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Increasing children's physical activity to prevent future population ill health after the COVID-19 pandemic

1. Why the Health and Social Care Committee should consider this issue as part of its Prevention inquiry

Paragraph 1: Physical activity is a fundamental part of preventative healthcare, and crucial for children's physical and mental health (1). Physically active children are better able to learn in school. Active children are more likely to become active adults, reducing the risk of heart disease, stroke, many forms of cancer and obesity, improving quality of life and reducing health care expenditure (2).

Paragraph 2: The UK Chief Medical Officers recommend that all children and young people (5-18 years of age) should engage in an average of 60 minutes of moderate to vigorous intensity physical activity (MVPA) per day (2). This is physical activity that gets children slightly hot, slightly sweaty and slightly out of breath. Current evidence indicates that MVPA declines with age, and only 40% of Year 6 (10-11 year old) children meet the guidelines (3). Moreover, levels of physical activity are lower after the COVID-19 pandemic (4). The bulk of current evidence has focussed on individual-level behaviour change programmes to increase children's physical activity. These individual level programs have shown minimal impact on children's physical activity and have not reduced inequalities (5) so we need to look at alternative approaches. To maximise the impact of new options we need to work with schools, providers and users to find approaches that are impactful and sustainable.

2. Why the Committee should look at it now: in particular whether there is an opportunity to add value to existing research and evidence

Paragraph 3: Post-pandemic patterns of child physical activity have changed, with a greater dependence on structured activities, such as active clubs. This has led to increased inequalities and more demand for school-based activities that many over-pressured schools are struggling to meet. The cost of living crisis has further impacted on these changes.

Paragraph 4: There are opportunities to use existing resources to increase physical activity at a population level. This could include the wider use of school and community assets, such as school playgrounds/fields outside of school hours, and extending use of the PE and Sport Premium to subsidise extra-curricular programs. There is a need to bring together evidence from a wide range of stakeholders in this area to identify the most effective use of existing resources.

3. Why this area would benefit from scrutiny

Paragraph 5: There are a range of things that could be done to increase children's physical activity. The challenge is to identify approaches that move beyond individual behaviour and focus on structural changes that could repurpose existing resources. This scrutiny requires input from across the sector, including schools, community physical activity providers, local authorities, and academics to find workable and scalable solutions.

4. Why the government needs to take action in this area

Paragraph 6: Physical activity is central to the future health of the nation and any preventative healthcare strategies. Children's physical activity patterns have changed as a result of the COVID-19 pandemic and there are increased pressures due to the cost of living crisis. There is an opportunity to establish new structures and policies to increase children's physical activity at scale, by reusing existing resources and facilities. Government guidance on how to use existing resources could facilitate a marked change in children's physical activity and prevent future ill health and expenditure.

References

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5. Love R, et al. Are school-based physical activity interventions effective and equitable? A meta-analysis of cluster randomized controlled trials with accelerometer-assessed activity. *Obesity Reviews.* 2019.

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