

Health and Public Services Committee

3 November 2010

Transcript of Item 4: Childhood Obesity in London

James Cleverly (Chair): We move onto the main part of the meeting which is our investigation into the levels of childhood obesity in the capital and an investigation into the Mayor's role in helping to reduce this. I would like to thank all our guests for coming. We have guests from a wide range of organisations here, from both within the Mayoral team, from industry and from communities and academics. Could you just very briefly introduce yourselves and the organisations that you represent.

Andrew Emmerson (Business Development Director, Domino's Pizza Group Ltd): My name is Andrew Emmerson. I am the Business Development Director for Domino's Pizza Group; I am responsible for franchising and finding new stores across the UK and Ireland.

Paul Sacher (MEND and University of London): My name is Paul Sacher. I wear a number of hats. I am Chief Research and Development Officer for Mind, Exercise, Nutrition, Do it! (MEND) MEND is a social enterprise based in London. We are the largest provider of child weight management services worldwide. I am also a Senior Research Fellow and Head of MEND Research at the University College London (UCL) Institute of Child Health as well as a principal specialist paediatric dietician at Great Ormond Street Hospital.

Kimberly Libman (City University New York): Good afternoon, I am Kim Libman, I am a researcher at the City University of New York, I am also on the faculty of the New School in their Food Studies Department.

Kate Hoey MP (Mayor's Sports Commissioner): I am Kate Hoey, the Member of Parliament for Vauxhall and the Mayor's Commissioner for Sport, particularly relating to grass roots legacy from the Olympics.

Pamela Chesters (Mayoral Adviser on Health and Youth Opportunities): I am Pam Chesters, the Mayoral Adviser for Health and Youth Opportunity. We are going to be joined by Rosie Boycott, who is the Chair of the London Food Board and part of the Mayor's team.

James Cleverly (Chair): I think the most fundamental question that we need to look at is: why is childhood obesity worse in London than in any other part of the country?

Pamela Chesters (Mayoral Adviser on Health and Youth Opportunities): I suppose there are two main points to that question: one, what is happening in London, and the second point is: to what degree does it really matter? It is helpful to understand it; but, actually the issue is how we get on and deal with it.

In terms of childhood obesity, I think we would say it has multiple and complex causes. It is not simply a question of, at its most simplistic, eating too many calories and exercising too little. A fair amount of research is known about the risk factors which contribute to the situation which we have, which can include pre- and post-natal behaviour by mothers. Factors such as the normalisation of perception within cultural and peer groups in terms of what people perceive to be weight issues, and a societal shift actually towards weight gain as being seen as different to what it was perhaps in the past.

There is some academic research, a piece of work which was done in New York, that suggests that new immigrant communities, with newly gained affluence and an unfamiliarity with the food available in the country to which they came, changed their eating habits. It changed it in a way that is not always necessarily helpful for this particular agenda. Of course, advances in food production have meant that more fast food, some of which has high calories, salt and saturated fat, is not necessarily obvious to the purchaser on behalf of the child. They all have a part to play as, indeed, do some of the wider issues, such as links to deprivation.

There are indicators which would suggest that in London we have differential issues amongst our ethnic communities. This can be seen with the black ethnic community, which has a higher rate of childhood obesity than, for instance, the white community.

I think the factors are multiple and complex. I go back to saying, from the Mayor's point of view, we would not set ourselves up to be experts in determining these factors. What we would be seeking to do is galvanising people to being mindful of where we are, and seeing what we could do to improve the situation that we are in.

Kimberly Libman (City University New York): I would also just like to add, as Pam has noted, the factors influencing childhood obesity rates are multiple and complex. However, not everybody's children have the same likelihood of becoming overweight or obese. The academic evidence shows that people who come from poorer backgrounds and certain minority ethnic groups are more likely to become overweight or obese.

It is just a simple fact, that you have greater concentrations of those communities living in world cities like London and New York. I think that that is really just the simplest reason why you have higher concentrations here in London.

Rosie Boycott (Chair of London Food Board): Just to add to that. You get this enormous range: in Richmond it is only 12% in Year 6 that are overweight, whereas in Southwark it is up to 27%; you begin to get a kind of obesity spiral. As poverty means that the shops are not selling vegetables, they are selling more cigarettes, they are selling more stuff, and then Waitrose or Marks and Spencer would not dream of coming in there. Therefore, it winds down so that actually it is extremely hard for someone, even if they want to do it, to go and get vegetables.

I think that it is true what Pam [Chesters] was saying, certainly in terms of ethnic communities and people who are coming here as first generation immigrants; they are not cooking because they cannot necessarily find the ingredients. We certainly find in our growing spaces that a lot of people who have, say, come from Pakistan or Bangladesh, they want to grow their herbs and once they do they start cooking again.

James Cleverly (Chair): One of the big challenges I suppose with any piece of research is looking at cause and effect. So, whilst we recognise that there are differentials in terms of ethnicity, income levels and that kind of stuff, and London has higher proportions of communities that fall into those groups: are we where we are because those groups are inherently more likely or circumstantially more likely to have childhood obesity as a problem and we have lots of those communities in London? Or is it a fact that London, by its geography or whatever, detrimentally affects those people disproportionately?

I suppose, by extension, the other question that I might want to ask is: people from similar demographic and ethnic groups in another part of the country, do they suffer as badly as they do here London? So, is it London doing it to them or is it, as it were, them doing it to London?

Kimberly Libman (City University New York): That is a great question. I think I am inclined to say that it is a bit of both. If there is one thing that has been clear with the major reports like the

Foresight Report, it is that there are lots of influences, and they are all mutually reinforcing; I think it is probably a bit of both.

I am not an expert on what is happening in the outer parts of the country, my focus is really on urban environments and urban communities. I do not really feel like I am the best person to make that kind of comparison.

James Cleverly (Chair): I have not had a chance to go through your report in as much detail as perhaps I should have done or I would have liked to have done. However, there are certainly correlations between what goes on in London and what goes on in New York; are there any significant points of differential necessarily or is it an urban thing perhaps?

Kimberly Libman (City University New York): I think the way that epidemics have been evolving have been remarkably similar; with the one in New York we are just a little bit ahead of you, so our rates are slightly higher. I think in both places there is some evidence that the increase in childhood obesity maybe plateauing. It is still an open question whether or not this is a statistical artefact, or, whether or not this is a result of just maxing out the genetic proclivity that people have for becoming obese - it just cannot go on with the rates going up and up forever. Also, there is some optimism that maybe the widespread action to try to tackle obesity and bring down these rates has just begun to show some results.

I think in both places you are seeing very similar patterns in terms of the time that obesity sets in and the dynamics between gender and age.

Andrew Boff (AM): I do not want to get too bogged down in statistics, but I am trying to understand where this comes from. Do you have any statistics, for example, for higher income groups and whether or not there is a difference amongst the higher ethnic groups? You could then say, "Well there is a real issue with regard to particular ethnic groups," rather than unfortunately, of course, when a lot of ethnic groups are in that lower quartile of earnings it is, therefore, difficult to get a handle on this. Or, whether or not we are just talking about people's earnings or whether or not we are talking about cultural differences for the many groups that make up London's diverse capital.

Kimberly Libman (City University New York): That is again a great question. In New York I can tell you that we have just collated our first round of city-wide data on children's obesity and rates of being overweight. It is geographically coded based on where they go to school, but we do not actually have data looking at this kind of very detailed breakdown about the children's backgrounds. To my knowledge, I do not think that people have done any fine-grain analysis, specifically, just for London. I do not know.

Paul Sacher (MEND and University of London): My understanding is that in areas in London and across the UK we obviously collect what is called data from the National Child Measurement Programme (NCMP). All children are measured at school entering Year 6. We know what school the children go to, but we do not know, for example, what the total income of the family is. So, we do not have data down to that level, so, it is very hard to understand the question.

Andrew Boff (AM): It is difficult to try to see where the issue is: whether or not it is a cultural one, whether or not it is an economic argument and if these are the main drivers, or whether or not it is both. Without that kind of detail, it is a bit hard to know where the problem really lies.

Pamela Chesters (Mayoral Adviser on Health and Youth Opportunities): Paul is right. I do not think I have ever seen anything that would allow you to do it with that degree of fine grain. I guess you could say if you have got 21% of children in Year 6 coming into that category, how much does it really matter? It does, but it does not. We know there is a very large problem; we know it is a problem that is not going away; if anything it is moving in the wrong direction. So, I

think the focus needs to be - this is from our perspective - to look at what interventions would make a difference. It is interesting intellectually but I do not think it is the --

Andrew Boff (AM): I understand; it is where you make the interventions, that is the point. We are going to discuss that later on: whether or not you need to make interventions, and where you make those interventions. If it is a worthwhile course of action to make an intervention just make sure that you are making it in the right place, rather than having a false target.

Paul Sacher (MEND and University of London): I think it is helpful when you are looking at child obesity to remember that children do not exist on their own, they exist as part of a family. I think the whole backdrop to this problem is that we are looking at obesity incidents in adults at between 50% and 60%, and we know that there is a very strong correlation between adult obesity, parent obesity and child obesity.

If a child has both parents that are at least overweight, so not even obese, they have about a 60% more chance of becoming obese themselves. I think it is important, when you are looking at targeting interventions, to just remember that children do not co-exist, apart from maybe at school or generally part of a much wider environment which is the family environment.

Andrew Boff (AM): I am ever so pleased that you have used that word 'parent'. I noticed in the recommendations, both from the Mayor's Healthy Weight, Healthy Lives action plan and indeed in the recommendations from a 'Tale of Two Obesities', the word 'parent' does not come into it. I would have thought that is absolutely critical when you are talking about childhood obesity, that the parents should be in there somewhere; I am sure they were in the report.

Pamela Chesters (Mayoral Adviser on Health and Youth Opportunities): With respect to the Health Inequalities Strategy, obviously, we do talk about promoting effective parenting. It depends where you access it, it may not be under food, but absolutely the role of parents is a feature. Section 1.1.1 probably gets you there, but it is there Andrew, trust me!

Andrew Boff (AM): It is poor reading on my part then.

Navin Shah (AM): Whether it is there in the report or not, I do not truly, 100% agree with this whole issue about what parents could be doing. It is fine that the Mayor and other agencies etc have a role, but surely parents have a vital role to play. This is something we all need to collectively remember, and see what best we can come up with on that.

Going back to the black and minority ethnic (BME) grouping issue, I wonder if we have clear statistics or some picture emerging in terms of London wide boroughs. You have got for example, Newham, Tower Hamlets, the areas I represent in north west London, Harrow and Brent for example, where you have got substantially large BME communities. Whether there is that clear evidence emerging, that within those groups there is clearly disproportionately high incidence of obesity?

I do not know whether Rosie or Pam have got any real evidence of that.

Pamela Chesters (Mayoral Adviser on Health and Youth Opportunities): Taking the statistics a whole, I am happy to go away and see if we can dig out further ones. The top four boroughs in terms of Year 6 children at risk are Southwark, Tower Hamlets, Lambeth and Newham. I think if you want us to try to pull out further questions it would be really helpful outside of the meeting to be quite specific about what you find helpful to ask; then we can see whether it is available in a reasonable format.

Navin Shah (AM): I think that could be very useful, if we could look at the ethnicity of demography with each of the boroughs, and see how they rate, and then relate that to something

like a vitality profile for each of the boroughs, and then see how that relates to obesity. That is where in the matrix you will not just have the BME population, but in terms of the economic factors, housing and so on and so forth.

Pamela Chesters (Mayoral Adviser on Health and Youth Opportunities): I defer to Paul [Sacher] but I am not sure in the way it is collected - because this is all based on NHS data - that would allow that ethnicity code to be read through.

Paul Sacher (MEND and University of London): I think there is the Health Survey for England data, but that is a bit old now. The most current data that we all seem to be working from is this NCMP which is collected at school by school nurses and then sent through to the Primary Care Trust (PCT) which then compiles it all and sends it off to the Department of Health.

I am also aware that the National Obesity Observatory has pretty detailed analysis on the different boroughs broken down by everything that you want to break it down with, depending obviously on what is collected. So, it is worth having a look that. There is also the Marmot Review¹ which was done recently, this review looked at health inequalities which, was very clear about this gradient in health between BME populations, income and deprivation.

Navin Shah (AM): I think this is going to be an important piece of work; when you consider dietary practices within certain BME communities, I think that is where the whole programme of awareness and how those dietary practices could be altered to reduce the level of obesity. Not only at childhood level, but I think it becomes a greater problem in terms of health inequalities at middle age or older ages. That is very clear when you look at the health picture of the BME communities at large.

Rosie Boycott (Chair of London Food Board): I think it is also really important to look at the distribution of the really cheap fast food outlets in the various boroughs. There are up to 23 to 24 fast food outlets within 10 minutes walk of a school gate. We ran a project which we now no longer do, which was called 'Buy Well' where we put fresh fruit and vegetables into Costcutter shops.

Talking to a lot of the councillors - these were in Tower Hamlets and some were in Southwark - in boroughs where there were very high obesity levels, the view was very much that it was the fifth meal, as such, was the killer. You could really influence the school - although that is another whole debate we can have as well - and you can work around the parents. However, while you have a situation that while you are walking along and for 50p to 70p you can get chicken and chips, you have a really big problem.

Walthamstow has tried banning them, other people have tried various things, but actually it is very difficult. I think it was Tower Hamlets that spent £130,000 on trying to say to all those fast food outlets, "Look, we will supply you with better oil, with this, that, and the other," and they did not take it.

Navin Shah (AM): I certainly want to talk about that later on in our discussions, in terms of proximity of some of these outlets to schools; it is a very important issue.

Rosie Boycott (Chair of London Food Board): We have a project that we are doing to try to address that, but we will come onto it later.

¹ In November 2008, Professor Sir Michael Marmot was asked by the Secretary of State for Health to chair an independent review to propose strategies for reducing health inequalities in England.

James Cleverly (Chair): Before we move onto diet, which is where we are going next, Andrew brought up a point with regard to interventions. I am conscious this is the kind of question that could take up the next hour, but I want to try to limit it to perhaps just the next few minutes.

So, if we could go to the most significant opportunities. With regard to intervention, obviously we have the balance between diet and exercise; so, between calories in and calories out. We have discussed the nature of food, and food available already. What kind of interventions do you feel - as I say top line stuff - would be potentially the most effective? As we are looking at the Mayor's role in this, is the Mayor currently equipped to drive those interventions and, indeed, should he be equipped to drive those interventions?

Pamela Chesters (Mayoral Adviser on Health and Youth Opportunities): There are a lot of questions in there. Can you set me off on one?

James Cleverly (Chair): If we had a magic wand and were able to say: "Here is the perfect intervention," - let us not constrain ourselves too much about what is legislatively or financially realistic for the time being; we will come onto that later - if we had that magic wand solution, what would be the intervention or interventions that we would put in place to help reduce childhood obesity in London?

Pamela Chesters (Mayoral Adviser on Health and Youth Opportunities): I think the opening thing I would say is: I do not believe there is one single bullet. I think if there were, cities around the world that had this problem would have cracked it. You do need that multi-faceted response from us: the Mayor's office - and I will talk more specifically about our role; the call to action, call to arms, talking to Londoners, engaging with partners alongside specific work on both food, what people do eat, how easy it is for them to buy it, sport and exercise from Kate's [Hoey] point of view. Also, very targeted interventions such as the one that Paul [Sacher] runs which we know is a very cost effective, good outcome programme.

I do not think any one programme will get us there. It is going to be a whole range of things, and it is about getting together all the partners who have a stake in this, which in London includes local authorities and the NHS in its ever changing format; it also includes the voluntary sector, and mostly importantly it includes families themselves, to work out with them what are the strands that would take us forward at pace.

James Cleverly (Chair): Does anyone have any strong criticisms of that point that was just made or want to dissent from that?

Paul Sacher (MEND and University of London): I do not have criticism; I have support. I think it is also important when you are looking at this issue to realise that there are two quite distinctive groups here. There are kids that, obviously, are currently a healthy weight, that are at risk of becoming overweight and obese. A lot of the adults we see who are obese were not obese as children, so there is obviously that risk.

Then there is also the third of children currently who are already overweight or obese. I think you need quite different strategies to deal with those two distinctive populations. Some are more focused on primary prevention, things done within schools and in the communities and social marketing.

Then you very much need evidence-based, outcome-driven interventions that have been proven to work, that are cost effective. These are specifically for those children or families that need the additional support around eating, physical activity and behaviour change.

Rosie Boycott (Chair of London Food Board): I would just make a couple of general points too: the new research that came out this summer from the University of Plymouth was that you get

fat, and then you stop exercising; they said food comes before lack of exercise, and once you are fat, to get you to exercise is fantastically difficult because you are humiliated, and you feel embarrassed about plodding along.

The other bit of new research which I find personally very exciting has come from California. It is the first time that it quantifies the effect of getting primary school kids, once they start growing vegetables, to see whether they do change their eating habits. It has always been anecdotally, people have said: "Of course they do" but, now it has been finally been proven by the University of California. There are many different statistics but one is:

"Where you have a school garden for primary kids, vegetable uptake was almost one serving per day greater in the schools with a beefed up food curriculum and combined fruit and vegetable consumption increased by 1.5 servings. 80% of this increase came from in season, home produced produce. In comparison, researchers found nearly a quarter serving drop in the produce intake among other students."

So, I think it is a huge thing to do with involving schools, making food part of the curriculum, making, cooking and, understanding what is in the food you eat, and key to this, bringing the parents into the school. You are absolutely right; it is completely meaningless if you go home and get fed chips for the rest of the night. I think there is no work that seems to be being done, to bring those on a really concerted borough wide effort, to bring all those strands together.

Navin Shah (AM): I have got a cluster of three issues in terms of diet: one is the role of the Mayor in terms of promoting healthy food. The second one is about planning; like Rosie mentioned, issues about proximity of some of those fast food outlets. The third one is a special initiative in terms of breast feeding and the impact of that.

Starting with the first one on the Mayoral role: what was very interesting on a Saturday recently, we had a group of young pupils who came over, aged from about 7 to 14 or so; they were very excited about the idea of training school cooks to provide healthy meals; so, we had some interesting feedback. The first question is: what do we know about the relative cost effectiveness of programmes such as food growing, such as training cooks in schools, as well as working with shops?

Kimberly Libman (City University New York): In terms of cost effectiveness?

Navin Shah (AM): Cost effectiveness, yes; so, something which our Mayor can promote and consider within his duties.

Kimberly Libman (City University New York): I will connect my answer to this with what I wanted to say about the previous question; that is: from an academic perspective, the results of most of these intervention studies are pretty dismal. If you are looking for statistically significant results, most intervention studies do not find them, particularly when they are looking at interventions that are taking place at this community level.

If you are looking at things that are happening on an individual level, where you are doing very intense behaviour modification training, and you are teaching young people to eat better and getting them to exercise more: these are the targeted approaches that are working to treat young people who are already overweight or obese. There are some strategies that work there. Individually, any one of these strategies for reducing population levels of obesity: a) there are not really cost effectiveness studies on them and b) individually they do not really do much.

The one promising approach, and we cite this in the report of 'A Tale of Two ObesCities' 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, 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, but that is really the only study that I have seen where this is happening, again, on a community level.

Paul Sacher (MEND and University of London): Just to add that; I am aware of this study: it was in a much smaller city than London so it was much easier to do than trying to do something similar in London, which is not to say that it could not be done.

I think, unfortunately, the evidence, in terms of school based obesity prevention programmes across the board, does not show reductions in child obesity. So it is not to say you should not do the cooking at school and growing vegetables and more Physical Education (PE). All of those things are great but in terms of reducing child obesity, there is no clear link between the two. What has been shown to be effective and what is recommended by the National Institute for Health and Clinical Excellent guidelines for the prevention and treatment of child obesity is what I call multi-component targeted interventions.

So, those are interventions that include nutrition, physical activity, behaviour change done within local communities, delivered to the family, specifically for all families that are at risk of becoming overweight. So from maybe BME communities or where parents are overweight or obese, or where one sibling is above a healthy weight already, or in families where the children are overweight or obese, there is good evidence that those work. On everything else, there is very little evidence that they have an impact on child obesity rates.

Navin Shah (AM): Could it not be that because of either real reasons or fabricated ones that it is not cost effective to provide healthy food and, therefore, strategies are not quite taken forward; whether it is about what type of school meals that one does or in terms of other strategies which could benefit at school level.

Paul Sacher (MEND and University of London): The problem is that a lot of interventions that are done, for example, in this country giving every child one free piece of fruit daily at school, which we all think is a great idea, costs £50 million a year, whatever it may be; I think the cost has come down. There is no evidence to show that that actually impacts overall on child obesity.

Rosie Boycott (Chair of London Food Board): I would just like to interrupt with a point. I have been round schools with members of the Food Board who work in training and things like that. One of things that completely astonishes me is the level of choice in school meals. I have been into schools where you have a choice of three or four different first courses and then you have a choice in your desserts: one of which is fruit but the other is treacle tart. So, what the heck is the point of putting on the fruit? When I was a kid you did not have any choice, you got the tart or you did not get the tart, but it is pointless putting in the fruit if you have also got the tart. It is as though we live in a culture where everyone expects to get choice.

Paul Sacher (MEND and University of London): The point I am trying to make is giving more fruit or encouraging healthy eating. There is no evidence that that actually impacts obesity, so reduces obesity rates. There is no evidence that recommending a healthy balanced diet actually reduces obesity; these are general public health recommendations for health. In terms of actual recommendations to reduce population obesity there is no evidence that these work and can be implemented at scale.

Rosie Boycott (Chair of London Food Board): The NHS also supports the estate on which we have Capital Growth gardens that won a competition we had a fortnight ago. The person from the local PCT that had invested £7,000 in it said she thought it was the most cost effective way to improve health, and to start to bring down obesity. The kids were outside, they were safe, they

were outside with their parents, they ran a cooking club, a gardening club, all within public housing area on a very, very small amount of money.

Paul Sacher (MEND and University of London): Anecdotally there is a lot –

Rosie Boycott (Chair of London Food Board): I know it is only anecdotal. There is not one bullet.

Pamela Chesters (Mayoral Adviser on Health and Youth Opportunities): I think we also need to recognise that in the NHS and in academia, when people talk about evidence, they expect longitudinal surveys or whatever, that truly can demonstrate an outcome; that is the way in which evidence is generally used. I agree with Rosie on eating a better diet. We know that the doctors would say these are good things. That is not the same as saying one particular thing, like eating a banana every day, will have this outcome. I think they are not incompatible positions to take.

Paul Sacher (MEND and University of London): It might just be the fact that we have not collected that evidence, that it actually does work, but the evidence is not currently there.

Navin Shah (AM): I would like to move forward to other strategies that the Mayor could consider. What would be the role of little shops or large outlets, whether they are fast food outlets or anything to do with food? Is there any mileage in looking at strategies pan London which would then help address the issue of obesity?

Rosie Boycott (Chair of London Food Board): One of the things that we are in the process of doing is that we have identified there are three manufacturers to most of the fast food, not McDonald's obviously, not the big ones but the small ones. They come up with the spices, the seasoning, the stuff that you put over the chicken before you chuck it in fryer, and sauces.

We are going to write to them on behalf of the Mayor to say: "Would you come to a meeting here with Mayor and discuss whether you could look at starting to lower, gradually - we do not want to put you out of business - the sugar, salt, etc content?" That is where the stuff is, it is not in the actual bit of chicken. We want to work with them rather than trying to, in a sense, get aggressive with people on the street and talk about using different oils and stuff like that. We want to work from the top and use the Mayor's influence to do that; it may not work at all, but it might.

Andrew Emmerson (Business Development Director, Domino's Pizza Group Ltd): I would like to make a comment there. Obviously I cannot speak, Rosie, on behalf of other food manufacturers and other businesses, but you are right in saying that the longer term solution about products is about recipe change. Now, the British palate is used to certain levels of salt, sugar and fat whether one likes that or not.

It is a palette change; over time I believe the recipes will need to change and subtle reductions in salt, sugar and fat levels will bear fruit much further on in the future. You cannot do these things overnight; so, responsible retailers would work with you on that basis and I think that is a great idea.

Rosie Boycott (Chair of London Food Board): We have one of the heads of Sainsbury's on our Board, so we know a lot about what they do. They have brought their levels down enormously. Public catering is still a long way behind on the whole. We now work with Sodexo and companies like that in terms of doing the procurement because procurement is so important. It can be done, I think, if it is done in the right way

Andrew Emmerson (Business Development Director, Domino's Pizza Group Ltd): It is a subtle long term change, I genuinely believe so.

Navin Shah (AM): Andrew, it is a good idea, as you said, changing the palate and, therefore, expectations of what we eat. Is this something you are representing that you do? Is this something that you are already looking at? So, when I order pizza I get less salt or sugar than I would have previously, as part of a gradual change. Is there something happening?

Andrew Emmerson (Business Development Director, Domino's Pizza Group Ltd): It is subtle change. We offer a low fat mozzarella option for our customers. I will be honest with you, not many customers order that product even though we make it available. Our best seller still remains our Pepperoni Passion which is with pepperoni and extra cheese.

Rosie Boycott (Chair of London Food Board): How many calories?

Andrew Emmerson (Business Development Director, Domino's Pizza Group Ltd): I am sure quite a few. The typical Domino's customer, however, only orders every 30-odd days so we are not part of a regular recipe of people's day to day consumption. Over time, we are working with the Food Standards Agency as well as other bodies to reduce the level of fat, salt and sugar in products. I think most of the industry, if they are responsible, will need to do that.

Navin Shah (AM): I would like to move onto the Mayor's Health Inequalities Strategy. Can Pam or Rosie tell us the pan London initiatives for local food outlets?

Pamela Chesters (Mayoral Adviser on Health and Youth Opportunities): I think with respect to the Mayor's contribution, in a way, there is a strategic contribution that would apply to all the aspects of health that we have been talking about. These would include: the power of convening, the ability to get people to take up Rosie's offer about coming to sit round the table about salts in food, for instance. I think there is something about a voice for Londoners. I am kind of struck a bit by Andrew's response. Part of me is tempted to say, yes, palate change needs to happen and it does not happen overnight, but there is always a tension from the point of view of the commercial provider about not wanting to be the leading person down that path - let me not put words in your mouth. I think there is a responsibility for us to think how we educate the public, with local authorities and NHS colleagues, to be more demanding of different levels of additives. The reality is: if you go into your doctor's surgery and they say you have a heart condition and you need to stop taking salt so much, people do not have any difficulty about adjusting their palate quickly.

I am not suggesting an overnight response like that. I do think you need the push and the pull, and we need to think about how our voice is used there. I think there is a voice to Government on areas where we have a concern, there is a voice to talk to businesses, whether it is those in the food industry or others who are interested through Corporate Social Responsibility about supporting initiatives that will help us tackle these problems.

Clearly in all our own GLA plans, not just the statutory health plan, but whether it is Transport for London (TfL) or the housing plan, we have to be mindful of impact on this area. So, I think there is a whole range of high level strategic things where you would expect the Mayor to take leadership.

It is the case he is not funded, actually, to do anything specific on health. It is because of his commitment that he has found ways of scraping together money that has allowed Rosie to take forward these initiatives in a very practical way. I think that is to be commended, and does show his commitment to the area. I wonder whether, Rosie, you would like to expand a bit at this point on some of the initiatives that have been going on.

Rosie Boycott (Chair of London Food Board): I think I have mentioned odd things that we do at the Food Board. One of our big projects has been creating gardens, both vegetable gardens in schools and in communities, which have the effect of bringing communities together as well as getting people to eat, getting people to cook.

I do not know quite how you prove this as such, but the fact is people do not cook. One in four households does not have a dining room table, people are eating a different meal, in a different room at a different time. It became a fashionable snack culture and we have stayed with it. When you are in a snack culture you are then victim to the food manufacturers who want to give you food to which they have “added value” because there is only so much you can charge for a piece of broccoli, you cannot mark it up very much.

The moment you start to turn it into a pie, add lots of sauces and all the rest of it, and masses of calories then you can make people fat very quickly. We have dropped cooking in schools; in a sense we have farmed this out, the whole idea of food and what it means and why it is important. It exists in, I think, 19 different Ministries; I think it has been fantastically neglected by the Government. We have created not only a health time bomb but it is an enormous part of climate change. There are all sorts of things that are problematic about food.

Unless we get people back to cooking, I think it is going to be, quite frankly, very difficult. We have to get the manufacturers to turn round. If people go on snacking it is my belief they will also carry on getting jolly plump; the way through is to re-engage. I like this idea of doing it through a whole community, I like that story. I think you have told me, Kimberly, about some town in America off a prairie that has a bucket when you drive into it showing the amount of fat in the town and they are all on a diet so it goes down.

I know you could not do that but it is quite a good way of that sense of all getting together. We work with that, we are working with the food outlets and we are working in a big way on public procurement. If you do not have decent ingredients you will not have decent food. You need fresh, seasonal, local vegetables where you can and good quality meat where you can. Actually, we all ought to be eating a bit less meat and moving it towards a more pulse and rice based diet.

So we do that and we are going into public procurement in a big way.

James Cleverly (Chair): Now, obviously, we have been speaking about the type of food and some of the behavioural changes with regard to diet. It strikes me that in the same way that, Andrew, you are saying that if you dramatically reduced the composition of your recipes overnight then the chances are you would be driving customers away to one of a number of other competitors, who I am quite sure would be more than happy to pick them up. Obviously, I think there is a general agreement about the need to change some of the behaviours and some of the habits that have crept in with food, particularly children’s food.

I am thinking particularly of things like total calorific content, portion sizes and that kind of stuff. Is there something that can be done? Navin [Shah] has already mentioned that we have spoken to a number of young people. There is a lot of buying of meals between leaving school and getting home, through fast food outlets.

If we accept that behaviour has become habitual, can we change what levels of calorific intake or the nature of what is going on inside those youngsters if they do that? Is there something that can be done between your research and industry to make that improvement?

Paul Sacher (MEND and University of London): There is a lot of evidence particularly in children that you can replace bad habits with better habits. So, we spend a lot of time on our programmes teaching parents how to change their own children’s behaviour around healthy eating and physical activity.

A very simple example would be if you leave a packet of biscuits on your kitchen table, children are much more likely to walk past and eat a biscuit, if the biscuit is not on there and they are replaced

with fruit, children are much more likely to eat fruit. It is simple internal and external triggers. The evidence shows that you can change behaviours.

Everything we have mentioned we do teach on our programme. However, I think it is very difficult in a culture where we are very conscious of value for money and when you do have your pizza - if it is a once a month treat - why are you going to choose the one that does not taste as good, the one that does not have as much pepperoni and the low fat cheese.

One of things we do, for example, is we teach and we show families; we do not say, "Don't drink sugary soft drinks" but we show them that in a 500ml bottle of cola there is 11 teaspoons of sugar. We say: "Would you drink tea or coffee with 11 teaspoons of sugar?" the answer is always no, "So why are you drinking the cola with 11 teaspoons of sugar?" People just simply do not know. So on one level it is about education, but doing it in an appropriate manner in a way that is engaging, practical and interactive, with parents and children.

Unfortunately, a lot of this does not happen in schools any more and I think it really should happen in schools. Unfortunately, parents today did not learn how to do this when they were at school and it is not being done with their current children. I was the child health expert for 'Jamie's School Dinners' and this is exactly the issues we faced.

When we just did stuff with kids at school it was great, they interacted, they were interested, but if it was not reinforced at home by their parents we did not see any long term changes. You have to work with the whole family, and people have to be prepared to engage and be interested in what you are doing, and not just this top down approach of us telling the masses what they should and should not be doing; that does not work.

James Cleverly (Chair): Andrew, you have already mentioned the recipe changes. I am thinking also of things like portion sizes and that kind of stuff. Are there things that you could do as an industry?

Andrew Emmerson (Business Development Director, Domino's Pizza Group Ltd):

Absolutely. Again it is difficult for me to speak on behalf of an industry because I am very narrowly focused on fresh pizza; so, I have to be mindful. Equally I am not going to be critical of other brands that might not do the same as us. I will just talk about what I know, and I will talk as a parent about what I feel and hopefully that is good enough for you.

I think that information is critical. A brand like ourselves having calorific information available on our website, a dedicated website to talk about the freshness and quality and the calorific content of our ingredients is key. A large element of our business now is done online. 35% of our sales this year will be over the internet, where there is no-one calling, no-one going to a store, they are purely ordering online.

Therefore, having our ingredients and our calorific contents available online is critical to customers, if they so wish, to make an informed choice in that way. So having availability of information is key.

Number two, a business like Domino's is a franchise business and that means that the people who run the stores are not a faceless corporation in Milton Keynes, where I am based, or anywhere else. They are individual owner operators. So, in our community here in London we have 15 franchisees and I could talk about a dozen of them at least who do schools tours, bringing kids in from schools, talking about fresh ingredients. The whole process of that is to talk about vegetables and how you could have a different type of pizza.

Now we are very, very careful; we do not market to children, we feel as though that is not what we should do, it is not what we do, and it is not our business. They cannot afford our prices, to be

perfectly frank and we cannot make money selling them an 80p chip sandwich because that is not our business.

We do feel as though, because we are part of the community, we should take a part in that CSR. I have got franchisees here in London who organise those events and who talk to kids about, not necessarily about pizza, but about fresh ingredients. In the Domino's world all of our products are fresh, they are not frozen, they are not fried, they are just fresh vegetables and meats.

James Cleverly (Chair): I am not trying to put words in your mouth. It strikes me that, if anything, you are using the opportunity of promoting a healthier option to an extent, as a business advantage. Part of your selling point is the fact that you have got vegetables where some other options on the high street do not give you vegetables as part of it.

Andrew Emmerson (Business Development Director, Domino's Pizza Group Ltd): I think it is a really difficult position for us to talk about health and be known as Domino's Pizza. I do not think we can use those two words together and I am just being realistic here.

What I would say to you, however, is that freshness and quality and high quality ingredients is a key determinant. What tends to annoy me about this debate, I must admit, is that because we operate within the A5 planning category we get tarred with the same brush as every other A5 operator and we are not at all like them. We will come on to talk about what that means in a moment because I think it is critically important for this Committee to understand the differences of planning usage class in this country.

So it is very difficult, because we are trying to be a responsible retailer and at times our industry gets tarnished with a very tough image. I think Rosie made a point about the dozens of chicken shops that she sees in Walthamstow High Street. I get that.

Paul Sacher (MEND and University of London): I'd like to make a point on that: you specifically mentioned serving sizes. I think a lot of people think that people are fat because they eat too much pizza, burgers and chips. Actually a lot of people are fat because they eat too much and that can be healthy food as well. So, with many of the families in our programmes, the kids are not living on junk food, they are eating a very balanced healthy diet, but the children are eating adult sized portions; so, I think there is a very important piece around educating parents on how much their children need in order to be healthy or to grow healthy.

Andrew Boff (AM): What you have just said is quite interesting. Going back, we did a little bit of scrutiny work on binge drinking. We found that the real problem with binge drinking is that young girls who did not realise how much they can drink, tried to drink as much as young boys did, and they do not have the capacity to do so. I think that came out from that report. What you are saying is that it is this understanding of portions and what you are capable of eating, or what is a reasonable amount.

To go back to the bit that made me raise my hand, it was about this parental issue. To what extent are the measures we are talking about trying to make children healthy generally or are we specifically targeting young people who have problems brought on by ill-informed parenting over their diet? I am getting a strong message from MEND that it is individual interventions with particular children with problems, rather than a broad-based approach as though we can change everybody's habits by re-siting fast food outlets.

Kimberly Libman (City University New York): It is both. I think also your approach really depends if you are just trying to bring down rates of obesity or if you are also trying to reduce inequalities in health. As Paul [Sacher] pointed out before, there really are two sides to this.

There is the primary prevention to make sure that the young people and adults in London who are currently at a healthy weight, stay a healthy weight. Then there is the need for more targeted work to help the people who are already overweight or obese to reduce.

I do not think you can really separate them, I think you need to have them operating two streams at the same time. I know Michael Marmot talks a lot about this idea of the Nutcracker and using these universal, city-wide, all-communities approaches in combination with targeted approaches that focus on working with communities, or in this case, perhaps individuals as well that have higher rates of obesity or are themselves obese. I do not really think that you can do one or the other. I think you really need to do both.

Navin Shah (AM): I do not think we can have any meeting without talking about austerity measures. Indeed, as we know there are cuts proposed to the London Development Agency (LDA). The question to Rosie is what impact will the LDA cuts have on the London Food Board programme?

Rosie Boycott (Chair of London Food Board): I hope it is all going to be fine. The Mayor says we are carrying on, all guns blazing! The truth is nobody quite knows; I am not really quite sure how to answer that question right now.

Pamela Chesters (Mayoral Adviser on Health and Youth Opportunities): There are probably two aspects: I think the whole question of where the LDA funding is is obviously a matter that is being actively taken up by the Mayor with the Coalition Government. We do not yet know where it is going to land; it will land where it lands. I think there is a separate issue about what we need to do to tackle this problem.

I think the White Paper gives us some opportunities to think. Irrespective of whether it is LDA money or whether we have to look elsewhere, I do sense a real appetite and inclination on the part of local authorities who are now being brought in to health improvement in a way they were not before. Also, GP consortia often have a much greater focus on primary care and can see how we can land this. The role of the voluntary sector in that is critical.

It would be nice to think the LDA will continue to sort out all our problems in the way we have had and certainly we would be seeing what we can do there. I think there is a much wider question. I really think there is evidence that we might be able to land that really well in terms of having a shared understanding across London's leadership that some of these big issues need to be tackled with greater gusto on a pan-London basis.

With everybody thinking about what they do with the resource available to them rather than simply saying, "It's OK; it is up to the Mayor to find some small pot of money and to be doing this single-handedly." I do not think you will get the impact that we could get if we manage landing the White Paper well.

Navin Shah (AM): My question and concern is that it is not just about the Mayor finding a small pot money, or some resource from somewhere. It is a question of having the priority, having a clear understanding and a strategy, that this is something very important to the whole issue that we are talking about: children at risk.

Therefore, that is something that cannot be lost, no matter whether LDA funding runs into problems, or how we will reconfigure health services under the new White Paper. The new White Paper itself will take time to find its own base and its footing really. The worry is that whilst all of that is happening we could lose the whole perspective of attacking this issue fairly and squarely.

Rosie Boycott (Chair of London Food Board): The Mayor certainly knows what a priority it is; it is not going to go away.

Pamela Chesters (Mayoral Adviser on Health and Youth Opportunities): I was at a conference only this morning where Colin Barrow [Leader of Westminster City Council] and I were both speaking about looking at the totality of the health budget and the totality of the social care budget and thinking what are the things you need to do to improve health and wellbeing for Londoners.

The key part of that is for example preventing people expensively becoming type 2 diabetics. Whatever your motivation for getting on this agenda, I think there is plenty of evidence that people are looking at the totality of the challenge that they have to face and what they should be doing about funding. Actually, the local authority challenge is already upon them.

They are already saying, "How am I going to make this 7% cut, or whatever it is, year on year? What does that do for my social care budget? How do I adjust my work with PCTs, to look at the health and wellbeing of the whole population, and then obviously within that the children?"

Navin Shah (AM): It is not just the White Paper and LDA funding; we are also looking at the full public health area on which, obviously, there will be more information available, I think in December, isn't it?

Pamela Chesters (Mayoral Adviser on Health and Youth Opportunities): Yes. Encouragingly, people are already saying that the public health change is great; we know we have to work together. However, actually the public health pot money is a small proportion of the total amount that we are all spending on health and wellbeing and social care. We need to look for the biggest possible prize about how we allocate resources and to be mindful of that and not just say that it is £1million or £2million that each local authority may get through the public health improvement programme. Whatever number of millions it is, I do not know that yet.

Navin Shah (AM): If we can move onto a planning related discussion. Some boroughs are trying to limit the number of fast food outlets particularly near schools in such sensitive locations. To what extent should the Mayor support this and how can this be done?

Obviously, Andrew [Emmerson] you mentioned A5 and general use class aspects when it comes to planning. You might want to start off the discussion and then a contribution from the panel members. I know of a couple of locations where this is a serious problem, when you look at where you have got some of those shops like I think Paul [Sacher] mentioned, whether they are fish and chips or large fast food stores. So can you start off on that please?

Andrew Emmerson (Business Development Director, Domino's Pizza Group Ltd): Obviously I have got a vested and probably, you would imagine, quite a biased interest in this subject as I mentioned what my job title was in terms of development of new stores. Obviously, it does not help me if you were to introduce or support a blanket ban on new A5 within the proximity of schools.

Just so that everyone understands usage class, because I think most people get very confused about this, in order to operate a unit on a high street or any shopping area the type of unit needs to be a particular type of planning class. So I will give you some examples of that so you can understand what I mean. Do you mind me doing that, Navin, because I think it really informs the debate?

Navin Shah (AM): Very briefly please, yes.

Andrew Emmerson (Business Development Director, Domino's Pizza Group Ltd): It is A1 planning class for a clothes shop or any form of normal retail. Interestingly enough, Subway and

Greggs are included within A1. A2 is a bank or building society. A3 is a café or a KFC or McDonald's. A4 is a pub and A5 is a hot food takeaway unit of which we are trading in.

So a blanket ban on A5 development in a particular area, 400 metres around schools was the policy that was used in Waltham Forest. If you map that across the whole of the borough, that represented a blanket ban. If you did the maths, and I did a diagram to show a 400-metre radius around every school, leisure facility or playing food - they were the three policies of Waltham Forest - that meant that no more fast food ever would be able to open in Waltham Forest.

Now, at the time, and remaining so, we do not particularly have a dog in that fight; we are not looking to open a new store in Waltham Forest. It was more the principle and the policy we were concerned with. It is my belief that the same end can be achieved by not having such a blanket ban. Responsible operators like us would accept certain planning conditions that perhaps the type of operator that you are talking about would not and I will give you one or two examples.

The first concern is that because we operate in A5 we are suddenly going to start frying our products and selling chips and chicken and things of that nature. Now, in order to resolve that, a planning condition can be attached to the permission that said pizza only. So, therefore, you can understand that we are Domino's Pizza that is what we do, our customers are not targeted towards frequent usage, they are towards a home delivery business.

Secondly, we would accept, for example, a restriction on the opening of our customer carry out area during the times where schoolchildren may be about at lunchtime or in the immediate hour after school. We would be happy to accept a condition like that because we realise we want to play a part in the community. If there is a concern that children use our stores then we would be happy to accept that condition that just allows us to continue our delivery business.

Just to make a point that 70% plus of our business is delivered to somebody's home; we are not really in the carry-out or the serving people as we move business. So it is my belief that the current planning regime allows conditions to be attached by local authorities to ensure that that over-proliferation of concern that was expressed by Waltham Forest can be resolved.

So responsible operators like us can continue to legitimately go about growing our business, opening new stores, employing more people, investing in run-down buildings and carrying out our legitimate business. At the same time we can be part of caring for our community if it is such a concern that our brand might impact on children.

Navin Shah (AM): Before we move onto other panel members, have you got examples of any Section 106 agreement benefits that could also become part of conditions?

Andrew Emmerson (Business Development Director, Domino's Pizza Group Ltd): So that everyone understands what that means, typically, if we make an investment, we also make an investment in the community. I bought the most expensive bin in Birchwood, Warrington for a Section 106 commitment. For those of you who do not know that, that is where we invest a bit of money locally.

What we did in order to secure our planning permission in this particular part of Warrington, we had to provide bins in the local area. I have just provided in Irvine in Scotland a customer security rail near a walkway, near a zebra crossing near our store. We are quite happy to do that and as appropriately, we are quite happy to invest in those types of things. They have obviously to be proportionate and affordable by our franchisees but under the two examples I gave, we are quite happy to do that.

Navin Shah (AM): We would like to move onto the last question on our diet related topic, that is the issue about breast feeding. There is evidence to suggest that children who are breast fed are

less likely to be obese. To what extent do you agree with this and, particularly, what can the Mayor do to support such an initiative?

Pamela Chesters (Mayoral Adviser on Health and Youth Opportunities): I think we would agree with that as a statement; I think it is well evidenced that that is the case. It is something that we want to work with London Councils on because essentially the local authority has the most immediate contact with the types of institutions involved, like pubs. I know in Camden it meant that some institutions could advertise that they were particularly pro that. I think we can get on our megaphone and say we think it is a good thing.

Navin Shah (AM): Also the issues surrounding breast feeding in public places; that again needs to be part of the initiative.

Pamela Chesters (Mayoral Adviser on Health and Youth Opportunities): I think we would look to local authorities who are the people who have contacts on the ground with the kind of outlets that people would wish to breast feed in and to work with them and to support them. I am very happy to say that the Mayor thinks breast feeding is a really good idea. If you want to have traction on the ground, we need to do this in partnership with local authorities and we are definitely up for doing that and it would be part of our discussions with them.

Kimberly Libman (City University New York): Also, it is just important to keep in mind the issue of promoting breast feeding that is not just about social awareness and it is also not just about breast feeding in public, it is also about infrastructure and creating places where women who make the commitment to breast feed their children for the first year or more of their lives.

Many women are working these days and if you are breast feeding and you return to work, you are going to need a place at your work site where you can go during the day, that is clean, private, where you can keep your breast milk pumps and where you can refrigerate the milk for the duration of your work day so that you can take it home with you. I think supporting that kind of infrastructural change as a first course of action within all municipal facilities would be a great thing to do; then also encouraging employers to take this seriously, and do it at work sites across the city.

Rosie Boycott (Chair of London Food Board): Have you done that in New York?

Kimberly Libman (City University New York): It is something that we are trying to do at the City University of New York.

Rosie Boycott (Chair of London Food Board): Is it working?

Kimberly Libman (City University New York): It is very hard to do. Space, I would imagine, in most institutional buildings here, just like in New York, is tight.

James Cleverly (Chair): We have got a space that we could maybe set aside. I want to make sure we move onto the other half of the equation. We have had quite a good discussion about the 'calories in' side of the equation and we will move on now to the calories out' side of the equation.

Andrew Boff (AM): I am rather put off by this since I have now been told that kids get obese first and then the exercise is not crucial! I am sure, Kate [Hoey], you would disagree with that. What needs to happen to achieve an increase in sports participation amongst people? I am assuming if a child, for example, stops doing sport it is more likely that they are going to become obese. So what can we do increase participation?

Kate Hoey MP (Mayor's Sports Commissioner): I would not want to say that everybody who takes part in sport or physical activity are doing it because they think it is going to make them

more healthy, because they do not; a lot of them are doing it because they enjoy it. Obviously the side effects of that are that anyone who does any kind of sport or physical activity we do know that they should be healthier. Of course there are other factors involved as well.

In terms of the children, in schools at the moment, every child should be getting two hours minimum of sporting activity. So it is in a sense wrong to say that any child is totally inactive, because they should not be. The reality is, of course, that some schools are better at it than others and some areas are better than others. Can I just say, before you ask that our £15.5 million from the LDA via the Mayor is, in fact, safeguarded and we are still intent on spending every penny of that with the match funding. So, we will be able to continue our programme to try to increase the participation levels generally.

Some of it is to do with facilities, some of it is to do with travel distances, some of it is to do with, again, the parental influence which can be really, really important, whether they see other people in their families participating in sport, whether their parents have or not. Also, the important thing for us is that any funding we are putting in is actually aimed at the inactives; they are the people we are really trying to get involved.

So, every bid through our facilities fund, our skills and coaching fund or our increase in participation through social development fund, all of it has to have some way of showing that they are going to increase the number of people getting involved in sport. That is to be the legacy that is the important part of the legacy of the Olympic Games.

Obviously, we are all worried and concerned about funding generally. The one thing that the new Government has continued to do is to allow the governing bodies their full funding, so that whole sport plan for the governing bodies of sport, who are absolutely crucial along with the local authorities in delivering sport and ensuring that the basic infrastructure is there, will continue.

Also, because of the change of Government policy on the National Lottery, the increase to sport from the National Lottery will come over the next three years. There will be increases gradually over the next three because they are changing some of the areas that the Lottery had been diverted into instead of into sport.

I think what we want to see also, and we are pushing this quite a lot, is a greater range of sports being offered to children. Whilst I am a great supporter of traditional sports and the traditional competitive game sports, in certain parts of London it is more difficult.

What we are trying to do is sports like skateboarding, BMX, which are great for young people if they can get involved in those sports, and they are, perhaps, more excited about getting involved in that than going off and playing a traditional game of another sport that we might have been more likely to have grown up with. So, there are a number of ways that we can try to increase participation, but the role of the Mayor overall without the statutory responsibility is to be the lead in terms of galvanising, being the catalyst, being the person who tries to make everyone work together and that is what we are doing through our London Community Sports Board.

Finally, bringing all the local authorities together, working through London Councils and, getting particularly in, relation to this Committee, links with health and the PCTs; some of our funding streams in improving participation - we are just about to make decisions on those in the next week and a number of those bids are linking in with health and PCTs' other health initiatives.

There is quite a good link between what would be seen as traditional health funding and our funding. Of course, what I would personally like to see is the NHS generally seeing a larger amount of money being put into preventative sport and recreation; long term that could pay off in terms of saving the NHS money.

Andrew Boff (AM): In terms of the evidence that we have from the cost effectiveness of these schemes, of course, we have just embarked upon them so it is difficult to say whether or not we are going to get the maximum out of them. I wonder if there is any other evidence about schemes for involving young people in sport?

Kate Hoey MP (Mayor's Sports Commissioner): I would argue that even if there is not specific evidence to say, "If you play sport every day you are going to be less likely to become obese." I am sure that is factual. But, also do not forget it is all the other sporting benefits that are important in terms of young people learning about leadership and discipline and working in teams and all of those factors.

Again, when we are talking about funding cuts, local authorities are very aware of that. The more we can prove, not just on the obesity side but on all the other things, that is more likely to see that the local authorities when they are being cut are not going to immediately jump in on one area that is not statutory which is sport. I must admit I am not someone who reads all the evidence about these because I just believe that sport and physical recreation are good for you.

If other people want to come up with lots of scientific evidence, great, but in the meantime I shall continue to fight for the money anyway.

Andrew Boff (AM): What about in regard to the Two ObesCities report? You must have done some work in increasing young people's physical activity.

Kimberly Libman (City University New York): In New York City, one of the things that we have done is a new programme that the Department of Health and the Department of Education have teamed up to - train teachers on how to do physical activity inside classrooms, to try to build it into the everyday part of being at school. Not all the schools in New York City have playgrounds and school yards where they can go outside and be bold and active. They are working on getting this built into the day-to-day activity inside the classroom. I think that if the Department of Health and Department of Education are doing it in New York City it is definitely an evidence-based programme that provides some value for money; so I think schemes like that do work.

James Cleverly (Chair): Just a quick point of detail; in New York, the Department of Health and Department of Education, what is their statutory inter-relationship with the Mayor of New York? Do they come under his remit?

Kimberly Libman (City University New York): Yes.

Paul Sacher (MEND and University of London): From my perspective, again I think there are two issues. I think it is incredibly important to provide opportunities for children to be physically active at school. No one would disagree that that is important. However, one needs to acknowledge that a third of children are overweight or obese and obese children do have different requirements.

I would not recommend skateboarding for an obese child, they are much more likely to sprain their ankles, and they have much higher incidences of fracturing their bones. So, the type of physical activity we provide is a much safer, lower impact type of physical activity than a healthy weight child might engage in. Often all that is required is to work specifically with that child to improve things like their balance, skills, agility, and co-ordination before they can join in with the mainstream physical activity in sport.

Let's not forget, a lot of these kids are the kids that are not picked for the team, they are the kids that come last, so they are the kids that are most likely to be excluded from mainstream sports.

Kate Hoey MP (Mayor's Sports Commissioner): School sport has changed a lot. There was a phase when people would have assumed that that is what happened about the poor kid who never got picked. Sport in primary schools now is very different, and there are a lot more of the imaginative ways of doing it. I was not suggesting every child goes skateboarding, I would not even suggest that you do skateboarding.

The problem with using the word 'obesity' is that it means absolutely nothing to a young child, to tell them they are obese; and we are not allowed to use the word 'fat' anymore I presume. For a lot of this, for our young people it is meaningless; I think we have got to find a way that is coming through parents particularly to do it from the positive side; why it is good for you to be doing enjoyable things and then the benefit of it. If you just go around saying to a child they must do something because statistically you are obese, I do not think that really gets through to them.

Paul Sacher (MEND and University of London): I agree with you. We know that you can tell people to stop drinking, smoking, taking drugs until you are blue in the face; that is not how you change behaviour. What I do think is happening, which is a good thing, is that parents are, through the NCMP, getting letters telling them whether their children are a healthy weight, or above a healthy weight. I do not think they are using the word 'obese' and I think there is a lot of emotion around the word 'obesity'. It is a medical word and it should be used in medical circumstances. I think you will find a lot of kids who are obese would call themselves fat and they know they are fat.

Navin Shah (AM): I wanted to repeat a comment which was repeated by several kids when we met them here in City Hall. They do not think there is much focus at all on physical education in schools. I wonder what the panel thinks about it; also whether there are enough sporting activities within schools to add to the health and wellbeing of pupils and obviously, therefore, the effect of obesity.

Kate Hoey MP (Mayor's Sports Commissioner): I think it has got better. I think we did go through a phase in this country where sport and physical education was not taken perhaps as the right as when I was at school a long time ago. I think the whole question about competition, which became that sort of thing where everyone was saying, 'We had better not compete' and all of that. That is now a bit of a myth; I think there is a lot more competition and, indeed, we are very much involved here in the Mayor's Office in supporting the London Youth Games which is hugely competitive, supporting the Panathlon [Challenge] for children with really severe disabilities. There is a lot more competition going on.

I was a former PE teacher; I do not think we train physical education teachers nearly as well as we used to do. I think there is still a shortage of primary physical education teachers and the answer to that, because it was very expensive, was to bring in more coaches in different sports, which is fine. The point earlier about basic skills: it is the basic skills of being able to handle a ball, throw a ball, catch, all the skills that you learn at a very early age which were taught to you as physical education teachers taught, it is not, I think, being done in the same way.

Having said that, I think our school sport and the after-school curriculum and the links with sports clubs which is really what we want to see, so that you do not just leave school and then have nowhere else to go; that is definitely happening a lot more in London.

Navin Shah (AM): Something surely could be looked at in terms of extended schools at a community level?

Kate Hoey MP (Mayor's Sports Commissioner): We would not give any money to anything that isn't opening for the longest hours possible. So many of our schools do open after school, but there is still the perennial problems that has been going for years, about caretakers and things. A

lot of that is being solved. There is an awful lot more sport going on after school now than there was 20 years ago, definitely.

Paul Sacher (MEND and University of London): It is also just worth saying, I think, that a myth exists that fat people do not like doing exercise; it is not true. The kids in our programme absolutely love the exercise; nationally we have a 78% attendance rate for a twice a week programme. In terms of the programme, the kids come because they have a great time going crazy and having fun and being physically active.

Whenever we allow the parents to join in they have just as much fun. I think a lot of it boils down to confidence; if you are not confident because you are overweight or you have not learnt the basic skills, it is very hard for you to engage with sport clubs and maybe compete or to be compared to other kids who maybe have better skills.

I just think it is worth saying that obese kids do like being physically active, but it is about finding the most appropriate things for them to engage with as well.

Andrew Boff (AM): If we talk now about sport particularly, what about increasing young people's general activity as well? What could the Mayor do to encourage young people to walk and cycle more?

Rosie Boycott (Chair of London Food Board): The Mayor certainly does both cycling and he does the gardening and vegetable growing which we have invested a lot into and continue to do.

Andrew Boff (AM): I think there an extreme contradiction in the Mayor's stance, in so far as he is very much supportive of free bus travel for young people, which seems to militate against the idea of young people walking, really.

Kate Hoey MP (Mayor's Sports Commissioner): Perhaps if there is not so many of the fast food around schools, they will have to walk further to get to them.

Andrew Boff (AM): They get a free trip to the kebab shop, wouldn't you say?

Pamela Chesters (Mayoral Adviser on Health and Youth Opportunities): There are always issues to do with TfL and one can always keep them under review. Actually a lot of children travel quite some distance to get to school, so it is not simply quite as straightforward as simply saying, "Why don't you walk?"

Kate Hoey MP (Mayor's Sports Commissioner): Can I just say, I personally think that it should not go on all evening because we get a lot of complaints from people in the evenings of children using their free bus passes late at night when they should not be out.

Pamela Chesters (Mayoral Adviser on Health and Youth Opportunities): That seems like a wider conversation. I do think it is worth thinking about the year of walking next year which we are beginning to spend some time looking at; whether there are things that we can do with New York. I do not know the answer to that yet, but I think we are mindful of walking and it will be hard to think of a Mayor who is more positively enthusiastic about the benefits of cycling than the current incumbent.

Paul Sacher (MEND and University of London): I think one of the things London does have is one of the most beautiful cities in the world. It is one of the only cities where I personally walk and cycle everywhere just because it is much better than using public transport in terms of exercise, fresh air and just looking around you. So, I think that is definitely an innovation that London has. I have been so proud to be a Londoner when people come to London and they see the bike hire scheme. However, as far as I am aware those bikes are designed for adults, not for children.

Andrew Boff (AM): Young people do ride everywhere, don't they? They use public transport a lot. In some areas of London it is perceived as being unsafe to go out and walk; I know I live in one. Young people feel that they cannot venture out too much.

Kate Hoey MP (Mayor's Sports Commissioner): Young people definitely have their own territories and we find that sport is a way that that can be broken, because people are competing against each other, or you get a particular basketball group that has young people coming from different areas. It can help to create a cohesion that is not just based on, 'You are not from our area' and, 'We are not going to go into the area' and I think that it is probably why a lot of people, particularly youngsters, do not walk around.

Pamela Chesters (Mayoral Adviser on Health and Youth Opportunities): The launch of the Safer Parks Award is designed to encourage not just parents, but children themselves, to feel that there are safe public parks in their vicinity where they can go and exercise and play and have open space.

Rosie Boycott (Chair of London Food Board): I was at one in Tottenham Lordship Rec on Friday, which is right by the estate where Police Constable Blakelock was killed. It is a tough area and now it has been completely restored through various grants and bits of funding. They have a group called Trax every Saturday morning and then on summer nights as well. It has got 100 kids involved with their bikes and they have bike routes in the park.

They also do walks which come from the two GPs surgeries that are nearby, and they are run by volunteers and they take groups, primarily women, on walks two or three times a week. The parks thing is enormously important in that sense of reclaiming the space and once you have done that, then initiatives start to come up.

Andrew Boff (AM): What about the availability of open spaces? Of course there is great pressure on development of land.

Rosie Boycott (Chair of London Food Board): I can only speak from what we do with our Capital Growth Project, which is that we worked with TfL and we came up with a thing called a Meanwhile Lease. You go onto land that is in some sort of partial state of development or not yet in development but they are never going to allow it to be given away to an allotment.

The whole nature of an allotment is that is there for ever and ever. These are leases that are good for up to five years. Both the landlord or the developer is happy to give it over. The other great joy about this kind of gardening, is that you can have a raised bed or a bed in a skip, in a supermarket trolley or in whatever you want, and you do not necessarily have to dig down, so it can be on contaminated land. It is a wonderful way to use what is otherwise dead space, dirty space or downright dangerous space.

It just needs, sometimes, a bit of encouragement to some of the huge landowners, the Waterways etc, etc, to say, "Actually, co-operate and open that up". It does happen. We get blocks of land here and there.

Andrew Boff (AM): There are various estates in London where there is not any real play space for young people.

Kate Hoey MP (Mayor's Sports Commissioner): In our next round of facilities funding which will be going out next week, we are soliciting bids from smaller tenants associations and areas to try to do something about that. There are a lot of abandoned bits of sports grounds and playing areas where we would really like to see the community take control of them again, and with a small amounts of money we can make those quite playable.

I was defending strongly some of the adventure playgrounds that are left in London, because I think young people also want play in a slightly less organised way sometimes. You just have to go and visit a real adventure playground and see young people doing things that they would get no other chance to do. It is totally different from being involved in a competitive sporting activity and we have to defend those areas.

You are absolutely right, as the pressure grows with the housing crisis, with or without money, the pressure on those small spaces will become greater and greater. I think we do have to try to defend them as far as possible.

Pamela Chesters (Mayoral Adviser on Health and Youth Opportunities): I do think we need to be clear about who has the prime accountability for that and that is the local authority. We would want to support them in their task but I do not think it is for us to be directing them in what they should do in a top down way. Certainly, the borough leaders that I talk to would see that sense of place and the environment in which their residents live as something for which they have prime accountability.

I think we should be holding them to that prime accountability, but doing so in a way that is supportive of initiatives they want to take and encouraging best practice through things like the Safer Park Award Scheme. Also, where money is available, to encourage people to bid for it who want to do it, but I think we need to be careful of not blurring our accountabilities there.

Andrew Boff (AM): What is the New York parallel with regard to making available spaces for children to either take part in sport or just play?

Kimberly Libman (City University New York): I think we are in a much worse situation than you are in New York. My understanding is that London has about three times as much open space as we do in New York City. I think the distribution of open space in London is more equitable than it is in New York City. Unfortunately the areas that do not have the open space, short of designating certain buildings to just get knocked down, the prospects of creating more open space are pretty slim.

So we have people who are fiercely defending community gardens, we have got in the Mayor's 2030 plan, which is really focused more on environmental sustainability, a call for ripping some of the pavement tops on schoolyards and trying to create more green, play-friendly spaces than we currently have. There is not that much opportunity for creating more open space. I would say from our example, what you have got you should defend fiercely because once it has gone it is really gone forever.

James Cleverly (Chair): Thank you. I think that has been a very interesting, very useful session. I want to thank all our guests for speaking so candidly. It may well be that the Secretariat will contact you because there are a number of points which I have whispered across that I would like to get a little bit more detail from. Thank you very much.

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