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Total value

Across the adult population in England, we estimate:



The annual value of participation is **£10.5 billion**, of which:

- **£9.3 billion** is associated with the ‘active’ population, and
- **£1.2 billion** with the ‘fairly active’ population.¹²




Over **3 million** cases of non-communicable diseases or chronic health conditions were prevented.



The largest estimated reductions were for depression (**1.3 million** cases), back pain (**0.9 million**) and type 2 diabetes (**0.6 million**).

Cases of non-communicable disease or chronic health conditions prevented among physically active adults in England and corresponding values (in 2023 prices)

Health outcome	Cases prevented		Value
Coronary heart disease	149,000		£0.88 billion
Stroke	107,000		£0.83 billion
Type 2 diabetes	619,000		£2.66 billion
Cancer (7 types)*	14,000		£0.31 billion
Dementia (65+ years)	57,000		£0.73 billion
Depression	1,293,000		£2.78 billion
Hip fractures (65+ years)	26,000		£0.50 billion
Back pain	917,000		£0.58 billion
Reduced GP visits			£0.54 billion
Reduced mental health service usage			£0.78 billion
Sports injuries			-£0.13 billion

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- A) £1million to £10 million
 - B) £10 million to £20 Million
 - C) £20 million to £30 million
 - D) £30 million +

Value per person



Average secondary values were:

- **£315** per 'active' adult.
- **£230** per 'fairly active' adult.



Gender differences in value per participant are negligible in this analysis. Age differences are noteworthy:

- **£469** per 'active' adult aged 65+.
- **£279** per 'active' adult aged 16-64.¹³

This is largely due to the inclusion of two additional health outcomes for older adults: dementia and hip fractures.

Value per adult participant, per year (2023 prices)



'Active' adult:



All adults (aged 16+)



Aged 16-64



Aged 65+

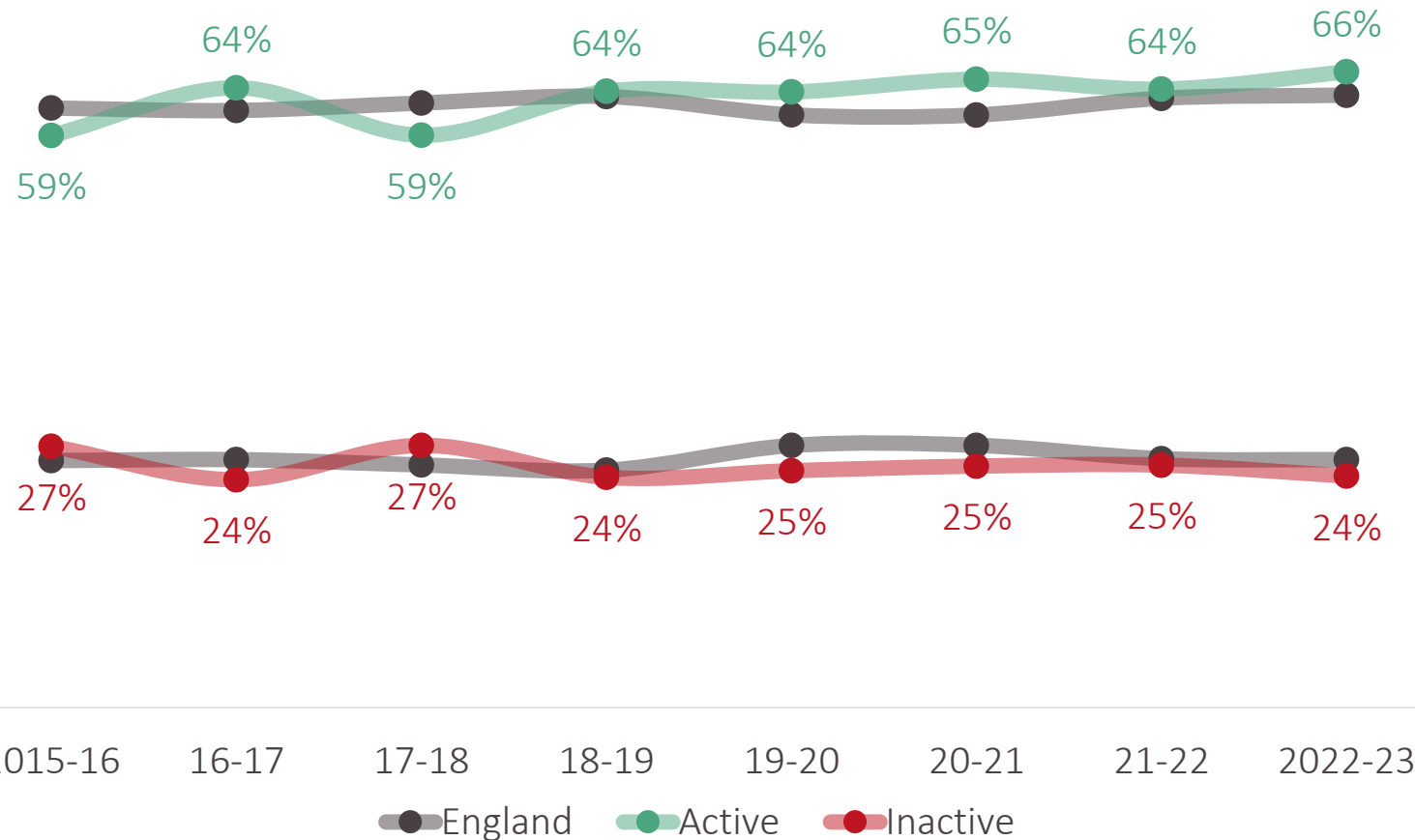


'Fairly active' adult:



Almost a quarter
of our adults
experience being
inactive

That's
38,000
people

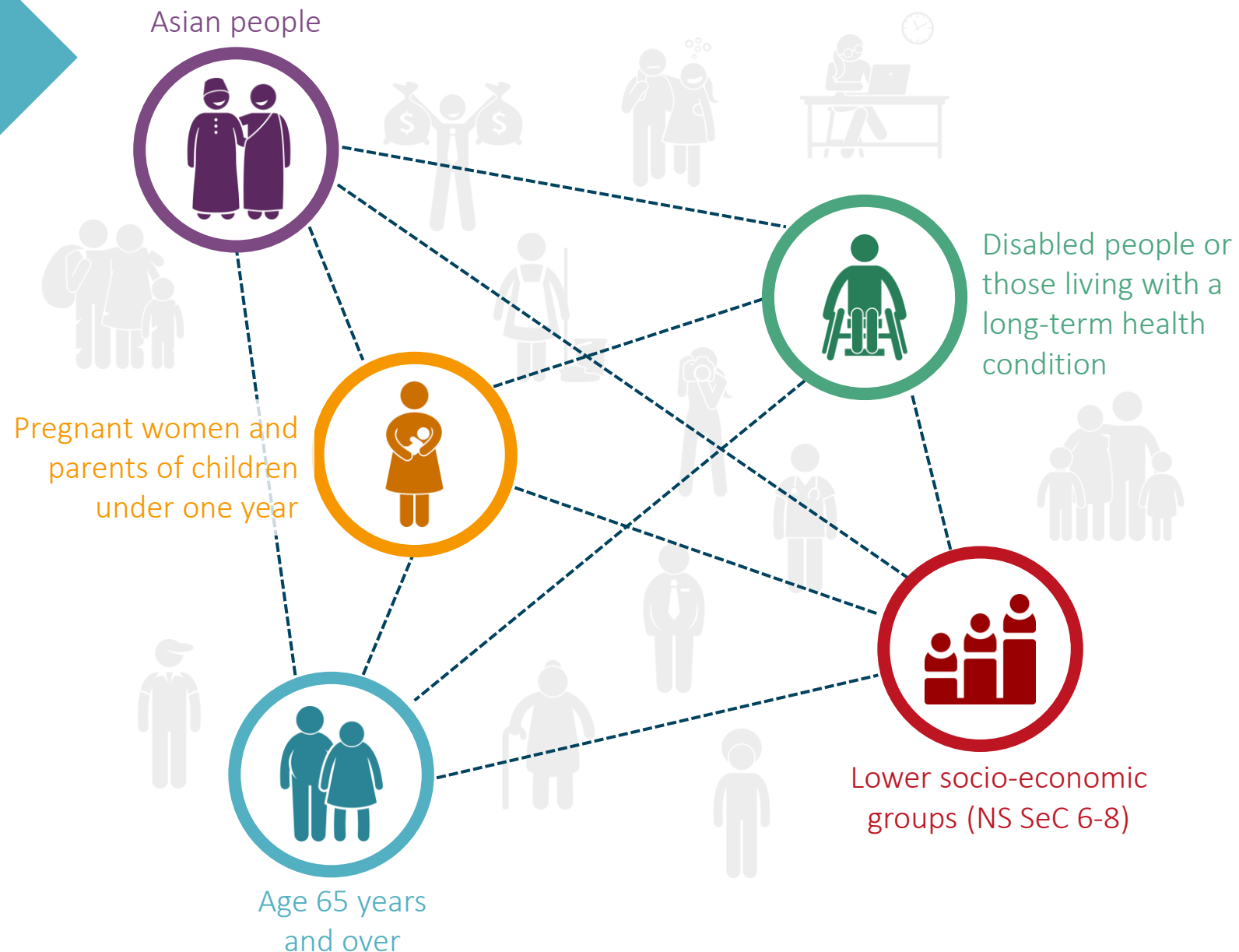


Key characteristics for adults

The Inequalities Metric has identified which characteristics or factors have the most impact on minutes of activity*

The key driver of lower levels of physical activity is where a person has **two or more characteristics associated with being less active**

*These characteristics are different for children and young people



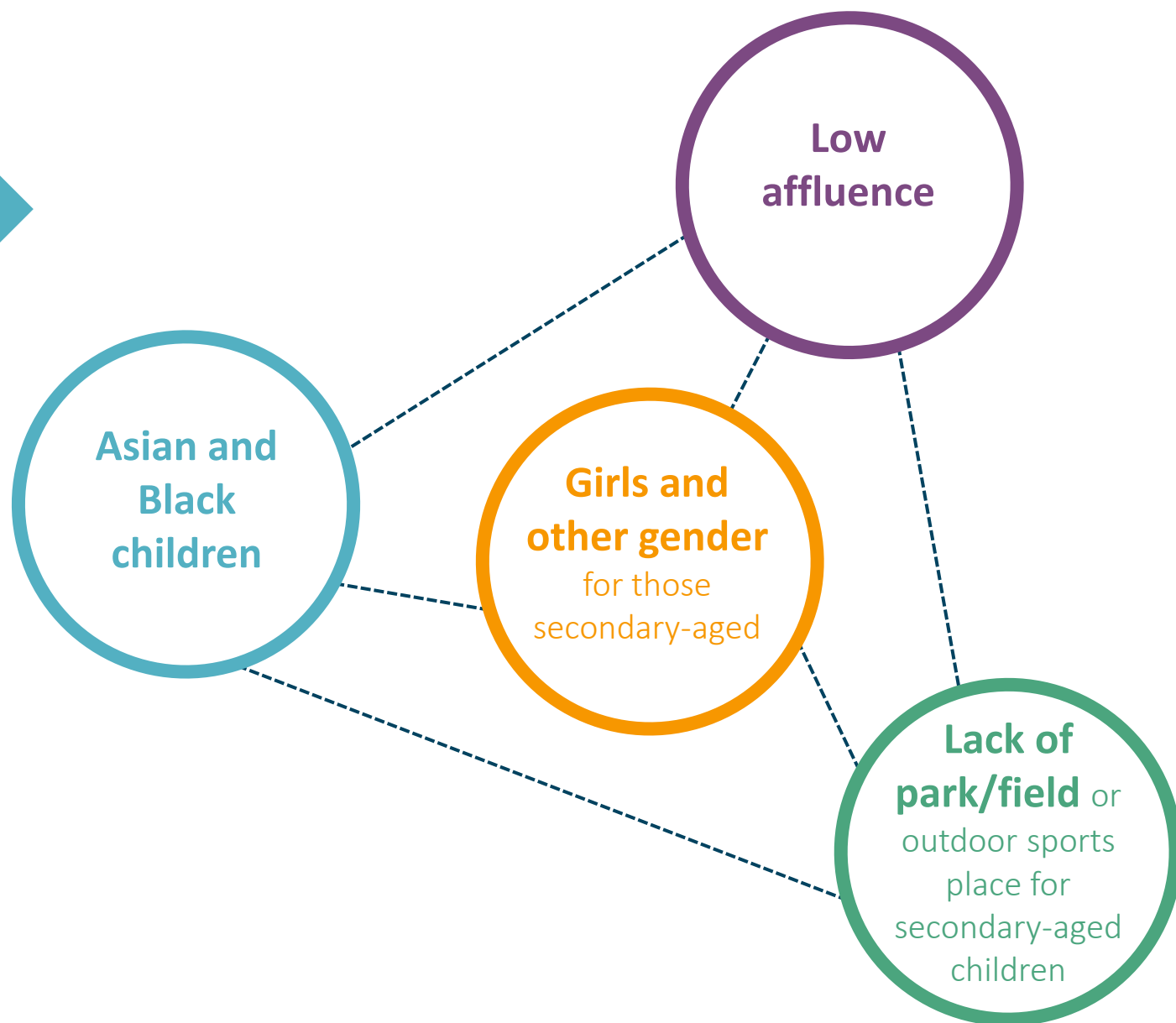
49% of children and young people are **not active enough**

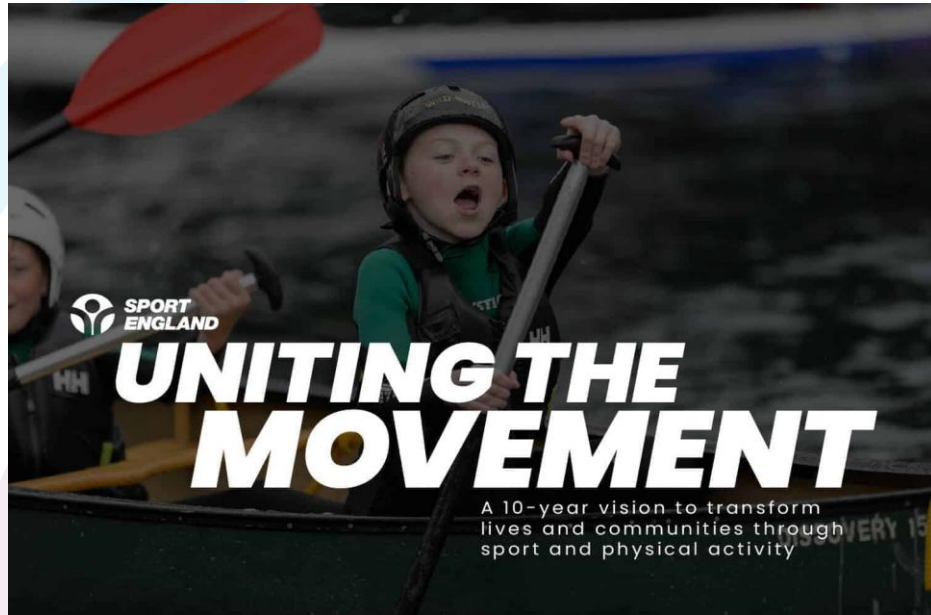


That's **10,800**
young people not
meeting recommended
activity levels

Key characteristics for children and young people

The key driver of lower levels of physical activity is where a child has **two or more characteristics associated with being less active**

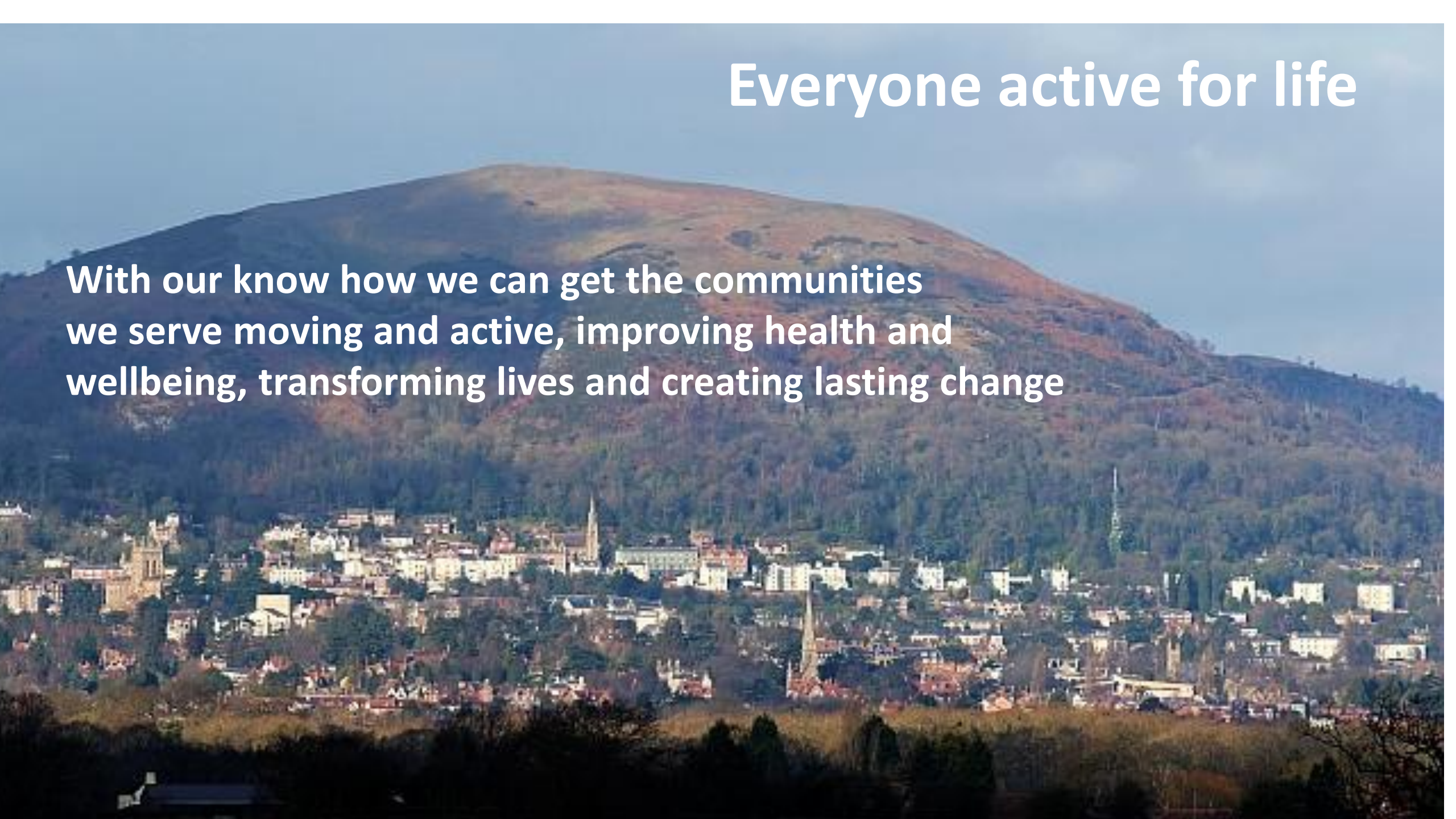




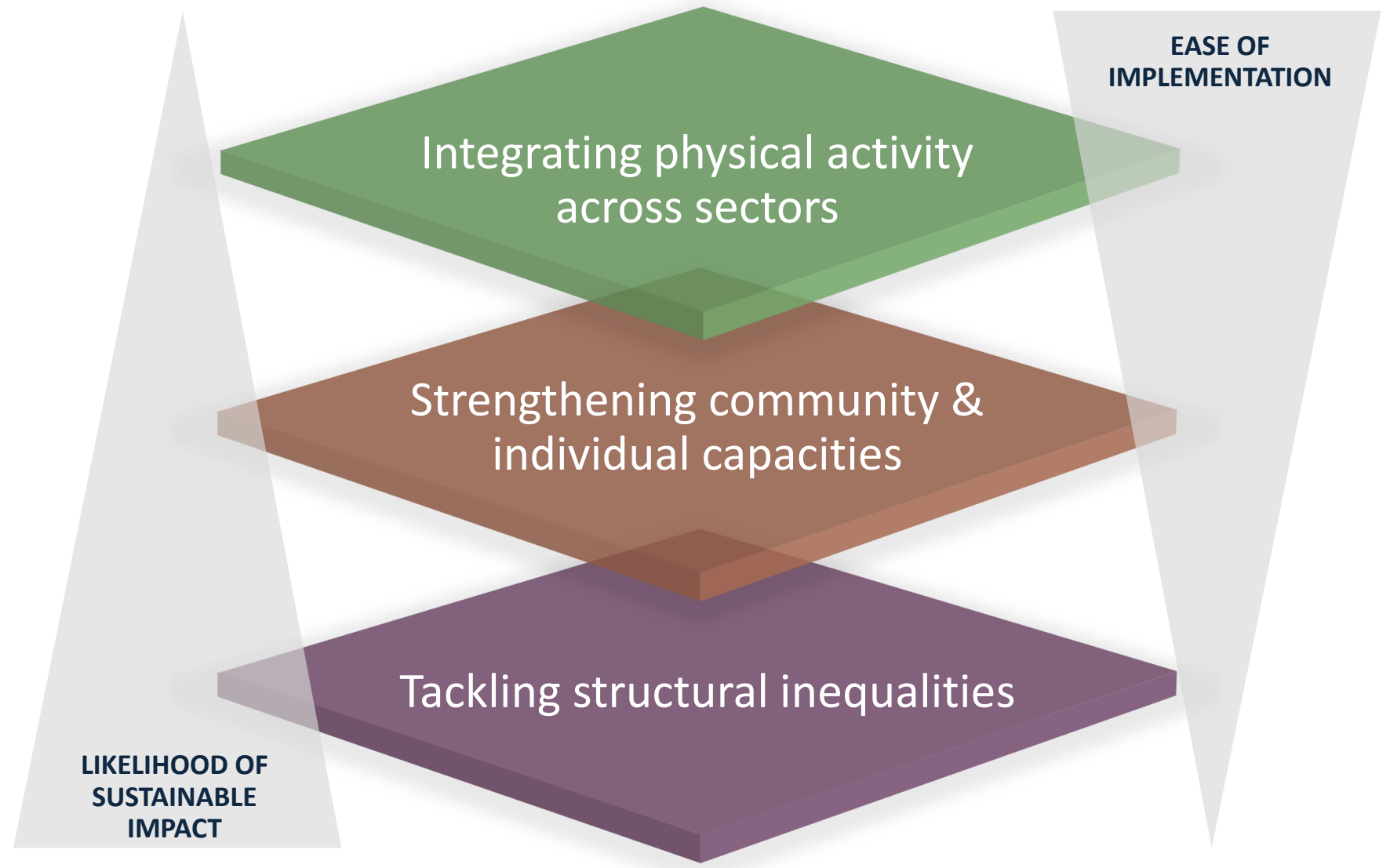
- Reducing Inequalities
- Increasing physical activity
- Reducing inactivity
- Positive Experiences for Children and Young People

Everyone active for life

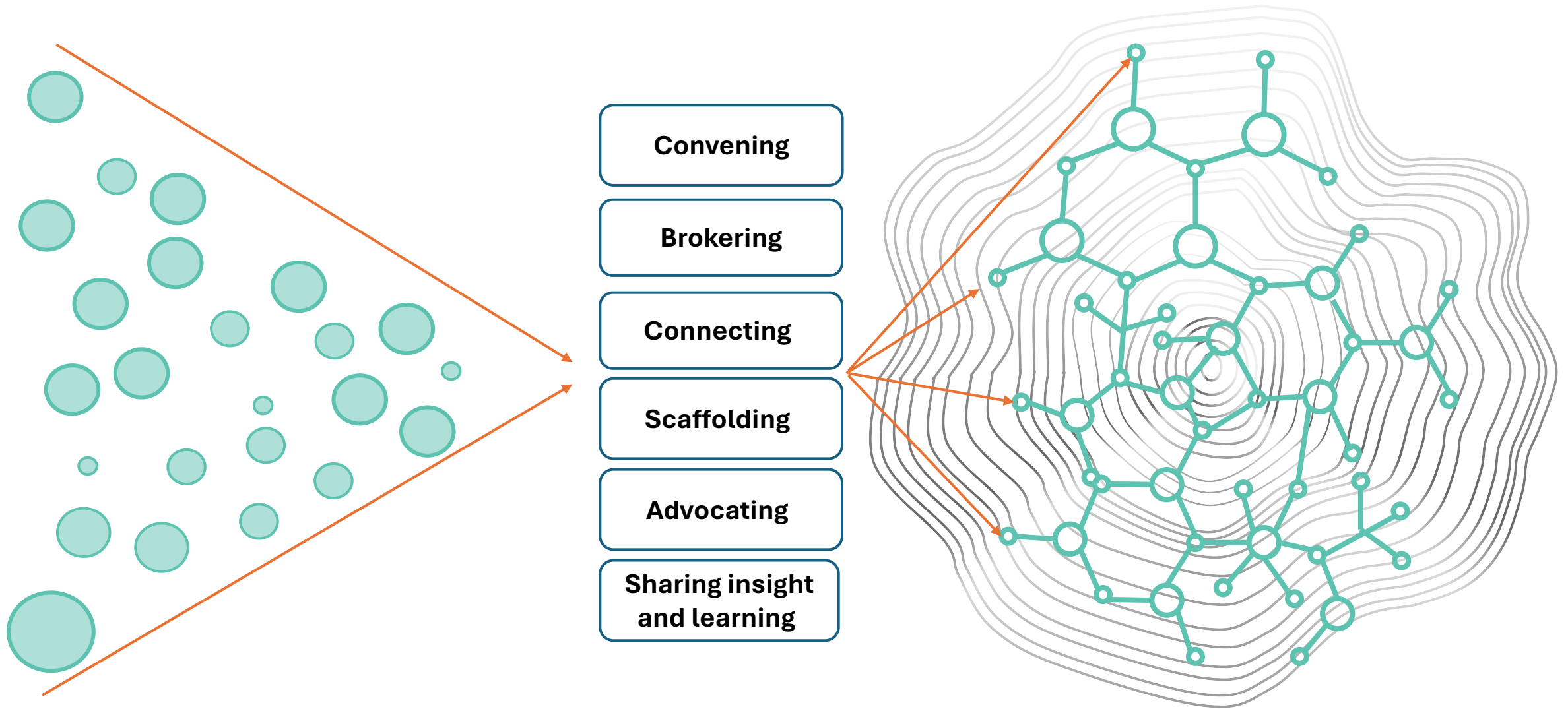
**With our know how we can get the communities
we serve moving and active, improving health and
wellbeing, transforming lives and creating lasting change**



Three practices for creating change



Our role going forward



Our Role as a System Partner: How We Support Change

As a Sport England-funded system partner, Active Herefordshire & Worcestershire takes on important linking and support roles - working alongside national organisations and local communities to create lasting change and reduce inequalities in physical activity.

Our Six Intermediary Roles and How They Work



1. Convening

We bring people together around shared priorities.

Strategic Convening

Linking partners around a shared vision for physical activity.

Issue-Based Convening

Hosting workshops on key topics like early years or planning.

Cross-Sector Convening

Connecting sectors like health, education.



2. Brokering

We help build bridges and find the right partners.

Knowledge Brokering

Sharing insight to strengthen decisions, especially around rural need.

Relationship Brokering

Linking organisations across sectors and levels.

Opportunity Brokering

Spotting and connecting people to new opportunities (eg. School Games, This Girl Can).



3. Connecting

We join up people and organisations across the system.

Cross-Sector Networking

Linking public health, NHS, voluntary sector, education and more.

Life Course Connections

Creating continuity between work with children, adults, and older people.

Systemic Connections

Making sure local efforts are joined up and aligned across



4. Scaffolding

We provide the support needed to make change stick.

Workforce Development

Building skills, leadership, and active champions.

Innovation Support

Helping new ideas grow and learn from what's already working.

Community Capacity Building

Supporting community-led solutions to inequality.

Structural Change Support

Identifying the bigger barriers that prevent change.



5. Advocating

We use our voice to champion change locally and nationally.

Upward Advocacy

Making the case to funders for investment in rural and underrepresented areas.

System Advocacy

Highlighting the wider pressures (e.g. budget cuts, school challenges) affecting activity.

Narrative Change

Helping shift attitudes around movement and its role in daily life.

Equity Advocacy

Championing inclusive, every-day opportunities for people of all backgrounds.



6. Sharing Insight and Learning

We help gather and share what works.

Evidence Amplification

Supporting partners to capture and share their learning.

Community Voice

Listening to lived experience and using it to shape decisions.

Cross-System Learning

Bringing in ideas and lessons from elsewhere to inspire local action.

Data and Intelligence Coordination

Helping make better use of data to guide priorities.

These roles allow us to support a whole-system approach to physical