Health Behaviours in Suffolk

Health Needs Assessment: physical activity

June 2022

Contents

Note

Please note that this report is part of the wider Health Behaviour Health Needs Assessment (HNA) for Suffolk. For other topic areas, please see the Healthy Suffolk website.

COVID-19 and data limitations

The data within this report mostly cites 2019/20 data sets and therefore does not examine the impact of COVID-19 on service provision, health behaviours or outcomes. Rather, the impact of COVID-19 is currently being explored through interviews with stakeholders and service users throughout Suffolk, which are not included in this report.

Please note that report was written in October 2021 and published in May 2022. At the time of publication, 2020/21 data has been published. Therefore, future work streams related to health behaviour services will reflect new data sources.

Recommendations

- **Physical activity interventions should continue to be targeted at groups disproportionately impacted by low levels of physical activity**
  This includes individuals who have disabilities, those living in areas of high-deprivation, women and girls, and those with an ethnic minority background.

- **Collaborative working across statutory and voluntary sector will be required to respond to high levels on inactivity in Suffolk which have been exacerbated by the COVID-19 pandemic**
  The data presented in this report represented pre-pandemic activity levels. More recent data has shown that inactivity and physical activity levels have decreased throughout the pandemic, so concerted effort across local organisations will be required to support positive changes in activity levels across the county.

- **Targeted engagement should be undertaken to better understand the barriers to, and drivers of, physical activity within populations experiencing physical activity inequalities**
  Work should be undertaken to understand the assets and strengths within local communities, as well as the social networks and relationships that can be built upon to increase the accessibility of initiatives to get more people active at a local level. Particular attention should be paid to the drop off in activity at key points in the life-course such as between childhood and adolescence or during pregnancy to support with future targeting of interventions.

- **Use local evidence and co-production to continue to build upon the pathways of support for those with long-term health conditions**

Why it matters

Physical activity (PA), defined as bodily movement by skeletal muscles resulting in energy expenditure, has many health and wellbeing benefits[1]. Conversely, physical inactivity has been shown to result in an increased risk of coronary heart disease (CHD), obesity, diabetes, and premature mortality[2].

Numerous health organisations have recommended PA across all age groups for prevention and improvement of health outcomes[3].The Chief Medical Officer (CMO) has recommended for children (5-18) to achieve an average of 60 minutes per day across the week and for adults (19 – 64) to achieve 150 minutes of moderate intensity exercise weekly[4]. Further recommendations by the CMO also include for adults to incorporate muscle strengthening activities twice a week and both adults and children to minimise sedentary behaviour[5].

PA for adults (18+) has been shown to be a strong strategy for improving/preventing both physical (diabetes, obesity, coronary heart disease) and mental health (depression) conditions[6]. PA for children (aged 5-17) has also been recommended due to its positive effect on both physical (bone health and fitness levels) and mental health[7].

Globally, it is estimated that over 1.4 billion adults do not meet the required energy expenditure to be classified as physically active[7]. Nationally, similar statistics have been presented, with adult physical inactivity estimated at 27%[8]. Similar estimations have been made regionally with 26% of the Suffolk population considered physically inactive[9]. The cost of physical inactivity has been directly linked to the treatment of coronary heart disease, cerebrovascular disease, cancer (breast and gastrointestinal) and diabetes costing the NHS £0.9 billion between 2016-2017 and costing the UK economy £7.4 billion[10]. The global cost of physical inactivity was conservatively estimated at £22.5 billion in 2013[10].

Similarly, to other health issues[11], there is evidence highlighting PA inequalities. Men are more likely to be active than women (63% vs 60%), and those who are in routine/semi-routine jobs or who are unemployed are least likely to be active (52%)[11]. Activity is also less common in disabled people or those with a long-term health condition (45%) than in those without (66%)[11]. UK Health Security Agency (formerly Public Health England) have identified inequalities in physical inactivity across multiple factors including regions (19.1% inactive adults in South-West compared to 25.3% in West-Midlands) with the East of England at 22%[12]. Inequalities between people of different religions can also be observed, with 21.8% inactivity among those identifying as Jewish compared to 37.2% among those identifying as Muslim[13]. Lastly, within Suffolk, women were found to be more inactive than men (27% vs 25%), and more deprived groups were seen to be more physically inactive in comparison to the least deprived (25% vs 18.6%)[14].

National policy

In 2014, PHE published 'Everybody Active, Every Day' which was a physical activity strategy and framework for England[13].

This identified four areas for local and national action, and was based on both international evidence and the input of over 1,000 stakeholders:

1. Active Society: creating a social movement. This focused on action to encourage a social movement around increasing physical activity, citing Change4Life and Couch to 5k as examples of good marketing strategies.
2. Moving Professionals: activating a network of expertise. This encouraged action in schools, sports and leisure and health and social care to increase physical activity.
3. Active environments: creating the right spaces. This focused on reshaping places to make physical activity easier.
4. Moving at scale: scaling up interventions that make us active. This stressed that interventions should be co-designed and based on community needs.

In 2017 PHE published a two-year update to the framework that highlighted key national campaigns such as Change4Life, One You and This Girl Can[13]. In 2021, PHE published a five-year update on the framework including a review to evaluate its success. The five-year review demonstrated that stakeholders viewed the framework positively, and that there has been positive progress across each framework domain over the last five years[13].

Relevant NICE Guidelines

Physical activity: encouraging activity in the community (2019) (QS183)[15]

This quality standard covers how local strategy, policy and planning and improvements to the built or natural physical environment such as public open spaces, workplaces and schools can encourage and support people of all ages and all abilities to be physically active and move more. It describes high-quality care in priority areas for improvement.

Physical activity for children and young people (2009) (PH17)[16]

This guideline covers promoting physical activity for children and young people aged under 18 at home, preschool, school and in the community. It includes raising awareness of the benefits of physical activity, listening to what children and young people want, planning and providing spaces and facilities, and helping families build physical activity into their daily lives. Recent updates (2020 and 2018) to the guidance have included the implementation of the CMO's 2019 PA guidelines and the update of recommendation 12 to recommendation 8 from the guidance physical activity: walking and cycling (2012) (PH41)[17].

Physical activity strategies and services in Suffolk

To address physical inactivity, the Suffolk Health and Wellbeing Board has tasked the Suffolk County Council led Most Active County partnership with leading on addressing inactivity in the county[18]. The programme aims to work collaboratively with the voluntary sector, public sector, private companies, and local authorities to bring additionality to existing provision within Suffolk.

In addition to the Most Active County partnership, there are many other PA initiatives, programmes, organisations, and projects across Suffolk making a positive contribution to addressing inactivity. Examples include:

- One Life Suffolk[19] who are commissioned by Public Health and Communities Suffolk to support individuals to modify the risk factors that contribute to early death and reduced quality of life, including physical inactivity and low physical activity. They deliver a health walks programme and the Get Help to Get Active service, which supports inactive adults with a long-term condition to be more physically active.

- Active Suffolk[19] who are a non-profit organisation funded primarily by Sport England dedicated to increasing the number of people taking part in sport and physical activity.. The programme is one of 43 partnerships which currently operate across the country. Active Suffolk works with a wide range of partners to develop provision of sport and physical activity in Suffolk, co-ordinating sport and physical activity programmes and supporting the development of clubs, coaches, and volunteering.

- parkrun[20] is a national programme which aims to provide free aerobic activity (walk, run, jogging) for both adults and children. The organisation is active in 12 Suffolk locations and has seen over 600+ participants weekly in some events[20].

Why is physical activity important in Suffolk?

An analysis of the Global Burden of Diseases, Injuries and Risk Factors Study found physical inactivity and low physical activity to be among the ten most important risk factors in England.

The World Health Organisation (WHO) identifies physical inactivity as the fourth leading risk factor for global death, with more than 5 million deaths worldwide attributed to it[21]. In the UK alone, physical activity contributes to one in ten premature deaths from coronary heart disease, and one in six deaths overall (equal to smoking)[22]. Regular physical activity throughout life enables people to live better and longer lives.

Around 1 in 3 (34%) of men and 1 in 2 (42%) of women are not active enough for good health. In Suffolk, this represents 101,240 males and 130,460 females. Nationally, physical inactivity is estimated to cost the UK £7.4 billion annually (including £0.9 billion to the NHS alone).

Low physical activity is one of the top 10 causes of disease and disability in England. It is estimated that within Suffolk, there are 244.6 premature deaths per 100,000 people per year attributed to physical inactivity[23]. Applying this estimate to the estimated population of Suffolk (761,000) suggests that 1,861 premature deaths per year may be attributable to physical inactivity.

When unwell, inactive people tend to spend more time in contact with health services than active people; this includes 38% more days in hospital; 5.5% more GP visits; use of 13% more specialist services; and 12% more nurse visits[24]. Additionally, a greater percentage of coronary heart disease deaths can be attributed to physical inactivity (37%) than either hypertension (13%) or smoking (19%)[25].

The cost of physical inactivity: a local perspective

Research by UK Health Security Agency (formerly Public Health England) in 2016 estimated that physical inactivity cost CCGs £8.17 per person on average in 2013/14[26]. The research considers costs for the five conditions for which Population Attributable Fractions (PAFs) are available for physical inactivity (ischaemic heart disease, ischaemic stroke, breast cancer, colon/rectum cancer and diabetes mellitus) to estimate costs from these diseases that can be attributed directly to physical inactivity.

The estimates provided here are a significant underestimate and therefore a starting point in understanding the economic costs of physical inactivity as a result of treating health outcomes, as they only consider costs associated with five of the over 20 conditions preventable and manageable by physical activity and also only the direct costs to CCGs for the five conditions (i.e., not costs to other parts of the NHS and the wider health and social care system)[26].

The cost of inactivity for Suffolk CCGs for the five PAFs range from 1.9 million in the Great Yarmouth and Waveney CCG to 3.7 million in the Ipswich and East Suffolk CCG. The highest proportion of cost for all CCGs is attributed to diabetes, ranging from 31.5% in the West Suffolk CCG to 31.8% in the Ipswich and East CCG.

However, as these costs are taken from the 2013/14 financial year, it is expected that they have increased in line with increasing prevalence of cancers, diabetes, coronary heart disease, and cardiovascular disease in Suffolk. For example, diabetes has increased from a prevalence of 6.1% (37,840 residents) in Suffolk to 7.1% (46,729 residents) in 2019/20. Moreover, other important health conditions were not included in this estimate (due to a lack of population attributable fractions). These include obesity, musculoskeletal health, mental health and functional health.

Table 1: estimate costs from diseases that can be attributed directly to physical inactivity for which Population Attributable Fractions (PAFs) are available for physical inactivity, Suffolk-based CCGs, 2013/14

	Total cost (£)					
CCG	Cancer lower GI	Cancer breast	Diabetes	Coronary heart disease	Cerebrovascular disease	Total
NHS Great Yarmouth & Waveney CCG	276,938	252,690	608,469	438,883	347,320	1,924,301
NHS Ipswich and East Suffolk CCG	419,441	471,844	1,171,430	702,555	921,142	3,686,412
NHS West Suffolk CCG	247,968	400,642	780,106	479,456	569,972	2,478,145

What is the local picture?

Children and Young People

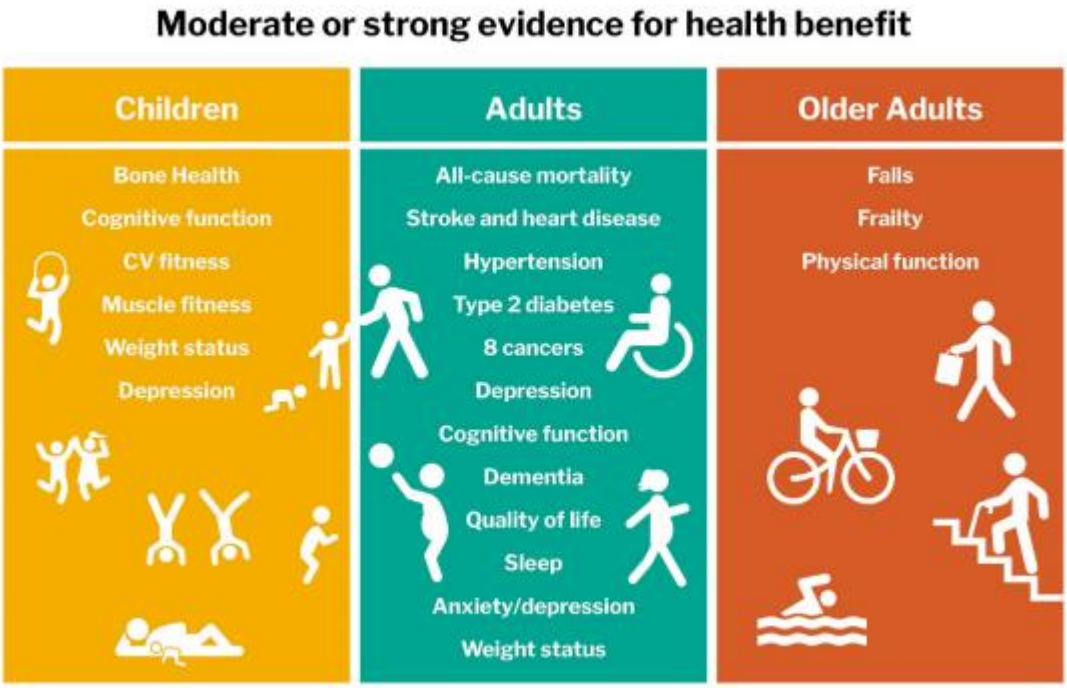
The physical activity guidelines for children and young people are relevant to those aged from 5 to 18 years. Physical activity is associated with better physiological, psychological and psychosocial health among children and young people. Global and UK specific evidence has shown that boys are more active than girls at all ages and that physical activity levels decline through childhood into adolescence[27]. There is also some evidence to suggest that physical activity levels track from childhood into adulthood[28]. As such, ensuring that all children are as active as possible throughout childhood is important for current and future population health.

In recent years, there has been increasing awareness of the impact that inactivity and sedentary behaviour may have on health. As set out in the Introduction, sedentary behaviour is not simply the absence of moderate or vigorous physical activity. It includes behaviours such as watching television, reading, working with a computer, sitting while playing video games, or travelling in a motor vehicle. The most common measures of sedentary time used in the literature are self-reported time spent sitting, screen time, and the volume of device-based measures of sedentary time (accelerometer/inclinometer). For young people, evidence suggests that higher levels of sedentary behaviour are weakly associated with greater levels of obesity and lower physical fitness[4].

Physical activity guidelines for children and young people aged 5 – 18 were updated by the Department of Health and Social Care in 2020[4] to include:

- Children and young people should engage in MVPA for an average of at least 60 minutes per day across the week. This can include all forms of activity such as physical education, active travel, after-school activities, play and sports.
- Children and young people should engage in a variety of types and intensities of physical activity across the week to develop movement skills, muscular fitness, and bone strength.
- Children and young people should aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of not moving with at least light physical activity.

Figure 1: Cumulative health benefits of physical activity across ages



Source: UK Chief Medical Officer's Physical Activity Guidelines, 2019

Children and young people: activity levels in Suffolk

Over half (58.1%) of children and young people in Suffolk do not meet the guidelines of 60+ minutes of exercise per day across the week. This equates to an estimated 52,400 children and young people. However, 2 in 5 (42.0%) children and young people aged 5–16 years meet the Chief Medical Officer (CMO) guidelines for physical activity. This is comparable to the levels of active 5-16 year-olds in England (45.0%) and the East of England (46.1%).

Table 2: Proportion of children and young people aged 5 – 16 by activity level, England, East of England, and Suffolk, 3 years pooled data (2017/18 to 2019/20)

	Suffolk	East of England	England
Less active: less than an average of 30 minutes a day	32.6%	30.2%	31.1%
Fairly active: an average of 30-59 minutes a day	25.5%	23.6%	24.0%
Active: an average of 60+ minutes a day	42.0%	46.1%	45.0%

Source: Sport England. Active Lives Survey, 2020

It isn't possible to get activity data at Lower Tier Local Authority (LTLA) level due to the low sample sizes in the Actives Lives Survey. Therefore, activity levels for children and young people aged 5 – 16 within each of Suffolk's LTLAs have been estimated using Suffolk's 3-year pooled averages in Table 3 below. Below are estimated number of children and young people aged 5 – 16 not reaching the guidelines of 60+ minutes of exercise per day across the week for each LTLA[1]:

[1] The figure for LTLAs combine 'less than an average of 30 minutes a day' and 'an average of 30-59 minutes a day' categories.

- Babergh: 7,249
- East Suffolk: 19,401
- Ipswich: 11,930
- Mid Suffolk: 8,171
- West Suffolk: 14,680

Table 3: Number of children and young people aged 5 – 16 by activity level, for Suffolk's LTLAs, based on 3 years pooled data averages for Suffolk (2017/18 to 2019/20)

LTLA	Total 5 - 16 population (mid-2020 estimates)	Less active: less than an average of 30 minutes a day	Fairly active: an average of 30-59 minutes a day	Active: an average of 60+ minutes a day
Babergh	12476	4067	3181	5240
East Suffolk	33392	10886	8515	14025
Ipswich	20533	6694	5236	8624
Mid Suffolk	14063	4585	3586	5906
West Suffolk	25267	8237	6443	10612

Source: Sport England. Active Lives Survey, 2020

Children and young people: activity levels linked to mental wellbeing

In 2017, it was the first time the relationship between engagement in sport and physical activity and the strategy outcomes of mental wellbeing, individual development and social and community development were investigated. The analysis showed that people who are active feel more able to achieve their goals and were more trusting of their local community[29].

In Suffolk, respondents in years 7 – 11 (ages 11 - 16) who undertook at least 60 minutes of physical activity a day scored themselves 6.15 out of 10 for life satisfaction compared to 5.77 for those who less than 30 minutes of activity per day.

Similarly, respondents in years 7 – 11 (ages 11 - 16) who undertook at least 60 minutes of physical activity a day scored themselves 6.79 out of 10 for life worthwhileness compared to 6.04 for those who undertook less than 30 minutes of activity per day.

Table 4: Mental wellbeing life satisfaction average score (0-10) by levels of activity (years 7-11), England, East of England, and Suffolk, 2019/20

	Less active: less than an average of 30 minutes a day	Fairly active: an average of 30-59 minutes a day	Active: an average of 60+ minutes a day
England (Nation)	6.20	6.51	6.68
East Region	5.96	6.61	6.59
Suffolk AP	5.77	6.06	6.15

Source: Sport England. Active Lives Survey, 2020

Table 5: Mental wellbeing life worthwhileness average score (0-10) by levels of activity (years 7-11), England, East of England, and Suffolk, 2019/20

	Less active: less than an average of 30 minutes a day	Fairly active: an average of 30-59 minutes a day	Active: an average of 60+ minutes a day
England (Nation)	6.32	6.70	6.99
East Region	6.07	6.77	6.93
Suffolk AP	6.04	6.69	6.79

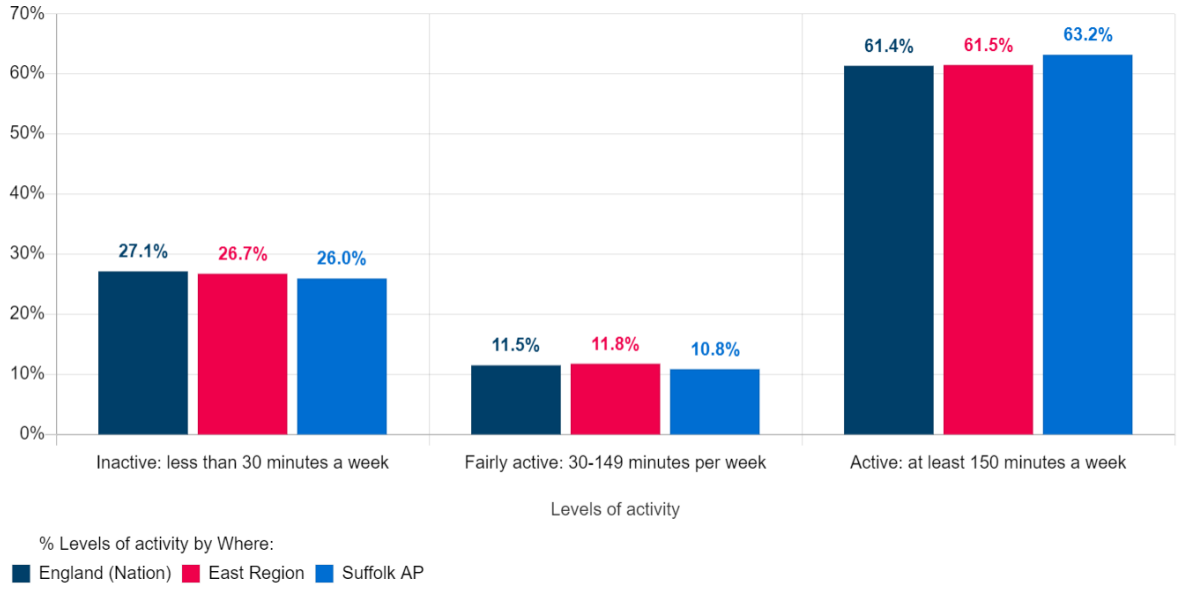
Source: Sport England. Active Lives Survey, 2020

Adults

The recommended guidelines for physical activity in adults are 150 minutes of moderate intensity or 75 minutes of vigorous intensity activity per week[30]. Examples of moderate intensity activities include walking, dancing and gardening. Examples of vigorous intensity activities include running, fast cycling and competitive sports such as football, netball and hockey. Adults should also undertake physical activity to improve muscle strength on at least two days a week and should minimise the amount of time spent being sedentary (sitting) for extended periods. Examples of muscle-strengthening activities include lifting weights, hill walking and heavy gardening, such as digging and shovelling. The *Active Lives Adult Survey* conducted by Ipsos MORI on behalf of Sport England provides the most comprehensive and current picture of activity levels across England.

In Suffolk during 2019/20, six in ten (63.2%) adults are classed as active because they meet the CMO recommended 150 minutes of moderate physical activity per week, which equates to around 394,200 adults. Compared to the same period a year earlier, this represents a significant increase in the proportion of active adults (from 61.8% to 63.2%). However, the remaining 36.8% of adults are classed as insufficiently active because they achieve less than 150 minutes of moderate physical activity per week; within this group, one in four (26.0%) adults are classed as inactive because they are active for less than 30 minutes per week. In Suffolk, there are around 229,500 adults whose health could be improved by increasing the amount of exercise they take. Nationally and regionally, adult activity levels are similar to those in Suffolk, with just over 25% of adults inactive (27.1% England, 26.7% East of England) and around 62% active (61.4% England, 61.5% East of England).

Figure 2: Proportion of adults by activity level, England, East of England, and Suffolk, 2019/20



Source: Sport England. Active Lives Survey, 2020

Activity level by district and borough

At a district/borough level, East Suffolk the highest proportion of active adults (65.0%). The highest proportion of inactive adults were found in Ipswich where 29.2% (n=31,800) of adults were inactive. Over a quarter of adults in Babergh, Ipswich, and West Suffolk were categorised as inactive, partaking in less than 30 minutes of exercise per week.

Table 6: Proportion of adults by activity level and district/borough, Suffolk, 2019/20

	Inactive: less than 30 minutes per week		Fairly active: 30-149 minutes per week		Active: at least 150 minutes a week	
	Rate (%)	Population	Rate (%)	Population	Rate (%)	Population
Babergh	25.30%	19,300	12.00%	9,200	62.70%	47,900
East Suffolk	24.10%	50,100	10.90%	22,600	65.00%	134,800
Ipswich	29.20%	31,800	12.20%	13,300	58.60%	63,800
Mid Suffolk	22.60%	19,500	13.30%	11,500	64.20%	55,500
West Suffolk	28.40%	41,000	7.70%	11,200	63.80%	92,100

Source: Sport England. Active Lives Survey, 2020

Inactivity

A quarter (26.0%) of adults in Suffolk are classed as inactive, meaning that they are active for less than 30 minutes per week. This equates to 161,800 adults in Suffolk. Of these, 62.7% (n=101,449) stated that they had not been active within the last 28 days. Table 7 shows that 6.6% of Suffolk's adult population (n=40,900) had not participated in exercise in the last year.

Table 7: Proportion of adults by recorded as inactive, England, East of England, and Suffolk, 2019/20

	England (Nation)	East Region	Suffolk AP
(Not enough, 1-29 minutes a week): % of all who are inactive	4.3%	5.2%	-
(Light intensity only): % of all who are inactive	32.4%	33.7%	33.2%
(No activity in last 28 days): % of all who are inactive	63.4%	61.2%	62.7%

Source: Sport England. Active Lives Survey, 2020

Table 8: Proportion of adults who have participated in exercise in the last year, England, East of England, and Suffolk, 2019/20

	England (Nation)	East Region	Suffolk AP
Participated in the last year	92.9%	93.1%	93.4%
Did not participate in the last year	7.1%	6.9%	6.6%

Source: Sport England. Active Lives Survey, 2020

Inactivity by district and borough

People in the UK are around 20% less active now than in the 1960s. If current trends continue, we will be 35% less active by 2030[31]. In Suffolk, residents reporting activity levels of at least 150 minutes per week has increased from 57.5% in 2015-16 to 63.2% in 2019/20. However, the proportion of Suffolk residents reporting inactivity is less promising; inactivity (less than 30 minutes per week) has remained static over the last 5 years from 27.3% in 2015/16 to 26.0% in 2019/20[14].

Babergh

Inactivity levels have seen a reduction from 28.0% in 2015-16 to 25.3% in 2019/20.

East Suffolk

Inactivity levels have seen a reduction from 26.6% in 2015-16 to 24.1% in 2019/20.

Ipswich

Ipswich is the only district/borough in Suffolk that has seen increasing levels of inactivity from 26.0% in 2015/16 to 29.2% in 2019/20.

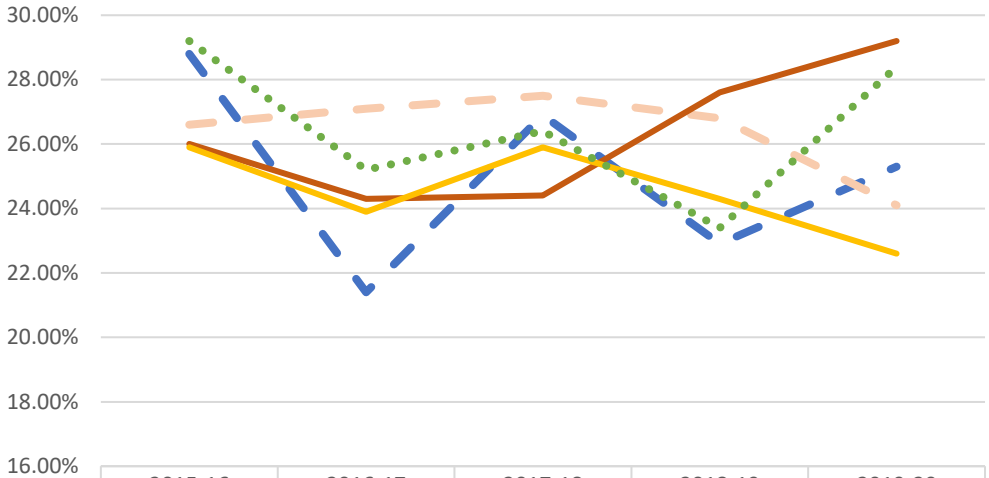
Mid Suffolk

Inactivity levels have seen a reduction from 25.9% in 2015-16 to 22.6% in 2019/20.

West Suffolk

Inactivity levels have seen a reduction from 29.2% in 2015-16 to 28.4% in 2019/20.

Figure 3: Proportion of adults by recorded as inactive, Suffolk district and boroughs, 2015-16 to 2019/20



	2015-16	2016-17	2017-18	2018-19	2019-20
Babergh LA	28.80%	21.40%	26.90%	22.90%	25.30%
East Suffolk LA	26.60%	27.10%	27.50%	26.80%	24.10%
Ipswich LA	26.00%	24.30%	24.40%	27.60%	29.20%
Mid Suffolk LA	25.90%	23.90%	25.90%	24.30%	22.60%
West Suffolk LA	29.20%	25.20%	26.40%	23.40%	28.40%

Source: Sport England. Active Lives Survey, 2020

Adults: activity levels linked to mental wellbeing

Physical activity can boost mental wellbeing and help reduce social isolation and depressive symptoms (including low mood and energy).

The link between physical activity and depression is well established. Physical inactivity and depression in the community: evidence from the Upper Bavarian field study found that people who are inactive have 3 times the rate of moderate to severe depression of active people. NICE guidelines CG90 recommends a programme of physical activity for people with mild depression.

Other positive emotional wellbeing outcomes of physical activity include[32]:

- improved social interaction, shared experiences, optimism and life satisfaction
- improved social cognition, functional capacity and quality of life
- improved self-esteem, increases in perceived social support and sense of belonging
- reduced stress, worries, cognitive decline and loneliness

Sport England's Active Lives Survey shows a positive link between the time spent exercising and a host of wellbeing measures at a Suffolk level, including anxiety, life satisfaction, happiness, worthwhileness, and resilience.

Anxiety

Higher activity levels are correlated to positive trends in anxiety levels. Suffolk residents who took part in less than 30 minutes of exercise per week had a higher anxiety score (4.10) compared to those who took part in at least 150 minutes exercise per week (3.25).

Table 9: Anxiety average score (0-10) by Levels of activity, Suffolk, East of England, and England, 2020

	Inactive: less than 30 minutes a week	Fairly active: 30-149 minutes per week	Active: at least 150 minutes a week
England (Nation)	3.63	3.62	3.49
East Region	3.69	3.57	3.30
Suffolk AP	4.10	4.34	3.25

Source: Sport England. Active Lives Survey, 2020

Life satisfaction

Higher activity levels are correlated to positive trends in life satisfaction. Suffolk residents who took part in less than 30 minutes of exercise per week had a lower life satisfaction score (6.73) compared to those who took part in at least 150 minutes exercise per week (7.36).

Table 10: Life satisfaction average score (0-10) by Levels of activity, Suffolk, East of England, and England, 2020

	Inactive: less than 30 minutes a week	Fairly active: 30-149 minutes per week	Active: at least 150 minutes a week
England (Nation)	6.57	6.91	7.23
East Region	6.55	6.97	7.31
Suffolk AP	6.73	6.72	7.36

Source: Sport England. Active Lives Survey, 2020

Happiness

Higher activity levels are correlated to positive trends in happiness ratings. Suffolk residents who took part in less than 30 minutes of exercise per week had a lower average happiness score (6.72) compared to those who took part in at least 150 minutes exercise per week (7.32).

Table 11: Happiness average score (0-10) by Levels of activity, Suffolk, East of England, and England, 2020

	Inactive: less than 30 minutes a week	Fairly active: 30-149 minutes per week	Active: at least 150 minutes a week
England (Nation)	6.66	6.92	7.20
East Region	6.68	6.95	7.28
Suffolk AP	6.72	6.57	7.32

Source: Sport England. Active Lives Survey, 2020

Worthwhileness

Higher activity levels are correlated to positive trends in worthwhileness ratings. Suffolk residents who took part in less than 30 minutes of exercise per week had a lower average feeling of worthwhileness (6.78) compared to those who took part in at least 150 minutes exercise per week (7.52).

Table 12: Worthwhileness average score (0-10) by Levels of activity, Suffolk, East of England, and England, 2020

	Inactive: less than 30 minutes a week	Fairly active: 30-149 minutes per week	Active: at least 150 minutes a week
England (Nation)	6.86	7.14	7.41
East Region	6.85	7.19	7.47
Suffolk AP	6.78	7.15	7.52

Source: Sport England. Active Lives Survey, 2020

Resilience

Higher activity levels are correlated to positive trends in resilience ratings. Suffolk residents who took part in less than 30 minutes of exercise per week had a lower average resilience score (3.64) compared to those who took part in at least 150 minutes exercise per week (3.95).

Table 13: If I find something difficult, I keep trying until I can do it average score (1-5) by Levels of activity, Suffolk, East of England, and England, 2020

	Inactive: less than 30 minutes a week	Fairly active: 30-149 minutes per week	Active: at least 150 minutes a week
England (Nation)	3.69	3.77	3.90
East Region	3.72	3.83	3.90
Suffolk AP	3.64	3.93	3.95

Source: Sport England. Active Lives Survey, 2020

The impact of COVID-19 on physical activity

Nationally

The pandemic led to unprecedented decreases in activity levels during the initial restrictions and, as a result, the data released by Sport England in April 2021 showed the following changes compared to 12 months earlier[33]:

- 710,000 (-1.9%) fewer active adults meeting the Chief Medical Officer's guidelines of taking part in 150 minutes of moderate intensity physical activity a week, taking the total number of active adults to 27.9 million (61.4% of the population)
- 1.2m (+2.6%) more inactive adults taking part in less than an average of 30 minutes a week, taking the total number of inactive adults in England to 12.3m (27.1% of the population).

Activity levels were hit hardest during the initial phase of the pandemic (the national lockdown between mid-March and mid-May) and the proportion of the population classed as active dropped by 7.1% – or by just over 3m fewer active adults – compared to the 12 months before.

During the second phase, as restrictions were eased, activity levels were still down compared to the previous 12 months, but the reductions were smaller, with 4.4%/2.0m fewer active adults across mid-May to mid-July and 3.1%/1.4m fewer active adults across mid-July to mid-September.

In the third phase of the pandemic, as new restrictions were imposed but before the full impact of the new national lockdown in November was felt, activity levels decreased by 1.8% and there were 810,000 fewer active adults.

How has COVID-19 impacted Suffolk?

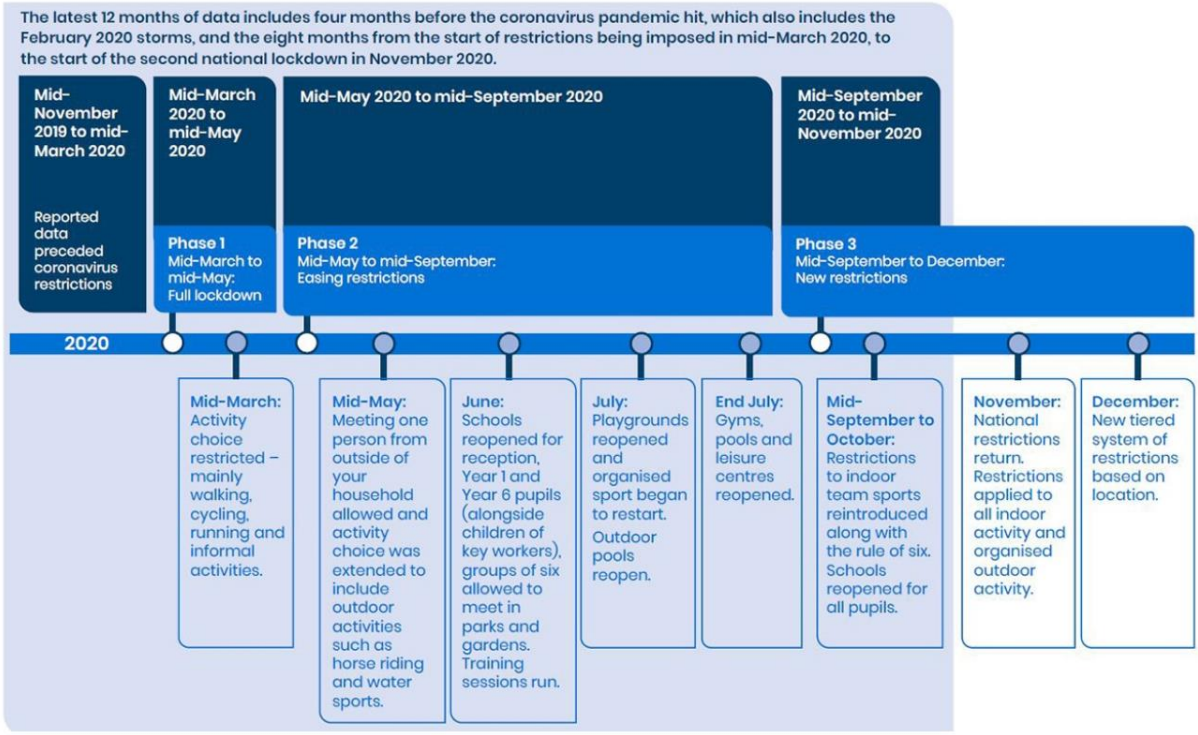
Adults

The most recent Active Lives survey data presents physical activity levels for May 2021. This captures the end of phase 1 COVID-19 restrictions when England was in full lockdown (see Figure 4 below).

Over a quarter (28.4%, n=177,200) of adults in Suffolk reported being inactive in May 2021. Of these, nearly two-thirds (62.2%, n=110,218) reported no activity in the last 28 days. Inactivity in adults also went from 26.0% pre-pandemic (November 2019) to 28.4% in May 20-21. This is an estimated increase of 15,400 reporting inactivity (see Figure 5 and 6).

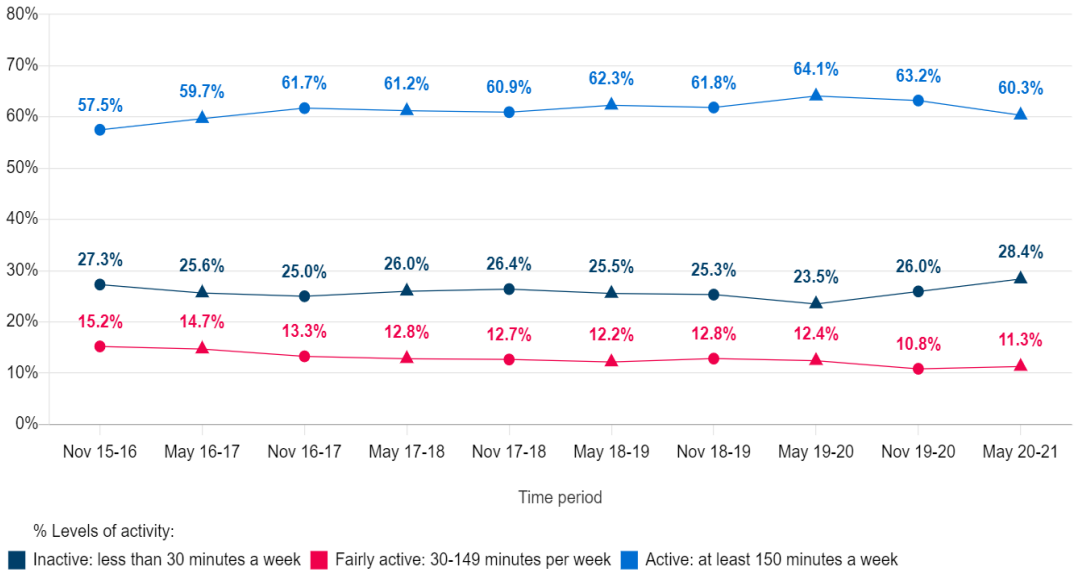
Ipswich presented the largest increase in inactivity, from 29.2% in November 2019 to 38.5% in May 2020 (see Figure 7). There was minimal change in inactivity for the other LTLAs in Suffolk.

Figure 4: Timeline of COVID-19 restrictions in England, March 2020 to December 2020



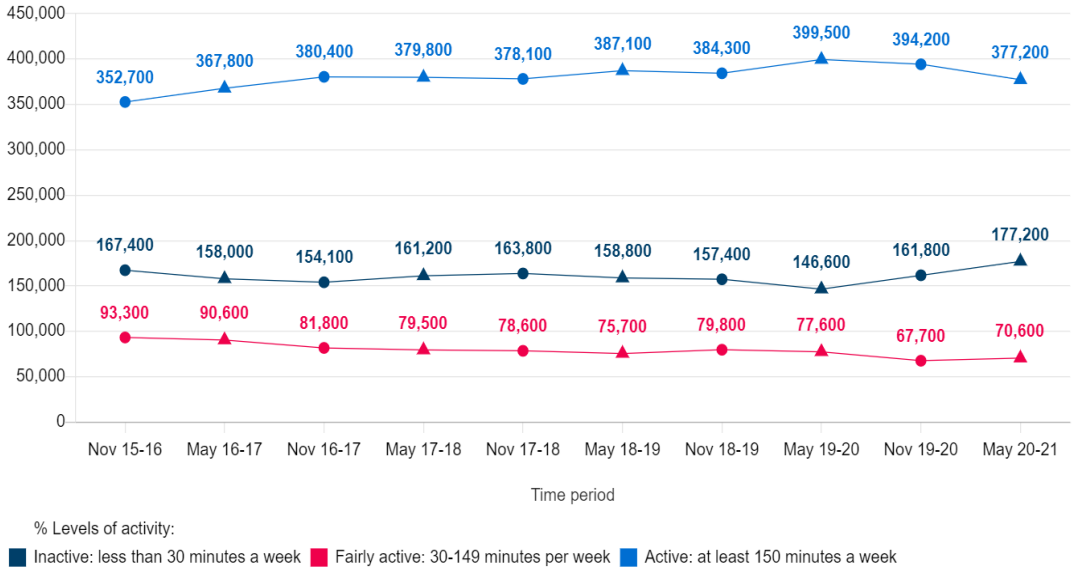
Source: Sport England, 2021

Figure 5: Physical activity levels in Suffolk, by proportion, 2015/16 to 2020/21, adults (16+)



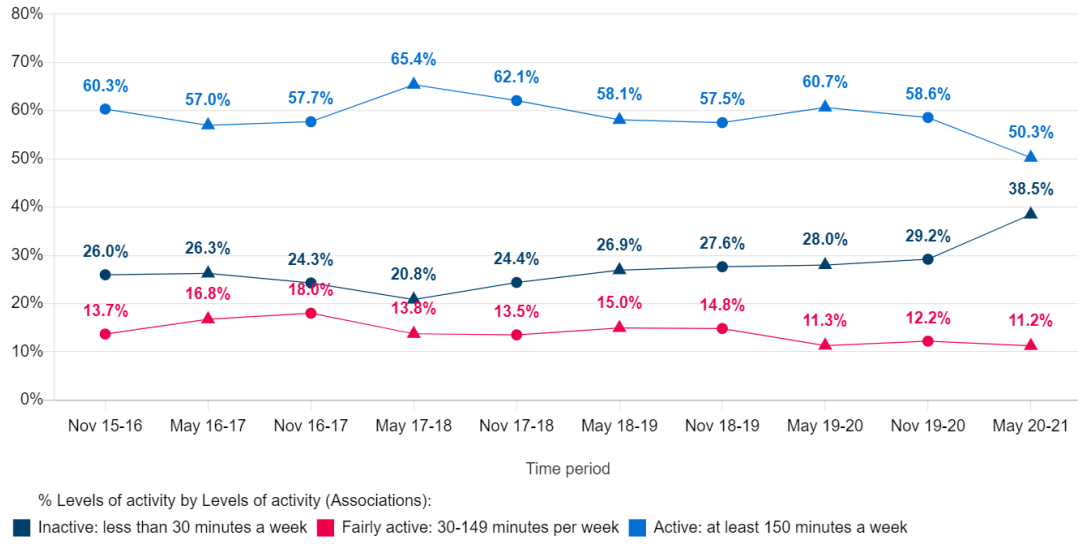
Source: Sport England. Active Lives Survey, 2020

Figure 6: Physical activity levels in Suffolk, by value, 2015/16 to 2020/21, adults (16+)



Source: Sport England. Active Lives Survey, 2020

Figure 7: Physical activity levels in Ipswich local authority, by proportion, 2015/16 to 2020/21, adults (16+)



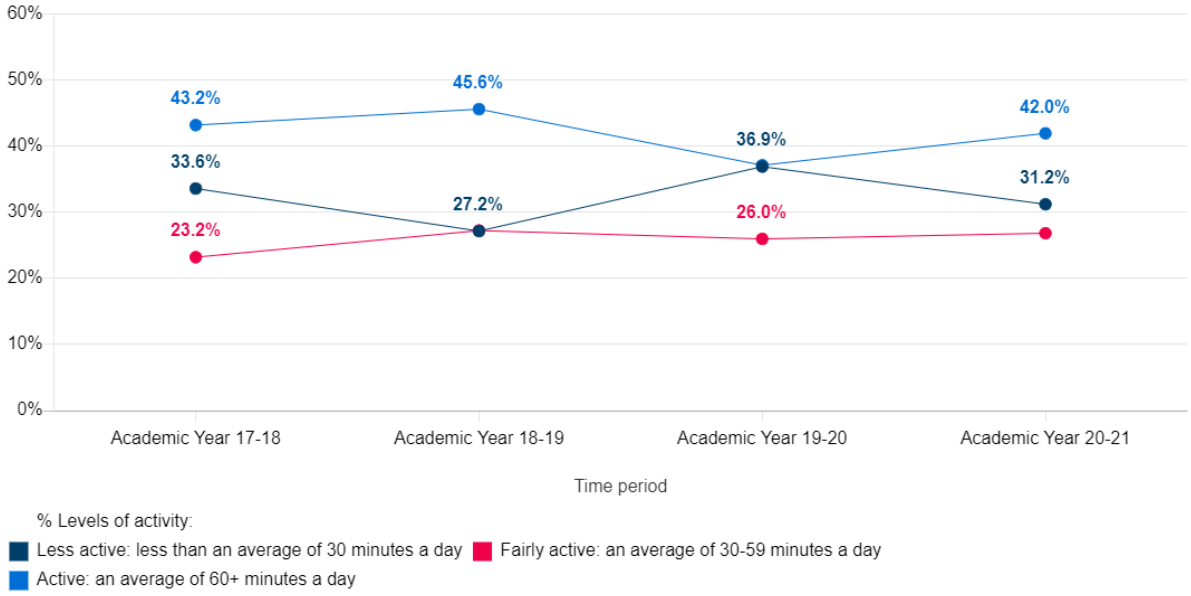
Source: Sport England. Active Lives Survey, 2020

Children and young people

Activity levels for children and young people in Suffolk increased from the 2019/20 academic year to the 2020/21 academic year. Those reporting an average activity level of 60+ minutes per day increased from 36.9% in 2019/20 to 42.0% in 2020/21, while inactivity (less than 30 minutes per day) went from 36.9% to 31.2%.

The data could not be interrogated at a lower geography due to the low sample size for some of Suffolk's LTLAs.

Figure 8: Physical activity levels in Suffolk, by proportion, academic year 2017/18 to 2020/21, children and young people (age 5-16)



Source: Sport England. Active Lives Survey, 2020

Suffolk's integrated healthy lifestyles commissioned services

The Get Help to Get Active (GH2GA)

Summary for 2019/20

- Out of 1,637 individuals referred onto OLS GHTGA in Year 4, only 778 were accepted onto the programme which is more than that of the previous year (377 clients in Quarter 1 and 2).
- Nearly three-quarters of all clients attended OLS GHTGA programme (72%) were female, and slightly more than a quarter were males.
- At baseline, more than half (60%) of clients attended GHTGA services reported to have low activity levels and 83% of them had no access to a gym.
- Impact assessment of the service in Year 4 was not done due to unavailability of outcome data.

Aims of Get Help to Get Active

The aim of the Get Help to Get Active programme is to support and encourage people to increase their levels of PA by offering 3 levels of support. Starting from self-care signposting to psychologically informed behaviour change sessions, dependent on the individual's needs. The service is designed for 'inactive adults', doing less than 30 minutes of moderate activity per week and living with a long-term health condition.

Client characteristics

Referrals

Out of 1,637 individuals referred to OLS Get Help to Get Active in Year 4, only 778 were accepted into the programme (Table 14). Note, data analysis involves data of the 778 clients who were accepted onto the programme.

Table 14: Client programme status, Get Help to Get Active, 2019/20

Status	n (%)
Declined	195 (11.9)
Not eligible	62 (3.8)
Lost to Follow-up	347 (21.1)
Contact Requested/ Attempted/ Awaiting	255 (15.5)
Accepted service	778 (47.4)
Missing	6 (0.4)
Total	1637 (99.6)

Demographics

The majority of clients attending OLS GHTGA were White (96%) and a large proportion were female (72%). More than half (52%) of all clients were from 40% most deprived areas of Suffolk. At baseline, more than half (60%) of clients reported to have low activity levels, 84% were in the wellbeing zone and 83% had no access to gyms (Table 15).

Table 15: Client characteristics at baseline, Get Help to Get Active, 2019/20

			n (%)
Gender	Female		560 (72.0)
	Male		217 (27.9)
	Missing		1 (0.2)
Ethnicity	White		744 (95.6)
	Non-White		20 (2.6)
	Missing		14 (1.8)
IMD quintile	1 (20% most deprived)		234 (30.1)
		2	167 (21.5)
		3	137 (17.6)
		4	115 (14.8)
	5 (20% least deprived)		118 (15.2)
	Missing		7 (0.9)
Activity Level	Low		464 (59.7)
	Moderate		312 (40.2)
	Missing		2 (0.3)
Wellbeing zone	No		654 (84.1)
	Yes		122 (15.7)
	Missing		2 (0.3)
Gym access	No		644 (82.8)
	Yes		132 (17.0)
	Missing		2 (0.3)

Level of activity

At the start of the programme, approximately two-thirds of clients (66%) participated in less than 30 minutes of activity per week and more than a quarter (26%) had at least 60 minutes of activity weekly (Table 16). Interestingly, most of the clients (99%) spent less than 30 minutes per week engaging in vigorous PA. Analysis showed that the levels of PA (i.e., weekly active minutes, total moderate and vigorous PA) were not statistically different across IMD quintiles.

Table 16: Client physical activity level per week at baseline, Get Help to Get Active, all clients prior to accepting service, 2019/20

		n	%
Total Moderate PA (*minutes per week*)	<30 min	1081	65.8
	30-<60 min	132	8.0
	60-<150 min	217	13.2
	≥150 min	211	12.8
	Missing	2	0.1
Total Vigorous PA (*minutes per week*)	<30 min	1626	99.0
	30-<60 min	3	0.2
	60-<150 min	9	0.5
	≥150 min	3	0.2
	Missing	2	0.1

Outcomes

Data for service outcomes were not available to access and therefore, overall programme impact of the OLS Get Help to Get Active service is not available in Year 4 (2019/20).

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