

#GetHullActive



HULL'S PHYSICAL ACTIVITY NEEDS ASSESSMENT 2025



Executive summary

This report evaluates the need for physical activity intervention in Hull. It underscores the benefits of physical activity, the risks of inactivity and the economic costs of physical inactivity. The Chief Medical Officers recommend at least 60 minutes of daily activity for children and 150 minutes weekly for adults, including weight-bearing exercises. Older adults should engage in activities to improve balance and reduce frailty. Physical activity enhances physical and mental health, reduces chronic disease risk, improves cognitive function, sleep and social skills. Inactivity is linked to higher mortality, chronic diseases, poor mental health and reduced quality of life. Physical inactivity costs the UK £7.4 billion annually, with Hull's share at £36 million, including £4.4 million to the NHS.

Data was collected from national sources like Sport England's Active Lives surveys, local surveys and community engagement. Hull is one of England's most deprived areas, affecting health outcomes and activity levels:

- Hull has the fourth most deprived local authority in England
- Over half of Hull's geographical areas are among the most deprived fifth in England.
- Life expectancy in Hull is significantly lower than the national average, with men living 3.8 years less and women 2.9 years less than their counterparts in England.
- Residents report higher levels of poor health and disability compared to national averages
- Residents in Hull have fewer years in 'good' health, 7.2 years for males and 7.3 years for females
- Hull has higher rates of residents reporting low life satisfaction, low happiness and high anxiety compared to the national average.
- Continuous trend of high levels of physical inactivity affecting all wards, compared to national averages
- Physical inactivity among children in Hull is influenced by deprivation, with higher inactivity rates in more deprived areas.
- Hull's inactive rates track these from within the most deprived places in England

Hull's physical activity provision includes various programmes and facilities. Hull Culture and Leisure (HCAL) operates seven leisure sites. The Holiday Activities and Food (HAF) programme offers sessions for children, especially those eligible for free school meals. The Active Through Football (ATF) initiative targets specific



demographics to encourage participation. Despite these efforts, disparities in access and participation persist, highlighting the need for more inclusive opportunities, tackling the root cause of physical inactivity using system thinking and addressing barriers.

Barriers to physical activity in Hull include health conditions, age, financial constraints, safety concerns, accessibility issues, psychological barriers and lack of knowledge. The community suggests improvements such as reducing costs, creating local opportunities, improving safety and maintenance of public spaces, better information sharing and organising group activities.

This report is robust due to comprehensive data collection, including national and local quantitative data and qualitative insights from community engagement. The demographic analysis considers age, ethnicity and deprivation. However, limitations include potential biases from self-reported data, sample size constraints, resource limitations and data quality issues.

Recommendations to reduce physical inactivity in Hull include enhancing accessibility, creating local opportunities, improving safety and providing training. Utilising community venues and offering low-cost access to leisure facilities and activities will make physical activity more accessible. School policy changes to integrate more physical activity into their schedules. Community events and targeted programmes will address unique needs. Improving public space safety and maintenance will encourage outdoor activities. Training for programme deliverers and volunteers will ensure engaging sessions. Promotion and community engagement will raise awareness and ensure programmes meet diverse needs. These initiatives aim to reduce physical inactivity, tackle health inequalities, improve health outcomes and result in significant cost savings for Hull.



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1. Introduction

1.1. Purpose of report

This report will identify the community's need for physical activity by demonstrating an understanding of Hull's population and how physical activity can positively impact lives in our city. This includes understanding barriers to physical activity and recognising areas where there is a lack of opportunities for the community. The assessment will provide valuable data to inform local health policies and planning, ensuring that resources are allocated effectively and that interventions are designed to meet the actual needs of the community.

By understanding current physical activity levels in the population, we will be able to focus our resources on targeted interventions and system changes to reduce inactivity levels and improve health outcomes. Conducting this report has enabled us to engage with communities to understand the changes they would like to see. The process has raised awareness about the importance of physical activity and encouraged greater participation. We have been able to evaluate existing programmes and services to determine their effectiveness and identify areas for improvement.

1.2. Recommendations for physical activity

The Office for Health Improvement and Disparities (formerly Public Health England) recommend that children and young people aged 5 to 18 years should aim for at least 60 minutes of physical activity per day across the week. Adults should undertake at least 150 minutes of physical activity per week across the week. Furthermore, it is recommended that adults undertake weight-bearing exercises such as carrying heavy bags, yoga and going to the gym is undertaken on at least two days per week to keep muscles, bones and joints strong. For older adults, it is recommended that activities such as bowls and dancing are undertaken on two days per week to improve balance and reduce the risk of frailty and falling. The overall premise is that some physical activity is good but more is better, it's never too late to start undertaking more physical activity, every minute counts, and that sedentary time should be minimised with periods of inactivity broken up by movement.

1.3. Benefits of physical activity

Regular physical activity offers numerous health benefits across different life stages. WHO states for children and adolescents, it improves physical fitness, cardiometabolic



health, bone health, cognitive outcomes, mental health, and reduces body fat. In adults and older adults, it lowers the risk of all-cause mortality, cardiovascular disease mortality, hypertension, site specific cancers, type 2 diabetes and falls, while enhancing mental health, cognitive health, sleep and body fat measures. Physical activity also builds confidence and social skills, develops and improves coordination, and improves concentration. Additionally, regular physical activity can significantly reduce symptoms of anxiety and depression, improve mood and boost overall mental wellbeing. It promotes the release of endorphins, which are natural mood lifters and helps manage stress levels.

1.4. Risks of sedentary behaviour and inactivity

WHO states higher amounts of sedentary behaviour and physical inactivity are linked to negative health outcomes. In children and adolescents, these include increased adiposity, poorer cardiometabolic health, fitness, behavioural conduct and reduced sleep duration. In adults, sedentary behaviour and inactivity are associated with higher all-cause mortality, cardiovascular disease mortality, cancer mortality, and incidence of cardiovascular disease, cancer and type 2 diabetes. Additionally, sedentary behaviour and physical inactivity can have significant negative impacts on mental health. These include an increased risk of anxiety and depression, lower mood and higher levels of stress. Prolonged inactivity can also lead to feelings of isolation and lower self-esteem.

1.5. Costs of physical inactivity

Physical inactivity is linked to one in six deaths in the UK and costs £7.4 billion annually, including £0.9 billion to the NHS (Office for Health Improvement and Disparities related to Physical activity: applying All Our Health, 2022). The UK population in 2022 was 67,603,461, with 268,677 in Hull. Applying the average cost per resident, Hull's physical inactivity costs around £29 million annually, including £3.6 million to the NHS. Given Hull's lower activity levels and higher poor health and deprivation, the actual cost is likely higher. In 2023/24, 22.0% of adults in England were physically inactive, ranging from 15.1% in the least deprived areas to 35.3% in the most deprived. Hull, with 84% of its areas in the most deprived half, has a 27.5% inactivity rate, 25% higher than England. Assuming Hull's inactivity cost is 25% higher, it totals around £36 million annually, including £4.4 million to the NHS.



1.6. Reframing movement

Movement should be viewed as a positive and accessible part of everyday life, rather than something reserved for sport or formal exercise. The key message is that any movement is beneficial, and more is better. It's never too late to start being more active, and every minute counts. Sedentary time should be minimised, with regular breaks for movement throughout the day. This could include walking, stretching, or light activity during work or leisure time. The aim is to integrate movement into daily routines in a way that feels natural and achievable for everyone, regardless of age, ability, or background.

2. Data sources and definitions

2.1. National quantitative data

Levels of physical activity are collected as part of Sport England's Active Lives surveys which involve both adults aged 16+ years and school pupils aged 5-16 years. There have generally been around 500 survey responders who live in Hull who participate in the surveys in Hull although following a review in 2023, a minimum sample size of 400 per local authorities is in place with a higher target sample size for places with the greatest need and/or largest population sizes. As a result, the sample size increased to almost 900 for Hull in 2023/24. The Active Lives Adult survey was first established in November 2015 although the Active People Survey ran prior to this from 2005 to 2015. The first survey for children and young people ran in the 2017/18 academic year.

As well as the levels of physical activity reported within Sport England's Active Lives reports, the prevalence of physical activity for adults is presented on the Office for Health Improvement and Disparities' Fingertips tool. The definitions differ slightly though with gardening included as physical activity in Fingertips.

Data on walking and cycling is also collected nationally and is available at local authority level. The information is based on the National Travel Survey and the Active Lives Survey. The National Travel Survey is a household survey of personal travel by residents of England travelling within Great Britain from data collected via interviews and a one-week travel diary.



2.2. Local quantitative data

In 2019, an adult Health and Wellbeing Survey was conducted in Hull among residents aged 16+. The survey used quota sampling to ensure a representative sample across gender, age, and geographical areas. Interviewers knocked on doors, left questionnaires for participants to complete, and collected them later, ensuring a high response rate. The survey included physical activity levels, allowing analysis by gender, age, employment status, health status, and geography. While activity levels may have changed, this survey provides the only sub-local authority data for Hull. Similar surveys were conducted in 2003, 2007, 2009, 2011-12, and 2014, enabling trend analysis over time.

A Young People Health and Wellbeing Survey was conducted in Hull between March and May 2024 among secondary school pupils. Eight of the 13 main-stream secondary schools in Hull participated in the survey with a total of 3,910 young people aged 11-16 completing the questionnaire. Fewer Year 10 and Year 11 pupils participated in the survey and survey weights were applied so the results for sex, school year and local deprivation fifth (proportionate to Hull's resident population for mid-year 2022). Similar surveys were also conducted in Hull in 2002, 2008, 2012 and 2016 so trends over time can be examined although due to time-constraints on completing the questionnaire the length of the questionnaire in 2024 was shortened and some survey questions were changed.

Local 'How Much Do You Move?' survey, conducted over six weeks in April and May 2025, was available electronically on Hull City Council's Your Say engagement platform, promoted to Hull's People's Panel, and shared via social media, partners, and community groups. Paper versions were also used for face-to-face engagement with stakeholders. A total of 849 respondents completed the survey, providing a 95% confidence level with a margin of error of approximately 3.36%. Hull City Council aimed to understand how residents engage in physical activity, their preferences, barriers they face, and ways to encourage greater participation. Feedback from this initiative will help create a healthier environment in Hull, enabling residents to be more active and reach their potential.

Data on local physical activity provision was gathered to understand participation rates in local leisure facilities, physical activity programmes and active travel. The 2024 data from Hull Culture and Leisure (HCAL) facilities was collected via membership and point of sale systems. Information for the Healthy Activities and Food (HAF) programme and Active Through Football (ATF) initiative was obtained in 2024 by recording sign-ups and



attendance figures. Local active travel data was collected using cameras to monitor cyclists over a one-week period during March, June, September and December 2024 in selected areas of the city.

2.3. Local qualitative data

Local data was gathered between January 2025 and May 2025 to understand the community's needs through qualitative data collection methods, including questionnaires, focus groups, one-to-one interviews and feedback sessions. The data was collected in partnership with Forum, Streetgames and Hull City Council. Forum's research involved a total of 648 participants who engaged through 25 community sessions and questionnaires. Streetgames research reached over 750 children and young people by working with locally trusted organisations and conducting surveys. Discussion groups included at least 250 children and young people, and a feedback survey was completed by over 500 children and young people. All participants were asked about their current physical activity levels, barriers to becoming more physically active, motivations for being physically active, and suggested changes in Hull to enable more physical activity.

2.4. Definition of physical activity

The World Health Organisation (WHO) define physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure. It encompasses all activities, at any intensity, performed during any time of day or night. This includes both planned exercise and incidental activities integrated into daily routines, such as walking, cleaning, gardening, working, and active transport.

Children who are 'physically active' are defined as 'active' if they undertake an average of at least 60 minutes of physical activity a day, 'fairly active' if they undertake an average of 30-59 minutes of physical activity per day, and 'less active' if they undertake an average of fewer than 30 minutes of physical activity per day.

Adults who are 'physically active' are defined as undertaking at least 150 moderate intensity equivalent minutes of physical activity per week in bouts of 10 minutes or more in the previous 28 days. Adults who are 'physically inactive' are defined as undertaking less than 30 moderate intensity equivalent minutes of physical activity per week in bouts of 10 minutes or more in the previous 28 days.



Moderate intensity minutes can also be made up of vigorous intensity minutes with 150 moderate intensity minutes equivalent of 75 vigorous intensity minutes. Both moderate and vigorous intensity physical activity increase breathing but participants undertaking moderate intensity physical activity can talk but those undertaking vigorous physical activity find it difficult to talk.

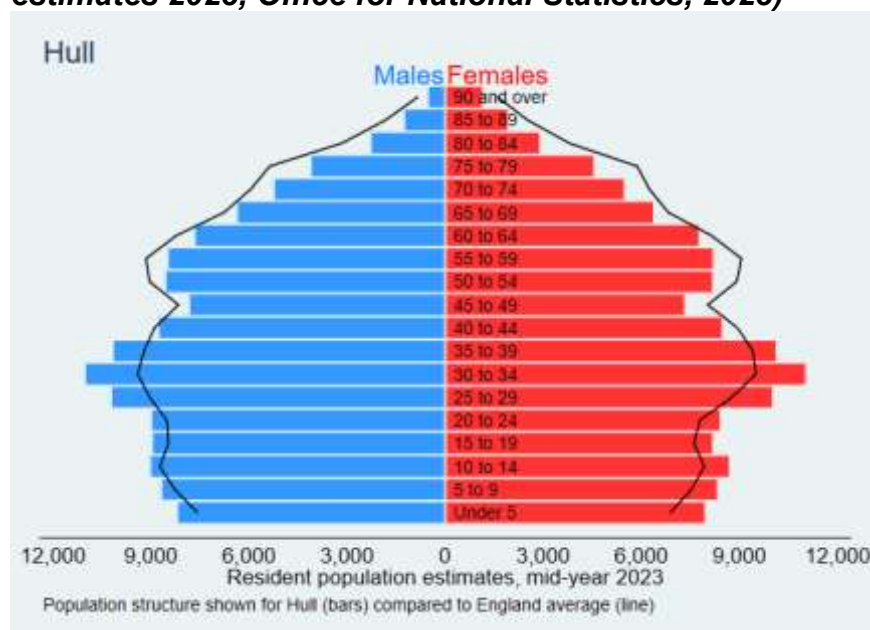
3. Demographical factors and deprivation

It is important to consider the population in any needs assessment as the age structure, ethnicity, deprivation and other demographical factors as well as the health and wellbeing as these all influence the health needs of the population as well as the demand on service provision, barriers, and the access and use of services.

3.1. Age of population

The Office for National Statistics (ONS) resident population estimate for Hull is 271,942 for mid-year 2023. Hull has a younger population compared to England as illustrated in **Figure 1**. Around one quarter (24.8%) of Hull's population was aged 0-19 years, just under one-quarter (25.1%) aged 20-36 years, one quarter (25.0%) aged 37-56 years and over one-quarter (24.9%) aged 57+ years. Overall, 22.5% of Hull's population was aged under 18s and 19.3% of Hull's population is aged 65+ years.

Figure 1: Population pyramid for Hull, 2023 (Source: Resident population estimates 2023, Office for National Statistics, 2023)



3.2. Ethnicity

Whilst the percentage of Hull's population from minority ethnic groups is much smaller than England, Hull is becoming increasingly diverse. According to the 2021 Census, 16.1% of residents were from minority ethnic groups, compared to 10.3% in 2011 and 3.6% in 2001, so the percentage has more than quadrupled since 2001 (**Table 1**). The largest minority communities include White ethnic minorities (7.9%), Asian or Asian British (2.8%), and Black or Black British (1.9%).

Table 1: Ethnicity in Hull, 2001, 2011 and 2021 (Source: Ethnicity from 2021 Census, Office for National Statistics, 2021)

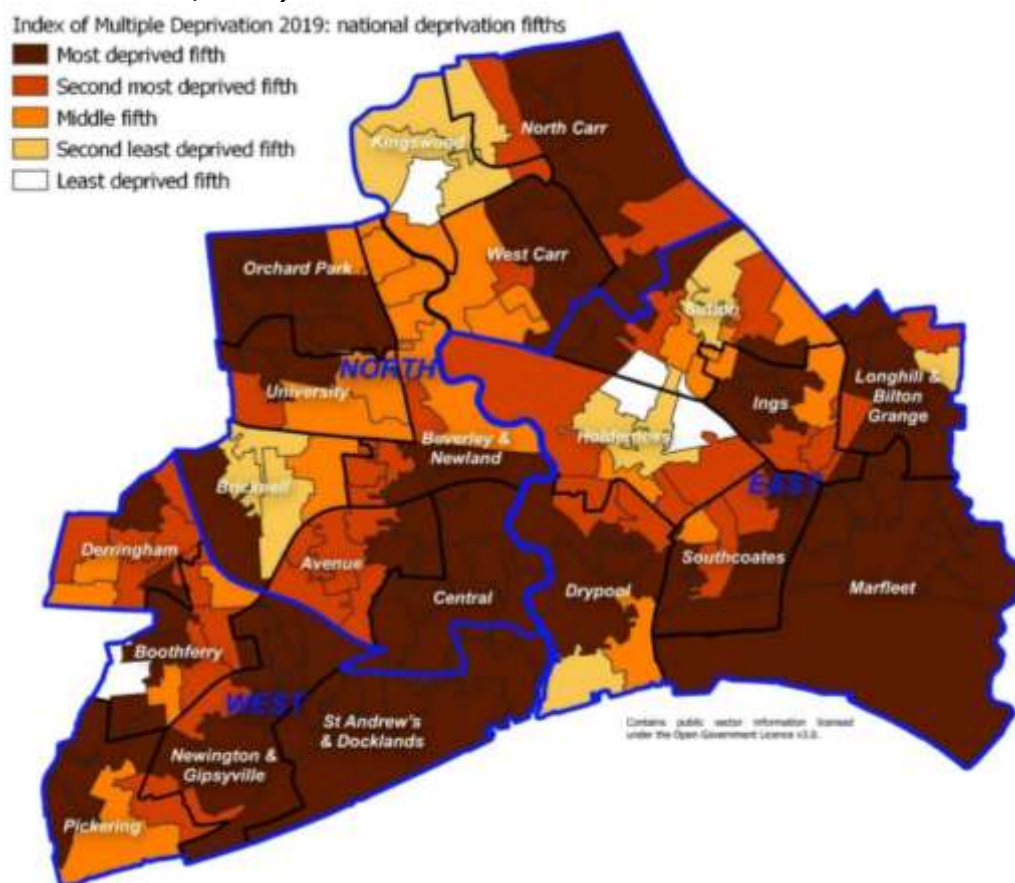
Ethnicity (%)	Hull (2001)	Hull (2011)	Hull (2021)	England (2021)
White British	96.4	89.7	83.9	73.5
White ethnic minority	1.3	4.4	7.9	7.5
Asian or Asian British	1.1	2.5	2.8	9.6
Black or Black British	0.4	1.2	1.9	4.2
Other ethnicities	0.2	0.8	1.8	2.2
Mixed or multiple ethnicities	0.7	1.3	1.7	3.0
Total	100.0	100.0	100.0	100.0
Ethnic minorities (excl white minorities)	2.3	5.9	8.2	19.0
All ethnic minorities	3.6	10.3	16.1	26.5

3.3. Deprivation and poverty

Based on the Index of Multiple Deprivation (IMD) 2019, Hull is the fourth most deprived local authority in England (out of 317 local authorities at the time). Part of this is due to Hull's tight geographical boundaries with Hull having few suburb areas within its boundary. More than half of the geographical areas on which the IMD are among the most deprived fifth of areas of England (**Figure 2**).



Figure 2: Index of Multiple Deprivation 2019, national deprivation fifths (Source: English indices of deprivation 2019. Ministry of Housing, Communities & Local Government, 2019)



3.4. Life expectancy

Life expectancy at birth assesses health improvements over time and differences between groups, such as geographical areas or deprivation status. It does not predict a newborn's lifespan but indicates current health status if current age-specific mortality rates persist.

In Hull, life expectancy at birth is lower than in England for both men and women. For 2021-23, male life expectancy in Hull is 3.8 years lower than in England (75.3 versus 79.1 years), with men living 7.2 fewer years in 'good' health (54.3 versus 61.5 years). Men in Hull spend 28% of their lives in poor health compared to 22% in England. Female life expectancy in Hull is 2.9 years lower than in England (80.1 versus 83.1

years), with women living 7.36 fewer years in 'good' health (54.6 versus 61.9 years). Women in Hull spend 32% of their lives in poor health compared to 26% in England.

At age 65, life expectancy in Hull is 2.0 years lower than in England for both men (16.7 versus 18.7 years) and women (19.1 versus 21.0 years). Healthy life expectancy at age 65 is 2.3 years lower for men (7.8 vs 10.1 years) and 2.6 years lower for women (8.6 versus 11.2 years). Men aged 65 in Hull live 53% of their remaining life in poor health (46% in England), and women live 55% in poor health (47% in England).

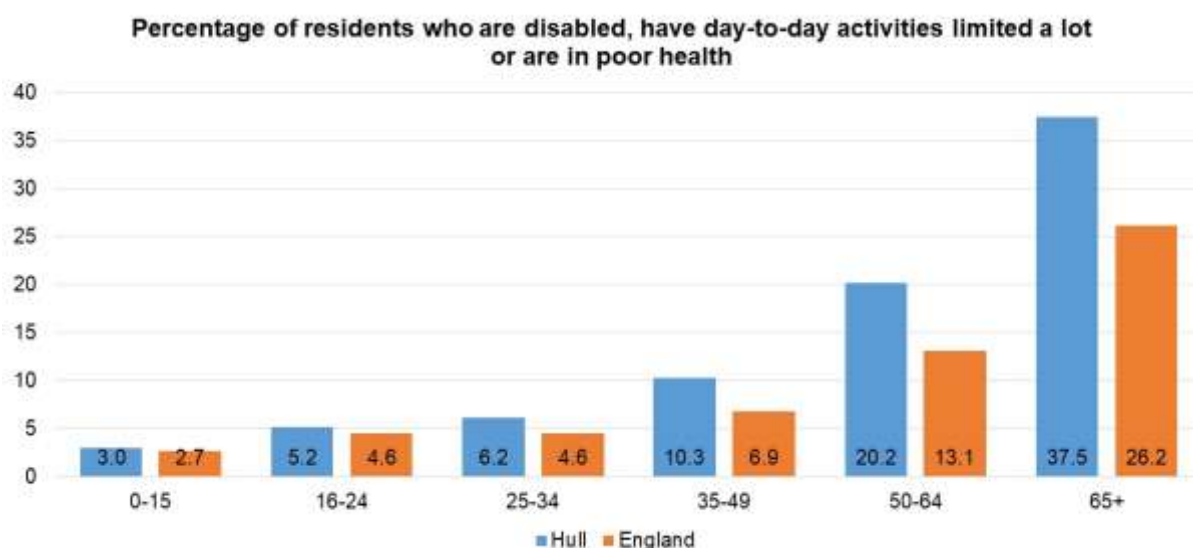
3.5. Physical health

From the 2021 Census, 43.4% of Hull's residents reported very good health, 34.9% reported good health, 14.9% reported fair health, 5.2% reported bad health and 1.6% reported very bad health. Despite a strong association between health status and age, and Hull having a younger population compared to England, a higher percentage of the population across England reported better health. In England, 48.5% residents reported very good health, 33.7% reported good health, 12.7% reported fair health, 4.0% reported bad health and 1.2% reported very bad health.

From the 2021 Census, the percentage of residents who are disabled, have day-to-day activities limited a lot by long-term physical or mental health conditions or who report they are poor or very poor health is higher in Hull compared to England for all ages (**Figure 3**).



Figure 3: Disability, health and mental health conditions impacting on day-to-day activities and self-reported health status by age, 2021 (Source: Disability, long-term health and mental conditions affecting daily activities and self-reported health status from 2021 Census, Office for National Statistics, 2021)



3.6. Mental health

From the Integrated Household Survey, the percentage of residents in Hull with low levels of satisfaction with their life, feeling their life is worthwhile and happiness yesterday and high levels of anxiety yesterday are available in Office for Health Improvement & Disparities' Fingertips tool and are presented in **Figure 4**.

For 2022/23, the percentage of adults in Hull reporting low levels of feeling their life was worthwhile is the same as England at 4.4%, but the percentages reporting low levels of satisfaction with their lives is higher in Hull (6.3% versus 5.6%) as is the percentage reporting low happiness yesterday (12.1% versus 8.9%) although there is no statistically significant difference between Hull and England. The percentage reporting high levels of anxiety yesterday is also higher in Hull, and this is statistically significantly higher in Hull (29.9% versus 23.3%).

Figure 4: Wellbeing in Hull compared to other local authorities (Source: Office for Health Improvement & Disparities. Public Health Profiles 2025.

<https://fingertips.phe.org.uk> © Crown copyright 2025)

Indicator	Period	Kings uHull		Yorkshire and the Humber		England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best	
Self reported wellbeing: people with a low satisfaction score (Persons, 16+ yrs)	2022/23	–	–	6.3%	6.4%	5.6%	12.5%			1.9%
Self reported wellbeing: people with a low worthwhile score (Persons, 16+ yrs)	2022/23	–	–	4.4%	5.3%	4.4%	9.8%			1.6%
Self reported wellbeing: people with a low happiness score (Persons, 16+ yrs)	2022/23	–	–	12.1%	9.6%	8.9%	17.1%			3.5%
Self reported wellbeing: people with a high anxiety score (Persons, 16+ yrs)	2022/23	–	–	29.0%	24.2%	23.3%	33.8%			

4. Physical activity levels

4.1. Overall levels of physical activity - Adults

Within the Office for Health Improvement & Disparities' Fingertips tool, the percentage of children and adults fulfilling the Chief Medical Officer's physical activity recommendations and the percentage of adults undertaking fewer than 30 minutes of physical activity per week from the Active Lives Survey is presented in **Figure 5**.

It is estimated that Hull has 41,600 residents aged 5-16 years, with around 19,260 meeting and 22,340 not meeting the guidelines based on 2023/2024 data. For residents aged 19+, Hull has 207,533 people with about 130,330 being physically active, 20,130 doing some activity (30-150 minutes per week), and 57,070 being inactive (less than 30 minutes per week).

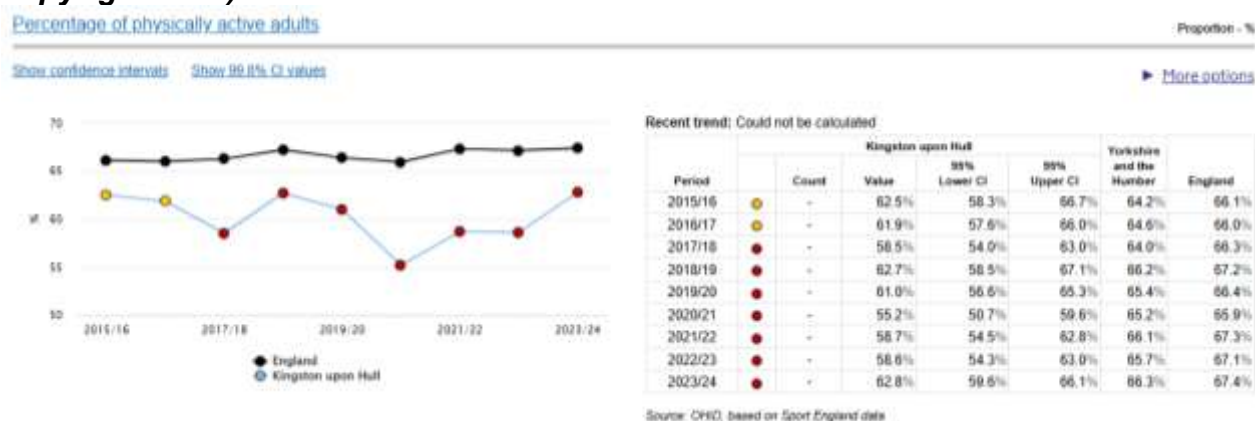
Figure 5: Physical activity levels in Hull compared to other local authorities (Source: Office for Health Improvement & Disparities. Public Health Profiles 2025.

<https://fingertips.phe.org.uk> © Crown copyright 2025)

Indicator	Period	Kings uHull		Yorkshire and the Humber		England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best	
Percentage of physically active children and young people (Persons, 5-16 yrs)	2023/24	–	–	46.3%	47.2%	47.8%	34.5%			62.1%
Percentage of physically active adults (Persons, 19+ yrs)	2023/24	–	–	62.8%	66.3%	67.4%	48.9%			80.6%
Percentage of physically inactive adults (Persons, 19+ yrs)	2023/24	–	–	27.5%	23.5%	22.0%	36.6%			10.8%

Among adults, the percentage of Hull residents who are physically active undertaking at least 150 hours of at least moderate-intensity physical activity per week has been consistently lower than England and with the exception of 2015/16 and 2016/17, the percentages in Hull have been statistically significantly lower than England (**Figure 6**).

Figure 6: Trends over time in the percentage of Hull's adults who are physically active compared to England (Source: Office for Health Improvement & Disparities. Public Health Profiles 2025. <https://fingertips.phe.org.uk> © Crown copyright 2025)



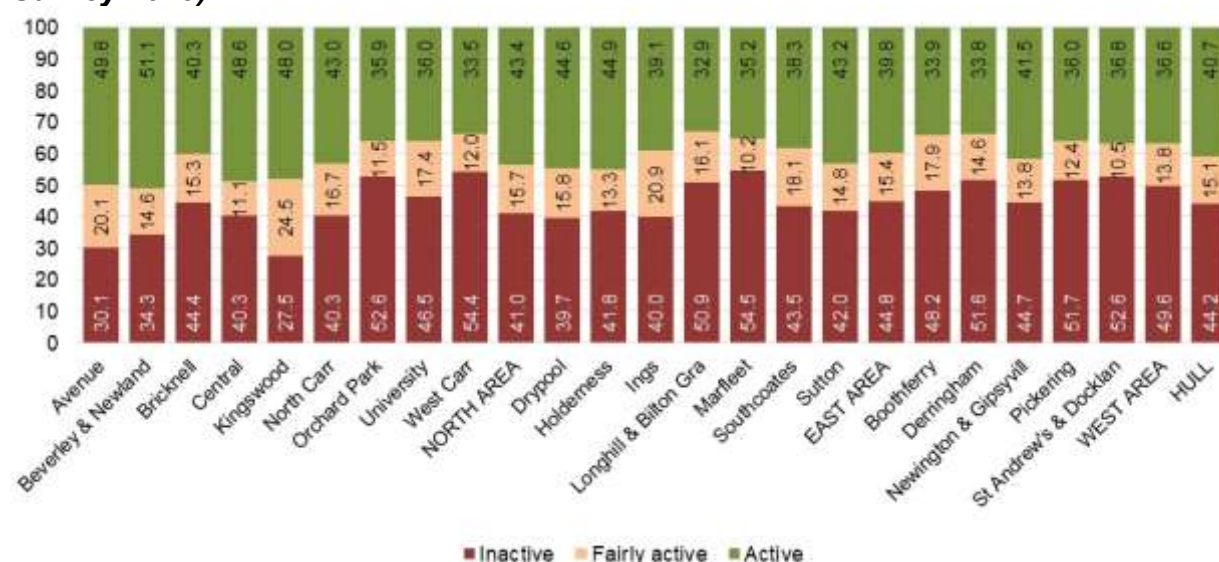
For most years, there is also a statistically significantly higher percentage of adults in Hull who are classified as physically inactive in Hull compared to England (**Figure 7**).

Figure 7: Trends over time in the percentage of Hull's adults who are physically inactive compared to England (Source: Office for Health Improvement & Disparities. Public Health Profiles 2025. <https://fingertips.phe.org.uk> © Crown copyright 2025)



In 2019, Hull's adult health and wellbeing survey was used to identify percentage of people who were physically inactive and active across 21's electoral wards (**Figure 8**). Least physically inactive ward was Avenue (30.1) which is significantly higher than England in the same year (22.9%). Most physically active ward was Beverley and Newland (51.1%) which is significantly lower than England in the same year (66.4%).

Figure 8: Percentage of people in Hull who are physically inactive and active across Hull's 21 electoral wards (Source: Hull's adult Health and Wellbeing Survey 2019)



4.2. Overall levels of physical activity - Children

In 2023/24, 46.3% of children in Hull met physical activity guidelines, slightly lower than England's 47.8%, but not statistically significant. However, Hull's adults were significantly less likely to meet the guidelines (62.8% versus 67.4%) and more likely to be inactive (27.5% versus 22.0%).

Levels of physical activity among Hull's children were higher than England in 2017/18 and 2018/19, but with relatively few children taking part in the survey the results can be skewed if particular schools are randomly chosen to take part which was the case in 2018/19 when a private school Hymers took part which has particular high levels of sporting activity in school and after school in terms of participating in regional and national teams and sporting events. Information was not collected in 2019/20 and 2020/21 due to the COVID-19 pandemic, and in the last three academic years 2021/22 to 2023/24, the percentage of school children fulfilling national physical activity guidelines of at least one hour of physical activity per day has been similar to England as illustrated in **Figure 9**.

Figure 9: Trends over time in percentage of Hull's school children who are physically active compared to England (Source: Office for Health Improvement & Disparities. Public Health Profiles 2025. <https://fingertips.phe.org.uk> © Crown copyright 2025)

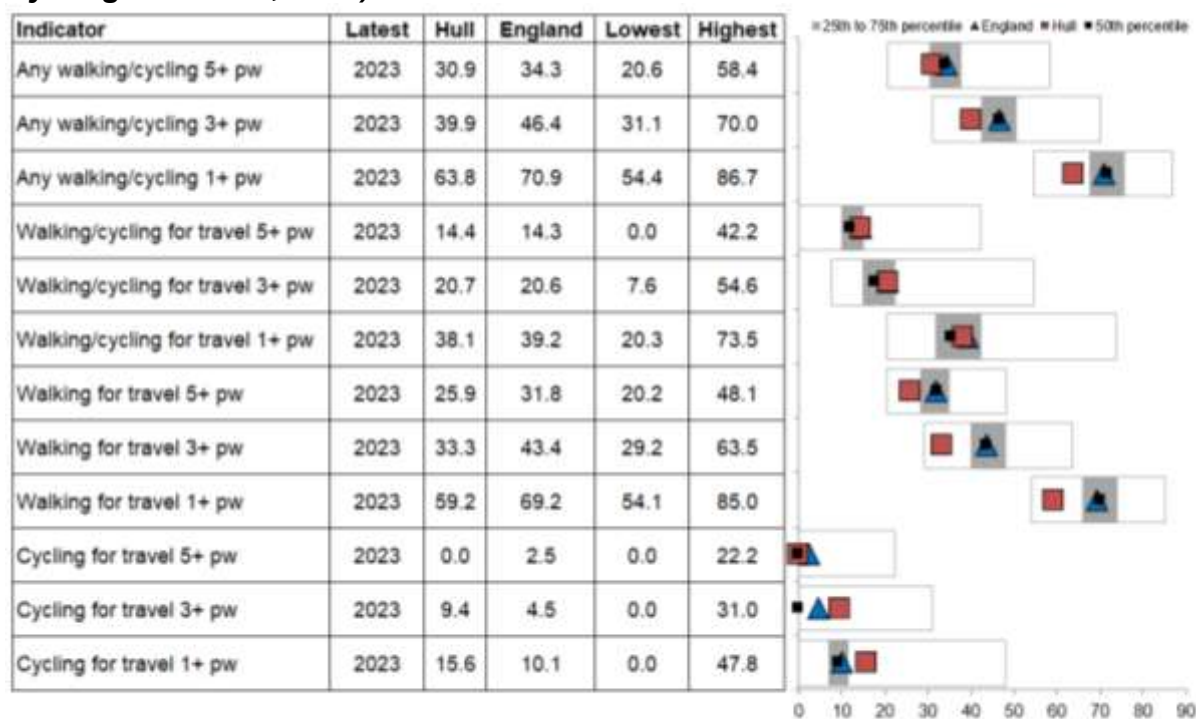


4.3. Levels of walking and cycling in Hull

In 2023, levels of walking and cycling were generally lower in Hull compared to England, although a higher percentage of people in Hull cycled for travel at least one day a week or at least three days a week (**Figure 10**).



Figure 10: Percentage of people in Hull who walk and cycle (Source: Walking and Cycling Statistics, 2023)



4.4. Physical inactivity levels among different groups of individuals

Active Lives data is utilised to demonstrate physical inactivity rates in comparison to national averages, considering factors such as age, sex, disability, and deprivation. However, we are unable to compare ethnicity due to limited data for adults (16+)

People of all ages in Hull are significantly more inactive compared to the rest of England. The most recent results indicate that 26.1% of individuals under 55 and 38.9% of those over 55 are inactive, compared to national averages of 21.8% for those under 55 and 30.1% for those over 55, as shown in **Figure 11** and **Figure 12**.



Figure 11: Percentage of people in Hull aged under 55 who are physically inactive compared to England (Source: Active Lives 2015 - 2024)

Levels of activity (Main - 3 categories) : Inactive: less than 30 minutes a week - Age Aged 16-54

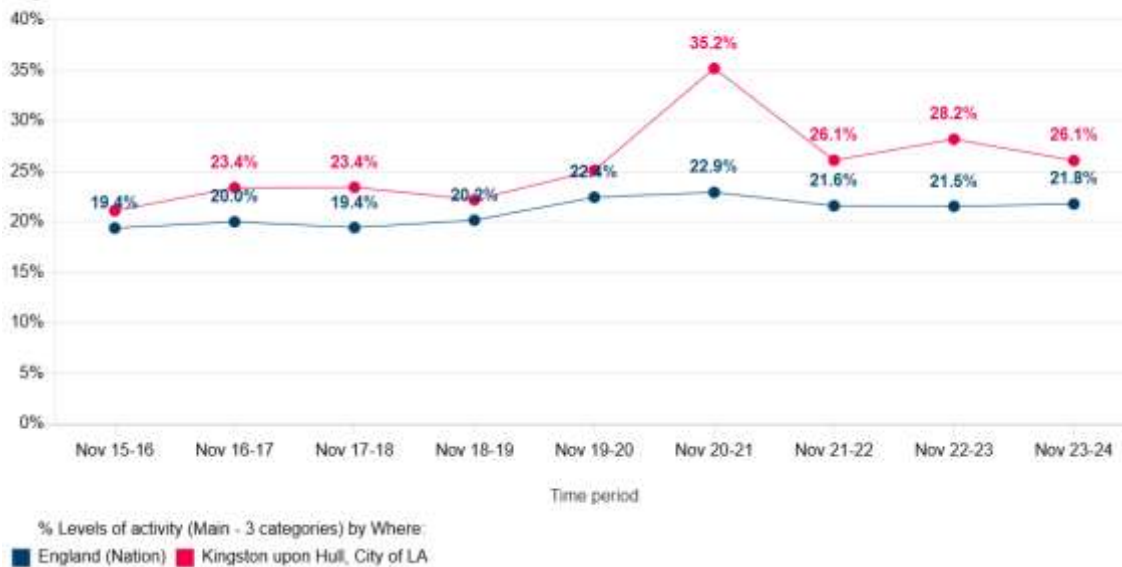
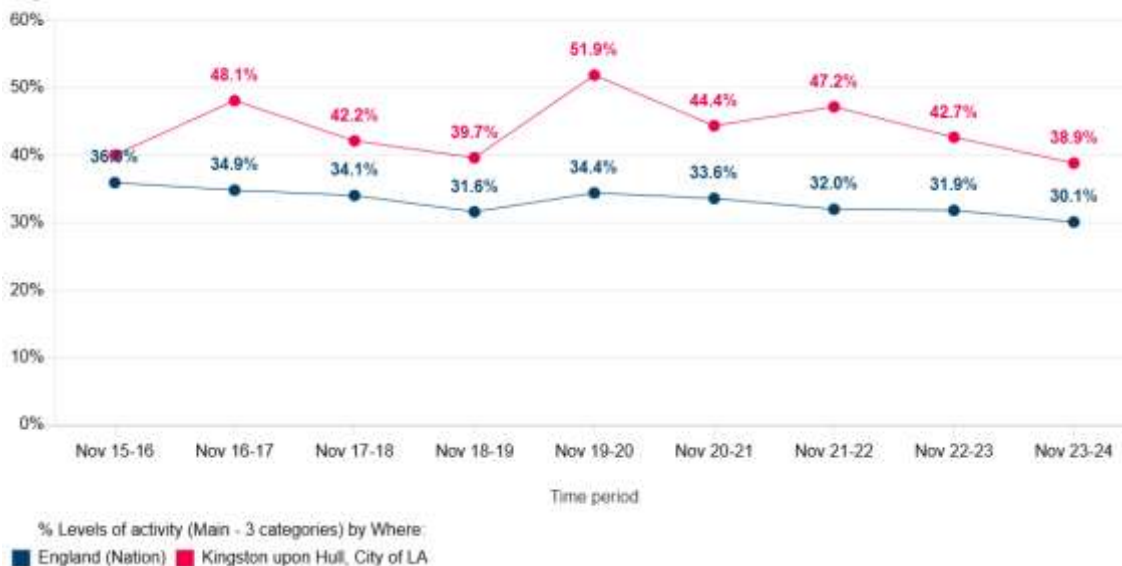


Figure 12: Percentage of people in Hull aged over 55 who are physically inactive compared to England (Source: Active Lives 2015 - 2024)

Levels of activity (Main - 3 categories) : Inactive: less than 30 minutes a week - Age Aged 55+



In Hull, both male and female populations are more physically inactive compared to national averages. However, females are significantly more inactive, with 34.3% versus 26.4% in the most recent survey (**Figure 13** and **Figure 14**).

Figure 13: Percentage of males in Hull who are physically inactive compared to England (Source: Active Lives 2015 - 2024)

Levels of activity (Main - 3 categories) : Inactive: less than 30 minutes a week - Gender

Male



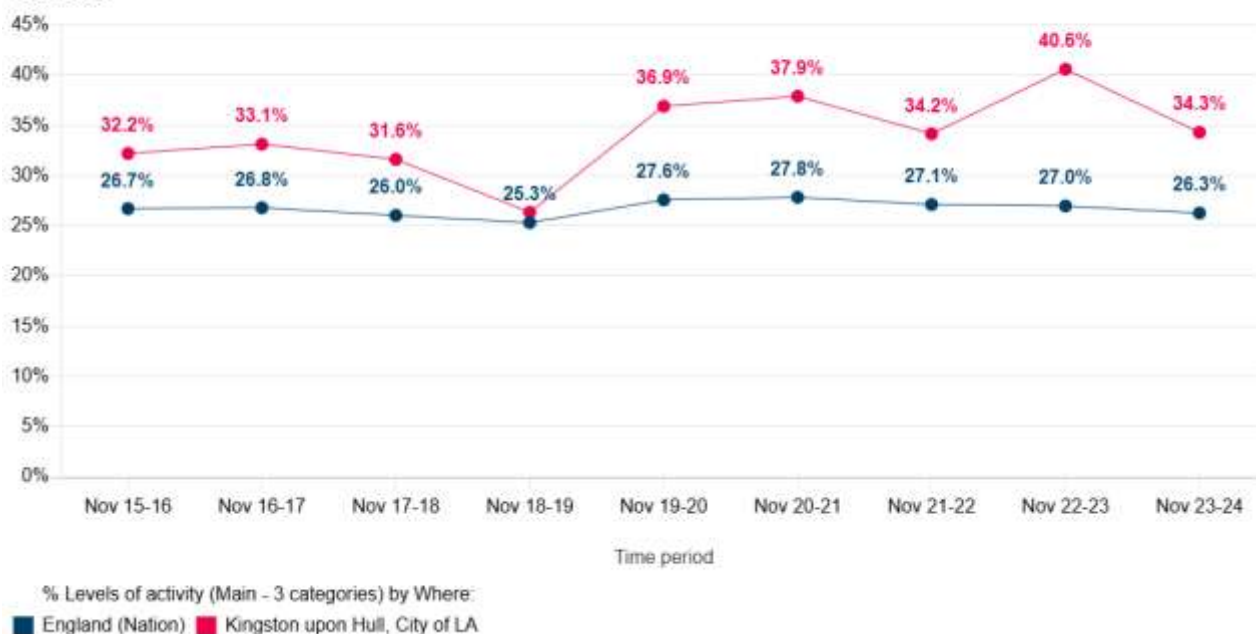
% Levels of activity (Main - 3 categories) by Where:

■ England (Nation) ■ Kingston upon Hull, City of LA



Figure 14: Percentage of females in Hull who are physically inactive compared to England (Source: Active Lives 2015 - 2024)

Levels of activity (Main - 3 categories) : Inactive: less than 30 minutes a week - Gender Female



People with disabilities and long-term health conditions in Hull are significantly more likely to be physically inactive, with 40.2% compared to 25.3% of those without a disability or long-term health condition (**Figure 15**). However, when compared to the national average, there is little to no significant difference (**Figure 16**).



Figure 15: Percentage of people in Hull with disability or long-term health conditions to these without who are physically inactive (Source: Active Lives 2015 - 2024)

Levels of activity (Main - 3 categories) : Inactive: less than 30 minutes a week - Disability
Kingston upon Hull, City of LA

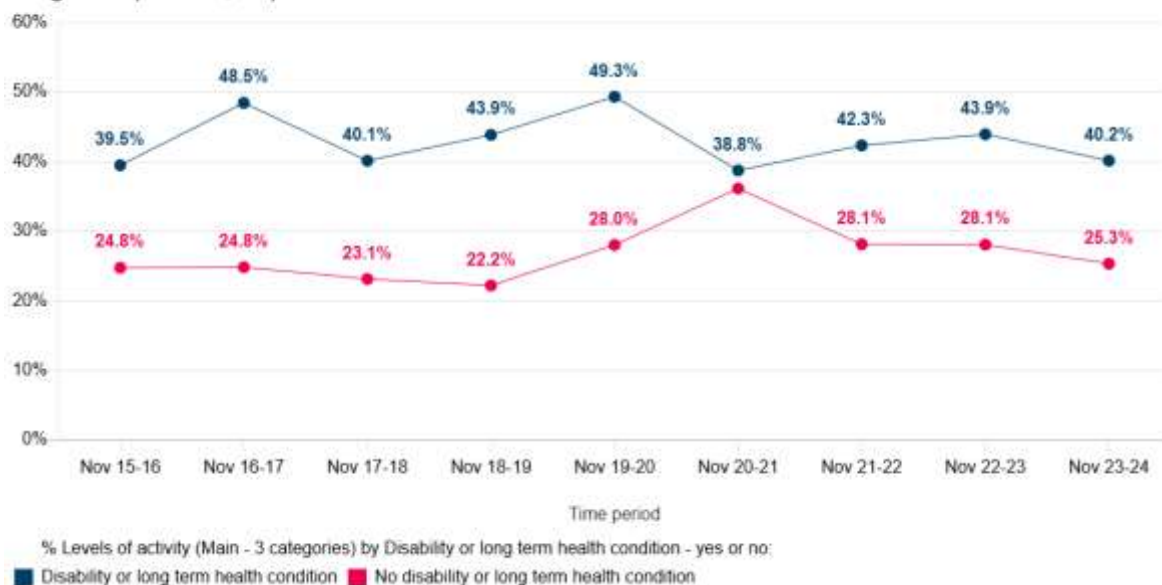
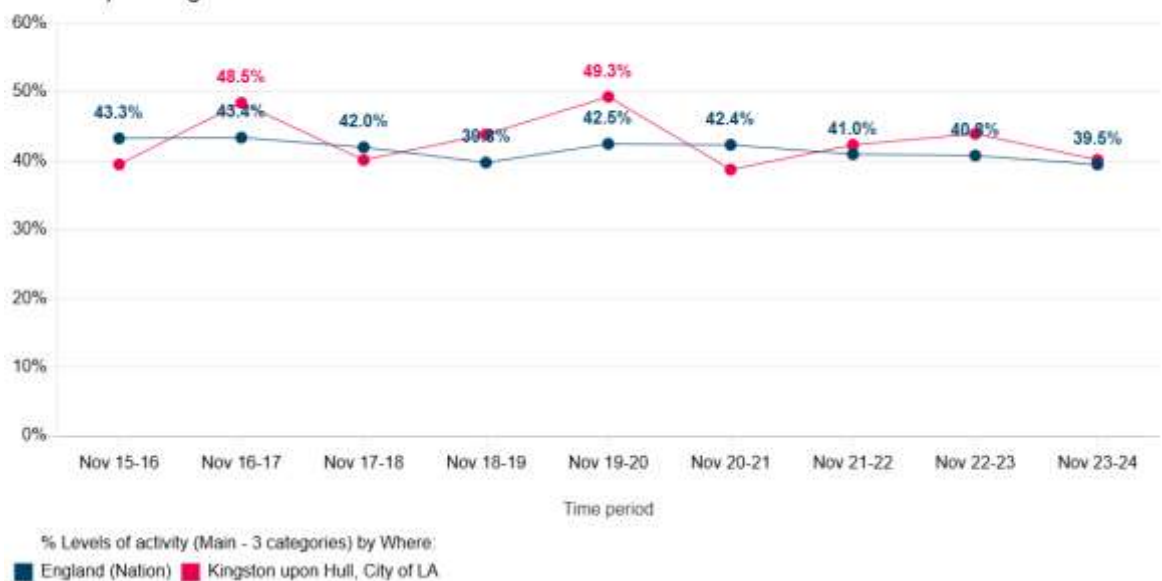


Figure 16: Percentage of people in Hull with disability or long-term health conditions who are physically inactive compared to England (Source: Active Lives 2015 - 2024)

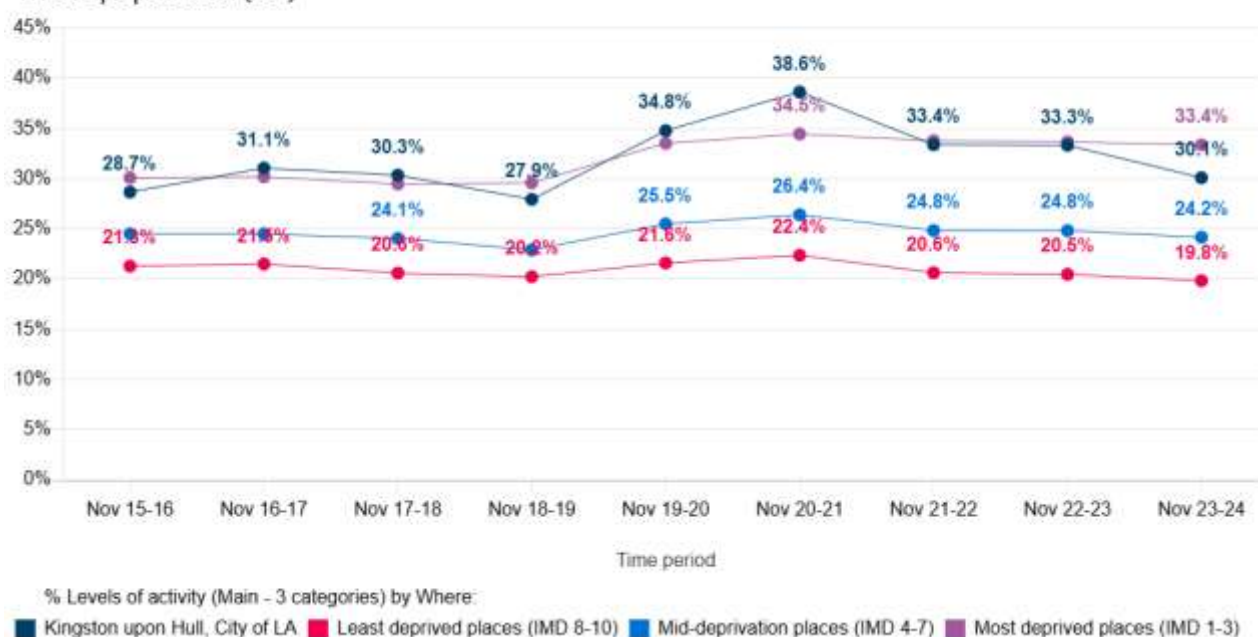
Levels of activity (Main - 3 categories) : Inactive: less than 30 minutes a week - Disability
Disability or long term health condition



Deprivation influences physical inactivity rates across England, populations in the least deprived places have inactivity rate of 19.8% with the most deprived places having 33.4%, with Hull having little to no difference to these areas who are the most deprived (**Figure 17**). As shown in **Figure 2**, more than half of the geographical areas in Hull are among the most deprived fifth of areas of England.

Figure 17: Percentage of people in Hull who are physically inactive compared to least, mid and most deprived places (Source: Active Lives 2015 - 2024)

Levels of activity (Main - 3 categories) : Inactive: less than 30 minutes a week - Whole population
Whole population (16+)



In the 2019 Health and Wellbeing Survey, it was possible to examine levels of physical inactivity for 10-year age groups for males and females separately as well as examine physical inactivity by local deprivation fifth, working status and household composition (**Figure 18**). It was found that there was also a strong association between physical inactivity and health status, having a long-term illness or disability that impacted on daily activities and measures of wellbeing (satisfaction with life, feeling life was worthwhile, and happiness) as illustrated in **Figure 19**, as well as an association with the frequency of using parks, body mass index categories and perception of how easy it is to live a healthy lifestyle (**Figure 20**). This survey occurred six years ago, and whilst activity levels could have changed (there is not too much difference for 2019 compared

to November 2023/24 in **Figure 17** particularly if combining November 2018/19 and November 2019/20), this survey provides valuable information not currently available elsewhere.

Figure 18: Percentage of people in Hull who are physically inactive by age group for males and females separately, local deprivation fifths, employment status and household composition (Source: Hull's Adult Health and Wellbeing Survey, 2019)

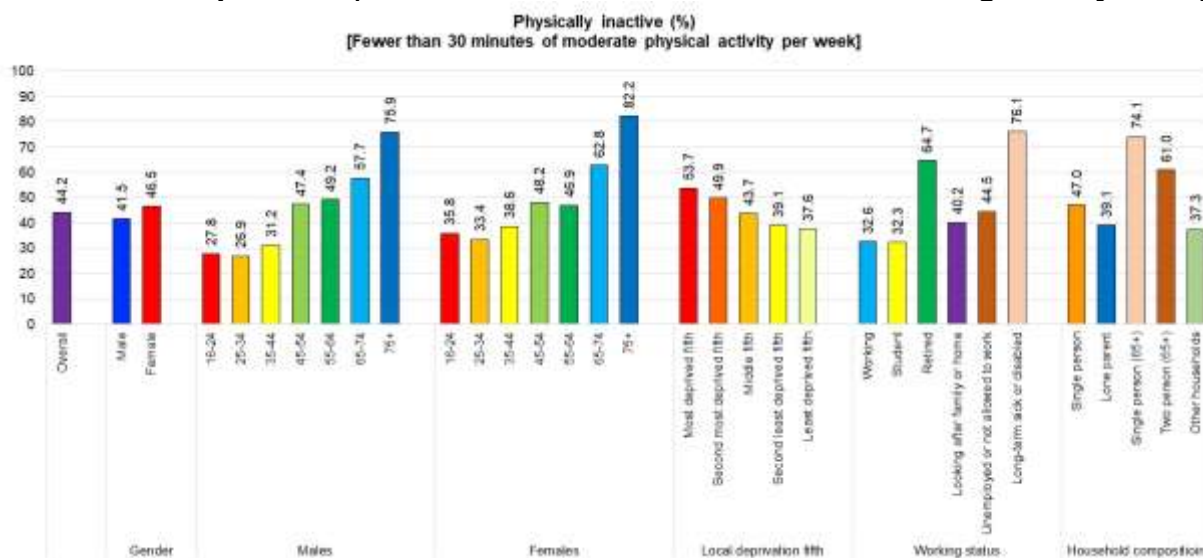


Figure 19: Percentage of people in Hull who are physically inactive by self-reported physical and wellbeing status (Source: Hull's Adult Health and Wellbeing Survey, 2019)

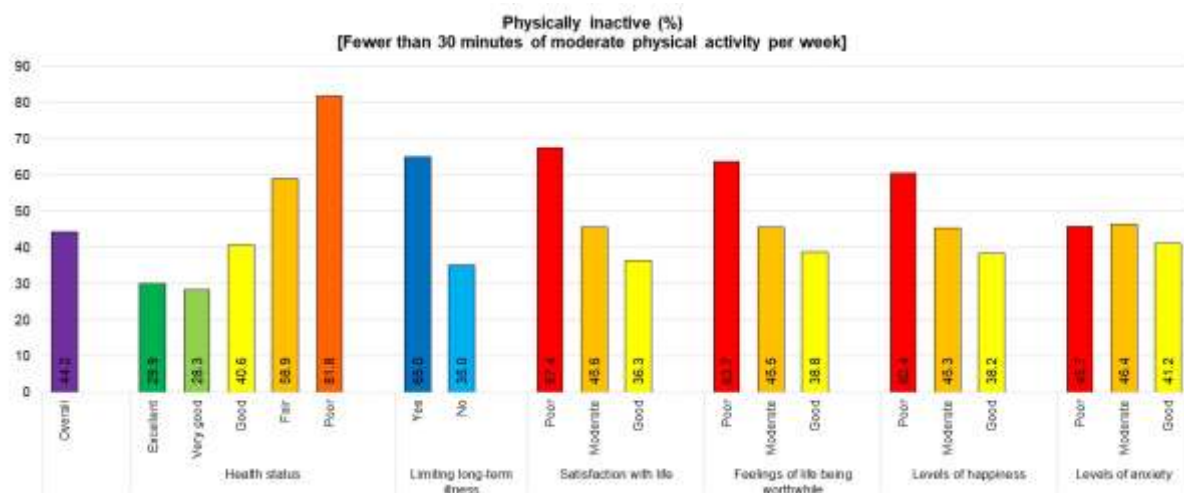
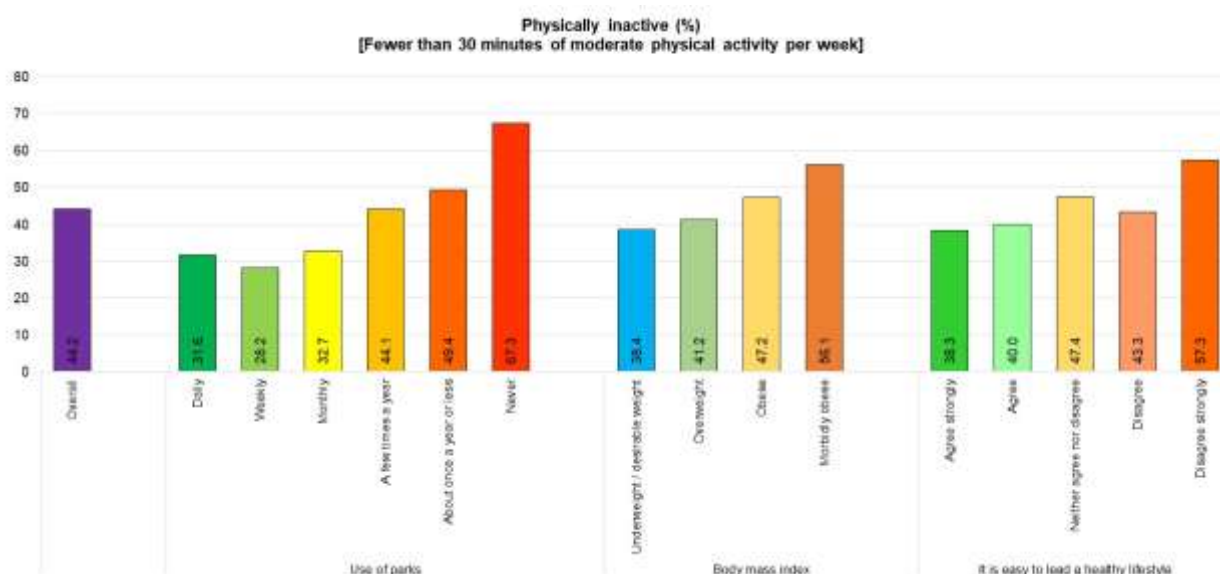


Figure 20: Percentage of people in Hull who are physically inactive by frequency of using local parks, body mass index and perception of how easy it is to live a healthy lifestyle (Source: Hull's Adult Health and Wellbeing Survey, 2019)



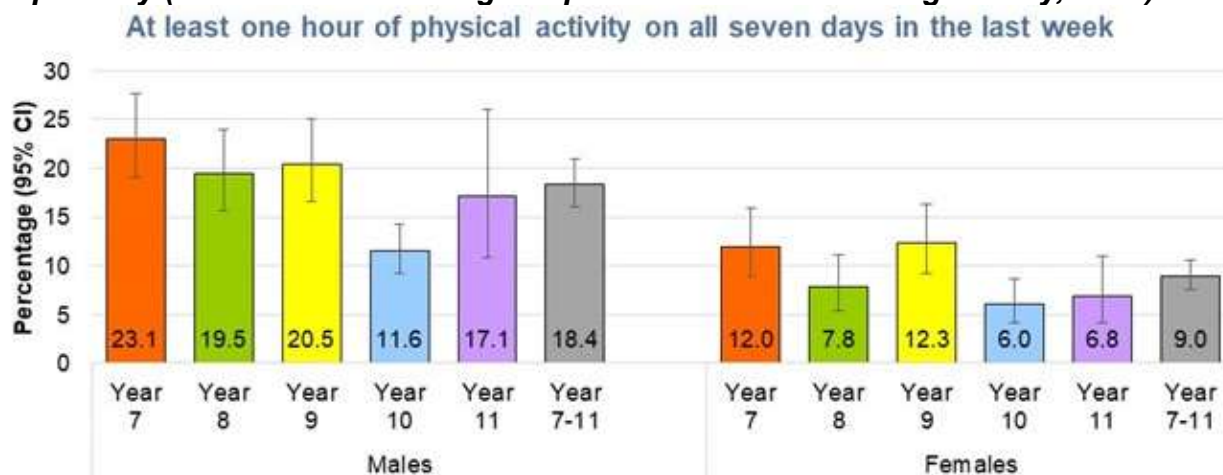
From Hull's Young People Health and Wellbeing Survey 2024, there was an association between school year and physical activity, though not linear (**Figure 21**). Overall, 13.5% of pupils engaged in at least one hour of physical activity daily over the past week, with 20.8% doing so on five or six days. Younger pupils and males were more active. Pupils in the most deprived areas were less likely to be active daily compared to those in the least deprived areas (12.6% vs 16.4%). Physical activity levels have decreased over time, from 17.8% in 2012 to 13.5% in 2024.

Overall, 8% had no days of physical activity in the past week, with lower rates for males (6%) but higher for pupils whose first language was not English (12%), who were LGBTQ+ (12%), or had long-term illness or disability (14%).

Common reasons for not engaging in sports included preference for other hobbies (36%), lack of confidence (22%), lack of time (21%), and not enjoying physical activity (20%). Minority ethnic pupils (23%) and LGBTQ+ pupils (26%) were more likely to say they "don't know how to get involved" compared to all pupils (19%). Those from minority ethnic groups and non-English speakers were more likely to report "no way to

get there" (21% vs 15%). Females and LGBTQ+ pupils were more likely to not enjoy physical activity (24% and 32% vs 21%) and lack confidence (27% and 39% vs 23%).

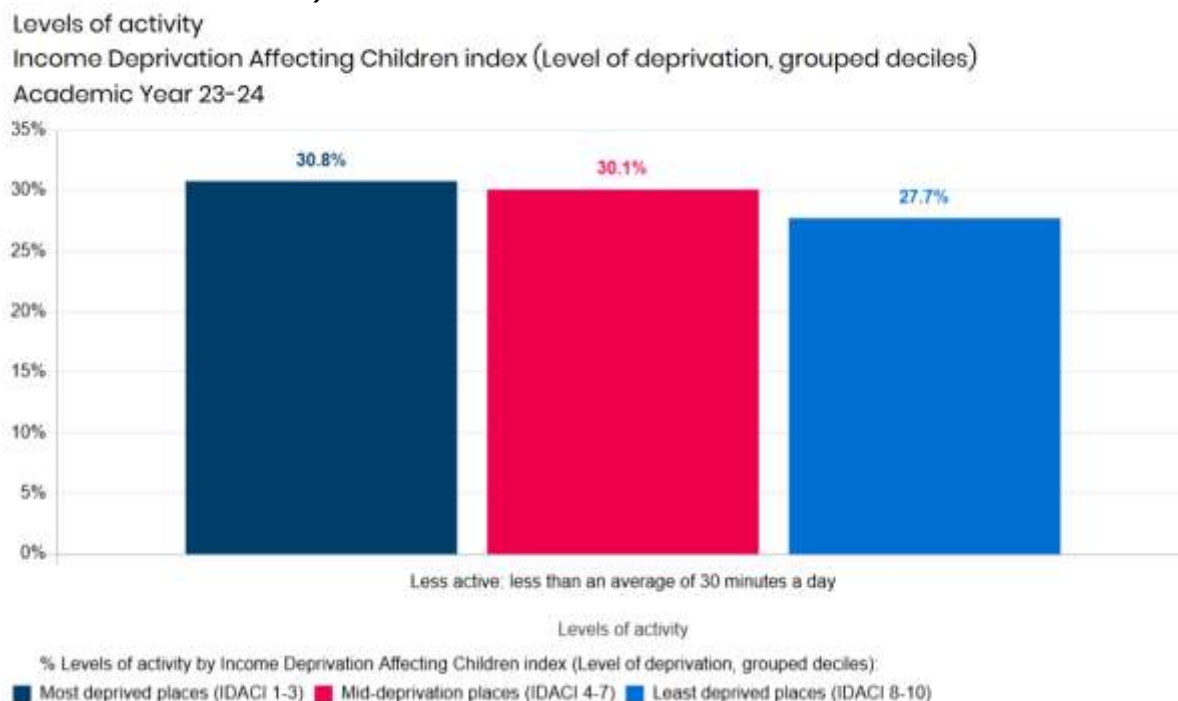
Figure 21: Percentage of people in Hull who are physically active undertaking at least one hour of physical activity per day by school year for males and females separately (Source: Hull's Young People Health and Wellbeing Survey, 2024)



In the most recent Active Lives Survey, there was also an association with deprivation at a national level with 30.8% of children and young people being physically inactive in the most deprived areas compared to 27.7% in the least deprived areas of England (**Figure 22**), showing children and young people in Hull are more likely to be physical inactivity.



Figure 22: Income deprivation affecting children physical activity levels (Source: Active Lives 2023-24)



5. Current physical activity provision

5.1. Hull Culture and Leisure

Hull Culture and Leisure (HCAL) manage and deliver a variety of cultural, leisure and heritage services on behalf of Hull City Council, operating seven leisure sites across the city. In 2024, 68% of the users of these sites were Hull residents. Of these users, 43.4% utilised the gym, while 37.5% used the swimming or sauna facilities. When examining the data by postcode, the areas with the highest levels of participation were HU7 (19.8%), HU8 (18.7%), HU5 (16.9%), HU9 (15.9%), and HU3 (11.2%), communities from HU1 (0.8%) and HU2 (1.3%) had limited access to HCAL leisure facilities. This correlates with locations of the most used leisure centres: Woodford Leisure Centre (36.7%), Ennerdale Leisure Centre (22.9%), Albert Avenue Pools (19.2%) and Beverley Road Baths (14.9%). Of those accessing HCAL facilities, 67.5% were adults (16+), 17.1% were seniors (60+), 15.2% were juniors (15 or under) and 0.2% were of unknown age. The gender distribution was 55.2% male, 44.1% female, 0.7% unknown and less than 0.1% non-binary. ONS resident population estimate for

Hull is 271,942 for mid-year 2023, using membership data we can estimate that 3.5% of residents hold a membership for HCAL facilities.

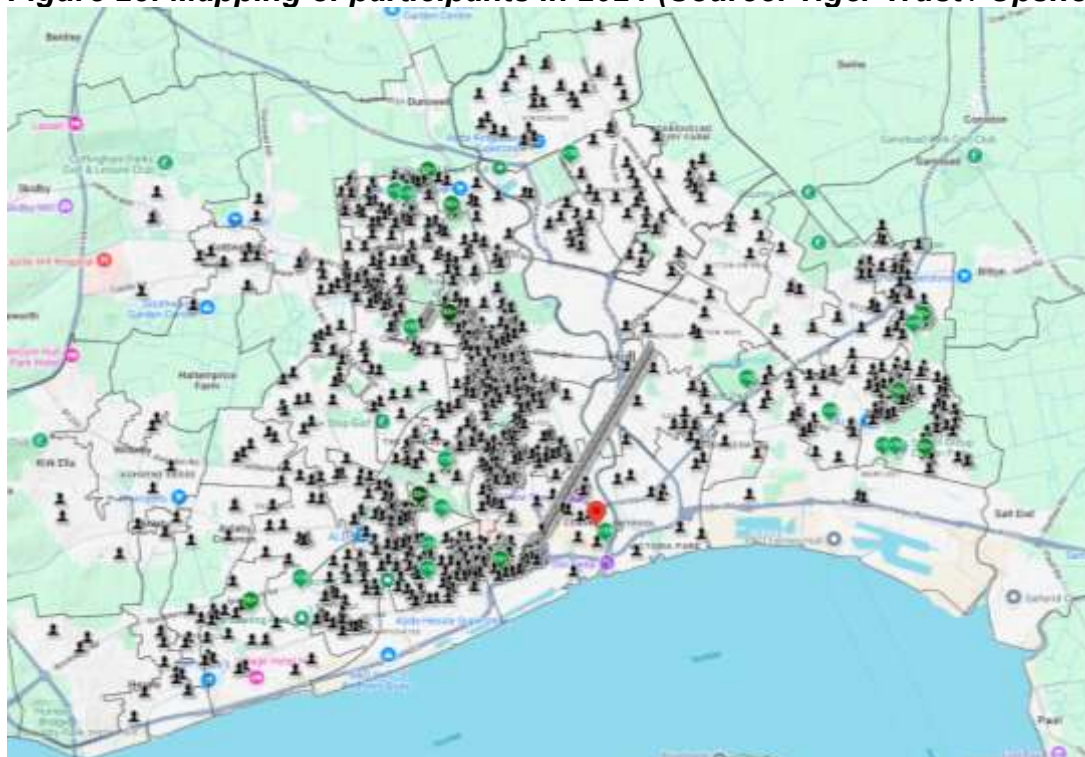
5.2. Holiday activities and food programme

The healthy activities and food (HAF) programme delivered for 34 days in 2024 with a total of 2,333 sessions delivered, creating opportunities for 69,622 children and young people. The total attendance across the programme for 2024 was 36,093 children and young people, with over 70% being primary aged children. Of those children and young people who accessed HAF, 40% were eligible for free school meals.

5.3. Active Through Football

In Hull, the Active Through Football (ATF) programme is making a significant impact by targeting 16 to 19 year olds and ethnic minorities in the Marfleet, Orchard Park and Newington & Gypsyville wards. 942 sessions have been delivered since August 2022 with a total of 2494 participants regularly accessing the service, 53.4% ethnic minorities and 26.5% aged 16 to 19. This programme has been targeted across three wards, but you can see the need for this intervention city wide as shown by **Figure 23**.

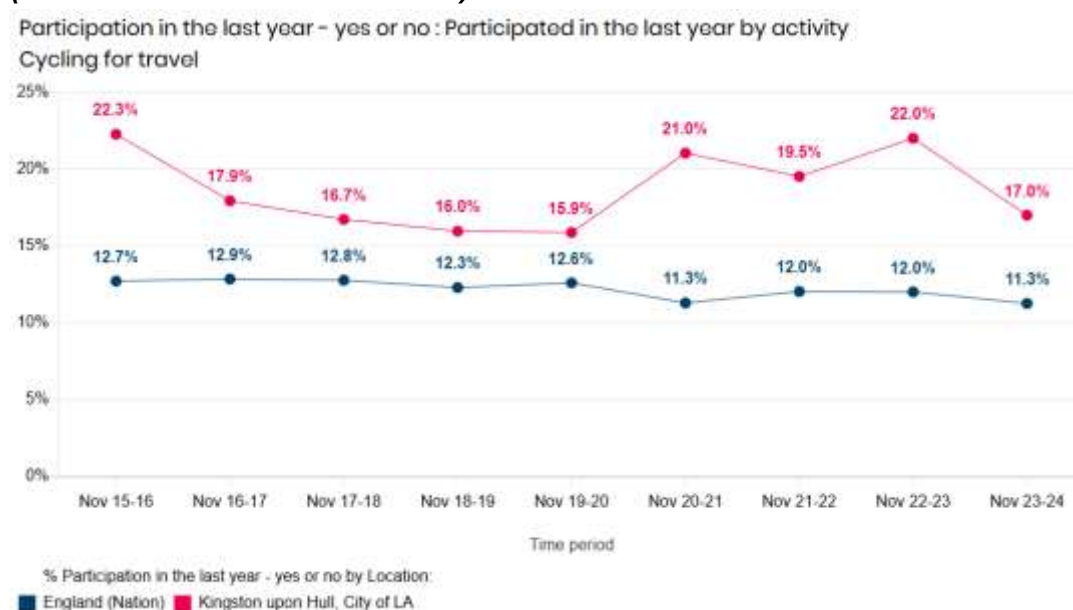
Figure 23: Mapping of participants in 2024 (Source: Tiger Trust / Upshot 2024)



5.4. Active travel

Data collected between 07:00 to 19:00 shows a total average of 371 cyclists over a 7-day period during March, June, September and December 2024. Little difference in cycling rates between September (29.7%), June (27.5%) and March (24.6%) however we see a significant decrease in December (18.2%). Active lives data shows there is a higher level of cycling for travel in Hull (17%) compared to England (11.3%) as shown in **Figure 24**.

Figure 24: Percentage of people in Hull who cycle for travel compared to England (Source: Active Lives 2015-24)



6. Community voice - Barriers to physical activity

Community engagement through focus groups and a city-wide survey has been utilised to identify barriers to physical activity across all age groups. Themes were derived from the coded responses to the questions. Long-term health conditions and age were the most significant personal barriers to being active for adults, as shown in **Figure 25**. Income, safety, access, and opportunities were identified as broader barriers across Hull (**Figure 26**). Children and young people identified lack of time, psychological factors, low energy, no one to go with, accessibility, and local opportunities as barriers to becoming more physically active in Hull (**Figure 27**) A city-wide survey highlighted cost, time, motivation, and home and job responsibilities as key barriers to physical activity (**Figure 28**).

Figure 25: What barriers are there in Hull that stop people being physically active? (Source: Forum community engagement, 2025)

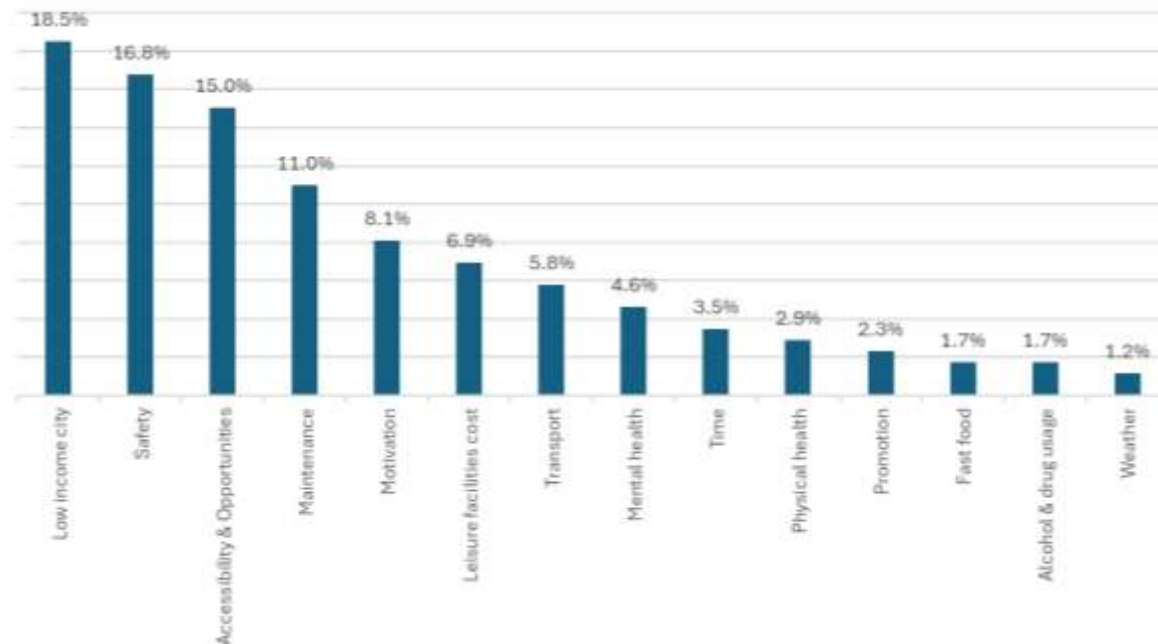


Figure 26: What stops you from being as active as you would like to be? (Source: Forum community engagement, 2025)

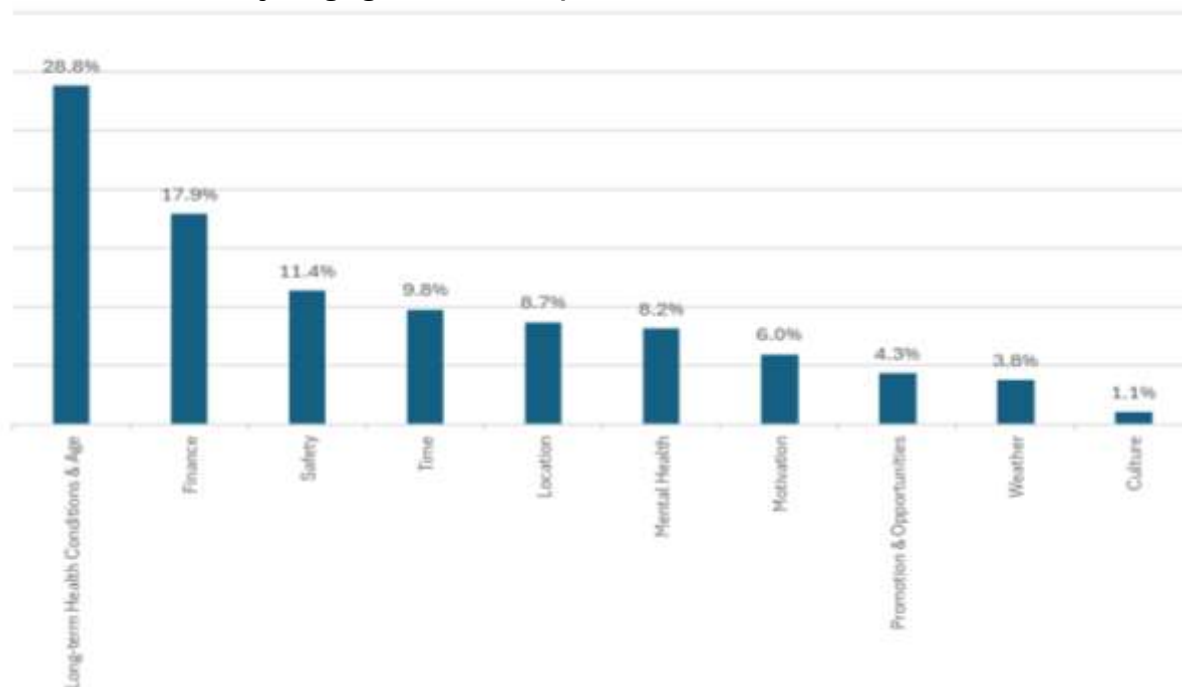


Figure 27: Which are the five most important aspects that stop you or make it difficult for you to take part in sport / physical activity? (Source: Streetgames community engagement, 2025)

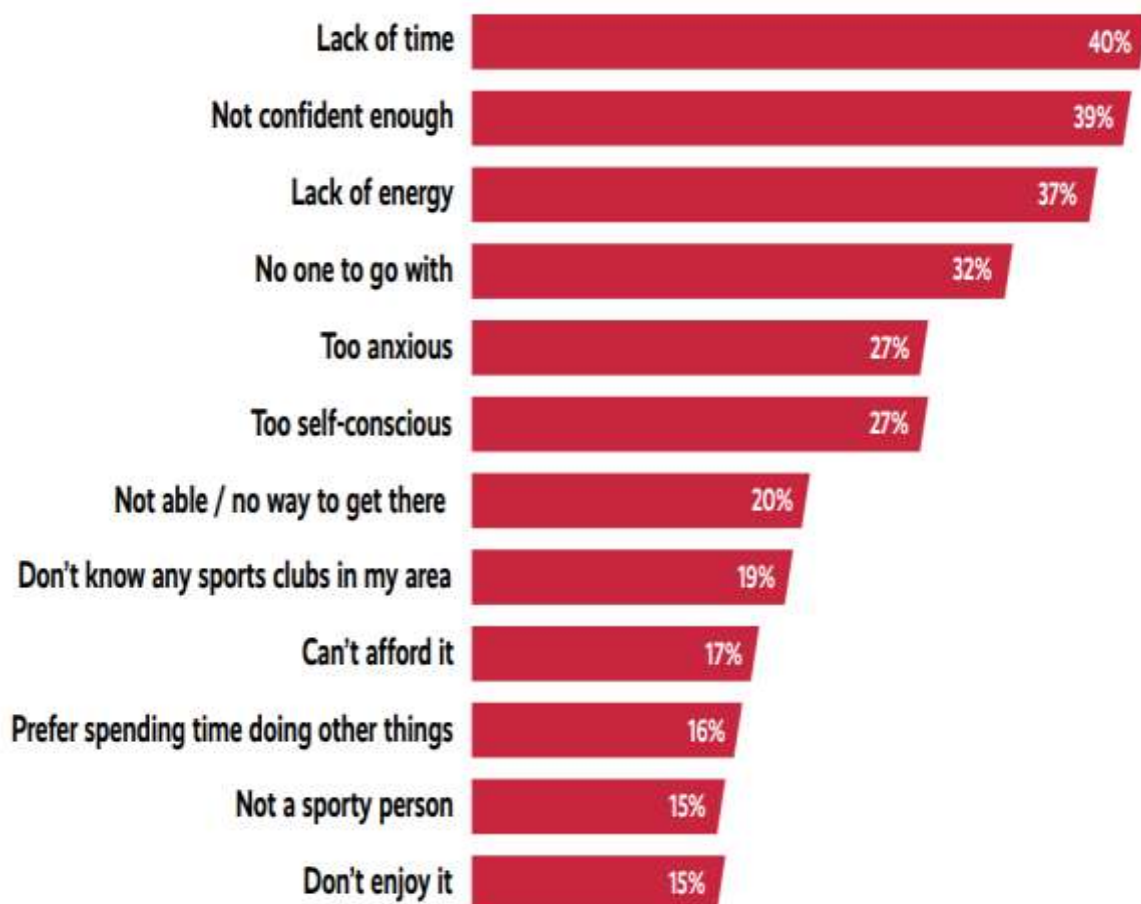


Figure 28: Which of the following most prevent you from undertaking any / more physical activity? (Source: 'How much do you move' local authority survey, 2025)

The cost is too high	42.1%
I don't have enough time	40.3%
Low mood / lack of motivation	26.7%
Home / job responsibility	26.2%
The times are not convenient	22.6%
I can't commit to attending every week	21.7%
Lack of confidence in ability	16.9%
Lack of confidence in new situations	16.6%
I have an illness or impairment that makes physical activity difficult	16.1%
The venues are not in a convenient place	14.9%
My age	11.9%
Lack of information about what is available	11.4%
My physical appearance	10.7%
Fear of injury	9.8%
Getting to a class / gym / pitch	9.3%
Lack of crèche / childcare	8.8%
There are no classes, sports or activities I am interested in	7.3%
I don't enjoy sport / physical activity	7.2%
Nothing in particular prevents me	6.6%
Other	5.2%
Need to purchase equipment	5.1%
The venues are not accessible to me	5.0%
I don't feel safe	4.9%
Lack of (regular) transport	4.1%
Lack of social support (from family, friends or employer)	3.6%
Lack of access to green space	2.5%
My gender	1.8%



Figure 29: Limited physical activity due to health problems (Source: 'How much do you move' local authority survey, 2025)

Q. Are your day-to-day activities limited due to a health problem or impairment which has lasted, or is expected to last, at least 12 months? (Please include conditions such as mental health issues or those related to ageing).

Yes, a little	24.5%
Yes, a lot	12.7%
No	62.8%

Of the 37% of respondents who answered Yes:

Q. Do any of the following illnesses or impairments limit your ability to undertake physical activity as much as you would like to?

Mental health condition	28.6%
Mobility impairment (not a wheelchair user)	26.9%
Hidden impairment (including diabetes)	21.9%
Motor skills impairment (including arthritis)	18.5%
Other	18.5%
Medical condition / medical-related impairment (including HIV and cancer)	13.5%
Neurodivergence (including ADHD)	9.8%
Autistic Spectrum Disorder	8.4%
Prefer not to say	6.1%
Cognitive or learning difficulty (including dyslexia)	5.4%
Deaf, hearing impaired or hard of hearing	4.7%
Neurological impairment (including epilepsy and brain injury)	4.4%
Blind, visually impaired or partially sighted	2.4%
Mobility impairment (wheelchair user)	2.0%
Personal assistance user	2.0%
Physical disfigurement	1.0%

6.1. Long-term health conditions and age

Long-term health conditions and age were highlighted by 28.8% of adults as a barrier to being more physically active during focus groups (**Figure 25**) and 37% of respondents from the local authority survey highlighted that health problems effected day-to-day activities (**Figure 29**)



Quotes provided below:

The Well - “I have cancer so I get out of breath easily” “age and health”

Lonsdale Community Centre - “I have a mobility scooter”

Hon Lok Seniors - “Health, awaiting a knee operation”

St Hilda's Warm Space And Lunch Group - “My health -physical and mental health”

6.2. Finances

Hull has lower average income per household than national comparators with high levels of unemployment, 18.5% of adults said that financial considerations are a barrier to participation for people in Hull (**Figure 25**) and 17.9% highlighted finances as a barrier for themselves to be more physical active (**Figure 26**). 17% of children and young people identified that they ‘can’t afford it’ (**Figure 27**) and 42.1% of residents said that the cost is too high to be physically active (**Figure 28**). The findings indicated that physical activity is considered a luxury, as the priorities are to keep a roof over their heads and put food on the table.

Quotes provided below:

St Philipps - “Paying my rent is more important to me”

Bora Shabaa - “HCC gym is £84 for a family per month, £35 single person at a private gym per month – this is a lot of money”

Children and young people – “not being able to afford membership”

St Hilda’s Warm Space and Lunch Group - “Roof and food comes before paying for gyms”

Hull Turkish Group - “Lack of money, people in Hull have low income”

Jubilee Craft Group - “Life gets in the way – health, bills and problems”

6.3. Safety

Crime rates in Hull are 26% higher than regional crime rates and 65% higher than the national overall figure as stated by ‘CrimeRate’ with shoplifting, violence and sexual offences and public order all being amongst the highest offences in the city. 16.8% of



residents in Hull highlighted safety as a barrier to becoming more physical active as they wouldn't access open space or parks to exercise in the city (**Figure 25**).

Quotes provided below:

Children and young people – “parks don't feel safe”

HU4 - “youths and gangs in parks and on street - stop people walking and running”

Hon Lok Seniors - “Safety, I will not go out in the evening”

Tenant Participation Group - “Anti-social behaviour in the area”

6.4. Accessibility and opportunities

Opportunities to being active in the Hull were highlighted as limited unless using leisure facilities which aren't accessibility to everyone due to location, cost or disability. 15% of adults suggested a lack of opportunities and accessibility were a barrier in the city to becoming more active (**Figure 25**), 32% of children and young people say, “not able / no way to get there” is a barrier as showed in **Figure 27**. Lack of time was highlighted by 40% of children and young people (**Figure 27**) and 40.3% of adults (**Figure 28**) as a main barrier. This is mainly due to time it takes to travel, other responsibilities and organised sessions aren't at convenient times.

Quotes provided below:

Hull Sisters - “Where they live – it's not easy to get to the leisure centres”

Hull Turkish Group – “there are no women-only places to exercise”

Sight Support - “No support for visually impaired to be more active”

HU4 - “Lack of services in Hull” “lack of age-appropriate things to do”

Bora Shabaa - “Distance to leisure centres” “Understanding cultural needs”

The Well - “No sessions specifically for disabled people”

Jubilee Craft Group - “Location of places to go to exercise”

Hon Lok Seniors - “Leisure centres are at least two buses away from home”

Children and young people – “Because of school buses, can't stay behind”



6.5. Psychological factors

Psychological factors were highlighted across all age groups as a barrier to physical activity however it was understood that being more active would improve overall mental health. Children and young people suggested that not being confident enough (39%), being too anxious (27%) and too self-conscious (27%) were barriers to becoming more physically active (**Figure 27**). 28.6% of adults who responded yes to health problems limiting their day-to-day activities highlighted mental health conditions as the main barrier (**Figure 29**).

Quotes provided below:

Jubilee Craft Group - "My mental health which means I have no motivation to do anything" "Loneliness is a big barrier for me which means I don't always want to come out and have to force myself"

The Well - "Lack of self-esteem" "Mental health and anxiety"

St Hilda's Warm Space And Lunch Group - "Anxiety and depression"

Johnny Whiteley Park West Hull Hub - "My mental health has taken a blip and I do not have the energy to do anything except come here."

Children and young people – "I feel self-conscious in kit on the pavement or road"

Bora Shabaa - "Biggest issue is a lot of people are lonely"

6.6. Low physical literacy

Motivation, confidence, knowledge, and understanding of physical activity have emerged as barriers for the people of Hull. It was highlighted that there is a lack of accessible information, advice, and education within the city from community groups across all ages. A city-wide survey identified the following barriers: low mood/lack of motivation (40.3%), lack of confidence in ability (16.9%), lack of confidence in new situations (16.6%), and lack of information about available activities (11.4%), as shown in **Figure 29**. Children and young people indicated that a lack of information about available activities is a barrier to becoming more active, with 19% stating, "don't know any sports clubs in my area." Lack of confidence and motivation were main themes when discussing physical activity with children and young people, as seen in **Figure 27**.



Quotes provided below:

Johnny Whiteley Park West Hull Hub - "People don't always know what is in their area if they do not have a computer"

Adult Education ESOL Group - "Give people more information on what is available as we do not know being new to the country and city"

Bora Shabaa - "I do not know what is available for me to use."

Hey Ukrainian Community Group - "Not knowing what is available in Hull"

Children and young people - "I wouldn't go anywhere I didn't know anyone" "too serious" "fear judgement"

7. Community voice - Suggested change

Focus groups, one to one interviews, surveys and table talking were all used to understand what changes the community would like to see and what would help them to become more physically active in Hull. Themes were highlighted by coding responses to questions from within the community setting shown in

Figure 30 and **Figure 31**. This included but was not limited to an increase in community-based facilities (28%), free / low-cost sessions (14.4%), safer / well maintained facilities (13.6%), reduce cost (22%) and advice, education and information sharing (18.3%). Suggested ideas and changes were highlighted by children and young people were to frame sport as fun, renovate spaces, trusted adults to increase sense of security, accessible information for what's on, more opportunities in schools and focus of social environments such as woman-only and disabled friendly opportunities were all highlighted as suggested changes (**Figure 32**). A city-wide survey has enabled us to highlight suggested changes across Hull as shown in **Figure 33**, which included but was not limited to low cost / free sessions and classes (41.7%), activities available at a range (37.3%), being able to exercise at own pace (32.4%) and if the venue was convenient to me (27.3%).



Figure 30: What would you like to see in the area where you live that would make you more active? (Source: Forum community engagement, 2025)

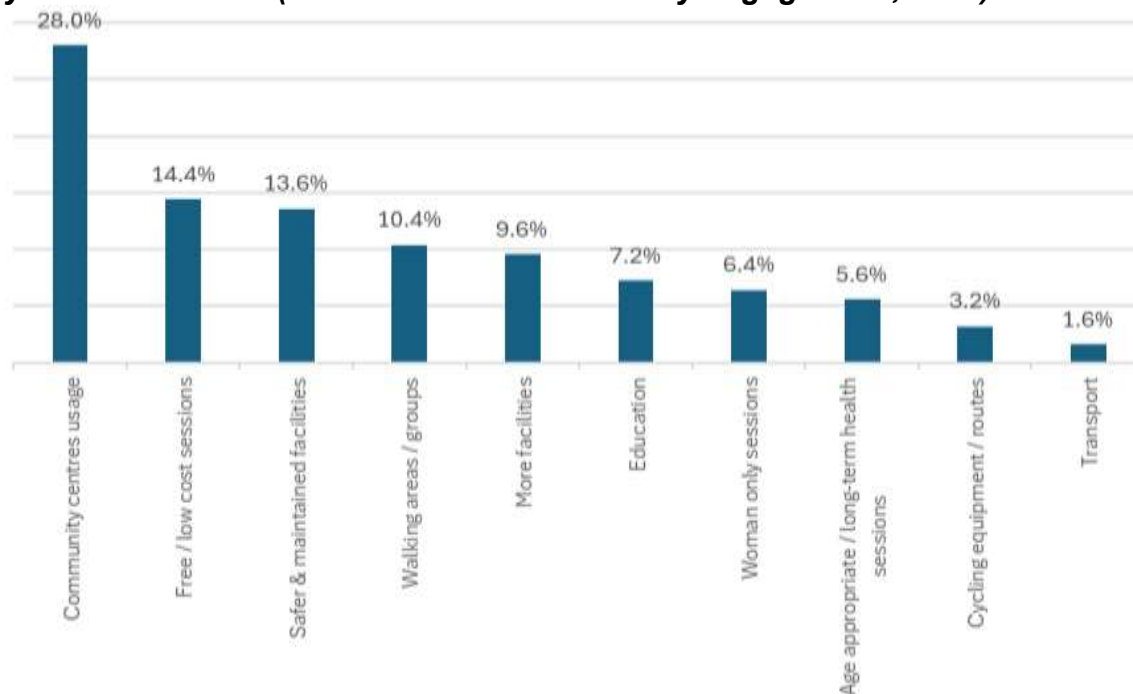


Figure 31: What could Hull do to encourage people to be physically active? (Source: Forum community engagement, 2025)

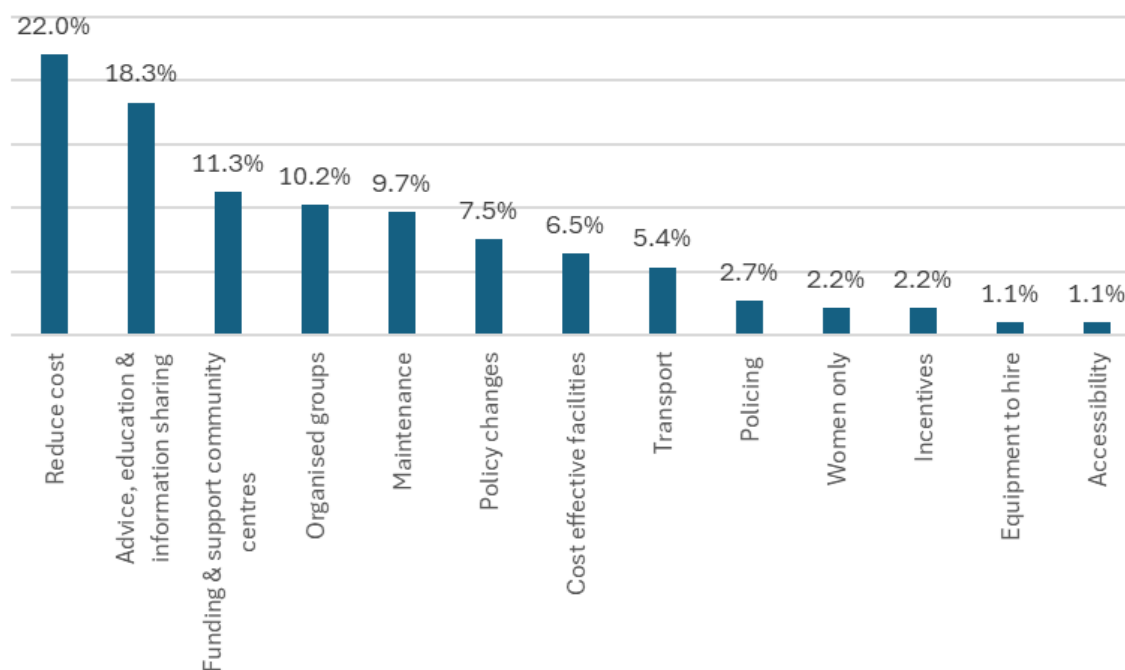


Figure 32: Suggested ideas & changes (Source: Streetgames community engagement, 2025)

SEM LAYERS	IDEAS & SUGGESTIONS
Individual (demographic profile, socio-economic factors, education, physical literacy, capability, motivation & attitudes)	- Starting slowly and building up - Frame sport as fun with friends - More fun stuff - Food at session
Physical Environment (urban/rural geography, access to parks, access to open, safe spaces, transport, communication)	- Renovate spaces & places (e.g. add floodlights, football nets, equipment for ping-pong on streets) - Make parks safe - Trusted adults in parks - More outdoor things - Cycle paths (roads not safe) - Better transport/ Walking in groups (to help young people to get to and from activities)
Organisations & Institutions (local authorities, Leisure centres, service providers, education settings, NGBs & sports clubs)	- Reduce the costs of clubs and leisure centres for children and young people - More information about what's on where and for whom - Culture of clubs: less formal - More opportunities at school (longer break times and more inclusive clubs) - Gym & fitness for teens - Activities at youth clubs - Community events to try different activities - Advice, support & encouragement - Change the PE kit, curriculum and timetabling - Workforce development
Social Environment (cultural factors, religious factors, social capital, cohesion, racism, sexism, discrimination)	- Female only sessions - Disabled friendly opportunities - Inclusive spaces for Children and young people with complex needs
Policy (laws, rules, regulations, codes, strategies)	Ensuring that all students get access to a minimum of 2 hours PE per week - a number of CYP shared with us that they are 'always getting taken out of PE to do catch up in other subjects'



Figure 33: Which of the following would most encourage you to undertake any / more physical activity? (Source: 'How much do you move' local authority survey, 2025)

Low cost / free sessions and classes	41.7%
Activities available at a range of times to suit me	37.3%
Being able to exercise at own pace	32.4%
If the venue was convenient to me (e.g. in walking distance, on a bus route)	27.3%
Activities designed for people like me (e.g. age, gender, ability)	18.7%
If everyone was the same level as me	14.6%
If I could exercise from home	14.6%
Informal drop in / taster sessions	14.2%
Activities designed for people who are less active / able	13.9%
If there were more classes / sports that I wanted to take part in	13.8%
If I could exercise one-to-one with a trainer	13.6%
Being able to take part with my family	12.3%
Being able to take part with a friend / friends	11.9%
Better information on what is available	10.7%
Improved, safer, green open spaces	10.0%
If I didn't have to attend a venue	8.8%
Crèche / child care facilities	8.8%
Incorporating activity into my everyday life (e.g. walking between places)	8.7%
Free provision of specialist equipment needed to take part	7.8%
Work / education-based policies that encouraged physical activity	7.8%
If I could get support from a trainer online or over the telephone	6.9%
Other	6.5%
Help with transport	6.4%
Nothing would encourage me to undertake any / more physical activity	4.3%

7.1. Reduced cost

Reducing cost was highlighted by all ages as a change which would make physical activity more accessible in Hull. 41.7% of residents suggested low cost / free sessions and classes would encourage them to be more active (**Figure 33**). 22% of community group members suggested offering reduce cost to people in Hull (**Figure 30**) would positively influence physical activity in the city, with 14.4% of these people highlighting they would like to see free or low-cost options in their area (**Figure 31**). Children and young people suggested to “reduce the costs of clubs and leisure centres for children and young people” (**Figure 32**).



Quotes provided below:

Hull Sisters - "Build more cost friendly leisure centres in the areas where people live to get to easily"

Lonsdale Community Centre - "Subsidised use of gyms and swimming"

Rosemead - "Free classes for older people and people on benefits"

HU4 - "Taster sessions in the park e.g. zumba, dancing , gentle exercise, walking groups"

Bora Shabaa - "Have a free day at leisure centres for community groups to be shown facilities"

St Philipps - "Promote things for people of all incomes we cannot all afford gyms"

7.2. Create local accessible opportunities

Due to the high levels of deprivation in the city physical activity is seen as a luxury and isn't accessible to most due to transport and cost. Creating local opportunities was highlighted by our communities as a change which would help reduce inactivity rates across the city. 28% of people suggested to increase the use of community centres for physical activity as members feel safe and comfortable in these environments (**Figure 30**). Children and young people highlighted the need for more opportunities within schools, extending break times, inclusive clubs and all students to have a minimum of 2 hours of physical activity per week were all discussed (**Figure 32**). 'If the venue was convenient to me e.g. in walking distance or on a bus route' with 27.3% and 'activities available at a range of time to suit me' with 37.3% were both main suggested changes to encourage individuals to be more active as shown in **Figure 33**.

Quotes provided below:

Children and young people - "Always getting taken out of PE to do catch up in other subjects"

Rosemead - "More funding for places like St Johns to run activities like chair exercises"

Bora Shabaa - "Church Hall and community centres to run exercise classes that are fun"

The Well - "As a single parent something I could take my kids to, dancing something that is fun"



Johnny Whiteley Park West Hull Hub - "I feel happy when I come here as I have firends and I would like more activities here, but the centre will need more funding"

Jubilee Craft Group - "Better use of community centres for exercise classes"

7.3. Improved safety and maintenance

Improving safety and increasing the maintenance of footpaths, cycle routes, street lighting and parks were suggested as an enabler to becoming more physical active. 10% of adults stated that safer green open spaces would encourage them to be more active (**Figure 33**). Safer and well-maintained facilities was suggested by 13.6% of community members as what they would like to see in their areas to enable them to be more physical active (**Figure 30**).

Quotes provided below:

HU4 - "If the parks were cleaner or safer I would use them more"

Adult Education ESOL Group - "Cleaner parks" "I want a clean park that is safe" "safer footpaths"

Johnny Whiteley Park West Hull Hub - "Better street lighting"

Bora Shabaa - "Make the parks safer and a place where people want to go to do things like running and football"

Sight Support - "Better street lights so people feel safe"

Children and young people - "Make parks safer" "Facilities in public spaces getting vandalised and not maintained"

7.4. Advice, education and information sharing

The communities understanding of the benefits can be limited due to a lack of advice and information sharing. Some communities don't have access to the internet or would need support when trying to access information. 18.3% of community members suggested advice, education and/or information sharing would encourage more people in Hull to be active (**Figure 31**). Advice, education and information sharing will give the residents in Hull the tools be more physically active with little support in the long-term with 10.7% saying 'better information on what is available' and 32.4% saying 'being able to exercise at own pace' would encourage them to be more active (**Figure 33**).



Quotes provided below:

Tenant Participation Group - “Promote activity through the Tenants Forum”

Lonsdale Community Centre - “More information on what is healthy” “More information of what is available coming through letter box as not all of us have the internet”

Rosemead - “How to use a computer classes so we can use YouTube for exercises”

Children and young people - “more information about what's on where and for whom”

Hey Ukrainian Community Group - “Promote what is available in Hull apart from leisure centres”

Bora Shabaa - “Educate people on how exercise can help physical and mental health”

7.5. Organised groups / activities

Being physical active as part of a group or activity was highlighted to encourage people to be more active by the community across all ages as it made them feel safe and comfortable being part of a group. Children and young people stated that organised activities can be fun when physical activity is the secondary outcome and a trusted adult is present to ensure safety. 10.4% of community members wanted organised walking groups in their local areas (**Figure 30**) and 10.2% highlighted that organised groups / activities would encourage others to be active (**Figure 31**). A city-wide survey stated that ‘activities designed for people like me e.g. age, gender and ability’ (18.7%), ‘if everyone was the same level as me’ (14.6%), ‘informal drop in / tester sessions’ (14.2%) and ‘activities designed for people who are less active / able’ (13.9%) would all encourage individuals to be more active (**Figure 33**).

Quotes provided below:

Jubilee Craft Group - “Free walk and talk groups to help not only with physical health but mental health”

Hull Sisters - “Have women only days in parks so we can socialise and be together without being frightened”

Adult Education ESOL Group - “Have more family activities”

Johnny Whiteley Park West Hull Hub - “Walk and talk groups”

HU4 - “More outdoor activities for all ages and abilities”



Hull Turkish Group - “Free history walks of Hull to help you learn about the city and get exercise”

8. Recommendations

8.1. Increase accessibility and reduce cost

Increase the use of non-traditional physical activity venues such as community halls, libraries, museums and church halls creating more accessible venues in the local area within walking distance or easily accessible by public transport. Using referral pathways to offer low cost or free access to leisure facilities with support from the local leisure provider, this would include gyms and swimming pools.

8.2. Create local opportunities

Implementing more physical activity opportunities within education settings is essential. This can be achieved by extending break times, creating inclusive clubs and ensuring all students have a minimum of two hours of physical activity per week. Organising local events and activities such as park runs, community sports days and family friendly exercise classes can encourage physical activity among residents. Developing programmes for specific groups such as women-only exercise sessions, activities for older adults and programmes for people with disabilities can help address the unique needs of these populations.

8.3. Improve safety and maintenance

Enhancing the safety and maintenance of public spaces including parks, footpaths and cycle routes is vital. This includes better lighting, regular cleaning and ensuring these areas are safe from anti-social behaviour. Developing safe walking and cycling routes can encourage active travel. Ensuring these routes are well maintained and street lighting is enhanced is important for their usability and safety.

8.4. Enhance training and development

Providing training for those delivering physical activity programmes can ensure they are equipped to engage and motivate participants particularly those with long-term health conditions or disabilities. Developing volunteer programmes to support physical activity initiatives can be beneficial. This involves providing training and support for community



members to lead activities. Workforce and volunteering training with help to embed physical activity within non-traditional sectors.

8.5. Reframe physical activity through promotion and information sharing

Launching campaigns to raise awareness about the benefits of physical activity and the opportunities available in Hull is essential. Utilising various media channels including social media, local newspapers and community newsletters can help achieve this. Ensuring information about physical activity opportunities is accessible to all including those without internet access is important. This can be done by distributing printed materials through community centres, libraries and health clinics.

8.6. Community Engagement

Engaging with the community in planning and delivering physical activity programmes is crucial. This includes seeking feedback, involving local groups in decision making and ensuring programmes meet the needs of diverse community members. Promoting group activities that encourage social interaction and support such as walking groups, dance classes and team sports can help reduce psychological barriers and increase motivation.

9. Projected outcomes

9.1. Reduced physical inactivity

Implementing the proposed recommendations is expected to reduce physical inactivity within the community. By increasing accessibility and reducing costs, more individuals especially those from low income families will have the opportunity to participate in physical activities. The use of community centres and local venues will make it easier for residents to engage in regular exercise without the barrier of travel distance.

Creating local opportunities through school programmes, community events and targeted programmes for specific groups will ensure that physical activity is integrated into daily routines. This will particularly benefit children, older adults, women and people with disabilities who may face unique barriers to physical activity. The focus on improving safety and maintenance of public spaces, and developing safe walking and cycling routes will encourage more people to engage in outdoor activities.



Enhancing training and development for programme deliverers and volunteers will ensure that physical activity sessions are engaging and supportive, further motivating participants to stay active. Promotion and information sharing will raise awareness about the benefits of physical activity and the available opportunities, reaching a wider audience and encouraging more people to participate.

9.2. Tackle inequalities

Implementing the proposed recommendations will help address and reduce health inequalities in Hull by ensuring that physical activity opportunities are accessible to all segments of the population, particularly those from deprived areas and marginalised groups. By increasing the availability of physical activity programmes and creating more local opportunities, the initiatives will remove financial and geographical barriers that disproportionately affect low income families and individuals with disabilities. Enhancing safety and maintenance of public spaces will encourage more people, including women and older adults to engage in outdoor activities without fear. Additionally, targeted programmes for specific groups will cater to the unique needs of the population, fostering inclusivity. By promoting community engagement and involving local groups in planning and delivering activities, the initiatives will ensure that the voices of diverse community members are heard and their needs are met, ultimately leading to a more equitable distribution of health benefits across Hull.

9.3. Health benefits

Increased physical activity levels are associated with a range of positive health outcomes including improved cardiovascular health, better weight management, and enhanced muscular strength and flexibility. Regular physical activity can also reduce the risk of chronic diseases such as diabetes, hypertension and certain cancers. Physical activity is known to release endorphins which can improve mood and reduce symptoms of depression and anxiety. Confidence building will help individuals feel more capable and comfortable participating in physical activities, further enhancing their mental wellbeing. Community engagement and group activities will foster social connections and support networks which are important for mental health. The sense of community and belonging that comes from participating in group activities can reduce feelings of isolation and loneliness, contributing to overall mental and emotional wellbeing.



9.4. Cost savings

In **section 1.5**, it was estimated that the societal cost of physical inactivity in Hull was around 36 million per year (including a £4.4 million cost to the NHS). If the percentage of people who were physically inactive in Hull was reduced, then there could be a substantial cost saving to Hull (**Table 2**). If the percentage of adults in Hull who were physically inactive was reduced to 22% which is the same as England, then there could be a potential saving of around £7 million per year to society compared to the estimated current cost.

Table 2: Potential cost saving in Hull due to a reduction in physical inactivity
(Source: Office for Health Improvement and Disparities related to Physical activity: applying All Our Health)

Physically inactive (%)	Percentage change	Annual cost to society (£m)		Reduction in annual cost to society (£)	
		Total	Including to NHS	Total	Including to NHS
27.5	0	36.3	4.4	0	0
27.2	-1	35.9	4.4	362,500	44,000
27.0	-2	35.5	4.3	725,000	88,000
26.7	-3	35.2	4.3	1,087,500	132,000
26.4	-4	34.8	4.2	1,450,000	176,000
26.1	-5	34.4	4.2	1,812,500	220,000
25.9	-6	34.1	4.1	2,175,000	265,000
25.6	-7	33.7	4.1	2,537,500	309,000
25.3	-8	33.4	4.1	2,900,000	353,000
25.0	-9	33.0	4.0	3,262,500	397,000
24.8	-10	32.6	4.0	3,625,000	441,000
24.5	-11	32.3	3.9	3,987,500	485,000
24.2	-12	31.9	3.9	4,350,000	529,000
23.9	-13	31.5	3.8	4,712,500	573,000
23.7	-14	31.2	3.8	5,075,000	617,000
23.4	-15	30.8	3.7	5,437,500	661,000
22.0	-20	29.0	3.5	7,250,000	882,000
20.6	-25	27.2	3.3	9,062,500	1,102,000



10. References

Active Lives - [Active Lives | Home](#)

CMO Guidance - [UK Chief Medical Officers' Physical Activity Guidelines](#)

CrimeRate - [Kingston upon Hull Crime and Safety Statistics | CrimeRate](#)

Fingertips - [Fingertips | Department of Health and Social Care](#)

Hull's Joint Strategic Needs Assessment - [Hull Joint Strategic Needs Assessment](#)

Office for Health Improvement and Disparities - [Physical activity: applying All Our Health - GOV.UK](#)

Public Health England - [Everybody active, every day: framework for physical activity - GOV.UK](#)

World Health Organisation - [Physical activity](#)

