

Redcar and Cleveland

Adults Joint Strategic Needs Assessment

Physical Inactivity May 2021

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OUR APPROACH TO THE JSNA

The needs assessment process aims to provide a comprehensive analysis of the current and future needs of the local population to inform service commissioning and help improve health outcomes and reduce inequalities. The Redcar and Cleveland Adults Joint Strategic Needs assessment (JSNA) uses data, intelligence and evidence to identify the current and future health and social care needs of the adult population in Redcar and Cleveland. It provides a compendium of evidence of the health needs of our local population for use by anyone working with, delivering or planning services for our local population.

The local authority and CCG have a joint statutory duty to produce and maintain the JSNA, and health and social care commissioners are obliged to have "due regard" to the JSNA in exercising their functions. Having an effective Adults JSNA underpins the effectiveness of local strategies, services and programmes for addressing poor health and care outcomes.

The Adults JSNA will help to improve the health and wellbeing of the local population by:

- Providing an up-to-date evidence based resource to support health and wellbeing planning and commissioning
- Highlighting areas where there is a need to improve health and wellbeing outcomes for the local community
- Identifying groups with a greater or unmet needs (vulnerable groups)
- Supporting decision makers to allocate resources

To ensure that our local Adults JSNA is comprehensive and adequately describes the current and future needs of our local population it has been broken down into a number of individual needs assessments for specific topic areas or population groups. This document assesses the needs of adults living in Redcar and Cleveland in relation to their 'Physical Inactivity'. This JSNA topic will have links to many other JSNA topic areas and should be read in conjunction with these in order to give a more detailed assessment of local needs.

WHY IS PHYSICAL INACTIVITY IMPORTANT?

Physical inactivity is becoming a priority for public health services as we are living more sedentary lifestyles. People are sitting more as we utilise electronic devices and vehicular transport, and the need to be physically active is becoming less required to live our everyday lives. The shift in types of work from manual to more digital businesses and the use of technology, although making us more efficient has led to the population being less physically active. This is evidenced by the World Health organisation (2021) who states that:

"More than a quarter of the world's adult population (1.4 billion adults) are insufficiently active and levels of inactivity are twice as high in high-income countries compared to low-income countries".

Why is being physically inactive a problem?

Physical inactivity can have a hugely negative effect on the life expectancy of a population as it is one of the leading risk factors for non-communicable diseases mortality. People who are insufficiently active have a 20% to 30% increased risk of death compared to people who are sufficiently active.

www.who.int Downloaded 4/4/2021.

Not only does being inactive have a negative impact on an individual it also impacts wider society. Physical inactivity costs the NHS in the UK around £1 billion per year and when you include costs across the whole of society this rises to around £7.4 billion a year. www.gov.uk/government/publications/everybody-active-every-day Downloaded 4/4/2021.

The National Institute for Health and Care Excellence (NICE) guidance (2018) puts physical activity and the environment into context with more key facts and figures. https://www.nice.org.uk/guidance/ng90/chapter/Context

Why should we be physically active?

The benefit of regular physical activity is proven to help prevent and manage non-communicable diseases such as heart disease, stroke, diabetes, and several cancers. It also helps prevent hypertension, maintain healthy body weight, and can improve mental health, quality of life and well-being. So regular physical activity can:

- Improve muscular and cardiorespiratory fitness.
- Improve bone and functional health.
- Reduce the risk of hypertension, coronary heart disease, stroke, diabetes, various types of cancer (including breast cancer and colon cancer).
- Improve mental health and reduce depression.
- Reduce the risk of falls as well as hip or vertebral fractures.
- Help maintain a healthy body weight.

The 'Health Matters' a govt website also focuses on the benefit of physical activity for the prevention and management of long-term conditions in adults, <u>Health matters: physical activity - prevention and management of long-term conditions - GOV.UK (www.gov.uk)</u>

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Diagram 1: To show that physically active people have lower health risks.



What is physical activity?

We now know the damaging effects of physical inactivity but what do we mean by being physically active?

Casperson, Powell & Christenson defined it as "any bodily movement produced by skeletal muscles that requires energy expenditure" (Casperson, Powell & Christenson, 1985, p.126).

The most common forms seen as being active are walking, cycling, playing sport, and going to the gym, but any form of movement is considered being active, so activities like gardening and housework can all support a healthy and active lifestyle.

The World Health Organisation also has a lot of information and facts on physical activity, <u>https://www.who.int/news-room/fact-sheets/detail/physical-activity</u>

Further information on the physical activity guidelines for adults can be found on page 11 of this document.

Other JSNA topics this topic is closely linked to:						
Diet, Nutrition and Obesity	Frailty and Falls					
MSK (musculoskeletal conditions)	Mental Health and Wellbeing					
Diabetes	Transport					

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WHAT IS THE LEVEL OF NEED?

The graph below shows that in Redcar and Cleveland there is a higher rate of physical inactivity compared to the national average. Since 2016/17 however this gap has decreased, showing that the number of inactive adults in Redcar and Cleveland is reducing, and as the national average has remained similar to the 2016/17 rates it is showing improvements are being made.

Graph 1: To show the trend in the percentage of physically inactive adults in Redcar & Cleveland.



Regionally Redcar and Cleveland ranked 8th out of 12 for levels of physical inactivity, meaning that 7 areas across the region are more inactive than Redcar and Cleveland. The rate of physically inactive adults in Redcar and Cleveland are also lower than the regional average. However, across the North East region only 2 areas (Darlington and Northumberland) are better than the national average.

Graph 2: To show the percentage of physically inactive adults in Redcar & Cleveland in rank order.

Compared with England ••• Better 95%	Similar Worse 95%	Not compared	* a not	note is attached to the value, hover over to see more details				
Areas All in North East region All in England	Display Table	Table and chart	Export table as image	Ł Export table as CSV file				
Area	Count ▲▼	Value ▲▼		95% Lower Cl	95% Upper Cl			
England	-	21.4		21.2	21.6			
North East region	-	23.8	H	22.8	24.8			
Hartlepool	-	32.0			36.1			
Sunderland	-	28.7		24.9	32.8			
Middlesbrough	-	28.5	⊢	24.7	32.7			
Stockton-on-Tees	-	26.7		23.1	30.8			
Gateshead	-	26.5	⊢	22.9	30.4			
County Durham	-	24.8	⊢ <mark> </mark>	21.0	28.9			
South Tyneside	-	23.3	⊢	19.8	27.2			
Redcar and Cleveland	-	22.3	⊢	18.8	26.2			
Newcastle upon Tyne	-	21.9	H-H	20.2	23.8			
North Tyneside	-	21.5	⊢ <mark> </mark>	18.2	25.2			
Darlington	-	17.5	⊢−−− −	14.3	21.3			
Northumberland	-	16.6	⊢	13.5	20.1			

[💽] this is Redcar & Cleveland

The graph below shows the rates of physical activity in Redcar and Cleveland compared to the national average. The rates of physical activity are higher than the national average, meaning that those adults who are active are doing at least the recommended amount of physical activity. The current rates of physical activity are the highest they have been since 2015/16.

Graph 3: To show	the t	trend in	the	percentage	of	physically	active	adults i	in	Redcar	&
Cleveland.											

	l with England	Better 95	% 🔵 Similar 🕚 Wor	se 95% O Not applicab	le			* a no	ote is attached to	the value, hov	er over to see r	more details
ends for	Redcar and Clev	eland All in No	orth East region	Display Select	ed indicator	All ind	dicators					
ercenta	ge of physic	ally active a	dults								P	roportion -
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80								Redcar and Cleveland				
					Period		Count	Value	95% Lower Cl	95% Upper Cl	North East	England
70 —	-		-		2015/16	0	-	65.8%	61.6%	69.7%	64.0%	66.1
	0	8	8		2016/17	0	-	64.7%	60.3%	68.8%	64.0%	66.0
ж <u>60</u> —					2017/18	0	-	64.3%	59.9%	68.4%	62.7%	66.3
					2018/19	0	-	68.0%	63.7%	71.9%	64.9%	67.2
					Source: Public	: Healti	h England	(based on ti	he Active Lives	s Adult Survej	/, Sport Engla	and)
50												
50 — 40 —	2015/16	2016/17	2017/18	2018/19								

Across the region Redcar and Cleveland are the 3rd most active area and is above the both the national and regional average as demonstrated in the graph below.

Graph 4: To show the percentage of physically active adults in Redcar & Cleveland in rank order.

Compared with England ••• Better 95%	Similar Worse 95%	Not compared	* a note is atta	ched to the value, hover over	er to see more details
All in North East region All in England	Display Table	Table and chart	🔼 Export table as image 🛛 上 E	xport table as CSV file	9
Area	Count	Value		95% Lower Cl	95% Upper Cl
England	-	67.2	l	67.0	67.
North East region	-	64.9	Η	63.8	65.
Northumberland	-	72.1	⊢ ⊣	68.1	75.
Newcastle upon Tyne	-	69.2	H	67.1	71.
Redcar and Cleveland	-	68.0	⊢ ⊣	63.7	71.
North Tyneside	-	67.1	⊢ -	62.9	71.
Darlington	-	66.1	⊢ <mark>→</mark>	61.9	70.
South Tyneside	-	64.6	⊢ <mark>_⊣</mark>	60.2	68.
County Durham	-	64.4	⊢ <mark></mark>	59.9	68.
Middlesbrough	-	61.6	⊢_ -1	57.1	65.
Stockton-on-Tees	-	61.4	H	57.0	65.
Sunderland	-	59.5	، ا	55.1	63.
Gateshead	-	59.2	⊢ (54.9	63.
Hartlepool	-	57.4		53.0	61.

Over the last 5 years Redcar and Cleveland has made improvements in both the rates of inactive and active adults. However, the rates of inactivity are still above national average and work must continue to be done to make sure the trend for physical inactivity continues to reduce.

🔃 this is Redcar & Cleveland

The map below estimates that across Redcar and Cleveland there is a fifteen-percentage point difference in levels of inactivity, ranging from 20% in Saltburn at the lowest levels of inactivity to 35% in Grangetown at the highest levels of inactivity. The East and West parts of the borough all have inactivity levels higher than the national average.





Source: https://arcg.is/XKeKO

PHE states that musculoskeletal conditions, such as osteoarthritis and back pain, are the leading cause of disability in adults. People with a musculoskeletal condition are also likely to have another long-term condition. Four out of five people with osteoarthritis have at least one other long-term condition such as hypertension or cardiovascular disease. This is partly because the prevalence of long-term conditions increases with rising age, and also because osteoarthritis shares common risk factors such as obesity with other long-term conditions. Among people living with multiple conditions, musculoskeletal conditions have been reported to cause the greatest impact on overall wellness, independence, and quality of life due to increased pain and limited movement.

Diagram 2: To show the DALYS rank for Musculoskeletal disorders.

DALY = years lived with a disability or illness + years of life lost (premature death).



In Redcar and Cleveland low back and neck pain was one of the top reasons for years lived with disability, musculoskeletal (MSK) conditions were ranked as number 3 in the diagram above. MSK conditions are known to impact quality of life by increased pain, limiting range of motion and impacting the ability to take part in daily life such as attending work.

Diagram 3: To show the MSK measures for Redcar and Cleveland.

Compared with England ••• OBetter 95% OSimilar	Worse 95%	ONO	t applicable					$\star a$ note is attached to the value, hover over to see	more details
	Increasing & getting bette		creasing & ting worse		asing & g better				
🛯 Export table as image 🛛 🕹 Export table as CSV file					W	orst	25th Pe	Benchmark Value rcentile 75th Percentile Best	
Indicator		Redcar & Cld			d Region England				
	Period	Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Percentage reporting a long term Musculoskeletal (MSK) problem New data	2020	-	-	23.8%	23.1%	18.6%	25.9%		10.1%
% reporting at least two long-term conditions, at least one of which is MSK related New data	2020	-	-	17.8%	17.5%	13.2%	20.2%		6.9%
% reporting a long term MSK problem who also report	2016/17	_	-	24.0%	28.7%	24.1%	37.8%	$\overline{\mathbf{O}}$	12.5%

23.8% of people aged 16+ report an MSK condition, either long term back pain or long-term joint pain.

17.8% of survey respondents aged 16+ reporting an MSK condition (arthritis or ongoing problem with back or joints) also reported an additional long-term condition.

A Musculoskeletal JSNA is being produced later on this year and will have more information on MSK.

WHAT ARE WE CURRENTLY DOING?

The physical activity offer in Redcar and Cleveland is vast and varied, the mix of town and rural landscape means that open space is not too far from people, and coupled with many of the urban areas being close to the coast it has a great deal to offer by way of being active. The area has a huge amount of grassroots sporting infrastructure and an abundance of community clubs, giving people the opportunity to take part in organised sport. The range of these clubs is varied including traditional clubs such as tennis, netball, football, cricket and bowls, plus other clubs such as surfing clubs, open water swim clubs, and three park runs.

List of current services:

Sport and active leisure

- Everyone Active leisure centres
- Park Run <u>https://www.parkrun.org.uk/</u>
- Water sports and privately owned gyms
- RCBC sporting events
- Horticultural services
- Countryside and green spaces
- Sports clubs
- Women's running clubs
- Walking and leisure groups
- Dance groups
- Outdoor exercises for over 50s
- Active travel, including guided rides and walks, advice on cycling routes, bike maintenance and cycle loan schemes.

Infrastructure

- Cycle and walk ways
- Open Space such as parks, countryside, and nature reserves

https://www.redcar-cleveland.gov.uk/resident/planning-and-building/localplan/Local%20Plan%20Documents/Natural%20Environment/Redcar%20and%20Cleveland%20Op en%20Space%20Assessment%202016.pdf

- Allotments
- Beach
- Waterways

Services which incorporate provision to support people to increase levels of physical activity:

- Weight management services for adults
- You've Got This https://youvegotthis.org.uk/
- Exercise on referral programme
- Couch to 5k https://www.nhs.uk/live-well/exercise/couch-to-5k-week-by-week/
- Workplace health –North East Better Health at Work Award <u>https://www.betterhealthatworkaward.org.uk/</u>



WHAT WOULD WE LIKE TO ACHIEVE?

The infographic below from the Chief Medical Officers (CMO) guidelines 2019 identifies that the area of highest impact within physical activity is the progression from a non-active lifestyle to doing some level of physical activity.





Source: Chief Medical Officers' guidelines 2019

There is no minimum amount of physical activity required to achieve some health benefits. Specific targets below the recommended levels – such as aiming to do at least 10 minutes at a time – can be effective as a behavioural goal for people starting from low levels of activity (including disabled adults and those with long-term conditions), and as a step on the journey towards meeting the recommended levels set out in the UK CMOs' guidelines.

https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officersreport Downloaded 7/4/2021.

Behaviour change through achievable goal setting is a realistic way of reducing physical inactivity. For a non-active person to try and start doing the recommended amount of physical activity it is an unrealistic target for some. If we can use these recommendations and try and engage with people to become active in smaller amounts, we can start to see benefits as stated in the CMO guidelines "Small bouts (i.e., of fewer than 10 minutes) accumulated over the day and week will also provide benefits"

<u>https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-</u> <u>report</u> Downloaded 7/4/2021.

We can then work with people to reach the ideal amount of physical activity:

What are the recommended amounts of physical activity?

Adults aged 19–64 years

- For good physical and mental health, adults should aim to be physically active every day.
- Any activity is better than none, and more is better still. Adults should do activities to develop or maintain strength in the major muscle groups. These could include heavy

gardening, carrying heavy shopping, or resistance exercise. Muscle strengthening activities should be done on at least two days a week,

- Any strengthening activity is better than none. Each week, adults should accumulate at least 150 minutes (2 1/2 hours) of moderate intensity activity (such as brisk walking or cycling); or 75 minutes of vigorous intensity activity (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous and very vigorous activity.
- Adults should aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of inactivity with at least light physical activity.

Adults aged 65 years and above

- Older adults should participate in daily physical activity to gain health benefits, including maintenance of good physical and mental health, wellbeing, and social functioning. Some physical activity is better than none: even light activity brings some health benefits compared to being sedentary, while more daily physical activity provides greater health and social benefits.
- Older adults should maintain or improve their physical function by undertaking activities aimed at improving or maintaining muscle strength, balance and flexibility on at least two days a week. These could be combined with sessions involving moderate aerobic activity or could be additional sessions aimed specifically at these components of fitness.
- Each week older adults should aim to accumulate 150 minutes (two and a half hours) of moderate intensity aerobic activity, building up gradually from current levels. Those who are already regularly active can achieve these benefits through 75 minutes of vigorous intensity activity, or a combination of moderate and vigorous activity, to achieve greater benefits. Weight-bearing activities which create an impact through the body help to maintain bone health.
- Older adults should break up prolonged periods of being sedentary with light activity when physically possible, or at least with standing, as this has distinct health benefits for older people.

Physical activity guidelines - GOV.UK (www.gov.uk) Downloaded 4/4/2021

Our key aim is to get people active, no matter how little that is, but use that as the first step to getting people to achieve the recommended amount of physical activity to realise all the benefits of being active.

To achieve this, the local physical activity offer has to be varied and in part, support people to be physically active as part of everyday life. Purely relying on services to support people to be physically active will fail – for example, most gym membership systems assume that some people will rarely or never actually attend, and if they actually did the facility likely would struggle to cope.

Hence, it is important that a whole systems approach to increasing physical activity is adopted, as it is now widely understood that that there a range of factors that can effect a person's adherence to physical activity.

A multi-agency approach is also required to break down barriers to participation and an understanding that traditional physical activity interventions need to be blended with non-traditional interventions. An example might be improving cycle lanes to allow people the opportunity for active travel or putting in more benches so people know they have places to rest if they need to.

WHAT DO LOCAL PEOPLE SAY?

The graph below shows how many people find exercise enjoyable. Redcar and Cleveland is very similar to both the national and regional averages, however no people surveyed in Redcar and Cleveland strongly disagree with 'finding exercise enjoyable'.



Graph 5: To show how many people find exercise enjoyable.

The graphs below show what residents are feeling with respect to how important being physically active is to them. Redcar and Cleveland is similar to national and regional averages but shows no significant numbers in strongly disagreeing with this statement.



Graph 6: To show what residents feel about the importance of exercise.

The following graph shows how not doing physical activity can make someone feel guilty. 33% of the people surveyed in Redcar and Cleveland agreed they feel guilty when they do not do sport or exercise, 21% disagreed.



Graph 7: To show what residents feel about guilt of not doing exercise.

A high percentage, nearly 51% of the Redcar and Cleveland population surveyed do feel they have the ability to be physically active. This covers personal circumstances such as physical ability and time commitments.



Graph 8: To show what residents feel about their capability to do exercise.

The graph below shows how people feel about their opportunities to be active in Redcar and Cleveland.

This considers the infrastructure such as sports clubs, gyms and how accessible being active is for them. With Redcar and Cleveland having numerous sport clubs, and with countryside and coast being accessible to many people, there are no significant numbers of the population who think they do not have the chance to be active.





Graph 9: To show what residents feel about the opportunity to do exercise.

https://activelives.sportengland.org/AdultQuery/QueryBuilder Downloaded 10/4/2021

WHAT ARE THE KEY ISSUES & CHALLENGES?

The key issues and challenges are:

<u>Geography</u>

Redcar and Cleveland is geographically the largest area within the Tees Valley. It is made up of rural and urban areas which bring challenges in how people can access places to be physically active forcing people to potential travel long distances if they want to be involved in formal exercise classes or access leisure facilities. The area does however boast five leisure centres owned by the Local Authority (operated by Everyone Active), all of which have swimming pools and gyms.

Inequalities

35% of the areas in Redcar and Cleveland are within the most deprived 20% in England. Similar proportions of areas experience income deprivation affecting older people. These deprived areas are home to a significant proportion of people in lower socio-economic groups and have a greater number of people who are unemployed.

https://mapitout.maps.arcgis.com (Tees Valley Sport) Downloaded 30/4/2021

This impacts on activity not only in the ability to pay for fees, memberships or equipment but also not having the means to travel the long distances and discussed above. Inequalities can have a huge impact on mental health and as such being physically active is understandably not a priority.

Covid-19 pandemic

The global pandemic has seen some people reducing their physical activity levels, whilst some have increased. Community sports clubs have been shut for long periods, leisure facilities have been unable to open, community events cancelled, as well as things like Park Run being on hold until the restrictions are lifted. Those most vulnerable and have been shielding will also take time to feel confident that the risk has reduced and that they can return or take up physical activity.

Getting to the right people

To really impact on physical inactivity, we must make sure we are reaching and working with those who are inactive. It is far too easy to work with people who are partially active as they have got some motivation. If we are going to make substantial change we have to identify and work with those who are inactive and find ways to support their needs to allow them to start to build an active lifestyle.

Barriers to participation

The barriers to participation are the issues people face that stop them being active. Just because there is the opportunity to take part in physical activity it does not mean everyone can or will be active. Barriers to participation are complex and often interlinked.

The Sport England Local Delivery pilot 'You've Got This' spoke to people in Grangetown and found the main barriers to participation as below:

Diagram 3: To show the main barriers to being active.



www.youvegotthis.org.uk/ Downloaded 21/4/2021

These individual factors are barriers that can be overcome, but we also face further issues such as fear of crime, lack of understanding what being active actually is and road safety. Physical inactivity is a complex issue and most people that are inactive will have more than one reason that prevents them leading an active life.

It is key to understand these barriers and find ways to support people to be able to be active around the issues they face. However, from our current rates of activity we can evidence that if we can get people active, then they tend to remain active to the levels recommended by NICE.

Health Professionals

Although there is a strong Exercise on Referral programme in Redcar and Cleveland, there are still challenges in how this and general physical activity advice is passed on by health professionals. The 'You've Got' this programme stated that;

"The role of health professionals in promoting physical activity is crucial; however, engaging these groups in the promotion of physical activity is often difficult. They are uncomfortable with providing patients with anything other than generic physical activity advice and cite barriers such as lack of time, training and reimbursement for their efforts."

www.youvegotthis.org.uk/ Downloaded 21/4/2021

WHAT ARE THE OPPORTUNITIES AND RECOMMENDATIONS?

What are the recommendations?

- 1. To identify those who are inactive and try and learn and understand what is stopping them being active, taking a whole systems approach to create an environment and culture that supports participation.
- 2. As part of point 1, ensure that physical activity behaviour is supported within transport and planning as part of a Health in All Policies approach.
- 3. To advertise the health benefits of physical activity and promote realistic ideas to start being active.
- 4. To increase the understanding of what it means to be physically active, start small and build up.
- 5. To continue to work with health professionals to encourage the use of physical activity as an essential way to improve health.
- 6. To utilise new social prescribing teams within Redcar and Cleveland to promote physical activity opportunities within the local area.

REFERENCES

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