

Healthy Eating and Weight Health Needs Assessment

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Executive Summary

Introduction

Eating well is essential to living a healthy life and involves eating a wide variety of foods in the right amounts and proportions to meet the body's needs¹.

Poor diet is implicated in a wide range of health conditions, such as cardiovascular disease, diabetes and cancer². The below report seeks to present a comprehensive assessment of health need relating to eating and weight in Tower Hamlets across the life course and includes recommendations to inform the local response.

Aim

- To understand need related to eating, weight and their associated health risks in Tower Hamlets across the life-course

Objectives

1. Describe the context and background to healthy eating and weight
2. Identify and summarise best practice relevant to healthy eating and weight
3. Describe, critique and interpret the relevant local, regional and national quantitative and qualitative data around eating and weight, including with reference to health inequities
4. Formulate recommendations relevant to a local public health response to healthy eating and weight

Context

Important strategies, frameworks and plans relevant to healthy eating at the international, national and regional level are listed below. Each of which contribute to the complex landscape in which Tower Hamlets operates.

- International
 - Sustainable Development Goals (UN, 2015); particularly relevant to purpose of this report are SDGs 2 'zero hunger' and 3 'good health and wellbeing'³
- National

- 10 Year Health Plan for England (UK government, 2025)⁴
- Food strategy for England (UK government, 2025)⁵
- Child poverty strategy (UK government, 2025)⁶
- The National Food Strategy (independent review, commissioned by the UK government, 2021)⁷
- National obesity strategy (UK government, 2020)⁸
- Regional
 - Every child a healthy weight (London Child Obesity Taskforce, 2018)⁹
 - The London Food Strategy (Greater London Authority, 2018)¹⁰

Best practice

Key guidelines relevant to healthy eating and weight are listed below and have informed the development of this report's recommendations.

- Overweight and obesity management: general
 - Overweight and obesity management (NICE, 2026)¹¹
 - Overweight and obesity management quality standards (NICE, 2025)¹²
 - What good healthy weight for all ages looks like (PHE and ADPH, 2019)¹³
 - Whole systems approach to obesity (PHE, 2019)¹⁴
- Overweight and obesity: children, young people and families
 - Promoting healthy weight in children, young people and families: a resource to support local authorities (PHE, 2018)¹⁵
- Overweight and obesity: learning disability
 - Obesity and weight management for people which learning disabilities (PHE, 2020)¹⁶
- Maternal nutrition and weight management
 - Maternal and child nutrition: nutrition and weight management in pregnancy, and nutrition in children up to 5 years (NICE, 2025)¹⁷
 - Maternity high impact area: Supporting healthy weight before and between pregnancies (PHE, 2020)¹⁸
- Vitamin D
 - Vitamin D deficiency in adults (NICE, 2022)¹⁹
 - Vitamin D: supplement use in specific population groups (NICE, 2014)²⁰
- Food insecurity
 - Food insecurity – what can local government do? (The Health Foundation, 2023)²¹

Data summary

Headlines

1. **Primary school age emerges as a key priority group in Tower Hamlets, with respect to weight**
2. **While adult excess weight appears lower in Tower Hamlets than the national average, rates are high and significant inequalities exist^{22, 23, 24}**
3. **The risk of food insecurity in Tower Hamlets is high compared to London²⁵**
4. **Tower Hamlets has one of the highest number of fast food outlets per 100,000 people in London²⁶**
5. **Residents and frontline groups call for a more nutritious, dignified and accessible food system²⁷**

Key findings

Time

- Reception prevalence of excess weight is decreasing in Tower Hamlets^{28, 29}
- Year 6 prevalence of obesity is increasing in Tower Hamlets³⁰
- Primary school age is an important target population; significantly more children are becoming or remaining overweight (including obesity) in Tower Hamlets from reception to year 6 than the national average^{31, 32}

Place

- Underweight in reception and year 6 age children is higher in Tower Hamlets than the national and regional average^{33, 34}
- The prevalence of severe childhood obesity is higher in Tower Hamlets than the national average^{33, 34}
- Pre-conception folic acid supplementation is low in Tower Hamlets and nationally³⁵
- Nationally, many parents could benefit from good quality weaning advice³⁶
- Breast feeding rates in Tower Hamlets are above the national average^{37, 38}
- Tower Hamlets has the 4th highest number of fast food outlets per 100,000 people in London³⁹
- Tower Hamlets has the highest proportion of older people living in income deprived households out of any district in England⁴⁰

Person

- Excess weight is a problem throughout population groups²⁴
- At risk groups for overweight and/or obesity include: Black and South Asian populations (using the adjusted BMI thresholds; see the 'data' section for more information), deprived groups, those with a learning disability or serious mental illness, carers, and those with two or more long term conditions²⁴

Perceptions

- Tower Hamlets has a strong food support network, but systemic, financial and cultural barriers limit its impact²⁷

Recommendations

Recommendations relevant to the healthy eating and weight response in Tower Hamlets are outlined below. They are based on best practice guidance and local data, and recognise the current public health actions. The recommendations are high level considerations for the Tower Hamlets Public Health Team as a local system leader, and present a basis from which action around food can progress.

For a rationale of the recommendations, which brings together findings of the HNA, best practice and local actions, please see the full report.

Theme 1: Governance, strategy and partnerships

No.	Recommendation
1.1	Emphasise healthy weight as a divisional priority Allocate sufficient resource to work across teams within the public health division, and clarify roles, responsibilities and accountability
1.2	Emphasise healthy weight as an organisational and system priority Engage stakeholders, meet to identify opportunities to develop the local response, develop a shared vision for action
1.3	Coordinate a collaborative response Identify system priorities, develop an action plan, clarify roles and responsibilities, set local goals and targets to progress healthy weight action (including in tackling inequities)
1.4	Sustain action on healthy eating and weight Establish a forum for ongoing system collaboration e.g. an obesity partnership group, set a frequency to meet with system partners, set a frequency to review progress and adapt the approach – at least yearly
1.5	Consider how actions can be aligned with existing disease-specific prevention strategies Such as diabetes prevention

Theme 2: Weight management, general

No.	Recommendation
2.1	Maintain, and actively promote, an up to date list of local and national healthy weight services for residents and professionals
2.2	Ensure weight management services are multicomponent and individualised, involve monitoring and specific goals, and provide maintenance advice
2.3	Collect evidence demonstrating effectiveness of weight management interventions at 12 months or beyond
2.4	Review the findings of previous, and plan the next, health equity audits of weight management services, and other healthy eating interventions; embed equality data into planning

Theme 3: Priority populations, physical and mental health

No.	Recommendation
3.1	Consider developing a workstream to engage with mental health service commissioners and providers to support healthy eating for those with a severe mental illness
3.2	Consider developing a workstream to engage with social care commissioners and providers to support healthy eating Particularly for those with multiple long term conditions, carers and for those with a learning disability
3.3	Widen healthy eating support to families and carers of residents with a learning disability to support a healthy home environment
3.4	Integrate lived experience into the design of weight management services for those with a learning disability
3.5	Consider the accessibility of interventions for residents with a learning disability E.g. consider literacy skills in promotional materials
3.6	Collaborate with stakeholders to integrate healthy eating signposting and support into existing learning disability services Such as the annual health check

Theme 4: Priority populations, demographic groups

No.	Recommendation
4.1	Develop the child and family healthy weight pathway Establish a clear, accessible and non-stigmatising pathway for children and families, bringing together identification, advice, signposting and support through NCMP, school nursing, Family Hubs, health visiting, schools and primary care
4.2	Develop a stronger family-based offer for primary school age children Provide practical programmes for families around meal routines, budgeting for healthier food, cooking skills, reducing sugary drinks and HFSS snacks, for example through schools or Family Hubs
4.3	Work with children and young people settings to promote healthy eating Collaborate with schools to improve food quality and explore additional settings such as youth centres
4.4	Underline food insecurity as a healthy weight issue in children Join up universal free school meals, breakfast clubs, holiday provision, fruit and vegetable vouchers, Healthy Start and Family Hub support into a clearer family food security offer, with a stronger emphasis on nutritional quality and healthy growth
4.5	Continue work to develop accessible and culturally specific healthy eating support

Theme 5: Environmental and socioeconomic

No.	Recommendation
5.1	Use community insights to inform the development of interventions E.g. through addressing practical barriers such as cooking skills and cooking healthy food when space and time are constrained
5.2	Lead by example by promoting healthy food on council premises
5.3	Explore additional settings to promote healthy eating to reach people at different stages of life

	For example: work places, food banks, maternity services, older people's services and faith institutions
5.4	Provide wrap around health support, for example mental health support, at food provision sites
5.5	Develop a communications plan to support those experiencing food insecurity to access available support Consider opportunities for targeted messaging for those at risk of food insecurity and universal approaches

Theme 6: Baby feeding and nutrient supplementation

No.	Recommendation
6.1	Continue to support services to achieve stage 3 UNICEF Baby Friendly accreditation
6.2	Review opportunities to embed preconception advice, including around folate, outside of maternity services For example through the Women's Health Hub, health visiting and Children's Centres. Include support to access high dose folic acid where appropriate
6.3	Vitamin D: consider increasing local availability for at risk groups and integrating vitamin D into public health messaging and health and social care services At risk groups are described in the 'best practice' section

Theme 7: Topics for further investigation

No.	Recommendation
7.1	Malnutrition in old age What is the local health impact? What does good look like in a local response to malnutrition in older people? What is the current provision, considering: prevention, assessment and management? What opportunities are there for the local system to improve the prevention, diagnosis and management of malnutrition in older people?
7.2	People with no recourse to public funds What is the current unmet need for food support for people with no recourse to public funds in Tower Hamlets? What does good look like in a local response? What food support is there currently for this cohort? What opportunities are there to improve food support for people with no recourse to public funds in Tower Hamlets?

Introduction

Eating well is essential to living a healthy life and involves eating a wide variety of foods in the right amounts and proportions to meet the body's needs¹.

Poor diet is implicated in a wide range of health conditions, such as cardiovascular disease, diabetes and cancer². The below report seeks to present a comprehensive assessment of health need relating to eating and weight in Tower Hamlets across the life course and includes recommendations to inform the local response.

While the report may touch on health service perspectives, it is primarily written from a health promotion lens. Oversight has been provided by representatives across the London Borough of Tower Hamlets Public Health Division, due to the cross cutting nature of the topic.

Purpose

Aim

- To understand need related to eating, weight and their associated health risks in Tower Hamlets across the life-course

Objectives

1. Describe the context and background to healthy eating and weight
2. Identify and summarise best practice relevant to healthy eating and weight
3. Describe, critique and interpret the relevant local, regional and national quantitative and qualitative data around eating and weight, including with reference to health inequities; lines of enquiry are as below:
 - a) What are the local recorded prevalences and trends for overweight and obesity?
 - b) Are there differences in prevalences and trends for overweight and obesity by routinely collected population characteristic or group? Namely: deprivation, ethnicity, sex, learning disability, severe mental illness, carers, multiple long term conditions
 - c) To what extent do the population eat a healthy and balanced diet?
 - d) To what extent does healthiness of diet differ by population characteristics?
 - e) What is the burden and impact of micronutrient deficiency?
 - f) To what extent does the food environment support healthy eating and weight in Tower Hamlets?
 - g) What are the perceived facilitators and barriers to healthy eating and weight in Tower Hamlets?
 - h) What is the burden and impact of food insecurity in Tower Hamlets?
 - i) How does the local picture compare to regional and national benchmarks?
4. Map the current healthy eating and weight response
5. Formulate recommendations relevant to a local public health response to healthy eating and weight

Background

Public health relevance

The below sub-section seeks to establish what unhealthy eating is and how it affects health.

Nutritional constituents

- **Macronutrients** (protein, carbohydrates and fats) are required in large amounts and provide energy, along with other specific functions. Excess carbohydrate and fat consumption leads to increased adiposity, therefore ultimately to excess weight and the associated health consequences^{41, 42}. So called 'HFSS' foods (foods high in fat, sugar and salt) are subject to legislative restrictions in the UK⁴³.
- **Micronutrients** (vitamins and minerals) are required in small amounts by the body; they provide essential functions and deficiency or excess can lead to significant health problems⁴⁴. A non-exhaustive summary of some of the key micronutrients for public health is provided below.
- **Vitamin D deficiency** is common in the UK. Vitamin D is important for bone and muscle health, among other functions⁴⁵. Government advice is for everyone to consider taking supplementation in the winter months and for those at high risk of deficiency to continue throughout the year¹⁹. For more information see the 'best practice' chapter below.
- **Iron deficiency** is also common in England and may lead to anaemia. Deficiency may be due to insufficient dietary intake, common in pregnancy, or due to blood loss, for example through excess menstrual bleeding or gastrointestinal cancers^{46, 47}.
- **Other micronutrient deficiencies**, rare in the UK, may be more common in migrant populations, such as vitamin A deficiency⁴⁸.
- **The Eat Well Guide** offers advice on what to eat in order to achieve a healthy and balanced diet; it divides foods and drinks into five groups and provides examples and guidance on how much of each to consume⁴⁹.
- Work in the Tower Hamlets Public Health Team is underway to develop healthy eating guidance which emphasises accessibility and cultural relevance.

Infancy

- **Breast feeding**, in addition to providing nutritional benefits, offers immune protection and supports the building of a strong emotional bond between mother and baby⁵⁰.

- **For formula feeding**, where used, it is important that evidence-based, non-commercial advice is provided¹⁷.
- **Weaning** is the process of introducing solid foods and should begin at around 6 months old⁵¹.

Overweight and obesity

- **Excess weight is a pressing public health challenge.** While the cause may seem simple, population overnutrition and underactivity, the determinants are diverse and complex, as brought to prominence in the 2007 Foresight report⁵², and include the lived environment, the food industry and sociocultural factors. The public health response, therefore, must be highly multifaceted.
- **The clinical impact of overweight and obesity** is well understood. It is associated with an increased risk of premature mortality and morbidity through a number of conditions, for example cardiovascular disease, diabetes and cancers⁵³. In pregnancy excess weight increases the risk to both mother and baby⁵⁴. There is a two way association between mental health problems and obesity⁵⁵.
- **The prevalence of excess weight** has increased gradually for adults and has remained stable in children over the last decade; note that overall estimates mask inequalities^{56, 57}.
- **From an economic perspective** obesity related ill health is estimated to cost the NHS £11.4 billion and wider society £74 billion per year⁵⁸.
- **Ethnicity affects risk of cardiovascular disease for a given BMI.** People with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African–Caribbean background are at greater risk, therefore have lower BMI thresholds for overweight and obesity¹¹.
- **Some groups are at greater risk of being overweight or obese.** For example, people with a learning disability or severe mental illness (SMI)^{16, 59}. Excess weight is prevalent throughout the population, however it impacts those in more deprived areas to a disproportionately greater extent, therefore contributes to the widening of health inequities⁵⁶.

Undernutrition

- **Definitions vary** for terms denoting dietary deficiency. For the purpose of this report, undernutrition will be used as an overarching term for dietary deficiency, and malnutrition will refer to ‘a state in which deficiency of nutrients ... causes measurable adverse effects on body composition, function, or clinical outcome’, as per the NICE definition⁶⁰.
- **Malnutrition is not routinely measured by a governmental body**, however charities such as the British Association for Parenteral and Enteral Nutrition (BAPEN) have taken on role in addressing the gap⁶¹. The elderly are

particularly at risk; 11% of older people are estimated to be malnourished or at risk of malnutrition⁶⁰.

- **Malnutrition may impact health in a number of ways**, for example through increased susceptibility to infection, increased falls risk, or reduced mobility. There are both medical and social causes of malnutrition: medical, as a result of conditions such as cancer or heart failure; social, due to factors such as isolation or poverty. The two spheres may co-exist and interact⁶².
- **Undernutrition will only be considered through the lens of food insecurity in this report**, as a social contributor to both under and overnutrition⁶³. The intended outputs of this project are those applicable to a local health promotion perspective, therefore a detailed investigation of screening, diagnosis and clinical management of undernutrition is outside the scope of this report.

Food insecurity

- **The following definition of food security** was offered by the World Food Summit 1996: ‘food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life’⁶⁴.
- **One in twenty experience very low food security in the UK**, defined as: ‘at times during the last 30 days, eating patterns of one or more household members were disrupted and food intake reduced because the household lacked money and other resources for food’, as per the United Kingdom Food Security Report (UKFSR) 2024⁶⁵.
- **Food insecurity impacts health through both under and overnutrition**. Undernutrition through the lack of quantity and/or quality of food, overnutrition through reliance on inexpensive calorie dense food⁶³. Food insecurity is also associated with poor mental health⁶⁶.

Context

This sub-section outlines the key strategies, frameworks and plans relevant to healthy eating at the international, national, regional and local level. Each of which contribute to the complex landscape in which Tower Hamlets operates.

International

Framework	Summary and relevance
Sustainable Development Goals	Many international frameworks and strategies exist relevant to nutrition, however the Sustainable Development Goals (SDGs) are perhaps the most well-known ³ .

	Given the wide ranging causes and consequences of eating, many of the SDGs are relevant to the topic, however two are particularly so: SDG 2: 'zero hunger' which aims to end malnutrition and create a sustainable and resilient food system and SDG 3: 'good health and well-being'. The 2018 UK Stakeholders for Sustainable Development report highlighted challenges in the UK's progress towards achieving SDG 2. One of the report's recommendations was for the UK to develop food insecurity metrics and action the results. 2021 saw the publication of the first United Kingdom Food Security Report⁶³.
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National

Framework	Summary and relevance
10 Year Health Plan for England (2025)	The 10 year health plan for England sets out three core pillars to the national strategy for health, the second of which is a focus on prevention, aiming to improve the health of the population, reduce inequities and ensure the financial sustainability of the NHS⁴. It emphasises action on the wider determinants of ill health. Obesity and healthy eating play a prominent role. The strategy acknowledges the importance of a whole system approach. Planned interventions include: restrictions to fast food advertising targeted at children, enhancement of council powers to block fast food outlets near schools, improvements to the healthiness of school food and the expansion of financial support for food. The chapter highlights the prominence of public health and obesity on the national political agenda and offers evidence of top down buy in to action on the wider determinants of health.
Food strategy for England (2025)	This 2025 publication by the Department for Environment, Food and Rural Affairs outlined the current government's approach to food⁵ and is informed by the independent National Food Strategy (2021), described below, and the 2024 UK Food Security Report⁶⁵.
Child poverty strategy (2025)	'Our Children, Our Future: Tackling Child Poverty' is a national strategy published by the Department for Work and Pensions⁶. Poverty is associated with food insecurity, therefore poor health. The strategy set out the scope of the problem in the UK and describes a multifaceted approach to addressing the issue.

The National Food Strategy (2021)	The National Food Strategy was an independent review commissioned by the UK government⁷. The report takes a comprehensive, systems based approach to food. The recommendations include policies to help: ‘escape the junk food cycle and protect the NHS’ and ‘reduce diet-related inequality’. Example recommendations are to ‘launch a new “Eat and Learn” initiative for schools’ and ‘extend eligibility for free school meals’. The document makes specific reference to local authorities, advocating for a statutory requirement of local authorities to develop a food strategy based on principles outlined in the report.
National obesity strategy (2020)	The 2020 obesity strategy is the most recent government policy paper on obesity⁸. The report was written in the context of the pandemic as evidence emerged on the relationship between excess weight and increased mortality and morbidity risks from COVID-19. Five policies are outlined in the 2020 strategy. Three of which focus on individual responsibility, through improved information and the expansion of weight management services. The remaining two refer to restrictions on promotions for foods high in saturated fat, sugar or salt (HFSS), and the banning of television and online advertising for HFSS foods before 9pm.

Regional

Framework	Summary and relevance
London Childhood Obesity Taskforce (2018)	In 2018 the Mayor of London’s Childhood Obesity Taskforce was formed, and in 2019 ‘Every Child A Healthy Weight’ was published which outlined ten diverse ambitions to meet the challenge, for example to ‘end child poverty’, ‘support women to breastfeed for longer’ and to ‘create more active, playful streets and public spaces’⁹. The above work has been advanced by a 2022 action plan supported by the Office for Health Improvement and Disparities, ADPH London, the NHS and London Councils⁶⁷.
The London Food Strategy (2018)	The document, authored by the Greater London Authority, is presented under six domains relating to home, out of the home, public and community settings, pregnancy and childhood, growing, and the environment¹⁰. A supporting implementation plan was published in the same year⁶⁸.

	Themes relating to inequity, health, the economy and the environment were discussed.
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Local

The timing of this health needs assessment is intentional as it looks to inform a focus on food in the Tower Hamlets Public Health Team. Local actions relevant to eating and weight are mapped in the 'local picture' chapter below.

Best Practice

The below table outlines key guidelines relevant to healthy eating and weight and summarises recommendations from each, particularly those relevant to audiences outside of the NHS.

Overweight and obesity: general

Guideline	Summary	Key insights
Overweight and obesity management (NICE)¹¹	The guideline provides comprehensive guidance for the prevention and management of excess weight, much of which is relevant to a local authority public health setting. It helpfully combines previously fractured NICE guidance into a single resource, with the exception of pregnancy. The document offers direction for both individual and service level approaches.	1. Take a whole systems approach 2. Lead by example, by introducing healthy policies in the organisation 3. Address barriers for healthcare professionals to providing support e.g. concerns about the effectiveness of interventions 4. Engage communities to identify barriers to healthy eating 5. Encourage local food retailers to promote healthy food and drink 6. Identify, and work with, an obesity partnership group 7. Include services suitable for people with different degrees of obesity and complexity of needs, including: a) People with a very high BMI b) Aged 65 or over c) People with learning disabilities d) People with severe mental health conditions 8. Key components of interventions a) See 1.19.3 to 1.19.7 b) Themes: multicomponent, individualised, monitoring, specific goals, sustainable, accessible 9. Involve local businesses 10. Raise awareness among the following:

		a) Commissioners and providers b) Health and social care professionals c) The public
Overweight and obesity management quality standards (NICE)¹²	This document offers guidance for achieving high quality care in eight priority areas. Particularly relevant to the local authority context are priority areas three to seven, which are summarised adjacent.	11. Evaluate interventions at 12 months or beyond 1. Support people with learning disabilities to access services a) Engage and coproduce services b) Conduct local health equity audits of services 2. Local authorities and healthcare commissioners maintain and give access to an up-to-date list of local and national services 3. People identified as living with overweight, obesity or central adiposity are given sources of information and details of local and national interventions and services. 4. Wrap around care for people on weight loss medications should be provided 5. People who stop weight management interventions should be given advice and support for maintaining changes
What good healthy weight for all ages looks like (PHE)¹³	This publication is part of PHE's 'What Good Looks Like (WGLL)' programme which aims to aid local organisations and wider society in making improvements to population health. The document offers seven high level pillars, outlined adjacent, for improving healthy weight locally. Under each pillar is a justification for its inclusion, links to relevant guidance and a self-assessment matrix which articulates what a 'developing', 'delivering' and 'strength' approach looks like.	1. Engage in systems leadership 2. Take a long term whole systems approach 3. Create a health promoting environment 4. Focus on inequalities 5. Take a life course approach 6. Monitor and evaluate actions, use evidence based innovation and technology
Whole systems approach to obesity (PHE)¹⁴	This is a guide for local authorities in implementing a systems based approach to obesity. The document begins by advocating for the	1. Lay the ground work a) Secure senior level support b) Establish the necessary governance and resource structure

	approach; it explains the complexity of factors associated with obesity, therefore the need for a multifaceted response to the issue. The authors go on to describe the changes needed to realise the transition away from traditional working to a whole systems approach.	2. Build the local picture a) Explain why obesity matters locally b) Outline the current approach 3. Map the local system a) Bring stakeholders together to map the local system 4. Take action a) Collaboratively identify areas to intervene b) Propose and align actions 5. Manage the system network a) Maintain momentum by developing the stakeholder network and agreed plan 6. Reflect and refresh a) Critically assess the approach and identify improvements
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Above are those guidelines considered most applicable to this report; other relevant guidelines include: 'Using the planning system to promote healthy weight environments' (PHE)⁶⁹

Overweight and obesity: children, young people and families

Guideline	Summary	Key insights
Promoting healthy weight in children, young people and families: a resource to support local authorities¹⁵	This publication has been designed to support a whole systems approach to tackling childhood obesity. Several evidence based 'briefings' have been written, each for a different audience. The briefing for public health teams, specifically the 'key messages and 'opportunities for action' subsections, are summarised adjacent.	Key messages summary 1. The document emphasises a collaborative whole systems approach 2. Community centred approaches aim to develop local solutions and allow people to take control of their health and wellbeing Opportunities for action summary 1. Develop a multi-agency approach, which integrates healthy weight within the joint Health and Wellbeing Strategy, the Joint Strategic Needs Assessment (JSNA) and broader strategies. 2. Adopt a 'Health in All Policies' approach

		3. Consider developing and adopting a healthy weight declaration 4. Utilise resources from the Campaign Resource Centre and promote them in schools 5. Introduce a healthy advertising policy in local authorities 6. Consider how actions can be aligned with other disease-specific prevention strategies 7. Develop links with existing services to enable referrals for children with excess weight into weight management services 8. Stipulate public health contracts and other relevant local authority contracts require providers to promote healthy eating, such as in implementing Government Buying Standards for Food and Catering Services 9. Promote healthy weight in the maternity systems, such as through the Baby Friendly Standard, and promotion and monitoring of the Healthy Start scheme 10. Assess the cost effectiveness of interventions, with consideration to wider societal benefits 11. Implement a locally agreed obesity pathway 12. Support the local authority to be an exemplar in workplace health
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Overweight and obesity: learning disability

Guideline	Summary	Key insights
Obesity and weight management for	This document is aimed at commissioners and providers of weight management services,	1. Raise awareness of excess weight with people with learning disabilities, their families and carers

people with learning disabilities (PHE)¹⁶	therefore is highly relevant to a local authority context. As discussed in the above 'background' section, people with a learning disability are at an increased risk of obesity. The guidance document offers some key evidence based insights relevant to learning disability and weight management and offers advice based on these insights.	2. Consider excess weight and opportunities to intervene during annual health checks 3. Support families and carers to encourage and facilitate a healthy lifestyle 4. Ensure services are accessible, for example consider literacy skills in promotional resources 5. Consider environmental, social and personal factors that may act as practical barriers to healthy eating 6. Consider issues of capacity and choice around diet
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Maternity and early years

Guideline	Summary	Key insights
Maternal and child nutrition: nutrition and weight management in pregnancy, and nutrition in children up to 5 years (NICE)¹⁷	This guideline provides advice on maternal and child nutrition in the five domains summarised adjacent.	Vitamin supplementation 1. Folic acid a) Discuss and ensure information is readily available b) Advise anyone who may become, or is planning to become pregnant, or is in the first 12 weeks of pregnancy to take 400 mcg of folic acid daily c) Offer high dose (5mg) folic acid if at increased risk of having a baby with a neural tube defect (see 1.1.5 for at risk groups) 2. Vitamin D a) Discuss its importance in pregnancy and children under 5 b) Advise and support anyone who is pregnant or breast feeding to take 400 IU vitamin D daily from October to March, or all year round if at increased risk c) Commissioners and providers should offer free vitamin D supplementation for groups at increased risk (see vitamin D section below) 3. Other

		a) Cod liver oil or supplements containing vitamin A (retinol) should not be taken during pregnancy b) B12 supplementation may be required if the individual is following a restricted diet and pregnant Healthy eating, physical activity and weight management during pregnancy 1. Discuss and support healthy eating 2. There are uncertainties around optimal weight change in pregnancy, therefore focus on advice on starting or maintaining a healthy diet [and physical activity] 3. Intentional weight loss during pregnancy is not recommended due to potential adverse effects on the baby Breastfeeding and formula feeding beyond 8 weeks after birth 1. Discuss the benefits of breast feeding and support breast feeding 2. If parents give formula milk, offer non-commercial, evidence based and consistent advice Weighing babies and young children 1. Weigh in line with guidance (see 1.4 in the guideline) Healthy eating behaviours in babies and children from 6 months and up to 5 years 1. Introduce solid foods from around 6 months onwards 2. Advise and educate on healthy practices, including signposting to resources such as Best Start in Life
Maternity high impact area: Supporting healthy weight before and between pregnancies (PHE)¹⁸	This document provides recommendations for supporting healthy weight in pregnancy for a number of audiences, namely: frontline healthcare professionals, providers, commissioners and partnership members.	1. Invest into specialist weight management services 2. Embed preconception conversations into conversations across the life course 3. Train health professional on starting healthy weight conversations and supporting behaviour change, including via MECC (Make Every Contact Count) 4. Improve partnership working, for example between maternity, health visiting, local community organisations and local authorities

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| | | 5. Monitor uptake and evaluate weight management services |
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Above are those guidelines considered most applicable to this report; other relevant guidelines include: 'Postnatal care guideline' (NICE)⁷⁰ and 'Postnatal care quality standard' (NICE)⁷¹

Vitamin D

Guideline	Summary	Key insights
Vitamin D deficiency in adults (NICE)¹⁹	The guideline provides background information for vitamin D, advice on the investigation and management of deficiency, and on vitamin D prevention in adults.	1. Practitioners should give general advice around attainment of vitamin D, i.e. through safe sunlight exposure and diet 2. Those at risk of vitamin D deficiency should take a daily vitamin D supplement of 400 IU all year round; at risk groups: a) Aged 65 and over b) Those with low exposure to sunlight, e.g.: i) People who cover their skin for cultural, religious or health reasons ii) People who stay indoors for long periods of time c) People with darker skin pigmentation d) People with medical conditions which reduce vitamin D absorption and/or metabolism e) Those taking drugs that increase the risk of vitamin D deficiency f) Pregnant or breastfeeding individuals g) People who are obese 3. All other adults should consider taking 400 IU in the autumn and winter
Vitamin D: supplementation use in specific population groups (NICE)²⁰	This is a public health guideline related to the prevention of vitamin D deficiency.	1. Ensure a consistent multiagency approach 2. Increase local availability of vitamin D supplements for specific groups e.g. establish distribution

	Recommendations 4-6 and 8-10 are relevant to a local health promotion setting and are summarised adjacent.	arrangements; consider providing free supplements for specific groups 3. Improve access to Healthy Start supplements 4. Ensure health professionals recommend vitamin D supplements, e.g. in the NHS Health Check 5. Raise awareness among practitioners of the importance of vitamin D supplementation 6. Raise awareness among the local population of the importance of vitamin D supplementation
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Food insecurity

Guideline	Summary	Key insights
Food insecurity – what can local government do? (The Health Foundation)²¹	This document identifies evidence based actions that local governments can take to address food insecurity.	1. Provide cost of living and poverty support, including long term support, and monitor and evaluate the impact on food insecurity 2. Support access to existing national schemes e.g. free school meals and Healthy Start vouchers 3. Consider implementing evidence based interventions for reducing food insecurity, three examples are given: a) Universal or extended access to free school meals b) School holiday provision c) Meals on wheels 4. Use the Food Security Risk Index with wider local intelligence to identify and support at risk groups and households 5. Provide wider health support e.g. providing access to mental health professionals at food banks 6. Consider opportunities to take a wider, systems based approach to food access 7. Learn from others and share knowledge

Above is the resource considered most applicable to this report; other relevant guidelines include: 'Road map to reducing food insecurity' (The Food Foundation)⁷² and 'Supporting families with infants under 12 months experiencing food insecurity, a guide for local authorities and health boards' (UNICEF UK)⁷³

Data

Overview

This chapter presents data relevant to eating and weight across the life course and includes data on: excess weight, diet, pregnancy, infancy, the food environment, food insecurity, and resident and stakeholder perspectives.

The 'headlines' subsection below outlines select insights from the data considered most relevant and important for the development of the local food response; the 'key findings' subsection provides a more comprehensive summary of the data.

Data summary

Headlines

1. **Primary school age emerges as a key priority group in Tower Hamlets, with respect to weight**
2. **While adult excess weight appears lower in Tower Hamlets than the national average, rates are high and significant inequalities exist^{22, 23, 24}**
3. **The risk of food insecurity in Tower Hamlets is high compared to London²⁵**
4. **Tower Hamlets has one of the highest number of fast food outlets per 100,000 people in London²⁶**
5. **Residents and frontline groups call for a more nutritious, dignified and accessible food system²⁷**

Key findings

Time

- Reception prevalence of excess weight is decreasing in Tower Hamlets^{28, 29}
- Year 6 prevalence of obesity is increasing in Tower Hamlets³⁰
- Primary school age is an important target population; significantly more children are becoming or remaining overweight (including obesity) in Tower Hamlets from reception to year 6 than the national average^{31, 32}

Place

- Underweight in reception and year 6 age children is higher in Tower Hamlets than the national and regional average^{33, 34}
- The prevalence of severe childhood obesity is higher in Tower Hamlets than the national average^{33, 34}
- Pre-conception folic acid supplementation is low in Tower Hamlets and nationally³⁵
- Nationally, many parents could benefit from good quality weaning advice³⁶
- Breast feeding rates in Tower Hamlets are above the national average^{37, 38}
- Tower Hamlets has the 4th highest number of fast food outlets per 100,000 people in London³⁹
- Tower Hamlets has the highest proportion of older people living in income deprived households out of any district in England⁴⁰

Person

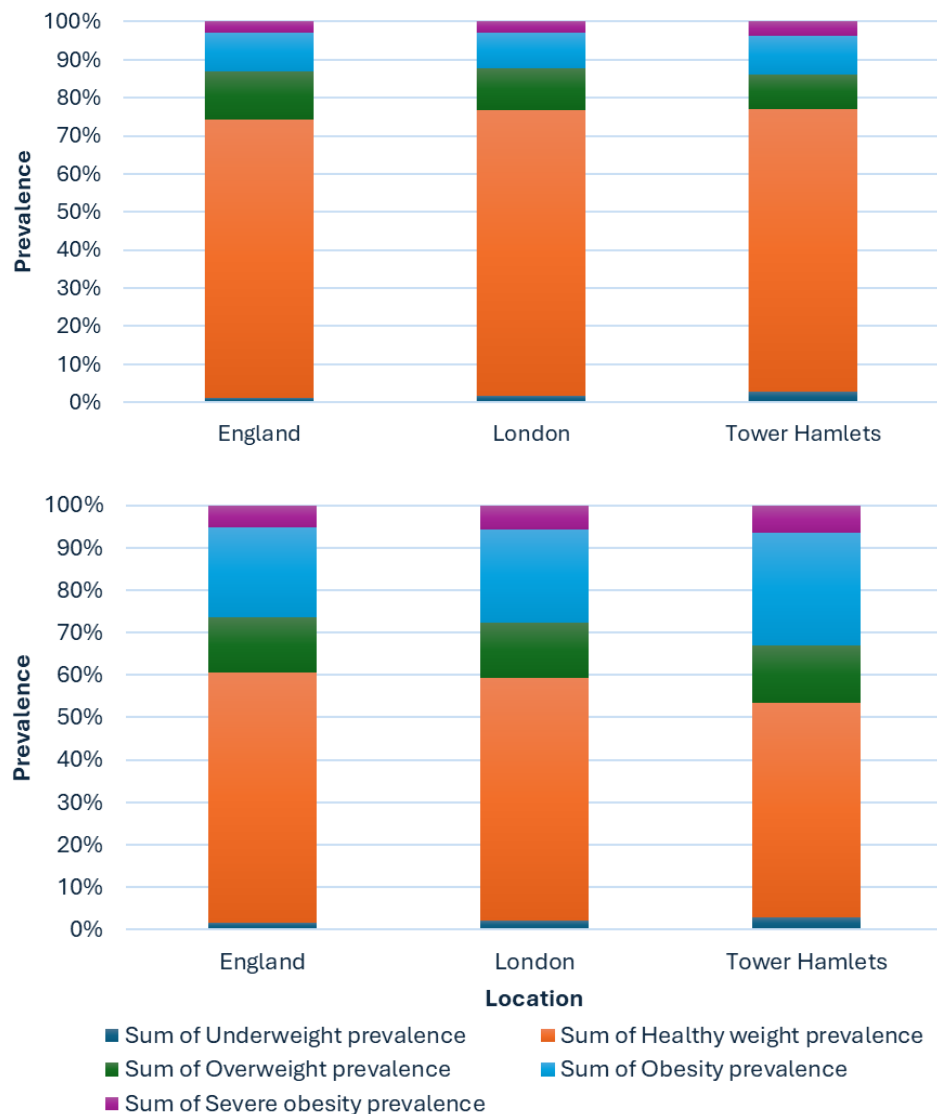
- Excess weight is a problem throughout population groups²⁴
- At risk groups for overweight and/or obesity include: Black and South Asian populations (using the adjusted BMI thresholds; see the 'data' section for more information), deprived groups, those with a learning disability or serious mental illness, carers, and those with two or more long term conditions²⁴

Perceptions

- Tower Hamlets has a strong food support network, but systemic, financial and cultural barriers limit its impact²⁷

Childhood overweight and obesity

Overview



Summary

- Reception prevalence of overweight was better in Tower Hamlets than the England average
- Reception prevalence of obesity was similar to the England average
- Year 6 age prevalence of overweight and obesity was worse in Tower Hamlets than the national average
- Reception and year 6 prevalence of underweight was worse in Tower Hamlets than the England average
- Severe obesity prevalence appears higher in Tower Hamlets than England and London

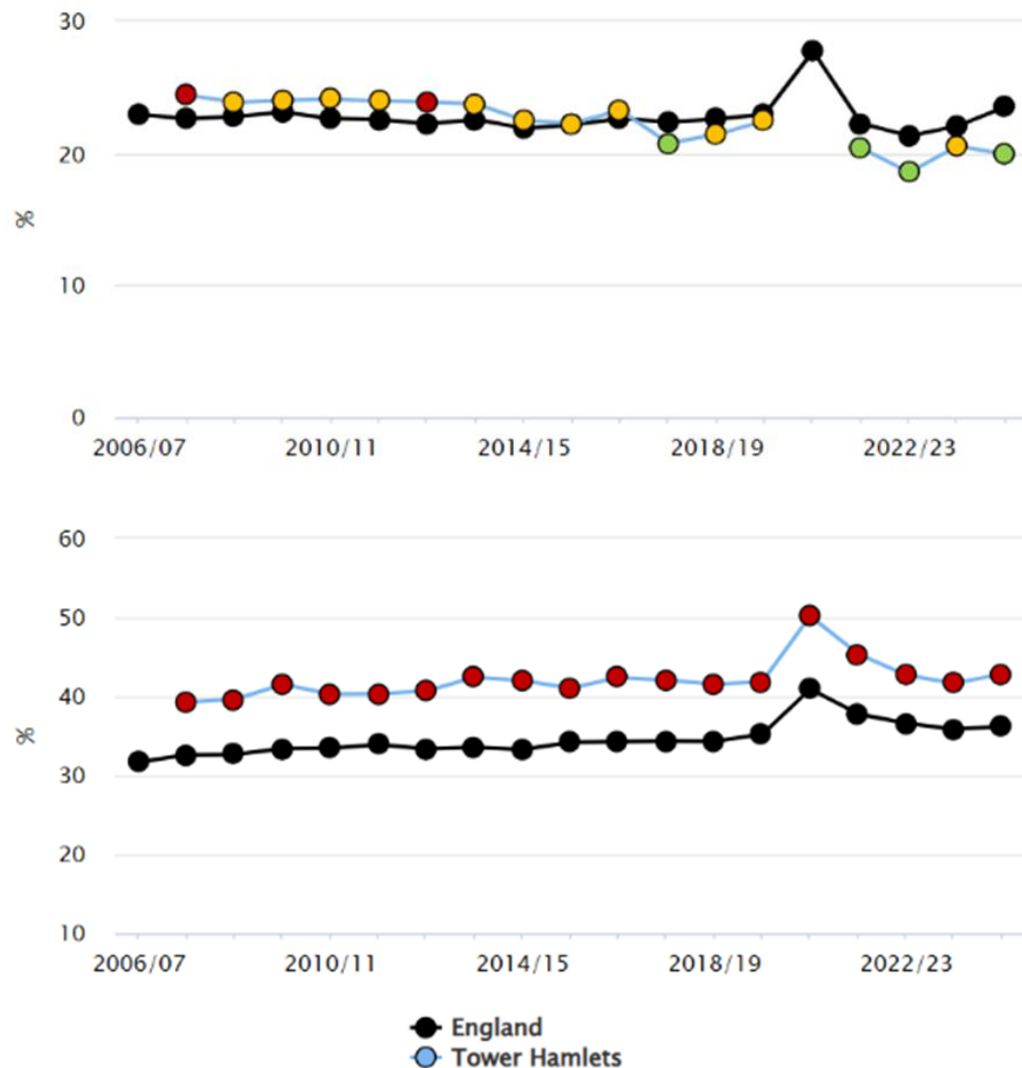
Deep dive

- Data is from the National Child Measurement Programme
- 93.7% of eligible reception age and 93.2% of eligible year 6 age children were measured, which is similar to the national average
- The underweight, overweight and obesity assertions above are based on statistical significance testing (higher or lower: $p \leq 0.05$, similar: $p > 0.05$)
- Severe obesity appears higher visually; no significance testing has been carried out

Top: Reception BMI. Bottom: Year 6 BMI

National Childhood Measurement Programme, 2024-25 ^{33, 34}

Overweight (including obesity) trends



Summary

- Prevalence of overweight has decreased for reception age children in Tower Hamlets
- Prevalence of overweight for reception age children is below the national average
- Prevalence of overweight in year 6 age children is above the national average

Deep dive

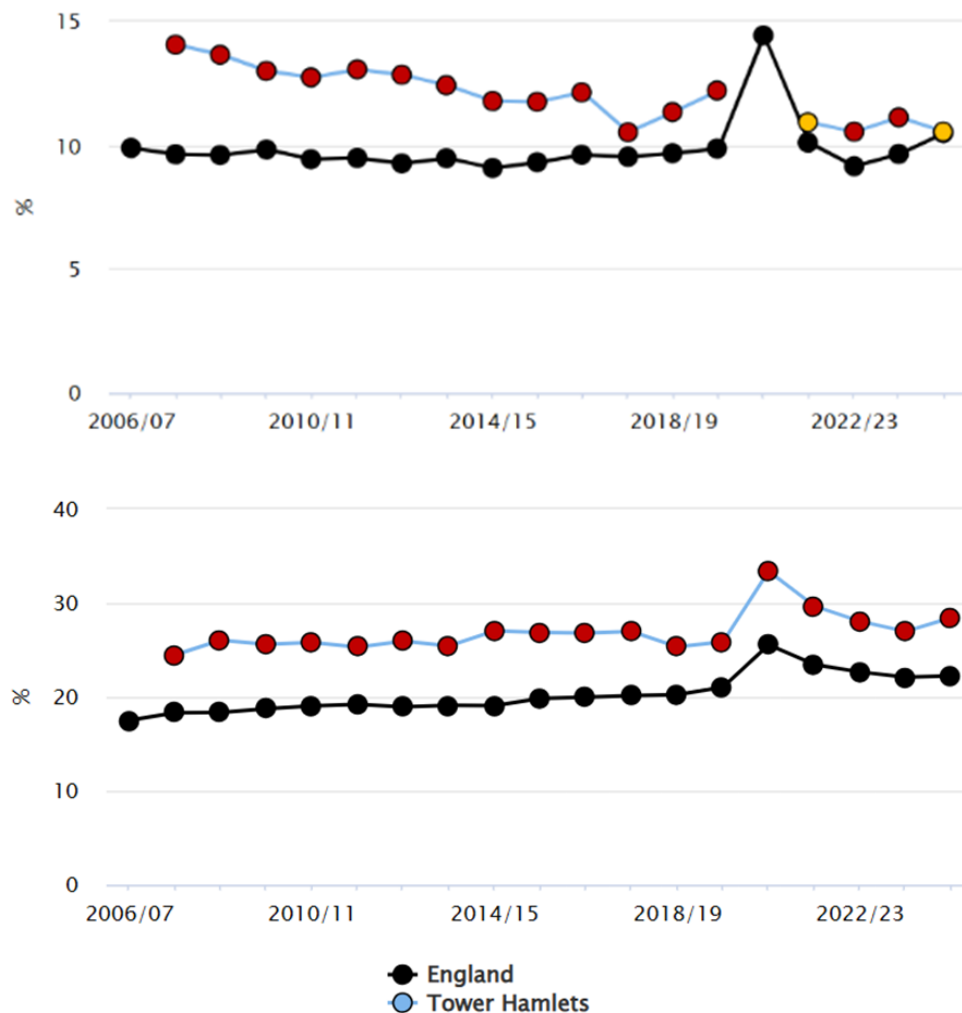
- Data is from the National Child Measurement Programme
- 93.7% of eligible reception age and 93.2% of eligible year 6 age children were measured, which is a similar to the national average
- Green dots: significantly better ($p \leq 0.05$); amber: similar ($p > 0.05$); red: significantly worse ($p \leq 0.05$)

Top: Reception overweight (including obesity) prevalence

Bottom: Year 6 overweight (including obesity) prevalence

National Childhood Measurement Programme, via the Office for Health Improvement and Disparities^{28, 74}

Obesity trends



Summary

- Prevalence of obesity in reception age children has decreased in Tower Hamlets, but remained stable nationally
- For the most recent year (2024-25), obesity in reception age children was similar in Tower Hamlets to the national average
- Prevalence of obesity in year 6 age children has increased in Tower Hamlets
- Prevalence of obesity in year 6 age children is higher in Tower Hamlets than the national average

Deep dive

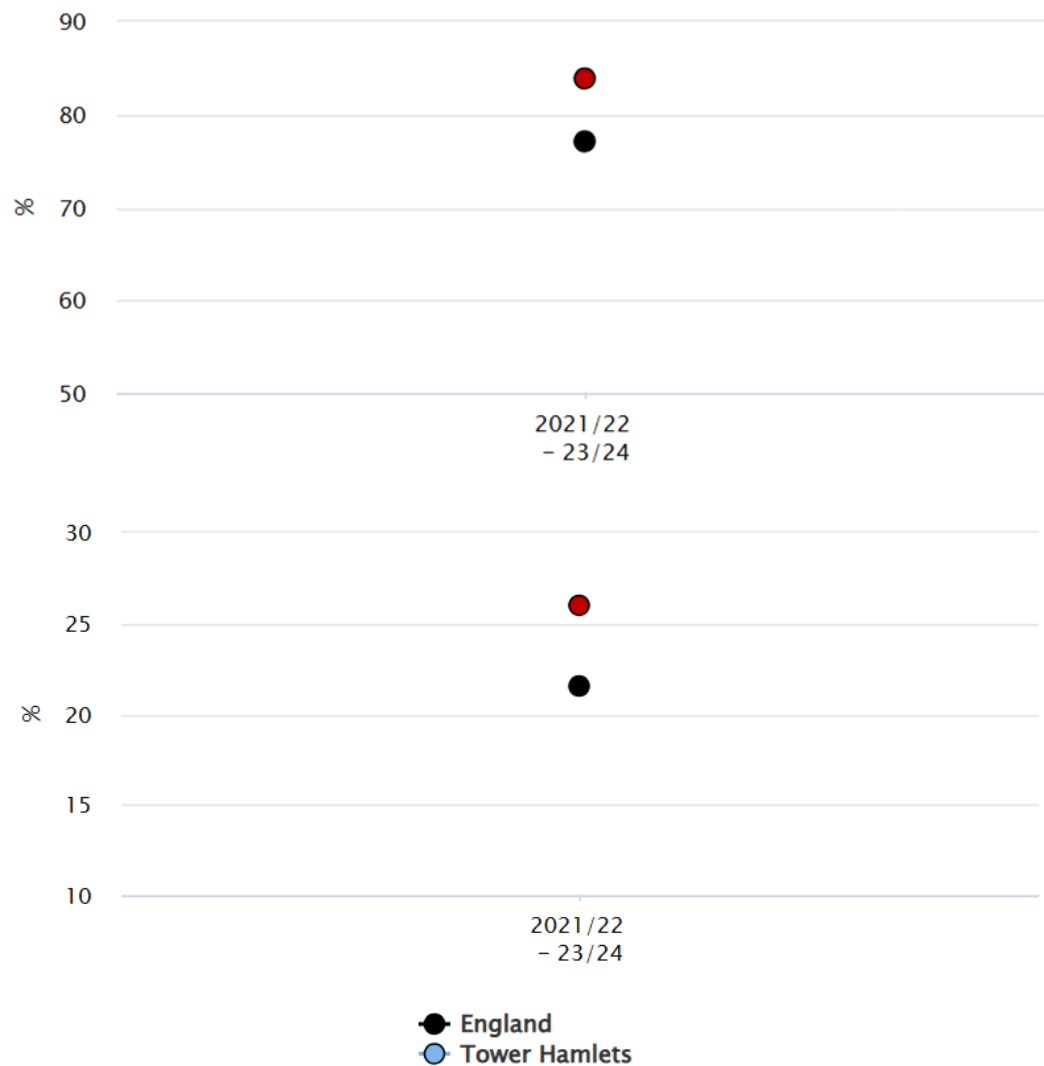
- Data is from the National Child Measurement Programme
- 93.7% of eligible reception age and 93.2% of eligible year 6 age children were measured, which is similar to the national average
- Amber dots: similar; red: significantly worse ($p \leq 0.05$)

Top: Reception obesity prevalence

Bottom: Year 6 obesity prevalence

National Childhood Measurement Programme, via the Office for Health Improvement and Disparities^{29, 30}

Longitudinal analysis



Summary

- 84% of Tower Hamlets children who were overweight (including obesity) in reception remained overweight (including obesity) in year 6
- 26% of children who were a healthy weight in reception became overweight (including obesity) in year 6 in Tower Hamlets
- Both of the above percentages were significantly above the national average

Deep dive

- Data is from the National Child Measurement Programme
- The findings represent data from a longitudinal cohort of children from reception to year 6
- Red dot: significantly worse ($p \leq 0.05$)

Top: Children remaining overweight (including obesity) from reception to year 6

Bottom: Children becoming overweight (including obesity) from reception to year 6

National Childhood Measurement Programme, via the Office for Health Improvement and Disparities^{32, 31}

Adult overweight and obesity overview



Summary

- For the most recent year, 60% of Tower Hamlets adults were overweight (including obesity) and 21.7% were obese
- This was below the national average but similar to London

Deep dive

- Data is age standardised to the European Standard Population
- Data source: Active Lives Adult Survey (ALAS)
- ALAS records self-reported height and weight
- The indicator uses an adjustment technique to account for expected differences between self-reported and measured height and weight. The technique has been found to considerably reduce, although not eliminate, the differences

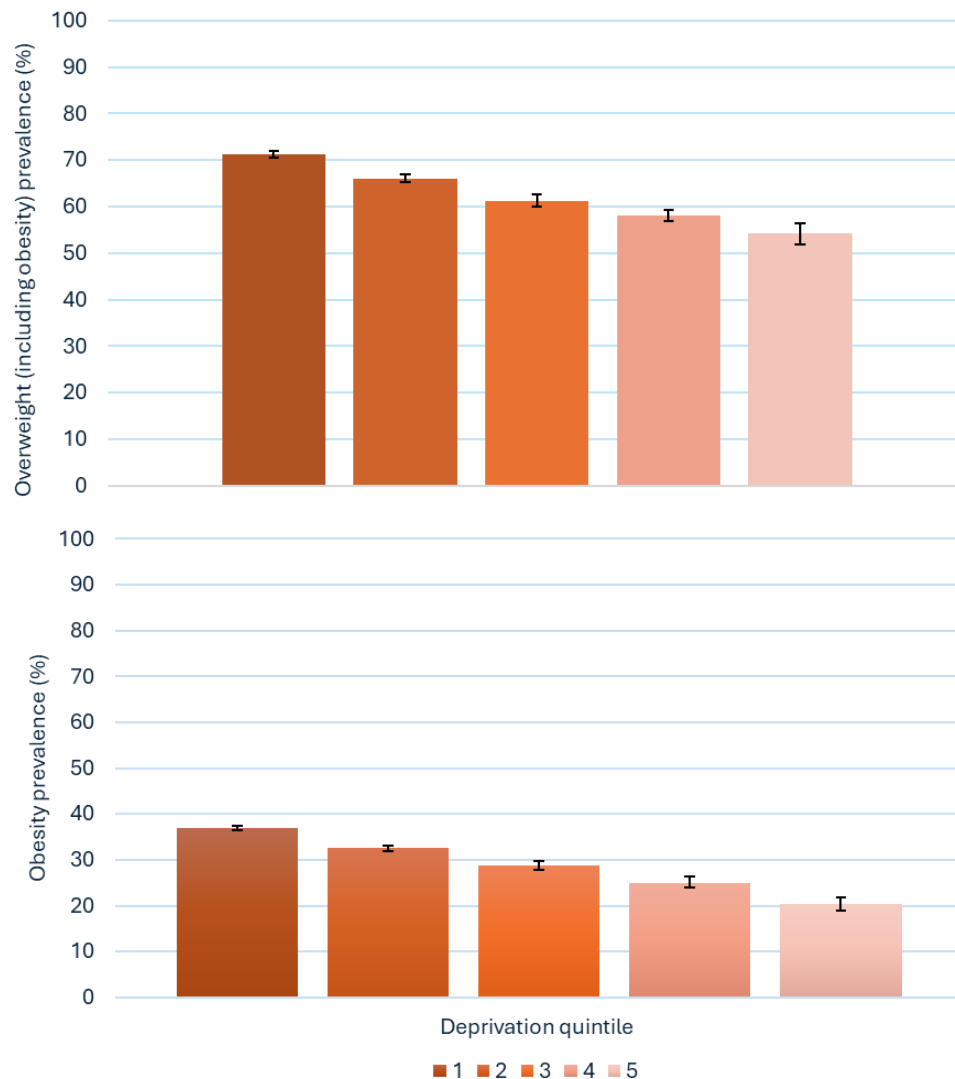
Top: Adult overweight (including obesity)

Bottom: Adult obesity

Active Lives Adult Survey (ALAS), via the Office for Health Improvement and Disparities^{22, 23}

Primary care overweight and obesity data

By deprivation



Top: Overweight (including obesity) prevalence by deprivation quintile in Tower Hamlets

Bottom: Obesity prevalence by deprivation quintile in Tower Hamlets

[Quintile 1 = high deprivation]

GP prevalence data²⁴

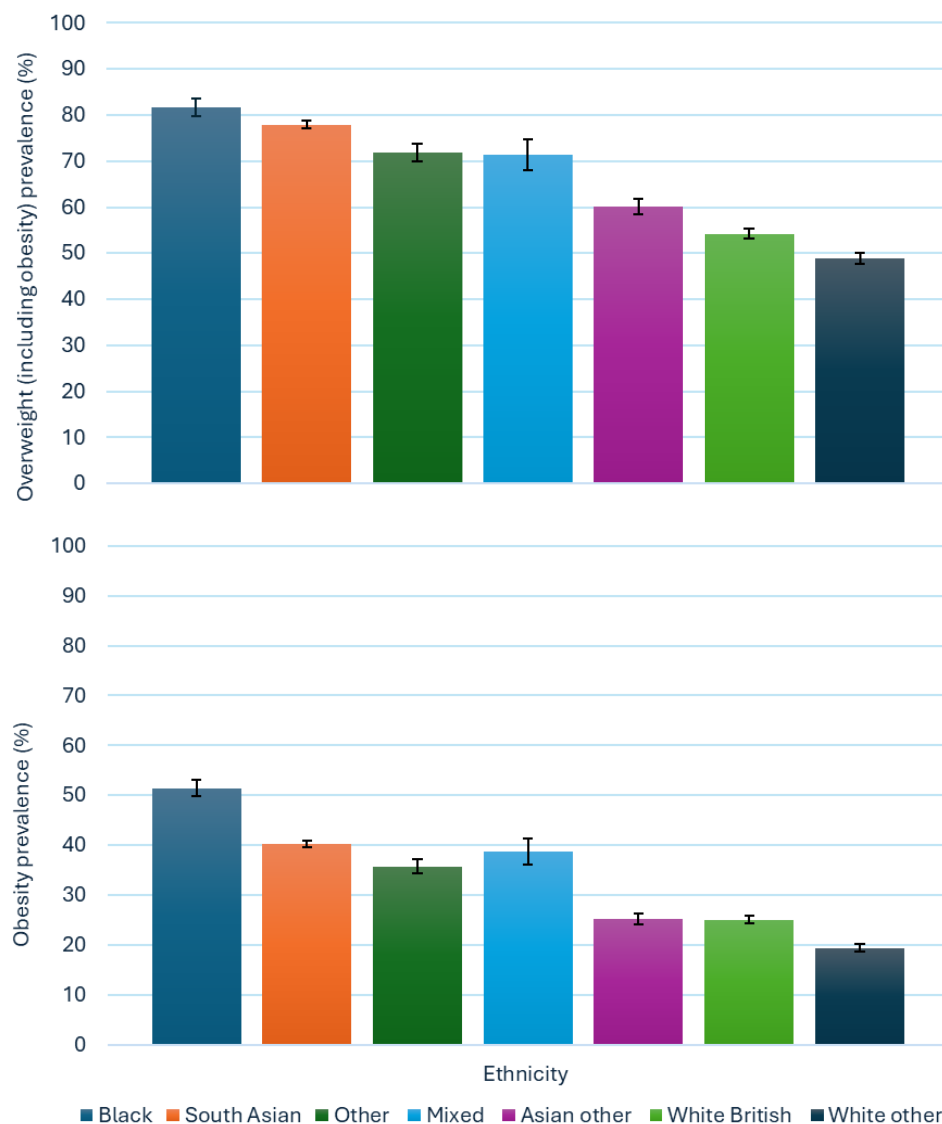
Summary

- Deprivation has a linear relationship with prevalence of overweight (including obesity) and obesity, where higher deprivation is associated with a higher prevalence of excess weight

Deep dive

- Data is from opportunistic BMI measurement in primary care, therefore prevalence estimates are at risk of bias
- When compared to ALAS survey data, overweight and obesity estimates were higher in GP data
- Assuming bias is consistent throughout subgroups, comparisons between subgroups will be valid
- Adjacent is prevalence data for a 2 year period up to 24/02/2026 for those aged 15+ in Tower Hamlets
- 95% confidence intervals are represented
- Data has been directly age standardised with the most populous group as the reference

By ethnicity



Summary

- Black and South Asian ethnicities have the highest and second highest prevalences of overweight (including obesity) and obesity in the borough
- [Note: different thresholds for overweight and obesity have been used depending on ethnicity, as per convention, to confer the differing degree of health risk for a given BMI]

Deep dive

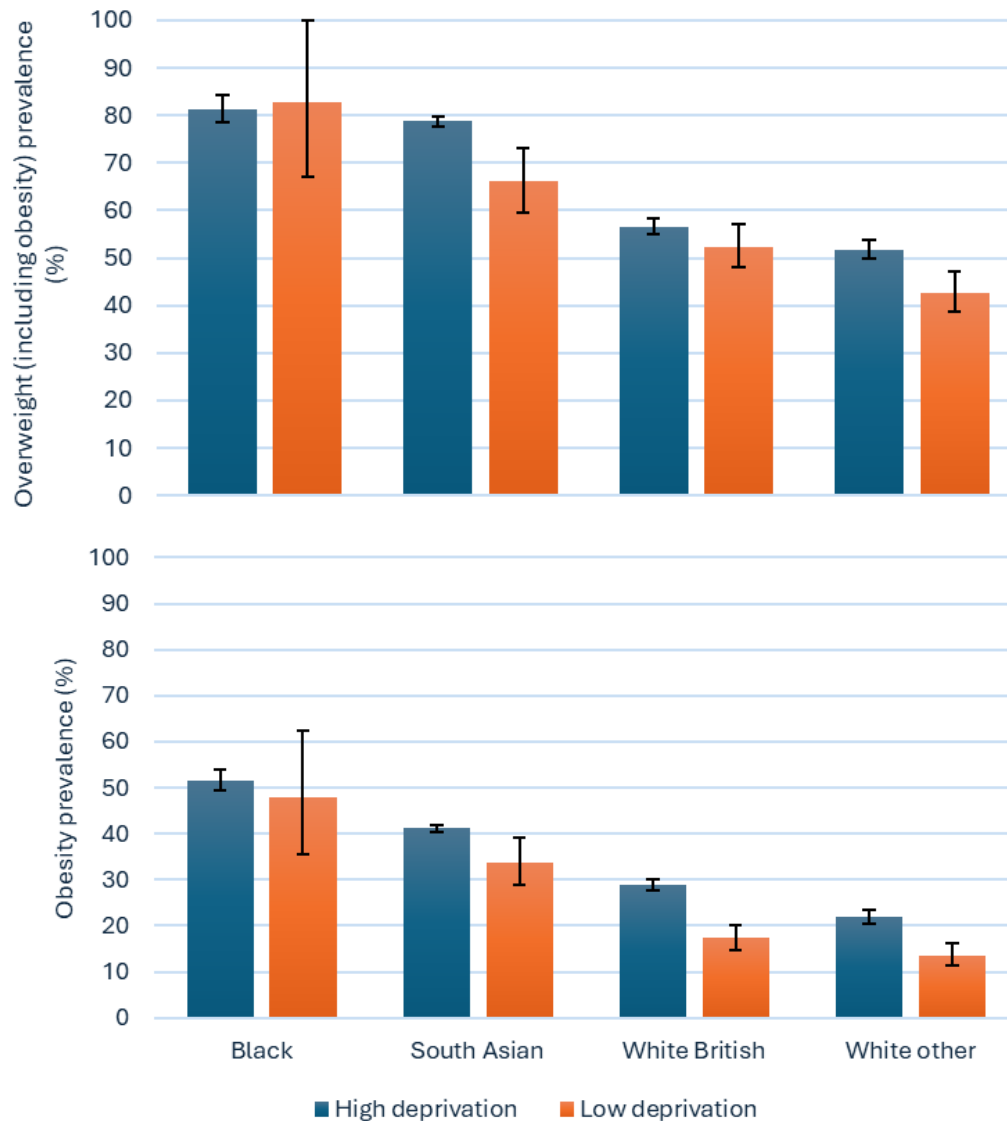
- Data is from opportunistic BMI measurement in primary care, therefore prevalence estimates are at risk of bias
- When compared to ALAS survey data, overweight and obesity estimates were higher in GP data
- Assuming bias is consistent throughout subgroups, comparisons between subgroups will be valid
- Adjacent is prevalence data for a 2 year period up to 24/02/2026 for those aged 15+ in Tower Hamlets
- 95% confidence intervals are represented
- Data has been directly age standardised with the most populous group as the reference
- For ethnicities other than 'White-British', 'White-Irish', 'White-Other' or 'Unknown', a lower BMI threshold for overweight and obesity has been applied
- South Asian group = Pakistani, Bangladeshi and Indian ethnicities only

Top: Overweight (including obesity) prevalence by ethnicity in Tower Hamlets

Bottom: Obesity prevalence by ethnicity in Tower Hamlets

GP prevalence data²⁴

Deprivation and ethnicity additional analysis



Summary

- The adjacent graphs suggest that ethnicity and deprivation are each independently associated with excess weight
- Excess weight prevalence was generally higher in the more deprived group for a given ethnicity, and for a given deprivation group the Black and South Asian groups had a higher prevalence of excess weight
- Numbers were relatively small for this subgroup analysis, therefore commenting on the relative magnitude of the associations may be inappropriate

Deep dive

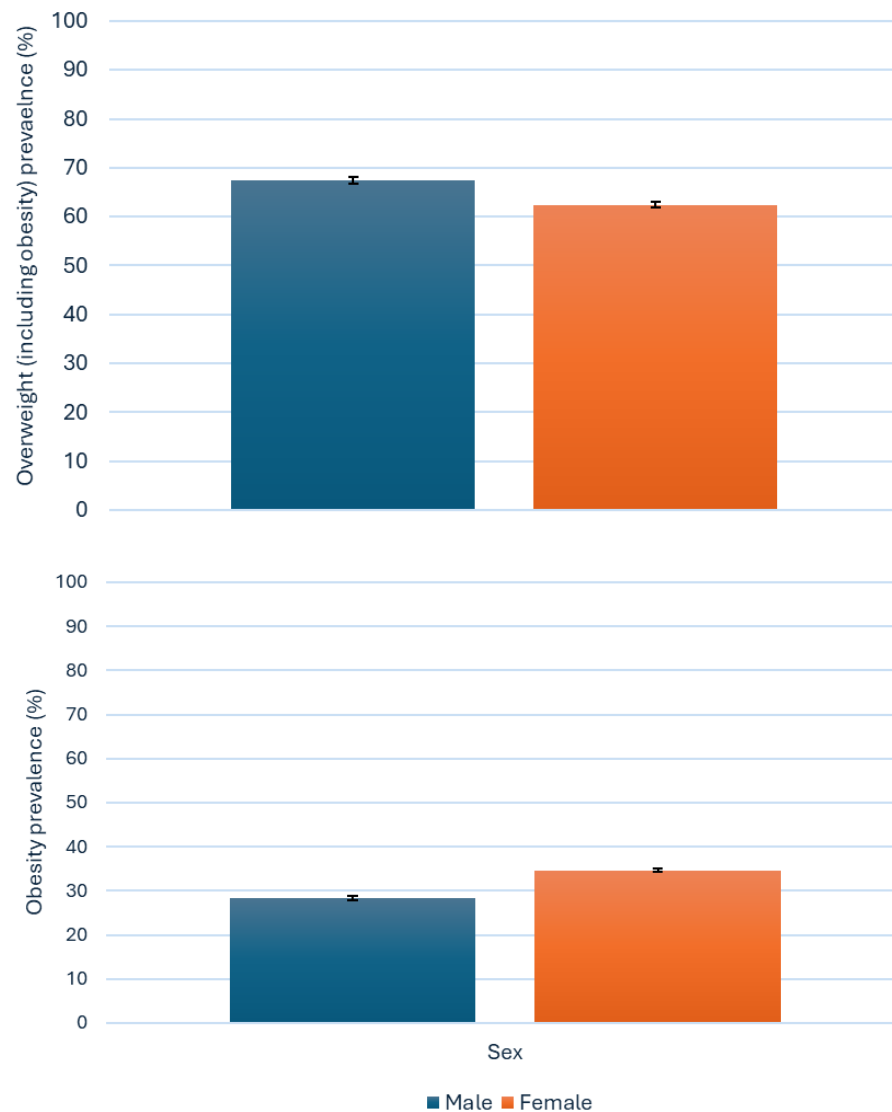
- The two ethnicities with the highest and lowest prevalences of excess weight were included
- Low deprivation = quintile 5
- High deprivation = quintile 1
- Direct standardisation used the most populous ethnicity age structure for reference (South Asian group)
- The Black ethnicity group had small numbers in the low deprivation sub-group, therefore age groups 85-90 and 90+ were combined for age standardisation
- The limitations and considerations described in the 'by ethnicity' sub-section above apply here also

Top: Overweight (including obesity) prevalence by ethnicity and deprivation in Tower Hamlets

Bottom: Obesity prevalence by ethnicity and deprivation in Tower Hamlets

GP prevalence data²⁴

By sex



Top: Overweight (including obesity) prevalence by sex in Tower Hamlets

Bottom: Obesity prevalence by sex in Tower Hamlets

GP prevalence data²⁴

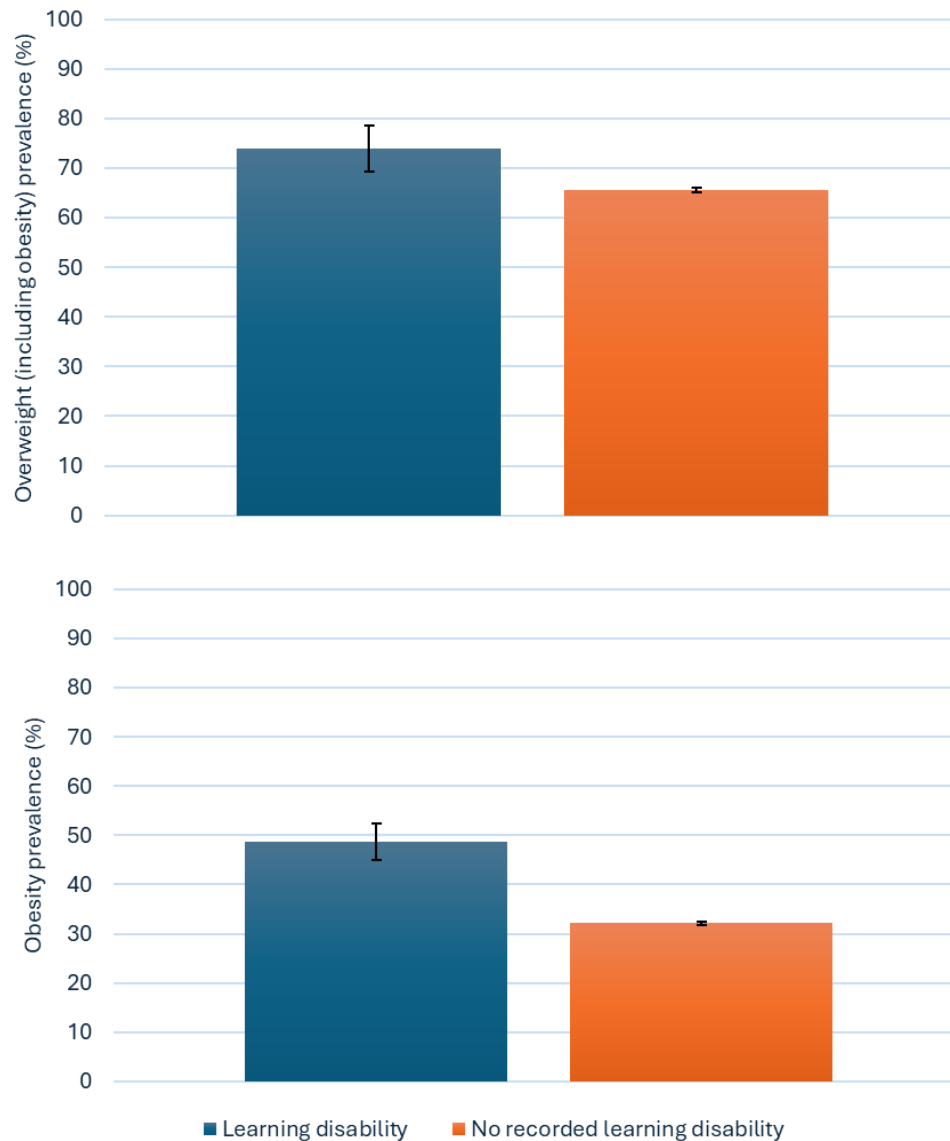
Summary

- Men have higher rates of overweight (including obesity), however women have higher rates of obesity

Deep dive

- Data is from opportunistic BMI measurement in primary care, therefore prevalence estimates are at risk of bias
- When compared to ALAS survey data, overweight and obesity estimates were higher in GP data
- Assuming bias is consistent throughout subgroups, comparisons between subgroups will be valid
- Adjacent is prevalence data for a 2 year period up to 24/02/2026 for those aged 15+ in Tower Hamlets
- 95% confidence intervals are represented
- Data has been directly age standardised with the most populous group as the reference

Learning disability



Summary

- As expected, the learning disability group had a significantly greater prevalence of excess weight than the group without a recorded learning disability
- The difference was greater for obesity than for overweight (including obesity)

Deep dive

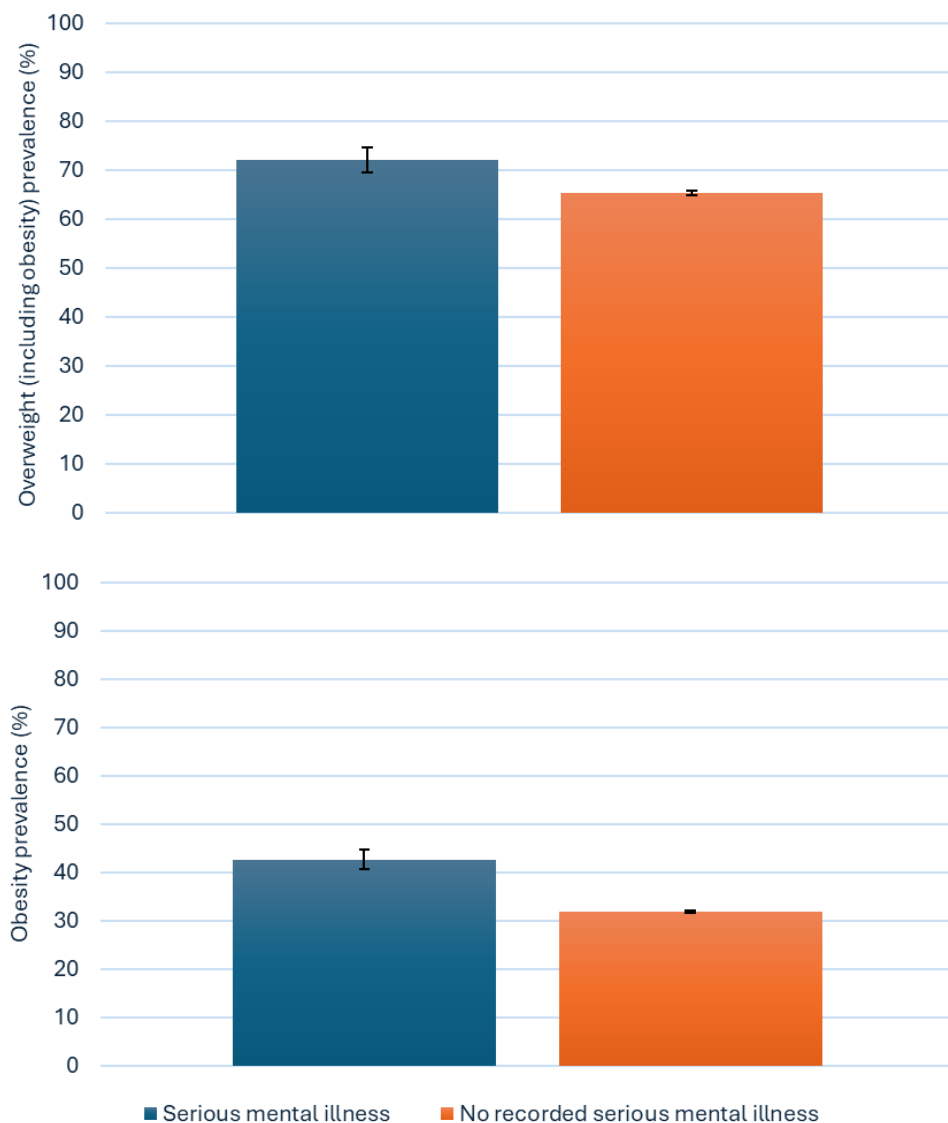
- Data is from opportunistic BMI measurement in primary care, therefore prevalence estimates are at risk of bias
- When compared to ALAS survey data, overweight and obesity estimates were higher in GP data
- Assuming bias is consistent throughout subgroups, comparisons between subgroups will be valid
- Adjacent is prevalence data for a 2 year period up to 24/02/2026 for those aged 15+ in Tower Hamlets
- 95% confidence intervals are represented
- Data has been directly age standardised with the most populous group as the reference

Top: Overweight (including obesity) prevalence in those with vs without a recorded learning disability in Tower Hamlets

Bottom: Obesity prevalence in those with vs without a recorded learning disability in Tower Hamlets

GP prevalence data²⁴

Serious mental illness



Summary

- As expected, the serious mental illness group had a significantly greater prevalence of excess weight than the group without a recorded serious mental illness
- The difference was greater for obesity than for overweight (including obesity)

Deep dive

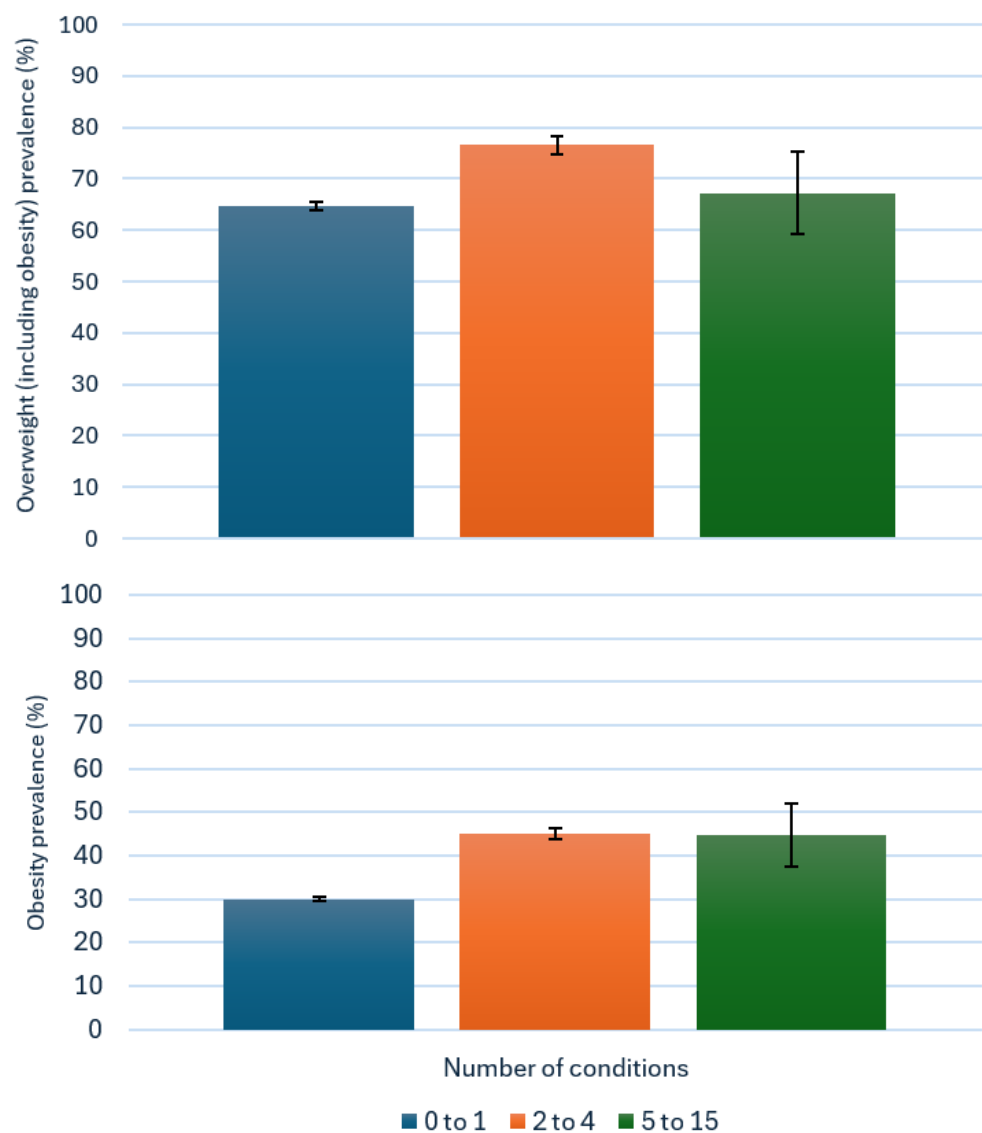
- Serious mental illness is defined by the data platform accessed as: 'psychological problems that are often so debilitating that the individual's ability to engage in functional and occupational activities is severely impaired. Schizophrenia and bipolar disorder are examples'.
- Data is from opportunistic BMI measurement in primary care, therefore prevalence estimates are at risk of bias
- When compared to ALAS survey data, overweight and obesity estimates were higher in GP data
- Assuming bias is consistent throughout subgroups, comparisons between subgroups will be valid
- Adjacent is prevalence data for a 2 year period up to 24/02/2026 for those aged 15+ in Tower Hamlets
- 95% confidence intervals are represented
- Data has been directly age standardised with the most populous group as the reference

Top: Overweight (including obesity) prevalence in those with vs without a recorded serious mental illness in Tower Hamlets

Bottom: Obesity prevalence in those with vs without a recorded serious mental illness in Tower Hamlets

GP prevalence data²⁴

Multiple long term conditions



Summary

- Those with 2-4 long term conditions have a higher proportion of excess weight than those with none or one long term condition
- Numbers were small, however there seems to be an elevated risk of obesity in those with 5-15 long term conditions, but not of overweight (including obesity)

Deep dive

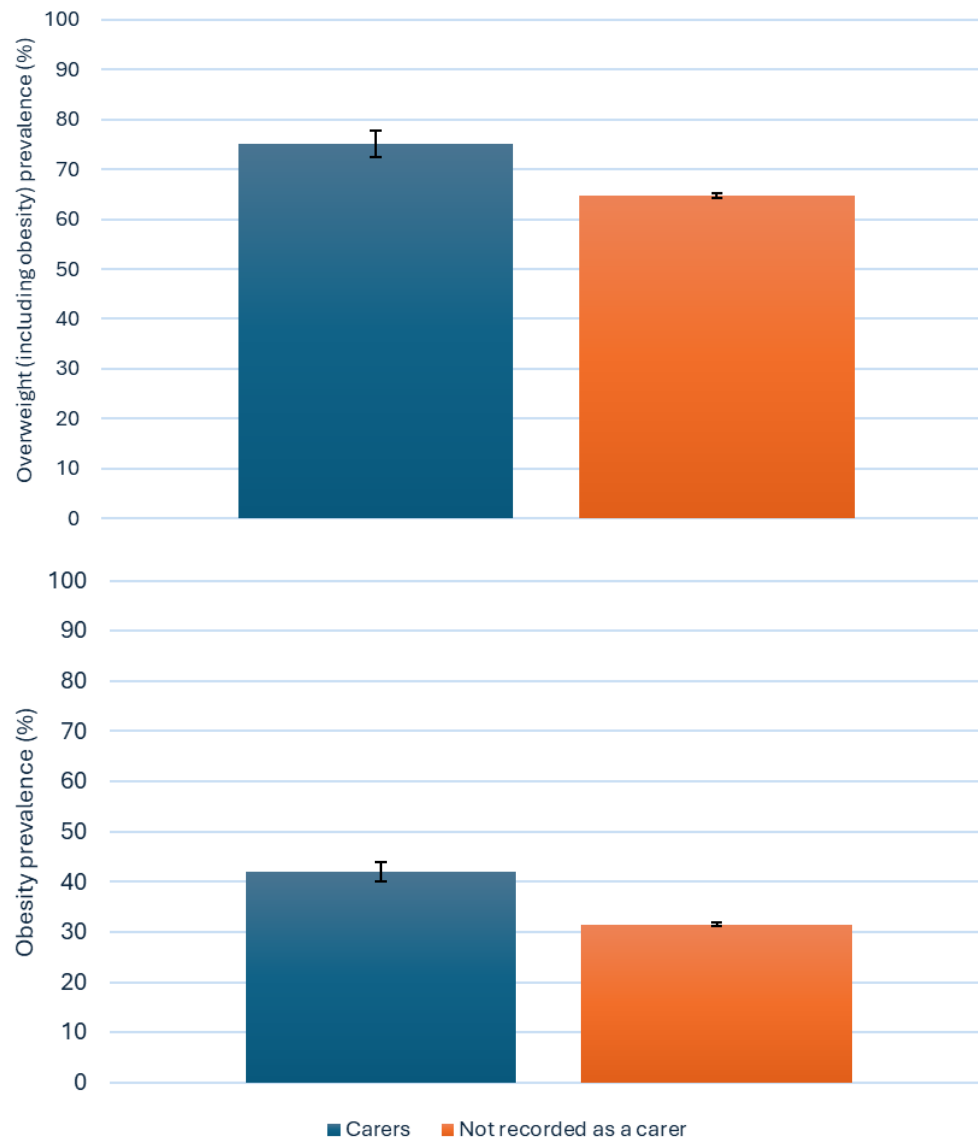
- Data is from opportunistic BMI measurement in primary care, therefore prevalence estimates are at risk of bias
- When compared to ALAS survey data, overweight and obesity estimates were higher in GP data
- Assuming bias is consistent throughout subgroups, comparisons between subgroups will be valid
- Adjacent is prevalence data for a 2 year period up to 24/02/2026 for those aged 15+ in Tower Hamlets
- 95% confidence intervals are represented
- Data has been directly age standardised with the most populous group as the reference

Top: Overweight (including obesity) prevalence by number of long term conditions in Tower Hamlets

Bottom: Obesity prevalence by number of long term conditions in Tower Hamlets

GP prevalence data²⁴

Carers



Summary

- Carers have an elevated prevalence of overweight and obesity compared to those that are not recorded as carers
- The difference is greater, proportionately, for obesity than for overweight (including obesity)

Deep dive

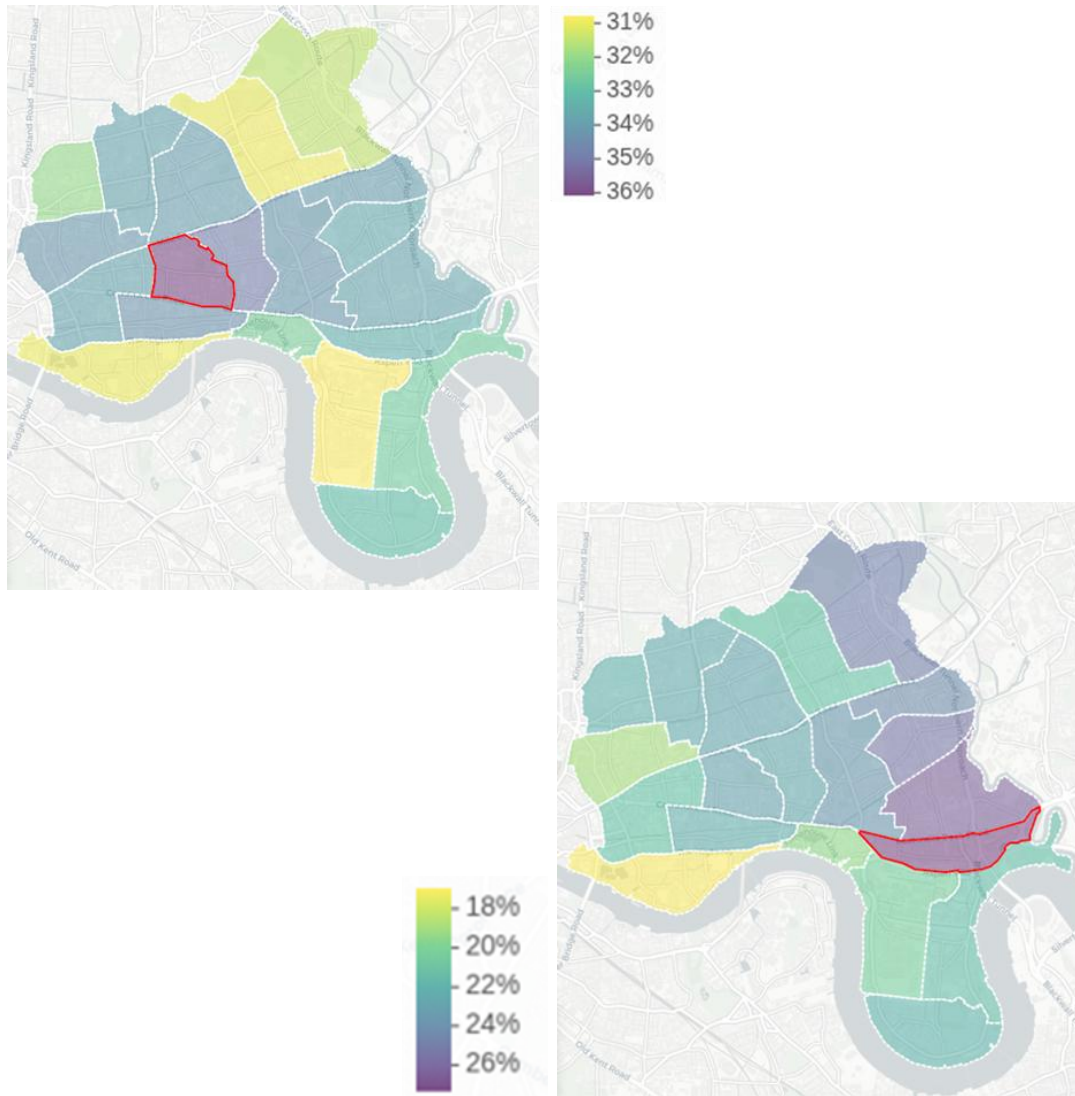
- Data is from opportunistic BMI measurement in primary care, therefore prevalence estimates are at risk of bias
- When compared to ALAS survey data, overweight and obesity estimates were higher in GP data
- Assuming bias is consistent throughout subgroups, comparisons between subgroups will be valid
- Adjacent is prevalence data for a 2 year period up to 24/02/2026 for those aged 15+ in Tower Hamlets
- 95% confidence intervals are represented
- Data has been directly age standardised with the most populous group as the reference

Top: Overweight (including obesity) prevalence in those recorded as a carer vs not in Tower Hamlets

Bottom: Obesity prevalence in those recorded as a carer vs not in Tower Hamlets

GP prevalence data²⁴

By location



Top: Overweight prevalence by Tower Hamlets electoral ward
Bottom: Obesity prevalence by Tower Hamlets electoral ward
[The electoral ward with the highest prevalence is outlined in red]
GP prevalence data⁷⁵

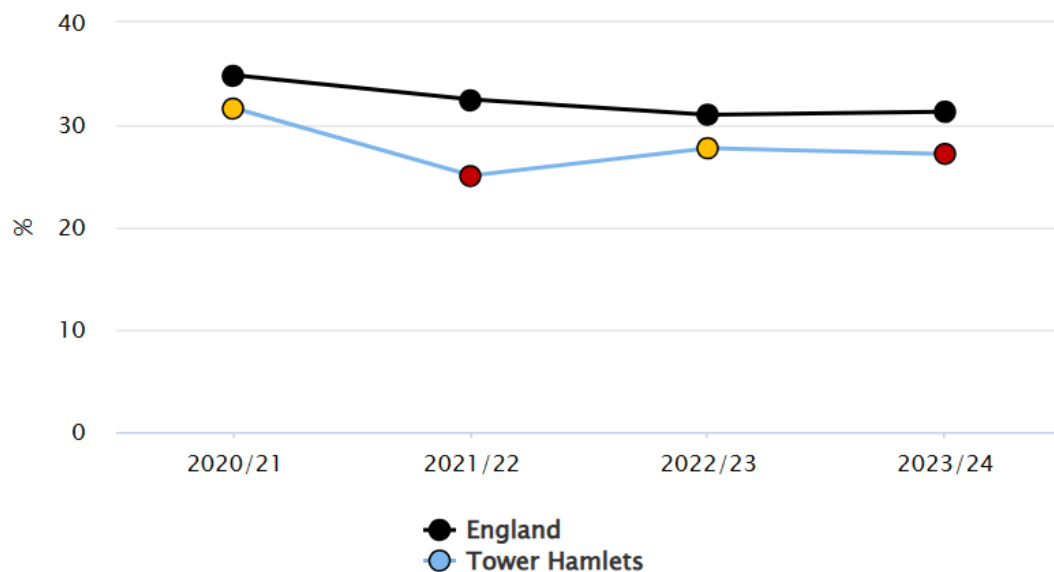
Summary

- There is not a definitive pattern of overweight and obesity by location, however it appears that the central band of the borough has high rates of both

Deep dive

- Data is from opportunistic BMI measurement in primary care, therefore prevalence estimates are at risk of bias
- Assuming bias is consistent throughout subgroups, comparisons between subgroups will be valid
- Prevalences are age standardised
- Data is for those aged 16 and over
- Data relates to records made in 2024 and up to 5 years previous

Healthy and balanced diet 5 a day



Percentage of the Tower Hamlets and England population that eat at least 5 portions of fruit or vegetables a day

Sport England's Active Lives Adult Survey (ALAS), via the Office for Health Improvement and Disparities⁷⁶

Summary

- The estimated proportion of the Tower Hamlets population eating 5 a day is low and currently below the England average
- Eating 5 portions of a variety of fruit and vegetables has been UK government advice for over 20 years and is a feature of the current NHS Eatwell Guide

Deep dive

- The data source for the above statistics is Sport England's Active Lives Adult Survey (ALAS)
- Survey respondents were asked whether they had eaten 5 or more portions of fruit or vegetables during the previous day
- Red dot: significantly worse ($p \leq 0.05$), amber: similar ($p > 0.05$)

The National Diet and Nutrition Survey

Summary

The NDNS assesses the nutritional status of the UK population, below are some key findings from the 2019-23 report⁷⁷

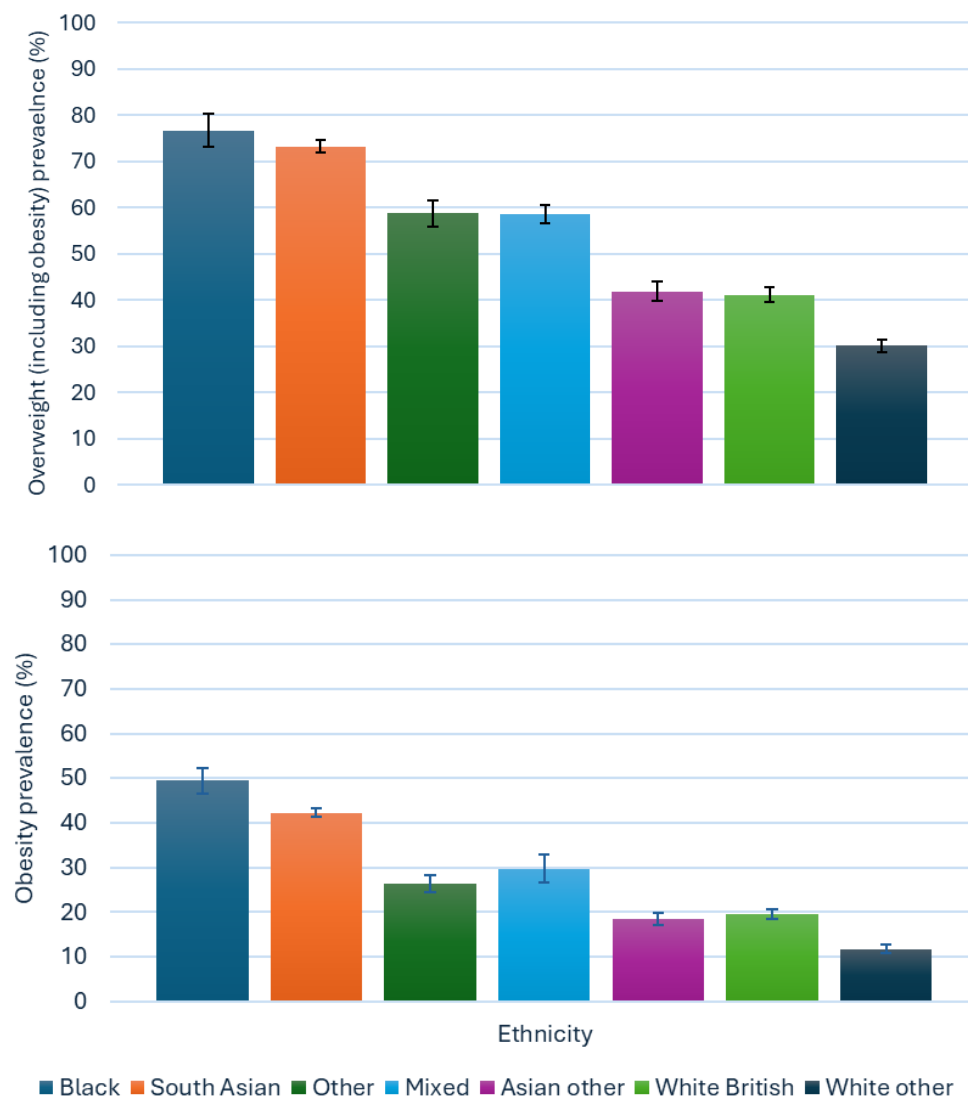
- **Fruit and vegetables:** 17% of adults and 9% of adolescents ate 5 portions of fruit and vegetables a day
- **Red and processed meat:** Men aged 19-64 ate the most red meat, with 27% eating over the recommended quantity
- **Saturated fats:** 82% of adults and 85% of children did not meet the recommendation that no more than 10% of energy should derive from saturated fat
- **Free sugars:** 81% of adults and 91% of children did not meet the recommendation that no more than 5% of energy should derive from free sugars
- **Fibre:** 78-96% of participants did not meet the recommended intake
- **Vitamin D:** Between 10% and 23% of participants were vitamin D deficient
- **Deprivation:** People in the most deprived IMD group in England tended to have poorer diets, however this was not consistent across all age and sex groups

Deep dive

- NDNS includes participants aged 18 months and older
- The sample is designed to be nationally representative
- For fruit and vegetable consumption, the NDNS asks participants to record the number of portions eaten over 4 non-consecutive days (in contrast to the Active Lives Survey)

Pregnancy

Overweight and obesity in women of childbearing age



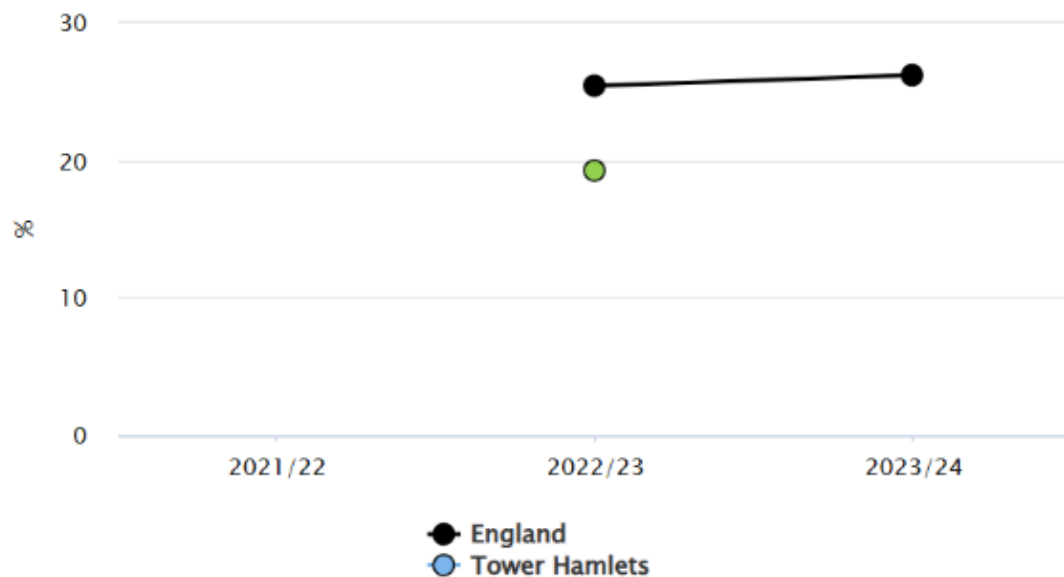
Summary

- As in the wider population, Black and South Asian ethnicities have the highest prevalences of overweight and obesity
- [Note: different thresholds for overweight and obesity have been used depending on ethnicity, as per convention, to confer the differing degree of health risk for a given BMI]

Deep dive

- Data is from opportunistic BMI measurement in primary care, therefore prevalence estimates are at risk of bias
- When compared to ALAS survey data, overweight and obesity estimates were higher in GP data
- Assuming bias is consistent throughout subgroups, comparisons between subgroups will be valid
- Adjacent is prevalence data for a 2 year period up to 24/02/2026 for those aged 15+ in Tower Hamlets
- 95% confidence intervals are represented
- Data has been directly age standardised with the most populous group as the reference
- For ethnicities other than 'White-British', 'White-Irish', 'White-Other' or 'Unknown', a lower BMI threshold for overweight and obesity has been applied
- South Asian group = Pakistani, Bangladeshi and Indian ethnicities only

Obesity in pregnancy



Percentage of women who were obese at their first antenatal appointment in Tower Hamlets and England

NHS England data, via the Office for Health Improvement and Disparities⁷⁸

Summary

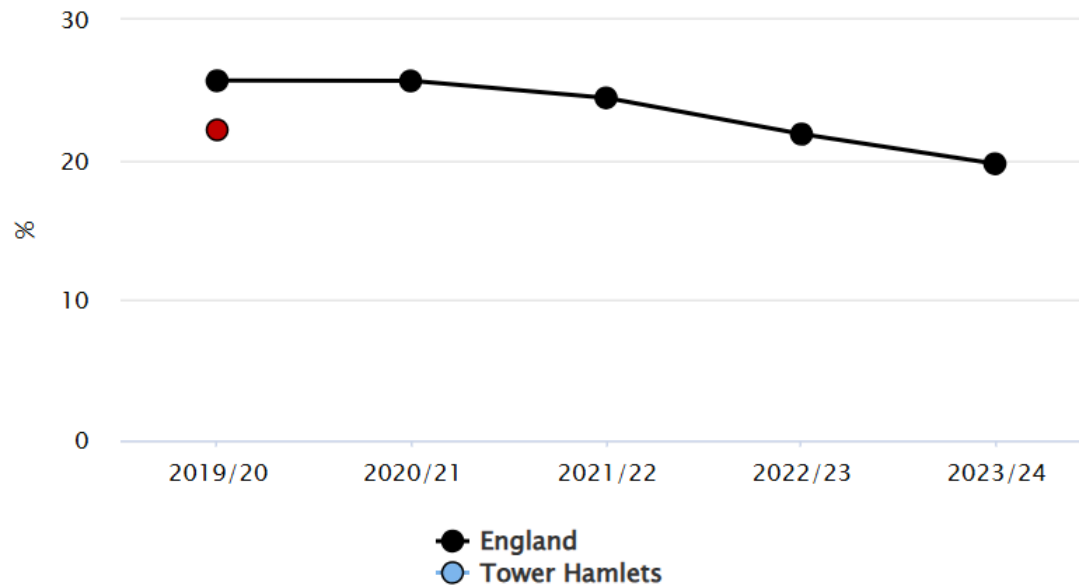
- In 2022/23 Tower Hamlets had a lower level of obesity in pregnancy than the England average

Deep dive

- The data represents the percentage of women who were obese at their first antenatal (booking) appointment
- However, OHID highlight concerns around the quality of data collection
- As evident, there is limited data for Tower Hamlets, which should caution any conclusions drawn
- OHID exclude women who present later than 14 weeks gestation from analysis, because weight gained during pregnancy may begin to confound the results. If women who present late are systematically different from those who do not this will bias the results
- Green dot: significantly better ($p \leq 0.05$)

Folic acid

Folic acid supplementation before pregnancy



Percentage of women who started taking folic acid prior to pregnancy, as reported at their first antenatal appointment

NHS England data, via the Office for Health Improvement and Disparities³⁵

Summary

- When data was last available, the percentage of women taking folic acid supplements before pregnancy was 22% in Tower Hamlets, which was below the national average

Deep dive

- Folic acid is very important for the development of a healthy foetus and can reduce the risk of neural tube defects. The neural tube closes very early in pregnancy, therefore it is important that folic acid supplements make up part of preconception care
- 2019/20 was the last year Tower Hamlets had sufficient completeness of data to be displayed on the Fingertips platform
- The Fingertips platform highlight that there are concerns about the quality of the data in this indicator due to the data collection methods
- Red dot: significantly worse ($p \leq 0.05$)

Folate concentration in women aged 16 to 49 years

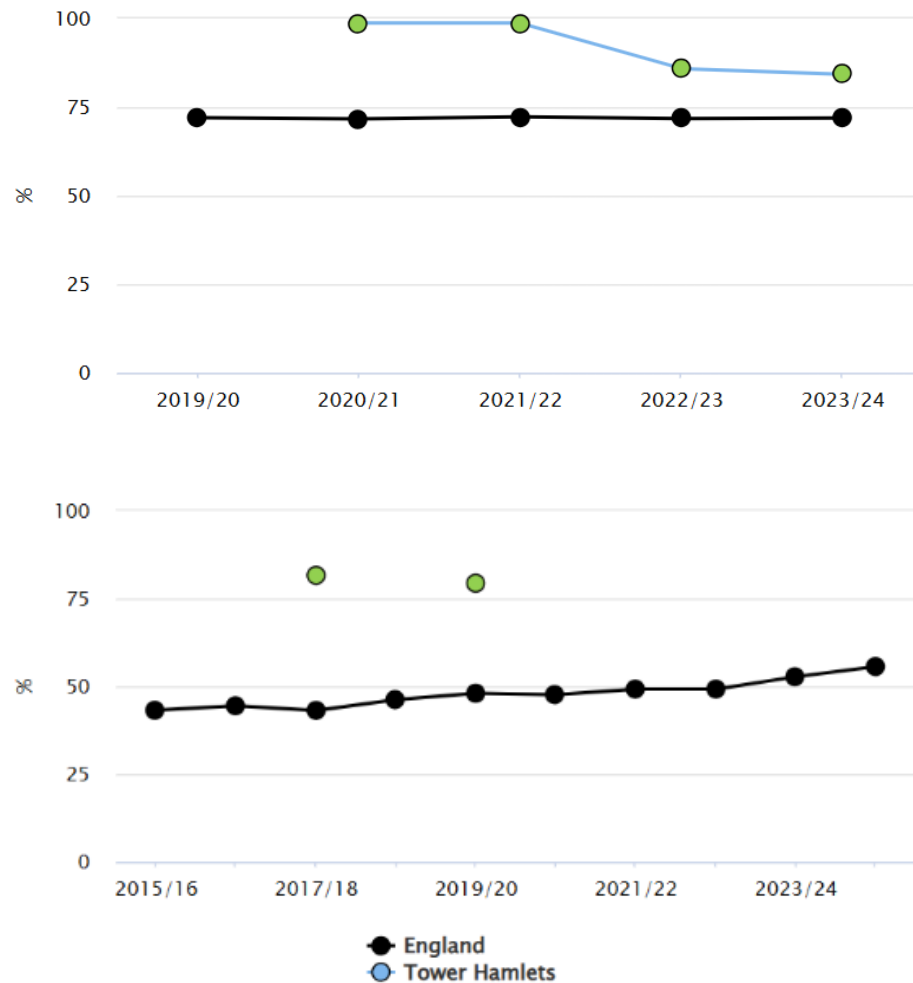
Summary

- Nationally, 83% of women aged 15 to 49 years were at increased risk of giving birth to a baby with a neural tube defect, due to their folate level, if they were to become pregnant⁷⁷
- Interpreted in conjunction with the above metric, a high percentage of women have a folate level which increases the risk of neural tube defects and a low percentage take folic acid before pregnancy

Deep dive

- The adjacent statistic derives from blood samples taken as part of the National Diet and Nutrition Survey (NDNS) 2019-2023
- No data is available at the borough level
- The statistic adjacent refers to the percentage of women aged 15-49 years with a red blood cell folate concentration less than 748nmol/l, where there is an increased risk of giving birth to a baby with a neural tube defect if they were to become pregnant

Infancy Breastfeeding



Summary

- Tower Hamlets has a higher than average percentage of babies whose first feed is breastmilk
- Tower Hamlets has a breastfeeding prevalence at 6 to 8 weeks which is higher than the England average

Deep dive

- OHID highlight data quality concerns due to the methods of data collection for the 'baby's first feed breast milk' indicator, therefore results should be interpreted with caution
- Intuitively it is unlikely the first feed breastmilk percentage was 98.7% in 2020/21 and 2021/22, particularly given the much lower national value, the steep drop to 2022/23 and subsequently similar 2023/24 value
- Despite concerns around data quality for 'first feed breast milk', the findings align with 'breast feeding prevalence at 6-8 weeks'
- Green dot: significantly better ($p \leq 0.05$)

Top: Baby's first feed breastmilk

Bottom: Breastfeeding prevalence at 6 to 8 weeks

Top: NHS England data, via the Office for Health Improvement and Disparities³⁷

Bottom: Universal health visiting services, via the Office for Health Improvement and Disparities³⁸

Weaning

Summary

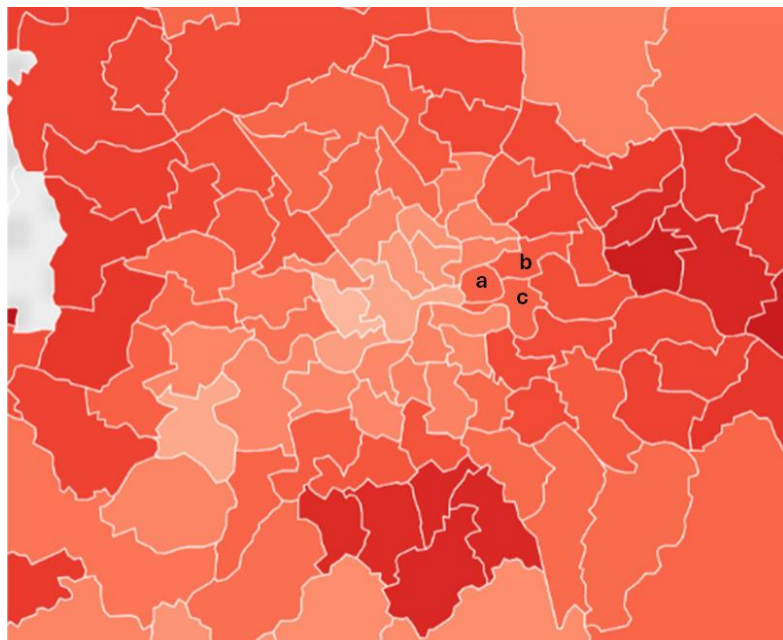
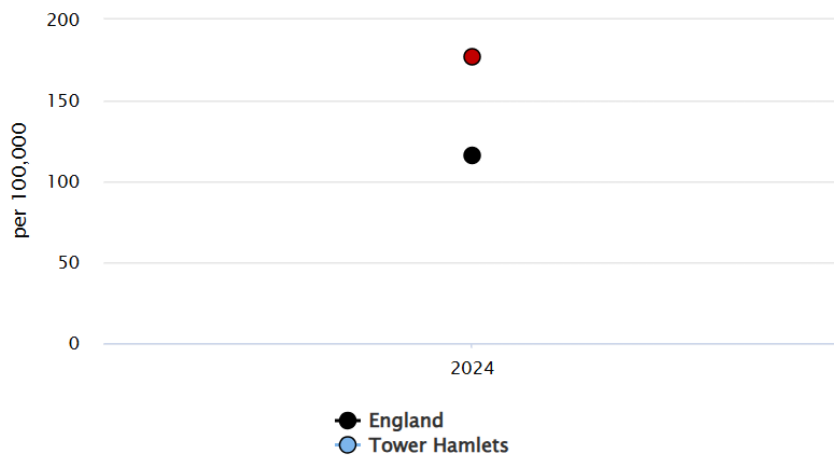
- The Better Health Start for Life weaning campaign was a nationally representative survey to understand attitudes to, and experiences of, weaning⁷⁹
- The survey highlighted that many parents may benefit from good quality advice and support regarding weaning
- Below is a description of some of the key findings:
- 40% of parents feel unsure what age to start weaning
- 41% of new mothers have introduced solid food before 5 months, while current advice is for weaning to start at 6 months
- 45% found how much food to give their baby confusing
- 43% found when to progress from certain tastes and textures confusing
- 64% had received conflicting advice on what age to start introducing solid foods

Deep dive

- This online survey was commissioned in 2022 by the Office for Health Improvement and Disparities (OHID)
- 1,000 parents with children aged 3 to 18 months took part

The food environment

Fast food outlets per 100,000 people and as a percentage of food outlets



Top: Fast food outlets per 100,000 residents

Bottom: Fast food outlets as a percentage of fast food outlets, London and surrounding areas; darker red indicates a higher percentage

[a: Bethnal Green and Stepney, b: Poplar and Limehouse, c: Stratford and Bow (comprises parts of both Tower Hamlets and Newham)]

Top: Food Standards Agency, via the Office for Health Improvement and Disparities²⁶. Bottom: Ordnance Survey, via The Food Foundation⁸⁰

Summary

- Tower Hamlets has the 4th highest number of fast food outlets per 100,000 residents in London and the number is significantly higher than the England average
- Regarding fast food outlets as a percentage of food outlets, the three consistencies relevant to Tower Hamlets have a percentage from 24 to 25%, which is marginally below the national average of 25.9%

Deep dive

- The data source for 'fast food outlets per 100,000 people' is the Food Standards Agency (FSA) Food Hygiene Rating Scheme, therefore the calculation of this metric was not the primary intention of data collection
- There is an element of subjectivity in the definition of 'fast food', therefore some establishments, for example those which sell sandwiches, may or may not have been classified as fast food, depending on the local authority
- The data displayed for the map adjacent is by parliamentary constituency, therefore the areas relevant to Tower Hamlets are Bethnal Green and Stepney, Poplar and Limehouse and Stratford and Bow (this constituency comprises parts of both Tower Hamlets and Newham)
- Red dot: significantly worse ($p \leq 0.05$)

Fruit and vegetable availability



Availability of fresh fruit and vegetables in Tower Hamlets
London Borough of Tower Hamlets Food Poverty JSNA (2020)⁸¹

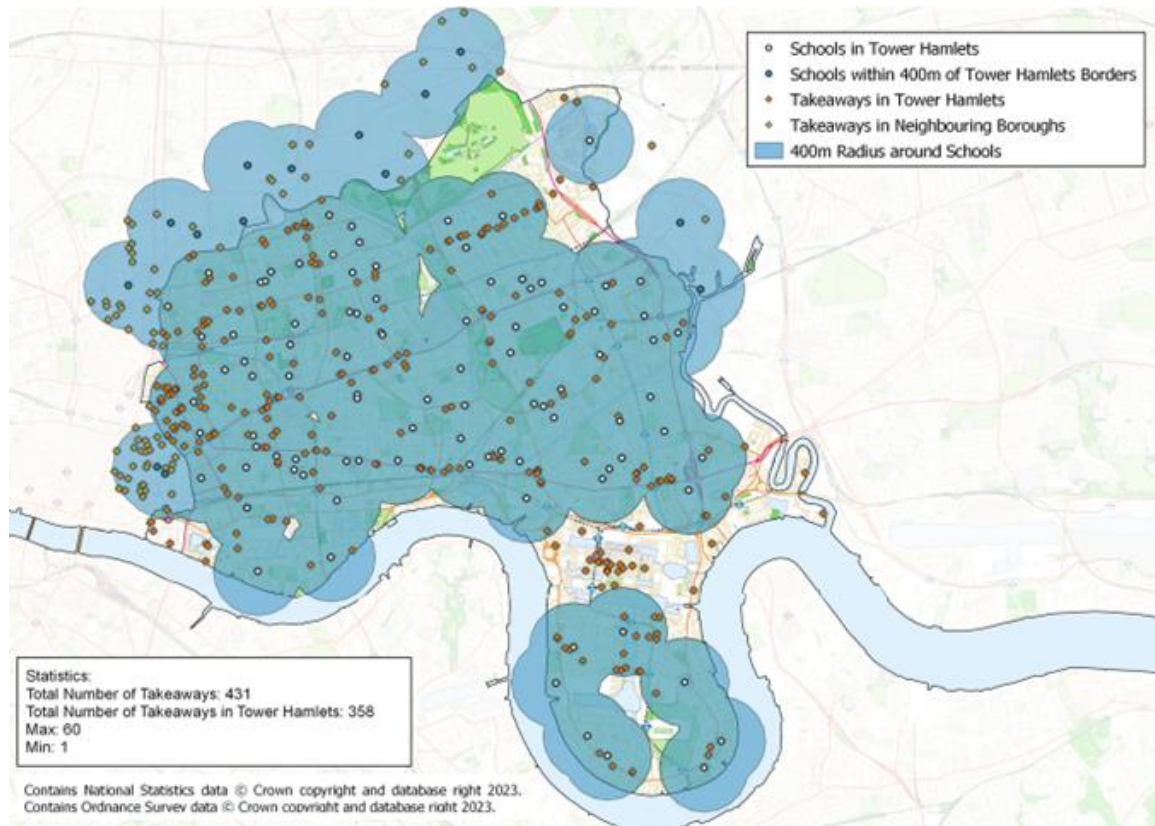
Summary

- While the fresh fruit and vegetable availability map remains unfinished and would benefit from being updated, it suggests that there is good availability of fresh fruit and vegetables in Tower Hamlets

Deep dive

- The map on the left derives from a local investigation of fresh fruit and vegetable availability

Hot food takeaways near schools



Hot food takeaways within a 400 meter radius of schools

London Borough of Tower Hamlets Spatial Planning and Health Needs Assessment (2023)⁸²

Summary

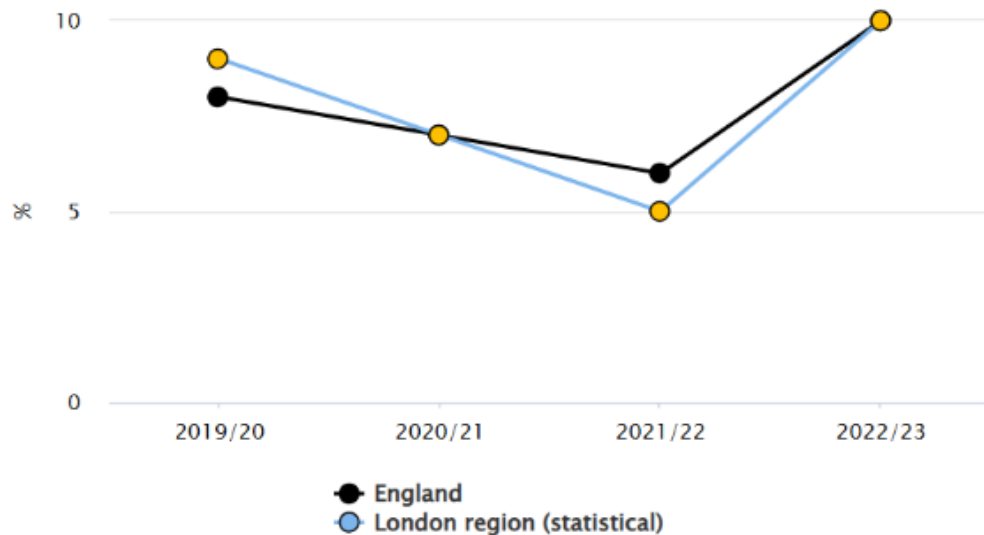
- Tower Hamlets has many schools within close proximity to each other, therefore the majority of the borough is in the 400m 'exclusion zone'

Deep dive

- Hot food takeaways require full local consideration, i.e. planning permission
- The concept of a 400m exclusion zone around schools for hot food takeaways became particularly prominent following its inclusion in the Mayor of London's spatial development strategy for Greater London: 'The London Plan'

Food insecurity

Direct measurement



Household food insecurity

Family Resource Survey, via the Office for Health Improvement and Disparities⁸³

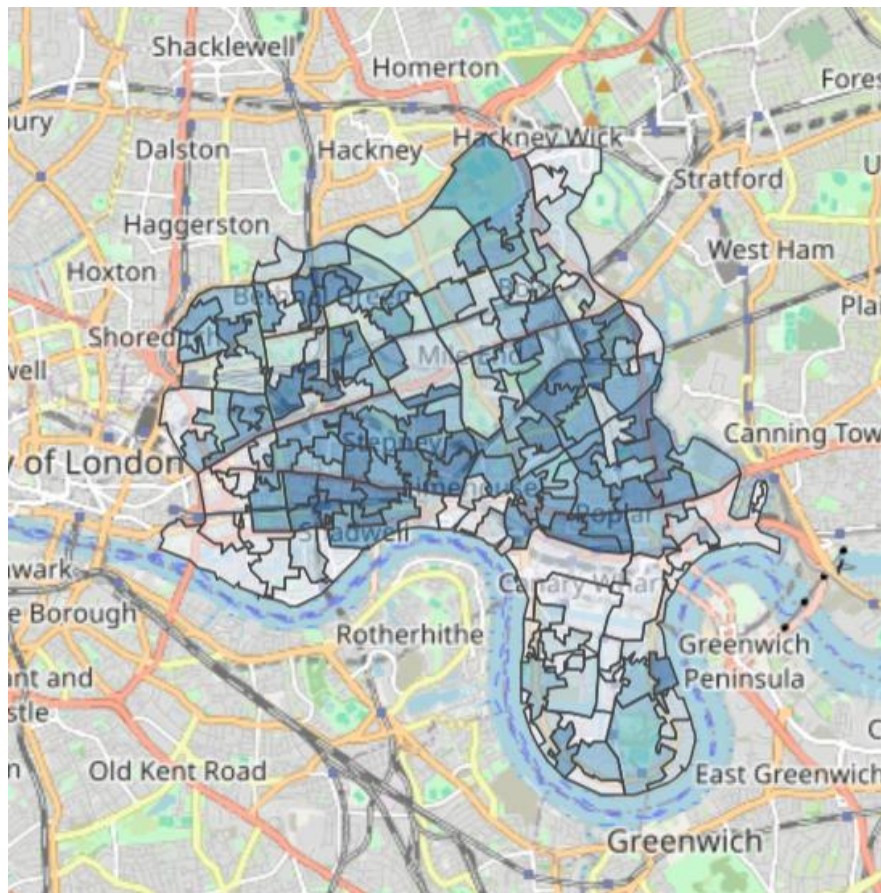
Summary

- 10% of Londoners experienced food insecurity in 2022/23, which is equal to the England average

Deep dive

- This is a direct measure of household food insecurity from the Family Resource Survey
- There is no data available at the borough level
- Respondents with low or very low food insecurity are included in the metric
- Low: 'The household reduced the quality, variety, and desirability of their diets, but the quantity of food intake and normal eating patterns were not substantially disrupted'
- Very low: 'At times during the last 30 days, eating patterns of one or more household members were disrupted and food intake reduced because the household lacked money and other resources for food'
- Orange dot: similar to the national average ($p > 0.05$)

Indirect measurement



Food insecurity risk by lower super output area (LSOA)
[Darker blue indicates higher risk]

Southampton Food Insecurity Risk Index²⁵

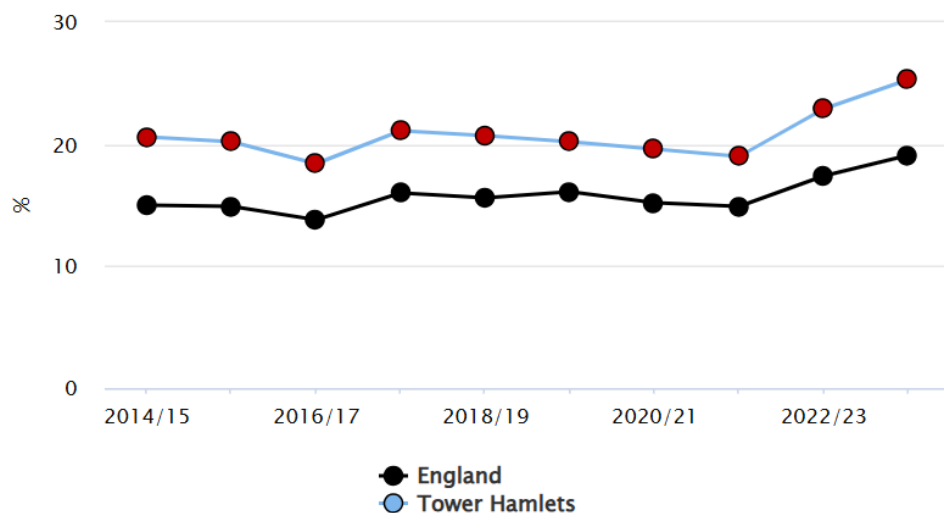
Summary

- Tower Hamlets has the 8th highest percentage of residents at the highest risk of food insecurity in London⁸⁴
- Within Tower Hamlets, residents at the highest risk of food insecurity are particularly found in the centre and north of the borough

Deep dive

- The risk of food insecurity is represented, not food insecurity itself
- The Southampton Food Insecurity Risk Index uses a number of variables to calculate the risk of food insecurity, including: benefit claimant and dependent children
- The index has been validated, including by comparing findings with childhood poverty levels and the Index of Multiple Deprivation
- The position of each Tower Hamlets lower super output area (LSOA) in a national ranking of food insecurity risk is represented; darker blue = lower ranking
- The Fingertips platform use this index to identify the 20% of LSOAs at the highest risk of food insecurity, then ranks each local authority based on the proportion of the population who are in this highest risk group; this is the basis for the London local authority ranking statistic above⁸⁴

Childhood and older age poverty



Children in absolute low income families (under 16s) in Tower Hamlets and England

Department for Work and Pensions and Office for National Statistics data, via the Office for Health Improvement and Disparities⁸⁵

Summary

- Tower Hamlets has a significantly higher level of absolute childhood poverty than the England average, 25.3% and 19.1% for Tower Hamlets and England respectively for 2023/24
- Additionally, Tower Hamlets had the **highest proportion of older people living in income deprived households** out of any district in England in 2025, as in 2019⁸⁶
- 40% of Tower Hamlets' older people live in income deprived households

Deep dive

- These statistics have been included in the absence of a measure for childhood and older age food insecurity which allows for comparisons between areas in England
- The Income Deprivation Affecting Older People Index (IDAOPI) is the metric for the above statistic, and is a supplementary resource to the Index of Multiple Deprivation (IMD)
- Red dot: significantly worse ($p \leq 0.05$)

Resident and stakeholder perspectives

Overview

- The Healthy Environments team in the Tower Hamlets Public Health Division collected, collated and presented key local insights related to food for the period 2022-2025
- The key findings outlined in the executive summary of that report are included verbatim on the next page²⁷

Methodology

- The local Food Partnership Network, led by Women's Environmental Network (WEN), was contacted and provided a contact list of relevant organisations
- Organisations were asked four key questions
 1. What are the key issues in the local food system?
 2. What current support is there in the local food system?
 3. What gaps are there in the local system?
 4. What are groups saying that they want from the local food system?
- Targeted engagement of underrepresented groups was undertaken
- More than 20 organisations and the perspectives of over 1000 residents were represented
- Resident groups included: carers, Bangladeshi women, Bangladeshi and Somali residents, people with disabilities, faith communities, people who were homeless and general residents groups

Resident and stakeholder perspectives summary

“Practical Barriers: Residents face challenges related to cooking skills, time, space, and support. Carers, Bangladeshi women, and people with learning disabilities are particularly affected.

Family and Cultural Influences: Food choices are shaped by household dynamics, cultural norms, and ingrained habits, often limiting autonomy and the ability to adopt healthier diets.

Nutritional Challenges: Malnutrition, poor diet quality and emotional distress linked to poor-quality food are prevalent among homeless individuals.

Food and Emotions: For some, food was a source of emotional comfort and self-soothing, with stress, anxiety and loneliness shaping eating behaviours.

Financial Pressures: Rising living costs, fuel prices, and benefit limitations force many to rely on emergency food aid. Low-income working families, carers, and freelancers are turning for help but fall through the cracks.

Community Food Support: Voluntary care sector organisations face funding instability, operational strain, and difficulty meeting cultural and dietary needs. Food banks are stretched and rely on unpredictable surplus. The food bank model is seen as unsustainable and misaligned with long-term solutions.

Accessibility and Reach: Services can fail to reach the most vulnerable due to digital exclusion, language barriers, and poor coordination. Fast food is more visible and affordable than healthier options. Transport, distance and physical accessibility limits access to nutritious food, especially for rough sleepers and disabled residents. Food aid is often inaccessible to rough sleepers, working residents, and those in temporary accommodation. Evening and weekend gaps in provision leave many underserved.

Environment: Food waste and a lack of growing spaces were highlighted.

Tower Hamlets has a strong food support network, but systemic, financial and cultural barriers limit its impact. Residents and frontline groups call for a more nutritious, dignified and accessible food system — expanding healthy, culturally appropriate provision, improving coordination across services, and embedding nutrition, mental health and oral-health support into routine care - supported by long-term funding, strong partnerships, community-led delivery and trusted communication”.

Local Picture

Tower Hamlets Public Health Team

The below tables outline the actions of the Tower Hamlets Public Health Division relevant to eating and weight, and has been derived from a mapping exercise carried out within the Healthy Environments Team. The actions are split by team: children and families, adults, communities, environments and the Health Determinants Research Collaboration (HDRC).

The below exercise only considers the actions of the Tower Hamlets Public Health Division, and is a necessary step in the progression of the local food response. Mapping the actions of the wider system is outside the scope of this project.

Healthy children and families

Action	Summary
Healthy Start cards	A national programme which supports low-income families to buy healthy food.
Healthy Start vitamins	Tower Hamlets provides an extended vitamin offer which includes: all children under 4, and women who are in pre-conception, pregnant or up to 1 year post-natal and breastfeeding.
Healthy Early Years	This is a Mayor of London initiative which supports and recognises achievements in health, wellbeing and development in early years settings. There are 4 levels of award: first steps, bronze, silver and gold. 73 Tower Hamlets settings have applied, 11 achieving bronze and 3 silver.
Family Hubs	This provision offers a wide range of support; food specific interventions include a starting solids workshop and healthy eating and nutrition training for staff.
Baby feeding and wellbeing service	Infant feeding support is offered, including antenatal workshops, drop in sessions and post-natal support.
Feed Your Way campaign	A new infant feeding campaign bringing together all available feeding support into a single platform.
Pump loan scheme	A new scheme providing breast pumps to families.
Formula crisis pathway	Work is underway to provide formula milk for parents experiencing financial difficulty.

UNICEF Baby Friendly Initiative	This is an accreditation for high quality care. Three posts are funded in Tower Hamlets to support organisations to achieve accreditations. Posts are in the Royal London Hospital maternity unit, Family Hubs and the health visiting service.
Health visiting and Family Nurse Partnership	Five contacts with a health visitor are nationally mandated, and an additional contact is provided in Tower Hamlets. Families may receive more intense support if there is high social need. Infant feeding and nutrition is part of health visitor support.
Free school meals	Free school meals are provided to all children, up to the age of 16, in publicly funded schools in Tower Hamlets.
Young Health Hub	Public Health commission Young Health Hub, an integrated service delivering public health nursing, sexual health and substance misuse services to children aged 5-19 (25 with SEND). This includes delivery of the National Child Measurement Programme (NCMP) in reception and year 6 of Primary Schools.
Healthy Families	The Healthy Families programme aims to support parents to improve family health and wellbeing by teaching about topics including nutrition, cooking skills, oral health and physical activity.
Healthy Lives	Relevant elements of this service to healthy eating are as follows: support to increase uptake of free school meals, monitoring and support for breakfast club provision, and healthy eating support for pupils with special educational needs.
Young Tower Hamlets	A strategic element of this service is to create a health promoting environment, which includes healthy eating.

Healthy Adults

Action	Summary
Tier 2 weight management services	Three tier 2 weight management services are commissioned: a universal service, one for people with physical disabilities and one for people with a learning disability.

	The programmes are 12 weeks long with a follow up at 26 weeks. The universal programme has 1000 spaces, the physical disability and learning disability specialist programmes have 76 and 40 spaces respectively.
Vital 5 strategy	The vital 5 strategy represents the approach to long term condition prevention in Tower Hamlets. The 'vital 5' represent key factors for disease prevention, namely: smoking, overweight and obesity, high blood pressure, mental health and alcohol⁸⁷. The system wide long term condition prevention approach is comprised of four pillars: linking to better support around the wider determinants of health, community centred prevention, detection and self-care, and active management and secondary prevention. Additionally, a communications campaign strategy acts across the four pillars.

Healthy Communities

Action	Summary
Culturally appropriate healthier eating food guidance videos	A set of videos to provide culturally appropriate healthy eating support.
Culturally appropriate food swaps leaflet	The leaflet outlines practical healthier changes to everyday Bengali meals and signposts to local support.
Communities Keeping Well (CKW)	This programme works with eight communities in Tower Hamlets with the aim of preventing type 2 diabetes, coronary heart disease and lung disease. 65 projects, voted for by residents, are funded, for example a community planting group.

Healthy Environments

Action	Summary
Healthier advertising policy	The policy restricts advertising for foods high in fat, salt and sugar (HFSS) on council owned land.
Hot food takeaway policy	The policy restricts the opening of new hot food takeaways near schools (within 200m) and in areas of high proliferation. It has successfully provided the basis for several application refusals in recent years.

Fruit and vegetable vouchers	Low income families are provided with weekly vouchers to purchase fruit and vegetables from local markets. The initiative is currently operating via three children's centres and two community centres, and supports up to 180 families.
Food for Health (Healthier Catering Commitment)	This is an award scheme to support business across Tower Hamlets to make healthy changes to the food and drink they provide. Tower Hamlets businesses have a Food for Health award.

Health Determinants Research Collaboration (HDRC)

Action	Summary
Evaluations	Evaluations of school food and universal free school meals are underway, and an evaluation of primary school breakfast clubs is at the proposal stage.
Research	Two potential research collaborations related to food are planned, one on foods sold in the out of home sector and the second is a PhD project on food insecurity in East London.

Sustain: Good Food Local

Sustain is a charity working to improve the food system. Each year the organisation release a 'Good Food Local: The London Report' which ranks each London borough council on their food response⁸⁸. The ranking is based on assessment in nineteen domains. Each domain is graded as 'foundations', 'good practice' or 'leadership' depending on the comprehensiveness of action in the area.

Tower Hamlets ranked 11th out of the 32 London boroughs and the City of London with an overall score of 82% in the 2026 report. The borough has been graded 'leadership' for several domains such as 'healthy start' and 'school meals'. Four domains graded 'foundations' or 'good practice' most relevant to the healthy eating and weight perspective of this report and to the actions of the Tower Hamlets Public Health Team are described below.

- **Catering and procurement:** Support for institutions to provide healthy food.
- **No recourse to public funds:** Sustain highlight migrants as particularly at risk of food insecurity and recommend actions to support this group.
- **Infant feeding:** Progress towards UNICEF UK Baby Friendly accreditation.
- **Nurseries and early years:** Sustain offer practical recommendations to support healthy eating in early years settings.
- **Food poverty action plans:** Development and implementation of a food poverty plan.

Recommendations

Recommendations relevant to the healthy eating and weight response in Tower Hamlets are outlined below. They are based on best practice guidance and local data, and recognise the current public health actions. The recommendations are high level considerations for the Tower Hamlets Public Health Team as a local system leader, and present a basis from which action around food can progress.

The recommendations are split into 'themes' to represent different elements of the healthy eating and weight response. The rationale column seeks to synthesise findings of the HNA and thereby provide a justification for each recommendation.

To note, the 'target population' themes below represent local priority areas highlighted as part of this needs assessment, and while attention has been paid to consider a wide range of determinants of diet and weight, there may be factors not considered and/or for which data is not readily available which are also important.

Theme 1: Governance, strategy and partnerships

No.	Recommendation	Rationale; considering best practice, data and local actions
1.1	Emphasise healthy weight as a divisional priority Allocate sufficient resource to work across teams within the public health division, and clarify roles, responsibilities and accountability	The adjacent recommendations recognise the current response and are founded in PHE's 'Whole systems approach to obesity' ¹⁴ . PHE offer six steps to developing a whole systems approach, from founding a core working group to maintaining the system. NICE's 'Overweight and obesity management' supports the whole systems approach, and specifically recommends the formation of an obesity partnership group ¹¹ .
1.2	Emphasise healthy weight as an organisational and system priority Engage stakeholders, meet to identify opportunities to develop the local response, develop a shared vision for action	
1.3	Coordinate a collaborative response Identify system priorities, develop an action plan, clarify roles and responsibilities, set local goals and targets to progress healthy weight action (including in tackling inequities)	This HNA identifies significant inequities in weight, therefore setting goals and targets to tackle inequities aligns with the local picture. Deprivation, ethnicity, multiple long term conditions, carer status, serious mental illness and learning disability are all associated with obesity in Tower Hamlets.
1.4	Sustain action on healthy eating and weight Establish a forum for ongoing system collaboration e.g. an obesity partnership group, set a frequency to meet with system	

	partners, set a frequency to review progress and adapt the approach – at least yearly	
1.5	Consider how actions can be aligned with existing disease-specific prevention strategies Such as diabetes prevention	PHE's 'Promoting healthy weight in children, young people and families' suggests developing and adopting a healthy weight declaration, and aligning healthy weight with disease specific strategies ¹⁵ .

Theme 2: Weight management, general

No.	Recommendation	Rationale; considering best practice, data and local actions
2.1	Maintain, and actively promote, an up to date list of local and national healthy weight services for residents and professionals	The adjacent recommendations are founded in NICE's 'Overweight and obesity management' quality standard ¹² and guideline ¹¹ ; insights considered most relevant to the local response are represented. As above, this HNA identifies significant inequities in weight, therefore integration of health equity data into service provision is essential.
2.2	Ensure weight management services are multicomponent and individualised, involve monitoring and specific goals, and provide maintenance advice	
2.3	Collect evidence demonstrating effectiveness of weight management interventions at 12 months or beyond	
2.4	Review the findings of previous, and plan the next, health equity audits of weight management services, and other healthy eating interventions; embed equality data into planning	

Theme 3: Priority populations, physical and mental health

Severe mental illness, learning disability, carers and multiple long term conditions

No.	Recommendation	Rationale; considering best practice, data and local actions
3.1	Consider developing a workstream to engage with mental health service commissioners and providers to support healthy eating for those with a severe mental illness	As demonstrated in this report, severe mental illness, learning disability, carer status and multiple long term conditions are associated with obesity in Tower Hamlets ²⁴ . Engagement with mental health and social care services represent additional avenues for the Tower Hamlets Public Health Team to
3.2	Consider developing a workstream to engage with social care commissioners and providers to support healthy eating	

	Particularly for those with multiple long term conditions, carers and for those with a learning disability	access these cohorts and is recommended in PHE's 'What good healthy weight for all ages looks like'.
3.3	Widen healthy eating support to families and carers of residents with a learning disability to support a healthy home environment	Recognising the risk of excess weight in the learning disabled population, PHE published: 'Obesity and weight management for people with learning disabilities' ¹⁶ . The recommendations adjacent are primarily founded in this document, in addition to NICE's 'Overweight and obesity management quality standards', and recognise the local response.
3.4	Integrate lived experience into the design of weight management services for those with a learning disability	
3.5	Consider the accessibility of interventions for residents with a learning disability E.g. consider literacy skills in promotional materials	
3.6	Collaborate with stakeholders to integrate healthy eating signposting and support into existing learning disability services Such as the annual health check	

Theme 4: Priority populations, demographic groups

Children and young people, and ethnicity

No.	Recommendation	Rationale; considering best practice, data and local actions
4.1	Develop the child and family healthy weight pathway Establish a clear, accessible and non-stigmatising pathway for children and families, bringing together identification, advice, signposting and support through NCMP, school nursing, Family Hubs, health visiting, schools and primary care	This HNA highlights primary school age as a particular target group. While reception age excess weight is declining in Tower Hamlets, overweight and obesity is increasing in year 6 age children, and significantly more children are becoming or remaining overweight from reception to year 6 in Tower Hamlets than the national average ^{28, 29, 30, 31, 32, 74} .
4.2	Develop a stronger family-based offer for primary school age children Provide practical programmes for families around meal routines, budgeting for healthier food, cooking skills, reducing sugary drinks and HFSS snacks, for example through schools or Family Hubs	
4.3	Work with children and young people settings to promote healthy eating Collaborate with schools to improve food quality and explore additional settings such as youth centres	Locally, the importance of developing clear pathways, working with settings, and considering the food environment and insecurity is recognised within the Tower Hamlets Public Health Team.

4.4	Underline food insecurity as a healthy weight issue in children Join up universal free school meals, breakfast clubs, holiday provision, fruit and vegetable vouchers, Healthy Start and Family Hub support into a clearer family food security offer, with a stronger emphasis on nutritional quality and healthy growth	
4.5	Continue work to develop accessible and culturally specific healthy eating support	This HNA identifies inequities in overweight and obesity by ethnicity, with Black and South Asian populations having the highest prevalences. It is worth noting that different thresholds for overweight and obesity have been used depending on ethnicity (ethnicities other than 'White-British', 'White-Irish', 'White-Other' or 'Unknown' have lower BMI thresholds for overweight and obesity), as per convention, to confer the differing degree of health risk of a given BMI. The Tower Hamlets Public Health Team is currently developing accessible and culturally appropriate healthy eating support; the findings of this HNA support ongoing development of this initiative.

Theme 5: Environmental and socioeconomic

No.	Recommendation	Rationale; considering best practice, data and local actions
5.1	Use community insights to inform the development of interventions E.g. through addressing practical barriers such as cooking skills and cooking healthy food when space and time are constrained	The resident and stakeholder perspectives summarised in the above data section offer valuable insights to inform the local response ²⁷ . PHE's 'What good healthy weight for all ages looks like' emphasises the importance of putting local communities at the centre of decision making ¹³ .
5.2	Lead by example by promoting healthy food on council premises	'Overweight and obesity management' (NICE) ¹¹ , 'What good healthy weight for all ages looks like' (PHE) ¹³ and Sustain's 'Good food local: the London report 2026' ⁸⁸ identify work in non-health settings as important to a holistic food response.
5.3	Explore additional settings to promote healthy eating to reach people at different stages of life	

	For example: work places, food banks, maternity services, older people's services and faith institutions	
5.4	Provide wrap around health support, for example mental health support, at food provision sites	This report highlights the high proportion at risk of food insecurity in Tower Hamlets. Recommendations 5.4 and 5.5 are founded in the Health Foundation's 'Food insecurity – what can local governments do' ²¹ and consider the role of the Tower Hamlets Public Health Team in addressing food insecurity.
5.5	Develop a communications plan to support those experiencing food insecurity to access available support Consider opportunities for targeted messaging for those at risk of food insecurity and universal approaches	

Theme 6: Baby feeding and nutrient supplementation

No.	Recommendation	Rationale; considering best practice, data and local actions
6.1	Continue to support services to achieve stage 3 UNICEF Baby Friendly accreditation	Sustain's 'Good food local: the London report 2026' ⁸⁸ identified UNICEF Baby Friendly accreditation as an area for further development in Tower Hamlets; this is reflected in Tower Hamlet's 'Healthy early years joint strategic needs assessment' ⁸⁹ .
6.2	Review opportunities to embed preconception advice, including around folate, outside of maternity services For example through the Women's Health Hub, health visiting and Children's Centres. Include support to access high dose folic acid where appropriate	PHE's 'Maternity high impact area: supporting healthy weight before and between pregnancies' (PHE) ¹⁸ recommends providing preconception advice across the life course and is supported by the low prevalence of preconception folic acid supplementation in Tower Hamlets ³⁵ (see the 'data' section above).
6.3	Vitamin D: consider increasing local availability for at risk groups and integrating vitamin D into public health messaging and health and social care services At risk groups are described in the best practice section above	Insights considered most relevant to the Tower Hamlets Public Health Team from NICE's 'Vitamin D: supplementation use in specific population groups' ²⁰ are outlined adjacent.

Theme 7: Topics for further investigation

The below recommendations offer two suggested areas, outside the scope of this project, for further work. The lines of enquiry are supported by the findings of this project, as discussed below.

No.	Recommendation	Rationale; considering best practice, data and local actions
7.1	Malnutrition in old age What is the local health impact?	Tower Hamlets has the highest proportion of older people living in income deprived households out of any district in England (see the

	What does good look like in a local response to malnutrition in older people? What is the current provision, considering: prevention, assessment and management? What opportunities are there for the local system to improve the prevention, diagnosis and management of malnutrition in older people?	‘data’ section above)⁸⁶, therefore the risk of food insecurity is, intuitively, high. Malnutrition is prevalent in older people, 11% are estimated to be malnourished or at risk of malnourishment in the UK, and may impact health in a number of ways, for example through increased susceptibility to infection, increased falls risk, or reduced mobility. Malnutrition ‘is both a cause and a consequence of ill health and can be caused by social factors’⁶⁰.
7.2	People with no recourse to public funds What is the current unmet need for food support for people with no recourse to public funds in Tower Hamlets? What does good look like in a local response? What food support is there currently for this cohort? What opportunities are there to improve food support for people with no recourse to public funds in Tower Hamlets?	Sustain’s ‘Good food local: the London report 2026’⁸⁸ identify food support for those with no recourse to public funds as an area for development in Tower Hamlets.

References

1. National Health Service (NHS). Eating a balanced diet. [Online]. 2022 [cited 22/06/2026]. Available from: <https://www.nhs.uk/live-well/eat-well/how-to-eat-a-balanced-diet/eating-a-balanced-diet/>
2. World Health Organisation (WHO), Eastern Mediterranean Region. Unhealthy diet. [Online]. 2026 [cited 22/06/2026]. Available from: <https://www.emro.who.int/noncommunicable-diseases/causes/unhealthy-diets.html>
3. United Nations Development Programme (UNDP). Sustainable Development Goals. [Online]. 2015 [cited 22/06/2026]. Available from: <https://www.undp.org/sustainable-development-goals>
4. Department of Health and Social Care. Fit for the Future, 10 Year Health Plan for England. [Online]. 2025 [cited 22/06/2026]. Available from: <https://assets.publishing.service.gov.uk/media/6888a0b1a11f859994409147/fit-for-the-future-10-year-health-plan-for-england.pdf>
5. Department for Environment, Food and Rural Affairs. A UK government food strategy for England, considering the wider UK food system. [Online]. 2025 [cited 22/06/2026]. Available from: <https://www.gov.uk/government/publications/a-uk-government-food-strategy-for-england/a-uk-government-food-strategy-for-england-considering-the-wider-uk-food-system>
6. Department for Work and Pensions and Cabinet Office. Our Children, Our Future: Tackling Child Poverty. [Online]. 2025 [cited 22/06/2026]. Available from: <https://www.gov.uk/government/publications/our-children-our-future-tackling-child-poverty>
7. Henry Dimbleby. National Food Strategy, Independent Review. [Online]. 2021 [cited 22/06/2026]. Available from: <https://www.nationalfoodstrategy.org/wp-content/uploads/2021/07/National-Food-Strategy-The-Plan.pdf>
8. Department of Health and Social Care. Tackling obesity: empowering adults and children to live healthier lives [Online]. 2020 [cited 22/06/2026]. Available from: <https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives>
9. London Child Obesity Taskforce. Every Child a Healthy Weight. [Online]. 2019 [cited 22/06/2026]. Available from: https://www.london.gov.uk/sites/default/files/every_child_a_healthy_weight.pdf
10. Greater London Authority. The London Food Strategy. [Online]. 2018 [cited 22/06/2026]. Available from: https://www.london.gov.uk/sites/default/files/final_london_food_strategy.pdf
11. National Institute for Health and Care Excellence (NICE). Overweight and obesity management, NICE Guideline. [Online]. 2026 [cited 22/06/2026]. Available from: <https://www.nice.org.uk/guidance/ng246>
12. National Institute for Health and Care Excellence (NICE). Overweight and obesity management, Quality standard. [Online]. 2025 [cited 22/06/2026]. Available from: <https://www.nice.org.uk/guidance/qs212>
13. Public Health England (PHE), the Association of Directors of Public Health (ADPH). [Online]. What good healthy weight for all ages looks like. [Online]. 2019 [cited 22/06/2026]. Available from: <https://www.adph.org.uk/wp-content/uploads/2019/07/What-Good-Healthy-Weight-Looks-Like.pdf>
14. Public Health England (PHE). Whole systems approach to obesity. [Online]. 2019 [cited 22/06/2026]. Available from: https://assets.publishing.service.gov.uk/media/5d396e7140f0b604de59fde9/Whole_systems_approach_to_obesity_guide.pdf
15. Public Health England (PHE). Promoting healthy weight in children, young people and families: a resource to support local authorities. [Online]. 2018 [cited 22/06/2026]. Available from:

- https://assets.publishing.service.gov.uk/media/5bcf0ab540f0b644210d72f9/promoting_healthy_weight_in_children_young_people_and_families_resource.pdf
16. Public Health England (PHE). Obesity and weight management for people with learning disabilities: guidance. [Online]. 2020 [cited 22/06/2026]. Available from: <https://www.gov.uk/government/publications/obesity-weight-management-and-people-with-learning-disabilities/obesity-and-weight-management-for-people-with-learning-disabilities-guidance>
 17. National Institute of Health and Care Excellence (NICE). Maternal and child nutrition: nutrition and weight management in pregnancy, and nutrition in children up to 5 years. [Online]. 2025 [cited 22/06/2026]. Available from: <https://www.nice.org.uk/guidance/ng247>
 18. Public Health England (PHE). Maternity high impact area: Supporting healthy weight before and between pregnancies. [Online]. 2020 [cited 22/06/2026]. Available from: https://assets.publishing.service.gov.uk/media/67efd0f7d065389a655cef9d/Maternity_high_impact_area_3_Supporting_healthy_weight_before_and_between_pregnancies.pdf
 19. National Institute for Health and Care Excellence (NICE). Vitamin D deficiency in adults. [Online]. 2020 [cited 22/06/2026]. Available from: <https://cks.nice.org.uk/topics/vitamin-d-deficiency-in-adults/>
 20. National Institute for Health and Care Excellence (NICE). Vitamin D: supplement use in specific population groups. [Online]. 2017 [cited 22/06/2026]. Available from: <https://www.nice.org.uk/guidance/ph56>
 21. The Health Foundation. Food insecurity – what can local government do? [Online]. 2023 [cited 22/06/2026]. Available from: <https://www.health.org.uk/reports-and-analysis/briefings/food-insecurity-what-can-local-government-do>
 22. Office for Health Improvement & Disparities. Public Health Profiles. Overweight (including obesity) prevalence in adults (using adjusted self-reported height and weight) (18+ years). [Accessed: 25/02/2026] <https://fingertips.phe.org.uk> © Crown copyright [2026]
 23. Office for Health Improvement & Disparities. Public Health Profiles. Obesity prevalence in adults (using adjusted self-reported height and weight). [Accessed: 25/02/2026] <https://fingertips.phe.org.uk> © Crown copyright [2026]
 24. Data source: Optum. Pathfinder. GP prevalence data: 02/2024-2026. [Accessed: 02-04/2026].
 25. University of Southampton. My local map. [Online]. Food insecurity risk index 2023-2024 Composition Stores Rank, Tower Hamlets. [Accessed: 09/02/2026]. Available from: <https://www.mylocalmap.org.uk/iaahealth/>
 26. Office for Health Improvement & Disparities. Public Health Profiles. Fast food outlets per 100,000 population. [Accessed: 10/02/2026] <https://fingertips.phe.org.uk> © Crown copyright [2026]
 27. Sophie Bowen. Healthy Environments Team, Tower Hamlets Public Health Division. Community Engagement Report. 2025.
 28. Office for Health Improvement & Disparities. Public Health Profiles. Reception prevalence of overweight (including obesity) (4-5 yrs). [Accessed: 25/02/2026] <https://fingertips.phe.org.uk> © Crown copyright [2026]
 29. Office for Health Improvement & Disparities. Public Health Profiles. Reception prevalence of obesity (including severe obesity) (4-5 yrs). [Accessed: 25/02/2026] <https://fingertips.phe.org.uk> © Crown copyright [2026]
 30. Office for Health Improvement & Disparities. Public Health Profiles. Year 6 prevalence of obesity (including severe obesity) (10-11 yrs). [Accessed: 25/02/2026] <https://fingertips.phe.org.uk> © Crown copyright [2026]
 31. Office for Health Improvement & Disparities. Public Health Profiles. Percentage of children moving from healthy weight in reception to overweight (including obesity) in year 6. [Accessed: 25/02/2026] <https://fingertips.phe.org.uk> © Crown copyright [2026]

32. Office for Health Improvement & Disparities. Public Health Profiles. Percentage of reception children remaining overweight (including obesity) in year 6. [Accessed: 25/02/2026] <https://fingertips.phe.org.uk> © Crown copyright [2026]
33. National Childhood Measurement Programme (NCMP). Tower Hamlets. Reception. 2024/25.
34. National Childhood Measurement Programme (NCMP). Tower Hamlets. Year 6. 2024/25.
35. Office for Health Improvement & Disparities. Public Health Profiles. Folic acid supplements taken before pregnancy. [Accessed: 17/02/2026] <https://fingertips.phe.org.uk> © Crown copyright [2026]
36. Office for Health Improvement and Disparities. Better Health Start for Life weaning campaign: methodology and summary of results. [Online]. 2022 [cited: 23/06/2026]. Available from: <https://www.gov.uk/government/publications/better-health-start-for-life-weaning-campaign-survey-march-2020/better-health-start-for-life-weaning-campaign-methodology-and-summary-of-results>
37. Office for Health Improvement & Disparities. Public Health Profiles. Baby's first feed breast milk. [Accessed: 17/02/2026] <https://fingertips.phe.org.uk> © Crown copyright [2026]
38. Office for Health Improvement & Disparities. Public Health Profiles. Breastfeeding prevalence at 6 to 8 weeks. [Accessed: 17/02/2026] <https://fingertips.phe.org.uk> © Crown copyright [2026]
39. Office for Health Improvement & Disparities. Public Health Profiles. Fast food outlets per 100,000 population. [Accessed: 10/02/2026] <https://fingertips.phe.org.uk> © Crown copyright [2026]
40. Office for Health Improvement & Disparities. Public Health Profiles. Older people in poverty: income deprivation affecting older people index (IDAOPI) (aged 60 and over). [Accessed: 11/02/2026] <https://fingertips.phe.org.uk> © Crown copyright [2026]
41. British Heart Foundation. What are macronutrients? [Online]. 2022 [cited 23/06/2026]. Available from: <https://www.bhf.org.uk/informationsupport/heart-matters-magazine/nutrition/ask-the-expert/macronutrients>
42. Espinosa-Salas S, Gonzalez-Arias M. Nutrition: Macronutrient Intake, Imbalances, and Interventions. [Updated 2023 Aug 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2026 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK594226/>
43. Department of Health and Social Care. Restricting promotions of products high in fat, sugar or salt by location and by volume price: implementation guidance. [Online]. 2023 [cited 23/06/2026]. Available from: <https://www.gov.uk/government/publications/restricting-promotions-of-products-high-in-fat-sugar-or-salt-by-location-and-by-volume-price/restricting-promotions-of-products-high-in-fat-sugar-or-salt-by-location-and-by-volume-price-implementation-guidance>
44. World Health Organisation. Micronutrients. [Online]. 2026 [cited 23/06/2026]. Available from: https://www.who.int/health-topics/micronutrients#tab=tab_1
45. National Health Service (NHS). Vitamin D. [Online]. 2020 [cited 23/06/2026]. Available from: <https://www.nhs.uk/conditions/vitamins-and-minerals/vitamin-d/>
46. National Health Service (NHS). Iron. [Online]. 2020 [cited 23/06/2026]. Available from: <https://www.nhs.uk/conditions/vitamins-and-minerals/iron/>
47. National Health Service (NHS). Iron deficiency anaemia. [Online]. 2024 [cited 26/06/2024]. Available from: <https://www.nhs.uk/conditions/iron-deficiency-anaemia/>
48. Office for Health Improvement and Disparities. Vitamin A: migrant health guide. [Online]. 2021 [cited 23/06/2026]. Available from: <https://www.gov.uk/guidance/vitamin-a-deficiency-migrant-health-guide>
49. National Health Service (NHS). The Eatwell Guide. [Online]. 2022 [cited 23/06/2026]. Available from: <https://www.nhs.uk/live-well/eat-well/food-guidelines-and-food-labels/the-eatwell-guide/>

50. National Health Service (NHS). Benefits of breastfeeding. [Online]. 2023 [cited 23/06/2026]. Available from: <https://www.nhs.uk/baby/breastfeeding-and-bottle-feeding/breastfeeding/benefits/>
51. National Health Service (NHS). Best Start In Life. [Online]. [Cited 23/06/2026]. Available from: <https://www.nhs.uk/best-start-in-life/>
52. Government Office for Science. Foresight, Tackling Obesities: Future Choices – Project Report, 2nd Edition. [Online]. 2007 [cited 23/06/2026]. Available from: <https://www.gov.uk/government/publications/reducing-obesity-future-choices>
53. World Health Organisation (WHO). Obesity and overweight. [Online]. 2025 [cited 23/06/2026]. Available from: <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>
54. National Health Service (NHS). Obesity and pregnancy. [Online]. 2023 [cited 23/06/2026]. Available from: <https://www.nhs.uk/pregnancy/keeping-well/overweight/#:~:text=Being%20overweight%20increases%20the%20chance, chances%20are%20in%20relation%20to%3A>
55. Public Health England (PHE). Working together to address obesity in adult mental health secure units. [Online]. 2017 [cited 23/06/2026]. Available from: https://assets.publishing.service.gov.uk/media/5a7f1b63ed915d74e62286c9/obesity_in_mental_health_secure_units.pdf
56. Office for Health Improvement and Disparities. Obesity profile: short statistical commentary, May 2025. [Online]. 2025 [cited 23/06/2026]. Available from: <https://www.gov.uk/government/statistics/obesity-profile-may-2025-update/obesity-profile-short-statistical-commentary-may-2025>
57. The Health Foundation. Trends in children who are overweight or obese. [Online]. 2025 [cited 23/06/2026]. Available from: <https://www.gov.uk/government/statistics/obesity-profile-may-2025-update/obesity-profile-short-statistical-commentary-may-2025>
58. The King's Fund. How to tackle obesity: why industry must step up. [Online]. 2025 [cited 23/06/2026]. Available from: <https://www.kingsfund.org.uk/insight-and-analysis/blogs/how-to-tackle-obesity-why-industry-must-step-up>
59. Afzal M, Siddiqi N, Ahmad B, Afsheen N, Aslam F, Ali A, Ayesha R, Bryant M, Holt R, Khalid H, Ishaq K, Koly KN, Rajan S, Saba J, Tirbhowan N, Zavala GA. Prevalence of Overweight and Obesity in People With Severe Mental Illness: Systematic Review and Meta-Analysis. *Front Endocrinol (Lausanne)*. 2021 Nov 25;12:769309. doi: 10.3389/fendo.2021.769309. PMID: 34899604; PMCID: PMC8656226.
60. National Institute for Health and Care Excellence (NICE). Adult malnutrition. [Online]. 2024 [cited 23/06/2026]. Available from <https://www.who.int/news-room/fact-sheets/detail/malnutrition>
61. The British Association for Parenteral and Enteral Nutrition (BAPEN). Malnutrition and Nutritional Care Survey in Adults. [Online]. 2023 [cited 23/06/2026]. Available from: <https://www.bapen.org.uk/pdfs/reports/mag/national-survey-of-malnutrition-and-nutritional-care-2023.pdf>
62. The King's Fund. Malnutrition – the 'Pandora's box' of health care we try not to open. [Online]. 2024 [cited 23/06/2026]. Available from: <https://www.kingsfund.org.uk/insight-and-analysis/blogs/malnutrition-pandoras-box-health-care>
63. www.parliament.uk. Sustainable Development goals in the UK follow up: Hunger, malnutrition and food insecurity in the UK. [Online]. 2019 [cited 23/06/2026]. Available from: <https://publications.parliament.uk/pa/cm201719/cmselect/cmenvaud/1491/149105.htm>
64. Food and Agriculture Organisation of the United Nations (FAO). Food Security. [Online]. 2006 [cited 23/06/2026]. Available from: https://www.fao.org/fileadmin/templates/faoitaly/documents/pdf/pdf_Food_Security_Coept_Note.pdf
65. Department for Environment, Food and Rural Affairs. UK Food Security Report 2024. [Online]. 2024 [cited 23/06/2026]. Available from:

- https://assets.publishing.service.gov.uk/media/6756e355d89258d2868dae76/United_Kingdom_Food_Security_Report_2024_11dec2024_web_accessible.pdf
66. The Food Foundation. Pushed to the brink: the UK's interlinked mental health and food insecurity crises. [Online]. 2024 [cited 23/06/2026]. Available from: https://foodfoundation.org.uk/sites/default/files/2024-09/Mental%20Health%20and%20Food%20Insecurity%20briefing_1.pdf
 67. London's Child Obesity Taskforce. Every child a healthy weight, still a critical priority for London. [Online]. 2022 [cited 24/06/2026].
 68. Greater London Authority. The London food strategy, implementation plan 2018-2023. [Online]. 2018 [cited 24/06/2026]. Available from: https://www.london.gov.uk/sites/default/files/implementation_plan_2018-2023.pdf
 69. Public Health England (PHE). Using the planning system to promote healthy weight environment. 2020 [cited 24/06/2026]. Available from: https://assets.publishing.service.gov.uk/media/5e3ae46240f0b60915732cc3/PHE_Planning_healthy_weight_environments_guidance_1.pdf
 70. National Institute for Health and Care Excellence (NICE). Postnatal care, NICE guideline. [Online]. 2026 [cited 24/06/2026]. Available from: <https://www.nice.org.uk/guidance/ng194>
 71. National Institute for Health and Care Excellence (NICE). Postnatal care, quality standard. [Online]. 2022 [cited 24/06/2026]. Available from: <https://www.nice.org.uk/guidance/qs37>
 72. The Food Foundation. Roadmap to reducing food insecurity in the UK. [Online]. 2025 [cited 24/06/2026]. Available from: <https://foodfoundation.org.uk/publication/roadmap-reducing-food-insecurity-uk>
 73. UNICEF UK. Supporting families with infants under 12 months experiencing food insecurity, a guide for local authorities and health boards. [Online]. 2022 [cited 24/06/2026]. Available from: <https://www.unicef.org.uk/babyfriendly/local-authorities-guide/>
 74. Office for Health Improvement & Disparities. Public Health Profiles. Year 6 prevalence of overweight (including obesity) (10-11 yrs). [Accessed: 25/02/2026] <https://fingertips.phe.org.uk> © Crown copyright [2026]
 75. Produced by: Public Health Intelligence Team at the London Borough of Tower Hamlets. Epidemiological Data and Intelligence for Tower Hamlets. [Online]. 2024. [Accessed: 25/02/2026]. Available from: <https://lbthedith.shinyapps.io/edith/>. Leaflet | © OpenStreetMap contributors © CARTO
 76. Office for Health Improvement & Disparities. Public Health Profiles. Percentage of adults meeting the '5 a day' fruit and vegetable consumption recommendations (new method). [Accessed: 13/02/2026] <https://fingertips.phe.org.uk> © Crown copyright [2026]
 77. Office for Health Improvement and Disparities. National Diet and Nutrition Survey 2019 to 2023: report. [Online]. 2025 [cited 24/06/2026]. Available from: <https://www.gov.uk/government/statistics/national-diet-and-nutrition-survey-2019-to-2023/national-diet-and-nutrition-survey-2019-to-2023-report#executive-summary>
 78. Office for Health Improvement & Disparities. Public Health Profiles. Obesity in early pregnancy. [Accessed: 17/02/2026] <https://fingertips.phe.org.uk> © Crown copyright [2026]
 79. Office for Health Improvement & Disparities. Better Health Start for Life weaning campaign: methodology and summary of results. [Online]. 2022 [cited 24/06/2026]. Available from: <https://www.gov.uk/government/publications/better-health-start-for-life-weaning-campaign-survey-march-2020/better-health-start-for-life-weaning-campaign-methodology-and-summary-of-results>
 80. The Food Foundation. Health and Diet Inequalities Dashboard. [Online]. 2024. [Accessed 10/02/2026]. Available from: <https://foodfoundation.org.uk/initiatives/health-and-diet-inequalities-dashboard>
 81. London Borough of Tower Hamlets. Tower Hamlets JSNA spotlight on: food poverty. 2019.
 82. London Borough of Tower Hamlets. Spatial planning and health needs assessment. 2023.

83. Office for Health Improvement & Disparities. Public Health Profiles. Food insecurity – percentage of households experiencing food insecurity. [Accessed: 09/02/2026] <https://fingertips.phe.org.uk> © Crown copyright [2026]
84. Office for Health Improvement & Disparities. Public Health Profiles. Food Insecurity (INDIRECT measure) – percentage of local authority population living in areas at highest risk of food insecurity 2022. [Accessed: 06/07/2026] <https://fingertips.phe.org.uk> © Crown copyright [2026]
85. Office for Health Improvement & Disparities. Public Health Profiles. Children in absolute low income families (under 16s). [Accessed: 10/02/2026] <https://fingertips.phe.org.uk> © Crown copyright [2026]
86. Ministry of Housing Communities and Local Government. English indices of deprivation 2025: statistical release. [Online]. 2025 [cited 24/06/2026]. Available from: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2025/english-indices-of-deprivation-2025-statistical-release>
87. King's Health and Partners. The Vital 5. [Online]. 2018 [cited 25/06/2026]. Available from: <https://www.kingshealthpartners.org/latest/vital-5>
88. Sustain. Good Food Local: The London report 2026. [Online]. 2026 [cited 24/06/2026]. Available from: <https://www.sustainweb.org/good-food-local/london/>
89. London Borough of Tower Hamlets. Healthy early years joint strategic needs assessment. 2025.