Slough Borough Council

HEALTHY WEIGHT HEALTH NEEDS ASSESSMENT MARCH 2024

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Executive summary

This report delves into the complex issue of maintaining a healthy weight in Slough, a critical aspect of public health that affects individuals across various demographics. This challenge has become one of the defining health concerns of our time. Excess weight is strongly linked with an increased risk of present and future illness such as diabetes and high blood pressure. The effects of excess weight are seen not only in individual health outcomes but also in increased healthcare costs, reduced economic productivity, and strain on healthcare systems. Achieving and maintaining a healthy weight is essential for overall health as documented in the NHS Long Term Plan and recent Major conditions strategy.

The causes of excess weight are multifaceted, encompassing a range of biological, psychological, and socio-economic factors. At its core, excess weight results from an energy imbalance where caloric intake exceeds energy expenditure. However, this simplistic view overlooks the complex interplay of factors such as genetic predisposition, mental health, socio-economic status, and environmental influences. For instance, the availability of high-calorie foods and the built environment significantly affect dietary choices and physical activity levels. The COVID-19 pandemic has further complicated this landscape, leading to changes in lifestyle habits that have impacted weight management. Understanding these determinants is crucial for developing effective public health strategies and interventions to tackle the issue of excess weight at both individual and community levels.

National policies like the Whole Systems Approach to Obesity, Tackling Obesity, and The National Food Strategy, alongside NICE Guidelines, emphasise a systemic approach to managing excess weight, focusing on prevention, diet, and physical activity. Locally, Slough's Wellbeing Strategy 2020-2025 addresses health and wellbeing with an emphasis on reducing health inequalities. The Corporate Plan 2023-2027 prioritises tackling health inequalities, particularly in children and young people, and enhancing access to healthcare. The SEND and Inclusion Strategy 2021-2024 focuses on supporting children and young people with special educational needs and disabilities, ensuring their holistic well-being. These policies collectively reflect a commitment to improving health outcomes, with a specific focus on obesity and weight management, both nationally and within the local context of Slough.

Slough's population of around 158,000 has an even gender split and a younger demographic compared to the South East region and England, with 23.5% under 14 years. The town is ethnically diverse, predominantly Asian (46.7%), and has 71.4% of neighbourhoods in the lower half of national deprivation levels. Approximately 66% of Slough adults have excess weight, and 23.8% are obese, figures similar to regional averages but likely underestimated due to weight-related health risk related to ethnicity. Slough has the lowest obesity rate among its statistical neighbours. Age, sex, ethnicity, deprivation, economic status, occupation, disability, and educational attainment are key factors influencing excess weight in Slough. Hospital admissions related to obesity are almost double the regional average, and Slough has the highest prevalence of diabetes in England, highlighting the significant health challenges associated with excess weight in the area.

In Slough, the National Child Measurement Programme (NCMP) data for 2022/23 shows high participation (93.5%), providing a reliable insight into the weight trends of children. The prevalence of excess weight and obesity is a concern, with Reception year figures aligning with regional averages, but by Year 6, Slough records the highest prevalence in the South East region. Variations in excess weight and obesity are evident across different wards, with some wards like Farnham showing significantly higher rates. In terms of comparisons with statistical neighbours, Slough's prevalence is lower in Reception but ranks as the third highest by Year 6. Over time, there has been an increasing trend in excess weight and obesity, particularly in Year 6. Gender differences show that males have a higher prevalence of both excess weight and obesity than females in Year 6. Deprivation significantly impacts obesity rates, with the most deprived areas showing nearly double the obesity rates of the least deprived. However, the analysis of ethnicity data is limited due to low recording rates, indicating a need for more comprehensive data collection to understand the full impact of ethnicity on weight trends in Slough's children.

A range of factors contributes to healthy weight for Slough. In 2018/19, 20.7% of women were obese in early pregnancy, mirroring regional averages. Adult physical inactivity in Slough, at 33.7% in 2020/21, ranks as the fourth highest in England. In contrast, 42% of children and young people were physically active in 2020/21, below the South East average. Dietary habits are concerning, with 24.8% of adults consuming the recommended '5-a-day' in 2020/21, the lowest in the region. Dentinal decay in 5-year-olds is notably high at 34.9%, compared to the England average of 23.7%. The uptake of the Healthy Start scheme is below the national average, at 55.3% in 2023. Breastfeeding rates are positive, with 81.1% of babies receiving breastmilk as their first feed. Alcohol consumption is low, with 7.9% of adults drinking over 14 units weekly. In travel habits, while physical inactivity is high, walking or cycling for transport aligns with regional averages. About 96% of primary school children can reach school within 15 minutes by walking or public transport, demonstrating good accessibility to essential services. However, 47% of residents still prefer cars for transportation, although there's a higher use of alternative transport modes compared to regional and national averages. Proximity to takeaway food outlets is a factor to consider, as it may influence childhood obesity rates.

The 2023 National Institute for Health and Care Research review and the Amsterdam Healthy Weight Approach underscore the multifaceted nature of obesity management, advocating for holistic, system-wide strategies. Emphasising active travel, environmental design, public sport services, and targeted interventions for children and those living with obesity, these approaches integrate infrastructure development, community engagement, and policy reform. Recognising the complex interplay of individual behaviours, societal norms, and environmental factors, a shift towards low-agency population interventions is recommended to effectively combat obesity. Public Health England's guide on a whole systems approach to obesity further reinforces this, advocating for collaborative, community-centred strategies. Tiered weight management programmes, designed for both adults and children, highlight the importance of personalised care, accurate health assessments, integrated lifestyle changes, and continuous monitoring. Effective commissioning and evaluation using Key Performance Indicators are crucial for the success of these programmes, ensuring they meet the diverse needs of the population and contribute positively to long-term health outcomes.

In Slough, a comprehensive approach to promoting health and well-being is evident through a diverse range of assets and services. Over 916 allotment plots encourage sustainable living and community engagement, while initiatives like Active Slough make physical activities accessible to diverse groups. The town boasts over 15 private gyms, robust school sports networks, and various leisure facilities, enhancing its fitness landscape. Additionally, Slough's commitment to community welfare is reflected in its libraries, community centres, youth services, and extensive healthcare network. Weight management is a priority, with programmes like ShapeUp4Life offering tailored support for adults, and initiatives like Let's Get Going and digital applications such as Teddi, Camp Island, and BEAM catering to children and young people. Public Health Nursing 4 Slough further supports the community's health needs, implementing programmes like the National Child Measurement Programme, underlining Slough's dedication to fostering a healthy, active, and well-supported community.

The community and stakeholder views in Slough, explored through various surveys and studies, reveal a multifaceted perspective on healthy weight and lifestyle services. The 2023 OxWell Student Survey highlighted concerns among students about body shape, weight, and financial worries affecting eating habits and physical activity. The Slough Healthy Behaviour Survey, targeting public and professionals, identified barriers to accessing health services and preferences for service delivery, with 77% of residents showing interest in getting active and losing weight but many not engaging with existing services. Community Conversations and the Healthy Weight Survey for Professionals further delved into dietary choices, physical activity barriers, and professional opinions on food and nutrition issues. These insights emphasise the need for tailored, culturally sensitive interventions, accessible and affordable services, and enhanced communication strategies to promote a healthier lifestyle among Slough's diverse communities.

This report highlights the critical challenge of maintaining a healthy weight, a vital public health concern affecting diverse demographics. Excess weight, linked to increased risks of illnesses like diabetes and hypertension, has significant repercussions on individual health, healthcare costs, and overall economic productivity. The complexity of weight issues arises from an interplay of biological, psychological, and socio-economic factors, exacerbated by lifestyle changes during the COVID-19 pandemic. National policies and local strategies in Slough, including the Whole Systems Approach to Obesity and the Wellbeing Strategy 2020-2025, emphasise a systemic, preventive approach integrating diet and physical activity. Slough's demographic profile, featuring a younger, ethnically diverse population with varying levels of deprivation, underscores the multifaceted nature of weight challenges in the region. Local data reveal concerning trends in obesity, particularly among children, and point to lifestyle factors contributing to weight issues, such as physical inactivity and dietary habits. Responses to these challenges include tiered weight management programmes, community-focused initiatives, and diverse health and well-being assets, all aiming to foster a healthier, more active community. The insights from community and stakeholder surveys stress the necessity for culturally sensitive, accessible, and affordable interventions, highlighting the communal effort needed to combat the complexities of maintaining a healthy weight in Slough.

Findings and recommendations

Theme	Key Findings	Recommendations
Global	Slough is in the early stages of implementing a Whole System Approach to healthy weight.	1. Implement a Whole System Approach (WSA) to healthy weight, ensuring an integrated and holistic strategy. 2. Establish focused task and finish (T&F) groups to drive actions forward, with alignment to wider stakeholder interests. These groups should concentrate on key areas including: 1. Children and Young People (CYP) 2. Pathway Development 3. Physical Activity and Active Travel 4. Creating a Healthy Eating Environment
	The Health in All Policies (HiAP) and Make Every Contact Count (MECC) policies are not yet formalised across the council. Both are important tenants in promoting healthy weight in the system.	1. Formalise and adopt HiAP and MECC policies across SBC.
Adult Excess Weight	In Slough, roughly 66% of adults are overweight and 23.8% obese, using a BMI standard of 25. For its diverse population, a lower BMI threshold is needed but this data is not readily available.	1. Adult excess weight remains an important modifiable risk factor for most of the community. 2. Public Health should explore alternative data sources as different BMI cut-offs are needed.
	Slough has England's highest diabetes prevalence.	1. Collaborate with NHS Frimley ICB to understand current work on diabetes and its prevention. 2. Discuss further within Pathway Development T&F group as part of WSA to healthy weight.
CYP Excess Weight	High prevalence of excess weight and obesity in children, especially by Year 6, with increasing trends over time.	1. Ensure CYP excess weight is a priority area. 2. Review current commissioned interventions in this area. 3. Consider intensifying the CYP excess weight offer, such as introducing new services, for example HENRY.

Theme	Key Findings	Recommendations
	Notable variations in child obesity across wards.	1. Target interventions in specific wards with higher excess weight prevalence.
Inequalities, At-Risk Groups, and Cultural Considerations	Adult excess weight in Slough is influenced by factors such as age, sex, ethnicity, and socioeconomic status.	1. Conduct a Health Equity Audit for current weight management services SBC commissions. 2. Ensure future interventions consider inequality groups and relevant adaptations needed to ensure engagement. 3. Undertake formal asset mapping for targeted support already available for these inequality groups.
	Among children and young people, sex and deprivation impact obesity rates, with boys and those in deprived areas more affected.	1. Similar to adults, undertake audits and asset mapping focused on children and young people, with targeted interventions.
	Slough's ethnic diversity, with a predominant Asian population, necessitates cultural sensitivity in evidence appraisal and intervention delivery.	1. Ensure cultural considerations are incorporated in the design and implementation of health interventions.
Geography, Environment, and Active Travel Opportunities	High adult physical inactivity rates and low physical activity among children and young people.	1. Undertake formal asset mapping of physical activity opportunities. 2. Explore these findings further in the Physical Activity and Active Travel T&F group as part of the WSA to healthy weight. 3. Explore collaborations with Get Berkshire Active.
	Concerning dietary habits and high dental decay rates in children.	1. Explore these factors further, with consideration to local levers for change, in the Creating a Healthy Eating Environment T&F group as part of the WSA to healthy weight.
Schools	Schools have a key role shaping the healthy weight landscape in CYP.	1. Ensure schools are represented in the CYP T&F group as part of the WSA to healthy weight. 2. Explore what local levers for change are available to schools within Slough as part of this group.

Theme	Key Findings	Recommendations
Intelligence Gaps/Data Considerations	61.4% of records in the NCMP had a valid ethnicity code, the lowest percentage in the South East region where the average is 88.5%. Low rate of ethnicity recording suggests that the current local ethnic grouping data is not representative and analysing it could introduce selection bias.	1. 100% ethnicity recording recommended in future NCMP cycles.
Pathways and Services	There is currently a weak evidence base for digital WMPs.	1. Review digital offerings in future re-commissioning cycles in line with best available evidence.
	There is currently no referral pathway between NCMP and CYP WMPs.	1. Investigate whether a referral pathway between NCMP and CYP WMPs are possible.
	Not all nationally recommended KPIs are deployed in the current WMPs offer by SBC.	1. Ensure nationally recommended KPIs are considered in future commissioning.
	Stakeholder and community feedback suggests that current services might not be meeting needs adequately.	1. Review existing service provision for impact and scale

Aims, objectives, scope and methodology

Aims

1) Assess the health needs relating to healthy weight in Slough.
2) Describe and identify ways of meeting this need.

Objectives

1) Describe the population and the health needs relating to healthy weight with a focus on equity.
2) Review the current local, national and international evidence regarding healthy weight interventions.
3) Describe the existing commission of healthy weight services.
4) Explore the wider health Improvement and healthy food environment landscape locally.
5) Review healthy weight programmes in similar areas.
6) Understand the perspective of stakeholders and the community.
7) Integrate the findings to identify evidence-based recommendations.
8) At all stages, engage and consult with key stakeholders.

Scope

This Health Needs Assessment (HNA) evaluates the requirements of individuals who are living with excess weight or obesity in Slough. It is important to note that the needs of those who are underweight fall outside the scope of this analysis.

Methodology

This report uses a HNA approach to understand the healthy weight landscape in Slough. A HNA is "a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities[1]."

The concept of need is multifaceted and was examined from various angles to ensure a well-rounded set of recommendations. The dimensions of need under consideration were:

1. **Expressed/Corporate Need** - This involved gathering and reflecting on the insights of various stakeholders, including residents, service users, and professionals, to ascertain the perceived requirements for services.
2. **Epidemiological Need** - This pertained to the study of the prevalence and incidence of excess weight and its determinants within the population and the evaluation of existing services addressing the issue.
3. **Comparative Need** - This aspect involved benchmarking service provision against that in different locales and deducing recommendations based on these comparisons.

The sources of data utilised are detailed in the report, alongside any constraints that may affect the interpretation of the findings.

Introduction

Impact of excess weight

The impacts of excess weight are more than just illness as seen in figure 1 and 2.

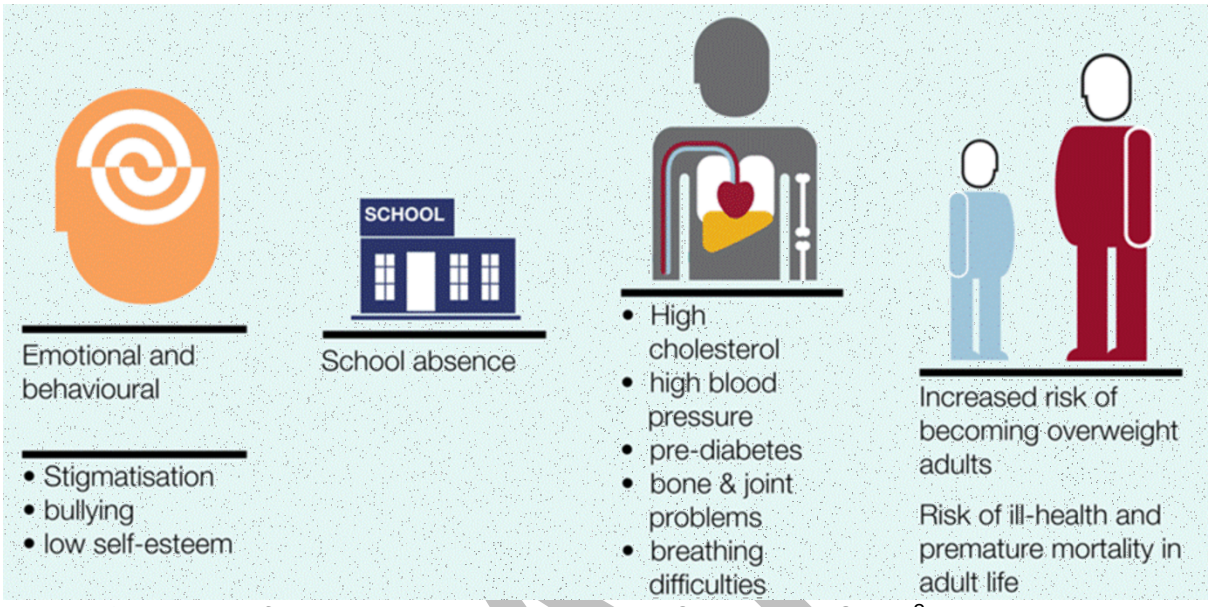


Figure 1: Impact of living with excess weight in CYP. From OHID[2].

Figure 2: Impact of living with excess weight in adults. From OHID[3].

Illness

Excess weight is linked to a variety of diseases such as type 2 diabetes, hypertension, some cancers, heart disease, stroke and liver disease (figure 3)[3].

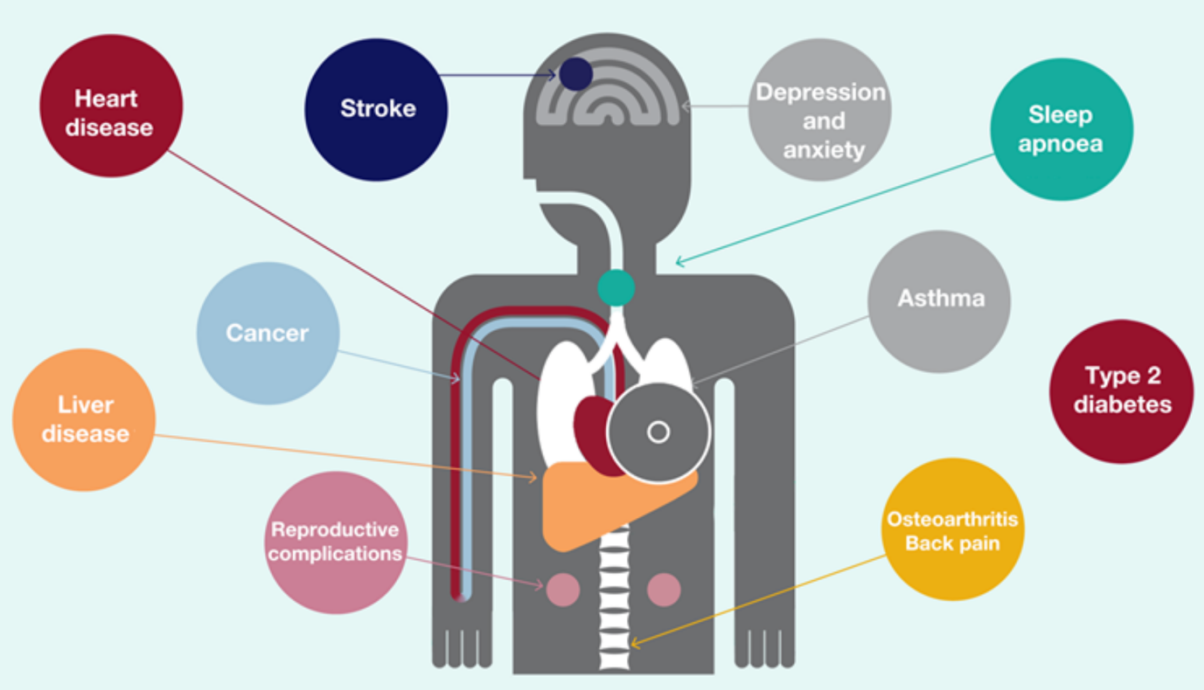


Figure 3: Impact of excess weight on illness and disease. From OHID[3].

The main modifiable risk factor for type 2 diabetes is excess weight[4]. In England, adults living with obesity are five times more likely to develop type 2 diabetes[5]. Over 90% of adults with type 2 diabetes have excess weight and those with severe obesity are at the greatest risk[4].

More than 1 in 20 cancers are attributed to excess weight, with obesity being the second leading preventable risk factor for cancer in the UK[6]. It is estimated that maintaining a healthy weight could prevent around 22,800 cases of cancer every year in the UK[6]. Adults living with obesity are three times more likely to develop colon cancer[5].

Adults living with obesity are three times more likely to develop high blood pressure, a strong risk factor for stroke, heart and kidney disease[5].

Excess weight during pregnancy

Excess weight during pregnancy leads to an increased risk of complications including stillbirth and labour difficulties[7]. Furthermore, children born to mothers living with excess weight and more likely to experience excess weight themselves in adult life[8].

Life expectancy

Evidence suggests that adults living with moderate obesity (BMI 30-35 kg/m²) experience a decrease in life expectancy ranging from 2 to 4 years[9]. In contrast, adults living with severe obesity (BMI 40-45 kg/m²) face a more significant reduction, often between 8 to 10 years, an effect parallel to the consequences of lifelong smoking[9]. Estimating the impact of excess weight gained during childhood on life expectancy is complex, as it would necessitate long-term studies spanning several decades. Nonetheless, it is reasonable to assume that the effects could be more pronounced.

Hospitalisation

Excess weight significantly increases the likelihood of hospitalisation and incurs greater healthcare expenses[10]. A higher Body Mass Index (BMI) is linked with increased hospital admission rates and healthcare costs for various medical conditions including osteoarthritis, leading to surgeries such as knee replacements, as well as circulatory problems like heart attacks and strokes. In 2019/20, in England, obesity was noted as a factor in over a million hospital admissions[11].

Economics

In assessing the full economic impact of excess weight, it is critical to account for both the direct costs, which include the implications for individual health and healthcare services as well as loss of quality of life, and the indirect costs, such as the decline in workforce productivity and employment rates.

According to Frontier Economics' 2019 analysis, the direct healthcare costs attributed to obesity in UK adults amounted to £51 billion annually - £10.7 billion of this is direct cost to the NHS[12]. When factoring in indirect costs, including those related to social care and occupational productivity, the total economic cost escalated to approximately £62 billion, equating to 2.7% of the UK's Gross Domestic Product. It is important to recognise that this estimate likely underestimates the true cost, as it does not consider the enduring economic effects of childhood obesity and the broader psychological impacts beyond those associated with antidepressant medication expenses.

Determinants of excess weight

According to the biomedical model, excess weight is the result of an energy imbalance driven by individual behaviour wherein energy intake, from food and drink, exceeds energy expenditure, primarily from metabolism and physical activity, over time. However, this model does not adequately explain why there is an increase in energy intake or a decrease in energy expenditure.

Life course approach to excess weight

During a person's lifetime, specific exposures impact the likelihood of developing excess weight in later years. A deeper understanding of these exposures at a local level could lead to targeted interventions, reducing the risk of overweight in later life. This strategy compliments the system approach.

Systems approach to excess weight

The factors contributing to excess weight are intricate, with each typically adding a small portion to the overall risk. The systems approach seeks to comprehend how these diverse factors, known as the ‘obesogenic’ environment, collectively impact the development of excess weight. The Government Office for Science's research has methodically charted these factors, pinpointing possible intervention areas. This section will further explore these broader determinants.

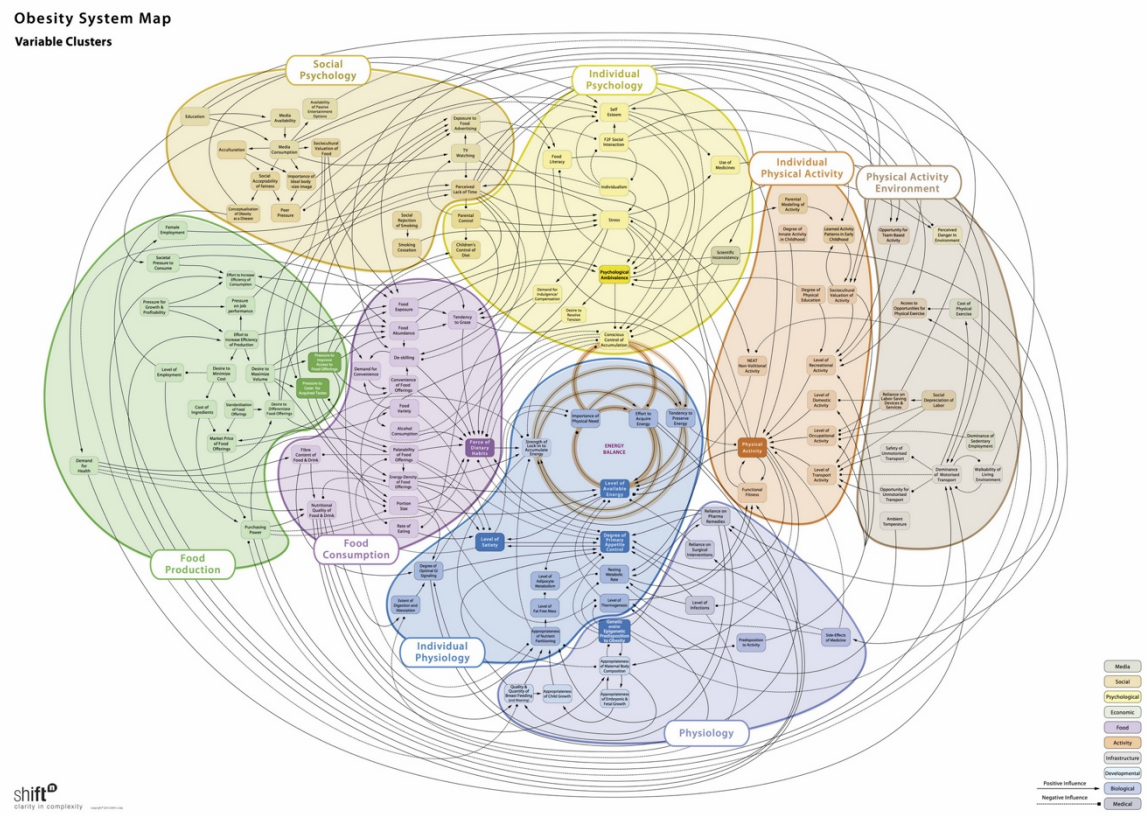


Figure 4: Obesity system map. Source: Tackling obesities: future choices - obesity system atlas, Government Office for Science, 2007[13]

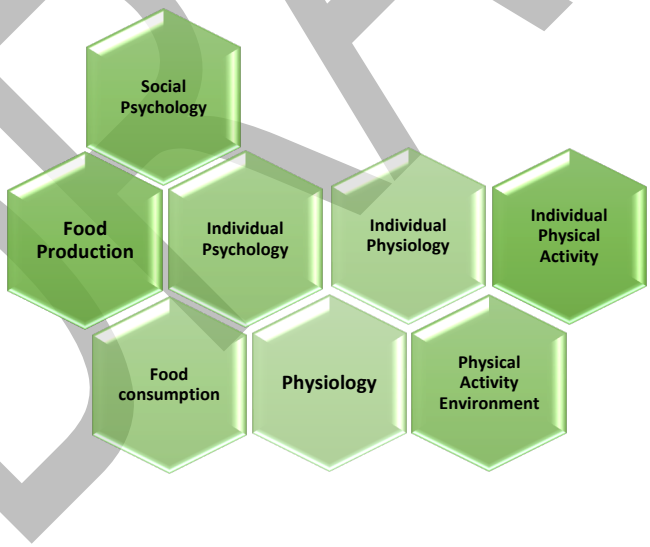


Figure 5: Key areas identified from the obesity system map. Adapted from: Tackling obesities: future choices - obesity system atlas, Government Office for Science, 2007[13]

Key factors in the development and maintenance of excess weight

This section highlights the importance of understanding the various factors contributing to excess weight. It emphasises the need to consider barriers to healthy behaviours, including psychological factors (like low motivation), physical challenges

(such as limited access to resources), and sociological aspects (including perceived societal needs).

1) Energy intake from diet

The average physically active male needs about 2,500 calories a day to maintain a healthy weight, and the average physically active female needs about 2,000 calories a day[14]. Calories not used can be stored as fat. On average, 7,700 excess calories are needed to gain 1 kg of fat[15]. A balanced diet, including at least five servings of fruits or vegetables daily, is recommended[16]. Factors influencing increased energy intake, such as the availability of high-calorie foods, cooking skills, psychological influences like mood and motivation, and economic constraints, are crucial considerations.

2) Alcohol intake

With about seven calories per gram, alcohol's calorie density is almost equal to that of fat[17]. Many alcoholic drinks are high in sugar, contributing to weight gain risks. For example, a pint of lager contains roughly 180 calories (similar to a slice of pizza), while stouts, ales, and ciders can equate to the calorie content of a bagel or a sugared doughnut. Two large glasses of red wine can account for nearly 20% of a man’s daily calorie limit and 25% for a woman.

3) Physical inactivity

Physical inactivity is a significant factor in excess weight development. Unlike metabolism, which is largely non-modifiable, physical inactivity is a modifiable risk. Physical activity includes both structured exercise and informal daily life choices, such as walking instead of driving. The infographic below shows the recommendations from the Chief Medical Officers in terms of physical exercise and the health benefits. It's important to understand the causes of physical inactivity, such as limited access to exercise facilities, insufficient public transport (leading to increased car use), and psychological barriers such as body image concerns and confidence levels in participating in physical activities.

Figure 6: UK CMOs' Physical Activity Guidelines, 2019[18]

4) Biological factors

Biological factors play a role in influencing metabolism, satiety, and physical activity, but they are not typically the sole cause of excess weight. Conditions like hypothyroidism and other hormonal disorders, along with genetic conditions such as Prader-Willi syndrome, are examples of biological influences. However, in most cases, these factors contribute alongside lifestyle and environmental elements.

5) Psychological factors

Mental health conditions such as anxiety and depression can lead to excess weight. Beyond diagnosed mental illnesses, other psychological aspects are also critical, including low motivation, poor self-esteem, and low confidence. These factors can significantly impact an individual's approach to diet and exercise, thereby affecting weight.

6) Socio-economic factors

Excess weight is closely associated with various socio-economic factors such as ethnicity, deprivation, highest level of education attained, gender, and income. These factors will be discussed in more detail in the section on inequalities in the local and national picture.

7) Breastfeeding

Breastfeeding has been shown to play a role in reducing the risk of developing excess weight. A study across 16 European countries found that breastfeeding could reduce the likelihood of childhood obesity by up to 25%[19]. 16.8% of children who were never breastfed were obese, compared with 13.2% who had been breastfed at some time and 9.3% of children breastfed for six months or more.

8) Built environment

The built environment, referring to our human-made surroundings, impacts excess weight. Important aspects include the availability and quality of public transport, which can influence physical activity levels, and the accessibility of recreational spaces and facilities.

9) COVID-19 pandemic

The pandemic brought about significant lifestyle changes that affected weight. Social restrictions limited physical activity opportunities and increased reliance on convenience food. However, some positive impacts emerged, such as a greater emphasis on learning to cook healthy meals at home and an increased focus on maintaining physical activity. This period has sparked considerable research into how such societal shifts impact weight management and health.

National and local policy context

Key national policies and strategies

Nationally, there are several policies and strategies on excess weight and its management. The core themes are similar with an emphasis on prevention through systems thinking around diet and physical activity.

Whole systems approach to obesity[20]

This policy document serves as a comprehensive guide for local authorities across England to address the complex issue of maintaining healthy weight within their communities. Developed through a collaborative process over four years, including input from pilot local authorities and extensive testing, the guide aims to demystify the concepts of systems thinking and make them accessible for implementation at the local level. It provides a step-by-step approach, taking local authorities through a six-phase process that includes engaging senior leaders, conducting system mapping, and action planning workshops. The guide is structured to support local areas in initiating their journey in systems working and to assist those who have already made progress in this area.

The document emphasises the importance of adapting the approach to local contexts and needs. It avoids prescribing specific actions, instead encouraging local areas to develop and align their own strategies in consultation with stakeholders. This collaborative approach fosters shared ownership and helps stakeholders understand their role in the system. The guide aligns with Public Health England's resources, supporting the implementation of key principles outlined in "What Good Healthy Weight for all ages Looks Like". It underscores the necessity of a long-term commitment to systems working, with actions planned for the short, medium, and long term. The varied experiences and ongoing testing by local authorities across the country are pivotal in evaluating and enriching the evidence base, as well as in sharing learnings to promote healthy weight effectively.

What Good Healthy Weight for all ages Looks Like[21]

The What Good Looks Like (WGLL) programme is designed to enhance population health outcomes by synergising the efforts of local organisations and broader society. This publication, embodying the essence of the new Quality Framework for the Public Health system, offers practical guidelines on achieving and maintaining healthy weight across all age groups. Developed collaboratively, it integrates existing evidence, best practices, practitioner insights, and expert consensus. As a living guide, it undergoes regular revisions and updates to incorporate new evidence and insights, ensuring its relevance and effectiveness in guiding public health strategies.

Tackling obesity: empowering adults and children to live healthier lives[22]

This policy document outlines a comprehensive approach to tackle obesity in the UK, emphasising it as one of the country's most significant long-term health challenges. With a high prevalence of obesity among adults and children, particularly in deprived areas, the document acknowledges the need for both national and local action. It

highlights that obesity is not only a risk factor for chronic diseases like cardiovascular disease, type 2 diabetes, and various cancers but also reduces life expectancy and increases the risk of severe illness from COVID-19. The document presents a multi-faceted approach, including expanding NHS weight management services, introducing new legislation for calorie labelling on food and drinks, and restricting promotions of unhealthy foods. It also notes the importance of empowering individuals to make healthier choices and the role of public health campaigns in supporting weight loss and maintaining a healthy lifestyle. The strategy underlines the urgency of addressing obesity to alleviate pressure on the NHS and improve overall public health, especially in the wake of the COVID-19 pandemic.

Obesity Health Alliance: Turning the Tide – A 10-Year Healthy Weight Strategy[23]

This policy document presents a strategic approach to managing healthy weight in the UK, focusing on a system-wide methodology that integrates living, learning, working, and play environments. It employs a 'KIND' framework, advocating for the retention and intensification of effective existing policies, the introduction of new evidence-informed actions, and the development of strategies based on emerging research. The document, a result of collaborative efforts with experts across various sectors, sets forth 30 recommendations aimed at creating environments conducive to healthier living. It emphasises the importance of clear nutritional information, accessible healthy food options, environments that promote physical activity, and the elimination of weight stigma, all underpinned by robust policy infrastructure and cross-sectoral cooperation.

The National Food Strategy: The Plan[24]

The UK's National Food Strategy outlines a transformative approach to reforming the national food system, addressing critical challenges related to health, biodiversity, and climate change. This comprehensive document acknowledges the detrimental impacts of current agricultural practices and the prevalence of unhealthy, processed foods on both the environment and public health. It advocates for a system-wide approach that includes reducing meat consumption, promoting sustainable farming, and ensuring equitable access to healthy food. The strategy suggests a series of actions encapsulated in a 'KIND' framework, focusing on keeping and intensifying effective current policies, introducing new, evidence-based initiatives, and developing future strategies informed by ongoing research. Key recommendations span various objectives, such as lowering diet-related diseases, decreasing inequalities, optimising land use, and fostering a cultural shift towards healthier eating habits. The document emphasises the need for government intervention and collaboration within the food industry to make healthier choices more accessible and affordable, especially for lower-income groups. It also highlights the crucial role of farmers in this transition and the importance of aligning trade policies with environmental goals, ensuring sustainable and equitable food production that supports the UK's commitments to reducing carbon emissions and preserving biodiversity.

Using the planning system to promote healthy weight environments[25]

This policy document offers guidance for local authorities in the UK, focusing on using the planning system to create environments that encourage healthy weight. It is tailored to support public health and planning teams in developing areas that facilitate

access to healthier food options, promote active travel, and encourage physical activity through strategic neighbourhood design. The guidance responds to the needs of local authority teams and aims to establish a consistent, evidence-based approach for shaping local planning policies, including supplementary planning documents (SPDs). It includes a template for creating a 'Healthy Weight Environments SPD', enabling local public health teams to work collaboratively with planning officers and integrate this approach with other local authority functions. This comprehensive strategy is designed to protect vulnerable groups and create healthier community environments in line with national public health and planning policies.

Uniting the Movement: A 10-Year Vision to Transform Lives and Communities Through Sport and Physical Activity[26]

The policy document outlines Sport England's ambitious strategy for the next decade. The vision focuses on creating equal, inclusive, and connected communities across the UK by harnessing the transformative power of sport and physical activity. Recognising the varied benefits of being active, the strategy aims to make sport and physical activity a normal part of life for everyone, irrespective of background, gender, or financial status. The document emphasises addressing inequalities in access to sport and activity and identifies five key issues to focus on: recovering and reinventing post-crisis, connecting communities, providing positive experiences for children and young people, connecting with health and wellbeing, and creating active environments. Sport England commits to leading, collaborating, and investing in these areas, acknowledging the need for targeted, innovative approaches and effective investment models to achieve sustainable change. The strategy also outlines guiding principles and values, emphasising collaboration, inclusivity, ambition, and innovation to ensure the successful implementation of the vision.

Gear Change: A bold vision for cycling and walking[27]

This plan outlines the ambitious vision to transform England into a premier nation for walking and cycling. It details a comprehensive strategy, organised under four key themes: creating streets that are better suited for cycling and pedestrian activities, placing cycling and walking at the core of governmental decision-making, empowering local authorities with the necessary tools and encouragement to support this vision, and enabling people to cycle while ensuring their safety. The plan calls for coordinated action at various government levels to realise this vision, aiming to foster a culture where walking and cycling are integral and preferred modes of transportation.

NICE Guidelines

The National Institute for Health and Care Excellence (NICE) has developed a range of guidelines addressing various aspects of excess weight management and prevention. These include guidelines for public health promotion and the implementation of weight management programmes. Key guidelines relevant in this context are:

1. Obesity prevention (CG43)[28]: This guideline is focused on the prevention of overweight and obesity in children, young people, and adults. It provides direction on how various organisations and institutions, including the NHS, local authorities, early years' settings, schools, and workplaces, can enhance

physical activity and improve dietary habits within their respective target groups. The guideline aims to guide these entities in implementing effective strategies to encourage healthier lifestyles and prevent the onset of overweight and obesity.

2. Obesity: working with local communities (PH42)[29]: This guideline addresses the role of local communities, supported by local organisations and networks, in preventing overweight and obesity. It focuses on facilitating community-wide, sustainable initiatives to assist individuals in either preventing weight gain or achieving weight loss.
3. Obesity: identification, assessment and management (CG189)[30]: This guideline pertains to the identification, assessment, and management of obesity in children aged 2 years and above, as well as in young people and adults.
4. Weight management: lifestyle services for overweight or obese adults (PH53)[31]: this guideline focuses on multi-component lifestyle weight management services offered by public, private, and voluntary sectors, including programmes, courses, clubs, or groups. Its goal is to assist individuals in weight loss and increasing physical activity, thereby reducing the risk of obesity-related diseases such as coronary heart disease, stroke, type 2 diabetes, and various cancers.
5. Weight management: lifestyle services for overweight or obese children and young people (PH47)[32]: This guideline is dedicated to lifestyle weight management services for children and young people under 18 who are overweight or obese. It provides advice on delivering effective weight management programmes that help children and young people alter their lifestyle and manage their weight successfully.

These guidelines collectively offer comprehensive approaches for tackling excess weight issues across different age groups and community settings.

Health in All Policies (HiAP)[33]

The document presents a collaborative and integrative approach to public policy, aiming to improve the health of all individuals by incorporating health considerations into decision-making across various sectors and policy areas. Recognising the complex interplay between different social determinants such as non-communicable diseases, health inequities, climate change, and escalating healthcare costs, HiAP advocates for cross-sectoral collaboration and acknowledges the interdependence of organisations and sectors in implementing public policy and services. The document emphasises the importance of informing all decision-makers about the health, equity, and sustainability consequences of various policy options, promoting structured interaction and ongoing relationships, rather than isolated decisions. Originating from the WHO Declaration of Alma-Ata in 1978, HiAP has evolved to address the challenges of our time, including chronic illnesses, aging populations, inequality, and resource constraints, by breaking down the siloed nature of government functions and fostering efficient, effective intersectoral collaboration.

Making Every Contact Count (MECC)[34]

The MECC consensus statement, developed by Public Health England, NHS England, and Health Education England with support from various partner organisations,

advocates for utilising the numerous daily interactions in health and social care to support positive behaviour changes in individuals. This approach focuses on addressing major health risk factors such as tobacco use, hypertension, alcohol consumption, obesity, and physical inactivity, which are responsible for a significant portion of the UK's disability-adjusted life years. MECC encourages organisations to equip their staff with necessary training and resources to deliver concise health messages effectively and engage in health-promoting conversations. This consensus aims to standardise the adoption of MECC across health and social care settings, highlighting its potential in improving population health and reducing disease risk.

Core20PLUS5: A Focused Approach to Reducing Healthcare Inequalities[35]

In the landscape of national health policies addressing the challenges of excess weight and its management, Core20PLUS5 emerges as a pivotal strategy, especially in the context of reducing healthcare inequalities. Originating as a national NHS England initiative, Core20PLUS5 epitomises a strategic response, specifically targeting populations disproportionately affected by health disparities. This policy is instrumental in guiding actions at both the national and system levels, with a keen focus on two distinct groups: adults and children and young people.

Core20PLUS5 for Adults

Core20: The Core20 component identifies the most deprived 20% of the national population, using the national Index of Multiple Deprivation (IMD) as a criterion. This IMD incorporates seven domains, covering a broad spectrum of social determinants of health, thereby providing a comprehensive view of deprivation.

PLUS: The PLUS element of the approach emphasises tailoring interventions to specific local needs. It calls for the identification of PLUS population groups at a local level, which typically include ethnic minority communities, people with learning disabilities and autism, those with multiple long-term health conditions, and other groups under the Equality Act 2010. Special attention is given to inclusion health groups such as people experiencing homelessness, substance dependence, vulnerable migrants, and other socially excluded categories.

5 Clinical Areas of Focus - Adults

1. Maternity: Focused on ensuring continuity of care for women from deprived and minority backgrounds.
2. Severe Mental Illness (SMI): Emphasising annual physical health checks to meet national targets.
3. Chronic Respiratory Disease: Aiming to increase vaccinations against COVID, flu, and pneumonia to reduce exacerbations and emergency hospital admissions.
4. Early Cancer Diagnosis: Striving for 75% of diagnoses at stages 1 or 2 by 2028.
5. Hypertension and Lipid Management: Optimising management to reduce the risk of myocardial infarction and stroke.

Core20PLUS5 for Children and Young People (CYP)

Adapting the approach for a younger demographic, Core20PLUS5 maintains its focus on the most deprived quintile while incorporating broader data sources like the national child mortality database.

5 Clinical Areas of Focus - CYP

1. Asthma: Addressing over-reliance on reliever medications and reducing asthma attacks.
2. Diabetes: Enhancing access to diabetes management technologies and care processes.
3. Epilepsy: Increasing access to specialist care, especially in the initial year for those with learning disabilities or autism.
4. Oral Health: Reducing hospital admissions for tooth extractions due to decay in children under 10.
5. Mental Health: Improving access to mental health services, particularly for specific ethnic, age, gender, and deprivation groups.

The NHS Long Term Plan[36]

The NHS Long Term Plan, developed by health and care leaders, represents a strategic roadmap for the future of the NHS in England, aimed at maximising the value of every pound of taxpayers' investment in healthcare. Crafted by individuals who are deeply integrated into the NHS, including frontline health and care staff, patient groups, and experts, the plan is a culmination of insights gathered from over 200 events and 2,500 submissions, reflecting the opinions and interests of 3.5 million people. This ambitious plan sets out a comprehensive vision for the next ten years, focusing on key areas such as giving everyone the best start in life, delivering world-class care for major health problems, and supporting people to age well. Its objectives include significant reductions in stillbirths, mother and child deaths during birth, and childhood obesity; enhanced support for mental health conditions; early diagnosis and advanced treatment options for cancer; and substantial improvements in managing chronic conditions like heart disease and dementia.

The successful realisation of the NHS Long Term Plan hinges on addressing key challenges like staff shortages and the growing demand for services. To achieve this, the plan outlines five core strategies: embracing innovative approaches to health and care delivery; preventing illness and addressing health inequalities; bolstering the NHS workforce through training and recruitment; enhancing the use of data and digital technology for better patient care and service planning; and optimising taxpayers' investments in the NHS. Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) are instrumental in translating the plan's ambitions into local actions, with a focus on improving services and community health and wellbeing. This collaborative framework is further supported by local Healthwatch groups and charities like Age UK, ensuring that the voices and needs of patients and the public are central to the development and refinement of local healthcare strategies.

Major conditions strategy[37]

The Major Conditions Strategy is particularly pertinent in the context of maintaining healthy weight. Addressing six key health condition groups including cardiovascular diseases and diabetes – conditions intimately linked with weight management – the

strategy aims to transform healthcare over the next 75 years, aligning with the growing needs of an aging and increasingly multimorbid population. Emphasising primary prevention, it targets lifestyle factors such as obesity, a major driver of ill health. The strategy also underscores the importance of early diagnosis and intervention, secondary prevention, and effective management of long-term conditions. Integral to this approach is the adoption of ICSs, fostering a holistic, patient-centric model of care. This strategic shift is not just a healthcare reform but a comprehensive framework aiming to improve healthy life expectancy and reduce illness-related workforce inactivity, resonating with the global move towards integrated, multimorbidity healthcare approaches.

Key local policies and strategies

Wellbeing Strategy 2020-2025

The strategy, developed by the Slough Wellbeing Board, is a comprehensive plan to improve the health and wellbeing of Slough's residents, focusing on the unique challenges of this young, diverse urban area. The strategy is structured around four key priorities: Starting Well, focusing on children and young people's health; Integration, aimed at aligning health and social care services; Strong, Healthy, and Attractive Neighbourhoods, which aims to develop community resilience and engagement and reduce health inequalities; and Workplace Health, promoting healthy working environments. These priorities address a range of issues from obesity and immunisation rates in children to mental health and the wellbeing of the workforce, underpinned by a commitment to reducing health inequalities across different borough areas and ethnic groups.

The strategy's implementation is overseen by the Slough Wellbeing Board, comprising a diverse mix of public, private, and voluntary sector organisations. It emphasises a collaborative approach to addressing Slough's health challenges, considering socioeconomic factors, lifestyle behaviours, and the built environment. The strategy is designed to be adaptable, responsive to changing data and needs, especially in light of the COVID-19 pandemic's impact. It represents a collective effort to not only address immediate health concerns but also to lay a foundation for long-term health and wellbeing improvements for all Slough residents.

Corporate Plan 2023-2027 – 'A fresh start'

The Corporate Plan outlines a strategic vision from 2023 to 2027, focusing on improving residents' lives, especially children and young people. The plan prioritises tackling health inequalities, particularly evident in the area's lower-than-average healthy life expectancy and high proportion of child obesity. Key strategies include enhancing children's development and early life experiences to shape their future health, wellbeing, and educational outcomes. The plan emphasises creating a supportive environment for families, addressing social determinants of health such as education and income, and engaging young people in decision-making processes affecting their health and community.

To address the health challenges in Slough, the Council commits to working collaboratively with partners and the community. Efforts will focus on reducing

preventable ill-health and targeting health inequalities, supporting residents to lead independent lives, and enhancing community safety. The plan also aims to promote wellbeing, increase physical activity, and improve access to quality healthcare services. By adopting these measures, the Council aims to create a healthier, safer, and more independent living environment for its residents, with a particular focus on empowering children and young people to thrive in a more equitable and supportive community.

SEND and Inclusion Strategy 2021-2024

This is a comprehensive plan developed to enhance support for children and young people with special educational needs and disabilities (SEND) in Slough. Recognising the challenges posed by the Covid-19 pandemic, especially on those with SEND, the strategy focuses on meeting their diverse learning, health, emotional, and mental well-being needs. Central to the strategy is the commitment to early identification of learning needs, robust partnerships with parents, carers, and professionals, and tailored provision to meet individual needs. It underscores principles of participation, engagement, inclusion, accountability, and continuous improvement. The strategy, a living document, is adaptable and regularly updated based on ongoing evaluation and emerging data. It involves multiple stakeholders, including children and young people with SEND, parents, carers, and local partners, to collaboratively create a supportive and inclusive environment for all young people to thrive.

Excess weight in Slough

Demographics of Slough

In 2021, there were 158,500 residents in Slough with a roughly even split of males (78,495 residents) and females (80,005 residents)[38].

The population of Slough is younger than the South East region and England. In 2021, 23.5% (37,300 residents) of the population was under 14 years compared to 17.4% in the South East region and England[38]. There was a larger proportion of 15-64 year olds in Slough (66.8%) compared to the South East region (63.1%) and England (64.2%)[38].

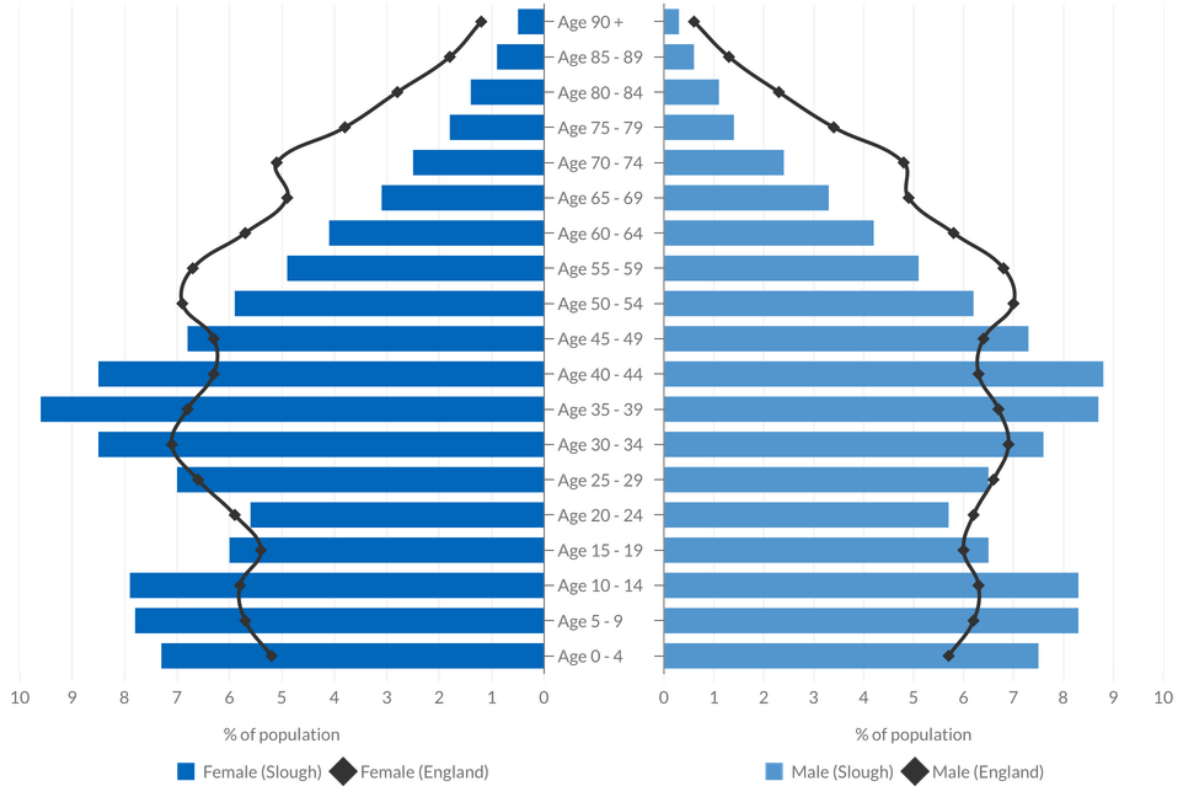


Figure 7: Percentage of population by 5-year age groups in Slough and England. Source: Census 2021, ONS[38]

In Slough, 71.4% of neighbourhoods fall within the lowest 50% in terms of deprivation, as measured by the Index of Multiple Deprivation (IMD) 2019. The IMD is the official metric used to assess relative deprivation across small areas, or neighbourhoods, in England. It involves ranking each Lower Super Output Area (LSOA) on a scale from 1 (indicating the most deprived) to 32,844 (the least deprived). Here, decile 1 represents the most deprived 10% of LSOAs in England, while decile 10 refers to the least deprived 10%. This data provides a detailed perspective on the distribution of deprivation levels within Slough.

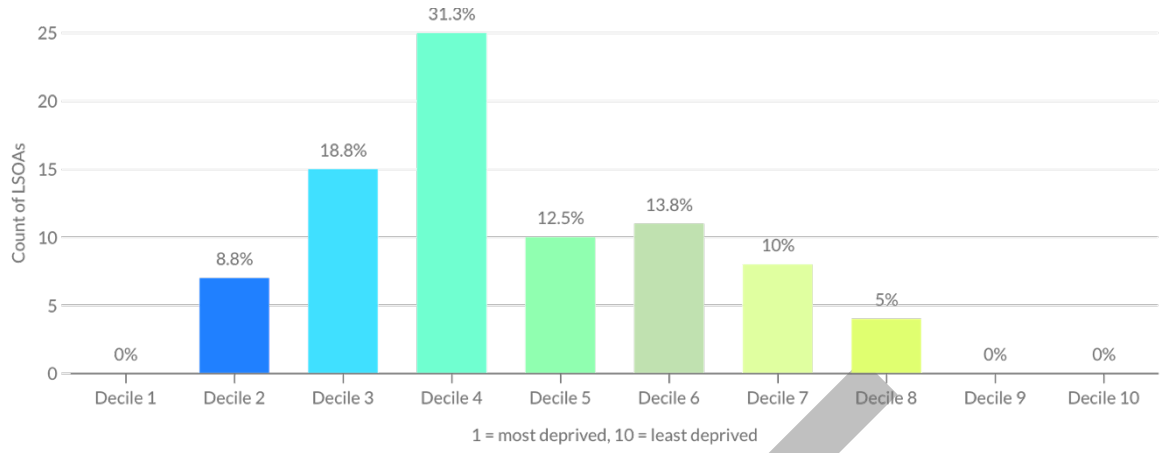


Figure 8: Index of Multiple Deprivation - LSOAs by decile in Slough (2019). Source: Ministry of Housing, Communities & Local Government

Slough has greater ethnic diversity compared to other areas in the UK. The predominant ethnic group is Asian, Asian British, or Asian Welsh, comprising 46.7% of the population, nearly five times higher than the average across England (9.6%)[38]. In contrast, the White ethnic group in Slough, representing 36% of the population, is about half of the average for England (81%)[38].

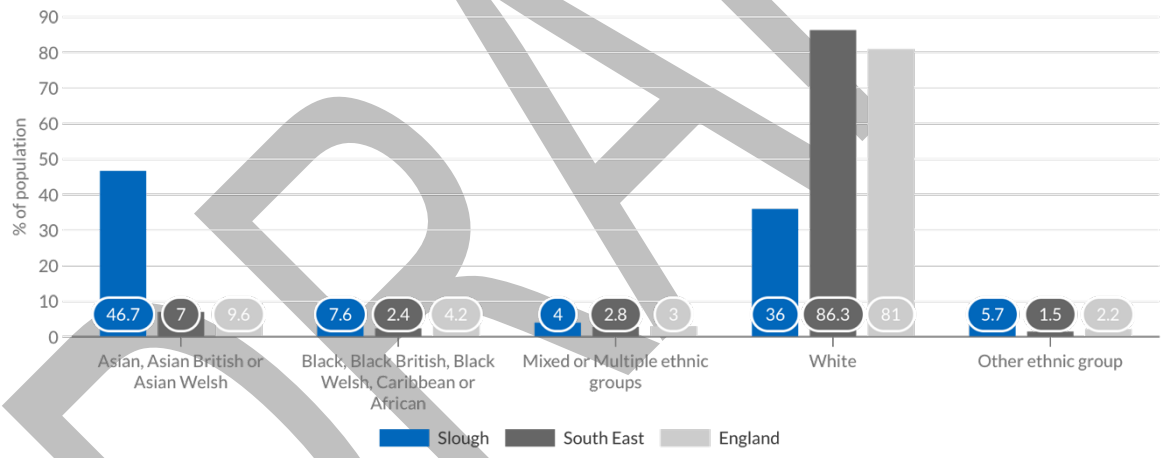


Figure 9: Percentage of population by ethnic groups in Slough, South East region and England. Source: Census 2021, ONS[38]

<u>Excess weight in adults</u>

Prevalence of excess weight and obesity

In Slough, approximately 66% of adults are living with excess weight, and about a quarter (23.8%) are living with obesity[39]. These figures are similar to the averages for the South East region. However, they are based on the standard Body Mass Index (BMI) cut-off of 25. Considering Slough's ethnically diverse population, a lower BMI cut-off of 22.5 would be more appropriate for defining excess weight for most of the population. Unfortunately, no data is readily available using these modified cut-offs. Therefore, the current data likely underestimates the actual extent of excess weight among adults in Slough.

	Slough Prevalence	Worst	South East region Range	Best	England Prevalence
Excess weight	66.0%	69.7%		55.7%	63.8%
Obesity	23.8%	37.2%		18.9%	25.9%

Note: Excess weight is defined as BMI greater than 25kg/m^2 and obesity as 30kg/m^2

Table 1: Excess weight and obesity prevalence in adults (18 years plus) compared to South East region and England in 2021/22. Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)[39]

Slough has the lowest rate of obesity and the third lowest rate of excess weight among its statistical neighbours[39].

Position in relation to nearest neighbour – Excess weight (Overweight and obese)	Prevalence (% of adults)	Position in relation to nearest neighbour – Obesity	Prevalence (% of adults)
Reading	69.7	Sandwell	34.3
Thurrock	69.7	Reading	33.5
Sandwell	69.7	Peterborough	32.2
Swindon	69.1	Rochdale	31.6
Salford	68.8	Bradford	30.1
Leicester	68	Swindon	29.7
Rochdale	67.5	Salford	28.4
Southampton	67	Thurrock	28.2
Peterborough	66.8	Luton	27.3
Bradford	66.4	Portsmouth	26.5
Portsmouth	66.4	Milton Keynes	25.8
Luton	66.2	Bracknell Forest	25.0
Milton Keynes	66	Southampton	24.9
Slough	66	Leicester	24.5
Bracknell Forest	64.6	Bedford	24.0
Bedford	61.9	Slough	23.8

Table 2: Excess weight and obesity prevalence in adults (18 years plus) compared to nearest statistical neighbours in 2021/22. Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)[39]

From 2018/19 onwards, the prevalence of excess weight in Slough has been relatively stable and comparable to that of the South East region[39]. However, between 2015 and

2018, the prevalence of excess weight in Slough was significantly higher than the regional average for the South East.

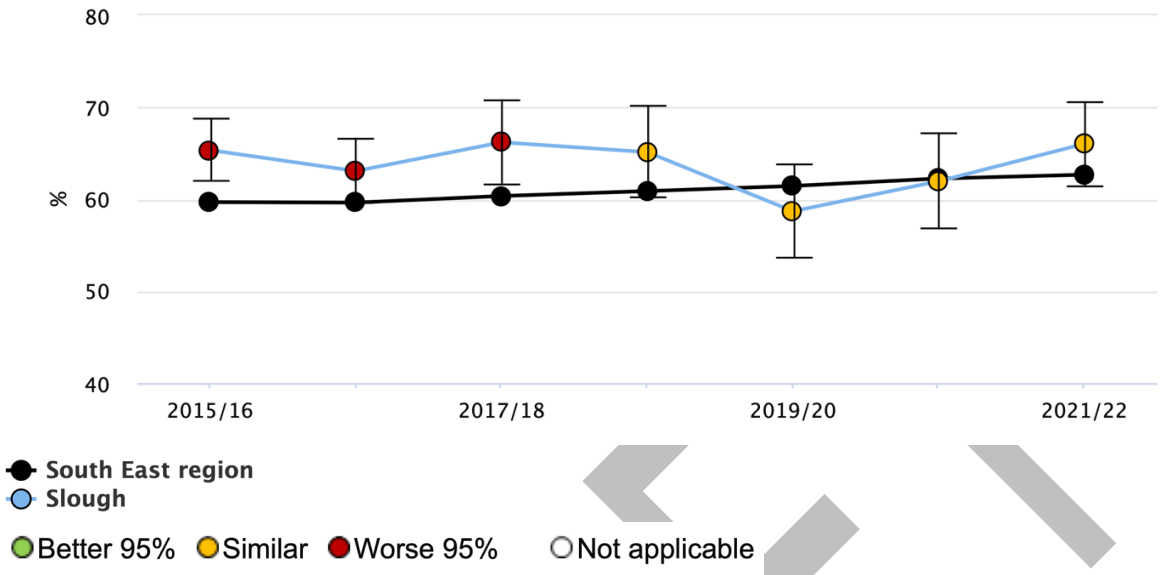


Figure 10: Excess weight prevalence trend in adults (18 year plus) from 2015 until 2022 in Slough and South East region. Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)[39]

The situation regarding obesity in Slough is akin to that of excess weight[39]. The prevalence of obesity has been relatively stable and on par with the South East region. However, during two periods, 2015 to 2017 and 2020/2021, the prevalence of obesity in Slough was notably higher than the average for the South East region.

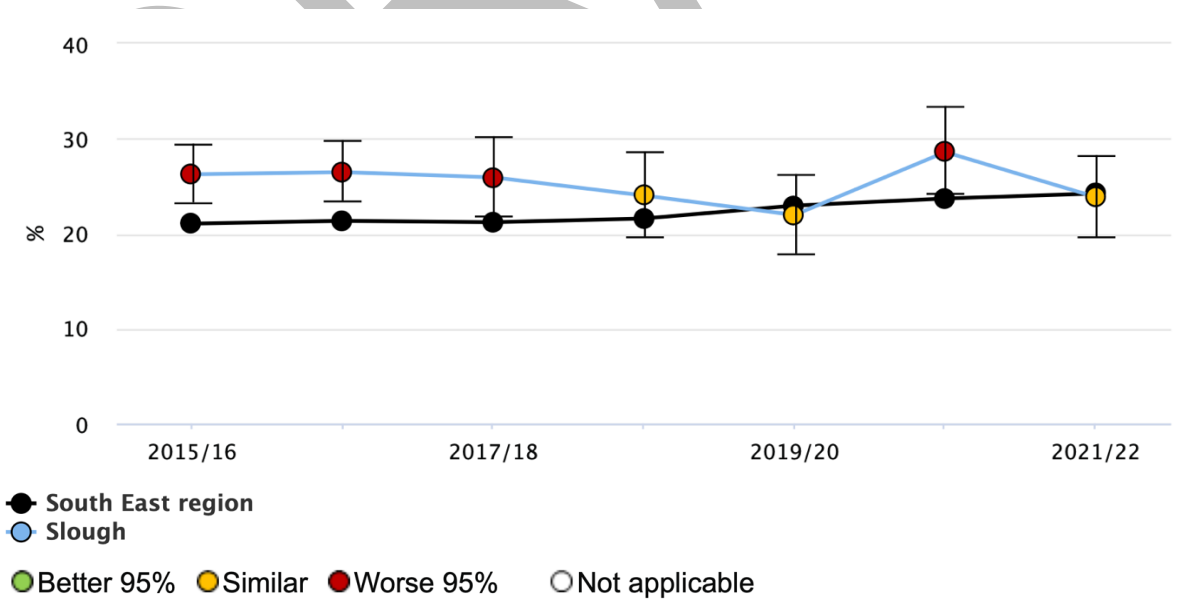


Figure 11: Obesity prevalence trend in adults (18 year plus) from 2015 until 2022 in Slough and South East region. Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)[39]

Inequalities in excess weight for adults in England

Age

Advancing age is a factor associated with an increased risk of excess weight and obesity. In terms of excess weight, individuals aged between 45 and 84 years exhibit a higher prevalence compared to the national average[39]. Similarly, for obesity, the prevalence is higher among those aged 35 to 74 years when compared to the national average[39].

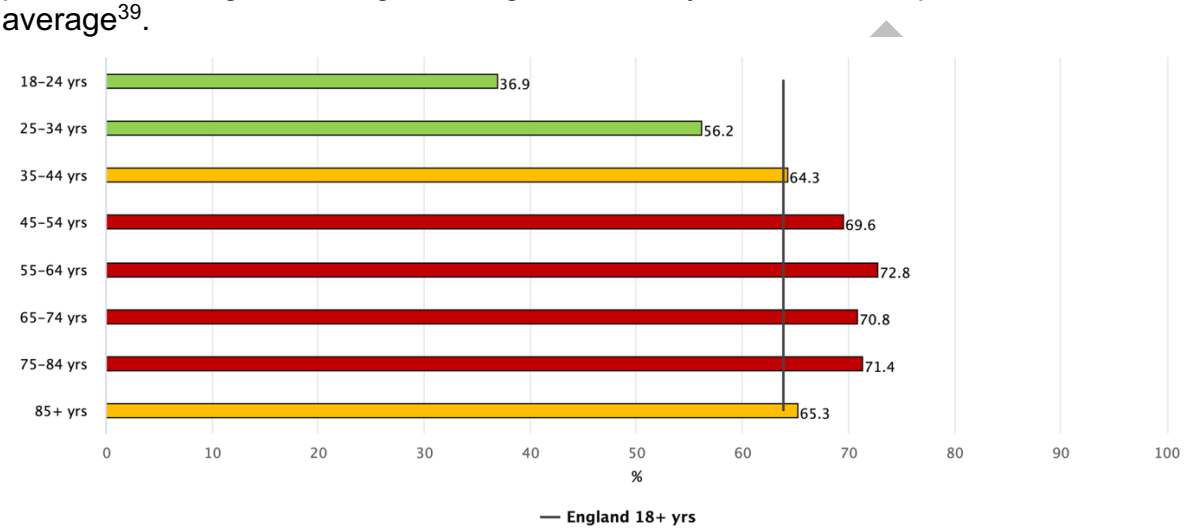


Figure 12: Excess weight prevalence in adults (18 year plus) in 2021/22 in England by age. Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)[39]

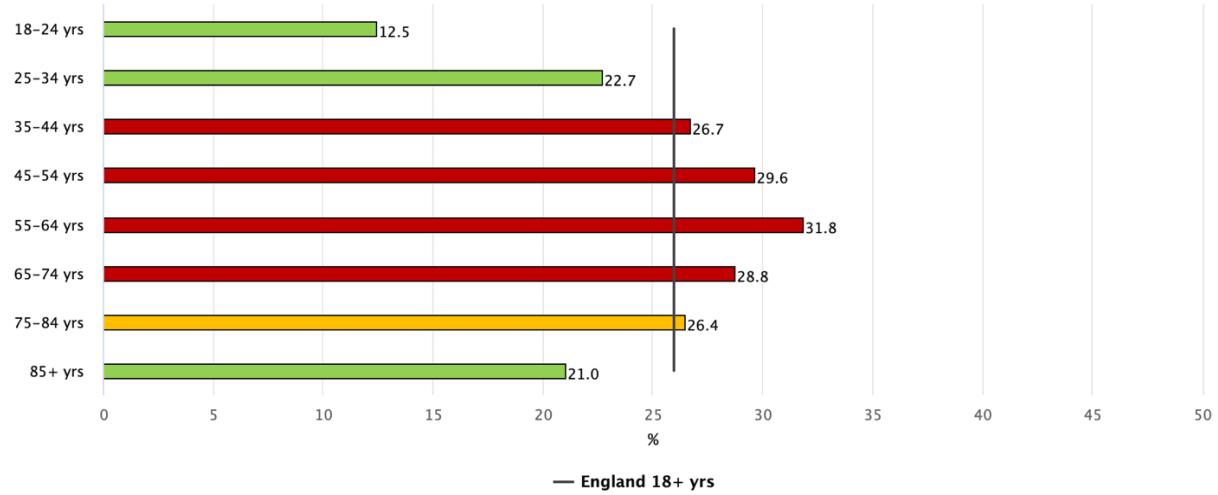


Figure 13: Obesity prevalence in adults (18 year plus) in 2021/22 in England by age. Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)[39]

Sex

The prevalence of excess weight varies by sex, with males (69.1%) exhibiting a significantly higher prevalence than the England average and more than 10 percentage points higher than females (58.4%). However, when it comes to obesity, the risks among both sexes are similar to the England average.

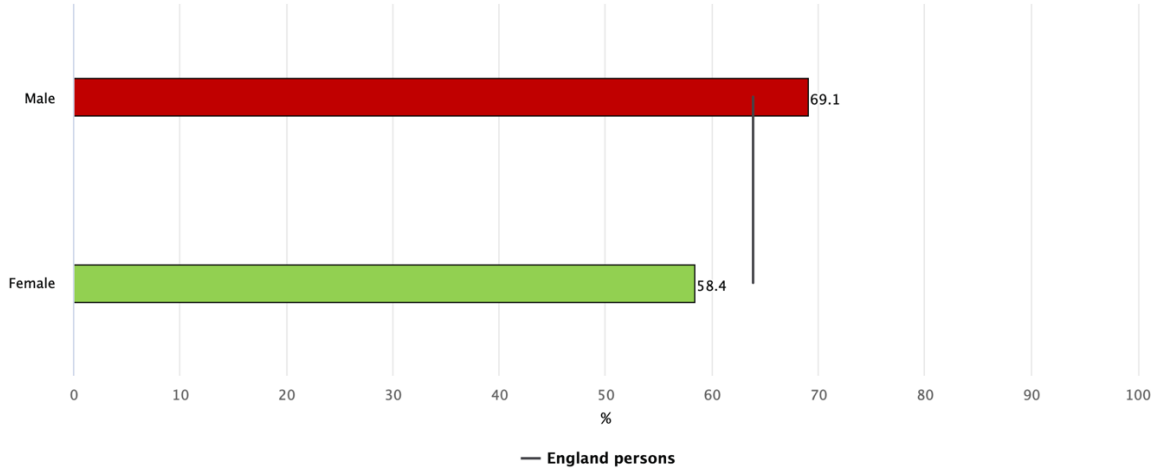


Figure 14: Excess weight prevalence in adults (18 year plus) in 2021/22 in England by sex. Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)[39]

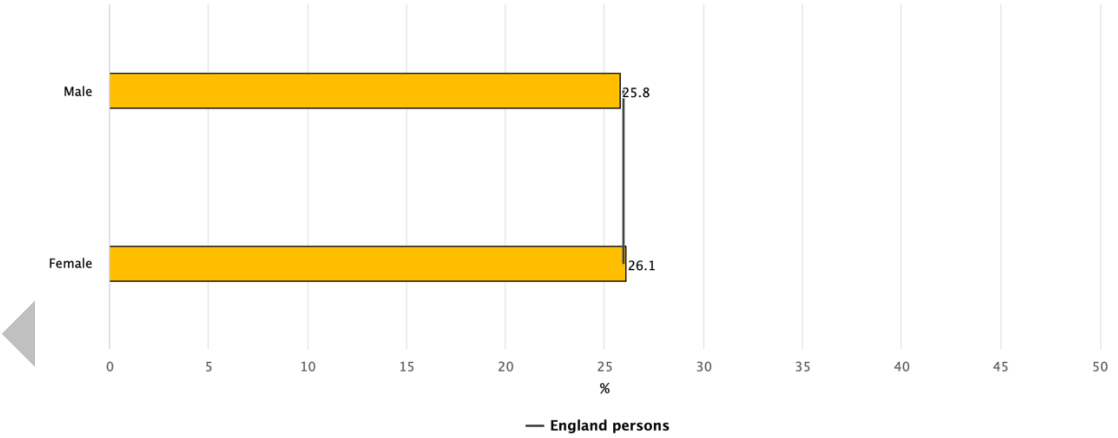


Figure 15: Obesity prevalence in adults (18 year plus) in 2021/22 in England by sex. Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)[39]

Ethnicity

The prevalence of excess weight and obesity varies by ethnicity. Among different groups, both Black and White British ethnicities show a significantly higher prevalence of excess weight and obesity compared to the England average[39]. However, it is important to note that for many ethnic groups, the BMI cut-offs for overweight and obesity are 2.5 points lower than the standard cut-offs typically used. This suggests that the actual risk of overweight and obesity might be underestimated in these populations. This aspect represents a limitation of the current data.

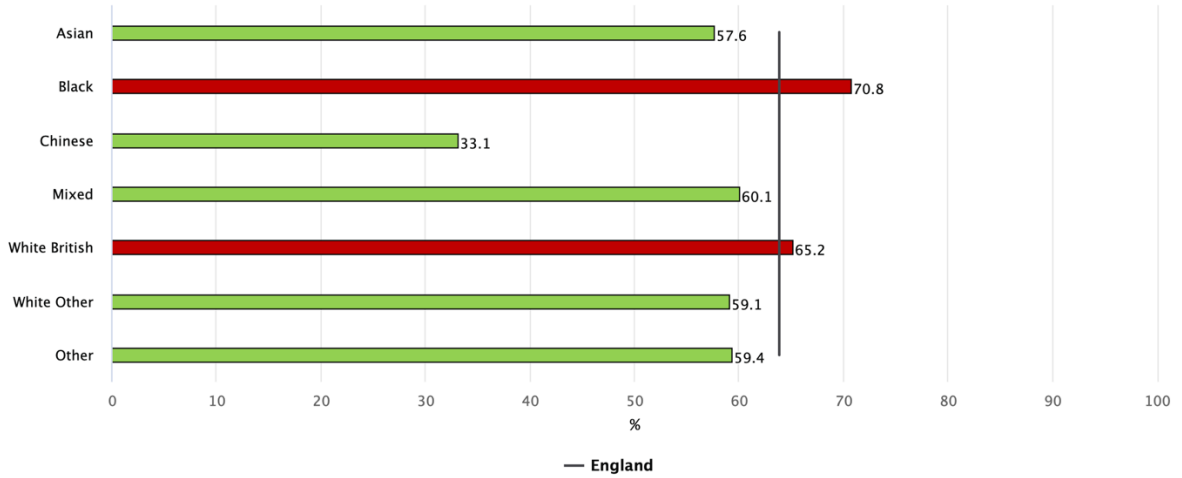


Figure 16: Excess weight prevalence in adults (18 year plus) in 2021/22 in England by ethnicity. Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)[39]

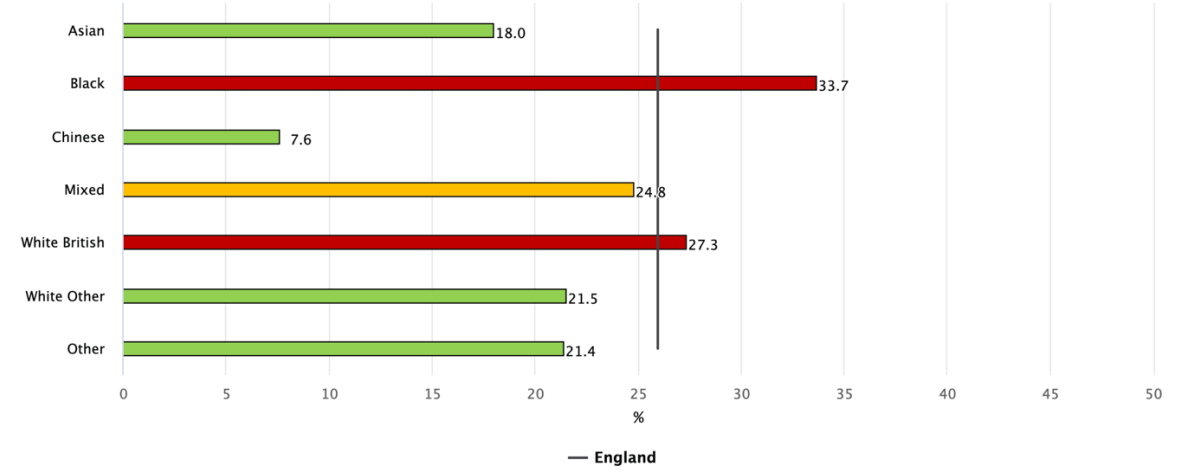


Figure 17: Obesity prevalence in adults (18 year plus) in 2021/22 in England by ethnic group. Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)[39]

Deprivation

Deprivation is linked to a higher prevalence of excess weight and obesity, with notable differences across deciles in England. In the most deprived decile, 70.7% of individuals have excess weight, compared to 59.1% in the least deprived decile, marking a difference of over 11 percentage points[39]. Similarly, 36.1% of adults in the most deprived decile are living with obesity, nearly twice the 19.9% in the least deprived decile[39].

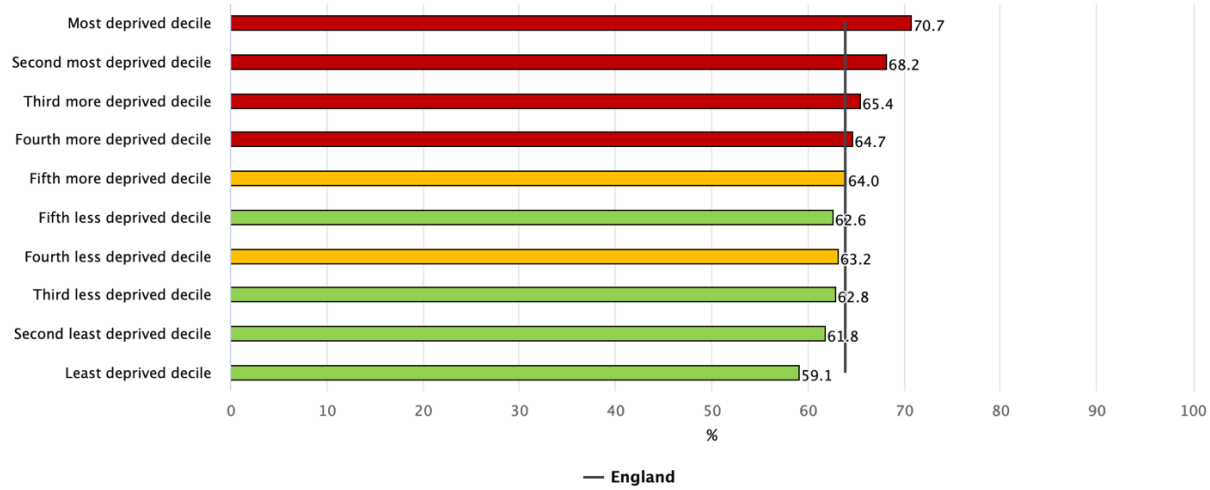


Figure 18: Excess weight prevalence in adults (18 year plus) in 2021/22 in England by LSOA deprivation (IMD2019). Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)[39]

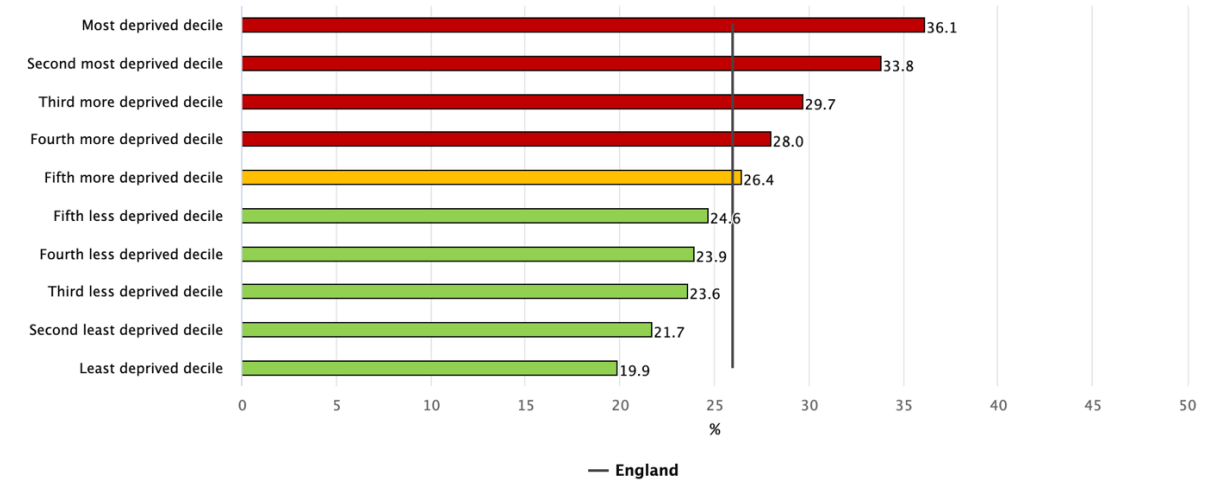


Figure 19: Obesity prevalence in adults (18 year plus) in 2021/22 in England by LSOA deprivation (IMD2019). Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)[39]

Economic status and occupation

Individuals who are economically inactive (34.2%) or unemployed (33.5%) show a higher prevalence of obesity compared to the England average, with rates over 50% higher than those who are working (25.4%)[39].

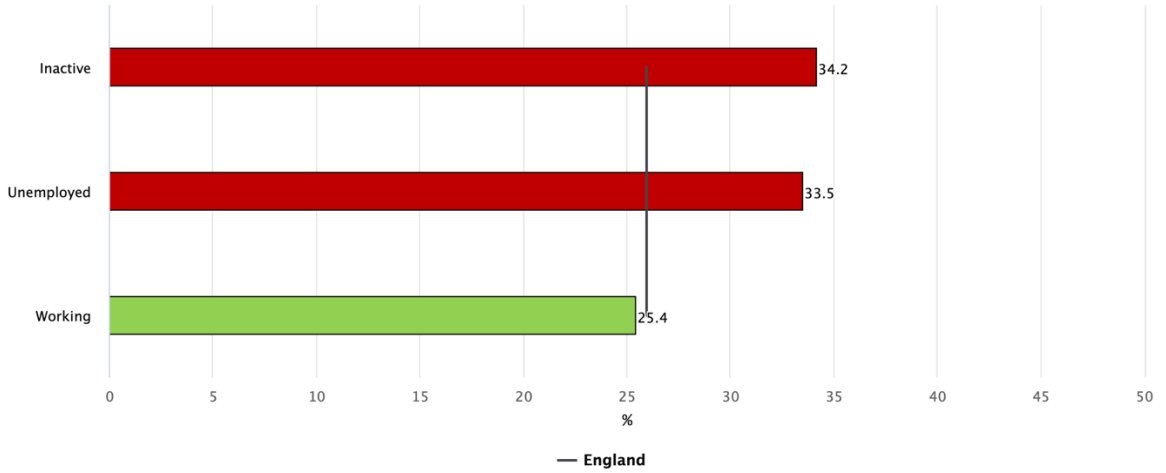


Figure 20: Obesity prevalence in adults (18 year plus) in 2021/22 in England by employment status. Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)[39]

Occupational status influences the risk of excess weight and obesity. In terms of obesity, individuals in lower supervisory and technical occupations, as well as those in semi-routine and routine jobs or who are long-term unemployed or have never worked, face a higher risk of obesity compared to the national average[39]. The risk is most pronounced in those who are long-term unemployed or have never worked.

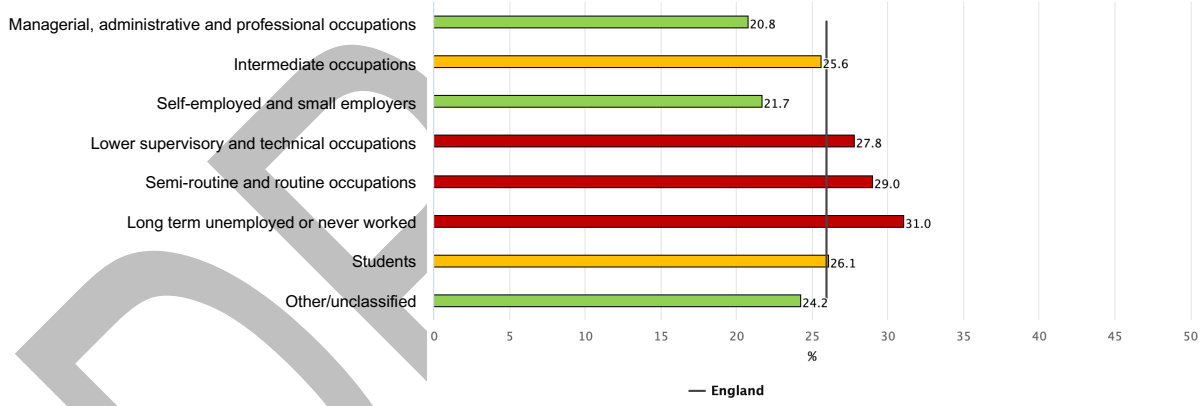


Figure 21: Obesity prevalence in adults (18 year plus) in 2021/22 in England by occupational status. Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)[39]

Disability

Individuals with disabilities experience a higher prevalence of excess weight and obesity. 72.2% of individuals with disabilities live with excess weight, a proportion significantly above the England average and over 10 percentage points higher than those without disabilities. In terms of obesity, the prevalence among individuals with disabilities (41.4%) is almost double that of individuals without disabilities (21.9%).

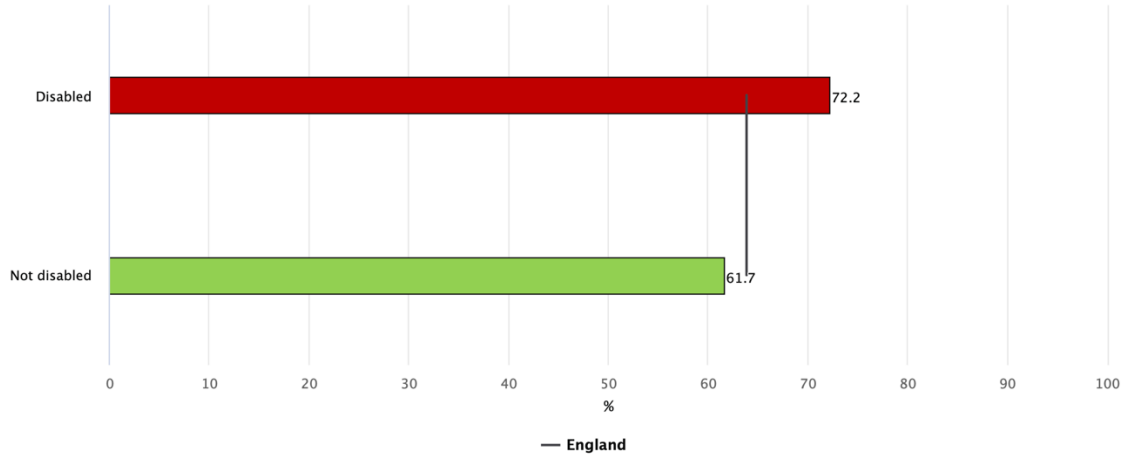


Figure 22: Excess weight prevalence in adults (18 year plus) in 2021/22 in England by disability status. Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)[39]

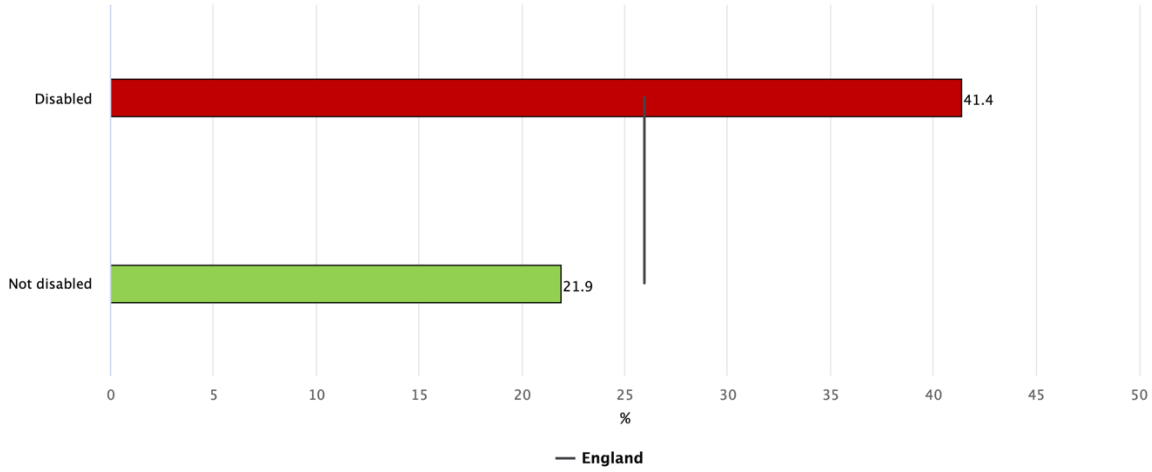


Figure 23: Obesity prevalence in adults (18 year plus) in 2021/22 in England by disability status. Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)[39]

Highest educational attainment

Individuals with an educational attainment below level 4 exhibit a higher prevalence of excess weight and obesity compared to the England national average. This disparity is especially notable in obesity, where individuals with no qualifications (34.9%) have a prevalence more than 50% higher than those with qualifications at level 4 and above (21.1%).

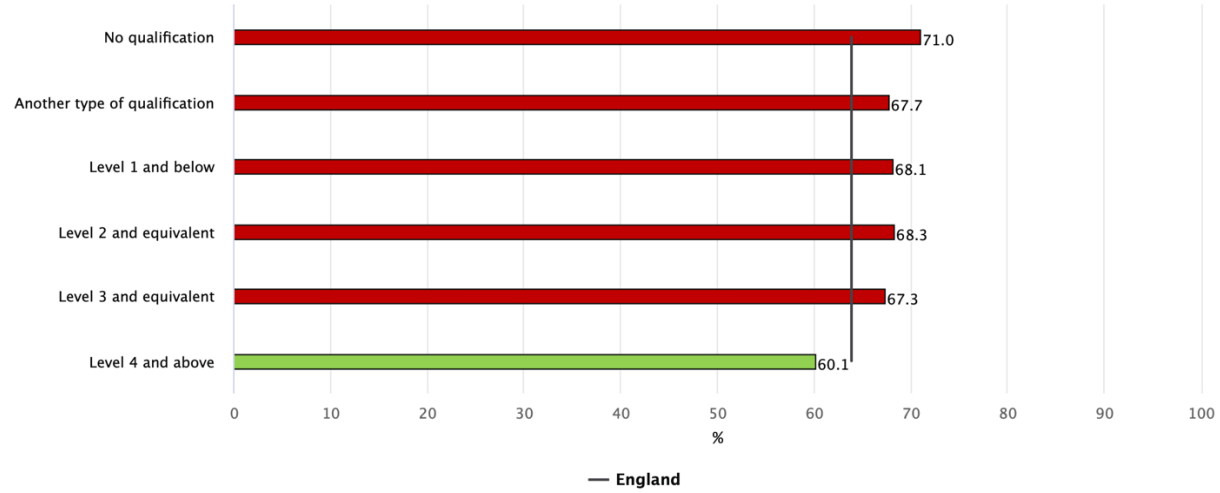


Figure 24: Excess weight prevalence in adults (18 year plus) in 2021/22 in England by highest educational attainment. Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)[39]

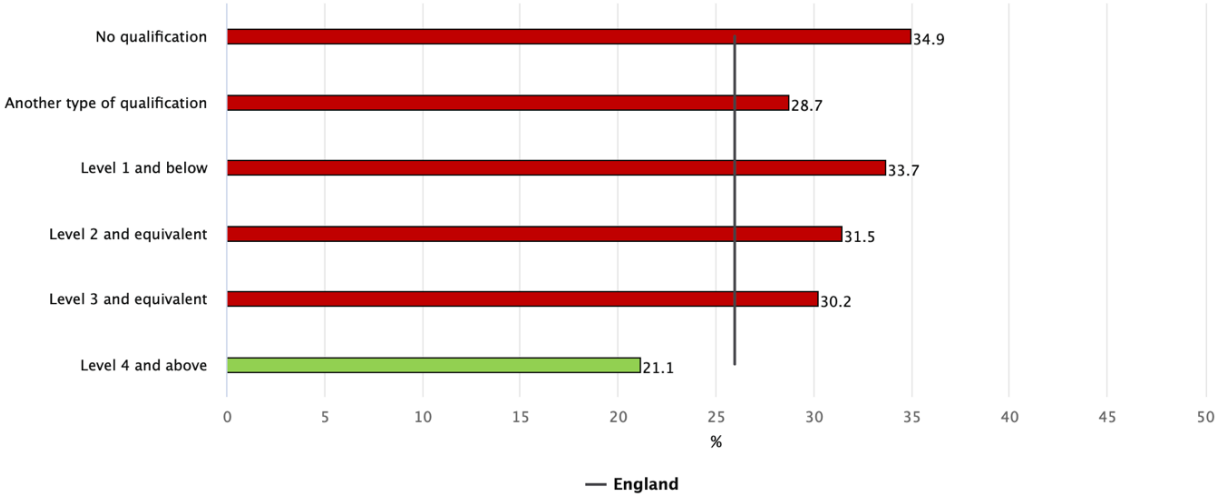
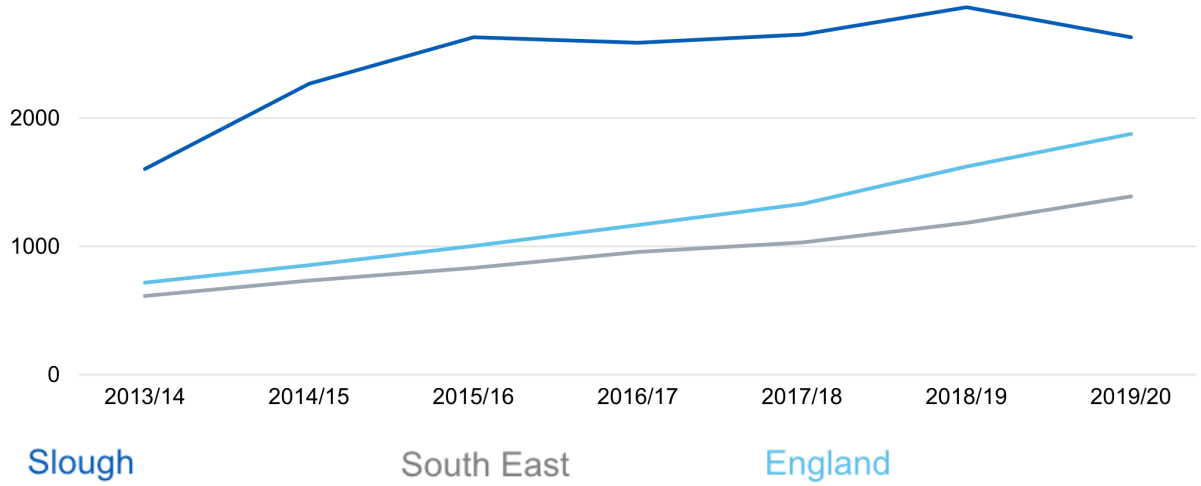


Figure 25: Obesity prevalence in adults (18 year plus) in 2021/22 in England by highest educational attainment. Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)[39]

Health information linked to excess weight for adults in Slough

Hospital admissions related to excess weight

In the 2019/20 period, hospital admissions in Slough in which obesity was a contributing factor were almost double the regional average, with 2623 admissions per 100,000 compared to the regional average of 1382 per 100,000[40]. However, for hospital admissions directly attributed to obesity, Slough's rate was below the national average, with 15 admissions per 100,000 compared to the national average of 20 per 100,000[40]. Additionally, in the same year, the number of hospital admissions for bariatric surgery in Slough was lower than the regional average, with 12 admissions per 100,000 compared to the regional average of 15 per 100,000[40].



A secondary diagnosis of obesity does not necessarily indicate obesity is a contributing factor for the admission but may instead indicate that obesity is a factor relevant to a patient's episode of care.

Figure 26: NHS hospital admission rate per 100,000 population per year from 2013 to 2020 where a primary or secondary diagnosis of obesity was recorded. Source: Obesity related hospital admission dashboard, Hospital Episode Statistics, NHS Digital[40]

Conditions causing the most disability in Slough

In Slough, many of the diseases that contribute to the burden of disability are associated with excess weight. Notably, the top three conditions are strongly linked to excess weight issues.

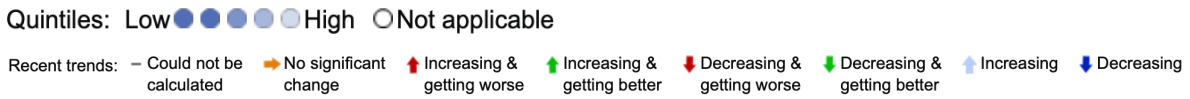
Condition	Percentage of total DALYs in Slough (%)
Ischemic heart disease	6.19
Low back pain	5.32
Diabetes mellitus	4.17
Depressive disorders	3.42
Headache disorders	3.29
Chronic obstructive pulmonary disease	3.24
Tracheal, bronchus, and lung cancer	3.04
Stroke	2.52
Neonatal disorders	2.40
Falls	2.37

Table 3: Top ten conditions causing greatest disease burden in Slough (Disability-Adjusted Life Years). Source: Global Burden of Disease, 2019[41]

Excess weight related diseases

Slough has the highest prevalence of diabetes among local authorities in England, and trends indicate that this is on the rise. Conversely, the prevalence of hypertension in Slough remains stable and is below the national average for England.

	Slough			South East region			England
	Count	Prevalence	Trend	Lowest	Range	Highest	Prevalence
Diabetes (17+ years)	13,149	10.2%		4.4%		10.2%	7.3%
Hypertension (All ages)	-	12.2%		-	-	-	14.0%



Slough has the highest diabetes prevalence in England by LA.

Table 4: Diabetes and hypertension prevalence compared to South East England and England in 2021/22. Source: Quality and Outcomes Framework (QOF), NHS Digital[42]

Excess weight in children and young people (CYP)

Data regarding excess weight and obesity in children and young people (CYP) is sourced from the National Child Measurement Programme (NCMP). This programme involves the weighing and measuring of children in schools during their Reception year (ages 4 and 5) and Year 6 (ages 10 and 11). Conducted by trained staff, these measurements are taken privately and sensitively, with a focus on maintaining confidentiality. The primary goal is to assess whether children are within a healthy weight range and to offer support where necessary. While participation in the NCMP is voluntary, it plays a crucial role in forming a comprehensive picture of children's growth trends nationally. In Slough, during the 2022/23 period, 93.5% of eligible children participated in the programme, suggesting the data collected is both robust and valid[43].

Prevalence of excess weight and obesity

In Reception year, the prevalence of excess weight in Slough is around the average for the South East region, but the obesity prevalence (10.7%) is higher than the regional average. By Year 6, Slough has the highest prevalence of both excess weight and obesity in the South East region.

	Slough			South East region			England
	Child count	Prevalence	Trend	Worst	Range	Best	Prevalence
Reception							
Excess weight	385	18.1%	↓	26.3%		14.4%	21.3%
Obesity	220	10.4%	→	10.7%		4.9%	9.2%
Year 6							
Excess weight	985	42.5%	→	42.5%		25.2%	36.6%
Obesity	635	27.4%	→	27.4%		12.9%	22.7%

Better 95% Similar Worse 95% Not applicable

Recent trends: – Could not be calculated; → No significant change; ↑ Increasing & getting worse; ↑ Increasing & getting better; ↓ Decreasing & getting worse; ↓ Decreasing & getting better; ↑ Increasing; ↓ Decreasing

Excess weight refers to overweight and obesity.

Table 5: Excess weight and obesity prevalence at Reception and Year 6 compared to South East England and England in 2022/23. Source: NCMP[43]

The distribution of excess weight and obesity in CYP across Slough's wards is uneven. In Reception, Foxborough ward shows the highest prevalence of excess weight, over 50% higher than Upton, the ward with the lowest prevalence. A similar pattern is observed for obesity, where Foxborough also records the highest prevalence, almost double Haymill and Lynch Hill, the ward with the lowest proportion.

In Year 6, Farnham is the ward with the highest prevalence of both excess weight and obesity, while Cippenham Green has the lowest.

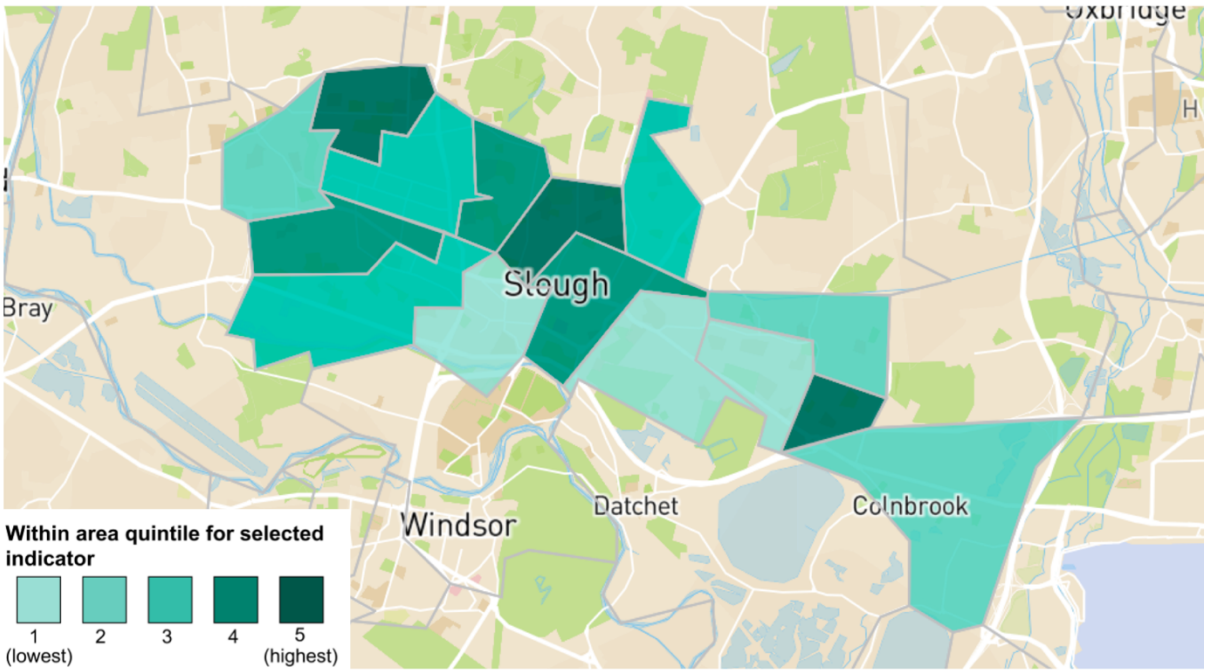


Figure 27: Prevalence of excess weight in Reception by wards ranked into fifths, 3-years combined data 2019/20-2021/22. Source: NCMP[43]

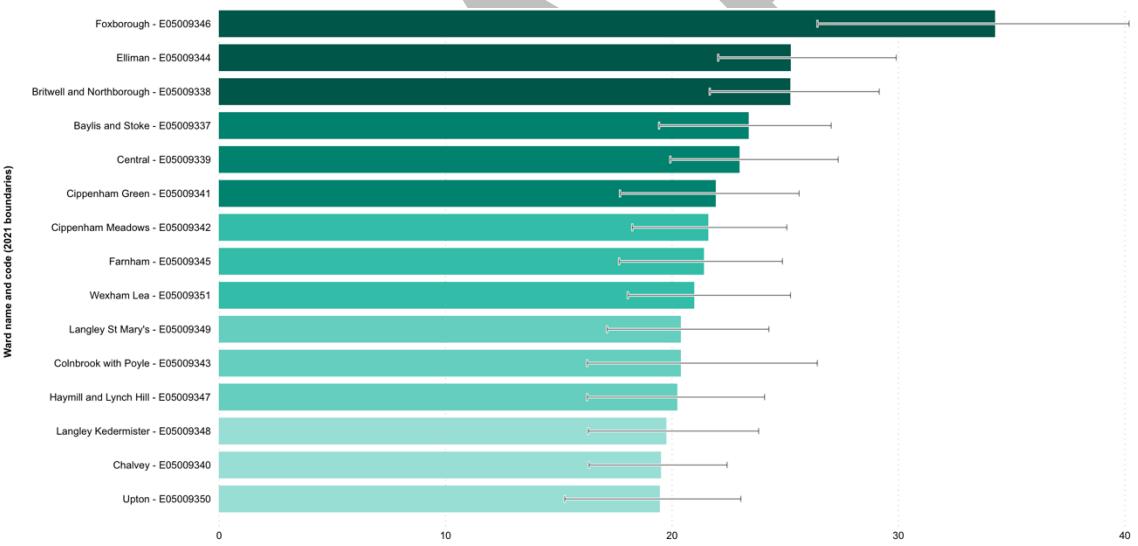


Figure 28: Prevalence (95% CI) of excess weight in Reception by wards, 3-years combined data 2019/20-2021/22. Source: NCMP[43]

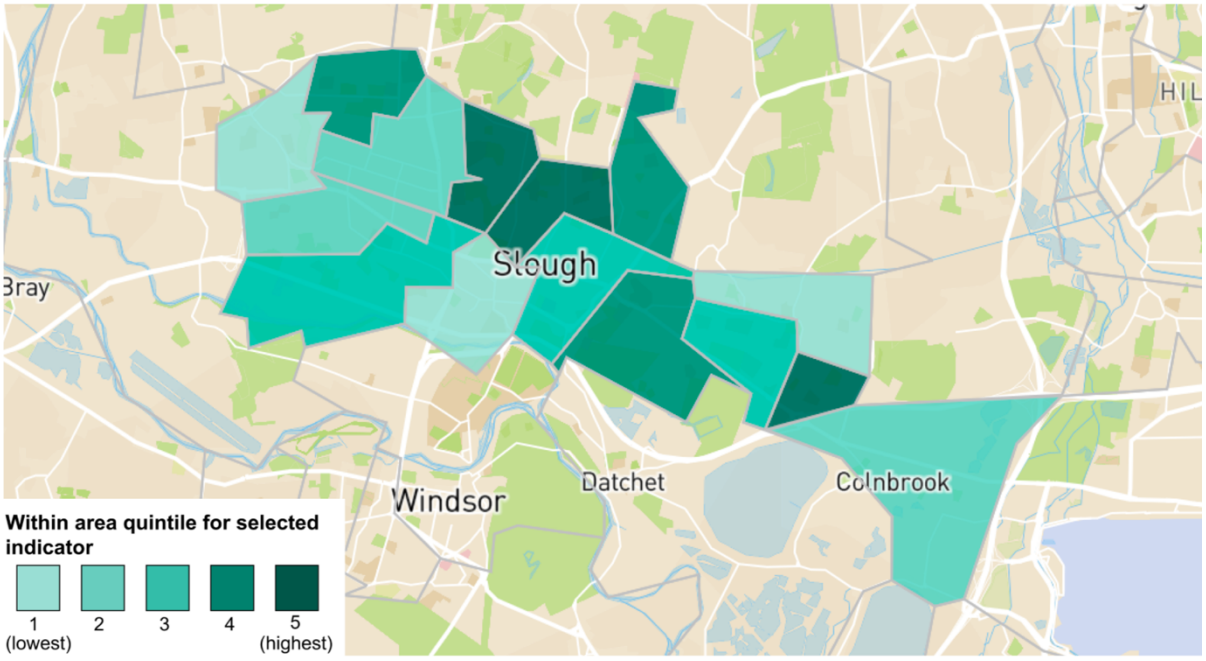


Figure 29: Prevalence of obesity in Reception by wards ranked into fifths, 3-years combined data 2019/20-2021/22. Source: NCMP[43]

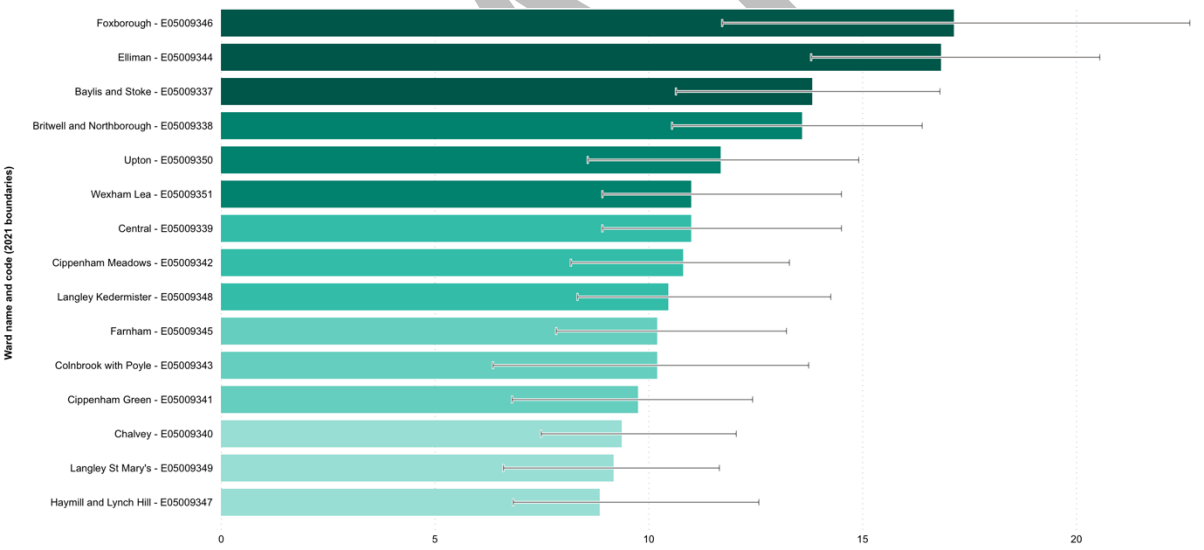


Figure 30: Prevalence (95% CI) of obesity in Reception by wards, 3-years combined data 2019/20-2021/22. Source: NCMP[43]

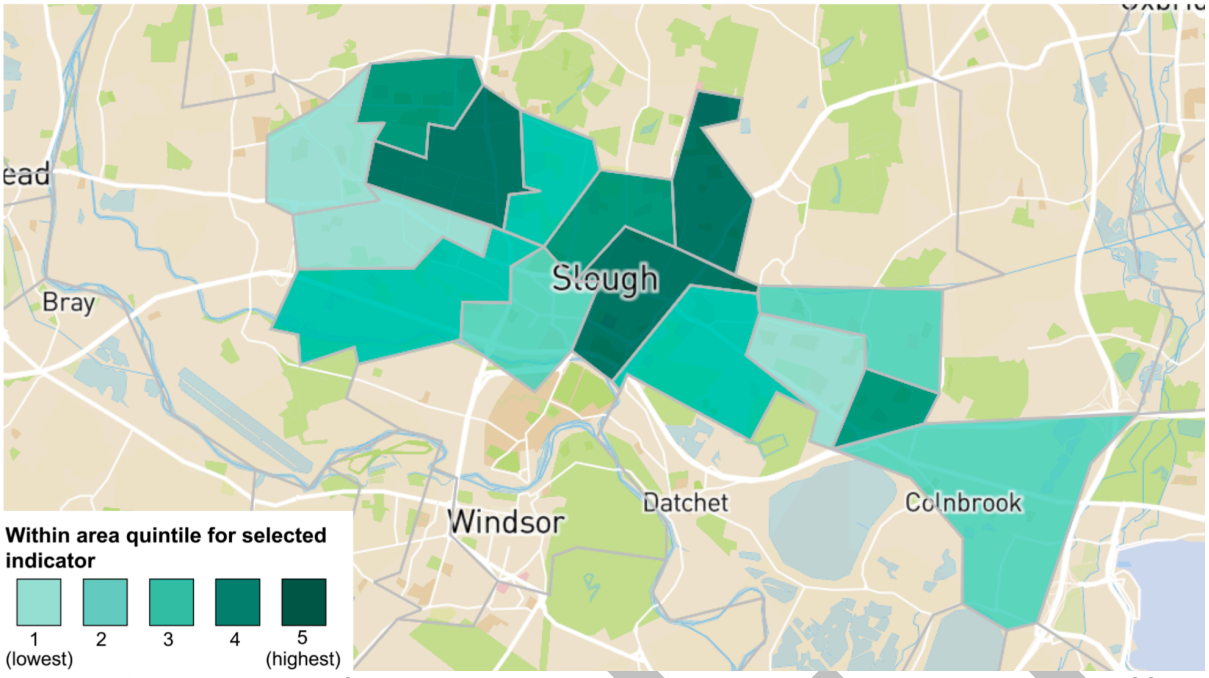


Figure 31: Prevalence of excess weight in year 6 children by wards ranked into fifths, 3-years combined data 2019/20-2021/22. Source: NCMP[43]

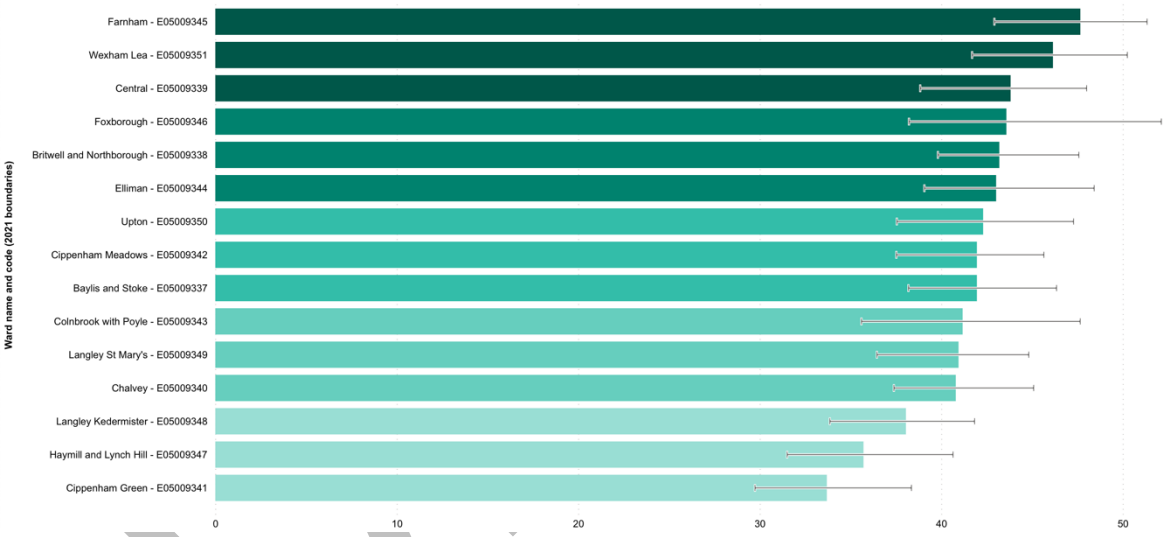


Figure 32: Prevalence (95% CI) of excess weight in year 6 children by wards, 3-years combined data 2019/20-2021/22. Source: NCMP[43]

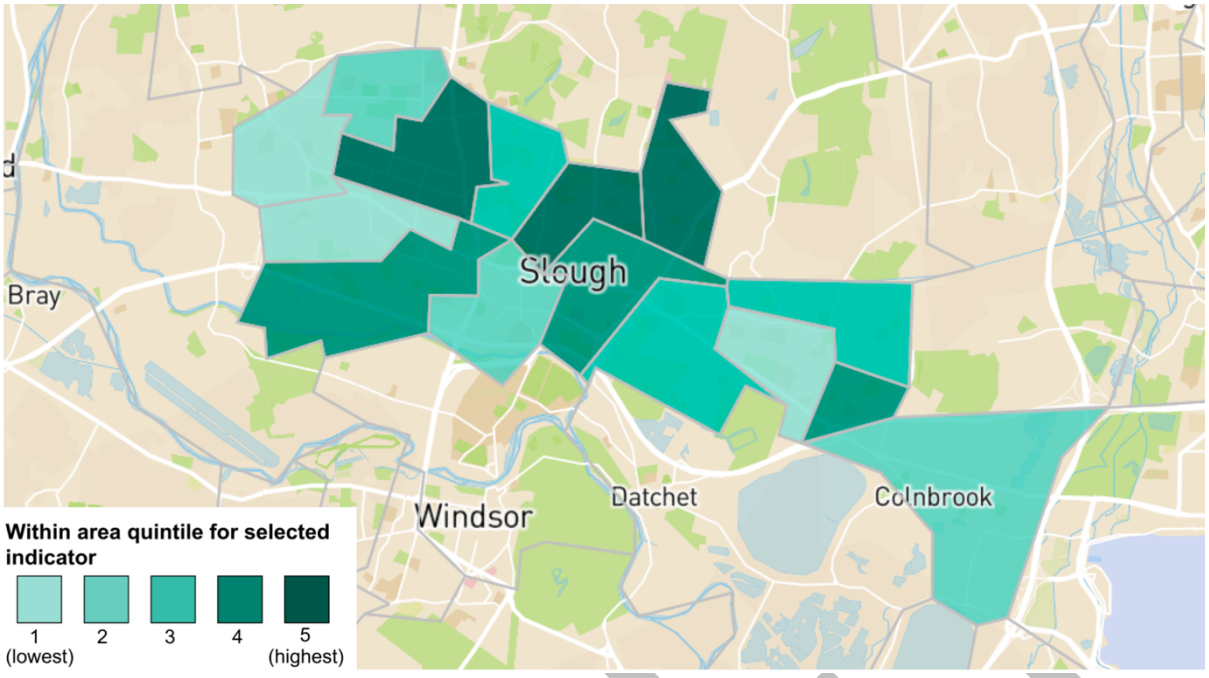


Figure 33: Prevalence of obesity in year 6 children by wards ranked into fifths, 3-years combined data 2019/20-2021/22. Source: NCMP[43]

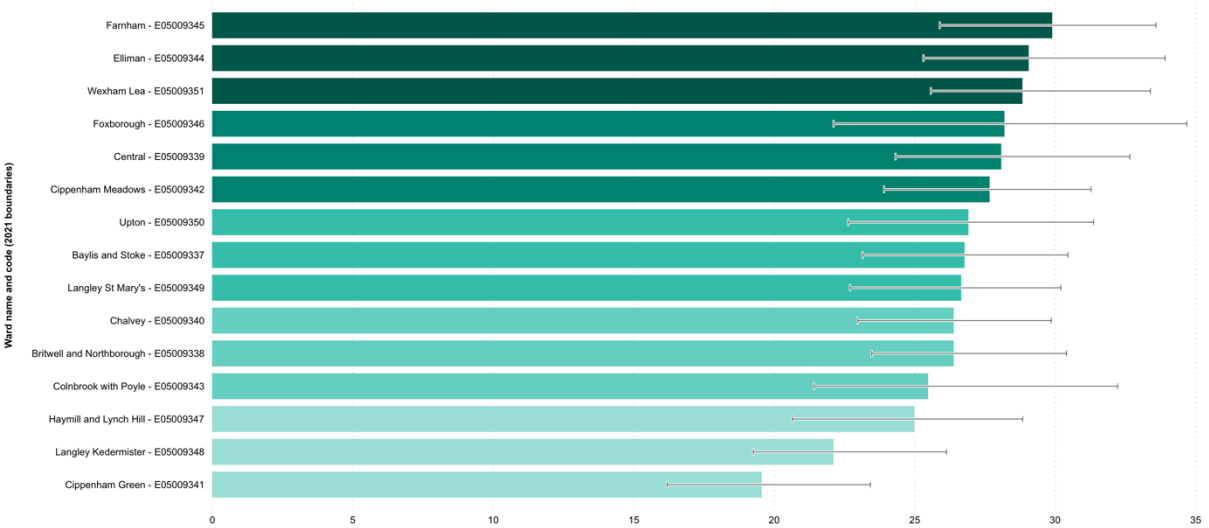


Figure 34: Prevalence (95% CI) of obesity in year 6 children by wards, 3-years combined data 2019/20-2021/22. Source: NCMP[43]

In Reception, Slough has a lower prevalence of excess weight and obesity compared to its statistical neighbours. However, by Year 6, it ranks as the third highest in prevalence among these neighbours.

	Position in relation to nearest neighbour – Excess weight (Overweight and obese)	Prevalence (% of children)	Position in relation to nearest neighbour – Obesity	Prevalence (% of children)
Reception	Sandwell	27.3	Sandwell	11.7
	Portsmouth	25.6	Thurrock	10.9
	Rochdale	24.7	Salford	10.8
	Salford	24.2	Portsmouth	10.7
	Swindon	23.8	Rochdale	10.4
	Bradford	23.2	Slough	10.4
	Thurrock	22.8	Peterborough	9.7
	Reading	22.6	Bradford	9.7
	Southampton	22.4	Milton Keynes	9.5
	Peterborough	22	Southampton	9.5
	Bedford	21.5	Leicester	9.4
	Leicester	21.4	Reading	9.4
	Luton	21.4	Luton	9.3
	Milton Keynes	21.1	Swindon	8.8
	Slough	20.8	Bedford	8.3
	Bracknell Forest	20.6	Bracknell Forest	7.2
Year 6	Sandwell	45.2	Sandwell	30.5
	Luton	42.5	Luton	28.2
	Slough	42.5	Slough	27.4
	Portsmouth	41.3	Southampton	26.2
	Salford	40.9	Bradford	26.1
	Bradford	40.4	Salford	26
	Southampton	40.4	Thurrock	26
	Rochdale	39.4	Portsmouth	25.7
	Thurrock	38.7	Rochdale	25.3
	Peterborough	38.5	Peterborough	25.2
	Leicester	38.4	Leicester	25
	Milton Keynes	37.2	Reading	23.8
	Swindon	36.8	Milton Keynes	23.5
	Reading	36.8	Swindon	22.3
	Bedford	35.8	Bedford	21.5
	Bracknell Forest	33.7	Bracknell Forest	19.4

Note: Excess weight in Reception refers to 2021/22 as CIPFA statistical neighbour data not currently available for 2022/23.

Table 6: Excess weight and obesity prevalence at Reception and Year 6 compared to nearest statistical neighbours in 2022/23. Source: NCMP[43]

In Year 6, since 2006, there has been an increasing trend in the prevalence of excess weight and obesity in Slough, and the gap between Slough and the South East regional average is growing. In Reception, the trend in excess weight largely aligns with the regional average, but the trend in obesity prevalence, while following the regional pattern, consistently remains above it.

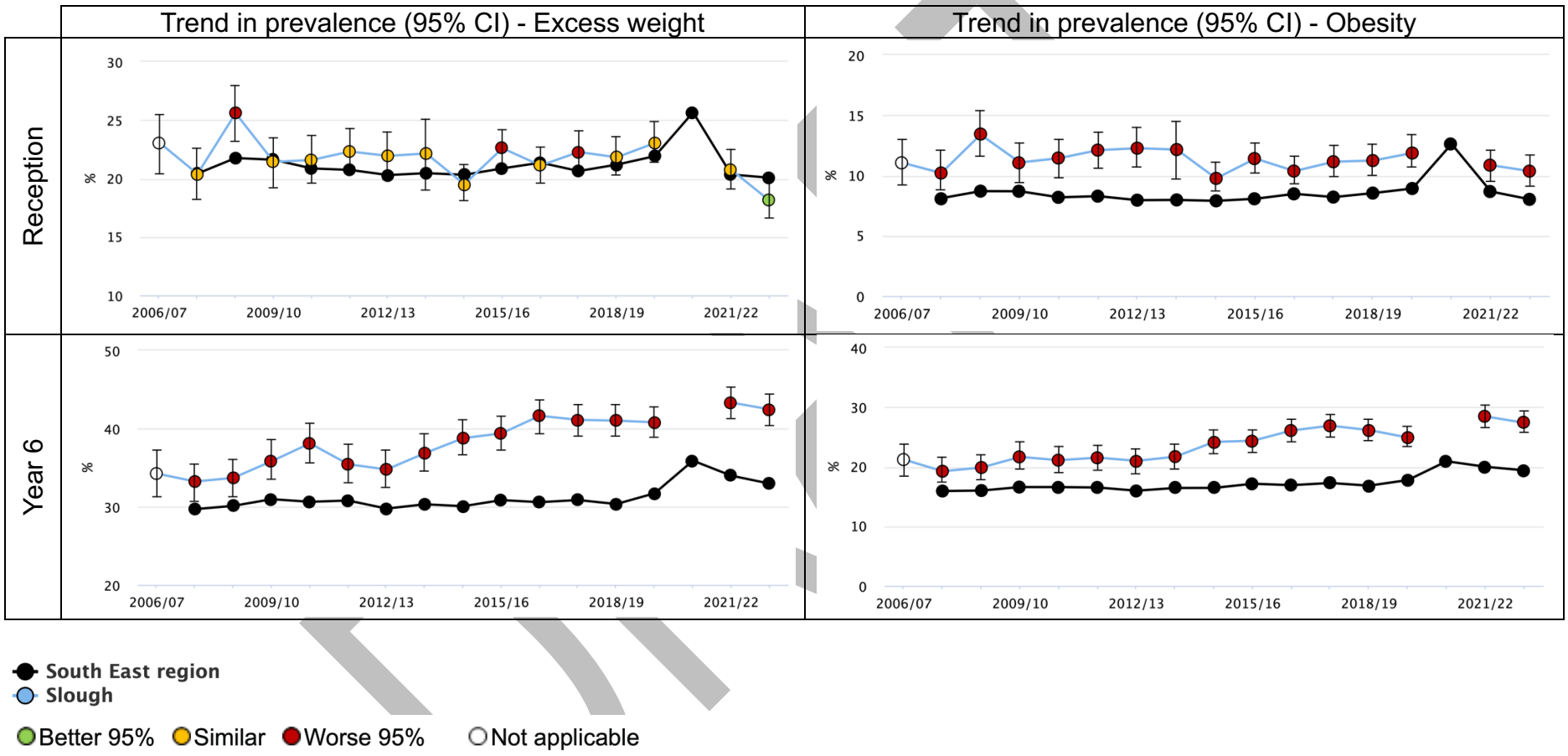


Figure 35: Excess weight and obesity prevalence trends at Reception and Year 6 from 2006 until 2023. Source: NCMP[43]

Inequalities in excess weight for CYP in England

Sex

In both Reception and Year 6, males show significantly higher prevalence of excess weight and obesity compared to females. The differences in Reception are relatively small. However, by Year 6, there is a noticeable gap, with a difference of around five percentage points between males and females in both excess weight and obesity.

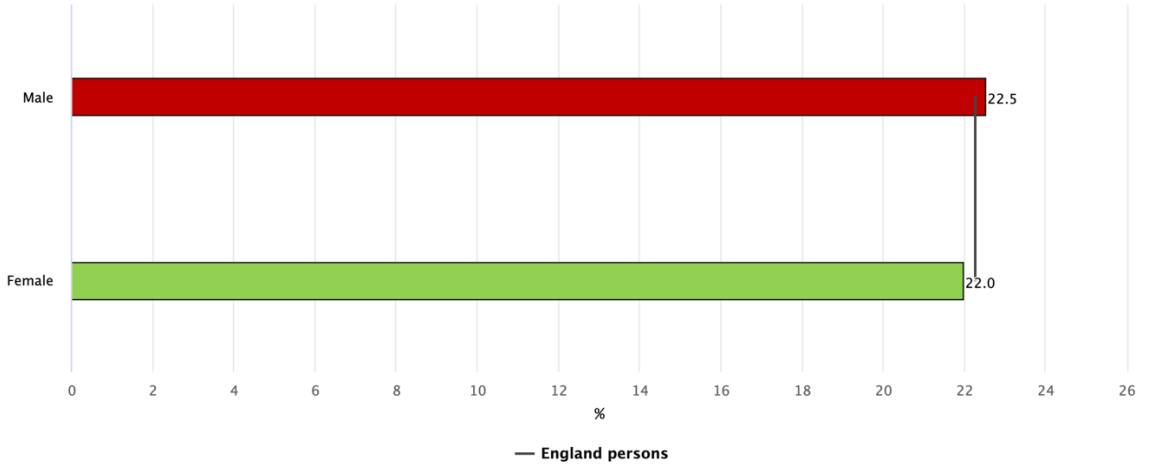


Figure 36: 2022/23 Reception prevalence of excess weight in England by sex. Source: NCMP[43]

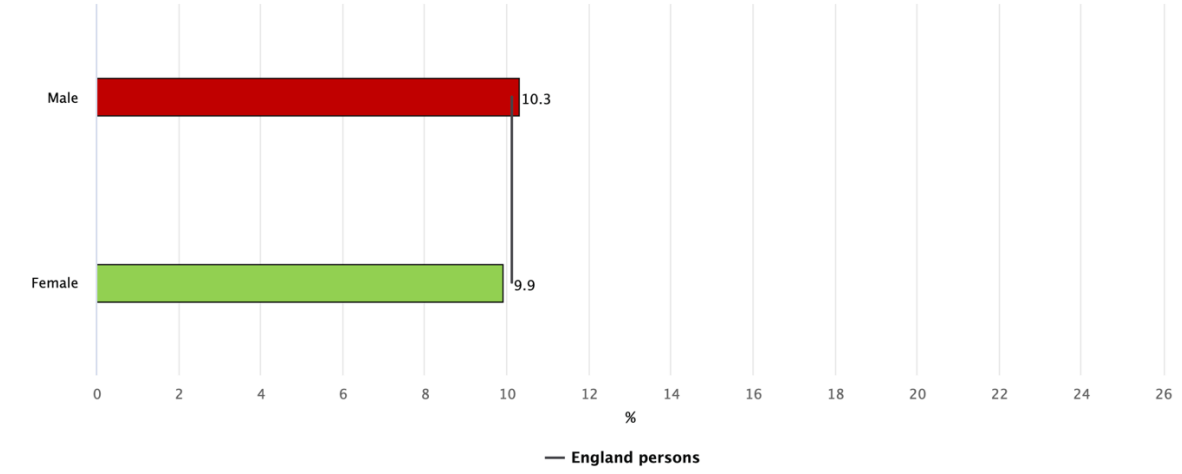


Figure 37: 2022/23 Reception prevalence of obesity in England by sex. Source: NCMP[43]

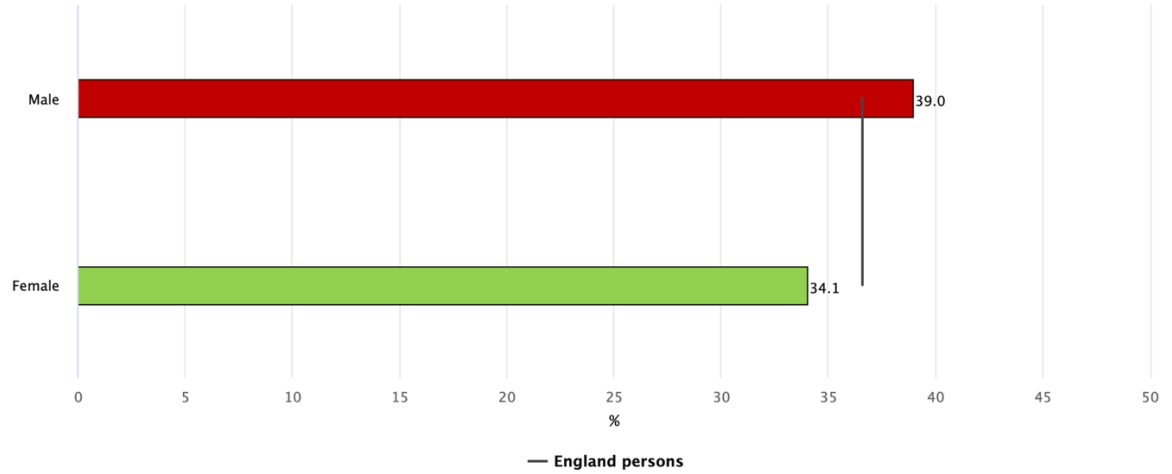


Figure 38: 2022/23 Year 6 prevalence of excess weight in England by sex. Source: NCMP[43]

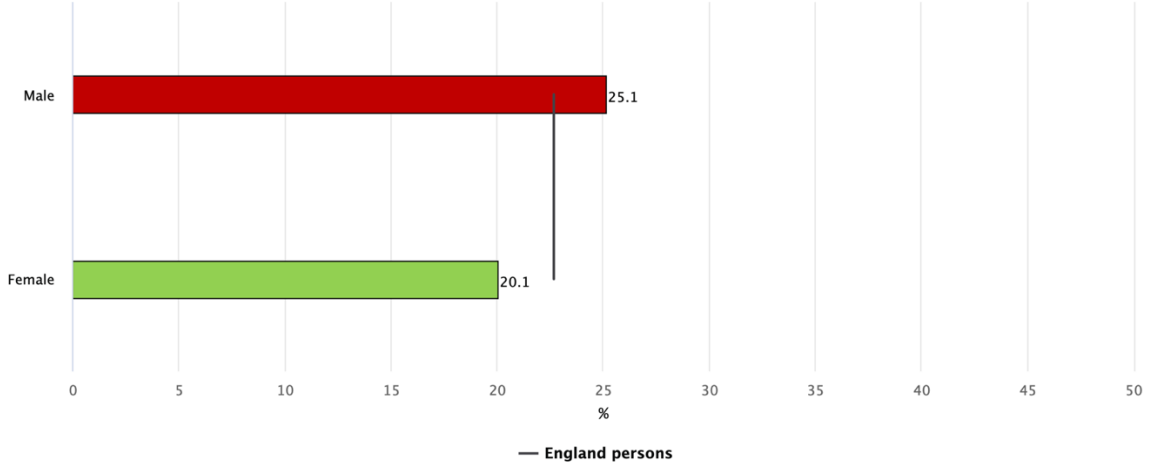


Figure 39: 2022/23 Year 6 prevalence of obesity in England by sex. Source: NCMP[43]

Deprivation

Deprivation is linked to a higher prevalence of excess weight and obesity in both Reception and Year 6. In Reception, the obesity proportion in the most deprived decile (13.6%) is nearly double that in the least deprived decile (6.2%). Similarly, in Year 6, the obesity prevalence in the most deprived decile (30.2%) is more than twice as high as in the least deprived decile (13.1%).

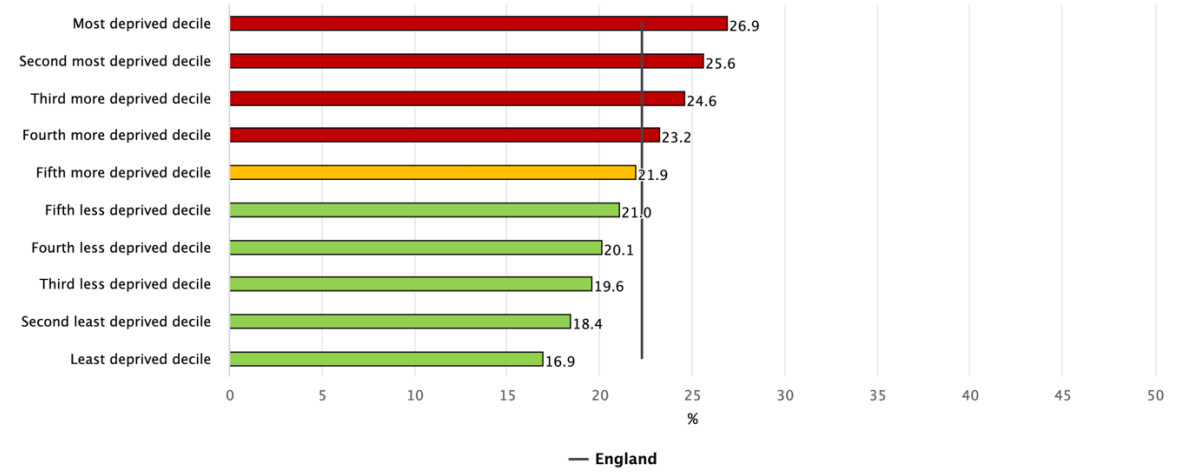


Figure 40: 2022/23 Reception prevalence of excess weight in England by LSOA deprivation (IMD2019). Source: NCMP[43]

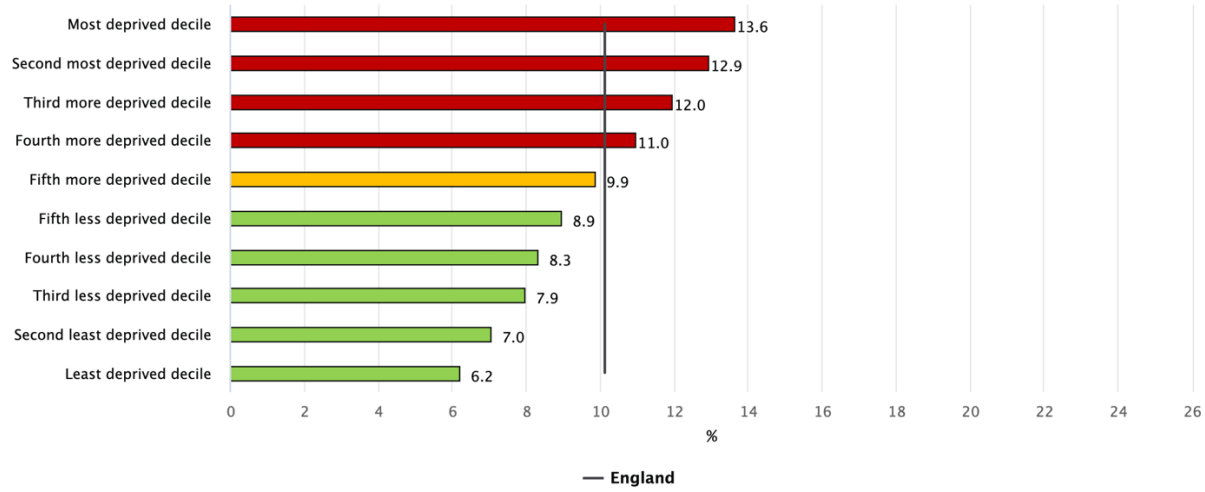


Figure 41: 2022/23 Reception prevalence of obesity in England by LSOA deprivation (IMD2019). Source: NCMP[43]

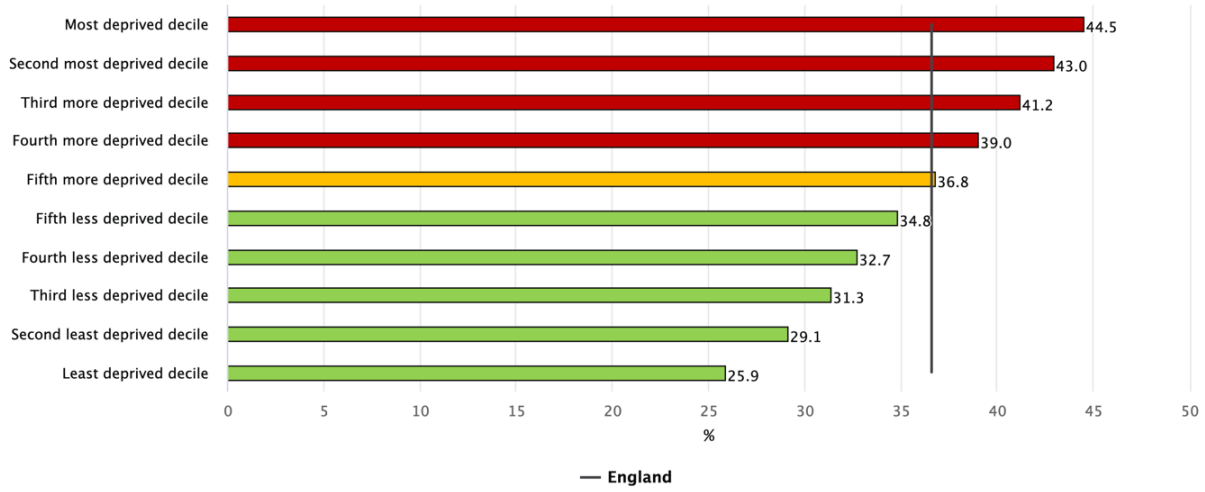


Figure 42: 2022/23 Year 6 prevalence of excess weight in England by LSOA deprivation (IMD2019). Source: NCMP[43]

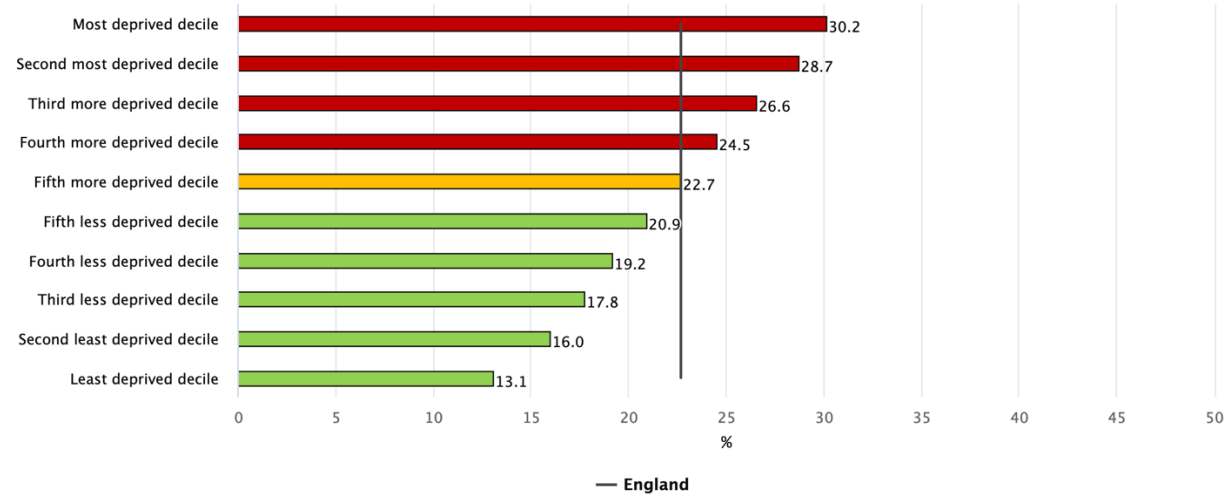


Figure 43: 2022/23 Year 6 prevalence of obesity in England by LSOA deprivation (IMD2019). Source: NCMP[43]

Ethnicity

The prevalence of excess weight and obesity notably differs across various ethnic groups. These differences in prevalence among ethnic groups may partially explain why Slough differs from regional and national averages.

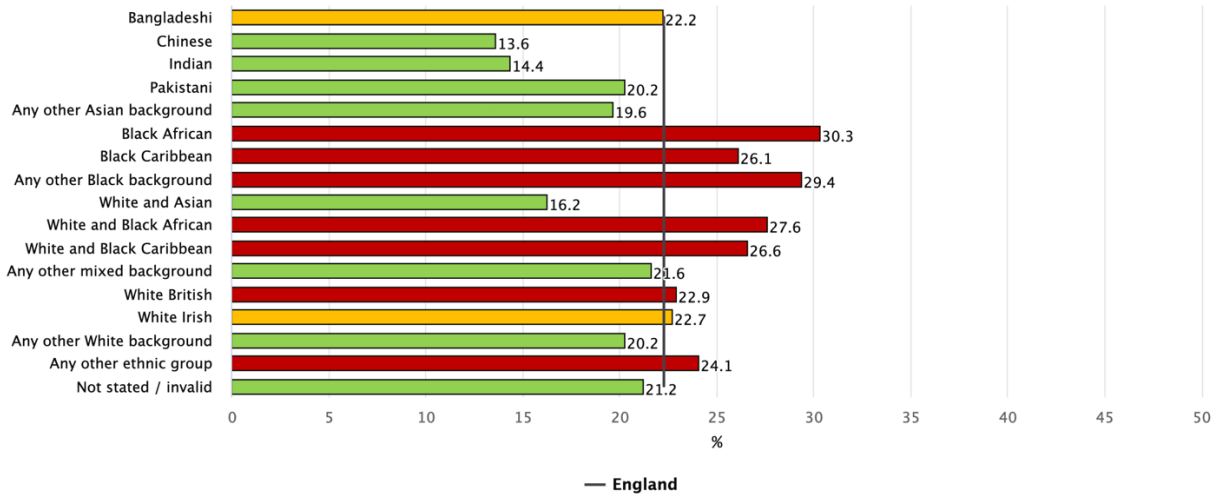


Figure 44: 2022/23 Reception prevalence of excess weight in England by ethnic group. Source: NCMP[43]

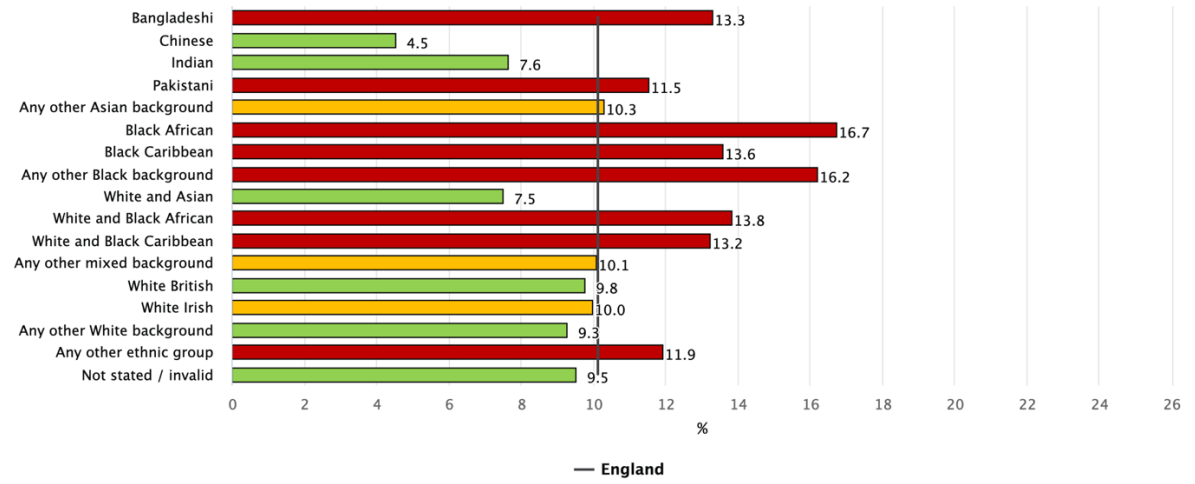


Figure 45: 2022/23 Reception prevalence of obesity in England by ethnicity. Source: NCMP[43]

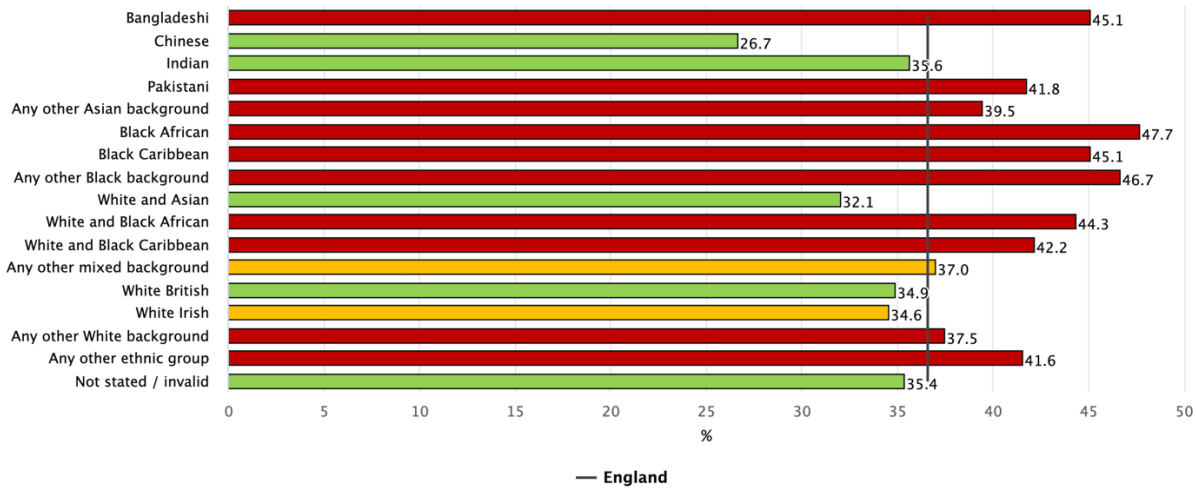


Figure 46: 2022/23 Year 6 prevalence of excess weight in England by ethnic group. Source: NCMP[43]

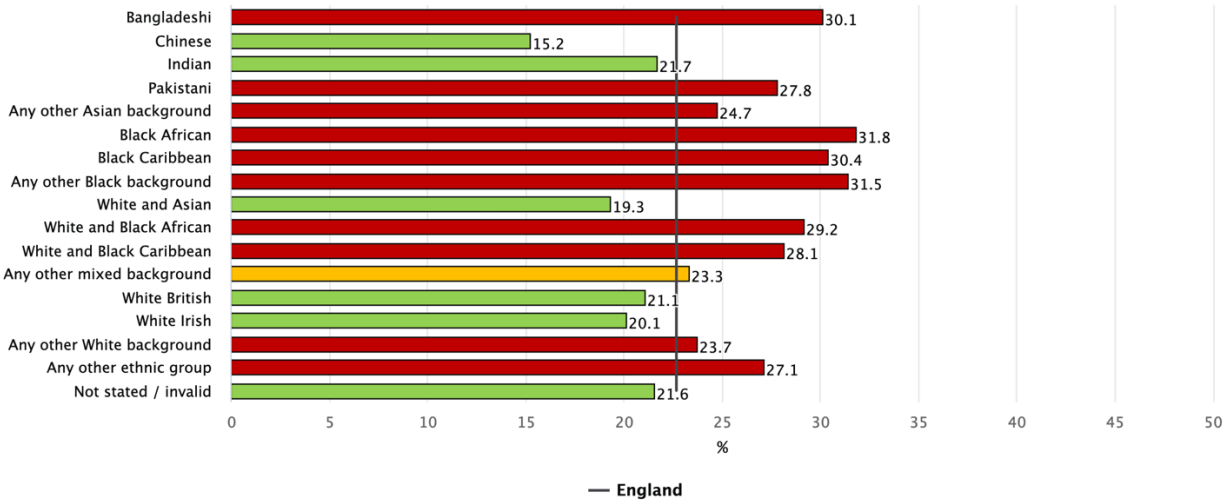


Figure 47: 2022/23 Year 6 prevalence of obesity in England by ethnic group. Source: NCMP[43]

Inequalities in excess weight for CYP in Slough

Sex

In Year 6, the prevalence of obesity among boys is significantly higher than the average for Slough, with a difference of nearly 7 percentage points between boys and girls. However, there is no notable difference in the prevalence of obesity between boys and girls in Reception compared to the Slough average.

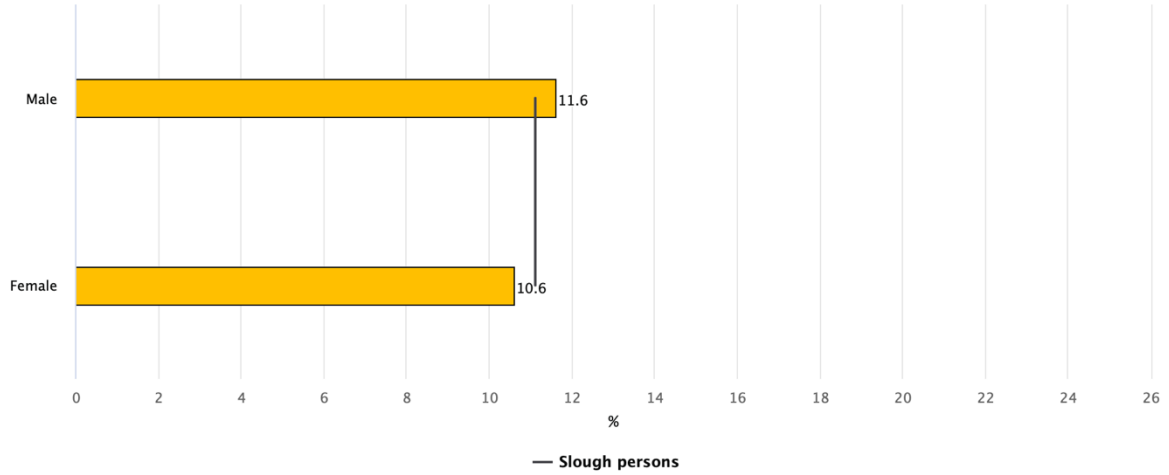


Figure 48: Reception prevalence of obesity in Slough by sex. 5 years data combined 2018-2023 Source: NCMP[43]

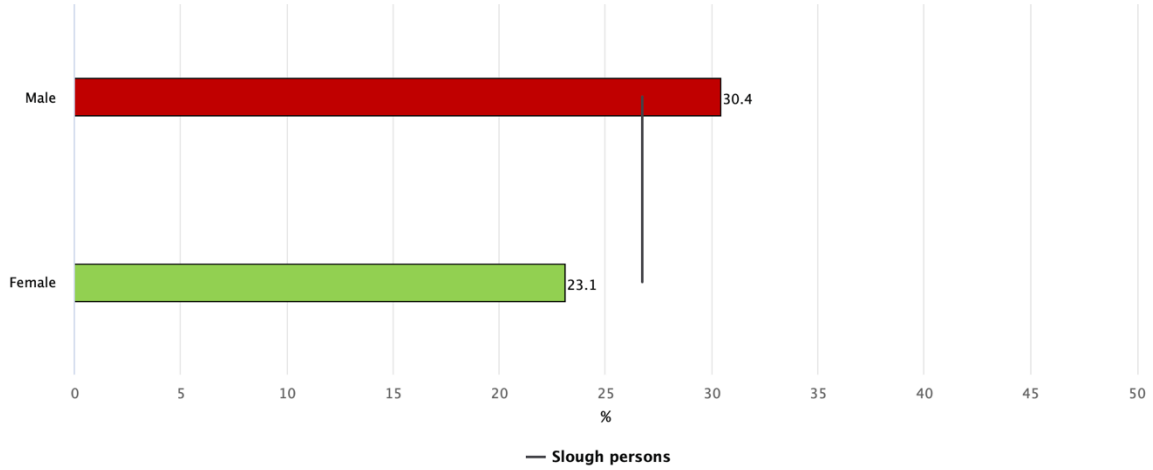


Figure 49: Year 6 prevalence of obesity in Slough by sex. 5 years data combined 2018-2023 Source: NCMP[43]

Ethnicity

In Slough during the 2022/23 period, 61.4% of records in the National Child Measurement Programme had a valid ethnicity code, the lowest percentage in the South East region where the average is 88.5%. This low rate of ethnicity recording suggests that the current ethnic grouping data is not representative and analysing it could introduce selection bias. Given Slough's ethnic diversity, accurate and comprehensive ethnicity data is crucial for future analysis and planning. Notably, prior to 2017, Slough's ethnicity recording rate was above 75%, but it has since declined.

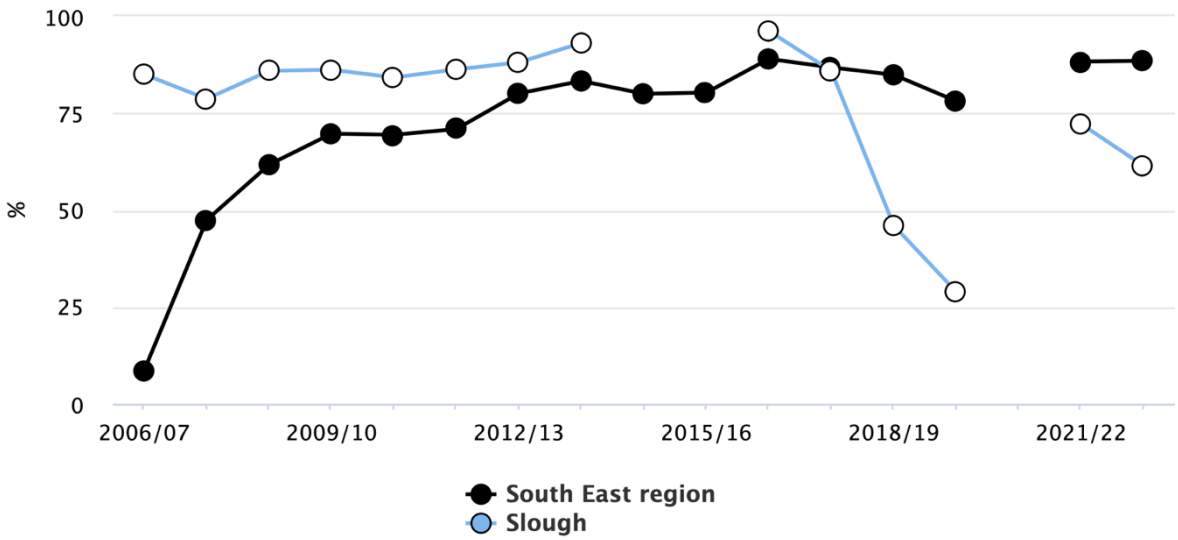


Figure 50: Trend in percentage of records with a valid ethnicity code from 2006-2023
Source: NCMP[43]

Determinants of healthy weight in Slough

The factors influencing healthy weight are varied and multifaceted. In this section, we will delve deeper into each determinant, providing specific local information relevant to Slough.

	Period Years	Slough Prevalence	South East region Worst	Range	Best	England Prevalence
Obesity in early pregnancy[1]	18/19	20.7%	26.9%		14.2%	22.1%
Physically active CYP[2]	20/21	42.0%	41.0%		57.6%	47.2%
Physically inactive adults[3]	20/21	33.7%	33.7%		14.9%	22.3%
Adults (16+) who meet the recommended '5-a-day' fruit and vegetable consumption[3]	20/21	24.8%	24.8%		39.7%	32.5%
5 year olds with experience of visually obvious dentinal decay[8]	21/22	34.9%	-	-	-	23.7%
Healthy start uptake[4]	2023	55.7%	-	-	-	66.6%
Baby's first feed breastmilk[5]	20/21	81.1%	56.3%		85.7%	71.7%
Breastfeeding prevalence 6-8 weeks after birth[6]	22/23	-	-	-	-	49.2%
Adults drinking 14+ units alcohol per week[7]	15-18	7.9%	40.7%		7.9%	22.8%
Adults binge drinking on heaviest drinking day[7]	15-18	5.8%	23.6%		5.8%	15.4%
Adults walking for travel at least three days per week[3]	19/20	18.0%	10.1%		33.4%	15.1%
Adults cycling for travel at least three days per week[3]	19/20	2.8%	1.1%		6.6%	2.3%

Better 95% Similar Worse 95% Not applicable

The percentage of physically inactive adults in Slough is the 4th worst in England by LA.

Table 7: Key determinants for healthy weight compared to South East England and England. Date sources: [1]Maternity Services Dataset (MSDS) v1.5, NHS Digital [2]Active Lives Children and Young People Survey, Sport England [3]Active Lives Adult Survey, Sport England [4]Healthy Start Uptake Data – England, NHSBA [5]Maternity Services Dataset (MSDS v2.0), NHS Digital [6]OHID's (formerly PHE) interim reporting of health

visiting metrics [7]Health Survey for England [8]Dental Public Health Epidemiology Programme for England: oral health survey of five year old children (Latest 2022)

Obesity in early pregnancy

The most recent data on obesity during early pregnancy, from the 2018/2019 period, indicates that the prevalence in Slough is similar to the average for the South East region.

Physical inactivity

Since 2015, the first year for which data is available, Slough has continually reported higher rates of physical inactivity among adults compared to the average for the South East region. Over time, the disparity between Slough and the South East has grown, with the proportion of physically inactive adults in Slough increasing. As a result, Slough currently has the highest proportion of adult physical inactivity in the South East region and ranks as the fourth highest in England when compared with other local authorities.

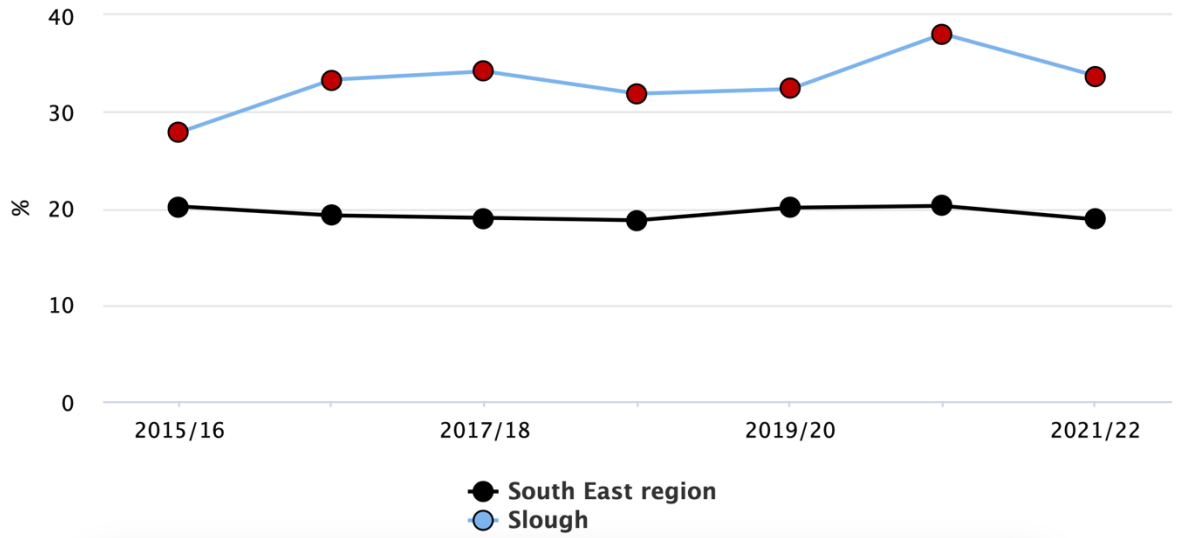


Figure 51: Physical inactivity trends in adults from 2015 until 2022. Source: Active Lives Adult Survey, Sport England

Although the proportion of physically active children and young people (CYP) in Slough is not significantly different from the South East region, it has consistently been below the regional average since records began in 2017. Over time, the gap between Slough and the regional average has widened. However, at no time point is Slough statistically significantly different from the South East average, which limits the conclusions that can be drawn from this trend.

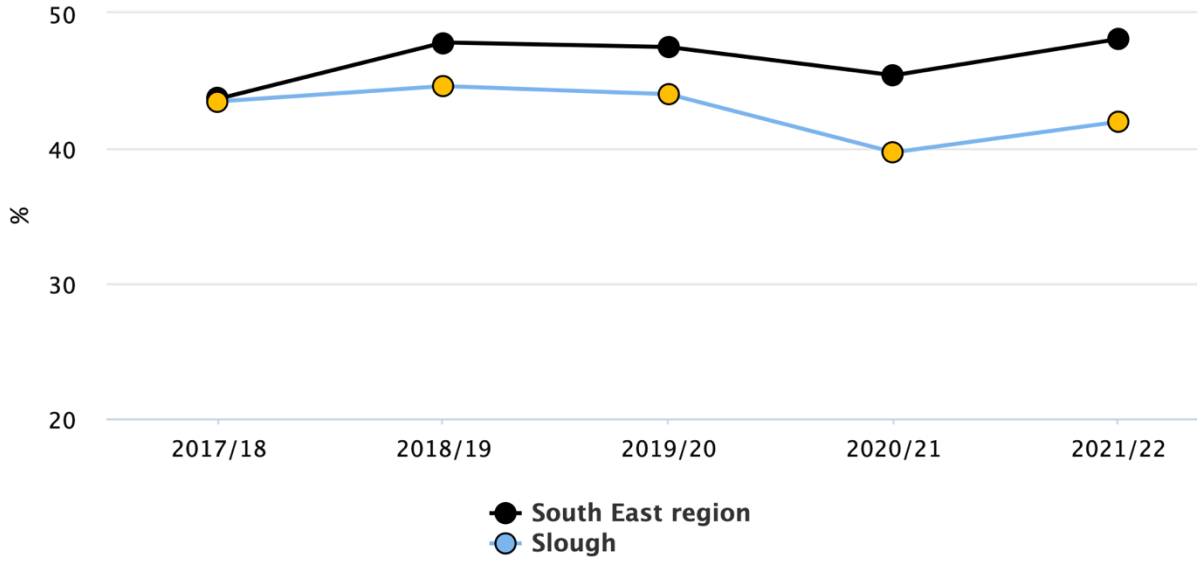


Figure 52: Physically active CYP trends from 2017 until 2022. Source: Active Lives Children and Young People Survey, Sport England

Dietary patterns

The percentage of adults in Slough consuming five portions of fruit and vegetables daily is the lowest among all local authorities in the South East region. Historical data from 2015 to 2020 indicates that while this trend has remained stable, it has consistently been below the average for the South East region throughout this period.

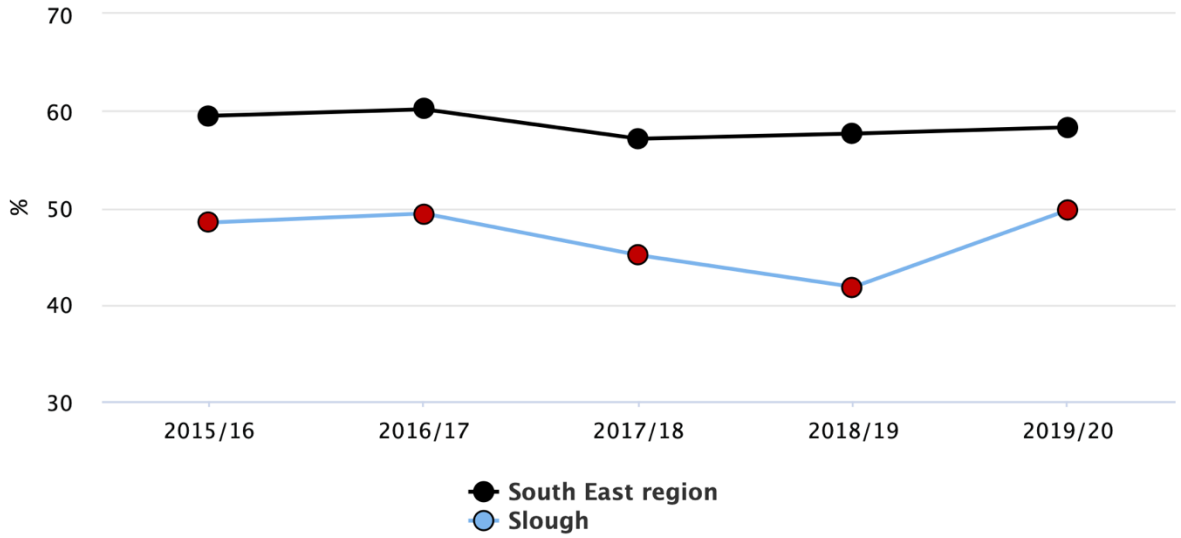


Figure 53: Trends in percentage of adults consuming five portions of fruit and vegetables per day 2015 until 2020 (old method). Source: Active Lives Adult Survey, Sport England

Public Health England (PHE) has conducted an analysis showing a correlation between childhood excess weight and dental caries[44]. This analysis, accounting for factors such as deprivation, ethnicity, and water fluoridation status, indicated that children classified as overweight or very overweight have a higher likelihood of

experiencing dental caries compared to their counterparts of a healthy weight. In Slough, the prevalence of visually obvious dentinal decay among 5-year-olds is 34.9%, higher than the national average of 23.7% in England.

Free School Meals, a statutory benefit for school-aged children from eligible low-income families, serve as a critical indicator of food poverty. In Slough, the percentage of pupils qualifying for Free School Meals is comparable to that of the broader South East region. However, this percentage is currently on a rising trend. Notably, since 2012, the earliest year for which data is available, Slough has consistently recorded a significantly lower proportion of pupils eligible for Free School Meals compared to the national average in England.

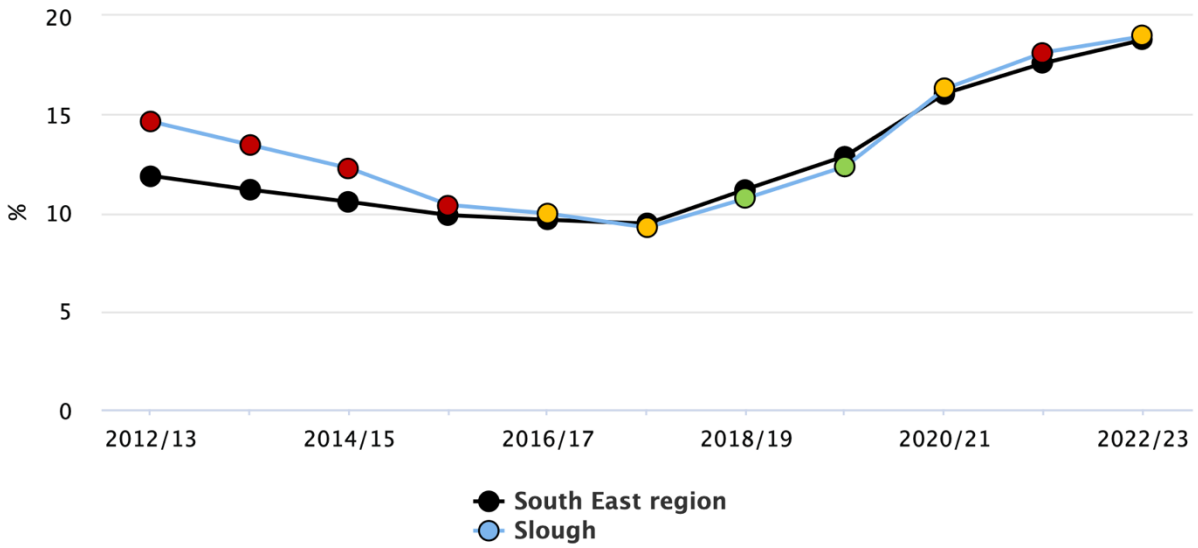


Figure 54: Trends in percentage of pupils eligible for Free School Meals. Source: Department for Education

Healthy Start uptake

Healthy Start, a government scheme, offers pregnant mothers and children up to four years old access to select healthy foods and vitamins, contingent on certain benefit eligibility. During 2023, Slough's average uptake of the prepaid card scheme was 55.7%, falling below the national average of 66.6% in England. Notwithstanding its benefits, the programme faces challenges such as the hotline incurring charges, hurdles in digital access and literacy, and issues with beneficiaries potentially misplacing their cards.

Breastfeeding

In Slough, 81.1% of babies receive breastmilk as their first feed, a proportion that aligns with the average for the South East region.

Alcohol use

In Slough, the proportion of adults consuming over 14 units of alcohol per week and engaging in binge drinking on their heaviest drinking day is the lowest among all local authorities in the South East region.

Travel

Whilst physical inactivity is higher than regional activity, the proportion of adults who walk or cycle for travel at least three days per week is around the South East regional average.

In Slough, the accessibility of educational institutions and key services is relatively high. About 96% of primary school children can reach their school within 15 minutes by walking or public transport. In contrast, only 62% of secondary school pupils and 64% of further education students have the same level of accessibility[45]. Additionally, 97% of residents live within a 15-minute travel time to food stores, either by public transport or walking[45]. When considering access to eight essential services in Slough, the average minimum journey times are 9.3 minutes by car, 15.1 minutes by walking or public transport, and 12.1 minutes by cycling[45].

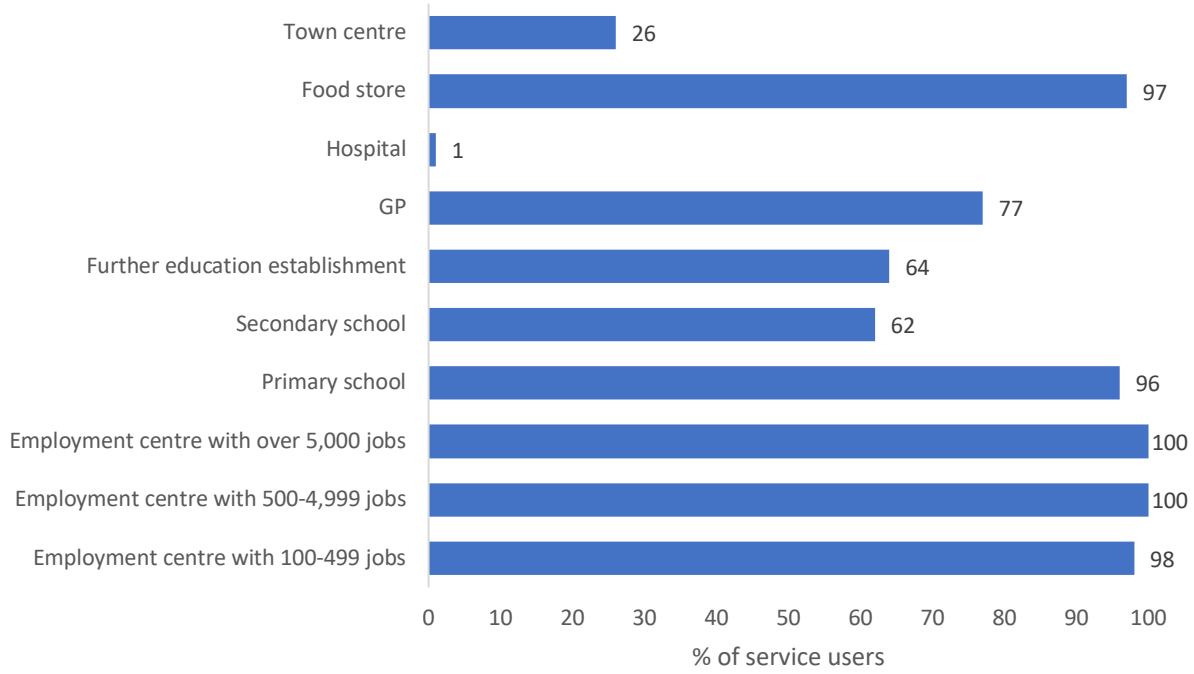


Figure 55: 15 minutes travel time by public transport or by walking to key services for Slough (2019) Source: DfT

In 2021, it was observed that in Slough, 47% of individuals opted for a car or van as their primary mode of transportation. However, when considering other forms of transport, data indicates that residents of Slough have a higher tendency to use alternative means compared to the national and South East regional averages. This includes a greater proportion of residents utilising trains, buses, and walking as their modes of transport to work.

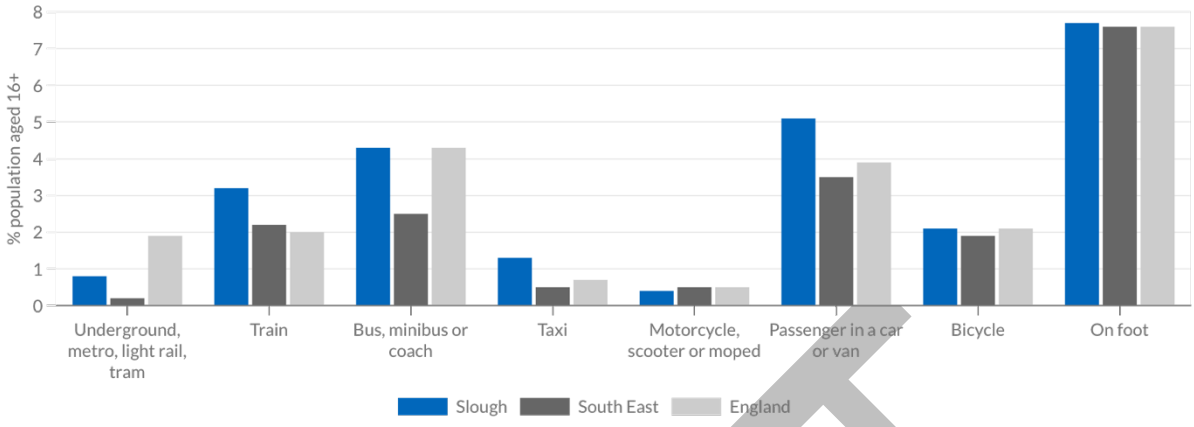


Figure 56: Other methods of travel to work (2021). Source: ONS

Access to takeaway food

Evidence indicates that residential proximity to takeaway food outlets is associated with childhood obesity[46]. Figure 57 illustrates the percentage of Year 6 students with excess weight in different residential wards. This figure includes an overlay of primary schools and takeaway food outlets. Similarly, Figure 58 presents the percentage of Year 6 students with excess weight based on the primary school areas they attend, again with an overlay of primary schools and takeaway food premises.

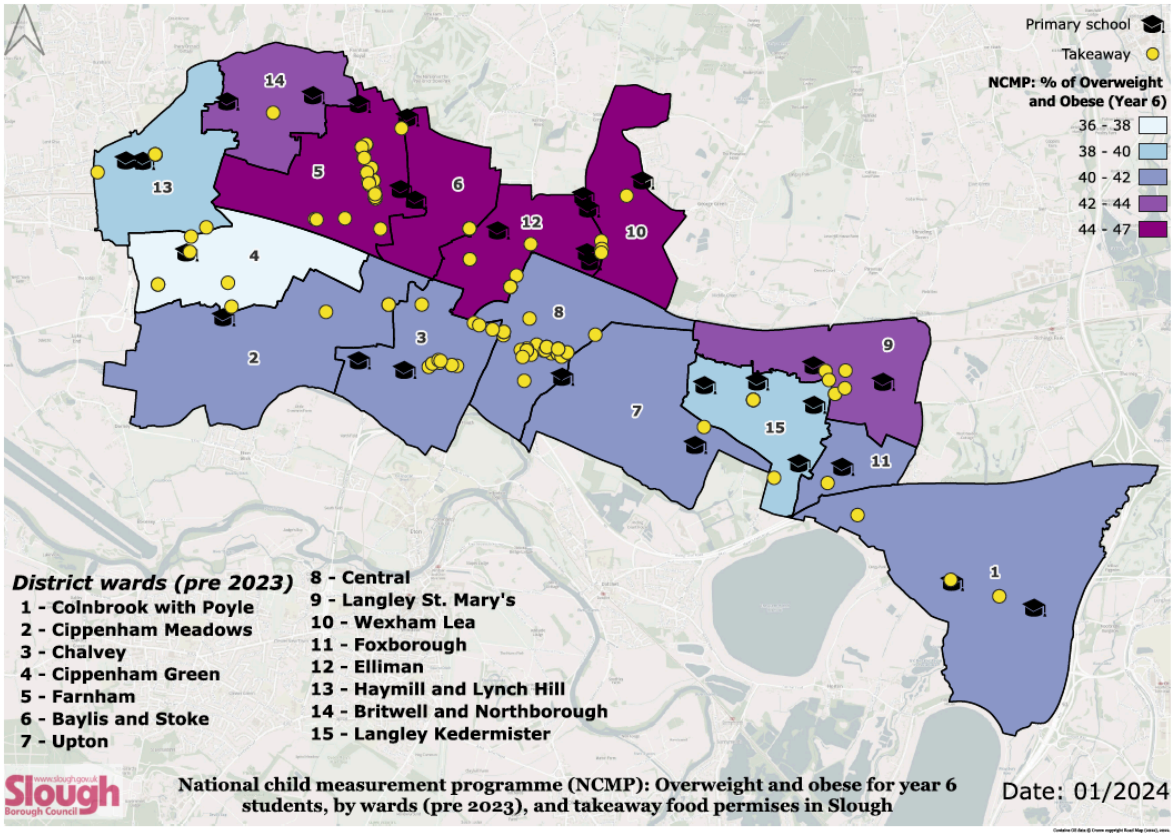


Figure 57: Proportion of year 6 students living with excess weight by residential wards with primary schools and takeaway food premises overlayed. Source: NCMP, 2023[43]

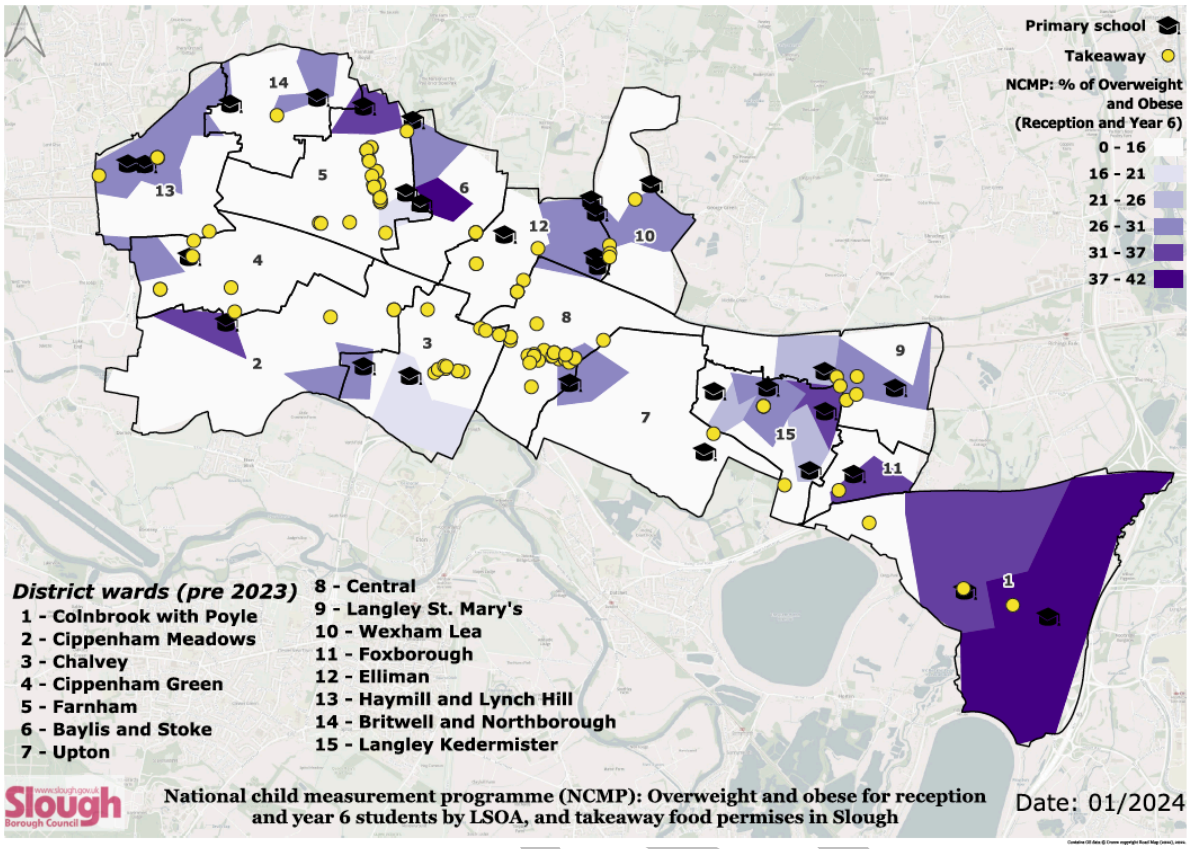


Figure 58: Proportion of year 6 students living with excess weight by school LSOA with primary schools and takeaway food premises overlayed. Source: NCMP, 2023[43]

Interventions for excess weight: the evidence base

This chapter delves into the evidence supporting interventions for excess weight, following a structured review of the relevant literature.

How can local authorities reduce obesity?

In 2023, the National Institute for Health and Care Research (NIHR) conducted a comprehensive review focusing on the effective strategies local authorities can employ to combat obesity[47]. The review, which included discussions with local council staff, national organisations, practitioners, researchers, and the public, provides key insights into evidence-based actions that can significantly impact obesity rates in communities.

Main conclusions:

1. Active Travel and Infrastructure Development:
    - Emphasise active travel and public transport access, integrating it with local sustainability and carbon reduction initiatives.
    - Implement walkways and cycling paths that link to transport hubs to promote usage.
    - Consider the needs of specific population groups and address health inequalities through active travel.
2. Environmental Design for Physical Activity:
    - Enhance access to green spaces and design environments that promote active lifestyles.
    - Make minor changes to increase park usage, like improving visibility and safety.
    - Align environmental designs with broader environmental sustainability goals.
3. Public Sport and Leisure Services:
    - Offer free access to encourage physical activity, though effectiveness varies.
    - Focus on cost-effective walking programmes, and evaluate community exercise programmes' long-term impact.
    - Tailor access to public facilities to meet local needs and consider travel logistics.
4. Childhood Obesity Prevention:
    - Implement community-based programmes targeting children, with varying effectiveness across age groups.
    - Shift focus from individual behaviour change to addressing wider determinants like infrastructure and policy.
    - Explore school-based interventions, emphasising leadership, parental, and community involvement.
5. Support for Those Living with Obesity:
    - Provide weight management programmes as part of a comprehensive obesity strategy.
    - Investigate the long-term sustainability of weight loss post-programme.
    - Consider group-based, tailored programmes and mandatory school settings for children.
6. Workplace Strategies for Obesity Prevention:
    - Re-evaluate focus on office-based workers considering hybrid working trends.
    - Create environments that support active behaviours and reduce calorie consumption in various settings.
7. Reducing Excess Calorie Consumption:

- Address the food environment by collaborating with food outlets on healthier recipes and portion sizes.
- Consider advertising restrictions, though constrained by varied local authorities' powers and financial considerations.
- Acknowledge the role of individual agency and circumstances in the success of these strategies.

8. Local Actions for System-Wide Approaches:
   - Further research is needed to evaluate local authorities' role in comprehensive obesity prevention strategies.
   - Emphasise the importance of collaboration across various sectors, including transport, education, healthcare, and food retail.
   - Recognise the critical role of leadership, community engagement, and adequate resources for the success and impact of initiatives.

In conclusion, the NIHR's themed review highlights the multifaceted nature of obesity prevention and management, underscoring the need for local authorities to adopt a holistic, system-wide approach. This involves not only targeting individual behaviours but also creating environments and policies that support healthier lifestyles. By investing in infrastructure, designing conducive environments, engaging communities, and collaborating across sectors, local authorities can play a pivotal role in reducing obesity and improving public health. The review also points out the necessity for ongoing research and evaluation to inform and refine these strategies continuously.

Amsterdam Healthy Weight Approach

The Amsterdam Healthy Weight Approach (AHWA) is an innovative public health initiative by the local government of Amsterdam, aimed at combating childhood obesity[48]. This pioneering strategy emerged in response to the city's higher childhood obesity rates compared to the national average. Central to its philosophy is the 'Health In All Policies' approach, ensuring a multi-sectoral collaboration that spans education, urban planning, and healthcare. It emphasises early intervention, particularly focusing on at-risk groups identified by socio-economic, educational, and ethnic backgrounds. Key activities include promoting healthier diets and physical activities in schools, advocating for urban design conducive to healthy living, and fostering community engagement. This approach not only targets individual behaviour changes but also seeks to reshape the surrounding environment to support healthier choices.

Demonstrating a whole-system approach, AHWA has been successful in reducing childhood obesity in Amsterdam between 2012 and 2015. This has been achieved through partnerships across various sectors, involving schools, healthcare professionals, urban planners, and community leaders. The programme's dynamic nature allows for continual adaptation based on ongoing learning and evidence-based research. By focusing on sustainable long-term changes in policy and practice, AHWA serves as a model for addressing the multifaceted challenge of urban childhood obesity, highlighting the effectiveness of coordinated, city-level health interventions.

The key areas of the AHWA are:

1. The First 1000-Days Activities: Focus on providing a healthy start for newborns by engaging expecting and new parents. This includes care and counselling from medical professionals and utilising community networks established by

religious leaders and social groups. The programme aligns with the national Equitable Start Programme to address health inequities.

2. School-Based Activities: Through the 'Jump-in Programme', AHWA assists schools in creating a healthy environment. This includes the adoption of evidence-based methods for promoting physical activity, active play during breaks, and nutrition education. The programme emphasises schools with a higher than average Body Mass Index (BMI) to ensure equity and healthy lifestyles for all children.
3. Neighbourhood-Based Activities: Focused on areas with the highest prevalence of child overweight and obesity, this approach involves designing context-specific, multidisciplinary preventive measures. Neighbourhood managers coordinate and stimulate health-promoting interventions and policies in collaboration with local partners.
4. Healthy Food and Built Environments: AHWA aims to create a physical urban environment that supports healthy behaviours. Efforts include advocating for regulations against unhealthy food marketing to CYP, advising local food entrepreneurs, and piloting healthier food options in stores. Urban planning policies are also designed to encourage activities like biking, walking, and local food production.
5. Individual Support to Children and Families: Early detection and support for children with overweight and obesity are key. AHWA provides tailored support through care managers and a network of professionals, including dietitians, physiotherapists, and psychologists.
6. Learning Approach for Evidence and Professional Support: AHWA integrates a learning approach to remain evidence-informed. This includes professional training and education for a range of professionals involved in children's health and wellbeing.
7. Communication and Marketing: The programme uses visually attractive content and simple language in both digital and print media to communicate effectively. Messaging strategies are developed based on the latest research in behavioural insights, tailored to target groups, and focused on maintaining a healthy lifestyle rather than on weight.

Individual versus population-level approaches

Traditional research has focused on individual behaviours impacting diet and exercise, often interpreted as a lack of knowledge, self-regulation, or control over impulses[13]. However, despite this emphasis, obesity rates have doubled from 1993 to 2017, rising from 15% to 29%[20]. This significant increase, with little change in human biology or psychology over this period, indicates notable societal shifts. The World Health Organization (WHO) points out a move towards energy-dense foods and more sedentary work life, along with decreased physical activity in transportation[49]. Therefore, understanding how environmental factors shape societal norms is critical. Addressing individual behaviours remains essential, particularly for those most at risk, but it is equally crucial to confront broader societal issues that drive the increasing prevalence of excess weight. The "Tackling Obesities: Future Choices (2007)" report by the Government Office for Science's Foresight programme underscores this, identifying hundreds of factors crucial in the development of excess weight and advocating for a population-based, systems thinking approach[13]. No single

intervention can reverse these trends; instead, a comprehensive, systematic programme of multiple interventions is necessary.

Whole system approach to obesity

Public Health England's "Whole systems approach to obesity" guide is a pivotal resource for local authorities and partners, offering a comprehensive framework to address obesity at the community level[20]. This guide underscores the intricate web of environmental, societal, and individual factors contributing to obesity. It advocates for a multifaceted strategy that encompasses all levels of prevention, from primary to tertiary, to effectively manage and prevent obesity.

The core of the guide is the whole systems approach, characterised by its dynamic, adaptable nature, and its emphasis on engaging a broad range of local stakeholders, including community members. This approach fosters a collective understanding of the challenges posed by obesity and encourages stakeholders to collaboratively explore the functioning of local systems and identify impactful change opportunities. The approach, rooted in both academic research and practical experiences from local authorities, aims to respond to the complexity of obesity through continuous collaboration and adaptation.

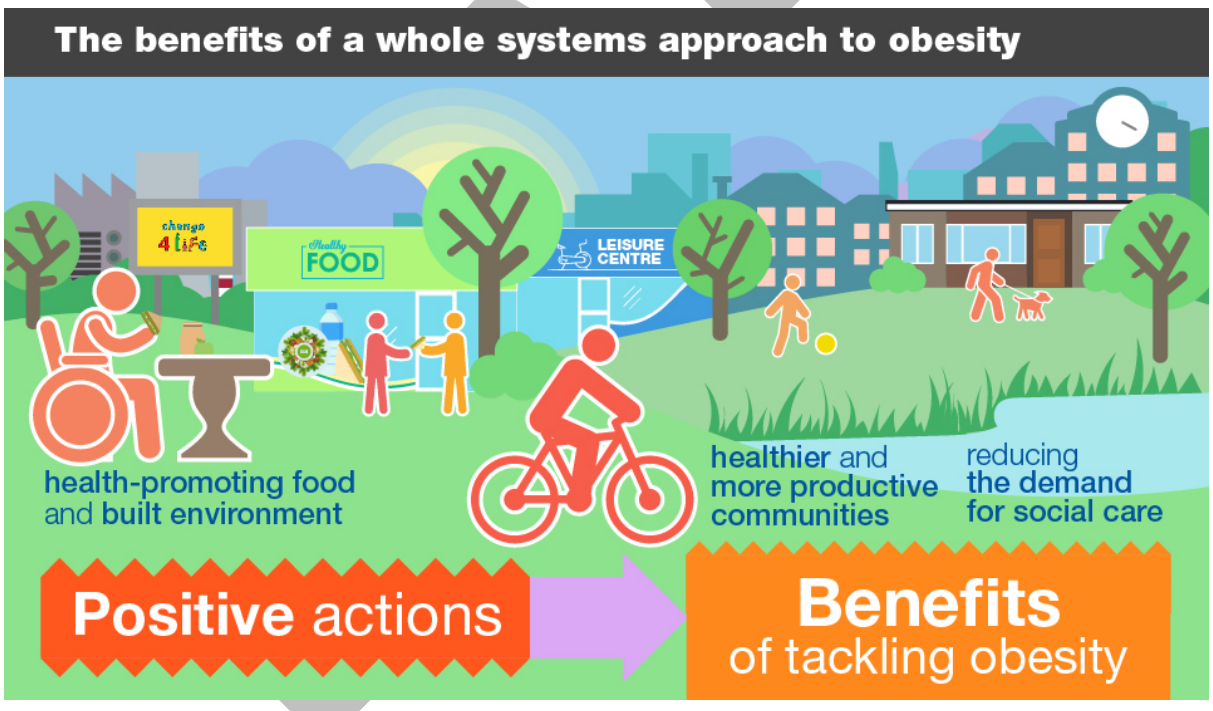


Figure 59: The benefits of a whole systems approach to obesity. Source: PHE

The benefits of implementing this approach are manifold. It enhances the impact of collective actions over individual efforts and aligns with the leadership role of local authorities, ensuring deep community engagement through diverse stakeholders. The approach aligns with the "Health in All Policies" perspective, acknowledging the complexity of obesity's causes and advocating for system-wide interventions and understanding. It leverages local strengths, promotes community-centred methods to

reduce health disparities, and fosters skill development applicable to various complex public health challenges.

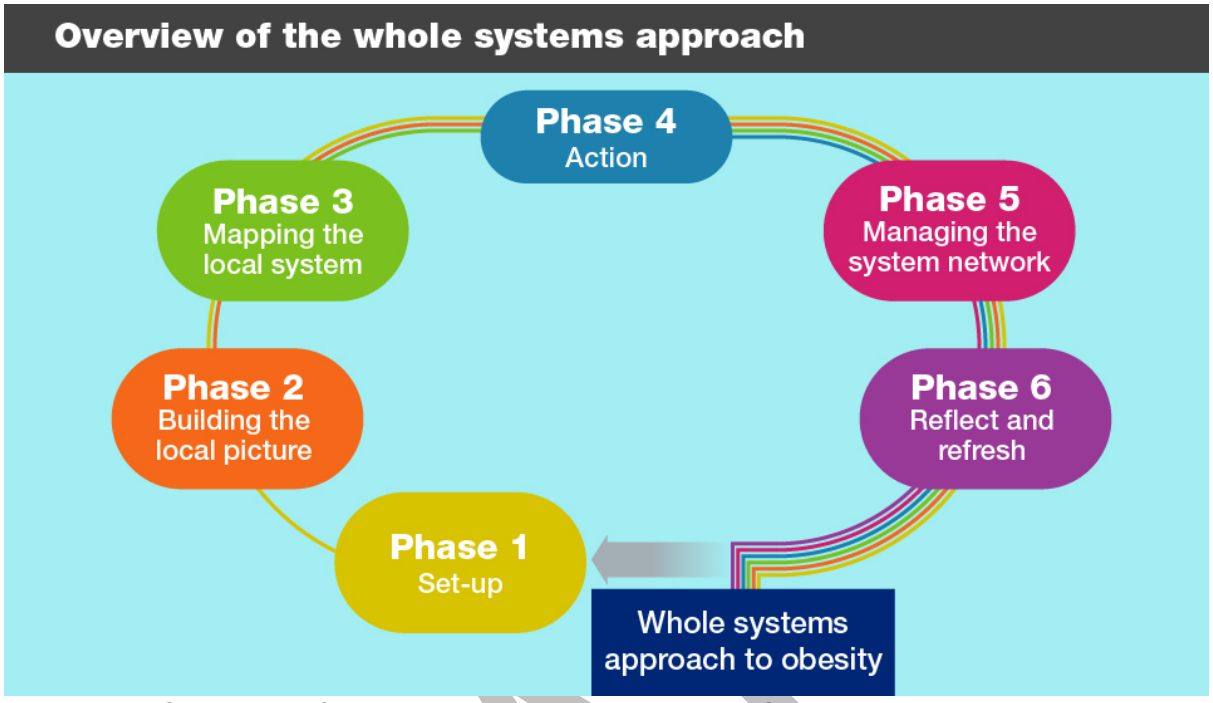


Figure 60: Overview of the whole systems approach. Source: PHE

The guide details a six-phase process, tailored to fit local needs and contexts, and integrating existing structures and initiatives combatting obesity. This process involves: 1) preparation and securing leadership support, 2) understanding the local picture, 3) mapping the local system, 4) implementing aligned actions, 5) managing the system network, and 6) continuously reflecting and refreshing the approach. This comprehensive process calls for stakeholder collaboration to map obesity causes, align priorities, and implement actions in a unified direction. The guide stresses the importance of sustained collective efforts and momentum in fostering a dynamic approach to obesity. While individual lifestyle interventions remain crucial, the guide highlights the necessity of collaborative, population-level strategies for effective obesity management and prevention.

Reducing inequalities through intervention selection

In addressing the challenge of healthy weight within populations, it is crucial to consider the selection of interventions that effectively reduce inequalities. The concept of 'individual agency', as explored in the research by Jean Adams and colleagues, plays a pivotal role in determining the success and equity of these interventions[50].

The research highlights two types of interventions based on the level of individual agency required: high-agency and low-agency interventions. High-agency interventions rely on individuals actively engaging with the provided information and making conscious behavioural changes. Examples include social marketing campaigns like Change4Life in England, which emphasise advice and encouragement for healthier lifestyles. However, these interventions often fall short in effectiveness and tend to widen socioeconomic health disparities. This inadequacy is attributed to

the uneven distribution of cognitive, psychological, and material resources across different social groups, which are essential for engaging with these interventions.

On the other hand, low-agency interventions require minimal individual effort for beneficial outcomes. These include measures like reducing the salt content in manufactured foods, which passively reduce salt intake among consumers. Such interventions are not only more effective in reaching a broader population but also play a significant role in minimising health inequalities. They circumvent the need for active decision-making and personal resource mobilisation, making them more accessible and equitable.

Therefore, in crafting a strategy for promoting healthy weight, it is important to consider low-agency population interventions. However, the implementation of these interventions often faces challenges due to perceived intrusions on personal autonomy and opposition from vested commercial interests.

In conclusion, a balanced approach, incorporating a spectrum of interventions with varying degrees of individual agency, is essential. While not discounting the value of high-agency interventions, the focus should shift towards promoting and implementing low-agency interventions. These are instrumental in making healthy lifestyle choices more accessible and reducing health inequalities.

A tiered approach to Weight Management Programmes (WMP)

There is a tiered approach to weight management programmes which is as follows[30]:

Tier 1 - Universal Interventions:
- This tier focuses on the prevention and reinforcement of healthy eating and physical activity messages.
- It includes public health and national campaigns, as well as the provision of brief advice.

Tier 2 - Lifestyle Weight Management Services:
- Services in this tier support individuals in making and maintaining lifestyle changes beneficial for weight management.

Tier 3 - Clinician Led Multidisciplinary Team (MDT):
- This tier involves a clinically led team approach, potentially including a physician (consultant or GP with a specialist interest), specialist nurse, dietitian, psychologist, psychiatrist, and physiotherapist.
- Indications for referral to Tier 3 may include assessment of underlying causes of overweight or obesity, complex disease states or needs, unsuccessful conventional treatment, consideration of drug treatment for individuals with a BMI over 50 kg/m², the need for specialist interventions like a very-low-calorie diet, or consideration of surgery.

Tier 4 - Surgical:
- This includes bariatric surgery, supported by a multidisciplinary team both pre- and post-operation.

Tiers 3 and 4 are not covered in this Health Needs Assessment.

Evidence base for WMP

This chapter synthesises key findings from a comprehensive review conducted by the National Institute for Health and Care Research (NIHR) in 2023[47]. The NIHR review meticulously examined the efficacy and components of WMPs across various demographics and settings. The evidence gathered provides insights into the effectiveness of these programmes for both adults and children, with a focus on short-term and long-term outcomes, programme components, and the impact of different intervention settings.

WMPs for Adults

1. Effectiveness and Benefits:
    - WMPs have shown effectiveness in short-term weight loss, particularly among men, people in deprived areas, and diverse ethnic groups.
    - These programmes often extend beyond weight loss, improving diet, physical activity, self-esteem, and mental health.
    - WMPs are cost-effective compared to no action, though surgical treatments can be more cost-effective for weight loss.
2. Components and Diets:
    - Mixed evidence on the most effective components; very low-calorie diets and total diet replacements can lead to sustained weight loss for 1-3 years.
    - Cultural acceptability varies; some ethnic groups prefer culturally tailored low-calorie foods.
    - For men, a combination of diet, physical activity, and behaviour change techniques is most effective.
3. Group-Based Programmes:
    - Group interventions demonstrate greater efficacy in weight loss at 12 months compared to one-on-one interventions.
    - Men particularly respond well to social settings and group dynamics.

Sustaining Weight Loss

1. Mixed Outcomes:
    - Weight loss is often measured up to 2 years, with some studies showing persistence of weight loss for 4 years or more, while others indicate weight regain.
    - Initial rapid weight loss may lead to faster regain, but an overall reduction in weight can still be observed long-term.
2. Maintenance Support:
    - Post-programme support methods like telephone and SMS-text messaging have not effectively prevented weight regain.
    - Continuous access to weight loss programmes post-initial loss may slow down weight regain.

WMP in CYP

1. Family-Based Interventions:
    - Mixed results in family-based interventions focusing on parenting and lifestyle education.
    - Challenges include low uptake, costs to families, and lack of long-term impact on weight or activity levels.
    - One successful intervention included physical activities and education, resulting in a reduction in BMI z-score and improvements in fitness and self-esteem.
2. School vs. Community Settings:
    - WMPs for children show slightly more effectiveness in schools than in community settings.
    - School-based programmes, especially those mandatory for all weights and ages, have higher completion rates and effectiveness, particularly for older, deprived, or Black ethnicity children.
3. Preventive Interventions in Schools

In summary, WMPs show promise in achieving short-term weight loss in adults, with varying degrees of long-term success. Group-based and culturally tailored programmes appear more effective. For children, school-based programmes show greater efficacy compared to community settings, highlighting the importance of environment and structure in weight management strategies. The evidence suggests a need for ongoing evaluation and adaptation of WMPs to ensure their effectiveness across different demographics and settings.

Tier 2 WMP for adults

These programmes are designed to address the multifaceted nature of weight management through a combination of personalised care, accurate health assessments, and integrated lifestyle changes[30].

Key Components

- Specialised Facilities and Personalised Approach: Emphasising the importance of infrastructure capable of handling severe obesity cases and interventions that are tailored to the individual's health status, lifestyle, and preferences.
- Accurate Assessment: The use of BMI and waist-to-height ratio is critical for determining overweight and obesity levels, with special attention to ethnic and age-related variations in health risk profiles.
- Integrated Lifestyle Interventions: A holistic approach combining physical activity enhancement, dietary improvements, and energy intake reduction, with strategies adapted to the individual's past experiences and current social circumstances.
- Behavioural Strategies: Focused on sustainable change, these strategies include self-monitoring, goal setting, and cognitive restructuring, alongside mechanisms for preventing relapse and managing potential weight regain.
- Physical Activity Emphasis: Advocating for the incorporation of physical activities into daily routines, tailored to each individual's fitness level and ability,

and aimed at gradually reaching the recommended activity levels for maintaining healthy weight.

Weight management strategies before, during and after pregnancy

Weight management before, during, and after pregnancy is a crucial aspect of maternal and child health[51]. While the overarching principles of weight management remain consistent with those for the general adult population, specific considerations and tailored approaches are necessary during these critical periods. This sub-chapter outlines key recommendations and strategies for effective weight management in the context of pregnancy.

Weight Management Strategies

1. Preparing for Pregnancy:
    - Women, particularly those with a BMI of 30 or more, are advised to achieve a healthy weight before pregnancy[51]. This involves adopting a balanced diet, engaging in regular physical activity, and possibly participating in weight management programmes if necessary.
    - The focus is on gradual weight loss through lifestyle changes rather than rapid weight loss methods, with an emphasis on understanding the increased health risks associated with high BMI during pregnancy.
2. During Pregnancy:
    - Weight management during pregnancy does not advocate for weight loss but emphasises maintaining a healthy lifestyle. Pregnant women are encouraged to continue with moderate physical activity and a balanced diet, addressing the unique nutritional needs of pregnancy.
    - Regular monitoring of weight gain is important, but weight loss programmes are not recommended during pregnancy due to potential risks to the unborn child.
3. After Childbirth:
    - Postpartum weight management is crucial for the health of the mother and their ability to care for the newborn. A gradual return to pre-pregnancy weight through a balanced diet and reintroduction of physical activity is recommended.
    - For women with a BMI of 30 or more post-childbirth, structured weight-loss programmes, dietary advice, and physical activity are key components of weight management[51]. Breastfeeding mothers are reassured that healthy weight loss will not impact the quality or quantity of breast milk[51].

Effective weight management before, during, and after pregnancy is essential for the health of both the mother and the child. It requires a balanced approach, focusing on healthy eating, physical activity, and lifestyle changes. Tailored interventions and regular monitoring play a significant role in achieving and maintaining a healthy weight throughout these stages. Health professionals should provide sensitive and personalised support to women during these critical times to ensure both maternal and child well-being.

Commissioning and delivering a tier 2 WMP for adults

Following the overview of tier 2 weight management interventions for adults, this sub-chapter delves into the specifics of delivering and commissioning these programmes effectively. Public Health England has developed a comprehensive guide titled "A Guide to Delivering and Commissioning Tier 2 Adult Weight Management Services[52]." This guide is a valuable resource for local authorities and healthcare providers, designed to assist them in establishing and managing these services in a way that caters specifically to the unique needs of the adult population.

Key Considerations for Implementation:

1. Understanding Population Needs: Central to the success of tier 2 programmes is a deep understanding of the local population's specific needs. This involves using evidence-based approaches and actively engaging with the target population to tailor services effectively.
2. Building a Strong Case: Utilising tools like the Joint Strategic Needs Assessment and PHE Fingertips is vital in identifying and communicating the specific needs of the population.
3. Comprehensive Service Design: Tier 2 services should be multi-component, encompassing diet, physical activity, and behaviour change elements. Professionals involved in the design and delivery of these services must have the relevant expertise and training.
4. Effective Marketing and Recruitment: Awareness and promotion of tier 2 services are essential. Strategies should be designed to resonate with the target audience, utilising various communication channels for maximum reach and impact.
5. Programme Delivery: The delivery of tier 2 services should be in the hands of trained professionals. This includes ensuring that facilitators are skilled in creating a supportive, non-judgmental environment that encourages positive behaviour change.
6. Ongoing Evaluation and Adaptation: Regular evaluation of the programme's effectiveness is crucial. This involves the consistent collection and analysis of data to inform future service improvements and adaptations. Central to the success of these programmes is the use of Key Performance Indicators (KPIs).
7. Sustaining Impact Post-Service: Strategies for maintaining the benefits achieved during the programme are critical. This might include peer support, follow-up sessions, and integrating maintenance plans into the individual's lifestyle.

Key Performance Indicators (KPIs) for a tier 2 WMP for adults

Following the section on effectively delivering and commissioning tier 2 Adult Weight Management Services, this sub-chapter focuses on the critical aspect of evaluating these services using KPIs[53, 54]. OHID/Public Health England emphasises the importance of these KPIs in ensuring the quality and effectiveness of weight management services.

KPI Number	Key Performance Indicator	Rationale/Supporting Narrative
1	100% of participants meet eligibility criteria	Ensures adherence to defined baseline criteria for participant selection.
2	60% complete the active intervention	Targets a high rate of participant completion, defined by session attendance.
3	100% of services developed using specialists	Guarantees the involvement of qualified professionals in service development.
4	100% of staff receive specific training	Ensures all staff members are adequately trained for their roles.
5	XX% from high-risk groups enrolled	Aims for inclusive participation from identified high-risk demographics.
6	100% participant data recorded and reported	Emphasises on thorough data collection and analysis for all participants.
7	100% of participants invited for feedback	Focuses on gathering participant feedback for continuous service improvement.
8	75% achieve weight loss by the end of the intervention	Sets a target for significant participant weight loss during the programme.
9	30% lose a minimum of 5% body weight	Establishes a specific weight loss goal, with an optional indicator for completers.
10	35% provide weight measure at 6 months, 20% at 12 months	Encourages long-term engagement and weight management monitoring post-intervention.
11	XX% of completers at 12 months have lower body weight than baseline	Aims for sustained weight loss, with a specific percentage to be determined locally.

Table 8: KPI overview for tier 2 WMP for adults[53, 54]

Tier 2 WMP for CYPs

Following the framework outlined for adults, tier 2 weight management in CYPs necessitates a modified approach to cater to their unique developmental needs and family dynamics[30].

Adapted Key Components for a Younger Demographic

1. Tailored Infrastructure and Approach:
    - CYP-Friendly Facilities: Establish environments that are welcoming and suitable for young individuals.
    - Adapted Personalisation: Customise programmes considering the psychological, physical, and emotional development stages of CYP.
2. Modified Assessment Criteria:
    - Age-Appropriate Measurements: Utilise BMI and waist-to-height ratios with adjustments for the growth patterns and developmental stages of the younger population.

    - Risk Assessment: Pay close attention to varying health risk profiles based on ethnicity and age, acknowledging the distinctiveness in younger age groups.
3. Family-Centric Lifestyle Interventions:
    - Engagement of Family: Involve parents and caregivers more directly in the process, considering their influential role in lifestyle and behavioural patterns of CYP.
    - School and Community Involvement: Extend the intervention to include school-based activities and community support systems to reinforce healthy habits.
4. CYP-Specific Behavioural Strategies:
    - Interactive and Fun Approach: Employ strategies that are engaging and age-appropriate, focusing on making behavioural change a positive and enjoyable experience.
    - Building Self-Efficacy: Equip CYP with skills to make healthy choices independently while fostering a sense of achievement and confidence.
5. Physical Activity Adjusted for CYP:
    - Variety and Enjoyment: Emphasise activities that are enjoyable and varied to maintain interest and motivation.
    - Incorporation into Play: Integrate physical activity naturally into playtime and daily routines, making it less structured and more spontaneous.
6. Comprehensive Support and Education:
    - Educational Components: Include educational elements for both CYP and their families about nutrition, physical activity, and healthy lifestyle choices.
    - Peer Support: Encourage group activities and peer interactions to build support networks among young participants.
7. Continuous Monitoring and Adaptive Follow-up:
    - Dynamic Adjustments: Regularly review and adjust the programme to align with the CYP's growth and developmental changes.
    - Family-Centric Follow-Up: Involve family in follow-up sessions to ensure cohesive support and consistent application of learned behaviours at home.

<u>Commissioning and delivering a tier 2 WMP for CYPs</u>

Building on the foundation laid by the tier 2 Adult WMP, this sub-chapter focuses on the unique aspects and needs of commissioning tier 2 WMPs for CYP. The design of these programmes is crucial, as they must cater to the specific developmental, psychological, and physical needs of CYP and their families[55].

Key Design Principles

1. Age-Appropriate Content: Programmes must be tailored to various age groups, ensuring the content and activities are relevant and engaging for each developmental stage.
2. Family-Centred Approach: Recognising the influence of family dynamics on CYP's health behaviours, programmes should involve parents or caregivers, encouraging a holistic family approach to lifestyle changes.

Service Design Considerations

1. Assessment and Eligibility:
    - Utilise age and sex-specific BMI percentiles to assess weight status.
    - Engage healthcare professionals in identifying eligible participants based on health, behavioural, and developmental criteria.
2. Programme Content:
    - Nutrition: Implement guidelines from resources like the Eatwell Guide, focusing on age-appropriate nutrition education, healthy eating habits, and portion control.
    - Physical Activity: Design activities that are fun, interactive, and suitable for various fitness levels, promoting the Chief Medical Officer's physical activity guidelines for CYP.
    - Behavioural Change: Incorporate techniques like goal-setting and self-monitoring, tailored to understanding and capabilities.
3. Family Engagement:
    - Engage families in goal setting and monitoring, emphasising the importance of a supportive home environment.
    - Offer parenting workshops focusing on healthy lifestyle modelling and managing challenges like food preferences and screen time.
4. Service Delivery:
    - Ensure services are accessible in terms of location, timing, and cultural sensitivity.
    - Consider digital platforms for remote engagement and wider reach.
5. Professional Expertise:
    - Provide training for staff on CYP-specific weight management strategies and communication skills.
6. Evaluation and Adaptation:
    - Implement continuous evaluation mechanisms to measure effectiveness, participant satisfaction, and areas for improvement.
    - Utilise feedback from CYP and families for ongoing programme refinement.
7. Post-Programme Support:
    - Develop maintenance strategies, including peer support groups and periodic check-ins, to sustain the positive outcomes achieved.
8. Community Integration:
    - Collaborate with schools, community centres, and local health services to promote healthy behaviours beyond the programme setting.

<u>KPIs for a tier 2 WMP for CYPs</u>

Following the model established for adult tier 2 WMPs, this chapter delineates specific KPIs for CYP WMPs[56]. These KPIs are designed to evaluate the efficiency, reach, and impact of these programmes on CYP and their families.

KPI Number	Key Performance Indicator	Target	Description
1	Collaboration with Local Services	100%	Demonstrate active collaboration with local health and social care services, including CAMHS and Tier 1 services.
2	Engagement of Non-enrolled Referrals	100%	Contact all referred families who do not enrol within one month of referral. Record reasons for non-enrolment and willingness for future contact.
3	Adherence to Eligibility Criteria	100%	Ensure all participants meet the defined eligibility criteria for the CYP WMP, as outlined in the service specification.
4	Analysis of Programme Dropout	100%	Contact and record reasons for all participants who withdraw from the programme.
5	Programme Completion Rate	≥60%	Achieve a completion rate of at least 60%, defined as attendance of 75% of sessions.
6	Utilisation of Specialised Personnel	100%	Developed and delivered by a team including registered nutritionists, dietitians, behaviour change experts, and physical activity specialists.
7	Staff Training Compliance	100%	Ensure all staff members, relevant to their roles, receive specific training in CYP weight management.
8	Inclusion of High-Risk Groups	Set Locally	A defined percentage of participants should be from high-risk groups, such as low-income families or those with disabilities. The exact target should be set based on local demographics.
9	Comprehensive Data Recording and Reporting	100%	Meticulous recording, analysis, and reporting of participant data, in line with the minimum dataset outlined in the programme guidelines.
10	Participant Feedback Collection	100%	All enrolled participants should be invited to provide feedback at the end of the active intervention, with a locally defined target for the percentage of participants actually providing feedback.
11	Maintenance or Reduction in BMI Centile/Z-Score	75%	At least 75% of participants should maintain or reduce their BMI centile/z-score by the end of the active intervention.
12	Long-Term Weight Measure Follow-Up	35% at 6 months,	A minimum of 35% of completers to provide weight and height measure at 6

KPI Number	Key Performance Indicator	Target	Description
		20% at 12 months	months post active intervention and 20% at 12 months.
13	Sustained BMI Improvement at 12 Months	Set Locally	A locally defined percentage of completers at 12 months should have a sustained or reduced BMI centile.
14	Recording of Adverse Events	100%	All adverse events during the programme should be documented for each participant.

Table 9: KPI overview for tier 2 WMP for CYPs[56]

Current assets and service provision

Lifestyle related assets

Allotments and Food Growing Locations in Slough

More than 916 plots across 13 allotment sites, fostering a community spirit and promoting a healthier lifestyle.

Active Slough - Sports and Physical Activities

Active Slough is a dynamic initiative aimed at making physical activity an attractive and practical choice for all, especially for women and girls, people with disabilities, and those with lower income. The programme supports local sports clubs and organisations in offering a diverse range of activities, including football, dance, yoga, seated exercises, and boxercise. With a focus on inclusivity, Active Slough is dedicated to ensuring that everyone, regardless of age or ability, has access to sport and physical activities.

Private Gyms in Slough

Slough is home to over 15 private gym firms, offering a wide array of physical activity and class options. These facilities cater to a diverse range of needs and preferences, providing opportunities for individualised workouts, group classes, and various physical activities. The presence of these private gyms, along with smaller firms and self-employed providers, contributes to the town's health and fitness landscape.

Slough School Sport Network (SSSN) - Healthy Minds

The Slough School Sport Network is a partnership of local schools, dedicated to providing high-quality sport and physical activity opportunities for young people. Since its establishment in 2011, SSSN has been promoting healthy habits, delivering government programmes, and providing comprehensive support services. This includes training for teachers, sports leadership opportunities for young people, and collaboration with various sporting bodies, ensuring a well-rounded and accessible sports education.

Leisure and Sports Facilities in Slough

Slough has a range of leisure facilities, catering to different interests and age groups. Facilities like Slough Ice Arena, Langley Leisure Centre, and Salt Hill Activity Centre offer many activities, from ice skating and gym workouts to bowling and trampolining. These centres are not just about physical fitness but also about community engagement, providing spaces for social interaction and fun.

Parks and Green Spaces in Slough

With more than 76 outdoor playgrounds and play areas, Slough has many green spaces for recreational activities. The borough's parks are designed to cater to various interests, from sports fields to riverside walks and natural landscapes. These spaces

are crucial for promoting community cohesion, health, and well-being, and they reflect Slough's commitment to creating a more attractive and prosperous town.

Cycling and Walking in Slough

Promoting an eco-friendly and healthy lifestyle, Slough encourages cycling and walking as ideal alternatives for many everyday journeys. The borough's infrastructure supports these activities, offering safe and convenient routes for both cyclists and pedestrians. These initiatives not only contribute to individual health benefits but also play a significant role in reducing environmental impact.

Environment related assets

Neighbourhood Centres and Libraries in Slough

Slough has a network of libraries and community centres that play a vital role in providing resources, activities and learning opportunities. The town has a total of 4 main libraries, including Library @ The Curve, Langley Library, Cippenham Library, and Britwell Library, which are frequented by local providers for various physical and social classes.

Community Centres

Slough has 10 community centres located in various wards across the town. These centres are not only affordable and versatile, but they also provide easy access to major transportation links, making them ideal for a wide range of community functions.

Workplace Health in Slough

Slough is committed to promoting health and wellbeing in the workplace. The town encourages initiatives to reduce sedentary behaviour. Various programmes support businesses in enhancing employee health, including workplace health needs assessments, opportunities for involvement in competitions and business games, and resources for tracking physical activity levels.

General Practices (GPs), Pharmacies, and Health Centres in Slough

Slough has 15 GP practices as well as health centres, and pharmacies serving its population. The town's healthcare system is designed to provide accessible and efficient medical care to its residents, contributing to the overall health and wellbeing of the community.

Youth Services

Slough Young People's Service offers a range of services to support young people, including personal and social development opportunities, employment and training support, and various activities like sports, music, and arts. These services nurture the physical, emotional, and social wellbeing of young individuals in the community.

WMPs for adults

Tier 1 - Universal	**NHS Better Health** – Free online tools and support to help people lose weight and get active. **NHS Weight Loss Plan** – Free 12-week diet and exercise plan available as an app. **Couch to 5k** – A 9-week running plan for beginners with each week involving 3 runs. Available as an app. **Active 10** – Free walking tracker app available on app stores.
Tier 2 – National services	**National Diabetes Prevention Programme (NDPP)** – 9 month supported lifestyle intervention for people with Non-Diabetic Hyperglycaemia. Referral via HCP or via self-referral via Know Your Risk tool **NHS Digital Weight Management Programme** – Digital support for adults living with obesity plus either diabetes, hypertension or both, to help manage their weight and improve their health. Referral is by HCP. **Type 2 Diabetes Remission Programme** – A one-year programme for people with Type 2 diabetes which includes 12 weeks total diet replacement. Referral by HCP.
Tier 2 – Local services	**ShapeUp4Life** – 12 week weight management programme for people who want to lose weight. Delivered via an app, virtual course and in the community that supports people to lose weight. Self-referral and by HCP. Adjustments can be made with individuals with learning disabilities. **Weight Off Your Mind** – Weight loss programme for anyone who needs to lose weight for 10 health reasons. Referral via HCP to BHFT Community Dietician. **BHFT Low Carb Diet** – Food-based low energy/carbohydrate diet for individuals with type 2 diabetes. Referral via HCP to BHFT Community Dietician.
Tier 3 – MDT-led service	Patients will be seen in MDT-led Tier 3 service progressing to Tier 4. HCP referral. Referral Criteria (as per NHS England's Commissioning guidelines): BMI >40kg/m^2 (37.5 for ethnic minority) BMI >35kg/m^2 (32.5 for ethnic minority) with health associated comorbidities including diabetes, hypertension, obstructive sleep apnoea, dyslipidaemia with cardiovascular complication, polycystic ovarian syndrome (PCOS), non-alcoholic fatty liver disease (NAFLD).
Tier 4 – Bariatric surgery	Tier 4 referral from tier 3.

Table 10: Slough Weight Management Services (table adapted from NHS Frimley ICS Weight Management Services)

Slough's residents have access to all four tiers of weight management (table 10). Services not commissioned by SBC will not be explored further.

Tier 2 WMP for adults

ShapeUp4Life Weight Management Programme: An Overview

ShapeUp4Life (SU4L) offers a comprehensive 12-week weight management programme, accessible through various modalities including an app, virtual courses, and community-based sessions. This free service focuses on long-term weight loss and maintenance, catering to groups of 12-15 people at various times, including weekends. Each weekly session, lasting 1.5 hours, combines a 45-minute nutrition workshop—covering topics like snacking, portion control, and understanding fats and sugars—with 45 minutes of light physical activities such as circuits and boxercise. The programme emphasises behaviour change, increased activity, and informed choices, aiming for a 5% weight loss goal by week 12. The ShapeUp4Life programme is designed for anyone aiming to lose weight, including those with a BMI of 25 and over residing or registered with a GP in Slough. The course is expert-led by qualified dietitians, nutritionists, and personal trainers, ensuring professional guidance.

Innovative Digital Approach: The ShapeUp4Life App

The ShapeUp4Life App extends the programme's reach, allowing participants to engage anytime, anywhere. Building on experience in community-based weight management, the app is a NICE compliant, multidisciplinary platform that supports lifestyle and behavioural changes for sustainable weight loss. Unique to this app are culturally appropriate recipes and dietary advice, making it inclusive for diverse communities. It is particularly beneficial for patients with conditions like type 2 diabetes. The app features tailored assessments at the beginning and end of the programme, ensuring personalised support and effective evaluation.

Service provision for CYP (SBC/NHS)

Let's Get Going (tier 1/2)

Let's Get Going, delivered by Solutions4Health, is a 12-week weight management programme for children, delivered in afterschool clubs at selected schools and community venues. This free programme, aimed at children aged school year 3 to year 6, integrates interactive workshops and games to foster a healthy lifestyle. Each session, lasting 1.25 to 1.5 hours, involves parents and guardians in the last 20 minutes to help incorporate what is learned into home life. The programme's primary objectives include facilitating daily physical activity, promoting the consumption of fruits and vegetables, reducing obesity risk, and enhancing overall family health, learning, and self-esteem.

Sessions in the LGG programme cover a wide array of topics like the Eatwell Guide, snack swaps, screen time, physical activity benefits, energy balance, and portion sizes. Activities include fruit and veg tasting, smoothie making, and fun physical exercises like Kick Rounders and Parachute Games. This engaging approach aims not only to impart nutritional knowledge and encourage physical activity but also to foster self-esteem and confidence in children. The programme's strength lies in its evidence-based, holistic approach and flexibility, ensuring relevance and efficacy in various local contexts.

The LGG programme is accessible to families through self-referral or via a HCP. Promoted within schools and community settings, it prioritises families most likely to benefit from the service. The programme is tailored to each participant's needs, age group, and capabilities, with each session summarised in a take-home manual for ongoing reference and support in implementing healthy lifestyle changes at home.

Digital applications for CYP

Three digital applications, delivered by Solutions4Health and commissioned by SBC, are available for CYP and families in Slough.

Teddi: Support for Early Years (0-5)

Teddi is specifically tailored to assist families during the foundational early years of a child's development. Understanding the complexities and challenges inherent in raising a child from birth to age five, Teddi offers guidance and support. It is developed based on evidence-based data, insights from health professionals, and advancements in AI. This platform allows users to engage in general conversations, seek specific advice, or discuss concerns about their child's development. Its effectiveness in enhancing knowledge and confidence in key areas such as infant feeding, healthy diets, oral health, and active play has been recognised in a joint evaluation by Swansea University and the University of Essex.

Camp Island: Engaging Learning (6-11)

For children aged 5-10, Camp Island provides a dynamic and educational experience. It teaches essential life skills in an enjoyable and interactive way. Children, while navigating through the app, engage with educational videos and games, learning about healthy eating, exercise, dental and sleep hygiene, and mental health.

BEAM: Comprehensive Support for Teenagers (11-17)

BEAM is an interactive app aimed at teenagers, focusing on promoting positive and healthy lifestyle changes. BEAM guides teenagers through various aspects of wellbeing, including mindset, diet, self-discipline, among others. The app is designed in levels, each concentrating on a specific area of life, filled with engaging games and interactive activities. These levels cover a broad range of topics from healthy eating, nutrition, exercise, to managing stress, mindfulness, and cyberbullying, providing a holistic approach to teenage wellbeing.

Home-Start - Family Healthy Weight

The "Home-Start - Family Healthy Weight pilot," currently underway in Slough, is a targeted initiative addressing childhood obesity in the most deprived wards. This project deploys trained volunteers, specialising in parenting skills, healthy family lifestyle habits, and emotional wellbeing, to provide bespoke one-on-one support to Slough's most vulnerable families with children under 5. The intervention, lasting 12 weeks with weekly support sessions, accepts referrals from various sources including health visitors, GPs, and self-referrals. The programme's core offerings include

assistance in meal planning tailored to cultural diversity and budget constraints, suggestions for meals low in fats, sugar, and salt, promotion of foods with high nutritional value, and guidance on establishing positive home environments through role modelling and praise. Furthermore, it focuses on physical activity planning and improving family routines for structured shopping and mealtimes. The project aims for short-term outcomes like increased knowledge of healthy eating and active movement, medium-term goals like improved parental skills in promoting healthy eating and physical activity, and long-term objectives such as extended reach to families in deprived areas and overall improvement in their emotional, physical, and social wellbeing. This comprehensive approach underlines the project's commitment to fostering healthier lifestyles amidst Slough's most at-risk populations.

Tier 3 CYP WMP provision

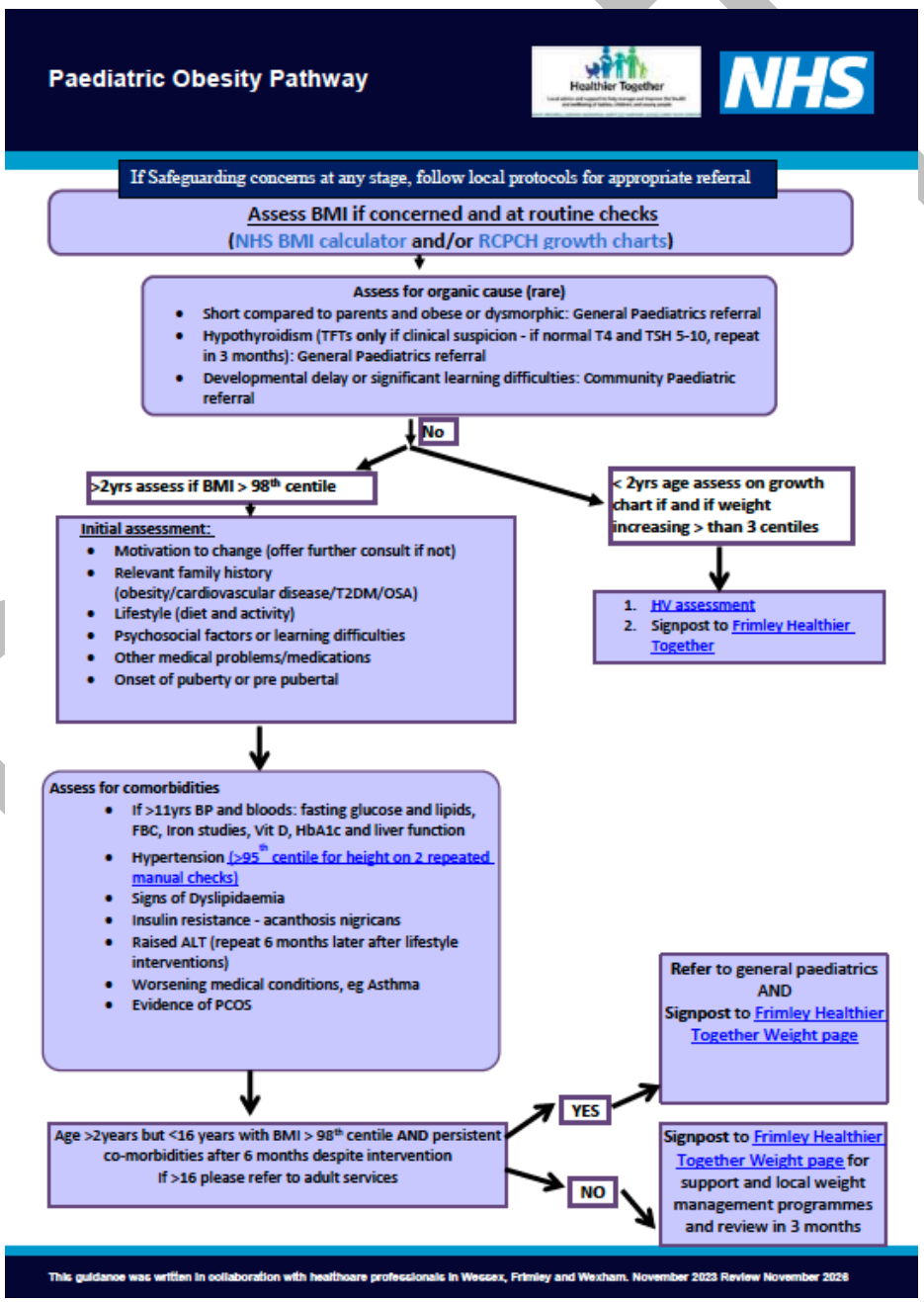


Figure 61: Paediatric Obesity Pathway (from NHS Frimley ICS)

The Frimley Integrated Care System (ICS) provides a tier 3 weight management service for the residents of Slough which can be accessed through HCP referral. Presently, it is located at Frimley Park Hospital.

Public Health Nursing 4 Slough (Solutions4Health)

In Slough, the Public Health Nursing 4 Slough service, provided by Solutions4Health and commissioned by SBC, offers an integrated 0-19 public health nursing service, extending up to 25 years for individuals with Special Educational Needs and Disability (SEND). This service underpins the delivery of the Healthy Child Programme, ensuring that children and young people receive the support they need for healthy development.

Universal and Individual Components

The school nursing service in Slough includes both universal and individual components:

- The universal service is available to every child in Slough who is of school age, up until their twentieth birthday. It ensures that all children have access to basic health and wellbeing support.
- The individual service offers tailored packages of care. It is delivered through a drop-in service at secondary schools or through health and well-being clinics in the community. These services cater to the specific health needs of individual children and young people.

Health Visiting

Health Visiting in Slough encompasses evidence-based packages of care, with a universal offer that includes:

- Promoting the benefits of breastfeeding.
- Weighing babies to monitor growth and development.
- Guidance on weaning, nutrition, and the physical development of children.

School Nursing

The school nursing service in Slough is dedicated to assessing and supporting the emotional health and wellbeing of children and young people. It focuses on:

- Nutrition and physical activity.
- Identifying and addressing risk-taking behaviour.
- Discussions with children and young people about their health concerns, offering support or referrals to other services as necessary.

National Child Measurement Programme (NCMP)

As part of the NCMP, a nationally mandated programme, children in reception and year 6 have their height and weight measured. While children themselves are not directly given their results, parents can choose to share this information with them.

Learning from others

Hounslow Council

Hounslow Council employs an integrated model for delivering its preventative programmes, which is structured to provide a cohesive and comprehensive approach to weight management. This model is characterised by an alliance approach, where various providers come together under a single banner to offer diverse interventions, making the process streamlined and user-friendly for service users.

Adult Weight Management: Hounslow Council's adult weight management programme is designed to be flexible and accessible, offering both online and face-to-face options to accommodate different lifestyles. The programme runs for 12 weeks and is led by nutritionists who focus on long-term behavioural changes. The programme is available to adults living in the London Borough of Hounslow who are over 18 years old and have a Body Mass Index (BMI) of 30+ (or 27.5+ for BAME individuals or those with certain co-morbidities).

CYP Weight Management: The CYP weight management service is targeted at 5 to 15-year-olds and their families, aiming to facilitate healthier lifestyle choices. The programme is interactive and engaging, focusing on fun activities like preparing nutritious snacks and family-oriented physical activities. It also provides an opportunity for families to learn meals to prepare together. This 12-week programme is accessible to families whose children are above their ideal weight according to the BMI centile chart, and either attend school or have a GP in the London Borough of Hounslow.

Whole Systems Approach: Hounslow Council has also adopted a Whole Systems Approach to healthy weight, leveraging behavioural insights work using the COM-B approach to understand the barriers to maintaining a healthy weight. This approach has led to the development of a hyper-local model in Feltham, an area with high levels of obesity and deprivation. The hyper-local model aims to provide tailored services that meet the specific needs of the local community. This involves a wide range of interventions aimed at improving the local food environment, enhancing the built environment, and increasing opportunities for physical activity. The model is still in the development stage, but represents a significant step towards addressing obesity at a community level, with a focus on environmental and behavioural factors.

Luton Council

Luton Council's approach to healthy weight management exemplifies an integrated and comprehensive model that caters to various demographics and needs within the community.

Integrated Health and Wellbeing Model: Luton's approach to weight management is underpinned by an integrated model that addresses various aspects of health and wellbeing. This model includes a range of programmes and services, each tailored to meet the specific needs of different groups within the community.

Adult Weight Management Programme (Tier 2): This programme targets adults with a BMI of 25 to 44.9kg/m^2 and offers a 10-12 week plan focusing on nutrition and physical

activity. It is available both online and in community settings. The programme is holistic, addressing not just weight loss but also emotional relationships with food and body image.

Maternal Weight Management Programme: Aimed at pregnant women in Luton, this programme provides online support, physical activity sessions, and one-to-one support. It's available for all pregnant women with a BMI equal to or above 18.5, focusing on health during a critical period of both maternal and child health.

CYP Weight Management Programme: Designed for CYP aged 5-16, this 10-week programme focuses on fun physical activities, family goal setting, and education about nutrition. It is accessible to all CYP in Luton schools and those with a BMI on the 91st centile or above.

Exercise Referral for Long Term Conditions: This programme is for individuals over 16 with long-term conditions. It offers a 12-week gym-based exercise plan, tailored to each participant's needs, and includes various activities like swimming, walking groups, and gardening, facilitating physical activity tailored to individual health conditions.

Whole Systems Approach (WSA) to Healthy Weight Strategy: Luton's approach is further reinforced by the Luton Healthy Weight Partnership Board, which focuses on education, pathway development, communication, and a comprehensive food strategy. This board plays a pivotal role in bringing together various stakeholders to implement a cohesive and effective strategy.

Current Interventions under WSA: Luton Council is considering several interventions, including policies related to hot food takeaways, restricting food advertising, and working with businesses for healthier food options.

Community and stakeholder views

This chapter delves into the perspectives of both the community and stakeholders regarding healthy weight and the services that have been commissioned for this purpose.

Oxwell Student Survey in Slough

Introduction

The 2023 OxWell Student Survey, conducted in Slough as part of a larger study encompassing six English regions, significantly contributes to our understanding of student mental health and well-being[57]. In Slough alone, the survey engaged 2,584 students from years 5 to 13 across 14 schools, both primary and secondary. This local effort is part of a more extensive survey that involved a total of 43,734 students from 105 primary schools, 70 secondary schools, and 10 Further Education colleges across England. This expansive reach underscores the study's comprehensive scope and its dedication to capturing a diverse range of student experiences.

Demography and key challenges

In the Slough segment of the 2023 OxWell Student Survey, the demographics reveal insightful details about the student population. Of the 2,584 students who participated, the gender distribution was nearly equal, with 48% male and 48% female, compared to 46% male and 49% female in the total OxWell cohort. A smaller proportion, 1%, identified as 'other,' and 3% preferred not to disclose their gender, closely mirroring the overall OxWell percentages.

The survey encompassed a broad age range, with significant representation in middle school years. For instance, 18% were in Year 8, compared to 15% in the same year group across the entire OxWell study. Students in Year 5 constituted 18% of the Slough cohort, slightly higher than the 11% in the overall study.

In terms of health and socioeconomic indicators, 10% of Slough students reported being neurodivergent, which is half the percentage observed in the overall OxWell population (20%). Regarding the place of birth, 73% of the Slough students were born in the UK, compared to 83% in the total OxWell cohort. When it comes to family background, 16% of the Slough participants had both parents born in the UK, which is lower than the 53% observed in the wider study.

The data also highlighted some concerning aspects of the cost-of-living crisis. For example, 8% of Slough students often or sometimes couldn't afford to eat at school, and 6% often or sometimes went to bed hungry due to a lack of food at home. These figures were comparable to the overall OxWell study percentages. Moreover, 8% of the Slough students' families used food banks, aligning with the 7% in the broader survey. These numbers provide an important context for understanding the challenges faced by students in Slough, particularly in relation to their mental health and well-being.

Eating and Weight Concerns

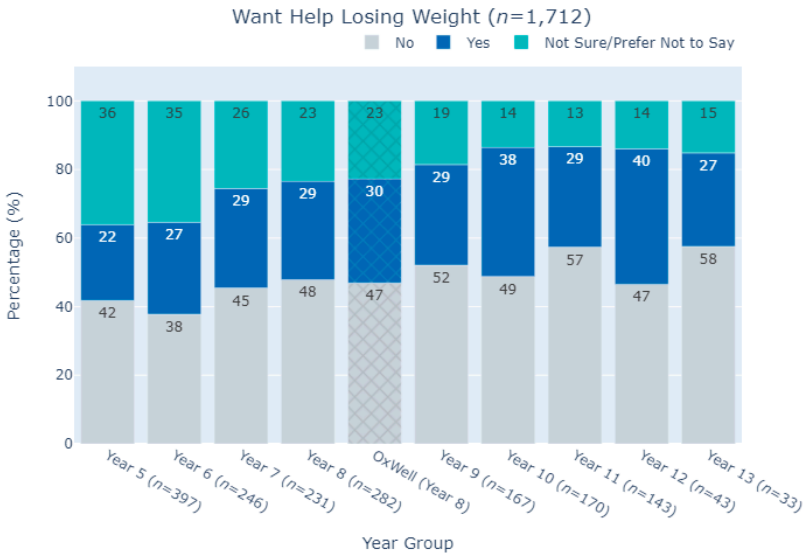


Figure 62: Percentage of students wanting help losing weight. Source: Oxwell Student Survey, 2023

In the OxWell Student Survey of 2023, about a fifth of students in Slough frequently expressed concerns about their body shape and weight across all year groups. Notably, financial worries related to family needs are pronounced in the older cohorts, with Year 12 students being the most concerned, where 37% often feel worried. As students advanced in age, there was an escalating tendency to skip meals due to concerns about body shape and weight, culminating in 25% of Year 13 students engaging in this behaviour. Requests for assistance with weight loss rise with age, peaking at 40% among Year 12 students.

Physical Activity

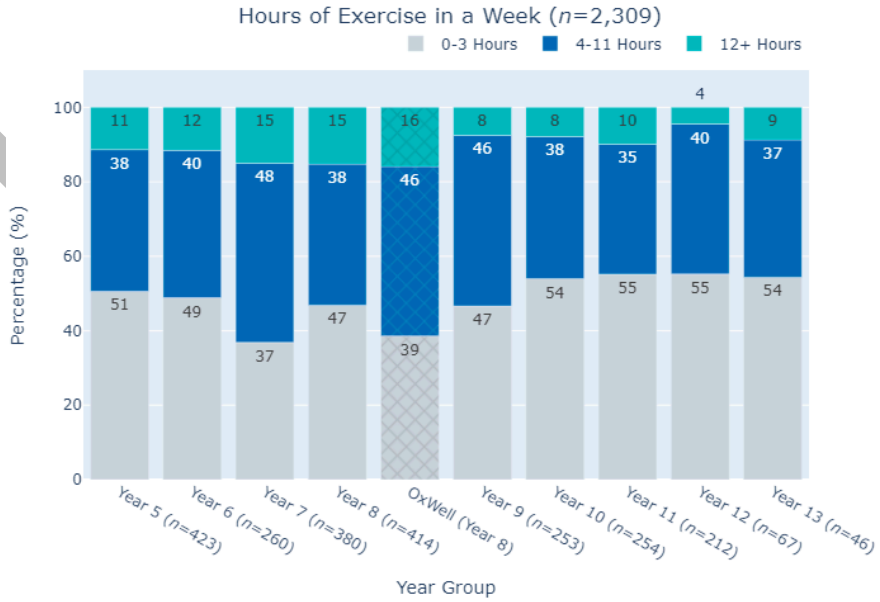


Figure 63: Hours of exercise per week. Source: Oxwell Student Survey, 2023

Physical activity patterns were relatively consistent, with about half of the students engaging in 0-3 hours of exercise weekly and around 10% participating in over 12 hours. The desire to exercise more decreased with school year in an almost linear pattern; 84% of Year 5 students expressed a wish to do more exercise, compared with 61% in Year 13. Similarly, participation in sports clubs or teams outside school declined with age, with 79% of Year 13 students not participating, indicating a shift away from organised sports as students aged. Involvement in non-sports clubs or teams was much lower and decreased in older year groups, with 91% of Year 13 students not participating.

Limitations

Whilst the survey has canvassed many students, concerns are present whether the survey is representative of the wider school age population in Slough. At present key socio-economic data has not been provided including deprivation, ethnic groupings, etc and therefore survey participants may not reflect the wider population. Furthermore, not all CYP who completed the survey answered all the questions therefore bias may have been introduced. For example, in the Oxwell study, despite 2584 students completing the survey, only 68% (1759 students) completed the question on worries about body shape and weight. Perhaps the students who were worried about body weight did not feel comfortable answering this question and therefore this is an underestimation of the problem (selection bias).

Despite this, the Oxwell study provides useful insights into CYP views in Slough but interpretations must be cautioned given the difficulties with unknown demographic details.

<u>Slough Healthy Behaviour Surveys</u>

Methodology

The Slough Healthy Behaviour Survey was implemented in two versions aimed at the public and professionals. Launched on Survey Monkey from June 7th to July 19th, 2022, it reached participants through diverse communication strategies, including social media and newsletters across various Slough Borough Council (SBC) sectors.

A total of 133 responses were logged, with residents contributing 114 responses (86%) and professionals 19 (14%).

Key findings and limitations

The demographic spread of the public survey skewed towards older residents, predominantly those aged 55-64, while the most populous age group in Slough is 30-44. The survey's ethnicity representation was not fully reflective of the local community, with the Asian/Asian British cohort being underrepresented. Moreover, the majority of respondents were female (70%), higher than Slough's female population percentage.

An encouraging 77% of residents showed an interest in getting active and losing weight. However, a significant 77% had never engaged with Slough's health support services, potentially due to inadequate information about what is available.

Professionals were aware of the services offered by SBC but held reservations about their effectiveness, with 77% believing that the right support services for healthy lifestyle changes were not in place.

Barriers to Accessing Health Services

Residents identified several barriers to accessing health services, including the lack of classes and information, caregiving duties, cost, insufficient council support, and the inability to attend mainstream classes due to medical conditions. Professionals echoed this sentiment, recognising a range of obstacles, from service location to fit, and emphasised the need for strengthened educational and communication efforts to support behaviour change and service utilisation.

Preferences for Service Delivery

Professionals favoured a single service model (56%), while the public preferred individual services (31%). However, data indicated that services catering to weight management should integrate support for exercise and physical activity.

Community Conversations on Healthy Weight

In December 2023 and January 2024, Slough Council for Voluntary Service (CVS) conducted a qualitative study exploring barriers to engaging in healthy weight behaviours within the community. This study focused on diverse community groups in Slough.

The study utilised a semi-structured approach in conducting focus groups, integrating into the routine meetings and events of various local community organisations. The topics discussed were derived from a behaviour change framework and areas of concern perceived by the community and circulated among wider stakeholders before implementation. The discussions were then analysed using a crude thematic analysis method, with findings presented at a large group event on Healthy Weight in early February 2024.

Key Findings

1. Eating Habits: The study revealed that most participants prefer eating at home, citing cost and cultural restrictions like halal food as primary reasons. Teenagers were identified as the highest group purchasing fast food takeaways.
2. Dietary Choices: Cultural or 'native/home' food emerged as the top choice among all communities, with a significant focus on meats, fried foods, and curries. The availability and cost were major factors influencing these choices.
3. Understanding Nutrition: Participants showed high awareness of the nutritional value of fruits and vegetables but lacked understanding regarding cooking methods and quantities. Over half considered themselves nutritionally healthy due to the absence of diagnosed health conditions.
4. Children and Food: A split was observed between children eating school meals and those taking packed lunches. Parents expressed concerns about their

control over teenagers' eating habits, particularly regarding fast food takeaways.

5. Physical Activity: The study found a lack of variety in free, accessible exercise options. Safety concerns in public spaces, especially for women in the evenings, were highlighted. Time, cost, and transport were major barriers to participation in physical activities.
6. Healthy Lifestyle-Our Future: Communities expressed a willingness to change but felt overlooked in decision-making processes. The role of community and faith leaders as health champions was emphasised, with a call for culturally sensitive approaches to diet and lifestyle changes.

This study illustrated the complex interplay of cultural, social, and economic factors influencing healthy weight behaviours in Slough's diverse communities. It highlighted the need for tailored, culturally sensitive interventions and the crucial role of community leaders in promoting healthy lifestyle changes.

Healthy Weight Survey for Professionals

In December 2023 and January 2024, Tricordant Consultancy conducted an online survey targeting professionals in Slough, as a component of the whole systems change to healthy weight. The aim was to gather insights into healthy weight opinions, both from an organisational perspective and through the lens of the service users they interact with. The survey sought to assess the importance attributed to various determinants of healthy weight by these professionals.

The survey's questions were designed to understand the relative importance of different factors influencing healthy weight at individual and organisational levels. These questions were shared with a broad range of stakeholders for their input prior to the survey's execution. The online survey was extensively promoted through various channels, including Slough Borough Council, the NHS, CVS, and other significant networks.

Stakeholders and Outreach

A total of 78 responses were received, mainly from professionals working across the Voluntary and Community Sector (VCS) and the statutory sector. Notably, 75% of respondents were residents of Slough, ensuring a significant representation of local perspectives.

Key Findings

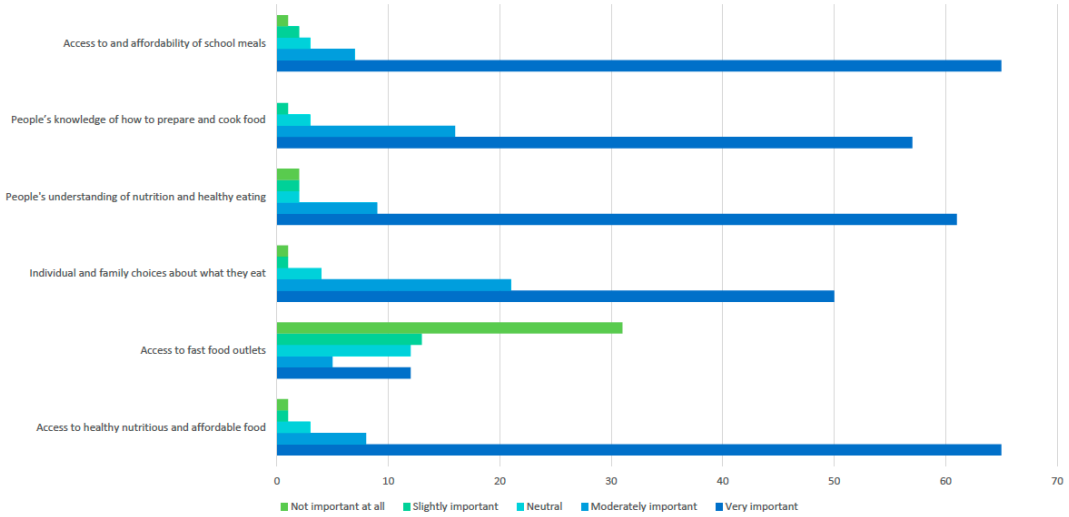


Figure 64: How important do you think the following food and nutrition issues are in Slough? (Source: Healthy Weight Survey for Professionals, Tricordant Consultancy, 2024)

1. Food and Nutrition Issues in Slough:
    - Access to Healthy, Nutritious, and Affordable Food: This aspect was unanimously deemed very important.
    - Individual and Family Choices About Eating: Received high importance scoring.
    - People's Understanding of Nutrition and Healthy Eating: Another area that scored highly for being very important.
    - Knowledge of Food Preparation and Cooking: Recognised as a crucial factor.
    - Access and Affordability of School Meals: Rated as very important.
    - Access to Fast Food Outlets: Generated mixed responses, but some ambiguity in the question's interpretation may be the reason.

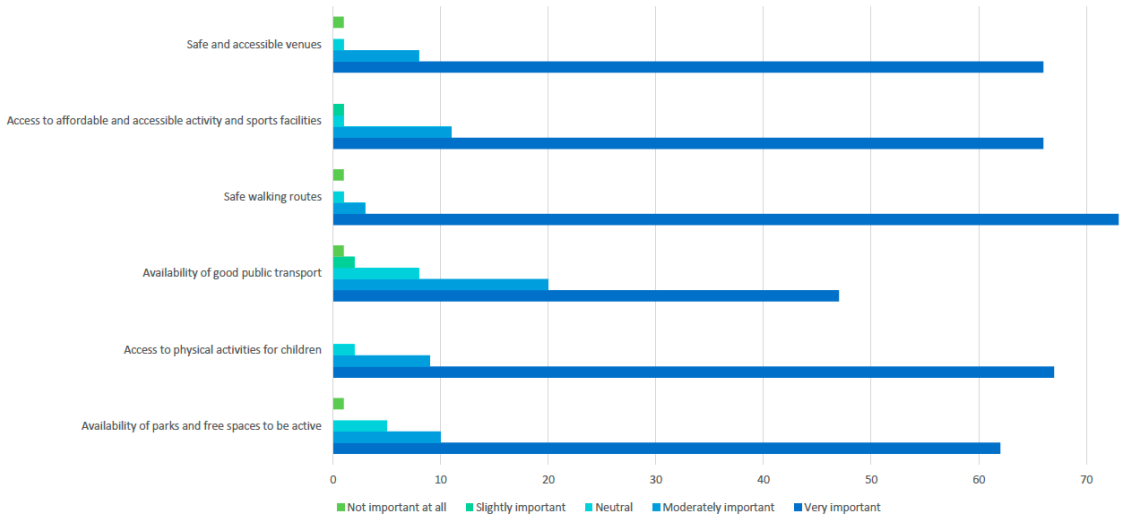


Figure 65: How important do you think the following factors influencing physical activity are in Slough? (Source: Healthy Weight Survey for Professionals, Tricordant Consultancy, 2024)

2. Factors Influencing Physical Activity:
    - Topics such as the availability of parks and free spaces for activities, accessibility of physical activities for children, good public transport, safe walking routes, and affordable and accessible activity and sports facilities all scored very high for their importance.
3. Impact on Daily Life:
    - 44.3% of respondents believed that issues related to maintaining a healthy weight had a significant impact, with 15.19% rating it as very significant.
    - Concerns highlighted included obesity's hindrance to activities, its prevalence among older individuals with health issues, the challenge of exercising due to long commutes, and the high number of fast-food outlets.

Respondents provided valuable suggestions in the free text response, such as encouraging walking and active transport, making interventions more affordable, improving survey readability for non-native speakers, creating more opportunities for fitness and healthy eating, and ensuring safe public spaces. They also emphasised the need for offering activities for different groups, including hospital workers, and making parks more family-friendly.

The Healthy Weight Survey for Professionals in Slough revealed significant insights into the perceptions and challenges related to healthy weight management from a professional standpoint. The findings underscore the importance of addressing food and nutrition issues, enhancing physical activity opportunities, and considering the broader impacts of healthy weight on various aspects of life. The suggestions offered by the respondents highlight a community-oriented approach towards building a healthier Slough, emphasising the need for safe, accessible, and inclusive strategies for promoting healthy lifestyles.

<u>Together As One's Insights</u>

In February 2024, as part of the ongoing discussions about healthy weight and lifestyle services in Slough, the youth-led charity Together As One made a notable contribution. Their particular focus on identifying the obstacles that young people encounter in achieving and maintaining a healthy weight offers insight into the wider health and well-being issues faced by the Slough community.

Barriers to a Healthy Weight for Young People

Together As One's interactions with young people reveal that many face complex life challenges that overshadow concerns about maintaining a healthy weight. Issues like poverty, homelessness, and exposure to violence could significantly impact their dietary habits and physical activity. For instance, young people residing in temporary accommodations with limited cooking facilities may rely on microwavable meals or takeaways.

Territorialism and Cultural Dimensions

The charity points out the territorial nature of some young people in Slough. This territorialism underlines the need for decentralised, local activities that are accessible within their communities. Additionally, cultural perceptions about body image vary significantly among the diverse communities in Slough, influencing attitudes towards diet and physical activity.

Dietary Control and Influence

The charity raised concerns about the lack of agency in CYP dietary choices, as most meals are determined by parents or caregivers. This dynamic limits their ability to make healthier food choices. Furthermore, they highlighted the number of inexpensive and unhealthy takeaway food options in the borough.

The insights from Together As One illuminate the multifaceted challenges young people in Slough face in maintaining a healthy weight. These challenges range from socio-economic constraints to cultural influences and access to affordable physical activities.

Key definitions and concepts/Glossary

Weight-related language and stigmatisation

Weight-related language, such as overweight and obese, can be used negatively in common language. The consequences of such can impact an individual's self-esteem and mental health as well as stigmatisation and possible discrimination. This report is mindful of this and avoided using these terms as far as possible. However, within the health literature, this language is used due to strict scientific definitions and so, where necessary, these terms were used.

Body Mass Index (BMI)

Taller people on average weigh more than shorter people but are not at an increased risk of ill health. Therefore, height must be factored into an assessment of weight when making comparisons. The most used method of assessment is Body Mass Index (BMI). BMI is weight (in kilograms) divided by the square of height (in metres).

Nonetheless, there are criticisms of measuring relative weight using BMI. In some individuals, BMI can under or overestimate the future risk of disease. For example, athletes tend to have greater BMIs because muscle weighs more than adipose tissue (commonly known as 'fat') but their health and disease profile does not reflect the BMI attributed. However, it is widely acknowledged that this problem would only apply to athletes at peak performance rather than an average person undertaking high levels of physical exercise. Another criticism is that BMI does not factor in where excess weight is stored, centrally versus peripherally, as evidence suggests central weight gain is an important factor in future illness. Despite this, at a population level, BMI is the most used and important relative weight assessment method.

BMI is a useful measure because:

1) It is easy to obtain requiring only a standard scale and height measuring tool e.g. tape measure.
2) It is validated in large scale observational studies as a predictor of future illness and disease.

For simplification, when the term weight is used in this report, it refers to weight-for-height.

Underweight, overweight and obese in adults and children and young people (CYP)

Category	BMI ranges (kg/m^2)
Underweight	Less than or equal to 18.5
Healthy weight	18.5 to 24.9
Overweight	25 to 29.9
Obesity	Greater than or equal to 30

Table 11: Definitions of underweight, overweight and obesity in adults (aged over 18 years), adapted from NICE[58]

Underweight, overweight and obesity is commonly defined in the health literature through BMI ranges. Table 1 shows the nationally agreed clinical ranges for the UK population (National Institute for Health and Care Excellence (NICE)).

People with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background are more prone to central weight gain and therefore weight-related risks occur at a lower BMI. Given this, NICE recommends lower BMI ranges for these people (table 2).

Category	BMI ranges (kg/m^2)
Healthy weight	18.5 to 24.9
Overweight	23 to 27.4
Obesity	Greater than or equal to 27.5

Table 12: Definitions of healthy weight, overweight and obesity in adults (aged over 18 years) with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background, adapted from NICE[58]

Age and sex play a role in understanding excess weight in CYP due to biological differences. Therefore, definitions of overweight and obesity in CYP are age and sex specific. Instead of absolute ranges, for example 25 to 29.9, they are relative to other CYP of the same age and sex. For example, CYP living with severe obesity have BMIs which are greater than 99.6% of CYP with the same age and sex (99.6^{th} centile).

Population monitoring cut-offs, as recommended by NICE[58] and used by the NCMP[59], are set lower than clinical cut-offs. This approach aims to identify children at risk of overweight or obesity before they reach clinical thresholds. In contrast, clinical cut-offs (91st centile for overweight and 98th centile for obesity) are used in individual assessments to diagnose overweight or obesity. The lower thresholds in population monitoring allow for early intervention and adequate planning of services for those who are at high risk of developing these conditions, ensuring broader public health needs are met.

Category	BMI ranges (kg/m^2)
Overweight	Greater than 91^{st} centile
Clinical obesity	Greater than 98^{th} centile
Severe obesity	Greater than 99.6^{th} centile

Table 13: Clinical definitions of overweight, clinical and severe obesity in CYP, adapted from NICE[58].

Category	BMI ranges (kg/m^2)
Overweight	Greater than 85^{th} centile
Clinical obesity	Greater than 95^{th} centile
Severe obesity	Greater than 99.6^{th} centile

Table 14: Population definitions of overweight, clinical and severe obesity in CYP, adapted from NCMP[59].

Excess weight

Excess weight is a term used to describe weight accumulation greater than what is considered healthy that presents a risk to health, encompassing both overweight and obesity[60].

Disability-adjusted life year (DALY)

DALY is a time-based measure that combines years of life lost due to premature mortality (YLLs) and years of life lost due to time lived in states of less than full health, or years of healthy life lost due to disability (YLDs) according to the World Health Organization[61]. One DALY is equivalent to the loss of one year of full health. By using DALYs, diseases which do not cause premature mortality, but have a high level of disability, can be directly compared to those which cause high premature mortality.

Life course approach

The life course approach is the study of biological, psychological, sociological and behavioural processes during gestation, childhood, adolescence and adult life that are linked to adult health and disease[62].

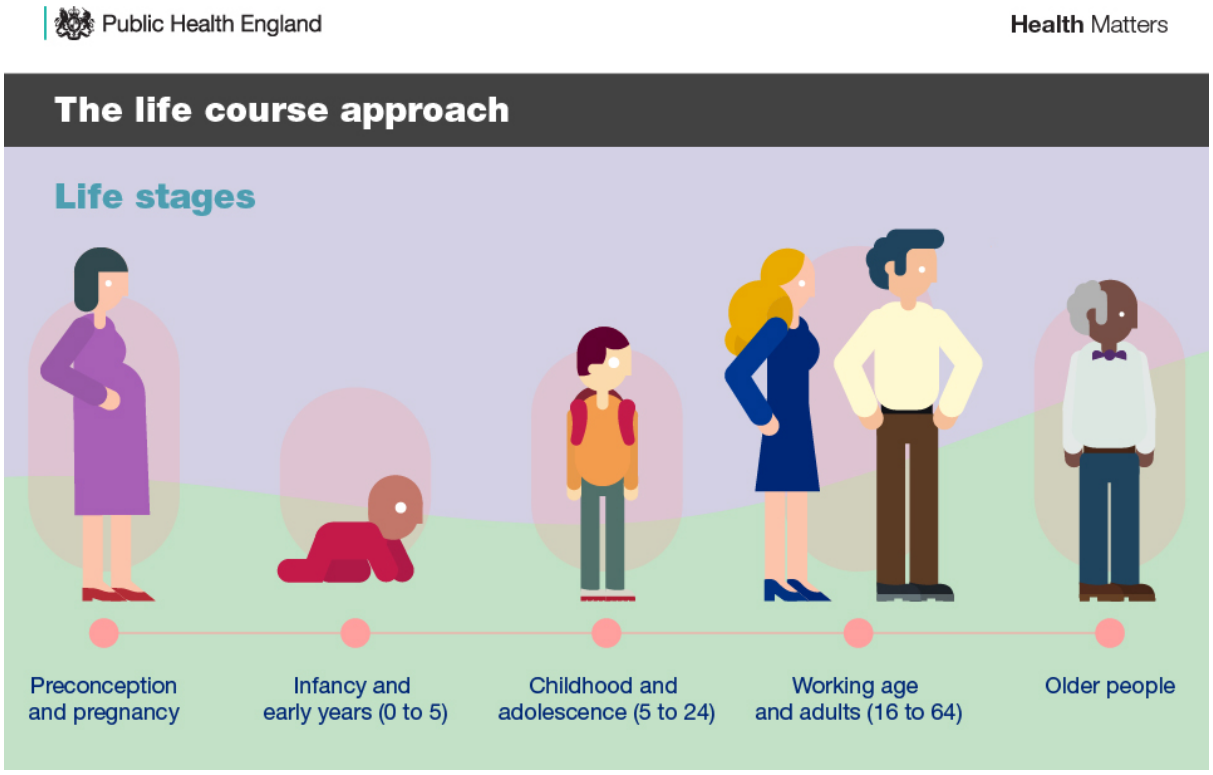


Figure 66: The life course approach. Figure from PHE[62].

Statistical neighbours (Nearest Neighbours model)

The Nearest Neighbours model, created by the Chartered Institute of Public Finance and Accountancy (CIPFA), is a way to compare similar local authorities in the UK[63].

Imagine each local authority as a point on a map, with distances between them based on things like population size, age groups, housing, and economic factors. The closer these points are, the more similar the local authorities are. This model helps understand which areas are alike and which are different, making it easier for local governments to learn from each other and make better decisions. In 2018, CIPFA updated this model, changing the groups of similar local authorities to provide more accurate comparisons.

Energy

Energy is measured in calories or kilojoules.

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