



# Active Ageing

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An Anchor Hanover report in  
association with Demos

DEMOS





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Physical inactivity in later life costs the NHS around  
**£92m a year**



**53.7%**  
of inactive people aged 55+ do not do any physical activity whatsoever

Physical inactivity in later life will cost the NHS  
**£103m this year\***, rising to **£120m by 2030**  
based on population projections

Physical inactivity was responsible for  
**23,881 avoidable deaths**  
in 2017

\*in the 2019/2020 financial year

If left unaddressed, the NHS will spend over  
**£1.3bn**  
on later life physical inactivity in real terms between now and 2030



Physical activity can reduce falls, depression and dementia by  
**30%**  
The right physical activities could prevent over a million falls a year

Around  
**6.4 million people**  
aged 55+ are inactive - over half of all inactive people in England

## Executive summary

**There has been considerable research undertaken, particularly over the past decade, exploring the impacts of our ageing population – the health and social care costs this demographic shift will generate, the so called “loneliness epidemic” and the need for more age appropriate housing, to name a few. However, physical inactivity – one of the key drivers of the physical and mental health challenges associated with later life, not to mention social isolation – remains underexplored and not consistently addressed.**

Levels of physical inactivity among older people are striking and have remained stubbornly high for many years – 25.1% of adults in England are classed as “inactive” (i.e. engaging in less than 30 minutes of moderate physical activity per week), but this rises to 28% of 55- 74 year olds, 47% of 75 - 84 year olds, and a staggering 70% of the over 85s.<sup>1</sup>

Drawing on over 80 studies concerning physical activity, as well as the findings of a new survey of experiences and attitudes to physical activity among more than 1,000 people aged 55 and over commissioned by Anchor Hanover, England’s largest not-for-profit provider of care and housing for older people, this report explains:

- How inactivity is linked to a range of health problems and includes an estimate of some of the costs to individuals and wider society associated with this;
- The benefits of increased activity rates among older people;
- Lessons in overcoming the barriers to older people’s improved activity rates as we look to tackle the inactivity crisis through new approaches.

The report also follows best practice methodology to estimate the cost of physical inactivity to the National Health Service (NHS), finding:

- Physical inactivity will directly cost the NHS £723m in the 2019/2020 financial year
- Later life physical inactivity costs the NHS around £92m a year based on 2013/2014 data
- Later life physical inactivity will cost the NHS £103m this year rising to £120m by 2030 based on population projections
- If left unaddressed the NHS will spend over £1.3bn on later life physical inactivity in real terms between now and 2030
- Physical inactivity was responsible for 23,881 avoidable deaths in 2017

<sup>1</sup> Active Lives Survey, Sport England, November 2017/18

## Introduction – the inactivity challenge

From assessing the quantitative landscape, we can see that inactivity is a major problem among older people that needs urgently addressing. While the NHS recommends this age group spend 2.5 hours a week getting active in order to keep healthy and mobile, we see that nearly 40% do less than half an hour – with half of those doing nothing at all. This varies significantly by age, as well as region, suggesting pockets of highly inactive older people around the country. While levels of inactivity have remained fairly consistent for a number of years, as the numbers of older people continue to rise and older people live longer, the negative effects of inactivity (and the costs generated to the NHS) will be more keenly felt.

As we will see in the following chapters, this can result in a range of physical and mental health problems in later life, generating huge costs to the NHS and wider society. Encouraging more older people to become active, however, is not just about improving health outcomes - it can also help to tackle loneliness and boost older people’s wellbeing. We discuss these wider benefits in the following chapters before considering ways in which older people can be encouraged to overcome common barriers to inactivity (be they practical or psychological).

### Defining physical inactivity

In this report, we use the standard definition of physical inactivity as used by the NHS, Sport England and other public bodies: people are deemed physically inactive if they do less than 30 minutes of moderate physical activity per week.<sup>2,3</sup> The rule of thumb for “moderate activity” is something which makes you out of breath, but not unable to talk. NHS guidelines state that older adults (65+) should be doing at least 150 minutes of such moderate aerobic activity per week, in addition to strength exercises,<sup>4</sup> and activity should be done for at least 10 minutes at any one time.<sup>5</sup>

### Inactivity in numbers:

- The latest results of Sport England’s twice-yearly activity survey shows that 28% of 55- 74 year olds are inactive. This rises to 47% of 75 - 84 year olds and a staggering 70% of the over 85s. This is compared to 25.1% of people inactive across the whole population.<sup>6</sup> Promisingly, this represents a 0.8% fall in the number of inactive 55- 74 olds since the previous year.
- This is supported by the survey commissioned by Anchor Hanover, which found 27.7% of UK respondents aged 55+ had not done at least 30 minutes of moderate physical activity on any day in the previous week.<sup>7</sup>
- This means around 6.4 million people aged 55+ are inactive - over half of all inactive people in England.<sup>8</sup>
- 26.4% of women aged 55+ and 46.5% of women aged 75+ are inactive, compared to 28.6% of men aged 55+ and 55.7% of men aged 75+<sup>9</sup>
- 53.7% of inactive people aged 55+ do no physical activity whatsoever. This rises to 66.7% of inactive people who are 75+ and over.<sup>10</sup> Over half (51%) of people who have done no physical activity in the last 28 days have also done none throughout the year, and 70% of those 85 and over have not done any physical activity throughout the year.<sup>11</sup>

<sup>2</sup> See also Physical Activity Guidelines, Chief Medical Office, 2011

<sup>3</sup> Or an equivalent (i.e. more vigorous exercise for less time) - Tackling Inactivity, Active Ageing Prospectus, Sport England, 2016, p.6

<sup>4</sup> Physical activity guidelines for adults and older adults, Exercise, NHS, 2018

<sup>5</sup> Physical Activity and Older Adults Factsheet, World Health Organisation, 2011, and Physical Activity Guidelines, Chief Medical Office, 2011

<sup>6</sup> Active Lives Survey, Sport England, November 2017-18

<sup>7</sup> Question 1, Censuswide, 2019

<sup>8</sup> Spotlight on Older Adults, Sport England, 2016-17

<sup>9</sup> Active Lives Survey, Sport England, 2017/18

<sup>10</sup> Spotlight on Older Adults and their Relationship with Sport and Physical Activity, Sport England, 2016-17

<sup>11</sup> Spotlight on Older Adults, Sport England, 2016-17



- When looking at attitudes of older people towards exercise, almost half (48%) of people aged 55+ do not believe that exercise is an important part of their lifestyle for their age group, and only 52% believe exercise is important to maintaining bone density in later life.<sup>12</sup>
- The region with the largest proportion of inactive people aged 55+ is the West Midlands (32.1%); the region with the smallest proportion is the South West (22.9%).<sup>13</sup>
- Respondents to Anchor Hanover’s survey watched TV for an average of 3.4 hours per day.<sup>14</sup> Amongst the least active people aged 55+, the average time rose to 3.83 hours. The average time spent sitting down reading was similar for more and for less active people age 55+, but the proportion of the inactive who spent no time socialising was significantly higher than the more active groups. This suggests the least active people aged 55+ replace physical activity with TV watching as a primary pursuit.



**Table One - Physical inactivity by region**

Levels of activity - Inactive: Less than 30 minutes a week - Active Lives Survey May 17/18<sup>15</sup>

Region	Aged 55-74	Aged 75+
East Midlands	28.6%	54.3%
East	27.6%	53.0%
London	27.4%	49.3%
North East	31.5%	54.2%
North West	29.0%	52.8%
South East	23.9%	47.8%
South West	22.9%	50.2%
West Midlands	32.1%	54.4%
Yorkshire	29.2%	53.7%

# Chapter 1 – the benefits of physical activity

We can group the benefits of physical activity into: improved physical health; improved mental health; and reduced social isolation.

## Physical health

There is a large and conclusive body of evidence showing that increasing exercise and decreasing sedentary behaviour is associated with lowering mortality and lowering disease risks.<sup>16</sup> Indeed, exercising at any level has been associated with improved physical and mental health compared with no exercise, especially among older adults.<sup>17</sup> Exercise can also help improve age-related deterioration in physical and mental conditions<sup>18,19</sup> and studies of older adults who exercise have found that they have fewer chronic diseases and feel better about their own health.<sup>20</sup>

There is evidence that physically active older adults have lower rates of all-cause mortality, coronary heart disease, high blood pressure, stroke, type 2 diabetes, colon and breast cancer, compared with more inactive adults.<sup>21</sup> For instance, regular physical activity can reduce the risk of coronary heart disease and stroke among older people by as much as 35%.<sup>22</sup>

The UK Chief Medical Officer summarised the benefits of physical activity among older adults as a series of reduced risks. In summary, physical activity can reduce the risk of:

- Type 2 diabetes by 40%
- Cardiovascular disease by 35%
- Falls, depression and dementia by 30%
- Joint and back pain by 25%
- Cancers (colon and breast) by 20%<sup>23</sup>

Reducing the risk of falls is particularly important. 3.4 million over-65s suffer a fall each year<sup>24</sup>, leading to over 300,000 hip fractures. It is the main driver of unplanned hospital visits among older people and many will go on to need social care and support upon returning home.<sup>25</sup> However, evidence shows that strength and balancing physical activities can help reduce these risks if undertaken at least two days a week.<sup>26</sup> If the CMO’s estimate of a 30% reduced risk of falls is correct, then the right physical activities could prevent over a million falls a year. Groups with different fall risks also exhibit differences in terms of balance and capabilities in walking, posture and muscle strength. Focusing on improving these functions may thus also help reduce the risk of falls<sup>27</sup>, and exercise programmes can assist this by having a beneficial impact on gait, endurance and performance.<sup>28,29</sup> Other reviews suggest that balance may be improved immediately with some types of exercise intervention.<sup>30</sup>

Improving mobility can also help older adults maintain independence.<sup>31</sup> For example, physical activity such as resistance training can help improve the performance of walking, climbing steps or standing up from chairs,<sup>32</sup> which reduces falls, and of course enables older people get out into their communities and engage socially.

16 All-cause mortality effects of replacing sedentary time with physical activity and sleeping using an isotemporal substitution model, Stamatakis et al., *The International Journal of Behavioural Nutrition and Physical Activity* 12, 2015, p.121

17 Associations between physical activity and physical and mental health – a HUNT 3 study, Bertheussen et al., *Medicine and science in sports and exercise* 43 (7), 2011, pp.1220-8

18 Physical activity in older age: perspectives for healthy ageing and frailty, McPhee et al., *Biogerontology* 17, 2016, pp.567-580

19 Effects of aging and exercise training on the common carotid blood velocities in healthy men, Azhim et al., *Conference Proceedings IEEE Eng Med Biol Soc*, 2007, pp.989-993

20 Predictors of regular exercise among older residents of long-term care institutions, Chen et al., *International Journal of Nursing Practice* 22 (3), 2016, pp.239-246

21 Physical Activity and Older Adults, World Health Organisation, 2011

22 Physical Inactivity Report, British Heart Foundation, 2017

23 Physical Activity benefits for older people, UK Chief Medical Officers’ Guidelines, 2011 Falls in the over 65s cost NHS £4.6 million a day, Age UK, 2010

24 Falls in the over 65s cost NHS £4.6 million a day, Age UK, 2010

25 Demos, Anchor The Social Value of Sheltered Housing

26 Interventions for preventing falls in older people living in the community, Gillespie et al. for National Institute for Health and Care Excellence (NICE), *Cochrane Database of Systematic Reviews* 2, 2009, CD007146

27 Fall risk characteristics of the elderly in an exercise class, Yoyoka et al., *Journal of Physiological Anthropology* 27 (1), 2008, pp.25-32

28 Aerobic and resistance exercise training program intervention for enhancing gait function in elderly and chronically ill Taiwanese patients, Chen et al., *Public Health* 129 (8), 2015, pp.1114-24

29 Effects of combined exercise of gait variability in community-dwelling older adults, Wang et al., *Age* 37 (3), 2015, p.9780

30 Exercise for improving balance in older people, Howe et al., *Cochrane Database of Systematic Reviews* 11, 2011, CD004963

12 Exercise and Age Survey, Nuffield Health, 2019

13 Active Lives Survey, Sport England, 2017/18

14 Average times throughout are excluding those who reported ‘N/A I do not spend any time doing this’.

15 Active Lives Survey, Sport England, 2017/18



### Cognitive function and mental health

Several studies have found that physical activity in healthy older adults and older adults with certain health conditions is linked to improved cognitive and brain function.<sup>33,34</sup> Physical activity in older adults is associated with higher levels of some cognitive skills<sup>35</sup>, whilst self-reported activity has also been positively correlated with brain volume.<sup>36</sup> Aerobic exercise in particular was found to reverse age-related shrinkage of the hippocampus, the key area of the brain related to memory. In one controlled trial, one year of aerobic exercise resulted in a small increase in the size of the hippocampus which was the equivalent of reversing one to two years of age-related shrinkage. For example, a study of 638 people in Scotland that asked people about their activity levels found those who were physically active at age 70 experienced less brain shrinkage over three years than those who were not.<sup>37</sup>

There is some evidence that through regular exercise healthy older people can reduce their risk of dementia.<sup>38</sup> For example, one study of older people (average age 82) found that those who were in the bottom 10% in terms of amount of daily physical activity were more than twice as likely to develop Alzheimer's disease as those in the top 10%.<sup>39</sup>

There is also a potential positive impact of different forms of exercise on executive function in people with Parkinson's disease who have cognitive impairments – studies are ongoing but one trial showed that people with Parkinson's who exercised regularly for 2.5 hours a week had a smaller decline in mobility and quality of life over two years.<sup>40</sup> Other research points to a relationship between exercise and long-term impacts on cognition and white matter volume<sup>41</sup>; improved memory performance and cognitive flexibility<sup>42</sup>; and improvements in cognitive ability and memory in older adults with mild cognitive impairments<sup>43</sup>.

Physical activity may also help maintain and improve mental health,<sup>44</sup> with the frequency of taking part in sport linked with improved health and wellbeing.<sup>45</sup> A review of physical inactivity in older adults across Europe found that inactivity was associated with depression, poor sense of meaning in life, social support and memory loss.<sup>46</sup>

### Social isolation

In October last year, British Prime Minister Theresa May, made a speech stating loneliness is "one of the greatest public health challenges of our time",<sup>47</sup> with a fifth of the UK reporting feeling lonely most of the time. 51% of all people aged 75 and over live alone and two fifths of all older people (about 3.9 million people) say the television is their main company.<sup>48</sup> Previous Demos research suggests that loneliness among older people will cost £2bn a year by 2030.<sup>49</sup>

Anchor Hanover's survey found that over a quarter (25.2%) of the least active respondents spend no time sitting down socialising, compared to between 3.7% and 15.4% of those across high activity levels.

However, being inactive significantly increases one's risk of loneliness, and conversely evidence suggests increasing your activity levels can reduce loneliness.<sup>50</sup> While around 17% of older people have less than weekly contact with family and friends<sup>51</sup> this increases to a third of inactive older people.<sup>52</sup> This is likely to be due to the fact that, as we have seen, physical activity has a positive impact on mobility (getting in and out of chairs unaided, managing stairs etc) – and therefore independence. More mobile and active older people are likely to be able to visit friends and families more readily.

Anchor Hanover's survey supports this analysis. People aged 55+ were asked about how their physical strength and mobility impacted their ability to engage with younger relatives.<sup>53</sup> 18.3% said that they engaged with younger relatives but not as much as they would like to, 16.6% said they recognised that they were able to engage less and less over time, 14.7% said that engaging with younger relatives can lead to physical discomfort, while 4% were physically unable to engage. While 48% of the least active older people said they were able to engage with their younger relatives, this rose to 64% of the most active in the survey.

However, it is not just the physical benefits of being active which can improve one's social networks – engaging in physical activities in itself can be a social experience. Social relations established during group exercise classes are related to positive outcomes such as increased life satisfaction and reduced loneliness,<sup>54</sup> with older people reporting that group physical activity helps them to meet other people. We will see in chapter four that making friends and meeting new people are important motivators for older people to engage in physical activities. Group physical activity interventions have been shown to have a greater impact on social isolation among older adults than social activity alone, while those exposed to physical activity exhibited more pro-social behaviour and trust than those engaged in non-physical activities.<sup>55</sup>



47 PM Launches Government's First Loneliness Strategy.

48 <https://www.campaigntoendloneliness.org/loneliness-research/>

49 A Society of Readers, Sacha Hihorst, Alan Lockey and Tom Speight, Demos, 2018.

50 One of the most important academic papers in this area is a US study of older adults that found that social inactivity is related to physical inactivity in adults 60 and over. A meta-analysis of 37 different studies also found that the majority found a direct association between lack of physical activity and loneliness, as well as evidence that activity reduced loneliness. See <https://www.tandfonline.com/doi/abs/10.1080/1750984X.2016.1177849?journal-code=rirs20>

51 [https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb\\_june15\\_loneliness\\_in\\_later\\_life\\_evidence\\_review.pdf](https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb_june15_loneliness_in_later_life_evidence_review.pdf)

52 Active Ageing Prospectus, Sport England, 2016

53 Question 11, Stand Agency Survey, Censuwide, 2019

54 Physical activity and older adults: a review of health benefits and the effectiveness of interventions, Taylor et al., Journal of Sports Science 22 (8), 2004, p. 703-25

55 The Effects of Physical Activity on Social Interactions: The Case of Trust and Trustworthiness, Bartolomeo and Papa, Journal of Sports Medicine 20 (1), 2017, pp. 50-71



# Chapter 2 - The costs of inactivity

The previous chapter explored the impact of activity in later life on physical health, cognitive function, mental wellbeing and loneliness. Here, we analyse the potential implications of some of these effects, focusing on the impact of inactivity on physical health.

Physical inactivity has been linked to a number of serious health conditions. The World Health Organisation (WHO) has identified physical inactivity as a risk factor for five diseases in particular: coronary heart disease, cerebrovascular disease (strokes); breast cancer; colon cancer and diabetes.<sup>56</sup> Moreover, the WHO has also suggested that physical inactivity is the fourth leading risk factor for global mortality<sup>57</sup> and, subsequently, that around 3.2 million deaths worldwide can be attributed to it.<sup>58</sup>

In the UK, Public Health England – the Government’s executive agency for promoting better health and wellbeing – has described the nation’s poor physical inactivity as an “epidemic” that could be responsible for as many as 1 in 6 deaths.<sup>59</sup> Meanwhile, a 2010 report by the Lancet estimated that in the UK, physical inactivity causes:

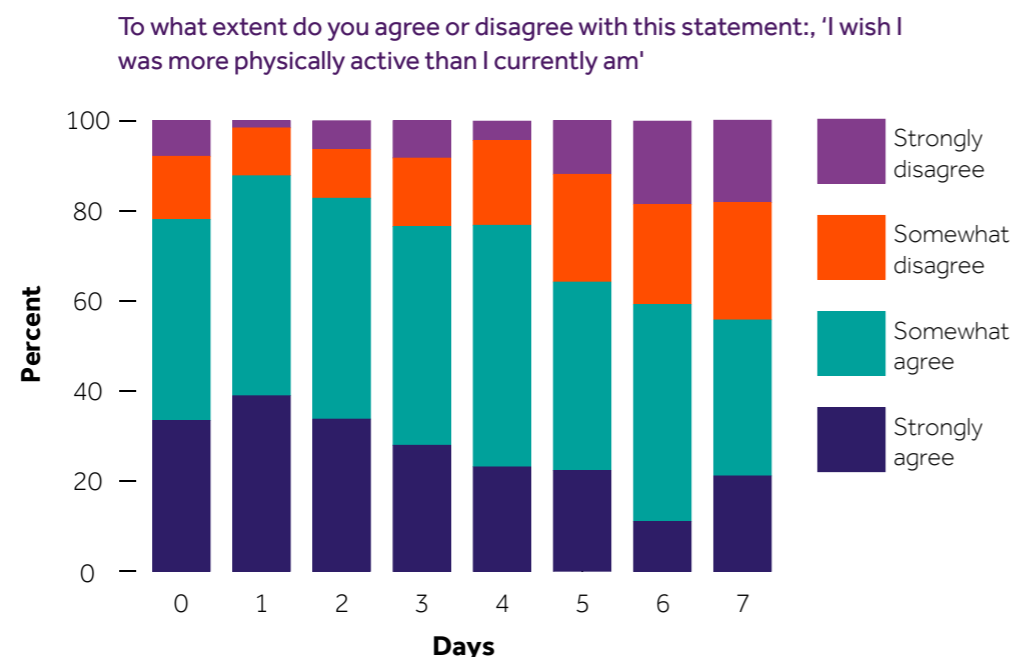
- 10.5% of coronary heart disease cases
- 18.7% of colon cancer cases
- 17.9% of breast cancer cases
- 13.0% of type 2 diabetes cases
- 16.9% of premature all-cause mortality<sup>60</sup>

Furthermore, on average 76% of patients referred to a cardiac rehabilitation service were considered physically inactive (in England).<sup>61</sup>

### Inactivity can increase the risk of falls

3.4 million over-65s suffer a fall each year (up to one in three)<sup>62</sup>. In the last two years, 26.3% of adults over 60 and 38% of adults over 80 reported a fall, with 212,000 fall-related emergency hospital admissions amongst adults over 65 in England in 2015-16<sup>63</sup>.

A lack of physical activity has been related to a higher risk of experiencing a severe fall.<sup>64</sup> People over 60 spend up to 80% of their waking day sedentary, which can negatively impact muscle function, mobility and heighten the risk of falls.<sup>65</sup>



### Cost to the health service

The cost of physical inactivity to wider society has been estimated at as much as £7.4 billion a year.<sup>66</sup> Indeed, the cost to the NHS of falls alone in over-65s is £4.6 million per day.<sup>67</sup> Hip fractures account for 1.8 million hospital bed days and £1.9 billion in hospital costs every year, even when excluding the cost of ancillary social care.<sup>68</sup>

Increasing physical activity and improving health amongst older adults would mean these costs could be reduced. For instance, a pilot scheme in 2009 examined the use of exercise in reducing hospital admissions and showed that tailored exercise interventions may be able to reduce emergency hospital admissions even amongst people with a risk factor for readmission.<sup>69</sup>

To assess the cost to the NHS of physical inactivity this year Demos explored the historical literature on assessing the impact of physical inactivity (see table one).

**Table Two – Demos modelling of NHS costs (England) of physical inactivity.**

Disease Group	Estimate of Cost of Inactivity to NHS (2006/7)	NHS Expenditure by Disease Estimate (2013/14)	UK Population Attributable Fraction (PAF) for Physical Inactivity (2012)	New Cost of Inactivity Estimate – 2013/2014
Coronary Heart Disease	£542m	£1481m	10.5%	£156m
Cerebrovascular Disease (Stroke)	£117m	£775m	12%*	£93m
Breast Cancer	£54m	£472m	17.9%	£84m
Colon Cancer	£65m	£333m	18.7%	£62m
Diabetes	£158m	£2050m	13%	£267m
<b>TOTAL</b>	<b>£936m</b>			<b>£662m</b>

We looked at the most robust and rigorous calculation of physical inactivity’s cost to the NHS, which was undertaken in 2011 by Scarborough (et al) and published using 2006/2007 NHS cost data.<sup>70</sup> Alongside a sensitivity analysis, this methodology follows four stages:

- 1) Identify the diseases where physical inactivity is a risk factor.
- 2) Identify the total economic cost to the NHS for those diseases.
- 3) Identify the population attributable fractions (PAFs) relating to physical inactivity for each disease.
- 4) Use the PAFs to the economic cost data, to calculate an estimated cost of each disease.

Following this approach, the updated results can be seen in Table One (see Appendix One for further detail). Based on the available data, Demos estimates that across the whole population physical inactivity directly cost NHS England around £662m in the 2013/14 financial year.

<sup>66</sup> Everybody active, every day: an evidence based approach to physical activity Public Health England, 2014/18. Get everybody active every day, Public Health England, 2014

<sup>67</sup> Falls in the over 65s cost NHS £4.6 million a day, Age UK, 2010

<sup>68</sup> Falls: Applying all our health, Public Health England, 2018

<sup>69</sup> Fewer emergency readmissions and better quality of life for older adults at risk of hospital readmission: a randomised controlled trial to determine the effectiveness of a 24-week exercise and telephone follow-up program, Courtney et al., Journal of the American Geriatric Society 57 (3) 2009, pp.395-402

<sup>70</sup> The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006-07 NHS costs, Scarborough et al., Journal of Public Health 33 (4), 2011, pp.527-35

<sup>56</sup> See for example World Health Report 2002, World Health Organisation, 2003.

<sup>57</sup> Global Recommendations on Physical Activity for Health, World Health Organisation, 2010

<sup>58</sup> Diet and Physical Activity Factsheet. Secondary Diet and Physical Activity Factsheet, World Health Organisation, 2013

<sup>59</sup> Get everybody active every day, Public Health England, 2014

<sup>60</sup> Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy, Lee et al., The Lancet, 380 (9838), 2012, p.219-229; see also Lack of exercise as ‘deadly’ as smoking, NHS, 2012

<sup>61</sup> Physical Inactivity Report, British Heart Foundation, 2017

<sup>62</sup> Falls in the over 65s cost NHS £4.6 million a day, Age UK, 2010

<sup>63</sup> Falls: Applying all our health, Public Health England, 2018

<sup>64</sup> The dynamics of ageing, Evidence from the Longitudinal Study of Ageing 2002 - 16, The Institute of Fiscal Studies (IFS), funded by the National Institute on Aging, 2016

<sup>65</sup> How Sedentary are Older People? A Systematic Review of the Amount of Sedentary Behaviour, Harvey et al., The Journal of Aging and Physical Activity 23 (3), 2015, pp.471-87

Assuming that spending on these diseases has increased proportionally and in line with overall inflation-adjusted NHS spending since then, that would mean physical inactivity would directly cost NHS England £723m in the 2019/20 financial year.<sup>71</sup>

We can also provide a rough estimate of the cost of physical inactivity amongst older age citizens (55 and over):

**Table Three: Demos modelling of historic NHS costs for later life inactivity.**

Estimate of cost to NHS England in 2013/14	£662m
Estimate of cost adjusted to NHS per person (England)	£11.89
Proportion of older people (55 and over 'inactive')	42%
Number of people aged 55 and over in United Kingdom (2013/14)	18,429,331
Estimated Number of inactive people aged 55 and over in United Kingdom	7,740,319
Cost to NHS (England and Wales) from physical inactivity amongst older people in 2013/14	£92m

The calculation of £11.89 per person is based on recalculating the data contained in Public Health England's modelling of 2013/14 physical inactivity costs, published in 2016, which follows the same methodological approach and population attributable fractions as ours.<sup>72</sup> Their figures suggest a total cost of inactivity at £455m and an average person cost of £8.17 - a lower estimate than ours. However, ours uses the updated data from the Min Lee (et al) research and our per person cost - £11.89 - is broadly in line with previous 2010-2013 data collections, rather than the sharp drop-off (from £11.72 to £8.17) in the Public England estimate.



With £11.89 established as a guide per-person cost, we then use the Sport England Active Lives data to estimate the proportion of the older population defined as inactive<sup>73</sup>; and the latest ONS data on population<sup>74</sup> to estimate a rough cost to the NHS per year of later-life inactivity assuming cost per head for the whole UK is broadly the same as it is in England. This gives a final figure of £92m a year, though there are two reasons to think this may be an underestimate. First, the original per-head calculation is not specifically for the later-life population. Second, health costs may have risen in line with NHS spending since 2013/14.

We can also follow the same methodology to estimate both the cost to the NHS this year and cumulatively until 2030, using the ONS's interactive NOMIS dataset (see Appendix Two). This suggests that physical inactivity in people aged 55 or over will cost the NHS £103m this year rising to £120m by 2030. If left unaddressed this means that later life physical inactivity will cost the NHS over £1.3bn in real terms by 2030 (see table four).

**Table Four: Demos modelling of future NHS costs for later life inactivity.**

Year	Estimated number of people aged 55 and over in UK <sup>75</sup>	Estimated number of inactive people aged 55 and over in UK	Estimated annual cost to NHS from physical inactivity amongst older people
2019	20,550,572	8,631,240	£103m
2020	20,950,325	8,779,137	£104m
2021	21,336,415	8,961,294	£107m
2022	21,717,107	9,121,185	£108m
2023	22,078,889	9,273,133	£110m
2024	22,434,363	9,422,432	£112m
2025	22,761,752	9,559,936	£114m
2026	23,103,271	9,703,374	£115m
2027	23,409,132	9,831,835	£117m
2028	23,670,919	9,941,786	£118m
2029	23,889,461	10,003,574	£119m
2030	24,085,621	10,115,961	£120m
			<b>TOTAL: £1347m</b>

Finally, perhaps the easiest impact of physical inactivity to estimate is the number of lives it costs. As highlighted earlier, the Min Lee (et al) paper estimated the population attributable fraction of premature all-cause - i.e. avoidable - mortality to be 16.9%. Avoidable mortality is defined as deaths "considered avoidable in the presence of timely and effective healthcare or public health interventions".<sup>76</sup> According to the most recent update from the Office of National Statistics, 23% of all deaths in 2017 (the latest available data) were avoidable - 141,313 in total.<sup>77</sup> Therefore, using the population attributable fraction for physical activity, we can estimate that physical inactivity caused 23,881 avoidable deaths in 2017.

73 Active Ageing Prospectus, Sport England, 2016  
 74 Population by age, gender and ethnicity, ONS, January 2017  
 75 Demos analysis of NOMIS accessed 17 April 2019. See Appendix Two  
 76 Avoidable mortality in the UK: 2017. ONS, February 2019.  
 77 Avoidable mortality in the UK: 2017. ONS, February 2019.

71 NHS spending calculations based on data from The NHS Budget and how it has changed, Kings Fund, July 2018.  
 72 Physical Inactivity: economic costs to NHS clinical commissioning groups, Public Health England, April 2016.



# Chapter 3 – Why are older people inactive?

Barriers to activity can be physical (such as existing health conditions), psychological (such as fear of exercise), social (such as lacking support to exercise) or practical (such as cost, lack of time).<sup>78</sup> Here we highlight what we know about these barriers in greater depth and discuss how they might be overcome.

## Physical barriers

Perhaps the most obvious barrier is the impact that someone's physical condition – for example, having a disability – can have on activity levels. Physical conditions such as a lack of energy, shortness of breath and joint pain can all be barriers to engaging in physical activity.<sup>79</sup> Sport England Active Lives data finds that 73% of inactive people 55 and over who also have a disability have done no physical activity in the last 28 days. In contrast, for those who do not have a disability, this falls to just 45%.<sup>80</sup> For older people, this can become a vicious circle – declining health or mobility in later life can lead to reduced activity levels, which in turn reduces mobility and physical wellbeing, making activity that much harder.



## Practical barriers

There are also material and practical constraints to consider. For example, 72% of people aged 50-64 are in employment – and an increasing number have caring responsibilities.<sup>81</sup> This can mean making time for regular physical activity is difficult. Other practical constraints to being active can include lack of access to a car<sup>82</sup>, the failure of exercise facilities to accommodate for older people, and the financial cost of fitness venues such as gyms.<sup>83</sup> UKActive's recent review of inactivity among older people found that while the 55+ age group account for 36% of the population, they only account for 20% of gym users. This falls to just 9% of gym users among the over 65s. While the authors attribute this in part to the increased inactivity levels in these older age groups, they also conclude that gyms are failing to make themselves accessible and market to older people.<sup>84</sup> This is supported by an Associated Retirement Community Operators (ARCO) survey of over 65s. While 70% of survey respondents wanted to be more active, a common barrier they reported facing was a feeling of self-consciousness in environments such as gyms.<sup>85</sup> Nearly a quarter of respondents said they would be more likely to attend a nearby gym facility or class if they had someone to go with, increasing

to nearly one in three amongst over 65s who live alone. For those who live alone, 25% of over 65s also said they would be more likely to attend if there were more older people there and 23% said they would be more likely to if there were more classes offered for people of their age. 28% of women and 17% of men said they would visit the gym if they had a friend go with them.<sup>86</sup>

## Psychological barriers

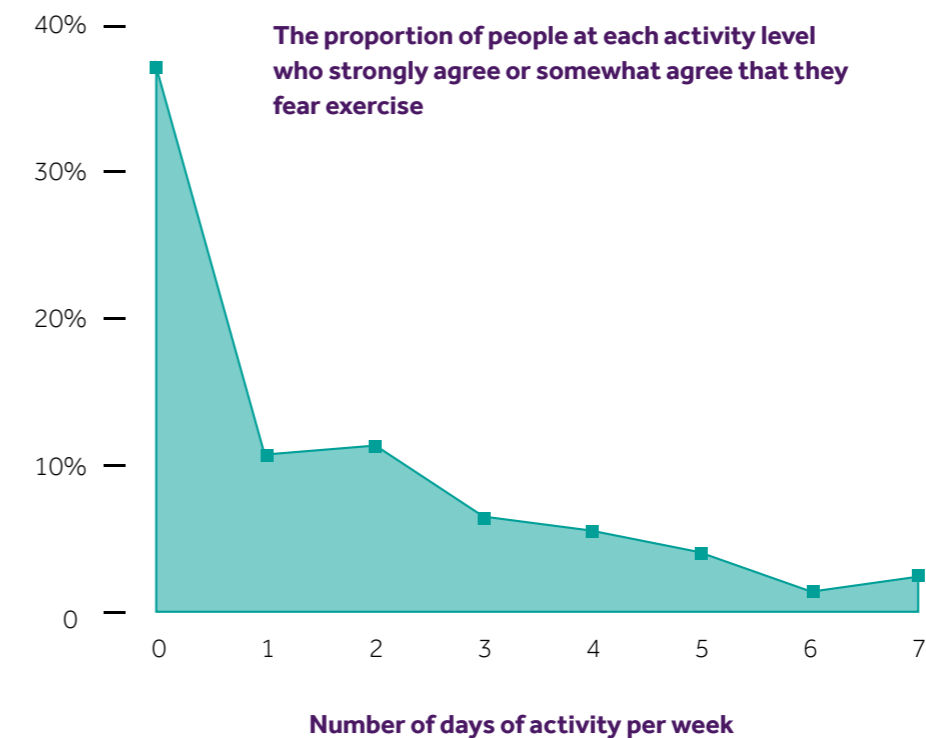
Psychological barriers to increased activity, such as self-consciousness, are perhaps the hardest to overcome – these types of barriers also include a lack of interest, a dislike of going out alone or in the evening, perceived lack of fitness, lack of energy, doubting that exercise can lengthen life, not belonging to a group and doubting that meeting new people is beneficial.

Sport England has identified five groupings in order to describe why people aged 50 and over are inactive.<sup>87</sup> Older people can feel that 'their days of being physically active are over'<sup>88</sup>, because of their age, their health status and fitness levels. This group is more likely to be completely inactive than other groups of inactive older people. Others are 'just not interested'<sup>89</sup> in physical activity; some think that they are already sufficiently active; and others would like to do more physical activity but are not successful.

There is also the most fundamental psychological barrier of all – a lack of motivation, or desire to be active in and of itself. In the survey commissioned by Anchor Hanover, 21.9% of the least active people aged 55+ did not wish they were more active than they currently were.<sup>90</sup>

However, overall three quarters (76%) of respondents agreed with the statement, 'I wish I was more physically active than I currently am'. Furthermore, 78.1% of the least active group respondents also agreed they wished they were more physically active.

Nearly half of the least active respondents agreed they dreaded exercise; over a third agreed they feared it. A larger proportion of the least active people agreed they feared exercise (36%) than in any other activity level category (down to e.g. 6.8% agreement for those active 7 days a week).<sup>91</sup>



78 Perceived exercise barriers, enablers, and benefits among exercising and non-exercising adults with arthritis: results from a qualitative study. Wilcox et al., Arthritis Care and Research 55 (4), 2006, p.616-627; Gender perspectives on views and preferences of older people on exercise to prevent falls: a systematic mixed studies review, Sandlund et al., BMC Geriatrics 17(1), 2017, p.58; Spotlight on Older Adults and their Relationship with Sport and Physical Activity, Sport England, 2016-17, Active Ageing Prospectus, Sport England, 2016

79 Why older people do not participate in leisure time physical activity: a survey of activity levels, beliefs and deterrents, Crombie et al., Age and Ageing 33(3), 2004, p.287-92

80 Spotlight on Older Adults and their Relationship with Sport and Physical Activity, Sport England, 2016-17

81 Spotlight on Older Adults and their Relationship with Sport and Physical Activity, Sport England, 2016-17

82 Why older people do not participate in leisure time physical activity: a survey of activity levels, beliefs and deterrents, Crombie et al., Age and Ageing 33(3), 2004, p.287-92

83 Survey into older people and exercise, Associated Retirement Community Operators (ARCO) - the UK trade body for retirement villages and extra care housing, 2015

84 [https://www.ukactive.com/wp-content/uploads/2018/09/Reimagining\\_Ageing.pdf](https://www.ukactive.com/wp-content/uploads/2018/09/Reimagining_Ageing.pdf)

85 Survey into older people and exercise, Associated Retirement Community Operators (ARCO) - the UK trade body for retirement villages and extra care housing, 2015

86 Survey into older people and exercise, Associated Retirement Community Operators (ARCO) - the UK trade body for retirement villages and extra care housing, 2015

87 Tackling Inactivity: Active Ageing Prospectus, Sport England, 2016

88 Tackling Inactivity: Active Ageing Prospectus, Sport England, 2016, p.13

89 Tackling Inactivity: Active Ageing Prospectus, Sport England, 2016

90 Question 9, Stand Agency Survey, Censuwide, 2019

91 Question 8, Stand Agency Survey, Censuwide, 2019

## Chapter 4 – How can we reduce inactivity?

Here we present the findings of our research into “what works” when it comes to overcoming barriers to activity and how to prompt behaviour change in older people. We have distilled these into four key lessons:

- Support is vital
- Offer both community and home-based activity
- Get the messaging right
- One size will not fit all

### Lesson One – support is vital

Inactive older people need support to help them become active. Counselling or giving individuals advice through primary care can increase physical activity,<sup>92</sup> and exercise referral schemes, where health professionals refer patients to exercise providers, can improve numbers of those increasing their physical activity. However, there are concerns around the cost-effectiveness of this approach.<sup>93</sup>

A more promising avenue might be peer support – people with active peer networks are more likely to be active, and perceptions of activity as being ‘normal’ increases the likelihood of physical activity.<sup>94</sup> As the ARCO survey cited above shows, older people report feeling more confident in going to gyms or engaging in exercise classes if they have someone to go with. Sport England research also suggests it is important that older people feel they can relate to those who are active as this can help activity be seen as more “normal” for their age group, overcoming common misconceptions about “taking it easy” in later life.<sup>95</sup>



### Lesson Two – offer both community and home-based activity

Exercising at home and at a community exercise facility both improve the physical health of older adults,<sup>96</sup> and there is evidence that social support may help lead to sustained changes in behaviour.<sup>97</sup> Community-wide programmes can also help increase physical activity when in tandem with local community activities.<sup>98</sup> For example, a trial with 1,256 adults aged 65 or above showed that participants in a community group exercise programme led to increases in self-reported physical activity levels after a year and significantly reduced falls, when compared to a home based exercise programme.<sup>99</sup> And, at least in the short term, people with certain health conditions can show more improvements exercising in a dedicated exercise centre than at home.<sup>100</sup>

However, it is also true that people tend to persist with exercise at home for longer than at a dedicated centre, and many (particularly the least active and more self-conscious) may prefer it in general.<sup>101</sup> This was supported by the Anchor Hanover survey of older people, which showed 65.3% of respondents said they prefer to do physical activity in their own home.

This suggests both home and community-based activities, which can be done alone or in groups, need to be on offer to cater to the different preferences of older people at different activity levels. This will ensure people facing barriers to engaging in group exercise programmes become more active, while also making the social benefits of group-based interventions available.

### Lesson Three – get the messaging right

Whether a home or community-based activity is on offer, striking the right tone in messaging when promoting this to older people is vital. Sport England’s research has found that focusing on fitness and health does not motivate older people to become active as much as trying new things and making friends. Similarly, interventions designed to combat loneliness can focus on the fun of the activity rather than the negative message of ‘loneliness’, which can be stigmatising.<sup>102</sup>

Distinguishing between sport and physical activity in designing and describing new schemes may also be unhelpful, as inactive people may be more willing to engage in activities that they do not consider ‘sport’, such as dancing, cycling and walking.<sup>103</sup>

Research by Mind also shows that it is important for people to engage in a physical activity they enjoy – both in terms of increasing their wellbeing and sustaining the activity over a longer period of time.<sup>104</sup> Sport England has also highlighted the convenience of activities as being important to increasing the efficacy of interventions, such as incorporating activities into routines or already-frequented places.<sup>105</sup>

As such, messages of fun and enjoyment, meeting new people, as well as it being convenient and a “normal” part of daily life are all important messages when promoting activities designed to make older people more physically active.

### Lesson Four – one size will not fit all

Older people not only have different levels of fitness, disabilities or health limitations, they also have different psychological, practical and cultural barriers to becoming more active. In order to make activities appealing to a wide range of older people, they need to be accessible to different fitness levels, and can be completed in different locations, and at different times to suit people’s schedules. Traditional gym-based fitness classes may not therefore, in this context, suit many inactive older people.<sup>106,107</sup>

92 Everybody active, every day: What works – the evidence, Public Health England, 2014

93 A systematic review and economic evaluation of exercise referral schemes in primary care: a short report, Campbell et al., Health Technology Assessment 19 (60), 2015, p.1-110; see also The clinical effectiveness and cost-effectiveness of exercise referral schemes: a systematic review and economic evaluation, Pavey et al., Health Technology Assessment 15 (44), 2011, p.i-xii, 1-254

94 Everybody active, every day: What works – the evidence, Public Health England, 2014

95 Active Ageing Prospectus, Sport England, 2016

96 Home versus center based physical activity programs in older adults, Ashworth et al., Cochrane Database of Systematic Reviews, 2005, CD004017

97 Everybody active, every day: What works – the evidence, Public Health England, 2014

98 Everybody active, every day: What works – the evidence, Public Health England, 2014

99 Multicentre cluster randomised trial comparing a community group exercise programme and home-based exercise with usual care for people aged 65 years and over in primary care, Iliffe, S. et al., Health Technology Assessment 18 (49), 2014, p.vii-xxvii

100 Home versus center based physical activity programs in older adults, Ashworth et al., Cochrane Database of Systematic Reviews, 2005, CD004017

101 Home versus center based physical activity programs in older adults, Ashworth et al., Cochrane Database of Systematic Reviews, 2005, CD004017

102 Evidence Review: Loneliness in Later Life, Davidson and Rossall, Age UK Loneliness Evidence Review 2015

103 Everybody Active, Every Day, Public Health England, 2014

104 How to improve your wellbeing through physical activity and sport, Mind, 2015

105 Active Ageing Prospectus, Sport England, 2016

106 Everybody active, every day: What works – the evidence, Public Health England, 2014

107 Active Ageing Prospectus, Sport England, 2016

**Appendix 1: Demos modelling of NHS costs (England) of physical inactivity**

All costs are calculated to the nearest million pound and are the annual cost to NHS England in each case. However, the exercise is constrained by the availability of disease specific cost data – which has become more difficult to access since the switch from Primary Care Trusts to Clinical Commissioning Groups in 2014. We took our NHS disease costs from an in-depth analysis by Briggs (et al) published last year based on 2013/2014 data.<sup>108</sup> Furthermore, we updated the population attributable fractions – which is the epidemiological term for the proportion of incidents in the population attributable to a specific risk factor (e.g. physical inactivity) – from a wide-ranging Lancet study conducted by Min-Lee et al and published in 2012.<sup>109</sup> The exception to this is cerebrovascular disease (strokes), which is not included in that study and for which we have used the original population attributable fraction from the Scarborough (et al) research (though this also remains 12% in later Public Health England modelling<sup>110</sup> – see below).

The notable changes – for example, the significant fall in heart disease inactivity costs – can be explained largely by a significantly smaller estimation of health costs as per the updated methodologies in the 2018 health costs paper. However, the population attributable fractions also differ – heart disease, for example, is down, whereas both cancers are up in the Min-Lee (et al) study when compared to the Scarborough (et al) one. The other significant difference is that our cost data applies to NHS England only, whereas the original Scarborough (et al) study provided an estimate for the whole of the UK.

**Appendix 2: Demos analysis of population estimates using NOMIS data.**

National Population projections by single year of age

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Projected Year	Aged 55-59	Aged 60-64	Aged 65-69	Aged 70-74	Aged 75-79	Aged 80-84	Aged 85-89	Aged 90-94	Aged 95-99	Aged 100-104	Aged 105+	TOTAL
2019	4,404,968	3,757,250	3,375,393	3,319,136	2,332,311	1,721,724	1,044,747	455,804	126,194	12,404	641	20,550,572
2020	4,508,928	3,860,588	3,367,180	3,370,042	2,419,760	1,747,580	1,065,475	469,683	126,593	13,883	613	20,950,325
2021	4,571,986	3,972,063	3,399,464	3,391,994	2,536,529	1,747,039	1,089,490	484,776	127,119	15,371	584	21,336,415
2022	4,607,258	4,087,004	3,463,249	3,247,327	2,774,580	1,774,389	1,118,627	499,461	128,437	16,227	548	21,717,107
2023	4,611,417	4,194,298	3,536,073	3,181,822	2,905,857	1,834,275	1,155,887	511,561	130,575	16,606	518	22,078,889
2024	4,597,171	4,304,035	3,618,050	3,161,678	2,969,824	1,916,543	1,191,407	523,609	134,721	16,787	538	22,434,363
2025	4,553,148	4,406,294	3,718,775	3,156,972	3,017,932	1,994,865	1,215,411	540,036	140,772	16,922	625	22,761,752
2026	4,538,136	4,469,041	3,827,713	3,190,079	3,039,421	2,095,126	1,219,813	558,706	147,338	17,198	700	23,103,271
2027	4,494,695	4,504,974	3,940,305	3,252,573	2,916,600	2,301,400	1,246,309	580,114	153,793	17,633	736	23,409,132
2028	4,427,454	4,510,764	4,045,972	3,323,959	2,863,843	2,416,893	1,298,298	605,363	159,392	18,229	752	23,670,919
2029	4,325,790	4,498,664	4,153,989	3,403,859	2,851,002	2,474,953	1,366,482	629,277	165,467	19,210	768	23,889,461
2030	4,231,874	4,457,428	4,254,689	3,501,148	2,851,233	2,517,618	1,429,595	646,946	173,733	20,566	791	24,085,621

<sup>108</sup> Estimating comparable English healthcare costs for multiple diseases and unrelated future costs for use in health and public health economic modelling, Adam D. M. Briggs, Peter Scarborough, Jane Wolstenholme, PLoS One, 2018; 13(5)

<sup>109</sup> Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy, Lee et al., The Lancet, 380(9838), 2012, p.219-229

<sup>110</sup> Physical Inactivity: economic costs to NHS clinical commissioning groups, Public Health England, April 2016.





Mendip LA	26.1%	-	Purbeck LA	21.4%	55.5%	South Oxfordshire LA	-	54.5%	Torridge LA	21.5%	-
Merton LA	-	-	Reading LA	26.5%	-	South Ribble LA	25.4%	-	Tower Hamlets LA	-	-
Mid Devon LA	19.7%	-	Redbridge LA	33.4%	76.2%	South Somerset LA	19.9%	49.7%	Trafford LA	20.8%	60.9%
Mid Suffolk LA	25.2%	55.5%	Redcar & Cleveland LA	26.8%	-	South Staffordshire LA	25.9%	-	Tunbridge Wells LA	22.0%	-
Mid Sussex LA	21.8%	52.8%	Redditch LA	33.4%	-	South Tyneside LA	33.5%	-	Uttlesford LA	26.9%	47.9%
Middlesbrough LA	38.0%	62.3%	Reigate and Banstead LA	22.4%	-	Southampton LA	24.8%	62.1%	Vale of White Horse LA	17.4%	-
Milton Keynes LA	22.3%	-	Ribble Valley LA	27.0%	56.3%	Southend-on-Sea LA	29.2%	74.0%	Wakefield LA	30.9%	53.2%
Mole Valley LA	23.8%	51.6%	Richmond upon Thames LA	-	-	Southwark LA	-	-	Walsall LA	29.5%	56.7%
New Forest LA	27.5%	52.2%	Richmondshire LA	18.2%	-	Spelthorne LA	26.2%	-	Waltham Forest LA	33.4%	-
Newark and Sherwood LA	18.4%	-	Rochdale LA	35.2%	52.9%	St Albans LA	17.0%	-	Wandsworth LA	-	-
Newcastle upon Tyne LA	26.5%	51.0%	Rochford LA	31.5%	-	St Edmundsbury LA	31.6%	46.2%	Warrington LA	26.2%	56.9%
Newcastle-under-Lyme LA	33.5%	-	Rossendale LA	30.0%	-	St Helens LA	23.4%	-	Warwick LA	22.3%	61.0%
Newham LA	-	-	Rother LA	29.5%	-	Stafford LA	29.5%	-	Watford LA	26.2%	-
North Devon LA	30.9%	55.4%	Rotherham LA	36.6%	74.1%	Staffordshire Moorlands LA	28.5%	-	Waveney LA	29.6%	57.3%
North Dorset LA	21.5%	-	Rugby LA	33.3%	-	Stoke-on-Trent LA	33.3%	-	Waverley LA	-	-
North East Derbyshire LA	25.3%	-	Runnymede LA	23.7%	-	Stratford-on-Avon LA	25.4%	-	Wealden LA	22.1%	61.7%
North East Lincolnshire LA	34.9%	61.8%	Rushcliffe LA	-	-	Stroud LA	17.9%	-	Wellingborough LA	30.2%	-
North Hertfordshire LA	24.0%	-	Rushmoor LA	30.4%	-	Suffolk Coastal LA	23.7%	41.4%	Welwyn Hatfield LA	22.3%	-
North Kesteven LA	25.3%	-	Rutland LA	25.8%	-	Sunderland LA	30.5%	54.3%	West Berkshire LA	24.4%	-
North Lincolnshire LA	30.0%	-	Ryedale LA	24.3%	-	Surrey Heath LA	19.5%	-	West Devon LA	19.1%	-
North Norfolk LA	19.1%	55.7%	Salford LA	32.7%	56.6%	Sutton LA	24.9%	-	West Dorset LA	20.0%	52.6%
North Somerset LA	17.8%	-	Sandwell LA	41.3%	67.6%	Swale LA	31.4%	-	West Lancashire LA	29.6%	49.5%
North Tyneside LA	39.1%	-	Scarborough LA	20.3%	-	Swindon LA	20.3%	-	West Lindsey LA	26.5%	-
North Warwickshire LA	33.5%	54.1%	Sedgemoor LA	24.9%	73.7%	Tameside LA	29.8%	68.9%	West Oxfordshire LA	25.1%	52.8%
North West Leicestershire LA	25.9%	-	Sefton LA	27.1%	-	Tamworth LA	31.5%	-	West Somerset LA	22.0%	48.3%
Northampton LA	24.5%	71.1%	Selby LA	29.2%	-	Tandridge LA	20.7%	55.5%	Westminster LA	24.0%	-
Northumberland LA	24.9%	51.1%	Sevenoaks LA	23.0%	-	Taunton Deane LA	24.1%	-	Weymouth and Portland LA	19.0%	57.8%
Norwich LA	24.5%	-	Sheffield LA	29.5%	58.0%	Teignbridge LA	23.9%	-	Wigan LA	29.8%	62.8%
Nottingham City LA	36.6%	62.1%	Shepway LA	25.6%	-	Telford and Wrekin LA	34.1%	-	Wiltshire LA	24.8%	47.5%
Nuneaton and Bedworth LA	43.7%	-	Shropshire LA	32.0%	-	Tendring LA	34.9%	55.4%	Winchester LA	-	-
Oadby and Wigston LA	28.6%	50.5%	Slough LA	39.9%	66.6%	Test Valley LA	19.9%	-	Windsor and Maidenhead LA	-	-
Oldham LA	28.5%	50.0%	Solihull LA	31.4%	60.3%	Tewkesbury LA	25.5%	56.7%	Wirral LA	31.3%	57.8%
Oxford LA	22.8%	-	South Bucks LA	17.8%	43.0%	Thanet LA	33.4%	-	Woking LA	23.5%	67.0%
Pendle LA	20.5%	-	South Cambridge-shire LA	24.4%	-	Three Rivers LA	22.7%	49.4%	Wokingham LA	22.4%	-
Peterborough LA	36.8%	61.9%	South Derbyshire LA	29.1%	-	Thurrock LA	32.2%	-	Wolverhampton LA	39.2%	67.6%
Plymouth LA	34.8%	62.5%	South Gloucestershire LA	27.7%	48.1%	Tonbridge and Malling LA	17.5%	-	Worcester LA	26.1%	47.1%
Poole LA	18.7%	-	South Hams LA	20.2%	45.4%	Torbay LA	20.5%	-	Worthing LA	27.6%	49.2%
Portsmouth LA	28.2%	45.3%	South Holland LA	40.6%	65.1%				Wychavon LA	23.9%	-
Preston LA	36.7%	-	South Kesteven LA	24.0%	53.7%				Wycombe LA	24.3%	-
			South Lakeland LA	19.6%	-				Wyre Forest LA	21.8%	58.7%
			South Norfolk LA	17.7%	-				Wyre LA	20.0%	-
			South Northamptonshire LA	28.0%	67.2%				York LA	27.4%	-



## About the 'Active Ageing' report

Active Ageing (May 2019) is an Anchor Hanover report in association with Demos, published in May 2019.

### **About Anchor Hanover**

Anchor Hanover is England's largest not-for-profit provider of care and housing for older people, with 54,000 homes across almost 1,700 locations, supported by more than 9,000 colleagues. Anchor Hanover operates in more than 90% of local councils in England.

For more information visit [www.anchorhanover.org.uk](http://www.anchorhanover.org.uk)

### **About Demos**

Demos is a cross-party think tank working to bring Britain back together in an age of fast and accelerating change.

### **About Anchor Hanover's consumer polling**

In February 2019, Anchor Hanover commissioned Censuswide to survey 1,002 55+ year olds on their experiences of, and attitudes towards, exercise.

### **About the photography**

The photography featured in this report was taken in April 2019, at Anchor Hanover's Quarry Dene retirement scheme in Bradford.

# DEMOS

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