

Committee(s): City of London Health & Wellbeing Board	Dated: 19 Sep 2025
Subject: Update on City and Hackney Healthy Weight Action Plan	Public report: For Decision
This proposal: <ul style="list-style-type: none"> • delivers Corporate Plan 2024-29 outcomes 	Providing excellent services Diverse, engaged communities
Does this proposal require extra revenue and/or capital spending?	No
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Summary

This report provides an update on progress with refreshing City and Hackney's 'whole system' approach to promoting healthy weight, along with specific proposals for the City of London in support of these plans. It also provides a brief overview of the current state of play with access to weight loss medication, commissioned through the NHS.

Recommendations

The Board is requested to:

- note the progress on the City and Hackney healthy weight 'whole system' plan to date
- comment on the proposed opportunities to progress healthy weight work in the City of London
- advise how the Board, and its constituent Member organisations, can support the implementation of these opportunities.

Main Report

1. Background and progress to date

- 1.1. Being above a healthy weight is one of the major individual risk factors for poor health and a significant driver of health inequalities. The underlying causes are complex, requiring action at multiple levels of intervention (individual, social and environmental; local, national, international), through a coordinated 'whole system' response. Appendix 1 defines what we mean by a 'whole system' approach.
- 1.2. Recognising this complexity, Public Health have been working collaboratively with system partners since 2017 to take collective action to prevent and reduce obesity-related harms across the City and Hackney. This action is organised around five co-developed strategic priorities, as described in Appendix 2.
- 1.1. At the end of 2024, City and Hackney Public Health team published a healthy weight needs assessment.¹ This needs assessment was undertaken alongside, and was used to inform, a stakeholder review of our local 'whole system' approach to promoting healthy weight. The City Health and Wellbeing Board endorsed the recommendations from this review on 15 November 2024. These recommendations have now been translated into a new delivery plan.
- 1.2. As part of these plans, Public Health is reviewing its approach to investment in healthy weight interventions. Two key workstreams are being progressed in support of this, as described below.
Workstream 1: Co-designing a new approach to healthy weight support
- 1.3. This workstream aims to inform future investment and commissioning decisions for Public Health and wider partners as relevant.
- 1.4. Through a comprehensive process of creative co-design, the output of this work will help to ensure that the support available for local people to achieve and maintain a healthy weight responds to the specific City and Hackney context, and makes best use of limited public sector resources. It will also inform the capacity-building work described under workstream 2 below.
- 1.5. The work will involve a series of co-design engagement events and workshops with residents (including parents and children), professionals and community partners, scheduled to take place over the next few months before the end of the calendar year.
- 1.6. The output from the co-design activity will include proposals for one or more viable interventions to be funded by Public Health and piloted for up to two years, through a 'test and learn' process. The outcome of this activity will then inform longer-term Public Health investment plans.

¹ [City and Hackney Public Health Team \(December 2024\). Healthy Weight Needs Assessment for City and Hackney.](#)

Workstream 2: Healthy weight capacity building

- 1.7. This workstream aims to strengthen professional and community capabilities to promote healthy weight; tackle weight stigma; and improve access to healthy food, physical activity opportunities and supportive information/resources.
- 1.8. City and Hackney's Public Health team, in partnership with wider system partners, will develop and pilot an approach to professional and community capacity building around healthy weight, which will include:
 - strengthening healthy weight confidence and competence among staff and volunteers supporting high-risk groups/in relevant settings
 - improving community awareness and facilitating access to information regarding actions individuals can take to achieve or maintain a healthy weight, including locally available support and resources
 - co-developing and implementing a programme of work to address weight stigma across City and Hackney.
- 1.9. The work will build on existing promising practice, focused initially with a small number of targeted settings or services, attended by groups/communities known to be at increased risk of obesity-related harm (for example, general practice, maternity services, community food shops/hubs, cultural or faith centres).
- 1.10. This will be a two year pilot (starting in early 2026), designed to develop and test an effective approach to capacity building, the output of which will be used to develop a business case for ongoing investment. The work will be led by a new, dedicated fixed term post hosted within the Public Health team.

2. Healthy weight delivery plan - opportunities for the City of London

- 2.1. The two workstreams described in section 1 are part of a broader programme of work in support of the refreshed City and Hackney 'whole system' healthy weight delivery plan. The governance arrangements for this work are currently being finalised and the Board will be updated on this in due course.
- 2.2. The table in Appendix 3 sets out a wide range of potential opportunities for action that could be progressed in the City, in support of the six high level themes within the healthy weight delivery plan. These six themes are as follows.
 - Drive systemic change through collaboration and partnership.
 - Use evidence and data to drive action and continuous improvement.
 - Design and cultivate environments to support physical activity and healthy diets.
 - Build workforce skills and capacity to promote healthy weight, fostering cross-sector collaboration.
 - Prioritise equitable and inclusive approaches to promoting healthy weight.

- Address weight stigma.
- 2.3. The table in Appendix 3 also suggests relevant stakeholders who may be best placed to lead and/or contribute to delivery of these plans.
 - 2.4. The Board is asked to consider these initial proposals and advise on further opportunities for action in the City to support local people to achieve and maintain a healthy weight.

3. Obesity medication and treatment pathways - a brief update

- 3.1. Optimising treatment pathways for people with complex obesity-related needs is a priority as part of any 'whole system' response, and is reflected in the refreshed delivery plan.
- 3.2. Alongside Public Health-funded provision, specialist treatment services are available locally via the NHS for people with more complex needs (including bariatric surgery for those who are eligible). Recently, the landscape of obesity treatments has changed dramatically, with new NICE recommended drugs coming on to the market. However, access to these drugs via the NHS is limited, and there are some safety concerns around their longer-term use.
- 3.3. More information on the current situation regarding availability of these new medications can be found in Appendix 4.

4. Key data^{2,3,4}

- 4.1. One in four children in Reception (aged 4-5) and two in five in Year 6 (aged 10-11) were above a healthy weight in 2023/24 in City and Hackney.⁵ Locally, obesity prevalence in both Reception and Year 6 is above both the London and England averages.
- 4.2. Boys, those living in areas of higher deprivation and children from certain global majority communities have higher recorded obesity prevalence, mainly in Year 6.
- 4.3. In 2023, an estimated 45% of adult City residents (18+) were overweight or obese. For City and Hackney combined, obesity prevalence was higher among women, adults living in more deprived areas and from certain global majority communities.
- 4.4. Obesity prevalence is also higher than average among City and Hackney adults with a recorded learning disability and/or severe mental illness diagnosis.
- 4.5. Almost half of pregnant women were above a healthy weight at their first antenatal appointment (2023/24) and inequalities exist. For example, those from certain global majority communities, women with

² Obesity is defined here based on the commonly used 'body mass index' metric.

³ City and Hackney Public Health Team (December 2024). Healthy Weight Needs Assessment for City and Hackney.

⁴ [Fingertips, Public Health Profiles - Obesity, Physical activity and Nutrition \(child BMI categories\)](#)

⁵ Separate data not available for the City.

recorded physical and/or learning disabilities, as well as current smokers, had higher recorded levels of obesity.

- 4.6. Community insights suggest that local barriers to eating a healthy diet include food affordability and availability, time constraints, emotional drivers, lack of interest in cooking and poor access to information (especially in relation to healthy diets for children). And, while feedback on local services to support people to achieve a healthy weight is generally positive, many find it difficult to maintain changes - highlighting the importance of wider social and environmental influences, plus the need for ongoing peer support.

5. Corporate & Strategic Implications

Corporate Implications

- 5.1. These recommendations align with numerous corporate plans and strategies, and there are many co-benefits:

- City of London Corporate Plan (Providing excellent services, diverse, engaged communities).
- Local Plan - City Plan 2036 (building healthier environments that promote active travel, physical activity, play and healthier food environments).
- Transport Strategy City Streets) - promotion of active travel.
- Climate Action Strategy - increasing active travel and increasing the number of residents eating locally sourced, fresh, plant-based diets.
- City of London Health and Wellbeing Strategy - obesity is related to all three strategic priorities (both as causes and consequences of obesity).
- North East London Integrated Care Strategy - recommendations align with numerous priority areas in the Integrated Care Strategy, including: providing the best start in life for babies, children and young people of North East London; to support everyone at risk of developing a long-term condition in North East London to live a longer and healthier life; and to improve the mental health and wellbeing of people in North East London.

Financial implications

- 5.2. None.

Resource implications

- 5.3. City of London Corporation stakeholders working in relevant departments will be asked to consider opportunities to progress the proposed partnership actions in support of the healthy weight delivery plan.

Legal implications

- 5.4. None.

Risk implications

- 5.5. Failure to take effective action to support residents to eat a healthy, affordable diet and be active will have significant physical, mental and social implications for residents.

Equalities implications

- 5.6. Equality and equity considerations are central to the healthy weight delivery plan. Obesity is much more common among socially deprived groups, some black and global majority communities and among people with severe mental illness and learning disabilities. Prioritising equitable and inclusive approaches to promoting healthy weight is one of the central workstreams in the new healthy weight delivery plan.

Climate implications

- 5.7. There are a number of co-benefits related to action to tackle obesity for climate mitigation- these include actions such as increasing active travel and increasing the number of residents eating locally sourced, fresh, plant-based diets.

Security implications

- 5.8. None.

6. Conclusion

- 6.1. This report has outlined key developments in co-designing obesity prevention interventions and plans to build professional and community capacity, to better align with the refreshed City and Hackney 'whole system' healthy weight delivery plan.
- 6.2. There are many opportunities to embed healthy diet and physical activity objectives across the work of the City of London Corporation and wider system partners, including the NHS, VCS and community groups, and City of London businesses.
- 6.3. By embedding healthy weight considerations across all relevant policies and practices we can foster environments that better support residents to achieve and maintain a healthy weight, improve overall health and wellbeing and reduce associated societal costs.
- 6.4. The Board's continued guidance and support will be instrumental in realising these shared objectives and ensuring a healthier future for all City of London residents.

Appendices (added to this document, below)

- Appendix 1: Whole system approach definition
- Appendix 2: Healthier City & Hackney Framework
- Appendix 3: Healthy weight delivery plan - opportunities for the City of London
- Appendix 4 - Update on obesity medication and treatment pathways

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Appendix 1: Whole system approach definition

Whole system approaches

A whole system approach is about 'responding to complexity' through a 'dynamic way of working', bringing stakeholders, including communities, together to develop 'a shared understanding of the challenge' and integrate action to bring about sustainable, long-term systems change.⁶

Appendix 2: Healthier City & Hackney Framework

Our ambition: To improve health and wellbeing for all by making City and Hackney a place where everyone can be a healthy weight.

Our priorities:

- *Working together.* We will build on the strengths and resources in our local communities and existing partnerships.
- *Targeted help for those who need it most.* We will ensure that individuals, families and communities at greatest risk of obesity-related harm receive the support they need to live a healthy life.
- *Easy access to affordable healthy food.* We will make it easier for people to buy and prepare affordable healthy food.
- *A healthy environment that makes it easy for people to be active.* We will continue to work to improve the design of local spaces and places so more people can be active as part of their everyday lives.
- *Easy access to information.* We will make it easy for everyone in City and Hackney to find information about what action they can take, and what help they can get, to live a healthy life.

⁶ [Whole systems approach to obesity: a guide to support local approaches to promoting a healthy weight](#). Public Health England, 2019.

Appendix 3: Healthy weight delivery plan - opportunities for the City of London

Theme	Recommended areas for action	Relevant stakeholders
<i>1. Drive systemic change through collaboration and partnership</i>	<p>Identify key leaders in the City to advocate for healthy diet and physical activity.</p> <p>Nominate senior officers to join the new governance arrangements that will oversee delivery of the 'whole system' plan.</p>	City of London Corporation (CoLC) Senior leadership team, City Health & Wellbeing Board
<i>2. Use evidence and data to drive change and continuous improvement</i>	Identify and incorporate relevant City of London datasets into the new healthy weight monitoring framework.	CoLC Transport, Leisure, Planning, and Environmental Health Services, CCS Strategy and Performance team
<i>2. Design and cultivate environments to support physical activity and healthy diets</i>	Integrate physical activity (and related inequalities) into relevant City of London policies and plans, adopting a 'health in all policies' approach.	Potentially all CoLC departments/ service areas - TBC
	Ensure that physical activity inequalities are considered and addressed during the development of the new leisure contract.	CoLC commissioners leading the re-tendering of the City Leisure contract
	Commit to the ongoing delivery of the Healthier Catering Commitment in the City of London (a scheme which supports food businesses to offer healthier alternatives) and evaluate the impact from an inequalities perspective.	CoLC Environmental Health, food businesses (FBOs)
	Develop and implement healthy food procurement policies for all relevant City of London Corporation contracts - including staff canteens, food sourced for events, school food, Holiday Activity Fund provision, and early years food provision.	CoLC procurement and events teams, CCS Strategy and Performance team
	Utilise Health Impact Assessments	CoLC Planning,

	(HIAs) as a tool to enhance health and well-being through new development opportunities. Consider physical activity inequalities when planning new urban or green spaces in the City of London.	Private developers
	Improve healthy eating and physical activity opportunities in early years settings, primary and secondary schools - through the Public Health-funded Healthy School Coordinator and Healthy Early Years Coordinator initiatives.	CoLC Early Years, Education
	Involvement of City of London residents and stakeholders in the co-design process described in section 2 of this report, to ensure the solutions developed are relevant for both City and Hackney.	Residents, VCS organisations, CoLC Early Years, Education, Environmental Health, Adult and Children's Social Care
	Explore opportunities to utilise the Community Infrastructure Levy ⁷ fund to expand the food hub offer in the City of London.	TBC
	Develop a City of London Healthy Advertising Policy.	TBC
4. Build workforce skills and capacity to promote healthy weight, fostering cross-sector collaboration	Include and involve relevant City of London Corporation services and local VCS organisations in the healthy weight capacity building workstream.	Relevant CoLC service related to areas of focus for capacity building for years 1 and 2 (TBC)
	Identify City of London settings that could benefit from enhancing their food offering, and develop a support programme to enable them to encourage healthier dietary habits	VCSquared, CoLC CCS Strategy and Performance, Food pantry, food

⁷ The Community Infrastructure Levy (CIL) is a charge that local authorities can set on new development in order to raise funds to help fund the infrastructure, facilities and services - such as schools or transport improvements - needed to support new homes and businesses.

	among residents.	banks, lunch clubs, HAF providers, surplus food providers
	Co-produce and support delivery of a coordinated healthy weight communications plan and information resources.	VCSquared, CoLC communications and other relevant departments, health partners, residents
<i>5. Prioritise equitable and inclusive approaches to promoting healthy weight</i>	Ensure healthy weight considerations are embedded in the planning and delivery of wider relevant services/programmes. All relevant services/programmes (across the statutory and community sectors) should explicitly consider how they will contribute to tackling obesity-related health inequalities.	CoLC Early Years, Education, Children's and Adult Social Care, Planning, Leisure, Transport, Housing, health partners
	Collaborate with local commissioners to enhance obesity care pathways and develop integrated approaches that address specific needs and prioritise the reduction of inequalities.	NEL ICB
	Coordinate healthy weight action across the life course – ensuring services relevant to key life stages and settings (maternity, early years, school-age children, adulthood, and older people) are all engaged.	Early Years, Education, Adult Social Care, Children's Social Care
<i>6. Address weight stigma (cross-cutting theme)</i>	Contribute to the development and implementation of a comprehensive, system-wide plan to tackle weight stigma and weight-related discrimination, embedding an anti-stigma approach in relevant services and communications.	All relevant CoLC departments VCS organisations Residents

Appendix 4: Update on obesity medication and treatment pathways

The landscape of obesity treatment has started to change rapidly with the introduction of new NICE recommended weight loss medication (so-called GLP-1, and more recently GIP, receptor agonists)⁸ to the market, including semaglutide (Wegovy) and tirzepatide (Mounjaro).⁹ These are prescription-only medications, available both privately and, more recently, through the NHS. Responsibility for commissioning these treatments via the NHS lies with ICBs.

Availability of these drugs via the NHS will be significantly more restricted compared to private prescribing eligibility, and remains limited and patchy as care pathways are still being developed and introduced in different ways across the country. This is causing concern about inequalities in access and inadequate 'wraparound' care for those undergoing treatment. Moreover, there are significant side effects associated with the drugs and recent research has identified the need for longer-term trials to establish efficacy and safety beyond 72 weeks.¹⁰

Locally, medication is not currently available via primary or specialist services. However, there are plans to start prescribing in line with both NICE and NHS England eligibility guidance from October 2025. This will be implemented via a NEL ICB commissioned specialist weight management service, which will provide access to weight loss medication on behalf of primary care for patients meeting strict eligibility criteria.

While offering hope to people with obesity-related medical conditions, these drugs are unlikely to be widely available (other than via private prescribing) for some time and, most importantly, on their own will go no way to 'solve' the obesity crisis. Alongside these technical innovations, it is absolutely crucial that we continue with our collaborative efforts to make inroads into tackling the complex interplay of underlying causal factors driving obesity trends across society.

⁸ GIP (glucose-dependent insulintropic polypeptide) and GLP-1 (glucagon-like peptide-1) receptor agonists are a class of medications that mimic the actions of these naturally occurring gut hormones, primarily used to treat type 2 diabetes and obesity. These agonists can improve blood sugar control, promote weight loss, and potentially reduce cardiovascular risks.

⁹ <https://www.nice.org.uk/guidance/ng246/chapter/Medicines-and-surgery>

¹⁰ <https://www.journalslibrary.nihr.ac.uk/hta/published-articles/SKHT8119>