

Subject: A Review of Childhood Obesity in London

Report Number: 7

Report to: Health and Public Services Committee

Date: 9 June 2010

Report of: Executive Director of Secretariat

1. Recommendation

- 1.1 That the Committee agrees the terms of reference for the review into childhood obesity as outlined in paragraph 3.20.

2. Background

- 2.1 This paper proposes that the Committee conduct a review into childhood obesity in the capital, focusing on the Mayor's role in tackling this problem.

Childhood obesity levels in London

- 2.2 One in five young Londoners is obese and one in three is either obese or overweight.¹ Childhood obesity levels in London are higher than the national average: 21 per cent of year six pupils in London are obese, compared to 18 per cent in England.²
- 2.3 Internationally, childhood obesity rates in England are significantly higher than those in some European countries such as France, Denmark and Germany but are lower than those in the USA and some Southern European countries.³ However, definitive international comparisons are difficult to make because data from different countries covers different age groups and years.
- 2.4 Levels of obesity vary across the capital. In general, inner London boroughs have higher rates of obesity than outer London boroughs. Worryingly, the levels of obesity in Southwark, Tower Hamlets and Lambeth for 10-11 year olds are higher than anywhere else in the country.⁴ Figure 1 overleaf shows childhood obesity rates in different areas of London.
- 2.5 Childhood obesity levels are higher in deprived areas, and in areas where there are large populations of certain BAME groups. The proportion of young Londoners from the most deprived households who are obese (26 per cent) is almost twice as high as the proportion from the least deprived households (14 per cent).⁵ Obesity is more common among certain

¹ Health Survey for England, 2008- data shows that for Londoners aged 2-15: 18% of boys and 20% of girls are obese and 31% of boys and 32% of girls are either overweight or obese. Overweight is defined as being at or above the 85th and below the 95th percentile for Body Mass Index (BMI). Obesity is defined as being at or above the 95th percentile for BMI.

² National Child Measurement Programme 2008-09 – Table 3 – Percentages of Year 6 pupils classified as obese

³ International comparisons of obesity prevalence, 2009, National Obesity Observatory

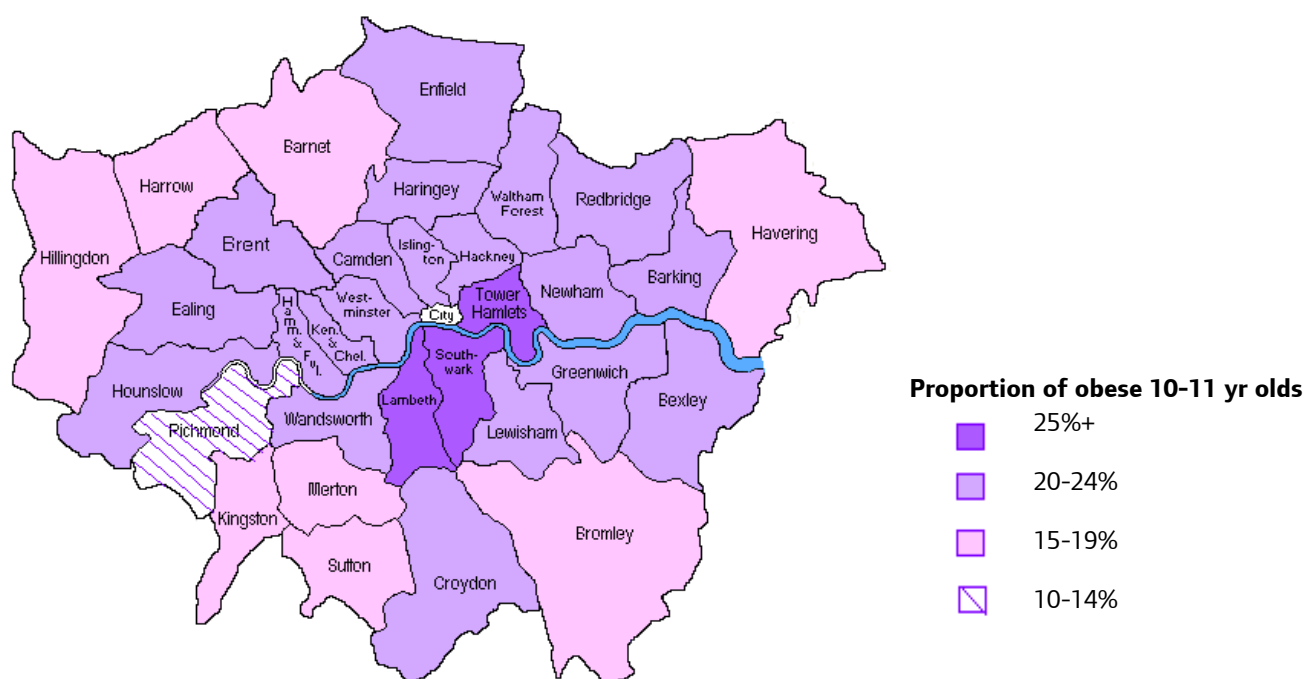
⁴ National Child Measurement Programme 2008-09 – Table 3 – Percentages of Year 6 pupils classified as obese

⁵ London Analysis of the 2007-08 National Child Measurement Programme; London Health Observatory City Hall, The Queen's Walk, London SE1 2AA

ethnic groups in London, including those from Pakistani, Bangladeshi, Black Caribbean, Black African, Other Black groups, and Other White groups (not British or Irish).⁶ The correlation between obesity, deprivation and certain ethnic backgrounds helps to explain the extremely high rates in Southwark, Tower Hamlets and Lambeth, which have high deprivation levels and large populations of these ethnic groups.⁷ However, the correlation between obesity and ethnicity is complex – children from Chinese, Indian and White and Asian Mixed groups are significantly less likely to be obese than the London average.⁸ Plus, on average, adults from BME communities tend to eat more healthily (consuming less fat and more fruit and vegetables) than the rest of the population, but do less physical activity.⁹ It will therefore be useful to further investigate the relationship between childhood obesity and ethnicity in this review.

2.6 The prevalence of childhood obesity has increased significantly in recent years. The proportion of boys in London classified as obese rose from 14 per cent in 1996-98 to 18 per cent in 2008, and the proportion of girls classified as obese rose from 14 to 20 per cent over the same period.¹⁰ However, there are some signs from national and London data that the proportion of children who are overweight or obese has been flattening out in the past few years, although analysts believe that more years' data are needed before long-term trends can be clarified.¹¹

Figure 1 – Proportions of 10-11 year olds who are obese by London borough¹²



⁶ Weighty Matters – the London findings of the National Child Measurement Programme 2006-8, 2009, LHO

⁷ 2009 London Borough Stat Pack, 2009, Greater London Authority <http://www.london.gov.uk/who-runs-london/mayor/publications/society/facts-and-figures/borough-stat-pack-2009/boros2009#03c>

⁸ London Analysis of the 2007-08 National Child Measurement Programme; London Health Observatory

⁹ Health inequalities in cancer and Black and Minority Ethnic Communities, 2008, Cancer Research UK; Health Survey for England, the Health of Ethnic Minorities, 2006, the Information Centre for Health and Social Care; Child Obesity – exploring its prevalence and causes, 2008, Health Service Journal

¹⁰ Health Survey for England 2007, 2008 data for 2-15 year olds – Figures from previous years listed in 2007 survey

¹¹ Health Survey for England 2008; National Child Measurement Programme 2006-07; 2007-08; 2008-09; http://www.heartforum.org.uk/downloads/Child_Obesity_short_Oct_09.pdf

¹² National Child Measurement Programme 2008-09 – Table 3 – Percentages of Year 6 pupils classified as obese

The causes and effects of childhood obesity

2.7 The rise in obesity in recent years has been caused by changes in eating patterns and levels of physical activity.¹³

- Fewer than one in four young Londoners eat the recommended five portions of fruit and vegetables a day.¹⁴
- Only one in three boys and one in four girls in the capital meet the recommended level of sixty minutes of physical activity per day.¹⁵
- Half of boys and six in ten girls did not participate in any formal sport in the past week, according to a national survey.¹⁶

It is therefore clear that more work is needed to get young Londoners to get active and eat healthily.

2.8 There are a number of factors contributing to low physical activity levels and unhealthy eating including:

- Feeling unsafe. Young Londoners in many boroughs feel less safe in their local area and on their way to and from school than young people in other areas. This is likely to affect how much they walk or cycle in their area, as well as whether they are happy going to local parks to play or participate in sports.¹⁷
- The increase in sedentary activities. Popular activities such as playing computer games and watching TV contribute to low levels of physical activity.¹⁸
- Difficulties of providing a healthy diet. The low price and easy availability of 'junk food'; a lack of knowledge and confidence about cooking healthy meals, and the perceived cost of healthy food all affected parents' and carers' choices about what food they gave their children.¹⁹
- The lack of understanding about weight and health. Most parents do not make the link between a child's unhealthy weight and long-term health,²⁰ which could limit whether and how they address any weight problems their children have. Most young Londoners also have positive views about their health - 96% of people aged from 11 to 16 say that their health is either good or very good. The remaining 4% think that their health is fair. None think their health is bad.²¹
- Difficulties in getting people to change their behaviour around diet and physical activity²².

¹³ Preventing Childhood Obesity, 2005, British Medical Association

¹⁴ Health Survey England, 2008: among 2-15 year old Londoners, 24 per cent of girls and 23 per cent of boys eat five or more portions of fruit and vegetables a day. The World Health Organisation promotes the consumption of fruit and vegetables to help maintain a healthy weight. http://www.who.int/dietphysicalactivity/media/en/gsf_obesity.pdf

¹⁵ Health Survey England, 2008: among 2-15 year old Londoners, 33 per cent of boys and 24 per cent of girls do at least 60 minutes of physical activity every day. Physical activity includes walking, sport, active play, cleaning and gardening.

¹⁶ Health Survey England, 2008: among 2-15 year olds in England, just 49 per cent of boys and 38 per cent of girls did any formal sports or activities in the past week. Formal sport includes football, tennis, swimming, running, athletics etc.

¹⁷ Tell us 3 – survey of Year 6,8 and 10 pupils available at www.ofsted.gov.uk

¹⁸ Preventing Childhood Obesity, 2005, British Medical Association; Healthy Weight Healthy Lives Strategy, 2008, Department of Health and Department of Children Schools and Families

¹⁹ The Effect of Fast Food Restaurants on Obesity; Currie, J et al, 2009, available at <http://elsa.berkeley.edu/~sdellavi/wp/fastfoodJan09.pdf> Healthy Weight, Healthy Lives: Consumer Insight Summary, 2008, Department of Health and DCSF; Healthy Weight Healthy Lives Strategy, 2008, Department of Health and DCSF

²⁰ Healthy Weight, Healthy Lives, One Year On, 2009, Department of Health and Department of Children, Schools and Families

²¹ Young Londoners Survey 2009, GLA

²² Tackling Obesities: Future Choices – Foresight Project Report; 2007, Government Office for Science; Commissioning and Behaviour Change, Kicking Bad Habits Final Report; 2008; King's Fund

- 2.9 Childhood obesity can impact on a number of different aspects of health and well-being. Obesity in childhood is a risk factor for heart disease, some cancers, osteoarthritis and diabetes. These are no longer just long-term risks since many obese children are now developing type 2 diabetes.²³ Childhood obesity can also lead to psychological problems including low self-esteem and depression.²⁴ Obese children are more than twice as likely to become obese adults, so preventing child obesity can be an important tool in promoting adult health.²⁵
- 2.10 Obesity is also a major drain on the nation's finances. The Department of Health estimates that obesity costs the NHS £4.2 billion a year, and costs the wider economy around £16 billion a year.²⁶

3. Issues for Consideration

- 3.1 There are a number of strategies and initiatives that aim to reduce childhood obesity through encouraging healthy eating and physical activity which includes everyday activities such as walking and cycling as well as formal, organised sport.

Relevant Mayoral strategies and initiatives

The Mayor's Health Inequalities Strategy

- 3.2 The Mayor published his Health Inequalities Strategy in April 2010. This strategy's delivery plan contains a number of proposed actions to tackle childhood obesity including: developing a city-wide schools challenge to get children more active; working with partners to reduce the fear of crime in public spaces; supporting delivery of new and improved facilities for sport, play and physical activity; expanding support for initiatives that build skills for healthier cooking and eating; and improving the availability and affordability of healthy food. The press release issued with the consultation draft of the Health Inequalities Strategy focused on the initiatives in the strategy to tackle childhood obesity, with the Mayor stating:

"My perfect 2012 legacy would be a leaner, fitter London and I want us to work swiftly towards the elimination of childhood obesity." Boris Johnson, September 2009

The Mayor's Food Strategy

- 3.3 Healthy and Sustainable Food for London is the Mayor's Strategy to improve London's food and reduce the environmental impact of the food industry. The budget for delivering the Mayor's Food Programme is £4.8 million over three years from 2009-10 to 2011-12. One of its aims is to improve Londoners' health through food. A number of the initiatives in the strategy and its implementation plan are relevant to efforts to tackle childhood obesity. For example, one of the initiatives in the implementation plan is a training programme to train public sector caterers and procurement managers to provide healthier food to schools and hospitals.²⁷ A new implementation plan is due to be produced in autumn 2010.

The Mayor's Sports Strategy

- 3.4 'A Sporting Future for London', published in 2009, sets out the Mayor's vision to create a fitter, healthier, more active London, backed up by a £15.5 million investment from the London Development Agency in grass-roots sport. The strategy aims to secure a sustained increase in Londoners' participation in sports.

²³ House of Commons Health Select Committee Report on Obesity, 2004, from www.publications.parliament.uk

²⁴ Preventing Childhood Obesity, 2005, British Medical Association

²⁵ A Tale of Two Obesities, 2010, City University of New York and London Metropolitan University

²⁶ http://www.dh.gov.uk/en/PublicHealth/HealthImprovement/Obesity/DH_078098 . This figure includes the costs of both adult and child obesity

²⁷ *Healthy and Sustainable Food for London*, 2007, London Food

The London Plan

- 3.5 The Draft London Plan contains several policies relevant to tackling obesity including policies to encourage greater use of cycling and walking, a policy for supporting development proposals that increase or enhance provision of sports and recreation facilities; and a policy to protect allotments and encourage new food growing spaces. The Supplementary Planning Guidance on Play and Informal Recreation also includes a standard for new housing developments to include at least ten square metres of play space per child.

Other Mayoral initiatives

- 3.6 Other initiatives that the Mayor is involved with to tackle obesity include:
- The London Health Commission's Well London Projects in 20 of the most deprived neighbourhoods in London. These projects aim to improve healthy eating through improving access to fresh and healthy food (Buy Well), and through encouraging local people to develop their cooking skills (Eat Well). The projects also aim to encourage local people to be more active by improving local open spaces, increasing the range of sports and active recreation activities available to the community through signposting existing opportunities and delivering new activities. The projects are led by the local community in collaboration with a range of partner organisations.
 - Capital Growth Project – this Mayoral project aims to set up 2,012 new food growing spaces by 2012. One aspect of this project is a schools food growing competition.
 - Transport for London active travel to school programme – this includes a 'Walk on Wednesdays' campaign and a Junior Road Safety Officer scheme that teaches children about street safety and encourages them to walk and bike more.
 - The Big Dance Biennial Festival – which aims to encourage Londoners to get involved in and learn about dance.
 - The annual London Youth Games - this involves 20,000 young Londoners representing all London Boroughs, and participating in 30 different sports. The Games is run by a charity, supported by partners including the Mayor, Boroughs, and London Councils.
 - Other projects to encourage participation in sports and physical activity include the "Make a Splash" mobile swimming pools project, Street Athletics for disengaged and disaffected young people and the Panathlon Challenge to get young disabled people involved in competitive sports.

National strategies and initiatives

Healthy Weight, Healthy Lives

- 3.7 This is a joint Department of Health and Department of Children, Schools and Families Strategy that aims to: *"reverse the rising tide of obesity and overweight in the population... Our initial focus is on children: by 2020 we will have reduced the proportion of overweight and obese children to 2000 levels."*²⁸ Healthy Weight, Healthy Lives focuses on five main policy areas – promoting children's health; promoting healthy food; building physical activity into everyday life; supporting health at work and providing incentives more widely to promote health; and providing effective treatment and support when people become overweight or obese.
- 3.8 Change4Life is a major component of the Healthy Weight, Healthy Lives Strategy. It is a £75 million national social marketing campaign that aims to encourage people to eat more healthily, become more active, and live longer. The first phase of Change4Life is focusing on

²⁸ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_084024.pdf

pre-teen children and their parents and aims to give families the simple tips and tools they need to eat better and do more activity. The programme has involved national TV advertising, a 'How are the kids?' leaflet encouraging people to sign up to the Change4Life Programme to get recipes, and tailored action plans for individual children.

Other national initiatives

- 3.9 Healthy Schools is a national programme to improve the health of school pupils through a range of initiatives on healthy eating, physical activity and emotional well-being. Schools wanting to achieve 'Healthy Schools' Status have to meet a range of criteria such as a Whole Schools Food Policy. The majority of London schools have achieved Healthy Schools status, and the programme is co-ordinated on a regional basis.
- 3.10 The Schools Food Trust is an independent charity set up by the Government to improve school food and food preparation skills, increase take up of school meals and decrease diet inequalities. It also provides information to schools about the required nutritional standards for school food and how these can be met.
- 3.11 The Youth Sports Trust and Sport England are working together to deliver the 'Five Hour Offer' to all school pupils. This offer should ensure that all school pupils have two hours of sport and other physical activity a week within school time and are offered a further three hours a week outside it.

Local strategies and initiatives

- 3.12 In addition to the national and regional strategies, boroughs also have their own strategic approaches to tackling obesity. Many, including Barking and Dagenham, Tower Hamlets, Wandsworth, Greenwich and Southwark have obesity strategies. Others, such as Barnet and Lambeth include actions to tackle obesity in Local Area Agreements, or other strategies.
- 3.13 Tower Hamlets is one of nine national "Healthy Towns" to receive central government funding, as part of the Healthy Weight, Healthy Lives Strategy. The Tower Hamlets Healthy Borough Programme is piloting environmental approaches to make it easier for people to eat healthily and be active.

Details of the proposed investigation

Other work in this area

- 3.14 A number of other projects could be relevant to this project
- The Economic Development, Culture, Sport and Tourism Committee (EDCST) is planning to conduct a review into the Olympic legacy commitment to increase sports participation during 2010/2011. This review is likely to focus on progress in meeting the targets for increasing participation in sport, and further work needed to meet these targets by 2012.
 - The London Healthy Weight, Healthy Lives Taskforce compiled a report in 2008 that aimed to identify what action was needed to tackle obesity. The report included a recommended list of actions to tackle obesity at a regional level, some of which have been taken through to the Health Inequalities Strategy.²⁹
 - The London Obesity Learning Centre has recently conducted an assessment of PCT and local authority strategies in the capital, and is working to develop an effective evidence base of local initiatives in the capital. The Obesity Learning Centre was set up by the National

²⁹ The Mayor of London's Health Inequalities Strategy, April 2010, GLA; A Tale of Two Obesities, 2010, City University of New York and London Metropolitan University

Heart Forum and is supported by the Department of Health and Department of Children, Schools and Families.

- A Tale of Two Obesities is a 2010 report by City University of New York and London Metropolitan University that compares responses to childhood obesity in the two cities and makes recommendations for how the cities can learn from each others' initiatives for tackling obesity. This report also outlines the evidence for the effectiveness of different kinds of initiative to tackle obesity.
- The Change 4 Life social marketing programme included a large scale analysis of consumer views on what messages are effective in achieving behavioural change and getting people to eat more healthily and become more active.
- GO London is an NHS London initiative to get Londoners more physically active, linked to the Change 4 Life programme. However, this initiative is only aimed at people aged 16 and above.
- IDeA and Policy Exchange have both produced information about good practice in tackling obesity. The good practice examples included in the Policy Exchange report include evaluation data showing that particular projects work in tackling obesity.
- The Government Office for Science published a Foresight Report into Tackling Obesities in 2007. This includes details of the evidence on what works in tackling obesity. It outlines the complex and varied factors that influence behaviour, what can work in achieving behavioural change, and the barriers to achieving it. It states that changing the environment through urban design, planning regulations and increasing the availability of healthy food could be one of the most important strategies for increasing physical activity and healthy eating.

The need for this review

- 3.15 It is clear that childhood obesity is a major public health issue for London. London's children are more likely to be overweight or obese than children in other parts of England, and in some boroughs more than one in four 10-11 year olds is obese. Most young Londoners do not do enough sport and other physical activities to meet government guidelines, and only a small minority eat enough fruit and vegetables. The impacts of obesity on individual physical and mental health are extremely serious; both in the short and long term. Obese children are twice as likely to become obese adults compared to other children, at higher risk of diabetes, heart disease and some cancers.³⁰
- 3.16 The long-term financial costs of dealing with obesity are huge, and are likely to rise in the future, meaning that tackling obesity must be a priority. Plus, the large sums of money being invested in tackling childhood obesity mean that it is important to ensure that initiatives are adding value rather than duplicating other initiatives.
- 3.17 In order for the review to have a manageable focus, and add the most value, it would seem best to focus on the range of initiatives the Mayor is involved with to help tackle childhood obesity, rather than trying to look into the plethora of other local, regional and national initiatives. The Committee could therefore conduct a review on the Mayor's role in tackling childhood obesity looking at how the Mayor's work fits in with other local, regional and national initiatives, the vision behind the Mayor's work, the sustainability of the Mayor's approach, and whether there is anything else the Mayor should be doing to tackle obesity.
- 3.18 It will be important for any London Assembly review to complement rather than duplicate the existing body of work outlined in paragraph 3.13. Most notably:
- The London Healthy Weight, Healthy Lives Taskforce looked at what further work was needed to tackle obesity at a regional level in 2008. Their report will therefore provide a

³⁰ A Tale of Two Obesities, 2010, City University of New York and London Metropolitan University

useful starting point for this review. However, the Taskforce did not scrutinise the effectiveness of the Mayor's existing work to tackle obesity, and because it was conducted two years ago, it does not include information about relevant new Mayoral strategies and initiatives such as the new Health Inequalities Strategy and the new draft London Plan.

- Liaison with representatives of the EDCST Committee will be used to ensure that their review into sports participation complements this review as much as possible.

Age range for the review

- 3.19 It is suggested that the review focuses on children aged 0 to 15. It would be valuable for this review to look into obesity from birth onwards, because evidence shows that nutrition and weight during the early years can have a lasting effect into adulthood. Young people aged 16 and above are often covered by adult initiatives on obesity (such as the Go London initiative), and therefore would be beyond the scope of this review.

Suggested terms of reference

- 3.20 To review the Mayor's role in tackling obesity among young Londoners (aged 0-15) through encouraging healthy eating and participation in sport and physical activity by focusing on the following questions:
- What strategic role should the Mayor have in tackling obesity?
 - How does the Mayor's work fit within the national, regional and local context of work to tackle obesity?
 - What is the overall vision behind the Mayor's initiatives to tackle obesity?
 - Why has the Mayor chosen to take forward this range of initiatives?
 - Is there anything else the Mayor should be doing to help tackle child obesity?

Methodology

- 3.21 There should be three main phases to this review: a call for written views and information; a formal meeting with Mayoral representatives and other key stakeholders such as obesity experts; and a site visit to a good practice initiative to tackle child obesity.

Suggested timetable

- 3.22 A new implementation plan for the Mayor's Food Strategy will be published in autumn 2010. The Health Inequalities Strategy First Steps to Delivery Plan was published in April 2010, and a further action plan is likely to be published in autumn 2010. It would therefore seem sensible to conduct this review from late summer 2010 to winter 2010/11 to ensure that information from these new plans can be fed into the project.
- 3.23 The table below sets out a suggested timetable for the review.

Stages	Timings
Project launch	June 2010
Call for views and information	July to September 2010
Site visit	October 2010
Formal meeting/s	November 2010
Report launch	February 2011

4. Strategy Implications

- 4.1 This review will be relevant to the Health Inequalities Strategy that the Mayor is obliged to develop under the new responsibilities given to him by the Greater London Authority Act 2007. The review will also be relevant to other Mayoral strategies, including A Sporting Future for London (The Mayor's Sports Strategy), Healthy and Sustainable Food for London (the Mayor's Food Strategy) and the London Plan.

5. Legal Implications

- 5.1 The Committee has the power to do what is recommended in this report.

6. Financial Implications

- 6.1 There are no financial implications.

Background Papers: None

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