7.12 Participation in Physical Activity

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7.12.1 Background
Increased physical activity is a key priority area for the Health and Wellbeing Strategy. Promoting physical activity is a core part of the Healthy Weight Strategy - It is recognised that it is vital to tackle inactivity, as this can have beneficial effects to improving health.

Physical activity is defined as any force exerted by skeletal muscle that results in energy expenditure above resting level. Regular physical activity brings physical and mental health benefits throughout life. Physical activity can reduce stress and anxiety. Mastering new skills can increase confidence and self-esteem.

Physical activity and its benefits span a far wider reach than simply measures introduced by the public health or medical communities. The likes of Sustrans, Living Streets and The Outdoor Industries Association have ensured that active travel, walking, cycling and using the outdoors, with all the numerous physical, social and mental health benefits it brings have been a primary focus for the government as part of the Walking and Cycling Investment and the Outdoor Strategy.

However, over the past decade, the number of active trips has been steadily declining, contributing to the increasingly sedentary lifestyles that have developed for adults and children in Britain.

Physical activity can reduce the risk of chronic diseases, reduce transport costs through more walking and cycling, help with the acquisition of social skills, and improve concentration. The more physical activity is undertaken, the greater the health benefits. Health guidelines recommend that adults should be active daily, and over each week should participate in 150 minutes of moderate intensity activity.

The Moving More, Living More report sets out the government’s commitment to reducing physical inactivity. The report reiterates the government’s aim to increase the number of people meeting the UK Chief Medical Officer (CMO) guidelines on physical activity and reduce the number of people deemed to be inactive by being active for less than 30 minutes a week.

The strategy Sporting Future: A New Strategy for an Active Nation, moves beyond merely looking at how many people take part in sport. It will consider what people get out of participating and what more can be done to make a physically active life truly transformative redefining what success looks like in sport by concentrating on five key outcomes:

- physical wellbeing
- mental wellbeing
- individual development
- social and community development
- economic development
Benefits of physical activity

Low levels of physical activity are a risk factor for ill health and contribute to health inequality. Regular physical activity:

- Decreases the risk of cardiovascular mortality in general and coronary heart disease mortality.
- Prevents or delays the development of high blood pressure.
- Helps people to control their body weight.
- Helps people to control diabetes.
- Reduce the risk of falls and accidents (especially in older people) by improving bone health and maintaining strength, co-ordination, cognitive functioning and balance.
- Reduces the risk of depression and has the positive benefits for mental health including reducing anxiety and enhancing mood and self esteem.

National survey data (Active People Survey 10Q2, undertaken between April 2015 and March 2016, see below) shows that:

- A higher proportion of males surveyed (63%) achieved 150+ minutes of activity, compared to females (52%).
- Young adults aged 16 to 25 are the most active, with 55.8% playing sport once a week. 32.4% of adults aged 26 or over played sport once a week. In general participation is seen to decline with age.
- There is wide variation in participation among socioeconomic groups. Results from the Active People Survey 10 indicate that around 39.4% of people from highest socioeconomic group (Managerial and Professional) participate in sports compared with 26.4% in the lowest socioeconomic group (routine and manual).

7.12.2 Physical activity in Barking and Dagenham

The National Child Measurement programme has over time, shown a high proportion of children with excess weight by the time they finish primary school in Y6. However, the most recent data shows improvement in this group, while excess weight is increasing in the group measured at the end of the Early Years Foundation Stage (EYFS) in Reception year. The ward maps clearly show that the wards with higher rates of obesity for older children now include a higher proportion of children with excess weight in the early years.

The improvement in Y6 can be attributed in part, as a positive impact of the extensive physical activity culture and high quality teaching and coaching, particularly through Key Stages 1 and 2. The increase in excess weight among the youngest children has prompted the development of the ACTIVE START programme as well as an increased awareness for early years practitioners through a well attended stimulus conference: STARTING WELL.
Active Travel
Active travel is one of the easiest and most accessible ways of maintaining an active lifestyle. Walking and cycling have the potential to reap substantial benefits socially and in terms of healthcare outcomes.

Well-designed, accessible streets can encourage people to walk or cycle more as part of their daily routines, leading to a healthier lifestyle. Conversely parents’ and children’s concern about road traffic injury is a major contributor to physical inactivity, as parents can be reluctant to allow children out of the home without constant adult supervision. Improving access to safe and appropriate play spaces, including green space, is vital to enable more children to play outdoors.

Councils have an important leadership role to play in bringing schools, voluntary sports clubs, health and the private sector together to forge partnerships, unblock barriers to participation and improve the local sport delivery system. A key challenge is to enable children to walk or cycle to and from school safely. Action that can encourage this includes developing a school travel plan, providing training and practical support to promote safe cycling, developing walking buses and other partnership work between schools, parents and carers, communities and the local authority.

Local levels of physical activity can be deduced from the Sport England Active People Survey (APS). The APS is a national survey of physical activity and sports participation of adults (age 16 and over) in England carried out by Ipsos MORI. The tenth year of the survey, APS10Q2 rolling 12 months results have been released for the period April 2015 – March 2016 and provides the most recent data on adult physical activity.

The most recent results from the Active People Survey are shown in Table 7.12.1. For all Key Performance Indicators (KPI 2-5) B&D is far behind the London and the National average, where data is available. The ranking which compares the local position with that of the other London boroughs shows that Barking and Dagenham is the worst London borough for KPI4 and 5th worst borough for KPI3.
Table 7.12.1: Key performance indicators for physical activity, Barking and Dagenham, London and England, 2015/16

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Barking &amp; Dagenham (%</th>
<th>Rank</th>
<th>London (%)</th>
<th>England (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>KPI 2: At least 1 hr in a week volunteering to support sport</td>
<td>*</td>
<td>*</td>
<td>5.2%</td>
<td>7.6%</td>
</tr>
<tr>
<td>KPI 3: Club member</td>
<td>16.2%</td>
<td>28/32</td>
<td>22.0%</td>
<td>22.0%</td>
</tr>
<tr>
<td>KPI 4: Received tuition from an instructor or coach in last 12 months</td>
<td>22.6%</td>
<td>32/32</td>
<td>34.4%</td>
<td>33.8%</td>
</tr>
<tr>
<td>KPI 5: Taken part in organised competitive sport in last 12 months</td>
<td>*</td>
<td>*</td>
<td>11.8%</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

* Data unavailable, question not asked or insufficient sample size.

Source: Sport England: Active People Survey 6, 2012

KPI 1 & 6 is no longer produced

This is further illustrated by Figure 7.12.1 which shows participation in moderate intensity sport in Barking and Dagenham and comparator boroughs.

Figure 7.12.1: Participation in at least 30 minutes sport at moderate intensity at least once a week, 4+ sessions in previous 28 days, APS10 Q2 2015/16

Source: Sport England, Active People Survey 10, 2015/16

http://activepeople.sportengland.org/
Figure 7.12.2 shows the trend in participation over the ten surveys. Just 24.4% of adults in Barking and Dagenham participate in physical activity, the lowest rate of all London boroughs and lower than the national and regional averages (36.1% and 37.4% respectively).

Figure 7.12.2 Trends in participation in moderate intensity sport and active recreation, 2005-2016. Participation in at least 30 minutes sport at least once a week, Barking and Dagenham, London and England, 2005 - 2016

More information and data from the APS 10Q2 can be found here http://activepeople.sportengland.org/.

Figure 7.12.3 shows the percentage of respondents aged 16 and over, doing at least 150 minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days, in Barking and Dagenham, London boroughs, London region and England in 2014/15.

The percentage of respondents aged 16 and over, doing less than 30 minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days in Barking and Dagenham, London boroughs, London region and England in 2014 is also illustrated in Figure 7.12.4.

Figures 7.12.3 and 7.12.4 clearly show that Barking and Dagenham has the lowest level of active and also highest level of inactive adults between all London boroughs and has significantly lower level of activity compared to London region and England, also significantly highest level of inactivity compared to London as whole and England.
Figure 7.12.3 Percentage of physically active adults (16+ years old) doing at least 150 minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days, London boroughs, London region and England, 2014/15

Source: Active People Survey - Sport England, January 2014 to January 2015
Figure 7.12.4 Percentage of physically inactive adults (16+ years old), doing less than 30 minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days London boroughs, London region and England, 2015

Trends in the percentage of physically active/inactive adults (16+ years old) in Barking and Dagenham, two statistical neighbours (Greenwich and Lewisham), London and England from 2012 to 2015 are illustrated in Figure 7.12.5 below. It shows Barking and Dagenham had in downward trend for the percentage of physically active adult and upward trends for physically inactive adult, opposite direction of the other geographical areas.
7.12.3 Physical activity in children

To enable children and young people to engage better in sports it is vital to develop their sporting skills at the earliest age. We need to ensure that the sport and physical activity ‘offer’ is right for children and young people. This is particularly true for under-represented groups, such as girls and disabled children, where dropout rates in childhood are high.

It is important to recognise the importance of physical activity more broadly in ensuring that young children are able to enjoy better physical and mental wellbeing.

Encouraging active travel to school through walking and cycling is one route towards increasing everyday physical activity for school children, parents and carers.

School Games Organisers (SGOs)

Barking & Dagenham has the direct support of two school games organisers, employed in partnership between the Youth Sport Trust, LBB&D Schools Forum and Public Health. The SGOs have extended the range and reach of physical activity by provision of comprehensive programmes for children and young people. Key to the success and growth of the provision is the training of a large number of teachers, to sustain the impact of programmes well into the future.

The GET ACTIVE programme has been devised and continues to expand to include an increasing proportion of the 45 Barking & Dagenham primary schools in the following activities.
• TENERGY (25 schools): Ten minutes daily activity, supported by high quality film available online to every classroom

• ACTIVE CLUBS (23 schools): A range of high energy clubs for all, including non sporting activity

• MASS PARTICIPATION dance (42 schools): High energy dance routines learned by very large numbers in schools, then performed together in a stadium environment and in community performance through the INSPIRE FESTIVAL

• DANCE NETWORK (10 schools): Increase in participation by schools and joining of network clubs by children through the involvement

• WALK4DAYS and the GOLDEN MILE (11 schools): Mass participation walking activities, designed to engage children and families in cumulative distance walking to encourage behaviour change

• GET OUTDOORS and FOREST SCHOOLS (6 schools): Engagement of children in outdoor activity in local parks followed by LBB&D outdoor centre at TREWERN

• ACTIVE START (18 schools): Dance focused activity for children under five, aimed to establish good early habits, accompanied by high quality publication

• ACTIVE PLAYGROUNDS (30 schools): Improved provision of organised activity out of curriculum time, focused on Basketball and Table Tennis

Youth Sports Trust supported School Sports Partnership programmes led by the School Games Organisers (SGOs)

The public health funded programmes above, complement the core work of the School Games Organisers, which has high impact and is focused on:

• Professional development for teachers (20 sessions and 2 conferences annually)
• Competition programme for children and young people (30 events annually)

Healthy Schools London
The vast majority of schools in Barking & Dagenham are now enrolled and are active in the HSL programme. The borough’s schools include some of the highest rates of accreditation in London, with the largest proportion of Silver awards per capita and the highest number of Gold Awards. The programme exerts a high influence on the schools’ health practice, knowledge and processes, which benefit children and influence their families. This includes a clear and direct regard for increased physical activity. The GET ACTIVE and SGO led programmes, both Public Health and non Youth Sports Trust programmes, exert a high level of influence and impact on the quality and outcomes for children through the HSL programmes.
**National Curriculum**
In parallel, all schools have implemented the National Curriculum which includes programmes of study for physical education, with a minimum of 90 minutes per week in primary schools, at both Key Stages 1 and 2. Many schools provide considerably more through extracurricular sport, supported by the SGO training described. The proportion of schools offering a minimum of six sports clubs has also risen to well over 90% of primary schools in Barking & Dagenham.

**Clubs in Barking & Dagenham**
While there are good examples of clubs, able to offer opportunities for children and young people to progress e.g in dance, cycling, rugby, soccer, swimming, poor provision of clubs is reported to be a problem. No detailed study has been made of club provision and its impact on young people’s participation and progress in sport and physical activity. However, there is known to be greater richness of club and out of school opportunity in London Boroughs where sporting participation among young people is statistically greater.

**7.12.4 What about YOUth survey**

What About YOUth? is a new study which aims to make improvements to the health of young people across England. As part of the study, thousands of 15 year olds answered questions about important subjects such as their health, diet, exercise, bullying, alcohol, drugs and smoking.

The 2014 survey shows that the 77.8% of 15 year olds reported being sedentary at least 7 hours per day in the previous 7 days before the survey. This is significantly lower than the England and London percentages of 70.1% and 69.8% respectively.

The survey also shows that 12% of individuals reported being active for at least 60 minutes per day in the 7 days prior to completing the survey. This is similar to the London percentage of 11.8% and below the England percentage of 13.9%.

**7.12.5 Promoting physical activity in Barking and Dagenham**

The borough promotes a range of opportunities to encourage physical activity, some of which are described in Sections 5.12 (Access to safe sport) and 7.5 (Active Aging). Opportunities include swimming, free leisure activities for people aged 60+, Walk4Life, cycle lanes and facilities, cycle training and Adizone. Established in Mayesbrook Park in Dagenham, Adizone is a purpose built multi-gym that incorporates outdoor static gym equipment and areas for basketball, football, a climbing wall and an open space for games, dance and other activities. Built in the shape of the London 2012 logo, the facility is available all year round and although the equipment can be used by all ages the aim is to create a place where young people can meet and participate in a range of activities.

A Women Active 4 Life project aims to provide sport and physical activity opportunities on a regular basis for women and adolescent girls. The project is being developed with a focus on five specific sports.
7.12.6 Gaps in delivery and knowledge

There is very little evidence that GPs and health professionals adopt a behaviour change approach with patients when discussing participation in physical activity. This method is based on the National Institute for Health and Clinical Excellence (NICE) recommendations which endorse the provision of brief interventions for physical activity in primary care as being both clinically effective and cost-effective in the long term\textsuperscript{x1}.

Apart from the Mind, Exercise, Nutrition, Do it (MEND) programme which is a targeted family based initiative there is little evidence of structured, supervised physical activity sessions available to children outside of the school setting. Start Active, Stay Active\textsuperscript{xii} includes public health guidelines for physical activity targeted at children from birth to age 5 for the first time in the UK. These guidelines highlight an increasing awareness that early life experiences impact on future health outcomes with evidence from substantial recent advances in the science of physical activity and health.

Expansion of the under five population requires widespread impact of programmes

Barking & Dagenham has one of the fastest growing population under the age of five in London. The worsening excess weight and obesity described in the maps of 2014-15 is likely to be increasing. It is important to continue to expand the work begun with the settings and schools, which work with these children and their families on a daily basis. Training of practitioners in these settings enables rapid expansion of capacity, both for current and future programmes. An increased emphasis on child and family development is likely to create the climate for long-term improvement. Settings and schools are well placed to emphasise physical activity along with good nutritional habits through children and family learning.

Continued Action for young people in Early Years and Primary Age Range

The evidence shows the need to maintain ACTIVE START and GET ACTIVE, to ensure that gains made by year six are continued, while increasing the focus on combating the worsening excess weight in the under 5 population. There needs to be further review of provision to coordinate the programmes across all services to increase impact on children, while increasing the effect on family activity. Schools and children’s services play a crucial role. Theses services have daily contact with over 40,000 children daily, influencing children’s health learning, while forming a bridge to greater family involvement and learning.

7.12.6 Evidence supporting increased physical activity

- Co-locating sports facilities with other services such as libraries or doctors’ surgeries encourages more people to engage in sport even if they haven’t before, as something else, for example a visit to the doctors, has already brought them through the door, often a major step in getting active for the first time.
- Increasing physical activity and reducing inactivity will require coordinated and long-term effort.
For most people, the easiest and most acceptable forms of physical activity are those that can be built into everyday life. Examples include walking or cycling instead of travelling by car, and using stairs instead of lifts.

Streets that encourage people to spend time in them can also provide economic benefits, for example for local retail.

An evaluation of play streets in Hackney found that the initiative led to an estimated 8,140 child – hours of outdoor play across 29 streets in a 12-month period. Some 1,600 children were involved.

**Recommendations for Commissioners:**

Increasing participation in physical activity is one of the priorities in the Health and Wellbeing Strategy. The evidence from the Active People Survey shows clearly the scale of the challenge.

**Commissioners need to:**

Develop interventions close to where people live; high quality multi-use local green spaces can play a key role as sporting venues and as alternative settings for sport and healthy activity for communities including new audiences that are less likely to use traditional sports centres.

Work with planners when considering new developments, how neighbourhoods are designed is key to promoting healthy travel habits – mixed use developments, where local facilities such shops, GP practices, schools and other services are located, are important in providing short trip distances amenable to routine walking and cycling.

Consider investing in green spaces and routes as venues for sport and healthy activity.

Commission services that make taking part in physical activity safer and easier, making activity the easy choice.

Review Start Active, Stay Active and consider the action needed by the Partnership to promote family friendly physical activity and increase the opportunities for local people to achieve a healthy lifestyle.

Maintain investment in physical activity and sports programmes, including provision of green spaces and the active ageing programme.

Ensure any actions taken to address a shortfall in engagement in sport and physical activity must ensure that hard to reach groups are not excluded.

Support education and early year’s settings with implementing NICE guidance and recommendations on physical activity for children and young people, and similarly with wider services to support active older people.
Implement integrated behaviour change programmes, which influence behavioural change at population level to increase healthy lifestyles, promote wellbeing and reduce the burden of disease.

Ensure pathways are in place to support healthy weight for children and young people, and promote physical activity to children and young people

Embed the physical activity standard evaluation framework into the commissioning of any physical activity intervention

Establish robust systems to evaluate projects that assess pre and post project physical activity as well as participation and wider outcomes (using the standard evaluation framework)

Maintain ACTIVE START and GET ACTIVE, to ensure that gains made by year six are continued, while increasing the focus on combating the worsening excess weight in the under 5 population

7.12.7 References:

i Identifying what works for local physical inactivity interventions, PHE, 2014
ii UK Active’s Blueprint For An Active Britain (2015) – More People, More Active, More Often
v Moving More, Living More; The physical activity olympic and paralympic legacy for the nation, DH, 2014.