onlinelibrary.wiley.com/doi/full/10.1111/hsc.13283>

Our diets are also essential to maintaining health and preventing disease. According to the WHO, a healthy diet helps to prevent against a range of non-communicable diseases and conditions including diabetes, heart disease, stroke and cancer, as well as malnutrition.¹⁹ The NHS provides information on the benefits of a well-balanced diet – including energy to keep active throughout the day; nutrients to maintain a strong immune system; a healthy heart; strong bones and teeth; and the prevention of cardiovascular disease, some cancers and type 2 diabetes.^{20 21} Tom Coffey, Mayoral Health Advisor, told the Committee that “Type 2 diabetes is very much linked to a diet very high in carbohydrate and a link to obesity.”²²

In the UK, data from the National Diet and Nutrition Survey shows that the population is consuming salt, sugar and saturated fat at a rate above government recommendations, whereas fruit, vegetables, fibre, and oily fish consumption are all below government recommendations.²³ A healthy diet plays a key role in maintaining a healthy weight.²⁴ According to the Royal College of Physicians, “Obesity is one of the biggest public health challenges the UK faces.”²⁵ This was made particularly acute during the pandemic, when 30 per cent of COVID-19 hospitalisations in the UK were directly attributed to overweight and obesity.²⁶ The Government states: “On average, adults’ diets contain 200 to 300 more calories than recommended a day.”²⁷ Similarly, children who are overweight or living with obesity are eating up to 500 more calories than required for a healthy body weight.²⁸

“We know now that the food that we eat is the leading cause of death and ill health worldwide and London of course is no exception.”

Sonia Pombo
Public Health Nutritionist, Queen Mary University of London
Campaign Lead, Action on Salt

There are also a range of wider societal benefits to healthy living, with significant costs of poor diets and physical inactivity. The Government has cited research that suggests the NHS spent £6.5 billion on overweight and obesity related ill-health in the 2020-21 financial year, approximately 4.7 per cent of the NHS budget.²⁹ Analysis carried out by Public Health England in 2017 found that the costs to the NHS attributable to overweight and obesity are projected

¹⁹ WHO, [Healthy diet](#)

²⁰ NHS Inform, [Health benefits of eating well – Food and nutrition](#)

²¹ OHID, [Healthy eating: applying All Our Health](#), 10 January 2023

²² London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Healthy Eating Habits](#), 2 March 2023

²³ OHID, [Healthy eating: applying All Our Health](#), 10 January 2023

²⁴ NHS Inform, [Health benefits of eating well – Food and nutrition](#)

²⁵ Royal College of Physicians, [RCP position on health inequalities](#), 15 September 2021, p.3

²⁶ Royal College of Physicians, [RCP position on health inequalities](#), 15 September 2021, p.3

²⁷ OHID, [Healthy eating: applying All Our Health](#), 10 January 2023

²⁸ OHID, [Healthy eating: applying All Our Health](#), 10 January 2023

²⁹ OHID, [Healthy eating: applying All Our Health](#), 10 January 2023

to reach £9.7 billion per year by 2050, while wider costs to society and business are projected to reach £49.9 billion per year.³⁰

At the Committee’s meeting, Vicky Hobart discussed these wider benefits to healthy living, including reduced “demand for things like welfare provision, and supporting economic productivity.”³¹ Similarly, Sonia Pombo noted that, if people have healthier diets, “they will be more likely to work and provide for themselves and for their families”. She added: “It will boost the economy as well.”³² Poor diets also lead to an increased pressure on adult social care, which the Local Government Association (LGA) highlighted in a 2017 discussion paper.³³ There are also wider benefits to active travel, as Vicky Hobart told the Committee, including “improvements in air quality, reductions in congestion and improved social cohesion”.³⁴

Healthy living in London

Physical activity levels in London are broadly comparable to other regions in England. Sport England’s Active Lives survey estimates the level of physical activity in England, and defines being physically active as taking at least the recommended level of 150 minutes of moderate intensity physical activity or equivalent per week. OHID’s analysis of Sport England’s data found that, in 2020–21, 64.9 per cent of adults were ‘physically active’ in London, which was slightly lower than the national average of 65.9 per cent.³⁵ Levels of physical activity varied considerably by borough: the lowest proportion of physically active adults (other than the City of London, which has a considerably lower population than all other London boroughs³⁶) was in Barking and Dagenham (52.3 per cent) and the highest was in Wandsworth (76.5 per cent).³⁷

³⁰ Public Health England, [Health matters: obesity and the food environment](#)

³¹ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Everyday Physical Activity](#), 6 October 2022

³² London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Healthy Eating Habits](#), 2 March 2023

³³ LGA, [Social care and obesity – a discussion paper](#)

³⁴ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Healthy Eating Habits](#), 2 March 2023

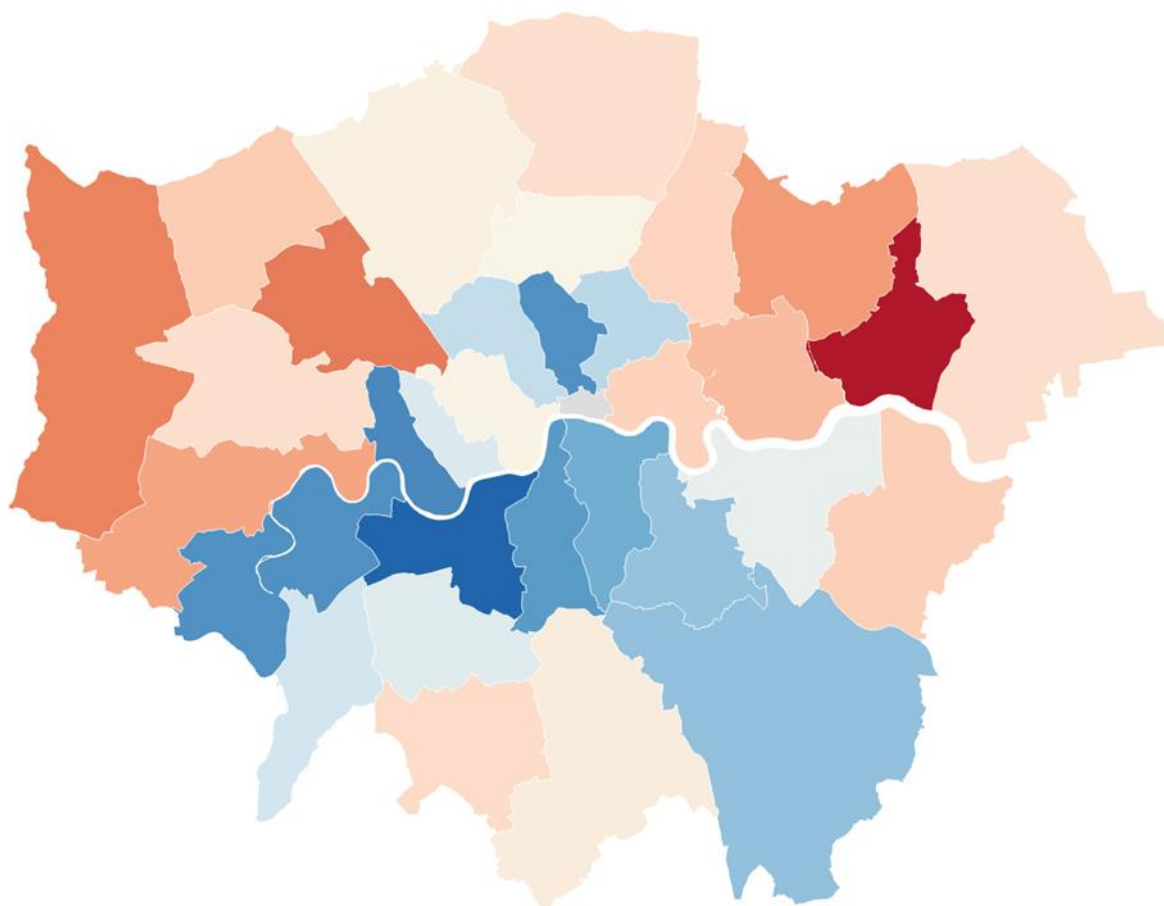
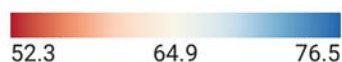
³⁵ OHID, [Data: Physical Activity – London region](#)

³⁶ ONS, [How life has changed in the City of London: Census 2021](#), 19 January 2023. The City of London had a population of 8,600 in the 2021 census.

³⁷ OHID, [Data: Physical Activity – London region](#)

Proportion of 'physically active' adults in London by borough 2020/21

Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)



Map data: © Crown copyright and database right 2018 • Created with Datawrapper

The Mayor has a target for 70 per cent of Londoners to achieve at least 20 minutes of active travel (defined as either walking or cycling) per day by 2041.³⁸ The latest data from TfL for April-September 2022 shows that 38.3 per cent of Londoners achieved the 20 minutes of active travel per day in that period, an increase on the January-March figure of 34.4 per cent.³⁹ TfL has described this as “returning to the pre-pandemic trend”.⁴⁰ In the year immediately before the pandemic (2019-20), 42 per cent of Londoners achieved 20 minutes of active travel, and this figure had not changed substantially in the preceding years.⁴¹

³⁸ TfL, [Travel in London: report 14](#), 2021

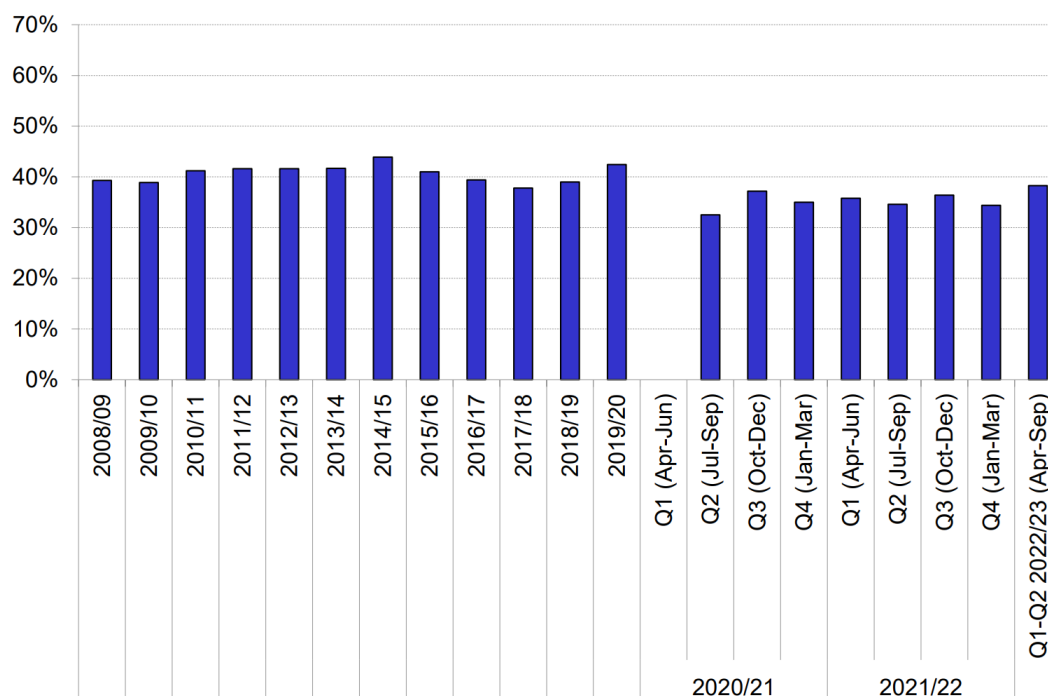
³⁹ TfL, [Travel in London: report 15](#), 2022

⁴⁰ TfL, [Travel in London: report 15](#), 2022

⁴¹ TfL, [Travel in London: report 13](#), 2020. Although comparable quarterly estimates are available during the pandemic, restrictions on surveys mean that the picture is not complete.

Proportion of London residents aged 20 or over who achieve at least 20 minutes of active travel per day, 2008-09 to 2022-23

Source: TfL Travel in London report 15⁴²



Source: TfL City Planning.

Estimates from 2020-21 suggest that the proportion of Londoners achieving the target has decreased since the start of the pandemic, with values ranging between 33 and 37 per cent.⁴³ According to TfL analysis, lockdown restrictions gave Londoners greater opportunity to partake in active travel more locally. However, given the overall fall in travel during the pandemic, absolute levels of active travel remained close to, or below, pre-pandemic levels.⁴⁴

TfL data also shows that relative to other modes of transport, the proportion of walking and cycling increased during the pandemic. For example, walking accounted for almost 60 per cent of all trips made by Londoners during the first quarter of 2021, and typically more than 40 per cent during other periods during the pandemic, compared to 35 per cent before the pandemic. However, according to the data, “in practice this was countered by general restrictions on mobility, resulting in many fewer (and shorter) trips being made per day compared to before the pandemic”.⁴⁵ Will Norman told the Committee:

⁴² TfL, [Travel in London: report 15](#), 2022. The gap in the data can be attributed to restrictions on surveys during the pandemic.

⁴³ TfL, [Travel in London: report 14](#), 2021

⁴⁴ TfL, [Travel in London: report 14](#), 2021

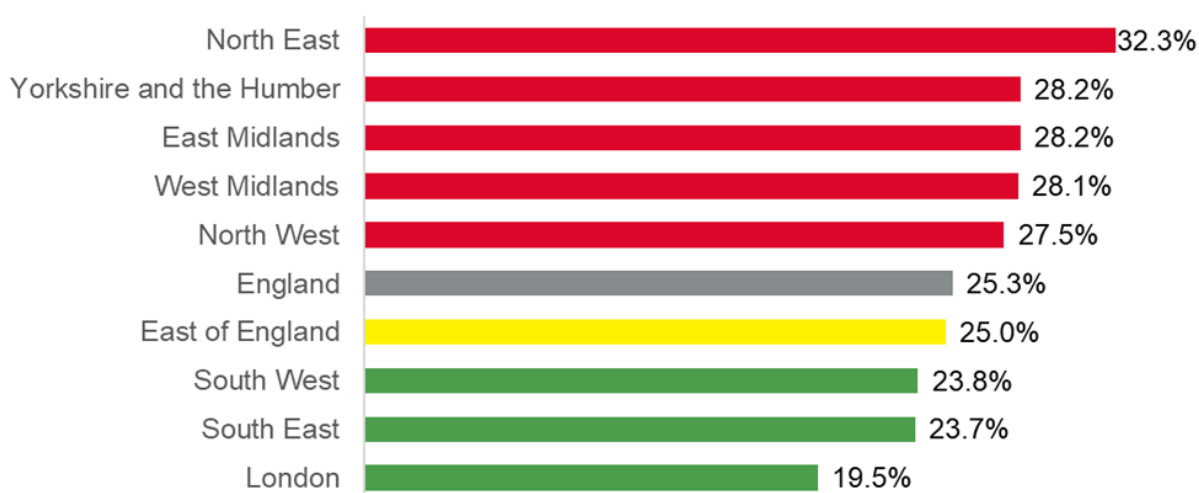
⁴⁵ TfL, [Travel in London: report 14](#), 2021

“One of the reasons why there has been a drop overall within the pandemic is that a lot of active travel is generated as stages of a public transport journey, and as those public transport journeys have dropped those active travel stages have therefore dropped.”⁴⁶

Healthy weight management is a problem in London, with the most recent data, produced annually by OHID, showing that 19.5 per cent of adults (aged 18 or over) in London were classified as obese in 2020-21.⁴⁷ While this is the lowest regional figure in England, it is almost a fifth of the London population. Being underweight is also an issue in London, with three per cent of adults in London classed as underweight in 2016, compared to two per cent nationally.⁴⁸

Percentage of adults (aged 18+) classified as obese by region, 2020-21 – regions in England

Source: Obesity Profile, OHID⁴⁹



At borough level, Havering had the highest percentage of adults classified as overweight and obese (68.8 per cent), and Islington had the lowest (44 per cent).

⁴⁶ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Everyday Physical Activity](#), 6 October 2022

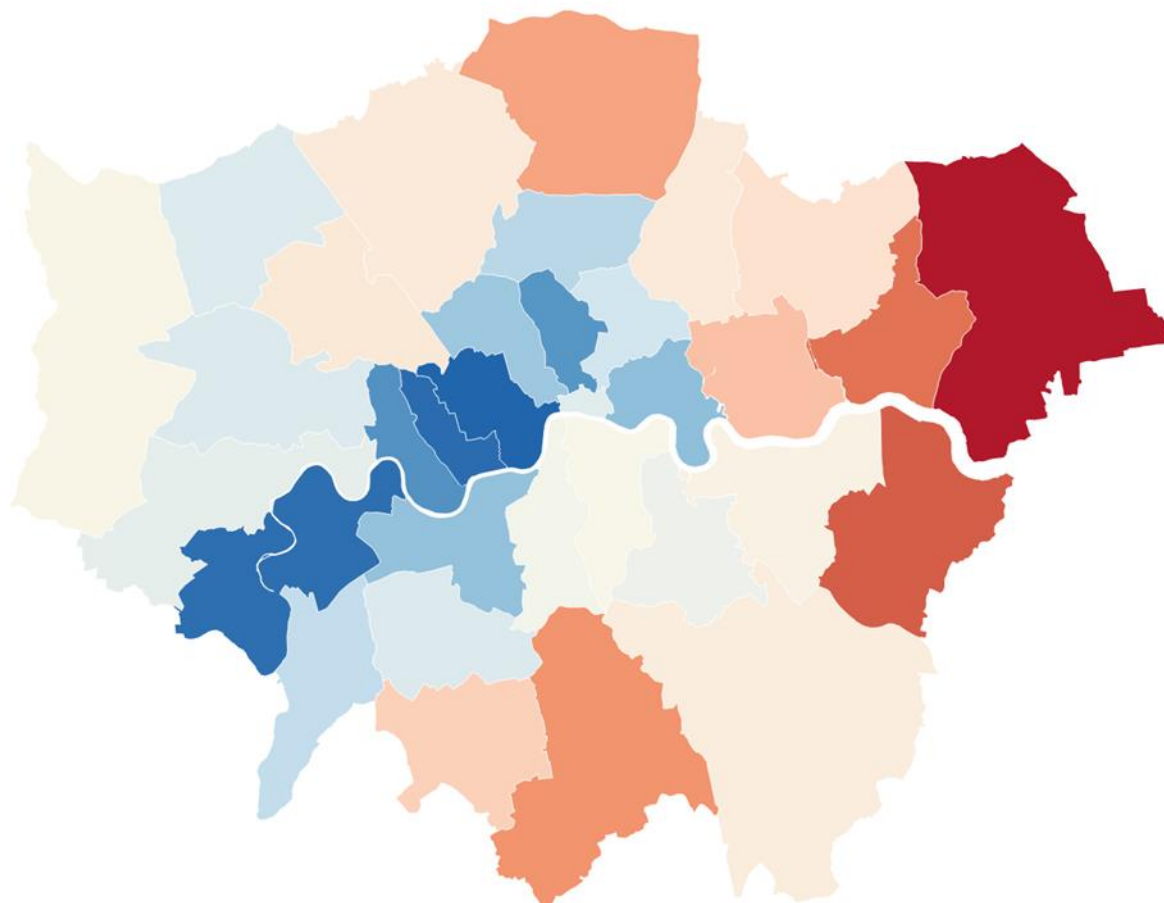
⁴⁷ OHID, [Obesity Profile – Data](#)

⁴⁸ NHS England, [Health Survey for England, 2016 – NHS Digital](#), 13 December 2017

⁴⁹ OHID, [Obesity Profile – Data](#)

Proportion of adults (18+) in London classified as 'obese' by borough, 2020/21

Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)



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The National Child Measurement Programme (NCMP) is run by OHID and measures the height and weight of over 1 million children in reception (ages four to five) and year 6 (ages 10 to 11) annually. In terms of trends over time, the percentage of reception-age children and year 6 children who are a healthy weight in London is ‘decreasing and getting worse’.⁵⁰ The percentage of children who are overweight, including obesity and severe obesity, is ‘increasing and getting worse’.⁵¹ In 2021-22, more than one in five children in reception were overweight or living with obesity (boys, 22.2 per cent; girls, 21.6 per cent; all children, 21.9 per cent). This is slightly higher than the 2019-20 figure of 21.6 per cent but lower than the 2020-21 figure of 27.2 per cent.⁵² In 2021-22 or year 6, this had increased to around two in five children (boys,

⁵⁰ OHID, [Obesity Profile – Data](#)

⁵¹ OHID, [Obesity Profile – Data](#)

⁵² OHID, [Obesity Profile – Data](#)

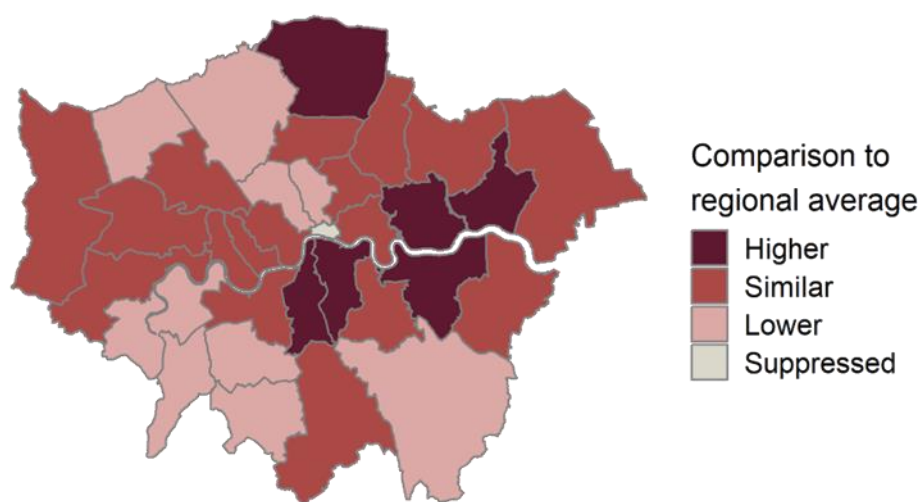
44.3 per cent; girls, 36.5 per cent; all children, 40.5 per cent).⁵³ This is higher than the 2019-20 figure of 38.2 per cent, but lower than the 2020-21 figure of 45.2 per cent.^{54,55}

For reception-aged children, London’s obesity prevalence figure is higher than the national average of 10.1 per cent.⁵⁶ For the year 6 obesity prevalence, London’s figure is 25.8 per cent, compared to the national average of 23.4 per cent.⁵⁷ At the borough-level, Richmond upon Thames has the highest proportion of reception-age children who are a healthy weight (83.7 per cent), and Greenwich has the lowest (70.1 per cent).⁵⁸ The data also shows that Richmond upon Thames has the highest percentage of year 6 aged children who are a healthy weight (74 per cent), and Barking and Dagenham has the lowest (49.9 per cent). The graphs below show the obesity prevalence by borough.⁵⁹

Prevalence of obesity in London boroughs

Source: *Child Obesity in London Presentation, OHID*

Reception



Note: value for Hackney and City of London combined

⁵³ OHID, [Patterns and trends in child obesity – report](#), February 2023

⁵⁴ OHID, [Obesity Profile – Data](#)

⁵⁵ See ‘Appendix – Minority report from City Hall Conservatives’

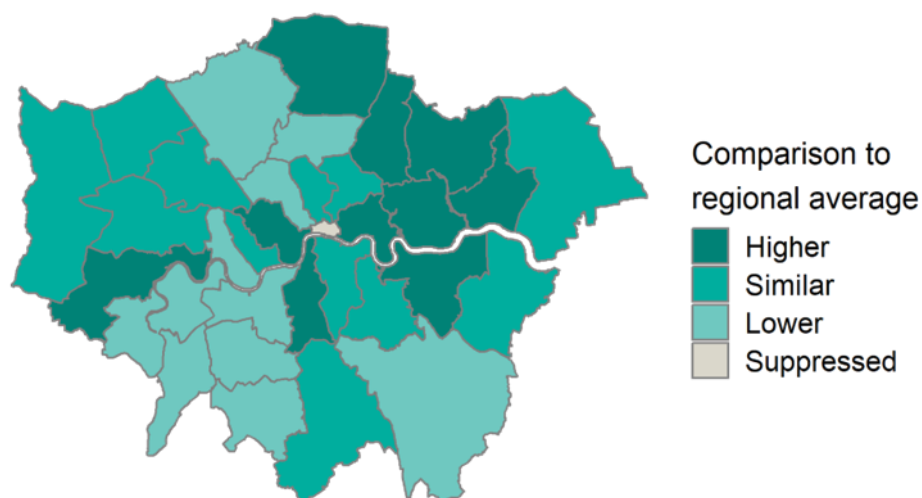
⁵⁶ OHID, [Obesity Profile – Data](#)

⁵⁷ OHID, [Obesity Profile – Data](#)

⁵⁸ OHID, [Obesity Profile – Data](#)

⁵⁹ OHID, [Obesity Profile – Data](#)

Year 6



Note: value for Hackney and City of London combined

Healthy Living Inequalities

A lack of everyday physical activity and poor diets are key drivers of health inequalities. The WHO notes: “Older adults and people living with disabilities are less likely to be active and miss out on the physical, mental and social health benefits.”⁶⁰ The most recent Sport England Active Lives Adult Survey, published in April 2023, found that 47.5 per cent of adults with a disability or long-term health condition are active, compared to 68.1 per cent of adults without.⁶¹ The previous year’s survey found that disabled adults are almost twice as likely as non-disabled people to be physically inactive (42.4 per cent versus 22.6 per cent).⁶²

The Mayor’s HIS states: “Having a low income, disability, poor access to facilities and difficulty finding time to build exercise into the day are some of the barriers people face.”⁶³ OHID’s Health Profile for England 2021 found that the pandemic had led to a “reduction in physical activity levels particularly in Black and Asian groups and lower socioeconomic groups”.⁶⁴ TfL analysis from 2020-21 shows that active travel levels varied by demographic group.⁶⁵ Those who are more likely to achieve 20 minutes of active travel are White; working (particularly working full-time); not disabled; and in younger age groups.⁶⁶

There is evidence to suggest a link between socioeconomic background, diet and obesity levels. Tom Coffey wrote in a letter to the Committee, “Being food insecure can have a long-term impact on Londoners health with nutrient poor diets leading to obesity and malnutrition.”⁶⁷

⁶⁰ WHO, [Physical activity](#)

⁶¹ Sport England, [Active Lives Adult Survey November 2021-22 Report](#), April 2023

⁶² Sport England, [Disabled people](#).

⁶³ Mayor of London, [The London Health Inequalities Strategy](#), September 2018

⁶⁴ OHID, [Health Profile for England 2021](#)

⁶⁵ TfL, [Travel in London: report 14](#), 2021

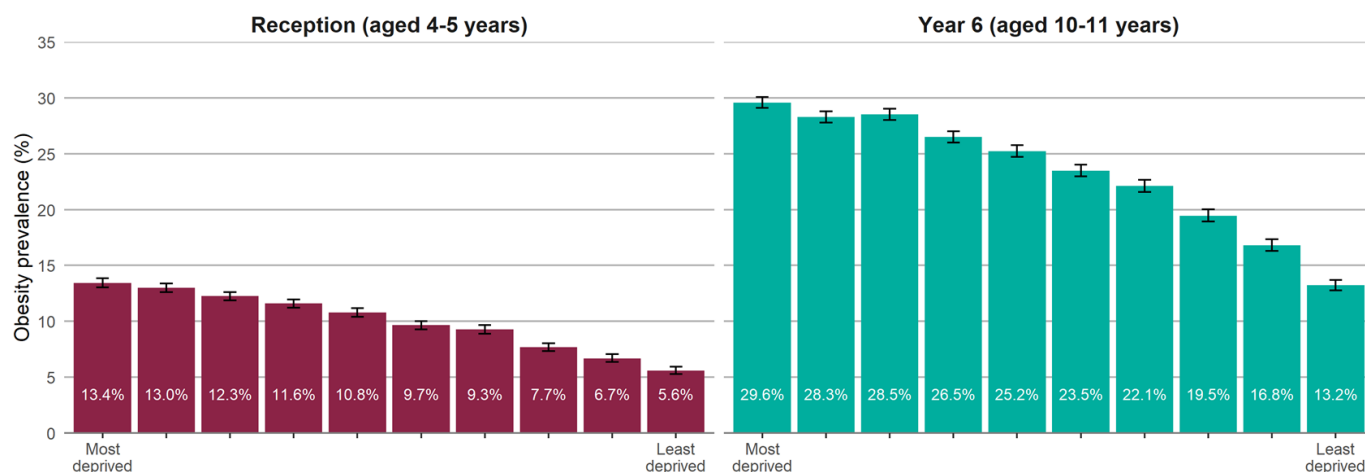
⁶⁶ TfL, [Travel in London: report 14](#), 2021

⁶⁷ Letter to Health Committee, Tom Coffey, 3 April 2023

Using NCMP data from 2018-22, and the Index of Multiple Deprivation 2019, analysis by OHID shows the strong link between deprivation and childhood obesity across both reception-age children and those in year 6.⁶⁸ The graphs below show that in London, obesity is over twice as prevalent in the most deprived areas as the least deprived areas.⁶⁹

Obesity prevalence and deprivation in London

Source: Child Obesity Presentation, OHID



There are also significant variations in childhood obesity prevalence among different ethnic groups. The graphs below show that at reception age and in year 6, Black African children are almost twice as likely to be obese as White British children in London.⁷⁰

⁶⁸ OHID, [Patterns and trends in child obesity – London region](#), February 2023

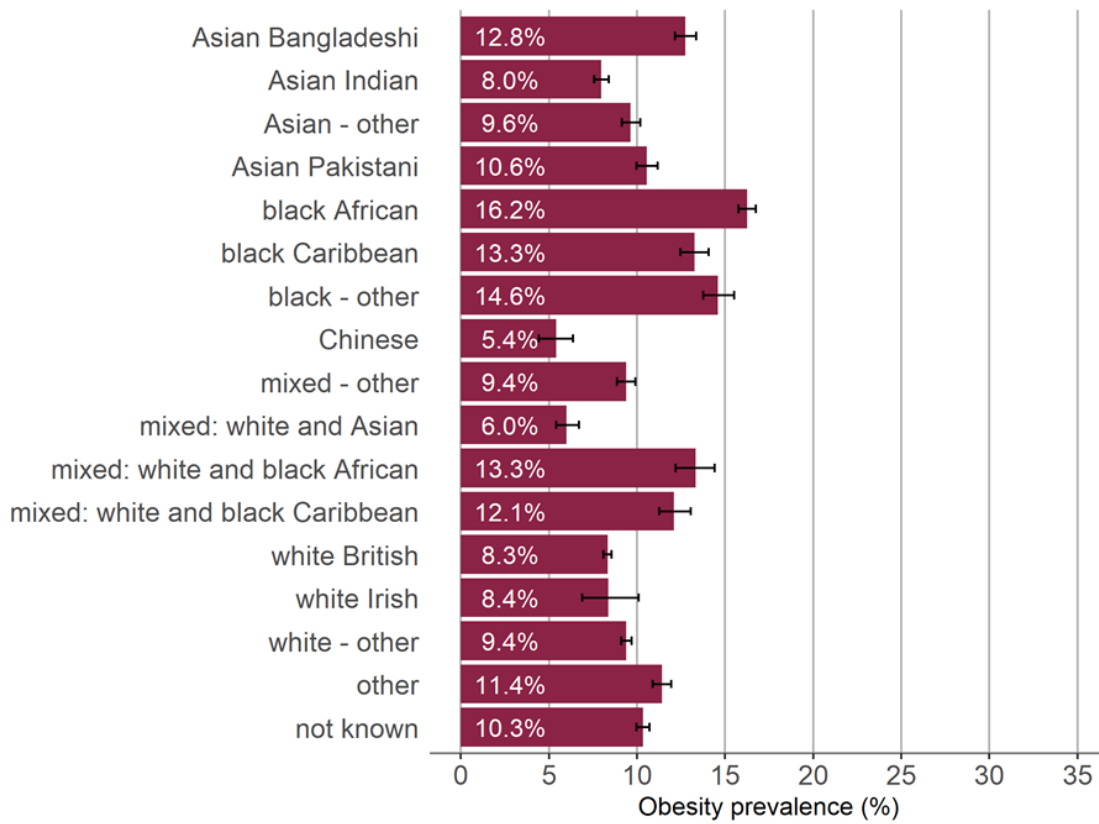
⁶⁹ OHID, [Patterns and trends in child obesity – London region](#), February 2023

⁷⁰ OHID, [Patterns and trends in child obesity – London region](#), February 2023

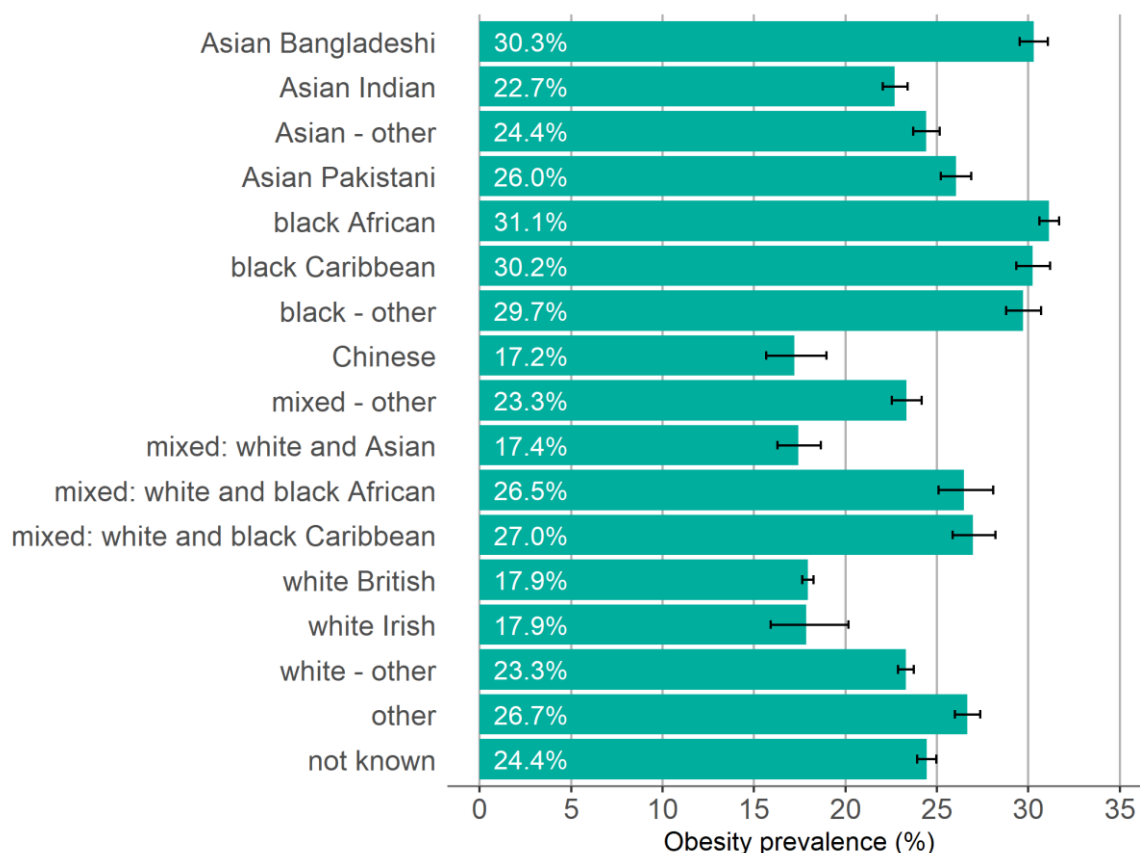
Obesity prevalence in London by ethnic group

Source: Child Obesity Presentation, OHID

Reception



Year 6



This data makes clear how prevalent health inequalities are across London. It shows that there are particular demographic groups (by age, income, ethnic group) that are at significantly higher risk of experiencing long-term impacts on their health. There is also considerable geographic variation in the capital, as different boroughs have substantially different levels of challenge in supporting healthy living for all in London. It is important that public health interventions take account of these health inequalities and that priority is given to initiatives that seek to address them.

The Mayor’s Health Inequalities Strategy and Healthy Living commitments

The Mayor’s HIS states: “If London is to tackle health inequalities and become the world’s healthiest global city, then options for healthy living must be available, attractive and easy for everyone to access.”⁷¹ ‘Healthy Living’ is one of the five ‘aims’ of the HIS and the HIS Implementation Plan 2021-24.⁷²

⁷¹ Mayor of London, [The London Health Inequalities Strategy](#), September 2018

⁷² Mayor of London, [The London Health Inequalities Strategy](#), September 2018

In addition to the Mayor’s target of Londoners doing 20 minutes of active travel each day,⁷³ the HIS Implementation Plan 2021-2024 contains further commitments, including:

“work with London boroughs to use the Healthy Streets Approach to improve health by enabling more people to walk, cycle and use public transport rather than travel by car, targeting the most inactive Londoners. This will include expanding the reach of the cycleway network and schemes such as Liveable and Low Traffic Neighbourhoods, Safer Junctions and the Ultra Low Emission Zone (ULEZ), as well as lowering speed limits and more residential cycle parking.”⁷⁴

The Healthy Streets Approach, also featured in the Mayor’s Transport Strategy, “provides the framework for putting human health and experience at the heart of planning the city”.⁷⁵ The Healthy Streets Approach aims to improve street environments to make it “easier for everyone to get around on foot and by cycle”.⁷⁶ It uses ten ‘evidence-based indicators’ to assess whether streets are appealing places to walk, cycle and spend time.

The second objective within the Healthy Living theme of the HIS is that “all Londoners have access to healthy food”. The HIS Implementation Plan 2021-24 includes commitments to increase uptake of Healthy Start (children’s food vouchers) and to “support and fund food partnerships across London through the Food Roots Incubator programme”.⁷⁷ It also includes the Healthier Catering Commitment (HCC) led by the London boroughs and supported by the Mayor.

The HIS also includes the aim ‘Healthy Children’, which contains various commitments related to ensuring that “every London child has a healthy start in life.”⁷⁸ Under the ‘Healthy Children’ aim, there is the specific objective of helping “children achieve and maintain a healthy weight”.⁷⁹ To achieve this objective, the Mayor has committed to delivering the Healthy Place, Healthy Weight Mission, which includes various initiatives that will be discussed later on in the report.

The Mayor has introduced various other initiatives designed to meet the commitments in the HIS and other strategies, such as the TfL junk food advertising ban, implemented in February 2019. The progress and impact of these initiatives and those previously mentioned will be discussed later on in the report.

⁷³ Mayor of London, [Health Inequalities Strategy Implementation Plan Commitments 2021-24](#)

⁷⁴ Mayor of London, [Health Inequalities Strategy Implementation Plan Commitments 2021-24](#)

⁷⁵ Mayor of London, [Mayor’s Transport Strategy](#), March 2018

⁷⁶ Mayor of London, [Mayor’s Transport Strategy](#), March 2018

⁷⁷ Mayor of London, [Health Inequalities Strategy Implementation Plan Commitments 2021-24](#)

⁷⁸ Mayor of London, [Health Inequalities Strategy Implementation Plan Commitments 2021-24](#)

⁷⁹ Mayor of London, [Health Inequalities Strategy Implementation Plan Commitments 2021-24](#)

Active travel for all

Inclusive schemes, consultations and representation

TfL provides funding to boroughs for transport-related schemes, including for active travel initiatives such as Liveable Neighbourhoods, Low Traffic Neighbourhoods (LTNs), borough cycle training and cycle parking.⁸⁰ TfL describes LTNs as:

*“street interventions aimed at removing through motor traffic from a residential area to create street environments that are safer and more pleasant for people to walk, cycle and access public transport, while retaining access for residents and essential services”.*⁸¹

Will Norman, Walking and Cycling Commissioner, told the Committee of the significant impact that LTNs have on increasing physical activity and active travel “by making it safer for people to walk and cycle those short trips”.⁸² Research carried out by the University of Westminster on active travel interventions in outer London between 2016 and 2019 found that car use was lower in LTN areas; and that active travel, including walking and cycling, had increased.⁸³

The Committee heard from Alan Benson, Co-Chair of the Transport for All Board of Trustees, that “disabled people are impacted differently by LTNs, some positively, some negatively.”⁸⁴ Alan Benson also told the Committee: “Disabled people can be weaponised in these arguments on both sides. Their views are adapted just to suit one side of the argument. It is clear that the reality is rather more nuanced.”⁸⁵

Alan Benson was discussing specifically the findings from the Transport for All report, ‘Pave the Way’, which investigated the impact of LTNs on disabled people. The report presents a series of solutions that aim to preserve the benefits of LTNs while mitigating the negative impacts.⁸⁶ These include meaningful engagement with disabled people in the community; accessible communication; accessible implementation; a softer approach such as trialling timed closures or phasing in restrictions more gradually; and dispensation for disabled people including using Automatic Number Plate Recognition cameras to filter traffic and allow specific vehicles.⁸⁷ The report also includes broader suggested infrastructure improvements to reduce barriers to active

⁸⁰ Mayor’s Question Time, [Borough Healthy Streets funding](#), 22 December 2021

⁸¹ TfL, [Travel in London: report 14](#), 2021

⁸² London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Everyday Physical Activity](#), 6 October 2022

⁸³ Rachel Aldred and Anna Goodman/Transport Findings, [Low Traffic Neighbourhoods, Car Use, and Active Travel: evidence from the People and Places survey of Outer London active travel interventions](#), September 2020

⁸⁴ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Everyday Physical Activity](#), 6 October 2022

⁸⁵ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Everyday Physical Activity](#), 6 October 2022

⁸⁶ Transport for All, [Pave The Way](#), 22 January 2021

⁸⁷ Transport for All, [Pave The Way](#), 22 January 2021

travel. Will Norman told the Committee that TfL had “taken on board” but “not adopted every single recommendation” from ‘Pave the Way’.⁸⁸

The Committee recognises the need to explore how to improve active travel scheme consultations with disadvantaged groups including disabled people, older people and carers. This was raised as a significant issue in ‘Pave the Way’ and by multiple guests at the Committee meeting. Alan Benson told the Committee that disabled people are inadequately consulted on active travel schemes.⁸⁹ Research carried out by Transport for All found that poor engagement and communication around changes “left disabled residents feeling angry and ignored”, with three in four participants reporting “frustration at the way in which the changes have been communicated”.⁹⁰

Alison Gordon from Age UK Enfield also told the Committee of the importance of ensuring that “older people’s voices are always heard and consulted and part of all conversations”, and also highlighted carers as another “very often neglected” group.⁹¹ By better including the voices of disadvantaged groups, active travel schemes can be more inclusive and successful in serving the whole community. Alan Benson told the Committee that staff training is an issue, and that Transport for All has been working with local authorities to support them to run inclusive focus groups and consultations.⁹² This should be replicated across all of London, and the Mayor can play a part in encouraging this.

“There is an issue about training of staff so that they listen and understand the questions to ask and the answers that they are receiving. Often consultation takes the form of voluntary focus groups. Disabled people’s time and opinions are not appreciated for their value ... They are getting better, but there is still some way to go.”

Alan Benson, Co-Chair of Trustees Transport for All

Recommendation 1

The Mayor and Transport for London (TfL) should work with groups representing older and disabled Londoners, and with local authorities, to ensure that consultations on active travel

⁸⁸ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Everyday Physical Activity](#), 6 October 2022

⁸⁹ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Everyday Physical Activity](#), 6 October 2022

⁹⁰ Transport for All, [Pave The Way](#), 22 January 2021

⁹¹ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Everyday Physical Activity](#), 6 October 2022

⁹² London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Everyday Physical Activity](#), 6 October 2022

schemes are sufficiently inclusive of underrepresented groups, including older people and disabled people.⁹³

Recommendation 2

In his response to this report, the Mayor should set out which recommendations have been adopted by the GLA from Transport for All's 'Pave the Way' report, and which have not; and the rationale for these decisions. Once adopted, the Mayor should encourage and support local authorities to adopt the recommendations in 'Pave the Way', in order to mitigate the negative impacts of LTNs and ensure future schemes are more inclusive.

According to the organisation Wheels for Wellbeing, "one of the biggest barriers to more disabled people taking up cycling is the general assumption that disabled people can't or don't cycle."⁹⁴ Alan Benson told the Committee that the Mayor can take action to improve this by increasing representative imagery of disabled people cycling, specifically adapted cycles.⁹⁵ Wheels for Wellbeing argue that "there is a severe lack of images of non-standard cycles".⁹⁶ In 2016, the organisation carried out an audit of cycling strategies produced by local authorities in London and found that "only 2% of all images of cycles were of a non-standard cycle."⁹⁷

Wheels for Wellbeing also argue that improved representation has focused on "women, people from BME backgrounds and young children – older and disabled people, however, tend to remain invisible."⁹⁸ Alan Benson told the Committee of the importance of representative images, arguing: "If we can get more images showing more older people, more disabled people, then we can communicate to people that it is possible."⁹⁹ Wheels for Wellbeing is calling for 20 per cent of images in cycling strategies to be of non-standard cycles, proportionate to the number of disabled people in the UK.¹⁰⁰

"People do not believe that activity is for them, whether that is exercise, whether that is walking, or whether that is cycling [...] There are solutions. There are options. It is really key that we change those publications."

Alan Benson, Co-Chair of Trustees Transport for All

⁹³ See 'Appendix – Minority report from City Hall Conservatives'

⁹⁴ Wheels for Wellbeing, [Campaigning for inclusive cycling](#)

⁹⁵ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Everyday Physical Activity](#), 6 October 2022

⁹⁶ Wheels for Wellbeing, [Campaigning for inclusive cycling](#)

⁹⁷ Wheels for Wellbeing, [Campaigning for inclusive cycling](#)

⁹⁸ Wheels for Wellbeing, [Campaigning for inclusive cycling](#)

⁹⁹ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Everyday Physical Activity](#), 6 October 2022

¹⁰⁰ Wheels for Wellbeing, [Campaigning for inclusive cycling](#)

Recommendation 3

The Mayor and TfL should increase representation of older and disabled people walking and cycling, including images of non-standard cycles, in Mayoral documents and communications, and TfL guidance.

Accessible infrastructure

The Committee heard from guests that problems with physical infrastructure are significant barriers to people undertaking active forms of travel, and that pavements in particular have not been sufficiently considered when making improvements to street environments. Alan Benson told the Committee: “The state of pavements is high on the list of reported issues that [Transport for All] get.”¹⁰¹ Tanya Braun, Head of Policy and Communications at Living Streets, told the Committee about the importance of pavements to ensuring active travel options are safe for everyone and that when there are issues with the pavements, they “can disproportionately affect those who do feel less confident walking and can literally put people off leaving the house to walk journeys.”¹⁰² Alan Benson told the Committee that uneven and rough pavements, dropped kerbs and pavements with a camber are particular obstacles for people with disabilities, and in particular wheelchair users. In September 2021, the London Assembly unanimously supported a motion noting Transport for All’s campaign to make pavements accessible for all.¹⁰³

“A lot of the time, focus is on the roads and about filling potholes spending lots and lots of money on fixing roads, and I do not think pavements are often considered or thought about in the same way. They definitely should be.”

Tanya Braun, Head of Policy and Communications Living Streets

London boroughs are responsible for approximately 95 per cent of streets across the capital, and are described by TfL as “vital partners in making them safe, accessible and reliable for all.”¹⁰⁴ TfL provides funding to boroughs through Local Implementation Plans (LIPs) “to improve their transport networks in a way that is consistent with and supports the Mayor’s Transport Strategy.”¹⁰⁵ This includes active travel initiatives such as Liveable Neighbourhoods,

¹⁰¹ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Everyday Physical Activity](#), 6 October 2022

¹⁰² London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Everyday Physical Activity](#), 6 October 2022

¹⁰³ London Assembly, [Equal Pavements Pledge](#)

¹⁰⁴ TfL, [London’s boroughs awarded more than £63 million in funding to make streets healthier and safer for all](#), 27 March 2023

¹⁰⁵ TfL, [Local Implementation Plans](#)

LTNs, borough cycle training and cycle parking.¹⁰⁶ This funding was approximately £100 million in 2020-21, but fell to £66 million in 2021-22.¹⁰⁷

In March 2023, the Mayor announced the latest round of LIP funding, which is more than £63 million for 2023-24.¹⁰⁸ This will be distributed to local authorities in London, with the majority, £39 million, going to outer London boroughs.¹⁰⁹ This amount is a reduction on previous years.¹¹⁰ One of the areas that this funding will go towards is “new or upgraded pedestrian crossings”.¹¹¹ Alan Benson told the Committee: “There are quite well-documented infrastructure standards for what good pavement infrastructure should look like, but the implementation of that is not always consistent.”¹¹² The LIP-funded projects are an opportunity to ensure that changes to pavements are done in a way that is accessible for all groups.

Recommendation 4

TfL should work with local authorities through the Local Implementation Plan (LIP) funding programme to improve pavement infrastructure and accessibility. This should be prioritised when putting together plans for the 2024-25 programme.

Behaviour change

Alongside making infrastructure improvements, the Committee also heard that encouraging behaviour change is an important component in people taking up everyday physical activity. Sarah Dewhurst, Lead Allied Health Professional for the Physical Activity Clinical Champions programme, told the Committee that healthcare professionals are well placed to encourage people to change their behaviour and lead healthier lives through taking up physical activity.¹¹³ According to OHID, 25 per cent of people “would be more active if advised by a GP or nurse”, yet 70-80 per cent of GPs do not speak to patients about the benefits of physical activity with lack of confidence, training and knowledge cited as possible reasons.¹¹⁴ A survey of GPs found that only 44 per cent felt confident speaking to patients about physical activity; 55 per cent had had no specific training on physical activity in patient care; and 80 per cent were not familiar with UK Chief Medical Officers’ guidelines.¹¹⁵

¹⁰⁶ Mayor’s Question Time, [Borough Healthy Streets funding](#), 22 December 2021

¹⁰⁷ Mayor’s Question Time, [Borough Healthy Streets funding \(3\)](#), 16 May 2022

¹⁰⁸ TfL, [London's boroughs awarded more than £63 million in funding to make streets healthier and safer for all](#), 27 March 2023

¹⁰⁹ TfL, [London's boroughs awarded more than £63 million in funding to make streets healthier and safer for all](#), 27 March 2023

¹¹⁰ Mayor’s Question Time, [LIP Funding Breakdown](#), 14 December 2021

¹¹¹ TfL, [London's boroughs awarded more than £63 million in funding to make streets healthier and safer for all](#), 27 March 2023

¹¹² London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Everyday Physical Activity](#), 6 October 2022

¹¹³ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Everyday Physical Activity](#), 6 October 2022

¹¹⁴ OHID, [Physical Activity for the Prevention and Management of Long-Term Conditions](#)

¹¹⁵ OHID, [Physical Activity for the Prevention and Management of Long-Term Conditions](#)

“That is where professionals, such as healthcare professionals – who see people with the higher levels of need and, therefore, perhaps the bigger barriers towards being able to be active on a daily basis – have a real opportunity to support the behavioural change element and empower people to want to and to be able to take up some of these opportunities.”

Sarah Dewhurst, Lead Allied Health Professional Physical Activity Clinical Champions Programme, OHID

The Physical Activity Clinical Champion Training, part of the Moving Healthcare Professionals programme led by OHID and Sport England, is a national initiative that supports healthcare professionals to have these conversations.¹¹⁶ The programme “supports healthcare professionals to increase their knowledge and skills, and incorporate physical activity within routine care to support quality improvement and better patient outcomes.”¹¹⁷ The programme began in 2017 and has been recognised by the WHO, with an expansion of the programme included in the government’s 2019 Prevention Green paper.¹¹⁸ Since it began, over 28,000 healthcare professionals have been trained through the programme in England.¹¹⁹ The National Centre for Sport and Exercise Medicine carried out an independent evaluation which found that 40 per cent of healthcare professionals “were having more conversations with their patients about physical activity post-training.”¹²⁰

Sarah Dewhurst told the Committee that the programme could be expanded in London, having “only been able to reach just over 2,000 London-based healthcare professionals” since 2019, and could benefit from greater awareness of the programme.¹²¹

Recommendation 5

The Mayor should publicise the Physical Activity Clinical Champions training programme, including through the London Health Board, to help increase uptake in London.

¹¹⁶ Sport England, [Moving Healthcare Professionals](#)

¹¹⁷ Sport England, [Moving Healthcare Professionals](#)

¹¹⁸ Sport England, [Moving Healthcare Professionals](#)

¹¹⁹ Sport England, [Moving Healthcare Professionals](#)

¹²⁰ Sport England, [Moving Healthcare Professionals](#)

¹²¹ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Everyday Physical Activity](#), 6 October 2022

Children’s healthy eating habits

Evidence shows that being obese as a child greatly increases the risk of being obese in adolescence and adulthood.¹²² Therefore, policies and initiatives that work to increase access to healthy food for children and families, and that reduce food insecurity, are important to ensuring the development of healthy eating habits that are maintained through to adulthood.

One such policy is the provision of free school meals. Impact on Urban Health, an organisation that is part of Guy’s & St Thomas’ Foundation and works to combat health inequalities in London, identifies schools as “a space with a significant opportunity to ensure all children can have healthy, nutritious meals”.¹²³ In 2021–22, 24.6 per cent of pupils in London were eligible for free school meals, compared to 22.5 per cent nationally.¹²⁴ The Government’s guidance states:

“Your child may be able to get free school meals if you get any of the following:

- *Income Support*
- *income-based Jobseeker’s Allowance*
- *income-related Employment and Support Allowance*
- *support under Part VI of the Immigration and Asylum Act 1999*
- *the guaranteed element of Pension Credit*
- *Child Tax Credit (provided you’re not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)*
- *Working Tax Credit run-on – paid for four weeks after you stop qualifying for Working Tax Credit*
- *Universal Credit – if you apply on or after 1 April 2018 your household income must be less than £7,400 a year (after tax and not including any benefits you get).¹²⁵*

Some London boroughs already offer free school meals for all primary school children, while some councils have recently announced an extension of free school meals to secondary school pupils.¹²⁶

In February 2023, the Mayor announced “emergency funding” that would provide free school meals for all primary school children in London for the 2023–24 academic year.¹²⁷ This will cost £130m, and the Mayor has said that it will help approximately 270,000 children and save families up to £440 per child for the year. He added that this is a ‘one-off proposal’, and will

¹²² Simmonds, M., Llewellyn, A., Owen, C.G & Woolacott, N. (2016) [Predicting adult obesity from childhood obesity: a systematic review and meta-analysis](#), *Obesity Reviews*, February 2016, 17(2):95–107

¹²³ Impact on Urban Health, [Children’s health and food programme strands](#)

¹²⁴ DfE, [Academic year 2021/22: Schools, pupils and their characteristics](#), 9 June 2022

¹²⁵ Gov.uk, [Apply for free school meals](#)

¹²⁶ Southwark Council, [Southwark Council funds emergency free school meals in secondary schools for low-income families](#), 24 February 2023

¹²⁷ Mayor of London, [Mayor announces every London primary schoolchild to receive free school meals](#), 20 February 2023

not apply to secondary school pupils.¹²⁸ The GLA has said, “The meals are also good for children’s health as they may be the child’s main source of hot, nutritious food.”¹²⁹ Tom Coffey told the Committee, “There is undoubtedly an amazing health benefit to have free school meals for all London children at primary schools extended to years three to six.”¹³⁰

“The evidence is already there that universal free school meals improves the wellbeing and health of children.”

Tom Coffey, Mayoral Health Advisor GLA

According to various studies, free school meals bring significant health benefits for children.¹³¹ A study by researchers from the University of Leeds, published in 2015, found that “children taking a packed lunch to school consumed a lower-quality diet over the whole day”.¹³² Analysis of free school meal provision in Norway found, among its benefits, that it was “an aid to forming healthy habits”.¹³³ A 2018 study by the Education Policy Institute evaluating universal infant free school meals found that most parents were “satisfied with the quality of school lunch provision.”¹³⁴ It was also found that “many school leaders believe [universal infant free school meals] has improved the profile of healthy eating across their school, and many parents feel it has encouraged their children to try new foods and eat more fruit and vegetables” and that “41 per cent of school leaders reported that the general profile of healthy eating across the school had improved as a direct result.”¹³⁵ Free school meals have also been found to have a positive impact on child obesity. A study by the Institute for Social and Economic Research at the University of Essex, looking at four boroughs in London that introduced universal free school meals, found that the policy was linked to a 9.3 per cent reduction in obesity prevalence among reception children, and a 5.6 per cent reduction among year 6 children on average.¹³⁶

¹²⁸ Mayor of London, [Mayor announces every London primary schoolchild to receive free school meals](#), 20 February 2023

¹²⁹ Mayor of London, [Mayor announces every London primary schoolchild to receive free school meals](#), 20 February 2023

¹³⁰ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Healthy Eating Habits](#), 2 March 2023

¹³¹ Charlotte EL Evans, Vera Mandl, Meaghan S Christian and Janet E Cade, [Impact of school lunch type on nutritional quality of English children’s diets](#), *Public Health Nutrition*, May 2015, 19 (1). pp. 36-45

¹³² Charlotte EL Evans, Vera Mandl, Meaghan S Christian and Janet E Cade, [Impact of school lunch type on nutritional quality of English children’s diets](#), *Public Health Nutrition*, May 2015, 19 (1). pp. 36-45

¹³³ Illøkken K. E., Johannessen B., Barker M. E., Hardy-Johnson P., Øverby N. C., & Vik F. N.. [Free school meals as an opportunity to target social equality, healthy eating, and school functioning: experiences from students and teachers in Norway](#). *Food & Nutrition Research*, 65, July 2021

¹³⁴ Education Policy Institute, [Evaluation of Universal Infant Free School Meals](#), 24 January 2018

¹³⁵ Education Policy Institute, [Evaluation of Universal Infant Free School Meals](#), 24 January 2018

¹³⁶ Angus Holford and Birgitta Rabe, [Impact of the universal infant free school meal policy](#), Colchester: Institute for Social and Economic Research, September 2022

“Making sure that every child has a hot and nutritious meal every day is vitally important for us.”

**Emma Pawson, Head of Health
GLA**

Tom Coffey told the Committee that he and the GLA health team will be involved in the delivery of the programme, in order to ensure that expected health benefits are realised.¹³⁷ The Committee also heard from Emma Pawson, GLA Head of Health, that the GLA can influence the quality of the food being provided via this programme through sharing lesson-learning and best practice, and working directly with the boroughs and the Association of School Caterers.¹³⁸ Emma Pawson also wrote to the Committee following the meeting to commit to ensuring that “the grant principles with boroughs asks schools to comply with national school food standards” and that the GLA had “also increased the level of grant allocation per child above the Government threshold to help ensure that boroughs can afford nutritious meals for pupils.”¹³⁹

Recommendation 6

The Mayor should build in healthy food standards with local authorities procuring school meals under the free school meals programme; and report back to the Committee on specific actions taken to ensure that the free school meals he is funding provide sustainably-sourced, healthy food for children.

The Mayor’s HIS includes the commitment to increase uptake of Healthy Start children’s food vouchers. The Healthy Start scheme is funded by the Government and offers payments worth £4.25 per week to pregnant women and children (from birth up to four years old) who are in low-income families; and all pregnant women under 18. Funds can be used to purchase fruit, vegetables, milk and infant formula. Eligible families with a baby under the age of one receive £8.50 per week.¹⁴⁰ The Mayor has described the Healthy Start vouchers as “an excellent scheme for parents on low incomes to access vital nutrients for their babies and children, encouraging healthy diets and reducing malnutrition and the onset of childhood obesity.”¹⁴¹

The LGA’s data showed that the take-up of vouchers within London boroughs was 9 per cent lower than in the rest of the country. There was considerable variation in take-up across local authorities, with the London Borough of Redbridge the lowest in the country at just 50 per

¹³⁷ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Healthy Eating Habits](#), 2 March 2023

¹³⁸ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Healthy Eating Habits](#), 2 March 2023

¹³⁹ Letter to Health Committee, Emma Pawson, 3 April 2023

¹⁴⁰ LGA, [Hundreds of thousands of eligible families miss out on Healthy Start Vouchers](#), 15 October 2022

¹⁴¹ Mayor’s Question Time, [Healthy Start Vouchers](#), 19 December 2016

cent.¹⁴² The LGA has recommended that auto-enrolment should be introduced for the Healthy Start scheme. The Mayor has committed to including “a specific focus on improving access to Healthy Start” in the Robust Safety Net mission, the next iteration of the Food Roots 2 programme.¹⁴³ Emma Pawson told the Committee that this “is an area we definitely want to continue to do more work on”.¹⁴⁴

Furthermore, eligible children are not automatically enrolled for free school meals, meaning their parents have to apply to the local authority in order to receive them. Analysis of Government figures by the Local Government Association (LGA) and CPAG show that 215,000 school children in England are eligible for free school meals but are not currently registered for them, equating to 11 per cent of eligible children.¹⁴⁵ Analysis by the *i* newspaper in 2022 found that 14 per cent of children in London who were eligible for free school meals did not claim them.¹⁴⁶

Recommendation 7

The Mayor should launch a publicity campaign aimed at raising awareness of Healthy Start in order to increase enrolment levels.

¹⁴² LGA, [Hundreds of thousands of eligible families miss out on Healthy Start Vouchers](#), 15 October 2022

¹⁴³ Mayor’s Question Time, [First 1000 days of a child’s life](#), 17 November 2022

¹⁴⁴ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Healthy Eating Habits](#), 2 March 2023

¹⁴⁵ LGA, [Free school meals: One million more school children could be fed if the sign-up process eased, councils urge](#)

¹⁴⁶ *i*, [Free school meals: Over 100,000 children and parents could be shunning scheme due to stigma, analysis shows](#), 15 February 2022

Healthy food environments

Our ‘food environment’ includes shops, high streets, adverts that we see, and the food that is “available, accessible, affordable and desirable” to us. It and can shape the choices we make about what food to purchase and consume.¹⁴⁷ For example, research from 2017 by Public Health England shows that London has some of the highest densities of fast-food outlets in England, with 12 of London’s boroughs having a higher density of fast-food outlets per 100,000 than the England average. This research also found that this density is greatest in deprived communities.¹⁴⁸ Research by academics from the University of Liverpool highlights the role of advertising in influencing our food choices.¹⁴⁹ A different study from Teesside University argued, “Our surrounding environment is going to impact on our food choice and ultimately on our eating behaviour and consequently our energy balance, weight gain and obesity.”¹⁵⁰ A report by the Government Office for Science found that the surrounding environment can also encourage people to purchase and eat more food and drink than they need.¹⁵¹

In 2017, Transformation Partners in Health and Care – in partnership with the London boroughs, NHS London, Public Health England and the GLA – ran the Great Weight Debate, which was described as:

“a London conversation on childhood obesity [that set out] to raise awareness of London’s childhood obesity epidemic and gather ideas from Londoners about what changes they think can help children and young people in London lead healthier lives.”¹⁵²

The Great Weight Debate found that Londoners believe it is harder for children and young people to make healthy choices because there are too many fast-food shops, and unhealthy food and drink options.¹⁵³ Sonia Pombo told the Committee that focus should be placed on “the smaller businesses, the more local businesses, who perhaps do not have the knowledge or the awareness around healthy eating”.¹⁵⁴

Included in the Mayor’s HIS is the Healthier Catering Commitment (HCC) for London, which is run by the London boroughs and supported by the Mayor and the Association of London Environmental Health Managers (ALEHM, a coordinating body for environmental health

¹⁴⁷ European Public Health Alliance, [What are ‘food environments’?](#), 20 December 2019

¹⁴⁸ Public Health England, [Fast food outlets: density by local authority in England](#), 29 June 2018

¹⁴⁹ Boyland EJ, Harrold JA, Kirkham TC, Corker C, Cuddy J, Evans D, Dovey TM, Lawton CL, Blundell JE, Halford JC, [Food commercials increase preference for energy-dense foods, particularly in children who watch more television](#). *Pediatrics*, July 2011, 128(1):e93-100.

¹⁵⁰ Lake, A. (2018) Neighbourhood food environments: Food choice, foodscapes and planning for health. Proceedings of the Nutrition Society

¹⁵¹ Butland B et al. (2007) [Tackling obesities: future choices – project report \(2nd edition\)](#) UK: Department of Innovation Universities and Skills

¹⁵² Transformation Partners in Health and Care, [Great Weight Debate](#)

¹⁵³ Healthy London Partnership, [The Great Weight Debate London’s conversation on childhood obesity](#), May 2017)

¹⁵⁴ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Healthy Eating Habits](#), 2 March 2023

managers working in London boroughs).¹⁵⁵ In her letter to the Committee, Emma Pawson said that the HCC:

“recognises food businesses in London, including delivery platforms, that demonstrate a commitment to reducing the level of saturated fat and salt in the food sold, offer some healthy options (for example, lower sugar drinks and snacks) and make smaller portions available on request.”¹⁵⁶

This scheme is designed to help encourage food retailers to sell healthy food options.

Sonia Pombo told the Committee that the HCC scheme would benefit “if there is more funding or more that could be done there to encourage that engagement”.¹⁵⁷ Emma Pawson wrote to the Committee with more information on how ALEHM promotes the HCC programme, including:

- *“Provision of free food hygiene training places for employees of food businesses as an incentive to engage with the HCC scheme*
- *Providing wider marketing opportunities for businesses to help them extend their customer base.*
- *Training on the HCC for local authorities to increase the number of trained officers able to deliver the scheme.*
- *Work with wholesalers to increase their understanding of the HCC and encourage them to promote healthier ingredients to food businesses.*
- *Extending the ways businesses can apply for the scheme such as the option to apply online.*
- *Promoting the HCC on social media platforms including Twitter, Facebook and Instagram.”¹⁵⁸*

Recommendation 8

The Mayor should carry out a review of the effectiveness and impact of the Healthier Catering Commitment programme. If the programme is deemed successful, he should expand support for it and explore proposals such as providing incentives to businesses that sign up to the Programme. This will help the Mayor meet the commitments contained in the Health Inequalities Strategy around improving healthy eating habits.

From February 2019, the Mayor implemented a ban on junk food advertising on the entire TfL network to combat child obesity.¹⁵⁹ This was one of the key commitments in the London Food Strategy. The aim of these restrictions was “to achieve a healthier balance of promotional

¹⁵⁵ Association of London Environmental Health Managers, [What we do](#)

¹⁵⁶ Letter to Health Committee, Emma Pawson, 3 April 2023

¹⁵⁷ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Healthy Eating Habits](#), 2 March 2023

¹⁵⁸ Letter to Health Committee, Emma Pawson, 3 April 2023

¹⁵⁹ Mayor of London, [The London Food Strategy](#)

messages about foods and drinks seen by children and their families as part of London’s response to the rising epidemic of child obesity.”¹⁶⁰ The restrictions meant that:

“food and drink brands, restaurants, takeaways and delivery services will only be able to place adverts which promote their healthier products, rather than simply publicising their brands or placing adverts that directly feature food and-or non-alcoholic drink considered to be high in fat, sugar and salt.”¹⁶¹

A study led by the London School of Hygiene and Tropical Medicine found:

“The policy was associated with an estimated 1,001 kcal (6.7%) decrease in average weekly household purchases of energy from products high in fat, sugar, and salt (HFSS) compared with what would have happened without the policy.”¹⁶²

However, retail outlets on the TfL estate are currently not included in this policy, with a range of retailers selling unhealthy products in tube and rail stations in London. There are over 3,000 tenancies on the TfL estate, which TfL describes as “London’s best-connected property estate”.^{163 164}

Recommendation 9

The Mayor should set out his policy on which retail outlets are granted leases on the TfL estate. He should also review TfL’s policy on retail leases, with a view to improving the food environment for the passengers that use London’s transport system.

At its meeting, the Committee questioned guests about the potential impact of Government proposals to introduce a ban on buy-one-get-one-free (BOGOF) offers for HFSS foods, and on advertising these products on TV before 9pm. Sonia Pombo told the Committee that “there is lots of evidence” that BOGOF offers “are often on these very cheap, heavily processed, calorie-dense, nutrient-poor products”.¹⁶⁵ Research from the University of East Anglia found that “highly prominent deals, in particular BOGOF offers, tend to be distinctly skewed towards unhealthy ‘red traffic light’ products high in fat, sugar and salt”.¹⁶⁶ A study published by researchers from the Centre for Diet and Activity Research suggested that “unhealthy food advertising on television before the 9pm watershed is responsible for 1 in 22 cases of childhood obesity”.¹⁶⁷

¹⁶⁰ Mayor of London, [The London Food Strategy](#)

¹⁶¹ Mayor of London, [The London Food Strategy](#)

¹⁶² London School of Hygiene and Tropical Medicine, [Transport for London’s junk food advertising restrictions linked to reductions in high fat, salt and sugar product purchases](#), 18 February 2022

¹⁶³ TfL, [Property Lettings](#)

¹⁶⁴ See ‘Appendix – Minority report from City Hall Conservatives’

¹⁶⁵ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Healthy Eating Habits](#), 2 March 2023

¹⁶⁶ University of East Anglia, [Buy one get one free](#)

¹⁶⁷ University of Cambridge – MRC Epidemiology Unit, [Restricting unhealthy food advertising on TV could reduce number of overweight and obese children by 120,000](#), 13 October 2020

In May 2022, the Government announced that the introduction of these restrictions would be delayed.¹⁶⁸ It stated, “Restrictions will be delayed in light of unprecedented global economic situation and in order to give industry more time to prepare for the restrictions on advertising.”¹⁶⁹ The restrictions on multibuy deals had initially been due to come into effect in October 2022,¹⁷⁰ but the Government said that this would be “delayed for a year”.¹⁷¹ It has not made any further announcements on this proposal or set out a timetable for its implementation. In May 2022, the Government noted:

“The delay to restrictions on multibuy deals will allow the government to review and monitor the impact of the restrictions on the cost of living in light of an unprecedented global economic situation.”¹⁷²

In May 2022, the Government also announced that the restrictions banning HFSS adverts on TV before 9pm, and paid-for adverts online, would be paused for a year, meaning they would come into force January 2024.¹⁷³ However, it has since pushed back the implementation of this initiative until October 2025.¹⁷⁴

Recommendation 10

The Government should review and publish a timetable for the implementation of the proposed bans on multibuy offers for foods high in fat, salt or sugar (HFSS) and on advertising these products on TV before 9pm.

¹⁶⁸ Department for Health and Social Care, [Government delays restrictions on multibuy deals and advertising on TV and online](#), 14 May 2022

¹⁶⁹ Department for Health and Social Care, [Government delays restrictions on multibuy deals and advertising on TV and online](#), 14 May 2022

¹⁷⁰ Department for Health and Social Care, [Promotions of unhealthy foods restricted from October 2022](#), 21 July 2021

¹⁷¹ Department for Health and Social Care, [Government delays restrictions on multibuy deals and advertising on TV and online](#), 14 May 2022

¹⁷² Department for Health and Social Care, [Government delays restrictions on multibuy deals and advertising on TV and online](#), 14 May 2022

¹⁷³ Department for Health and Social Care, [Government delays restrictions on multibuy deals and advertising on TV and online](#), 14 May 2022

¹⁷⁴ Action on Salt, [Government confirms delay for restrictions on advertising of unhealthy food to 2025](#), 9 December 2022

The Mayor's Healthy Living initiatives

The Committee heard across both of its meetings that community organisations play a vital role in supporting Londoners to take up everyday physical activity and to eat more healthily. TfL, in partnership with the London Marathon Charitable Trust, has provided funding through the Walking and Cycling Grants London (WCGL) programme that:

*“funds grants up to £10,000 over three years to community groups and organisations to create projects and programmes that allow all communities across London to enjoy the benefits of walking and cycling”.*¹⁷⁵

Will Norman told the Committee that the TfL-funded programme supports “small walking groups for people with dementia, or cycling groups for older people” and that these “grants are absolutely essential, not just for people with disabilities but also with that perception that this is not for me.”¹⁷⁶ Similar schemes have been funded through the WCGL that support people from Black and ethnic minority communities to take up active travel. One of these is Cycle Sisters, an organisation that inspires and enables Muslim women to cycle by offering supportive and sociable cycles. The Committee visited the organisation in February 2023 and joined one of their group cycles. The Committee welcomed the opportunity to speak directly with the women that Cycle Sisters supports, to find out how they have benefited in terms of their physical and mental health and confidence gained. They expressed the importance of the mutual support the group offers, especially for women with caring responsibilities for older relatives, and people experiencing social isolation.

“We always need funding. We cannot do these things without any money, so more pots of money to be able to support us to lead on innovation. With funding, the problem always is that it will support you for a project for a year and then after that they expect you to have another bright idea. However, some projects need to be sustained. They are fantastic and they need to be continued.”

Alison Gordon, Head of Prevention Services Age UK, Enfield

The Committee recognises the value of funding small community groups in supporting people to take up everyday physical activity. The Committee also heard from community organisations that are successfully supporting people to eat more healthily that would benefit from a similar programme of grant funding, such as through cooking classes in community kitchens.

¹⁷⁵ WCGL, [What we fund](#)

¹⁷⁶ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Everyday Physical Activity](#), 6 October 2022

“[Community organisations] have a very crucial role. They are nestled, grass-rooted communities, they are very aware of the local demographics, of the people they support and speak and talk to on a daily/weekly basis. Education is key. We have a strong emphasis on education.”

**Taz Khan MBE, CEO and Founder
London’s Community Kitchen**

“People buy into that because it is a trusted local community. We know the people. They know us. It is regular. That is the biggest value of the community aspect: being trusted and giving that access to other needs. They will trust the information that we may give them on healthy eating.”

**Peter Rogers OBE JP, Co-founder
Highams Park Food Aid**

Recommendation 11

TfL should carry out a review of the Walking and Cycling Grants London programme, with a view to providing further and ongoing funds to community groups showing high health and social impact and value for money, including ones that support healthy eating.

The Healthy Streets Approach, included in the Mayor’s Transport Strategy and the HIS, uses ten ‘evidence-based indicators’ to assess whether streets are appealing places to walk, cycle and spend time. The ten indicators are:

- people feel safe
- things to see and do
- people feel relaxed
- clean air
- pedestrians from all walks of life
- easy to cross
- shade and shelter
- places to stop and rest
- not too noisy
- people choose to walk, cycle and use public transport.¹⁷⁷

¹⁷⁷ Mayor of London and Transport for London, [Healthy Streets for London](#)

The Transport Strategy and subsequent documents outline various ways in which the Healthy Streets Approach can be embedded in street environments. These include initiatives such as providing benches to allow people to stop and rest, making streets easier to cross by installing pedestrian crossings, and improving cycling infrastructure and parking.¹⁷⁸ The Mayor and TfL have stressed that the Healthy Streets Approach must be delivered with partners across the public, private and community sectors.¹⁷⁹ TfL has published a ‘Healthy Streets toolkit’, which provides advice and guidance for boroughs and other stakeholders about the Healthy Streets Approach.¹⁸⁰ It also funds Healthy Streets Officers, who work with some London boroughs on activities that encourage more walking and cycling, including TfL’s cycle skills training.¹⁸¹

According to the Mayor’s Transport Strategy, “the ten Healthy Streets Indicators will be used to assess schemes to ensure they improve the experience of streets for all Londoners”.¹⁸² However, TfL does not publish data relating to measurements of these indicators as a whole across London. This would be useful for assessing how successfully the Healthy Streets Approach is being implemented.

Recommendation 12

The Mayor should carry out a review of the impact of the Healthy Streets Approach in schemes he has funded across London, using the ten Healthy Streets evidence-based indicators. In response to this report, he should provide the Committee with an account of the impact of the Healthy Streets Approach to date.

In October 2020, the Mayor set out nine missions as part of the London Recovery Programme following the COVID-19 pandemic.¹⁸³ One of these was the Healthy Place, Healthy Weight mission which set aims to achieve the following goal: “By 2025, all London’s families will find it easier to eat healthy good and be active where they live, learn, shop, work and play.”¹⁸⁴ The mission includes delivering up to 50 ‘School Superzones’ by 2025 (which aim to create healthier environments in 400m-radius zones around schools, for example by promoting active travel and reducing traffic flow); rolling out water-only schools; increasing healthier options in food stores; advocating community-centred approaches; and providing “support for infant feeding including breastfeeding”, empowering mothers, parents, and carers of new-borns “to make healthy decisions about how they are fed”.¹⁸⁵

Recommendation 13

The Mayor should review and report back to the Committee on the progress of the initiatives included in the Healthy Place, Healthy Weight Mission.

¹⁷⁸ Mayor of London, [Mayor’s Transport Strategy](#), March 2018

¹⁷⁹ Mayor of London and Transport for London, [Healthy Streets for London](#)

¹⁸⁰ Healthy Streets, [Resources](#)

¹⁸¹ Sustrans, [Healthy Streets Officers programme in London](#), 27 September 2022

¹⁸² Mayor of London, [Mayor’s Transport Strategy](#), March 2018

¹⁸³ Mayor of London, [Recovery in context](#)

¹⁸⁴ Mayor of London, [Healthy Place, Healthy Weight](#)

¹⁸⁵ Mayor of London, [Health Inequalities Strategy Implementation Plan Commitments 2021-24](#)

Appendix – Minority report from City Hall Conservatives

City Hall Conservatives have submitted this minority report due to the significant deficiencies in the speculation and evidence base made and used within the Healthy Living Report. This has resulted in a one-sided argument that seeks to promote Mayoral policies rather than scrutinise them, while ignoring key evidence supplied in investigation session. It is the fundamental role of the committee to scrutinise the Mayor of London and his policies, putting forward recommendations that seek to make London a healthier city for all.

Section

- Low Traffic Neighbourhoods (LTNs) have been found to have significant benefits in reducing traffic injuries and increasing active travel. However, despite these benefits, the Committee heard from guests that more could be done to improve the accessibility and implementation of these schemes, in particular consultation processes and including the voices of older people and disabled people.

Dissenting note

- There is a wealth of conflicting research and data emerging on the positive benefits of LTNs. The Conservative Group believes it would have been pertinent to consider the below before making any recommendations around LTNs:
 - Transport for All – Transport for All conducted a survey of disabled Londoners and found that¹⁸⁶:
 - 77% of respondents an increase in their journey times (any mode) – “Not only are these considerable increases in their own right, they are on top of the existing delays disabled people face in their day-to-day lives due to inaccessible transport.”
 - 46% of participants reported that their journeys had become more difficult for them.
 - 20% of participants reported that the LTN has had a negative impact on their physical health, or that their impairment has been worsened.
 - Ambulance delays: Research conducted by the TaxPayers’ Alliance has found *“There were 240 delays to London ambulances as a result of low-traffic neighbourhoods, a TPA investigation revealed. This included 69 delays in Southwark, 43 in Enfield and 19 in Ealing.”*¹⁸⁷
 - Traffic Jams and Slowed Buses¹⁸⁸: According to The Daily Telegraph *“Transport for London (TFL) has been forced to admit controversial Low Traffic Neighbourhoods (LTNs) can shift traffic onto boundary roads and slow bus times.”*

“The congestion became so bad in one borough that the transport authority had to alter traffic light timings to allow more “green time” to cope with the

¹⁸⁶ Transport for All, [Pave The Way](#), January 2021

¹⁸⁷ TaxPayers’ Alliance, [LTNs delaying London ambulances](#), 1 April 2023

¹⁸⁸ The Telegraph, [LTNs can cause traffic jams and slow buses, TFL admits](#), 29 April 2023

“increased flow” of vehicles on one major route sandwiched between LTNs. The problem was spotted because buses were being delayed due to more traffic.”

“The FoI response from TfL says: “The cycle time for all three [traffic light] sites increased from 88 seconds to 96 seconds, allowing for additional green time.”

“It adds: “The increased flow on Church Road caused by the Croydon LTNs was derived by comparing bus journey times to pre-LTN bus times, which did show an increase.”

“It was therefore concluded that buses were delayed as a result of increased congestion and flow on Church Road.”

“The bus data used for this assessment was taken directly from the bus as it travels on the street, and it is then compared to the bus timetable.”

- Bus delays disrupt the journeys of thousands of Londoners attending a health-related appointment and the increase in traffic causes more pollution; thus refuting the claims made in the recommendation.
- Islington Council have been forced to apologise for misleading its own residents in its LTN report, which claimed that emissions had been reduced. In fact, emissions had increased by 26% in the Highbury area as a result of the LTNs¹⁸⁹.
- The Prime Minister has now called for a review of LTNs¹⁹⁰.
- Since the committee’s original investigation, there has been considerable public and media attention around a LTN in Streatham. Introduced by Lambeth Council, the LTN in question caused considerable disruption to residents and caused many hours of traffic delays. First raised in January 2024 by the Conservative Group at Mayor’s Question Time, the Mayor suggested he was ‘not aware’ of the issue and had no plans to resolve it. In February 2023, however, the Mayor acknowledged the LTN was a ‘massive problem’, with short bus journeys having quadrupled in length. In March 2023, Lambeth Council announced that they had suspended the LTN.

Section

- The Mayor has announced £130m in emergency funding to provide free school meals to all primary school children in London for the 2023–24 academic year. Making healthy food accessible for children is important in preventing child obesity, and for developing healthy eating habits that are maintained through to adulthood. The Committee heard from guests of the significant health benefits of free school meals, but more detail is required on how this will be achieved through the Mayor’s programme.

Dissenting note

¹⁸⁹ LBC, [Council apologises after wrongly claiming LTNs caused reduction in pollution](#), 14 March 2022

¹⁹⁰ BBC News, [Sunak orders review of low traffic neighbourhoods in pro-motorist message](#), 30 July 2023

- The Conservative Group supported the introduction of Universal Free School Meals for primary schools for the 2023/24 year and supported extending the program for 2024/25. However, the reference to this policy was not within the scope of the committee’s remit and thus the Committee did not give due consideration to discussing this policy throughout the investigation.
- Peter Rogers OBE JP (Co-Founder, Highams Park Food Aid) made interesting points that were not acknowledged within the report. If this policy had been within the scope, the committee would have been in a position to consider a range of viewpoints on the subject:

“I wonder what the metrics are about a universal offer as opposed to a targeted offer. Obviously we keep coming automatically back to cost of living and poverty. The universal, is it the best use of money, or would it be better to spend money on the poorer over a greater range of years? I just wonder what the metrics were.”¹⁹¹ Peter Rogers OBE JP

Section

- The National Child Measurement Programme (NCMP) is run by OHID and measures the height and weight of over 1 million children in reception (ages four to five) and year 6 (ages 10 to 11) annually. In terms of trends over time, the percentage of reception-age children and year 6 children who are a healthy weight in London is ‘decreasing and getting worse’. The percentage of children who are overweight, including obesity and severe obesity, is ‘increasing and getting worse’. In 2021-22, more than one in five children in reception were overweight or living with obesity (boys, 22.2 per cent; girls, 21.6 per cent; all children, 21.9 per cent). This is slightly higher than the 2019-20 figure of 21.6 per cent but lower than the 2020-21 figure of 27.2 per cent. In 2021-22 For year 6, this had increased to around two in five children (boys, 44.3 per cent; girls, 36.5 per cent; all children, 40.5 per cent). This is higher than the 2019-20 figure of 38.2 per cent, but lower than the 2020-21 figure of 45.2 per cent.

Dissenting note

- Childhood obesity has worsened in London over the Mayor’s tenure in office. The Conservative Group believe it is important to note that in London in 2016/17, Year 6 prevalence of childhood obesity was 23.6%¹⁹² compared to 25.8%¹⁹³ in 2021/2022. In 2021/2022, this prevalence in London was higher than the England average of 23.4%¹⁹⁴, East of England (21.4%)¹⁹⁵, East Midlands (23.4%)¹⁹⁶, North West (24.4%)¹⁹⁷, South East (20%)¹⁹⁸ and South West (19.8%)¹⁹⁹. When discussing the success, or otherwise, of the Mayor’s policies it is important to note this context.

¹⁹¹ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Healthy Eating Habits](#), 2 March 2023

¹⁹² OHID, [Local Authority Health Profiles](#)

¹⁹³ OHID, [Local Authority Health Profiles](#)

¹⁹⁴ Ibid

¹⁹⁵ Ibid

¹⁹⁶ Ibid

¹⁹⁷ Ibid

¹⁹⁸ Ibid

¹⁹⁹ Ibid

Section

- The Mayor and Transport for London (TfL) should work with groups representing older and disabled Londoners, and with local authorities, to ensure that consultations on active travel schemes are sufficiently inclusive of underrepresented groups, including older people and disabled people.

Dissenting note

- The Conservative Group believes that recommendation 1 is not sufficient given what we know regarding LTNs and their harmful impact. We believe that recommendation 1, therefore, should be strengthened to include a review by the Mayor of all LTNs that TfL have funded, including the LTN in Streatham
- According to the Mayor's own Equality Report 2020/22²⁰⁰, the Mayor was directly responsible for funding at least 100 LTNs in London. With this in mind it is reasonable to suggest that the Mayor has a vast responsibility in this area and should consider best practice.

Section

- From February 2019, the Mayor implemented a ban on junk food advertising on the entire TfL network to combat child obesity. This was one of the key commitments in the London Food Strategy. The aim of these restrictions was "to achieve a healthier balance of promotional messages about foods and drinks seen by children and their families as part of London's response to the rising epidemic of child obesity." The restrictions meant that:

"food and drink brands, restaurants, takeaways and delivery services will only be able to place adverts which promote their healthier products, rather than simply publicising their brands or placing adverts that directly feature food and-or non-alcoholic drink considered to be high in fat, sugar and salt."

A study led by the London School of Hygiene and Tropical Medicine found:

"The policy was associated with an estimated 1,001 kcal (6.7%) decrease in average weekly household purchases of energy from products high in fat, sugar, and salt (HFSS) compared with what would have happened without the policy."

Dissenting note

- The London School of Hygiene and Tropical Medicine study referred to in relation to the junk food advertising ban on TfL assets has been heavily criticised for use of false assumptions and poor methodology. The Conservative Group believe this should be noted within the body of the report. Much of the criticism against this study is collated

²⁰⁰ Mayor of London, [Mayor's Equality Report 2020/22](#)

within the City Hall Conservative report *Food for thought: The TfL junk food ad ban and the Mayor’s failure to tackle childhood obesity in London.*²⁰¹

- As mentioned previously, childhood obesity has risen since Sadiq Khan became Mayor, and interestingly since the ad ban came into place. When reflecting on the 2019 period, the report states:

“In stark contrast to the policy’s aim, since the advertising ban came into force across the TfL network in 2019, childhood obesity levels have worsened. Childhood obesity is measured annually through the NHS’ National Child Measurement Programme²⁰² which records the prevalence of underweight, healthy weight, overweight, obese and severely obese children in both Reception and Year 6.

Prevalence of childhood obesity levels in both Reception and Year 6 children is now greater than when the ban was introduced. The below is the latest NHS data from the National Child Measurement Programme 2020-21 and it not only shows that childhood obesity has increased but also the prevalence of underweight children.”²⁰³

- With regard to the flawed data, the report suggested:

“Importantly, it did not include restaurant meals, fast food or snacks bought outside the home. This is significant not only because a large amount of HFSS food is bought from the 'out-of-home' sector, but because this is the kind of food that is most often advertised on TfL.

The findings of this study were highly questionable and have been debunked in Christopher Snowden’s analysis.²⁰⁴

The study actually found that there was no relative difference between families intake before and after the ban. However, the one area where a difference was assumed was for chocolate and confectionery where it was claimed there was almost a 20% decrease, or 317.9 calories, in average weekly household purchases of energy from these products.

However, to come to this conclusion relied on an assumption that without the ban Londoners intake of chocolate and confectionery would suddenly sky-rocket and only remained consistent due to the ban. In fact, the intake actually rose slightly from 2018 to 2019 and so the claim that there was a large reduction based on an inflated projection of the intake without the ban were nothing short of absurd. The study also only ran from 18th June 2018 to 29th December 2019 and as such there is no reliable longevity to accredit to it.”

Section

²⁰¹ City Hall Conservatives, [Worse not Better; TfL’s Junk Food Ban Fails to Tackle Childhood Obesity as Epidemic Grows](#), 25 March 2022

²⁰² NHS England, [National Child Measurement Programme, England 2020/21 School Year](#), 16 November 2021

²⁰³ NHS England, [National Child Measurement Programme, England 2020/21 School Year](#), 16 November 2021

²⁰⁴ Velvet Glove, Iron Fist, [Calories and the Transport for London food advertising ban](#), 18 February 2022

- Create a new recommendation 11

Dissenting note

- We note the response from Peter Rogers OBE JP (Co-Founder, Highams Park Food Aid) who said in the meeting:

“I live in a borough that straddles the current ULEZ and so it is a huge issue for us. We do not have access to our own transport. We have only two vans that volunteers own. If I want to go 500 yards into the south of the borough, it costs me £12.50 a time to pick up a donation. It currently costs me £1,500 a year in ULEZ costs and I expect that to treble. That is £4,500 a year for a small foodbank that I have to find, which is essentially only going to go in tax. It is a tax on foodbanks. It is a huge problem already”²⁰⁵

“They are not vehicles that I own. They are vehicles that belong to volunteers who move stuff for us. I can direct them to the scheme. I can show them the scheme. However, I cannot financially assist them. I do not own the vehicles. I have to now try to look for volunteers who have ULEZ-compliant vehicles, but I have not managed to achieve that yet. A lot of the people who might help are working people who have compliant vehicles but who then are not available as volunteers to be able to help with foodbanks. Sadly, for us, it is a direct tax on what we do.”²⁰⁶

- Given the above response from this guest the City Hall Conservatives would propose an additional recommendation which reads:

Recommendation 11: All vehicles associated with, or owned by charities, should be exempt from paying the ULEZ charge. In addition, the Mayor should expand the ULEZ scrappage scheme in order that charities, and those with proof that they volunteer with charities, have greater access to it.

²⁰⁵ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Healthy Eating Habits](#), 2 March 2023

²⁰⁶ London Assembly Health Committee, [Transcript of Agenda Item 6 – Healthy Living – Healthy Eating Habits](#), 2 March 2023

Committee activity

The Health Committee held two meetings as part of the Healthy Living investigation. The first was held on everyday physical activity on 6 October 2022 with the following guests:

- Alan Benson MBE, Co-Chair, Board of Trustees, Transport for All
- Alison Gordon, Head of Prevention Services, Age UK Enfield
- Dr Will Norman, Walking and Cycling Commissioner
- Dr Katie Hunter, Consultant in Public Health, GLA
- Sarah Dewhurst, Lead Allied Health Professional for the Physical Activity Clinical Champions Programme, Office for Health Improvement and Disparities
- Tanya Braun, Head of Policy and Communications, Living Streets
- Vicky Hobart, GLA Group Director of Public Health and Deputy Statutory Health Adviser.

The Committee followed this up with a visit to Cycle Sisters on 28 February 2023, where they heard from staff, and women that take part in the group cycles.

The Committee held a second meeting on healthy eating habits on 2 March 2023 with the following guests:

- Emma Pawson, Head of Health, GLA
- Dr Tom Coffey OBE, Mayoral Health Advisor
- Peter Rogers, Co-founder, Highams Park Food Aid
- Ruth Soroko, Chief Executive and Founder, Eat Club
- Sonia Pombo, Public Health Nutritionist, Queen Mary University of London; and Campaign Lead, Action on Salt
- Taz Khan MBE, CEO and Founder, London's Community Kitchen.

During the course of its investigation, the Committee also received correspondence from Impact on Urban Health, received on 10 March 2023.

Other formats and languages

If you, or someone you know needs this report in large print or braille, or a copy of the summary and main findings in another language, then please call us on: 020 7983 4100 or email assembly.translations@london.gov.uk

Chinese

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Email 与我们联系。

Vietnamese

Nếu ông (bà) muốn nội dung văn bản này được dịch sang tiếng Việt, xin vui lòng liên hệ với chúng tôi bằng điện thoại, thư hoặc thư điện tử theo địa chỉ ở trên.

Greek

Εάν επιθυμείτε περίληψη αυτού του κειμένου στην γλώσσα σας, παρακαλώ καλέστε τον αριθμό ή επικοινωνήστε μαζί μας στην ανωτέρω ταχυδρομική ή την ηλεκτρονική διεύθυνση.

Turkish

Bu belgenin kendi dilinize çevrilmiş bir özetini okumak isterseniz, lütfen yukarıdaki telefon numarasını arayın, veya posta ya da e-posta adresi aracılığıyla bizimle temasa geçin.

Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸੰਖੇਪ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਲੈਣਾ ਚਾਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ ਜਾਂ ਉਪਰ ਦਿੱਤੇ ਡਾਕ ਜਾਂ ਈਮੇਲ ਪਤੇ 'ਤੇ ਸਾਨੂੰ ਸੰਪਰਕ ਕਰੋ।

Hindi

यदि आपको इस दस्तावेज का सारांश अपनी भाषा में चाहिए तो उपर दिये हुए नंबर पर फोन करें या उपर दिये गये डाक पते या ई मेल पते पर हम से संपर्क करें।

Bengali

আপনি যদি এই দলিলের একটা সারাংশ নিজের ভাষায় পেতে চান, তাহলে দয়া করে ফো করবেন অথবা উল্লেখিত ডাক ঠিকানায় বা ই-মেইল ঠিকানায় আমাদের সাথে যোগাযোগ করবেন।

Urdu

اگر آپ کو اس دستاویز کا خلاصہ اپنی زبان میں درکار ہو تو، براہ کرم نمبر پر فون کریں یا منکورہ بالا ڈاک کے پتے یا ای میل پتے پر ہم سے رابطہ کریں۔

Arabic

الحصول على ملخص لهذا المستند بلغتك،
فارجاء الاتصال برقم الهاتف أو الاتصال على
العنوان البريدي العادي أو عنوان البريدي
الالكتروني أعلاه.

Gujarati

જો તમારે આ દસ્તાવેજનો સાર તમારી ભાષામાં જોઈતો હોય તો ઉપર આપેલ નંબર પર ફોન કરો અથવા ઉપર આપેલ ટપાલ અથવા ઇ-મેઇલ સરનામા પર અમારો સંપર્ક કરો.

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