Slough Physical Activity Need Assessment 2024

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2. Executive Summary

The Slough Physical Activity Needs Assessment highlights the public health challenges posed by physical inactivity within the borough's diverse population of over 158,500 residents. With higher-than-average rates of inactivity among both adults and children, the assessment identifies physical activity as a critical factor in addressing prevalent health issues, including obesity, diabetes, and cardiovascular disease.

Purpose and Scope
The assessment aims to provide a comprehensive analysis of physical activity levels, barriers, and existing resources within Slough. Data sources include national surveys, such as the Active Lives Survey, as well as local surveys and focus groups, which provide insights into resident attitudes and barriers to physical activity.

Key Findings
Approximately 30% of adults and 60% of children in Slough do not meet recommended activity levels, with physical inactivity more prevalent among ethnic minorities and those in lower socioeconomic groups. Barriers to physical activity include financial constraints, cultural perceptions, language barriers, accessibility, and safety concerns in public spaces.

Health Implications
Physical inactivity contributes significantly to chronic disease rates, impacting local healthcare resources and the economy. The assessment underscores the need to address inactivity to reduce health inequalities and improve community well-being.

Existing Resources and Gaps
While Slough offers various facilities and programs for physical activity, gaps exist in terms of affordability, accessibility, and awareness, particularly in underserved areas. Underutilisation of green spaces and limited engagement in leisure centres also present challenges.

Recommendations
To improve physical activity levels, the assessment recommends enhancing awareness campaigns, developing accessible and affordable facilities, fostering community engagement, and supporting infrastructure for active travel. Targeted interventions are suggested for women, older adults, and ethnic minorities.

Conclusion
The assessment advocates for a coordinated public health strategy to improve physical activity rates and reduce health disparities in Slough. This strategic approach is essential for fostering a healthier, more active community.

3. Methodology

The data used in this physical activity needs assessment for Slough is derived from multiple sources, including national and local surveys, as well as data provided by partner organisations involved in promoting physical activity. These data sources provide insight into the current levels of physical activity across different age groups, highlighting key areas of concern and opportunities for improvement.

Active Lives Survey

The Active Lives Adult Survey[1] and the Active Lives Children and Young People Survey[2], published annually by Sport England, form the core of our understanding of physical activity in Slough. The Adult Survey is distributed to a random sample of households across England, targeting a minimum of 500 responses from each local authority. Some areas, including Slough, may receive increased sample sizes to account for lower response rates, helping generate more accurate local estimates of physical activity levels over time.

The Active Lives Children and Young People Survey[2] provides data from primary and secondary schools, randomly sampled within each local authority. This survey estimates local participation in physical activity, while also assessing attitudes towards physical activity.

OxWell Student Survey for Young People

The OxWell Student Survey[3], conducted by the University of Oxford, is another valuable data source for understanding physical activity levels among young people in Slough. This large-scale well-being survey includes physical activity-related questions, capturing self-reported activity levels, attitudes towards exercise, and the barriers young people face in staying active.

Trends in Physical Activity Levels

The Office for Health Improvement and Disparities (OHID) provides regularly updated physical activity indicators, drawing from the Active Lives Adult Survey.. The data is available in the Public Health Outcomes Framework[6], aligning with the UK Chief Medical Officers' (CMO) Physical Activity Guidelines definition of inactivity and activity

These multiple data sources provide a comprehensive overview of physical activity in Slough, helping to identify trends, challenges, and areas for intervention to encourage more active lifestyles across all age groups.

Data Limitations

There are several limitations in the data and metadata used for this physical activity needs assessment in Slough. While some tools adhere to the UK Chief Medical Officers' (CMO) physical

activity guidelines[1], others, such as the International Physical Activity Questionnaire (IPAQ)[2], which was used in a local survey, do not directly map onto the CMO's classification of "active" and "inactive." This discrepancy is important because the CMO guidelines define specific thresholds for physical activity which differs from the IPAQ classification of activity into low, moderate, or high categories based on self-reported data across multiple domains of activity (e.g., work, transport, and leisure). The IPAQ tool does not make a direct distinction between meeting or failing to meet the CMO thresholds, which could lead to inconsistencies in interpreting how many individuals in Slough meet the national guidelines.

Additionally, many of the data sources rely on self-reported surveys of physical activity, which are subject to recall and response bias[7]. This may particularly affect data collected from children, who may misreport or inaccurately recall their activity levels. Furthermore, national surveys such as the Active Lives Survey have varying sample sizes at the local authority level each year, affecting the statistical power of the data and the precision of physical activity prevalence estimates. This variability limits the ability to examine activity levels across different demographic or socioeconomic groups with confidence. In addition, the failure of datasets to capture granular data on ethnicities and ward profiles in some instances poses a significant challenge to understanding disparities across demographic groups.

There are some limitations with using Connected Care as a data source. Any data source referred to as ‘Connected Care’ data is obtained from the NHS Frimley Integrated Care System (ICS) digital shared care record in September 2024[8]. The collated data therefore excludes those that have opted out of secondary data sharing, roughly 8% of the Slough population. Data is also excluded where there are low numbers (below 5) to prevent re-identification of patients. In addition, the data in Connected Care comes directly from the electronic health records across NHS Frimley ICS, and has therefore not been subject to the standard checks associated with national data submission to NHS England.

Finally, there were challenges in obtaining a complete picture of service usage, especially regarding specific activities like swimming. Missing data limits the ability to fully assess the availability and accessibility of physical activity services in Slough. Given the wide range of activities included, determining which services fall within the scope of the assessment further complicates this evaluation. As a result, the findings may not fully represent the diverse range of physical activity opportunities available to residents.

4. Introduction

Slough, a vibrant and diverse borough in Berkshire, is home to over 158,500 residents[9]. Known for its proximity to London and its status as a commercial hub, Slough also faces significant public health challenges, particularly around physical inactivity. The borough's demographic characteristics, including a relatively young population and a high proportion of ethnic minority groups comprising over 60% of the populations demography [10], shape both the opportunities and barriers to physical activity within the community.

The Slough Physical Activity Needs Assessment seeks to provide a comprehensive understanding of physical activity patterns in the borough. It draws on a range of data sources, including national surveys such as the Active Lives Survey[1] and the OxWell Student Survey [3], as well as locally conducted surveys that explore residents' attitudes towards physical activity. The local survey offers valuable insights into the barriers and opportunities for increasing physical activity, allowing for a more tailored approach to promoting healthier lifestyles within the borough. This locally gathered data is critical in identifying unique challenges faced by residents, such as cultural perceptions of exercise, language barriers, and accessibility to facilities.

Physical inactivity is a major contributor to the development of chronic conditions, including obesity, diabetes, and cardiovascular disease[11]. Physical inactivity in Slough have consistently remained higher than the national average for over a decade. Approximately 30% of Slough's adult residents are classified as inactive, compared to the national average of 22%[12]. Among children, only 40% in Slough are currently meeting the recommended physical activity levels, which is lower than both the South East region (48%) and the national average (47%)[13]. This Physical Activity Needs Assessment will not only evaluate existing services and community resources, but also identify gaps that can be addressed through future strategic interventions. By understanding the local context, this report aims to inform public health strategies and policies that can promote more equitable access to physical activity and improve the overall health and well-being of Slough's population.

This Physical Activity Needs Assessment serves as a foundation for guiding local efforts to increase physical activity, reduce health inequalities, and ensure that all residents of Slough have the opportunity to live healthier, more active lives.

Aims of the Physical Activity Needs Assessment

The key aims of this Physical Activity Needs Assessment are to:

- Provide an overview of physical activity levels among residents of Slough, drawing on national surveys, local surveys, and other available data.
- Identify the demographic groups that are less likely to be physically active and examine the barriers that prevent these groups from engaging in more physical activity. This includes

assessing the role of socioeconomic factors, cultural perceptions, and physical access to activity resources.

- Describe the key physical activity services available in Slough, including those offered by the local authority, voluntary organisations, and private providers to understand their reach and effectiveness.
- Make recommendations for increasing physical activity among people living, working, and visiting Slough.
- Support the development of targeted interventions that address the unique needs of Slough's population and improve overall public health outcomes.

4.1 Importance of Physical Activity

Physical activity is crucial for maintaining good health and preventing various chronic conditions. Its importance is underscored by both its positive impacts when present and negative consequences when absent[14].

4.2 Health Risks of Physical Inactivity

Physical inactivity is a major public health concern, contributing significantly to global mortality and morbidity:

- It is the fourth leading risk factor for mortality worldwide[15].
- Physical inactivity is linked to approximately 5 million deaths each year globally[15].
- In the UK, physical inactivity is responsible for one in six deaths[16].
- Nearly 40% of the UK adult population (about 20 million people) are not sufficiently active[14].

Figure 1: Levels of physical activity amongst the population

Source: Public Health England

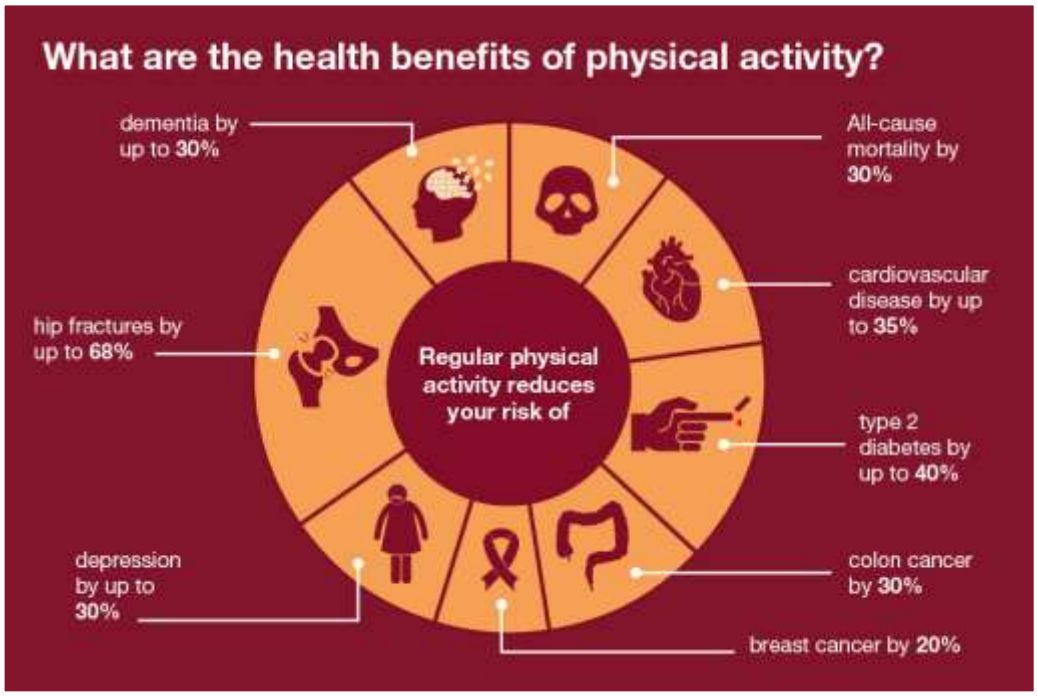
The economic impact is substantial. The consequences of physical inactivity extend beyond health outcomes, significantly impacting the economy:

- In the UK, physical inactivity costs the economy approximately £7.4 billion annually. This includes nearly £1 billion in direct costs to the NHS (Public Health England, 2019)[16].
- The economic burden is even more substantial when considering Europe as a whole. Physical inactivity costs an estimated €80.4 billion annually across Europe, with projections suggesting this could rise to €125 billion by 2030 if no action is taken[17].

4.3 Health Benefits of Regular Physical Activity

Regular physical activity offers a wide range of health benefits, contributing to both the prevention and management of various conditions:

Figure 2: The preventative impact of physical activity on health



Source: Public Health England

Cardiovascular Health[14,15]:

- Reduces the risk of heart disease and stroke.
- Can lower the risk of stroke by up to 50%.

Diabetes Management and Prevention[18]:

- Improves insulin sensitivity and glycaemic control.
- Lowers HbA1c levels almost as effectively as some medications.

Cancer Prevention[14]:

- Associated with a 20 to 30% reduction in breast cancer incidence.

- Linked to a 30 to 40% reduction in colon cancer risk.
- Can decrease cancer recurrence and reduce mortality rates by up to 40% in diagnosed individuals.

Bone Health[19]:

- Increases bone density and reduces bone loss rate.
- Helps prevent osteoporosis and reduces fracture risk, particularly in post-menopausal women.

Mental Health[14,20,21]:

- Enhances mood and reduces stress by triggering endorphin release.
- It is as effective as antidepressants in treating mild to moderate depression.
- Linked to improvements in cognitive function, including better memory, attention, and learning, delaying the onset of cognitive decline
- Provides opportunities for social interaction, which can alleviate feelings of loneliness and social isolation and can improve self-esteem and body image, contributing to a more positive self-perception and overall mental well-being.

Weight Management[14]:

- Crucial for preventing weight gain and maintaining a healthy weight.
- Improves cardiorespiratory fitness, insulin sensitivity, and metabolic health.

Overall Well-being[14]

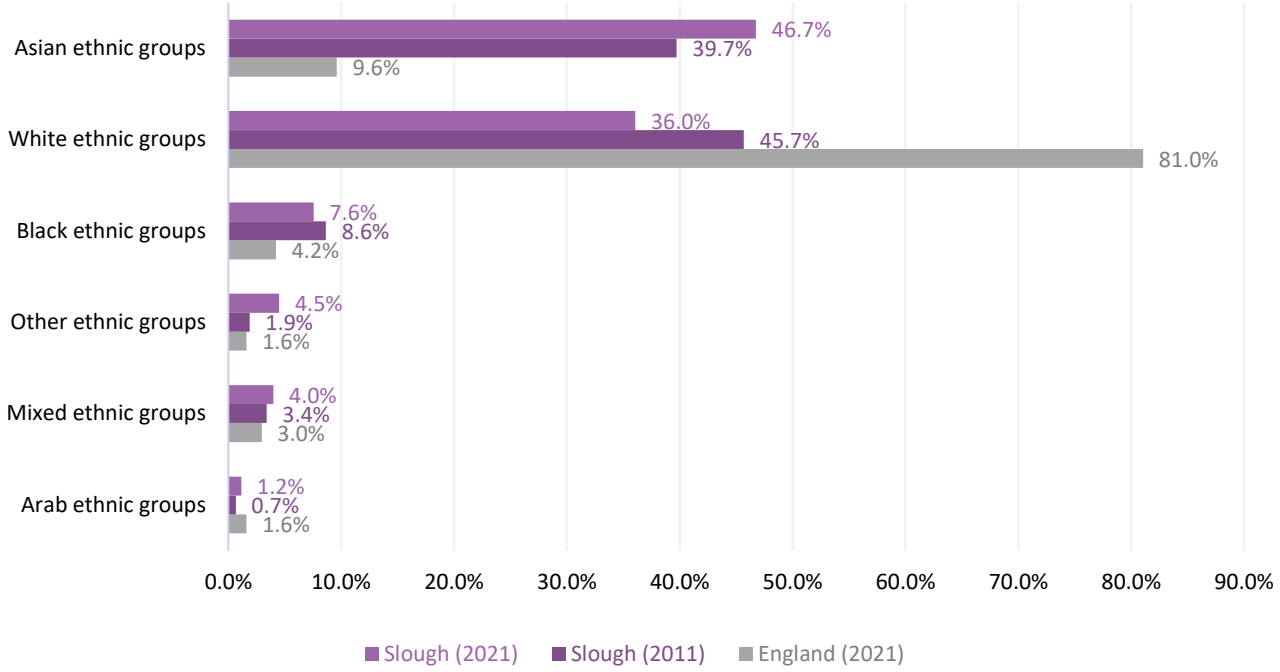
Beyond these specific benefits, being active can boost confidence, enhance social interactions, and improve overall quality of life. Physical activity is an essential component of a healthy lifestyle, contributing to better mental health and emotional well-being.

5. Demography of Slough

Slough is one of the most ethnically diverse areas in the UK, with a high proportion of residents from minority ethnic groups[22]. About 54% of the population are from Black, Asian, and Minority Ethnic (BAME) communities[23].

The predominant ethnic group is Asian, with significant populations of Pakistani, Indian, and other South Asian backgrounds. This diversity is also reflected in the languages spoken in the town, with over 150 languages recorded as being spoken in local schools[22].

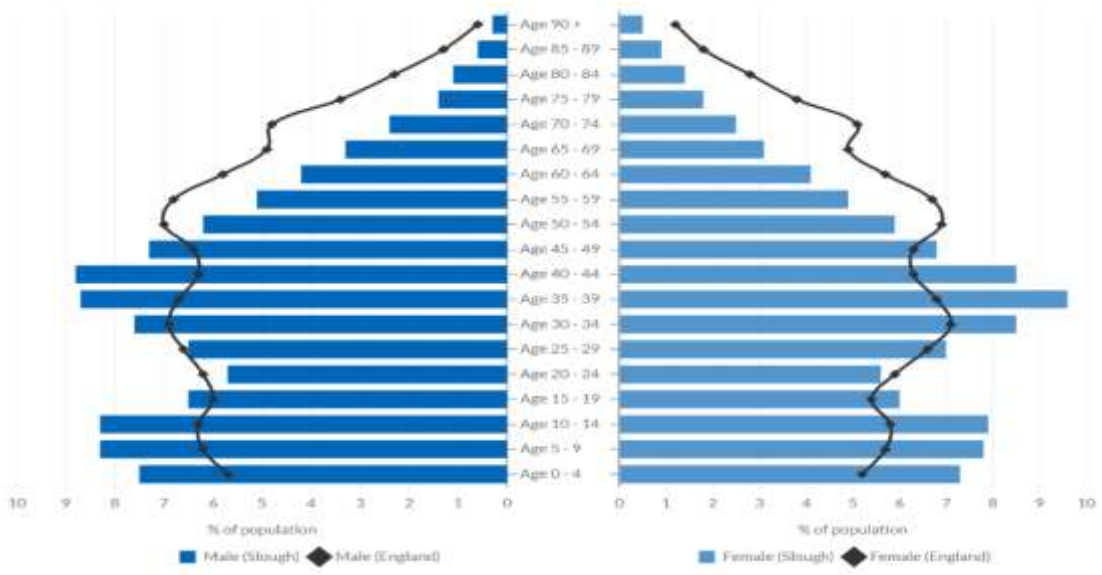
Figure 3: Broad Ethnic Groups in Slough



Source: Demography of Slough by Ethnicity. Source ONS

The population of Slough is younger compared to the national average[22,23]. The median age in Slough is 35.3 years, which is lower than the median age for England (40.2 years) and the South East region (41.9 years). This youthful demographic is particularly evident in the proportion of children and young adults, with a significant percentage of the population under 14 years old.

Figure 4: Age profile of Slough's Population



Source: Demography of Slough by Ethnicity. Source ONS

Population density in Slough is high, with 48.7 persons per hectare, far exceeding the regional average and the fifth most densely populated local authority outside London[24]. The highest population densities are found in wards like Baylis & Stoke, Elliman, and Britwell & Northborough.

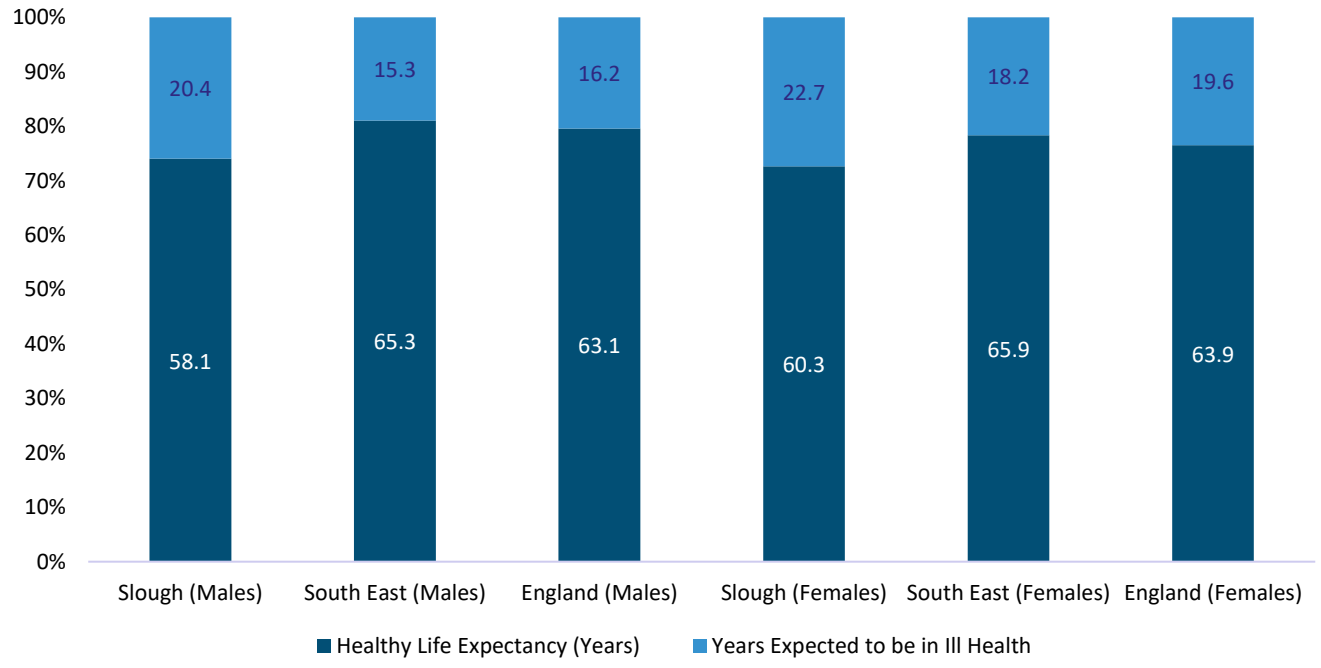
This dense urban environment has implications for housing, transportation, and public services, often leading to challenges such as overcrowding and congestion.

5.1 Health Profile of Slough

Slough faces several health challenges that are linked to its demographic and environmental factors. Life expectancy in Slough is lower than the national and regional averages, with males expected to live 78.5 years and females 82.5 years[4]. These figures are concerning when compared to the South East and England as a whole, where life expectancy is higher.

The borough has significant health inequalities, particularly between different wards[25]. For example, men in the most deprived areas of Slough are expected to live 7.2 years less than those in the least deprived areas.

Figure 5: Healthy life expectancy, South East and England comparison



Source: Public Health Outcomes Framework, 2024

Slough has higher burden of under 75 mortality from cardiovascular diseases compared to the national average. For instance, the borough has a higher prevalence of diabetes, which is one of the leading causes of the life expectancy gap between the most and least deprived areas. Similarly,

respiratory diseases are a significant concern, with higher-than-average rates of chronic obstructive pulmonary disease (COPD) and related hospital admissions[4].

Obesity is a major public health issue in Slough. Approximately 58% of adults in the borough are classified as overweight or obese while 42.5% of children in Year 6 are classified as being overweight or obese, a figure that is worse than the national average[4].

The mental health of residents in Slough is another area of concern. Modelled estimates indicate that 8.2% of GP patients in Slough have depression, which is lower than the national average but still significant. Additionally, the borough has a higher prevalence of premature mortality in adults with severe mental illness[4].

Slough's diverse population presents unique challenges in healthcare delivery. Cultural and language barriers can affect access to healthcare services, potentially leading to disparities in health outcomes. The high proportion of residents for whom English is not the first language highlights the need for culturally sensitive and accessible health services.

Given the demographic and health profile of Slough, there is a clear need for this Physical Activity Needs Assessment. Slough's youthful and diverse population faces significant public health challenges, including high rates of obesity, cardiovascular diseases, and mental health concerns. With a substantial proportion of the population living in urban, high-density environments, there are added pressures on housing, transportation, and access to green spaces, all of which can impact physical activity levels.

6. Policy, Strategy, and Guidance

6.1 National Policy Context

The national policy context in the UK places a strong emphasis on promoting public health through increased physical activity, reflecting the government's recognition of the crucial role it plays in improving overall health outcomes and reducing healthcare costs. Key policies and guidelines set by various government bodies and public health organisations underline the importance of physical activity as a principal component of public health strategy.

1. **Chief Medical Officers' Physical Activity Guidelines[5]**
   The 2019 guidelines from the UK's Chief Medical Officers provide comprehensive recommendations for physical activity across all age groups. These guidelines advocate for regular physical activity as essential to maintaining good health and preventing chronic diseases. The guidelines are widely used by local authorities, health professionals, and organizations to inform public health campaigns and initiatives aimed at increasing physical activity levels across the population.

   Infants (less than 1 year)
   Infants should be physically active several times every day in a variety of ways, including interactive floor-based activity, e.g., crawling. For infants not yet mobile, this includes at least 30

minutes of tummy time spread throughout the day while awake (and other movements such as reaching and grasping, pushing and pulling themselves independently, or rolling over); more is better.

Toddlers (1-2 years)
Toddlers should spend at least 180 minutes (3 hours) per day in a variety of physical activities at any intensity, including active and outdoor play, spread throughout the day; more is better.

Pre-schoolers (3-4 years)
Pre-schoolers should spend at least 180 minutes (3 hours) per day in a variety of physical activities spread throughout the day, including active and outdoor play. More is better; the 180 minutes should include at least 60 minutes of moderate-to-vigorous intensity physical activity.

Figure 6: Physical activity guidelines (0-5yrs)

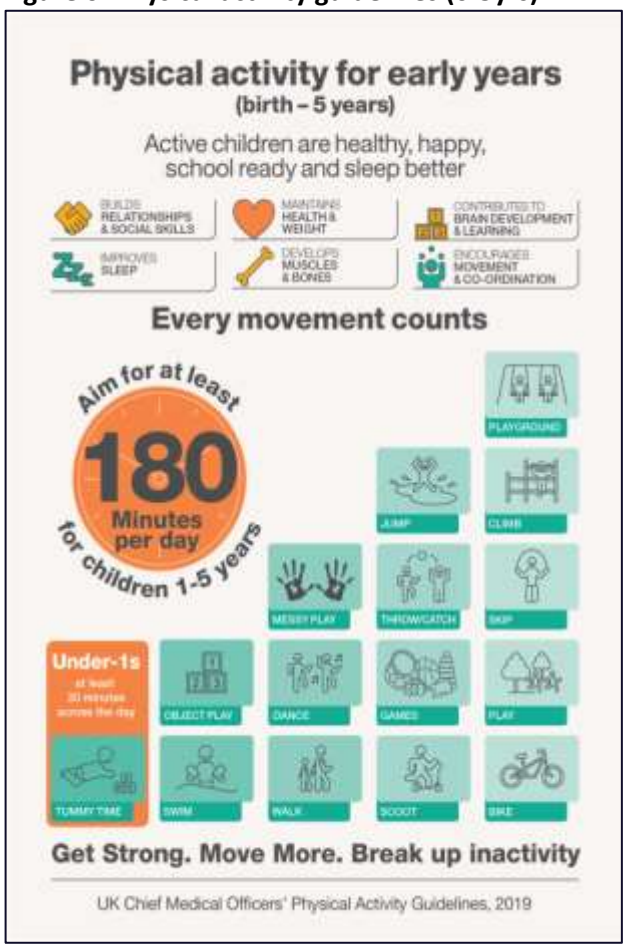


Figure 7: Physical activity guidelines (5-18yrs)

Source: Chief Medical Officers' Physical activity Guidelines[5]

Children and Young People (5 to 18 years)
Children and young people should engage in moderate-to-vigorous intensity physical activity for an average of at least 60 minutes per day across the week. This can include all forms of activity such as

physical education, active travel, after-school activities, play and sports. Children and young people should engage in a variety of types and intensities of physical activity across the week to develop movement skills, muscular fitness, and bone strength. Children and young people should aim to minimise the amount of time spent being sedentary, and when possible, should break up long periods of not moving with at least light physical activity.

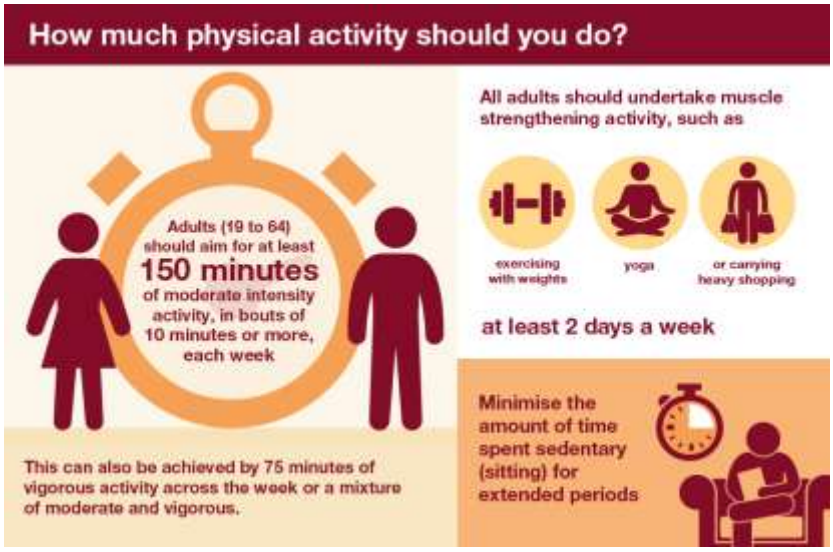
Adults (19 to 64 years)

For good physical and mental health, adults should aim to be physically active every day. Any activity is better than none, and more is better still.

- Adults should do activities to develop or maintain strength in the major muscle groups. These could include heavy gardening, carrying heavy shopping, or resistance exercise. Muscle strengthening activities should be done on at least two days a week, but any strengthening activity is better than none.
- Each week, adults should accumulate at least 150 minutes (2 1/2 hours) of moderate intensity activity (such as brisk walking or cycling); or 75 minutes of vigorous intensity activity (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous, and very vigorous intensity activity.

- Adults should aim to minimise the amount of time spent being sedentary, and when physically possible should break up extended periods of inactivity with at least light physical activity.

Figure 8: CMOs Guidelines to Physical Activity for Adults



Source: Chief Medical Officers' Physical activity Guidelines[5]

Older Adults (65 years and over)

- Older adults should participate in daily physical activity to gain health benefits, including maintenance of good physical and mental health, wellbeing, and social functioning. Some physical activity is better than none: even light activity brings some health benefits compared to being

sedentary, while more daily physical activity provides greater health and social benefits.

- Older adults should maintain or improve their physical function by undertaking activities aimed at improving or maintaining muscle strength, balance, and flexibility on at least two days a week. These could be combined with sessions involving moderate aerobic activity or could be additional sessions aimed specifically at these components of fitness.

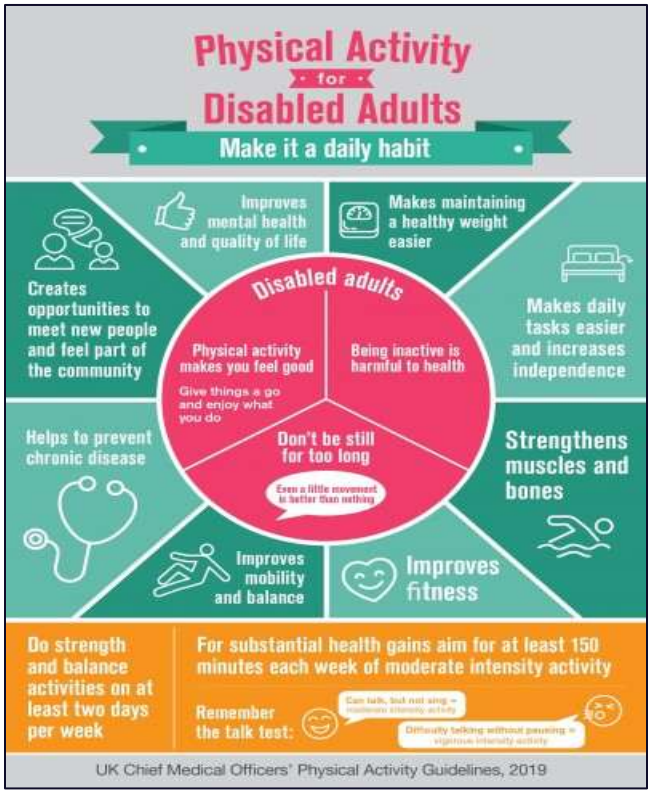
- Each week older adults should aim to accumulate 150 minutes (two and a half hours) of moderate intensity aerobic activity, building up gradually from current levels. Those who are already regularly active can achieve these benefits through 75 minutes of vigorous intensity activity, or a combination of moderate and vigorous activity, to achieve greater benefits. Weight-bearing activities which create an impact through the body help to maintain bone health.

- Older adults should break up prolonged periods of being sedentary with light activity when physically possible, or at least with standing, as this has distinct health benefits for older people.

Disabled adults

A rapid evidence review of the physical activity evidence base for general health benefits in disabled adults, as outlined by the Chief Medical Officer's (CMO) physical activity recommendations, confirmed that no evidence suggests appropriate physical activity poses any inherent risk to disabled adults.

Figure 9: CMOs physical activity guidelines for Disabled Adults



Source: Chief Medical Officers' Physical activity Guidelines[5]

The review found that disabled individuals experience health benefits from physical activity analogous to those experienced by the general population. It also highlighted the importance of dispelling myths surrounding physical activity being harmful for disabled individuals, reinforcing that engaging in appropriate physical activity is both safe and beneficial for this group.

Disabled children and young people[3]

- Undertake 120-180 minutes of aerobic physical activity per week at a moderate-to-vigorous intensity. This can be achieved in different ways (e.g., 20 minutes per day or 40 minutes, three times per week).
- Complete challenging, but manageable, strength and balance activities three times per week, which are particularly beneficial for muscle strength and motor skills.

Figure 10: CMOs physical activity guidelines for Disabled Children and Young People

Source: Chief Medical Officers' Physical activity Guidelines[5]

2. **NHS Long Term Plan**
   The NHS Long Term Plan (2019) further reinforces the national commitment to physical activity by linking it to the prevention of lifestyle-related diseases such as obesity, diabetes, and cardiovascular diseases. The plan outlines strategies to support active lifestyles, including social prescribing and community-based physical activity programs, which aim to reduce the burden on the NHS by preventing illness before it occurs. The plan also emphasizes the role of physical activity in managing long-term conditions and supporting mental health.

3. **Public Health England Initiatives**
   Public Health England (PHE) has launched several campaigns, such as "Change4Life" and "One You," which focus on encouraging physical activity among different population groups. These campaigns are designed to raise awareness about the health benefits of physical activity and provide practical tools and resources to help individuals and communities become more active. PHE also provides guidance on creating environments that encourage physical activity, such as the design of public spaces and the promotion of active travel.

4. **Sport England's Strategy**
   Sport England's strategy, "Uniting the Movement" (2021-2031), is aligned with the national policy focus on increasing participation in physical activity. It aims to tackle inactivity, particularly among underrepresented groups, and to create environments where physical activity is accessible and inclusive for everyone, regardless of background or ability. The strategy highlights the importance of community sports, active travel, and the role of physical activity in improving mental and physical health.

5. **Department for Digital, Culture, Media and Sport – Sporting Future - A New Strategy for an Active Nation**
   This strategy sets out a vision to redefine what success looks like in sport by concentrating on five key outcomes: physical wellbeing, mental wellbeing, individual development, social and community development, and economic development. The School Sport and Physical Activity Action Plan developed by the Department for Education, Department for Digital Culture Media and Sport, and the Department for Health and Social Care, is a cross-government action plan to provide pupils with greater opportunity to access 60 minutes of sport and physical activity every day.

6. **National physical activity framework, 'Everybody active, everyday'[27]**
   Published in 2014 with a focus on highlighting the importance of education across its four domains for action: active society, moving professionals, active environments and moving at scale; implementation reviews were published in 2017 and 2018. It has also published evidence on 'The link between pupil health and wellbeing and attainment' and a 'Rapid evidence review on the effect of physical activity participation among children aged 5-11 years.

7. **Cross-Government Strategies**
   The UK government has also integrated physical activity into broader policy frameworks, such as the "Childhood Obesity Plan"[28] and the "Cycling and Walking Investment Strategy."[29] These strategies recognise the role of physical activity in achieving wider public health and

environmental goals, such as reducing obesity rates and promoting sustainable transport. The government's commitment to creating healthier communities is also reflected in its support for active travel initiatives, which encourage walking and cycling as part of daily routines.

8. **Get Berkshire Active Strategic Intent 2021-2026**[30]
   Identifies six key principles to drive uptake of physical activity by focusing on long-term behaviour change, supporting new innovative ideas, ensuring programmes are scalable and sustainable, combating inequalities, using insight and evaluations to review target and encouraging collaboration.

6.2 Slough Borough Council Corporate Plan

The Slough Borough Council Corporate Plan 2023-2027[31] outlines three strategic priorities that are closely linked to promoting physical activity within the community.

1. **A Borough for Children and Young People to Thrive**
   This priority emphasizes the importance of creating environments that support the physical and mental development of young people. Encouraging physical activity through better sports facilities and active play areas is crucial for fostering healthy growth, improving academic performance, and developing social skills. The Council's focus on youth development aligns with national efforts to increase physical activity among children and adolescents, ensuring they develop healthy habits that continue into adulthood.

2. **A Town Where Residents Can Live Healthier, Safer, and More Independent Lives**
   Physical activity is essential for maintaining health and independence, particularly among older adults. By increasing opportunities for exercise and making public spaces safer and more accessible, the Council aims to enhance residents' overall well-being, reduce chronic disease prevalence, and promote social cohesion. This priority supports the NHS Long Term Plan's emphasis on physical activity as a preventive measure and its role in managing long-term health conditions.

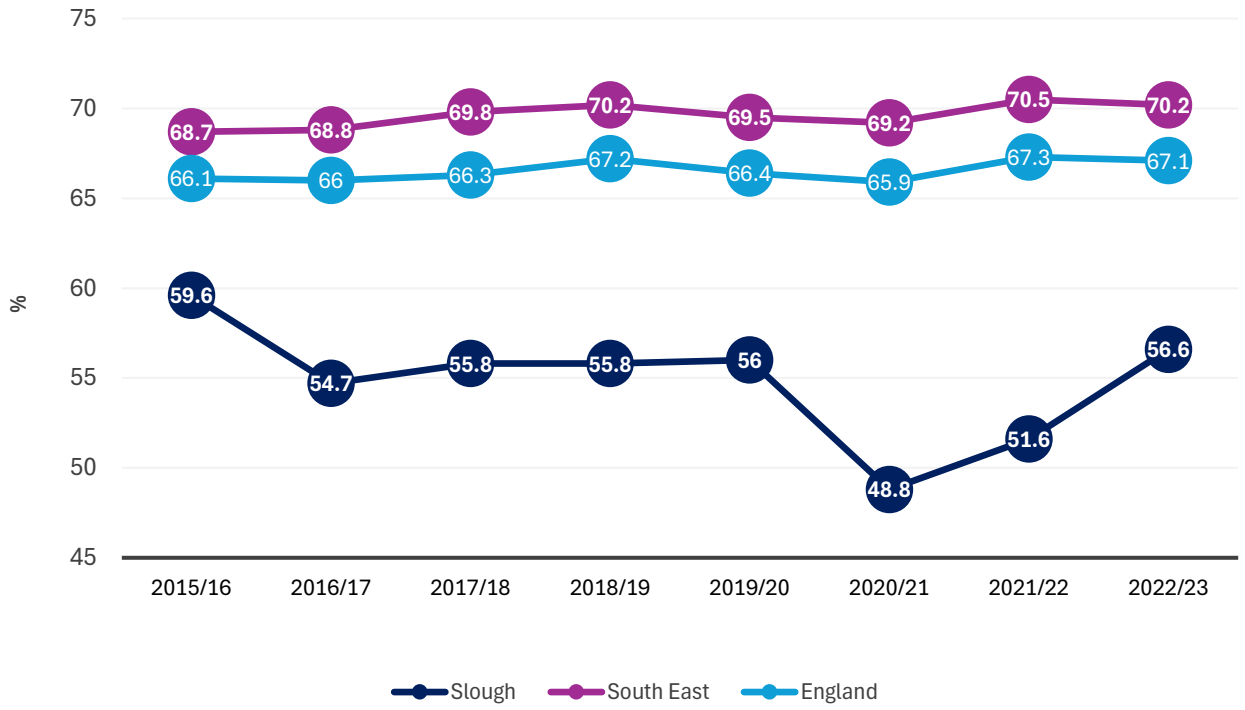
3. **A Cleaner, Healthier, and More Prosperous Slough**
   Promoting active travel, such as walking and cycling, not only supports environmental sustainability by reducing emissions but also contributes to a healthier population. These efforts align with the Council's goals of fostering a clean environment and ensuring economic prosperity through a healthier, more active workforce. The promotion of active travel is also in line with national strategies, such as the Cycling and Walking Investment Strategy, which aims to make walking and cycling the natural choices for short journeys.

7. Physical Activity Data for Adults

Prevalence rates relevant to physical activity (activity / inactivity)
Physical activity levels among adults in Slough remain a significant public health concern, as highlighted by both Sport England[1] and Fingertips data[4]. Both datasets underscore the fact that Slough is performing below national averages in terms of physical activity, with a substantial proportion of the population classified as inactive, placing them at increased risk of chronic diseases and other health complications.

Physical Activity (Adults aged 19+)
The proportion of physically active adults in Slough has consistently lagged behind the national average. In 2015/16, 59.6% of adults in Slough were physically active, compared to 66.1% nationally. This figure dropped to 44.1% in 2020/21, again likely due to the pandemic, before recovering slightly to 56.6% in 2022/23. However, this remains below the national average of 67.1%, highlighting a persistent gap in physical activity levels between Slough and other areas of England[4].

Figure 11: Percentage of physically active adults (19+ yrs) - Slough, South East and national comparisons

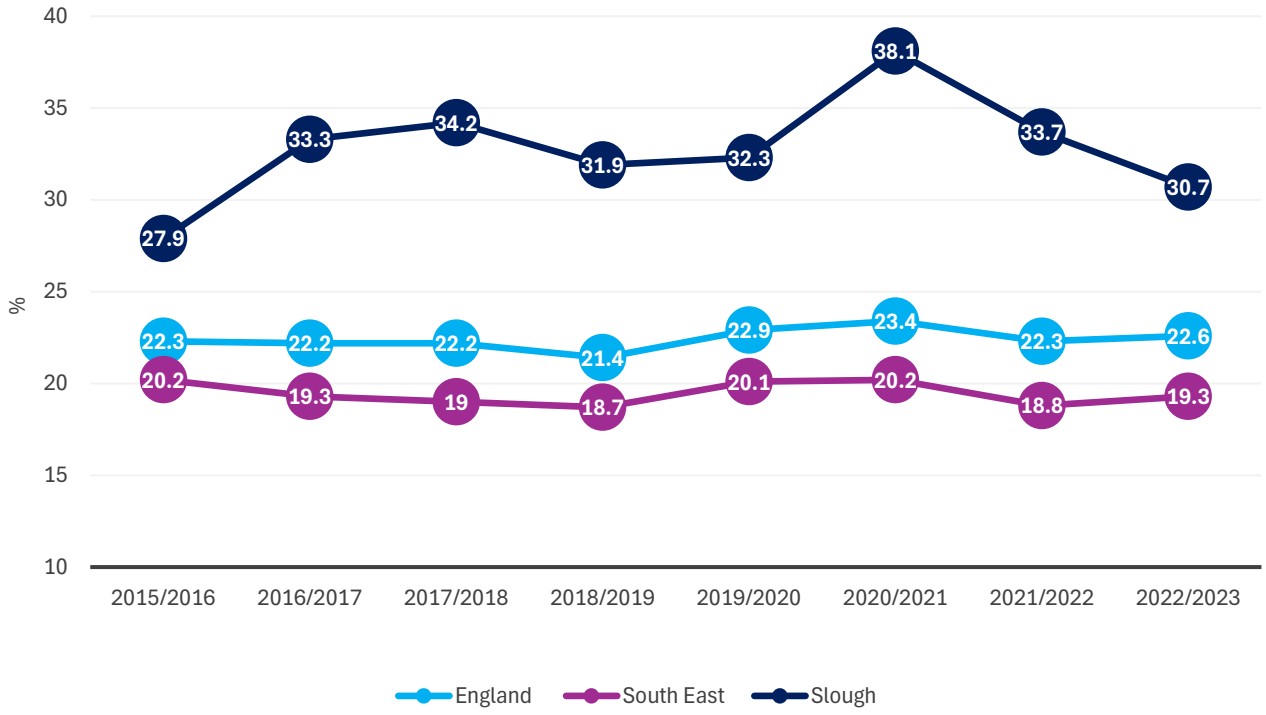


Source: OHID, % of physically active adults, Fingertips | Department of Health and Social Care

The percentage of physically inactive adults in Slough has fluctuated over the years, showing a concerning trend. In 2015/16, 27.9% of adults were physically inactive, a figure that peaked at 38.1% in 2020/21 before decreasing to 30.7% in 2022/23. This level of inactivity highlighted in Figure 12 remains higher than the national average of 22.6% for England.

The peak in inactivity during 2020/21 may reflect the impact of the COVID-19 pandemic, which led to many areas across the UK experiencing declines in physical activity due to lockdowns and restrictions on movement.

Figure 12: % of physically inactive Adults (19+ yrs) - Slough, South East and national comparisons



Source: OHID, % of physically inactive adults, Fingertips | Department of Health and Social Care

Both datasets reflect the broader burden of inactivity in Slough. Over one-third of adults in the borough are inactive, which is much higher than the best-performing areas in England.

This burden of inactivity contributes to a higher prevalence of chronic conditions, putting additional strain on local healthcare services and lowering overall health outcomes for the population. Furthermore, the low proportion of "active" individuals suggests that many adults are not fully reaping the health benefits associated with regular physical activity.

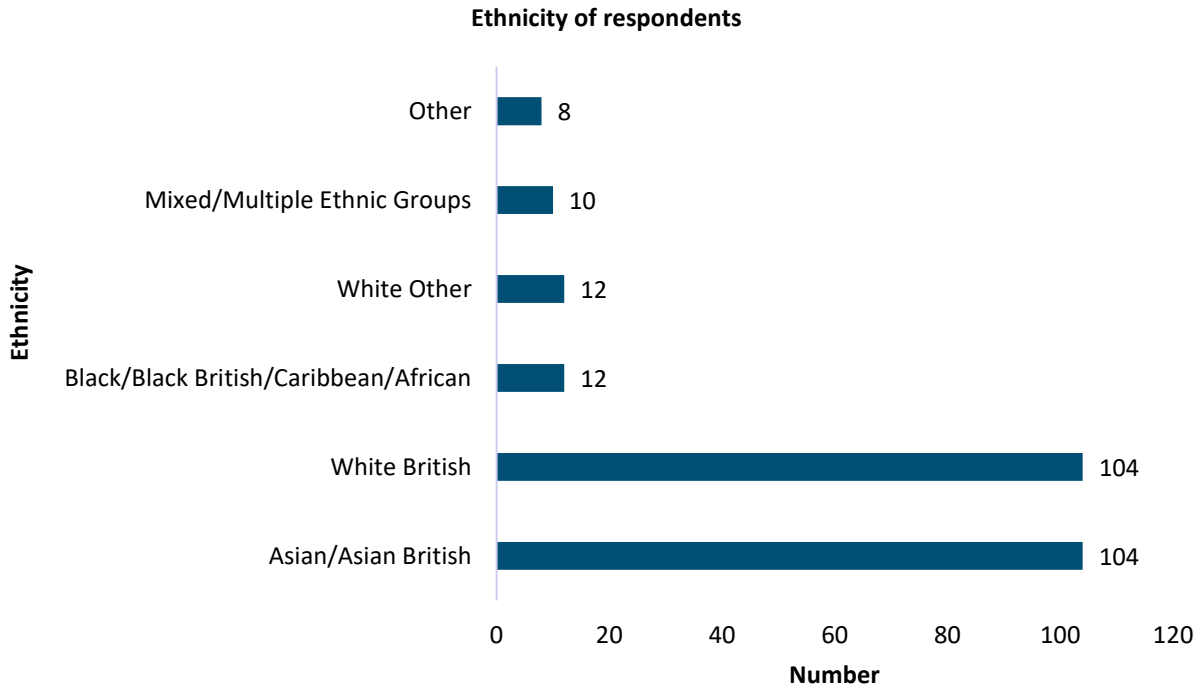
7.1 Slough Physical Activity Survey 2024

A local physical activity survey of Slough residents was conducted between May and July 2024. The survey aimed to assess residents' knowledge of the health benefits of physical activity, their physical activity levels, and their awareness and engagement with various local and national programmes promoting physical activity. A total of 252 residents participated in the survey.

The survey sample reflected Slough's diverse population, with an overall higher proportion of respondents from minority ethnic groups than White British participants, in line with the

demographic makeup of the area. However, there was a notable gender imbalance, with 70% of respondents being female.

Figure 13: Ethnic makeup of respondents to the Slough Physical Activity Survey 2024



Source: Slough Physical Activity Survey 2024

Awareness of Physical Activity Benefits

Survey analysis revealed that almost one-third of respondents were unaware of the recommended levels of physical activity. Additionally, 10% of adults incorrectly believed that regular physical activity could weaken bones, and another 10% were unsure about its effects. Furthermore, 10% of respondents mistakenly thought that physical activity could lead to high blood pressure, highlighting significant gaps in understanding the health benefits of exercise.

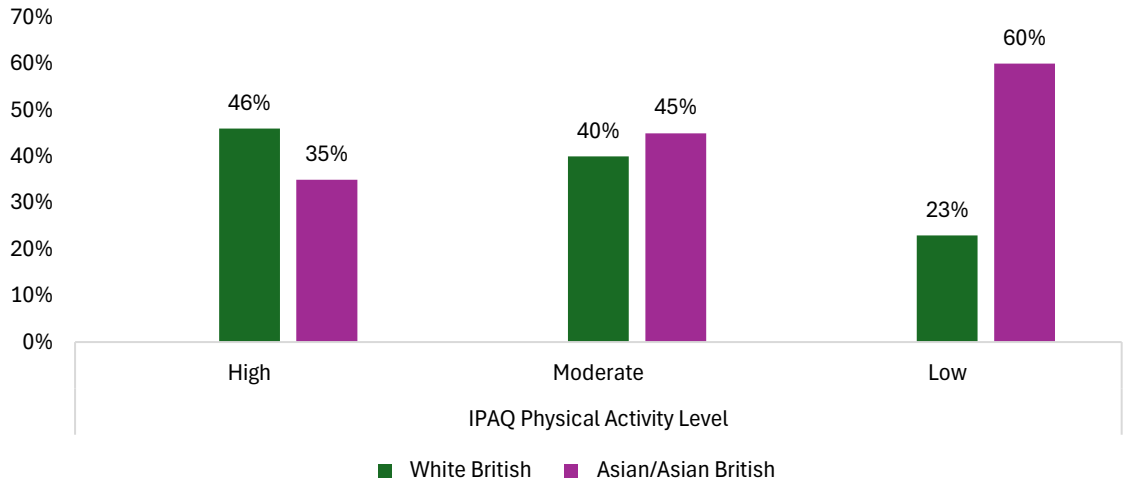
Awareness of Local and National Physical Activity Programmes

- Active Slough was the most widely recognised among respondents, followed by Couch to 5k**.** However, the third most selected option was “none of the above,” indicating a lack of awareness of other local and national physical activity initiatives. This suggests that despite some well-known programmes, many residents remain unaware of the full range of opportunities available to them.

- The findings highlight both the successes and challenges in promoting physical activity in Slough, pointing to specific gaps in knowledge, engagement, and access, particularly among certain demographic groups.

Health inequalities in rates (by location/ ethnicity / socioeconomic status)
The International Physical Activity Questionnaire (IPAQ) was used to assess respondents' physical activity levels. The findings showed that 37% of respondents were classified as engaging in high levels of physical activity, 47% were categorised as engaging in moderate activity, and 16% were classified as having low activity levels.

Figure 14: Association between Physical Activity Levels and Ethnicity



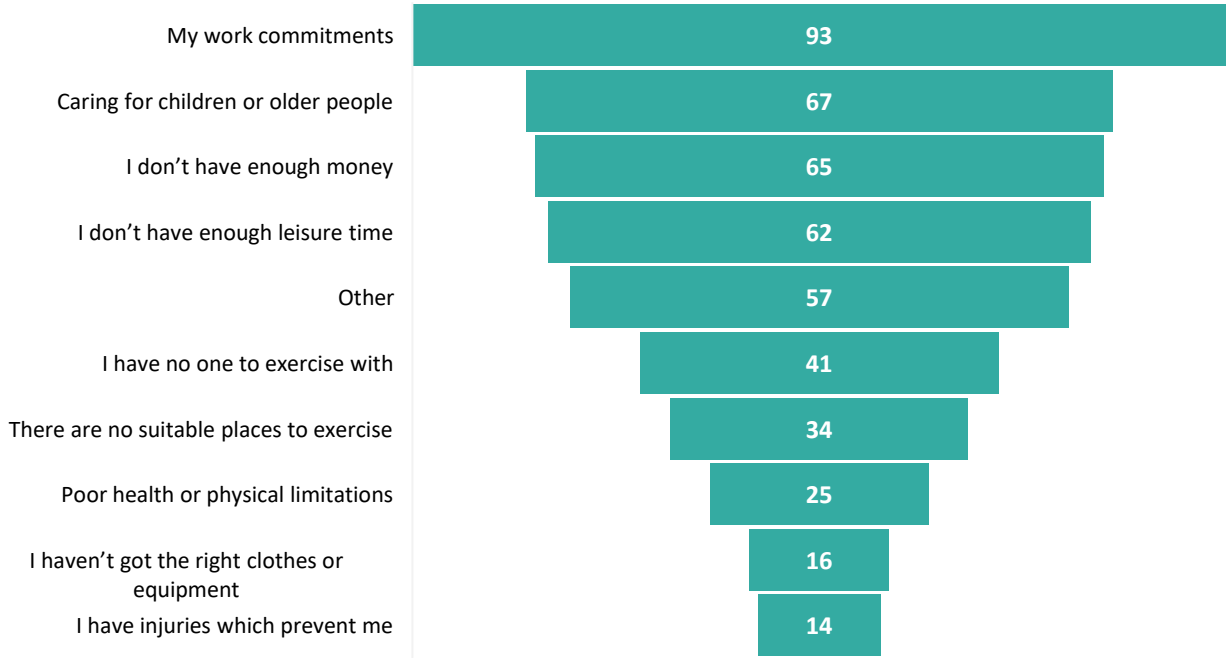
Source: Slough Physical Activity Survey 2024

These findings are consistent with the results from a previous health belief survey conducted in 2019, with a sample size of 1,605 residents. The survey found that 20% were categorised as active, 63% as fairly active, and 17% as inactive. While the definitions of activity levels differ between the two tools, both surveys indicate a consistent pattern: most people fall within the middle range, being classed as fairly active or engaging in moderate levels of physical activity, with a similar proportion categorised as inactive.

Notably, respondents from Asian and Asian British groups were more likely to be classified in the low levels of physical activity group (60%) compared to White British respondents (23%). Conversely, only 35% of Asian and Asian British participants were classified as engaging in high levels of activity, compared to 46% of White British respondents. The findings also revealed a significant correlation between lower IPAQ scores and individuals with long term conditions such as cardiovascular diseases, with these groups reporting lower levels of physical activity.

Barriers
Lack of time, particularly due to work commitments was the commonly most cited barrier identified in the survey. Other factors, such as caring responsibilities and financial constraints were also identified among the five most common barriers. A previous health belief survey found that time was the most cited barrier to engaging in physical activity, with 46% of residents selecting this reason. Cost was another key barrier, with 32% wishing for free gym facilities and 30% calling for lower prices.

Figure 15: Reasons for not engaging in physical activity



Source: Slough Physical Activity Survey 2024

Findings from a qualitative study involving three focus group discussions conducted in July 2024 provides an in-depth exploration of the barriers. Five subthemes were identified linked to barriers to physical activity participation.

Subtheme 1.1: Safety Concerns

- **Description**: Concerns about the safety of public spaces, such as parks and recreation areas, were frequently cited as deterrents for outdoor physical activity.
- **Quotes**:
  - "Salt Hill Park doesn't feel safe; it's full of broken glass, and I don't feel comfortable walking there alone"
  - "A lot of people avoid outdoor spaces because they feel unsafe, especially after dark"

Subtheme 1.2: Financial Barriers

- **Description**: Many participants highlighted the high cost of structured physical activity programs, such as gym memberships, fitness classes, and sports clubs, as a key barrier.
- **Quotes**:
  - "Gyms are too expensive, and most people can't afford to pay for classes regularly"
  - "I would love to participate more, but the costs of the activities are just too high"

Subtheme 1.3: Lack of Awareness and Information

- **Description**: A considerable number of participants mentioned that they were unaware of the services and programs available for physical activity in Slough. Poor communication channels contributed to low participation.

- **Quotes**:
    - "I didn't know about any of these programs. If I knew, I would have signed up"
    - "There is not enough information reaching the community about the activities that are available"

Subtheme 1.4: Cultural and Language Barriers

- **Description**: Cultural differences and language barriers were mentioned as significant obstacles, particularly for non-native English speakers and culturally diverse populations.
- **Quotes**:
    - "The fitness programs don't account for our cultural preferences, and the language is often a barrier".
    - "People from my community don't join because they don't understand the language or feel the programs are not for them".

Subtheme 1.5: Accessibility and Transport Issues

- **Description**: Limited access to transport or proximity to fitness centres or outdoor spaces was another recurring theme, particularly for people living in more remote areas.
- **Quotes**:
    - "It's hard for people without cars to get to activity centres or parks, and public transport is not always reliable".
    - "We need more local places to exercise, not just far-away gyms".

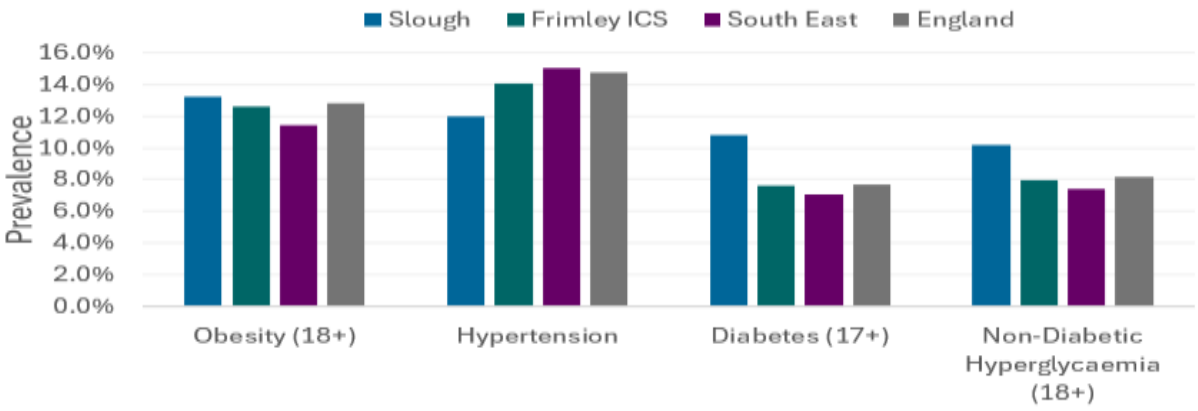
7.2 Health Inequalities Linked to Physical Activity in Slough

Physical inactivity is intricately linked to significant health inequalities in Slough. As reflected in national and local data[4], disparities in activity levels contribute to the unequal distribution of chronic diseases such as cardiovascular conditions, diabetes, and musculoskeletal disorders—conditions that are leading causes of Disability-Adjusted Life Years (DALYs) both globally and in Slough[32].

Cardiovascular diseases (CVD), which rank fourth globally for DALYs, have a strong correlation with physical inactivity. In Slough, certain demographic groups are more affected by CVD, particularly those from lower socio-economic backgrounds or minority ethnic groups, who have higher rates of inactivity. Regular physical activity reduces the risk of heart disease and stroke, but the lack of adequate infrastructure, awareness, and accessible exercise opportunities contributes to the persistence of these health inequalities in the borough.

The high prevalence of chronic conditions associated with physical inactivity is shown in Figure 16 below, with prevalence of Diabetes, Obesity and Non-Diabetic Hyperglycaemia (Pre-Diabetes) being higher in Slough compared to the averages for the NHS Frimley ICS geography, the South East region and England[8]. Although lower than the NHS Frimley ICS, Southeast, and England averages, hypertension has the second highest prevalence among long-term conditions across Slough at 12.0% and is an indicator of CVD which is also closely linked to physical inactivity[8]. It is therefore an important indictor to consider.

Figure 16: Prevalence of Conditions (QOF) Associated with Physical Activity, comparing averages across Slough, NHS Frimley ICS, South East, and England



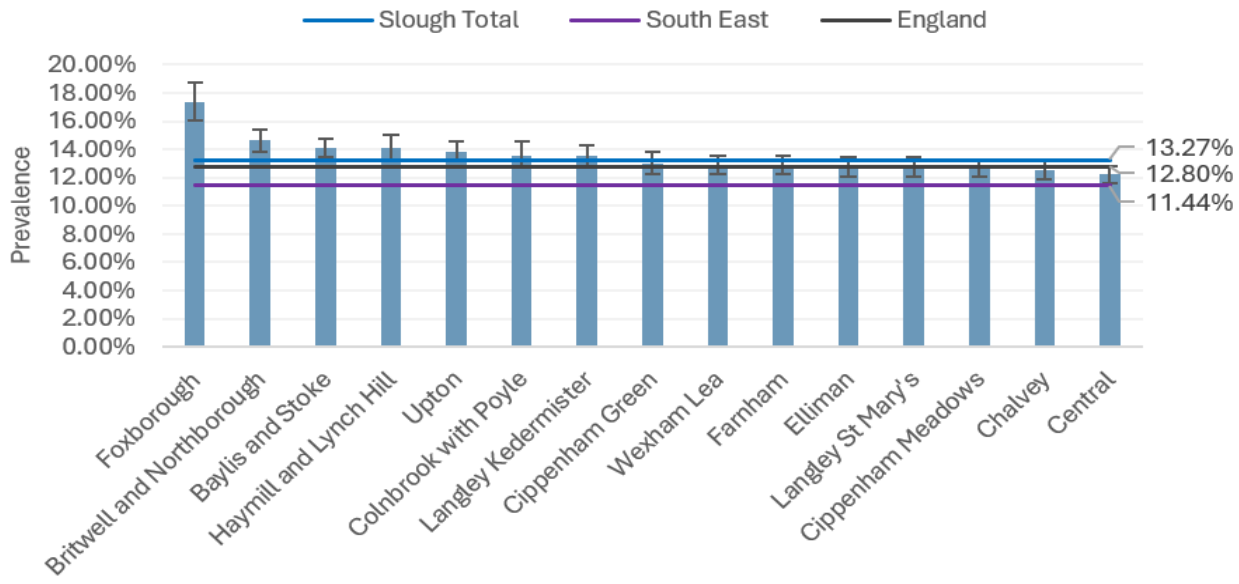
Source: Slough and Ward-level data, Connected Care 2023/2024; South East and England data, NHS Digital 2023/2024.

7.3 Obesity and Physical Inactivity

The prevalence of Obesity in Slough (by those that are 18+ and QOF registered) is 13.3%, which is higher than both the regional average of 11.4% in the South East and the national average of 12.8% across England[8]. In addition, around 58% of adults in Slough are overweight or obese[4].

There is a well-established link between physical inactivity and obesity, and this relationship is particularly relevant in Slough, where socioeconomic and environmental factors exacerbate barriers to physical activity.

Figure 17: Obesity Prevalence (QOF 18+) by ward, with comparison to averages for Slough, South East and England



Source: Slough and Ward-level data, Connected Care 2023/2024; Southeast and England data, NHS Digital 2023/2024.

Notably, five wards (Foxborough, Britwell and Northborough, Baylis and Stoke, Haymill and Lynch Hill, and Upton) have significantly higher obesity prevalence than the national average. All Slough wards have a significantly higher obesity prevalence than the regional average.

7.4 Diabetes and Physical Activity

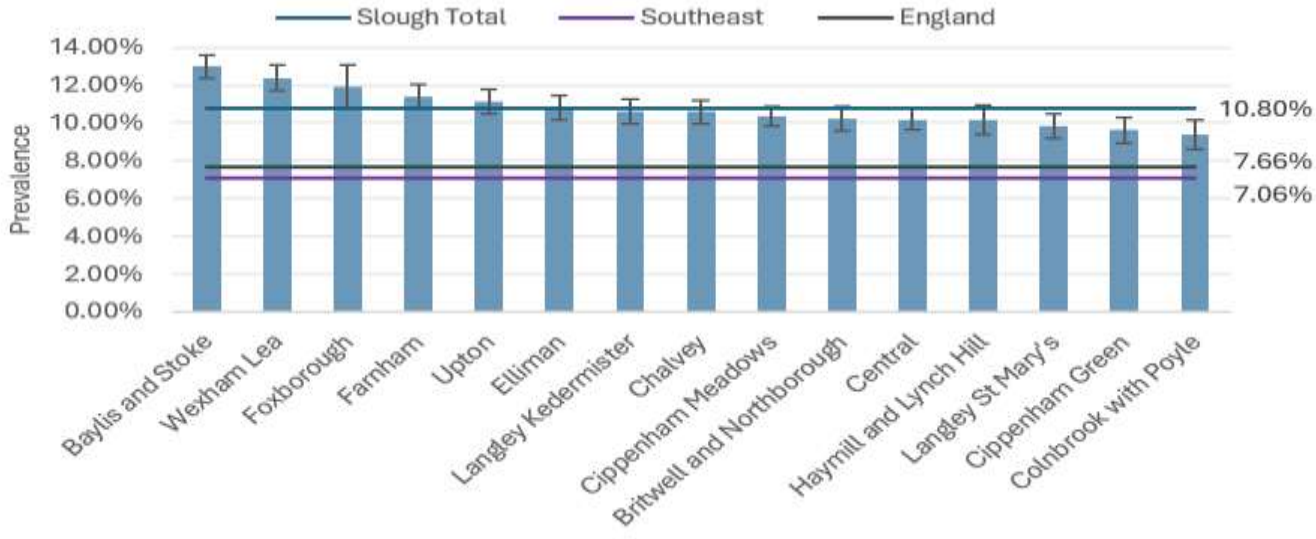
The connection between physical inactivity and type 2 diabetes is a critical public health issue in Slough, where the prevalence of diabetes in every ward is significantly higher than the regional and national averages (figure 18).

Currently, 10.8% of adults in Slough (aged 18+ and QOF-registered) have been diagnosed with diabetes, compared to the national average of 7.7%. Of this total diabetic population, 93% have type 2 diabetes (figure 19). In addition, 10.2% of residents have non-diabetic hyperglycaemia – a figure that also exceeds the national average of 8.2% and regional average of 7.4% (figure 20). This pre-diabetic cohort, who are at heightened risk of developing type 2 diabetes, represents a significant concern for future public health in the borough[8].

Physical inactivity plays a direct role in the development and management of diabetes, contributing to poor insulin sensitivity, weight gain, and worsening glycaemic control[18]. The condition is now ranked as the ninth leading cause of Disability-Adjusted Life Years (DALYs) worldwide, a statistic strongly driven by physical inactivity.

Locally, Slough's Asian and Asian British populations are disproportionately affected by type 2 diabetes, reflecting national patterns of increased prevalence in ethnic minority communities. Cultural norms, limited access to physical activity programs, and inadequate safe environments for exercise further exacerbate physical inactivity in these groups.

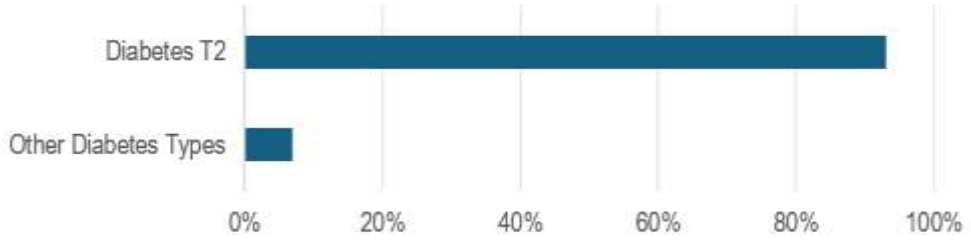
Figure 18: Diabetes Prevalence (QOF 17+) by Ward, with comparison to averages for Slough, Southeast and England



Source: Slough and Ward-level data, Connected Care 2023/2024; Southeast and England data, NHS Digital 2023/2024.

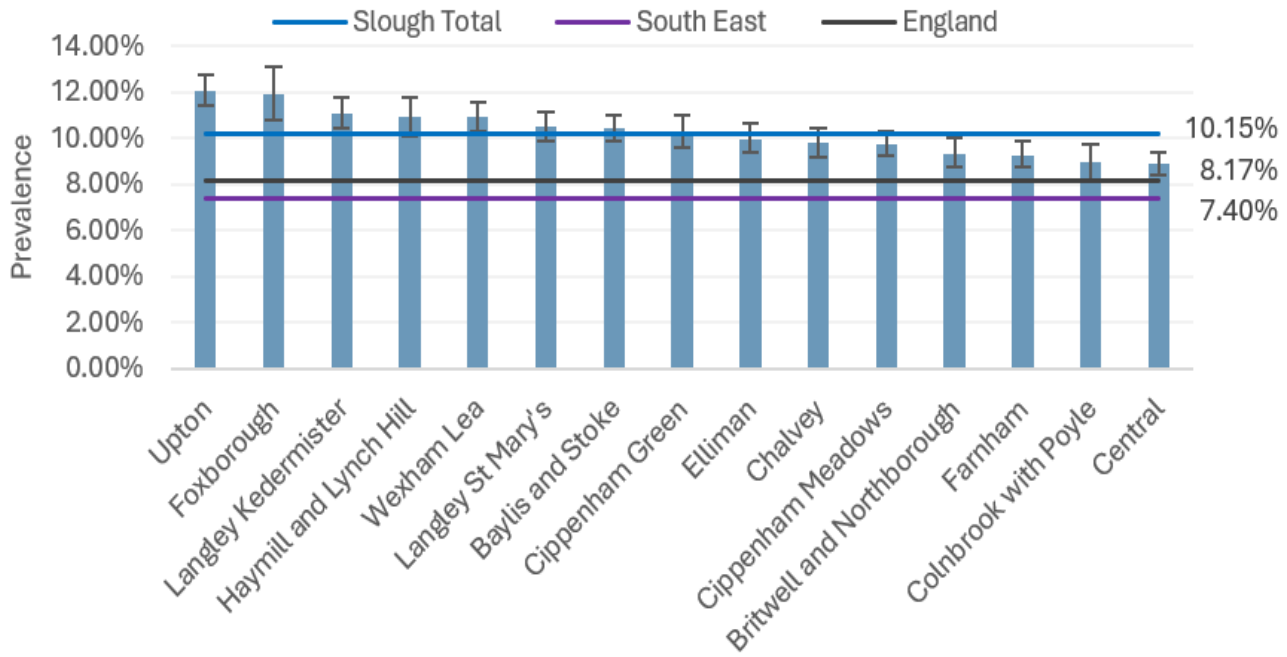
Areas such as Baylis and Stoke and Wexham Lea have the highest prevalence of diabetes, with rates over 12%. Although this suggests the need for targeted interventions to reduce diabetes rates in specific areas of Slough, all Slough wards have significantly higher prevalence than regional and national averages. Intervention to promote healthier lifestyles, particularly through physical activity, is therefore necessary across the whole of Slough.

Figure 19: Percentage of total diabetes in the Slough Connected Care population which is type 2 diabetes



Source: Connected Care 2023/2024

Figure 20: Non-Diabetic Hyperglycaemia/Pre-Diabetes Prevalence (QOF, all ages) by ward, with comparison to averages for Slough, Southeast and England



Source: Slough and Ward-level data, Connected Care 2023/2024; Southeast and England data, NHS Digital 2023/2024.

Continuing from the previous point, wards like Upton and Foxborough display the highest rates of pre-diabetes, which suggests targeted intervention in specific areas of Slough.

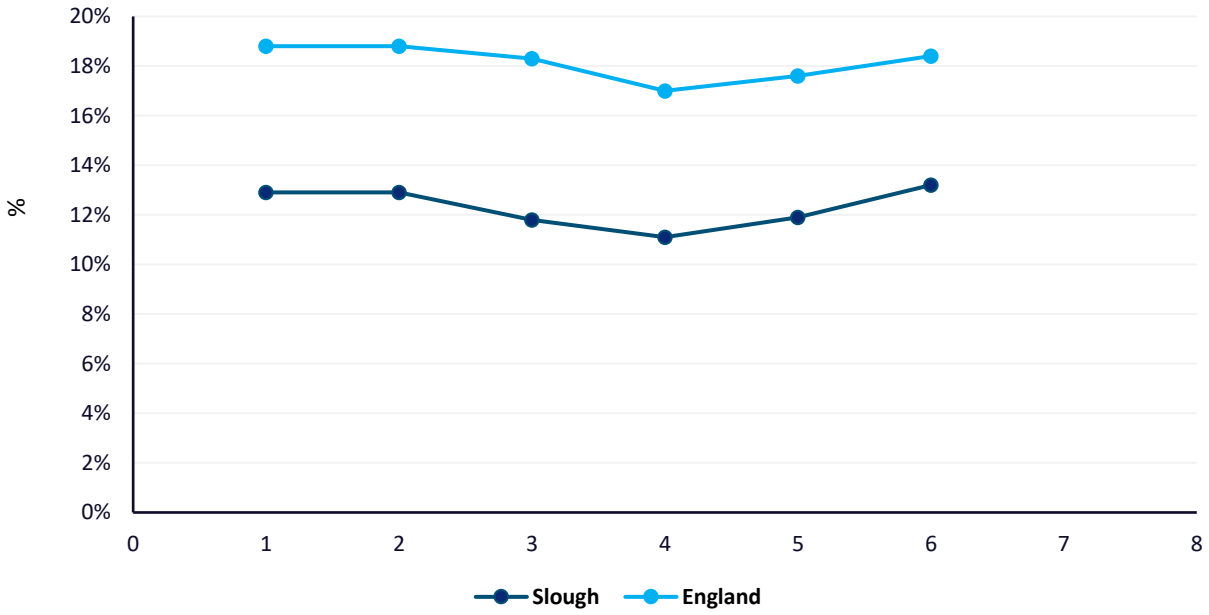
However, similarly to diabetes prevalence, prevalence of pre-diabetes is significantly higher than regional and national averages in every Slough ward. This emphasizes the urgency of early intervention across the whole of Slough by reducing hyperglycemia and promoting physical activity.

7.5 Musculoskeletal Disorders and Physical Activity

Musculoskeletal disorders, including arthritis and back pain, rank fifth globally in terms of DALYs and are also prevalent in Slough[32]. Physical inactivity exacerbates these conditions, particularly among older adults and individuals with limited mobility. Engaging in regular physical activity, such as strength training and aerobic exercise, can help prevent or manage musculoskeletal problems.

Looking at the data for Slough, the prevalence of long-term MSK problems is consistently lower than the national average, fluctuating between 11.1% and 13.2% between 2018 and 2023[4]. Despite this relatively lower prevalence, the high levels of physical inactivity in Slough could exacerbate these conditions, especially for individuals already at risk or suffering from MSK issues.

Figure 21: Percentage reporting a long-term musculoskeletal problem, Slough and England Comparison



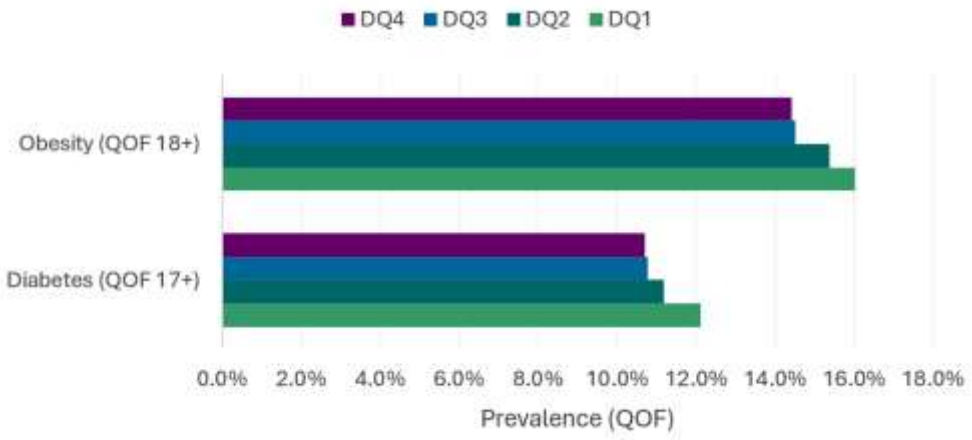
Source: Public Health Outcomes Framework, 2024

7.6 Socioeconomic Disparities and Physical Activity

Although direct data capture is unavailable, proxy data on the prevalence of obesity and diabetes by deprivation suggests a clear socioeconomic gradient in physical activity levels in Slough. As demonstrated in figure 22, the prevalence of both conditions is highest in the most deprived quartile (DQ1) and steadily decreases in less deprived quartiles. This suggests a strong socioeconomic gradient in physical activity levels and associated health outcomes, with individuals from more deprived areas being less likely to engage in regular exercise.

This disparity contributes to higher rates of obesity and diabetes in these communities. Financial constraints, including the cost of accessing leisure facilities and organised sports, remain significant barriers to physical activity for residents in more deprived areas. Addressing these inequalities through affordable and accessible opportunities for physical activity is crucial to improving health outcomes in Slough.

Figure 22: Prevalence of Obesity (QOF 18+) and Diabetes (QOF 17+) in Slough by Deprivation Quintile 2024



Source: Connected Care, September 2024

7.7 Gender and Age-Related Inequalities

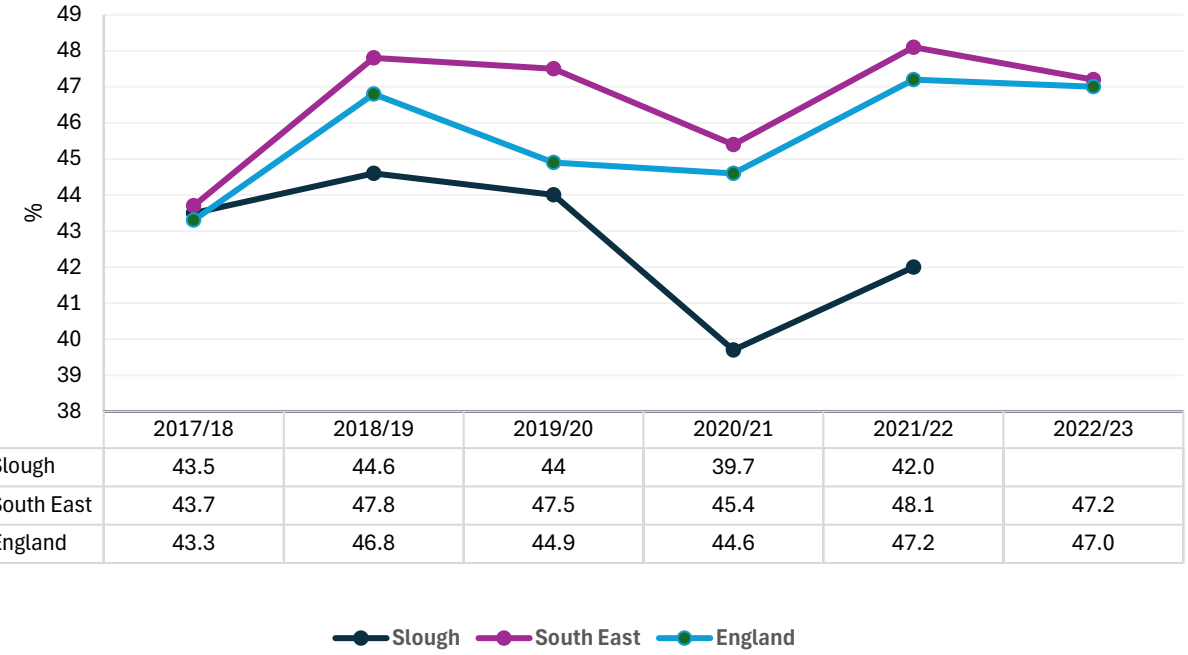
Evidence from both local data in Slough and national findings indicates that women and older adults are less likely to engage in regular physical activity. This trend is reflected in the UK-wide statistics, where inactivity is more common among females and people over 65 years old. National surveys, including the Active Lives Survey, reveal that only 61% of women meet physical activity guidelines compared to 66% of men[1]. Age-related decline in activity is also well-documented, with physical activity levels dropping significantly as individuals get older. This disparity is a key contributor to the higher prevalence of health conditions such as obesity, diabetes, and cardiovascular disease in these groups.

In Slough, the pattern is similar, with our local survey showing that physical activity levels tend to decline with age, particularly among women. These trends highlight the need for targeted interventions that address the unique barriers faced by women and older adults, such as caregiving responsibilities, lack of time, and access to gender and age-appropriate physical activity opportunities. Addressing these disparities through inclusive programs is crucial to improving overall health outcomes in these vulnerable populations.

8. Physical activity data for children and young people

Between 2017 and 2022, the percentage of children and young people in Slough meeting the recommended 60 minutes of physical activity per day across the week fell from 43.5% in 2017/18 to 39.7% in 2020/21, before partially recovering to 42% the following year[35]. This significant decrease and partial rebound were largely due to the COVID-19 pandemic and the associated lockdown measures. Throughout this five-year period, Slough consistently had lower physical activity rates for children and young people in comparison to regional and national averages, with the gap growing substantially from 2019/20 onwards[35].

Figure 23: Percentage of physical activity children and young people (2017-22)



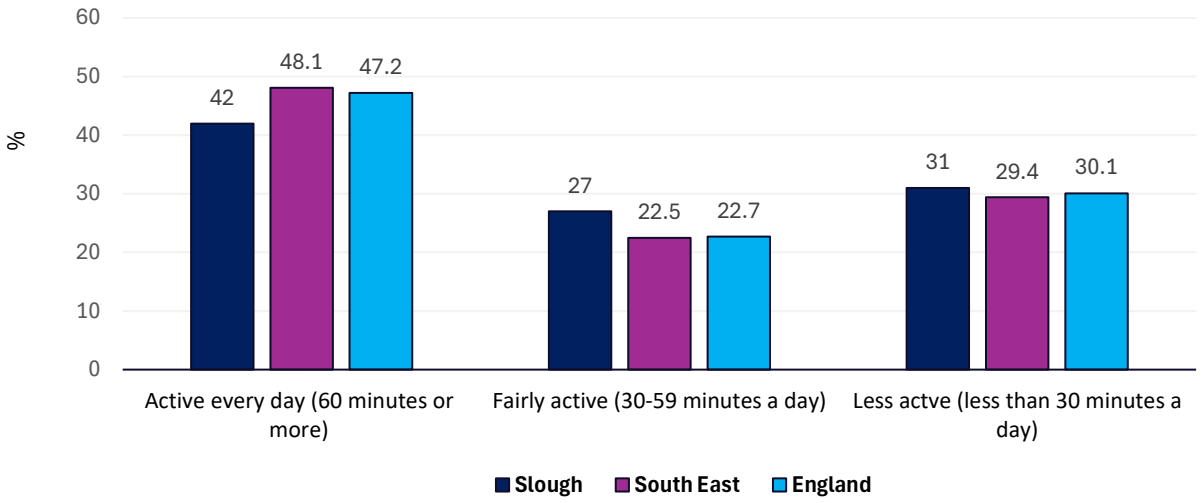
	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Slough	43.5	44.6	44	39.7	42.0	
South East	43.7	47.8	47.5	45.4	48.1	47.2
England	43.3	46.8	44.9	44.6	47.2	47.0

*Value missing for Slough in 2022/23 due to small sample size
Source: OHID| Fingertips (2023), percentage of physically active children and young people - proportion (%)

Sport England's Active Lives Children and Young People Survey[13] highlighted that in the 2021/22 academic year, only 42% of children and young people in Slough met the recommended 60 minutes of guidelines of daily exercise, while 58% fell short. Of those that did not meet the guidelines, 27% were classified as fairly active, completing 30 to 59 minutes of physical activity per day, while 31% completed less than 30 minutes.

Compared to the South East regional and national averages, Slough has fewer children and young people meeting the national physical activity guidelines (42%)[5], and a higher proportion of physically inactive children and young people, with 31% completing less than 30 minutes of physical activity per day.

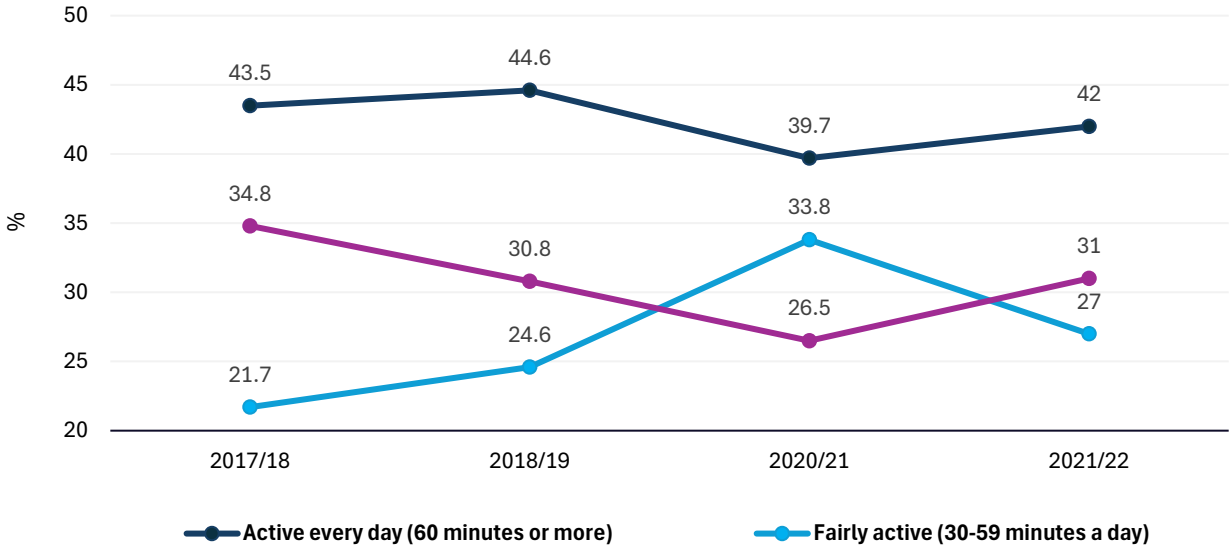
Figure 24: Daily physical activity levels of children and young people in school years 1-11 (2021/22)



**The 2021/22 Active Lives survey was the most recently available dataset*
Source: Sport England, Active Lives data tables 1-4 Levels of Activity, Academic year 2021/22

In Slough, the percentage of children and young people completing 60 minutes or more of physical activity decreased slightly, falling from 43.5% in 2017/18 to 42% in 2021/22[13]. In contrast, the percentage engaging in 30-59 minutes of physical activity per day increased notably, rising from 21.7% in 2017/18 to 31% in 2021/22[13]. Similarly, the percentage of children and young people doing less than 30 minutes of physical activity per day decreased, falling from 34.8% to 31% over the same time period[13].

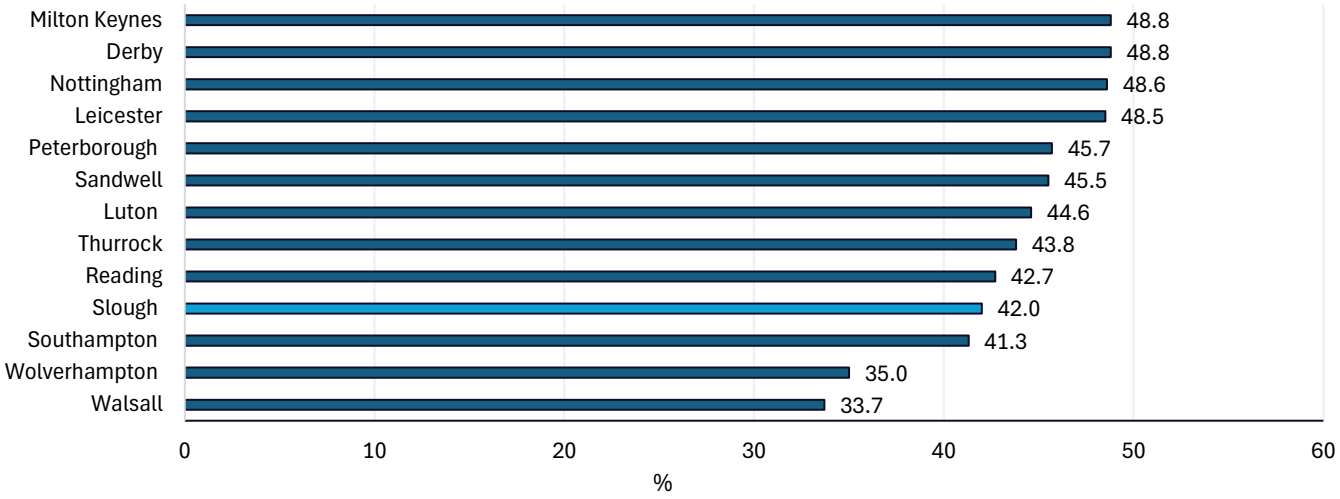
Figure 25: Daily physical activity levels in children and young people living in Slough (2017 - 2022)



Source: Sport England, Active Lives data tables 1-4 Levels of activity, Academic year 2017/18 - 2021/22[13]

In the 2021/22 academic year, Slough ranked in the bottom 25% of demographically similar local authorities for children and young people meeting recommended daily physical activity levels. Only Southampton (41.3%), Wolverhampton (35%) and Walsall (33.7%) had lower levels of physical activity among its children and young people[13].

Figure 26: % of children and young people achieving 60 minutes or more of exercise per day: Statistically similar Local Authorities comparison (2021/22)

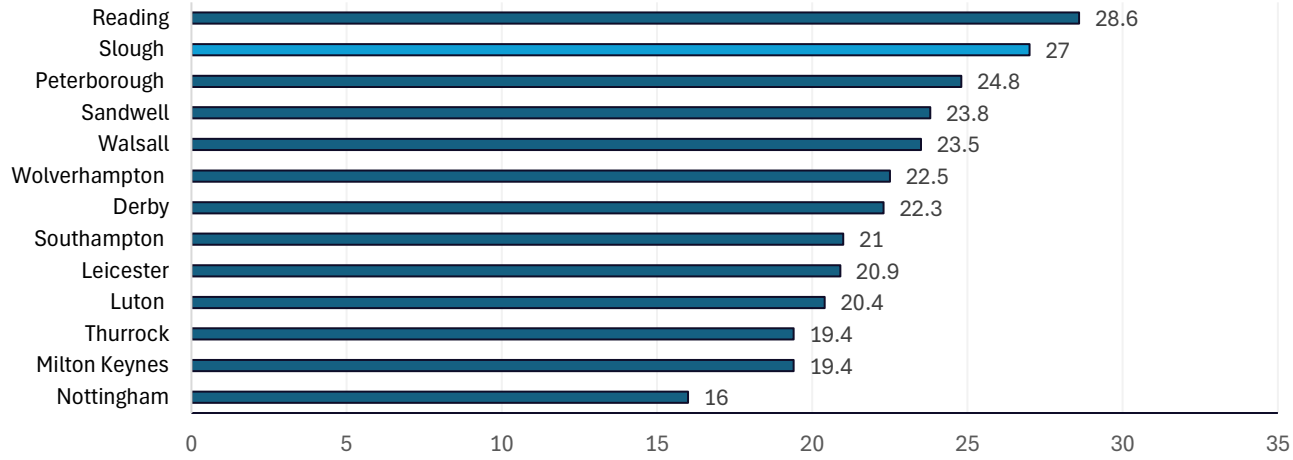


*The 2021/22 Active Lives survey was the most recently available dataset

Source: Sport England, Active Lives data tables 1-4 Levels of Activity, Academic year 2021/22

In the 2021/22 academic school year, Slough had the second highest rate of children and young people completing 30-59 minutes of physical activity per day, surpassed only by Reading.[13].

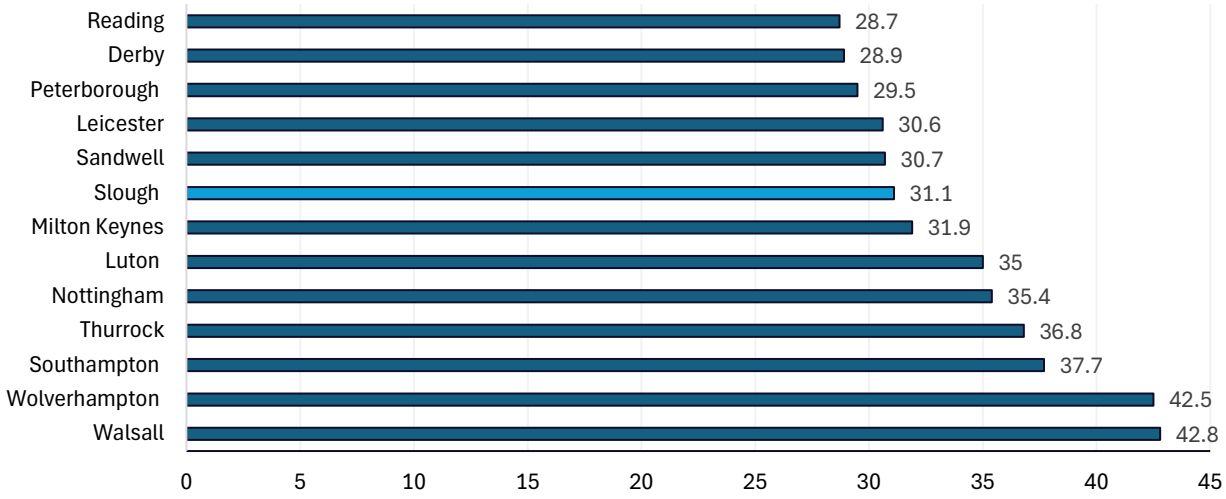
Figure 27: % of children and young people achieving 30-59 minutes of exercise per day (2021/22)



Source: Sport England, Active Lives data tables 1-4 Levels of Activity, Academic year 2021/22

In the 2021/22 academic year, Slough ranked 8th out of 13 statistically similar local authorities, with 31.1% of children and young people completing less than 30 minutes of physical activity per day[13].

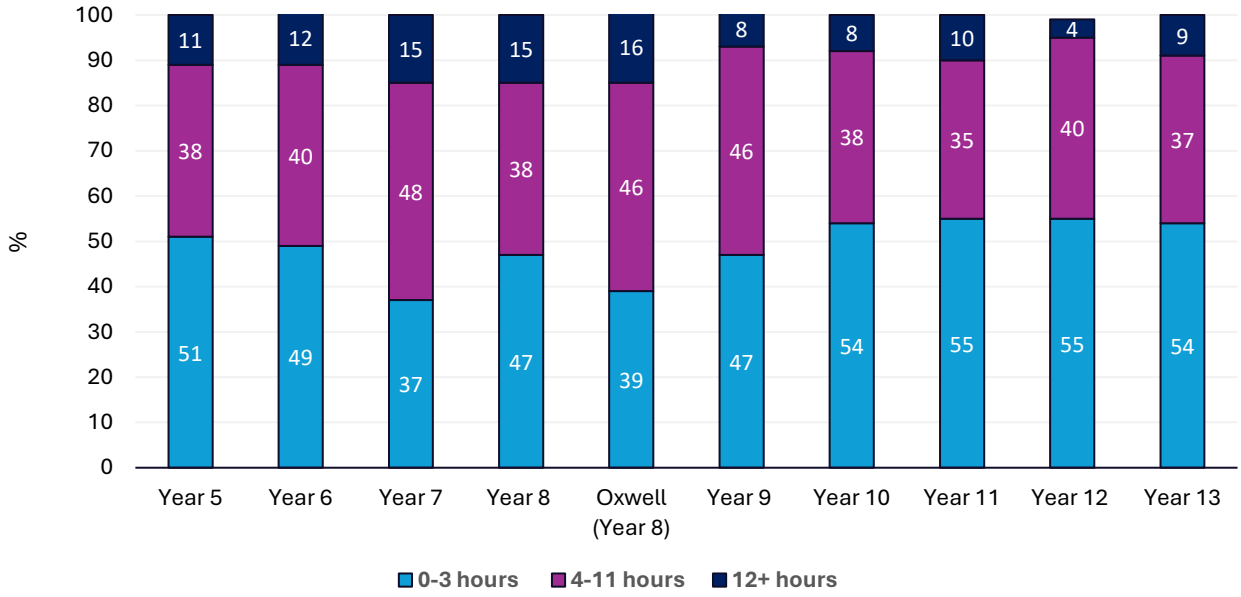
Figure 28: Percentage of children and young people achieving less than 30 minutes of exercise per day (2021/22)



Data Source: Sport England, Active Lives data tables 1-4 Levels of Activity, Academic year 2021/22

The 2023 Oxwell Student Survey highlighted that the amount of exercise completed by children and young people remained relatively consistent across age ranges, with nearly 50% completing 0 to 3 hours, 40% engaged in 4 to 11 hours and 10% completing 12 or more hours in a week.

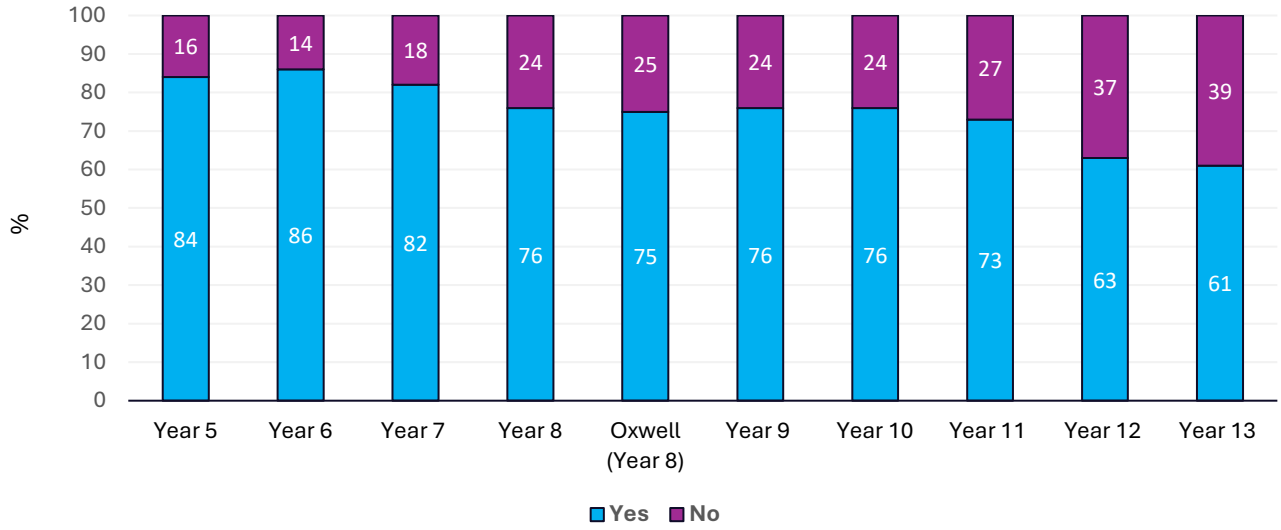
Figure 29: Hours of exercise completed by children and young people in a week (n=2,309)



Data Source: OxWell Student Survey (2023), Full report Slough

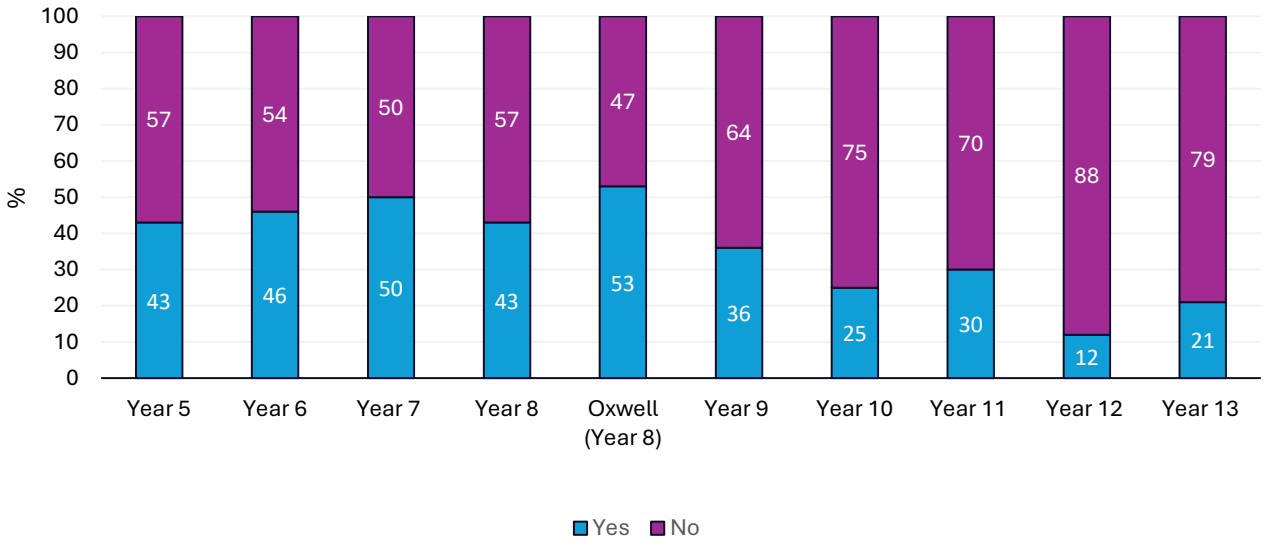
The survey data also indicates a steady decline in the desire to participate in physical activity in Slough as students get older. The percentage of students wanting to do more exercise drops from 84% in Year 5 to 76% in Year 9, and further to 61% in Year 13. Additionally, the survey highlights a significant decrease in participation in sports clubs outside of school, with rates falling from 43% in Year 5 to just 21% in Year 13. This suggests a marked decrease in engagement with organised sports and physical activity as children and young people progress through their school years.

Figure 30: Percentage of children and young people that want to do more exercise



Source: OxWell Student Survey (2023), Full report Slough

Figure 31: % of children and young people in a sports club outside of school (n=2,297)



Source: OxWell Student Survey (2023), Full report Slough

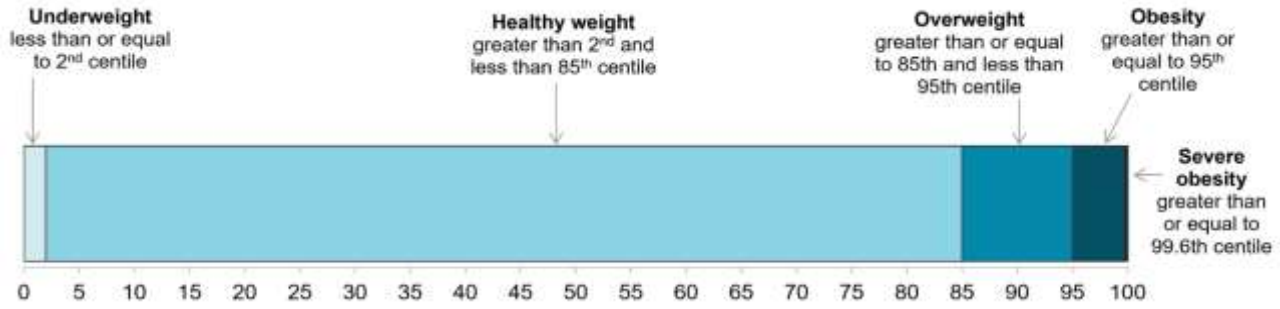
Health conditions linked to physical inactivity in children and young people

Physical inactivity and a sedentary lifestyle can contribute to a range of health issues in children and young people, elevating their risk of developing obesity and poor cardiometabolic health[36]. It can also negatively impact mental health, raising the risk of developing anxiety and low self-esteem. Additionally, a sedentary lifestyle can weaken bones and muscles, hindering motor skills development and overall fitness.

Defining overweight and obesity in Children

Given that children and young people grow and develop at different rates, defining overweight or obesity in children is a more complex process than for adults. In contrast to adults that use fixed BMI thresholds to classify individuals, children and young people's BMI is categorised using variable thresholds that considers age and sex. It is then compared to a reference of sample measurements gathered in 1990[34].

Figure 32: Centile of UK90 BMI distribution



Source: National Obesity Observatory (2011)

Prevalence of children living with obesity and severe obesity in Slough

In 2022/23, the National Child Measurement Programme found that 8% of reception aged children in Slough were classified as overweight. A further 10.4% were living with obesity and of those, 3.3% lived with severe obesity[35].

Figure 33: BMI Status of reception aged children in Slough (aged 4 to 5)

Data source: OHID | Fingertips (2024), Patterns and trends in childhood obesity

The National Child Measurement Programme further identified that in 2022/23, the prevalence of obesity (27.4%) and severe obesity (7.3%) in Year 6 children was children was significantly higher than in Reception aged children (aged 4 to 5), where the prevalence of obesity was 10.4% and severe

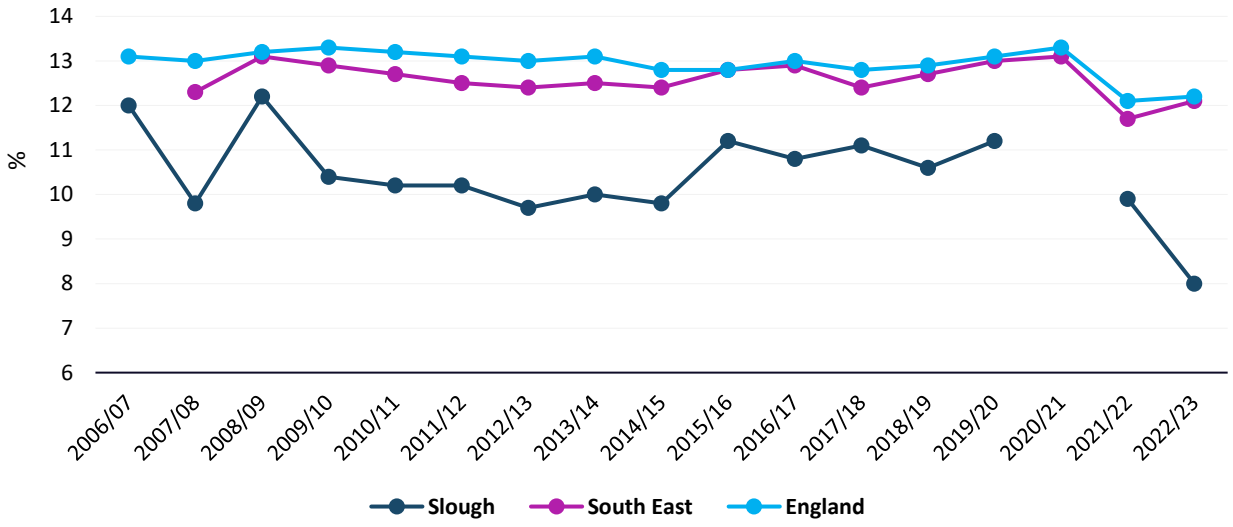
obesity was 3.3%. This suggests that obesity becomes more prevalent as children in Slough grow older, increasing their risk of developing long term health conditions.

Figure 34: BMI status of Year 6 children in Slough (aged 10 to 11)

Data source: OHID | Fingertips (2024), Patterns and trends in childhood obesity

Since 2006, Slough has consistently had lower prevalence of overweight children aged 4 to 5 compared to regional and national levels. The prevalence in this age group has remained between 12% and 9.7%, dropping to 8% in 2022/23.

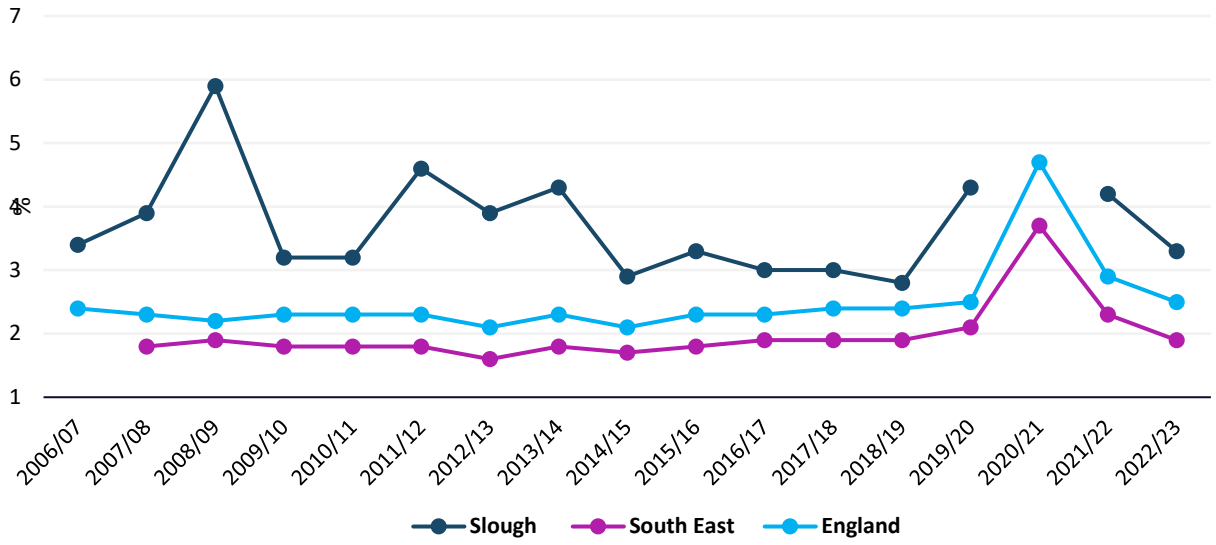
Figure 35: Prevalence of overweight reception children aged 4 to 5 in Slough



*Data missing for 2019/20 & 2020/21.
Note: Overweight: on or above the 85th percentile and less than the 95th percentile, based on the British 1990 (UK90) growth reference data.
Source: OHID | Fingertips | Department of Health and Social Care (phe.org.uk)

In contrast, Slough has consistently had a higher proportion of Reception aged children (aged 4 to 5) classified as living with severe obesity compared to regional and national rates. This suggests that young children in Slough are at a greater risk of developing obesity-related conditions as they grow older.

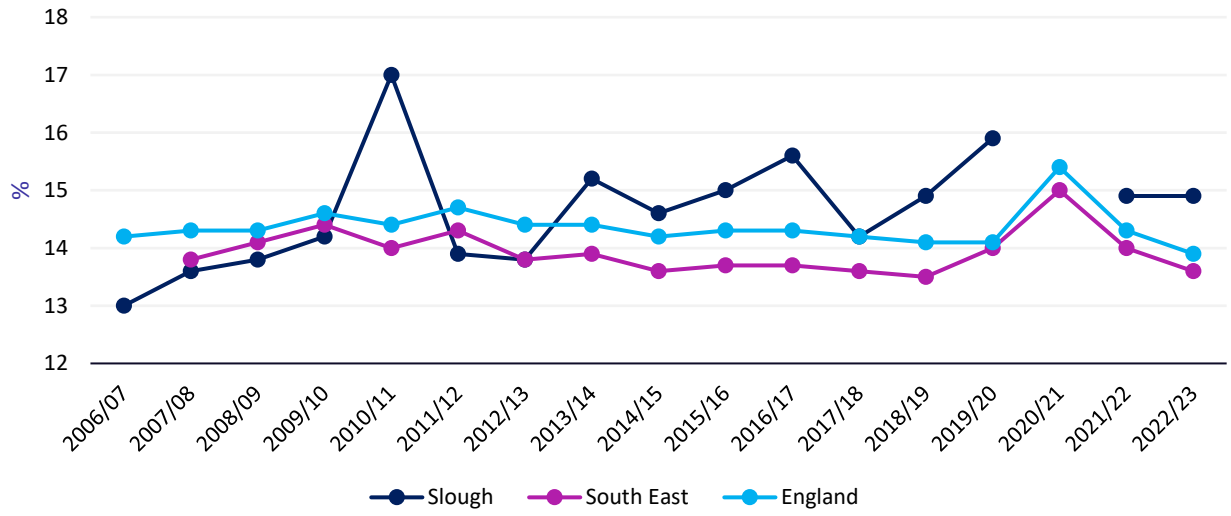
Figure 36: Prevalence of reception children aged 4 to 5 living with severe obesity in Slough



*Data missing for 2019/20 & 2020/21
BMI is on or above the 99.6th centile of the British 1990 growth reference (UK90) according to age and sex
Source: Obesity Profile - Data | Fingertips | Department of Health and Social Care (phe.org.uk)

From 2006/07 to 2009/10, Slough had a lower prevalence of overweight Year 6 children compared to regional and national rates[35]. However, in 2010/11, the prevalence in Slough rose sharply to 17%, before declining and stabilizing between 14% and 16%[35]. Despite this, Slough's rates have remained consistently higher than regional and national averages

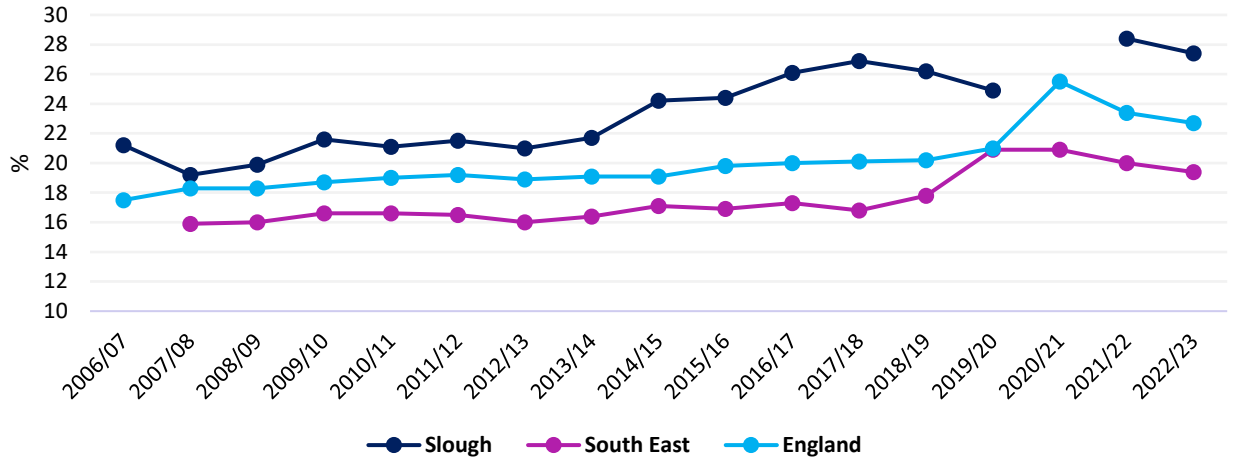
Figure 37: Prevalence of overweight children in Year 6 aged 10 to 11 living in Slough



*Data missing for 2019/20 & 2020/21
Note: Overweight: on or above the 85th percentile and less than the 95th percentile, based on the British 1990 (UK90) growth reference data
Source Obesity Profile - Data | Fingertips | Department of Health and Social Care (phe.org.uk)

The prevalence of severe obesity among Year 6 children in Slough has consistently exceeded both regional and national levels[35]. Since 2006/07, the prevalence rate of severe obesity has increased by 6.2%, rising from 21.2% to 27.4% in 2022/23.[35] This trend indicates that severe obesity disproportionately affects children in Slough, posing a greater risk to their health in comparison to other regions.

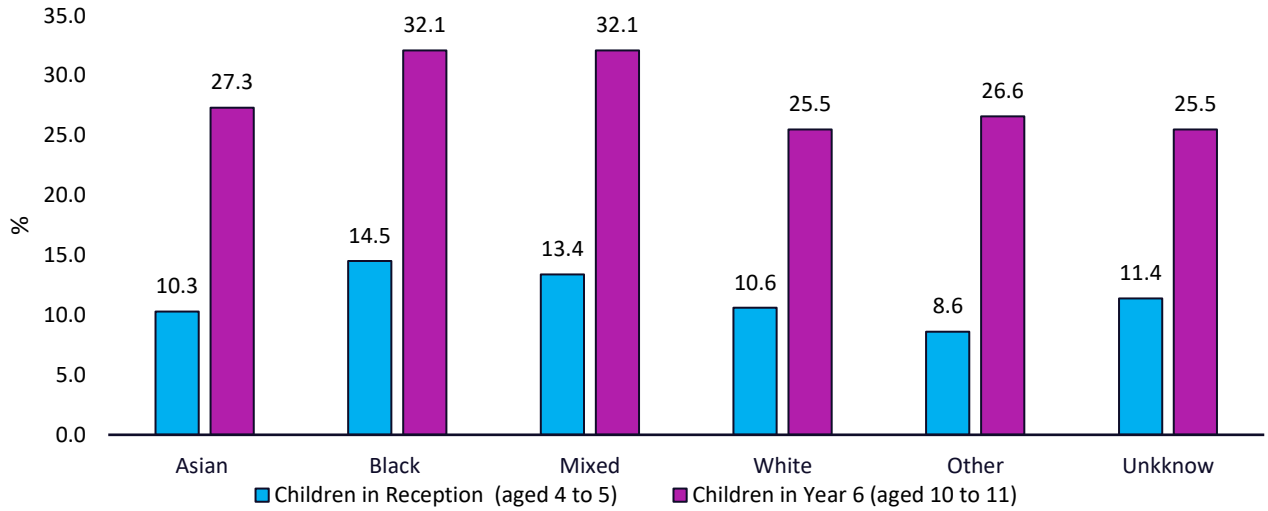
Figure 38: Prevalence of Year 6 children aged 10 to 11 living with severe obesity in Slough



*Data missing for 2019/20 & 2020/21, BMI is on or above the 99.6th centile of the British 1990 growth reference (UK90) according to age and sex.
Source: Obesity Profile - Data | Fingertips | Department of Health and Social Care (phe.org.uk)

Obesity prevalence varies significantly by ethnicity among children and young people in reception (aged 4 to 5) and Year 6 (aged 10 to 11).

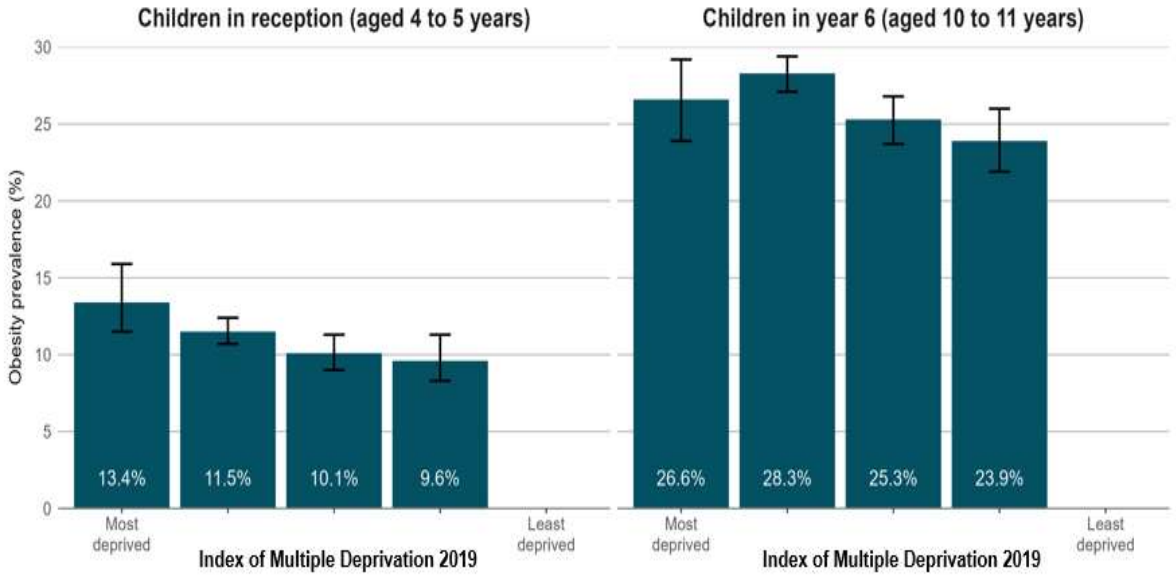
Figure 39: Obesity prevalence in children and young people by ethnicity in Slough (Reception) and (Year 6)



Source: OHID, Patterns and trends in childhood obesity - Obesity Profile - Data | Fingertips | Department of Health and Social Care

In reception, children and young people from Black (14.5%) and Mixed (13.4%) have a higher prevalence of obesity compared to their peers from White (10.6%), Asian (10.3%), and other ethnic groups (8.6%). This variation highlights the disparity in obesity rates among different ethnic groups in Slough at an early age. This pattern persists into Year 6, where obesity prevalence remains highest amongst children and young people from Black (32.1%) and Mixed (32.1%) ethnic backgrounds, surpassing other ethnic groups in Slough.[35]

Figure 40: Obesity prevalence in children and young people levels of deprivation (NCMP)



NCMP data 22/23, *data is missing on the chart due to suppression for disclosure control reasons
Source: OHID, Patterns and trends in childhood obesity - Obesity Profile - Data | Fingertips | Department of Health and Social Care

Obesity prevalence in Slough shows a marked increase as children advance from Reception to Year 6. Among Black children, the obesity rate more than doubles, rising from 14.5% in reception to 32.1% in Year 6[35]. Similarly, children of Mixed ethnicity experience a significant rise, from 13.4% to 32.1%. This upward trend of obesity prevalence is also seen among Asian and White children, rising 10.3% to 27.3% for Asian children, and from 10.6% to 25.5% for White children[35]. These figures highlight a concerning rise in obesity as children age across all ethnic groups in Slough

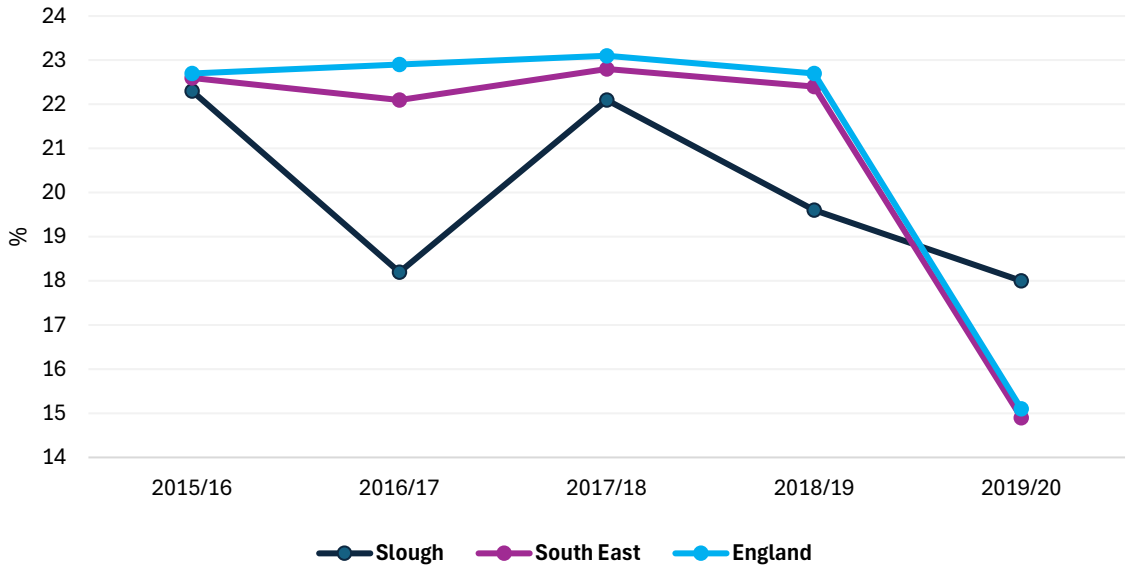
Obesity prevalence among children in Reception (aged 4 to 5) and Year 6 (aged 10 to 11) in Slough also varies by levels of deprivation[35]. In the most deprived areas, 13.4% of children in Reception are obese, compared to 9.6% in the least deprived wards. This disparity continues in Year 6, with 26.6% of children in the most deprived areas classified as, compared to in the least deprived areas[35]. This disparity continues in Year 6, with 26.6% of children in the most deprived areas classified as obese, compared to 23.9% in the least deprived areas. This pattern underscores the link between higher obesity rates and socioeconomic deprivation in Slough. Notably, as children progress from Reception to Year 6, obesity rates increase in both deprived and less deprived areas. In the most deprived areas, obesity prevalence almost doubles from 13.4% to 26.6%, whilst in the least deprived areas, it more than doubles from 9.6% to 23.9%.

9. Active Travel

Active travel, which includes walking and cycling for transportation, is not only an affordable option but also offers numerous health benefits, improves well-being, and enhances air quality. Despite these advantages, trends in Slough show a concerning decline in the number of residents engaging in active travel, particularly walking and cycling for travel purposes.

Since 2015, the percentage of adults walking for travel at least three days per week in Slough has consistently been below the national average, with a marked decline since 2017/18. Similarly, cycling rates in the borough have remained significantly lower than the national average. By 2019/20, both forms of active travel had reached their lowest points, indicating that fewer residents are incorporating walking and cycling into their daily routines.

Figure 41: % of adults walking to travel at least three days per week[38]



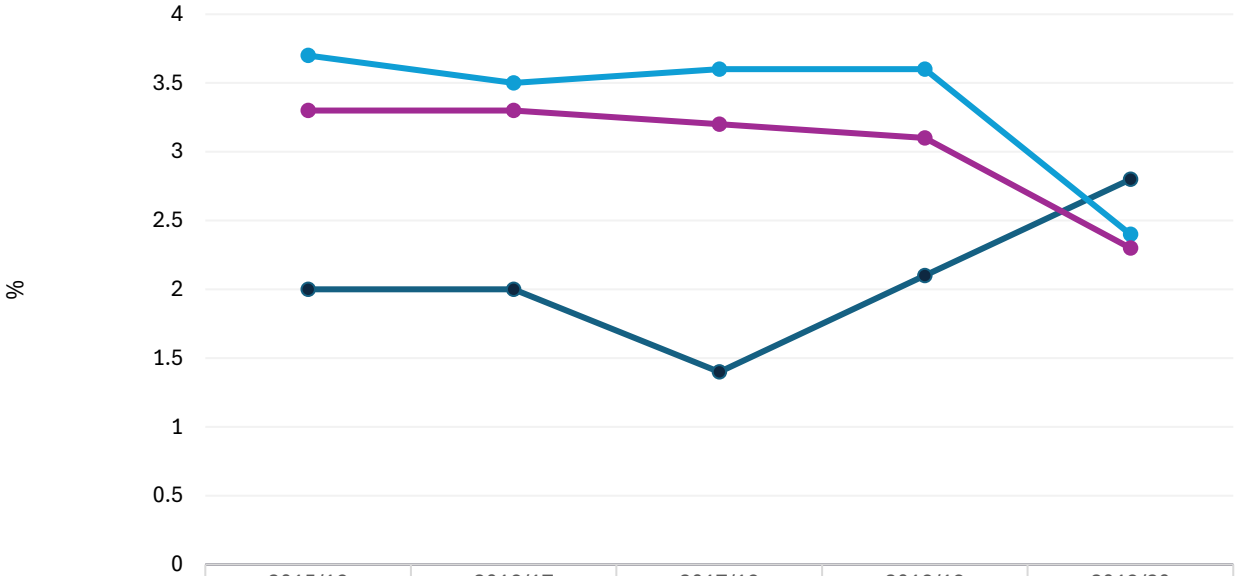
Source: OHID, % of adults walking for travel at least 3 days a week - Fingertips | Department of Health and Social Care

This is particularly important in Slough, where over a quarter of households do not have access to a car. In areas like Upton, Chalvey, and Burnham, more than 40% of households are without car access. These residents rely heavily on public transport and, potentially, active travel to meet their day-to-day needs. Areas like Cippenham, Colnbrook, and Langley have lower rates of car-free households (10%), but the borough shows a strong need for better infrastructure and encouragement for walking and cycling.

Given the substantial health and environmental benefits of active travel, there is an opportunity to increase participation through targeted interventions. Improvements to cycling and pedestrian infrastructure, ensuring safe and accessible routes, and promoting awareness of active travel benefits are necessary. Addressing barriers like safety, convenience, and access to affordable public transport can help reverse the declining trend and promote a healthier, more active population in Slough.

Promoting active travel, especially for those without car access, could also reduce dependency on public transport and contribute to Slough's goal of improving air quality and reducing congestion.

Figure 42: Percentage of adults cycling for travel at least three days a week[39]



	2015/16	2016/17	2017/18	2018/19	2019/20
Slough	2	2	1.4	2.1	2.8
South East	3.7	3.5	3.6	3.6	2.4
England	3.3	3.3	3.2	3.1	2.3

Source: OHID, % of adults cycling for travel at least three days a week - Fingertips | Department of Health and Social Care

The Local Cycling and Walking Infrastructure Plan (LCWIP)[41] for Slough provides a framework for promoting active travel, aiming to increase walking and cycling rates across the borough. Key barriers identified in the LCWIP include low cycle ownership, severance from major roads, and cultural attitudes that inhibit walking and cycling uptake.

The LCWIP main infrastructure priorities are segregated cycle routes and improved pedestrian pathways, particularly along major corridors such as the A4. However, despite these proposed improvements, walking as a form of active travel has not significantly increased, and cycling remains underutilized.

The Cycling Supplementary Strategy [42], although outdated, complements the LCWIP by focusing specifically on cycling as a key part of Slough's active travel goals. The strategy emphasises several critical elements:

- **Infrastructure Development:** It proposes the development of new cycle lanes, enhanced bike storage facilities, and improved signage to ensure a safer and more convenient cycling experience. The strategy also emphasizes the need for better road safety features, such as segregated cycle lanes, to encourage more residents to consider cycling for daily commuting

and leisure.

- **Cyclist Safety and Engagement:** A central focus of the strategy is improving cyclist safety through road design improvements and cyclist education campaigns. The goal is to make cycling not only safer but also more attractive, particularly to those who currently face safety concerns about riding on busy roads.

- **Public Health and Sustainability:** Active travel, including cycling, is highlighted as a tool to tackle Slough's health challenges, such as high levels of obesity, cardiovascular disease, and poor air quality. The strategy stresses that an increase in cycling could reduce motor vehicle dependency, easing congestion and improving air quality while promoting physical activity.

However, to fully realise these ambitions, there needs to be greater community engagement and targeted efforts to break down barriers to cycling, particularly in lower-income and ethnic minority groups who may face additional challenges such as affordability or cultural unfamiliarity with cycling.

While both the LCWIP and the Cycling Supplementary Strategy aim to reshape travel patterns, progress has been slow. To drive a real cultural and behavioural shift, Slough must accelerate the implementation of its proposed cycling infrastructure improvements and promote active travel more aggressively to mitigate the risk of continued over-reliance on motor vehicles, contributing to persistent public health challenges, congestion, and air pollution.

10. Local Facilities

Leisure and Sports Services
Leisure services play a critical role in promoting physical activity and improving the overall health and well-being of residents in Slough. These services offer access to a wide range of facilities that cater to different forms of physical activity, including swimming, ice skating, gym workouts, and various fitness classes. Ensuring that leisure services are accessible and equitable for all residents is essential in addressing physical inactivity, a key risk factor for several chronic health conditions such as obesity, diabetes, and cardiovascular disease.

While the table below provides a comprehensive overview of some key facilities, it is not exhaustive. It highlights popular sports centres, parks, clubs, and other venues, serving both residents and visitors

Table 1: List of facilities and location

Facility	Location	Population Group Catered For	Cost Implication
Slough Rugby Football Club	Upton Park, Slough, SL3 7LT	Adults and Children	Yes (Membership)

Facility	Location	Population Group Catered For	Cost Implication
Slough Hockey Club	Upton Court Park, Slough, SL3 7LT	General Population	Yes (Membership)
Wexham Park Golf Course	Wexham St, Slough, SL3 6ND	General Population	Yes (Membership/Green Fees)
Slough Ice Arena	Montem Ln, Slough, SL1 2QG	General Population	Yes (Membership/Casual usage
The Centre (Everyone Active)	Farnham Rd, Slough, SL1 4UT	General Population	Yes (Membership/Casual usage
Langley Leisure Centre	Langley Rd, Slough, SL3 8DB	General Population	Yes (Membership/Casual usage
Slough Jets Junior Ice Hockey Club	Montem Ln, Slough, SL1 2QG	Children	Yes
Slough Town FC Community CIC	Arbour Park, Slough, SL2 5AY	General Population	Yes
Slough Karate Club	Slough, SL1	Children	Yes
Super Star Sport Berks Childcare	Ryvers School, Langley, SL3 7TS	Children	Yes
Singh Sabha Slough Sports Centre	Stoke Poges Ln, Slough, SL1 3LW	General Population	Yes
GetActive@StAnthony	Farnham Rd, Slough, SL2 3AE	General Population	Yes
uSports Multi Sports Camp	Farnham Royal, Slough, SL2 3AS	Children	Yes
Active Slough	Various locations in Slough	General Population	Low cost (less than £2 per session)
Golden Eagles Football Club	Stoke Gardens, Slough, SL1 3PU	Children and Youth	Yes

Facility	Location	Population Group Catered For	Cost Implication
Berks and Bucks Football Association	Various locations in Slough	General Population	Yes (Varies)
Cippenham Table Tennis Club	Slough, SL1 5AH	General Population	Yes (varies)
Army Cadets	Cippenham Ln, Slough, SL1 2XX	Children and Youth	Free
Slough Taekwondo Club	Salt Hill Park, Slough, SL1 3SR	General Population	Yes (varies)
Female Football	Slough, SL2 5AY	Women and Girls	Yes (varies)
Britwell Youth Project (BYP)	Wentworth Ave, Slough, SL2 2DH	Youth	Free
Ice Hockey	Montem Ln, Slough, SL1 2QG	General Population	Yes
Burnham (Slough) Karate Club	Reddings Ln, Slough, SL3 9XS	General Population	Yes
Slough RFC	Slough, SL2 5AY	General Population	Yes
Table Tennis (Slough Detached Team)	Ladbrooke Rd, Chalvey, SL2 5AS	Youth	Free
Inclusive Teen Football Team	Various locations in Slough	Youth	Free
Kids First Rugby	Salt Hill Park, Slough, SL1 3SR	Children	Yes
Early Steps Preschool	Slough Sports Centre, SL3 7AS	Children	Yes (Varies)
Blaze Martial Arts (MMA)	Farnham Rd, Slough, SL2 3SD	General Population	Yes
Apna Virsa	Various, Slough	General Population	Free

Facility	Location	Population Group Catered For	Cost Implication
W5 Taekwondo	Reddington Dr, Langley, SL3 7QS	General Population	Yes (varies)
Remap Berkshire	Berkshire, SL4 6QX	People with Disabilities	Free
Career Support for Physical Activity	Slough, SL1 4UT	Adults and Youth	Free
The Light UK	Slough, SL3 8QL	Families and Children	Free
Women and Girls Self Defence	Slough, SL1 1XY	Women and Girls	Free
Viva Slough	Various locations	General Population	Free

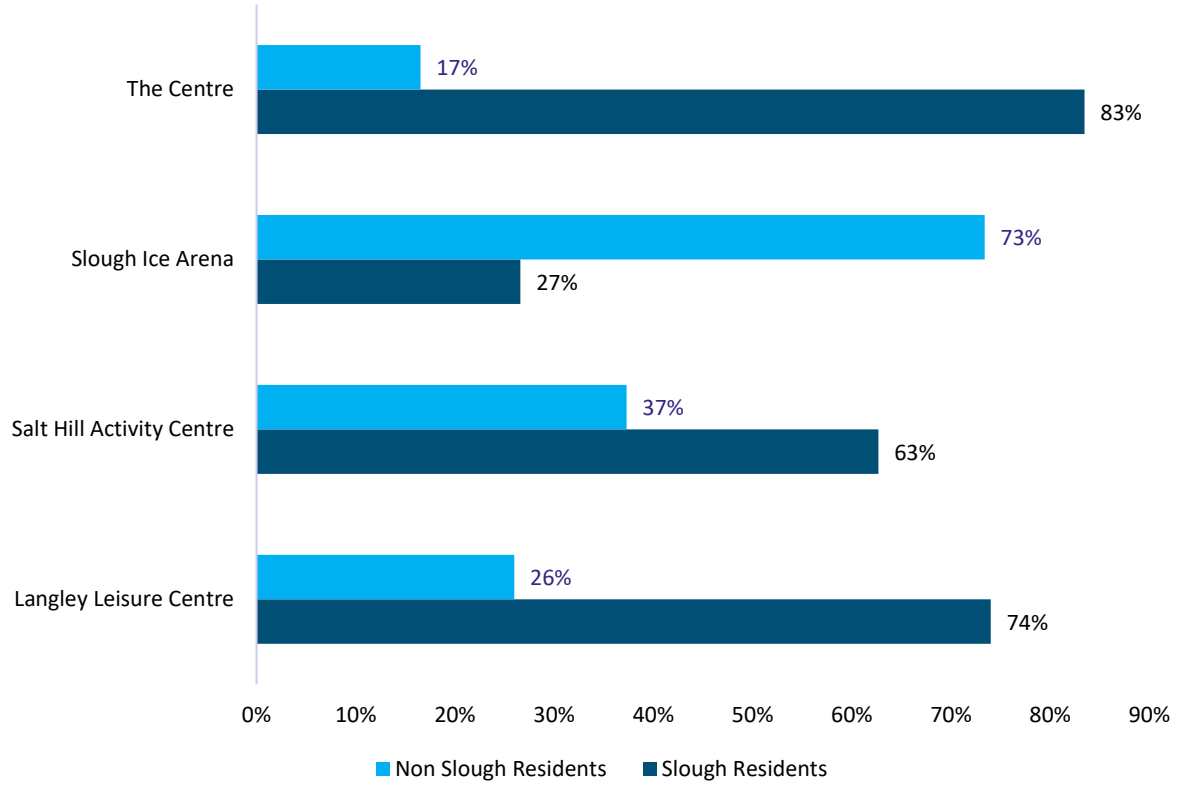
The list of facilities suggests a concentration of amenities in less-deprived areas, often requiring membership or pay-per-session fees. In addition, some facilities may not resonate with the preferences of Slough's ethnically diverse communities. Cultural factors can influence exercise habits, with sports like golf and ice hockey traditionally attracting lower engagement from BAME groups. These activities might not align with culturally preferred or familiar forms of exercise, such as community-centered sports, dance, or group activities. Moreover, both the financial costs and perception of exclusivity in sports like golf can create additional barriers.

While some free or low-cost programs exist—such as Active Slough and the Britwell Youth Project—their reach may be insufficient given the high population density and demand in deprived areas. Furthermore, while certain programs cater specifically to children or youth, many wards with high deprivation scores have fewer general or multi-age facilities, potentially limiting opportunities for families and adults. There is a need for equitable access to physical activity resources, with an emphasis on expanding affordable or free options in the most deprived areas.

Everyone Active took over the management of several Slough Borough Council owned Leisure sites on 1 June 2017 as part of a 10-year contract. These sites include The Centre, Slough Ice Arena, Salt Hill Activity Centre, and Langley Leisure Centre. Data from the provider revealed that over the course of the 2023-2024 reporting period, a total of 26,477 Slough residents engaged with at least one of the borough's leisure centres, accounting for roughly half of the total user base (26,477 out of 51,911 users). However, participation rates show considerable variability across different centres. For example: The Centre Slough was the most popular, drawing 29% of users. Langley Leisure Centre, Salt Hill Activity Centre, and Slough Ice Arena had equal shares of visits, indicating a broad distribution of facility use.

It is also worth noting that non-Slough residents make up a considerable proportion of users at certain facilities. For instance, Slough Ice Arena had 73% non-resident users, while The Centre Slough was used primarily by residents, with 83% of its users coming from Slough. This trend highlights that certain facilities are regional attractions, while others serve local communities.

Figure 43: Use of facilities by residency status



Source: Everyone Active

Demographic Breakdown

Most users are aged 35 to 44 years (27%), whereas only 14% of users are aged 16 to 24, and 16% are under 16 years old. These findings suggest that younger residents are less engaged with these formal leisure spaces, which could indicate barriers to access, awareness, or appeal.

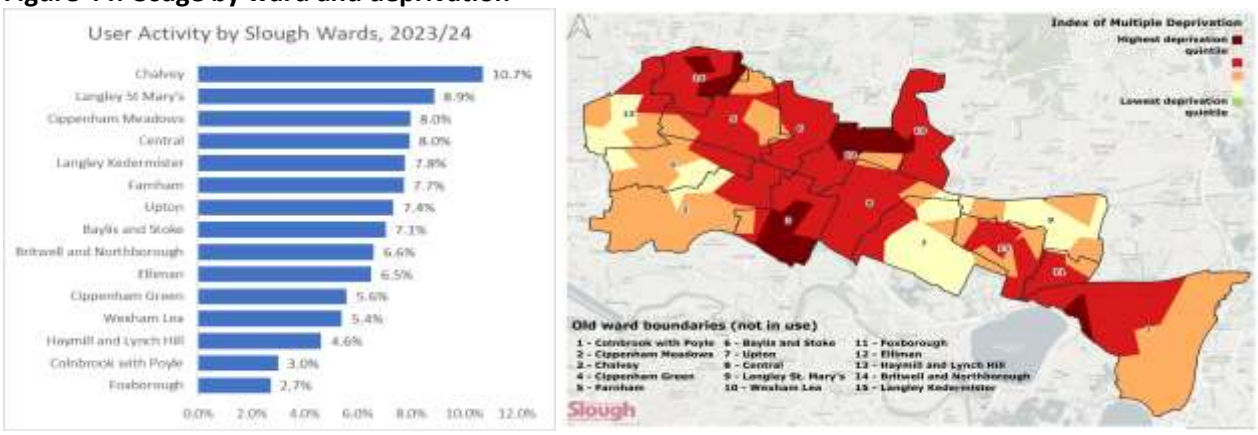
Ethnic diversity in facility usage is another area of concern. The report shows that 60% of users' ethnicity is unknown, while 13% belong to "Other" ethnic groups, and 12% identify as White. This lack of detailed ethnic data makes it difficult to fully understand how different communities in Slough engage with physical activity spaces and presents a limitation for targeted intervention planning.

Use of Facilities by Ward and Deprivation

The distribution of facility use by ward reveals further disparities, particularly when examining engagement by areas of deprivation. The report suggests that except for Chalvey, residents from more deprived areas are less likely to engage with the borough's leisure facilities, highlighting an important challenge in promoting equitable access to physical activity resources.

Addressing these inequalities is crucial for improving public health outcomes and reducing the burden of inactivity-related health conditions, especially in more disadvantaged communities.

Figure 44: Usage by ward and deprivation

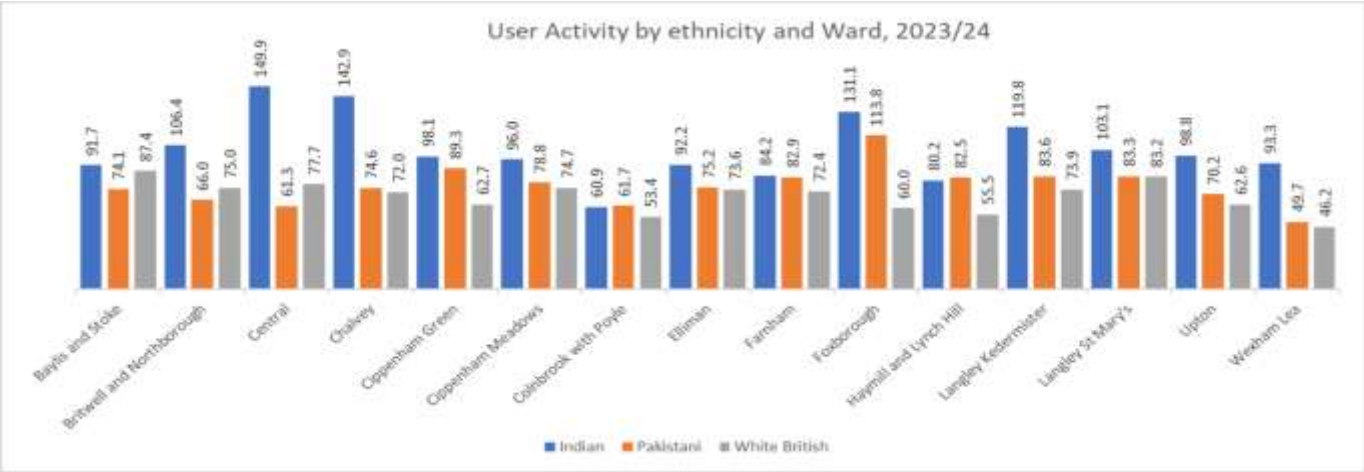


Source: Everyone Active and Slough Borough Council Ward Boundaries

There are noticeable differences in usage rates across both ethnicity and geographic location. For example, in Central, Chalvey, and Foxborough, there is higher activity among the Indian population, with usage rates significantly above the White British and Pakistani groups. The Indian population in Central reports the highest activity level at 149.9 users per 100,000, followed closely by Chalvey (142.9) and Foxborough (131.1). This trend suggests that areas with a higher density of Indian residents are more engaged with local leisure facilities. Conversely, in areas such as Baylis and Stoke, Britwell and Northborough, and Colnbrook with Poyle, White British users dominate the activity statistics, with Britwell and Northborough reporting 106.4 White British users compared to 66.0 Indian users and 75.0 Pakistani users.

The Pakistani population, on the other hand, shows consistently lower engagement with leisure facilities across all wards, with notable exceptions like Chalvey, where there is slightly more activity. Wexham Lea, for example, shows the lowest level of activity among the Pakistani population at 49.7, which is significantly lower than the Indian population in the same area, at 93.3.

Figure 45: User activity by ethnicity and ward in Slough (2023/24)



Source: Everyone Active

Table 2: Leisure centre use by ethnicity

	Langley Leisure Centre	Salt Hill Activity Centre	Slough Ice Arena	The Centre, Slough
Arab	48	69	78	101
Asian Bangladeshi	14	27	16	37
Asian Chinese	19	15	65	37
Asian Indian	830	469	336	988
Asian Other	222	220	227	401
Asian Pakistani	306	476	271	730
Black African	92	66	73	167
Black British	47	43	93	93
Black Caribbean	35	26	46	37
Black Other	6	15	13	15
Black Somali	19	24	27	54
Mixed/Multiple Ethnic Groups: Other	80	71	113	95
Mixed/Multiple Ethnic Groups: White and Asian	40	29	55	56
Mixed/Multiple Ethnic Groups: White/Black African	14	11	17	13
Mixed/Multiple Ethnic Groups:White/Black Caribbean	25	18	43	24
Other Ethnic Group	1631	930	1101	1532
Other Mixed Background	21	3	13	29
Turkish	10	4	13	7
White English, Welsh, Scottish, Northern Irish	754	841	2057	709
White European Other	184	211	438	247
White Gypsy or Irish Traveller	3	1	6	4
White Irish	16	16	36	23
White Other	133	133	272	142

Source: Everyone Active

11. Active Slough

Active Slough is a community-based physical activity programme led by Slough Borough Council, aimed at promoting health and well-being through a wide range of sports and physical activities. The programme's goal is to make physical activity accessible and appealing to all residents, regardless of age or ability. To encourage widespread participation, Active Slough offers sessions at affordable prices, with many activities available for less than £2 per session, thereby reducing the impact of financial barriers and fostering community-wide involvement.

Despite its comprehensive design to cater to varied interests and fitness levels, the programme has yet to undergo a formal evaluation to assess its effectiveness in recent years. Additionally, Active Slough has faced several challenges, including limited resources that have impacted the delivery of the full schedule of activities and restricted capacity to sustain social media and other promotional efforts. Additionally, the programme lacks robust evaluation data to demonstrate its impact on participants' physical activity levels and does not systematically collect registration data to track attendee demographics and outcomes.

There is also insufficient evidence to show that the programme's activities are co-designed with the community or tailored to Slough's diverse population. Due to these gaps, Active Slough is currently undergoing a review and refresh to better align with the needs of the community and improve the programme's sustainability and effectiveness.

12. The built and natural environment and physical activity

The built and natural environment plays a crucial role in shaping opportunities for physical activity. In urban areas, green spaces, parks, and other natural environments provide residents with vital areas for recreation, exercise, and relaxation. Research suggests that access to natural environments has several health benefits, including stress reduction, improved environmental quality, enhanced social cohesion, and increased physical activity. However, in densely populated areas like Slough, there are notable challenges regarding the availability and accessibility of such spaces

A well-designed natural and built environment encourages people to walk, cycle, and engage in other forms of physical activity. Green spaces make exercise more appealing and accessible, which can increase physical activity levels across different demographics. In Slough, where there is a shortage of green infrastructure for its size and population density, residents may face barriers to engaging in regular physical activity. This is exacerbated by the areas prominent levels of traffic congestion, poor air quality, and limited appealing outdoor spaces.

State of the Built and Natural Environment in Slough
Slough is one of the most densely populated areas outside of London, with approximately 4,871 residents per square kilometre. While the council manages over 254 hectares of public parks, open green spaces, and play areas, there remains a significant shortage of green infrastructure relative to its population size. Although some parks like Salt Hill Park, Pippins Park, and Herschel Park have

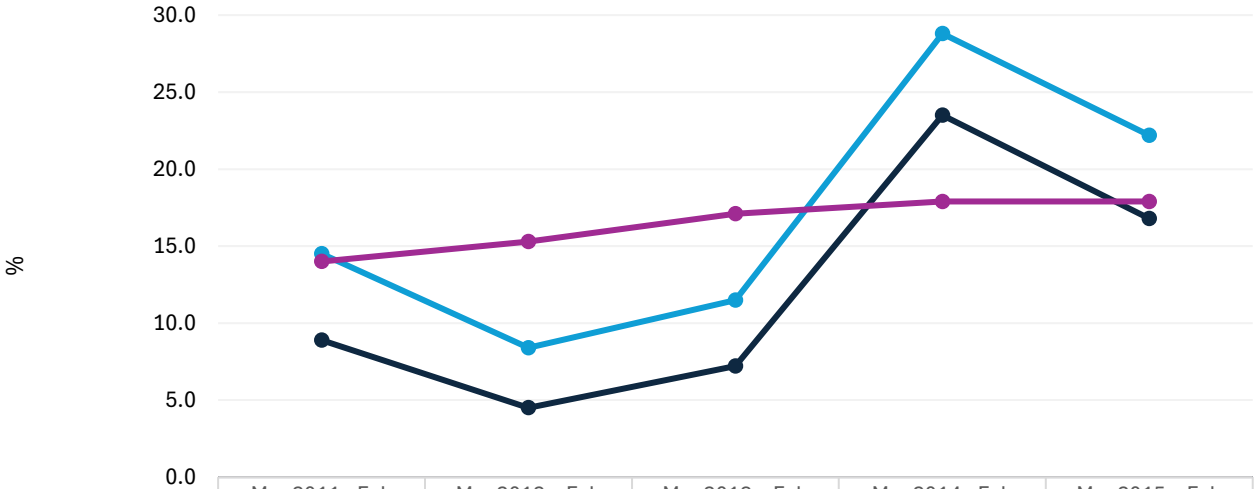
achieved national recognition through Green Flag Awards, Slough still faces challenges in creating enough accessible and high-quality outdoor spaces for its residents.

Furthermore, parts of Slough are subject to environmental protection under the Habitat Regulations for areas like Burnham Beeches, yet biodiversity and the conservation value of these spaces remain underdeveloped. Adding to the challenge, Slough experiences poor air quality, particularly in areas along the A4 and M4, where Air Quality Management Areas have been declared. This, combined with limited greenery and high levels of traffic, restricts opportunities for outdoor physical activity.

Use of Green Space

While Slough's built and natural environment does offer some high-quality green spaces, the utilisation of outdoor spaces for exercise or health reasons in Slough has consistently lagged the national average for England, as shown in data from 2011 to 2016. There isn't any data available beyond 2016 and this would be crucial to assess if there has been any improvement. However, findings suggest that Slough face barriers to accessing outdoor spaces for physical activity, which may include limited availability or quality of green spaces, environmental issues such as air quality, and lack of awareness about the health benefits of outdoor exercise.

Figure 46: Utilisation of outdoor space for exercise or health reasons



	Mar 2011 - Feb 2012	Mar 2012 - Feb 2013	Mar 2013 - Feb 2014	Mar 2014 - Feb 2015	Mar 2015 - Feb 2016
Slough	8.9	4.5	7.2	23.5	16.8
South East	14.5	8.4	11.5	28.8	22.2
England	14.0	15.3	17.1	17.9	17.9

Source: OHID, utilisation of outdoor space for exercise or health reasons, Fingertips | Department of Health and Social Care[40]

These challenges highlight the need for targeted interventions to promote the use of outdoor spaces, improve accessibility, and ensure the spaces are safe and appealing to a broader segment of the population. Expanding these efforts could help boost physical activity levels and address the health inequalities seen in Slough compared to the national average. Addressing these issues through

improved urban planning, enhanced green infrastructure, and efforts to reduce pollution will be critical in fostering a healthier, more active community.

In addition, while Slough is home to over 60 parks and green spaces, their distribution varies across the borough, impacting access, especially in areas of high deprivation. For example, the Britwell area, which ranks among the most deprived wards, benefits from multiple parks such as Cocksherd, Bluebell Wood, and Kennedy Park. However, other highly deprived areas, like parts of Chalvey, have fewer well-maintained and accessible green spaces, which may limit opportunities for physical activity. Enhancing the accessibility and quality of parks in more deprived wards is essential to fostering physical and mental well-being. Addressing disparities in park distribution can help promote health equity, support active lifestyles, and contribute to reducing the overall health inequalities in Slough

13. Systems Thinking: A whole systems approach to PA

Addressing physical inactivity in Slough necessitates a comprehensive, whole-systems approach that considers the complex interplay of social, environmental, and policy-related factors influencing residents' activity levels. This strategy requires coordinated efforts across multiple sectors, including public health, education, transportation, urban planning, and community organisations, to create an environment that supports and encourages physical activity.

A whole-systems approach to physical activity (PA) acknowledges that individual behaviours are influenced by a range of interconnected factors. By addressing these elements collectively, interventions can become more effective, inclusive, and sustainable. This method has been successfully implemented in regions such as Scotland, where systems-based approaches have significantly enhanced population-level physical activity.
In Slough, the adoption of a whole-systems approach involves:

- **Cross-Sector Collaboration:** Engaging stakeholders from diverse sectors to develop and implement integrated strategies that promote physical activity.

- **Community Engagement:** Actively involving local communities in the planning and execution of initiatives to ensure cultural relevance and address specific local needs.

- **Policy Integration:** Aligning local policies to support active lifestyles, such as enhancing infrastructure for walking and cycling.

- **Data-Driven Decision Making:** Leveraging local data to identify areas with low physical activity levels and tailoring interventions to target these areas effectively.

The foundation for a whole-systems approach to physical activity in Slough has already been established. In early 2024, a healthy weight needs assessment was published, leading to the formation of a Healthy Weight Steering Group that identified four key strands of focus: pathway development, physical activity and active travel, children and young people, and the food environment.

In October 2024, a significant step forward was made when the physical activity sub-group of the whole systems approach hosted a physical activity workshop. This event brought together approximately 40 stakeholders from various sectors to discuss the barriers and opportunities for increasing physical activity in Slough. Presentations included insights from the Slough Public Health team on data related to healthy weight and physical activity, and an overview from Get Berkshire Active on systems thinking for physical activity.

The workshop facilitated breakout group discussions that identified specific contextual barriers and proposed systems-oriented solutions. As of the publication of this needs assessment, a task and finish group has been established to translate the workshop findings into actionable themes. This ongoing work runs parallel to the needs assessment and will inform the review and refinement of its recommendations. By leveraging a whole-systems approach, Slough aims to foster a cohesive strategy that supports long-term, sustainable increases in physical activity across all population groups.

14. Unmet Needs

To comprehensively address physical inactivity in Slough, it is essential to identify the gaps in current provisions and interventions. These unmet needs highlight critical areas that require targeted action to remove barriers, improve access, and foster a culture of physical activity across the community.

The following needs outline the significant challenges that must be addressed to ensure equitable participation and support the health and well-being of all residents:

Engagement from Health and Care Professionals: Health and care professionals in Slough are not consistently engaging with patients on physical activity. Structured initiatives to encourage conversations about physical activity in routine health assessments are lacking. Embedding discussions about physical activity into primary care and community settings could help increase awareness and motivation for residents to be more active.

Physical Activity Embedded in Clinical Pathways: There is scope to review how we embed physical activity into clinical care pathways, especially for managing chronic conditions such as cardiovascular diseases, diabetes, and musculoskeletal disorders. Exercise on referral programmes exist in Slough but there is limited evidence of consistency in referrals for all eligible patients and evaluation of

outcomes. Incorporating physical activity into treatment plans and recovery protocols can improve health outcomes and reduce the reliance on medication.

Support for Local Sports and Activity Clubs: Many local sports clubs, teams, and associations face challenges in expanding their reach and generating new participants. A robust support system providing funding, facilities, and development programs is necessary to help these clubs thrive and involve more community members in sports and physical activity.

Access to Affordable Physical Activity Facilities: Many Slough residents face financial barriers to accessing physical activity facilities such as gyms and leisure centres. While council-run facilities are available, the cost remains a significant barrier, particularly for those from lower-income households. Affordable or subsidized options are needed to ensure wider access.

Targeted Support for Minority Ethnic Groups: Physical activity levels are notably lower among Slough's Asian and Asian British populations. Culturally sensitive interventions, awareness programs, and engagement with community leaders could help address the specific barriers to physical activity faced by these groups.

Disability and Long-term Health Condition Support: Individuals with disabilities or long-term health conditions have lower levels of physical activity, and there is a need for more inclusive and adaptive programs. Providing safe, accessible, and engaging opportunities for these groups would help them increase physical activity levels and improve their overall health.

Public Awareness and Promotion of Physical Activity Programs: Many residents are unaware of existing physical activity programs at the local and national levels. There is a need for stronger communication and promotional efforts, utilizing digital platforms, community outreach, and social media to raise awareness and encourage participation in these programs.

Infrastructure and Environmental Barriers to Active Travel: Despite efforts to improve cycling and walking infrastructure through the Local Cycling and Walking Infrastructure Plan (LCWIP), uptake remains low due to poor infrastructure such as unsafe cycling routes, lack of pedestrian-friendly pathways, and severance caused by major roads. Investment in safe, accessible, and attractive infrastructure is necessary to promote active travel.

Underutilisation of Green and Open Spaces: Although Slough has several parks and green spaces, these areas are underutilized for physical activity, particularly among older adults. Addressing safety concerns, improving facilities, and making these spaces more accessible can help increase their use for recreational and fitness purposes.

Youth and School-based Physical Activity: There is a need for more consistent delivery of physical activity programs in schools, especially beyond physical education classes. Schools can play a larger role in embedding physical activity into daily routines for children and young people. After-school programs, sports clubs, and active play initiatives should be expanded to ensure that children are meeting recommended physical activity levels.

Workplace Physical Activity: Workplace-based interventions to encourage physical activity are minimal. Initiatives such as corporate wellness programs, active commuting options, and physical activity breaks during the workday could significantly increase physical activity among adults, particularly those in sedentary jobs.

Early Years Physical Activity Interventions: Interventions in early years settings are not adequately promoting physical activity for infants. Programs that create movement opportunities and educate parents about the importance of regular physical activity from an early age are underdeveloped and require more emphasis.

Urban Design Prioritising Movement: Urban planning in Slough does not sufficiently prioritise active lifestyles, with insufficient focus on designing spaces that encourage movement. Clearer guidelines for designing walkable spaces, cycling lanes, and recreational areas could help ensure that both new and existing developments promote physical activity for all demographics.

15. Reviewing the Evidence on Strategies to Increase Physical Activity

15.1 Strategies to Increase Physical Activity in Children

The promotion of physical activity among children requires a multi-component approach that incorporates schools, families, and community infrastructure. Government initiatives, such as the UK Government's strategy "Get Active: A Strategy for the Future of Sport and Physical Activity", emphasize integrating physical activity into the daily lives of children through active play, sports, and educational settings. Schools play a significant role, particularly by embedding physical activity into the curriculum and providing children with structured and unstructured opportunities for exercise.

Key strategies for children:

School-Based Interventions

Schools are crucial in increasing physical activity among children, and evidence supports integrating daily physical education (PE) sessions, promoting active play during breaks, and encouraging participation in after-school sports activities. The NICE guidelines stress the need for active travel plans, where schools monitor and promote walking or cycling to school. This not only contributes to increased physical activity but also fosters long-term healthy habits.

Engaging Families and the Community

Parental involvement and community support are essential in sustaining physical activity levels among children. Programs that involve families, such as walking buses or family fitness events, can encourage children to be more active while strengthening family bonds. Moreover, community-wide campaigns that promote physical activity and offer accessible recreational facilities have shown positive outcomes in increasing participation rates.

Creating Active Environments
The design of the built environment plays a critical role in encouraging physical activity among children. Safe routes for walking or cycling, well-maintained playgrounds, and access to parks and green spaces are critical factors in promoting outdoor activities. The NICE guidelines also recommend integrating community engagement approaches to co-design public spaces, ensuring that they are child-friendly and promote physical activity.

Addressing Disparities in Access
Children from low socioeconomic backgrounds often face barriers to physical activity, such as unsafe neighbourhoods, limited access to recreational spaces, and fewer school-based opportunities for exercise. Therefore, public health initiatives should target underserved communities by improving the safety and accessibility of green spaces and providing affordable recreational programs tailored to local needs.

15.2 Strategies to Increase Physical Activity in Adults
Adults, particularly those leading sedentary lifestyles, benefit from targeted strategies that integrate physical activity into their daily routines. Government guidelines, such as those outlined in the NICE Physical Activity Quality Standards, highlight the need for workplace programs, community-level initiatives, and infrastructural changes to promote active living.

Key strategies for adults:

Workplace Physical Activity Programs
Encouraging physical activity in the workplace is a crucial intervention for adults, especially those in sedentary jobs. NICE recommends that workplaces develop and implement physical activity programs that encourage employees to walk, cycle, or take active breaks throughout the day. Simple measures such as signage promoting stair use, walking meetings, or subsidized gym memberships can lead to significant improvements in physical activity levels.

Promoting Active Travel
Active commuting, such as walking or cycling to work, is an evidence-based strategy that can significantly boost daily physical activity among adults. Local authorities are encouraged to develop Local Cycling and Walking Infrastructure Plans (LCWIPs), ensuring that transport systems prioritize pedestrians and cyclists. Reallocating road space, creating safe cycling lanes, and improving pedestrian walkways are essential to promoting active travel.

Community-Based Interventions
Community-wide campaigns and organized fitness activities can help reduce sedentary behaviour and foster social support for physical activity. Community-based walking groups, fitness classes in parks, and organized sports leagues can increase participation, especially when promoted through local media campaigns. Additionally, incorporating point-of-decision prompts in public spaces, such as reminders to use stairs, can encourage individuals to be more active during daily activities.

Creating an Active Built Environment
As with children, the built environment plays a critical role in shaping adult activity levels. Policies that promote walkable neighbourhoods, safe cycling infrastructure, and access to parks and recreational spaces are essential for increasing physical activity. Government guidelines advocate for a cross-sectoral approach, where local authorities collaborate with planning, transport, and health sectors to create environments conducive to physical activity.

Addressing Inequalities
Disparities in physical activity levels persist among different socioeconomic and ethnic groups. Tailored interventions, such as culturally sensitive programs and community engagement, can help bridge these gaps. Public health initiatives should focus on underserved populations, ensuring access to affordable recreational facilities, safe public spaces, and targeted promotional campaigns to reduce physical inactivity.

16. Recommendations

16.1 Local Authority

Key Recommendations:

- **Prioritise active travel with clear objectives and KPIs**: Enhance walking and cycling infrastructure through the Local Cycling and Walking Infrastructure Plan (LCWIP). Set specific targets for road space allocation to pedestrians and cyclists, especially in disadvantaged areas with low car ownership, and monitor progress through well-defined KPIs.
- **Expand and co-design access to green spaces**: Increase the availability, safety, and quality of parks and green spaces. Collaborate actively with local communities, particularly underrepresented groups, to co-design and maintain these areas, ensuring they align with residents' needs and preferences.
- **Strengthen safety measures and public trust**: Improve public safety in parks and open spaces by enhancing lighting, installing security cameras, and implementing regular maintenance. Partner with community organisations to build trust and foster a sense of safety.
- **Launch targeted, culturally sensitive awareness campaigns**: Implement borough-wide campaigns that highlight the health and social benefits of physical activity. Tailor messaging to overcome language barriers and resonate with different cultural groups.
- **Integrate active environments into urban planning with community input**: Prioritise active neighbourhoods in zoning and infrastructure projects, ensuring collaboration with urban planners, health experts, and community representatives to create spaces conducive to walking, cycling, and recreation.

- **Support schools with active travel initiatives**: Partner with schools to develop and maintain active travel plans, providing resources and training to encourage walking and cycling among students. Engage parents and caregivers to support these initiatives.

16.2 NHS

Key Recommendations:

- **Embed physical activity into clinical care pathways with measurable outcomes**: Integrate physical activity discussions into patient consultations for managing chronic conditions. Set up a system to monitor and evaluate patient engagement and outcomes.
- **Expand and evaluate social prescribing schemes**: Increase social prescribing programmes that link patients with local physical activity groups. Regularly assess these programmes to ensure they effectively boost participation and meet patient needs.
- **Train health professionals on cultural competency and communication**: Provide comprehensive training for healthcare providers on how to discuss physical activity with patients, focusing on overcoming cultural and language barriers to improve patient understanding and engagement.
- **Promote physical activity as part of mental health care**: Integrate group exercise initiatives into mental health interventions to alleviate depression, anxiety, and social isolation. Include partnerships with local fitness and wellness groups to diversify options.
- **Enhance inclusivity and accessibility of physical activity programmes**: Develop inclusive programmes that cater specifically to individuals with disabilities or long-term conditions. Regularly review and adapt these offerings to ensure they meet participant needs and promote long-term engagement.

16.3 Educational Settings

Key Recommendations:

- **Embed comprehensive physical activity programs into the curriculum**: Implement daily PE sessions and structured active play during breaks. Extend support for extracurricular sports and after-school activities, ensuring regular monitoring and evaluation.
- **Maintain and promote active travel plans with tailored support**: Encourage schools to adopt and periodically update active travel plans. Provide resources for schools to create safe routes and infrastructure to support walking and cycling.
- **Strengthen family and community engagement in physical activity**: Organise initiatives like walking buses, family fitness days, and workshops to promote physical activity at home. Collaborate with local groups to make these activities appealing to diverse cultural backgrounds.

- **Ensure school facilities are accessible and inclusive**: Adapt school-based physical activity resources to support children with disabilities and cater to the needs of various ethnic backgrounds. Work closely with community representatives to address these requirements.
- **Integrate mental health-focused physical activity initiatives**: Promote the use of physical activity to manage student stress and mental health. Develop programmes that encourage relaxation and mindfulness through movement, especially during exam periods.

16.4 Employers/Businesses

Key Recommendations:

- **Establish robust workplace wellness programmes with built-in evaluations**: Implement physical activity schemes such as active breaks, fitness challenges, and options for active commuting. Include feedback mechanisms to assess participation and effectiveness.
- **Improve active travel infrastructure at workplaces**: Provide secure bike storage, well-maintained walking paths, and shower facilities to support employees who choose active commuting.
- **Support flexible working to accommodate physical activity**: Encourage flexible working hours to allow employees time for physical activity. Support work-from-home policies with structured breaks for movement.
- **Organise team-based physical activities**: Implement group activities such as charity runs, fitness sessions, or walking meetings to encourage team-building and boost physical activity.
- **Offer financial incentives for fitness**: Provide subsidies or discounts for gym memberships and local fitness classes, making them more accessible, especially for employees from lower-income brackets.

16.5 Voluntary Sector Groups

Key Recommendations:

- **Work with stakeholders to promote physical activity through community initiatives**: Act as champions for physical activity, particularly within ethnic minority and underrepresented communities. Use trusted voices within these groups to promote inclusive messaging.
- **Collaborate on unified messaging campaigns**: Partner with local authorities, the NHS, and educational institutions to integrate consistent physical activity messaging across various health and wellbeing initiatives.
- **Incorporate physical activity guidance into volunteer training**: Equip volunteers with the knowledge to provide brief advice on physical activity during community interactions, fostering a culture of movement.
- **Implement active travel policies within organisations**: Encourage staff and service users to adopt active travel options. Support this with policies that promote walking, cycling, and public transportation use.

- **Create opportunities for workplace physical activity**: Foster an environment that encourages volunteers and staff to incorporate physical activity during work hours through initiatives like walking breaks and access to outdoor spaces.
- **Model workplace wellness practices**: Voluntary organisations should set an example by implementing and showcasing evidence-based physical activity strategies, inspiring wider community adoption and participation.

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