



## **Title**

**Delivery Plan for Leadership and Management to Reduce Childhood  
Obesity in the London Borough of Tower Hamlets**



## Leadership and Management

The leadership and coordination of the integration of childhood obesity services in Tower Hamlets (London Borough) of the local government should be entrenched in the governance set up of NHS North East London Integrated Care Board, alongside the Public Health Directorate in the local authority (Northeastlondon, 2023). Accessible through the Health and Care Act 2022 is the statutory foundation of Integrated Care Systems, which requires collaboration towards population health and inequalities reduction. Moreover, the Children Act 2004 reinforces the duty to cooperate in advancing the well-being of children in favour of cross-sector integration.

The management role is to be organized on the system, operational, and community levels:

| Level                     | Lead Responsibility                                       | Key Functions                                                                   |
|---------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------|
| <i><b>System</b></i>      | Integrated Care Board & Health and Wellbeing Board        | Strategic oversight, pooled budgets, performance monitoring (Dunn et al., 2025) |
| <i><b>Operational</b></i> | Public Health & Primary Care Networks (Dunn et al., 2025) | Commissioning, pathway coordination, data sharing                               |
| <i><b>Community</b></i>   | Schools & Voluntary Sector                                | Delivery of family programmes, engagement                                       |

According to the relevant advice offered by the National Institute for Health and Care Excellence, multicomponent and family-based interventions, in favour of multidisciplinary leadership, are encouraged. By having a proportion of about 11% of the Reception children in the area identified as obese, there is a need to allocate resources to target the necessary outcome.

It has been estimated that a borough-wide integrated programme (dietitians, school nurses, digital monitoring systems, and community health champions, etc.) could cost between 1 and 1.5 million a year (Santos et al., 2022). Nevertheless, it is expected to have long-term savings due to the decreased obesity-related admissions and burden of chronic diseases. Some of the assets required comprise worker training, interoperable digital data, and interoperable culturally competent engagement with the community capacity. Good financial management and results-



based commissioning are very important to secure the best value in tight public health budgets.



## Conclusion

Tower Hamlets has a strong association between childhood obesity, deprivation, housing, and inequality. According to the evidence presented in the JSNA, there are evident gaps in both prevention and access. A combination strategy is necessary to improve children's health and eliminate health disparities in the long term. The issue of childhood obesity in the London Borough of Tower Hamlets needs to be systemic and integrated across the health, social care, and community sectors. The overall proportion of Reception children who should be considered obese is about 11 percent, and in the deprived wards, even the proportion is more impressive, which is why fragmented interventions are inadequate. It is advised that a whole-systems partnership model should be implemented with mutual leadership of the local authority and the NHS North East London Integrated Care Board in order to guarantee strategic alignment, budgetary pool, and joint accountability.

## Recommendation

The Health and Wellbeing Board of Tower Hamlets needs to adopt a multi-agency, culturally responsive obesity prevention program. The partners should align commissioning plans with JSNA evidence. They also need to strictly focus on deprived wards, enhance community involvement, and periodically review outcomes to achieve quantifiable improvements in the prevalence of childhood obesity.

The most significant recommendations are that the culturally oriented family-based programmes need to be reinforced, the digital data-sharing systems should be implemented to ensure timely monitoring, and the commissioning systems need to be equity-driven to avoid increasing the disparities. The financial pressure should not undermine long-term investment in prevention.

To achieve effective integration, there must be effective systems leadership, financial literacy, capacity to analyse data, and commission outcomes-based expertise. Another competency that is essential is collaboration, cultural competence, expertise in community engagement, and organisational change management. The leaders are expected to engage in negotiation, conflict resolution, and strategic planning skills to bring diverse stakeholders to the same point. Integration of these competencies into multidisciplinary teams will make



the system more sustainable as well as guarantee the fact that the health outcomes of children are improved at the level of the entire borough



## Reference List

Dunn, P., Allen, L., Buzelli, L., Ewbank, L. and Alderwick, H. (2025). NHS action on social and economic development in England: Vague national policy expectations. *Health Policy*, [online] 151, p.105194. doi:<https://doi.org/10.1016/j.healthpol.2024.105194>.

Northeastlondon (2023). *NHS North East London Integrated Care Board*. [online] Available at: <https://northeastlondon.icb.nhs.uk/wp-content/uploads/2023/02/NHS-North-East-London-ICB-Board-26.07.23-2.pdf> [Accessed 25 Feb. 2026].

Santos, O.P.D., Melly, P., Hilfiker, R., Giacomino, K., Perruchoud, E., Verloo, H. and Pereira, F. (2022). Effectiveness of Educational Interventions to Increase Skills in Evidence-Based Practice among Nurses: The EDITcare Systematic Review. *Healthcare (Basel, Switzerland)*, [online] 10(11), p.2204. doi:<https://doi.org/10.3390/healthcare10112204>.

