Compendium of Recent Data Releases for London Accompanying the Intelligence Update for June and July 2021

Contents

1. Provisional births in England and Wales: 2020 and Quarter 1 2021

On 24 June 2021, the Office for National statistics released summary statistics for Provisional births in England and Wales: 2020 and Quarter 1 (Jan to Mar) 2021. The release mainly includes data at national level (England and Wales), with a subset of data describing the number of births and fertility rates for regions. Data was published for calendar year 2020, and separately for the first quarter of 2021. This release can be found here.

Key points for London

Annual births, 2020

- Annual birth statistics published for 2020 indicate the continuing steady decline in London over the last six years of both the number of live births and the total fertility rate.*
- This mirrors the national trend, although the total fertility rate for London remains consistently below England.
- There were 112,177 live births in London in 2020, a decrease of 5.08% from 2019. This was a smaller decrease than for England (3.88%).
- Between 2011 and 2020 in London, the number of live births peaked at 130,967 in 2012 and was lowest in the most recent year (2020).
- In 2020, the total fertility rate in London was 1.52 compared to 1.59 in England. In both London and England, the total fertility rate has decreased since 2019 (from 1.59 and 1.65 respectively).
- Between 2011 and 2020 in London, the total fertility rate was lowest in the most recent year (2020).
- In 2020, the number of stillbirths (496) decreased since the previous year (528). The stillbirth rate (4.4 per 1,000) remained unchanged since the previous year. However, the stillbirth rate in London was higher than in England (3.9 per 1,000).

Births, Quarter 1, 2021

- Provisional statistics available for the first quarter of 2021 indicate that current trends are continuing.
- The number of live births in London in the first quarter of 2021 decreased from 2020. There were 26,323 births in Quarter 1 2021 compared with 28,117 in the same quarter in 2020, representing a decrease of 6.38%.
- Both the total fertility rate and the stillbirth rate remain lower than for England in the first quarter.

*The total fertility rate (TFR) is the average number of live children that a group of women would bear if they experienced the age-specific fertility rates of the calendar year in question throughout their childbearing lifespan

2. Oral Health Survey of three-year-old children 2020

The Oral health survey of three-year-old children (2020) was published on 30 March 2021. This is the second national survey, the first being completed in 2013. Overall, the report shows a downward trend in dental decay in three-year-old children since 2013, changing from 11.7% to 10.7%.

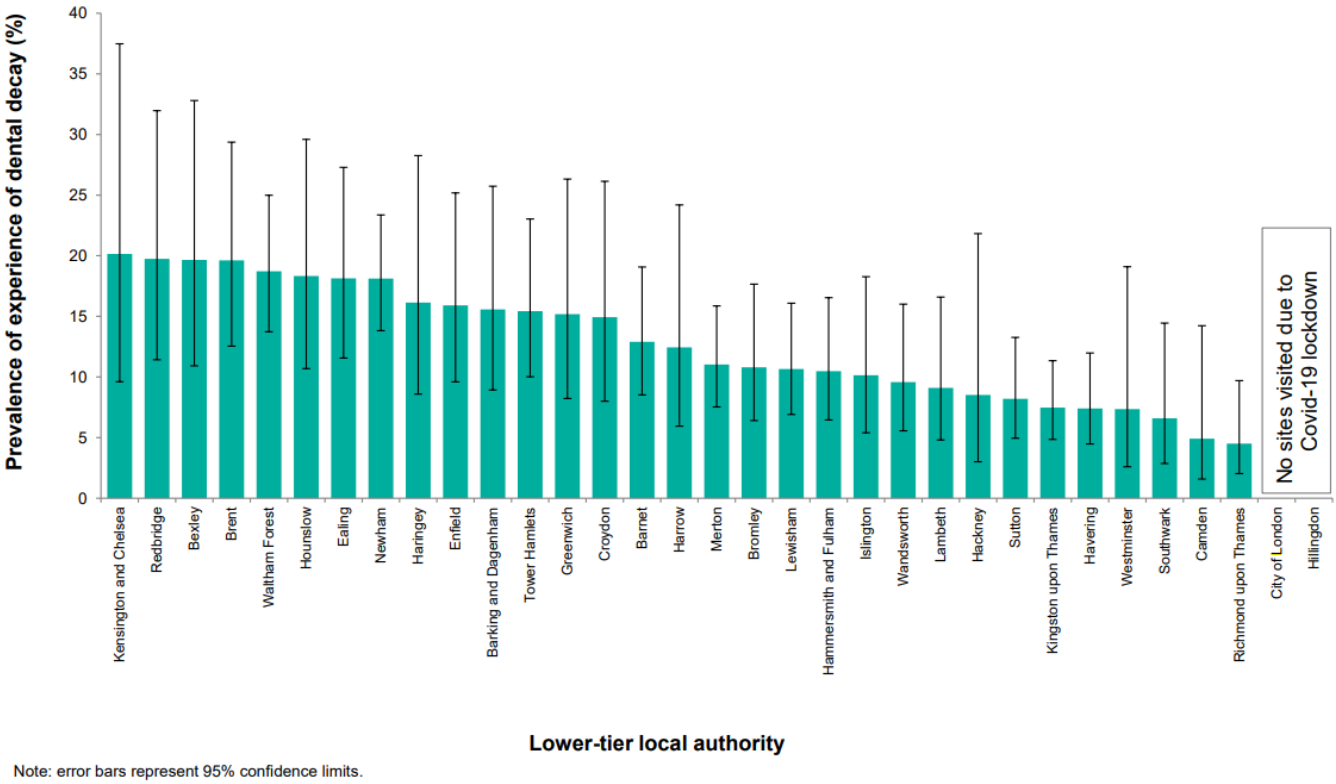
Due to coronavirus and Local Authorities (LAs) not commissioning the survey, 50 upper and 67 lower tier LAs did not return usable data. Few areas reached the minimum sample size so the data must be interpreted with care.

The most recent full report and data can be accessed here.

Key points for London:

- 12.6% of three-year-old children in London had experience of decay. This is a decrease (though not significant) since the 2013 survey, which showed 13.6% had dental decay. This remains significantly higher than for England (10.7%). London had the third-highest prevalence of experience of dental decay in England's nine regions following Yorkshire and the Humber and the North West.
- Within London, the lowest proportion of three-year-old children who have decay experience is 4.5% in Richmond upon Thames, whilst the highest was 20.2% in Kensington and Chelsea (see figure 1). This has changed since the 2013 survey where Hillingdon was highest at 25.3% and Sutton being the lowest at 5.8%. The smaller spread in the most recent report may indicate narrowing health inequalities between LAs.

Figure 1. Prevalence of experience of dental decay in 3-yar olds in London by lower-tier LA area, 2020



Note: error bars represent 95% confidence limits.

- Of all the regions, London had the highest prevalence (5%) of dental decay affecting incisor teeth, the West Midlands and the South East had the lowest (1.8%). London was significantly higher than the average for England (3.4%), which has changed little since the 2013 report (3.9%).
- The findings indicate that the oral health of 3-year-olds did not change significantly from 2013 to 2020 in London in terms of severity of experience of dental decay (0.42 to 0.4) and the severity of experience in children with any decay experience did not change. The prevalence of experience of dental decay of incisor teeth was similar (5.3% to 5%) as was the care index (4.4% to 4.8%). Although there is a downward trend, compared to England, London was higher on all aforementioned measures in 2013 and 2020.

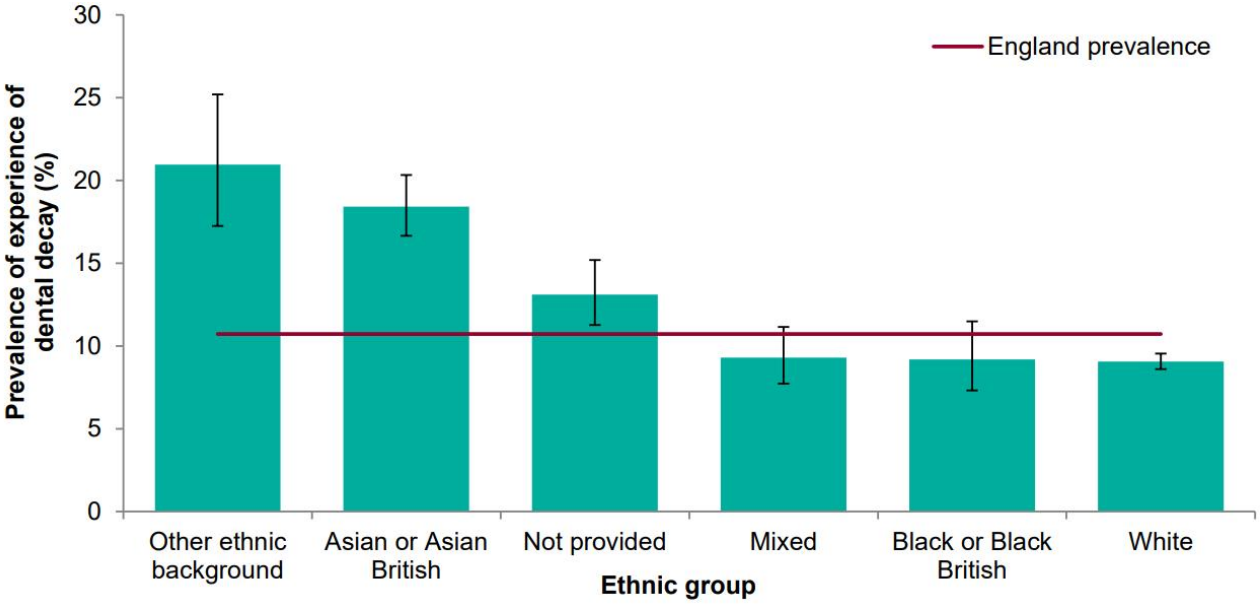
Key points on disparity:

- Data for disparity are only available for England and show that three-year-olds in the most deprived areas had almost three times the chance to have experienced dental decay (16.6%) than those that were in the least deprived areas (5.9%).
- This difference in the prevalence of a disease across the least and most deprived areas is measured via the slope index of inequality (SII). This has changed little since 2013 when it was 14.4% compared to 13.8% in the 2020 report.

Key points on ethnicity:

- Data for ethnicity are also only for England and show that among three-year-olds with experience of dental decay, prevalence was highest for children in 'Other Ethnic Groups' (20.9%). The White ethnic group was lowest (9.1%, see figure 2).
- The average number of teeth with experience of dental decay was highest for children in the 'Other Ethnic Groups' (4.3 teeth) and lowest for the 'Black or Black British' ethnic group (2.5%).
- Whether this national data can be generalised to London is unclear, further attention may be warranted.

Figure 2. Prevalence of experience of dental decay (%) in ethnic groups in England



3. Coronavirus and depression in adults, Great Britain, January to March 2021

On 05 May 2021, the Office for National Statistics released updated statistics from the Opinions and Lifestyle Survey (OPN). The survey is designed to understand the impact of the coronavirus (COVID-19) pandemic on people, households and communities in Great Britain. One such indicator the survey has measured was the prevalence of depressive symptoms amongst adults. The full dataset and ONS publication can be found here.

This latest analysis is based on 25,935 adults from a pooled dataset comprising six waves of the OPN: 27 to 31 January, 3 to 7 February, 10 to 14 February, 17 to 21 February, 24 to 28 February and 3 to 7 March 2021, as well as previous pooled analysis covering the period of July 2019 to March 2020 for comparison purposes. This sample was made up of adults aged 16 years and over in Great Britain with a valid depression score, derived using the eight-item Patient Health Questionnaire (PHQ-8) screener. This briefing summarises the key findings.

Key Findings

- Of all adults polled, 21% reported they had experienced moderate to severe symptoms of depression in early 2021 (27th January-7th March)
- Young adults were significantly more likely to experience some form of depression. 34% of 16-29-year olds reported experiencing moderate to severe depressive symptoms. This was 11% more than the second-highest age group (30-39-year olds) and 24% higher than the lowest age group (70 and over).
- Within each age group, women were more likely to report experiencing moderate or severe depressive symptoms than men.
- The biggest disparity came in the 16-29 group, with 43% of women experiencing moderate or severe symptoms of depression compared to 26% of men in the same age category.
- Amongst all ethnicity groups, adults of mixed ethnicity were most likely to report some form of depression, with 35% reporting moderate to severe symptoms. Black or Black British groups were the least likely ethnic group to report depressive symptoms at 18%.
- Overall, White ethnic groups (20%) were slightly less likely to experience depressive symptoms than ethnic minority groups (25%).
- Disabled [1] (39%) and clinically extremely vulnerable (CEV) [2] adults (31%) were more likely to experience some form of depression than non-disabled (13%) and non-CEV adults (20%).
- In terms of employment status, those who classed themselves as employed or self-employed reported relatively low levels of depressive symptoms (19%), especially in comparison to those who classed themselves as unemployed (40%).

- When looking at housing tenure, adults renting their home had the highest proportion of depressive symptoms (31%) when compared with all other tenure groups, while adults who reported owning their home outright had the lowest proportion, at 13%.
- Those with a personal annual gross income [3] of less than £10,000 had by far the highest rate of depressive symptoms when compared with all income groups (37%)
- In conjunction with this, 28% of adults living in the most deprived areas of England experienced depressive symptoms in this period, compared to just 17% of adults living in the least deprived areas.
- Amongst the English regions, London and Yorkshire and the Humber had the joint highest respondents reporting moderate to severe depressive symptoms (22%), however, this was only 4% more than the South East, which was the lowest region (18%).
- Of those adults who claimed the coronavirus pandemic was affecting their wellbeing (55%), the most reported reasons for this [4] included: feeling stressed or anxious (79%), feeling bored (68%), feeling worried about the future (68%), feeling lonely (61%) and making their mental health worse (61%).

Comparison to pre-pandemic findings

- Between July 2019 and March 2020, of all adults polled, 10% reported they had experienced moderate to severe depressive symptoms in that time period. This is 11 percentage points less than the figure reported in early 2021 (21%).
- For all age groups (16 to 39, 40 to 69, 70 and over), the proportion of those who experienced depressive symptoms increased. The 16 to 39 age group saw the most significant increase of the three, going from 11% to 29%.
- The prevalence of depressive symptoms within men and women increased at a similar rate (10 percentage points for men and 12 percentage points for women), however women (24%) remained significantly more likely to experience depressive symptoms than men (17%)
- The percentage of disabled adults who had experienced some form of depression also increased significantly, from 27% pre-pandemic to 39% in early 2021.
- One of the most notable groups of growth when comparing the pre-pandemic and the pandemic period in the first quarter of 2021, are respondents who have at least one child under the age of 16 in their household. Between July 2019 and March 2020, only 6% of respondents in this group reported experiencing moderate to severe depressive symptoms. This increased to 23%.

[1] Disability status refers to the Government Statistical Service (GSS) harmonised "core" definition: this identifies "disabled" as a person who has a physical or mental health condition or illness that has lasted or is expected to last 12 months or more that reduces their ability to carry-out day-to-day activities. The GSS harmonised questions are asked of the respondent in the survey, meaning that disability status is self-reported.

[2] Clinically extremely vulnerable (CEV) status is self-reported. The CEV group in this report includes all adults that identified as being clinically extremely vulnerable. From 3 to 7 March 2021, the CEV question wording changed to explicitly define CEV as those identifying as “high risk”. Prior to data collected over the period 3 to 7 March, the CEV group may have included adults in either “high risk” or “moderate risk” groups. Those in this "high risk" group, known as clinically extremely vulnerable, will have received a letter from the NHS or their GP advising them of this, they may have also been advised to shield to in the past.

[3] Personal annual gross income is self-reported on the OPN survey and therefore should be treated with caution. A respondent’s income information does not represent equivalised household income, which takes into account that households with more people will need a higher income to achieve the same standard of living as households with fewer members.

[4] Respondents were able to select more than one option.

4. Updating ethnic contrasts in deaths involving Covid-19 in England

On 26 May 2021 the Office for National Statistics (ONS) released estimates of differences in COVID-19 mortality risk by ethnic group for deaths occurring up to 31 March 2021, comparing risk of death involving COVID-19 between the first and second waves of the pandemic in England.

The period studied was 24 January 2020 to 31 March 2021. The full report and accompanying data can be found here. Summary results are presented below for people aged 30 and over.

This publication does not include data at a regional level, so there are no results specific to London.

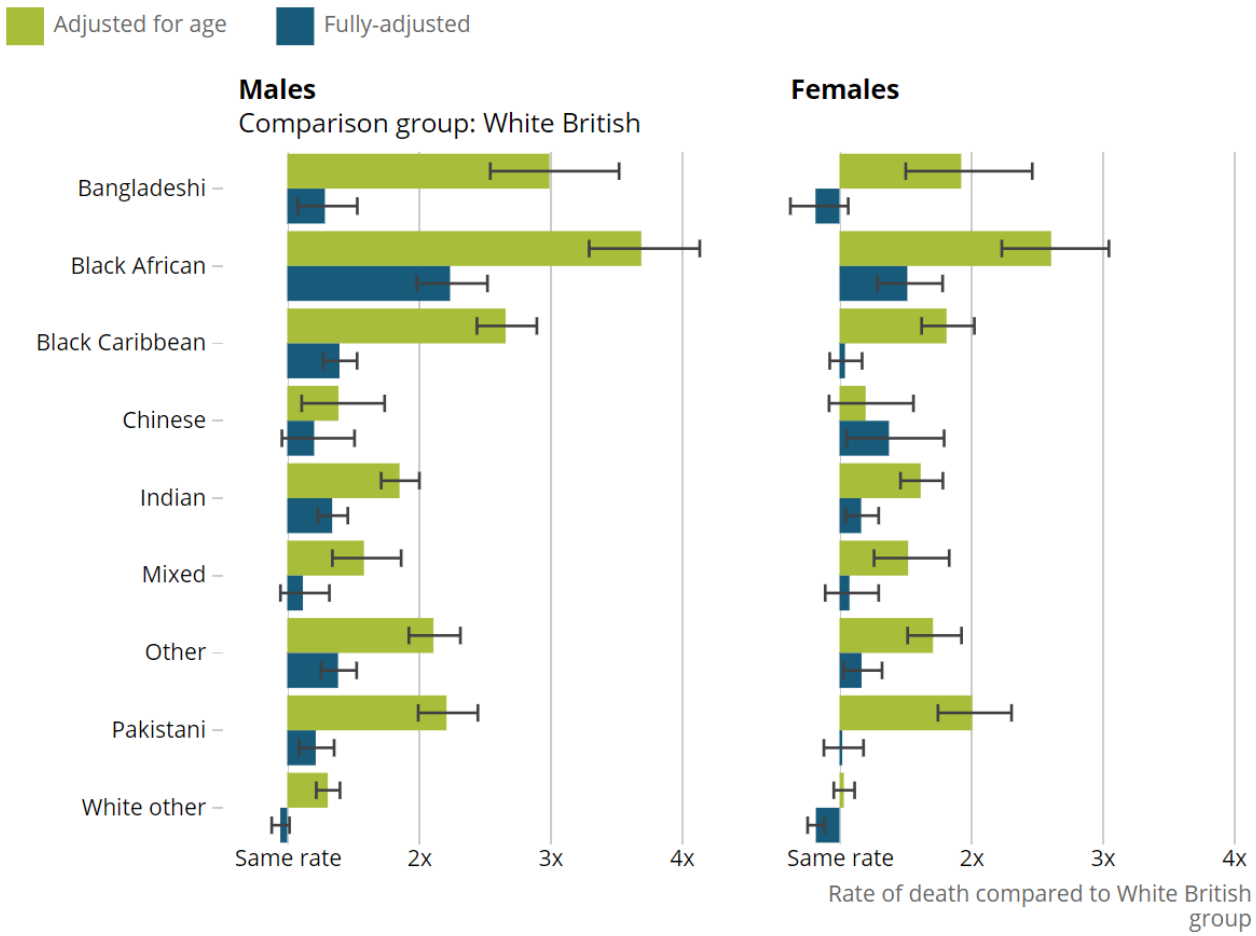
Key Points for England:

- The patterns of excess COVID-19 mortality risk by ethnic group have changed over the course of the pandemic; Bangladeshi and Pakistani groups were particularly at risk during the second wave, whereas the risk to the Black African and Black Caribbean groups relative to the White British population was lower during the second wave than the first.
- When COVID-19 mortality rates were adjusted for age, people from all ethnic minority groups, apart from women in the Chinese or White Other ethnic groups, had higher rates of death involving COVID-19 compared with the White British population during the first wave of the pandemic (defined here as 24 January 2020 to 11 September 2020).
- During the first wave, the age-adjusted rate of death involving COVID-19 was highest for the Black African group (3.7 times greater than for the White British group for males, and 2.6 greater for females).
- In the second wave (12 September 2020 to 31 March 2021), the differences in age-adjusted COVID-19 mortality compared with the White British population increased for people of Bangladeshi and Pakistani ethnic backgrounds and the Bangladeshi group had the highest rates: 5.0 and 4.1 times greater than for White British males and females respectively.
- In the second wave, the Black Caribbean and Black African groups remained at higher risk of death involving COVID-19 compared with the White British group, but this risk was lower than in the first wave.
- Adjusting for location, measures of disadvantage, occupation, living arrangements and pre-existing health conditions accounted for a large proportion of the excess COVID-19 mortality risk in most ethnic minority groups; however, most Black and South Asian groups remained at higher risk than White British people in the second wave even after adjustments.
- Rates during the first wave remained highest among the Black African group (2.2 and 1.5 times greater than for White British males and females respectively) but

some groups (White Other, Mixed and Chinese for males; Bangladeshi, Black Caribbean, Mixed and Pakistani for females) were no longer at greater risk than the White British ethnic group.

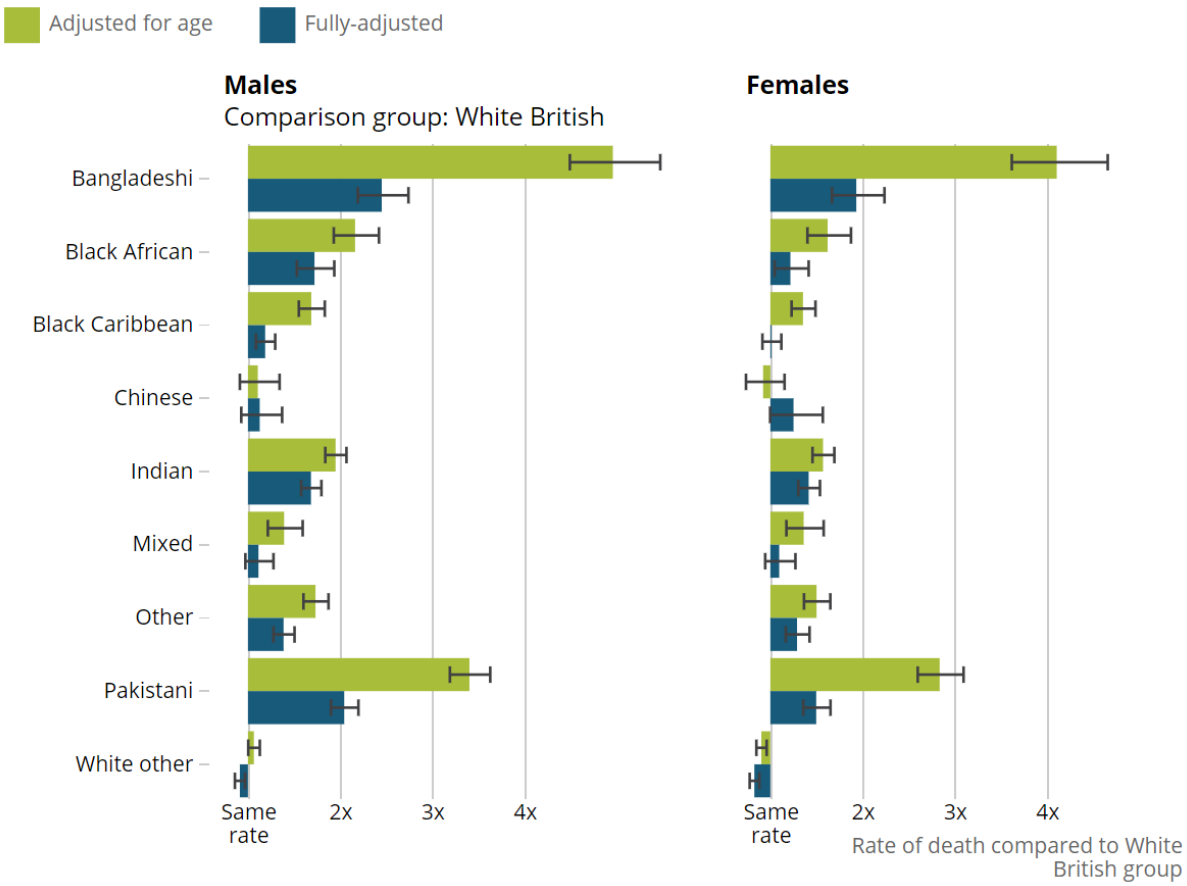
- Fully adjusted rates during the second wave were highest among the Bangladeshi group (2.5 times greater than for the White British group for male and 1.9 for female) and the Chinese, Mixed, White Other and Female Black Caribbean groups experienced a risk level that was similar to or lower than that of the White British group.

Figure 1: Hazard ratios of death involving COVID-19 by ethnic group and sex aged 30 and over, England: 24 January 2020 to 11 September 2020 (first wave).



Source: Office for National Statistics - Updating ethnic contrasts in deaths involving the coronavirus (COVID-19), England: 24 January 2020 to 31 March 2021

Figure 2: Hazard ratios of death involving COVID-19 by ethnic group and sex aged 30 and over, England 12 September 2020 to 31 March 2021 (second wave).



Source: Office for National Statistics - Updating ethnic contrasts in deaths involving the coronavirus (COVID-19), England: 24 January 2020 to 31 March 2021

About the Data:

- This publication presents provisional analyses of deaths occurring in England between 24 January 2020 and 31 March 2021, that were registered by 19 April 2021.
- Estimates for the second wave of the pandemic should be considered provisional because the period of analysis does not encompass all deaths occurring during the second wave, which goes beyond 31 March 2021.
- Data were adjusted to account for differences in residence type (private household, care home, other communal establishments), geography (local authority district and population density), socio-economic factors (deprivation, household composition and occupational exposure) and certain pre-existing health conditions.
- This adjustment was based on the 2011 Census, Hospital Episode Statistics for 2017 to 2019 and the General Practice Extraction Service Data for Pandemic Planning and Research.
- The study population comprised 29.3 million people (aged 30 to 100 years).

- A hazard ratio is a measure of the relative differences in the instantaneous rate of mortality between groups. A hazard ratio greater than 1 indicates the rate of mortality is higher (and less than 1 lower) in the population group under study compared with a reference group.

5. Local Income Deprivation, 2019

This interactive report explores income inequalities between neighbourhoods in 2019 and was published by the Office for National Statistics (ONS) on 24 May 2021. The article looks at levels of income deprivation, which is based on the proportion of people in an area who are out of work or on low earnings.

Overall, there are 32,844 statistical neighbourhoods in England, known as lower-layer super output areas (LSOAs). The report examines the gap between the most and least deprived neighbourhoods in each local authority (LA), to see which have the greatest gaps between the extremes. This gap in income deprivation rates is called the internal disparity.

The full report and data tables can be accessed here.

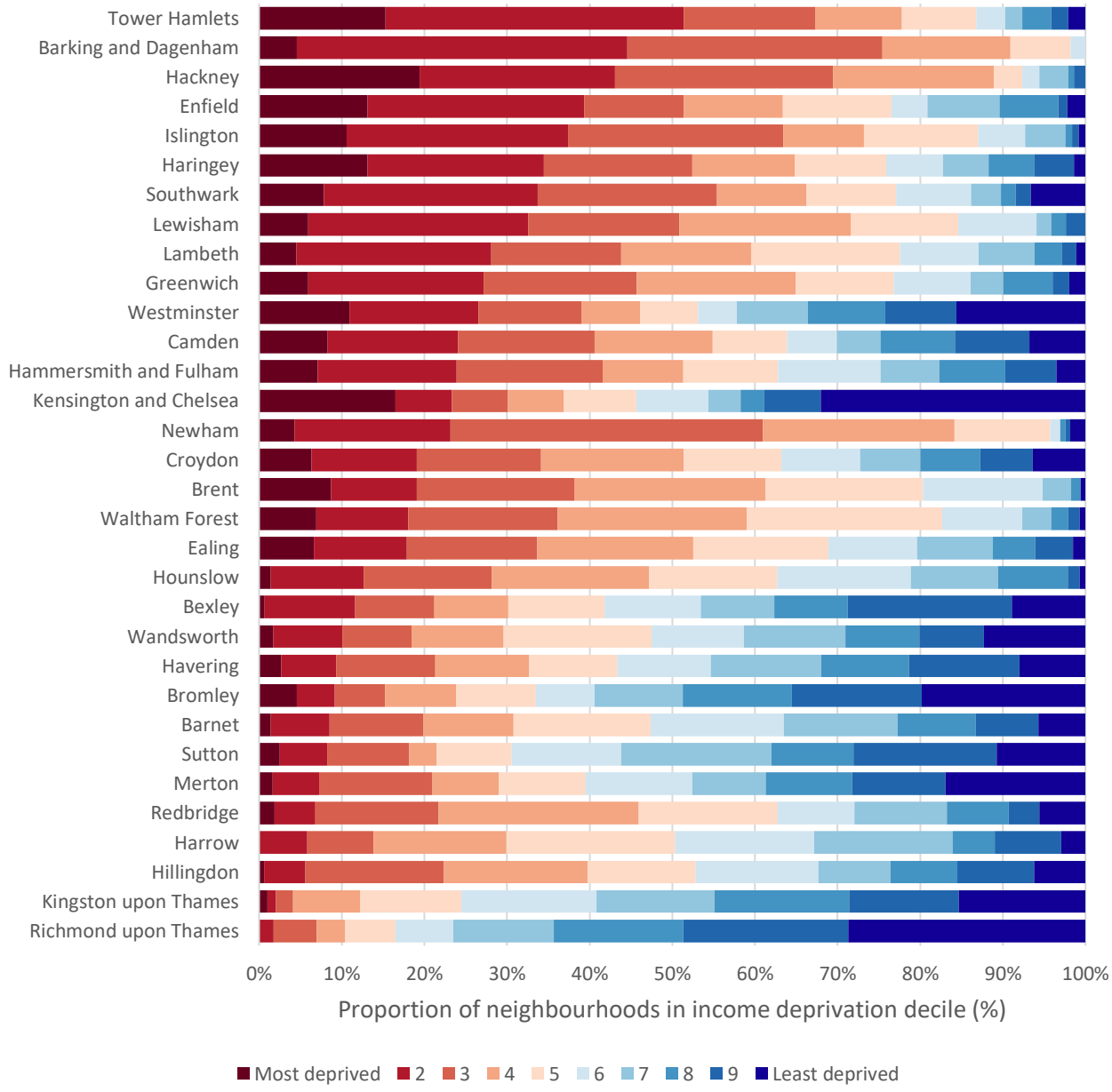
Key Points for London:

- The London LAs with the largest internal disparity between neighbourhoods were: Haringey (41.1%), Croydon (40.1%), Kensington and Chelsea (40.1%), Westminster (39.1%), and Southwark (37.4%).
- The London LAs with the highest proportion of neighbourhoods in the most deprived 10% nationally were: Hackney (19.4%), Kensington and Chelsea (16.5%), Tower Hamlets (15.3%), Enfield (13.1%), and Haringey (13.1%).
- The London LAs with the highest average income deprivation rates were: Hackney (19.6%), Barking and Dagenham (19.4%), Tower Hamlets (19.2%), Islington (17.9%), and Enfield (17.1%).
- When comparing regionally, the median internal disparity score of London's LAs is fourth lowest of all England regions. London has the lowest maximum internal disparity score for its LAs when compared to other regions. The median income deprivation rate for London LAs is fourth highest when compared to other regions.
- Kensington and Chelsea had the highest rate of income deprivation clustering (see explanation of clustering below) in England. This means that there is a clear divide between the areas of high and low income deprivation. Despite having one of the highest average household incomes in England, the north of Kensington and Chelsea has some of the most income-deprived neighbourhoods.
- Generally, the more deprived and more clustered local authorities are urban, although there are some urban areas that have lower income deprivation and low clustering.

Distribution of neighbourhoods across different levels of income deprivation

Each LA has a unique distribution of neighbourhoods across different levels of income deprivation. Figure 1 shows the distribution of these neighbourhoods for London LAs.

Figure 1: London local authorities by % neighbourhood distribution of Income Deprivation Decile

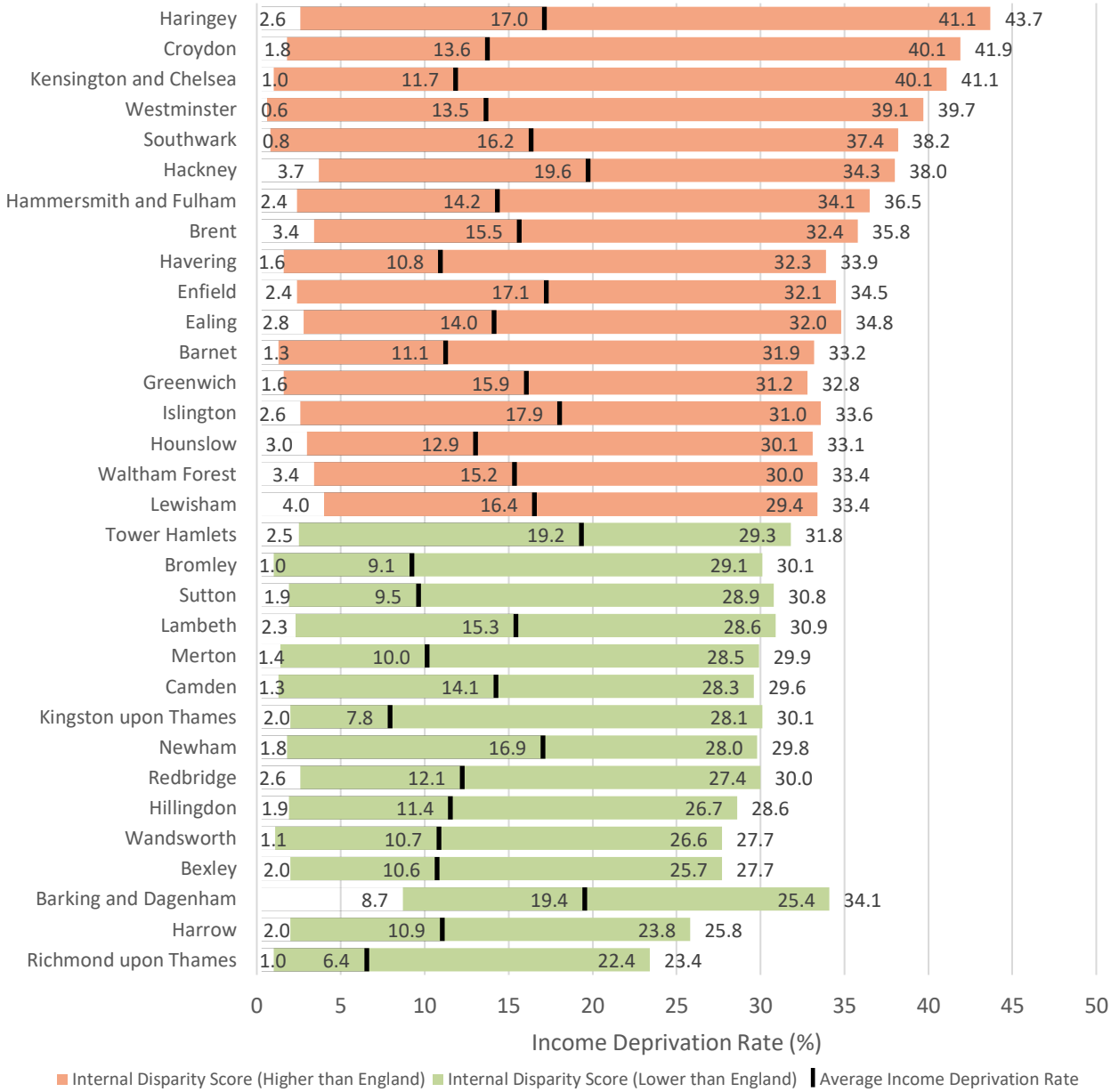


Internal disparity within local authorities

Note that a small internal disparity does not necessarily imply there is no deprivation, it may mean income deprivation is evenly spread throughout the LA, rather than concentrated in a few neighbourhoods.

Ranking LAs by internal disparity shows that it is often LAs with the highest income deprivation that tend to have the greatest internal disparities. See Figure 2 for the ranking of London LAs by internal disparity from largest to smallest.

Figure 2: Internal disparity between the most and least deprived neighbourhoods in each LA, with the LA's average income deprivation rate



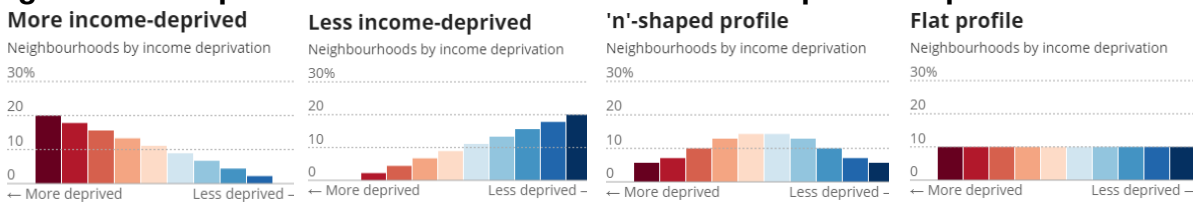
Note

1. The values outside of each bar are the minimum and maximum income deprivation rates of the neighbourhoods within that LA. The score within the bar on the right-hand side is the internal disparity. The black marker and the value to its left indicate the average income deprivation rate of the LA.
2. The internal disparity of the LAs have been compared to the England median internal disparity score of 29.4%. Note this comparison is not statistically significant as confidence intervals were not provided.
3. The London local authorities have been ranked by proportion of LSOAs in the most deprived 20% nationally from high to low.

About the Data

- The main data source for this analysis is the English Indices of Deprivation 2019: available here. The English Indices of Deprivation provide information on the prevalence of multiple types of deprivation in England at the LSOA level, and the local authority level.
- The Income Deprivation Domain measures the proportion of the population in an area experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests). Definition taken from here, section 4.3.1.
- City of London has been excluded from all analyses due to its low neighbourhood count of six.
- **Income deprivation clustering**: one way of looking at inequality in an area is by measuring how inter-mixed the most and least deprived neighbourhoods are. An index called Moran's I can be used to show the extent to which neighbourhoods of the same income level are clustered together. Moran's I is measured from -1 to +1, where +1 is highly clustered and -1 is a completely uniform mix of high and low deprivation neighbourhoods.
- Four income deprivation profiles have been created to group LAs according to the distribution shape that they match most closely (see Figure 3):
    1. More income-deprived profile – LAs that have more neighbourhoods towards the deprived end of the scale. Areas matching this profile are mostly urban areas, such as in Greater London.
    2. Less income-deprived profile – LAs that have more neighbourhoods towards the less deprived end of the scale. Areas in this profile are generally inland areas with a mix of urban and rural characteristics.
    3. 'n'-shaped profile – LAs where more neighbourhoods have close to average levels of income deprivation, typically in mostly rural and coastal areas. A significant number of urban areas in London also fit in this category.
    4. Flat profile – these LAs show a relatively even percentage of neighbourhoods across different levels of income deprivation.

Figure 3: Example distributions of the four income deprivation profiles



Source: Office for National Statistics - Exploring local income deprivation (24 May 2021)

6. Levels of loneliness by local authority in the UK, October 2020 to February 2021

On 7 April 2021 the Office for National Statistics reported on loneliness levels in Great Britain during the coronavirus pandemic. The main purpose of the publication is to identify features of areas across Great Britain that correlate with high levels of loneliness, thus the results refer mainly to Great Britain as a whole, however there are data examining various loneliness and well-being indicators at regional and local authority level. The period studied was 14 October 2020 to 22 February 2021.

The full report and accompanying data can be found here.

Key points:

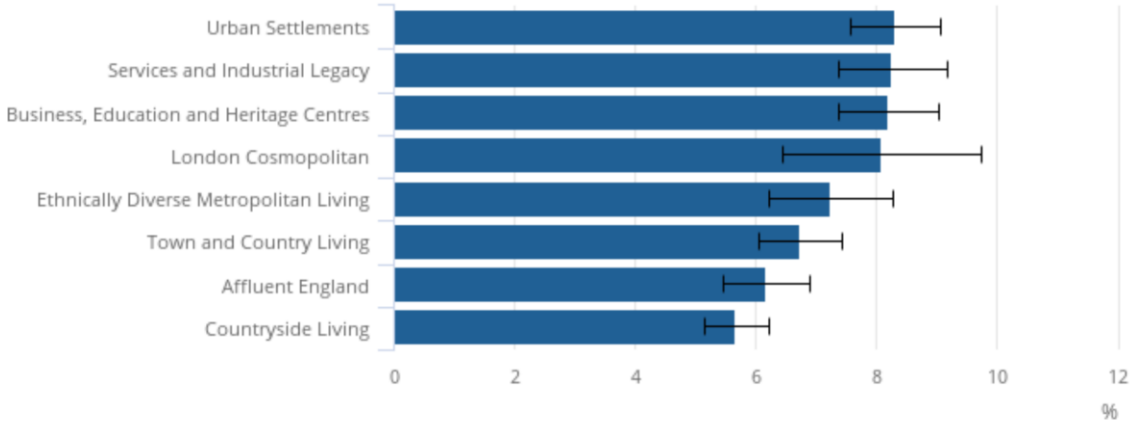
- Levels of loneliness in Great Britain have increased since spring 2020: 5.0% of people reported feeling lonely "often" or "always" between 3 April and 3 May 2020 – that figure rose to 7.2% of the adult population between October 2020 and February 2021. The earlier report does not provide a regional breakdown and thus does not give an indicator of whether and by how much loneliness levels increased in London.
- Areas with strong local businesses and adult education tended to have lower rates of loneliness, and it was found that local authorities in London particularly benefit from this effect.

Percentage of people who "often or always" felt lonely:

- Between October 2020 and February 2021, the percentages of people who "often or always" felt lonely were: 7.31% in London, 7.26% in England and 7.24% in Great Britain. None of these values were statistically significantly higher or lower than any other.
- London had the median value of the English regions for this indicator, and values ranged from 6.51% (East of England) to 8.72% (North East).
- As shown in figure 1, London Cosmopolitan areas saw statistically significantly higher levels of loneliness than countryside areas.
- The value of this indicator was generally higher in areas with younger populations, but this effect was particularly associated with urban areas outside London.
- While it was found that, in general, higher rates of unemployment were linked to higher rates of loneliness, in London there was no clear correlation between these factors.
- Within London, Wandsworth saw the highest value of this indicator at 12.13% and Islington saw the lowest at 3.87%, however, the value for Islington was not statistically significantly lower than that for Wandsworth.

***Figure 1*: Countryside areas reported lower rates of loneliness**

Percentage of people who felt lonely “often” or “always” by local authority supergroup



Source: Office for National Statistics – Opinions and Lifestyle Survey

Percentage of people who felt lonely in the last seven days:

- Between October 2020 and February 2021, the percentages of people who felt lonely in the last seven days were: 40.06% in London, 38.44% in England and 38.59% in Great Britain. None of these values were statistically significantly higher or lower than any other.
- For this indicator, London had the joint second highest value of the English regions (with the North West) and values ranged from 35.74% (East of England) to 40.53% (North East).
- ONS refers to this indicator as “lockdown loneliness”.
- Groups that experienced higher levels of lockdown loneliness were: 16-24-year olds, 25-44-year olds, unmarried people and people living in a single person household. Difficulties with relationships caused by the pandemic and not having anyone to talk to also contributed to high levels of lockdown loneliness.
- Areas with lower crime rates showed lower levels of lockdown loneliness.
- Within London, Westminster saw the highest value of this indicator at 53.73% and Hackney saw the lowest at 28.00%, and the value for Westminster was statistically significantly higher than that for Hackney.

Changes to personal well-being over time:

- Survey participants were asked to evaluate on a scale of 1 to 10 how satisfied they are with their life overall (life satisfaction), whether they feel they have meaning and purpose in life (worthwhile), and about their emotions (happiness and anxiety) during two periods: April 2019 to March 2020 and April 2020 to September 2020.

- London had the lowest average life satisfaction score of any region for both periods and experienced the biggest decrease in life satisfaction during the pandemic.
- London had the lowest average worthwhile score of any region for both periods but experienced the median fall.
- Pre-pandemic London had the second lowest average happiness score of any region, and London had the joint third lowest happiness score in 2020. London experienced the fourth smallest decrease in happiness.
- London had the highest average anxiety levels of all English regions in both periods and experienced the third largest increase in anxiety.
- Anxiety has become more linked to living in crowded places during the pandemic – feeling more anxious has been linked with higher levels of loneliness.
- Higher unemployment in an area was found to be linked to higher average anxiety and poorer life satisfaction. The link between higher levels of unemployment and poorer life satisfaction has become stronger during the pandemic.

About the data:

- ONS recommends that local authorities should not be ranked against each other by loneliness or wellbeing indicators because of small sample sizes and large confidence intervals.
- ONS used data from the Opinions and Lifestyle Survey, the Annual Population Survey and the Centre for Thriving Places in the development of this publication.
- The London Cosmopolitan supergroup consisted of the following London local authorities: Camden, Hackney, Hammersmith and Fulham, Haringey, Islington, Kensington and Chelsea, Lambeth, Southwark, Tower Hamlets and Wandsworth.
- The remaining London local authorities were assigned to supergroups (along with local authorities from other regions) as follows:
- Affluent England: Bromley and Richmond upon Thames
- Business, Education and Heritage Centres: Kingston upon Thames
- Ethnically diverse living: Barking and Dagenham, Barnet, Brent, Croydon, Ealing, Enfield, Greenwich, Harrow, Hillingdon, Hounslow, Lewisham, Merton, Newham, Redbridge and Waltham Forest
- Urban Settlements: Bexley, Havering and Sutton
- Unassigned: Westminster
- Although data pertaining to loneliness were evaluated across Great Britain, data on changes to personal wellbeing indicators were captured across the United Kingdom.

7. National Child Measurement Programme 2019/20

This report summarises the key findings on the National Child Measurement Programme (NCMP) in England for the school year 2019/20, published by NHS Digital on 29 October 2020. It provides high-level analysis of the prevalence of 'underweight', 'healthy weight', 'overweight', 'obese' and 'overweight and obese combined' (excess weight) children, in Reception (aged 4–5 years) and Year 6 (aged 10–11 years). All data in this briefing are based on the ***local authority that submitted the data***.

Impact of Covid-19 on NCMP

In March 2020, schools in England were closed to most children in response to the Covid-19 pandemic. With schools closed and school nursing teams being deployed to support the pandemic response, NCMP measurements could not take place. The impact of school closures varies considerably at Local Authority (LA) level and this is reflected in a reduced number of outputs being presented at LA level and further work undertaken to highlight how complete the data are for each LA.
The full report and data tables can be accessed here

Key Points for London:

Obese

- The proportion of obese Reception children in London slightly decreased to 10.0% in 2019/20 from 10.2% in 2018/19, while the proportion in England increased from 9.7% to 9.9%.
- The proportion of Year 6 children in London who are obese increased to 23.7% in 2019/20 from 23.2% in 2018/19, and was statistically significantly higher than England, which increased from 20.2% to 21.0%.
- In 2019/20 London had the 5th highest obesity rate compared with other regions for Reception children and the 2nd highest obesity rate for Year 6 children.
- In 2019/20 obesity levels in London for Reception children ranged from 5.1% in Richmond upon Thames to 13.9% in Greenwich.
- In 2019/20 obesity levels in London for Year 6 children ranged from 12.0% in Richmond upon Thames to 28.4% in Barking & Dagenham.

Excess weight (including obese)

- The proportion of Reception children with excess weight in London decreased slightly to 21.7% in 2019/20 from 21.8% in 2018/19 and was statistically significantly lower than England, which increased from 22.6% to 23.0%.
- The proportion of Year 6 children with excess weight in London increased to 38.2% in 2019/20 from 37.9% in 2018/19 and was statistically significantly higher than England, which increased from 34.3% to 35.2%.

- In 2019/20 London had the lowest excess weight rate compared with other regions for Reception children and the highest excess weight rate for Year 6 children.
- In 2019/20 excess weight levels in London for Reception children ranged from 16.9% in Haringey to 27.6% in Greenwich.
- In 2019/20 excess weight levels in London for Year 6 children ranged from 23.1% in Richmond upon Thames to 44.3% in Barking & Dagenham.

About the Data, Caveats and Limitations

As a result of the impact of Covid-19 data for Reception children are marked 'Reliable' for 15 London boroughs, 13 boroughs are marked 'Fit for publication but interpret with caution' and 4 boroughs have 'Unreliable, suppressed' data (Enfield, Newham, Sutton, Wandsworth).

For Year 6 children data are marked 'Reliable' for 24 London boroughs, 6 boroughs are marked 'Fit for publication but interpret with caution' and 2 boroughs have 'Unreliable, suppressed' data (Enfield, Wandsworth)

Methodology

As detailed in the Methodology Change Notice (which can be accessed here) the content of the national report of 2019/20 differs to previous publications:

- A large data quality section has been included; detailed work has been undertaken to assess any impacts of a partial year of data on national reporting.
- A reduced set of national data tables and reporting has been included showing Body Mass Index (BMI) classification rates with breakdowns by child age and sex; levels of deprivation and ethnicity. The report also contains comparisons over time where appropriate.
- The anonymised CSV file and guidance document was not be produced for 2019/20.

Figure 1: Child excess weight in Reception and Year 6 in London and England, 2009/10 to 2019/20

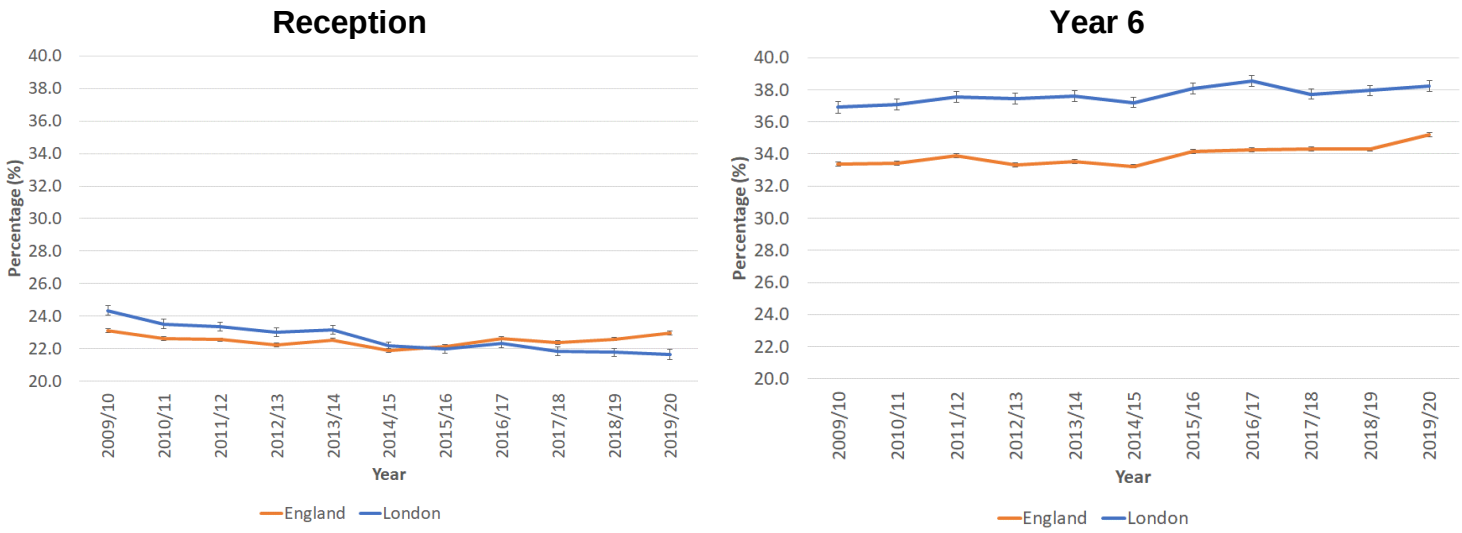


Figure 2: Child excess weight in Reception and Year 6, by London Borough, 2019/20