Physical Activity Profile 2025

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Contents

AI: Some information in our Joint Strategic Needs Assessment (JSNA) products may have been summarised with the help of artificial intelligence tools. Everything is carefully checked by our team to make sure it's accurate.

JSNA-on-a-page summary

SUFFOLK JSNA

Physical activity profile (2025): JSNA-on-a-page summary

Why it matters

- **Physical inactivity is a major risk factor for over 20 chronic conditions** including heart disease, stroke, type 2 diabetes, several cancers, and mental ill health
- Regular activity improves **physical and mental wellbeing**, **reduces healthcare costs**, and **strengthens communities**
- **Suffolk has an ageing population**, maintaining physical activity as people age **can help prevent illness** and enable people to **maintain their independence**

Key statistics (2023/24) for Suffolk:

Children and young people (aged 5 to 16)

- **47.3% meet guidelines of 60+ minutes per day**
- **27.4% do less than 30 minutes per day on average**

Adults (19+)

- **70.3% meet Chief Medical Officer guidelines (above England average 67.4%)**
- **18.9% are inactive (<30 min/week) – below England average 22%**
- **Strong participation in walking (65.3%) and cycling (19.2%)**

Groups with lower activity levels

- People with **disabilities** or **long-term conditions**
- **Lower socio-economic groups**
- **Older adults** not engaged in structured activity
- **Ipswich residents** have higher inactivity rates

Barriers to being physically active

- **Cost, time, access to facilities**
- **Lack of confidence or knowledge**
- **Transport and accessibility issues**
- **Health limitations and fear of injury**

Enablers to being physically active

- **Safe, inclusive spaces**
- **Supportive community programmes**
- **Healthcare professional encouragement**
- **Accessible, low-cost local activities**

Local strategy: Move More to Feel Better (2024-29)

Vision: A Suffolk where every resident can live an active, healthier life.

- **Active People** – target communities with highest need
- **Active Places** – inclusive facilities, active design, use of green/blue spaces
- **Active Partnerships** – cross-sector collaboration and consistent messaging

Impact of Physical Activity

- **Physical**: reduces disease risk, improves strength, balance, mobility
- **Mental**: improves mood, sleep, self-esteem, reduces anxiety/depression
- **Community**: builds social connections, reduces isolation
- **Economic**: £270m GVA annually in Suffolk; £4.20 ROI for every £1 invested

Next steps

- **Promote activity in everyday life: walking, cycling, active travel**
- **Tailor opportunities to less active groups**
- **Strengthen partnerships between health, education, transport, and community sectors**
- **Ensure facilities and spaces are inclusive and accessible**

What's the issue?

Physical activity is a major public health issue, with significant implications for health, wellbeing, and demands for services across the country. Despite widespread recognition of the benefits of regular physical activity, many adults and children across the United Kingdom (UK) (including those in Suffolk) – are not active enough to meet recommended levels and realise the health benefits of regular physical activity. The UK Chief Medical Officers' (CMOs) physical activity guidelines describe physical activity as a "miracle cure" due to its role in preventing and treating a wide range of physical and mental health conditions[2].

Evidence shows that regular physical activity reduces the risk of over 20 chronic conditions, including coronary heart disease, stroke, type 2 diabetes, several cancers, musculoskeletal disorders, and mental ill health[2]. It is also associated with improved cognitive performance, better sleep, enhanced mood, and reduced symptoms of anxiety and depression[3,4].

For older adults, physical activity contributes to healthy weight maintenance and brings wider social and economic benefits such as reduced social isolation, increased workplace productivity, and lower healthcare costs.

Despite these benefits, many adults do not achieve the guideline of at least 150 minutes of moderate intensity activity per week, and physical activity levels in children and young people are also well below the recommendation of 60 minutes of moderate to vigorous intensity activity per day[2]. Physical activity levels typically decline with age and inequalities persist. People living with disabilities, long term health conditions or from socioeconomically disadvantaged backgrounds are less likely to meet activity guidelines.

The 2019 guidelines move away from the previous requirement that physical activity must be undertaken in bouts of 10 minute or more, recognising that "***some is good, more is better***", and that even small increases in movement can result in meaningful health gains[2]. Light physical activity and incidental movement such as walking short distances or choosing stairs are now acknowledged as valuable, particularly for people currently doing very little.

Recent evidence from August 2025 suggests that although 10,000 steps per day can still be a viable target for those who are more active, 7,000 steps per day is associated with clinically meaningful improvements in health outcomes, protecting against a range of different diseases (reduced risk of serious health issues such as cancer, dementia and heart disease), and might be more realistic and an achievable target for some[5.]

Addressing physical inactivity requires action across the system. Individuals' ability to be physically active is shaped by their capability, opportunity and motivation. For example, their baseline mobility, their awareness of the benefits of physical activity and their access to appropriate environments which includes access to green spaces, safe walking and cycling routes, and inclusive and accessible local services. In Suffolk, increasing physical activity is vital not only to improve physical and mental health outcomes and reduce the number of preventable illnesses, but to support stronger, more connected communities and ease pressure on overstretched health and social care systems.

Physical inactivity has a particularly significant impact on people living with long-term health conditions and disabilities. Nationally, disabled adults are twice as likely to be inactive as non-disabled adults (42% vs 21%)[6]. People with conditions such as cardiovascular disease, type 2 diabetes, musculoskeletal disorders, depression, and anxiety can experience substantial

improvements in symptoms, quality of life, and functional ability through appropriate physical activity. Evidence shows, for example, that exercise-based cardiac rehabilitation reduces cardiovascular mortality by 26%[7], strength and flexibility exercises can reduce pain and improve mobility in osteoarthritis[8], and regular activity can reduce the risk of depression relapse by up to 25%[9].

Physical Activity and Wider Health Priorities in Suffolk

Physical activity is not only a determinant of individual health, but also a crosscutting factor that can contribute to addressing many of the wider challenges identified in Suffolk's JSNA. Other needs assessments and profiles within Suffolk's JSNA which mention physical activity include:

- *Suffolk in 20 years – healthy, wealthy and wise?* Suggests that the working-age population of Suffolk will decline, while the number of older people in Suffolk will increase. Embedding regular physical activity across the lifecourse can help individuals to remain fit and well for longer, reducing the onset of preventable disease, and delay or reduce the need for care in later life.
- *The Dementia Profile* identifies physical inactivity as a modifiable risk factor. Increasing activity levels can lower the risk of cardiovascular disease, obesity, and type 2 diabetes which are all associated with increased risk of dementia and support cognitive function in older age.
- *The Routine and Manual Workers Profile* highlights that only 52.6% of routine and manual workers in the UK meet recommended activity levels, compared with 72.7% in higher occupational classes. Improving access to physical activity for these groups could reduce sickness absence, improve productivity, and support economic participation.

By recognising and acting on these connections, physical activity can be embedded as a shared priority across health, social care, education, transport, planning, employment, and community development agendas. This alignment offers opportunities for joint investment, collaborative working, and delivering wider social and economic benefits for Suffolk.

Types of physical activity

Children and young people (aged 5-16)

Children and young people should aim for an average of at least 60 minutes of moderate to vigorous physical activity daily, spread across the week. This should include:

> Aerobic activities to increase the heart rate (e.g. walking, cycling, playground games, swimming, dancing, sports)
>
> Muscle and bone-strengthening activities at least three times a week (e.g. gymnastics, football, martial arts, jumping, resistance exercises)

Activity should be varied to support physical development and movement skills. Long periods of inactivity should be minimised by breaking them up with light movement.

Young people living with a disability should aim for 20 minutes of activity per day, in manageable chunks, with strength and balance activities three times a week.

All activity should be appropriate to the child's age, ability, and experience, and safety advice followed[10].

Figure 1. UK Chief Medical Officers' Physical Activity Guidelines for children and young people (5-18 years), 2019

Source: Department of Health and Social Care (2019)

Adults

Adults should aim to be physically active every day, with specific weekly targets including:

- Aerobic activity: Complete at least 150 minutes of moderate intensity activity weekly or 75 minutes of vigorous intensity activity, or a combination of both
- Muscle strengthening: Perform strengthening activities targeting all major muscle groups (legs, hips, back, abdomen, chest, shoulders, arms) on at least 2 days per week
- Distribution: Spread exercise evenly over 4-5 days per week, or daily
- Reduce sedentary time: Minimise sitting or lying down and break up long periods of inactivity with movement

Weekly activity targets can also be achieved through several short sessions of very vigorous intensity activity or a mix of moderate, vigorous, and very vigorous activities. These guidelines apply to disabled adults, pregnant women, and new mothers, with appropriate modifications for individual circumstances[11].

For adults, physical activity can be grouped into four main types:

> Moderate aerobic activity raises your heart rate and breathing but still allows conversation (e.g. brisk walking, dancing, cycling on flat ground)
>
> Vigorous aerobic activity makes you breathe hard and fast, with talking limited to a few words (e.g. running, fast cycling, team sports)
>
> Very vigorous activity, often done as High Intensity Interval Training (HIIT), involves short bursts of maximum effort with rest in between (e.g. sprinting, circuit training, spinning)
>
> Muscle-strengthening activities build strength using resistance, such as bodyweight exercises, lifting weights, yoga, or heavy gardening. These should be done in addition to aerobic activity[12]

Older adults (65 years and over)

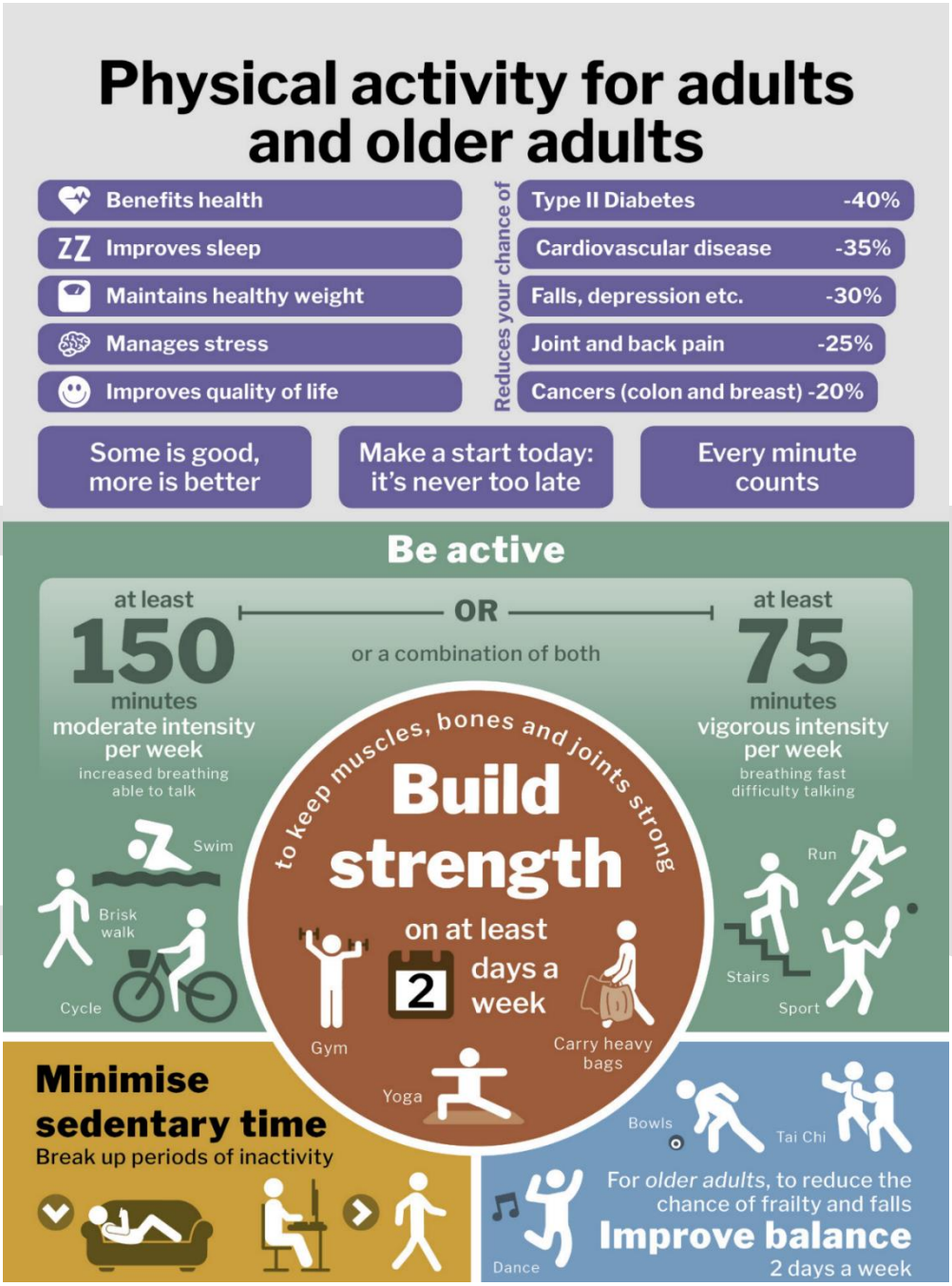
Older adults should aim to be physically active every day, with specific recommendations including:

> Daily activity: Engage in some form of physical activity daily, even if just light activity (moving around home, making tea, slow walking, light cleaning)
>
> Aerobic activity: Complete at least 150 minutes of moderate intensity activity weekly (walking, water aerobics, cycling, dancing) or 75 minutes of vigorous intensity activity (running, swimming, fast cycling), or a combination of both
>
> Strength, balance and flexibility: Perform muscle-strengthening activities on at least 2 days per week (yoga, tai chi, resistance exercises, heavy gardening, bodyweight exercises)
>
> Reduce sedentary time: Minimise sitting or lying down and break up long periods of inactivity with movement
>
> Safety considerations: Consult a GP before starting if inactive for some time or have medical conditions; ensure activities are appropriate for individual fitness levels

These guidelines are particularly important for fall prevention, with strength, balance and flexibility exercises helping to build confidence and stability. Activities should progress from light daily movement through to structured moderate or vigorous exercise, with muscle-strengthening work complementing aerobic activities[13].

Evidence shows that regular participation in strength and balance programmes can reduce the rate of falls by up to 30% in community-dwelling older adults and improve confidence in daily activities[14]. Preventing frailty not only improves quality of life, but also reduces hospital admissions, maintains independence, and lowers demand on health and social care services[15].

Figure 2. UK Chief Medical Officers' Physical Activity Guidelines for adults and older adults, 2019



Source: Department of Health and Social Care (2019)

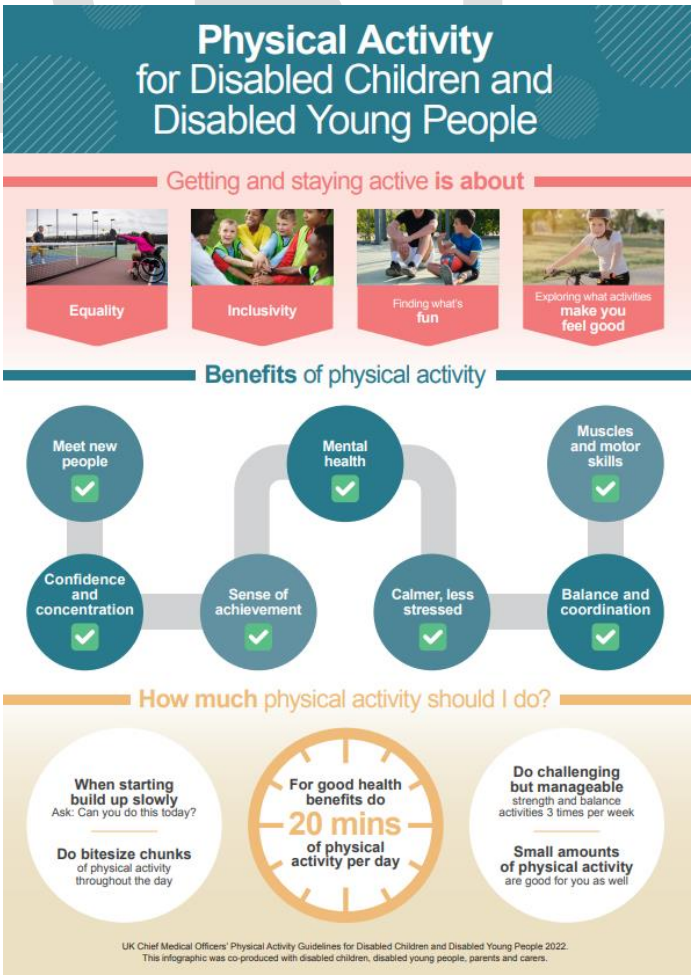
For people with disabilities

Disabled adults are encouraged to follow the same physical activity guidance as the general population, with adaptations as needed. Any activity is better than none, and more is better still. Disabled adults should aim for:

- At least 150 minutes/week of moderate-intensity activity, or 75 minutes of vigorous activity, or a combination, which can be accumulated in bouts of any length and spread across the week
- Muscle-strengthening activities involving major muscle groups on 2+ days/week (e.g. resistance exercises, wheeling a wheelchair, gardening)
- Minimise sedentary time and break up long periods of inactivity with light movement where possible
- Health benefits can occur even at lower volumes, intensities, or frequencies, and light activity also brings improvements
- Activities should be enjoyable, accessible, and tailored to ability, with no evidence that appropriate physical activity is harmful for disabled people[15]

For disabled children and young people, guidance recommends around 20 minutes/day of physical activity, building up gradually, with strength and balance activities 3 times/week, and incorporating activity into fun, inclusive routines[15].

Figure 3. UK Chief Medical Officers' Physical Activity Guidelines for disabled adults and disabled children and disabled young people, 2019



Source: Department of Health and Social Care (2019); adults, children and young people

Pregnancy and after childbirth

During pregnancy, physical activity is safe and beneficial, helping to manage weight gain, improve fitness, reduce the risk of gestational diabetes and high blood pressure, enhance sleep, and support positive mood.

- Aim for at least 150 minutes/week of moderate-intensity activity, spread across the week
- Include muscle-strengthening activities on 2 days/week
- If not active before pregnancy, start gradually; if already active, continue with adaptations as needed
- Every activity and every minute counts – more is better
- Choose activities that avoid risk of falls or abdominal trauma ("don't bump the bump")
- Listen to your body and adjust activity as pregnancy progresses
- There is no evidence of harm from appropriate activity during pregnancy[15]

Postpartum, physical activity supports recovery, improves emotional wellbeing, aids return to pre-pregnancy weight, and should be built up gradually according to individual comfort and readiness[15].

Figure 4. UK Chief Medical Officers' Physical Activity Guidelines for pregnancy and after childbirth, 2019

Source: Department of Health and Social Care (2019)

Barriers and enablers to participation

Physical activity participation is influenced by socio-economic factors, with disparities evident across different population groups. People in lower socio-economic groups are the most likely to be inactive and the least likely to be active, representing around 12 million adults across England who could benefit substantially from increased physical activity[16].

The barriers to physical activity are complex and multifaceted, particularly for lower socio-economic groups. A complex backdrop of economic and health inequalities exacerbates the impact of other barriers such as a lack of confidence, not knowing where to access certain activities, cost constraints, time limitations, and lack of appropriate opportunities. Importantly, lower socio-economic groups cannot be considered as one homogenous population, and there is no single reason for inactivity among these communities[16].

Recent research into Vigorous Intermittent Lifestyle Physical Activity (VILPA) - brief bouts of vigorous activity performed as part of daily living - provides additional insights into barriers and enablers for physically inactive adults[17]. Key barriers identified include physical limitations, perceptions of ageing, lack of knowledge about appropriate activities, environmental constraints, and concerns about effort and safety[17].

Other recent research examined perceived barriers to physical activity in the general adult population and identified key obstacles that vary according to sociodemographic characteristics. The most reported barriers include lack of time, social support, energy, motivation, skill, resources, as well as fear of injury during physical activity[18,19]. These barriers are not experienced equally across all groups – individuals from lower socioeconomic groups are significantly more likely to perceive lack of motivation and lack of resources as barriers to being active[18]. Those with lower levels of education are more likely to report lack of social support, lack of resources, and fear of injury as significant obstacles. Individuals with partners are less likely to perceive lack of social support and motivation as barriers, highlighting the important role of social connections in facilitating physical activity participation[18].

A systematic review examined studies of UK children's and adults' reasons for participation in sport and physical activity. Weight management, social interaction and enjoyment were common reasons for participating, and for older people – sport and physical activity was viewed as important to stave off the effects of ageing and providing a social support network[20].

For people with disabilities and long-term conditions, barriers often include pain, fatigue, lack of adapted opportunities, fear of worsening symptoms, and transport or accessibility challenges[21]. Enablers include supportive instructors, peer encouragement, healthcare professional endorsement, and availability of condition-specific programmes[22]. The We Are Undefeatable campaign, led by a coalition of 15 health and social care charities, provides practical examples of how to overcome these barriers and support sustained participation.

Addressing these disparities requires collaboration, and an evidence-based approach to understand the specific motivations and barriers faced by different audiences. Sport England's strategy: Uniting the Movement recognises deep-rooted inequalities and focuses on tackling them by working in partnership with organisations across various sectors who understand specific target audiences.

Suffolk's voluntary, community, faith and social enterprise (VCFSE) sector plays a pivotal role in enabling people to be active, particularly those from groups with higher risk of inactivity,

including people with disabilities, long-term conditions, or experiencing socioeconomic disadvantage.

Community assets such as local sports clubs, walking groups, allotments, Men's Sheds, Fit Villages, and faith-based organisations provide accessible, low-cost or free opportunities for movement that are embedded in local settings. These spaces often offer social as well as physical benefits, reducing isolation and supporting mental wellbeing.

Active Suffolk's Move More to Feel Better strategy recognises the importance of the VCFSE sector in delivering inclusive activities, building community capacity, and designing opportunities with residents. VCFSE organisations are also well positioned to deliver targeted interventions, for example through programmes, peer-led activity groups, and outreach to rural or isolated communities[23].

Effective interventions must be tailored to local contexts and communities, recognising that opportunities provided to people and communities that have traditionally been left behind, requires removing barriers to activity, and is vital to create a more equitable landscape for physical activity participation[16].

Health and wellbeing outcomes

Physical activity delivers significant health and wellbeing benefits, making it a vital component of public health strategy. Evidence demonstrates that regular physical activity provides significant return on investment for individuals, communities, and society[24,25].

Physical wellbeing

Physical activity provides substantial health benefits and disease prevention outcomes. Regular participation can reduce the risk of developing type 2 diabetes by 30-40%[26] and significantly reduces the risk of various medical conditions including cancer, dementia, strokes, heart disease, and depression[27]. Beyond disease prevention, physical activity offers therapeutic and management benefits for those with existing conditions, particularly for people affected by cancer. The UK Chief Medical Officers' guidelines also show that regular physical activity can reduce symptom burden across a range of long-term conditions including cardiovascular disease (improved cardiac function and reduced hospital admissions), type 2 diabetes (improved glycaemic control), chronic musculoskeletal pain (reduced pain severity, improved mobility), and depression and anxiety (reduced symptoms, improved mood)[15].

Physical activity contributes to improvements in strength, balance, movement, and motor skills while helping maintain healthy body weight. Additional evidence-based physical wellbeing outcomes include improved sleep quality, increased energy levels, healthy early years development, reduced unhealthy behaviours such as smoking, reduced mortality rates, effective pain management, and improved quality of life in ageing populations[28]. Physical activity can also reduce the decline in functional status by enabling older adults to continue performing tasks of daily living[29]. Decline in functional status is a contributing factor to admissions to residential and nursing care homes[29]. For some people, the ability to get to the toilet in time is a threshold marking the difference between having carers visit twice a day and requiring live-in or residential care[29]. The cost of care increases fivefold as this threshold is crossed[1].

Mental wellbeing

The mental health benefits of physical activity are equally as significant as the physical benefits. Physical activity contributes to enjoyment, happiness, and broader life satisfaction through increased social interaction. Participation and volunteering in sport and physical activity increase self-esteem and confidence while providing volunteers with an enhanced sense of purpose and pride.

Research demonstrates that sport and physical activity have the potential to reduce symptoms of anxiety and depression, making them valuable tools for mental health promotion and treatment[30].

Individual development

Sport and physical activity influence individual development across the life course. Regular participation positively impacts employment opportunities and provides support for those Not in Employment, Education, or Training (NEET). Clear evidence shows that being active improves educational behaviour and attainment through greater self-esteem, confidence, and cognitive benefits.

Physical activity can help reduce anti-social behaviour in disaffected young people while increasing willingness to volunteer and developing soft skills such as integrity, responsibility, and leadership[31].

Social and community development

Physical activity serves as a catalyst for building stronger communities by bringing people together. Sport provides opportunities for people from different backgrounds to interact and integrate through participation, volunteering, and spectating. It offers pathways for migrants to adapt and can bridge divides between different demographic groups including men and women, homeless and non-homeless populations, and people with varying employment backgrounds[32].

Research indicates that the annual social value of community sport and physical activity exceeds £100 billion, demonstrating its substantial contribution to social cohesion and community wellbeing[32].

Economic development

The latest Sport Satellite Account for the UK shows that in 2021, the sport sector generated £99.6 billion for the UK economy, with England accounting for £87 billion and a Gross Value Added (GVA) of £46.7 billion[33].

The sector contributes to economic development in two primary ways: directly through job creation, and indirectly by reducing healthcare costs due to a healthier population and reducing crime rates. Recent research calculated the annual social value of sport and physical activity to be more than £100 billion, with a return on investment of £4.20 for every £1 spent in the English economy and society[33].

A 2018 report by Hatch Regeneris found that the sport and physical activity sector in Suffolk accounted for £270 million gross value added per annum[34]. These findings underline the importance of investing in physical activity promotion and infrastructure as a strategy to improve population health, social cohesion, and achieve economic benefits.

Global, national and local strategies

Global

WHO Global Action Plan on Physical Activity 2018-30

The World Health Organization's (WHO's) Global Action Plan on Physical Activity 2018–2030 provides a framework to reduce physical inactivity worldwide by 15% by 2030. Recognising physical inactivity as a key risk factor for noncommunicable diseases and premature mortality, the plan promotes a systems-based, multi-sectoral approach to integrate physical activity into daily life across all age groups. The plan identifies four strategic objectives, supported by 20 policy actions:

1. **Create active societies** – Shift social norms to value and promote regular physical activity through education, awareness, and advocacy
2. **Create active environments** – Ensure access to safe, equitable and supportive physical environments that enable walking, cycling, active play, and recreation
3. **Create active people** – Increase access to, and participation in, inclusive programmes across settings such as schools, workplaces, and communities
4. **Create active systems** – Strengthen governance, leadership, partnerships, workforce capacity, data systems, and sustainable financing

The action plan aligns with and supports the achievement of multiple UN Sustainable Development Goals, including health (SDG3), sustainable cities (SDG11), climate action (SDG13), and reduced inequalities (SDG10). Implementation is intended to be tailored to each country's context, with an emphasis on reducing disparities and targeting the least active populations. The WHO will monitor progress through indicators on physical activity prevalence in adults and adolescents, with reports due to the World Health Assembly in 2021, 2026, and 2030.

ISPAH: Eight Investments That Work for Physical Activity

The International Society for Physical Activity and Health (ISPAH) outlined an approach to tackle physical inactivity, advocating for coordinated action across sectors. The 2020 publication identifies eight evidence-based investment areas that have global applicability and are aligned with the WHO Global Action Plan on Physical Activity (GAPPA):

1. **Whole-of-School Programmes** – Integrating physical activity throughout the school day via education, play, and travel policies
2. **Active Transport** – Promoting walking, cycling, and public transport through infrastructure and policy support
3. **Active Urban Design** – Designing compact, connected communities with access to parks, services, and active travel routes
4. **Healthcare** – Equipping health professionals to promote physical activity in prevention and treatment contexts
5. **Public Education and Mass Media** – Raising awareness and motivation through tailored communication strategies
6. **Sport and Recreation for All** – Expanding access to inclusive, community-based sport and leisure opportunities
7. **Workplaces** – Encouraging physical activity through workplace culture, programmes, and policies
8. **Community-Wide Programmes** – Multi-level initiatives combining media, policy, and environmental changes to create supportive settings

National

Get Active: a strategy for the future of sport and physical activity (2023)

The Get Active strategy, published by the Department for Culture, Media and Sport, outlines the UK government's plan to address physical inactivity and build a thriving, inclusive and sustainable sport and physical activity sector by 2030. It responds to challenges such as the Covid-19 pandemic and the cost-of-living crisis, which have affected participation levels and sector resilience.

By 2030, the government aims to increase the number of physically active individuals by:

- 2.5 million more active adults
- 1 million more active children

This strategy focuses on ensuring everyone, regardless of background or location, has access to sport and physical activity, with a specific focus on children and those who are currently inactive.

Three core priorities of this strategy are:

1. **Being unapologetically ambitious in making the nation more active, whether in government or in the sport sector**
- Establish a cross-government approach with clear targets and accountability via a National Physical Activity Taskforce
- Focus on targeted investment in underserved and inactive populations
- Improve access to quality local facilities and community sport opportunities

• Ensure all children meet physical activity guidelines, with support through schools and a national youth campaign • Build an evidence-based approach to measuring success and guiding future investment in preventative health
2. Making sport and physical activity more inclusive and welcoming for all, so that everyone can have confidence that there is a place for them in sport • Promote diversity, particularly in women's and disability sport, and require accountability on investment in these areas • Address cultural and integrity issues in sport that deter participation • Build public confidence in the sector by embedding safety, fairness, and inclusion at all levels
3. Moving towards a more sustainable sector that is more financially resilient and robust • Encourage alternative funding models, improved governance, and technological innovation • Support the sector's contribution to environmental sustainability and the government's net-zero goals

National Physical Activity Guidance: Applying All Our Health

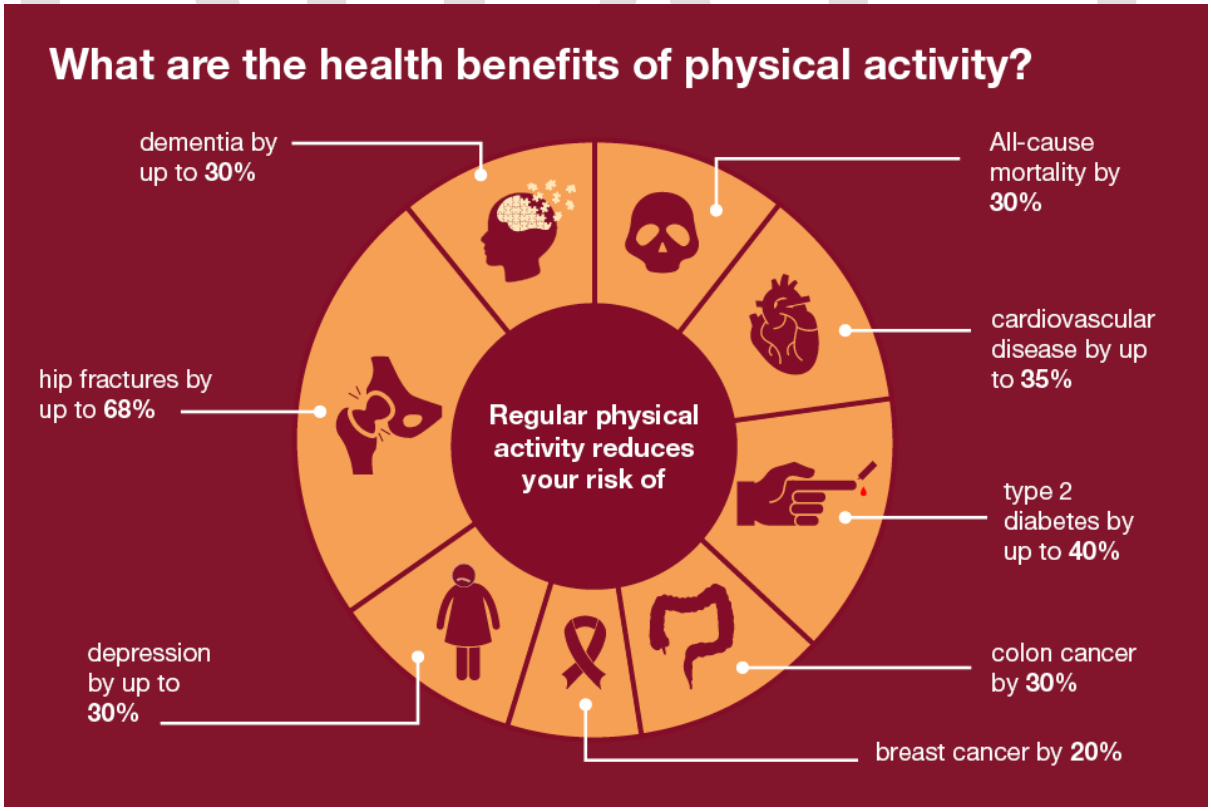
The Office for Health Improvement and Disparities (OHID) guidance supports healthcare professionals and system leaders to embed physical activity into daily practice, helping to prevent ill health and promoting wellbeing.

The guidance states that physical inactivity contributes to 1 in 6 deaths in the UK and costs £7.4billion annually. Physical activity reduces the risk of over 20 chronic conditions, however many people unaware of the benefits. Health professionals are in a unique position to influence behaviour: 1 in 4 people would be more active if advised by a professional[35].

Key recommendations:

- **Adults** should do 150 minutes of moderate activity or 75 minutes of vigorous activity per week, plus muscle-strengthening activities twice a week and reduce sedentary time
- **Healthcare professionals** should provide brief advice, motivational conversations, and signpost to local services and digital tools (e.g. Active 10, Couch to 5K)
- **Managers and leaders** should create active workplace cultures, integrate physical activity into services and Joint Strategic Needs Assessments (JSNAs), and support staff training (e.g. through Moving Medicine or e-learning resources)

Figure 5. The health benefits of physical activity infographic



Source: Office for Health Improvement and Disparities (OHID) (2022)

The guidance also provided a range of practical tools and resources to support healthcare professionals and system leaders to promote physical activity. For clinical practice, the General Practice Physical Activity Questionnaire (GPPAW) provides a simple and validated tool to screen adult patients for activity levels and associated health risks. The Moving Medicine toolkit offers structured guidance on how to have brief or in-depth conversations with patients

about physical activity, tailored to specific long-term conditions. OHID's e-learning for healthcare platform also provides a comprehensive physical activity training course to improve knowledge, confidence and skills across the health workforce.

Professionals can also signpost individuals to publicly available digital tools and campaigns. The Active 10 app helps people incorporate 10-minute brisk walks into their day, while Couch to 5K supports beginners to start running. National campaigns such as Better Health (for adults) and Change4Life (for families and children) provide resources to encourage behaviour change. For specific conditions, Macmillan's Move More initiative offers guidance to help people living with cancer to stay active. Community-based programmes such as parkrun offer accessible and inclusive opportunities for regular activity.

Strategic principles of the guidance:

- Promote physical activity across life stages
- Focus on groups most at risk of inactivity: older adults, people with disabilities, those with long-term conditions, and lower socio-economic groups
- Measure and evaluate impact using OHID's Everyday Interactions Toolkit and local data (e.g. from the Active Lives Survey)[35]

School Sport and Activity Action Plan (2023 update)

The updated School Sport and Activity Action Plan reinforces the government's commitment to ensuring that all children and young people in England benefit from high-quality physical education (PE) and sport as part of their school experience. Building on the original 2019 plan, this update focuses on improving participation, quality, and equality of access to school sport, while addressing inactivity and health disparities among children – particularly following the Covid-19 pandemic.

PE is a compulsory subject under the National Curriculum at all key stages. Local authority maintained schools are required to follow the National Curriculum; academies and free schools do not have to follow it but are required to provide a broad and balanced curriculum that promotes the physical development of pupils.

Improving the quality of PE and school sport provision

A central aim of the action plan is to support schools in delivering high-quality PE and sport. The government recommends a minimum of two hours of curriculum PE each week for all pupils. The plan also commits to enhancing teacher training and making high-quality digital curriculum resources available through the arm's length curriculum body, Oak National Academy.

Ensuring equal access to sport and physical activity

The plan seeks to ensure that every child – regardless of gender, ability or background – has equal opportunities to be active. There is a particular focus on closing the gender gap in sport, as well as offering a diverse and inclusive curriculum. New leadership programmes aim to empower girls to engage their peers in competitive sport, while support for children with Special Educational Needs and Disabilities (SEND) are being expanded.

Increasing participation and meeting curriculum expectations

The plan aims to increase the number of children participating in sport and meeting curriculum expectations, particularly in swimming and water safety. The School Games and other competitive sport frameworks are being expanded to offer more extracurricular opportunities, helping children build confidence, resilience and enjoyment through physical activity.

Monitoring and evaluation

A new digital reporting tool was introduced in 2024, enabling schools to account for their use of the Primary PE and Sport Premium, which was confirmed for 2023/24 and 2024/25 with over £600 million in funding across England. Evaluation will also be informed by the Active Lives Children and Young People Survey and wider research into the effectiveness of school sport interventions.

Investment in infrastructure and access

The plan states that significant investment will be directed at increasing access to sport facilities and activities beyond the school day. The Opening School Facilities programme aims to help schools open their facilities before and after school and during holidays. Schools are encouraged to support active travel through schemes such as Bikeability and Walk to School, contributing to wider health and environmental goals[36].

Sport England Strategy Summary: Uniting the Movement (2021-2031)

Uniting the Movement is Sport England's 10-year strategy to transform lives and communities through sport and physical activity. It aims to make being active part of everyone's daily life, focusing especially on reducing inequalities in access and participation.

For Sport England, the 10-year strategy has the vision to create a nation of more equal, inclusive and connected communities where everyone can enjoy the benefits of sport and physical activity.

The mission of the strategy is to increase activity levels by addressing the barriers faced by groups most likely to be inactive, particularly disabled people, people from lower socio-economic backgrounds, women and girls, and people from Black, Asian and minority ethnic groups.

The five big issues Sport England will focus on:

1. **Recover and reinvent**: Help the sport and activity sector bounce back from the pandemic, becoming more inclusive and resilient
2. **Connecting communities**: Use sport and activity to build stronger, more connected and cohesive places
3. **Positive experiences for children and young people**: Ensure every child has access to enjoyable, meaningful activity
4. **Connecting with health and wellbeing**: Embed physical activity into health systems and everyday life
5. **Active environments**: Design and protect the spaces that enable daily movement

The guiding approach:

- Lead and advocate for movement, sport and activity across sectors
- Focus investment and innovation where it will reduce inequality
- Use evidence, data and collaboration to inform decisions and monitor progress

Sport England recognises that physical activity plays a vital role in improving physical and mental health, boosting local economies, and strengthening communities. Through this long-term strategy, they aim to inspire system-wide change and ensure everyone can be physically active[37].

NHS 10-Year Health Plan (Fit for the Future)

The government formally published the "Fit for the Future: 10 Year Health Plan for England" on 3 July 2025, setting out a major transformation of the NHS guided by three core shifts:

- From hospitals to communities (via community-based “Neighbourhood Health Centres”)
- From analogue to digital (including enhanced NHS App, AI, tech-enabled workflows)
- From sickness to prevention, with a stronger focus on tackling obesity and lifestyle-related disease

Physical activity is mentioned in the plan, and several initiatives to address the wider prevention agenda are noted, including physical movement:

- A national campaign featuring the Great Run Company to motivate millions to move more and build public engagement
- £250 million delivered via Sport England to support 100 targeted local areas driving place-based interventions
- £400 million earmarked for investment in community sport and leisure facilities
- Stronger partnerships with schools, local health systems, and the forthcoming DCMS physical activity strategy
- An annual competition, styled on City of Culture, to celebrate the UK’s most physically active community

The government also signals opportunities to integrate fitness and leisure providers—for example, via paid-for-results schemes tied to weight-loss drug rollout and within Neighbourhood Health Centres.

Active Travel England Corporate Plan (2023-25)

Active Travel England are an executive sponsored by the Department for Transport, established in August 2022 with the aspiration of half of short journeys in towns and cities to be walked, wheeled, or cycled by 2030.

Within their corporate plan for 2023-25, Active Travel England are promoting walking, wheeling and cycling as an attractive everyday choice by:

- Investing in and improving standards for active travel schemes across England
- Integrating active travel in the planning and development system
- Focusing on inclusivity and accessibility and giving people from all walks of life the opportunity to try active travel
- Helping councils to access state-of-the-art data and analysis to use in active travel planning and design

Local

Suffolk: Move More to Feel Better: A physical activity and movement strategy for Suffolk 2024-29

Move More to Feel Better is Suffolk's system-wide strategy to reduce physical inactivity and promote healthier, more active lives across Suffolk. The strategy was developed collaboratively with local organisations and responding to high inactivity rates – 25% of adults and 30% of children in Suffolk were classified as inactive at the time of production, with growing inequalities worsened by the pandemic and cost-of-living pressures.

The vision for the strategy is a Suffolk where every resident has the opportunity and support to live an active, healthier life.

To achieve this, the mission is to work collectively to empower communities, reduce inactivity, and address health inequalities through accessible, inclusive movement opportunities.

The key themes and priorities of the Suffolk strategy:

1. **Active People**: Increase activity levels in communities with the greatest health needs and support movement throughout the life course
2. **Active Places**: Ensure access to inclusive sport and leisure facilities, maximise use of green and blue spaces, and apply Active Design principles to environments
3. **Active Partnerships**: Strengthen system-wide collaboration, equip the workforce to support activity, and deliver consistent messaging on its benefits

The guiding principles of the strategy include connect: fostering collaboration across sectors, focus: prioritise those most affected by inequalities, and empower: co-create local solutions that enable people to move more.

The active partnership for Suffolk is Active Suffolk. They lead this strategy in partnership with upper tier and lower tier local authorities, health systems, education, voluntary and community sectors[23].

Local Government Reorganisation

The future structure of local government in Suffolk is currently under discussion, with potential scenarios including a single unitary authority for the county or several smaller, unitary councils. While the outcomes are not yet known, any reorganisation could bring changes to how sport and physical activity are prioritised, funded, and delivered. This may include adjustments to governance, facility management, and the integration of physical activity within wider strategic plans. Such changes could present opportunities such as greater alignment of services and streamlined decision -making, as well as challenges, such as changes in funding allocations or differing approaches across new authorities. It will be essential for the sector to remain engaged throughout the process to ensure that physical activity is embedded as a priority in whichever governance model that emerges.

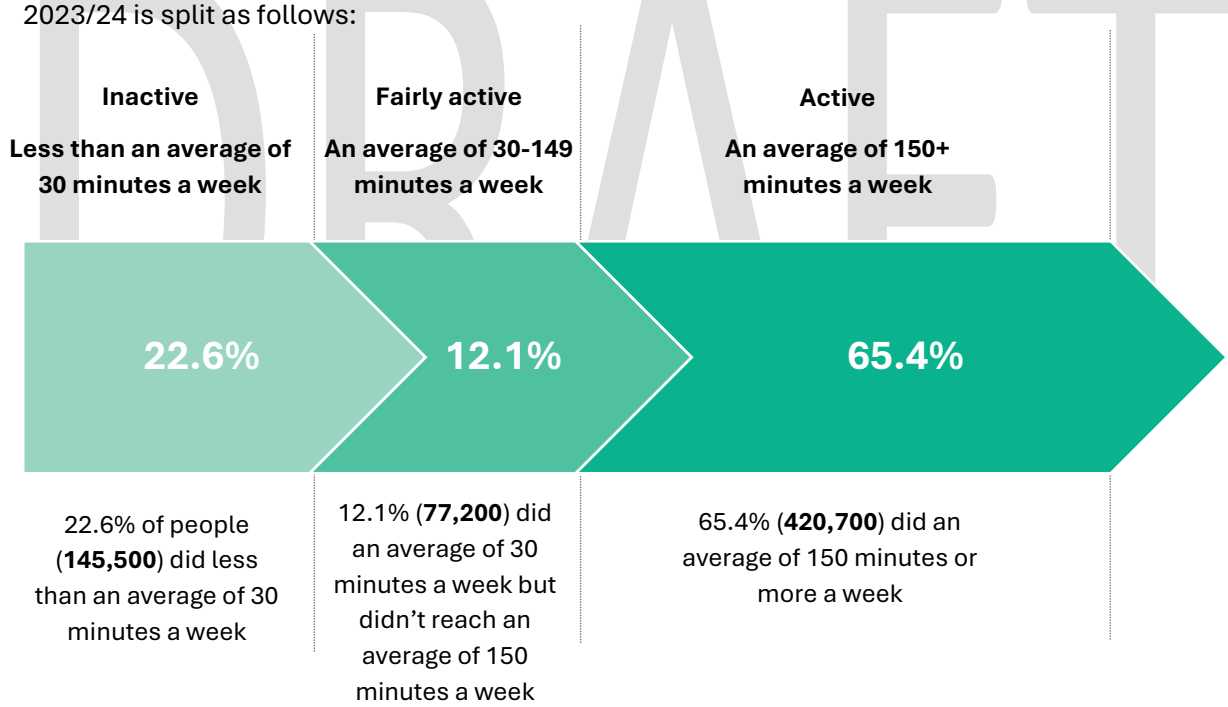
Current physical activity levels

Adults (aged 19 and over)

When interpreting data on physical activity, it is important to be aware of definitional differences between sources. The data presented below is derived from the Fingertips tool, which is aligned with the Chief Medical Officer's (CMO) physical activity recommendations. Fingertips reports on adults aged 19 and over and includes a broad range of moderate-intensity activities, such as gardening, toward a person's physical activity total. In contrast, Sport England's Active Lives Survey data covers those aged 16 and over and does not include activities like gardening. These differences are further described in the Fingertips indicator definitions in the notes section.

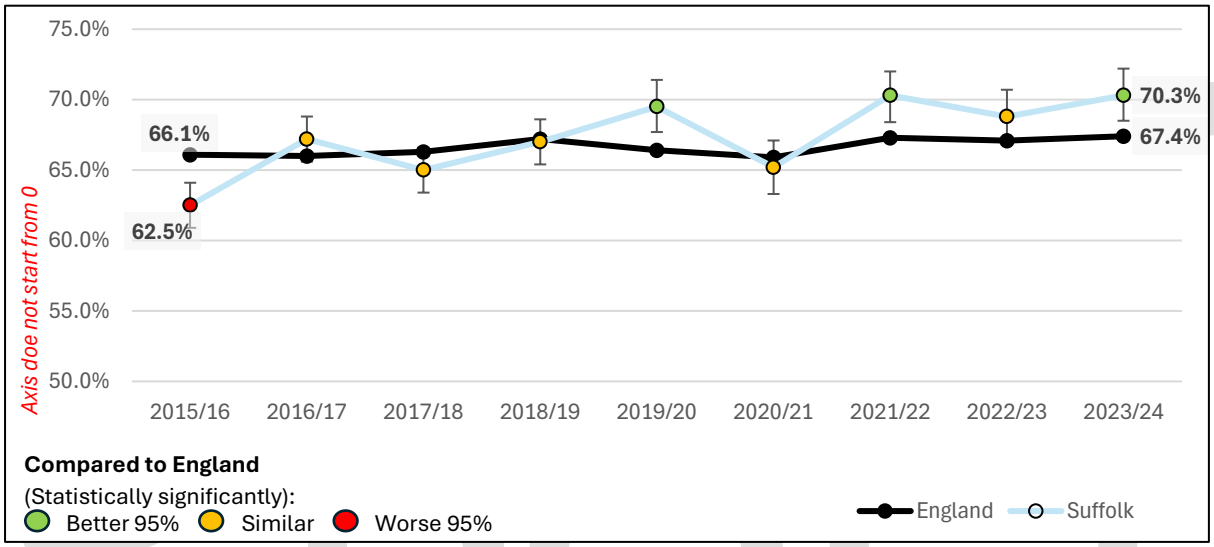
Suffolk performs well for adult physical activity, with 70.3% of adults aged 19 and over meeting the Chief Medical Officer's recommendations of at least 150 minutes of moderate intensity equivalent physical activity per week. This places Suffolk statistically significantly above both the East of England regional average (68.2%) and the England average (67.4%) in 2023/24.

Physical activity data for the population of Suffolk aged 16 and over (not including gardening) in 2023/24 is split as follows:



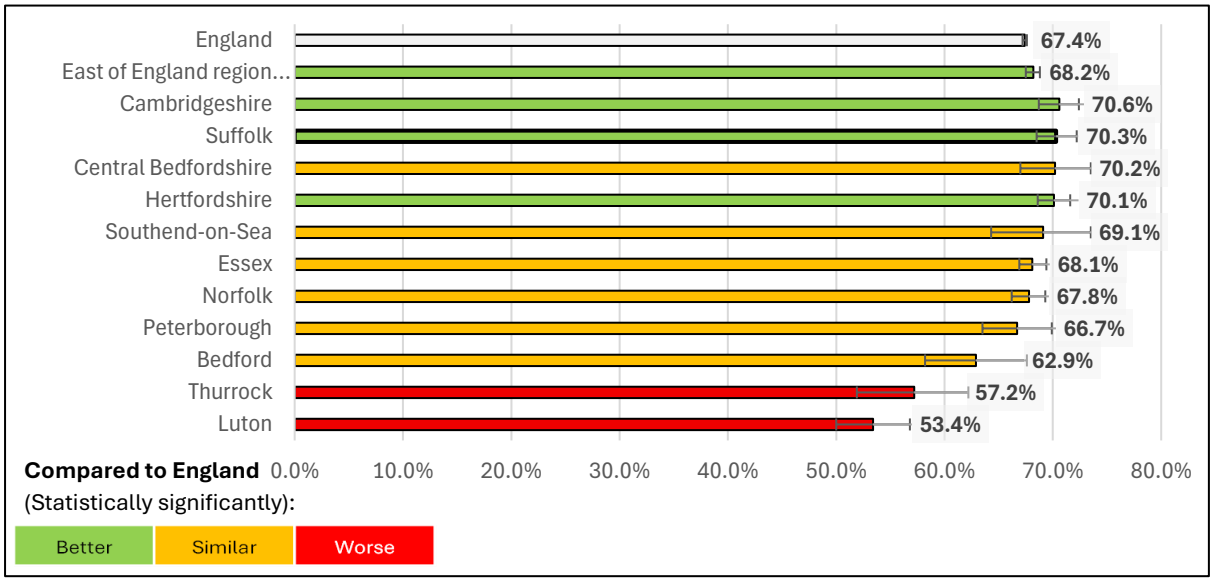
Suffolk was statistically significantly lower than the England figure for the percentage of adults classified as active in 2015/16: with 64.5% in Suffolk compared to 66.1% in England. The proportion of adults classified as physically active in Suffolk has statistically significantly increased to 70.3% in 2023/24, also statistically significantly higher than the England average (67.4%). Between 2015/16 to 2023/24, Suffolk has had a 7.8 percentage point improvement, while the improvement across England is much more modest at 1.3 percentage points. The initial 3.6 percentage point deficit to England in 2015/16 has reversed to a 2.9 percentage point advantage by 2023/24, representing a sustained improvement in Suffolk's adult physical activity levels. Suffolk achieved the highest rates of adult physical activity in 2021/22 and 2023/24 (both 70.3%), with a notable dip in 2021/22 (65.2%); likely reflecting the impact of the Covid-19 pandemic.

Figure 6. Percentage of physically active adults (aged 19 and over, including gardening) in Suffolk and England, 2015/16 to 2023/24



Source: Office for Health Improvement and Disparities (2025)

Figure 7. Percentage of physically active adults (aged 19 and over, including gardening) in Suffolk and East of England Regional Neighbours, 2023/24



Source: Office for Health Improvement and Disparities (2025)

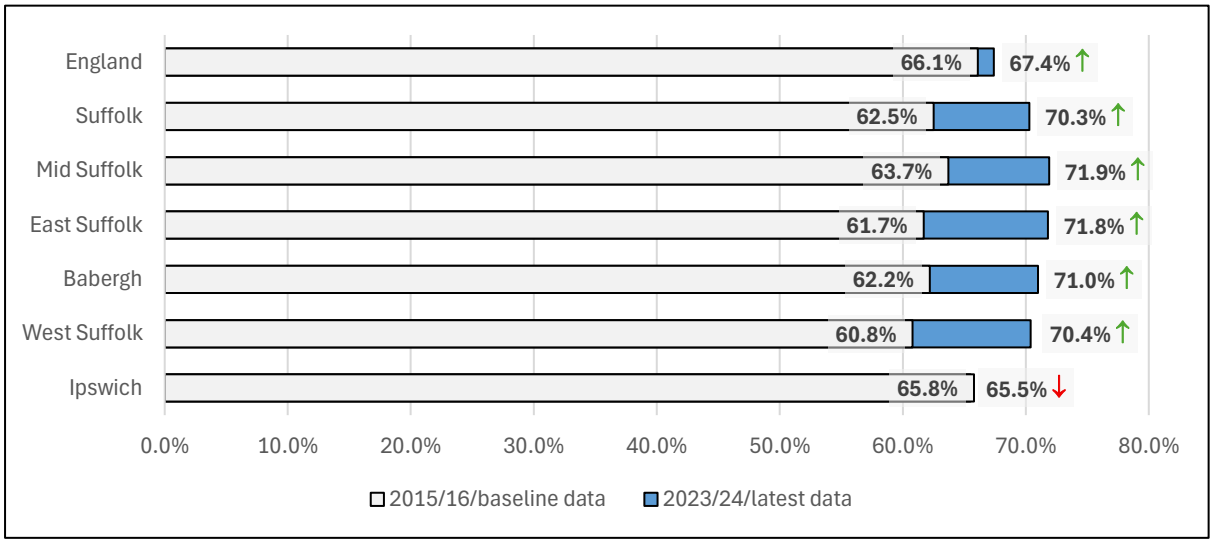
All of Suffolk's districts and boroughs have a statistically similar proportion of adults classified as physically active compared to the England average in 2023/24; despite Suffolk having a statistically significantly higher proportion of adults classified as physically active. This reflects the larger sample size at county level producing narrower confidence intervals compared to the smaller sample sizes for individual districts and boroughs.

Figure 8. Percentage of physically active adults (aged 19 and over, including gardening) in Suffolk's districts and boroughs compared to England, 2023/24

Source: Office for Health Improvement and Disparities (2025)

Comparing the percentage of adults classified as active in 2015/16 to 2023/24, East Suffolk has seen the largest percentage point increase – from 61.7% in 2015/16 to 71.8% in 2023/24 – an increase of 10.1 percentage points. All districts and boroughs in Suffolk have had considerably larger percentage point increases from 2015/16 to 2023/24 compared to the England average (increase of 1.3 percentage points); apart from Ipswich. Between 2015/16 to 2023/24, the percentage of adults classified as physically active has decreased from 65.8% to 65.5%.

Figure 9. Percentage of adults classified as physically active (aged 19 and over, including gardening), 2015/16 percentage compared to 2023/24 percentage, Suffolk and districts and boroughs



Source: Office for Health Improvement and Disparities (2025)

Inactivity

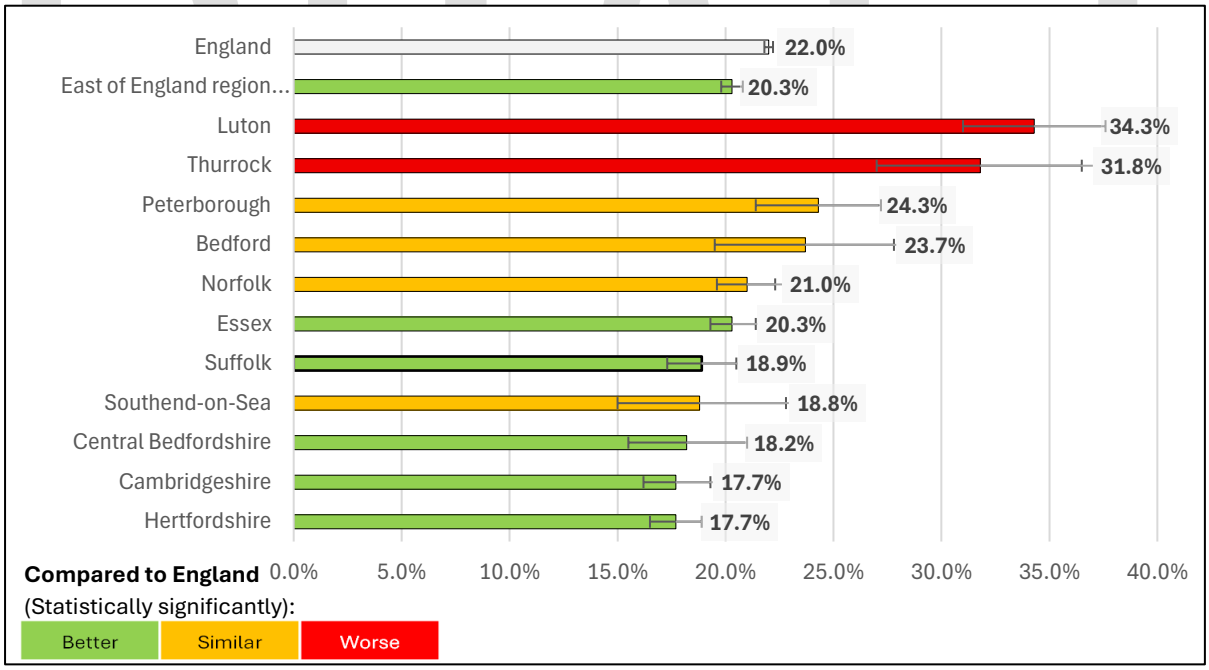
Physical inactivity is defined as engaging in less than 30 minutes of physical activity per week.

In the years prior to the Covid-19 pandemic, the number of inactive people was steadily declining, and the participation gap between men and women had started to narrow. The pandemic impacted participation rates and set back some of the progress made, but this progress has now been restored according to the latest government sport and physical activity strategy: Get Active[19].

Reducing the number of inactive children and adults benefits the country as it reduces the burden on the NHS. Every year, active lifestyles prevent 900,000 cases of diabetes and 93,000 cases of dementia (the leading cause of death in the UK). This delivers a combined saving of £7.1 billion to the UK economy[19]. Furthermore, those who engage in sport and physical activity are less likely to feel lonely than those who are inactive[19].

Across England in 2023/24, just over 1 in 5 (22.0%) of adults are inactive. Across the East of England region, this figure is statistically significantly lower (20.3%). Statistically significantly fewer people in Suffolk (18.9%) are inactive compared to the England average.

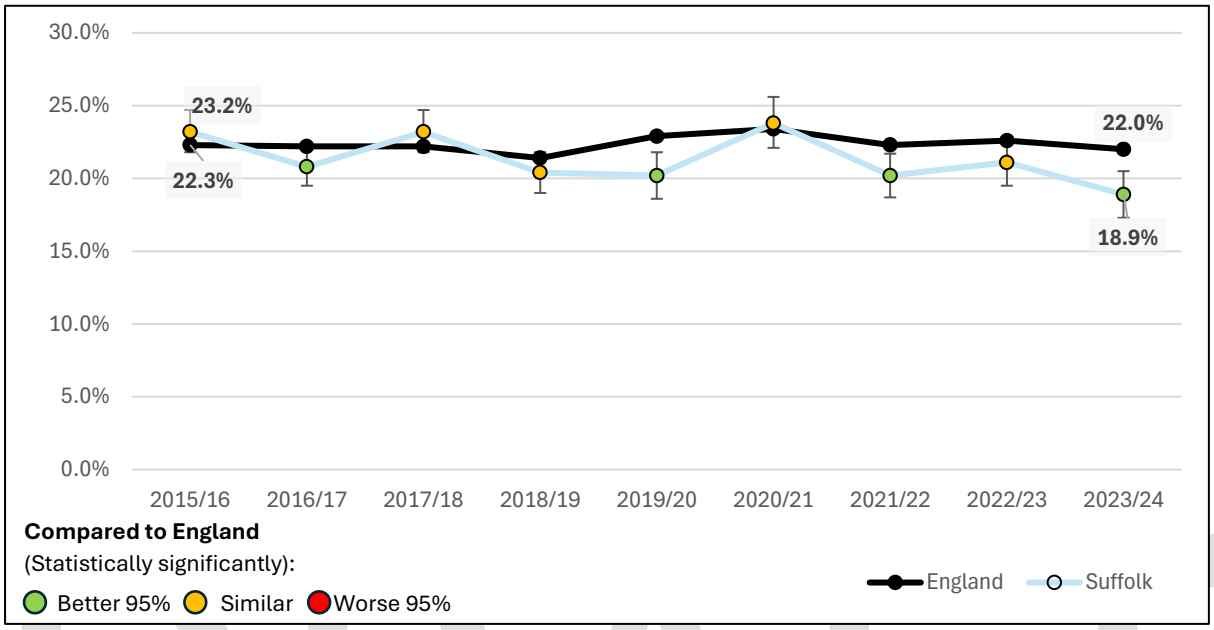
Figure 10. Percentage of physically inactive adults in Suffolk and East of England Regional Neighbours, 2023/24



Source: Office for Health Improvement and Disparities (2025)

In two of the previous three years, Suffolk has had statistically significantly fewer inactive adults compared to the England average. Suffolk's inactivity rate has dropped to 18.9% in 2023/24 – with a downward trend from 2019/20 onwards. Conversely, the England inactivity rate has remained stable and statistically similar from 2015/16 (22.3%) to 2023/24 (22.0%).

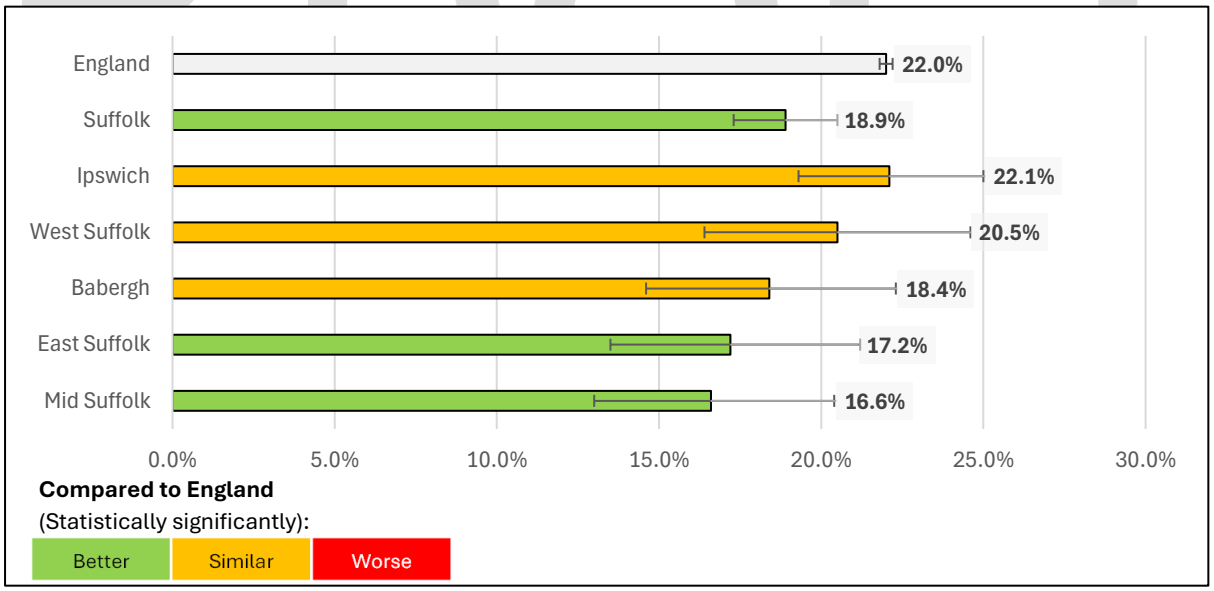
Figure 11. Percentage of physically inactive adults in Suffolk and England, 2015/16 to 2023/24



Source: Office for Health Improvement and Disparities (2025)

For Suffolk's districts and boroughs, both East Suffolk (17.2%) and Mid Suffolk (16.8%) had statistically significantly lower percentages of inactive adults compared to England in 2023/24. Ipswich (22.1%), West Suffolk (20.5%), and Babergh (18.4%) all had a statistically similar percentage of inactive adults compared to the England average in 2023/24.

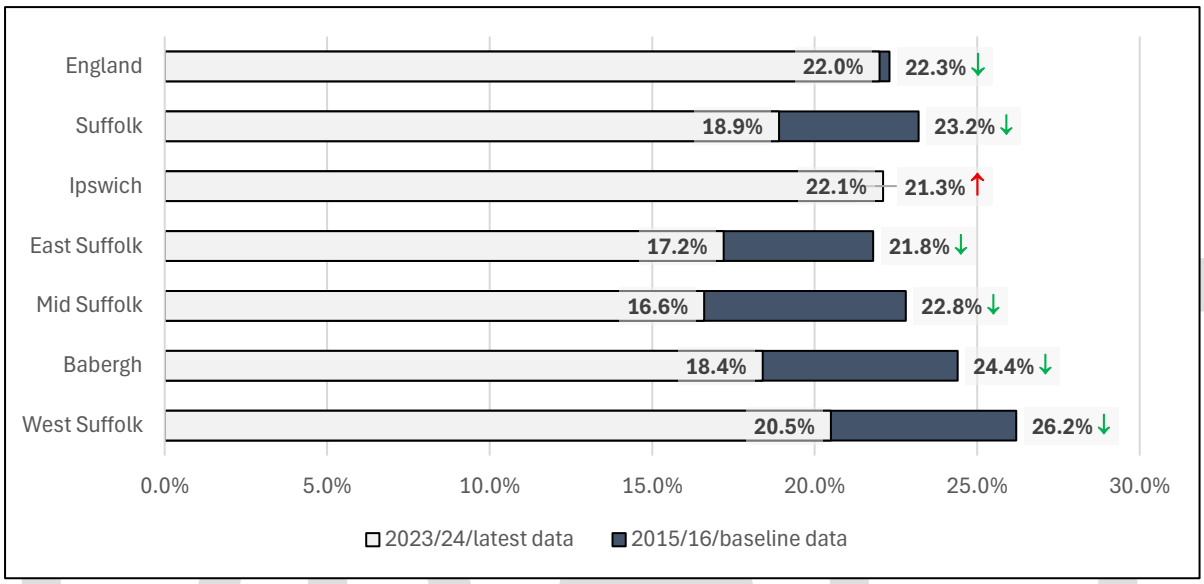
Figure 12. Percentage of physically inactive adults in Suffolk's districts and boroughs compared to England, 2023/24



Source: Office for Health Improvement and Disparities (2025)

Comparing the percentage of adults classified as inactive in 2015/16 to 2023/24, Mid Suffolk has seen the largest percentage point decrease – from 22.8% in 2015/16 to 16.6% in 2023/24 – a decrease of 6.2 percentage points. All districts and boroughs in Suffolk have had considerably larger percentage point decreases from 2015/16 to 2023/24 compared to the England average (a decrease of only 0.3 percentage points); apart from Ipswich. Between 2015/16 to 2023/24, the percentage of adults classified as physically inactive in Ipswich has increased from 21.3% to 22.1%

Figure 13. Percentage of adults classified as physically inactive, 2015/16 percentage compared to 2023/24 percentage



Source: Office for Health Improvement and Disparities (2025)

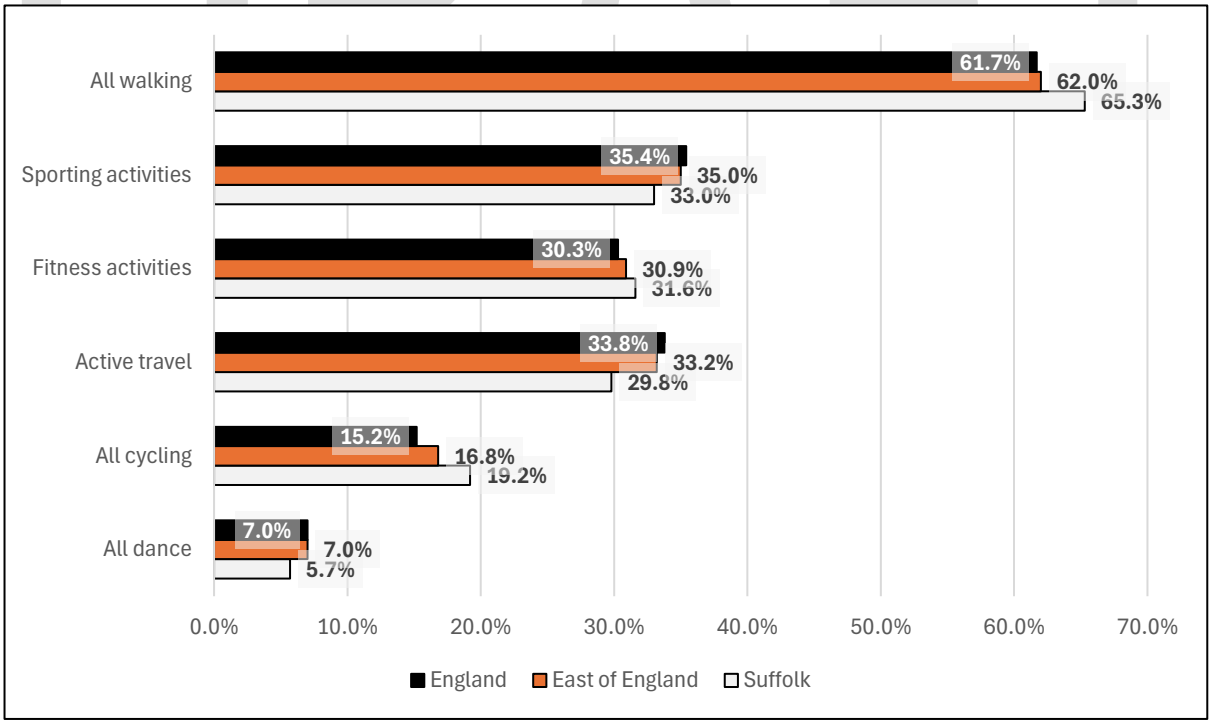
Types of activity

Based on adult Active Lives Survey November 2023-24 data, walking remains the most popular physical activity among Suffolk's adult population, with 65.3% (420,300 people) participating at least twice in the last 28 days, which is higher than both England (61.7%) and the East of England region (62.0%). Sporting activities were the second most common at 33.0% (212,400 people), though this is slightly below the England (35.4%) and East of England (35.0%) averages. Fitness activities at 31.6% (203,400 people) exceeded both national (30.3%) and regional (30.9%) levels.

Active travel accounted for 29.8% participation (191,800 people), lower than both England (33.8%) and the East of England (33.2%), likely due to the rural nature of the county. Cycling engaged 19.2% of residents (123,500 people), which is higher than the England average (15.2%) and the East of England (16.8%). Dance had the lowest participation rate at 5.7% (36,800 people), below both England (7.0%) and regional (7.0%) figures.

Suffolk demonstrates strengths in walking and cycling participation compared to national and regional averages, while showing lower engagement in active travel and dance activities. This pattern suggests that while traditional activities like walking continue to dominate Suffolk's physical activity landscape, the county has stronger recreational cycling participation but lower uptake of active travel for transportation purposes in 2023/24.

Figure 14. Percentage of Suffolk adults participating in physical activities at least twice in the last 28 days, by activity type, November 2023/24



Source: Sport England Active Lives Online Tool (2025)

Looking at more detailed activity types, walking for leisure is the most common activity in Suffolk at 55.2% participation at least twice in the last 28 days, notably higher than both the East of England (49.7%) and England (48.0%) averages. Walking for travel accounts for 27.2%, slightly below regional (29.3%) and England (30.5%) levels.

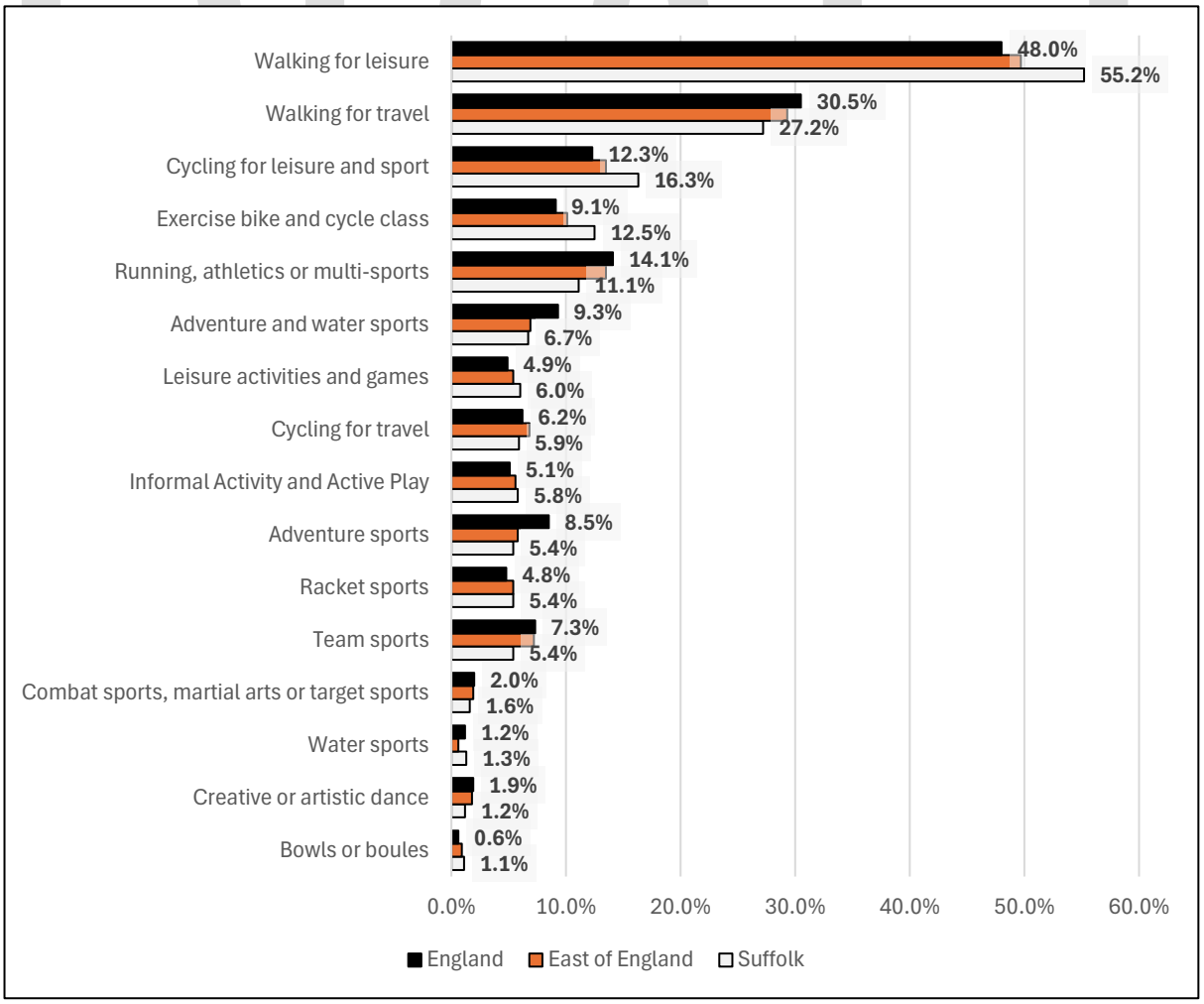
For cycling activities, leisure and sport cycling (16.3%) exceeds both East of England (13.5%) and England (12.3%), while cycling for travel (5.9%) is below regional (6.8%) and national (6.2%) rates. Exercise bike and cycle classes represent 12.5% of participation in Suffolk, compared to the East of England (10.1%) and England (9.1%).

Running, athletics and multi-sports engage 11.1% of Suffolk adults, below both regional (13.5%) and national (14.1%) averages. Other activities include adventure and water sports (6.7%, below England's 9.3% and East of England's 6.9%), leisure activities and games (6.0%), and informal activity and active play (5.8%).

Team sports participation in Suffolk (5.4%) is notably lower than both regional (7.2%) and national (7.3%) levels, while racket sports (5.4%) align with regional rates but exceed the national average (4.8%). Adventure sports participation (5.4%) is lower than the England average (8.5%), but close to regional levels (5.8%).

Activities with comparatively lower participation rates include combat sports, martial arts or target sports (1.6%), water sports (1.3%), creative or artistic dance (1.2%) and bowls or boules (1.1%), with Suffolk showing mixed patterns compared to regional and national averages across these activities.

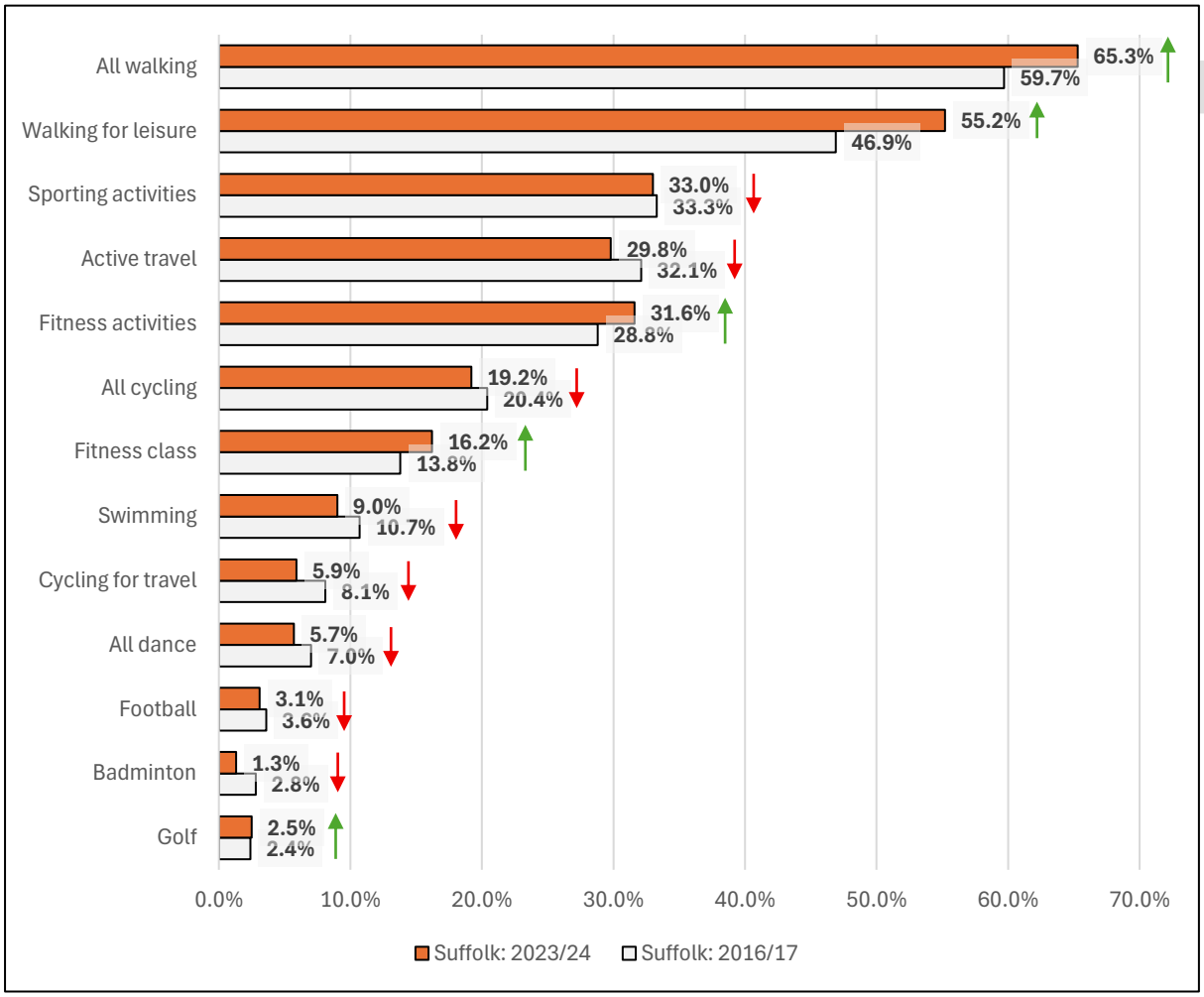
Figure 15. Percentage of Suffolk adults participating in physical activities (detailed) at least twice in the last 28 days, by activity type, November 2023/24



Source: Sport England Active Lives Online Tool (2025)

Between 2016/17 and 2023/24, there has been a notable increase in walking-based activities. Walking for leisure had the largest increase, rising 8.3 percentage points from 46.9% to 55.2%, while all walking increased by 5.6 percentage points to 65.3%. Fitness activities also grew substantially, increasing 2.8 percentage points to 31.6%, with fitness classes specifically rising 2.4 percentage points to 16.2%. However, several activities experienced declines, particularly active travel (-2.3 percentage points) and cycling for travel (-2.2 percentage points), suggesting a shift away from transport-related physical activity. Swimming participation dropped 1.7 percentage points to 9.0%, while dance activities decreased by 1.3 percentage points to 5.7%. These changes indicate a trend towards more accessible, leisure-focused activities like walking and gym-based fitness, while participation in structured sports and active transport has decreased.

Figure 16. Percentage of Suffolk adults participating in physical activities at least twice in the last 28 days, change from November 2016/17 to November 2023/24



Source: Sport England Active Lives Online Tool (2025)

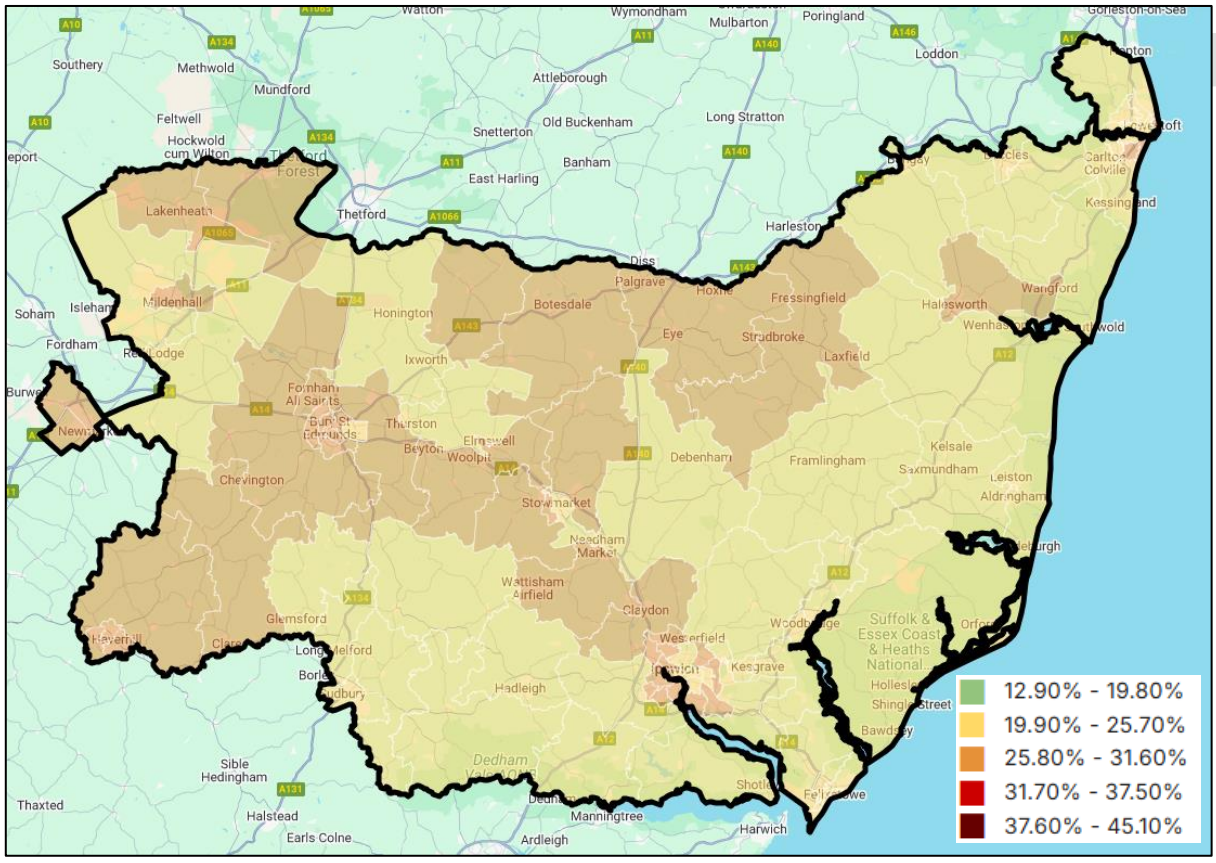
Small area estimates

Modelled estimates from Sport England provide insight into the proportion of adults who are physically inactive across Middle Layer Super Output Areas (MSOAs) in Suffolk. These estimates are based on demographic and socioeconomic modelling and should be interpreted with caution, as they do not include confidence intervals.

Across the 90 MSOAs in Suffolk:

- Adult inactivity levels range from 20.7% to 30.9% across the county
- The most inactive MSOA is Stowmarket West – Mid Suffolk 008 (Mid Suffolk), with an estimated 30.9% of adults classified as inactive
- The least inactive MSOA is Kesgrave East and Martlesham – Suffolk Coastal 010 (East Suffolk), with 20.7% of adults failing to meet physical activity guidelines

Figure 17. Modelled percentage of physically inactive adults (age 16+) by Suffolk Middle Super Output Area, November 2021-22



Source: Local Insight (2025)

Children and young people (aged 5-16)

Children and young people's physical activity levels in Suffolk are statistically similar to both the England (47.8%) and East of England (49.8%) averages, with just under half of 5 to 16 year olds (47.3%) meeting the Chief Medical Officer's recommendations of at least an average of 60 minutes per day of moderate to vigorous physical activity.

Physical activity data for children and young people (aged 5 to 16 years of age) in Suffolk during the 2023/24 academic year is split as follows:

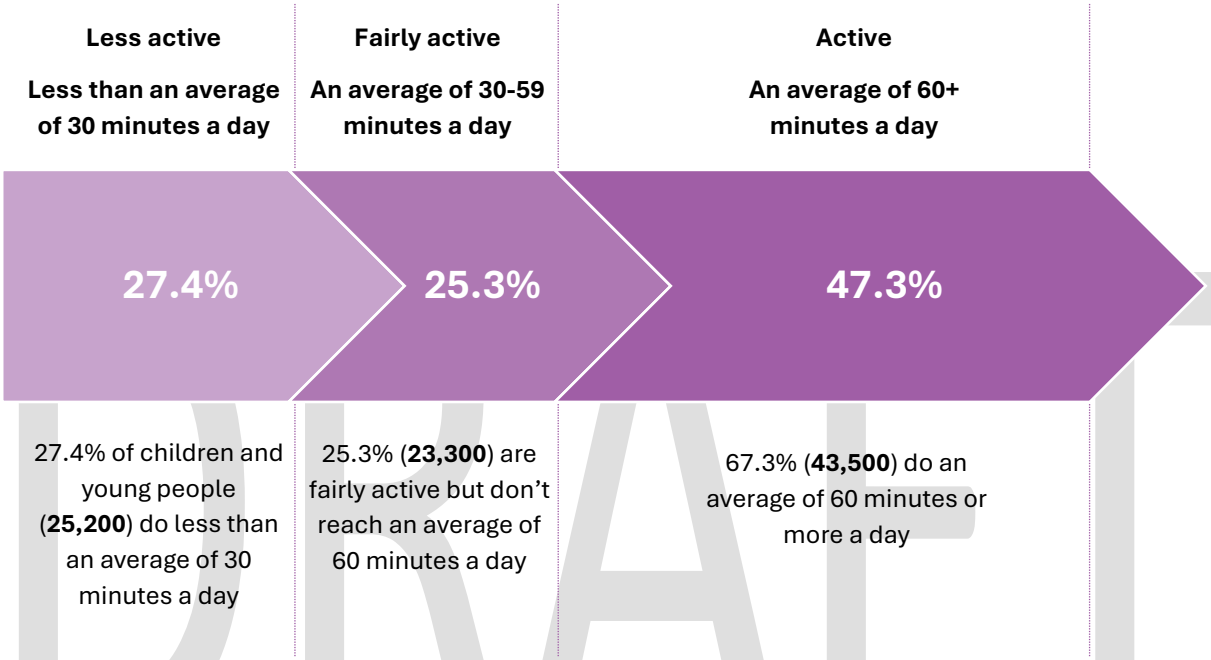
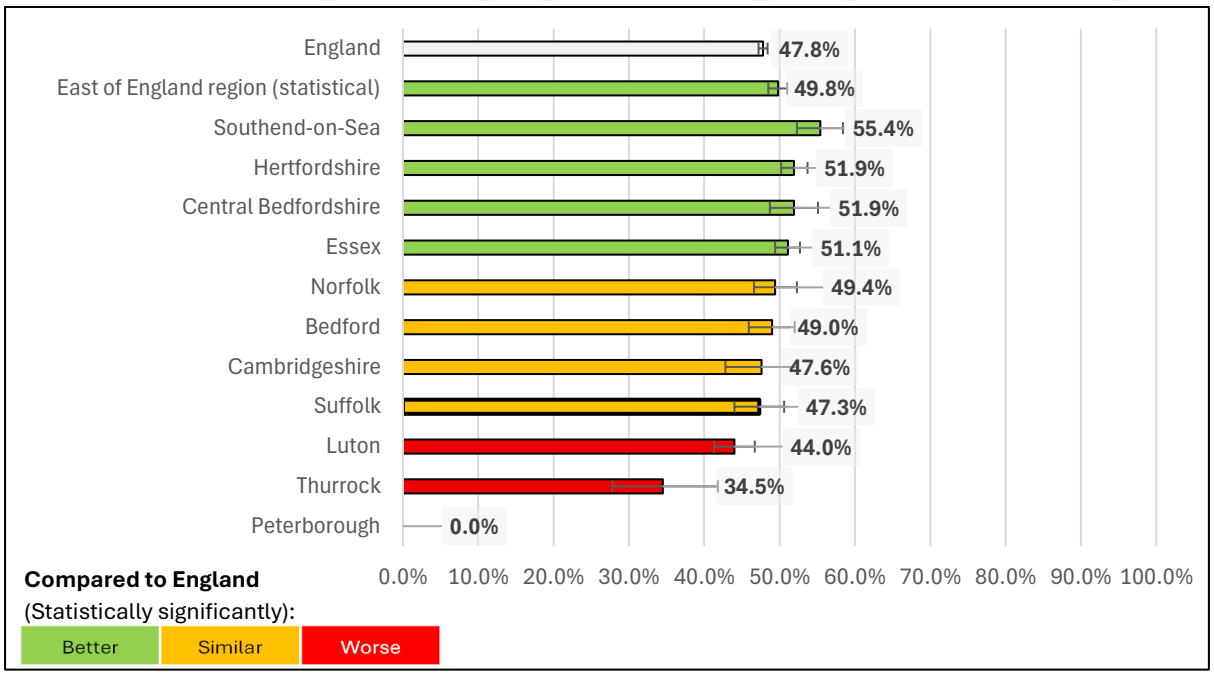


Figure 18. Percentage of physically active children and young people (aged 5 to 16 years of age) in Suffolk and East of England Regional Neighbours, 2023/24



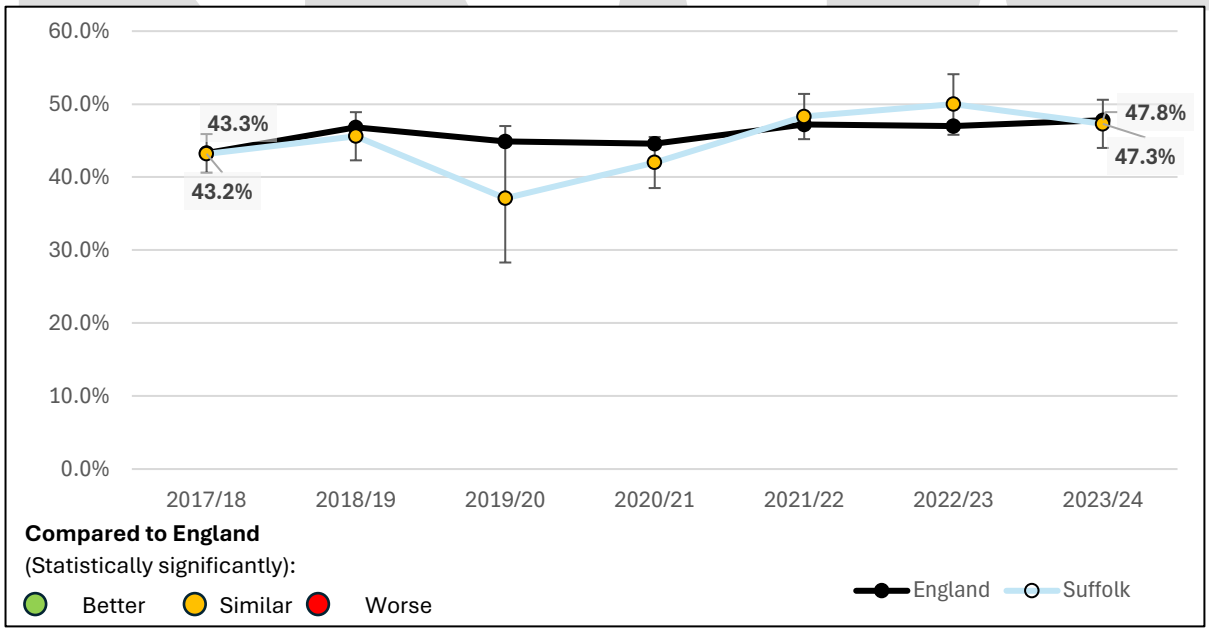
Source: Office for Health Improvement and Disparities (2025)

Suffolk has had a statistically similar percentage of active children and young people to the England average each year between 2017/18 to 2023/24.

In 2017/18, Suffolk had 43.2% of children and young people classified as active, which was slightly below (but statistically similar) to both the East of England (45.4%) and England (43.3%) averages. The percentage increased to 45.6% in 2018/19 (remaining statistically similar to the England average), however the 2019/20 academic year saw a notable decline to 37.1% - the lowest point across the time series. In the summer term 2020, when school sites were first closed to most pupils, the Active Lives Children and Young People Survey was adapted to be completed from home.

From the 2020/21 academic year onwards, the percentage of physically active children and young people recovered, improving to 42.0% in 2020/21, and further improving to 48.3% in 2021/22, reaching the highest point in 2022/23 at 50.0%. The most recent data for 2023/24 shows a slight decline, but remains statistically similar to both the East of England (49.8%) and England (47.8%) averages.

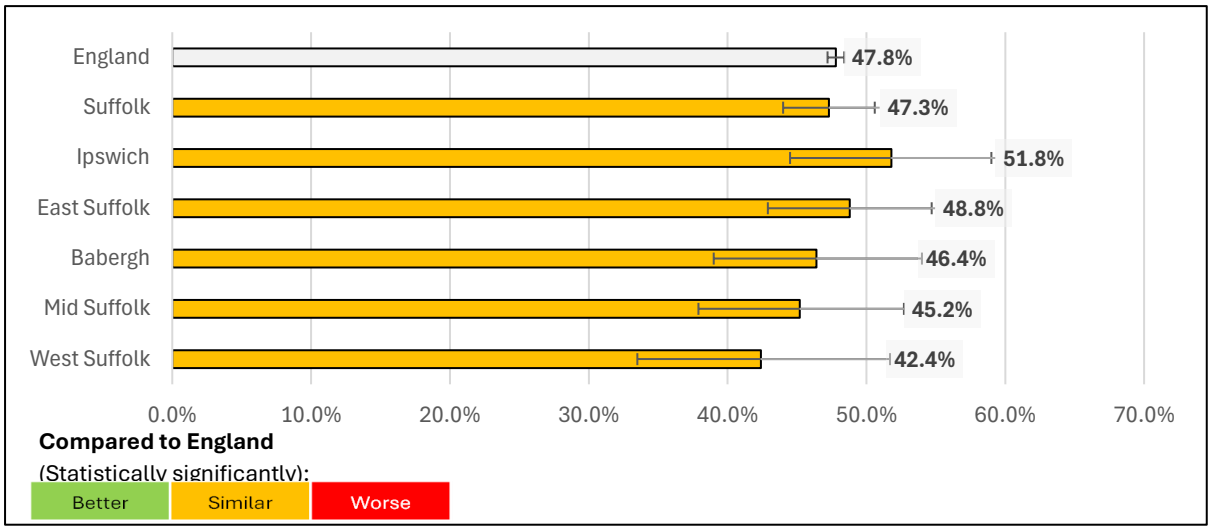
Figure 19. Percentage of physically active children and young people (aged 5 to 16 years of age) in Suffolk and England, 2015/16 to 2023/24



Source: Office for Health Improvement and Disparities (2025)

Each of Suffolk's districts and boroughs have a statistically similar proportion of children and young people classified as physically active compared to the England average in 2023/24. There is variation across the county though, with Ipswich having the highest percentage of active children and young people in 2023/24 (51.8%) and West Suffolk having the lowest percentage (42.4%).

Figure 20. Percentage of physically active children and young people (aged 5 to 16 years of age) in Suffolk's districts and boroughs compared to England, 2023/24

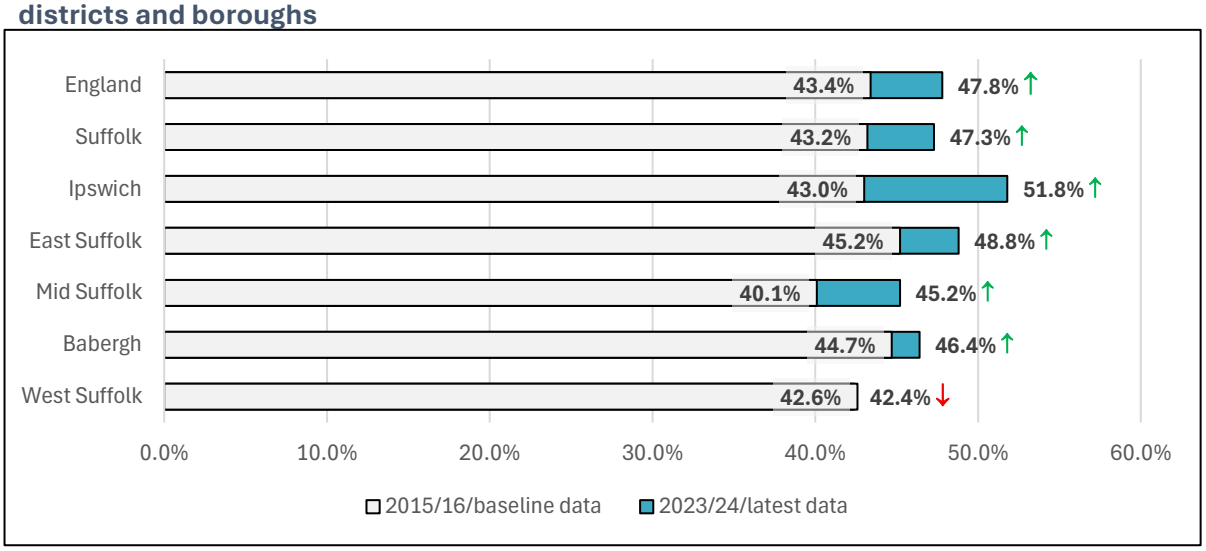


Source: Office for Health Improvement and Disparities (2025)

Comparing the percentage of children and young people classified as active in 2015/16 to 2023/24, Ipswich has seen the largest percentage point increase – from 43.0% in 2015/16 to 51.8% in 2023/24 – an increase of 8.8 percentage points. Mid Suffolk also demonstrated substantial improvement, rising from 40.1% to 45.2%, representing a 5.1 percentage point increase. East Suffolk showed a 3.6 percentage point increase from 45.2% to 48.8%, while Babergh had a more modest improvement of 1.7 percentage points, from 44.7% to 46.4%.

Most districts and boroughs in Suffolk have had larger percentage point increases from 2015/16 to 2023/24 compared to the England average (increase of 4.4 percentage points), with Ipswich and Mid Suffolk showing particularly strong performance that exceeded the national improvement rate. However, West Suffolk was the only area to show a decline, with the percentage of children and young people classified as physically active decreasing slightly from 42.6% to 42.4%, representing a 0.2 percentage point reduction.

Figure 21. Percentage of children and young people (age 5 to 16 years old) classified as physically active, 2015/16 percentage compared to 2023/24 percentage, Suffolk and districts and boroughs



Source: Sport England Active Lives Online Tool (2025)

Inequalities in physical activity

There are significant demographic differences in levels of physical activity across geography, age, gender, ethnicity, socio-economic status, sexual orientation, and disability. Many of these differences are driven by underlying inequalities, including access to suitable exercise opportunities, financial barriers, and environmental factors. Across England:

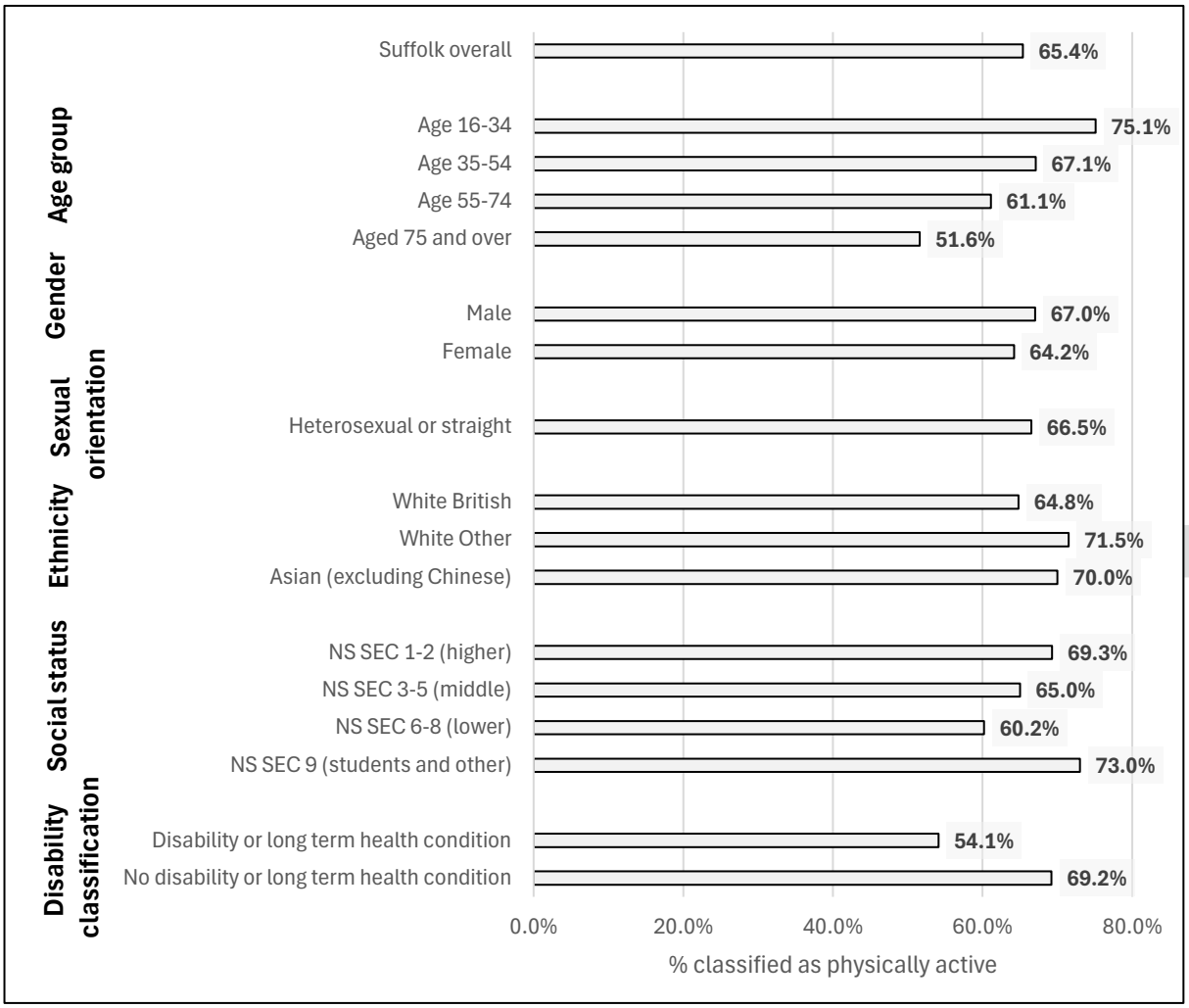
- Men (66%) are more likely to be active than women (61%)
- Those from lower social groups (NS-SEC 6-8 – least affluent, semi-routine and routine occupations, long-term unemployed or never worked) are less likely to be active (52%)
- Activity levels typically decrease with age, with the sharpest decrease coming at age 75 and over (to 43%)
- Gay men and bisexual adults are both more likely to be activate than heterosexual adults
- There are differences in activity levels based on ethnic background
- Activity is less common for adults with a disability or long-term health condition (48%) than for those without (69%)[6]

Similar patterns are evident in Suffolk's 2023/24 data, though the county performs better than England averages across most groups. Men in Suffolk are more likely to be active (67.0%) than women (64.2%), mirroring the England gender gap. Age-related inequalities are pronounced, with activity levels declining from 75.1% among 16-34 year olds to 51.6% among those aged 75 and over.

Socio-economic disparities also persist, with higher occupational groups (NS-SEC 1-2) recording 69.3% classified as physically active, compared to 60.2% in lower groups (NS-SEC 6-8). Adults with a disability or long-term health condition have lower physical activity levels (54.1%) compared to those without (69.2%). Ethnic differences are also apparent, with White Other adults showing the highest activity levels (71.5%) compared to White British adults (64.8%) and Asian adults excluding Chinese (70.0%).

According to Sport England, activity prevalence is strongly linked to the number of characteristics of inequality a person has. Sport England developed the inequalities metric, which recognises the intersectionality of individuals' characteristics and provides a comprehensive measure of inequalities. Across England, physical activity rates decrease from 74.3% for those with no characteristics of inequality to 61.9% for those with 1 characteristic, and 43.7% for those with two or more[6]. Addressing these inequalities requires accessible facilities, inclusive programme design, and proactive outreach through healthcare and community networks.

Figure 22. Percentage of adults aged 16 and over, classified as physically active, by demographic groups, Suffolk 2023/24



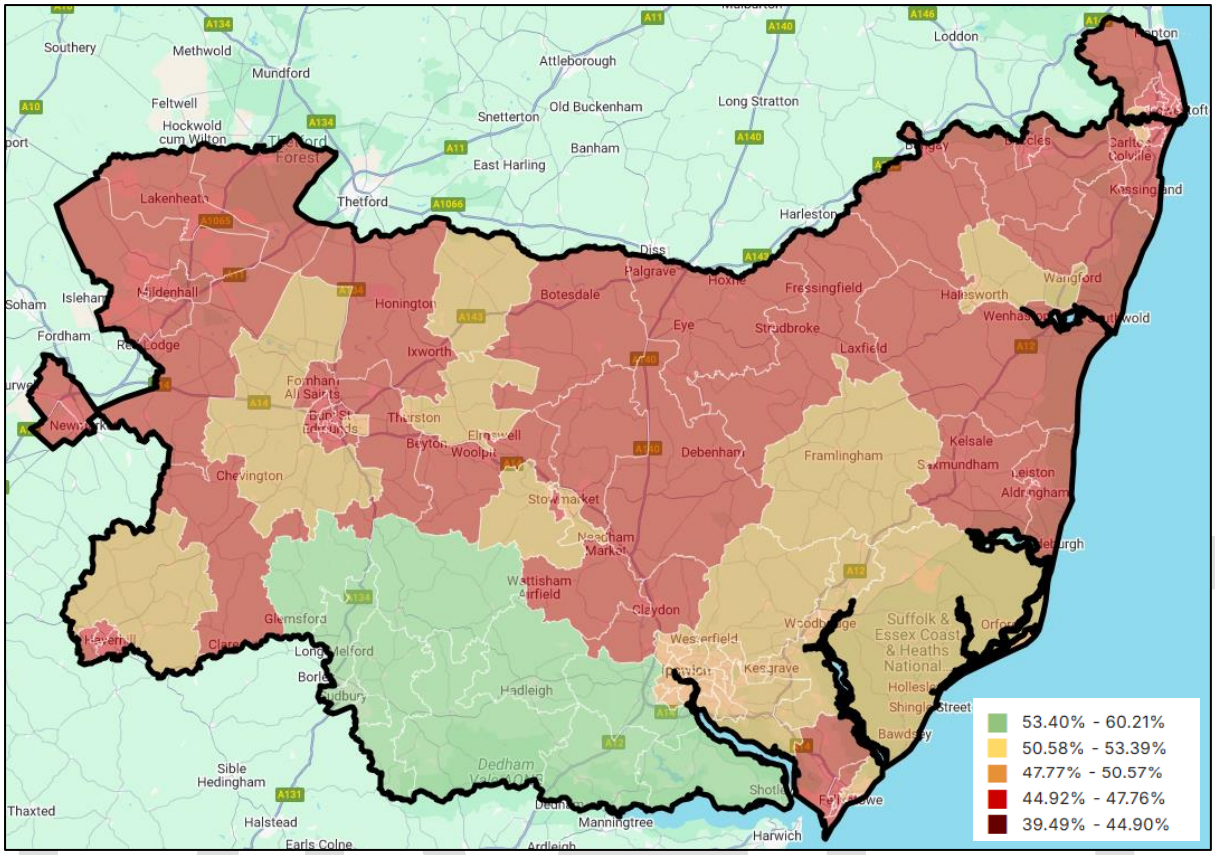
Source: Sport England Active Lives Online Tool (2025)

Across Suffolk's local areas, the proportion of children with a disability who are classified as active ranges from 46.7% to 48.7%. The data shows consistent levels of physical activity participation among disabled children across the county, with most areas clustering around 47-48%.

These estimates are based on children averaging 60 minutes of physical activity daily and include various activities such as walking, cycling, dance, fitness activities, sporting activities, riding a scooter, and active play. The data uses modelled estimates created through multilevel regression analysis, combining Active Lives survey data with local demographic characteristics.

The highest rates of active children with a disability are found in Moreton Hall (48.7%), Thurston, Badwell Ash & Elmswell North (48.5%), and Kesgrave West & Rushmere, Kesgrave East & Martlesham, and Bixley, Warren Heath & Nacton (all 48.4%). The lowest rates are in Clare, Cavendish & Wickhambrook (46.7%) and Bury St Edmunds Central and Felixstowe Seafront & West (both 46.8%).

Figure 23. Percentage of active children with a disability, Suffolk Middle Super Output Areas (MSOAs), 2021/22



Source: Local Insight (2025)

Active Travel

Creating environments that encourage people to walk and cycle as part of their daily lives can make a substantial contribution to public health and help to reduce health inequalities. Active travel - using walking or cycling as alternatives to motorised transport - is a highly accessible form of physical activity and often more cost-effective than structured exercise, sport, or leisure-based interventions[38].

The NHS 10 year plan also highlights active travel as an effective way to reduce emissions, while also supporting physical activity[39]. It states that in some parts of the country, there has been significant progress on active travel, with 49% of journeys to work made actively in Cambridge[40], and for Kesgrave High School near Ipswich, as many as 86% of students walk or cycle to school every day[41].

Promoting walking and cycling delivers benefits that extend beyond physical health. Increased levels of active travel can also:

- Support local businesses and help revitalise town centres
- Enhance the quality and attractiveness of the public realm
- Reduce reliance on cars, leading to lower air pollution, congestion, and carbon emissions
- Improve road safety and reduce noise
- Encourage community interaction and help make public spaces more welcoming
- Provide opportunities for people of all ages and abilities, including those with impairments, to access and enjoy the outdoor environment[38]

Walking and cycling are presented as distinct indicators because they appeal to different segments of the population and often require specific approaches to infrastructure, promotion, and support[38].

The Office for Health Improvement and Disparities supports cross-government work to promote sustainable travel as a strategy to increase physical activity levels. This aligns with the government's wider sports strategy and national objectives to improve air quality and reduce emissions[42].

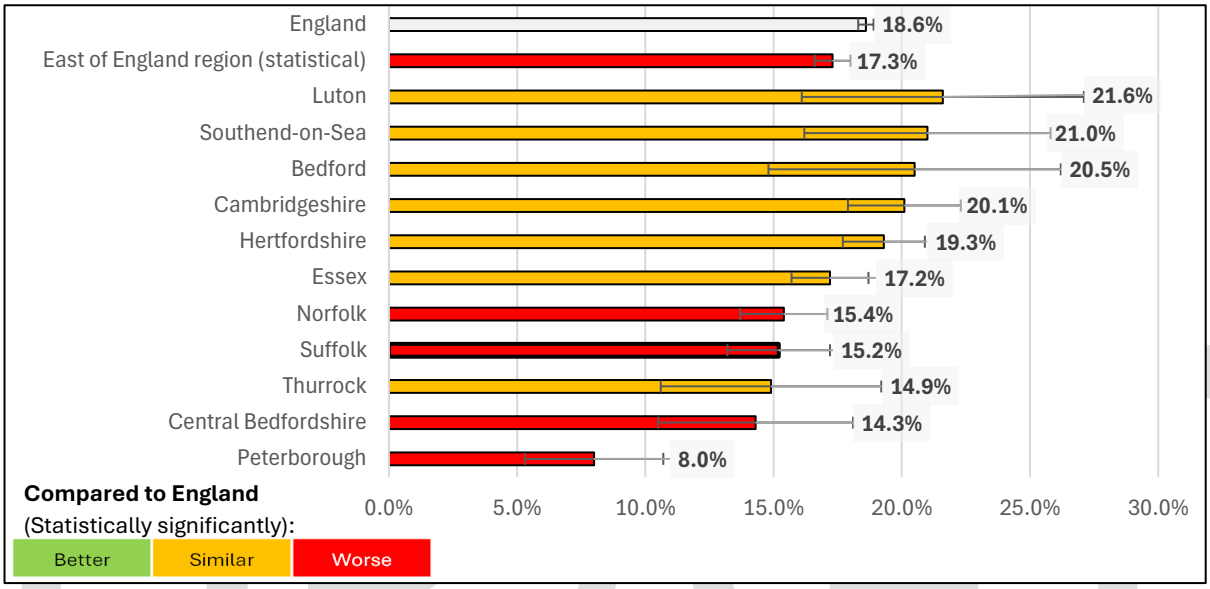
Encouraging walking and cycling in place of short car journeys provides dual benefits - reducing pollution while also increasing opportunities for everyday physical activity. For many people, integrating activity into daily routines is the most achievable form of exercise. Examples include walking to the shops, cycling to work, or taking the stairs instead of the lift.

While current active travel indicators do not account for activity intensity, even low-intensity movement contributes to higher energy expenditure and reduced sedentary time[43]. Reducing prolonged sedentary behaviour is a key recommendation in the UK Chief Medical Officers' physical activity guidelines.

Suffolk ranks in the lower half of East of England authorities for walking for travel, with 15.2% of adults walking for travel at least three days per week in 2022/23. This places Suffolk statistically significantly lower than the England average (18.6%) and statistically similar to the East of England regional average (17.3%). Among regional neighbours, Suffolk performs similarly to Norfolk (15.4%) but is lower than Essex (17.2%), Hertfordshire (19.3%), and Cambridgeshire (20.1%).

Suffolk's position suggests that while recreational walking is strong in the county, walking for transportation purposes remains lower compared to other counties within the East of England region, partially reflecting Suffolk's rurality and greater reliance on car-based transport for travel needs.

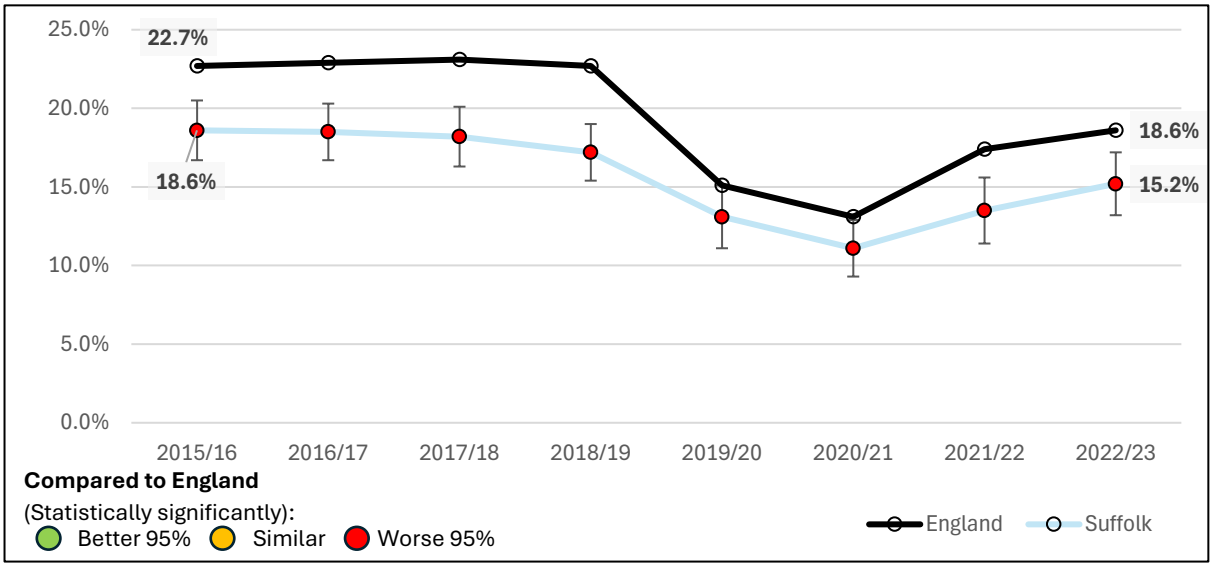
Figure 24. Percentage of adults aged 16 and over, walking for travel at least three days per week, Suffolk and East of England region neighbours, compared to England, 2022/23



Source: Office for Health Improvement and Disparities (2025)

Suffolk has recorded statistically significantly lower levels of walking for travel compared to England across the period between 2015/16 to 2022/23. Starting at 18.6% in 2015/16 (compared to England's 22.7%), Suffolk's walking for travel rates declined steadily, reaching the lowest point during the pandemic years of 2020/21 at 11.1% (England: 13.1%).

Figure 25. Percentage of adults aged 16 and over walking for travel at least three days per week, Suffolk and England, 2015/16 to 2022/23



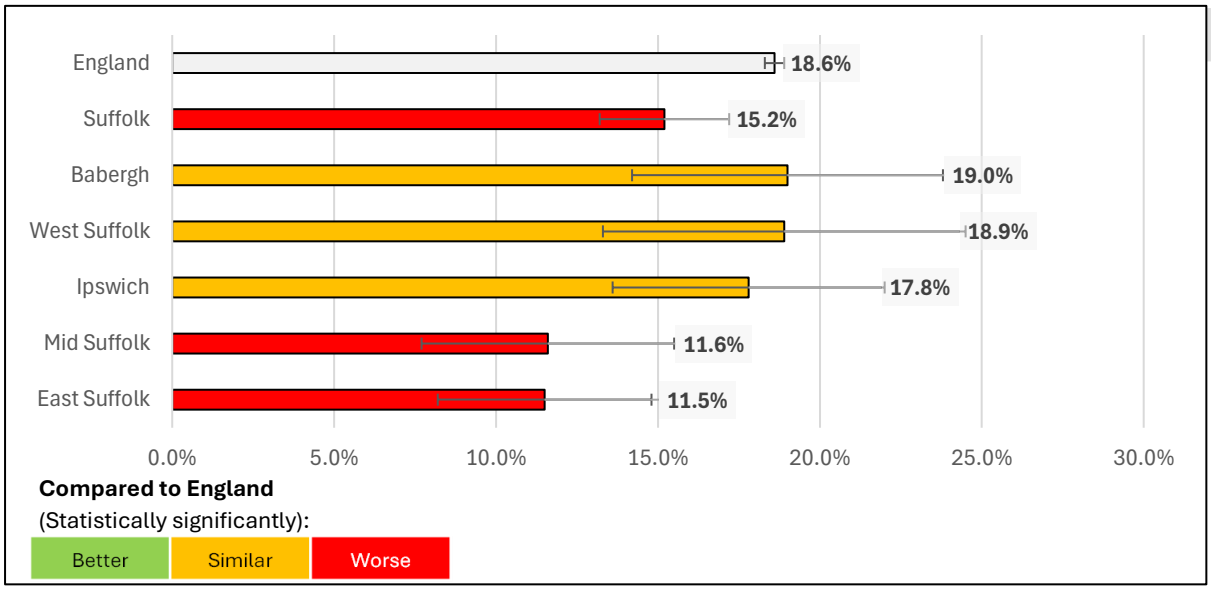
Source: Office for Health Improvement and Disparities (2025)

Since 2020/21, both Suffolk and England have improved, with Suffolk increasing to 15.2% by 2022/23, though this remains below the England average of 18.6%. Throughout this period, Suffolk has maintained a consistent gap of 4 to 5 percentage points below England values, indicating a persistent pattern of lower walking participation from before the pandemic, that has continued through the period afterwards. This may be due to the county's rural nature, greater car dependency, limited walking infrastructure and lower visibility or uptake of active travel initiatives.

For Suffolk's districts and boroughs, there was considerable variation in active travel rates in 2022/23. Babergh had the highest level at 19.0%, followed by West Suffolk (18.9%), and Ipswich at 17.8% (all statistically similar to the England average (18.6%)).

The lowest active travel rates were seen in East Suffolk (11.5%) and Mid Suffolk (11.6%). Both rates were statistically significantly lower than the England average.

Figure 26. Percentage of adults aged 16 and over walking for travel at least three days per week, Suffolk's districts and boroughs compared to England, 2022/23



Source: Office for Health Improvement and Disparities (2025)

Suffolk sites – Active Places Power

Active Places Power is a tool developed by Sport England to support investment decisions and sports facility strategies. It uses the Active Places national sports facility database to help identify and plan for facility improvements. Primarily used by local authorities and national governing bodies of sport, it offers a range of tools for analysis and reporting.

As of July 2025, there were 708 sites containing various sports facilities in Suffolk providing access to physical activity opportunities. Example facility types include grass pitches, swimming pools, and sports halls, with over 200 attributes used to describe a facility and its associated site. Across England, the Active Places Power database includes over 115,000 sports facilities, located at over 41,000 sites. Each facility is audited annually.

Of these, 240 (33.9%) were based in East Suffolk, 170 (24.0%) were based in West Suffolk, 115 (16.2%) were based in Mid Suffolk, 103 (14.6%) were based in Babergh, and 80 (11.3%) were based in Ipswich.

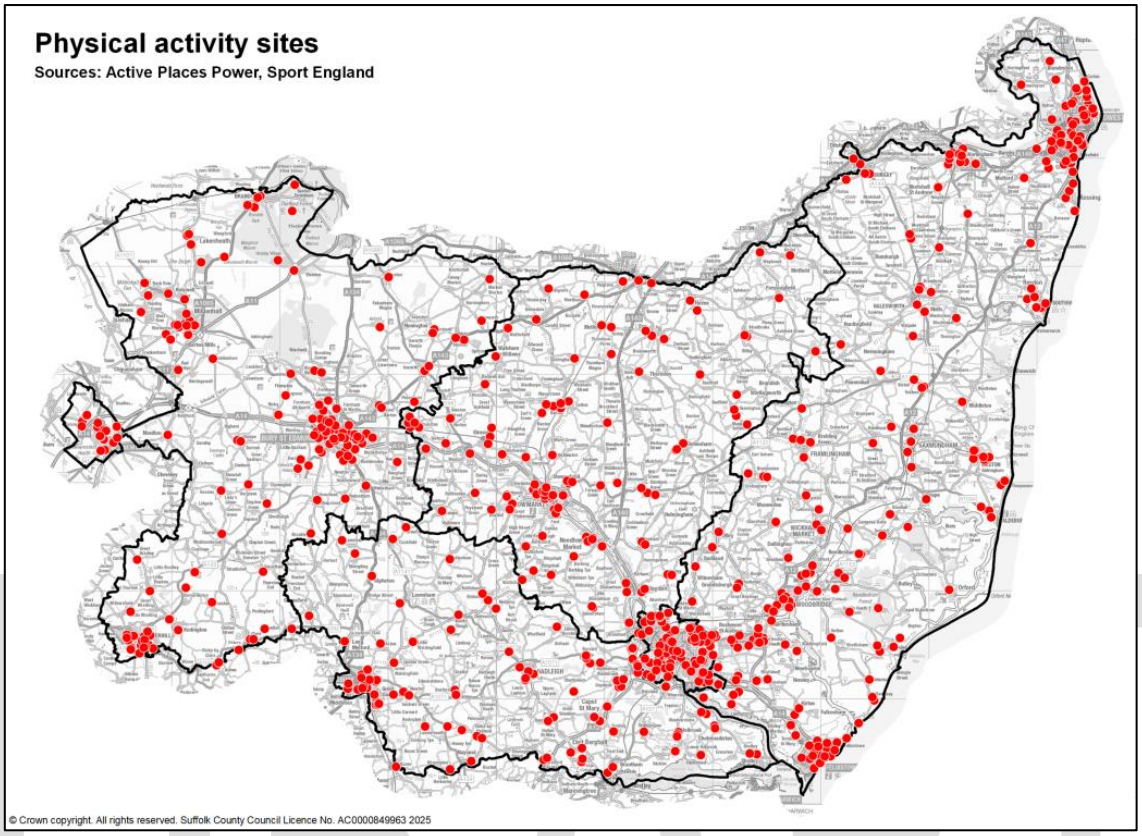
The largest proportion of sites in Suffolk were managed by schools, colleges, or universities (in house) in July of 2025, with over 1 in 4 (27.4%/194 sites) managed this way. Almost 1 in 5 (139 sites) were managed by sports clubs, with a further 111 (15.7%) managed by Suffolk lower-tier local authorities.

Table 1. Number of physical activity sites by management type, Suffolk, July 2025

Management Type	Number of sites	% of Suffolk sites
School/College/University (in house)	194	27.4%
Sport Club	139	19.6%
Local Authority (in house)	111	15.7%
Commercial Management	103	14.6%
Community Organisation	87	12.3%
Trust	46	6.5%
Other	12	1.7%
Not known	9	1.3%
MOD	7	1.0%

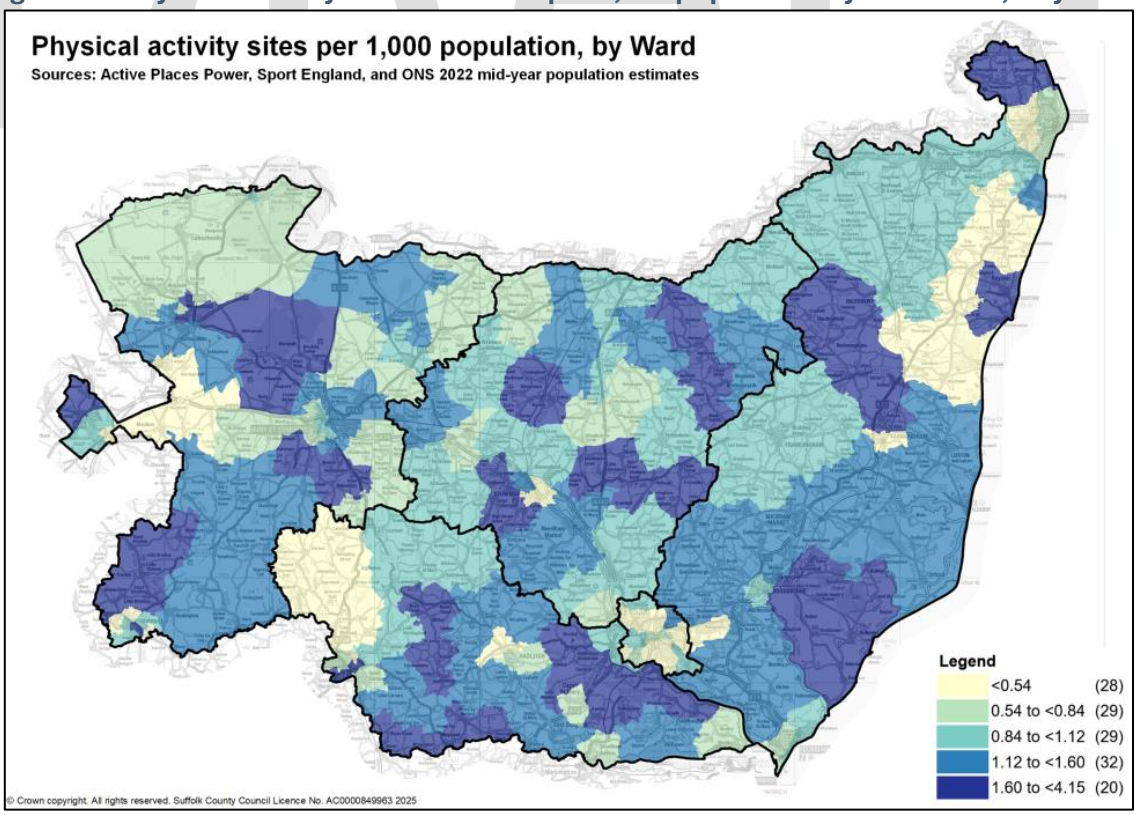
Source: Active Places Power (2025)

Figure 27. Physical activity sites in Suffolk as of July 2025



Source: Active Places Power (2025)

Figure 28. Physical activity sites in Suffolk per 1,000 population by Ward area, July 2025



Source: Active Places Power (2025)

Feel Good Suffolk

Feel Good Suffolk helps Suffolk residents start, maintain, and enjoy regular physical activity through friendly advice, practical tips, and local support. The initiative promotes simple, enjoyable ways to move more such as walking, gardening, sports, or home workouts highlighting benefits for physical health, mental wellbeing, energy, sleep, and healthy weight management.

Support includes online resources, activity ideas, and guidance from Feel Good Suffolk Advisors, who can connect people to local opportunities and, where eligible, provide more intensive help with physical activity, healthy weight, or stopping smoking.

Healthy Suffolk: Movement

The Healthy Suffolk website provides practical advice, local stories, and signposting to help residents make small, sustainable changes towards a more active lifestyle.

Inspiration from local stories: Case studies include residents improving their health and wellbeing through parkrun, 5k Your Way after a cancer diagnosis, ActivLives community sessions, Suffolk Community Libraries' activity programmes, and strength and balance classes with Everyone Active. These stories highlight the physical, mental, and social benefits of being active in Suffolk communities.

The website also provides detail on the benefits of moving more, as well as recommendations and tips, reiterating the message that all movement counts – starting small is encouraged. The site also links to accessible home workouts, including sessions from The Body Coach, Everyone Active, and ActivLives chair-based exercises.

Workforce and Employment Context

Suffolk Workforce: A Strategic Plan of the Development of Suffolk's Physical Activity Workforce 2024-28 report reveals the sport and physical activity sector in Suffolk has grown despite pandemic impacts, with 11,300 industry jobs in 2020 (up 2,060 over five years) and 1,567 businesses in 2023, 91% of which have fewer than 49 employees. Freelance and independent operators dominate, reflecting a wider national trend, with sole traders making up over 77% of the workforce. Employment is concentrated in small organisations, with many leisure centre staff on part-time contracts [44].

The East of England has seen the fastest growth in the professional labour market since 2010, driven by freelance demand. However, employers report skills and competency gaps, especially in people and management skills at entry level. Workforce diversity remains limited, with a higher proportion of male, White British, and younger workers compared to the national average[44].

Suffolk faces high sickness absence rates — the highest in the East of England — costing an estimated £43M annually in lost productivity[44]. Workplace champions, healthcare workers, and educators are seen as important parts of the wider workforce in tackling inactivity, though many lack training and confidence in promoting physical activity.

Employer priorities include engaging inactive populations, supporting career development, and upskilling in managing long-term health conditions. Addressing these gaps through leadership development, equality and diversity initiatives, and stronger links between education and employment is central to future workforce planning[44].

Conclusion

Physical activity remains a significant determinant of health and wellbeing across the lifecourse, delivering substantial physical, mental, social, and economic benefits to the individual and society. Suffolk has made progress in increasing activity levels among adults and children since 2015/16, with a notable reduction in inactivity rates and improvements across demographic groups. However, persistent inequalities linked to age, gender, ethnicity, disability, socio-economic status, and geography continue to shape participation patterns.

Despite strong performance in leisure walking and recreational cycling, active travel remains a key area for improvement—particularly walking and cycling for transport. Suffolk's infrastructure, rurality, and reliance on car travel highlights the need for continued cross-sector collaboration to create environments that support everyday movement.

Embedding physical activity into all aspects of daily life requires a coordinated approach across multiple sectors and settings:

- **Workplaces** – fostering active cultures, enabling active commuting, and encouraging regular movement during the working day
- **Healthcare** – making physical activity a routine part of prevention, treatment, and rehabilitation, with particular emphasis on people with disabilities and long-term conditions, supported through social prescribing and programmes such as Moving Medicine
- **Education** – delivering whole school programmes, including in early years settings, that provide daily activity through high-quality PE, active play, extracurricular sport, and active travel to school
- **Community assets and the VCFSE sector** – harnessing trusted local organisations, volunteers, and spaces to reach underserved communities, including rural areas, with tailored, accessible activities
- **Social Care** – scaling up community-based programmes and adaptations to environments that support independence, reduce falls, and improve functional ability in older adults
- **Communities and Housing –** design active neighbourhoods with walkable streets, green spaces and safe cycling routes and embed activity into housing developments, parks and public spaces
- **Transport and Planning –** prioritising walking, cycling and public transport in infrastructure planning and creating safe accessible routes that encourage active travel
- **Culture and Leisure Sector** (including leisure centres, swimming pools, gyms, libraries, museums, arts centres, parks and outdoor spaces) – driving whole systems change whilst also offering structured and informal community-driven opportunities to be physically active

Suffolk's commitment, as articulated in the county's Move More to Feel Better strategy, is vital to further embed physical activity into daily life and address health inequalities making movement a natural part of every environment we live, work, and play in. Continued investment in inclusive, accessible opportunities and active environments will be essential to sustain and build on existing progress, and to ensure everyone in Suffolk has the opportunity to lead a more active, healthier life.

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