

PACYP 31

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Inquiry into physical activity of children and young people

Ymateb gan Y Gymdeithas Feddygol Brydeinig

Response from the British Medical Association

BMA

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Physical activity of children and young people

Inquiry by the National Assembly for Wales Health, Social Care and Sport Committee

Response from BMA Cymru Wales

15 September 2017

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the inquiry into physical activity of children and young people by the National Assembly for Wales Health, Social Care and Sport Committee.

The British Medical Association (BMA) is an independent professional association and trade union representing doctors and medical students from all branches of medicine all over the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 160,000, which continues to grow every year. BMA Cymru Wales represents over 7,500 members in Wales from every branch of the medical profession.

RESPONSE

BMA Cymru Wales welcomes the opportunity to submit evidence to this inquiry as we recognise the clear importance of promoting greater physical activity amongst children and young people in Wales, as well as amongst the population as a whole.

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Listed as a Trade Union under the Trade Union and Labour Relations Act 1974.

In our manifesto produced ahead of the 2016 elections to the National Assembly, *What about health?*,¹ we identified that the need to safeguard against the damaging effects of physical inactivity and poor diet should, in our view, be amongst the priorities the Welsh Government seeks to address during the current Assembly term. We noted that being overweight and physically inactive gives individuals an increased risk of a wide range of serious life threatening and chronic diseases. We also pointed out that treating obesity brings substantial health and social care costs, but yet it is largely preventable.

Amongst the actions we called upon the Welsh Government to take to address these concerns, was to ensure there are sufficient and convenient opportunities for sport and exercise. This must clearly involve ensuring such opportunities are available to children and young people in Wales, as well as promoting the benefits of physical activity.

In relation to the issues which the committee has highlighted in the terms of reference for this inquiry, we would respond as outlined below. Additional views may be found in relevant past publications by the BMA's *Board of Science* which are available on the [BMA website](#), and which include *Preventing childhood obesity* (2005),² *Healthy transport = Healthy lives* (2012)³ and *Growing up in the UK – Ensuring a health future for our children* (2013).⁴

What do we know about physical activity levels in children in Wales? How robust is the data on this issue?

In relation to what we know about physical activity levels amongst children in Wales, we would suggest that there is a need for more data on this to be routinely collected. As a result of data obtained from the child measurement programme, we do have access to information about the prevalence and extent of obesity amongst this age group, but this does not specifically tell us about levels of physical activity, and its robustness may also be impacted upon by the fact that a proportion of the children eligible to take part in this programme are opted out by their parents.

Given that even a modest excess intake of calories requires a significant level of exercise to burn them off, it would therefore seem sensible have a more direct measure of physical activity in children. One such suggestion could be to record how often children walk to and from school. This might serve as a good indicator for habits later in life. We would note that by encouraging children to exercise more, this could help engender more positive participation through into adulthood.

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

We believe that every effort should be made to move away from stereotypical views that are associated with dividing certain sports and activities along gender lines. In our view, every effort should be made to ensure that, irrespective of gender, every child and young person has access to their preferred sport or activity – whatever that may be – and that as individuals they receive encouragement to take part and pursue that activity. We should recognise that different approaches may have to be taken to encourage different individuals of the same gender to undertake more physical activity, rather than seeing a willingness to participate as something that may be gender-specific. Additionally, we should recognise

¹ BMA Cymru Wales (2016) *What about health?: Three steps to a healthier nation*. Available at: <https://www.bma.org.uk/collective-voice/influence/uk-governments/welsh-assembly/how-we-work-with-the-welsh-assembly>

² BMA Board of Science (2005). *Preventing childhood obesity*. Available at: http://bmaopac.hosted.exlibrisgroup.com/exlibris/aleph/a23_1/apache_media/G8RN2M79LBTYDGG5YAH6LLBN78F5G1.pdf

³ BMA Board of Science (2012). *Healthy transport = Healthy lives*. Available at: http://bmaopac.hosted.exlibrisgroup.com/exlibris/aleph/a23_1/apache_media/FNCP4QA4AA6SGHD7LT78N865L885VT.pdf

⁴ BMA Board of Science (2013). *Growing up in the UK – Ensuring a health future for our children*. Available at: http://bmaopac.hosted.exlibrisgroup.com/exlibris/aleph/a23_1/apache_media/5BHGI2CPEIGNRJXM8TV5AR58BGD252.pdf

that the health benefits of increased participation in sport and other types of physical activity clearly apply to all, regardless of gender.

In our view, we should seek to build upon recent national successes by sportsmen and women across a number of sporting fields which in the past might have been more traditionally associated with one gender or another. Though there may be a long way to go in normalising non-gender defined activities and sports, it is becoming easier to identify role models in many sports who can demonstrate how far we have come to date in this regard.

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.

We would perceive that both approaches have a role to play in promoting increased levels of physical activity. An approach that is aimed at whole populations may well be required in order to bring about a sufficient change in attitude towards taking part in physical activity and making it an accepted and normalised part of everyday life.

A population-based approach could, however, vary in the way it is delivered at local level to take on board local wants and needs in order to enhance the likelihood of its success. Rural areas for instance offer different opportunities and challenges to areas that are more urban in nature, e.g. in access to sport facilities and clubs, green open spaces etc. It is therefore important that a plethora of opportunities is made available, as not every child or young person (or adult for that matter) might want to take part in team sports for instance.

We should also recognise the need to ensure that health promotion activities are delivered in a way that may be culturally relevant to those populations at which they are aimed, including with respect to both social class and ethnicity. Studies have indicated, for instance, that there can be different levels of participation in physical activity between populations from different ethnic backgrounds.⁵

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.

There are undoubtedly many barriers which can impact on our ability to increase physical activity amongst children in Wales. Traffic volumes, for instance, can operate as a barrier to safe outdoor play, and this is something that can clearly vary according to locality. We support greater use of 20 mph speed limits (including on 'walk to school routes'), the protection of community open spaces and school playing fields, and more extensive use of living streets to help promote physical activity.

Children from low socio-economic backgrounds may also face barriers through lesser access to safe places to play within their neighbourhood, as well as a lack of access to physical activities, clubs and youth centres outside of school. This may also be coupled with a shortage of funds to enable them to participate in such activities.

Constraints in public funding in the current economic climate may also have impacted by leading to the closure of sporting and leisure facilities and reductions in the subsidies that have previously been provided, e.g. by local authorities, to help make such facilities both financially viable and affordable for those seeking to use them. This lack of funding may be further compounded in future by the financial impact of Britain leaving the European Union, e.g. from potentially reduced economic growth, as well as from loss of access to targeted European funding initiatives.

⁵ Hayes, L. et al (2002). *Patterns of physical activity and relationship with risk markers for cardiovascular disease and diabetes in Indian, Pakistani, Bangladeshi and European adults in a UK population*. J Public Health Med, 24(3), 170-8

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

We believe that there is certainly a case for improved data collection to help measure and evaluate the effectiveness of Welsh Government interventions to promote increased physical activity in children. One suggestion is that data could be collected regarding participation by age in sports clubs. A further suggestion might be to commission a children's health survey which includes validated questions on the number of hours of physical activity undertaken per week.

We have previously expressed concern that the Welsh Government has not included sufficient indicators covering physical health and levels of obesity within two different key national indicator sets. In relation to the indicator set put forward for the purposes of measuring progress against the seven well-being goals defined in the *Well-being of Future Generations (Wales) Act 2015*, we raised concern last year that there did not appear to have been sufficient consideration given to including measures that can identify progress that may have been made towards tackling obesity.

We subsequently expressed similar concerns in relation to the indicator set proposed within the *Public Health Outcomes Framework for Wales*, noting that not enough thought appeared to have been given to how we can better measure the impact of the multi-sectoral cross-cutting action that is required to tackle obesity. Additionally, we questioned why it was only being proposed to have an indicator for physical health that relates to adults, suggesting that an indicator relating to physical health in children should also be included.

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

Provided money used for promoting exercise is spent in the right places and in the right manner, then we believe it should certainly be able to demonstrate value for money by leading in turn to a reduction in obesity. There is a clear link between the growing prevalence of obesity within the population as a whole and conditions such as heart disease, stroke, diabetes and certain cancers. Provided expenditure aimed at promoting increased exercise is successful in achieving its aim, then we would hope that value for money will in time be demonstrated by a reduction in obesity levels, leading in turn to a reduction in associated health conditions later in life and the associated costs to the NHS of treating those conditions.

We do not therefore believe that the principle of spending to promote exercise in children should be questioned per se. Where we would suggest there may be a need to demonstrate value for money, however, is in assessing the effectiveness of such spending in achieving greater levels of physical activity. Our views on the effectiveness of such evaluation is covered in our response to the previous question.

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.

As we have previously touched upon, a lack of sufficient physical inactivity contributes to obesity and organisations such as Sport Wales, NHS Wales and Public Health Wales, as well as schools, parents and peers, clearly all have a role to play in improving levels of physical activity. Promoting increased physical activity levels, and the wider issue of tackling obesity, is something that undoubtedly requires a multi-sectoral and cross-cutting approach and in that regard should be seen as something for a number of organisations and individuals to address. We would also suggest that addressing physical activity should not be seen in isolation from other initiatives aimed at improving health and tackling obesity, such as promoting healthier eating. We therefore recognise the need for a systems thinking approach.

The teaching of physical education and sports within schools is something we see as particularly important. The BMA therefore supports the maintenance of mandatory physical education within the school curriculum, although we would recognise that traditional approaches to physical education and the teaching of physical activities may need refreshing. Many schools, for instance, have adopted the 'daily mile', and we should suggest that consideration should be given to introducing a minimum weekly

target for all students up to the age of 16. We would also reiterate our previous call for a halt to the selling off of school playing fields.

Encouraging participation in competitive team sports through schools is also something that we see as beneficial, and there is perhaps more scope for sporting bodies in Wales to work with schools in promoting such participation. We should also recognise, however, that many individuals prefer other non-team, perhaps less competitive, based activity – therefore a mixed-option model is needed.

Welsh Government policy clearly also has a role to play, as does the impact of legislation such as the *Active Travel (Wales) Act 2013*, the previously referred to *Well-being of Future Generations (Wales) Act 2015* and the more recent *Public Health (Wales) Act 2017*. Assessing the impact of the *Active Travel (Wales) Act 2013* is something that should be undertaken in due course to establish what opportunities it is in fact providing for people to undertake travel by more active means.

The *Public Health (Wales) Act 2017* also provides new opportunities to promote the introduction of measures that can help increase physical activity, including amongst children and young people. These include the new requirement for a national obesity strategy, and the introduction of the new statutory requirement to undertake Health Impact Assessments (HIAs) of key policies, plans and programmes. We look forward to seeing the detail of the regulations that will be introduced to take these aspects of the Act forward and will be looking to see that they are sufficiently robust to deliver a tangible difference in outcomes, including by promoting initiatives that will provide greater opportunities for an increase in the levels of physical activity.