TRAFFORD COUNCIL

Report to: **Health and Wellbeing Board**
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Report for: **Information and Approval**
Report of: **Eleanor Roaf**

Report Title

Behavioral Risk Factors

Summary

The Health and wellbeing strategy[1] and Public Health Annual Report 2020[2] has smoking, alcohol, physical inactivity and obesity and mental health as priority topics to deliver improvements in Healthy Life Expectancy and reduce inequality in Healthy Life Expectancy across Trafford. With Trafford emerging from the pandemic, there is now an opportunity to target prevention of these risk factors that contribute to inequalities in health life expectancy and life expectancy and drive deterioration of health in our most vulnerable and disadvantaged population groups. Diseases associated with these risk factors contribute to a 76.9% and 73.6% gap in life expectancy (between the most deprived and least deprived quintiles) in men and women aged 40-79 years old in Trafford respectively[3].

Reducing these inequalities across Trafford will reduce service demand, improve health outcomes and create a fairer, healthy, economically flourishing environment. This report will focus on **the four risk factors mentioned above** in Trafford to:

1. Examine areas of concern/progress
2. Examine impact of COVID-19 and provide insight on how this might be expected to manifest in Trafford
3. List measures to examine impact of COVID-19 in Trafford
4. Mitigations to reduce impact in Trafford

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[1] Trafford Council. Trafford Health and Wellbeing Strategy 2019-29, 2019 (https://democratic.trafford.gov.uk/documents/s34286/Trafford%20Health%20and%20Wellbeing%20Strategy%202019.pdf)

[2] Trafford Council. Public Health Annual Report 2020- Reducing the Risk of Covid-19 in Trafford, 2020 (https://www.trafford.gov.uk/residents/adults-and-older-people/health-and-wellbeing/public-health/docs/Trafford-PHAR-2020-final.pdf)

[3] Public Health England. Segment tool. 2015-2017 (https://analytics.phe.gov.uk/apps/segment-tool/)

1. Introduction:

Prevention and early detection of disease increases the number of years people spend in good health and are the most effective ways of improving population health outcomes. Relatively small number of behavioural risk factors contribute to a large proportion of morbidity with a greater burden in some parts of our society. Of particular importance are smoking, alcohol, physical inactivity and obesity that are associated with long-term conditions and diseases including diabetes, heart disease, cancer, liver disease, respiratory diseases, mental health conditions including anxiety and depression and more recently with severe outcomes of COVID-19[4]. These diseases lead to premature mortality, threaten to overwhelm our health and social care systems, contribute to inequalities in life expectancy and healthy life expectancy, impact our most vulnerable and disadvantaged groups and have significant economic implications including productivity losses, higher welfare payments and lost taxes amounting to billions of pounds each year[5].

Upstream of these behavioural risk factors lie the socio-economic drivers of health inequalities, including poverty, education, employment, and the built and natural environment.

Few diseases can be properly managed or prevented without consideration of both body and mind. Focusing on mental health alongside these risk factors is essential as individuals with poor mental health often also have physical health problems and those with chronic health conditions frequently have mental health conditions[1].

1.1 Trafford's Context:

The Health and wellbeing strategy[6] and Public Health Annual Report 2020[7] has these risk factors (smoking, alcohol, physical inactivity and obesity) and mental health as priority topics to deliver improvements in Healthy Life Expectancy and reduce inequality in Healthy Life Expectancy across Trafford. With Trafford emerging from the pandemic, there is now an opportunity to target prevention of these risk factors that contribute to inequalities in health life expectancy and life expectancy and drive deterioration of health in our most vulnerable and disadvantaged population groups. Diseases associated with these risk factors contribute to a 76.9% and 73.6% gap in life expectancy (between the most deprived and least deprived quintiles) in men and women aged 40-79 years old in Trafford respectively[8]. Reducing these inequalities across Trafford will reduce service demand, improve health outcomes and create a fairer, healthy, economically flourishing environment.

[4] Kings Health Partners. Vital 5, 2020(https://www.kingshealthpartners.org/our-work/value/vital-5)
[5] Hanif, B, Buchan,I. Building an evidence base for effective commissioning decisions to reduce inequalities in health: A mixed methods study to profile and benchmark general medical practices on health needs and quality of care, 2015 (https://www.escholar.manchester.ac.uk/uk-ac-man-scw:275906)
[6] Trafford Council. Trafford Health and Wellbeing Strategy 2019-29, 2019 (https://democratic.trafford.gov.uk/documents/s34286/Trafford%20Health%20and%20Wellbeing%20Strategy%202019.pdf)
[7] Trafford Council. Public Health Annual Report 2020- Reducing the Risk of Covid-19 in Trafford, 2020 (https://www.trafford.gov.uk/residents/adults-and-older-people/health-and-wellbeing/public-health/docs/Trafford-PHAR-2020-final.pdf)

[8] Public Health England. Segment tool. 2015-2017 (https://analytics.phe.gov.uk/apps/segment-tool/)

This report will focus on **the four risk factors mentioned above** in Trafford to:

5. Examine areas of concern/progress
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2. Smoking

Smoking is one of the leading cause of preventable ill health and premature mortality in the UK and accounts for half the difference in life expectancy between social class 1 and 5[9]. All smokers, rich or poor, make similar numbers of attempts to quit, but poorer smokers are half as likely to succeed[10]. The reasons for this are complex and are bound up in issues of health inequalities, although we know that poorer smokers take up smoking earlier and are more addicted.

Smoking is the single most modifiable risk factor for adverse outcomes in pregnancy; contributing to 40% of all infant deaths, 12.5% increased risk of premature birth and 26.3% increased risk of intrauterine growth restriction. Around 20-25% of neonatal admissions are estimated to be primarily as a result of smoking during pregnancy[11].

For individuals aged 35 years and over in Trafford, 745 deaths in 2017-2019 and 1725 hospital admission in 2019/20 were attributed to smoking[12]. The societal cost of smoking in Trafford is estimated to be £47.8 million (with £10 million costs to healthcare and £3.6 million to social care) each year. Additionally, cigarette filters contributes to street littering and 30 kg of non-biodegradable waste daily[13].

2.1 Areas of progress

- Adult smoking prevalence in Trafford has been **declining** from 16.4% in 2015 to 9.1% in 2019, lower than England average and lowest amongst its group of similar local authorities.
- Individuals in routine and manual occupations are 2.5 times more likely to be smokers compared with other occupations in Trafford[14]. However, smoking prevalence in routine and manual workers has seen a sharp **decline** from 26.4% in 2018 to 17.4% in 2019, statistically similar to England average and lowest amongst Trafford's group of similar local authorities[15].

[9] Action on Smoking and Health .ASH Submission to the Health Select Committee Inquiry into Health Inequalities, January 2008 (http://www.ash.org.uk/files/documents/ASH_754.pdf)
[10] West, R. Smoking Toolkit, UCL (www.smokinginengland.org)
[11] Ryan, S. (then) Medical Director Alder Hey Children's Hospital, Liverpool, provided to NHS Blackpool 2010.
[12] PHE Local Tobacco Control Profiles – Smoking attributable mortality (new method) (https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132887/pat/6/par/E12000002/ati/302/are/E08000009/iid/93748/age/202/sex/4/cat/-1/ctp/-1/cid/4/tbm/1/page-options/car-do-0)
[13] Action on Smoking and Health. ASH ready reckoner tool. 2019 (https://ash.org.uk/ash-ready-reckoner)

[15] Trafford Council. Smoking: Which groups within Trafford are more likely to smoke?, Trafford JSNA - Health & Wellbeing Priorities (http://www.traffordjsna.org.uk/Health-wellbeing-priorities/Smoking.aspx)

- Smoking during pregnancy in Trafford has seen a steady **decline** from 8.4% in 2014/15 to 4.6% in 2019/20. Latest Trafford data for the year 2019/20 suggests that smoking during pregnancy is lower than the England average (10.6%) and lowest amongst a group of the 15 most statistically similar authorities to Trafford[11].
- Deaths attributable to smoking in Trafford have gone from similar to **lower** than England average[16].

2.2 Areas of concern

- Individuals with a long-term mental health condition in Trafford are 3.3 times more likely to be smokers compared with those who do not have a long-term mental health condition. The inequality gap in smoking prevalence between those with and without a long term mental health condition is **widening.** Trafford has the widest gap amongst its group of similar local authorities and is in the most unequal quintile in England for this indicator[12].
- Trafford is significantly worse than the England average and the third highest amongst group of similar authorities for lung cancer registrations[12].
- There are wide social inequalities between electoral wards within Trafford in indicators of smoking related harm (e.g. there is a strong trend towards increasing rates of emergency admissions with Chronic Obstructive Pulmonary Disease (COPD) and lung cancer incidence as deprivation increases) [12].

2.3 Impact of COVID-19 and inequalities

Trafford level data is not yet available to examine the impact of COVID-19 on smoking (as we would need 2020/21 data). However, national evidence and recent research suggests that:

- There is an increased motivation to quit smoking and stay smoke free. Although there has been an increase in quit attempts in the UK wide population, impact on smoking prevalence is still unclear. It has been reported that 300,000 people quit smoking in England during the first months of the pandemic[17] [18].
- Recent studies have found that a quarter of current UK smokers have increased their smoking and that mental health status, psychosocial well-being and socio-economic factors are strongly associated with tobacco consumption [19] [20].

[16] PHE Local Tobacco Control Profiles – Smoking attributable mortality (new method) (https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132887/pat/6/par/E12000002/ati/302/are/E08000009/iid/93748/age/202/sex/4/cat/-1/ctp/-1/cid/4/tbm/1/page-options/car-do-0)

[17] Jackson, SE, Garnett, C, Shahab, L, Oldham, M, Brown, J. Association of the COVID-19 lockdown with smoking, drinking and attempts to quit in England: an analysis of 2019–20 data. Addiction 21 Oct 2020. Available from: (https://doi.org/10.1111/add.15295)

[18] Action on Smoking and Health. ASH Daily News for 4 May 2020. Action on Smoking and Health, 2020 (https://ash.org.uk/media-and-news/ash-daily-news/ash-daily-news-for-4-may-2020/)

[19] Reynolds, CME, Purdy, J, Rodriguez, L, McAvoy, H. Factors associated with changes in consumption among smokers and alcohol drinkers during the COVID-19 'lockdown' period.26 April 2021. European Journal of Public Health(https://doi.org/10.1093/eurpub/ckab050)

[20] Chen,DT. The psychosocial impact of the COVID-19 pandemic on changes in smoking behavior: Evidence from a nationwide survey in the UK. ENSP 2020

- Differences in smoking status between the wider population and people with severe mental illness remain during the COVID-19 pandemic and that smoking-related inequalities between these two groups have potentially increased since the beginning of the COVID-19 pandemic.
- The COVID-19 pandemic has adversely affected people of a lower socioeconomic (SE) status and of ethnic minority group. Acute stress, economic instability and quarantine restrictions in the wake of COVID-19 may have caused a decline in mental health in these groups and increase in smoking[16 17].

Given the evidence above, we can expect the following impact on Trafford's population as new data comes in:

- Increase in smoking prevalence in routine and manual workers (RMW) and widening of gap in smoking prevalence between RMW and other occupations.
- Further widening of the inequality gap in smoking prevalence between those with and without a long term mental health condition.
- Increase in smoking prevalence and smoking attributable diseases and deaths in our deprived wards particularly in the north of the borough.
- Given the association of mental ill health and smoking, we expect an increase in smoking prevalence in individuals of lower SE status and ethnic minority groups in Trafford

2.4 Indicators to measure impact of COVID-19 in Trafford

We can measure the impact of COVID-19 on smoking in Trafford by the following indicators (once data for 2020/2021 period becomes available and by continuous monitoring of data):

- Smoking prevalence and gap in smoking prevalence by localities, deprivation, long term mental health condition, ethnicity and occupation (RMW and other occupations).
- Smoking during pregnancy overall and by deprivation, wards and locality
- Smoking attributable hospital admissions overall and by deprivation, wards and locality
- Smoking attributable mortality overall and by deprivation, wards and locality.

2.5 Mitigations

Trafford has taken several steps to mitigate the impact COVID-19 has on smoking within its population, this includes:

- Reintroducing the E-cigarette pilot in 10 of the 30 pharmacies who provide smoking cessation support. These are predominately placed with areas of the borough with a higher rate of routine and manual workers. Since the inception of the E-cigarette programme 76%

(153 of the 206) people who have registered for the smoking cessation intervention have been NEET or in a routine or manual job.

- In March 2021 links were established with the Kellogg's factory in Trafford, one of Trafford's largest employers. Kellogg's has a total employee population of 375, 87% of which are male. In addition to this they work with partner organisations such as a Mitie who have over 80 employee connected to the factory and are 84% male. Trafford Partnered with Kellogg's during the no Smoking day in March, where we distributed tools, quit kits, advertisements and awareness raising of Trafford's E-cigarette. Videos and posters were also used in the factories canteen and quit kits were provided to the Nurse Practitioner to be distributed to those interested. This level of support has continued into the Make Smoking History campaign period in August and September 2021.
- Trafford continued to support the Smoke free Pregnancy programme currently running across Greater Manchester and in Manchester Foundation Trust. This was done by continuing to fund the midwife attached to the programme. This has meant Trafford residents who smoking during pregnancy have continued to have an intervention available to them. The most recent data for 20/21 showed that of the 707 people eligible for a 36 week follow up only 90 were smoking at follow up which is an 88% reduction in smoking in pregnant women, although these women would have not exclusively been Trafford residents.
- Trafford are commencing an intervention targeting people with severe mental illness (SMI), through the use of Social Prescribing. Trafford intend to train BlueSci staff to deliver a Tier 2 smoking cessation intervention to people with SMI, plus providing them with E-cigarettes to increase the likelihood of a successful quit attempt.

3. Alcohol

In the United Kingdom, Alcohol misuse is a leading risk factor for death, disability and ill-health amongst individuals aged 15-49 years and the fifth biggest risk factor for all ages. Alcohol usage can lead to over 60 medical conditions including cancers (mouth, throat, stomach, liver and breast), high blood pressure, depression and cirrhosis of the liver. As well as having a significant impact on health, alcohol misuse can also have long-term social implications. For example, it can lead to domestic abuse, unemployment, homelessness and financial problems[21].

Although Trafford level data is not available, harms associated with alcohol are costing Greater Manchester's public services £1.3 billion annually. This amounts to almost £500 for every GM resident paying towards health, social care, crime and work costs[22]

3.1 Areas of progress

[21] Trafford Council. Alcohol: Why is this a priority in Trafford?, Trafford JSNA – Health & Wellbeing Priorities (http://www.traffordjsna.org.uk/Health-wellbeing-priorities/Alcohol.aspx)
[22] Health watch Rochdale. Alcohol. 2018 https://healthwatchrochdale.org.uk/news/2018-12-12/%C2%A313-billion-staggering-annual-cost-alcohol-greater-manchester-revealed-mayor-andy

Most recent data for Trafford suggests[23]:

- Rates of alcohol-related hospital admissions in 2018-2019 have remained **stable** at 601 per 100,000 and are lower than England average of 664 per 100,000 population
- Rates of alcohol-related deaths in Trafford are similar to England average of 46.5 per 100,000 and have **declined** from 55.9 per 100,000 in 2013 to 44.2 per 100,000 in 2018.
- Premature mortality (deaths under 75 years of age) from liver diseases in Trafford has been **declining** from 22.8 per 100,000 in 2011-2013 to 18.9 per 100,000 in 2017-2019 and is similar to England average of 18.5 per 100,000 population

3.2 Areas of concern

- Although rates of hospital admissions have remained stable, these rates -especially for conditions caused by alcohol alone -are **higher** than England average.
- Rates of alcohol-specific hospital admissions for individuals **under 18 years** of age are 47.6 per 100,000 for 2017/2018-2019/2020 and are **higher** than England average of 31.6 per 100,000 population.
- Alcohol related death and hospital admission rates amongst male residents in Trafford are at least twice as high as amongst females.
- Hospital admissions for alcohol attributable conditions increase as the levels of deprivation increases in Trafford[20]

3.3 Impact of COVID-19 and inequalities

Trafford level data is not available to examine the impact of COVID-19 on alcohol (as we would need 2020/21 data). However, recent evidence in England shows[24]:

- Over 12.6 million extra litres of alcohol sold in the financial year 2020 to 2021 compared to 2019 to 2020 (a 24.4% increase).
- Comparing March 2020 and March 2021, there was a 58.6% increase of people reporting that they are drinking at increasing and higher-risk levels (50 units a week for men, 35 units a week for women).
- Increase in total alcohol-specific deaths (increase of 20%), driven by an unprecedented annual increase in alcoholic liver disease deaths above levels seen pre-pandemic.
- 33.0% of all alcohol-specific deaths occurred in the most deprived 20%.
- Deaths from mental and behavioural disorders due to alcohol increased by 10.8% between 2019 and 2020 (compared to a 1.1% increase between 2018 and 2019)

[23] Trafford Council. Health and Wellbeing Priority: To Reduce Harm from Alcohol – Alcohol: Mortality & Hospital Admissions, Trafford JSNA – Health & Wellbeing Priorities – Alcohol (January 2021) (http://www.traffordjsna.org.uk/docs/Health-Wellbeing-Priorities-Docs/Reduce-harm-from-alcohol-Trafford.pdf)
[24] Public Health England. Alcohol consumption and harm during the COVID-19 pandemic. !5 July 2021 (https://www.gov.uk/government/publications/alcohol-consumption-and-harm-during-the-covid-19-pandemic)

- Increase in reports of domestic violence[25]

Given the evidence above, we can expect the following impact on Trafford's population as new data comes in:

- Increase in alcohol-related hospital admissions and deaths in Trafford's male population
- Increase in alcohol-related hospital admissions and deaths in our deprived wards
- Heightened risk of domestic violence due to excessive alcohol consumption especially in our deprived wards.

3.4 Indicators to measure impact of COVID-19 in Trafford

We can measure the impact of COVID-19 on smoking in Trafford by the following indicators (once data for 2020/2021 period becomes available and by continuous monitoring of data):

- Admission episodes for alcohol-related and alcohol specific conditions overall and by gender, deprivation, wards and locality
- Alcohol-related deaths overall and by gender, deprivation, wards and locality

3.5 Mitigations

- Our provider in Trafford, GMMH (brand name Achieve Trafford) will continue to provide help to those drinking at harmful and dependent levels, with onward referrals to hospital and/or inpatient detoxification facilities, for those with complex needs. Achieve Trafford have worked proactively and flexibly to maintain effective treatment and safety for Service Users during the COVID-19 pandemic.
- As part of the Live Well Board arrangements, we have conducted a recent gap analysis with partner agencies which builds on the deep dive work previously carried out in pre-pandemic (non Covid-19) times. By sharing information and regular communication, often involving multiple agencies in contact with at risk cohorts, we can reduce alcohol harms in Trafford.
- Trafford's allocation of new government funding with a focus on substance misuse and criminal justice includes enhanced support for people with alcohol dependence.

4. Physical Inactivity & Obesity:

Reducing physical inactivity has wide ranging benefits to population health and wellbeing. It can reduce the prevalence of long term illnesses, obesity, improve mental health and reduce the need for health and social care support. It is estimated that physical inactivity causes 6% of coronary heart disease, 7% of type 2 diabetes, 10% of breast cancer and 10% of colon cancer. Physical activity in

[25] Domestic abuse during the coronavirus (COVID-19) pandemic, England and Wales - Office for National Statistics (ons.gov.uk)

older people is a powerful intervention in preventing frailty and promoting successful ageing, which becomes increasingly important as the Trafford population ages[26].

Physical inactivity has significant impact at an individual and societal level contributing to costs of 7.4 billion in the UK[27].

4.1 Areas of progress

Most recent data for Trafford suggests:

- Percentage of adults (aged 18+) classified as overweight or obese has seen a significant drop (4.7%) from 64% in 2018/19 to 59.3% in 2019/20[28].
- About 1 in 5 (19.9%) Trafford adults are inactive (<30 mins a week), similar to England average (21.4%). The most recent Trafford estimate represents **an improvement** (reduction) on 2015/16 baseline, when prevalence of inactivity was estimated at nearer to one in four (24.0%)[25].
- Prevalence of overweight (including obesity) in reception has **declined** from 20.2% in 2014/15 to 18.8% in 2019/20 and is **lower** (statistically significant) than 23% in England[29].
- Around 44% of Trafford adults with a disability or long term health condition are inactive compared with 18.9% of those without a disability. With individuals in both categories becoming more active, the disability gap has **reduced** to 25.5%[30].

4.2 Areas of concern

- Prevalence of overweight (including obesity) in Year 6 has **increased** from 29.8% in 2014/15 to 32.2% in 2019/20 but is **lower** (statistically significant) than 23% in England[31].
- Percentage of adults walking for travel at least three days per week has seen a 2.4% **decline** from 26.5% in 2017/18 to 24.1% in 2018/19[32].

[26] Trafford Council. Physical Activity, 2020 (http://www.traffordjsna.org.uk/Health-wellbeing-priorities/Physical-Activity.aspx)
[27] House of Commons. Impact of COVID-19 on DCMS sectors: First Report - Digital, Culture, Media and Sport Committee - House of Commons (parliament.uk) https://publications.parliament.uk/pa/cm5801/cmselect/cmcumeds/291/29105.html
[28] Trafford Council. Physical Activity: How many adults are inactive in Trafford?, Trafford JSNA – Health & Wellbeing Priorities (2019) (http://www.traffordjsna.org.uk/Health-wellbeing-priorities/Physical-Activity.aspx)
[29] Public Health England. Obesity Profile: NCMP Prevalence Data (2020) (https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/1/gid/8000011/pat/6/par/E12000002/ati/302/are/E08000009/iid/20601/age/200/sex/4/cat/-1/ctp/-1/cid/4/tbm/1/page-options/car-do-0)
[30] Physical activity: What groups of adults in Trafford are more likely to be inactive? Disability, Trafford JSNA – Health & Wellbeing Priorities (2021) (http://www.traffordjsna.org.uk/Health-wellbeing-priorities/Physical-Activity.aspx)
[31] PHE Obesity Profile – NCMP prevalence data (2020) (https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/4/gid/8000011/pat/6/par/E12000002/ati/302/are/E08000009/iid/20602/age/201/sex/4/cat/-1/ctp/-1/cid/4/tbm/1/page-options/car-do-0)
[32] PHE Physical Activity Profile – Key Indicators (2019) (https://fingertips.phe.org.uk/physical-activity#page/4/gid/1938132899/pat/15/ati/402/are/E08000009/iid/93439/age/164/sex/4/cat/-1/ctp/-1/cid/4/tbm/1/page-options/car-do-0)

- Percentage of adults cycling for travel at least three days per week has **declined** from 4.2% in 2015/16 to 2.7% in 2018/19[29].
- Prevalence of obesity in reception and year 6 school children in the most deprived quintile in Trafford is twice compared with reception and year 6 school children in the least deprived quintile[33].
- Data from 2018/19 suggests that physical inactivity is lowest in the 35-54 age group (19.5%) and rises amongst older people with the highest percentage in those over 75 of age (60%)[34].
- Male inactivity has risen across Trafford. However, rising male inactivity and females becoming more physically active has reduced gender gap to 3% (Males 21.3, Female 24.3%). Since 2015-2016, there has been a 9.6% decrease in gender gap[31].

4.3 Impact of COVID-19 and inequalities

Trafford level data is not available to examine the impact of COVID-19 on physical inactivity and obesity (as we would need 2020/21 data). The pandemic's had a disproportionately negative impact on those with the lowest activity levels and as such the inequalities have widened.

8.3.3. Children and Young People

The latest research from the Youth Sport Trust reported wide ranging impact of Covid-19 and the associated restrictions on children and young people. The study found that[35]:

- Just 19% of under 16's were meeting guidelines of 60 minutes of physical activity a day during lockdown
- Six in ten (60%) found exercise beneficial for their mental health
- Inequalities by deprivation were found where children from most deprived background were more than twice as likely to have done no exercise than their more affluent peers (13% compared to 6%).
- A positive change observed in the study was that children from ethnic minority backgrounds were more likely to have increased their activity levels in lockdown compared to their White peers.

New data will be examined as it becomes available to see if these trends have continued.

4.3.4 Adults

[33] Trafford Council. Needs Assessment for Children and Young People aged 0-19 years in Trafford - 3.4.2 Excess Weight - Figure 18, Trafford JSNA – Life Course – Start Well (2020) (http://www.traffordjsna.org.uk/docs/Life-Course/Start-Well/Needs-assessment-for-CYP-aged-0-to-19.pdf)
[34] Physical Activity – What groups of adults in Trafford are more likely to be inactive? Age, Trafford JSNA – Health & Wellbeing Priorities (2019) (http://www.traffordjsna.org.uk/Health-wellbeing-priorities/Physical-Activity.aspx)
[35] Youth Sports Trust. The Impact of Covid-19 Restrictions on Children and Young People | Greater Manchester Moving (greatersport.co.uk) (https://www.greatersport.co.uk/data-and-learning/the-impact-of-covid-19-restrictions-on-children-and-young-people)

Recent evidence on physical inactivity from Sports England Active Lives Adult Survey from November 2019/2020[36]:

- Percentage of physically inactive adults (18+) defined activity of less than average of 30 minutes a week increased from 24.6% in the period Nov 2018/ Nov 2019 to 27.1% in Nov 2019/ Nov 2020.
- Men (63% or 13.9m) are more likely to be active (150+ minutes a week) than women (60% or 13.9m). Comparing Nov 2019/2020 with the previous year, there was a 2.4% decline in proportion of men who were active compared with 1.4% in females.
- Those in routine/semi - routine jobs and those who are long -term unemployed or have never worked (NS -SEC 6 -8*) are the least likely to be active (52%) compared with those who are higher/lower managerial, administrative and professional occupations or NS-SEC 1-2 (71%). Existing inequalities by socio-economic groups have widened. Compared with previous year, the impact on activity levels was slightly greater amongst those from lower socio-economic groups with a 2.1% decline in NS -SEC 6 -8 groups compared with 0.9% in NS-SEC 1-2.
- Activity levels generally decrease with age, with 68% of 18-34 years old active compared with 38% of 75+. The sharpest decrease is at age 75+ (From 60% in 55-74 year age groups to 37.1% in 75+). Activity levels have fallen for both the 16-34 (-2.6%) and 35-54 age groups (-1.2%) compared to 12 months ago. Previous growth over the years in activity levels has been stalled amongst older adults. Compared to previous year, activity levels in 55-74 years old population fell by 1.3% and the largest decline of 2.9% was observed in 75+ (possibly due to shielding).
- Activity is less common for disabled people or those with a long -term health condition (45%) than those without (66%). Prior to the pandemic, inequalities between both the groups were slightly narrowing. The impact of the pandemic has led to an overall drop of 1.9% compared to 12 months ago amongst disabled people and those with a long-term health condition who were active, in line with the population as a whole.
- There are differences observed in activity levels based on ethnic background. The activity levels range from highest of 68% in mixed ethnic background to lowest of 50% in Asian (excluding Chinese). The impact of the pandemic has disproportionately impacted Asian (4.4% drop) and Black (4.5% drop) adults. Amongst those from Asian (excluding Chinese) backgrounds, the drop has been driven by men. Despite this, women of Black and Asian (excluding Chinese) ethnicities remain the least active and have the largest gender gap to their male equivalents

Given the evidence above, we can expect the following impact on Trafford's population as new data comes in:

[36] Sports England. Active Lives Adult Survey November 2019/20 Report. (https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2021-04/Active%20Lives%20Adult%20November%202019-20%20Report.pdf?VersionId=OjWdwCLnI3dNgDwp3X4ukcODJIDVG7Kd)

- Increase in percentage of adults (aged 18+) classified as overweight or obese. Widening inequalities with increase in overweight/obesity in deprived population groups, black and Asian (excluding Chinese) ethnic groups and males.
- Increase in prevalence of overweight including obesity in reception and year 6. Widening inequalities with increase in overweight/obesity in our most deprived population compared with least deprived.
- Increase in percentage of Trafford adults who are inactive (<30 mins a week). Widening inequalities with increase in physical inactivity in deprived population groups, black and Asian (excluding Chinese) ethnic groups, males and individuals aged 75+.
- Increase in physical inactivity in Trafford adults with a disability or long term health condition. Widening of inequality gap between activity levels of individuals with a disability or long term health condition and the general population.

4.4 Indicators to measure impact of COVID-19 in Trafford

We can measure the impact of COVID-19 on physical activity and obesity in Trafford by the following indicators (once data for 2020/2021 period becomes available and by continuous monitoring of data):

- Percentage of adults (aged 18+) classified as overweight or obese overall and by gender and deprivation
- Physical inactivity (aged 18+) overall and by age, gender, disability and long term conditions, deprivation, locality and ethnicity.
- Prevalence of overweight (including obesity) in reception and year 6 overall and by deprivation
- Percentage of adults walking for travel at least three days per week
- Percentage of adults cycling for travel at least three days per week

4.5 Mitigations

Since the start of the pandemic, significant investments have been made in weight management services, both locally and nationally. Pilot programmes were carried out from January – June 2021 to determine the desirability and success of different approaches, which then informed local commissioning. Current adult weight management services are:

- Locally commissioned community provision – a group programme and a male-targeted programme (providers to be confirmed by 17/09/21)
- NHS digital weight management programme – accessible via primary care referral
- Specialist weight management service – provided by MFT through TLCO
- NHS low calorie diet programme pilot – for people with a recent diagnosis of type 2 diabetes
- National Diabetes Prevention Programme – for people with non-diabetic hyperglycaemia

For children and families, support is available via:

- Children and young people's weight management service – provided by MFT through TLCO
- Family healthy lifestyle programme – provided by Foundation 92
- Support from health visitors and school nurses

Additional funding has also been obtained to increase uptake and capacity within these services via:

- Work with specific communities to support access to adult weight management
- Work with primary care to identify and refer patients into relevant services
- Work within schools with highest prevalence of excess weight as shown via National Child Measurement Programme.

Support to become more physically active and provide a healthy meal for children in receipt of free school meals is available via the Holiday Activities and Food programme delivered by partners such as Foundation 92, Sale Sharks and Lancashire County Cricket Club foundation, and Trafford Housing Trust's Active Appetites programme focused on those in food poverty.

Support for adults to become more active is available through organisations such as:

- Trafford Leisure
- Empower You (for people with disabilities and long term conditions)
- MileShyClub

Additional work is ongoing to improve infrastructure for walking and cycling, in order to make this the default for short journeys and encourage greater physical activity.

9. Conclusion

In addition to our specific interventions listed in this report, we propose the following:

- Continue investment in programmes that support behavioural change, including linking in with PHE Better Health campaign.
- Reach those who need support the most such as individuals from BAME communities, people with disabilities, older people and those from deprived communities. This should include easy access to stop smoking support (including via e-cigarettes), weight management and physical activity programmes
- Continue to provide the information and resources to enable and empower people to maintain their own mental wellbeing, including tailored mental wellbeing support for our BAME communities
- Ensure gambling reduction is included in the Council's approach to maximising health and wellbeing of its workforce, by ensuring individuals experiencing problem gambling access appropriate support. Problem gambling is a risk factor for suicide and therefore should also form part of Council suicide prevention strategy.

- Strengthen the sugar tax and reduce alcohol consumption including introducing a Minimum Unit Price for alcohol
- Introduce measures to increase active travel
- Invest in health and social care