

## Public Health Programme Guidance

### NICE: Promoting physical activity for children and young people (PH17) - Consultation on the draft Review Proposal

4 – 18 January 2012

Stakeholder Organisation	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Royal College of Nursing</b>	<p>The Royal College of Nursing welcomes proposals regarding the review of this guidance.</p> <p>We are not aware of any new evidence that warrants the need to change this guidance at this time. We consider that as more evidence becomes available another look would be beneficial.</p>	Thank you for your comment.
<b>Physical Activity for Health Group, University of Strathclyde</b>	<p>On behalf of our research group I make the following comments.</p> <p>Under all of the headings in the review (Active Travel, Children Under 8, Adolescent Girls, Multi-Component Programmes, Family and Community, Planning, Research Recommendations) a moderate-large amount of new evidence has come to light since the literature search which informed the existing version of PH17. It seemed to us to be premature, in the absence of a more thorough appraisal of the evidence, to conclude that this new evidence would do little more than confirm the existing guidance. In addition, as the consultation document notes, many interventions are underway and it is likely that these will report in the near future.</p> <p>Given the importance of the topic to public health, and the fact that this is a field in which a large amount of new evidence is coming to light, we support the view of the expert panel that it would be prudent to consider the question of the need for a thorough update to PH17 again in 1-2 years time.</p>	Thank you for your comments. After viewing the expert panel's views and the stakeholder comments we are not convinced that an update is justified given that new evidence is unlikely to change the direction of the recommendations. The guidance will be reviewed again in 3 years time.
<b>South Asian Health</b>	The document is thoroughly well written and supported by wide range of resources	Thank you for your comments. The

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<p><b>Foundation</b></p>	<p>and literature review including recent and relevant statistics on the state of the art of the situation with PA in children and young adults. We are suggesting few more comments in order to improve few sections. We think that an easy and basic assessment enabling the government to have a clear idea on “how much young people and their parents are active” could set a new milestone for further targeted action plans.</p> <p>Recommendation 1 Page 10, L 8 Facilitate research administration and encourage research team to engage in specific actions / project including children.... The Ethics procedure for example should be leaned</p> <p>Recommendation 1 Page 10, L 22 We suggest the creation of a national database that contains all kinds of national, regional and local programmes that helps people / children and their families getting active. A recent study has shown that PCTs of a same county do not know “what’s going on” nearby. We are also aware that there are plenty of “schemes” everywhere, some are pilots studies and others are well recognised that need to be much better publicised.</p> <p>Recommendation 2 Page 12, L 24 An assessment of the specific needs of different schools/areas/region in terms of after school PA is necessary here in order to ensure a better engagement of the</p>	<p>purpose of the consultation was to determine whether there was sufficient new evidence to commission updates of the evidence reviews on which the guidance is based. Any new recommendations or changes to the existing recommendations would be based on the commissioned reviews.</p>

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	<p>children. We do believe there are different needs depending on the social economical setting, the ethnic minorities</p> <p>Recommendation 2 Page 13, L 20 (for example, among those with disabilities, <u>mental disorders</u> or from different ethnic backgrounds)</p> <p>Recommendation 7 Page 20, L 1 Encourage new initiatives / ideas and plans to get children and their parents more active</p> <p>Recommendation 9 Page 22, L 7 Widely publicise these activities and promote them by inviting other schools / partners to some sort of challenges / competitions</p> <p>Recommendation 10 Page 22, "Who should take action?" A closer collaboration between school mangers and the local authorities could facilitate access to wider sport facilities within the entire community. The councils have only few available facilities that could not fit all the activities and health schemes.</p> <p>Recommendation 14 Page 27, "Who should take action?" Encourage youth leaders, teachers, coaches and volunteers to enrol in a CPD enabling them to primary assess subjects at risk of developing (or already) health conditions such as</p>	

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	<p>overweight and obesity, type 2 diabetes, etc... these subjects have to be referred and followed up closely by the PCTs/surgeries and adopt an intensive PA regimes.</p> <p>Encourage youth leaders, teachers, coaches and volunteers to contact local clubs and professional athletes to act as ambassadors within their institutions as models for young people / girls and women.</p>	
<p><b>Val Sabin Publications</b></p>	<p>There are possibly not enough effective quality as well as quantity principles that guide understanding relating to:- Sleep, Physical Activity, Nutrition, Healthy ecology for the child:-</p> <p>e.g. 1) Physical Activity for under 8's Three hours a day of anaerobic; aerobic and non-aerobic exercise which include:-</p> <ul style="list-style-type: none"> <li>• Primary Reflex Suppression activities</li> <li>• Basal dominance Balancing activities</li> <li>• Cerebellar-Vestibular Systems Stimulation activities</li> <li>• Sound-linked movement activities</li> <li>• Unusual movement pattern activities etc.,</li> </ul> <p>2) Nutrition</p> <ul style="list-style-type: none"> <li>• Avoidance of bad fats, bad carbohydrates and bad proteins</li> <li>• Careful consumption to include adequate vitamins, minerals, essential</li> </ul>	<p>Thank you for your comments. The purpose of the consultation was to determine whether there was sufficient new evidence to commission updates of the evidence reviews on which the guidance are based. Any new recommendations or changes to the existing recommendations would be based on the commissioned reviews.</p> <p>Nutrition is not part of the scope of this work.</p>

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	fatty acids, amino acids and water <ul style="list-style-type: none"> <li>Avoidance of many processed foods, additives and allergy-inducing and intolerance foods.</li> </ul>	
<b>Royal College of Paediatrics and Child Health</b>	We are not aware of any evidence that would justify reviewing this guidance at present (and so we support the guideline development group's decision).	Thank you for your comments.
<b>Public Health Wales</b>	<p>Sect. 3 Family &amp; Community We would support the expert group view that more needs to be done to identify and research different aspects of 'sedentary' behaviour.</p> <p>Section 3 'Planning for Physical Activity' The review doesn't appear to have considered findings from the Change 4 Life campaign that arguably has been the most expensive, extensive and prolonged campaign promoting physical activity to children &amp; young people in the UK. The campaign has evolved considerably since the initial guidance was published. With significant changes forecast for the campaign one assumes there must be evidence and learning that could be used to inform the existing guidance?</p> <p>General 'Physical Literacy' is being promoted politically and academically as a critical component in physical activity behaviour change. Assertions applied to it however, do not appear to be based on good evidence. What evidence is there that improving physical literacy leads to increased levels of physical activity and where,</p>	<p>Thank you for your comments.</p> <p>This evidence would be of interest if it is published.</p> <p>Physical literacy was part of the original scope of the work and would therefore be a part of any future updates. The guidance will</p>

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	how and when is this most effective? Is there a common understanding of what is meant by physical literacy and is this equally understood by policy makers and practitioners? As an evolving area of interest and research there needs to be greater acknowledgement within the guidance.	be reviewed again in 3 years time.
<b>National Heart Forum</b>	<p>All physical activity and exercise time and intensity levels need to meet current guidelines.</p> <p>Document should be reviewed to take into account changes, re-structuring of NHS and the launching of PHE as they may relate to promoting and supporting physical activity for children and young people.</p> <p>Document should be reviewed to take into account Draft National Planning Policy Framework and other proposed government changes to planning and local authority structures.</p> <p>Recommendation 5 Local transport plans Do “Local transport authorities and executives” include representation from public transport <i>companies</i>? Not just local transport planners. If not, they too should be encouraged to take action. Transport executives can be key players in making public transport safer and more accessible to children and young people and should be included in all local transport planning.</p> <p>Recommendation 6 Responding to children and young people (Pg. 19)</p>	<p>Thank you for your comments.</p> <p>After considering the expert panel's views and the stakeholder comments we are not convinced that an update is justified given that new evidence is unlikely to change the direction of the recommendations. The guidance will be reviewed again in 3 years time. Any future updates will take into account relevant policy changes.</p>

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	<p>Would recommend amending the following sentence: “Remove locally and <b>evidence identified</b> barriers...”</p> <p>Would recommend adding the following bullet/something similar:</p> <ul style="list-style-type: none"> <li>- Plan for communities where physical activity and active travel are the default for people of all ages.</li> </ul> <p>Recommendation 7 Leadership and instruction (Pg. 20) Recommend adding the following bullet/something similar: Training should include a basic understanding of how regular physical activity can impact the prevention of many chronic and non-communicable diseases.</p> <p>Recommendation 12 Active and sustainable school travel plans Recommended additional point: Local councils and planning authorities should implement traffic calming measures such as 20 mph on all roads in built up areas where children and young people walk, cycle or play.</p> <p>Recommend more clearly defining the position and role of “School travel advisers”</p> <p>National Policy As with our general recommendation, the guidelines should reflect the Government’s plans for changing planning and local authority structures.</p>	<p>Public transport safety is not part of the scope of this work.</p> <p>The purpose of the consultation was to determine whether there was sufficient new evidence to commission updates of the evidence reviews on which the guidance are based. Any new recommendations or changes to the existing recommendations would be based on the commissioned reviews.</p>

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	<p>5.5 (Pg. 46) Recommend including reference to additional social determinants and their influence on developing sedentary lifestyle/physical inactivity. For example: fuel poverty, access to healthy foods, family structure, public safety, mental health, etc.</p>	<p>Road safety is not part of the scope of this work. It is considered in other PH guidance PH 29 Strategies to prevent unintentional injuries among children and young people aged under 15 <a href="http://guidance.nice.org.uk/PH29/Guidance/pdf/English">http://guidance.nice.org.uk/PH29/Guidance/pdf/English</a> PH31 Preventing unintentional injuries among children and young people aged under 15: road design and modification <a href="http://guidance.nice.org.uk/PH31/Guidance/pdf/English">http://guidance.nice.org.uk/PH31/Guidance/pdf/English</a></p>
<p><b>RWN SE Partnership</b></p>	<p>I propose that a reference to hydration be added</p> <p>For structured activity a reference to nutritional advice prior and post participation should be included,</p>	<p>Thank you for your comments.</p> <p>Nutrition was not part of the scope of this guidance.</p>
<p><b>Swale Borough Council</b></p>	<p>Section 39</p>	<p>Thank you for your comments.</p>

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	<p>Re the statement</p> <p>39 “It is possible that the traffic environment in inner London makes parents too fearful for their children’s safety to let them walk or cycle without environmental changes to reduce the dangers posed by motorised traffic”.</p> <p>We have found practically in the field from our air quality management area community stakeholder consultation steering group that this is the reason given by the local schools why walking buses were not ever pursued in Ospringe or Newington as the children would have to cross the very busy main road – the A2. (Old London to Dover Road).</p> <p>No-one in the community wanted to take responsibility for getting the children across and a “lollipop” crossing person would be endangering their health and safety as well as the children crossing the road in front of large HGVs where there are high traffic volumes . Their safety understandably is the reason we cannot ask the school to do this as a project as part of our air quality action planning since there is no footbridge or possibility of providing one as I is a conservation area and also there is unlikely to be any funding to avenues to do what would seem to be the obvious solution to the obesity issue as well as the poor air quality issue. Swale is not in London but the A2 is a trunk road. Ospringe Street and Newington High Street are both air quality management areas on the A2. No doubt here are many air quality areas not just inside but also outside London and the cities where similar</p>	<p>Road safety is not part of the scope of this work. It is considered in other PH guidance PH 29 Strategies to prevent unintentional injuries among children and young people aged under 15 <a href="http://guidance.nice.org.uk/PH29/Guidance/pdf/English">http://guidance.nice.org.uk/PH29/Guidance/pdf/English</a> PH31 Preventing unintentional injuries among children and young people aged under 15: road design and modification <a href="http://guidance.nice.org.uk/PH31/Guidance/pdf/English">http://guidance.nice.org.uk/PH31/Guidance/pdf/English</a></p>

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	<p>situations occur.</p> <p>It would seem to me that we need better links with environmental health pollution practitioners (tasked to reduced pollutants measured to be above the statutory objective levels for human health) and the medical health sectors and public health professionals ( the beneficiary since there would be fewer accidents, less obesity and less cardiac and respiratory ill health and consequently less resources needed to pay for drugs and hospitalization ) and more exercise for children ( less obesity, better children's health and adult in the longer term and improved lifestyle factors more cycling , walking to local destinations by residents ).</p> <p>To achieve this we also need joint funding directed at this sort of joint highways project that is easy for Councils to access when such situations exist since the resident have to cross the same busy road as they would walk across to get to the school but in their cars which in turn causes more traffic and thus higher pollution levels. If it were possible to find funding to provide a footbridge so the children can walk to school rather than drive then it would be a win /win situation for residents, health professionals and local authorities as a preventative measure for ill health in the pollution.</p> <p>If you need evidence of health effects of pollutants there is a lot about such as the House of Commons Environmental Committee Audit 9th report, Vols 1 and 2 produced last October and before that the COMEAP report. COMEAP is an</p>	

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	advisory committee of independent experts that provides advice to Government Departments and Agencies on all matters concerning the potential toxicity and effects upon health of air pollutants. COMEAP is supported by a Secretariat provided by the Health Protection Agency (HPA). For further information about COMEAP: <a href="http://www.comeap.org.uk">www.comeap.org.uk</a> .	
<b>College of Occupational Therapists</b>	<p>COT would like to highlight two other pieces of evidence from the period under consideration:</p> <p>Munguba MC; Valdés MTM; da Silva CAB (2008) The application of an occupational therapy nutrition education programme for children who are obese; <i>Occupational Therapy International</i>, 15 (1): 56-70</p> <p>Cahill SM, Suarez-Balczaar Y (2009) Promoting children’s nutrition and fitness in the urban context. <i>The American Journal of Occupational Therapy</i>, 63, 113-116.</p>	<p>Thank you for your comments.</p> <p>Nutrition is not part of the scope of this work.</p> <p>This is a narrative review and as such would not fit the inclusion criteria for our evidence reviews.</p>
<b>Loughborough University</b>	Consideration should be given to providing guidance on ‘sedentary behaviour’ (“sitting time”) alongside physical activity.	<p>Thank you for your comment.</p> <p>The expert panel’s views was that the evidence base on reducing sedentary behaviours was currently insufficiently developed to</p>

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		warrant an update. The guidance will be reviewed again in 3 years time.
<b>World Cancer Research Fund</b>	<p>In general, World Cancer Research Fund considers that the current guidance is fit for purpose and that it covers the key areas of evidence in relation to the built environment, the role of local communities and urban planners, health professionals and parents in encouraging and facilitating physical activity. However, we feel that there could be greater emphasis on the role of physical activity in preventing weight gain and therefore in reducing risk of cancer in adulthood.</p> <p>Under Section 3 – Value of Physical Activity – we think there should be further emphasis of the role of physical activity in preventing weight gain and therefore reducing risk of cancer in adulthood. Our Expert Report (WCRF/AICR, 2007) and updates (on bowel and breast cancers) as part of the Continuous Update Project (see <a href="http://www.dietandcancerreport.org">www.dietandcancerreport.org</a> for details of systematic literature reviews and other reports) found strong evidence that physical activity protects against bowel cancer and also cancers of the breast and endometrium, as well as overweight and obesity. Our Policy Report (WCRF/AICR, 2009) found that overweight and obesity tend to track into adult life, which highlights the importance of concentrating efforts to raise physical activity in childhood. Physically active children will have the best chance of becoming fit and active adults, with weights within the healthy range – and they will be better protected against cancer and other diseases (p105).</p>	<p>Thank you for your comments. After considering the expert panel's views and the stakeholder comments, we are not convinced that an update is justified given that new evidence is unlikely to change the direction of the recommendations. The guidance will be reviewed again in 3 years time.</p>

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