



## Select Committee on COVID-19

### Corrected oral evidence: Living online: the long-term impact on well-being

Tuesday 1 December 2020

10 am

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Members present: Baroness Lane-Fox of Soho (The Chair); Lord Alderdice; Baroness Benjamin; Baroness Chisholm of Owlpen; Lord Duncan of Springbank; Lord Hain; Lord Harris of Haringey; Baroness Jay of Paddington; Baroness Morgan of Cotes; Lord Pickles; Baroness Young of Hornsey.

Evidence Session No. 4

Virtual Proceeding

Questions 37 - 48

#### Witnesses

I: Tim Copley, Director of Insight, Technology and Data, London Sport; Dr Charlie Foster, Reader in Physical Activity and Public Health, University of Bristol; Dr Sally Fowler-Davis, Associate Professor, Advanced Wellbeing Research Centre; and Joe Lyons, CEO, West Ham United Foundation.

## Examination of witnesses

Tim Copley, Dr Charlie Foster, Dr Sally Fowler-Davis and Joe Lyons.

Q37 **The Chair:** Good morning. Welcome to the House of Lords COVID-19 Committee. I am Martha, Chair of the meeting. I have with me my colleagues on the Committee and the four witnesses giving evidence this morning.

I remind people that we are being recorded and that a transcript will be available. It would be very helpful if people remained on mute when not speaking. We have assigned questions to individual Members, but if anyone wants to come in at a particular moment please wave, or use the "raise hand" function under "chat", and I will try to bring them in. Witnesses should also feel free to raise their hands if they would like to speak and I have not come to them.

We will try to direct our questions to particular individuals to be more efficient. We have just over 90 minutes for this session, so I remind everybody to try to keep answers brief and to the point. There is a lot to cover in this hugely complex and interwoven subject, but we will do our best to do it justice with our experts.

To set the scene, as people will be aware, this Committee was set up in the summer to look at the long-term implications of Covid. I re-emphasise that we are trying to unpick the long-term implications. It has been hard to get people's minds away from the current challenges to think about what the two-year to five-year effects will be, but it is immensely helpful if our witnesses and Members try to think about that longer-term horizon. We are not doing a post-mortem of the current situation, or an inquiry about what is happening right now. We are trying to think about the long-term structural impacts, looking particularly at the economic and social well-being of our country through the lens of digitisation.

We did some work earlier this year asking experts and members of the public what they believed the long-term implications of this pandemic would be. There were no huge surprises, but a very rich database of evidence was given to us. One theme that came out very clearly was digitisation and people's relationship to technology. We felt it important to look at this fundamental building block and see what we think the effect of Covid has been on this rapid digitisation and therefore on economic and social well-being.

We are looking at lots of different aspects of economic and social well-being, but one very important plank is clearly physical health. Last week, we had a set of witnesses looking at health and health services, so we are interested in talking to you a bit more broadly about our physical health. We thank all witnesses very much for coming today.

We will start by everybody introducing themselves. We have seen what you have submitted and the evidence people have given, so there is no need to give too much detail, but if you can say who you are and where you come from, that will be immensely helpful in putting names to faces.

**Dr Sally Fowler-Davis:** I am associate professor for organisation in health and care. I lead the portfolio of research at the Advanced Wellbeing Research Centre at Sheffield Hallam University.

**Dr Charlie Foster:** I am professor of physical activity and public health at the University of Bristol, where I run a centre for exercise, nutrition and health sciences. I am also an adviser to the UK's four chief medical officers on physical activity and exercise. Last year, I led on the UK physical activity guidelines, of which I am sure you will all be very aware.

**The Chair:** We are now, as they were in our reading list.

**Tim Copley:** I am from London Sport. I am the director of Insight, Technology and Data, and I oversee that area. London Sport is an organisation to get more people physically active.

**Joe Lyons:** I am Joe Lyons, chief executive of West Ham United Foundation. As the charity of the football club, we deliver most of our work in and around east London and Essex. I am delighted to be here today.

Q38 **The Chair:** I would like to start with a broad question to all of you. I would be interested in your views on how the pandemic has affected levels of physical health and activity.

**Joe Lyons:** In terms of the literature we would have sent through, a lot of our work is based on programmes. Currently, we have about 40 programmes that we deliver across the areas in which we work. The vast majority of them are based in schools and linked to gyms. They are very much grass-roots-based community activities.

Obviously, we saw a big impact on access the minute the country was locked down. That impact predominantly affected young people of school age with whom we engage, people with disabilities, the elderly and older communities, who really struggled to take part in any of this, because it is led by others. That was a real concern for us early in March when we realised that the vast majority of the people we engage with suddenly would not be able to access anything we currently deliver.

Like many other delivery partners on the ground, we would have ensured that our priority, once the dust settled on about 17 March, was to look at our programmes in detail to see how we could still engage with our participants. This was not easy, because we were starting from scratch in a lot of these areas. When schools were being closed down, for example, their priority was engaging not with third parties but with their students and trying to get them online services.

While we saw online activities such as Joe Wicks, whom we all grew to love or hate depending on what we were doing at 9.30 in the morning, it was very much a case of looking at how we could engage.

In the literature we sent out there are lots of examples of things like virtual sports days, virtual holiday schemes and soccer schools. We had

an unbelievable response, purely because we are used to dealing with perhaps 10 or 15 schools per borough, or slightly more on a rolling basis, whereas as soon as you open up your virtual platform you realise that many football clubs in the country—I will not talk about West Ham in particular—have a lot of fans already engaged online, be it Facebook or social media. This was a huge audience that we had never identified as a way to engage people. For example, either one of our sports days or virtual soccer schemes in one of the half-terms had in the region of 10,000 sign-ups. You would never be able to engage 10,000 people by going into schools.

**The Chair:** Do you think that will last in the longer term? Looking two to five years ahead, do you think that shift is now hardwired?

**Joe Lyons:** Absolutely. The programmes that were able to survive in September and ride the second lockdown are the ones we have balanced with engagement. In the long term, we have seen an impact and increased level of engagement—for example, with our Any Old Irons programme working with our over-65s community, who can access us a lot more than they did previously.

In answer to your question, we will be using digital and virtual ways of engagement a lot more in our future programmes.

**Dr Charlie Foster:** Four groups were disproportionately affected by the lockdown: disabled adults; the over-70s; folks with long-term conditions; and ethnic minorities, in particular those who lost their jobs because their occupational physical activity went. Bear in mind that activity is made up of lots of different types of movement. There is movement you undertake at work, school and home, and movement you choose to do for fun—sport and recreation. Those outlets, as Joe very eloquently said, were lost.

The Active Lives survey is a good barometer of what has happened, and whether those losses, estimated to be about 3 million, will be sustained. We are not sure, but we suspect there will be a long-term impact from the lack of physical activity, because it is not just about heart health but about muscular health, mental health, stress, strain and resilience.

**The Chair:** We will come in more detail to the very important point about different groups and how they have been affected.

**Tim Copley:** I think men were impacted disproportionately more than women, which is quite interesting. We also saw a slight increase in cycling, running and walking, perhaps not surprisingly, for all the reasons Joe and Charlie gave.

On your question about the longer term, we operate a physical activity search finder and quickly changed that to be able to search for online activity, live feeds and on-demand activity programmes. That will stay. You can now search for online as well as non-digital activity once we come out of the lockdown.

**Dr Sally Fowler-Davis:** It is important to recognise that about a third of people have become more active during the lockdown. That is very interesting. It has perhaps been motivated by the opportunity to meet friends outdoors and to make greater use of outdoor spaces, and because some people have a little more time on their hands. They have lost their commute; they are not travelling to work, so they use their local communities and neighbourhoods more and are keen to get out.

However, according to the Age UK report I referenced, that is only one third of people. Our concern has to be particularly about the older and disabled and those who have been shielding, who are at risk of serious de-conditioning during this phase. Just being unsteady on your feet can happen over a very short time and lead to all kinds of negative health consequences, not least depression and isolation.

We are going with the idea that about a third of people are more active, a third are less active and a third stay about the same. It is important to focus on the group who have been digitally excluded. If you are alone at home and do not have sufficient access to wi-fi and hardware, you have not had the opportunity to do Joe Wicks.

**The Chair:** On the torment of Joe Wicks, you would perhaps have enjoyed the sight of my two four year-olds attempting to bash Joe Wicks on the nose through the computer screen.

I want to drill down on the point Charlie raised about particular groups and their relationship to physical activity. If you have anything to add about any of the groups you mentioned by age, race and so on, I would be interested in understanding that and to hear more detail, focusing on the longer-term view of whether there will be long-term impacts on the physical activity or health of particular groups because of this period of time and the relationship to digital.

**Dr Charlie Foster:** On the data we have now, I cannot see any particular reason why this will necessarily change very quickly. Everyone is readjusting to new ways of living, and in turn that breaks old habits and starts new ones. I suspect there will be a big uptick in sports participation once the brakes are taken off lockdown. We certainly saw that in the first "brakes off" in the summertime.

In terms of long-term sustainable physical activity, we will see the inequalities in inactivity become bigger if we do not do something about it. I am very concerned about that, and I know the chief medical officers are too. The groups we talked about already are the ones who are most vulnerable. The folk who are more active probably already had agency to do that. I suspect they were becoming more active, so the gap will get bigger. That is what concerns me.

**The Chair:** Will you give us one more bit of detail about a group that you think is particularly adversely affected? That would be helpful.

**Dr Charlie Foster:** I would certainly go for older adults who were shielding. They were unable to maintain social contact and do the social activities that also keep them fit, healthy and mentally alert. They were particularly prone to becoming de-conditioned, as Sally has just pointed out. That immediately causes acute problems in the risk of falls, loss of balance and poor mental health. We are social animals; we like to be with other people, and being unable to be active and activate with others is a real issue.

I do not know about participation rates in digital interventions for this group, but it would be worth exploring in future.

**Dr Sally Fowler-Davis:** We have done some work to overlay the incidence of Covid with the indices of multiple deprivation. Looking at people in certain postcodes from more deprived communities who are often more isolated, or at risk of isolation, and possibly living at home, there is a dramatic difference in relation to their opportunity to access the systems and services associated with drawing people into physical activity.

We perhaps could do better and more in genuinely prescribing physical activity at a person-centred level. What people get as advice and guidance is very varied. I think we could be slightly less ambivalent about that and offer that more uniformly across health systems. We call it "making every contact count"—engaging everyone across the health system and perhaps joining those up so that people in more disadvantaged communities get the same advice, guidance and access to environmental support for physical activity.

**Joe Lyons:** Sally makes a really good point about prescribing health. In the papers we submitted, one of the programmes we deliver is in Newham, which is a highly populated London borough. It also has a huge issue with pre-diabetes. Our community prescription programme, which is commissioned by the CCG and the London Borough of Newham, specifically targets people with pre-diabetes in areas such as Manor Park, where, staggeringly, thousands of people are walking around unknowingly with pre-diabetes.

There is community prescription or, under the wider umbrella, social prescribing. Looking at the data and evidence behind it, we see that a number of providers now have this. For example, we have over five years of data based on the programme we delivered in Newham.

Look at the money spent versus what is saved in stopping communities who may, throughout Covid, be living a more sedentary life. They have greater risks of pre-diabetes and type 2 diabetes. These are the things to look at in a long-term strategy. We partner institutions such as the National Academy for Social Prescribing. Those institutions are looking at models up and down the country. That is where you would be able to home in on certain communities on certain issues they might face.

**The Chair:** That is really interesting. I would love to come back to that

and look in more detail at how the digital part might facilitate some of the ideas you are raising.

**Q39 Lord Harris of Haringey:** This has been extremely interesting. My questions are probably targeted specifically at Dr Fowler-Davis and Dr Foster, but others may comment.

We have talked about the people who are being less physically active. The obvious question for us is: how do you get them to revert at least to the level of physical activity they had before?

Seven years ago, I chaired the Lords Committee on the Olympic legacy. We found that, despite very substantial expenditure in trying to produce a step change in physical activity in the general population, it did not really happen as a result of the Olympics. What will we have to do this time to get those people back into physical activity?

**Dr Sally Fowler-Davis:** I am pleased to be able to answer that question. In organisational science we talk a lot about push and pull. Most of our initiatives associated with physical activity are what I would call push initiatives. Social prescribing is one of those, encouraging and nudging people into accessing their community or doing a little more.

What is missing is a much more joined-up approach and reducing the systems barriers to enable people to access the outdoors and a lot of the spaces they would use to be more physically active indoors and outdoors. I think you can do it for indoor activity, too, but for the time being we need to join up our resources across local authorities, sports facilities and healthcare and start to create safe, engaging places where people want to go out and feel that they can be more active without knowing it. Therefore, it becomes a pull. We are social and want to build our confidence, develop and learn new skills, all of which you can do through sports and physical activity, but you can also do it just in a park by playing and taking leisure time.

For me, a joined-up approach is needed that pulls people into their communities and out into those spaces.

**Lord Harris of Haringey:** I appreciate that north London is not typical of the rest of the country; otherwise, it is the centre of the universe, and it really should be. Every public space I go into—I have visited most of them regularly over the past 50-plus years—is now far busier than it was before any of this happened. People are using public spaces much more, at least in north London.

First, is that a general trend? Why is it happening? Secondly, will you be able to get even more people to use them if they have not done so in the past nine months?

**Dr Sally Fowler-Davis:** In honesty, I do not know the evidence for whether this is more of the same or different. The perception is that people are out, but they might be the same group of people who were previously using gyms. It might be a misperception that people are

necessarily out using those spaces, or at least that everybody is equally using them.

We have some work to do in understanding this. My research centre sits on the Olympic Legacy Park in Sheffield. We are doing a lot of work with that group to try to facilitate a joining up and to create environments where the schools use the space very productively and people are prepared, for example, to cross a busy road to get to the parks and spaces they might use.

That takes a joined-up approach, which is not currently what I see happening. You would imagine that a council, the health service and others would be looking at the phenomenology of using these spaces. What is stopping a community accessing its park? Some of that work is yet to be done. It is very much about looking at the granularity of the implementation. How do we get people to use spaces and be active in different ways? I think it takes a very joined-up approach to planning.

**Dr Charlie Foster:** There is no one, easy solution. As Sally has outlined, it has to be led strategically, implemented at scale and funded appropriately. That goes from national to local level.

I waved my hand earlier. One of our previous pieces of work when I was at Oxford looked at the distribution of leisure and swimming facilities by social deprivation area and found an inverse physical activity law, like an inverse care law. Folk from the most deprived areas had the least access to these built facilities. One of the legacies of Covid may be that leisure facilities are under pressure, and that distribution will increase the inequalities if these facilities close.

We have seen no relationship in past pieces of work between pure access to green space and physical activity levels. We did some analysis of the Health Survey for England a few years ago in relation to green space nationally. It is not just about access; it is about quality. Just because it is down the road does not necessarily mean that you will use it.

We did some work in Stoke-on-Trent, which is a very deprived area that has high levels of green space. Folk told us very clearly that they did not see those spaces as places they would go to. Therefore, it is about the ability to change people's willingness to travel to use these spaces as well; otherwise, they become echelons for groups who already access them at will.

I want to bring us back to the social determinants of health: individual, social, economic and environmental. They all interact and impact on people's ability and agency to become active. That is where the solutions lie. It is systems based, as Sally suggested. One area is healthcare sectors; sports provision is another area. All of them have to integrate and be led well nationally. That is what I am after.

**Lord Harris of Haringey:** I am sure Martha will tick me off for going on too long. I quickly turn to Mr Lyons and then Mr Copley.

**Joe Lyons:** In east London, I sit within the third sector as a charity. For too long now the third sector, or community sector, has not been engaged early enough in these conversations. This is not necessarily our charity, but in Newham, for example, there are well over 100 charities scattered on every street corner dealing with all the communities you are trying to engage with digitally or face to face.

The third sector, especially after what we have seen happen over the past nine or 10 months, has to be engaged in exactly the way Charlie mentioned, looking at the systems approach bottom-up rather than potentially the third sector coming in at a later stage. These are the charities that will be able to engage with communities where we need engagement.

**Tim Copley:** I agree. I would advocate that bottom-up, whole-system approach.

It is also worth mentioning the potential of digital campaigns such as digital CAN, which is a national campaign. That top-down, bottom-up approach offers considerable potential.

There is also an issue in understanding the needs of particular population groups and participation behaviour inequalities. We need to do more to address some of those inequalities by understanding and working with particular population groups. I think the physical activity provision will always cater for the sportier people or the people who have easier access to it.

Q40 **Baroness Young of Hornsey:** I probably ought to declare an interest in so far as I co-chair the Foundation for Future London, of which Joe is a trustee. We have worked together on some of these issues over time.

Another note for colleagues is that there is quite a lot of detailed data on who uses the Olympic Park that covers a good span of time, and some interesting anomalies appear from that. We might want to consult on that document.

My question is about some areas that we have already begun to touch on—the opportunities for increasing physical activity that have emerged as a result of the pandemic, and how they can be sustained. How can we ensure that, where there have been gains and increased participation, they can continue post pandemic?

**Dr Charlie Foster:** That is a really interesting question. How will our potential gains be maintained? I have seen some gains in the infrastructure. We have better provision of cycling and walking infrastructure, although some of it has been rolled back as the motorist lobby decides to remove it. In Bristol, they have been well received by the silent majority, who now enjoy cycling without having to share their road space with big metal machines. That is a gain that should be continued.

As for individualised gains, people will have more opportunity to remain at home working. That gives them more opportunity for discretionary

leisure time. The corollary is that there is opportunity to move less, as we are all doing right now. We are stuck on Zoom calls and are working at desks for longer, so we have lost that active commuting.

The gains that we need to make are about re-invigorating the way our public transport systems work, particularly bus travel. That has gone down rapidly. It contributes massively to active travel journeys.

I do not have many gains for you. Unfortunately, I have more barriers.

**Dr Sally Fowler-Davis:** I see physical activity working well at household level. If we focus entirely on the nought-to-five population as the group of young people we want to start with good habits in relation to physical activity and, in addition, want them to feel confident participators in the neighbourhood and society as a whole, we bring with them the parents, grandparents and wider community.

There is an opportunity to facilitate activity. I often think about activation in the broadest sense. It could be in your own garden. We have to stop thinking about physical activity in relation to personal sport engagement. We have to think about it as dancing, digging the garden and, more broadly, personal activity in the sense of how one chooses to move. In that, the nought to fives do brilliantly; you only have to put on a piece of music to see them move.

Therefore, learning through the young could really be targeted now to address this sedentariness that we can lapse into as older people.

**Joe Lyons:** If we think about young people in schools and ask them the single question, "How much fruit and veg do you eat?", the answer will be, "Five a day". If I asked, "How many minutes of exercise do you think you should do?", they would not be able to answer, because doing 150 minutes per week, whether it be gardening, walking or cycling, personalised or sport-based, has not been installed as part of their curriculum. We will be focusing on that in getting out our 150Club message, which is our pre-diabetes programme, and engaging people in all our programmes, so that it rolls off the tongue.

As a football club charity, I am very conscious that we have huge assets—our football players and our manager. With digital, we can get them to give messages a lot more readily to schools, classrooms and assemblies. If you have children, you know that cuts through by way of these role models and people with influence.

We are one of 14 football clubs in London. A consortium of London football clubs has come together under the name London United. We work on many issues collaboratively, but we also have 92 football clubs in every corridor of the country whereby there is not just football club engagement in communities, which is incredibly important, but scale and messaging via a campaign around 150 minutes. Making sure that can really grow and stick would be really valuable.

Q41 **The Chair:** I would like to home in on the relationship between digital

and physical. We have talked quite a lot about some of the extremely helpful macro things, and some of the groups that face all the disparities we have talked about and how to try to address them.

I am interested in the views of Sally and Charlie on the relationship between increased use of digital and physical or more sedentary lifestyles—that is a premise that might not be true—and, looking to the longer term, whether you do or do not believe that this accelerated period of digital that we have been through in the past few months will continue to affect our physical health in particular ways.

Perhaps you could home in on that relationship to digital. I imagine that it is somewhat a matter of guesswork; it is new, but this is what we are trying to home in on.

**Dr Charlie Foster:** I am sure Sally will pick up anything I miss out. If we are not moving and are sitting down engaging in any digital activity, we are not engaging our muscles, our heart and particular parts of our brain that help us to balance, so there is a musculoskeletal impact from remaining sedentary. That is one of the fundamental problems. That cannot be countermanded by being active. Activity does not compensate for the amount of time you spend not moving, and that is an important message.

I like Joe's point about communication of the physical activity guidelines. Behind me is the recommendation for pregnant women. We have six similar infographics in the CMO guidelines, all of them designed to be on digital screens in waiting rooms in primary care, in hospital waiting rooms and so on.

We are about to engage in the largest vaccination programme our country will ever see. There is an opportunity for a teachable moment around physical activity. I just throw that in as something to think about.

Sedentary behaviour and tech have a sweet-and-sour relationship. It can be used to change behaviour, reach population groups and engage, but, if you use it, it demands that you remain sitting down, so we have to balance those two things.

**The Chair:** Do you feel there has been meaningful research yet on the longer-term effects? How do you see that area of research developing?

**Dr Charlie Foster:** There has been good research in the past. There was a good position paper endorsed by Dame Sally Davies two years ago on the impact of digital health on children. The evidence is equivocal. The new CMO asked for new research to dig into this relationship in more detail. That is the problem. It is about exposure of the digital behaviour. Quantifying the quality and magnitude of that is the tricky part. That science is now under way, and we should have better data on that.

As for the evidence, I think it will be a mixed view for a while, but it is certainly here to stay. There is no doubt about it; it is not going away. We have to be able to adapt. Let us measure it as an exposure as scientists with more specificity and quality.

**The Chair:** I think all my colleagues would agree. That is why they are keen to carry out this line of inquiry, because, unfortunately, it is now not optional.

**Dr Sally Fowler-Davis:** That is absolutely great. For me, as a starting point, in technology adoption and the continuing sustained use of technology to support physical activity, we have to go back to the bespoke characteristics of each of us in how we choose to adopt or not adopt different ways of engaging across social and digital media. That is incredibly nuanced in people's willingness, access, inclusion or exclusion and the affordability of wi-fi. Lots of people carry wonderful mobile phones but often will not have the wi-fi in their homes to activate themselves. It is important to keep returning to the idea that wi-fi is not to be taken for granted, if you like.

If I had a wish, it would be that we create free wi-fi across all parks, gardens and city areas that would enable, encourage or nudge people to go out into spaces to use the wi-fi. That might be one of the incentives, because then you could message people. You could drop suggestions, give encouragement and provide feedback messages.

We know from all the research done into all kinds of different technologies that two things really matter to people: "Does it work for me?", and, "Is it reliable? Will it always work? Will the battery charge? Will I have enough money to pay for this and continue to use it?"

I think all the research about technology adoption applies here, and it is important to think about the end-user. We have done insufficient work in research and practice terms about the end-user experience of technology and what works for individuals and what matters to people.

The other important and interesting thing from an organisational perspective is: what can we routinise? Charlie talked about us being social beings. I think we are also quite habitual beings. If we can create physical activity points in our day and get personal feedback that we feel better or stronger, or are coping better, a lot of those become very innate rewards for routinising our day, as it were.

For me, digital technology and physical activity have quite a lot in common in the sense we do it for our own motives and get our own rewards. The really important thing that we might come on to is how we measure the effect of that at population level. I will leave that for the time being.

**Tim Copley:** It is really helpful to think about technology in terms of the customer journey, separating it out to that pathway into activity. You might have someone who is not particularly active and might start on a journey and start searching. If that customer journey or activity is going to compete with the likes of Netflix for our leisure time, it needs to be as smooth and as frictionless as possible and enable that person, who might not have the confidence or huge motivation, to be active, but it is something that they are dipping their toe into. It is about finding them

activity, learning what it is all about, attending that activity and the technology, data and information we provide as the real value in assisting that.

**The Chair:** Thank you very much. We are really interested in continually thinking about that link, so please bear that in mind in future questions.

Q42 **Lord Hain:** May I ask about the effect on backs and musculoskeletal health of being glued to our Zoom sessions the whole time? What policies would you recommend to deal with that, to mitigate it or cure it?

**Dr Charlie Foster:** That is a good question. Our national guidelines advice says to minimise sedentary time. We have all been sitting down now for probably nearly an hour. We should be taking a break, if we can, to shift around.

Our backs do not like not moving. They are designed to be structurally supportive at all times. When you sit—I am sure we will all be sitting up a bit straighter—you need to keep shifting around. It is not good for you to be in one position the whole day, so moving about is the only way to deal with these musculoskeletal problems. It is a very good de-training and de-conditioning position to stay in.

**Lord Hain:** Apart from that, is there a policy change that we should recommend? We are talking perhaps about a fundamental change in lifestyle here.

**Dr Charlie Foster:** Joe made a good point earlier about the communications of our activity guidelines. Part of the activity guidelines is the not moving part, encouraging and helping people to recognise that moving and breaking these sedentary periods of time is equally important, particularly for musculoskeletal health, so we need better communications for that.

We have a committee working at the moment for the CMOs on how to construct national communication campaigns on this. I would love to see this as an output from the post-Covid period where we have a four-nation, joined-up, thoughtful, integrated campaign that shares public health resources at a time of scarcity and pushes forward a common message about being active and moving more, not moving less.

**Dr Sally Fowler-Davis:** My concern about musculoskeletal effects is to do with pain, particularly fatigue. We know that in the post-Covid landscape a lot of people are experiencing fatigue and persistent pain, which is a real barrier to physical activity. People tend to go into a fixed position, as it were, if they are trying to avoid pain. We are just starting a piece of work to look at this. Again, it is about amplifying the individual's voice to ask, "What works for you?"

As for policy, it is important that we talk about physical activity and people getting good rest and sleep, and patterns of behaviour that we know are health-enhancing and ultimately life-enhancing in mental and physical wellbeing.

**Lord Hain:** Could we see a new, digitally excluded group in society, apart from the ones who are already excluded, and a new inequality, because some people simply cannot sit in a chair for hours on end?

**Dr Sally Fowler-Davis:** That is true. I see what you are getting at, but probably in relation to mobile technologies—

**The Chair:** Sally has frozen. Does anyone want to answer Peter's question while we try to get Sally back?

**Joe Lyons:** The bit about inequality is crucial. We have found that some of our programmes, and how we have engaged in them, relate to some of the most deprived communities whose engagement in our programmes stopped immediately because they were unable to access us, whereas other programmes were able to continue. I think that about 90% of all of our young people came back. Bear in mind that well over 1,000 young people a week come through some of our youth engagement programmes. They did not do any exercise throughout Covid because we were not set up virtually.

We know that young people have access to mobile phones and so on. We need the right communication strategy via some of our players, role models in the community or local community schemes, rather than the Government or the NHS for example, which may not be able to get through to some of these communities.

At this stage, we need to look at it differently to ensure that people who cannot gain access do not have to rely on traditional ways of engagement. It is important to look at the marginalised and the inequalities that we know are there up and down the country, and to see who are the best people to engage with them, digitally or face to face.

**The Chair:** Unfortunately, we seem to have lost Sally, but if she comes back she may want to add to the answer to Peter's question.

Q43 **Baroness Young of Hornsey:** You started to answer this question, but I would be interested in a little more detail, particularly about the role that government can play. What else can we do to mitigate the impact of digital technology and sedentary lifestyles on physical health? It is important for us to try to understand what we should be recommending that government does—where different combinations of different actors within the sector can play a part—and try to develop policies that address everybody or special interest groups. What should we be saying that government should do?

**Tim Copley:** The thing that came to mind when you asked the question was integration into wider policy. The role of physical activity in transport planning, education and planning for the built environment is a long-term thing. You are creating the whole nudge architecture in society so that physical activity becomes the default—so it is easier to be active than to be inactive.

We have probably spent the past 100 years designing effort and physical activity out of our lives. Now we are trying to design it back in, so we need to think about not just the sports sector or health sector but much more broadly. I know that is happening, but perhaps more can be done.

The other point is about framing in society what physical activity is. We have done some research into people being anchored to the notion that it is going to the gym, having toned gym bodies and so on. A lot of people cannot relate to that, and just turn off and see it as a barrier, but we have to emphasise that being active is accessible; you do not have to plan or have equipment; you can build it into your life. I would definitely advocate anything that can encourage those principles.

**Baroness Young of Hornsey:** As you were speaking, it brought to mind the signs one always saw on council housing estates saying, "No Ball Games Allowed". Is there a way of retrofitting infrastructure, because clearly we cannot go for a wholesale change in our roads, housing estates and so on?

**Tim Copley:** Quite a lot of work is going on in that space. A council in London is taking down its "No Ball Games" signs and is encouraging residents to be active in those spaces and things like that. There are healthy streets initiatives. Streets will be closed off at certain times of the day to cars so people can be active. There are lots of micro things happening, if that is the right term, but I wonder whether we could be a bit more systemic about it.

**Joe Lyons:** I agree with Tim. The other piece is that we have seen a few of our community hub schools look at their curriculum that embeds physical education or activity through everything they teach. That is quite unusual. A school in St Albans, for example, did a study where its science unit took away its desks and chairs. All of a sudden, the children were standing for a session for the whole of that year.

It goes back to the 150 message and embedding that not only in some of the lifestyles in terms of "No Ball Games" and people's personal lives, but in giving people true education and understanding about what physical activity means.

I agree with Tim: it is not about six-packs and the body image we all learn to hate, because it presents such pressure. It is about making it more humanised in keeping physically active and the benefits of that.

The other point—I do not want to go off-piste or to use a Latin phrase—is that there is definitely a healthy mind in that healthy body. Mental health has to be hand in glove with this strategy to tackle the knock-on effect of Covid that we have seen, especially among young people in schools, universities and younger people in employment who are potentially suffering more than some of the more mature people in employment. All of that needs to be put into one kind of strategy and not kept separate.

**Dr Charlie Foster:** I think we should look north of the border. Scotland has an extremely well-organised strategy, action plan and national steering committees. Wellness is one of the national indicators that it has chosen to follow. It has embedded physical activity as one of the ways in which these things can be achieved across a number of different sectors: transport, education and so on.

A society of which I am a member, the International Society for Physical Activity and Health, has published eight investments that work for national Governments. I suggest that the Committee look at those eight investments. The last one that I wrote about is systems approaches. We have to take an organised systems approach to the well-funded, thoughtful and strategic implementation that happens at local level. That also involves the people we want to change in the co-production of materials and resources.

We did some work in Bristol recently. Local folk in Knowle told us very clearly that physical activity is a phrase they do not understand and care about. They understand about feeling better and feeling happier, and the mechanism to achieve that is by moving in a way that they think is appropriate for them.

That is a salutary lesson for people like me. We need to change our language, communicate clearly, and get our public health and sports agencies to work together across the four nations to share the insight that they all sit on and do not share with each other. I have asked the CMOs to pull this together quickly so that we can come out of the current situation with a clear communications strategy that finesses existing resources that we have already paid for.

**The Chair:** Sally, we lost you. You were in the middle of a very interesting point and then froze. It was the bit about physical activity that we were meant to be following. Do you want to finish answering Lord Hain's question, because I know you were keen to say something?

**Dr Sally Fowler-Davis:** I am sorry about that. These things happen. Perhaps that is the nature of the world we should recognise a bit more. Technology fails us sometimes.

I was making a point about the use of mobile devices and making sure that we capitalise on and think about digital as enabling us to move around rather than forcing us to sit still at a desk. That was particularly in relation to musculoskeletal effects.

I want to pick up what I heard others say. We have to think about how funding is drawn down to encourage innovators to look at it at community or neighbourhood level. If I take the example of active transport and encouraging people to walk safely between spaces and use their bikes and the things we have talked about, the majority of funding, certainly in the Sheffield City region, is capital funding. We are in danger of doing the wrong thing well, because we spend all our money on what we think is probably the best way to encourage people to do things, and

spend very little in revenue and research funding to find out what matters and what will work for people.

We must ensure that we have metrics and measures to show that what we want to achieve is what we have achieved. We need digital metrics and digital infrastructure to ensure that mobility has increased, as opposed to creating new walkways that perhaps people are not using as fully as they could.

For that, we need some revenue funding to do the implementation work to get people moving and ensure that we are not creating more problems than we are solving.

**The Chair:** Thank you for those really interesting and important points. They feed very neatly into Baroness Morgan's questions. I am now standing up. Similarly, I urge colleagues who have been speaking for one hour to bear in mind the important points Tim and Charlie made about standing up.

Q44 **Baroness Morgan of Cotes:** At 6.30 am I did a Zoom exercise class, but there is no danger of my developing the equivalent of a six-pack, Tim, so you are okay there. I completely sympathise with those who need a different form of encouragement to take exercise.

I want to focus further particularly on the use of digital technology and what works to encourage people to be more active. Charlie has made a really important point about the use of the phrase "physical activity". It does not mean much to most people who are expert in this.

My questions are to Sally and Tim, particularly given what they have said in their written submissions to the Committee, but Joe and Charlie are very welcome to come in. I want to ask about the gathering of data. You have already said that digital technology will play a part in encouraging more activity.

Sally, you talked in your submission about smart homes and parks, and you have talked today about having wi-fi-enabled green spaces. If we gather data, how do you use it and what lessons can you learn to encourage people to be more active?

Tim, in your submission, you talked about the OpenActive open data innovation programme. Will you say more about that, and about how data from it could be used to apply lessons to a broader group of people?

**Dr Sally Fowler-Davis:** I am looking at the next 10 years or so in what we want our technology to do for us that moves society to making assumptions about using technology proactively indoors and outdoors. We know that smart homes are creeping forward with the idea of retrofitting of our household stock with regard to disability management, but there are examples that we can use now particularly of developments of virtual reality and other things that enable people.

We have also seen during lockdown lots of initiatives from ballet companies and sports companies to stream activity and allow people to

dip in through normal facilities like their TVs. There is a capability issue. We need to recognise that we should set the bar for digital access very low. We need to make it as simple as turning on the television and to ask people to stand up, get off their sofas and be active in their own homes, use their stairs, count their steps.

There is a niche group of us in society who enjoy wearing Fitbits and other wearables. I am not sure that those will take off for everybody, but I suppose the principle is that we self-monitor, we engage with how much activity we have done, and we try to bring it into our routine. Our smart homes initiatives could do a lot in relation to that.

In fact, the term “futureproofing” is used quite commonly in my area. How do we create spaces that enable us to move about and be active for as long as possible? The danger is that we have a tendency to become more sedentary in older age, not just post Covid.

On outdoor facilities, there are the digital enhancements that I talked about, but they require citywide or countryside investment at quite a large scale if we want to put these in. I talked about the iBeacons that have been trialled and that have the potential to really animate spaces.

That is what we talk about with green spaces. We have learned that people want a view, a brew and something to do. This is a bit of a kitsch way of thinking about it. Surely digital mechanisms can help, such as iBeacons, activities, wayfaring activity, “Do 10 press-ups at this point”, “Run around this tree”, or whatever it is. Gaming is very useful. Pokémon games that involve trapping Pokémons as you walk along have been used.

All those animations of spaces become really useful. We can collect data, and, of course, the cybersecurity and privacy issues are critical. Ultimately, we have extensive, protective measures now through GDPR to allow people to collect the right data and to give permissions for that. In a sense, that infrastructure is extraordinarily helpful to us now in using digital to do some of the more engaging input.

**Baroness Morgan of Cotes:** Last week, we took evidence from the health professionals—the British Medical Association and Healthwatch, for example. Is there any research on whether people would mind if the data generated was shared with their GP, or do people want that data to be available to them but not necessarily to health professionals?

**Dr Sally Fowler-Davis:** I am afraid I do not know the research area, but I know from practical working in the health services—I am an allied health professional—that people want to have sight of their own data first. If they agree to it, they will have joined-up data and linkage. Data linkage even within health services is extraordinarily patchy. It is quite hard to imagine bringing in other forms of data before we have the proper infrastructure to link data, to anonymise it, and then to pull it out of the system in order to look at the patterns and population

engagement, because we need to get the health data right first. We then have the opportunity to bring in all kinds of other permitted pieces.

**Baroness Morgan of Cotes:** Tim, what about the OpenActive open data innovation programme?

**Tim Copley:** By open data, we mean data about activity opportunities such as “Zumba class, 7 pm at the local community centre”, not personal information. The challenge with physical activity in the sports sector at the moment is that within any locality there are so many activities going on in the local leisure centre, community groups or sports clubs that searching for that information is quite difficult, for the reasons I explained earlier. They are probably likely to give up before attending that activity.

Work is under way to open that data up, to share it, and to make it accessible. It does essentially what the travel industry has done, in the sense that I want to be able to perform quite a complex task of booking my holiday, my flight, and my hotel room, and I want to be able to search the whole range of options and choose the one that is right for me. You are trying to create that customer journey so that it is as frictionless as possible, and you can book it online if necessary.

We are not there yet, but it is about opening up all the opportunity data with any locality from your leisure centre right down to your community group. The leisure centres and so on will have digital comms systems, so it is not such a challenge for them. Arguably, the more appropriate activities for people who are getting back into activity for the first time might not have a digital presence. They might not even have a website. You can imagine some of the challenges around that. It is all about servicing all those appropriate opportunities and making them searchable for people who are looking, and about making it easy for them to book them. That is at the individual level, but there is quite a lot of potential for using open data and digital technology within the referral setting. That is thinking about social prescription or GPs.

In the research we have done, for people who are referring or advising people, the best advice they can give is to access a local activity opportunity. They do not necessarily have the confidence or knowledge about what is going on in that locality and what is appropriate for that individual. If we can arm those people with that information—a live feed of data, for example, that can easily be booked—that referral process will hopefully be a lot smoother.

It needs to go beyond “7 pm at that location”. We need to look at the data—the softer stuff if it is for a beginner, what kit you need to wear and all that stuff that would facilitate someone who is not particularly confident or sure about accessing a session to get the information they need and to feel confident enough to attend. That is the whole open data agenda, which has a lot of potential but has not been realised yet.

**Baroness Morgan of Cotes:** Is research being done alongside to see what works to encourage people to try something they have not done

before, or is it very much at the stage of being rolled out, with an evaluation to follow?

**Tim Copley:** I would say the latter, mainly. We are currently doing some work, for example, on use of open data in referral settings and what would work best. I am not aware of any research to confirm that it does or does not work.

**Joe Lyons:** It is not directly linked to the open data scheme that Tim is referring to, but our GP referral system has drastically changed during Covid because of the online presence of appointments and so on. What is crucial to our programme is our lifestyle advisers, who have all this information that Tim talks about. Lifestyle advisers, for us, are about community prescription, but nationally they are more known as link workers. That is a huge social prescribing campaign at the moment and a lot of funding is going into local authorities.

In our programme, those lifestyle advisers have an à la carte menu of 40 to 50-plus activities, including an Afro-Caribbean centre doing a seated aerobics class, which regularly got 40 people pre-Covid. We are now seeing those confidence levels build, and the systems have been built internally in some of the community settings so that they can also engage with 40 people online in pre-recorded sessions that are engaged at multiple times, not rigid around a 10 o'clock slot but when people want to engage. We have gradually seen that transition.

Once Covid lockdowns are reduced, we can see a more balanced approach to face-to-face activities and at home in your own environment, or whatever is convenient for you in your own time. You might have two jobs. You might not have a garden. There will be so many things to consider. If we are really clever about the learning that we have had over the last nine months, we will be left with a better product at the end of it.

**Dr Sally Fowler-Davis:** I want to pick up on the research question associated with this. Joe has just alluded to the complex programme of activity and an equally complex question about what works for whom in what contexts.

We are talking about a very diverse set of communities and populations. It is extraordinarily difficult to access research money for what we call implementation science, not only to explore and analyse how well we put these new initiatives into place, including digital initiatives, but to evaluate what has worked—the “so what” factors.

That is a missing opportunity in the research funding, because those are the questions that people really want to know: what has worked here in this context and what has worked for the older populations so that we can scale that up?

We do not know what to commission in healthcare and community planning. We have a lot of evidence of extraordinarily interesting and interested people putting in initiatives, but we do not have an awful lot of

data or information from the analysis about what works best. We cannot get research funding for that. It is really difficult, and it is really difficult to get funded by local systems.

**Baroness Morgan of Cotes:** We have had a good, specific recommendation for us as a Committee.

Q45 **Baroness Benjamin:** Thanks to all our witnesses for a very interesting session. I love Sally's idea of free outdoor wi-fi. That is a good one. I love walking, running marathons and all those physical activities. This is making me want to get up and have a run, but I will stay to ask my question.

During the lockdown, Joe Wicks became an overnight sensation. He even received an MBE for stimulating the nation to get active. What are the risks, if any, of relying on digital technology to increase physical activity, and how can we mitigate or overcome them?

**Dr Charlie Foster:** I am sorry that we are holding you back from your run, but I am sure you will be out soon.

I will talk about risks—that was part of my evidence submission to the Committee. During lockdown, we noticed a very rapid need for resources for specific population groups. A group of academics came together to offer something a bit like the passport check and send service at the Post Office for the production of videos, online materials and written materials to make sure that they were evidence based, because we had seen early examples of rapidly produced online materials that were not positioned appropriately. They did not show clearly who the materials were for, which speaks to the earlier points that have been made.

We did this for six weeks and covered nearly 40 different types of materials. In pretty much every case, we tried to improve the quality of what was being delivered by using evidence-based methods from psychology, but also some basic communication such as who it is for, what it is appropriate to do, how you could do it safely, and what you could do next if you got bored with this one.

We threw this at NHS Digital. We pointed out to them that they had things on their website that could have been much better, and we still think this is a very important way of protecting the public by providing appropriate evidence-based information that it is safe for them to do.

We have to do that, because at the moment it is the wild west out there. You do not know if what comes up when you type into Google will be safe or appropriate. We need to change that system. I have made some suggestions in my written evidence.

**Joe Lyons:** On trusted sites or trusted places where people can get their information, the NHS is a trusted place where you would hope that information is absolutely spot on for any user who accessed it. The likelihood is that some of the communities and groups that we are talking about would not naturally navigate towards an NHS website to get this

information. It is nothing against the website, but it will not be something that hooks them in.

There is a lot of talk about anchor institutions and what they are—the NHS, GPs, and so on—but the majority of football clubs, for example, are institutions that have been embedded in their communities for well over 100 years now. These organisations, like the one I run in east London, could be used to provide this information from a communications point, using other ways of hooking in young people or some of the older communities. If you use people like Tony Cottee, a West Ham legend, or Henry from Arsenal to communicate the messaging in a trusted and approved way, you will get much more engagement.

**Baroness Benjamin:** I am glad you mentioned Henry at Arsenal. What about you, Tim? What are your thoughts?

**Lord Hain:** What about Chelsea's stars?

**Baroness Benjamin:** Or Man United.

**Joe Lyons:** That is my point. When it comes to the engagement opportunities, every borough of the country has a legend, a star or a football resonance.

**The Chair:** We have done pretty well at not descending into tribal politics around football.

**Tim Copley:** We have touched on it already, but I would say digital access and making sure that we are not entrenching further inequality through taking digital approaches. We recently ran a digital programme on Covid and it was clear that access to data and the cost of data were an issue. Some of the participants were not able to afford the data to participate in the programme, so we had to adapt it. We also started making the payment of data eligible for funding. Tactics like that to try to reduce digital access challenges are important.

The other point is a broader one about not relying solely on digital. It comes back to the point that sport or activity will always be non-digital until we get to the realms of virtual reality and so on. We need to look at solutions that incorporate the needs of the individual. There may well be a digital solution, but there may be more of a community-oriented solution too, so we need to combine them and use both approaches appropriately.

**Dr Sally Fowler-Davis:** I would absolutely endorse everything that has just been said. The risk at the moment is the instability in the voluntary sector, the third sector, and the uncertainty of funding to sustain some of the fantastic engagement and leadership capacity that there has been during the lockdown.

I completely agree with Joe that that capacity in communities has been well led by the third sector. We are at risk of losing all that engagement because of the instability of its funding. We should absolutely appreciate

the fact that a lot of these initiatives, both digital and physical-activity related, have been massively supported by the people who are really close to communities and reach out into areas where we seldom hear voices from people.

**Q46 Baroness Benjamin:** I would like to ask a question that Joe touched on a bit earlier on the subject of children. It has been well documented that, over the years, there has been a massive decline in physical activity among children and young people, contributing to the increase in obesity and mental health problems. We all know that outdoor activities and play are essential to their well-being, but modern life and the increased usage of the online world is winning. This is a huge problem. What needs to be done to reverse this trend, and what needs to be put in place to encourage more outside play and physical activities, especially for our children?

**Dr Sally Fowler-Davis:** I could not agree more. In fact, earlier in this discussion I talked about the priority groups that we could focus on, such as the nought to fives, because they are extremely persuasive as a group. We could do much worse than following their lead in running and jumping, and, as you say, using play as a facilitator to movement, and coming away from the idea that we need to structure all physical activity in classes and gyms. There is a concern particularly about children who spend too many hours on the internet or in front of the TV.

As part of the innovation agenda, we could use the facility of our mobile phones—many children are very engaged in the idea of mobile phone usage—and start promoting the notion of gaming, leisure and perhaps even self-monitoring, which could be very supportive, certainly for slightly older children.

**Baroness Benjamin:** You mentioned Pokémon earlier. That is a huge hit with children. They realise that they are playing a game, but they are exercising and they are outdoors.

**Dr Sally Fowler-Davis:** My 20 year-old has just got back into it. Having lost it at about 12, he is suddenly going out for walks with his Pokémon.

**Baroness Benjamin:** That is great. What about you, Joe?

**Joe Lyons:** I am not a Pokémon man myself. We do some work with Dr William Bird, who may have spoken in some of these forums previously. There are programmes like Beat the Street where you tap locations on lamp posts and try to beat a score against your classmates, communities, or people in your area. Twenty years ago, we probably did not need these types of activities due to the safety of the areas we lived in. I am one of five kids. There is no way my mum and dad would have had to chaperone us on our streets and down at the local garage. I have three boys. There is no way I am going to let them wander out, and I make sure they are home at 6 pm. The whole dynamic of how our society is played out on a day-to-day basis has drastically changed. What has not changed with it is

the safety net or the structure around that to facilitate open play and free movement.

This is where the policy piece would have to come in on travel, car movement, and pedestrianised streets in rural areas or suburbs. These things will not be led by the third sector or by people who are trying to actively keep moving. This will be a local authority, if not government, piece, which looks at the areas where people are not out playing, maybe due to safety in their communities, and some of their concerns about dangers to their children—whatever that looks like. That is a real concern.

**Tim Copley:** I agree with much of what has been said. We need to build the physical literacy of young people so that they have the confidence and capability to be active in the first place and can take it on through their life. At certain points in their lives, they may drop out of activity for whatever reason but feel like they can come back into it at a later time. It is about building that lifelong love of being active and feeling capable of taking up new activities when the time is right for them.

I agree with the points on gamification. There could be a lot of innovation to meld the two worlds of digital and gaming so that people do not even realise they are being active. Health-by-stealth approaches offer quite a lot of potential.

The other part is meeting the needs of young people and offering opportunities that resonate with them. It is not necessarily the traditional sports. Governing sports bodies are doing quite a lot of good work to adapt their games to suit different audiences. Equally, we need to think about more informal activities like skateboarding, thinking like we do with adults but co-producing as much as possible and thinking about the opportunities that are right for young people.

**Baroness Benjamin:** A lot of young people say that their first introduction to activity and sports is through schools and how schools do it in the wrong way. Do you think schools need to look at how they present and what they do for children to engage with them to become active?

**Tim Copley:** Absolutely. It is a really important dimension. It is vital to think beyond your PE class and how you are active in your school day and your broader life. Definitely. More can be done in that regard.

**Baroness Benjamin:** Thank you. Finally, I will go to Charlie.

**Dr Charlie Foster:** There have been some great comments already from everybody else.

The Bristol Sport partnership works with nearly 28,000 schoolchildren in Bristol, focusing on the children who are not enthusiastic about sport, who are not encouraged and who are not successful, because that, to be honest, is the majority in a class that we need to shift upwards. Physical literacy, as has been mentioned, is one of the areas they are really keen on encouraging, as well as confidence and enjoyment.

Do we have now a generation of adults who do not know how to play with their children because the games that they played as children have now been replaced by electronic devices? In fact, my Bristol Sport app will tell me how to do family-based play sessions. It will have virtual places in Bristol I can go to, and a professional club member from the basketball, football, or rugby team will appear and encourage me to do things. This is brilliant gamification, a great use of technology, and a really innovative way forward.

Innovation in technology does not come from academia. It comes from the commercial sector and the third sector, who need to have support to develop and implement these at scale, as Sally said very eloquently. That is where the investment needs to come. We will get brilliant ideas from our practitioners. Do not look for academics. They will not provide them. They will measure them, but they will not provide them. We need that practice-level scale thing.

Play for children is essential; it is the building block. I am worried that we are losing a generation who do not know how to play in the real world. They do in the virtual one, but not in the real one.

Q47 **The Chair:** We have talked a lot, quite rightly, about government intervention and a bit about civil society, but I am interested in probing a bit further with each of you the relationship between the commercial sector and private companies. I have been thinking in our session about employers' relationship with people to enable them to have a healthier physical relationship with their digital technology.

I am mindful of the fact that, if you are expecting your employee to be on a Zoom call for eight hours in a day, you are, as an employer, not creating the space for them to be able to stand up, move about, and all the things you suggested, through to what we just touched on such as some of the commercial innovation that is coming up.

I am really interested in whether you have any perspectives on that relationship with the commercial sector, with private companies, particularly two to five years out with the innovation coming in in AR, virtual reality, and the huge system change we will get with increased use of AI in every sphere.

**Dr Sally Fowler-Davis:** I will make a small point about the nature of procurement. There is an incredible amount of innovation and capacity to develop all kinds of new digital and AI responses. Most of the people I meet in the commercial world want to know what matters to individuals. A partnership with the NHS, with local authorities, with systems, with the practitioners who are really close to the ground, and with communities is generally what people in the innovation and digital innovation sphere want and ask for all the time. What access they can get to that is very varied.

When we work closely with those people, the demand that we place on them is: can we make this work for us? Can it be a genuine partnership? Can you not just hear from us and then go away and create something

that must be wrapped up very tightly for a procurement process, which then rationalises everything down again? There are some really important barriers to unpick in the supply chain of these innovations, from research right through into the innovation space. A lot of those could be about unlocking some of the procurement issues that we have so that we can digitalise and use AI and machine learning at scale.

**The Chair:** That is very interesting.

**Tim Copley:** We run something called the Sport Tech Hub, which does very much what Sally alluded to. It encourages innovation by linking those tech ventures into local communities and local pilots to stimulate that innovation. It is showing potential, but I would not say that we have solved it by any stretch. Quite naturally, tech companies will gravitate towards a known demand and develop tech and solutions for active or sporty people where there is a known demand. We are encouraging tech founders to do the hard yards in a way to try to stimulate demand and really understand inactivity, but it is not easy and it is arguably where the profit is not likely to be for the more commercial, sporty world.

We would very much encourage anything that can be done to stimulate that innovation within the realm of tech for good. We are very interested in encouraging the utilisation of ubiquitous tech such as Google Maps or Citymapper, which can show that it is quicker to cycle or walk rather than take the car, and leveraging the power and the processing of some of those bigger tech companies to engage in this agenda.

**The Chair:** That is a really good point. As someone who spends a lot of time at Silicon Valley, I know that you only have to look at all those founders to know that they always design around their own needs and to build products that feel familiar. They are all doing crazy amounts of exercise and drinking juices all the time.

**Joe Lyons:** I wear another hat at West Ham as part of a network called the Second Curve, which is looking at the realisation that the UK society working with the business sector will emerge incredibly differently from the initial political and financial crisis of 2008. We find that the business community is looking now at how to come together, mobilise and lead on the life chances of some of the most stressed communities across the country.

At the moment, we are looking at areas such as looked-after children and place-based modelling in east London, Middlesbrough and places like that. Mental health is key. Outside what a normal corporate or business would look at in its CSR or ESG strategies, there is a desire to build a real positive change, which is led by a business and employers, which could absolutely be focused on physical activity and be looking at a healthier, balanced community. There is a desire on the part of business and employers to look more deeply at the communities that surround them and some of the most stressed communities up and down the country. That would be quite interesting to explore in a further conversation.

Q48 **Baroness Chisholm of Owlpen:** This has really been a fascinating session. Thanks to all the witnesses. You have really given us some thought-provoking issues to think about as we move forward.

What are the most important recommendations that we can make to government that will bring about change for the better in two to five years in relation to digital technology, our physical health, and physical activity?

**Joe Lyons:** I will go back to one of my earlier points. I have over 15 years' experience of working in the community and third sector. This might not be as big as Covid in terms of a national situation, but the third sector, or the community sector, is not the first place to go to find solutions for some local issues. This is an absolute opportunity for a different shift in how to use the third sector, how to mobilise it, how to resource it properly, and how to look at the amazing impact it is having during Covid. I do not know what sort of problems we would have had if the third sector had not jumped into many of the communities that were really struggling.

There are so many charities up and down the country that, if mobilised in a collaborative way based on a strategy that needed them and consulted them, could help to get some really good gains in relation to some of the problems that you are trying to solve to do with physical activity and the mental health linked to that. Looking at how to get digitalised strategies embedded would be my priority.

Obviously I am from the third sector, and greater engagement would benefit us, but I truly do mean it when I say that in the engagement we have had when we have been procured or have been—I would not say taken seriously, because that undermines what we are doing—acknowledged for the impact and data that we can bring to these solutions, we have delivered, and it has been really good to see. That would be my priority for community engagement.

**Dr Charlie Foster:** First, the digital technology industry should be part of our communication to the public about physical activity messages, part of the reach, and providing the mechanisms to deliver these through the various different platforms that they organise and deliver. The quality of this information should be fact-checked to make sure it is accurate, useful, and safe.

Secondly, the digital industry has enormous insight into human behaviour, far more than any academic in the world has. Every time you take your phone out of your house, you leave a digital breadcrumb. They harvest this information, and they know who you are and where you go.

We can try to use this in a clever and creative way to understand the bits of our community that most need our help, and then the smart brains of these places can help to lever, with support from the third sector as Joe said, to co-design successful and supportive interventions. They will see that their corporate responsibility is to help the public's health in the UK, not to necessarily to contribute to problems. I want some leadership,

some contribution and some genuine engagement with us, because it is too big a problem to ignore.

**Dr Sally Fowler-Davis:** Leading on from that, we are talking about bringing systems together, about trying to create infrastructures where the digital community and the digital data and information linkage can support decision-making at citywide or regional level. That would make a huge difference. We are talking about really tricky problems such as interoperability and making digital more ubiquitous in its interfaces with, in particular, health services and systems. Part of what I am talking about with systems is absolutely to do with the reach into individual neighbourhoods, which is pretty much best achieved through the third and community sector. I reiterate the point about environmental pull.

We have the opportunity post Covid to look at our green and blue spaces, our extraordinary landscapes, the opportunities even for small areas in urban communities to be the sites where people come to walk and play, and we have to make those safe and attractive and enable people to feel animated when they are there.

We need to be sure that we do not put inadvertent barriers into accessing those places. We need to think of holistic planning, busy roads, making sure that people are safe and willing to go out. Towards the spring of next year, a big social initiative will be required to bring back people's confidence in using the outdoors and bringing them out into spaces with their families and neighbours.

**Tim Copley:** I would encourage you to foster innovation on the needs of inactive or less-active people, focusing on the needs of people who are not currently active enough to benefit their health because their needs are different from those of the rest of the population. It is really important that we pool knowledge, bringing together the world of tech, digital, government and physical activity experts to share and understand the complex interaction between physical activity, digital and wider society.

I would encourage us to focus on inequalities by using digital to reduce inequalities and thinking not just about the individual within the population but about how we can stimulate tech companies with founders from a diverse background who may have more empathy or be able to relate more to particular parts of communities in order to create new tech products and innovation.

**Baroness Chisholm of Owlpen:** That certainly gives us something to think about going forward.

**The Chair:** Thank you very much. That was a really fascinating session. There is so much emerging in this area that will dominate our lives over the next decades. It is really interesting to feel as though we are at the early stages of understanding the research, what it means for policy, and then embedding that policy.

Thank you very much for all your time, and I am sure my colleagues would have been struck, as I was, by all the different recommendations that you made, particularly about how we need to use digital technology to redesign physical activity into our life. That is not too much of a contradiction, but hopefully when those two work together that is when you can see huge leaps forward.

Thank you very much all of you for sharing your insights and thank you for your written evidence. If there is anything else you want to contribute to our inquiry, please do so.