The Mayor’s Healthy Weight, Healthy Lives Action Plan for London

The Mayor of London’s *Healthy Weight, Healthy Lives* taskforce was established to coordinate a regional-level, London response to the government’s *Healthy Weight, Healthy Lives* (HWHL) strategy, published in January 2008. This cross-government strategy is the first step in a sustained programme to support people to maintain a healthy weight. The government’s stated ambition is for Britain ‘to be the first major nation to reverse the rising tide of obesity and overweight in the population by ensuring that everyone is able to achieve and maintain a healthy weight.’ The initial focus of the national strategy is on children, with the aim that by 2020, the proportion of overweight and obese children will be reduced to 2000 levels.

The taskforce was also established as an early action of the Mayor’s Health Inequalities Strategy, which aims to reduce the differences in life expectancy between different groups of Londoners. Therefore the work of the taskforce retains a focus on reducing health inequalities, in addition to the wider aims of the HWHL strategy.

The London HWHL taskforce’s objective was: ‘To identify what action would be most effective in London, with a particular focus on children and young people.’ The taskforce includes members from a range of organisations whose work is relevant to the HWHL agenda including those working on food, physical activity, children and young people, and urban design. The taskforce members also represent a range of sectors including local and central government, the voluntary and community, and private sectors. A full list of taskforce members is provided in Appendix 1.

To guide the preparation of a HWHL Action Plan for London, the taskforce mapped current projects and programmes in London that will contribute to tackling rising levels of obesity, particularly among children and young people. The aim of this exercise was to gain an understanding of gaps within, and opportunities to build on current activity. The mapping report is attached in Appendix 2. It is organised according to the five themes of the HWHL strategy:

- Children: healthy growth and healthy weight
- Promoting healthier food choices
- Building physical activity into our lives
- Creating incentives for better health
- Personalised advice and support.

For each project/initiative the following information is provided:

- A short description of the project and its aims
- The target groups
The geographical cover

- Key performance indicators (KPIs) relevant to HWHL
- Resourcing and sustainability
- Lead agency and other key partners.

The taskforce did not review all of the data on obesity levels in London as this is comprehensively covered elsewhere. The mapping exercise sought to focus on projects working across London or at least in more than one borough, so particularly for local actions it cannot claim to be comprehensive.
Overweight and obesity in London

Children and young people
The prevalence of childhood obesity is higher in London than across England as a whole. Figures from the National Child Measurement Programme show that in London 11.3 per cent of reception age (4-5 years) children are obese, compared to 9.9 per cent nationally. Similarly 20.8 per cent of year 6 pupils (10-11 years) in London are obese, compared to 17.5 per cent nationally.

These regional-level figures only tell part of the story. There are stark inequalities between London boroughs. The map below shows prevalence of childhood obesity among reception age children across all of the London boroughs. It illustrates the concentration of the highest prevalence of obesity in inner and east London boroughs, with lower levels in outer London boroughs. For reception age children, the highest prevalence of obesity was recorded in City and Hackney – 16 per cent, and the lowest was in Richmond and Twickenham – 6.4 per cent.

For children in year 6, the highest prevalence of obesity was in Southwark – 27.1 per cent, and again the lowest was in Richmond and Twickenham – 13.1 per cent.

The 2006 Health Survey for England (HSE) found that 30 per cent of boys and 31 per cent of girls in London reported eating five or more portions of fruit or vegetables a day. This was the highest level of fruit and vegetable consumption of any region, with other regions ranging from 11-22 per cent for boys and 18-23 per cent for girls. This is partly due to
London’s ethnic diversity – previous research shows that adults and children in minority ethnic groups are more likely to consume fruit and vegetables than the general population. Levels of participation in sport and physical activity among children and young people in London are slightly lower than national averages. The 2006 HSE asked young people about their participation in sport and physical activity in the past week. It found that fewer young Londoners have ‘high’ levels of physical activity, 66 per cent of boys and 52 per cent of girls, compared to 70 and 59 percent nationally. A greater proportion of young Londoners had a ‘low’ level of activity – 16 per cent of boys and 25 per cent of girls compared to 15 and 22 per cent nationally.¹

Adults
The 2006 HSE found that the prevalence of overweight and obesity among adults was lower in London than nationally. The survey found that 42 per cent of men and 26 per cent of women in London were overweight, compared to 43 and 32 per cent nationally. Similarly 17 per cent of men and 20 per cent of women were obese, compared to 24 and 24 per cent nationally. London also had the lowest mean BMI of any Government Office Region at 25.8.

As with the childhood obesity figures above, these regional figures mask significant disparities within London. The map below is based on 2006/07 Quality and Outcomes Framework data published by Dr Foster Research. It shows the proportion of people on GP practice registers with a BMI of 30 or more, by London PCT. The figures have been divided into quintile ranges – as described in the lower right hand corner. According to these figures, the PCTs with the highest prevalence of obesity were Bexley (9.3 per cent) and Barking and Dagenham (9.1 per cent), while Camden (3.9 per cent) had the lowest prevalence. These figures are considerably lower than those recorded by the HSE because they only reflect the proportion of GP patients aged 16 and over who have been registered as having a BMI of 30 or more within the last 15 months.

¹ ‘High’ level of activity was defined as 60 minutes plus on all 7 days of the week, ‘low’ levels of activity was less than 30 minutes activity per day in the previous week.
The 2006 HSE also found that men and women in London were also more likely to consume five or more portions of fruit and vegetables per day than those in other regions. In London 38 per cent of men and 42 per cent of women consumed five or more portions a day while the figures for other regions ranged from 22 per cent to 29 per cent for men and 23 per cent to 34 per cent for women. The mean number of portions of fruit and vegetables consumed was also higher for men and women in London at 4.2 per day for men and 4.5 per day for women, compared to 3.6 and 3.9 nationally.

Figures from Sport England’s Active People Survey conducted between October 2005 and October 2006 show that levels of participation in sport and active recreation among adults in London are similar to the national averages. In London 21.3 per cent of the adult population reported regularly taking part in sport and active recreation[^2], compared to a national figure of 21 per cent. In addition:

- 29.2 per cent of Londoners reported building some physical activity into their lives.
- 49.5 per cent of adults reported not having taken part in any moderate intensity sport or active recreation of 30 minutes duration in the last four weeks. The national figure is 50.6 per cent.

[^2]: Regular participation in sport and active recreation is defined as taking part on at least three days a week in moderate intensity sport and active recreation (at least 12 days in the last four weeks) for at least 30 minutes continuously in any one session. Participation includes recreational walking and cycling.
Again there are large differences between geographic areas. Richmond-upon-Thames has the highest participation rate with 29.8 per cent of adults in Richmond participating regularly. The lowest participation rate was in Newham -14.5 per cent.

Regular participation in sport and active recreation varies across different socio-demographic groups with women, people with a limiting illness or disability, people from lower socio-economic groups and people from minority ethnic groups less likely to participate.
Summary of recommendations

The bullet points below provide a summary of the London Healthy Weight, Healthy Lives taskforce’s recommendations.

Children: healthy growth and healthy weight
Recommendation 1. The Mayor should encourage the Mayor’s Fund for London to support health promoting and especially targeted healthy weight projects.

Recommendation 2. The Mayor should work with the Regional Public Health Group and other partners to make City Hall and other Greater London Authority group premises ‘breastfeeding friendly’, and to build on previous work to make London’s transport system more ‘breastfeeding friendly’.

Promoting healthier food choices
Recommendation 3. The Mayor should work with local authorities, the food industry and the Food Standards Agency to establish calorie labeling on restaurant menus and on signage within takeaway outlets across London.

Recommendation 4. The Mayor should require that urban food-growing projects supported by Capital Growth funding offer complementary healthy eating and cooking courses. He should encourage local health partners to support these initiatives by providing advice on healthy eating and nutrition to project organisers.

Building physical activity into our lives
Recommendation 5. The Mayor should work with the London Parks and Green Spaces Forum and Natural England to develop a standard to measure and capture the health benefits of parks, to compliment the Green Flag Scheme. He should also encourage London boroughs to recognise within their LAAs, the contribution that well-managed parks and green spaces can make towards delivering on health targets.

Recommendation 6. The Mayor should encourage TfL, Natural England and other partners to build on walking initiatives targeted at groups that have high levels of obesity. The Mayor should also work with London boroughs, PCTs and other partners to ensure that every borough has a dedicated officer who promotes walking and is linked into the PCT and local service user groups.

Recommendation 7. The Mayor should ensure that his Legacy Action Plan for Sport includes objectives to increase physical activity in London, particularly among those who are currently relatively inactive. The Mayor should also challenge the NHS in London to match his investment in sport with a similar investment in physical activity, especially for young Londoners and in areas with high levels of obesity.
Creating incentives for better health

Recommendation 8. The London Development Agency should build on its current programmes to support small to medium sized businesses to promote health and healthy lifestyles among their employees.

Recommendation 9. The Mayor should work with the government of another world city such as New York to develop an intercity healthy weight ‘challenge’ where the city populations ‘compete’ in mass participation sport and physical activity events.

Personalised advice and support

Recommendation 10. The Mayor should encourage London boroughs to carry out community-based audits of local health promotion activities and produce a resource so that health care professionals can raise awareness of these activities to their patients.

Recommendation 11. The Mayor should challenge all PCTs in London to regularly feedback National Child Measurement Programme results to parents, or at least pilot the approach in 2008/09, as a way to engage parents about healthy living and signposting local services and programmes to support them and their families to eat healthy and be more active.

Overall recommendation: Change for Life

Recommendation 12. The Mayor should fully support the national social marketing programme for obesity - Change4Life. Additionally he should challenge all London boroughs, PCTs and others to play a full part in the campaign.
Scope of the mapping report

Given the taskforce’s regional role, the mapping focused on activities that have a pan-London scope, or at least are being delivered in more than one London borough. The taskforce recognises that there are a significant number of projects/initiatives taking place at the local level – within local authorities, PCTs, workplaces and community groups. However, given the regional role of the Mayor, the taskforce felt it was most appropriate to focus on regional activity, and to consider what activity may add value at the regional level.

To ensure those opportunities to make appropriate links between regional level activity and local activity, an overview of borough-based activity is provided in Appendix 3. This appendix describes local obesity strategies across London as well as the take up of childhood obesity and healthy weight-related indicators within Local Area Agreements.

While the mapping report describes a significant amount of London-based activity that will contribute to the HWHL agenda, the taskforce recognises that it does not capture all relevant projects and initiatives in London. It is proposed that the report be made available on the GLA public website. This will allow interested Londoners to view the report and advise the GLA on any relevant projects or initiatives that have not been captured. In addition the GLA health team will continue to update the report as they become aware of new projects.

What does the mapping report show?

Given the limitations of the mapping project, it is not possible to conduct robust quantitative analysis of the information contained within it. However the mapping does indicate some trends, and areas where the Mayor could add value at the regional level. These are described under each of the themes in the HWHL strategy below.

Children: healthy growth and healthy weight

There is already a great deal of activity towards achieving healthy growth and healthy weight for children taking place within schools. School settings provide many opportunities to engage children and young people in healthy promoting activities. However for older children, particularly those from excluded groups there are limitations on what can be achieved within the school environment. Findings reported in the government’s national strategy Aiming High for young people: a ten year strategy for positive activities show that out-of-school activities are linked to a range of positive outcomes including improved attitudes to alcohol and drugs, increased social and communication skills and self esteem. The Aiming Higher strategy also emphasises the importance of empowerment and seeks to

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actively involve children and young people in decision-making, including budgetary decisions. The strategy notes that ‘When young people have the opportunity to influence services they are more likely to find them attractive and to access and benefit from them’.  

The London Youth Offer (LYO) and Young Londoner’s Fund (YLF), described in the mapping report have a total pot of over £80 million in funding, including a significant amount of government funding to deliver on the *Aiming High* agenda in London. Young people are making the decisions about the allocation of this funding to activities and facilities across London. The Mayor is also working to establish a Mayor’s Fund for London, which will harness finance from London’s wealth creators to support voluntary and community groups that are making a difference, particularly in the provision of activities for young people that will contribute to reducing youth crime. This is in addition to the funding previously provided for the LYO and YLF. 

The Mayor can add value in this area by encouraging decision-makers to use some of the funding available within the Mayor’s Fund for London for health promotion activities specifically for excluded young people. The Mayor should also work to engage as many young people as possible in discussions and decision-making about how to achieve the aims of *Healthy Weight, Healthy Lives*. The Mayor is particularly well placed to do this because of existing mechanisms such as the Young London website, which receives an average of 10,000 hits per month.

The mapping report shows that there is a significant amount of work currently taking place to promote breastfeeding within London. There is a large body of evidence to show that babies who are breastfed are less likely to become overweight or obese, and that the longer a baby is breastfed the greater the benefits for their future health. The 2005 National Infant Feeding Survey found that many women give up breastfeeding because they do not wish to breastfeed in public, or because they see it as incompatible with returning to work. Nine out of ten respondents to this survey said that they would have liked to breastfeed their babies for longer if they had the right support and environment. 

An existing joint project aims to increase the number of workplaces, public facilities and public spaces that are ‘breastfeeding friendly’ and to make London a ‘breastfeeding friendly city’. Breastfeeding friendly buildings and spaces enable women to choose where they would like to breastfeed – either in public or in a private area, and indicate this through signage. Breastfeeding friendly workplaces welcome women to return to work while still breastfeeding and accommodate the needs of breastfeeding mothers. The Mayor can add value in this area by committing to make City Hall and other GLA group premises breastfeeding friendly. There are also opportunities for the Mayor to make London’s transport system breastfeeding friendly. One way to do this is to include signage for infant

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feeding alongside other signage that indicates consideration should be given to older people, pregnant women, people with young children and people with disabilities.

**Recommendation 1.**

The Mayor should encourage the Mayor’s Fund for London decision-makers to support healthy weight projects.

**Recommendation 2.**

The Mayor should work with the Regional Public Health Group and other partners to make City Hall and other Greater London Authority group premises ‘breastfeeding friendly’ and build on previous work to make London’s transport system more ‘breastfeeding friendly’.

**Promoting Healthier Food Choices**

The majority of food-related activity reflected in the mapping report focuses on food education, cooking skills, and food supply chains rather than food retail. Yet much of the feedback from community groups and London borough representatives indicates that one of the biggest problems in London is the proliferation of poor quality fast food outlets in deprived areas of the city, where availability of fresh healthy food is very limited. These areas are often referred to as ‘food deserts’.  

Across the UK, local authority enforcement officers are responsible for inspecting food businesses to ensure that they meet the legal requirements on food hygiene. The Food Standards Agency (FSA) is now supporting local authorities to participate in ‘Scores on the Doors’ pilot schemes in which each food outlet is given a score that reflects the food hygiene inspection findings. The primary purpose of these 'scores on the doors' schemes is to empower consumers so that they make more informed choices about the places from which they purchase food. Some PCTs and local authorities have also developed similar, and extended schemes through joint working between their environmental health and public health teams, for example the Heartbeat Award programme in Wandsworth. Feedback suggests that while valuable, these schemes are relatively onerous for both borough, PCT partners and food outlet owners and that they may work better if they were supported at the regional level.

There is therefore potential for the Mayor to work with the FSA, PCTs and London boroughs to develop a regional scheme in London that could build off the ‘Scores on the Doors’ and similar schemes to provide both hygiene and nutritional information to customers. This information could be displayed at ‘point of purchase’ ie on signage placed at the counter where people purchase their food. In New York the Mayor now requires establishments belonging to fast food chains with more than 20 outlets to post the number of calories in each item on the menu, alongside the price. Research conducted in New York found that calorie information needed to be posted at ‘point of purchase’ for a significant

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proportion of customers to see it. Those customers who did see the calorie information purchased fewer calories than those who did not.  

Inviting fast food chains to participate in a similar scheme in London would enable customers to make more informed food choices, and would also encourage food retailers to consider providing more healthy options. Due to standard recipes, preparation techniques and economies of scale it is much easier for larger fast food chains to reliably calculate the number of calories in the various items on their menu, than for a small business that perhaps only includes one or two outlets. This is important because in the more deprived areas of London a large proportion of fast food outlets are not part of a larger chain and therefore would be unlikely to be able to calculate the calorie content of their menu items. The Mayor should therefore explore the best way of introducing a similar scheme in London – perhaps starting with larger chains and offering support to smaller businesses to introduce healthier options onto their menus. Food outlets that are leading the way in the provision of affordable healthy food could be recognised through an annual Mayoral awards ceremony. These events would provide an opportunity for restaurateurs, cooks, caterers and grocers to network and share ideas.

The Mayor is already contributing to promoting healthier food choices by supporting urban food growing in London. In November 2008 the Mayor announced the launch of Capital Growth, a new project that will expand on current food growing projects and encourage new ones. The project partly responds to the decrease in the number of allotment plots in recent years – from 22,319 in 1996 to 20,786 in 2006 and the fact that many boroughs have long waiting lists for allotments. For these reasons it is important that food growing is seen in the wider context of community gardens, urban city farms, and other open spaces. Tapping the potential of London’s parks and green spaces is crucial if we are to expand London’s food growing capacity and network, and reap the associated health benefits.

Urban food growing has the potential to offer particular benefits to members of London’s minority ethnic communities some of which have high rates of overweight and obesity, but also considerable expertise in food growing. Increasing food growing provides an avenue for engaging members of these communities in action to address trends towards overweight and obesity. It will also increase the availability of some traditional foods that are harder to come by in London. The Coriander Club in Spitalfields City Farm, Tower Hamlets is an example of a successful urban food-growing initiative that provides local Bangladeshi women with a space in which to grow and cook traditional Bengali vegetables. Concerns about the high fat content of the food being cooked in the local Bangladeshi community led the Club’s organiser Lutfun Hussain to also offer healthy-eating courses. 

The Capital Growth project’s commitment to invest in urban food growing provides an excellent opportunity for the Mayor to encourage the provision of complementary healthy eating and cooking courses at all urban food growing sites across London. Local health service partners could support these courses by providing nutritional advice and other resources.

**Recommendation 3.**

The Mayor should work with local authorities, the food industry and the Food Standards Agency to establish calorie labeling on restaurant menus and on signage within takeaway outlets across London.

**Recommendation 4.**

The Mayor should require that urban food-growing projects supported by Capital Growth funding offer complementary healthy eating and cooking courses. He should encourage local health partners to support these initiatives by providing advice on healthy eating and nutrition to project organisers.

**Building physical activity into our lives**

There are a significant number of initiatives across London that aim to promote play, physical activity and sport. Initiatives span a range of areas including: training of sports coaches, supporting people to spend time outdoors, provision of green spaces and other facilities, health service promotion of physical activity to sedentary individuals and the establishment of new sports clubs. Many of these initiatives seek to target those groups that currently have low levels of participation in physical activity – eg women, low-income groups, BAME groups and disabled people, including children and young people.

Walking and cycling initiatives feature prominently in this section of the mapping report. These kinds of initiatives fit particularly well with the aims of the HWHL strategy as these activities can often be built into people’s daily lives, particularly as modes of transport and recreation. Achieving this modal shift towards more sustainable forms of transport is one of Transport for London (TfL)’s primary aims.

TfL is seeking this modal shift primarily to tackle traffic congestion and reduce carbon emissions within London. The Mayor’s Climate Change Action Plan highlights ‘Changing the way Londoners travel’ as one of the key priorities for action to achieve the overall target of a 60 per cent reduction from 2000 levels of in carbon emissions by 2025.¹⁰ For this reason the majority of TfL initiatives aim to achieve the largest possible increases in walking and cycling across London overall. This approach is good for reducing congestion and carbon emissions, and for improving health generally. However there is a risk that it could increase health inequalities. This is because it may increase walking and cycling

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among those groups who already have relatively high levels of physical activity, while
having little impact on levels of activity among groups that are relatively inactive.

There are examples of cycling initiatives that specifically seek to increase cycling among
harder to reach groups (Community Cycling Grant) and among lapsed or irregular cyclists
(Freewheel). Yet there is a need to do more in this area if increased levels of cycling are to
contribute to the HWHL agenda. There are potentially even greater gains to be made in
couraging walking.

Evidence shows that public perceptions of walking are largely positive. Survey respondents
agree that it is enjoyable, healthy, helps the environment, sets a good example to children
and is convenient. Walking also requires no equipment and costs nothing. This is likely to
be an important reason why people on lower incomes make a far greater number of trips by
walking than those in higher income brackets. Given that lower income groups are less
likely to be active and more likely to be overweight than higher earning Londoners, it
makes sense to invest in forms of physical activity that are appealing and accessible to
these groups. The reasons most commonly cited for not walking are perceived distance and
time, and personal safety issues including fears of traffic. Clearly there are benefits to be
gained from investing in walking initiatives, providing better information about walking in
London and addressing deterrents such as road safety fears to increase the proportion of
Londoners who choose to walk around the city.

London’s wealth of good quality parks and green spaces provide opportunities for both
formal sports and more informal physical activity such as cycling, walking and play. The
Mayor’s London Plan (the spatial development strategy for London) and a number of other
strategic policy documents emphasise the importance of parks and green spaces.
Supplementary Planning Guidance (SPG) on the East London Green Grid and Children and
Young People’s Play and Informal Recreation, and Best Practice Guidance on Health Issues
in Planning particularly highlight the importance of maintaining high quality, accessible
green spaces that provide for a range of formal and informal recreation uses. The Children
and Young People’s Play and Informal Recreation SPG also includes a new standard
requiring that all new residential developments in London include the provision of a
minimum of ten square metres of high quality, well designed, accessible play space for
every child and young person living there. In June 2008 the Mayor also announced £6
million of funding for ‘Priority Parks’ to regenerate those London green spaces most in
need of improvement over the next four years. Continued work in these areas will support
the HWHL agenda.

The links between green spaces, physical activity and health seem all too obvious. Perhaps
for this reason, the contribution of the natural environment to meeting physical activity

11 http://www.walkengland.org.uk/transport.aspx
12 http://www.walkengland.org.uk/transport.aspx
targets in London is not adequately measured and captured. There is a need to measure and monitor the links between health outcomes and use of parks and green spaces so we can recognise and build upon best practice and better address deficiencies.

The Green Flag Award is the national standard for parks and green spaces in England and Wales. The award scheme began in 1996 as a means of recognising and rewarding the best green spaces in the country. Each site is judged on its own merits and suitability to the community it serves. Awards are given on an annual basis and winners must apply each year to renew their Green Flag status. There are 151 current award holders in the Greater London region. The Mayor’s close working relationship with the London Parks and Green Spaces Forum, Natural England and other relevant partners make him very well placed to establish a new standard that builds on the Green Flag scheme. The standard would encourage parks managers to monitor the ways that green spaces contribute to physical activity levels and identify best practice. It would also recognise that the biggest gains will come from increasing physical activity among those who are currently inactive.

The 2012 Olympic and Paralympic Games offer huge potential to increase participation in sport and physical activity. The LDA is currently developing The Mayor’s Legacy Action Plan for Sport that will detail plans for ensuring that the opportunities presented by 2012 are maximised. This plan will focus primarily on increasing participation in sport, from the grassroots to elite levels, by investing in coaching, mentoring and training facilities. National governing bodies will input into the development and delivery of the plan, and implementation will be supported by significant Mayoral funding in the first year. Further funding will be provided annually up until (and potentially beyond) 2012.

Less attention will be paid within this plan to more informal forms of physical activity such as play, walking, and other forms of non-competitive active recreation. However the Mayor will ensure that these forms of activity are promoted within the action plan wherever appropriate, and that there are specific objectives regarding increasing levels of physical activity among groups of Londoners who currently live more sedentary lives. Given the Mayor’s commitment to invest in formal sporting activity in London he is well placed to lobby other organisations within London to match his commitment to sport with a similar level of investment in physical activity.

NHS London has recently relaunched a health legacy programme for 2012 which will involve leading a new strategy for physical activity in London and a range of social marketing projects aimed at promoting activities such as walking, cycling, swimming, dance and play. The strategy will build on existing work led by a team of five physical activity and health coordinators jointly funded by NHS London and Sport England. The coordinators work to support increased participation in physical activity among children, young people, and those at risk of vascular disease. The Physical Activity Team lead a range of work including linking NHS colleagues to local and sub-regional physical activity and sport

http://www.greenflagaward.org.uk/
networks, encouraging best practice commissioning and evaluation of physical activity by London PCTs, and supporting the development of PCT and partner networks around physical activity for health. The relaunching of the health legacy programme provides a good opportunity for the Mayor to negotiate with NHS London about their investment in physical activity. Other agencies such as TfL undoubtedly also have a role to play.

**Recommendation 5.**

The Mayor should work with the London Parks and Green Spaces Forum and Natural England to develop a standard to measure and capture the health benefits of parks, to compliment the Green Flag Scheme. He should also encourage London boroughs to recognise within their LAAs, the contribution that well-managed parks and green spaces can make towards delivering on health targets.

**Recommendation 6.**

The Mayor should encourage TfL, Natural England and other partners to build on walking initiatives targeted at groups that have high levels of obesity. The Mayor should also work with London boroughs, PCTs and other partners to ensure that every borough has a dedicated officer who promotes walking and is linked into the PCT and local service user groups.

**Recommendation 7.**

The Mayor should ensure that his Legacy Action Plan for Sport includes objectives to increase physical activity in London, particularly among those who are currently relatively inactive. The Mayor should also challenge the NHS in London to match his investment in sport with a similar investment in physical activity, especially for young Londoners and in areas with high levels of obesity.

**Creating incentives for better health**

The majority of initiatives reflected in this section of the mapping report are occurring within the health sector or the NHS workforce. There are many other London organisations, particularly in the private sector that have implemented initiatives to incentivise healthy behaviours. One example of private sector action in this area is Business in the Community’s national ‘Business Action on Health’ campaign. This campaign aims to highlight the business benefits of better health at work and is campaigning for 75 per cent of FTSE 100 companies to publicly report on workplace health by 2011. The campaign is working to provide practical tools that will support UK employers to integrate health and wellbeing into their organisation. The first of these is a Healthy Eating Toolkit, which draws on the collective experience of companies such as Cadbury, Kellogg and Tate & Lyle. It has
been created by employers for employers, providing examples of best practice and explaining the business case for promoting healthy eating amongst employees.\textsuperscript{14}

One barrier to these kinds of programmes is the lack of capacity within small to medium sized organisations to invest time and resources in activity that is outside their core business. This is important because 49 per cent of private sector employment and 43 per cent of non-profit sector employment in London occurs within small and medium-sized enterprises (SMEs).\textsuperscript{15} This issue could be addressed by partnering larger and smaller organisations so that they can share learning on workplace health initiatives, so that smaller organisations do not need to start from scratch. This partnering could also occur across sectors with public, community and voluntary, and private sector organisations coming together to share knowledge and experience of what works.

The LDA already works with public and private sector organisations through the Activate Your Workplace Programme, which has worked to embed skills and strategies in workplace health within organisations as diverse as Sainsbury’s, Croydon Council and Uxbridge College. The Mayor could work through the LDA to further develop work in this area, particularly focusing on the needs of small to medium sized employers.

As indicated in the mapping report, the Mayor is already involved in incentivising change in London through the Workplace Cycle Challenge. This initiative, run by TfL, encourages workplaces to register employees to commute to and from work by bike for a specified month each year. Employees log the number of miles they have cycled on a website and workplaces compete to see which organisation has collectively cycled the greatest number of miles. This kind of initiative could be conducted on a much greater scale by encouraging Londoners to walk or cycle their regular journeys, and competing on the total number of miles covered against another large world city, such as New York. This approach would also be more inclusive as all Londoners could contribute to the city’s total number of miles. There would also be opportunities to build this initiative around some mass-participation sporting events linked to the London and New York marathons, or the Wimbledon and the US Open tennis tournaments, for example.

**Recommendation 8.**

The London Development Agency should build on its current programmes to support small to medium sized businesses to promote health and healthy lifestyles among their employees.

**Recommendation 9.**

The Mayor should work with the government of another world city such as New York to develop an intercity healthy weight ‘challenge’ where the city populations ‘compete’ in mass participation sport and physical activity events.


Personalised advice and support

The mapping project shows less activity on ‘personalised advice and support’ than on the other themes of the Healthy Weight, Healthy Lives strategy. This may be because most London boroughs and PCTs develop and run their own programmes to meet the needs of their populations, while the mapping project focussed on regional-level and multi-borough initiatives. The mapping does include details about some national programmes that are running in some parts of London. These include the Counterweight programme, a practice based nurse-led weight management programme running in City and Hackney and Hammersmith and Fulham PCTs, and MEND, a multidisciplinary programme that educates and models healthy eating, self esteem building and physical activity, delivered in London through five School Sport Partnerships.

The mapping also includes the Department of Health’s Let’s Get Moving - Physical Activity Care Pathway (PACP) pilot. Working in 14 London GP surgeries, the pilot demonstrated good practice in bringing a range of organisations together to signpost inactive people at risk of chronic disease to local opportunities for them to change behaviour, and improve their health. Many of these people were overweight or obese. Let’s Get Moving is founded on evidence-based behaviour change techniques and includes a one-to-one consultation at a GP surgery with a trained health professional, and a resource pack containing information about local indoor (health and fitness clubs, leisure centres etc) and outdoor (local parks and green spaces) opportunities to become more physically active. The effectiveness of the PACP is currently being evaluated by the British Heart Foundation National Centre for Physical Activity and Health, with a view to making Let’s Get Moving available across England in 2009.

Across London, at a very local level there are a wide range of innovative, community focused health promotion initiatives that aim to increase physical activity, healthy eating and mental health of local neighbourhoods. However, these initiatives are largely run in isolation to each other and in many cases to the PCT. They could have a greater collective impact if there was a more coordinated approach to raising awareness about what is on offer in a local area, and better linked in to local health services.

If London boroughs were to undertake community-based audits of these activities they could produce a resource for health care professionals about the non-health sector led health improvement activities taking place in their local areas. Health care professionals could then promote these opportunities to their patients. This resource could be seen as an important adjunct to the existing and forthcoming PCT health improvement programmes, such as vascular screening and the PACP in supporting patients with low cost, community based interventions that can be evaluated.

The National Child Measurement Programme (NCMP), established in 2005, is a key element of the government’s work programme on childhood obesity. The NCMP involves annual weighing and measurement of children in Reception (4-5 year olds) and Year 6 (10-11
years old). The data is used to guide local planning and population-level trend analysis. It is also used to increase public and professional understanding of weight issues in children, and is a useful vehicle for engaging with children and families about healthy lifestyles and weight issues.

Research suggests that many parents have difficulty gauging their children’s weight status. One study found that only 17 per cent of parents with obese children assessed their child’s weight accurately. To encourage engagement among children and families in healthy lifestyle and weight issues, the government now intends that all parents of children in Reception and Year 6 who take part in the NCMP will receive their child’s results, unless the parent specifically requests not to. This will help to ensure all parents of children who are weighed and measured receive their child’s results along with additional information about steps they can take to achieve and maintain a healthy weight for their family.

For 2008/09 it is not mandatory for PCTs to routinely send the results to parents. However, based on information supplied by the Department of Health, around 40 per cent of PCTs intend to routinely feedback to all parents, or pilot the approach with one year-group or small area, in 2008/09. There is a clear role for the Mayor to encourage PCTs in London to feed back the NCMP results to parents or at least pilot this approach in 2008/09.

**Recommendation 10.**

The Mayor should encourage London boroughs to carry out community-based audits of local health promotion activities and produce a resource so that health care professionals can raise awareness of these activities to their patients.

**Recommendation 11.**

The Mayor should challenge all PCTs in London to regularly feedback National Child Measurement Programme results to parents, or at least pilot the approach in 2008/09, as a way to engage parents about healthy living and signposting local services and programmes to support them and their families to eat healthy and be more active.

**Change4Life**

The London HWHL Taskforce agreed that in addition to the recommendations under each theme of the HWHL Strategy, there should also be an additional cross-cutting recommendation regarding the new national communications programme ‘Change4Life’. Change4Life aims to reposition the issue of obesity, using a social marketing approach. A wide range of partners including Government, health and education professionals, industry and the voluntary and community sector are working together to build Change4Life into a society-wide movement for behaviour change.

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As with the HWHL strategy this programme will initially focus on children (ages 0-11). It will highlight to parents the links between poor diet, sedentary lifestyles and preventable illnesses and their responsibility to ensure their children eat better and take regular exercise. Change4Life leaflets will be sent out with the NCMP letters to parents (described in the previous section). The campaign will be supported by a dedicated helpline number, a website, and a range of resources for the healthcare workforce, and consumers. These will available from November 2008 onwards. An advertising campaign will launch to the public in January 2009.

Change4Life recognises that many organisations can reach and influence people in ways that government agencies and the health sector cannot. This is why Change4Life is striving for a local community feel, involving all areas of society to help encourage changes in attitudes to diet and exercise. People running local activities will be encouraged to align and combine with Change4Life, sharing best practice, using new ideas, resources and opportunities to help build a national, recognisable movement. The programme will also involve a number of commercial partners who can change manufacturing, and shopping habits, provide financial backing for schemes and raise awareness through the media.

NHS London are currently working with the Department of Health to develop a bespoke version of the Change4Life brand for London, as part of the 2012 health legacy plans.

The Mayor has strong relationships with a broad range of London’s communities, including those who have traditionally had less influence on decision-making due to cultural, language, and other barriers. Consultation for the Mayor’s Health Inequalities Strategy has built on these foundations and engaged a broad range of Londoners in discussion and debate about what affects their health. The Mayor is therefore very well positioned to act as a champion for the Change4Life brand, to ensure it engages as many as possible of London’s diverse communities and to encourage London boroughs and PCTs to support and promote the campaign.

**Recommendation 12.**

The Mayor should fully support the national social marketing programme for obesity - Change4Life. Additionally he should challenge all London boroughs, PCTs and others to play a full part in the campaign.
Appendix 1 Taskforce members

Tony Armstrong  Chief Executive, Living Streets

Alex Bax (Chair)  Senior Policy Advisor – Health & Sustainable Development, GLA

Dr William Bird  Strategic Health Advisor & GP, Natural England

Peter Bishop  Director of Design for London

Caroline Boswell  Team Leader of the Children & Young People’s Unit, GLA

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Rob Coward  Senior Co-ordinator (Administration & Communications), GLA

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Donna Cullen  Tottenham Hotspur FC

Dr Penny Gibson  Paediatric Specialist, Royal College of Paediatrics & Child Health

Gulnar Hasnain  Head of Health and Sustainability, LDA

Sean Holt  Director, Sport England

Hilary McCollum  Director of Social Policy & Grants, London Councils

Ben Plowden  Director, Smarter Travel Unit, TfL

Elaine Seagriff  Head of Strategy & Policy, TfL

Valerie Solomon  Health & Social Care Policy Officer, London Councils

Rebecca Smith  Senior Policy Officer – Health, GLA

Dr Simon Tanner  Regional Director of Public Health for London, NHS London & Health Advisor to the Mayor

Robert Whittaker  Deputy Director, London South Locality, GOL
Appendix 2 Healthy Weight, Healthy Lives London mapping exercise

This document aims to describe current activities in London that will contribute to tackling the rising levels of obesity, particularly among children and young people. It focuses on activities that have a pan-London scope, or at least are being delivered in more than one London borough. The exercise is organised around the five themes of the new government strategy – Healthy Weight, Healthy Lives:

- Children: healthy growth and healthy weight
- Promoting healthier food choices
- Building physical activity into our lives
- Creating incentives for better health
- Personalised advice and support.

In addition to the activities described there is a large body of strategic policy and guidance that provides the overall framework for work in this area. Therefore the first section of this document provides some detail on this strategic framework.

Strategic guidance and policy documents

Healthy Weight, Healthy Lives

This cross-government strategy is the first step in a sustained programme to support people to maintain a healthy weight. The government’s stated ambition is for Britain ‘to be the first major nation to reverse the rising tide of obesity and overweight in the population by ensuring that everyone is able to achieve and maintain a healthy weight.’ The initial focus is on children, with the aim that by 2020, the proportion of overweight and obese children will be reduced to 2000 levels.

The strategy has been guided by the work of the Government Office for Science’s Foresight programme. The Foresight experts noted that we live in an increasingly obesogenic environment that makes it harder than previously to maintain a healthy weight. Therefore the strategy emphasises responsibility at a number of levels: the responsibility of individuals to make healthy choices about eating well and taking regular exercise; the need for private and voluntary sector partners (such as the food industry and employers) to promote health; and the government’s responsibility to expend opportunities for people to make healthy choices, to provide clear and accurate information about health and wellbeing and to promote health through policies across a range of sectors such as education, transport, health and planning.

To fulfil the ambition set out above, the Foresight experts suggested that the government should focus its actions in five main policy areas. These became the five themes of Healthy Weight, Healthy Lives, as listed below:

- Children: healthy growth and healthy weight
- Promoting healthier food choices
• Building physical activity into our lives
• Creating incentives for better health
• Personalised advice and support.

**London regional strategic guidance and policy documents**

*The London Plan*

The London Plan is the spatial development plan for London. Much of the London Plan relates indirectly to obesity due to the focus on: creating neighbourhoods and public spaces that are more conducive to social cohesion, improving levels of community safety and supporting a modal shift towards more active forms of travel such as walking and cycling. The plan also contains a number of policies that focus more directly on physical activity and health. Including:

*Policy 3D.5 The Olympic and Paralympic Games and sports facilities*

The Mayor will work with partners to develop and implement legacies from the new permanent facilities in the Olympic Park. These will include ensuring that the facilities meet London’s sport needs and that they are accessible and affordable for all Londoners.

The Mayor will work with partners to take the opportunities presented by the Olympic and Paralympic Games to increase participation in sport and physical activity among all sections of London’s population, and ensure that community access to legacy facilities is secured following the Games.

*Policy 3A.20 Health Impacts*

Boroughs should require Health Impact Assessments for major development proposals and have regard to the health impacts of development proposals as a mechanism for ensuring that major new developments promote public health within the borough. Poor local environmental quality and differential access to environmental goods and services have a detrimental effect on quality of life and health.

A number of best practice guidance (BPG) and supplementary planning guidance (SPG) documents also provide more detail on factors that contribute to obesity. These include:

• BPG on Health Issues in Planning. This BPG provides more detailed guidance for Local Planning Authorities, Primary Care Trusts and the Strategic Health Authority on how to implement the London Plan policies relating to health improvement and tackling health inequalities. It covers the key tools available for promoting health in planning, focusing on tackling health inequalities and providing information on better integrating health and planning practices.
- **SPG on the East London Green Grid.** This initiative aims to provide new and existing east London residents and workers with a multi-functional network of high quality open spaces. The project will create new public spaces, enhance existing open spaces and make improvements to the links between them. The project explicitly aims to provide public access along the major river and green areas and provide a range of formal and informal recreational uses and landscapes, promoting healthy living.

- **SPG on Children and Young People’s Play and Informal Recreation.** This SPG includes a new standard requiring that all new residential developments in London include the provision of a minimum of ten square metres of high quality, well designed, accessible play space for every child and young person living there.

**The London Food Strategy: Healthy and Sustainable Food for London**

Published by the Mayor in May 2006, this strategy sets out a vision for a world-class sustainable food system for London. The strategy is arranged around five main themes covering the main issues that impact on and are affected by the food system in London, including health and health inequalities, which are greatly affected by people’s food choices and the food system. Other themes are the environment, the economy, London’s food cultures and food security. A range of partners coordinated by the London Development Agency (LDA) leads implementation of the London Food Strategy.

**The London Legacy Plan for Sport**

The LDA are currently developing the London Legacy Plan for Sport in partnership with the GLA, Sport England, UK Sport and Youth Sport Trust. This plan will articulate the tangible legacy outcomes and opportunities available from hosting the 2012 Olympic and Paralympic Games in terms of school and community sports participation, talent identification and elite pathways.

The key objectives of the plan are:

- To _maximise_ the opportunity for creating a sporting legacy from the 2012 Games
- To ensure a joined up approach to sports legacy planning in London in the lead up to 2012 and beyond
- To determine what the key strategic priorities for sport are in London
- To identify the roles and responsibilities of key agencies in London, the gaps in delivery/ infrastructure and actions required to address these
In development plan documents (DPDs), boroughs should identify sites for a range of sports facilities to meet local, sub-regional and wider needs.

**Draft Health Inequalities Strategy**

The draft Health Inequalities Strategy – *Living Well in London* was published by the Mayor in February 2008 for consultation with the London Assembly and the GLA group and it is being further developed for public consultation later this year. As well as a range of relevant proposals about healthier places and healthier people, the draft strategy contains a number of proposed actions that relate directly to obesity. These include:

Under Policy Statement 1.3 – Reducing the negative impact of relative poverty

- Support local authorities to further increase access to leisure and recreation facilities, including green spaces and rivers, for people on low incomes.

- Work with the LDA to improve the affordability and availability of fresh, healthy food.

Under Policy Statement 3.2 – Promoting individual and community participation

- Promote the benefits of sport and physical activity and work with partners to increase levels of participation across London.

- Broker agreement with schools, health and other community facilities for free use of facilities for cultural activities that encourage the broadest local participation.

Under Policy Statement 5.1 – Planning a Healthy City

- Ensure that new residential developments have accessible transport links, including high quality walking and cycling opportunities.

- Ensure the regeneration opportunities associated with the 2012 Olympic and Paralympic Games support the delivery of improved infrastructure for sport and physical activity across London.
Appendix 3 Local level activity

Local obesity strategies
London’s PCTs each have, or are developing, an obesity strategy for their local population. These strategies cover the full spectrum of prevention, management and treatment of obesity in children, young people and adults. They present data on local need, such as that captured in the National Child Measurement Programme and describe how these needs are being addressed locally, both through the implementation of national policy and programmes and also through the local initiatives. They also detail how obesity will be addressed through Local Area Agreements (LAAs) – more detail on LAAs is provided below.

Local Area Agreements
Local Area Agreements (LAAs) set out the priorities for a local area agreed between central government and a local area (the local authority and Local Strategic Partnership) and other key partners (such as at the local level).

On 11 October 2007 the Secretary of State for Communities and Local Government announced a new set of 198 national indicators for English local authorities and local authority partnerships. The set underpins the new performance framework for local government and meets the government’s commitment, as set out in the local government white paper Strong and Prosperous Communities, to introduce a clear set of national outcomes and a single set of national indicators by which to measure them. Local Strategic Partnerships negotiate with central government ‘up to 35’ targets from the new national indicator set. These then form the basis for their LAA.

Three of the 198 indicators directly relate to childhood obesity. These are NI 55, 56 and 57. A number of other national indicators including 8, 53 and 110 are also relevant to obesity levels.

Directly Related Indicators
NI 55: Obesity among primary school age children in Reception year

- Croydon
- Havering
- Hounslow
- Kensington and Chelsea
- Lambeth
- Lewisham
- Merton
- Sutton
- Westminster
- Bromley (L)
NI 56: Obesity among primary school age children in Year 6

- Barnet
- Brent
- Camden
- Enfield
- Greenwich
- Hackney
- Hammersmith and Fulham
- Haringey
- Hounslow
- Islington
- Kensington and Chelsea
- Kingston upon Thames
- Newham
- Redbridge
- Southwark
- Tower Hamlets
- Waltham Forest
- Wandsworth
- Barking and Dagenham (L)
- Lewisham (L)
- Merton (L)

NI 57: Children and young people's participation in high-quality PE and sport

- Ealing
- Harrow
- Hillingdon
- Kingston upon Thames
- Newham
- Redbridge
- Barking and Dagenham (L)
- Merton (L)

Related Indicators
NI 110: Young people's participation in positive activities

- Barking and Dagenham
- Bexley
- Bromley
- Croydon
- Enfield
• Greenwich
• Hackney
• Havering
• Hillingdon
• Lambeth
• Merton
• Newham
• Redbridge
• Sutton
• Tower Hamlets
• Waltham Forest

NI 8: Adult participation in sport and active recreation

• Bexley
• Camden
• Croydon
• Greenwich
• Haringey
• Harrow
• Hillingdon
• Hounslow
• Lewisham
• Newham
• Redbridge
• Sutton
• Waltham Forest
• Brent (L)
• Merton (L)

NI 53: Prevalence of breastfeeding at six to eight weeks from birth

• Croydon
• Harrow
• Hillingdon
• Kensington and Chelsea
• Merton
• Haringey (L)