

Policy Extract

[Tipping the scales: Childhood obesity in London](#)

In this report the Health and Public Services Committee considers how the Mayor can address the problem of childhood obesity in London.

We examined the causes of childhood obesity, and found a multitude of economic, cultural and environmental factors contributing to obesity. A child is much more likely to be obese if their parents are obese, and if they live in a deprived area.

To address obesity, it is necessary to tackle this complex set of causes as a whole. We considered the available evidence on the cost-effectiveness of different childhood obesity interventions. We found that the most effective interventions are multi-faceted, supporting children and their families to eat more healthily and become more active.

To ensure London does have a coordinated, strategic approach, the Committee believes the Mayor's role should have three key elements:

- Setting the strategic direction for London's response to childhood obesity.
- Directly supporting and funding city-wide interventions.
- Promoting evaluation and spreading good practice.

Summary of the Mayor's obesity interventions

Physical activity

- The Mayor is promoting **sports participation** with £15.5 million on London Development Agency funding over three years. It is led by the London Community Sports Board, which the Mayor established and appoints. Projects include mobile swimming pools, street athletics events and training for coaches.
- Transport for London has introduced a number of initiatives aimed at increasing walking and cycling. TfL accredits school travel plans. It has funded 'walk to school' initiatives including two 'Step2Get' pilots in which children are rewarded for walking to school. It has funded cycling training for children and the 'Bike It' programme to promote cycling. TfL's 2009/10 spending on 'walking, cycling and accessibility' was around £54 million.
- The Mayor has promoted parks and open spaces. £6 million is being invested by the GLA over three years to improve eleven parks across London, while the Mayor is establishing a new award for parks. In spatial development policy, the supplementary planning guidance published by the previous Mayor stated that new housing developments should have at least 10sqm of play space per child.
- The Mayor's Health Inequalities Strategy includes additional measures on encouraging physical activity. It proposes that the GLA develops a pan-London referral scheme for participants in charity walks and runs. It also commits the GLA to implementing or piloting new design features for public buildings to encourage physical activity.

Diet

- The Mayor is supporting the Capital Growth programme to create new food growing spaces. This is led by the London Food Board, which the previous Mayor established and the Mayor appoints: it is aiming to create 2,012 growing spaces by 2012. The Mayor has provided £5 million of funding from the London Development Agency for the Board's programmes over three years.
- The Mayor's Health Inequalities Strategy includes several proposed actions on access to healthy food. It proposes the GLA works with government and the food industry to encourage clearer nutritional information, and reduce unhealthy content. It commits the GLA to promoting healthier food for staff in the public sector. It proposes working with environmental health officers to encourage them to provide advice on healthy options to food outlets.

Early years and parenting

- The Mayor's Health Inequalities Strategy proposes that the GLA will promote effective parenting and early years development. It states that the GLA will improve the delivery of integrated early years and family services, and shift investment toward earlier interventions. It proposes a roundtable meeting for partner organisations and experts to call them to action on this topic.

Cost-effective obesity interventions

MEND – 'Mind, Exercise, Nutrition... Do it!' (UK). A community-based weight management programme for overweight children and their families, providing nutrition education and physical activity. Costs £1,700 per QALY.

LEAPs – Local Exercise Action Pilots (UK). Programme where interventions to increase physical activity were introduced in a pilot area, including classes and groups, exercise referrals, motivational interviewing and mentoring. Costs £50-150 per QALY. Planet Health (USA). Programme to introduce a multi-disciplinary health-based curriculum into schools, enabling teachers to promote healthy food choices and exercise. Costs US\$4,300 per QALY.

CATCH – Coordinated Approach to Child Health (USA). School-based programme to promote healthy food choices and physical activity, including classroom education, intensive PE lessons, healthier school food and parental involvement. Costs US\$900 per QALY.

Reduction in television viewing (USA). A school-based programme for teachers to instruct pupils in intelligent TV viewing, including a weekly TV budget for children. Costs AU\$3,000 per DALY.

Regulation of television advertising (Australia). Advertising of food and drink high in fat and/or sugar aimed at children under 14 was precluded at certain times. Costs £3.70 per DALY.

Medical interventions (Australia). Interventions to reduce calorific intake such as gastric banding (surgical) and Orlistat therapy (pharmaceutical). Costs AU\$4,000-8,000 per DALY.