

## Education and Children's Services Scrutiny Sub-Committee

Tuesday 28 June 2011

7.00 pm

Town Hall, Peckham Road, London SE5 8UB

### Membership

Councillor David Hubber (Chair)  
Councillor the Right Revd Emmanuel  
Oyewole (Vice-Chair)  
Councillor Sunil Chopra  
Councillor Adele Morris  
Councillor Rosie Shimell  
Councillor Althea Smith  
Councillor Cleo Soanes  
Reverend Nicholas Elder  
Colin Elliott  
Leticia Ojeda  
Sharon Donno

### Reserves

Councillor Darren Merrill  
Councillor Victoria Mills  
Councillor Lisa Rajan  
Councillor Nick Stanton  
Councillor Mark Williams

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**Contact** Julie Timbrell on 020 7525 0514 or email: [julie.timbrell@southwark.gov.uk](mailto:julie.timbrell@southwark.gov.uk)

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Members of the committee are summoned to attend this meeting

**Annie Shepperd**

Chief Executive

Date: 20 June 2011



# Education and Children's Services Scrutiny Sub-Committee

Tuesday 28 June 2011  
7.00 pm  
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## Order of Business

Item No.	Title	Page No.
	<b>PART A - OPEN BUSINESS</b>	
1.	<b>APOLOGIES</b>	
2.	<b>NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT</b>	
	In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.	
3.	<b>DISCLOSURE OF INTERESTS AND DISPENSATIONS</b>	
	Members to declare any personal interests and dispensation in respect of any item of business to be considered at this meeting.	
4.	<b>MINUTES</b>	1 - 7
	To approve as a correct record the Minutes of the open section of the meeting held on 11 April 2011.	
5.	<b>REVIEW OF PARENTING SUPPORT - PART 1 : SCHOOL ADMISSIONS REVIEW REPORT</b>	8 - 34
6.	<b>CHILDHOOD OBESITY AND SPORTS PROVISION REVIEW</b>	35 - 90
	The recent report, 'Tipping the Scales', published by the London Assembly Health and Public Services Committee April 2011 is enclosed for consideration.	
7.	<b>WORK PROGRAMME</b>	91
	<b>DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE</b>	

**Item No.**

**Title**

**Page No.**

**START OF THE MEETING.**

**PART B - CLOSED BUSINESS**

**DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START  
OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.**

Date: 20 June 2011



## EDUCATION AND CHILDREN'S SERVICES SCRUTINY SUB-COMMITTEE

MINUTES of the Education and Children's Services Scrutiny Sub-Committee held on Monday 11 April 2011 at 7.00 pm at Town Hall, Peckham Road, London SE5 8UB

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- PRESENT:** Councillor David Hubber (Chair)  
Councillor the Right Revd Emmanuel Oyewole  
Councillor Adele Morris  
Councillor Rosie Shimell  
Councillor Althea Smith  
Councillor Cleo Soanes  
Reverend Nicholas Elder  
Colin Elliott  
Leticia Ojeda  
Councillor Martin Seaton (reserve member)
- OTHER MEMBERS PRESENT:** Councillor Catherine McDonald
- OFFICER SUPPORT:** Gill Davies; Strategic director for the environment  
Jane Bailey: Assistant Director Children's Services; 11-19 and Youth  
Sam Fowler : Southwark Schools for the Future project director  
Dolly Naeem : Head of Southwark adult learning  
Harriet Duncan: Adult learning service  
Jackie Cook: Head of quality assurance  
Caroline Essiet; Rights and participation officer  
Davina Bailey : Youth participation coordinator  
Julie Timbrell: Scrutiny project manager  
Deon Kritzinger : Environment account department
- PUBLIC:** Stephen Swatay : Southwark Youth Council  
Alexander Fefegha : Southwark Youth Council  
Abubathar Rojas : Southwark Youth Council  
Martina Ewohime: Southwark Youth Council  
Marein Hiber: Southwark Youth Council  
Ibrahim Bah : Southwark Youth Council  
Vincent Brown: Save Southwark Adult Learning  
Shenika Hylhon: Speakerbox  
Osa Obasohan: Speakerbox chair

**1. APOLOGIES**

1.1 Apologies for absence were received from Councillors Lorraine Lauder.

**2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT**

2.1 There were no urgent items.

**3. DISCLOSURE OF INTERESTS AND DISPENSATIONS**

3.1 There were no disclosures of interests or dispensations.

**4. MINUTES**

4.1 The minutes of the meeting held on 14 March 2011 were agreed as an accurate record.

**5. CHILDREN'S AND YOUNG PEOPLES PLAN (CYPP)**

5.1 The chair welcomed representatives from Southwark Youth Council (SYC) and Speakerbox to the meeting , as well as Cllr Catherine McDonald, Cabinet lead for children's services.

5.2 The chair invited Cllr Catherine McDonald to say a few words and the Cabinet lead for children's services commented that the Children and Young Peoples Plan (CYPP) is a key plan, developed with partners. The statutory obligations have been removed, however she stated that it is her hope that the partners will still want to work together.

5.3 Jane Bailey, Assistant director for children's services, introduced the report circulated by commenting that she hoped everybody present had had a chance to contribute to the plan; over 1000 voices had been recorded in the course of the plan's development. The Assistant director reported that 5 key priorities had emerged: thinking family, narrowing the gap, raising the bar, succeeding into adulthood and working together – children safeguarded from harm and neglect.

5.4 The Assistant director reported that the 'thinking families' theme had emerged because many people had said it was difficult to cope with so many agencies. 'Narrowing the gap' was focussed on everybody receiving high quality services and 'succeeding into adulthood' was focused on learning and ensuring that young people can enter the employment market, particularly young people at risk. Safeguarding from harm was focused on reducing abuse and neglect.

5.5 The Assistant director then moved on to looking at performance issues. She reported that there had been an emphasis on getting the Family Information Service information accessible and up to date. The youth service is committed to

devolving 20% of its budget and intends to work with SYC on this issue. A strategy has been developed on children and families keeping to a healthy weight. There is now one family centre for children in need.

- 5.6 The officer reported that 'looked after' children's educational performance remains a concern. A virtual head overseeing this area has been made a permanent head. There has been good progress on Southwark's GCSE results with 56.1% getting 5 GCSEs. There is now an independent chair of the safeguarding board to give challenge.
- 5.7 The chair invited representatives from the Southwark Youth Council to ask questions. A representative referred to the table circulated with the report detailing progress and asked who is going to be operationally responsible and what are their targets and aims. For example on 'narrowing the gap' you mentioned higher GCSE result, but what about better facilities at schools? Sam Fowler, Project Director for Schools for the Future, commented that there is a schools' investment programme. The Assistant director responded that the CYPP is about setting high level strategic aims. Responsibility for delivering the plan ultimately rests with the Strategic director of children's services, Romi Bowen, alongside Cllr Catherine McDonald, the cabinet lead for children's service. There are specific managerial responsibilities for different sections and objectives; the CYPP sets the whole agenda.
- 5.8 The cabinet member for children's services emphasised her personal accountability to the representatives present, as well as commenting that the Children's Trust has a range of partners, such as the police, and they are also accountable. The Cabinet lead asked representatives from SYC if they are happy with the amount of consultation. The representatives commented that they would like more communication on outcomes, for example they would like more feedback on the results of the views they have put forward.
- 5.9 The chair invited representatives from Speakerbox to ask questions. A representative asked if, in the light of cuts, you are going to be able to support school leavers in local authority care who go to university. Another member asked, in light of the cuts, is there still help for young people to get a job and training. Officers and members assured representatives that there is detailed financial assistance available for looked after children who go to university. The cabinet member for children services drew representatives' attention to the £1million fund that is being developed to ensure young people are supported to continue their education and training. The fund will assist young people to stay in collage and university. The cabinet lead also said that she wanted the fund to help young people to get job experience as she knows this is so important.
- 5.10 A young peoples representative asked if young people are still going to be able to devolve 20% of the youth budget. The cabinet members said that is still the intention; there are different models and she said she would like the SYC's help; noting that she is coming to a meeting on the 10 May.
- 5.11 A representative asked if young people are represented on the Children's Trust? The Cabinet lead for children's services commented that this is an excellent point and she will take this away to consider further.

- 5.12 Representatives from SYC asked if council had looked at apprenticeship programmes. Officers present detailed a number of initiatives including Southwark corporate apprenticeship scheme; funding received from the Shard development to fund training by Southwark College so local people can access jobs at the Shard and a scheme developed by Southwark Schools for the Future. Officers undertook to get more details on these initiatives to SYC.
- 5.13 The chair invited members of the committee to ask questions and a member asked about the Family Information Service advice and directory. The Assistant director said this is focused on ensuring that information online is available and easily accessible. The member asked about families not online. The officer commented that universal services such as schools have a role in giving out information to families. The member requested that at a future meeting on the CYPP that members are given more information on how families can access information, both online and offline.
- 5.14 It was agreed that the next time the CYPP plan is reviewed representatives from SYC and Speakerbox will be invited to submit a few questions in advance so that officers have an opportunity to gather information ready for the meeting.

**ACTION** Children's Services officers undertook to get back to Southwark Youth Council with details on apprenticeship programmes, on behalf of cabinet lead ;Cllr Catherine McDonald.

Officers undertook to come back to the next quarterly meeting with more details on how families can find out about services both offline and online.

## 6. ADULT EDUCATION

- 6.1 The chair invited the Strategic director for the environment, Gill Davies, to open the discussion. She began by noting that at the last meeting the committee asked the officers and the cabinet member to go away and consider the issues. As a result of this we have reflected and we do think we can involve adult learners more in the decision making process all the way along.
- 6.2 The Strategic director reported that officers had met with adult learning services users and there remain some different views. In particular the discussions have not changed the council's views on fees.
- 6.3 The Strategic director reported that there is now a new focus on policy; the lead member has asked us to do some visioning. This will ensure our service reflects our purpose more clearly. Officers reported that they had talked to Morley College and other providers. The council has started to think about our role in consultation with other colleges and officers reported that they would welcome the opportunity to come back at a later stage to report on this.
- 6.4 Officers reported that the figures for the cuts have come back and they are not as bad as had been feared, however they are in the order of 10%.

- 6.5 Members asked what the timescale for the visioning would be. Officers reported that they would be ready to report in September.
- 6.6 The Chair invited Vince Brown from Save Southwark Adult learning (SSAL) to comment. He raised concerns that many adult learners on Personal Community Development Learning course are leaving and classes are closing. He requested data on this as a matter of urgency. He said he would particularly like to know the amount of adult learners on benefits leaving and to know how many learners are going to other adult education providers.
- 6.7 The Strategic director reported that she understood that numbers of learners for English for Speakers of Other languages (ESOL) and literacy are going up. She commented that this brings us back to service priorities. Officers reported that they are analysing the figures, although comparisons will be easier to understand at the end of the academic year, and undertook to provide this information to SSAL.

## **ACTION**

A report on the vision for Adult Education will come to the scrutiny committee in September. This will identify service priorities and policies. Service users and other adult education providers will be consulted.

Officers undertook to provide figures on services users of Personal Community Development Learning (PCDL), at the request of Southwark Save Adult learning. In particular information was requested on:

- a) Number of participants on benefit?
- b) Who has left?
- c) Where have they gone?

## **7. ROTHERHITHE SECONDARY SCHOOL**

- 7.1 Sam Fowler, Project Director of Southwark Schools for the Future, introduced the topic and referred to the paper circulated.
- 7.2 A member said she understood the present Rotherhithe site may no longer be available. The officer agreed that things are changing and that there is an evolving action plan. He reported that there will be a need to identify sites and talk to existing local schools. The Project director reported that the council is seeking clarity from central government . The council will make a robust case as possible for a Rotherhithe school.
- 7.3 A member asked when the council expected a response and the Project Director reported that they expect this very soon; there are many stakeholders concerned.
- 7.4 The Project director reported that demand for places has remained consistent. The council is seeking to maximise places under Building Schools for the Future. There are a number of factors: the need for local school places and borough wide demand.



- 7.5 A member asked if the government are clear that this is a peninsula that makes it harder for children to travel. The Project director assured members that the business case had included the local context and that the intention is to maximise funding.

## **8. REVIEW OF PARENTING SUPPORT - PART 1: SCHOOL ADMISSIONS: REVIEW REPORT**

- 8.1 The chair drew members' attention to the draft school admissions report circulated and invited comments from the committee.
- 8.2 A member commented that a common test for all secondary schools would be very welcome, adding that as a mother the current practice of children being tested by every school they apply for had been terrible for her child. The Assistant director for children's services, Jane Bailey, agreed it is very difficult, but commented that this is the competitive nature of schools. The local authority's role is being weakened, rather than strengthened, under the new government's policy; however she reported that officers had been working with schools to negotiate a better arrangement. Next academic year it looks as if there will be two tests: one for the Harris academies and one for all the other local secondary schools.
- 8.3 Members asked if it was useful for the scrutiny report to recommend one common test. The Assistant director reported that that this could provide further challenge. One member pointed out that parents could still apply out of the borough and then their children would still need to do another test. Another member said the best outcome would be for a common London wide test.
- 8.4 A member asked if IQ is being tested and the Assistant director responded that most tests have a 'CAT' (Cognitive Ability Tests) component, which measures educational potential. Alongside this individual schools may measure specific aptitudes related to their specialist status; for example music or maths. This is one of the difficulties in arranging a common test.
- 8.5 It was agreed that some context on the common test issues should be added to the report.
- 8.6 A member noted that the report recommended more information and support be given to parents on waiting lists around the time school places are offered. He asked the Assistant director if there is the capacity within the department to do this. The Assistant director that that the pressure of cuts will limit capacity. Members commented that this might be able to be delivered by volunteers. The Assistant director commented that the local authority has statutory duties in relation to the admissions process.
- 8.7 A member commented that extending membership of the Admissions board to local business and equality representatives could make the forum more dynamic.

- 8.8 The scrutiny project manager reported that a questionnaire is being circulated to parents asking for feedback on secondary school admissions and details will be sent to committee members. The survey will be completed in about three weeks.

#### **ACTION**

The committee resolved to send an interim report to the Overview and Scrutiny Committee (OSC). The report will be finalised once the survey on secondary school admissions survey results have been completed and the results reported.

### **9. CHILDHOOD OBESITY AND SPORT PROVISION : REVIEW INTERIM REPORT**

- 9.1 The committee reviewed the interim report circulated with the papers. It was noted that a major report on childhood obesity is due to be published very soon by the GLA.

#### **ACTION**

The committee agreed to continue this review for a while longer and OSC will be informed that the committee is part way there. The GLA report on obesity, due to be published shortly, will be considered.

### **10. WORK PROGRAMME**

- 10.1 The update on Adult Education in September will be added to the work programme. The impact of services changes on the Youth service will be considered.

***DRAFT***

# **SCHOOL ADMISSIONS REVIEW**

Report of the Education and Children's Services  
Scrutiny Sub-committee

April 2011



<b>Contents</b>	<b>Page</b>
<b>Introduction and background</b>	<b>1</b>
<b>Context</b>	<b>1</b>
<b>Methodology</b>	<b>3</b>
<b>Findings and recommendations</b>	<b>3</b>
<b>Summary of recommendations</b>	<b>7</b>
<b>Appendices</b>	<b>9</b>

## **1. Introduction and background**

- 1.1 The Education and Children's Services Scrutiny Sub-Committee decided to conduct a review on school admissions on 12 July 2010. The focus was on reviewing the clarity of information available alongside reviewing support networks to help parents negotiate the system.
- 1.2 The sub-committee chose this subject because of concerns about the complexity and about the ease with which parents and carers were able to negotiate the schools' admissions process. It was noted that even parents and carers with a lot of information could find the process stressful. It was particularly important to ensure that parents had the right information and support to make the best choices for their children and to minimize the difficulties involved.
- 1.3 The review's focus was a result of the sub-committee's interest in evidence which indicated that supporting parents had a major positive impact on their children's wellbeing and educational attainment. In the last administrative year the previous sub-committee had produced a report on the importance of parental involvement in children's education. This concluded that there should be an emphasis on enabling parents to have the skills, knowledge and confidence to help their children. Alongside this the sub-committee looked at a volunteer programme which demonstrated success in addressing child protection issues by using mentors to support parents. Members also held concerns that there was insufficient support for parents with children with disabilities.
- 1.4 This review is therefore part one of two reviews looking at parenting support. The second review will look at volunteer and peer support, with particular attention paid to support available for parents and carers of disabled children.

## **2. Context**

- 2.1 School admissions are regulated through government legislation. The current School Admissions Code (the Code) came into force on 10 February 2010 and applies to admissions to all maintained schools. Academies are also required to adopt practices and arrangements that are in accordance with the Code and admissions law.
- 2.2 The Code sets out the regulations in place for management and implementation of school admission arrangements which includes:
  - i) Equity and fair access to school places and consultation
  - ii) Setting fair oversubscription criteria
  - iii) Coordination schemes for admission applications
  - iv) Referral of objections
  - v) Admissions forums
  - vi) Choice adviser service
  - vii) Support for parents and carers

- 2.3 Local authorities are responsible for coordinating and processing all primary, secondary and in-year admission applications to schools in their areas. Southwark processed 3725 primary and 4048 secondary applications for 2010/11 admissions and has received 292 in year applications from 1 September 2010 to date.
- 2.4 Parents and carers apply for places online or by completing a paper Common Application Form (CAF). Parents are able to apply for up to six schools of their preference; these must be listed in priority order. Many voluntary aided schools and some academies also require a supplementary information form to be completed which is used to rank all applicants in priority order against their published admissions criteria.
- 2.5 Local authorities have a duty to establish an Admissions Forum for their area with a membership that reflects the types of schools in the locality. The main focus of the Forum is to consider the fairness of admission arrangements in their local context. Southwark's Admissions Forum has the following ethos: *To consider and promote a fair and effective schools admission system which advances social equity and inclusion, serving the interests of local parents and children collectively.*
- 2.6 Local authorities are required to provide advice and assistance to all parents of children of all ages in their area to help them navigate the school admissions application process. This must be provided through an independent service that is focused on supporting the families who most need support. Southwark delivers this role through a School Preference Adviser (Choice Adviser), term time only as a member of the Parent Partnership Service which is also an independent service.
- 2.7 The School Preference Adviser supports parents through the process through: i) one to one and group meetings with parents at schools and community centres to explain admissions processes; ii) telephone and email requests; iii) explaining the admissions appeals process and accompanying parents to admission appeal hearings. Between September 2009 and July 2010, the following support was given to parents by the School Preference Adviser:

Number of group meetings held	Number of parents seen	Number of phone calls taken	Number of appeals attended
38	771	106	17

- 2.7 The election of a new coalition government in May 2010 means that arrangements for school admissions are in flux and subject to imminent policy and legislative changes. In addition the loss of central government grants and the requirement to make significant savings may affect current provision of admissions support.
- 2.8 The Government set out in the White Paper, 'The Importance of Teaching', that in early 2011 it would, 'consult on a simplified and less prescriptive School Admissions Code'. The aim is to publish a revised Code by July 2011.

- 2.9 The Education Bill 2011, currently before parliament, removes the requirement on English Local Authorities to establish an admissions forum.
- 2.10 The Area Based Grant (£49,425) supporting the Preference Advisers was 'protected' from the significant in year budget cuts for 2011-12; however, funding beyond the end of this financial year remains uncertain. Southwark's Admission Forum is due to consider support options for parents and carers post August 2011

### **3. Methodology**

3.1 The methodology consisted of:

- Officer reports on School Admissions
- Sub-committee members sharing good practice
- Consultation with Parent Participation Forum (PPF)
- Southwark Governors Association (SGA) submission
- Consultation with the School Admissions Forum
- Questionnaire distributed to parents and carers making secondary school admissions ( Data from this will be available in the beginning of May)

### **4. Findings and recommendations**

#### **Information for parents and carers**

- 4.1 The council produces information for parents in two main ways - on the website and through two guides; one for starting primary and one for starting secondary school. These are printed as booklets.
- 4.2 Parents were positive about the information on the website. Most felt that the booklets were useful and the school information good. However there was feedback that the guide should be easier to navigate, as parents whose first language was not English found it difficult to use. It was felt that it might be helpful for there to be a short simple version for these parents and consideration should be given to translating a short, simplified guide. Parents with special needs wanted more information in the guide.
- 4.3 The parent participation forum wanted to give feedback on the guide and requested that next year's version come to them for comment.

#### Recommendations:

1. The guides [to starting primary and secondary schools](#) should be made easier to navigate.

2. There should be more information in the guides on special needs.
3. Consideration should be given to producing short simplified versions and/or versions in different languages to meet the needs of parents where English is not the first language.
4. Next year's draft guide for primary school children should be brought back to the Parent Participation Forum for feedback.

### **Communication with parents and carers about the admissions process**

- 4.4 Feedback from parents and officers was that the school preference advisor was very successful at reaching parents and carers to advise, support and assist them with the admissions process.
- 4.5 Parents, officers, teachers and governors all held the view that parents whose first language was not English, and who did not have good language skills, struggled the most in the admission process. Events at children's centres, school and nurseries were endorsed. It was suggested that these were expanded to all schools and centres and one be held at Tooley Street.
- 4.6 Outreach through links with predominantly BME communities and through specialised workers was endorsed.
- 4.7 Parents and carers recommended that children's centres and other providers used their databases to contact people and send reminders. These databases should be maintained and regularly updated.
- 4.8 Many parents are in contact with services through the use of nurseries, schools, children's centre and other providers. Some of these providers intensively targeted parents through advisory sessions, and speaking to parents as they picked up and dropped off their children. They ensured that all parents got a form and appropriate information and regularly reminded them. Kintore Way was held up as an example of good practice. This should be promoted.
- 4.9 Council officers already reach out to Private, Voluntary and Independent ["PVI"] early years managers. Parents and carers also noted that they use university nurseries and other early year provision so these providers should also be targeted.
- 4.10 It was pointed out that there are many parents and carers who might not be in regular in touch with services and these parents might be the ones that particularly struggle with the admissions process. Parents thought that health visitors 2½ year check would be a good time to alert parents to the nursery and primary admissions process. They also felt that more use should be made of databases that health and social services hold to do targeted mail outs.



- 4.11 The service already uses one stop shops and parents welcomed this and suggested that this is expanded so that information and training is also given to front line staff in libraries and community centres.

Recommendations:

5. Retain the school preference advisor for outreach and one to one support; particularly focus their work on the needs of parents whose first language is not English and parents of SEN children.
6. Hold open days at schools, [the council's principle offices](#) and in the community; particularly focus these on the needs of parents whose first language is not English, and parents of SEN children.
7. Contact university [and hospital](#) nurseries as well as Private, Voluntary and Independent ["PVI"] early years managers.
8. Train workers and keep booklets on the admissions process at settings such as libraries, one stop shops and community centres.
9. Use networks and contact details more smartly to distribute information and send reminders (health visitors, children centres, nurseries). Ensure they have sufficient information and CAF forums.
10. Use face to face contact – health visitor 2 ½ year check ups with parents, parent mentors at the Parent Participation Forum, nursery school attendance.

**Choosing a place and taking a test.**

- 4.12 Parents found visiting lots of schools on the same day stressful. Disabled parents and children, for example wheelchair users, found access difficult to negotiate during these busy times.
- 4.13 Parents and children found the amount of tests for secondary schools very stressful and unnecessary. They wanted one common test for all the schools so that a child would only need to take one test. Officers have advised the committee that they have been seeking to negotiate one common test for all Southwark schools, and there has been some progress. All the local secondary schools, apart from the Harris academies, will use one test next year. Harris academies will use one test for all their local schools. This will reduce testing for Southwark schools to two tests, however the best local outcome would be one test for all Southwark schools. The ideal outcome would be the same test for all London schools as some Southwark children will apply out of the Borough.

Recommendations:

11. Cabinet do everything within its power to introduce a common test for secondary school entry where this is required by schools.
12. Draw up an open day schedule for parents of children with SEN.

**Making an application by completing the CAF or using the online form**

- 4.14 Parents gave very positive feedback on the CAF and online form, if they had a straightforward application; they liked the simplicity and the receipt received. A parent/carer with two children (not twins) noted a problem, as she received an offer for only one of the children. Other parents who made late applications had a few problems.

Recommendations:

13. Ensure that carers and parents with more than one child in the same academic year (who are not multiple births) can make a successful application.

**Receiving an offer**

- 4.15 Offer day is a very stressful time and it was suggested that more information and support is given at this time. Parents need more information on waiting lists, for example that their child's place in the queue can go up and down. Sometimes parents and carers hear nothing for some time and this can create anxiety. Parents would like more accessible real-time information on school availability, local waiting lists lengths and their child's place.
- 4.16 Currently parents are asked two or three times to accept a school place. Once via the online process, once by the school, and once by the local authority. They have to accept both the school and the local authority place and it is not clear what the purpose of the eform acceptance is. This is confusing.

Recommendations:

14. Simplify the process so that parents and carers do not have to accept and respond to both the local authority and school to successfully accept or decline a place. Disable the automatic eform acceptance unless it is functional.

15. Offer more support around offer day and including additional information explaining waiting lists and managing places.
16. Before the date when allocations are announced, a briefing note be circulated to all members giving information about the process.

### **Supporting parents**

- 4.17 Offer time is a busy period for officers and a stressful time for parents. Officers would like to be able to meet parents at Tooley Street as this would be much more efficient than booking slots in one stop shops etc. It would also mean that officers are more accessible to parents.

#### Recommendations:

17. Make meeting space available in [the council's principle offices, in addition to one-stop shops](#), for staff to take appointments with parents.

### **Local coordination and the admissions forum**

- 4.18 The education bill currently before parliament will mean that having an admissions forum is a local choice. The admissions forum believe that this body enables a more coordinated and robust process across the local authority and advances social equity and inclusion.

#### Recommendations:

18. Retain the Admissions Forum.

## **5. Summary of recommendations**

1. The guides [to starting primary and secondary schools](#) should be made easier to navigate.
2. There should be more information in the guides on special needs.
3. Consideration should be given to producing short simplified versions and/or versions in different languages to meet the needs of parents where English is not the first language.

4. Next year's draft guide for primary school children should be brought back to the Parent Participation Forum for feedback.
5. Retain the school preference advisor for outreach and one to one support; particularly focus their work on the needs of parents whose first language is not English and parents of SEN children.
6. Hold open days at schools, [the council's principle offices](#) and in the community; particularly focus these on the needs of parents whose first language is not English , and parents of SEN children.
7. Contact university [and hospital](#) nurseries as well as Private, Voluntary and Independent ["PVI"] early years managers.
8. Train workers and keep booklets on the admissions process at settings such as libraries , one stop shops and community centres.
9. Use networks and contact details more smartly to distribute information and send reminders (health visitors, children centres, nurseries). Ensure they have sufficient information and CAF forums.
10. Use face to face contact – health visitor 2 ½ year check ups with parents, parent mentors at the Parent Participation Forum, nursery school attendance.
11. [Cabinet do everything within its power to](#) introduce a common test for secondary school entry [where this is required by schools](#).
12. Draw up an open day schedule for parents of children with SEN.
13. Ensure that carers and parents with more than one child in the same academic year (who are not multiple births) can make a successful application.
14. Simplify the process so that parents and carers do not have to accept and respond to both the local authority and school to successfully accept or decline a place. Disable the automatic eform acceptance unless it is functional.
15. Offer more support around offer day and including additional information explaining waiting lists and managing places.
16. [Before the date when allocations are announced, a briefing note be circulated to all members giving information about the process.](#)
17. Make meeting space available in [the council's principle offices, in addition to one-stop shops](#), for staff to take appointments with parents.
18. Retain the Admissions Forum.

## **Appendices**

1. Consultation with Parent Participation Forum (PPF)
2. Southwark Governors Association (SGA) submission and School governor interview
3. Consultation with the School Admissions Forum

All available on the Southwark website and published for the 14 March 2011 committee meeting :

<http://lbsth-dtr01/ieListDocuments.aspx?CIId=303&MIId=3563&Ver=4>

## **Members of Children's Services and Education Scrutiny Sub-Committee who contributed to this review:**

Councillor David Hubber (Chair)  
 Councillor the Right Revd Emmanuel Oyewole (Vice-chair)  
 Councillor Lorraine Lauder MBE  
 Councillor Adele Morris  
 Councillor Rosie Shimell  
 Councillor Althea Smith  
 Councillor Cleo Soanes

Education representatives:

Sharon Donno  
 Colin McKenzie Elliot  
 Leticia Ojeda  
 Reverend Nicholas Elder

## **References**

- 1 School Admissions Codes and Regulations:  
<http://www.education.gov.uk/schools/adminandfinance/schooladmissions/a00195/school-admissions-codes-and-regulations>
- 2 Education Bill 2011  
 A Summary of the Government Bill, Ref. Bill 137, February 2011 Document Summary Service



## **Secondary schools admissions questionnaire results May 2011**

Survey of information and support for parents and carers

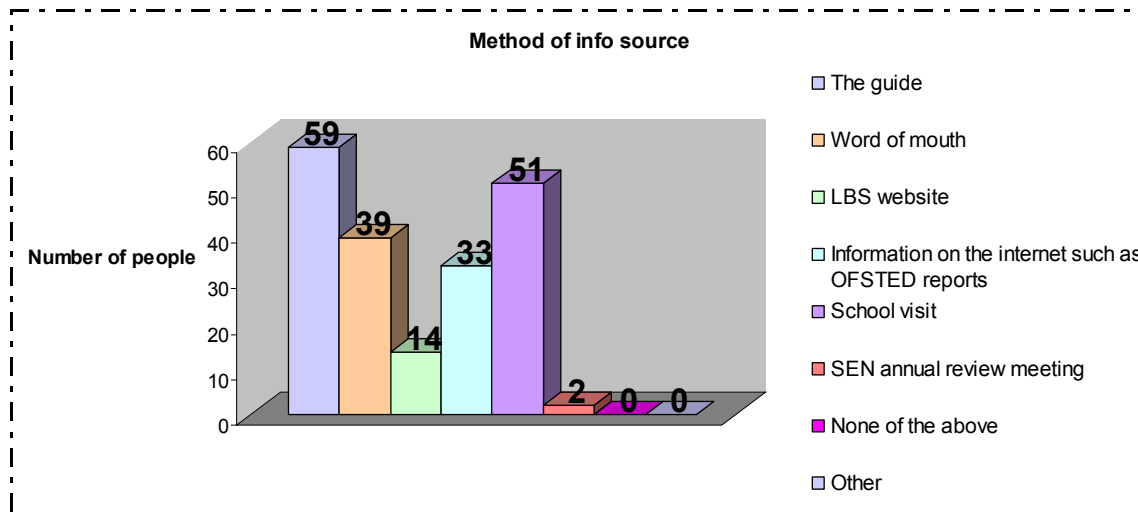
[www.southwark.gov.uk](http://www.southwark.gov.uk)

Southwark Education and Children's Services scrutiny committee surveyed parents and carers of children applying for a Southwark secondary school place in April and May 2011. The questionnaire was conducted to gather evidence for a review of schools admissions, looking particularly at support for parents and carers. The survey focused on the information available, support networks to help parents and carers negotiate the system, how they found the application process and communication received once an offer of a school place was made.

Questionnaires were circulated to parents and carers via schools, through parent networks and promoted on Southwark Council's website and facebook site. Potential respondents had the option of completing a paper, online or electronic version. 79 parents and carers filled out of a questionnaire; 42 completed one online, 32 posted back a paper copy and 5 returned a copy via email.

Section one asked parents and carers if they had the right information to help them choose the right secondary school for their child/ren and make an application.

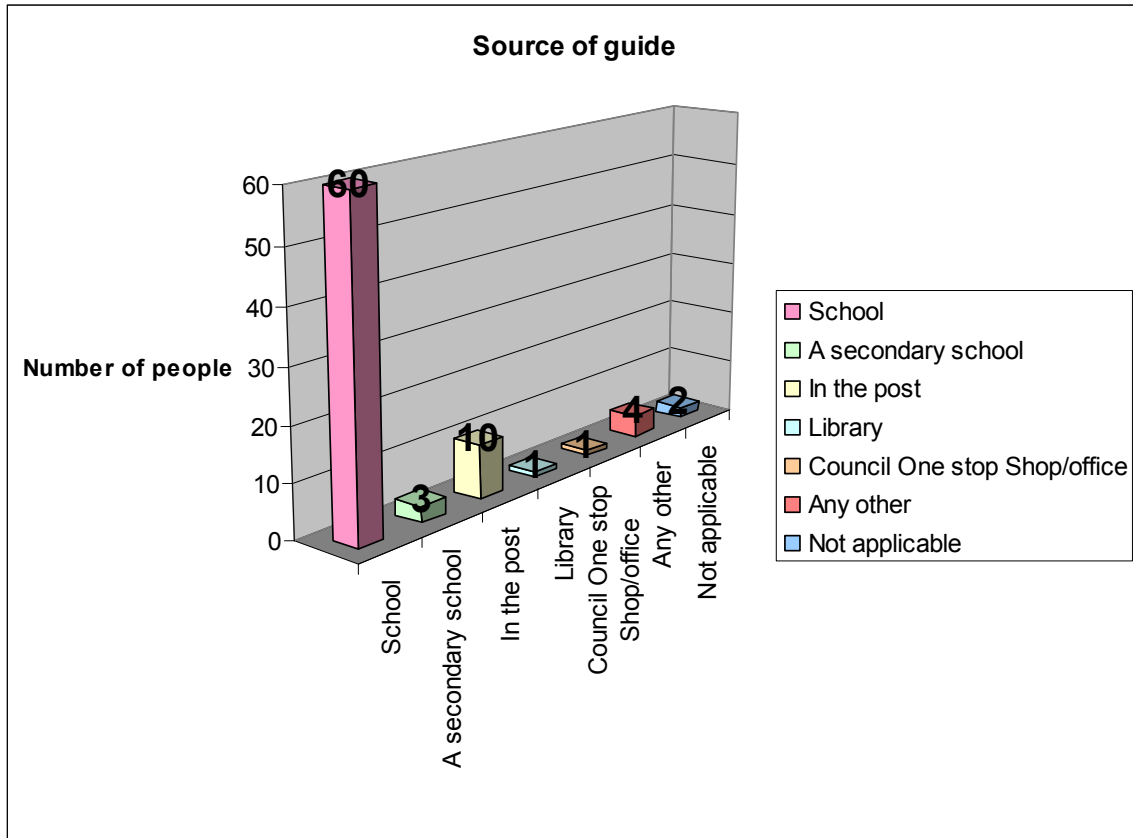
### How did you choose a school for your child/ren?



Other
Just because my old son was on the same Federation (Harris) on the boys one, so I choose Girls one for my daughter, and both are close to my home.
I was interested in speech and language schools outside of Southwark (there are none in borough) and contacted the Parent Partnership who did not have any information and advised me to contact individual boroughs, they also said it was unlikely I would get the place funded. I found this comment unhelpful (and not impartial). I eventually contacted AFASIC a national charity which was able to give me advice, but felt the Parent Partnership should have at least been able to sign post me to relevant specialist organisations.
Considering that each school has its own admissions policy - distance, religious, lottery and banding system- the system is confusing and not at all about choice
Distance from home
School's reputation and proximity.
Very few schools to put down that you stand any chance of getting in to
Endorsement by other parents
Distance from home.
School sent a typed list of schools, but as many of these had feeder schools that did not include our primary school, this was of limited help!
Previous experience with schools in the area and proximity to home residence
Speaking with pupils informally
Parent partnership recommendation

I did most of the list - form is a little unclear.

**If you used the 'Guide to starting secondary school' please tell us how you got a copy**



Respondents were asked to rate the 'Guide to starting secondary school' and make comments

**If you used the booklet, please tell us how useful you found the information on schools and how to make an application ?**

1 to 10 (where 10 is very satisfied and 1 very unsatisfied)

<b>Overall average</b>	<b>7.2</b>
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### How easy was it to use the booklet and how good was the layout?

1 to 10 (where 10 is very satisfied and 1 very unsatisfied)

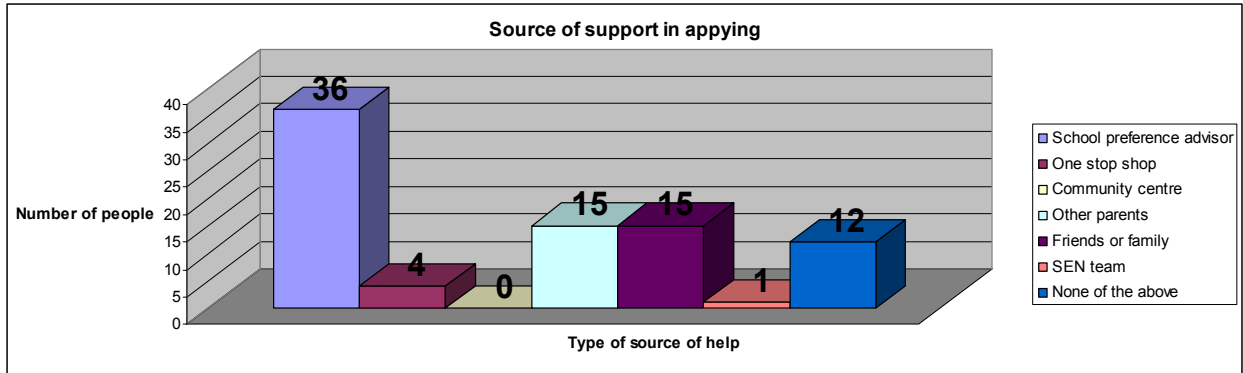
<b>Overall average</b>	<b>7.2</b>
------------------------	------------

<b>Do you have any comments about the information available to choose a school and make an application? What worked well? What could be improved?</b>
The dates don't match....The last day to submit the applications was the 31 <sup>st</sup> of October/2010....and the last Open Day at Harris Girls East Dulwich was on the first week of November/2010...I attended that day, and then my daughter realized that she didn't like this school....but...too late!!!...I sent the list with this school as first choice and obviously, Southwark Council gave her a place on it; and then she thought it wasn't the school that she would like to study in. What you can improve is that the application list must be sent AFTER the Open Days have finished. Thanks.
By visiting the school you get the feel for the school.
Did not like the idea of being forced into a local school and then being refused.
The Lewisham booklet provides more information, which would be useful, such as on appeals.
As indicated my daughter has special needs and apart from the SENCO at her current school, I felt completely on my own in looking for schools. I was amazed to find there is no central register of special schools, and if the borough does not have a place for your child, there is nowhere to get any help or advice from. I found my daughters school by randomly searching on the internet and talking to other parents.
It should be made clearer - banding and distance - what each schools policy is
Southwark should ensure that all secondary schools are equal in standard and that they all operate the same entrance criteria.
More information about the curriculum offer would be good - e.g. which languages are offered
I believe the 'phrase catchment area' is not always the case. The criteria used in some of the schools are ambiguous and eliminate certain children even from the beginning.
All choices for secondary school are a leap of faith. You only know what you get after your child has started school. Thankfully St Michaels College is an excellent school as can be testified by the recent excellent Ofsted Report and Rating.
There seemed to be an all care no responsibility approach to the admissions process and whilst the staff were friendly and courteous there was almost no feedback about where our case was in the admissions system and when Southwark Education services were contacted daily to request an update at no time were our calls returned. Even when escalated to the Manager of In Year Admissions he also seemed powerless to help to the extent that our son has now been out of school in his critical GCSE years for over 3 months! There seems to be a total breakdown between the Schools and Southwark council with nobody really wanting to take responsibility with each party blaming the other as to why the admissions process is not moving forward. Furthermore at no time have we had any contact to ensure at the very least our son was given home school support to ensure he was able to keep up with the GCSE curriculum whilst we

waited on a school placement.
as we live on border of Lambeth also used their booklet and all information available on same page about each school. Southwark should follow this format.
It's not that helpful in making decisions - visiting schools themselves is far more worthwhile. Having been through this before I have always thought that Lewisham's brochure contains much better information about admissions criteria, how these were applied in previous years and success (or otherwise) of appeals - and this year was no exception.
It was helpful to receive the booklet through school and having something physical was helpful as a starting point. Being fairly internet savvy, I would not like to have relied on the web as my starting point. Consistency of information across schools could have been improved but I suppose this is reliant on information provided by schools. Realistic information (statistical) as to whether, particularly church schools or catchment based area schools are worth bothering with would be good. A lists of viable schools and some info outside Southwark could have been helpful.
More transparency.
It is difficult to choose a new school as there is no ofsted information the main focus is the school and how they are selling themselves. Information in booklet is vague, parents really need to check ofsted reports and view the schools themselves.
was satisfied with the website and booklet.
Not at all
just told bare facts regarding school would like to see more on results ethos etc
I did not use the Southwark guide as I am a Croydon resident.
Didn't use it
The Lewisham booklet had a additional section on application rates/distances etc which was very helpful. The Lewisham booklet was better overall.
The fact that all schools have different criteria make the system extremely complicated.
I think this was the first time I found it all straight forward than last years
The Guide to Starting Secondary School contained various errors and some contradictions which were not helpful. I think it would be helpful if the Guide was available earlier in the year - it's an awful lot of information to take in a short period of time if parents and carers only have access to it at the beginning of the autumn term. Year 5 families should go home with a copy at the end of the summer term so that there's plenty of time to familiarise themselves with the complexities of the system.
By reading the book made me look at other schools I hadn't though of looking at.
No comments at all . The guide direct us perfectly.

**Section two asked respondents to tell us if they had enough support to select a school and make an application.**

**Where did you get help and advice on how to fill in the application form?**



Other
I did not need any help, although the school offered to help
guide to starting secondary school
We feel we had sufficient support and any questions were answered by our children's primary school staff
From head teachers on my daughter's Primary School
I didn't need help on how to fill in form.
School
Did not receive any help or advice.
As indicated my daughter has special needs and apart from the SENCO at her current school, I felt completely on my own in looking for schools. I was amazed to find there is no central register of special schools, and if the borough does not have a place for your child, there is nowhere to get any help or advice from. I found my daughters school by randomly searching on the internet and talking to other parents.
It should be made clearer - banding and distance - what each schools policy is
Didn't receive any support
I filled it in myself
We didn't need help, though the school held a secondary transfer parents evening which we attended.
Guide to starting secondary school.
From the head teacher at Dog Kennel Hill.
Did it on my own - internet research.
The drop in shop was completely unfamiliar with most of the schools.
Child school
No help needed. Filled in the forms then passed on to child's primary school.

## How satisfied were you with the support you received to select a school and make an application?

1 to 10 (where 10 is very satisfied and 1 very unsatisfied)

**Overall  
average**

**6.5**

<b>Do you have any other comments about the support you received? What worked well? What could be improved?</b>
I did not receive any specific support from my daughter's current school, apart from them being very relaxed about me taking her to the various Open Days; to view prospective secondary schools. I think this is an area which could be improved as I was hearing a lot of conflicting stories/rumours about certain schools in Southwark from other parents. It is often difficult to be open about the school you eventually choose for your child, if other parents don't like your choice of school. It may have helped to make the whole process a little easier, if my daughter's current school had offered a 'Schools Preference Advisor'.
The support was adequate but ultimately futile , given the outcome of our application
As a newcomer in the UK –only 2 years- I didn't know about differences between concepts, such as "Academy" or a school like City of London. I never imagined how important it is to be aware of that....Nobody spoke to me about it. I learned it, after I sent the application form, and completed the whole process. Definitely, my first choice would've been very different. What could improve is: Head Teachers know the potential that each pupil has...They could suggest which school could be more convenient for each one...Parents take the decision, but after they have taken good advice. Thanks.
The meeting held at the school by which the school preference advisor was very unsatisfactory. Information was anecdotal and confusing. School information was poor.
Having information from other boroughs at hand who have been helpful.
My problems did not arise choosing a school. They arose when I was not given a place at the one I had chosen.
The school preference advisor did not turn up at the primary school for her appointment, therefore I was unable to ask questions about the process and instead myself and other parents had to rely on the Head Teacher and other parents to address the questions and concerns we had about the school selection and admissions process.
The SENCO at my daughters junior school was outstanding. Other than this I had no support from anyone in an official capacity.
it should be made clearer - banding and distance - what each schools policy is
All support should be aimed at ensuring that all Southwark secondary schools are equal in standard
Online system is very good. It sent me automatic emails to ensure I completed the application within the deadline

Having a universal application procedure for all London helps the administrative process of applying but the different admissions policies and procedures used by individual schools are very unhelpful when, as a parent, you have to take into account many other important factors such as proximity to home, mixed or single sex, school specialism etc.
I find the criteria for some of the schools ambiguous
The advisor was helpful in outlining the process and being realistic about timescales and expectations. It was helpful also to meet the advisor at school with other parents and hear questions and answers together as a group.
I only needed help when my son didn't get into any of the schools of my choice
Didn't receive any support
I received practical support from my son's school Headmistress
Had we been able to find a place for our son straight away we would not class him as a child with special needs but as he has now missed 5 months of school he now falls into this category as he will require extra tuition in order to catch up with the GCSE curriculum. There seems to be no system other! than from Children Service to address this need and this only kicks in 3 months after the initial application has been processed.
school support was good but process seems to have 'hidden' rules for example if you do not list a school as 1st choice you will not be offered a place. This should kind of selection process should be told to parents.
The Headmaster at my daughter's school held several meetings with parents to explain the process, timings and offer advice and help if required. This was extremely useful. I would highly recommend that all schools should do this.
The CAF / Southwark online was fine. It would be good to enforce a consistency across schools for deadlines, postal dates extra forms etc.
It is difficult to choose a new school as there is no ofsted information the main focus is the school and how they are selling themselves. Information in booklet is vague, parents really need to check ofsted reports and view the schools themselves.
Like there is a wide range of support for filling out the application, so I'm satisfied.
No
I took the guide from school and was also advised me to choose these two schools to make my first choice
The lady at parent partnership was very helpful yet despite my child being on school action plus and under treatment at Sunshine House I was not aware of the help available until late in the application process
Didn't receive any support
Didn't receive any support
Some secondary schools were not very good at communicating the ***** schools, + there was conflicting information. The school preference admin and lead teachers need to united together to provide disinterested information + advice and avoid confusion.
The advice given was confusing and contradictory. I had to clarify information with individual schools. The council officer, although sympathetic, was too prone to lapse into anecdotes and subjective opinions rather than convey facts. An improvement could be made if the council officer knew the facts of all aspects of the application process and the different criteria of the schools in the borough and boroughs adjacent.
Hollydale Primary School held an information evening for parents and children. I found it extremely informative and helpful. Thanks Mrs Thompson.
Primary school was not much help, they had an open evening whereby someone from Southwark education was meant to come but phoned up 10 minutes before and cancelled.

It was very unclear whether schools knew where you put them on the list. Some schools even asked the children.

Support is one thing, pressure if your child gets their first choice, I was very lucky. Pressure on parents and children, at the point of letters going out. And now the internet, every body should be informed at the same time.

I consulted the school preference advisor and although she was as helpful as she could be, her information was not 100% correct. She was clearly over-stretched and that fact that even she had trouble keeping on top of all the information suggests its an almost impossible task.

**Section three asked respondents how they found the school application process - either online or by filling in a paper common application form (CAF) or the school preference form ( used for children with special education needs).**

**Did you fill in an?**

Online application	44
Paper application	27
School preference form (for a child with special education needs)	7

**Did you get an acknowledgement email or text if you did an online version?**

Yes	50
No	4

**Or a letter confirming your application had been received if you completed the paper CAF form and included a stamped address envelope?**

Yes	20
No	5
Not applicable	10

**How satisfied were you with the application form process?**

1 to 10 (where 10 is very satisfied and 1 very unsatisfied)

<b>Overall average</b>	<b>7</b>
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<b>Do you have any comments about the application form process? What worked well? What could be improved?</b>
The process of applying online seemed to work reasonably well for us.
I am happy with the Guide to Starting Secondary School. To be improved, as I mentioned before:1.- Adjust the deadline with the end of Open Days.2.- Head Teachers must to be involved in the support provided to parents and make a good advice to choose the type of secondary, according each child's potential.3.- I propose to make only 1 test....the one of first choice only.
At least one of the choices should've been offered that would be an improvement.
I found the SEN application process, completely opaque. I did not know how and who made any of the decisions. It was extremely unsatisfactory and made me very anxious. I did not feel I was working in partnership with the SEN team but felt as if they were trying to catch me out. It was also impossible to speak to anyone with any power or influence, I would have liked to discuss the options openly but this was not possible. There were also delays in replying to emails, a week or two may not seem a long time to wait for an officer but for a parent the delay can be agony. The process felt like playing a game but not being allowed to know the rules.
All the comments should revolve around placing local children in local schools. Everything should be done to ensure that local schools are of equal standard.
I accepted my child's place 3 times - to the e-admissions system, to Southwark and to the school. That was confusing
Having an online form with a text/email acknowledgement took some of the stress out of the process.
It seemed a bit cumbersome waiting for passwords and ref numbers before I could access the form.
We applied for a scholarship for our daughter at Kingsdale School and were not informed about the result of this at the same time as the other parents - they were able to put their preferences down based on information I didn't yet have. This is an uneven playing field and unfair. I contacted Kingsdale school by email (several), phone and letter and was still unable to get a reply. I felt that particular school handled the process badly and with little regard or respect for parents.
I found the online application process to be extremely efficient and straightforward
Had we been able to find a place for our son straight away we would not class him as a child with special needs but as he has now missed 5 months of school he now falls into this category as he will require extra tuition in order to catch up with the GCSE curriculum. There seems to be no system other! than from Children Service to address this need and this only kicks in 3 months after the initial application has been processed.
My daughter's school collected in all of the application forms from parents, checked they were properly completed and then hand delivered them to Southwark and got a receipt for them. This took away any worries of forms being lost in the post and was much appreciated.
I am utterly disillusioned by the entire charade, which I experienced 5 years ago with my daughter in Southwark (and who eventually was offered a place by a Lewisham School)and which I have just experienced again with my son. Admission criteria continue to be opaque in critical areas (in our case this criticism applies both to Kingsdale and Charter), communication with Admissions is perfunctory at best, dismissive at worst. For people who are looking for a mixed non denominational school in the borough the 'choices' available are

very narrow (and in our case have proved to be entirely unachievable). I think Kingsdale's admission criteria are particularly open to criticism - and make no concession to borough children despite the dearth of non denominational mixed schools in the borough. Charter's are the complete opposite, but are compromised by the continuing obduracy of Southwark in refusing to describe and, more to the point, justify, their definition of a 'safe walking route' to the school. I realise that Southwark will have increasingly little to do with these sorts of things as the government's policies towards schools and education develop, but I have been hugely disappointed in! the role Southwark's officers have played in the case of both my son and daughter, distressing both immensely - and so that this does not happen to my youngest daughter we are intending to leave the borough - which, despite the gloss on the website, was the third worst in the country when it came to secondary admissions this year. For us the way this is administered is one of the most important functions the council performs, and we feel we have been comprehensively let down, not once but twice.

We should, as taxpayers, be entitled to apply - at least be judged fairly - for all state schools in Southwark and not be automatically excluded from a range of schools because of faith / no faith. Having a minefield of criteria to sift through with every school was frustrating and time wasting. Being allocated a 4th choice school does not make me particularly thrilled. Interestingly this was also our 4th choice school for her siblings too. She got in here despite the ! no sibling policy but meant we had to look at every school as once again we had no certainty. The local authorities part and schools communication, so far as I can see, was carried out satisfactorily.

There is no transparency at all on how a child allocated a school.

As I mentioned previously my son got his second choice school. I was informed that I could appeal against the decision not to have his first choice, but I thought what's the point! At the end of the day he got his 'choice'. But really parents have no choice the choice is in the hands of the local education authority and the school.

To me everything was fine.

Satisfied.

Yes, but the schools with higher preferences was not given.

I initially thought being able to complete and submit the form online would be efficient but this was not the case as the system crashed the day we were due to find out which school our son was allocated.

It was clear and easy to follow with an immediate acknowledgement e-mail.

The process was quite simple and straight forward.

Took too long for confirmation of application.

No, it was all how it should be.

The actual on-line application process was straightforward and seemed efficient enough - it's understanding all the different admissions criteria that's difficult.



**Section four asked respondents about the communication they received offering their child a school place.**

**Did you get an offer of a school you had applied for?**

Yes, one of the schools I expressed a preference for	59
No, but I received an offer of a local school	11
I am still waiting for an offer	0
None of the above ( please explain below)	6

Other
We listed 6 schools on our list based on preference, history (ie schools to which children from our primary school have gone to in past years); distance and those for whom we had a reasonable chance of gaining a place given the academic/musical nature of our child. We received an offer for a school which was wholly unsuitable. It is close to us and so had it been a realistic option, we would have listed it on our form. As it was unsuitable we did not list it. Subsequent visits to the school have not changed our view. We are now having to go through the process of appealing; chasing waiting list places and in the worse case scenario, sending our child to a private school which we can ill-afford and do not really wish to do. The alternative is home education.
All schools in Southwark was refused and we live in Southwark.
Was not offered a place for any schools I had applied for and was offered a religious school which was not local
But I had to wait three weeks for a decision, when the SEN team had had all the information about our choice of school, had not offered any other school and had exceeded the deadline when offers should be made.
That question doesn't make sense - what do you mean? Why would a school we had applied for offer another local school?
I don't really understand the question. We were offered a place at the school which was 3rd on our list of preferences.
I checked it on-line first which was useful since I was working abroad that week.
I did email the local authority of accepting the place of offer, but I never got a reply! Even though I got a reply of acknowledge of the email, I didn't get a reply of acceptance.
Yes, but the last choice.
I did not initially receive an offer from any school we had expressed a preference for. We were offered a school not on our list and nowhere near where we lived - our son would have had a three hour round trip but as the school was in our LA area they thought it an acceptable offer. A Southwark school that had been on our original list offered us a place verbally and by email but we never received any communication from either Southwark or Croydon.
I was offered a place in a school almost 3 miles away and it was an all boys school also a church school. The schools I put on my application were all mixed schools non religion and not 3 miles away I think if your not offered one of your choices they should offer u something nearest one of ur choices

**How satisfied were you with the communication from the local authority after you received the 'school offer letter' ? For example how satisfied were you with the letter and information you received, telephone calls and any follow up meetings with officers.** 1 to 10 (where 10 is very satisfied and 1 very unsatisfied)

<b>Overall average</b>	<b>6.5</b>
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**How satisfied were you with the communication you received from the school about a place for your child/ren?** 1 to 10 (where 10 is very satisfied and 1 very unsatisfied)

<b>Overall average</b>	<b>7.1</b>
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<b>Do you have any comments about the allocation of school places and how well you were communicated with by either the local authority or school? What worked well? What could be improved?</b>
We used to live in the Borough of Lambeth and I can recall being offered a place in more than one school of our choice for our eldest daughter who is now 19 years of age. It appears that in the Borough of Southwark, Parents will only be offered a place for their child, based on their 1 <sup>st</sup> Preference. This I feel, makes choosing much more difficult because there may be slight differences between your 1 <sup>st</sup> and 2 <sup>nd</sup> Preferences.
The school applications process has utterly failed us as a family and our son. The system is neither transparent nor understandable. We do not understand whose needs it serves as it most certainly does not serve the needs of the child. The system appears totally random and based entirely on luck. From our experience, we would suggest that looking around schools and listening to endless speeches about how important this decision is for families, has been a complete waste of time. We feel that reading the literature, visiting the schools and filling in the form has been an exercise in time wasting and the allocations system is a waste of public funds. The outcome for us has been the same as if we had not filled the form in at all. We have yet to receive letters from some of the schools outlining why we were not offered a place.
Liam White at Cator Street (Children's Centre) was very helpful in my daughter getting a school outside Southwark, after being refused all my named schools.
My son was NOT offered a place by any of the schools we applied for. He was offered a place at a Roman Catholic School miles away from where we live - even if this school had had a good OFSTED (which it didn't) he would not have taken this offer up. Everything worked well up to the most important stage of the whole process - allocation of school places - and then it turned into a complete shambles.
I was extremely frustrated by the call centre - taking my call and promising me someone would call me back - no one ever did. Online inquiries were equally unsuccessful.

<p>It took four weeks of emails, phone calls and complaints before I received the information concerning the waiting list I had requested from Southwark's admissions team. Appalling service from Southwark in respect of communication and a total sham trying to communicate with one of the schools, (Kingsdale) which offered at least three different excuses for not having information available. The mere fact that neither Southwark nor Kingsdale would forward the information required could almost suggest that the admissions system has been manipulated and construed to suit the desired outcome of the school and not correctly or fairly administered</p>
<p>Southwark council admissions team gave me no information - I had to contact the schools directly (after a stressful wait) Lewisham council knew their stuff and were incredibly professional in comparison to s/wark - I knew within a day or two of our place in the waiting list from either the Lewisham council or the Lewisham schools directly - s/wark were USELESS</p>
<p>Whole thing is a sham. You have no choice of good coed schools in the area.</p>
<p>See comment above.</p>
<p>When u phone the education its a helpline who can't help. they send an email to the allocation.I phoned the education on the 3rd of may and still waiting and its now the12th of may. they don't look at your preference before they offer u a school. the school they offered me I don't even meet the criteria so what's the point of having a criteria</p>
<p>We applied for a scholarship for our daughter at Kingsdale School and were not informed about the result of this at the same time as the other parents - they were able to put their preferences down based on information I didn't yet have. This is an uneven playing field and unfair. I contacted Kingsdale school by email (several), phone and letter and was still unable to get a reply. I felt that particular school handled the process badly and with little regard or respect for parents.</p>
<p>I was initially offered one place and then two month's later received an offer via Southwark for a higher preference school. This was well communicated to me but I later discovered (in July) that Southwark admissions had failed to inform the original school that my daughter was no longer going to be attending which caused some embarrassment.</p>
<p>I cannot fault the communication I received from the local authority and the school, once my son was offered a place.</p>
<p>I think the communication was excellent but it's the system of how school places are offered that needs adjustment. People who are allocated something on their list should only be able to appeal once people who haven't been allocated anything on their list have been dealt with.</p>
<p>not very satisfied but I haven't got a choice now.</p>
<p>more consideration should be given to first and second preferences more than the schools rated least likely to be preferred.</p>
<p>It's a joke - all schools should apply the same criteria</p>
<p>Our son is now in Y7 so my comments may be out of date. Both Croydon and Southwark had virtually non-existent communication. Although our son was offered a Southwark school it was the school who contacted us and netierh LA until Croydon told us we were going to have the offer withdrawn as we had not accepted it! We had accepted the school offer but as we had not received any communication from either LA we did not have any need to respond to them nor</p>

did we know there was an expectation that we would!
I was initially offered one place and then two month's later received an offer via Southwark for a higher preference school. This was well communicated to me but I later discovered (in July) that Southwark admissions had failed to inform the original school.
I didn't get an acknowledgement of my acceptance of my son's place. This made me feel a bit insecure and the school itself took several weeks to acknowledge acceptance.
I am a very pleased customer for the simple reason, I was offered my first choice school.
SAT's should be done before and used in the admissions process as this will help the more able children to get one of their higher preferences.
We got our 1st choice of school, most people did not and were very unhappy with subsequent communication - information from schools re waiting lists etc.
I am feeling very unsure for the next children to go to secondary school
The system is over-complex and incredibly confusing. I particularly object to having to take my child to several different banding tests at different locations. This is extremely inconvenient for working parents and unnecessarily stressful for children. Clashes with other tests/illness and snow all contributed to difficulties in making the dates and the resulting threats that applications would be invalid if the child does not sit the test was unhelpful and stressful. And possibly even illegal. Why can't there be a one-off banding test for all Southwark schools which takes place in the children's own primary school as in previous years? If schools can administer SATs tests in-house then surely they can administer a simple banding test? An enormous waste of time especially given that most schools do their own tests again at the beginning Yr 7. Spurious 'scholarships' and specialist places also add to the complexity of the system and it is clearly a method of selecting - further invalidating any concept of 'fair banding'.

### Section five asked respondents about their experiences if their child has special needs

#### Does your child/ren have special needs?

Yes	10
No	62

**If yes, how satisfied were you with the information and support available to assist you making an application to a school and access support for your child with special needs`? 1 to 10 (where 10 is very satisfied and 1 very unsatisfied)**

<b>Overall average</b>	<b>4.9</b>
------------------------	------------

<b>Do you have any comments about the kind of information and support available for parents of a child with special needs? What worked well? What could be improved?</b>
The support system worked well basically the SEN team did all the work and I was well informed.
I was interested in speech and language schools outside of Southwark (there are none in borough) and contacted the Parent Partnership who did not have any information and advised me to contact individual boroughs, they also said it was unlikely I would get the place funded. I found this comment unhelpful (and not impartial). I eventually contacted AFASIC a national charity which was able to give me advise, but felt the Parent Partnership should have at least been able to sign post me to relevant specialist organisations. (This comment was inputted elsewhere on the form).
Please see previous comments.
My son has special needs but unfortunately this was not diagnosed until he started secondary school, everything went downhill from then on, I would go so far as to state that he was discriminated because of his disability.
I have been trying to get help for my son since he was at nursery. He will be starting secondary in September 2011 and I still have no help or no advice.
My daughter is diabetic and I wanted to know whether that could be used as criteria in gaining a place at a specific school, the council officer had no idea, or what steps I could take to find out.

## **Tipping the scales** Childhood obesity in London

April 2011





**Tipping the scales**  
Childhood obesity in London

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# Health and Public Services Committee Members

James Cleverly (Chair)	Conservative
Navin Shah (Deputy Chair)	Labour
Richard Barnbrook	Independent
Richard Barnes	Conservative
Andrew Boff	Conservative
Nicky Gavron	Labour

The Health and Public Services Committee agreed the following terms of reference for an investigation into childhood obesity in London on 9 June 2010:

“To review the Mayor’s role in tackling obesity among young Londoners (aged 0-15) through encouraging healthy eating and participation in sport and physical activity by focusing on the following questions:

- What strategic role should the Mayor have in tackling obesity?
- How does the Mayor’s work fit within the national, regional and local context of work to tackle obesity?
- What is the overall vision behind the Mayor’s initiatives to tackle obesity?
- Why has the Mayor chosen to take forward this range of initiatives?
- Is there anything else the Mayor should be doing to help tackle child obesity?”

The Committee would welcome feedback on this report. For further information contact Richard Berry on 020 7983 4199 or [richard.berry@london.gov.uk](mailto:richard.berry@london.gov.uk). For media enquiries contact Lisa Moore on [lisa.moore@london.gov.uk](mailto:lisa.moore@london.gov.uk) or Julie Wheldon on [julie.wheldon@london.gov.uk](mailto:julie.wheldon@london.gov.uk), or phone 020 7983 4228.

# Contents

	<b>Chair’s foreword</b>	<b>7</b>
	<b>Executive summary</b>	<b>8</b>
<b>1</b>	<b>Introduction</b>	<b>10</b>
<b>2</b>	<b>Childhood obesity in London</b>	<b>12</b>
<b>3</b>	<b>The Mayor’s interventions</b>	<b>25</b>
<b>4</b>	<b>The effectiveness of obesity interventions</b>	<b>32</b>
<b>5</b>	<b>Recommendations to the Mayor</b>	<b>39</b>
	<b>Appendix 1 The Mayor’s Healthy Weight, Healthy Lives Taskforce</b>	<b>48</b>
	<b>Appendix 2 Recommendations</b>	<b>51</b>
	<b>Appendix 3 Views and information</b>	<b>53</b>
	<b>Appendix 4 Orders and translations</b>	<b>55</b>
	<b>Appendix 5 Principles of scrutiny</b>	Error! Bookmark not defined.

## Chairman's foreword



In public policy terms there is often a lively debate about whether and how much government should intervene, or intrude, in people's private behaviour. People's eating and exercise habits are very personal areas of their life and it could be argued that the life choices made by well informed individuals should be nothing to do with the State.

Whatever your views on the philosophical debate about personal choice, the facts about childhood obesity in London are stark. London has the highest percentage of obese children in the England and obesity prevalence has increased sharply in recent years. The resource implications are significant - if the current generation of obese children become obese adults the financial cost is projected to be about £111m per year – and the effect on the personal life and wellbeing of the individuals themselves are serious.

While respecting personal choice is important, children and young people need education and guidance to make informed choices. The work we did with the GLA's own Children and Young People's outreach team, the Lynk-Up Crew, showed us that young people's eating choices were being distorted and their choices sometimes ill informed. Ultra cheap and convenient high fat food options compare with a relative lack of available healthier food alternatives. Familial history of obesity, peer attitudes, and behaviour all have an impact on individual choices and the levels of childhood obesity.

The moral case for a non-interventionist policy is hard to justify, and more significantly, the Mayor has chosen to intervene in this issue. His intervention was found to be welcomed by many individuals and organisations. As the scrutiny body for the Mayor, our duty is to find out whether his plans are having the desired outcome and are cost effective. As the Mayor has influence, either directly or indirectly, over planning and housing, public and private transport, open spaces and parks, and grass-roots sports provision, we also wanted to see if his activities in these areas was co-ordinated and strategic.

Having taken evidence from children and young people themselves, the food industry, planning and licensing authorities, and academia from both the UK and USA, we produced a focused set of recommendations which we believe are implementable and could help to address an issue which has a huge potential impact on London.

**James Cleverly AM**  
**Chairman of the Health and Public Services Committee**

## Executive summary

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

In our investigation we found that around one in five children in London is obese, and obesity prevalence has increased sharply in recent years. Prevalence is higher in the capital than elsewhere in England, although there are significant variations between boroughs.

Obesity is a serious health condition for individuals, and it is also a significant drain on the London economy. Research commissioned by the Committee found that today's generation of obese children will cost London at around £111 million per year in healthcare costs and productivity losses, if they come to enter the workforce as obese adults.

We examined the causes of childhood obesity, and found a multitude of economic, cultural and environmental factors contributing to obesity. A child is much more likely to be obese if their parents are obese, and if they live in a deprived area. A range of factors combine to create the conditions in which many young Londoners consume much more energy in their diets than they use up in physical activity, resulting in excessive weight gain. We reviewed data for London, which showed among other things that the consumption of healthy food and participation in physical activity among young Londoners is lower than it should be.

To address obesity, it is necessary to tackle this complex set of causes as a whole. We considered the available evidence on the cost-effectiveness of different childhood obesity interventions. We found that the most effective interventions are multi-faceted, supporting children and their families to eat more healthily and become more active. This kind of approach can be used for a targeted group of children, but it can also be implemented on a larger scale to help prevent and reduce obesity. A whole range of different interventions, spanning health services, schools, the transport system, the food industry and the physical environment are likely to be required.

The Mayor has introduced a large number of different initiatives to help combat childhood obesity, either directly or indirectly. He has used several parts of the GLA Group to do this, including Transport for London, the London Development Agency, the GLA's health, planning and environment teams, the London Food Board and the London

Community Sports Board. Independently of the Mayor, the London Health Commission has also been running a 'Well London' programme in 20 targeted areas.

The Mayor's interventions have been welcomed by the many individuals and organisations who the Committee heard from during this investigation. What has not yet been developed, however, is a London-wide strategic approach to childhood obesity. The Mayor's initiatives do address a wide range of factors related to obesity, but their impact could be greater as a whole if different programmes were better coordinated – both within and beyond the GLA Group – and linked to shared outcomes.

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

- [Setting the strategic direction for London's response to childhood obesity.](#) To achieve this, we recommend the Mayor use his anticipated new powers as chair of the proposed London Health Improvement Board to develop a London-wide childhood obesity strategy.
- [Directly supporting and funding city-wide interventions.](#) To address the current uncertainty over the continued funding of the GLA Group's obesity programmes, we recommend the Mayor set out his funding plans beyond 2012.
- [Promoting evaluation and spreading good practice.](#) We recommend that the Mayor use the resources of the GLA to lead the evaluation of obesity interventions and promote findings through the London Health Improvement Board.

# 1 Introduction

- 1.1 The Mayor has made addressing childhood obesity his number one health priority.<sup>1</sup> Around 240,000 children in London are obese – one in five children – and the number has been growing.<sup>2</sup> It is a problem that not only affects the wellbeing of individuals but also has a detrimental impact on the London economy.
- 1.2 This report sets out the findings of the Health and Public Services Committee's investigation of childhood obesity in London. We set out to consider what the Mayor and his partners should be doing to reduce obesity, and to what extent their existing efforts are making a difference.
- 1.3 In conducting this investigation the Committee has gathered views and information from a large number of individuals and organisations. We have received submissions from London boroughs, NHS organisations, voluntary groups involved in tackling obesity, major food companies and academic experts. In late 2010 we held a meeting to discuss the topic with the Mayor's sport, food and health advisers and other leading experts. For further details of the submissions received and meeting participants please see Appendix 3.
- 1.4 We also spoke directly to young people about the problem. We met with the Greater London Authority's Lynk-Up Crew, including children from across London aged 5-15 years old. We asked them about the food they eat and the exercise they do, and what they thought should be done to help children live healthier lives.<sup>3</sup>
- 1.5 The report is structured in the following way:
  - Chapter two discusses the prevalence of childhood obesity in London, the underlying causes, and explores the costs of obesity for the city.

---

<sup>1</sup> Boris Johnson, Health Leadership Summit, City Hall, 1 November 2010

<sup>2</sup> For adults, obesity is defined as having a body mass index of higher than 30 kilograms per square metre, and overweight is having a BMI over 25. For children, BMI is used differently. A child is considered to be obese if they are in the 95th centile (the highest 5%) of the BMI scale, and overweight if they are in the 85th centile (the highest 15%). These thresholds are conventionally used for population monitoring and are not the same as those used in clinical settings.

<sup>3</sup> A video showing the children sharing their ideas and experiences can be viewed on the London Assembly website here: <http://www.london.gov.uk/who-runs-london/the-london-assembly/investigations/childhood-obesity>

- Chapter three considers the case for Mayoral intervention and discusses the obesity interventions made by the Mayor across transport, public health, planning, sports and food policy.
- Chapter four examines evidence on the cost-effectiveness of measures to reduce childhood obesity.
- Chapter five considers how the Mayor could enhance his impact on reducing childhood obesity in London through strategic interventions delivered in partnership with other organisations.



## 2 Childhood obesity in London

### Key points

- One in five children in London is obese. Prevalence is higher in London than the rest of the country.
- Obesity is a complex disease caused by many factors. Childhood obesity is strongly linked to parental obesity and deprivation;
- The London economy incurs significant costs as a result of obesity, from medical treatment and productivity losses.

### Prevalence

- 2.1 The weight of every schoolchild in London is assessed as part of the National Child Measurement Programme: the most recent results showed that more than one-fifth of children in London are obese. Over one-third of children are either obese or overweight.<sup>4</sup> In total, it is estimated that around 240,000 children aged 2-15 in London are obese, with a further 160,000 overweight.<sup>5</sup>
- 2.2 The problem is more severe in London than in the rest of the country. London has a higher childhood obesity rate (22 per cent among Year 6 pupils) than any other English region, and is above the national average (19 per cent). This is illustrated in Figure 1 overleaf.
- 2.3 Childhood obesity has increased significantly in London in the past fifteen years. Health Survey for England results show that between 1995 and 2008, obesity prevalence in London increased from 14 to 18 per cent among boys, and 12 to 20 per cent among girls.<sup>6</sup> In the most recent survey results, prevalence among boys fell. The National Child Measurement Programme results show that prevalence among all

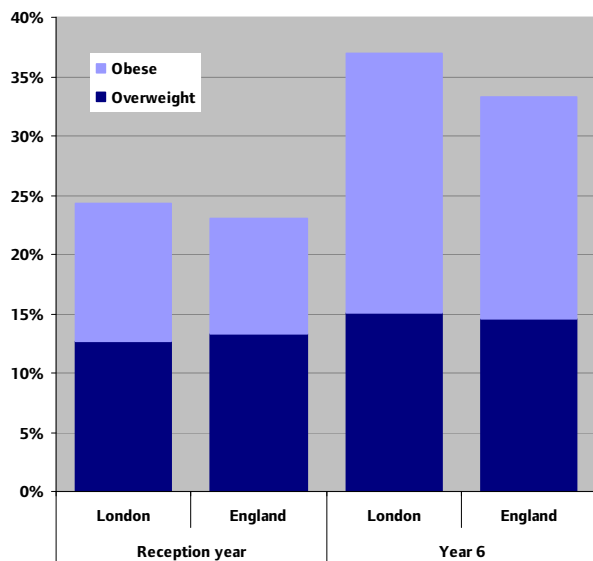
<sup>4</sup> 21.8% of children in Year 6 (aged 10/11) in London are obese; 14.7% are overweight. *National Child Measurement Programme: England, 2009/10 school year*, NHS Information Centre, 2010

<sup>5</sup> Based on 2008 Health Survey for England data showing 18% of boys and 20% of girls in London are obese and 2009 mid-year population estimates. *Health Survey for England 2008: Volume 1: Physical activity and fitness*, NHS Information Centre, 2009; *Estimated Resident Population Mid-Year by single year of age*, London Datastore [Office for National Statistics]. 2010

<sup>6</sup> *Health Survey for England 2006: Volume 2: Obesity and other risk factors in children*, NHS Information Centre, 2007; *Health Survey for England 2008: Volume 1: Physical activity and fitness*, NHS Information Centre, 2009

children has risen slowly in London over the past four years, from 21 per cent in 2006/07 to 22 per cent in 2009/10.<sup>7</sup>

**Figure 1: Prevalence of overweight and obese children, 2009/10**



Source: National Child Measurement Programme

- 2.4 Obesity is a significant problem in every London borough, although there are large geographical variations, with higher prevalence in inner London particularly. Prevalence ranges from 12 per cent in Richmond to 28 per cent in Westminster, among Year 6 pupils.<sup>8</sup>

### Conclusion

- 2.5 The number of obese children in London has increased sharply in the past fifteen years. Some recent measures show prevalence among particular groups has either held steady or reduced slightly, but there are no signs of an overall downward trend.

### Causes of obesity

- 2.6 The London Health Observatory describes the causes of the obesity in the following way:

<sup>7</sup> National Child Measurement Programme: England, 2009/10 school year, NHS Information Centre, 2010; 2008/09 school year, 2009; 2007/08 school year, 2008; 2006/07 school year, 2007

<sup>8</sup> National Child Measurement Programme: England, 2009/10 school year, NHS Information Centre, 2010

*“Obesity is a complex disease, caused by a wide range of factors. At a basic level, people gain weight by eating more calories than they use over a prolonged period of time. Excess calories accumulate and are stored by the body as fat, leading to overweight and obesity. However, there are many variables, including biological, behavioural and societal influences that increase the likelihood of an individual gaining excessive weight.”<sup>9</sup>*

*“A lot of children in London want to be active and they try to be active, and sometimes they can’t because of the facilities.”*

Zaine, age 11

- 2.7 The 2007 Foresight report on obesity by the Government Office for Science provides a summary of the causes of obesity.<sup>10</sup> The report suggests that the cause appears straightforward: obesity results from energy intake exceeding energy expenditure over a sustained period of time. But this energy imbalance does not have a simple explanation: there are many complexities in the ways people acquire and use energy. For the general population, the report argues:

*“...it is now generally accepted by health and other professionals that the current prevalence of obesity in the UK population is primarily caused by people’s latent biological susceptibility interacting with a changing environment that includes more sedentary lifestyles and increased dietary abundance.”*

- 2.8 Both physical activity and diet are central in the explanation of obesity. Over recent decades there have been significant societal changes in both of these areas, contributing to our current obesity problem. Within this overall picture, the Foresight report highlights the range of contributory factors affecting energy use and intake, relating to biology, early life development, and behavioural, environment and economic drivers. These factors are summarised in Table 1 on the next page.
- 2.9 Not all contributory factors will apply to every obese individual. For each person the causes of obesity are varied. Obesity can be the result of a wide variety of ‘causal pathways’, which differ between individuals and between social groups, and change across a person’s life course. Correspondingly, this variability of causal pathways points to a need for a range of different solutions to obesity.<sup>11</sup>

<sup>9</sup> *Overweight and obesity*, London Health Observatory, 2010

<sup>10</sup> *Tackling Obesities: Future Choices – Project Report*, Government Office for Science, 2007

<sup>11</sup> *Tackling Obesities: Future Choices – Project Report*, Government Office for Science, 2007

**Table 1: Causes of obesity identified in research**

<b>Biology</b>
<ul style="list-style-type: none"> <li>• Humans have a powerful ‘hunger drive’ (a biological compulsion to search out food), and a limited ‘sensitivity to abundance’ (feeling of having ‘had enough’ easily overridden by the sight or taste of food).</li> <li>• Genetic: a number of specific genes associated with obesity have been identified.</li> <li>• However, evidence indicates there is no physiological difference between the slim and the obese: suggesting biology is not the root cause of obesity.</li> </ul>
<b>Early life and growth patterns</b>
<ul style="list-style-type: none"> <li>• Higher weight gain soon after birth is associated with obesity in later life.</li> <li>• Breastfed babies have slower weight gain and are less likely to be obese.</li> </ul>
<b>Behaviour</b>
<ul style="list-style-type: none"> <li>• There is evidence of long-term reductions in energy expenditure: for adults because of employment patterns, car ownership and labour-saving devices; for children because of reduced walking and cycling to school and parental fears of outside play.</li> <li>• Sedentary behaviours, in particular TV viewing, are a particular risk factor for obesity.</li> <li>• Consumption of energy-rich foods, foods high in fat and low in fibre and sugar-rich drinks is a significant risk factor for obesity.</li> <li>• There are complex psychological reasons behind people’s food and activity-related behaviour. For instance people form habits, which are triggered by environmental cues. People have a reduced motivation to acquire new information that is inconsistent with habitual behaviour.</li> <li>• Organisation cultures, social processes and the media play a significant role in cuing individual behaviour. For instance, organisations choose the food available in a workplace, or provide incentives for particular means of travel.</li> </ul>
<b>The living environment</b>
<ul style="list-style-type: none"> <li>• Technology has tended to engineer physical activity out of the environment – for instance decreasing the need to walk, to undertake household labour – although no direct link to obesity has been proven.</li> <li>• There is evidence of a relationship between physical activity and perceptions of our physical environment, in terms of safety, aesthetics, convenience, and so on. Residents of ‘walkable’ neighbourhoods tend to be more active and weigh less than others.</li> <li>• Food and drink access: some studies show that constrained availability of high-quality, affordable ‘healthy’ food in a neighbourhood is associated with poor diet and obesity.</li> </ul>
<b>Economic drivers</b>
<ul style="list-style-type: none"> <li>• The price of food and drink frames the context in which consumer choices are made: studies have shown that fruit and vegetables have increased as a component of food budgets, while fats and oils, starches and sugars have decreased</li> <li>• Working practices: for adults, there is correlation between longer working practices and higher obesity prevalence.</li> </ul>

Summarised from *Tackling Obesity: Future Choices – Project Report*, Government Office for Science, 2007

- 2.10 There are correlations between childhood obesity and other variables, particularly parental BMI. Children with obese parents are much more likely to be obese. Health Survey for England results show that 24 per cent of children in households where both parents (or the lone parent) are overweight/obese are obese themselves. Meanwhile, only 11 per cent of children in households where the parents are normal weight/underweight are obese.<sup>12</sup>
- 2.11 There are also economic, demographic and spatial factors. These variables are likely to be inter-related; for instance, differential prevalence by ethnicity or geography may be a consequence of higher deprivation among city-dwellers or certain ethnic groups, and vice versa.
- Spatial: Children who live in urban areas are more likely to be obese. National Child Measurement Programme results show that 19 per cent of urban children are obese, compared to 15 per cent of children living in rural areas.<sup>13</sup>
  - Economic: Children from lower-income households are more likely to be obese. Health Survey for England results show 20 per cent of boys in the lowest income quintile are obese, compared to 12 per cent of boys in the highest income quintile.<sup>14</sup> The correlation between deprivation and childhood obesity in London is illustrated on the next page, in a mapping analysis produced by the National Obesity Observatory.
  - Demographic: Childhood obesity prevalence has been found to vary among ethnic groups. National Child Measurement Programme results show that obesity among black, Asian and mixed children is higher than the national average, while it is lower among white and Chinese children.<sup>15</sup>

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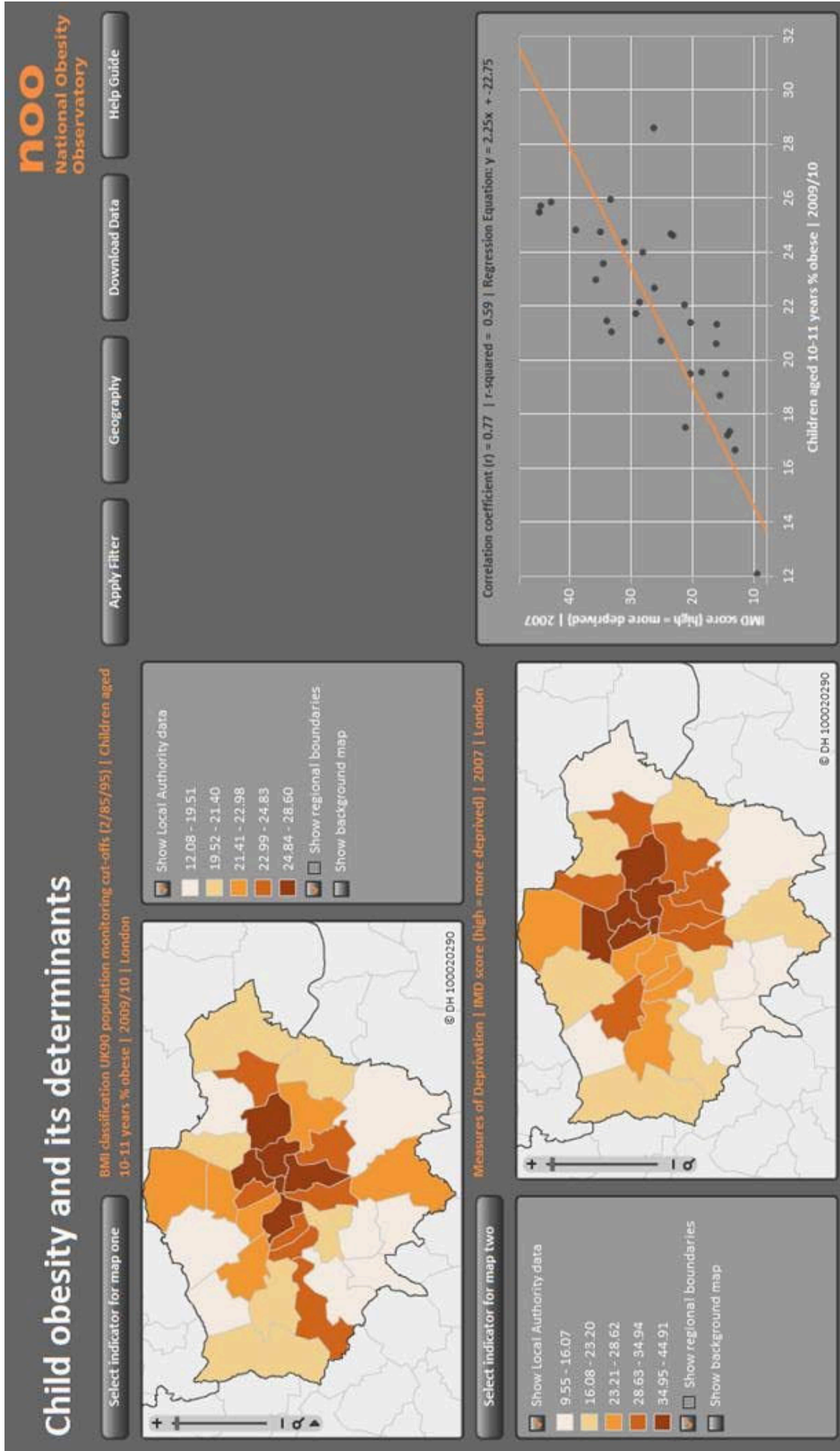
<sup>12</sup> *Statistics on obesity, physical activity and diet: England, 2010*, NHS Information Centre, 2011

<sup>13</sup> *National Child Measurement Programme: 2007/08 school year headline results*, NHS Information Centre, 2008

<sup>14</sup> *Health Survey for England 2008: Volume 1: Physical activity and fitness*, NHS Information Centre, 2009

<sup>15</sup> *National Child Measurement Programme: 2007/08 school year headline results*, NHS Information Centre, 2008

Figure 2: Relationship between childhood obesity (aged 10-11 years) and deprivation in London



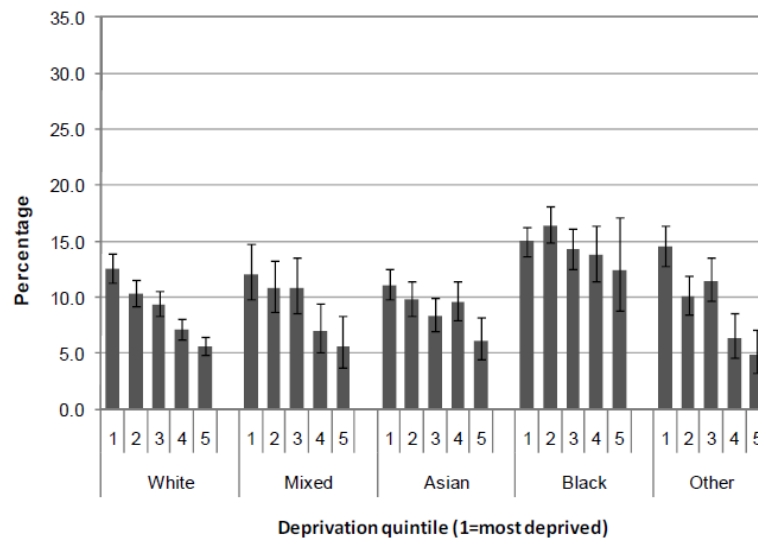
Source: Modified from *Child dual map LA/PCT e-atlas*, National Obesity Observatory, 2011

## Causes in London

### Economic

- 2.12 The most convincing explanations for London's relatively high prevalence are based on the other variables that correlate with obesity, particularly deprivation. The extent of deprivation in London is relatively high. According to the English Indices of Deprivation, 28 per cent of neighbourhoods in London are in the most deprived fifth of all neighbourhoods in England. Meanwhile only nine per cent of neighbourhoods in London are in the least deprived fifth.<sup>16</sup>
- 2.13 The London Health Observatory (LHO) has demonstrated the relationship between childhood obesity prevalence and deprivation in London. The LHO ranked every neighbourhood in the capital by deprivation, and found that among reception year children, obesity prevalence in the most deprived ten percent of areas is almost double the prevalence in the least deprived areas.<sup>17</sup>

**Figure 3: Obesity prevalence among reception year girls by ethnic group and deprivation quintile, London 2008/09**



Source: London Health Observatory

<sup>16</sup> 'Neighbourhood' refers to lower-layer super output areas, which have around 1,500 residents. *The English Indices of Deprivation*, Department for Communities and Local Government, March 2008

<sup>17</sup> *Weighty matters: The London findings of the National Child Measurement Programme 2006 to 2008*, London Health Observatory, 2009

### *Demographic*

2.14 Figure 3 on the previous page illustrates the relationship between deprivation, ethnicity and childhood obesity.<sup>18</sup> Obesity prevalence in London is higher among African, Caribbean and other black children, and lower among Chinese and mixed Asian/white children. However, there is little evidence that ethnicity has an independent impact on obesity: it appears that higher prevalence among children of certain groups is largely related to the higher deprivation levels among these groups.

### *Spatial/geographic*

2.15 Childhood obesity is higher in urban areas, which clearly applies to London. Particular spatial indicators that have been identified are:

- Exposure to unhealthy food in London appears to be high. In 2007 the School Food Trust found that London had 28 'junk food' outlets per secondary school, compared to a national average of 23.<sup>19</sup> In 2009 environmental health officers analysed the meals children bought at takeaway outlets near 45 schools, across 16 London boroughs. They found that 96 per cent of meals purchased fell into the 'red light' labelling category for high salt and fat content.<sup>20</sup> The School Food Trust has published data showing that less than half of schoolchildren in London eat a school meal. Take-up is 48 per cent at primary school level and 41 per cent at secondary; this is, however, higher than the national average.<sup>21</sup>
- London has a relatively limited amount of open space, which may discourage physical activity. According to 2005 land use statistics, 38 per cent of land in Greater London is green space.<sup>22</sup> This compares to 61 per cent in the Greater Manchester conurbation and 44 per cent in the West Midlands. These figures may not be directly comparable because of the different ways conurbation boundaries are defined. However we can also compare the central areas of each conurbation, which again shows London performs

*"Children's diets are not healthy. A lot of people eat junk food. Shops normally don't sell healthy food."*  
Mikey, age 13

<sup>18</sup> *Causes of childhood obesity in London: diversity or poverty?*, London Health Observatory, 2010

<sup>19</sup> *New research reveals the scale of junk food temptation*, School Food Trust, 2008

<sup>20</sup> *Fast Food Make-over*, Chartered Institute of Environmental Health, 2010

<sup>21</sup> Written submission, School Food Trust, 2010, page 1. Copies of the written submissions received by the Committee are available on our website at <http://www.london.gov.uk/who-runs-london/the-london-assembly/publications/health>

<sup>22</sup> *Child Obesity and its determinants*, National Obesity Observatory, 2010



poorly: inner London has 23 per cent green space, while Manchester has 35 per cent and Birmingham 34 per cent. The correlation between open space and childhood obesity in London is illustrated on the next page, in a mapping analysis produced by the National Obesity Observatory.

### *Cultural/lifestyle*

2.16 The Committee has examined data on a range of relevant cultural or lifestyle trends in London, relating to the factors that contribute to childhood obesity. For some indicators London scores above the national average, although still below recommended levels. This applies to breastfeeding<sup>23</sup> and to consumption of fruit and vegetables.<sup>24</sup> Indicators on which London performs less well, both below the national average and/or failing to meet recommended levels:

- Children's participation in physical activity tends to be significantly below recommended levels in London. The 2008 Health Survey for England found only 33 per cent of boys and 24 per cent of girls aged 2-15 in London participated in the recommended 60 minutes of moderate activity every day. These results are in line with the national average 32 per cent for boys and 24 per cent for girls.<sup>25</sup>
- Only a minority of children in London use active travel methods to get to school. The 2009 Young Londoners' Survey found that 38 per cent of 11-16 year olds in London walked and 3 per cent cycled to school, with the remainder travelling by public transport or car.<sup>26</sup>

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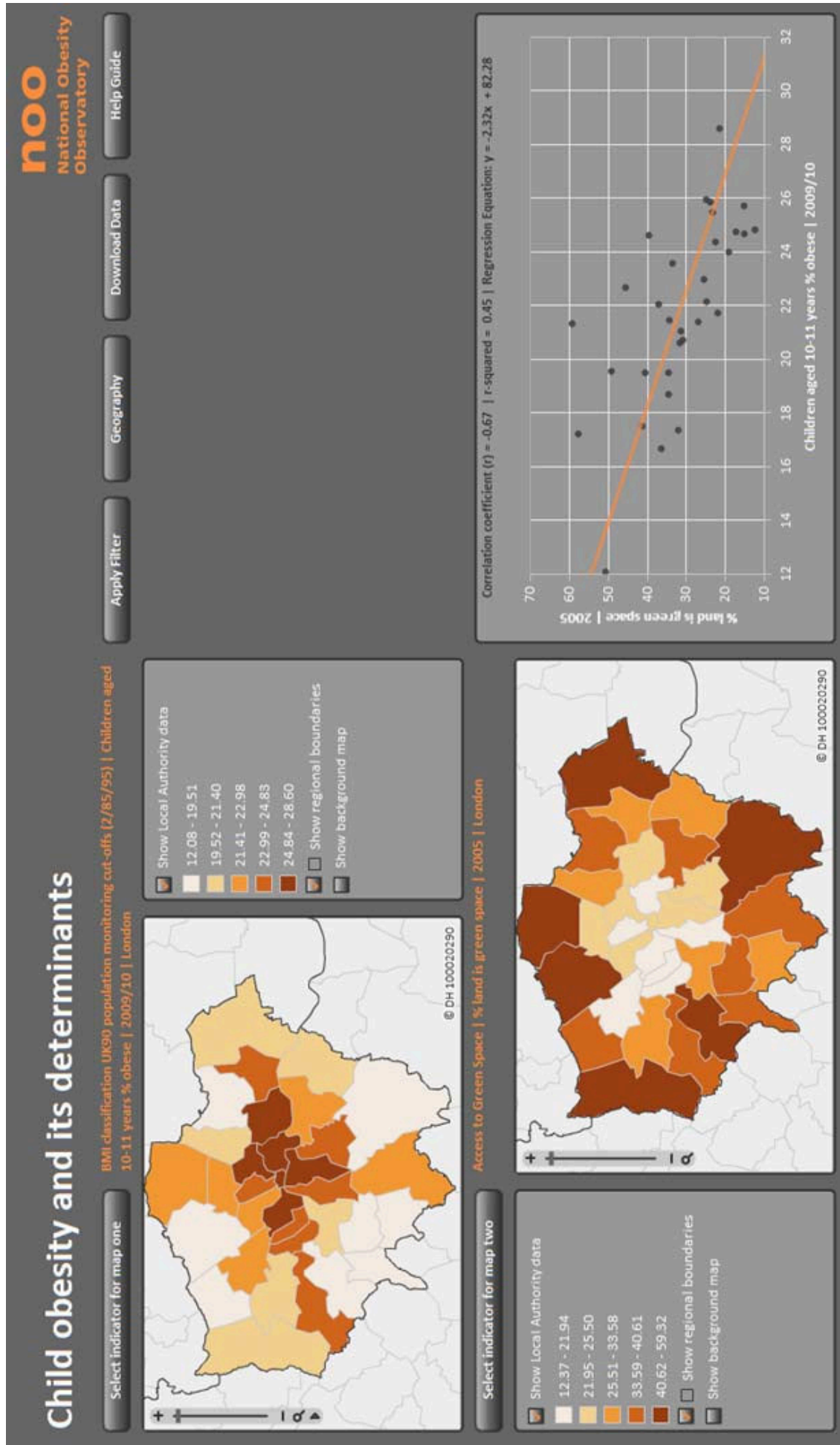
<sup>23</sup> The Department of Health recommends exclusive breastfeeding in the first six months of life. 39 per cent of infants are exclusively breastfed in London at age 6-8 weeks. *Breastfeeding initiation and prevalence at 6 to 8 weeks: Quarter 4, 2009/10*, Department of Health, 2010

<sup>24</sup> The Department of Health recommends eating five portions per day. 23 per cent of boys and 24 per cent of girls in London meet this. *Health Survey for England 2008: Volume 1: Physical activity and fitness*, NHS Information Centre, 2009

<sup>25</sup> *Health Survey for England 2008: Volume 1: Physical activity and fitness*, NHS Information Centre, 2009

<sup>26</sup> *GLA Young Londoners' Survey 2009 Report*, Greater London Authority, 2009

Figure 4: Relationship between childhood obesity (aged 10-11 years) and access to green space in London



Source: Modified from *Child dual map LA/PCT e-atlas*, National Obesity Observatory, 2011

### Conclusion

- 2.17 Childhood obesity is a highly complex phenomenon. A child's energy balance is the root cause, but a wide range of spatial, demographic, economic and cultural factors help determine a child's intake of food and level of physical activity. The specific variables with the strongest correlation with childhood obesity are parental BMI and deprivation. Beyond this, the available data for London on sports participation, fruit and vegetable consumption, breastfeeding and open space in London suggests that all of these contributory variables need to be addressed. Although for some of these variables London appears to be performing better than the national average – particularly breastfeeding and fruit and vegetable consumption – most young Londoners are still in breach of medical recommendations.

### Costs

- 2.18 Obesity is a disease with potentially very serious consequences. Researchers have highlighted a range of other health conditions that childhood obesity can lead to, as listed in Table 2 below.

**Table 2: Complications of childhood obesity**

<b>Psychosocial</b>	Poor self-esteem, anxiety, depression, eating disorders, social isolation, lower educational attainment
<b>Neurological</b>	Pseudotumor cerebri
<b>Endocrine</b>	Insulin resistance, type 2 diabetes, precocious puberty, polycystic ovaries (girls), hypogonadism (boys)
<b>Cardiovascular</b>	Dyslipidemia, hypertension, coagulopathy, chronic inflammation, endothelial dysfunction
<b>Pulmonary</b>	Sleep apnea, asthma, exercise intolerance
<b>Gastrointestinal</b>	Gastroesophageal reflux, steatohepatitis, gallstones, constipation
<b>Renal</b>	Glomerulosclerosis
<b>Musculoskeletal</b>	Slipped capital femoral epiphysis, Blount's disease, forearm fracture, back pain, flat feet

Source: 'Childhood obesity – The shape of things to come', Ludwig, D, *New England Journal of Medicine*, 357: 23, 2007

- 2.19 The costs associated with obesity can be divided into two parts: the direct costs of treating obesity and other conditions caused by obesity, and the indirect economic costs caused by loss of earnings among obese people. For this investigation the Committee has commissioned research to estimate the costs that are and will be

incurred by London as a result of childhood obesity. The research has been published alongside this report.<sup>27</sup>

- 2.20 According to the research, the direct cost to the NHS in London of treating childhood obesity is estimated to be £7.1 million per year (2007/08 prices). This is derived from cost estimates included in the government's 2007 Foresight report on obesity. It includes the cost of children's GP consultations, ordinary admissions, day cases, outpatient appointments and prescriptions for obesity and conditions caused by obesity.
- 2.21 The future costs of childhood obesity are significantly higher. Our research shows that the current generation of obese children (aged 2-15) will cost the London economy £110.8 million per year (2007/08 prices) if they become obese adults. This is based on the direct NHS costs and indirect costs, which are made up of loss of earnings due to obesity-related sickness and premature death.<sup>28</sup> This projection is likely to be an under-estimate, because of the probability that prolonged obesity – that is, if an adult has been obese since early childhood – has more serious health and other consequences. However, there is not yet sufficient research available on the economic impact of prolonged obesity.
- 2.22 The Committee's research also identified the current direct and indirect costs of adult obesity. The NHS treatment costs for adult obesity in London are estimated to be £265.2 million per year (2007/08 prices): this represents approximately two per cent of all expenditure on health services in London.<sup>29</sup> The indirect costs are estimated to be £618.4 million, giving a total of £883.6 million per year. This is approximately 0.4 per cent of London's Gross Value Added (an indicator of the value of London's economy).

### Conclusion

- 2.23 The Committee's research on the cost implications of childhood obesity further highlights the pressing need to reduce obesity. The

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<sup>27</sup> *Childhood obesity in London*, GLA Intelligence Unit, April 2011

<sup>28</sup> The indirect costs do not include the cost of lower educational attainment, which is associated with childhood obesity. The estimate does not make allowance for potential government savings that can be made as a result of early mortality, for instance reduced pension payments and health care costs.

<sup>29</sup> To put this figure in context, the NHS in London is estimated to spend £546 million every year treating cancer (2009/10 prices). *Cancer services: Case for change*, Commissioning Support for London, 2010

consequences of obesity can be severe for individuals, with a range of other health problems directly linked to the condition. This means that London is faced with a large bill to treat obesity, and that the city's economy suffers through productivity losses. This burden will only increase if today's obese children become tomorrow's obese adults.

## 3 The Mayor's interventions

### Key points

- There is a strong case for the Mayor to intervene to address childhood obesity, although his powers are limited.
- A number of Mayoral strategies including those on health inequalities, transport and spatial development are relevant to childhood obesity.
- Actions taken by the Mayor include programmes to encourage active travel, sports participation and food growing.

### The case for Mayoral intervention

- 3.1 The Mayor has said that addressing childhood obesity is his top health priority,<sup>30</sup> and he has introduced and supported a number of actions associated with obesity-reduction across several policy areas. This chapter outlines the interventions he has made.
- 3.2 It is possible to make a strong case for the Mayor to intervene in his role as the head of a strategic, city-wide authority, to reduce childhood obesity:
- Childhood obesity is a significant problem for London, occurring in every borough, with little evidence that the problem is being alleviated. High costs are incurred as a result, with a detrimental impact on the city's economic development.
  - The Mayor has control of some important policy levers – and associated funding – that could be used to address obesity. These include his powers in relation to Transport for London, the Metropolitan Police Service and potentially the Royal Parks,<sup>31</sup> his planning powers and strategic responsibility for health inequality.
  - Some key obesity-reduction interventions – or elements of them – may be more effectively delivered at a city-wide rather than borough level.
  - The high profile and city-wide position of the Mayor and Greater London Authority could mean there is greater opportunity to exert influence in negotiations with major private companies and other organisations that operate throughout London.

<sup>30</sup> Boris Johnson, Health Leadership Summit, City Hall, 1 November 2010

<sup>31</sup> The government has proposed that responsibility for the eight Royal Parks in London will be transferred to the Greater London Authority. See *Transfer of the Royal Parks Statement*, Department for Culture, Media and Sport, January 2011

- The Greater London Authority has the resources and expertise to lead the evaluation of obesity-reduction interventions introduced in different parts of the city, and share best practice among partner organisations including boroughs and NHS commissioners.

3.3 This case was supported by stakeholders who submitted views to the Committee about what role the Mayor should play. A number of respondents emphasised the Mayor's role in promoting effective partnership working across the city. Professor Eileen O'Keefe of London Metropolitan University told the Committee that London has a *"chronic problem of lack of coordination with serious difficulties in coming up with pan-London solutions to big problems which cannot be resolved more locally [such as obesity]"*.<sup>32</sup> Similarly MEND argued that, *"The Mayor is in a position to bring partners together in an innovative way to tackle childhood obesity, from education, health and local authorities, through employers and leisure providers, to private funders and globally recognised centres of expertise."*<sup>33</sup>

*"I think growing your own vegetables is quite good, because as you're eating them you can say 'I did this, this is what I've made.'"*

Tia, age 15

3.4 Other respondents emphasised the Mayor's role in spreading good practice throughout London. NHS Kensington and Chelsea (the primary care trust) suggested the Mayor should *"track costs and outcomes of borough level strategies and facilitate opportunities for local authorities within London to adopt evidence-based interventions implemented in neighbouring boroughs."*<sup>34</sup>

3.5 Several respondents highlighted interventions that should be delivered directly by the Mayor. A joint response from the London Borough of Lewisham and NHS Lewisham argued the Mayor's role was to, *"deliver initiatives that can only be successfully coordinated, funded or delivered on a pan-London basis."*<sup>35</sup> A number of respondents specifically cited 'social marketing'<sup>36</sup> as a type of initiative best delivered city-wide: for instance the London Borough of Camden and NHS Camden suggested London-wide branding developed by the Mayor would enhance the effectiveness of obesity-reduction programmes.

<sup>32</sup> Written submission, Professor Eileen O'Keefe, 2010, page 2

<sup>33</sup> Written submission, MEND, 2010, page 1

<sup>34</sup> Written submission, NHS Kensington and Chelsea, 2010, page 2

<sup>35</sup> Written submission, London Borough of Lewisham and NHS Lewisham, 2010, page 1

<sup>36</sup> The National Social Marketing Centre defines this concept as, "The systematic application of marketing, alongside other concepts and techniques, to achieve specific behavioural goals, for a social good." See [www.nsmc.com](http://www.nsmc.com)

- 3.6 Others emphasised the Mayor's role in negotiating on behalf of London with major organisations that operate throughout the city, and are important partners in reducing obesity. The London Borough of Havering and NHS Havering suggested that, *"The Mayor's office also carries greater weight in terms of negotiations with food manufacturers who supply to all London Boroughs."*<sup>37</sup> For instance, there may be opportunities for the Mayor to work with companies such as McDonalds, Coca-Cola and Cadbury, which are sponsors of the 2012 Olympic and Paralympic Games, to use the Games to help address childhood obesity.

### *Conclusion*

- 3.7 There is a strong case for the Mayor to intervene to reduce childhood obesity, and the Committee supports him in taking action in this area. In doing so, the Mayor should seek to take advantage of his strategic powers, such as in transport and planning, and focus on interventions best delivered at the city-wide level.

### **The Mayor's powers**

- 3.8 The Mayor does not have the formal powers to take action directly on all of the causes of childhood obesity. For instance, the Mayor's powers over the key areas of health, education and planning are relatively limited. London differs in this respect from New York, which has a similar childhood obesity problem. Academics from London Metropolitan University and City University New York recently collaborated on a report comparing how the two cities were responding to obesity. Professor Eileen O'Keefe, one of the lead researchers, told the Committee how the Mayor of London's more limited powers constrained what action he was able to make:

*"We found that on a number of fronts the New York Mayor was able to take more vigorous action than his London counterpart because of the range of his direct powers which include provision of most municipal services including publicly funded schools, hospitals, prisons."*<sup>38</sup>

- 3.9 For example, The Mayor of New York has used his powers over health and education to provide free breakfasts in all public schools, to improve the nutritional quality of food served in schools, to train

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<sup>37</sup> Written submission, London Borough of Havering and NHS Havering, 2010, page 1

<sup>38</sup> Written submission, Professor Eileen O'Keefe, 2010, page 1



teachers to provide exercise for children in classrooms, and to require restaurants to display the calorie content of meals and ban restaurants from selling food with 'transfats'.<sup>39</sup> In London, these measures would have to be implemented primarily by central government or boroughs.

- 3.10 However, there is a prospect that the Mayor of London will gain new powers over public health, as part of the government's reforms of the NHS. Responsibility and funding for public health is transferring from NHS primary care trusts to local authorities. In London, the Mayor and boroughs have agreed that there should be a new 'London Health Improvement Board' (LHIB), chaired by the Mayor with representatives from the boroughs and other health leaders.<sup>40</sup>
- 3.11 The Board would oversee health improvement measures across London and develop the London Health Inequalities Strategy. The Mayor and boroughs would also have a duty to support each other's health strategies and work toward a shared public health outcomes framework. It is anticipated that the Mayor would receive an automatic three per cent top-slice of boroughs' public health funding allocation – to spend on London-wide public health measures – with a further three per cent available to the Mayor if the LHIB agrees.

### **The Mayor's interventions**

- 3.12 The Mayor does not have a specific strategy or set of policies focused on childhood obesity, although some of the recommendations from the London Healthy Weight, Healthy Lives Taskforce have been included in the Mayor's Health Inequalities Strategy (see Appendix 1). The Mayor has however introduced or proposed measures to help reduce childhood obesity in a number of different domains. These include interventions to increase walking and cycling, food growing and participation in sport, improve open spaces and parks, and widen access to healthy food. He has done this through several different parts of the GLA Group, particularly the GLA's health, planning and environment teams, the London Food Board, London Community Sports Board, Transport for London and London Development Agency. The Mayor's interventions are summarised in Table 3 overleaf.

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<sup>39</sup> Trans-fats are artificially created fats used in the manufacture of foods. See *A Tale of Two Obesities: Comparing responses to childhood obesity in London and New York City*, City University of New York and London Metropolitan University, January 2010; Kimberly Libman, Transcript of Health and Public Services Committee meeting, 3 November 2010, page 19

<sup>40</sup> Letter from Boris Johnson, Mayor of London and Jules Pipe, Chair of London Councils to Andrew Lansley MP, Secretary of State for Health, 17 January 2011

**Table 3: Summary of the Mayor's obesity interventions**

<b>Physical activity</b>
<ul style="list-style-type: none"> <li>The Mayor is promoting <b>sports participation</b> with £15.5 million of London Development Agency funding over three years. It is led by the London Community Sports Board, which the Mayor established and appoints. Projects funded include mobile swimming pools, street athletics events and training for coaches.<sup>41</sup></li> <li>Transport for London has introduced a number of initiatives aimed at increasing <b>walking and cycling</b>. TfL accredits school travel plans. It has funded 'walk to school' initiatives including two 'Step2Get' pilots in which children are rewarded for walking to school. It has funded cycling training for children and the 'Bike It' programme to promote cycling.<sup>42</sup> TfL's 2009/10 spending on 'walking, cycling and accessibility' was around £54 million.<sup>43</sup></li> <li>The Mayor has promoted <b>parks and open spaces</b>. £6 million is being invested by the GLA over three years to improve eleven parks across London,<sup>44</sup> while the Mayor is establishing a new award for parks. In spatial development policy, the supplementary planning guidance published by the previous Mayor stated that new housing developments should have at least 10sqm of play space per child.<sup>45</sup></li> <li>The Mayor's Health Inequalities Strategy includes additional measures on encouraging <b>physical activity</b>. It proposes that the GLA develops a pan-London referral scheme for participants in charity walks and runs. It also commits the GLA to implementing or piloting new design features for public buildings to encourage physical activity.<sup>46</sup></li> </ul>
<b>Diet</b>
<ul style="list-style-type: none"> <li>The Mayor is supporting the Capital Growth programme to create new <b>food growing</b> spaces. This is led by the London Food Board, which the previous Mayor established and the Mayor appoints: it is aiming to create 2,012 growing spaces by 2012. The Mayor has provided £5 million of funding from the London Development Agency for the Board's programmes over three years.<sup>47</sup></li> <li>The Mayor's Health Inequalities Strategy includes several proposed actions on <b>access to healthy food</b>. It proposes the GLA works with government and the food industry to encourage clearer nutritional information, and reduce unhealthy content. It commits the GLA to promoting healthier food for staff in the public sector. It proposes working with environmental health officers to encourage them to provide advice on healthy options to food outlets.<sup>48</sup></li> </ul>
<b>Early years and parenting</b>
<ul style="list-style-type: none"> <li>The Mayor's Health Inequalities Strategy proposes that the GLA will promote <b>effective parenting and early years development</b>. It states that the GLA will improve the delivery of integrated early years and family services, and shift investment toward earlier interventions. It proposes a roundtable meeting for partner organisations and experts to call them to action on this topic.<sup>49</sup></li> </ul>

<sup>41</sup> The London Assembly has recently published a report on the use of this fund. See *A sporting legacy for London?*, Economic Development, Culture, Sport and Tourism Committee, London Assembly, February 2011

<sup>42</sup> Written submission, Transport for London, 2010, pages 3-7

<sup>43</sup> *Business Plan 2009/10 to 2017/18*, Transport for London, November 2008

<sup>44</sup> Response to James Cleverly AM, [3121/2009], Mayor's Question Time, 14 October 2009

<sup>45</sup> *Supplementary Planning Guidance: Providing for Children and Young People's Play and Informal Recreation*, Greater London Authority, March 2008

<sup>46</sup> Written submission, Pamela Chesters, 2010, pages 6-7

<sup>47</sup> *Capital Growth launches £150,000 fund to help Londoners boost food growing*, Greater London Authority, December 2009; *The London Food Programme 2009-2012* [MD 388], Greater London Authority, August 2009

<sup>48</sup> Written submission, Pamela Chesters, 2010, pages 6-7

<sup>49</sup> *The London Health Inequalities Strategy: First Steps to Delivery to 2012*, Greater London Authority, April 2010

*“Schools usually do unhealthy things. I know people who have three slices of pizza every day of the week.”*

Zaine, age 11

- 3.13 Few of the interventions introduced by the Mayor are focused exclusively on obesity-reduction. For instance, walking and cycling measures also aim to reduce traffic congestion, and food growing aims to combat climate change. None of the Mayor’s interventions to date have been evaluated for their effectiveness in reducing obesity.
- 3.14 In addition to the initiatives outlined in Table 3, another London-wide programme linked to the Mayor is the Well London programme overseen by the London Health Commission, a body established by the previous Mayor.<sup>50</sup> Well London was awarded £9.5 million from the Big Lottery Fund, to run a four-year programme ending in March 2011. The University of East London is conducting an evaluation of the programme’s impact, to be published in 2012. More information is given in Table 4 below.

**Table 4: Well London projects<sup>51</sup>**

Project	Activities
Buywell	Making it easier to buy good quality, affordable food in local shops. It has supported new food co-operatives, mobile food stores, healthy menus in cafes and new fresh produce displays in convenience stores.
Eatwell	Helping people learn about healthy eating, through ‘cook and eat’ classes and community feasts.
Healthy Spaces	Improving the quality of local spaces to encourage people to make more use of them. This includes creating new food growing spaces, wildlife walks and improving playgrounds.
Activate London	Helping people to become involved in sport and active recreation. There is ‘activator training’ for people to learn how to be active and to encourage others, and football, dance and martial arts events.
WellNet	A learning network for communities and professionals to share good practice on improving health, using the internet, newsletters and events.
Active Living Map	Producing web-based maps in each community to show where opportunities for healthy activities are located.

<sup>50</sup> The Commission was established in 2000, with representatives from the NHS, boroughs and other partners in the public, private and voluntary sectors. The Mayor appoints the chair; in 2008 the current Mayor appointed Councillor Mary O’Connor to this role. The Commission’s staff is based in the Greater London Authority, although the Commission operates independently.

<sup>51</sup> This table does not cover all Well London projects. For more information see Written submission, Well London, 2010 and [www.london.gov.uk/welllondon](http://www.london.gov.uk/welllondon)

3.15 Well London takes place in 20 targeted areas – neighbourhoods with around 1,500 residents each – that are considered to be among the most deprived in London. Each Well London area has projects to help people become more active, eat more healthily and improve their mental health; there is also a range of ‘community-building’ initiatives.

#### *Conclusion*

3.16 The Mayor has used his powers to implement or promote a wide range of initiatives in relation to walking and cycling, open space, planning, sports participation and healthy eating. Alongside these programmes the London Health Commission has developed an innovative approach involving multiple, linked interventions through its Well London programme. However, these programmes are not coordinated into a London-wide, strategic approach to tackling childhood obesity.

3.17 Very little information has been produced so far about the impact of the Mayor’s interventions on obesity. In part this is because many of the programmes have wider aims – with a reduction in obesity as a second-order effect – such as reducing traffic congestion or combating climate change. It is not therefore possible to conclude how effective each programme has been, which makes mapping a way forward difficult. The Committee has commissioned research on what types of obesity intervention are most cost-effective. The next chapter considers this evidence in more detail.

## 4 The effectiveness of obesity interventions

### Key points

- Evidence suggests the most cost-effective obesity interventions combine dietary changes and physical activity, involve parents and are delivered early in life.
- Multi-faceted interventions are effective in both supporting children already obese, and helping to prevent obesity in the general population.

- 4.1 The Committee has commissioned research to assess the evidence on the cost-effectiveness of the range of different obesity interventions. The findings of this research have been published in full alongside this report.<sup>52</sup> Table 5 overleaf presents a summary of the evidence on specific interventions that have been proven to be cost-effective and highlights the characteristics of these schemes. Table 6 does the same for non-cost-effective interventions.
- 4.2 In assessing whether the interventions listed below could be implemented by the Mayor, it is important to understand the scope of the Mayor's powers. For instance, fiscal and regulatory policy – which could be used to tax unhealthy food or restrict advertising – is determined by central government. Even with community-based programmes, the Mayor would be required to work in partnership with local authorities, schools and health organisations, over which he does not have direct control.
- 4.3 There is a general lack of robust evidence on cost-effectiveness for a number of other obesity-reduction interventions, including those that have been introduced in London. It is also the case that obesity-reduction interventions may have benefits beyond their impact on obesity: for instance, 'walk to school' programmes may help to reduce traffic congestion and pollution, while sports clubs may be effective at improving social inclusion.

<sup>52</sup> *Childhood obesity in London*, GLA Intelligence Unit, April 2011

**Table 5: Cost-effective obesity interventions**

Intervention	Characteristics
<p><b>MEND – ‘Mind, Exercise, Nutrition... Do it!’ (UK).</b> A community-based weight management programme for overweight children and their families, providing nutrition education and physical activity. <i>Costs £1,700 per QALY.</i></p> <p><b>LEAPs – Local Exercise Action Pilots (UK).</b> Programme where interventions to increase physical activity were introduced in a pilot area, including classes and groups, exercise referrals, motivational interviewing and mentoring. <i>Costs £50–150 per QALY.</i></p> <p><b>Planet Health (USA).</b> Programme to introduce a multi-disciplinary health-based curriculum into schools, enabling teachers to promote healthy food choices and exercise. <i>Costs US\$4,300 per QALY.</i></p> <p><b>CATCH – Coordinated Approach to Child Health (USA).</b> School-based programme to promote healthy food choices and physical activity, including classroom education, intensive PE lessons, healthier school food and parental involvement. <i>Costs US\$900 per QALY.</i></p> <p><b>Reduction in television viewing (USA).</b> A school-based programme for teachers to instruct pupils in intelligent TV viewing, including a weekly TV budget for children. <i>Costs AU\$3,000 per DALY.</i></p> <p><b>Regulation of television advertising (Australia).</b> Advertising of food and drink high in fat and/or sugar aimed at children under 14 was precluded at certain times. <i>Costs £3.70 per DALY.</i></p> <p><b>Medical interventions (Australia).</b> Interventions to reduce calorific intake such as gastric banding (surgical) and Orlistat therapy (pharmaceutical). <i>Costs AU\$4,000–8,000 per DALY.</i></p>	<p><b>Combined dietary and physical activity focus:</b> The most successful interventions combine both elements, as part of a general ‘health promotion’ approach rather than focusing on ‘weight reduction’.</p> <p><b>Parental involvement:</b> Reflecting the importance of parents in making choices that affect a child’s weight, successful interventions also address parental behaviour.</p> <p><b>Early years programmes:</b> behaviour and cognitive patterns set in early life have a long-term influence; risk factors are more easily modified at this stage.</p> <p><b>Community delivery:</b> This helps to reduce stigmatisation and increase participation rates among overweight children.</p>

Summarised from *Childhood obesity in London*, GLA Intelligence Unit, April 2011. Cost-effectiveness has been assessed in terms of the ‘cost per Quality Adjusted Life Year’ (QALY), a measure of how many additional years of life (adjusted for quality) are gained by the person receiving the intervention. Australian studies use a similar measure of ‘Disability Adjusted Life Year’ (DALY). The National Institute for Health and Clinical Excellence determines an intervention is cost-effective if it costs less than £20,000 per QALY.

**Table 6: Non-cost-effective obesity interventions**

Intervention	Characteristics
<p><b>TravelSmart schools and Walking School Bus (Australia).</b> Programmes to encourage active travel methods among school pupils; these have been shown to have only a small impact on children’s BMI. <i>Costs AU\$260,000-770,000 per DALY</i></p> <p><b>Active After-School Community Programme (Australia).</b> Programme to provide free, structured physical activity to primary school children after school; there has been no evidence of an impact on obesity. <i>Costs AU\$90,000 per DALY.</i></p> <p><b>Lifestyle counselling by GPs (various).</b> Programmes where GPs identify overweight children and advise them on healthier lifestyles; the costs of this are very high, and there is inconsistent evidence it has an impact on children’s BMI. <i>Not cost-effective.</i></p>	<p><b>Insufficient intensity</b> in physical activity programmes, including ‘walk to school’ initiatives.</p> <p><b>Poor engagement</b> with target audiences, resulting in low participation and retention rates.</p> <p><b>Lack of involvement</b> of parents, families and communities.</p> <p><b>Clinical programmes</b> that are stigmatising and/or expensive to deliver.</p>

Summarised from *Childhood obesity in London*, GLA Intelligence Unit, April 2011

- 4.4 Our research shows that there are certain key characteristics determining how effective interventions are in reducing childhood obesity. Involving parents and intervening in the early years of a child’s life make success more likely. Interventions are also more likely to be effective when the content is multi-faceted, addressing the range of factors that contribute to a child becoming obese: This means helping children become more physically active as well as improving their diet. This was the conclusion of a recent physician-led study published by the consultancy McKinsey:

*“To identify the interventions that are most effective in helping people lose weight or maintain a healthy weight, we evaluated more than 1,000 studies published in the past ten years. The studies covered a wide range of approaches, including medical management, commercial weight-loss programs, and community-based health-promotion efforts. Our research revealed that single-intervention programs, such as low-calorie diets and exercise regimens, generally produce only modest weight loss. Better results are obtained when several interventions are used together.”<sup>53</sup>*

<sup>53</sup>Why governments must lead the fight against obesity’, Algazy, J, Gipstein, S, Riahi, F and Tryon, K, *McKinsey Quarterly*, October 2010

### *Multi-faceted interventions*

4.5 There are different ways to conceive of multi-faceted childhood obesity interventions:

- Individual programmes can be multi-faceted, by incorporating different activities that address a number of the factors contributing to obesity: this would apply to several of the programmes listed in Table 5.
- There are also broader interventions, usually referred to as the ‘whole community’ approach, in which numerous different programmes are introduced simultaneously across an entire area, designed to reach the general population.

4.6 MEND (‘Mind, Exercise, Nutrition... Do It!’) is a programme devised by the University College London Institute of Child Health and Great Ormond Street Hospital. There are 400 MEND programmes running across the UK and Australia, with over 20 in London. Participants are overweight children and their families, who can be self-referred or referred by a health professional. The programme includes twice-weekly sessions after school, lasting for ten weeks.<sup>54</sup> Sessions include interactive workshops for children and their parents in which they learn about nutrition and healthy lifestyles, and an hour’s exercise for the children.

4.7 Evidence from the MEND programme shows that it achieves significant reductions in participants’ BMI, waist circumference, blood pressure and sedentary time, while self-esteem and time spent physically active increased; these changes were sustained at 12 months, long after the programme concluded.<sup>55</sup> In terms of cost-effectiveness, MEND has been shown to cost around £1,700 per quality adjusted life year (QALY), based on weight loss among child participants. This is comfortably within the cost-effectiveness threshold used by the National Institute for Health and Clinical Excellence (NICE).<sup>56</sup> However, we have to take into account that these results may not be replicated if every eligible child participated in the programme. Many MEND participants are self-referred and

*“I think children are quite active. There are lots of people my age trying to get into the London 2012 Games.”*

Tia, age 15

<sup>54</sup> This refers to the programme designed for 7-13 year olds. See [www.mendprogramme.org](http://www.mendprogramme.org)

<sup>55</sup> *The MEND Study: Sustained improvements on health outcomes in obese children at one year*, Sacher, P, Chadwick, P, Kolotourou, M, Cole, T, Lawson, M and Singhal, A, [www.mendprogramme.org](http://www.mendprogramme.org)

<sup>56</sup> *Childhood obesity in London*, GLA Intelligence Unit, April 2011



4.8 For the ‘whole community’ approach, the strongest evidence comes from France, where the EPODE (*‘Ensemble, Prévenons l’Obésité Des Enfants’*, or ‘Together, Let’s Prevent Childhood Obesity’) programme has been running for many years across entire towns. The programme – which is part-funded by private sponsors – involves making a wide range of interventions, including:

- Educating children about healthy lifestyles and the consequences of obesity.
- Improving food in school cafeterias.
- Providing family breakfasts at schools.
- Cooking classes for children and parents.
- Employing sports educators and dieticians in schools.
- Building new sports facilities.
- Introducing walk to school groups.
- Encouraging GPs to identify all overweight children and refer them to a dietician.
- Running a social marketing campaign to promote health behaviours.<sup>57</sup>

4.9 Each town has a programme manager to oversee the entire project, leading a multi-disciplinary team with representatives from all relevant organisations or professions, reporting directly to the town’s mayor.<sup>58</sup>

4.10 The Committee heard about EPODE from Kimberly Libman, an obesity researcher from City University of New York, at its Committee meeting late last year:

*“The one promising approach [for reducing population levels of obesity]... is a study that was done in France a few years ago where they found that a whole community approach did bring down city-wide levels of obesity. That whole community approach really required doing things in the school, doing things with shop owners,*

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<sup>57</sup> Why governments must lead the fight against obesity’, Algazy, J, Gipstein, S, Riahi, F and Tryon, K, *McKinsey Quarterly*, October 2010

<sup>58</sup> Borys, JM, *EPODE: A methodology to prevent childhood obesity, involving local stakeholders in a sustainable way*, [www.health.sa.gov.au](http://www.health.sa.gov.au), 2008

*doing things with local provision of spaces for play and sport. So, doing all of these things together, they were able to bring down the population levels of obesity.”<sup>59</sup>*

- 4.11 In the first two towns where EPODE was introduced, Fleurbaix and Laventie, childhood obesity prevalence fell in 2000-2004 from 14 per cent to 9 per cent after increasing steadily for many years before that. In nearby towns used for comparison, prevalence continued to rise and by 2004 was double the rate in Fleurbaix and Laventie. EPODE was subsequently introduced by ten other French towns and all showed a reduction in childhood obesity prevalence within two years. By 2008, 167 towns and cities across France, Spain, Greece, Belgium and Canada had adopted EPODE.<sup>60</sup> It is important to note that all of the towns where this approach has been shown to be successful so far are relatively small; introducing it across a large city could prove to be more challenging.<sup>61</sup>
- 4.12 There have been community programmes operating in London over recent years that are broadly similar to EPODE:
- The ‘Well London’ programme overseen by the London Health Commission, an independent body whose chair is appointed by the Mayor. This is a four-year programme ending in March 2011. Well London is not exclusively focused on obesity, but has included many interventions associated with obesity reduction. Twenty neighbourhoods (each with around 1,500 residents) were selected as Well London sites: in these areas coordinated interventions have been introduced to improve diets and increase physical activity. Well London is discussed in more detail in the next chapter.
  - The ‘Healthy Borough’ programme in the London Borough of Tower Hamlets. This is a two-year programme also ending in March 2011. It is part of the national Change4Life programme, in which nine towns have been selected to pilot a range of interventions to address the social and environmental causes of obesity. Projects are intended to help children and families become

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<sup>59</sup> Transcript of Health and Public Services Committee meeting, 3 November 2010, pages 7-8. Minutes and transcripts of Committee meetings are available at <http://www.london.gov.uk/moderngov/ieListMeetings.aspx?Committeeld=148> or from the London Assembly secretariat.

<sup>60</sup> Borys, JM, *EPODE: A methodology to prevent childhood obesity, involving local stakeholders in a sustainable way*, www.health.sa.gov.au, 2008

<sup>61</sup> The largest of the initial pilot towns have a population of around 100,000.

more active and eat more healthily, covering the design of the physical environment, parks and open spaces, active travel, modifying menus and recipes in food outlets, social marketing and school and workplace-based interventions.<sup>62</sup>

### *Conclusion*

- 4.13 The results of the Committee's investigation indicate that to reduce childhood obesity, it is necessary to ensure multiple contributory factors are addressed simultaneously. For instance, there is little sense encouraging children to walk to school or take part in sport if the food they eat at lunchtime contains many more calories than they could possibly need. Equally, making healthy food or sports facilities available to children in the local community will not have the desired impact if their parents continue to encourage poor eating habits and sedentary behaviour at home. The involvement of families is vital; parental obesity needs to be addressed alongside childhood obesity.
- 4.14 The Committee wants to ensure that the interventions being made in London are designed and delivered in a way that enables people to address the complex, multiple causes of obesity in their lives. For children who are already obese or overweight, evidence suggests that participating in targeted, intensive programmes that encourage them to become more active and eat healthily are cost-effective. To prevent and reduce childhood obesity in the general population, action should be taken across a number of domains to address social, economic and environmental causes. In the next chapter we consider to what extent the Mayor can support the delivery of such a cost-effective, multi-faceted approach to childhood obesity.

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<sup>62</sup> *Healthy Borough Programme: Annual Report 2009/10*, London Borough of Tower Hamlets, NHS Tower Hamlets and Tower Hamlets Partnership, 2010

## 5 Recommendations to the Mayor

### Key points

- The Mayor needs to set a new strategic direction for London's response to childhood obesity based on coordinated, multi-faceted interventions.
- The Mayor should continue to directly support obesity interventions as part of a London-wide strategy; uncertainty over his ability to maintain funding for current interventions should be addressed.
- The Mayor should expand the role of the Greater London Authority in spreading good practice in tackling obesity throughout London.

- 5.1 The previous chapter concluded that interventions to tackle childhood obesity should be multi-faceted. That is, children and their families should be supported to address the multiple factors that contribute to obesity simultaneously. This could happen through single programmes for particular children, particularly those that are already overweight or obese. On a wider scale, to prevent or reduce obesity in the general population, we need a coordinated set of interventions across a number of policy domains.
- 5.2 The Committee has considered what the Mayor is and should be doing to promote this approach. Based on the evidence about what obesity interventions are effective and the discussion in Chapter 3 about the scope of the Mayor's powers, the Committee has identified three key elements of the Mayoral role:
- The first, overarching role for the Mayor we identified is to [set the strategic direction](#) for London's response to childhood obesity. The other two elements derive from the first.
  - The second is to [directly support and fund interventions](#) that are required at the city-wide level.
  - The third is to [promote evaluation](#) of obesity interventions and spread good practice within London.

### Setting the strategic direction for London

- 5.3 London's strategy for addressing childhood obesity should be based on a coherent set of multi-faceted interventions. To deliver this approach, many different organisations in London – both within and beyond the GLA Group – will need to take coordinated action. With

NHS London set to be abolished, the Mayor is alone in having strategic responsibility for health improvements on a London-wide basis. It is therefore appropriate that he seeks to set the direction for London's response to obesity, and promote his strategy among partner organisations.

5.4 Although the Mayor has intervened in a number of domains, it is not clear that he has promoted or delivered a strategy based on multi-faceted obesity interventions. To do so would mean that action aiming to address one factor contributing to obesity is coordinated with actions addressing other factors. Examples where this could be implemented by the Mayor and partners are:

- There is little evidence that food growing projects, on their own, influence children's diets; however it has been shown that linking food growing to nutritional education and changes in school meals is effective.<sup>63</sup> The Mayor's London Food Board's Capital Growth programme aims to support teachers in making wider changes at schools where new growing spaces are created. This could go further: the Mayor's Healthy Weight, Healthy Lives Taskforce recommended in 2009 that Capital Growth should work with local health partners to ensure that complementary cooking and healthy eating classes are offered as part of the programme.
- Similarly, there is little evidence that 'walk to school' projects are effective at reducing obesity on their own. TfL's investment in this area may be more effective if it is linked to other programmes promoting physical activity more generally. For example, the Step2Get pilots in Bexleyheath and Wimbledon use a reward system to encourage children to walk to school. Greater impact on obesity might be achieved if children could also gain rewards by taking part in other types of exercise, including in schemes run by local boroughs, voluntary groups or the Mayor's London Community Sports Board.

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<sup>63</sup> Written submission, Rosie Boycott, London Food Board, 2010, page 3

- 5.5 The Mayor has been criticised for not developing a coherent childhood obesity strategy. The obesity charity MEND told the Committee:

*“MEND supports many of the initiatives undertaken by the Mayor to date. In particular, we welcome The Mayor’s Strategy on Health Inequalities, The Mayor’s Food Strategy, and Capital Growth. It is apparent, however, that there is no clear, joined up and sustainable action plan. MEND recommends that the Mayor adopt an integrated plan which incorporates approaches to both nutrition and physical activity, aims to empower families and communities rather than individuals, and focuses on early intervention.”<sup>64</sup>*

*“You should make healthy food lower in price so people can buy it and fattening food higher so they don’t buy it often.”*  
Rebecca, age 8

- 5.6 Similarly, the Southwark Healthy Weight Steering Group – a partnership body in the borough including NHS and local authority representatives – expressed concern that that Mayor’s actions are not implemented on a strategic basis:

*“...many of the programmes are disparate and short-term and reach relatively small numbers of people. The Mayor’s work must support what is going on locally and enhance it. Small piecemeal initiatives only in some areas decided at regional level may not work as well as funding being devolved to local areas to be able to offer local sports facilities and healthy living activities for young people.”<sup>65</sup>*

- 5.7 Setting the strategic direction for London would also mean the Mayor promotes shared outcomes for obesity interventions across the city. This is not yet the case for the Mayor’s own strategies. The Mayor’s transport, food, sports participation and health inequalities strategies all refer to the goal of reducing obesity; the Mayor’s draft London Plan includes a policy on reducing health inequalities, but not specifically on obesity. These strategies could include common outcome measures by which the impact of the strategies on obesity can be assessed, and this could be extended to borough-level strategies.

- 5.8 The proposals for new public health arrangements could help the Mayor to play a greater role in setting the strategic direction for London’s response to obesity. As chair of the proposed London Health Improvement Board, the Mayor would be leading a body bringing together key partners in the effort to tackle obesity,

<sup>64</sup> Written submission, MEND, 2010, pages 1-2

<sup>65</sup> Written submission, Southwark Health Weight Steering Group, 2010, page 2

including the GLA, NHS and boroughs. This should enable the Mayor to promote multi-faceted obesity interventions and identify how partners will work to deliver them. It is also proposed that there will be a public health outcomes framework for London, which will allow all partners to agree the outcomes they are aiming for and include these in their own strategies.

### *Conclusion*

- 5.9 The evidence gathered by the Committee in this investigation indicates that to tackle the problem of childhood obesity London needs a coordinated strategy based on multi-faceted interventions. The cooperation of numerous different organisations within and beyond the GLA Group is required to implement this strategy. This type of approach will help ensure that actions taken to address one obesity-causing factor are not introduced in isolation from actions addressing other factors. In the future, interventions made through schools, health services, the transport system, planning authorities, food and sports bodies should form part of a coordinated set of actions that helps every London child receive the support they need to maintain a healthy weight.
- 5.10 It is anticipated that the Mayor will take on an enhanced role in public health as part of the government's reforms to the NHS. As chair of the London Health Improvement Board he will have the opportunity to take London's fight against childhood obesity to the next stage, by exerting greater influence on the strategic direction of interventions introduced across the city. Taking advantage of this opportunity should be his immediate priority.

### **Recommendation 1**

**The Mayor should build on the findings of this report by leading the development of a new obesity strategy for London by April 2013**

**The key element of London's strategy should be a commitment to support coordinated, multi-faceted obesity interventions, ensuring that actions taken to address one obesity-causing factor is not introduced in isolation from actions addressing other factors.**

**The strategy should be produced and agreed by the London Health Improvement Board. It would include a shared set of priorities, outcomes and actions between the Mayor, GLA Group, boroughs and other partners. It would set out what**

**obesity interventions are recommended for implementation by different organisations:**

- **Interventions to be taken forward directly by the Mayor, through TfL, the London Food Board, the London Community Sports Board and the GLA's health, planning and environment teams.**
- **Interventions that are recommended for implementation by boroughs and NHS commissioners, subject to local priorities.**
- **Interventions that could be delivered by private and voluntary organisations.**

**In his position as chair, the Mayor should ask that the proposal for a London obesity strategy is discussed at the first meeting of the London Health Improvement Board.**

**The Mayor should write to the Committee by the end of July 2011 to indicate whether he agrees with our findings on the need for a coordinated approach to obesity based on multi-faceted interventions, and what steps he will take via the London Health Improvement Board to implement this recommendation.**

**Direct intervention to support the strategy**

- 5.11 As discussed in Chapter 3, the Mayor has made a number of interventions to reduce childhood obesity. The Mayor is particularly well placed to make certain types of interventions, including action best delivered on a London-wide basis, action dependant on exercising Mayoral powers such as over transport, and pilot schemes that help to improve the evidence base for intervention.
- 5.12 Submissions received by the Committee suggest there is widespread support for the action taken by the Mayor. Several additional interventions have been recommended, however, which he has not yet chosen to implement. For instance, one primary care trust suggested he adopt the 'Change4Life' branding for his projects, in particular applying it to his Cycle Hire scheme.<sup>66</sup> Another trust urged a review of the provision of free travel for children, suggesting it discourages cycling and walking.<sup>67</sup> The Mayor's Healthy Weight, Healthy Lives

<sup>66</sup> Written submission, NHS Sutton and Merton, 2010, page 2

<sup>67</sup> Written submission, NHS Wandsworth. 2010, page 3



Taskforce suggested he introduce measures to make the transport system breastfeeding-friendly.<sup>68</sup>

5.13 Aside from any possible new measures, it is uncertain whether the Mayor will have the resources to continue funding his existing interventions:

- London Development Agency funding is used by the Mayor for food and sports programmes. The Mayor's food adviser Rosie Boycott and his sports adviser Kate Hoey MP both told the Committee that the LDA funding of their projects up until 2012 is protected.<sup>69</sup> However, the LDA is set to be abolished in 2012 with its functions transferred to the GLA. It is not clear precisely how much of its prior funding will be available to the Mayor to continue funding these programmes, although the recent announcement of the LDA's funding settlement for 2011/12 to 2013/14 suggests that there will be substantial reductions in programme spending.<sup>70</sup>
- Transport for London funding for active travel measures is expected to be reduced in the future. Following the government's spending review in 2010, TfL's four-year grant was reduced by £2.2 billion, or 21 per cent. It is expected that funding of a range of measures aimed to encourage walking and cycling will be reduced.<sup>71</sup>
- The core funding of the Greater London Authority is also likely to fall. Grants from central government to local authorities will be reduced by an average of 26 per cent over four years from 2012; it is not known whether the reduction in the GLA grant will match this as the GLA's grant beyond 2011/12 has not been confirmed. This money is the source of funding for the GLA's health team, which is responsible for implementing the measures proposed in the Health Inequalities Strategy.

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<sup>68</sup> *The Mayor's Healthy Weight, Healthy Lives Action Plan for London*, Greater London Authority, 2009

<sup>69</sup> Transcript of Health and Public Services Committee meeting, 3 November 2010, pages 14 and 18

<sup>70</sup> *Mayor of London confirms financial settlement*, Greater London Authority, 16 March 2011

<sup>71</sup> *Assembly response to the Mayor's consultation draft budget 2011/12*, Budget and Performance Committee, London Assembly, January 2011

5.14 As part of proposals for a new London Health Improvement Board, it is anticipated that the Mayor would receive new funding – a three per cent top-slice from borough public health allocations – for public health measures. Again, however, it is not clear how much this will be in total. It is expected there may be £4 billion funding per year in England, divided between the national body Public Health England and local authorities; local allocations will be ring-fenced.<sup>72</sup> There will be financial incentives for local authorities to improve public health and reduce inequalities, but it is not clear whether incentives would be applied at the London-wide level.

### *Conclusion*

- 5.15 The Committee believes the Mayor should continue to make direct interventions to reduce childhood obesity. Several additional interventions have been suggested to the Mayor, for example on breastfeeding, free travel and social marketing. The Committee has not seen sufficient evidence to recommend these specific measures, although the Mayor may want to consider how they might fit into his overall strategic approach. The most important point is that all of the Mayor's interventions should occur as part of a coordinated London-wide strategy, and where appropriate in partnership with other organisations.
- 5.16 The Mayor's ability to play this role will depend on the availability of continuing funding for programmes delivered by the GLA Group. While some new funding may be available in the future via the London Health Improvement Board, existing funding streams are under considerable pressure. Greater long-term certainty about the resources the Mayor will have to deploy directly in the fight against obesity would be beneficial.

### **Recommendation 2**

**Direct interventions by the Mayor are a key part of London's strategic response to childhood obesity. This will require continued funding via the GLA Group.**

**The Mayor should write to the Committee by the end of July 2011 to set out his expectations for future spending on obesity-reduction programmes. For each of the current programmes run by the London Food Board, London**

<sup>72</sup> *Public Health England: A new service to get people healthy*, Royal Society for Public Health, 30 November 2010

**Community Sports Board, Transport for London and the GLA referred to in Table 3, the Mayor should indicate:**

**a) What approximate level of funding will be available for each programme from April 2012; or**

**b) Whether the programme will cease to be funded beyond April 2012.**

### **Promoting evaluation and good practice**

- 5.17 The London Health Improvement Board could play a leading role in the evaluation of obesity interventions in London, and spreading good practice. There are numerous organisations in London – including boroughs and NHS commissioners – that implement obesity interventions. In order to combat obesity most effectively these organisations need to know about the results of interventions elsewhere, whether in other parts of the city or outside London.
- 5.18 There are examples of boroughs making interventions that might be considered by others. For instance, several boroughs including Waltham Forest and Barking and Dagenham have introduced restrictions on new fast food outlets being opened near schools. The London Borough of Islington has introduced universal free school meals for nursery and primary children in the borough. In Tower Hamlets, a range of interventions have been introduced as part of the multi-faceted ‘Healthy Borough’ programme supported by central government. Rather than boroughs undertaking individual evaluations of these initiatives, the London Health Improvement Board could lead a London-wide evaluation, which compares results across all boroughs that have implemented particular interventions restrictions and compares them to those that have not.
- 5.19 Alongside the London Health Observatory, the Greater London Authority is well placed to support the evaluation of interventions and sharing of good practice. The GLA is set to become the only city-wide body with direct responsibility for public health, and the authority has considerable expertise in policy evaluation through the GLA Intelligence unit. The GLA also manages the London Datastore, a resource through which obesity-related data for London can be published.

### *Conclusion*

- 5.20 Evaluation of obesity interventions and sharing good practice throughout the city are key elements of London's response to childhood obesity. This should happen through the London Health Improvement Board, with evaluation results presented to the Board and disseminated to member organisations. The GLA could deploy its resources and expertise to support this. This could help raise the quality of evaluation, and ensure all relevant organisations are aware of good practice in combating childhood obesity.
- 5.21 There are several schemes underway in London that appear to be potential candidates for an evaluation process led by the London Health Improvement Board. In particular, the measures being introduced by several boroughs to restrict new fast food outlets from being opened near schools could be evaluated on a London-wide basis and the results presented to other boroughs.

### **Recommendation 3**

**The Mayor should propose to the London Health Improvement Board that by April 2013 it develop processes for evaluating obesity interventions and sharing good practice among members. He should also make the expertise of the Greater London Authority available to the Board to support this work.**

**The first priority for this work should be to evaluate the effectiveness of measures being introduced by London boroughs to restrict new fast food outlets from being opened near schools.**

**The Mayor should write to the Committee by the end of July 2011 to set out what steps he will take via the London Health Improvement Board to implement this recommendation.**

# Appendix 1 The Mayor's Healthy Weight, Healthy Lives Taskforce

In 2008 a London Healthy Weight, Healthy Lives Taskforce was set up by the previous Mayor to identify priorities for inclusion in the Health Inequalities Strategy (HIS), based on the content of the national obesity strategy.<sup>73</sup> It published an action plan in January 2009. Some, but not all of the taskforce's recommendations were included in the Mayor's subsequent Health Inequalities Strategy.

## **Children: healthy growth and healthy weight**

1. The Mayor should encourage the Mayor's Fund for London to support health promoting and especially targeted healthy weight projects.

2. The Mayor should work with the Regional Public Health Group and other partners to make City Hall and other Greater London Authority group premises 'breastfeeding friendly', and to build on previous work to make London's transport system more 'breastfeeding friendly'.

## **Promoting healthier food choices**

3. The Mayor should work with local authorities, the food industry and the Food Standards Agency to establish calorie labeling on restaurant menus and on signage within takeaway outlets across London.

4. The Mayor should require that urban food-growing projects supported by Capital Growth funding offer complementary healthy eating and cooking courses. He should encourage local health partners to support these initiatives by providing advice on healthy eating and nutrition to project organisers.

## **Building physical activity into our lives**

5. The Mayor should work with the London Parks and Green Spaces Forum and Natural England to develop a standard to measure and capture the health benefits of parks, to complement the Green Flag Scheme. He should also encourage London boroughs to recognise within their Local Area Agreements, the contribution that well-managed parks and green spaces can make towards delivering on health targets.

6. The Mayor should encourage TfL, Natural England and other partners to build on walking initiatives targeted at groups that have

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<sup>73</sup> *The Mayor's Healthy Weight, Healthy Lives Action Plan for London*; Greater London Authority, 2009

high levels of obesity. The Mayor should also work with London boroughs, PCTs and other partners to ensure that every borough has a dedicated officer who promotes walking and is linked into the PCT and local service user groups.

7. The Mayor should ensure that his Legacy Action Plan for Sport includes objectives to increase physical activity in London, particularly among those who are currently relatively inactive. The Mayor should also challenge the NHS in London to match his investment in sport with a similar investment in physical activity, especially for young Londoners and in areas with high levels of obesity.

#### **Creating incentives for better health**

8. The London Development Agency should build on its current programmes to support small to medium sized businesses to promote health and healthy lifestyles among their employees.

9. The Mayor should work with the government of another world city such as New York to develop an intercity healthy weight 'challenge' where the city populations 'compete' in mass participation sport and physical activity events.

#### **Personalised advice and support**

10. The Mayor should encourage London boroughs to carry out community-based audits of local health promotion activities and produce a resource so that health care professionals can raise awareness of these activities to their patients.

11. The Mayor should challenge all PCTs in London to regularly feedback National Child Measurement Programme results to parents, or at least pilot the approach in 2008/09, as a way to engage parents about healthy living and signposting local services and programmes to support them and their families to eat healthy and be more active.

#### **Overall recommendation: Change for Life**

12. The Mayor should fully support the national social marketing programme for obesity – Change4Life. Additionally he should challenge all London boroughs, PCTs and others to play a full part in the campaign.

The members of the Taskforce were:

Tony Armstrong	Chief Executive, Living Streets
Alex Bax (Chair)	Senior Policy Advisor – Health & Sustainable Development, GLA
Dr William Bird	Strategic Health Advisor & GP, Natural England
Peter Bishop	Director of Design for London
Caroline Boswell	Team Leader of the Children & Young People’s Unit, GLA
Dr Will Cavendish	Director of Health & Wellbeing, Department of Health
Rob Coward (administration)	Senior Co-ordinator (Administration & Communications), GLA
Donna Cullen	Tottenham Hotspur FC
Dr Penny Gibson	Paediatric Specialist, Royal College of Paediatrics & Child Health
Gulnar Hasnain	Head of Health and Sustainability, LDA
Sean Holt	Director, Sport England
Hilary McCollum	Director of Social Policy & Grants, London Councils
Ben Plowden	Director, Smarter Travel Unit, TfL
Elaine Seagriff	Head of Strategy & Policy, TfL
Valerie Solomon	Health & Social Care Policy Officer, London Councils
Rebecca Smith	Senior Policy Officer – Health, GLA
Dr Simon Tanner	Regional Director of Public Health for London, NHS London & Health Advisor to the Mayor
Robert Whittaker	Deputy Director, London South Locality, Government Office for London

## Appendix 2 Recommendations

### Recommendation 1

The Mayor should build on the findings of this report by leading the development of a new obesity strategy for London by April 2013. The key element of London's strategy should be a commitment to support coordinated, multi-faceted obesity interventions, ensuring that actions taken to address one obesity-causing factor is not introduced in isolation from actions addressing other factors.

The strategy should be produced and agreed by the London Health Improvement Board. It would include a shared set of priorities, outcomes and actions between the Mayor, GLA Group, boroughs and other partners. It would set out what obesity interventions are recommended for implementation by different organisations:

- Interventions to be taken forward directly by the Mayor, through TfL, the London Food Board, the London Community Sports Board and the GLA's health, planning and environment teams.
- Interventions that are recommended for implementation by boroughs and NHS commissioners, subject to local priorities.
- Interventions that could be delivered by private and voluntary organisations.

In his position as chair, the Mayor should ask that the proposal for a London obesity strategy is discussed at the first meeting of the London Health Improvement Board.

The Mayor should write to the Committee by the end of July 2011 to indicate whether he agrees with our findings on the need for a coordinated approach to obesity based on multi-faceted interventions, and what steps he will take via the London Health Improvement Board to implement this recommendation.

### Recommendation 2

Direct interventions by the Mayor are a key part of London's strategic response to childhood obesity. This will require continued funding via the GLA Group.

The Mayor should write to the Committee by the end of July 2011 to set out his expectations for future spending on obesity-reduction programmes. For each of the current programmes run by the London Food Board, London Community Sports Board, Transport for London and the GLA referred to in Table 3, the Mayor should indicate:



- a) What approximate level of funding will be available for each programme from April 2012; or
- b) Whether the programme will cease to be funded beyond April 2012.

### **Recommendation 3**

The Mayor should propose to the London Health Improvement Board that by April 2013 it develop processes for evaluating obesity interventions and sharing good practice among members. He should also make the expertise of the Greater London Authority available to the Board to support this work.

The first priority for this work should be to evaluate the effectiveness of measures being introduced by London boroughs to restrict new fast food outlets from being opened near schools.

The Mayor should write to the Committee by the end of July 2011 to set out what steps he will take via the London Health Improvement Board to implement this recommendation.

## Appendix 3 Views and information

The Committee held a public meeting as part of this investigation on 3 November 2010 with the following guests:

- Pamela Chesters, Mayoral Adviser on Health and Youth Opportunities
- Rosie Boycott, Chair of London Food Board
- Kate Hoey MP, Mayor's Sports Commissioner
- Paul Sacher, MEND and University College London
- Kimberly Libman, City University New York
- Andrew Emmerson, Domino's Pizza Group

Minutes and transcripts of this meeting are available on request and can also be found on the London Assembly website via:

*<http://www.london.gov.uk/moderngov/ieListDocuments.aspx?CId=148&Mid=4172&Ver=4>*

The Committee received written submissions from the following individuals and organisations:

- Rosie Boycott, Chair of London Food Board
- Pamela Chesters, Mayoral Adviser on Health and Youth Opportunities
- Child Growth Foundation
- Children's Food Campaign
- Coca-Cola Great Britain
- Daniel Cohen, London Metropolitan University
- Living Streets
- London Borough of Camden and NHS Camden
- London Borough of Croydon and NHS Croydon
- London Borough of Havering and NHS Havering
- London Borough of Lewisham and NHS Lewisham
- London Borough of Islington and NHS Islington
- London Borough of Tower Hamlets and NHS Tower Hamlets
- London Play
- London Youth
- Mars Chocolate UK
- McDonald's Restaurants
- MEND
- National Heart Forum
- NHS Bromley
- NHS Confederation
- NHS Haringey

- NHS Kensington and Chelsea
- NHS Kingston
- NHS London
- NHS Sutton and Merton
- NHS Waltham Forest
- NHS Wandsworth
- Professor Eileen O’Keefe, London Metropolitan University
- Sainsbury’s
- School Food Trust
- Southwark Healthy Weight Steering Group
- Sustrans
- Transport for London
- Well London
- Westminster Healthy Schools/Pupil Wellbeing team

Copies of written submissions are available on request and can also be found on the London Assembly website via:

*<http://www.london.gov.uk/who-runs-london/the-london-assembly/publications/health>*

# Appendix 4 Orders and translations

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### Vietnamese

Nếu ông (bà) muốn nội dung văn bản này được dịch sang tiếng Việt, xin vui lòng liên hệ với chúng tôi bằng điện thoại, thư hoặc thư điện tử theo địa chỉ ở trên.

### Greek

*Εάν επιθυμείτε περίληψη αυτού του κειμένου στην γλώσσα σας, παρακαλώ καλέστε τον αριθμό ή επικοινωνήστε μαζί μας στην ανωτέρω ταχυδρομική ή την ηλεκτρονική διεύθυνση.*

### Turkish

Bu belgenin kendi dilinize çevrilmiş bir özetini okumak isterseniz, lütfen yukarıdaki telefon numarasını arayın, veya posta ya da e-posta adresi aracılığıyla bizimle temasa geçin.

### Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸੰਖੇਪ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਲੈਣਾ ਚਾਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਜਾਂ ਉਪਰ ਦਿੱਤੇ ਡਾਕ ਜਾਂ ਈਮੇਲ ਪਤੇ 'ਤੇ ਸਾਨੂੰ ਸੰਪਰਕ ਕਰੋ।

### Hindi

यदि आपको इस दस्तावेज़ का सारांश अपनी भाषा में चाहिए तो उपर दिये हुए नंबर पर फोन करें या उपर दिये गये डाक पते या ई मेल पते पर हम से संपर्क करें।

### Bengali

আপনি যদি এই দলিলের একটা সারাংশ নিজের ভাষায় পেতে চান, তাহলে দয়া করে যোগাযোগ করুন অথবা উল্লেখিত ডাক ঠিকানায় বা ই-মেইল ঠিকানায় আমাদের সাথে যোগাযোগ করুন।

### Urdu

اگر آپ کو اس دستاویز کا خلاصہ اپنی زبان میں درکار ہو تو، براہ کرم نمبر پر فون کریں یا مذکورہ بالا ڈاک کے پتے یا ای میل پتے پر ہم سے رابطہ کریں۔

### Arabic

الوصول على ملخص لهذا المستند بلغتك،  
فرجاء الاتصال برقم الهاتف أو الاتصال على  
العنوان البريدي العادي أو عنوان البريد  
الإلكتروني أعلاه.

### Gujarati

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**Greater London Authority**

City Hall  
The Queen's Walk  
More London  
London SE1 2AA

**[www.london.gov.uk](http://www.london.gov.uk)**

Enquiries 020 7983 4100  
Minicom 020 7983 4458

**Children's Services and Education Scrutiny Sub-Committee  
Work Programme – /11/12**

<b>11 April</b>
1. Adult education spotlight: review report
2. Review of parenting support – part 1: School admissions: review draft final report
3. Childhood obesity and sport provision : review interim report decide next steps
4. Children and Young Peoples Plan with Southwark Youth Council
5. Rotherhithe secondary school

<b>Next administrative year</b>
1. Free school meal pilot
2. Annual Safeguarding report – January 2012
3. Children and Young Peoples Plan with Southwark Youth Council – quarterly
4. Review of parenting support – part 2: support for parents
5. Consider new partnership arrangements between public health, children's services, education and the new GP consortiums
6. Update on Adult Education in September.
7. The impact of services changes on the Youth service will be considered.
8. Cabinet member interview

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**Children's Services and Education Scrutiny Sub-Committee 2011/2012  
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