

Non-Executive Report of the: Health and Wellbeing Board 24 th March 2020	 Tower Hamlets Health and Wellbeing Board
Report of: Somen Banerjee, Director of Public Health	Classification: Unrestricted
Childhood Obesity – proposals to develop a whole system approach to tackling childhood obesity in Tower Hamlets	

Originating Officer(s)	Phillip Williams – Public Health Programme Manager
Wards affected	All wards

Executive Summary

This paper provides an update on the proposed refreshed approach to tackling childhood obesity in Tower Hamlets, following the Board reviewing the developed childhood obesity logic models in July 2019 (see Appendix 3). This sets out ambitious proposals to reduce childhood obesity through delivering transformational change across the local system.

It is proposed that a Partnership Board be established (chaired by Will Tuckley) to deliver an effective whole system approach, supported by a Core Working Team (co-ordinated by Public Health) to deliver an operational Childhood Obesity Action Plan, based on the logic models agreed by the HWBB. This approach aims to capitalise on the wealth of existing knowledge, assets and resources available locally and regionally by delivering innovative and sustainable system change.

This paper sets out why senior leadership is essential to identify solutions to the complex issues that the borough has failed to address to date and to drive transformational change across the system to reduce levels of obesity.

For context, the paper also includes a summary of what we know about childhood obesity locally, why this is a pressing issue for the borough, the work done to date and where further action is most needed (see Appendix 1)

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Health & Wellbeing Board to review and note the proposed refreshed approach to tackling childhood obesity in Tower Hamlets

1. REASONS FOR THE DECISIONS

- 1.1 Not applicable.

2. ALTERNATIVE OPTIONS

- 2.1 The proposal presented in this paper follows an options appraisal paper that set out the most effective model of delivering an improvement in rates of childhood obesity locally through a whole system approach. This was reviewed by HAC DLT in December 2019.

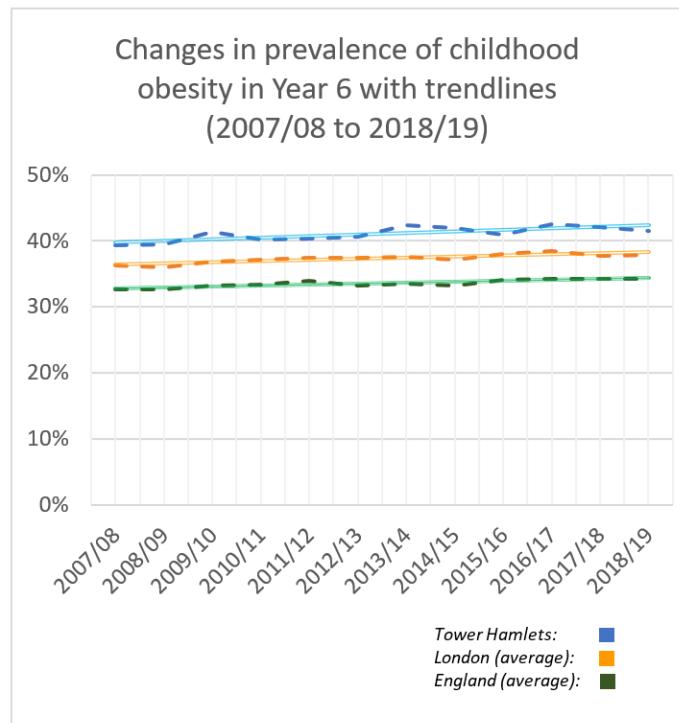
3. DETAILS OF THE REPORT

3.1 What We've Done to Date

To date, Tower Hamlets has invested significantly in supporting children and families to live healthier lives. In many areas, Tower Hamlets is leading the way in tackling obesity, particularly in work to create a healthier urban environment. Historically, Tower Hamlets' 'Healthy Borough Programme' implemented a large programme of work to take a whole system approach to tackling obesity, which has left a legacy of a number of programmes which continue today.

Key areas of local investment include the following:

- **Work with Schools** - including the Healthy Schools programme and the work of the Healthier Lives team, the Healthy Years Accreditation Scheme, provision of universal school meals, work to reduce the sugar content of school meals.
- **Creating a Healthy Place** – including the Liveable Streets programme, the School Streets programme and adoption of Health Impact Assessments (HIA) as well as work to deliver high quality green and public spaces and encourage active travel.
- **Health and Support Services** – including delivering an exemplar Infant Feeding & Wellbeing Service, school nursing and health visiting services and supporting the uptake of the Healthy Start Programme.
- **Creating a Healthier Food Environment** – including delivering the Sugar Smart campaign locally, delivering the Food for Health scheme to support local food business to make healthy changes, and introducing new restrictions on takeaways through the Local Plan.



Graph 1: Changes in prevalence of childhood obesity in Year 6 comparing, Tower Hamlets, London & England (2007/08 to 2018/9) Source: PHE

However, despite this significant investment, there has been no major reversal in local rates of childhood obesity and little deviation from national and regional increasing trends as highlighted in Graph 1 above.

A review of current work by Public Health demonstrates that the current offer is largely evidence-based and in-line with best practice, and in many cases is exemplary (for example in developing an approach for Health Impact Assessments). However, despite this there has been no significant improvement in rates of childhood obesity locally.

3.1.1 Development of Logic Models

To develop a refreshed approach that could build on this foundation of local work, Public Health has co-ordinated partners to take an outcomes-based approach to developing an approach to reducing childhood obesity.

As summarised in the previous report, community insight work was undertaken with residents and key stakeholders to understand their perspectives on barriers and solutions to childhood obesity (including six focus groups with young people, 24 parents interviews and 10 interviews with key professionals). This was followed by two further workshops: one with senior leaders from the council and the NHS, and another with community and voluntary groups.

This insight work was combined with a review of the local and national evidence base to produce the three logic models previously endorsed by the HWBB and the Health Scrutiny Committee (See appendix 3). The following section details proposals for taking these logic models forward and delivering the system change needed to reduce levels of childhood obesity.

3.2 What we propose to do next – delivering a whole system approach

Despite the significant investment and exemplary work to date in Tower Hamlets, the lack of significant local improvements demonstrates that tackling obesity is not straight-forward and a different approach locally is needed to deliver change.

Public Health have worked with partners to produce a set of logic models, setting out priority actions to tackle childhood obesity locally (included as Appendix 3). However, these actions alone are not enough to deliver significant improvements in the complex issues underlying obesity. The evidence tells us that senior leadership and a “whole system approach” are essential to drive change across the system.

As a result, two key actions are proposed to take forward this work:

- Establish a **Tower Hamlets Childhood Obesity Partnership Board** to provide the strategic leadership and direction for a whole system approach to obesity. Four initial meetings of the Partnership, chaired by Will Tuckley, to consider four key complex issues that the borough has struggled to address, needing senior-level leadership to identify solutions and drive change. It is proposed that this board reports into the Health & Wellbeing Board.
- Finalise an operational **Childhood Obesity Action Plan for Tower Hamlets** be delivered by a **Core Working Team** coordinated by Public Health. This plan will deliver the activity needed to tackle obesity, based on the produced logic models and responding to the findings of the Partnership Board.

A summary of these recommendations is provided below. Please see Appendix 2 for a summary of the evidence base for an effective whole system approach and how this will be delivered locally.

3.2.1 Tower Hamlets Childhood Obesity Partnership Board summary

Purpose of the Board: The Partnership Board will provide strategic leadership and direction for the whole system approach to tackling childhood obesity in Tower Hamlets. It will bring together senior partners, convening discussions on complex issues and driving transformational and sustainable system change. Reporting into the Board will be the childhood obesity Core Working Team (co-ordinated by Public Health) which will deliver the agreed action plan.

One of the first tasks of the Board will be to co-produce a vision statement to provide focus for the local system

Chairing and Governance: It is proposed that Will Tuckley will chair the first year of the Partnership. This senior leadership will enable the board to deliver the key elements of an effective of whole system approach.

Final governance arrangements will be discussed with the Partnership, but it is proposed that the Partnership report into the HWBB while maintaining close links with Tower Hamlets Together and other relevant boards. The Partnership will meet quarterly.

Membership: It is proposed that the Board have a core membership of senior leaders able to influence across the key elements of the system relevant to childhood obesity. For each meeting of the Partnership, a wider group of partnership will be invited in addition to the core membership, depending on the content of the meeting.

Year One Aims: The Partnership will meet quarterly, and it is proposed that each of the four meetings of Year One focus on a different complex issue, highlighted as a priority through work to develop the childhood obesity logic models and action plan (summarised in the bullet points below). In Year One, the Partnership will focus on prioritising the delivery of “quick wins” with the potential for a significant impact on rates of childhood obesity.

- How can we transform Tower Hamlets into a physical environment that plays a significant role in encouraging a healthy lifestyle?
- How can we shift the cultural, social and media environments that are currently contributing to excess weight in Tower Hamlets to have a positive impact?
- How can we achieve direct impact on the food that Tower Hamlets residents eat in order to support a healthy weight?
- How can we identify and support children and families dealing with excess weight to make the challenging behaviour and lifestyle changes needed to achieve a healthy weight?

In addition to these four issues, a fifth is proposed as an overarching “theme” to be considered in all discussion – that of inequality. There are significant health inequalities around childhood obesity and a key role of the Partnership will be to ensure that action being taken seeks to explicitly address these.

3.2.2 Core Working Team and delivery of the Tower Hamlets Childhood Obesity Action Plan – summary

Summary: A draft action plan has been developed by Public Health based on the agreed set of logic models approved by DLTs and the HWBB. It is proposed that a Core Working Team, co-ordinated by Public Health, deliver this work, reporting into the Partnership Board. This draft action plan will be signed-off by the Partnership Board initially, and regularly updates will be provided to the Board on progress in delivering the plan.

Any actions and opportunities for action identified by the Partnership will be incorporated into the Childhood Obesity Action Plan and delivered by the Core Working Team

3.2.3 Why now?

Local Opportunities

Reducing levels of childhood obesity is a strategic priority locally for the Health & Wellbeing Board through the Health & Wellbeing Strategy, as well as for other key strategies locally, including Tower Hamlets Together as well as the Mayor of Tower Hamlet's manifesto.

Regional & National Opportunities

At both London and national level, there is also now a significant focus on childhood obesity as an issue, with a growing number of opportunities for local areas to benefit from resources, support and learning. Childhood obesity is one of the ten recently published "areas of focus" for the London Health & Care Vision", as well as the focus of the Mayor of London's "Childhood Obesity Taskforce". Nationally, the Government continues to be committed to delivering the third chapter of the national Childhood Obesity Strategy.

Establishing a robust partnership and governance around childhood obesity locally will enable Tower Hamlets to be better placed to draw on the resources and support that comes from this regional and national work.

4. EQUALITIES IMPLICATIONS

- 4.1 There are significant inequalities around childhood obesity in Tower Hamlets, with children of non-white ethnicities, children with disabilities and children of lower socioeconomic status all at higher risk of experiencing childhood obesity. A priority of the proposed approach to tackling obesity is to address these inequalities effectively.

5. OTHER STATUTORY IMPLICATIONS

- 5.1 There are no other statutory implications to note.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

- 6.1 This paper provides an update on the proposed refreshed approach to tackling childhood obesity and recommends setting up a Partnership Board consisting of senior leaders to identify solution to deliver change across the system.
- 6.2 Costs for tackling childhood obesity is funded by a number of different programmes across the council and there is no specific budget provision or a single programme of spend.
- 6.3 There are no specific financial implications arising from the contents of this report.

7. COMMENTS OF LEGAL SERVICES

- 7.1 The council and its health partners have a number of statutory duties in relation to reducing childhood obesity. Section 11 of the Children Act 2004 places duties on a range of organisations, including local authorities and health to ensure their functions, are discharged having regard to the need to promote the welfare of children, including preventing impairment of children's health or development. Section 2B of the National Health Service Act 2006 places a duty on the council to take steps for improving the health of the people in its area and the related regulations include duties in respect of the weighing and measuring of children and health visiting functions. The recommendation that the

Health and Wellbeing Board should review the refreshed approach in Tower Hamlets is consistent with these duties.

- 7.2 In carrying out its functions, the Health and Wellbeing Board must comply with the public sector equality duty set out in section 149 Equality Act 2010, namely it must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and to foster good relations between persons who share a protected characteristic and those who do not.
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Linked Reports, Appendices and Background Documents

Appendix 1 – Childhood Obesity in Tower Hamlets – summary

Summary

Childhood obesity continues to be a pressing issue in the borough, with Tower Hamlets having the 5th highest rates of overweight by Year 6 in London, as well as the 9th highest rates nationally (2018/19). More than 1 in 5 children (21.4%) in Reception are overweight or obese in the borough. By Year 6, this doubles to more than 2 in 5 children (42.1%). While rates of overweight in Reception are around the London average rates in Year 6 are significantly higher, and there have been no significant improvements in recent years.

There are also stark inequalities in levels of obesity locally, with children of Black and Asian ethnicity, children with disabilities and additional needs and children from more deprived backgrounds more likely to be overweight.

(See Appendix 1 for more detailed information on the current levels of childhood obesity in Tower Hamlets)

Most recent data on levels of childhood obesity in Tower Hamlets.

Childhood obesity continues to be a pressing issue in the borough, with Tower Hamlets having the 5th highest rates of overweight by Year 6 in London, as well as the 9th highest rates nationally (2018/19).

The current situation and trends

More than 1 in 5 children (21.4%) in Reception are overweight or obese in the borough (not significantly different from the London average of 21.8%). By Year 6, this doubles to more than 2 in 5 children (42.1%) and has not fallen for many years. This rate is significantly higher than London (37.9%).

There has been a gradual decrease of around 2% in the number of Reception age children with excess weight in Tower Hamlets (from 23.7% in 2013/14 to 21.4% in 2018/19). This mirrors the London-wide trend. However there has been no change in rates of excess weight in Year 6 in this period.

There is currently no data available on rates of overweight and obesity in older childhood and adolescence, but it is likely that these follow a similar increasing trend as nearly 65% of adults in England are now overweight or obese (2018)

Inequalities

Boys in Tower Hamlets are more likely to be obese than girls at both Reception and Year 6, a trend replicated nationally. However in Year 6, the gap between boys and girls is significantly larger than the national average.

Children from Asian and Black ethnicities are more likely to experience obesity than those of White ethnicity, but there are relatively high rates of excess weight in all communities (with 30% of children of white ethnicity having excess weight by Year 60).

What is driving rates of childhood obesity in Tower Hamlets?

The causes of childhood obesity are complex, including behavioural, environmental, social and individual-level factors. While obesity can be understood as children having either too high a calorie intake or too little physical activity, these behaviours are largely a result of a child's environment, including both the physical environments they inhabit and the social and community environments around them. As a result, childhood obesity can be thought of as a "normal response to an abnormal environment".

Below are summarised the key areas where we know further action is needed locally to tackle rates of childhood obesity. Due to the broad influence of Health & Wellbeing Board members across these areas, the Board is well-placed to play a leading role in championing positive change.

The food environment – in addition to individual factors such as access to good quality cooking education, the food around children and young people plays an important role in levels of obesity. This includes the number of unhealthy food businesses (for example takeaways) as well as access to nutritious food (for example fruit and veg markets). Advertising and sponsorship also plays a significant role in people's food choices.

The physical environment – the environments that children live in play a key role in obesity rates in particular: access to green and open space, opportunities for play and sport and active travel infrastructure.

Social and community factors – the social and community environments around children can play a key role in levels of obesity. This could include the impact of different food and cooking cultures, the strength of community initiatives that encourage a healthy lifestyle as well as the particular experiences of different ethnic, religious and cultural communities.

Economic factors - obesity is significantly influenced by social and community factors. Poverty and deprivation are significant risk factors for childhood obesity, with children in the bottom income quintile two to three times more likely to experience obesity than those in the top income quintile.¹

Healthcare and Support Services – while health and care services only play a relatively minor role in rates of childhood obesity, appropriate pathways for identification and high quality support for those who need it are still an important element of an effective response to childhood obesity.

Tackling these "structural determinants" needs more than short-term, individual level interventions. Instead, longer term action is needed to shift these environments to support healthier lifestyles.

Why do we need to take action?

¹Goisis et al, "Why are poorer children at higher risk of obesity and overweight", 2015. (Available online [here](#))

Reducing levels of obesity in both childhood and across the life-course is essential to delivering both a sustainable health and social care system, as well as tackling health inequalities. The bullet points below summarise what we know about the impact of obesity.

- Children experiencing obesity are more likely to be overweight across their lives and are at significantly greater risk of developing the leading causes of death and disability in the UK. These include diabetes, heart disease, cancer and stroke, as well as long-term musculoskeletal conditions and poor mental health.
- The care of people with long-term conditions related to obesity is estimated to account for just under 70% of total health and care spending in the UK.
- Treating the long-term effects of obesity is estimated to cost the NHS £6 billion a year, with the predicted rise in obesity expected to increase this cost to £10 billion a year by 2030.
- Obesity has a direct impact on social care costs, with the cost of care just for those experiencing severe obesity estimated at £352 million per annum in the UK. Reducing levels of obesity in Tower Hamlets will have a significant positive impact on future care budgets as well as in delivering the council's aims of a sustainable and effective care system and tackling health inequalities.
- Evidence shows that reducing levels of obesity in childhood is significantly easier and more effective than managing weight in adulthood.
- Obesity is a key driver of health inequalities in the UK, with those from more deprived backgrounds, those of non-white ethnicity and those with disabilities at far greater risk.
- Despite significant investment in Tower Hamlets, there has been no major improvement in rates of childhood obesity. Evidence shows that a whole system approach championed by senior leadership is needed to tackle the complex issues that underlie obesity.

Appendix 2 – What is a whole system approach?

A whole system approach to tackling obesity is one that shifts away from tackling issues around obesity in isolation and towards a co-ordinated approach for long-term change that takes account of the complexity of the factors that underpin childhood obesity.

In 2019, Public Health England (PHE) published a framework for local areas to develop their own “whole systems approaches”, based on a five year programme of research with eleven different local authorities in England. This drew on learning from these pilot sites and international evidence to highlight the elements key to a successful approach to tackling obesity.² This guidance also drew on findings from areas like Amsterdam, one of the few urban areas globally to demonstrate a sustained reduction in childhood obesity rates.

Tower Hamlets Public Health have developed a proposal for how this work can be taken forward locally. The table below summarises the key elements of a successful whole system approach to childhood obesity, as identified by PHE, and how these will be delivered in Tower Hamlets.

² Public Health England, “Whole Systems Approach to Obesity: a guide to support local approaches to promoting a healthy weight”, 2019. (Available online [here](#)).

Table 1: The key elements of a whole system approach to childhood obesity and proposals to deliver them in Tower Hamlets

Key Elements of a Whole Systems Approach	How will we deliver on this in Tower Hamlets?
<p>Senior leadership and effective collaboration – visible leadership from local senior leaders is key to convening a broad and influential partnership able to deliver significant change in a local area and across local organisations.</p> <p>Amsterdam's city-wide Healthy Weighty Programme, one of the few WSA approaches to demonstrate a positive impact on childhood obesity rates, was initiated and led through the political leadership of Deputy Mayor Eric van der Burg; this visible local leadership was found to be key to its success.³</p> <p>A 2019 systematic review of the effectiveness of whole systems approaches, found that successful programmes relied on strong senior leadership to deliver both change within organisations and as the foundation for cross-sector partnership to deliver change across the system.⁴</p>	<p>It is proposed that Will Tuckley chair the first year of the Tower Hamlets Childhood Obesity Partnership Board.</p> <p>This senior leadership will enable a broad and senior partnership to be convened that is able to take significant action across the system, replicating the successful model seen in Amsterdam and elsewhere.</p>
<p>A deep understanding of the local situation and actions at all levels of the system – an effective whole systems approach relies on a firm grasp of both data and insight as well as opportunities for action, with an emphasis on understanding the lived experiences of children and families.</p> <p>This understanding should inform an action plan that takes a wide range of actions at all levels of the system (i.e. from operational issues, to service and community level issues, to strategic and policy level issues)</p>	<p>Public Health have used the learning from the wealth of local community insight, population data, service data, and the national evidence base to develop a set of logic models and a proposed action plan to tackle childhood obesity. These logic models have been previously reviewed by the Health & Wellbeing Board.</p> <p>This action plan will be co-ordinated by Public Health and deliver the operational changes at all levels of the system needed to underpin the work of the Partnership Board.</p>
<p>Flexibility and systems-thinking approach - an effective approach relies on developing a broad partnership able to engage with the complexity of the issues around obesity.</p> <p>This involves bringing together all partners who have an interest and influence on certain issues to unpick the complex factors that influence familiar problems as well as maintaining a flexible approach able to respond to changes within the system.</p>	<p>The Tower Hamlets Childhood Partnership Board proposes to bring together a broad partnership across the local system, including local authority, NHS, CVS, private business, school and community partners.</p> <p>It is proposed this partnership focus on four key complex issues in the first year, highlighted as key opportunities for action.</p>

Appendix 3 Tower Hamlets Childhood Obesity Logic Models

(wording in red indicates a shared priority with the Tower Hamlets Physical Activity & Sport Strategy)

³ City of Amsterdam, "Amsterdam Healthy Weight Programme Review 2012-2017", 2017. (Available online [here](#))

⁴ Bagnal et al., "Whole Systems approaches to obesity and other complex public health challenges, 2019. (Available online [here](#))

Tower Hamlets Childhood Obesity Logic Model:

HEALTHY SETTINGS (interventions at the 'settings' level, such as public facilities)

INTERVENTIONS (OUTPUTS)	SHORT TERM OUTCOMES	MEDIUM TERM OUTCOMES	LONG TERM OUTCOMES
<p>1 Reduce sugar and fat in school meals</p> <p>2 Increase PA opportunities at schools</p> <p>3 Continue to implement Healthy Early Years London</p> <p>4 Improve food offer in borough's vending machines, including leisure centres</p> <p>5 Adopt Government Buying Standards for Food and Catering Services across all contracts and encourage public sector partners to do the same</p> <p>6 Work with other London boroughs to improve food supply chain (work with wholesalers)</p> <p>7 Work with partners (e.g. health, youth, sport and leisure settings) to improve healthy eating offer</p>	<p>1 There is less sugar and fat in school meals, and high take-up</p> <p>2 There are more opportunities to be physically active at school, that meet different needs and enables children to meet recommended physical activity levels</p> <p>3 Healthy Early Years and Healthy Schools London is widely implemented</p> <p>4 Vending machines in the borough are healthier</p> <p>5 All council services that provide food follow the Government Buying Standards</p> <p>6 Early years settings only provide healthy food</p> <p>7 Affordable healthy food is available in all community settings, including hospitals, youth clubs and leisure centres, and high fat-high sugar food is reduced.</p>	<p>1 A downward trajectory in overweight and obesity levels in the borough for Reception and Year 6 children, meeting at least the London average</p> <p>2 C&YP healthy eating levels increase</p> <p>3 C&YP physical activity levels increase, and inactivity levels reduce</p>	<p>1 Every child in Tower Hamlets is a healthy weight</p> <p>2 All C&YP undertake the CMO's recommended amount of physical activity</p> <p>3 All C&YP eat a healthy diet (in line with PHE's Eatwell Guide)</p>



Tower Hamlets Childhood Obesity Logic Model: HEALTHY SERVICES (interventions targeted at the individual)

INTERVENTIONS (OUTPUTS)	SHORT TERM OUTCOMES	MEDIUM TERM OUTCOMES	LONG TERM OUTCOMES
1 Provide healthy eating and physical activity sessions for families, linked to NCMP results	1 Families and those working in the community understand the importance of being a healthy weight, and know the physical activity and healthy eating recommendations	1 A downward trajectory in overweight and obesity levels in the borough for Reception and Year 6 children, meeting at least the London average	1 Every child in Tower Hamlets is a healthy weight
2 Provide cycling training for families	2 Families know how to cook nutritional food easily and cheaply	2 C&YP healthy eating levels increase	2 All C&YP undertake the CMO's recommended amount of physical activity
3 Clarify and simplify messages about food, PA and 'healthy weight'; and disseminate widely	3 Families and those working in the community recognise what a healthy weight looks like	3 C&YP physical activity levels increase, and inactivity levels reduce	3 All C&YP eat a healthy diet (in line with PHE's Eatwell Guide)
4 Implement comms strategy that addresses barriers to being a healthy weight	4 More families cycle		
5 Ensure services are joined up and promoted, and reach those most in need	5 Services are better connected, well known and well used by those in need.		
6 Establish a healthy weight pathway for professionals who identify overweight patients	6 Healthy weight pathway established		
7 Equip relevant professionals with skills and knowledge to inform parents about healthy weight	7 Services are effective at delivering healthy weight outcomes		
8 Continue to provide infant feeding and wellbeing service	8 Those working in the community have the necessary skills and knowledge to discuss healthy weight with families		
9 Promote healthy start scheme	9 High uptake of HS vouchers among those eligible		
10 Ensure the basic needs of families are met to help them feel empowered to be active and eat healthily	10 High breast feeding rates		
	11 Families feel empowered and their aspirations align with a healthy lifestyle.		
	12 Overweight children are supported to achieve a healthy weight		



Tower Hamlets Childhood Obesity Logic Model: HEALTHY PLACES (environmental interventions at a borough level)

INTERVENTIONS (OUTPUTS)	SHORT TERM OUTCOMES	MEDIUM TERM OUTCOMES	LONG TERM OUTCOMES
1 Address advertising and promotion of unhealthy foods and drink through policy and contracts	1 No advertising or promotion of unhealthy food and drink through council channels	1 A downward trajectory in overweight and obesity levels in the borough for Reception and Year 6 children, meeting at least the London average	1 Every child in Tower Hamlets is a healthy weight
2 Restrict new fast food outlets opening near schools	2 No new fast food outlets within 200m of a school	2 C&YP healthy eating levels increase	2 All C&YP undertake the CMO's recommended amount of physical activity
3 Ensure there are sufficient and good quality play spaces in areas with high childhood obesity rates	3 More of the borough's streets meet TFL's 'healthy street' criteria	3 C&YP physical activity levels increase, and inactivity levels reduce	3 All C&YP eat a healthy diet (in line with PHE's Eatwell Guide)
4 Make public realm improvements to support play, walking and cycling	4 Families feel safe when actively travelling around the borough		
5 Ensure new developments provide sufficient play spaces, and meet principles of liveable streets	5 Children have safe and welcoming open places to be physically active close to home		
6 Take action to make parks feel safe and welcoming	6 Relevant council policies, strategies and contracts support childhood obesity agenda		
7 Ensure all council policies, strategies and contracts support addressing childhood obesity.	7 Catering outlets use less and 'healthier' fats. and less sugar in their produce		
8 Implement Food for Health programme	8 More businesses receive a Food for Health award		
9 Improve the food and drink controlled by the council and support partners to do the same	9 More children actively travel to school		
	10 Healthy food is accessible and affordable for all		



Local Government Act, 1972, Section 100D (as amended)

List of “Background Papers” used in the preparation of this report

- NONE

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