

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc  
Inquiry into physical activity of children and young people  
Ymateb gan Bwrdd Iechyd Prifysgol Caerdydd a'r Fro  
Response from Cardiff and Vale University Health Board



## **Health, Social Care and Sport Committee call for evidence: Inquiry into physical activity of children and young people**

### **Response from the Cardiff & Vale University Health Board (UHB)**

- 1. What do we know about physical activity levels in children in Wales? How robust is the data on this issue?**
  - 1.1 It is recommended that children and young people should be active for at least 60 minutes each day<sup>1</sup>. Information on levels of physical activity is available from the Welsh Health Survey<sup>2</sup>, the Sport Wales School Sport Survey<sup>3</sup> and the Health Behaviour of School Aged Children Survey<sup>4</sup>. Local reports are also available.
  - 1.2 The Welsh Health Survey presents robust national, health board and local authority level data. In 2016, combined data from 2012-2015, reported that for children aged 4-15 years, 40% in Cardiff, 30% in the Vale of Glamorgan and 38% across Cardiff & Vale UHB area were physically active every day the previous week (all Wales figure 35%).
  - 1.3 The Sport Wales School Sport Survey presents national, health board and local authority level data. In 2015, it was reported that of pupils in Years 3-11, 47% in Cardiff, 52% in the Vale of Glamorgan and 48% of pupils across the Cardiff & Vale UHB were 'hooked on sport' (3 activities per week) (all Wales figure 48%). This survey also reported that, in Cardiff & the Vale of Glamorgan schools, 96 minutes per week of school lesson time is allocated to physical activity; the recommendation is that at least 120 minutes per week of school lesson time be allocated to physical activity<sup>5</sup>.
  - 1.4 The new National Survey for Wales replaced the Welsh Health Survey and the Sport Wales School Sport Survey in 2016. Information on 'Child health lifestyle' was expected during the summer 2017.

<sup>1</sup><https://www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers>

<sup>2</sup> <http://gov.wales/statistics-and-research/welsh-health-survey/?tab=previous&lang=en>

<sup>3</sup><http://sportwales.org.uk/research--policy/surveys-and-statistics/school-sport-survey.aspx>

<sup>4</sup><http://gov.wales/statistics-and-research/health-behaviour-school-aged-children/?lang=en>

<sup>5</sup> <http://gov.wales/topics/health/improvement/physical/active/?lang=en>

- 1.5 The most recent national level results from the Health Behaviour of School Aged Children Survey (2013/14) indicated that only 15% of young people in the study were active for 60 minutes every day. Data from this survey has also previously been analysed to report that the proportion of Welsh children exceeding 2 hours per day of television viewing or computer use increases with age.
- 1.6 A health impact assessment (HIA) of the duration and timing of school lunch-breaks in Cardiff and Vale of Glamorgan maintained schools undertaken in 2016 (unpublished) reported that the length of school lunchtimes, which is vitally important for enabling pupils to eat well and participate in physical activity, has reduced. The HIA found that a fifth of schools across the area provided a lunch break of 30 minutes or less.
- 1.7 There is a lack of information about physical activity levels at local area or community level and during children's formative early years (0 to 4 years). Data by gender and on sedentary behaviour is limited. Analysis and/or presentation of data by ethnicity is unavailable.

## **2. Differences in gender-based attitudes towards, and opportunities for, participation in physical activity in Wales.**

- 2.1 The 2015 Sport Wales School Sport Survey presented some data on attitudes to sport and physical activity, but this did not include any analysis by gender.
- 2.2 There has been an increase locally in availability of sport and physical activity opportunities for women and girls. For example, the Sports Cardiff campaign Girls Together<sup>6</sup> and Communities First activities.

## **3. The extent to which Welsh Government policies are aimed at whole populations and/or particular groups, and what impact that approach has on addressing health inequalities.**

- 3.1 Welsh Government guidance for promoting and increasing physical activity levels and/or participation in sport is outlined in Climbing Higher (2005)<sup>7</sup> and Creating an Active Wales (2009)<sup>8</sup>. Supportive legislation includes the Active Travel (Wales) Act 2013 and the Well-being of Future Generations (2015) Act.
- 3.2 There has been some focus on addressing health inequalities. For example, Climbing Higher made recommendations on increasing physical activity in deprived communities. However, some population level campaigns such as free swim schemes for children have not adopted the principle of proportionate universalism and there is no evidence to demonstrate impact on health inequalities.

<sup>6</sup><https://www.cardiffmet.ac.uk/about/sport/sportcardiff/womenandgirls/Pages/default.aspx>

<sup>7</sup><http://gov.wales/topics/culture-tourism-sport/sportandactive/recreation/climbing-higher/?lang=en>

<sup>8</sup><http://gov.wales/topics/health/improvement/physical/active/?lang=en>

- 3.3 The Welsh Government Communities First Programme was focused in areas of deprivation and a number of local physical activity opportunities were initiated with children and young people. It is likely that the loss of Communities First teams and, in particular the loss of their community knowledge and community development expertise, will reduce delivery of community based physical activity initiatives within areas of deprivation.
- 3.4 Welsh Government Education and Skills Policy<sup>9</sup> addresses physical literacy within the school curriculum. Guidance could go further in making recommendations on the amount of school lesson time allocated to physical activity per week (at least 120mins), on the length and timing of school lunchtimes, on the design of new schools to facilitate being active and access by walking and cycling, and on the implementation of school travel plans. These actions require focus in areas of deprivation.
- 3.5 Welsh Government Planning Policy<sup>10</sup> provides guidance on the inclusion and positioning of schools within new developments, together with recommending access by sustainable travel modes; this explicit inclusion of sustainable travel modes is welcome.
- 3.6 The Public Health (Wales) Act 2017 will strengthen the existing role of health impact assessments (HIA) and their contribution to addressing health inequalities and increasing physical activity levels.

#### **4. Barriers to increasing the levels of physical activity among children in Wales, and examples of good practice in achieving increases in physical activity, and in engagement with hard to reach groups, within Wales, the UK and internationally**

- 4.1 Within the school setting, the time allocated to physical activity, the reduction in length of school lunch breaks and the limited promotion of active travel options have acted as barriers to increasing the levels of physical activity. Additionally, the loss of PESS coordinators has resulted in a loss of expertise in delivering projects and training teaching staff to provide structured physical activity sessions.
- 4.2 Increasing opportunities for sedentary behaviour impact on physical activity levels. Changes in society, motorised transportation and technological advances with the creation and widespread availability of televisions, computers and smart phones have resulted in the population becoming more sedentary and less active. Further focus on reducing sedentary behaviour across policy areas, including within schools, would be of benefit.
- 4.3 Environmental inequalities contribute to health inequalities<sup>11</sup>; children and young people living in the most deprived communities are more exposed to environmental conditions (for example, air pollution, living near major roads, limited access to open spaces) which negatively affect health and limits

<sup>9</sup> <http://gov.wales/topics/educationandskills/?lang=en>

<sup>10</sup> <http://gov.wales/topics/planning/policy/ppw/?lang=en>

<sup>11</sup> <http://www.instituteofhealthequity.org/resources-reports/the-marmot-review-implications-for-spacial-planning>

physical activity levels. Access to green spaces for play, restricted traffic speed within communities and residential areas, interconnectivity between communities to support walking and cycling, and improving air quality support communities to be active. Further focus on these issues to address environmental barriers would be beneficial.

- 4.4 The Cardiff led and recently Welsh Government funded initiative, the School Holiday Enrichment Programme<sup>12</sup> is an example of best practice. It provides physical activity opportunities and the provision of food for children in areas of deprivation during school holidays. This scheme is currently available to a small number of schools.
- 4.5 The implementation of the Daily Mile<sup>13</sup> initiative across Wales is an example of good practice in addressing barriers to being active.

## **5. Physical activity guidelines and how we benchmark physical fitness in children**

- 5.1 Wales works to the UK Chief Medical Officers' guidelines for Physical Activity<sup>14</sup>. Additional guidelines are provided by the National Institute for Health and Care Excellence<sup>15 16</sup>

## **6. Measurement, evaluation and effectiveness of the Welsh Government's programmes and schemes aimed at promoting physical activity of children.**

- 6.1 Currently very limited evidence is available regarding the effectiveness of Welsh Government or other publicly or lottery funded, programmes on physical activity.

## **7. Value for money of Welsh Government spending to promote exercise in children.**

- 7.1 Whole of school programmes have been identified as effective investments for increasing physical activity<sup>17</sup>, and the Transforming Health Improvement Review<sup>18</sup> identified 'multi component school based programmes' as being effective in increasing levels of physical activity.
- 7.2 Improvements to the infrastructure to promote walking and cycling and access to green open spaces to encourage play would positively influence physical activity levels.

## **8. The role of schools, parents and peers in encouraging physical activity, and the role of Sport Wales, NHS Wales and Public Health Wales in improving levels of physical activity.**

<sup>12</sup> <http://wlga.wales/food-and-fun>

<sup>13</sup> <http://thedailymile.cymru>

<sup>14</sup> <https://www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers>

<sup>15</sup> <https://www.nice.org.uk/guidance/ph17>

<sup>16</sup> <https://www.nice.org.uk/guidance/ph8>

<sup>17</sup> <http://www.globalpa.org.uk/pdf/investments-work.pdf>

<sup>18</sup> <http://howis.wales.nhs.uk/sitesplus/888/page/62859>

- 8.1 To increase physical activity and reduce sedentary behaviour levels requires a partnership approach across sectors and the adoption of the ways of working of the Well-being of Future Generations Act.
- 8.2 Much evidence exists on best practice in promoting physical activity. There is a leadership role here for Public Health Wales to disseminate the evidence and work with others to implement and monitor interventions. Supporting others to undertake health impact assessments of policies and plans could be an element of this role.
- 8.3 NHS Wales has the potential to support children and young people be more active through ensuring it's premises are accessible by walking and cycling, staff are trained to have healthy chats (Making Every Contact Count) with patients and their parents and promote formal and informal play, and primary care teams develop and deliver physical activity interventions as part of their cluster plans.
- 8.4 Local authorities have a key role in encouraging physical activity within schools, through the delivery of physical activity opportunities in leisure centres, the provision of infrastructure for walking and cycling and the implementation of sustainable transport policies. Undertaking health impact assessments of local development plans, with support from public health teams, would ensure that health and well-being aspects, including physical activity, are maximised. The work in Cardiff between the council, health board and public health team illustrates good practice; the adopted local development plan includes policies on health and healthy living and a Planning for Health and Well-being Supplementary Planning Guidance is in development.
- 8.5 Schools have an important leadership role in supporting active travel to school, facilitating and promoting informal physical activity during the school day, implementing interventions to reduce sedentary behaviour and providing the recommended amount of time for PE lessons, for example. The Welsh Network of Healthy Schools Scheme, co-ordinated by Public Health Wales and delivered locally, advises and supports schools to increase physical activity levels. Further support to schools to implement multi-component interventions would be beneficial.
- 8.6 Parents have an important role in encouraging children to be active, especially adolescents, in particular.

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