



**WOKINGHAM
BOROUGH COUNCIL**

Eat Well, Be Active Needs Assessment October 2025

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What are the aims of a needs assessment?

A health needs assessment (HNA) is a systematic method for reviewing health issues facing a population, leading to agreed priorities and resource allocation that will improve health outcomes and reduce inequalities.

The aims of this needs assessment are to:

1. show the weight profile of children and adults.
2. show current data on food, nutrition and food system/s.
3. show the levels of physical activity of children and adults.
4. use data to help describe the population/s within the Borough who are most vulnerable to inequalities in terms of numbers and characteristics for the above.
5. identify priorities for informing prevention, local commissioning, service planning and provision to meet the needs of residents across the life course.
6. Summarise next steps

*This needs assessment does not consider specific conditions or disorders relating to diet, food or mental health i.e. eating disorders

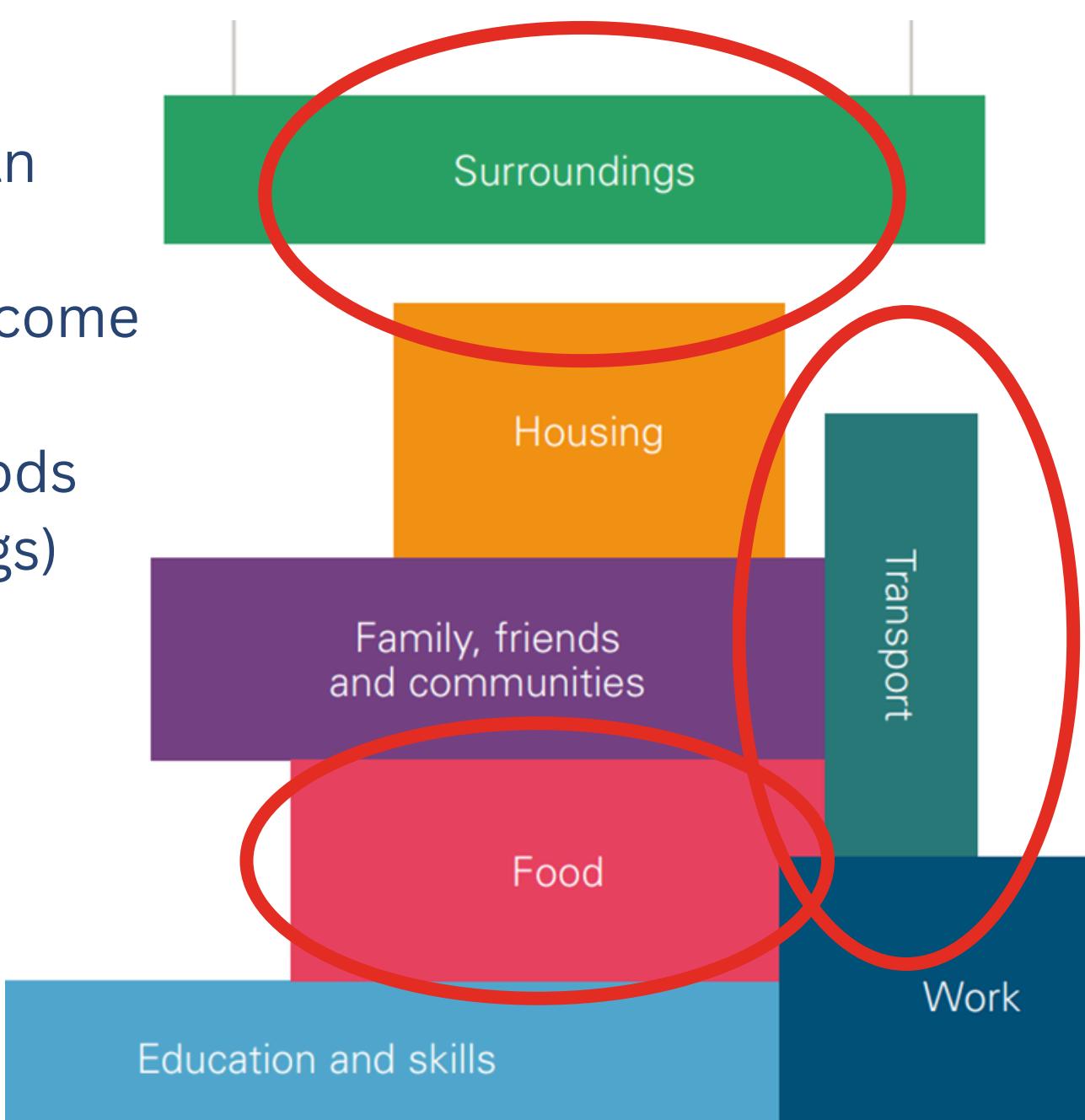
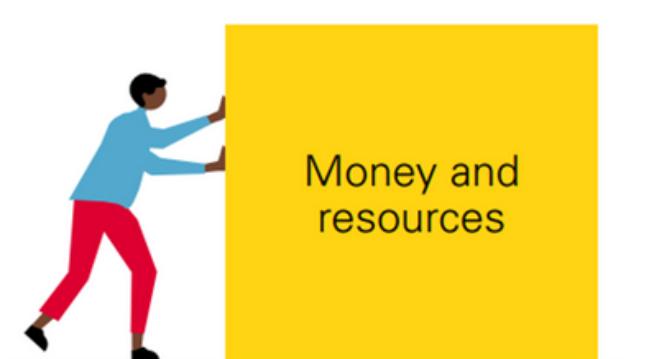


Building Blocks of Health and Wellbeing:

To create a society where everybody can thrive, we need all of the right building blocks in place including stable jobs, fair pay, quality housing, good education, good transport links, quality food, and safe and pleasant surroundings. But right now, in too many of our communities, the blocks are unstable. It's time to fix the gaps. All council departments and partners play a role in determining the building blocks of health.

When the building blocks have gaps, it reduces the level of control and often the number of choices people have. An example:

- Children living in poorer areas of Wokingham are less likely to do well than those in affluent areas (education and skills).
- Because of this, they are less likely to get a stable job and have a good income (work and money)
- Lower income results in families needing to buy cheaper, less healthy foods (food) and live in areas where safe green space for activities (surroundings) and transport (transport) are less accessible.
- Their poor diet and lack of exercise leads to poorer health and wellbeing.



Reference: [1] How to talk about the building blocks of health. The Health Foundation; 2022 (health.org.uk/publications/how-to-talk-about-the-building-blocks-of-health).

The building blocks of health: Food

Access to good quality, affordable and sustainable food is vital for good health and wellbeing across the life course. The evidence around malnutrition in relation to food scarcity and poor quality is well known and there is now a growing body of evidence showing the damage that ultra processed foods are doing to health - including the growing prevalence of excess weight in children and adults. Poor food and nutrition is a driver of ill health and health inequalities [2].

Local food systems can be influenced by local authorities and partners in several different ways: licensing and locations of establishments; environmental health checks of food outlets; planning and design of neighbourhoods and amenities; community and voluntary sector provision such as social and leisure clubs, foodbanks, breastfeeding friendly venues; and through commissioned catering services in public settings such as schools, children centres, universities, community centres and workplaces.

The National Planning Policy Framework is key for locally-prepared plans and encourages development of healthy and safe communities by shaping environments that support healthy lifestyles [3]. Local policy, campaigns and good food initiatives can have a positive impact at local level [4]. Access to healthy food, exposure to advertising of poor-quality food, affordability and ability to prepare food also impacts on healthy eating habits [5] [6].

National evidence shows that people who live in more deprived communities are more likely to live in neighbourhoods with higher concentration of fast-food outlets [7]. Fast food is a higher risk to health because it tends to be higher in fat, salt and sugar. Whilst high exposure does not necessarily translate into high consumption, high exposure and accessibility increase risk of regular consumption, particularly in young adults [8].

CASE STUDY: Shropshire Council case study of tackling the underlying causes of food insecurity through training [9]

The building blocks of health: Surroundings

In order for people to live a quality life, we need to ensure that the natural environment, the built environment and outdoor spaces and buildings should be safe, accessible and comfortable for people across the life course. Inequalities are influenced by unequal barriers to people's opportunities, including air quality, safety and access to retail outlets [8][10]

The National Planning Policy Framework is key for locally-prepared plans and encourages development of healthy and safe communities by shaping environments that support healthy lifestyles which includes shaping our surroundings [3]. Local strategies, policies, and plans should seek to protect and enhance the local environment e.g. air quality, crime and safety, climate sustainability, and encourage and enable people to be physically active. Surroundings should be designed to make it easy and attractive for all people to be active as it is one of the most effective ways for promoting health. Planning permissions should prioritise the need for people to be physically active as a routine part of their daily life across the life course. Engagement should consider views of people with limited mobility who may be adversely affected by design within the built environment [11]

Local air quality should be monitored and improved, outdoor spaces should be clear and safe, and people with limited mobility should be able to safely move across streets and in public open spaces. There should be access to quality green spaces with a focus on improving use among those who do not currently use them [11]. Public and green spaces should also be designed to consider meeting the needs of an ageing population, and those with sensory and physical impairments [12]

CASE STUDY: Gender sensitive greenspace development: co-design approach with adolescent girls in Bradford, UK [13]

The building blocks of health: Transport

Affordable, reliable and convenient transport options are critical to daily life. This includes going to and from school and work, accessing essential provision, and for the older age group getting out and about and continuing to do the things that matter to them.

Households in the least deprived neighbourhoods are more likely to have access to a car than those in the most deprived. The mix of rural and urban areas across Wokingham means that not everyone is well served by public transport options. Vulnerable groups such as older people find public transport inconvenient and use decreases with age. Transport networks need to be designed to cater for the needs all residents. Engagement around local strategies and plans should take into account the views of all the people who walk, cycle, drive or use public transport in the local area [11].

Surveys indicate that active travel tends to decrease with age, whilst care use increases [14]. Encouraging older people to undertake more active travel could deliver higher levels of mobility and positive health outcomes [14]. Active travel should be a priority for local planning [11].

CASE STUDY: An initiative on the Isle of Wight developed training to help transport services providers to become age-friendly [15].

Benefits and risks - Weight

Being overweight or obese can increase risk of a number of diseases and healthy conditions. People with obesity are [16]:

3X

more likely to develop colon cancer.

>2.5X

more likely to develop high blood pressure - a risk factor for heart disease

5X

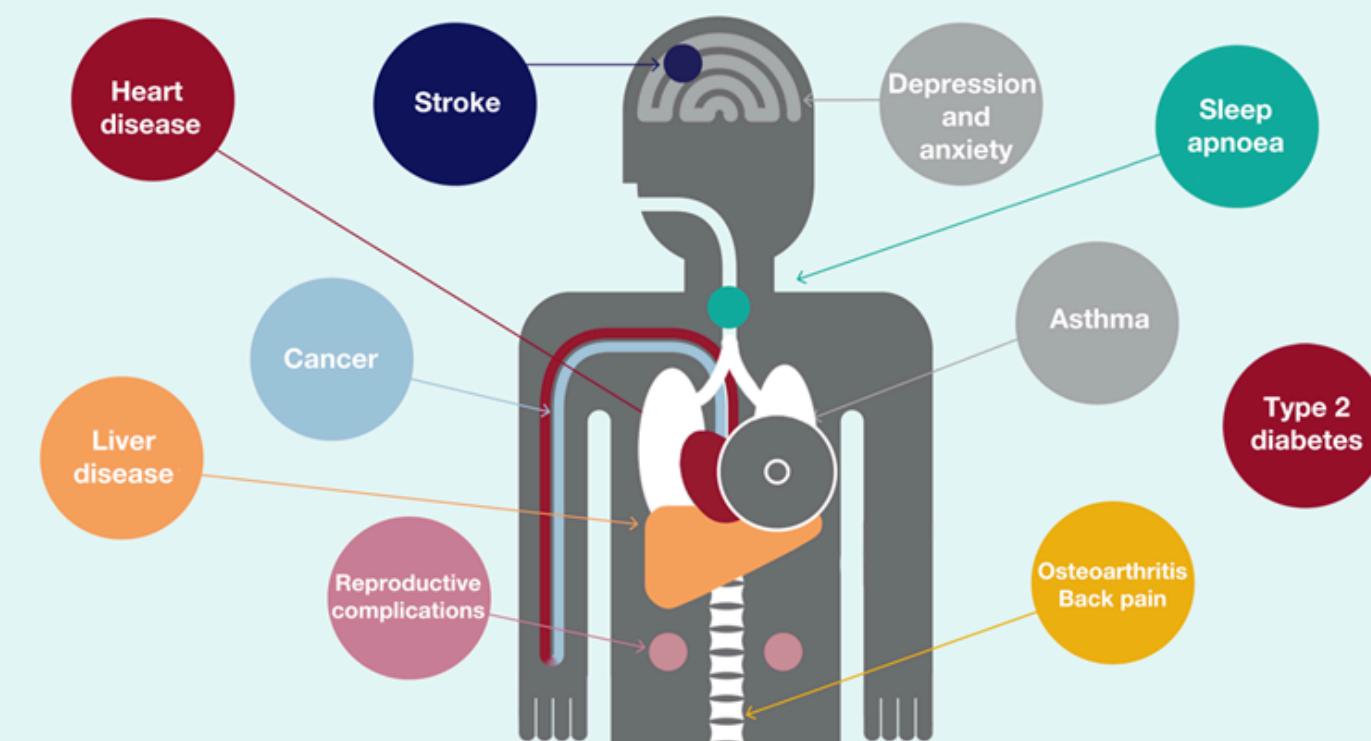
more likely to develop type 2 diabetes

Increases risk of:

- cardiovascular diseases (CHD and stroke)
- type 2 Diabetes
- musculoskeletal disorders such as osteoarthritis
- some cancers



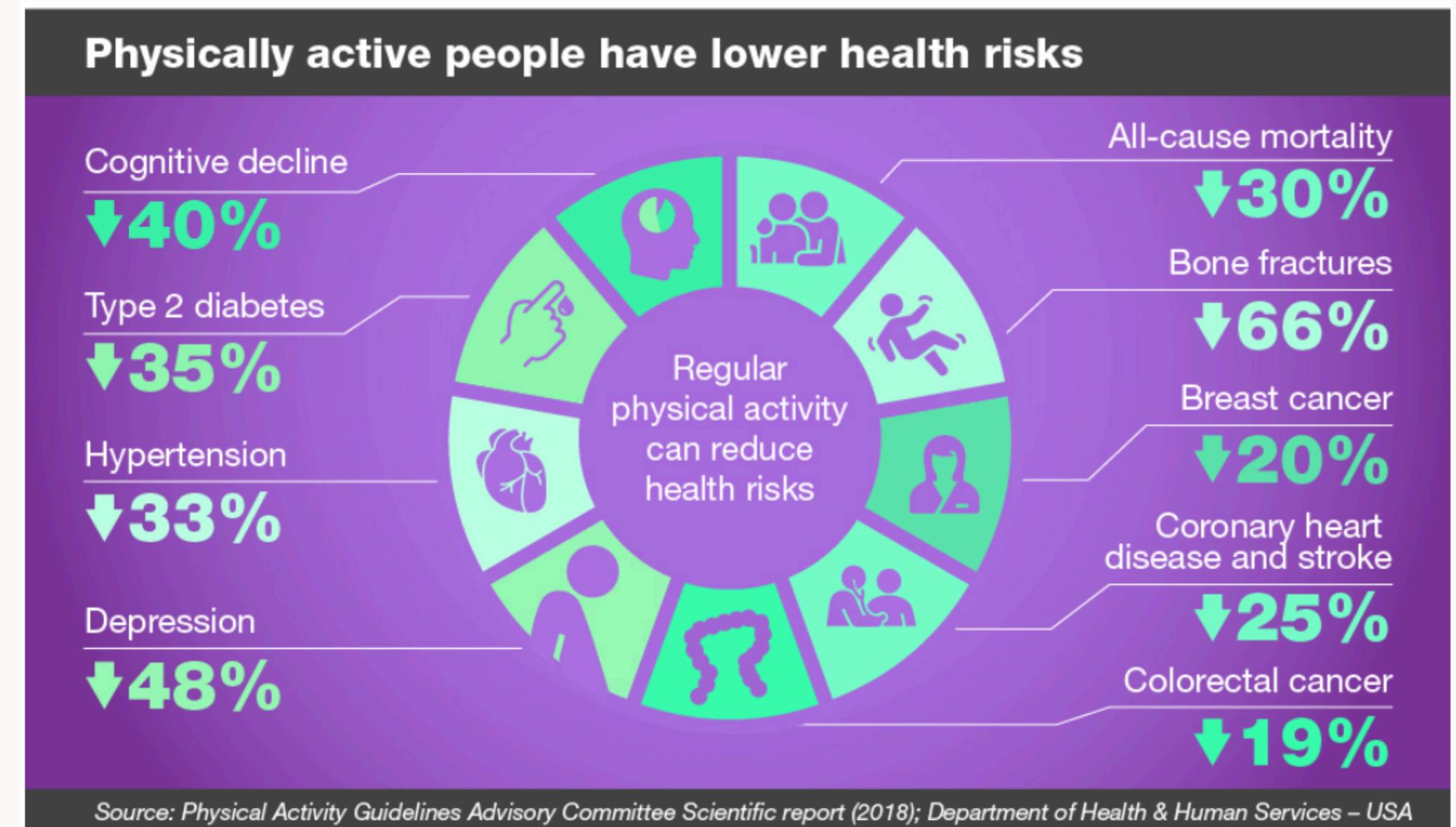
Obesity harms health



2019 Global Burden of Disease study concluded that obesity was 1 of the biggest risk factors driving death and disability in England. This is alongside high blood pressure, alcohol use and smoking. Between 2011 and 2021 high BMI rose from the 4th highest risk factor driving death and disability with an increase of 226.8 disability-adjusted life years per 100k.[17]

Benefits and risks - Physical activity & sedentary behaviour

- Regular physical activity:
 - reduces the risk of many long term health conditions.
 - helps manage existing conditions.
 - ensures good musculoskeletal health.
 - develops and maintain good mental/physical function and independence.
 - helps maintain healthy weight.
 - reduces inequalities for people with long-term conditions. [18]
- Walking just 10 minutes continuous at a brisk pace every day can reduce an individuals risk of early death by 15%. [19]
- More specifically, sitting for 10 hours per day is associated with a 48% increased risk of all cause-mortality compared to 7.5 hours per day). [20]



Children and Young People Weight

Birth weight and breastfeeding Wokingham:



Birth weight is an important health indicator in childhood and maternal health. Whilst low birthweight is commonly associated with infant death, it also has implications for health later in life for the child, and can be an indicator of health for the birth parent.

In 2022, birth weights of Wokingham babies were **similar to England** for both the Full Term - Low Weight and All Births - Very Low Weight groups, and **better than England** for All Births - Low Weights group [21].



Breastfeeding leads to reduced illness in young children and has health benefits for both the child and birth parent. The UK has one of the lowest breastfeeding rates in Europe [22]. There is an association between breastfeeding and lower incidences of gastro-intestinal and respiratory infections. There are studies which show an association between breastfeeding and lower levels of childhood obesity, with the protective effect increasing with the duration of breastfeeding [23] [24].

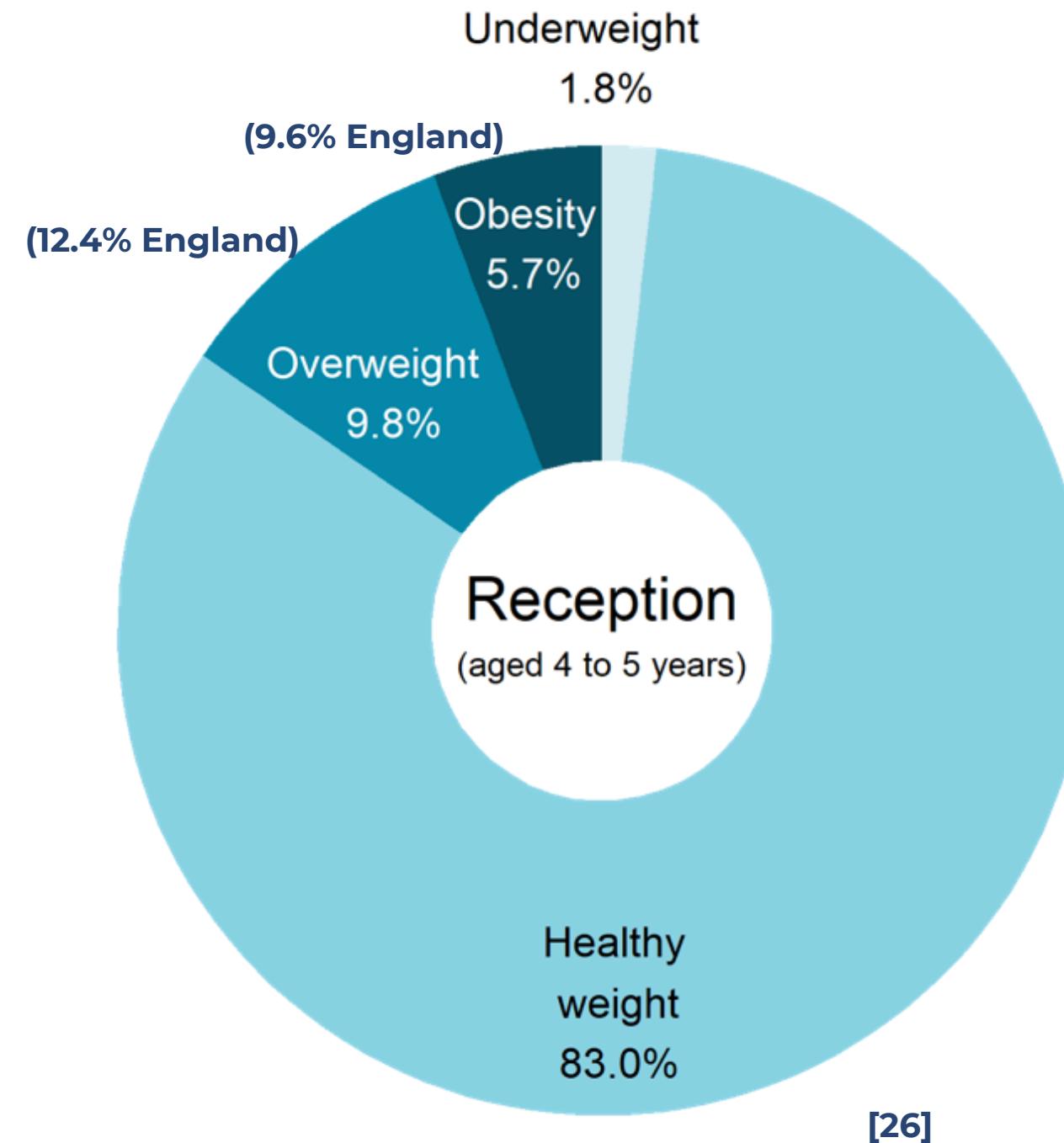
In 2023/24, breastfeeding prevalence at 6 to 8 weeks in Wokingham was **better than England**. Wokingham rates have shown a **small increase in trend**, up from 65.3% in 2021/2022 to 67.1% in 2023/24 [21]

	Wokingham	England
Full Term - Low Birth Weight	2.6% (n=39)	2.9%
All births - low weight	5.8% (n=93)	7.2%
All births - very low weight	0.7% (n=11)	1%

	Wokingham	England
Breastfeeding at 6 - 8 weeks	67.1% (n=1,126)	52.7%

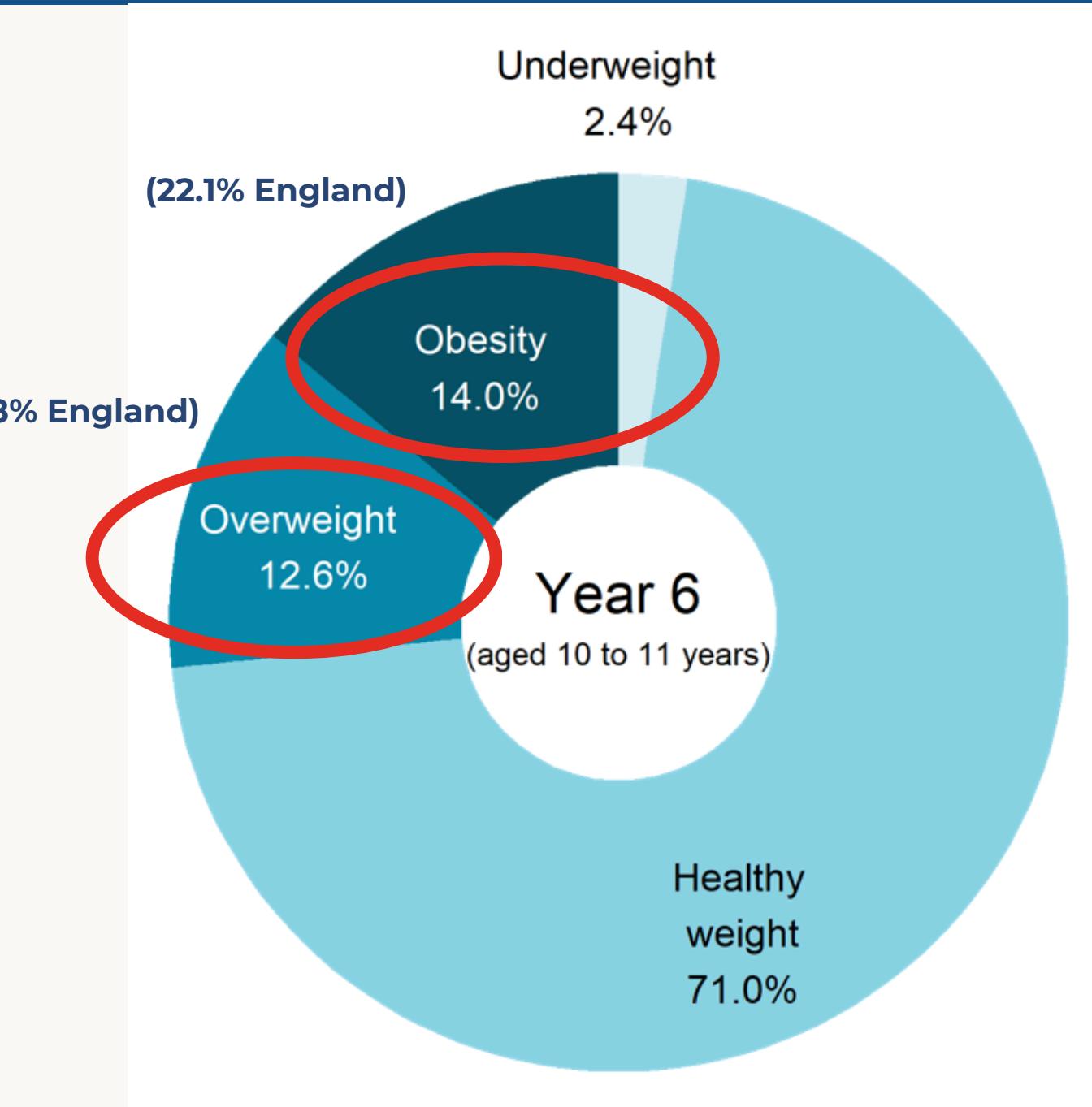
Breast feeding and infant birth weight data is not available in way in which we can disaggregate so we are unable to identify if there are disparities e.g. by age, ethnicity, deprivation

Childhood weight in Wokingham:



The combined % of children overweight and obese doubles between year R and year 6 (2023-2024)

The trends in Wokingham are similar to England.

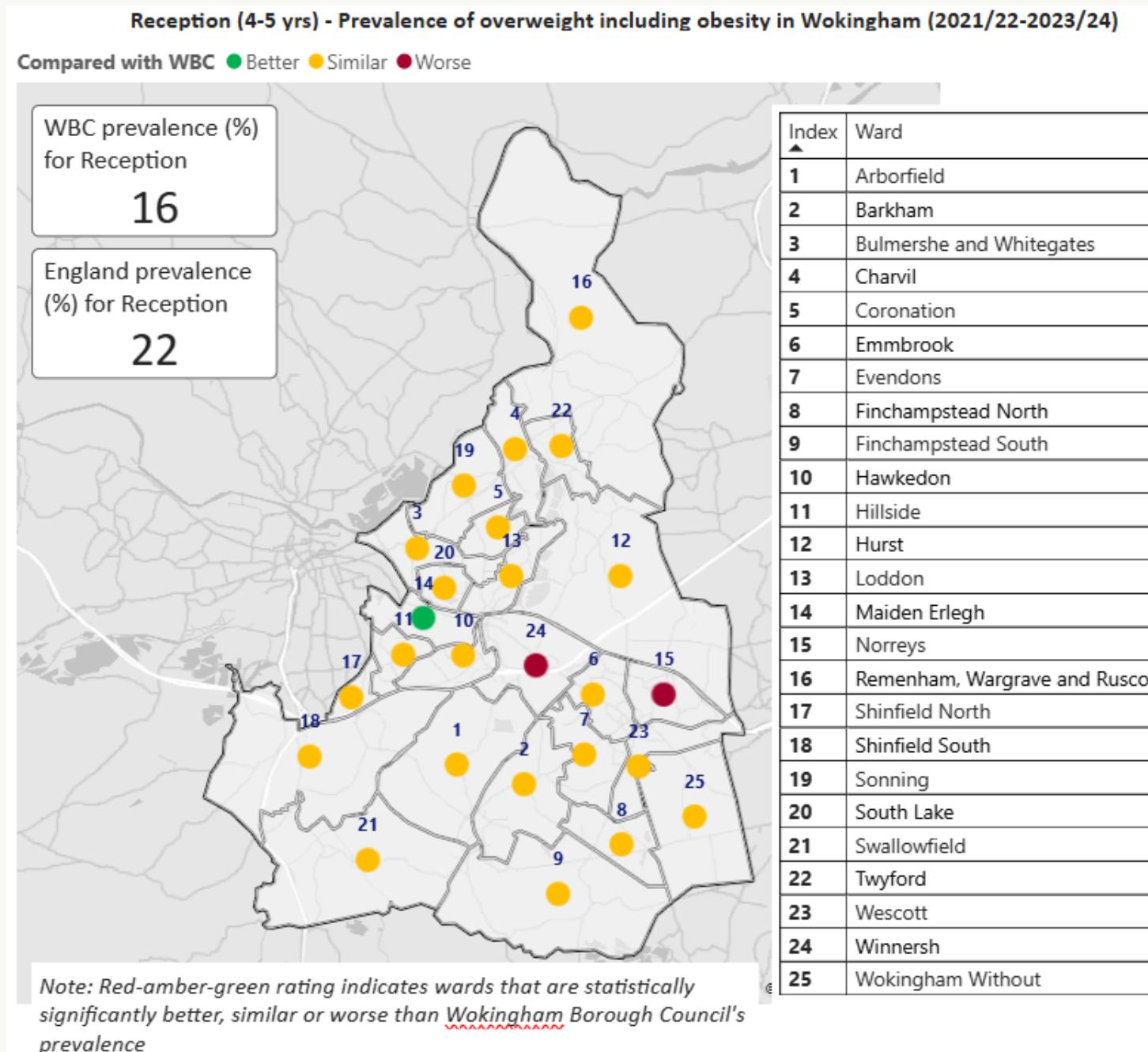


Childhood weight is an important health indicator. Children who live with excess weight are at increased risk of being overweight or obese in adulthood and this risk increases with age. The physical, psychological and social implication of excess weight in childhood are similar to that in adults e.g. increased blood lipids, type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma, social isolation, low self-esteem, bullying and discrimination [25]. It is to note childhood weight data is limited to school-based public school only.

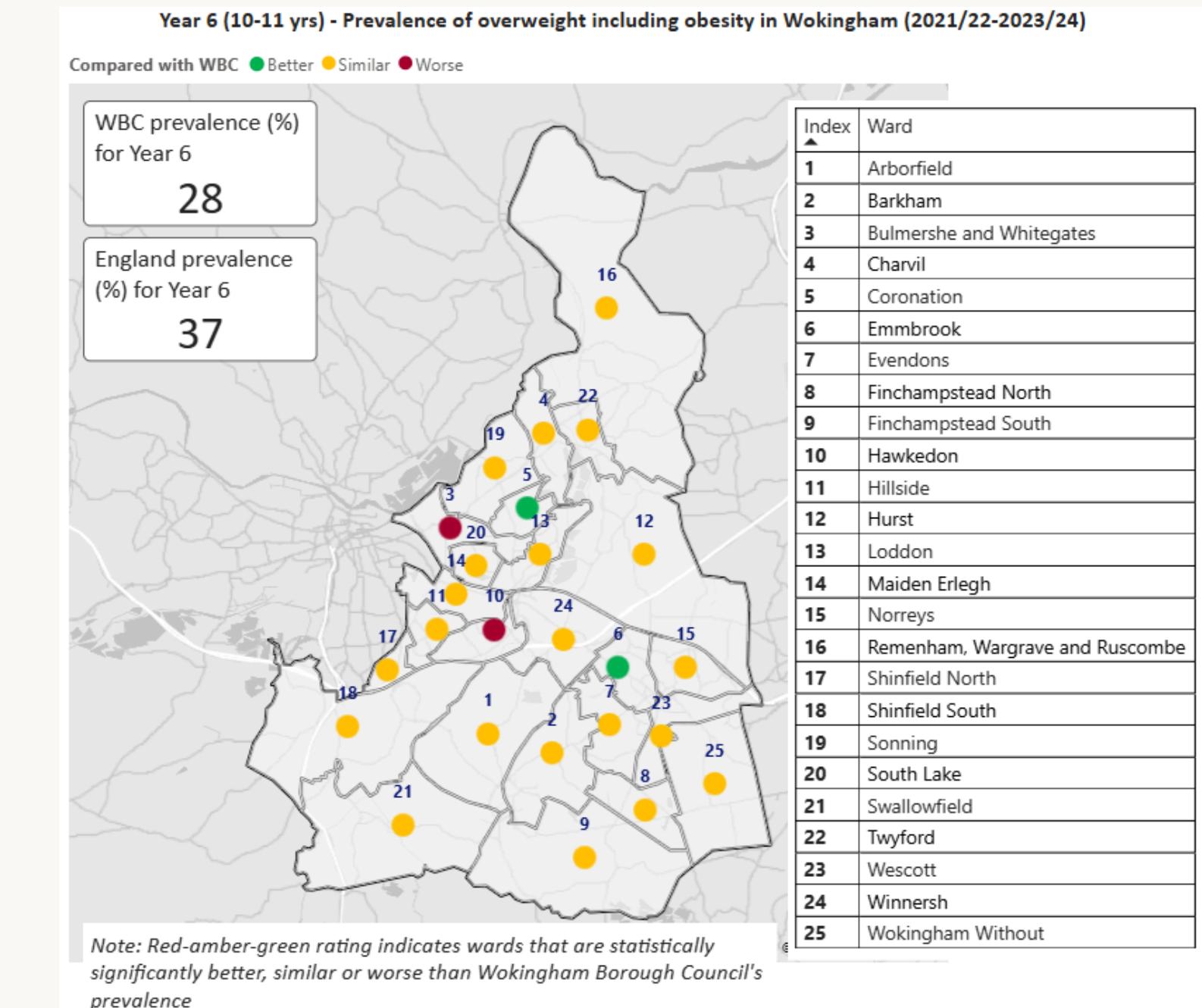
[25] Department of Health & Social Care (2024). Fingertips – Obesity. Available at: <https://fingertips.phe.org.uk/search/obesity>

[26] Image Source: Patterns and trends in child obesity in Wokingham, Office for Health Improvement & Disparities (November 2024)

Childhood Weight by Wokingham Ward:



Prevalence data (2021/22 - 2023/24) shows that in children aged 4-5 years, overweight including obesity was 16% for Wokingham. **Norreys (19%)** and **Winnersh (21%)** were **statistically worse** in comparison. Ward of **Maiden Erlegh (14%)** was **statistically better**.

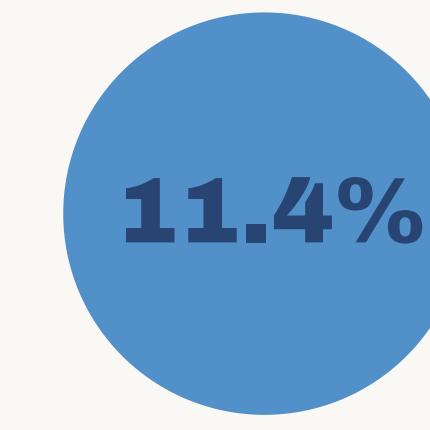
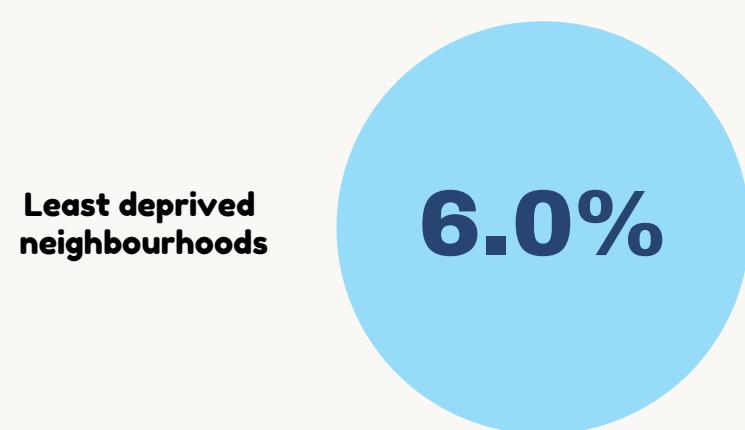


Prevalence data (2021/22 2023/24) shows that in children aged 10-11 years, overweight including obesity was 28% for Wokingham. **Bulmershe & Whitegate (41%)** and **Hawkedon (33%)** were **statistically worse** in comparison. Wards of **Coronation (22%)** and **Emmbrook (22%)** were **statistically better**.

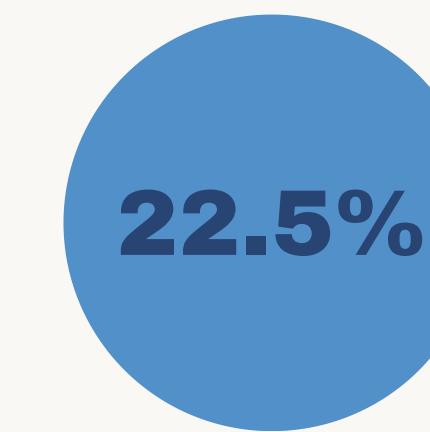
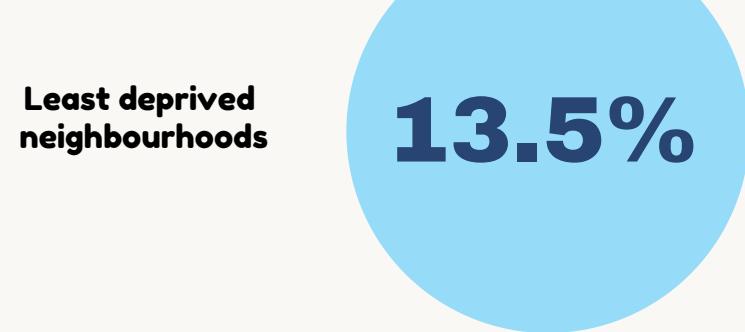
Children - Beyond the average:

Obesity prevalence: year R pupils

(% Prevalence using 5-years combined data 2018-19 to 2023-24)



Obesity prevalence: year 6 pupils

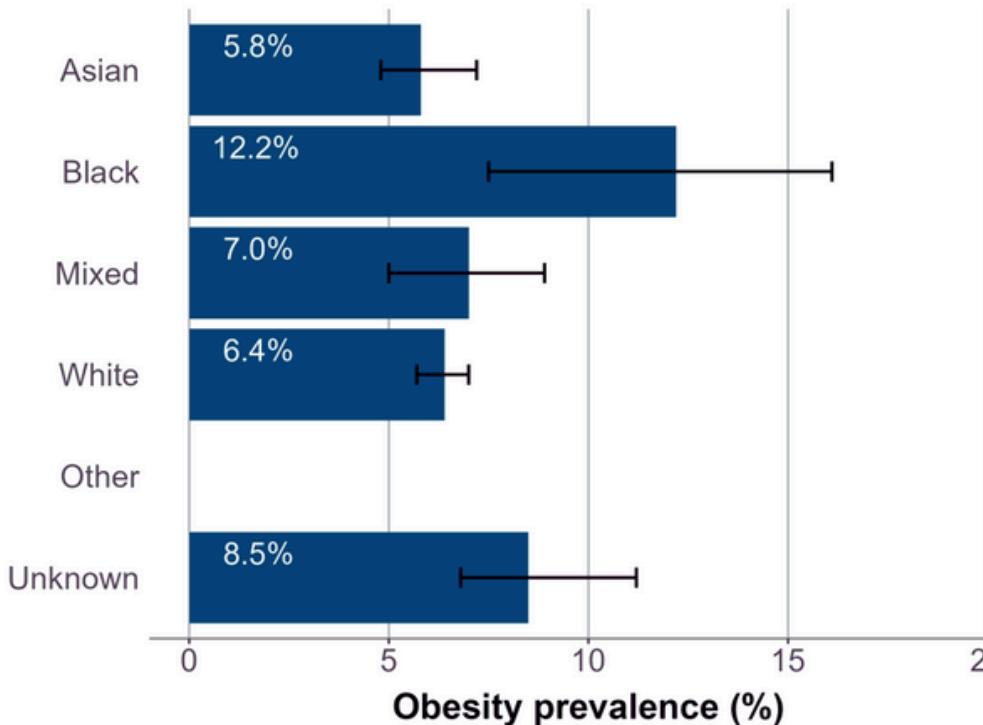


Significantly higher average of obesity in children in most deprived 10% of neighbourhoods in Wokingham

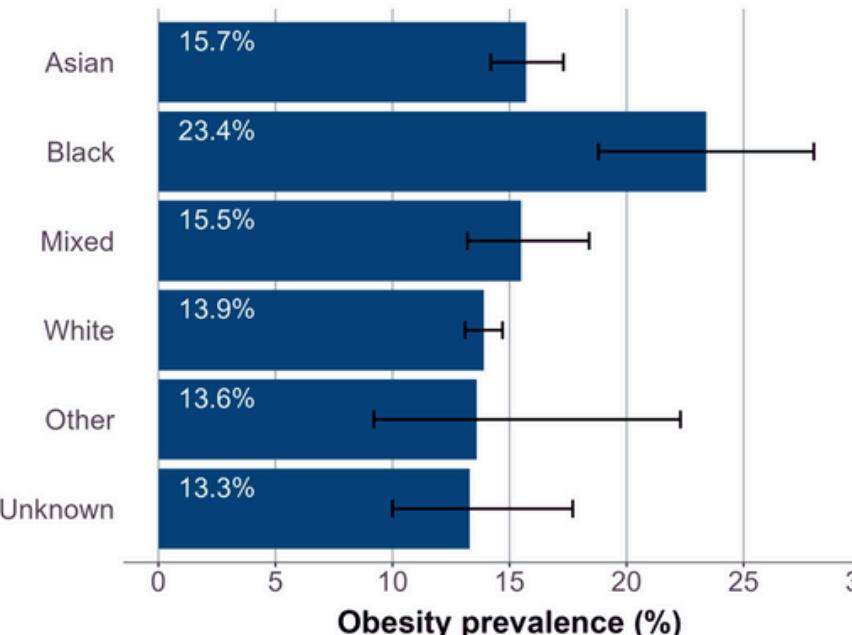
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Obesity is twice as common in children with learning disabilities in comparison to those without.

Children in reception (aged 4 to 5 years)



Children in year 6 (aged 10 to 11 years)



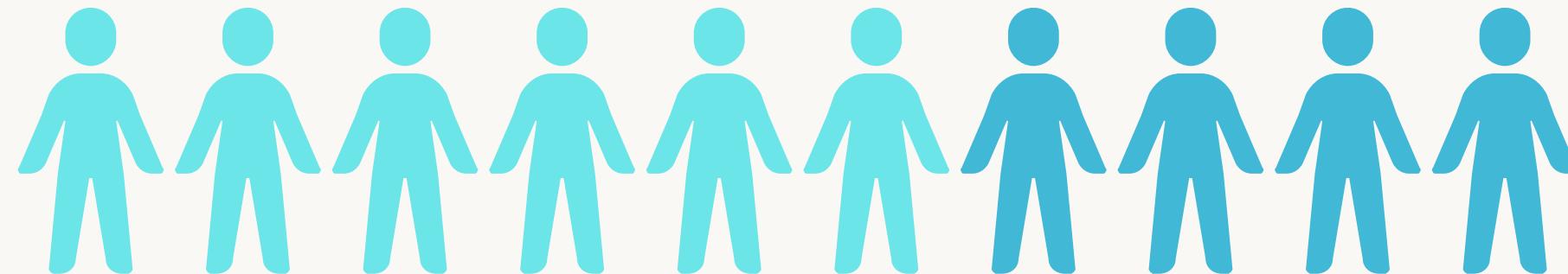
(% Prevalence using 5-years combined data 2018-19 to 2023-24)

% obesity prevalence in reception is highest in children from a black/black british backgrounds.

The gap between ethnicity reduces with age, but prevalence increases.

Adult weight

Wokingham Adult Weight Profile:



More than 6 in 10 adults in Wokingham are either overweight or obese (65.3%, n = 210), similar to England average (64%).

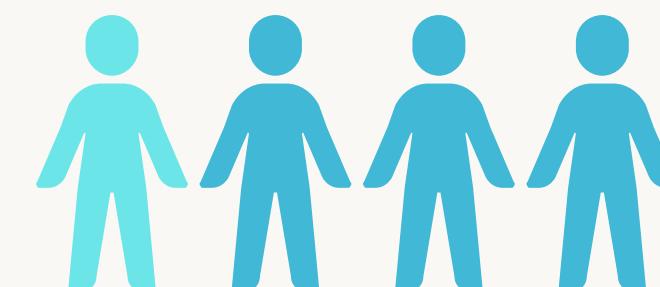


In 2023/24, 23.1% of birthing parent (all ages) were recorded as obese in early pregnancy. Birth parents who have a BMI in the overweight or obese range are at increased risk of complications during both pregnancy and birth.

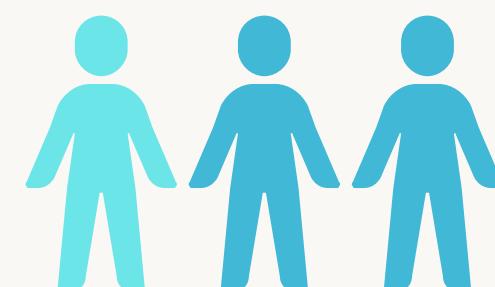


+15% increase in number of adults overweight between 2015/16 and 2022/2023 in Wokingham.

Wokingham least deprived neighbourhoods



1 in 4 adults



1 in 3 adults

Wokingham Most deprived neighbourhoods



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Understanding weight beyond the average - using local GP insight data:

The following slide has been produced using 12 months of data extracted from Wokingham GP systems covering 12 months to April 2023. Data recording for body mass index [BMI] is influenced by age, sex and conditions such as learning disability, pregnancy and chronic conditions e.g. type 2 diabetes etc, even so, data is useful in providing insight in the weight profile/s. The terms overweight and obese/ity are used in line with the clinical classifications of BMI categories as captured on individual clinical records. Adult weight is not recorded for all adult patients registered and not routinely checked through primary care.

25%

of adults aged 18 + years had their BMI recorded by a GP in the 12 months prior to April 2023. This is 35,000 adults, approximately 26% of the adult population.

30%

or nearly 1/3 of those who had their weight recorded were obese.



Females more likely to have weight recorded than males in <60 years , 29% v 22% - this is linked to maternal care and also influenced by contraception prescribing.



Recording of BMI by GPs steadily increases by age - with a noticeable rise in recording for adults aged 60+ years. Recording in men overtakes women from 60+ years.



Prevalence in obesity recorded peaks in males and females aged 55-59 years

No variation in BMI recording coverage associated with deprivation .

Obesity recorded by GP in patients

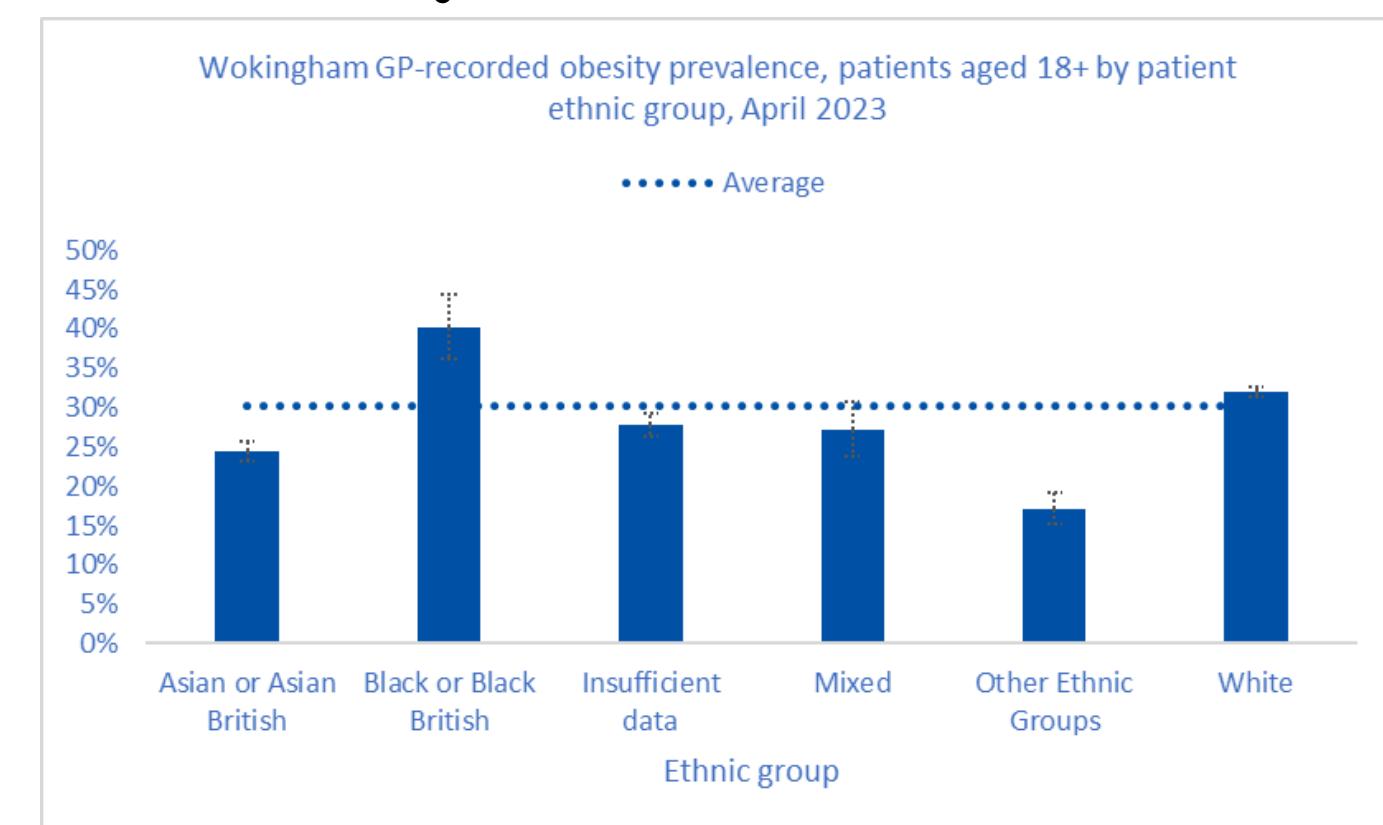
24%

Least deprived neighbourhoods



36%

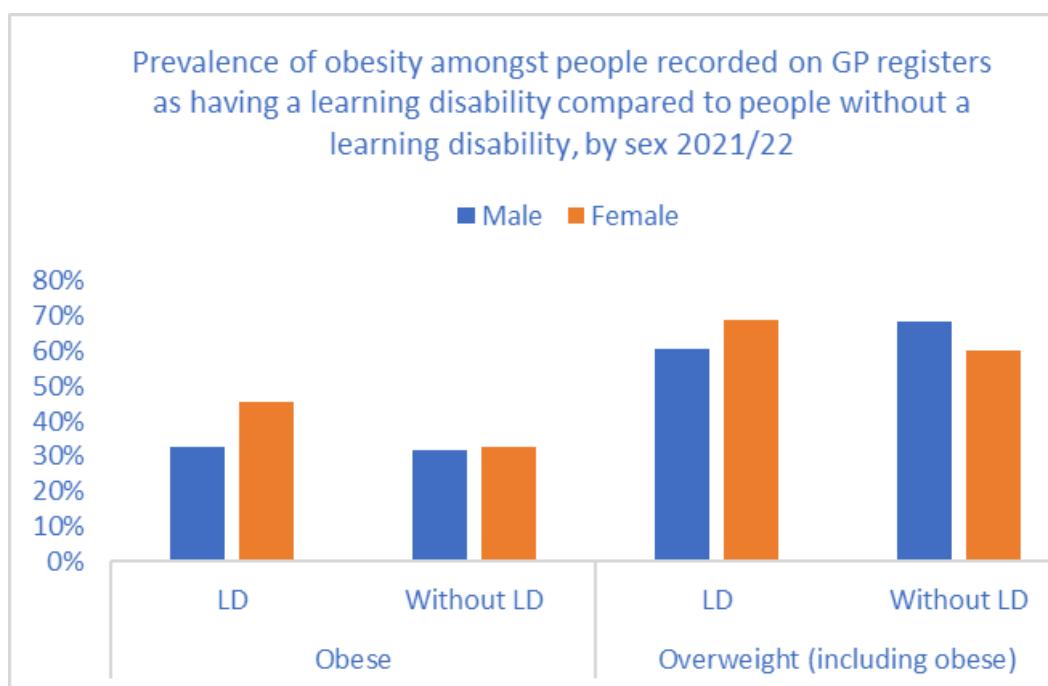
Most deprived neighbourhoods



Weight - comorbidity data for birth parents and children aged <18 years is not routinely available therefore not included.

Understanding adult high risk groups - using local GP insight data :

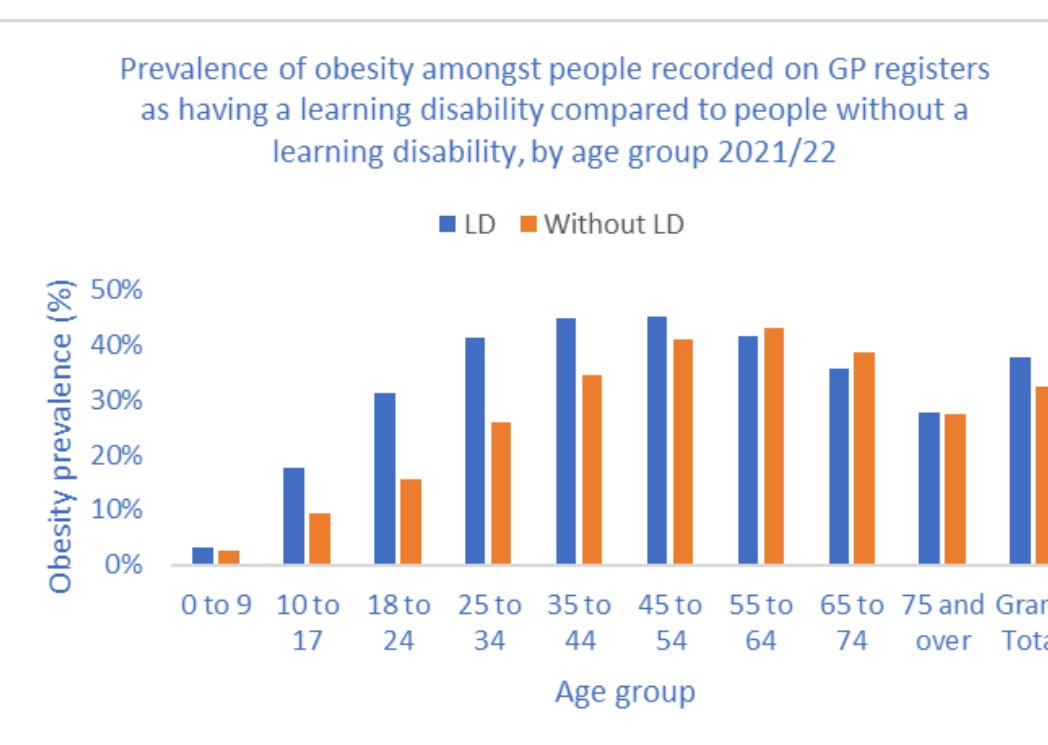
The following slide also uses the 12 months of data extracted from Wokingham GP systems covering 12 months to April 2023. For 25% (n=35,000) of adults who had their weight recorded during this period the following observations were noted for adults with learning disabilities and geographical variations. Ethnicity is not recorded in GP data overweight/obesity data.



38% of people with a learning disability had obesity compared to 33% of people without.

65% of those aged 18+ with a learning disability had their BMI recorded in the 12 months to April 2023 compared to 25% of all people aged 18+

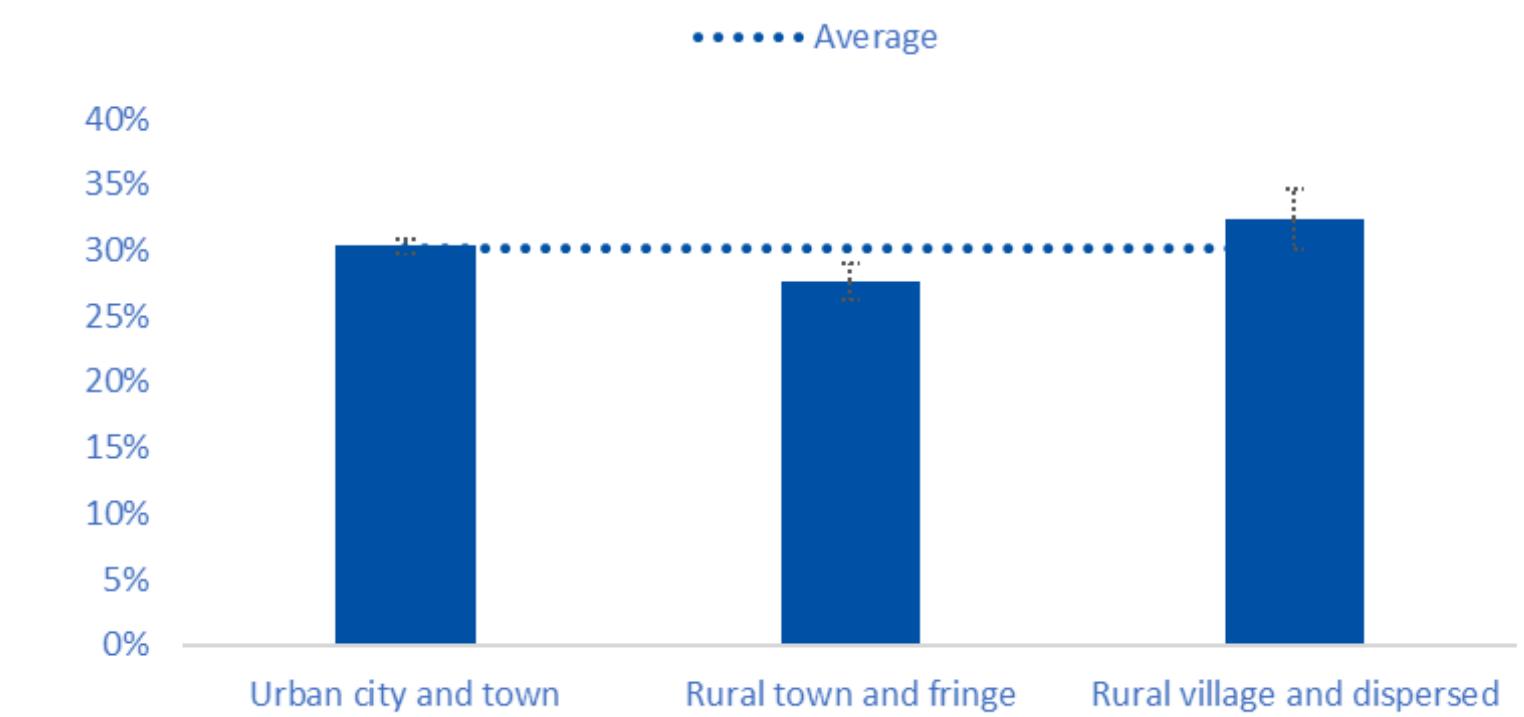
Females with a learning disability were more likely to be recorded as obese and overweight (including obesity) than males.



Obesity was more likely to be recorded across all ages for people with a learning disability compared to those without.

18% of 10 to 17 year olds were recorded as having obesity and this increases up to average age of 35 to 44 years.

Wokingham GP-recorded obesity prevalence, patients aged 18+ by urban-rural classification, April 2023



Obesity prevalence is **highest** in Wokingham neighbourhoods classified as '**rural villages and dispersed**', despite them having a better rank on index of multiple deprivation.

Associated health impacts of excess weight in adulthood:

England Life Expectancy [28]

3

Average number of years lost due to obesity.

8-10

Average number of years lost due to severe obesity.

England Hospital Admissions[28]

10.7k

2019/20 admission with primary diagnosis of obesity - up by 17% from 2018/19

1m

admission where obesity was recorded as a factor



75% females - linked to maternal care

England Hospital Treatment and Top 5 admission conditions [28]

294k

Prescribed items for the treatment of obesity.

1. Maternal Care
2. Knee Joint
3. Gallstones
4. Heart Disease
5. Hip Issues

% of DALYS attributed to high BMI England, 2019 [28]

Condition	Cause %	High BMI % attribution
CVD	15%	22%
Cancer	19%	7%
Musculoskeletal	11%	7%
Diabetes and CKD	4%	54%
All non-communicable diseases	88%	10%

Excess weight in adulthood increases the risk of type-2 diabetes, cardiovascular, liver and respiratory disease. It is also linked with at least 12 different types of cancer.

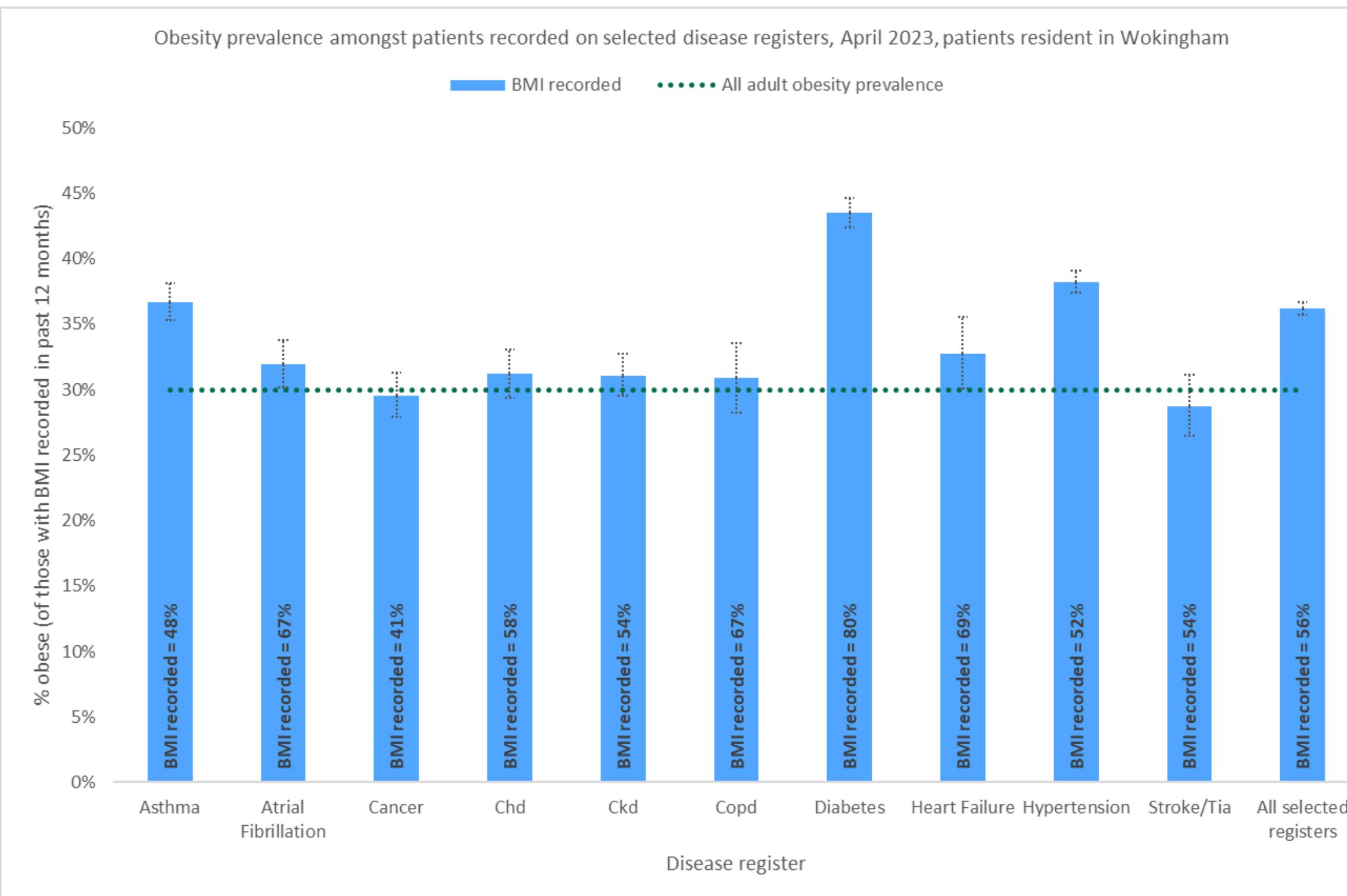
If you consider the % DALYS (left) and the prevalence of CVD conditions in Wokingham (below) - out of the 32.7% (n=139) of under 75's mortality due to CVD, 22% (n=30) could be attributed to high BMI.

Wokingham Prevalence of CVD conditions [29]

Condition	Wokingham	England
Diabetes: QOF Prevalence (+17 yrs) (2023-24)	6.3% (8,306) ↑	7. 7%
Chronic Kidney Disease: QOF Prevalence (18+) (2023-24)	4.4% (5,708) ↑	4.4%
Coronary Heart Disease: QOF Prevalence (all ages) (2023-24)	2.3% (3,842) →	3.0%
Under 75's mortality from CVD consider preventable (2016-18)	32.7% (139) ↑	45.3%
Under 75 mortality from cancer considered preventable (2016-18)	58.4% (247) ↓	76.3%
Hypertension: QOF Prevalence (all ages) (2023-24)	13.5% (22,778) ↑	14.8%
Heart Failure: QOF Prevalence (all ages) (2023-24)	1.0% (1,679) ↑	1.1%
Atrial fibrillation: QOF Prevalence (2023-24)	2.2% (3,662) ↑	2.2%

Understanding disease prevalence in adults - using local GP insight data:

The following slide also uses the 12 months of data extracted from Wokingham GP systems covering 12 months to April 2023. For 25% (n=35,000) of adults who had their weight recorded during this period the following observations were noted for adults with comorbidities:



56% of patients on selected disease registers had a recording of BMI in the past 12 months. Those on the diabetes register were most likely to have a recording (80%).

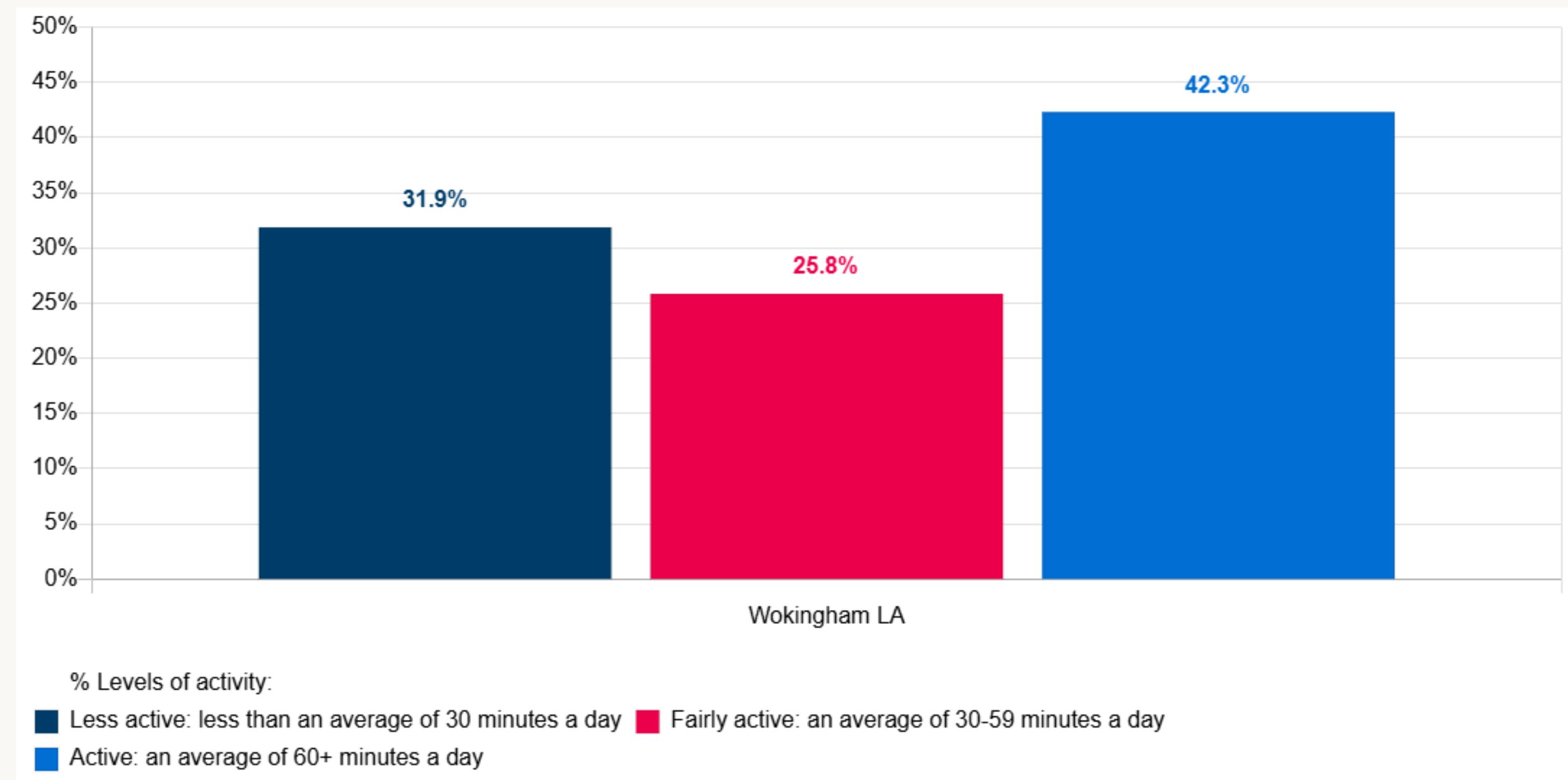
Of those on selected disease registers who had a BMI recorded in the past 12 months, 36% had obesity which had a higher prevalence than the average of all those with a BMI recording.

Obesity prevalence was highest for those on the diabetes register (44%) and was also above average for those on the asthma and hypertension registers.

Children and Young People Physical Activity

Physical Activity Levels in children & young people:

The number of responses to the *Active Lives Survey (England) 2023-2024* [30] by children and young people living in Wokingham are too low to provide an picture for Wokingham beyond the average, however the results present the overall levels of activity in Wokingham. This shows 42.3% (n=129) of children are physically active in Wokingham, this is below the national average of 47.8%

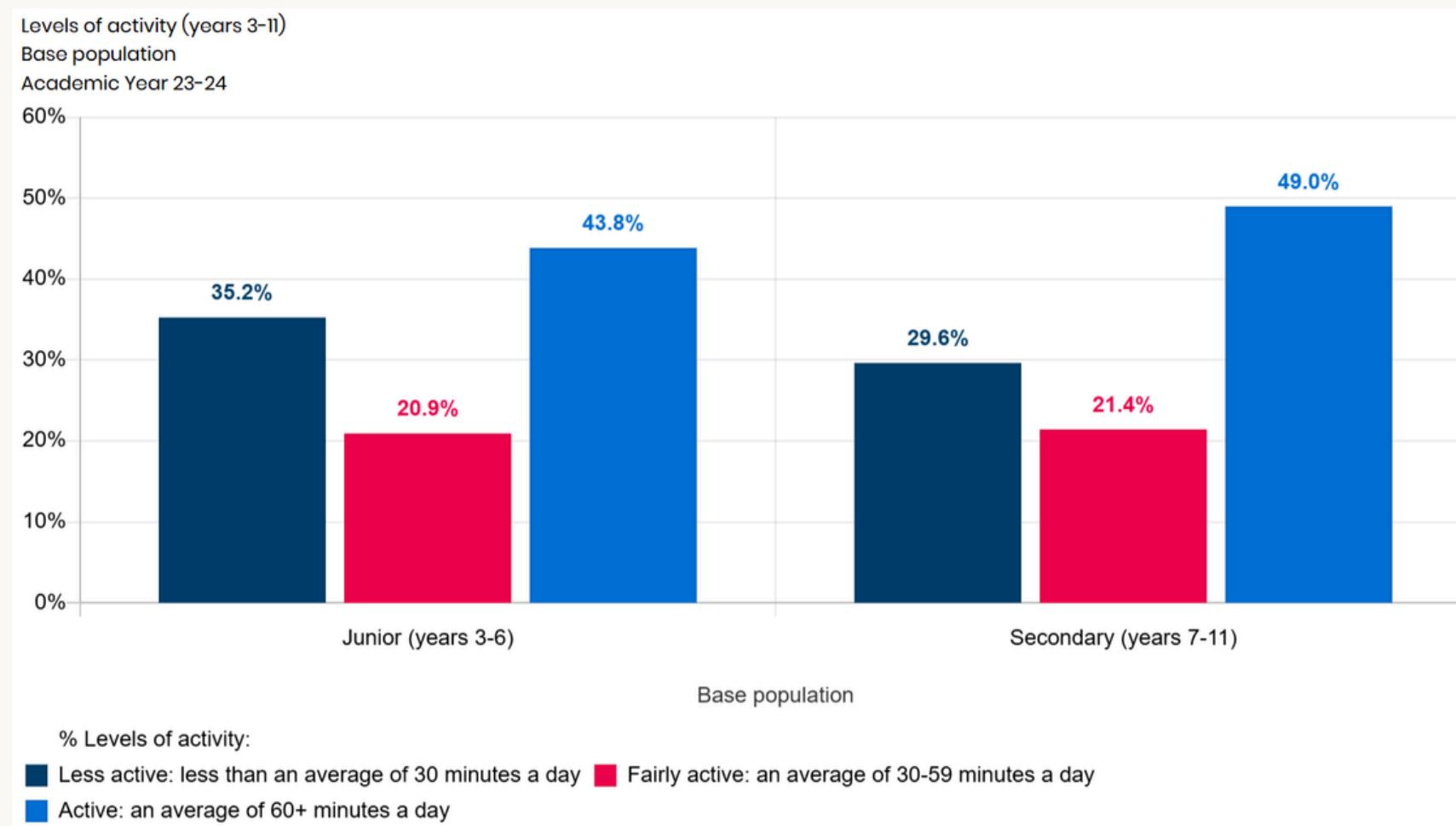


Physical Activity Levels by year group and gender:

The number of responses to the *Active Lives Survey (England) 2023-2024* [30] by children and young people living in Wokingham are too low to provide an picture specifically for Wokingham looking beyond the average, therefore the following shows **England results** as a guide:

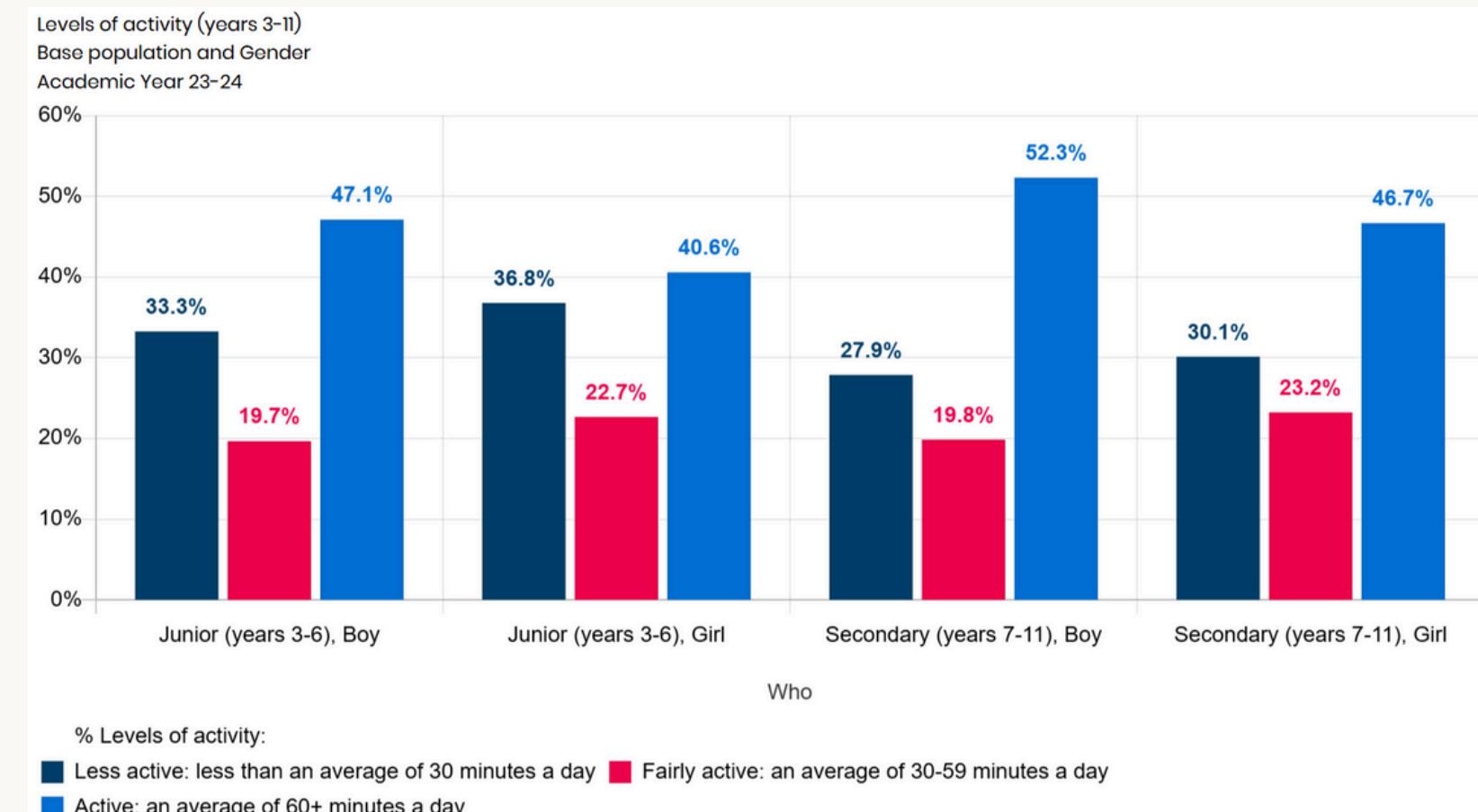
Level of Activity by year group [30]

Children in England reporting being *least active* (<30 mins) is higher in younger year group compared to secondary school. There is also an increase in most active (60+ mins) in secondary school. There is no significant variation between years group in those fairly active (30-59 mins).



Level of Activity by year group and gender [30]

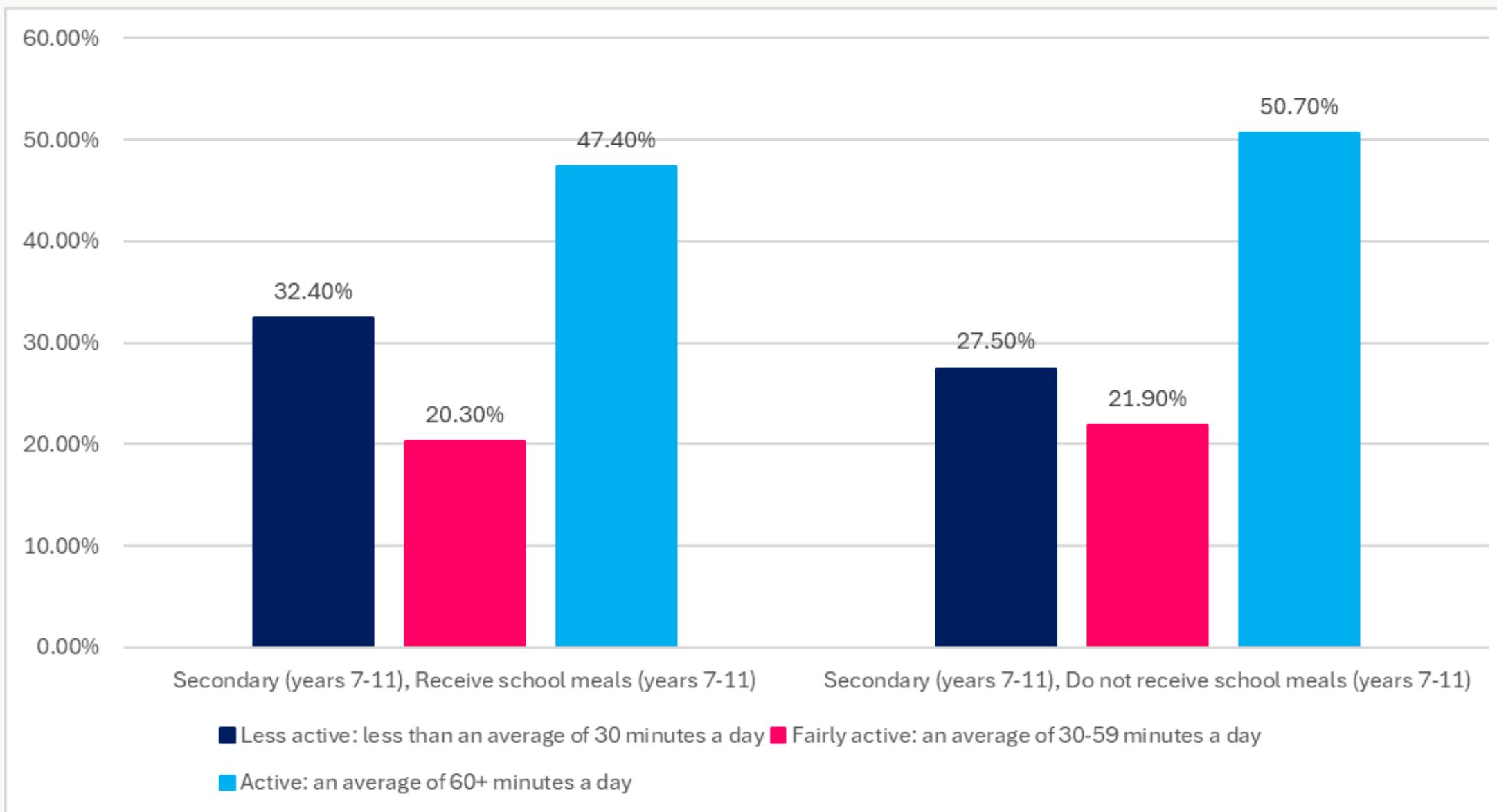
With regards to level of activity across gender for children in England, the biggest group in the *least active* category (<30mins) is the junior year group and girls. Junior girls also reported being most *fairly active* (30-59 mins) across both years groups and, boys across both year groups *more active* (60+mins). It is estimated that 43% of girls who consider themselves 'sporty' will eventually disengage from sport following primary school [50].



Physical Activity Levels and Free School Meals:

The number of responses to the Active Lives Survey (England) 2023-2024 [30] by children and young people living in Wokingham are too low to provide an picture specifically for Wokingham looking beyond the average, therefore the following shows **England results** as a guide:

Level of Activity and Free School Meals in England Secondary Schools - 2023-24 [30]



Children in receipt of Free School Meals [FSM] in secondary schools in England reported being both *least active* (<30mins) and *active* (60+ mins) compared to those not in receipt of FSM.

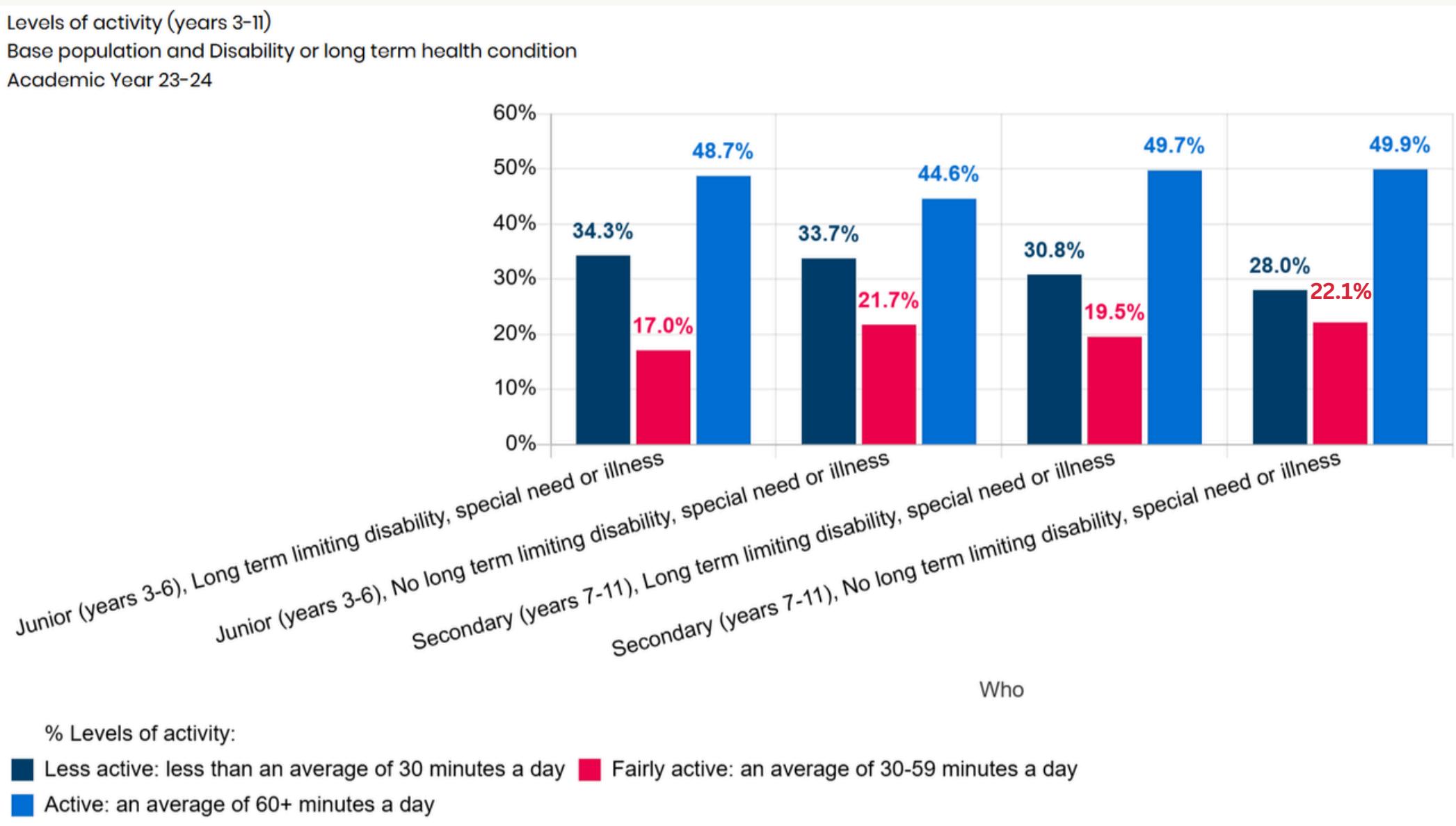
There was small difference between in those reporting *fairly active* (30-59 mins) level between the two groups.

There were 10,489 respondents who reported receiving FSM in England compared to 47,254 not in receipt in the 2023-24 academic year.

Physical Activity Levels and disability or long term health:

The number of responses to the Active Lives Survey (England) 2023-2024 [30] by children and young people living in Wokingham are too low to provide a picture specifically for Wokingham looking beyond the average, therefore the following shows **England results** as a guide:

Level of Activity and disability or long term health [30]



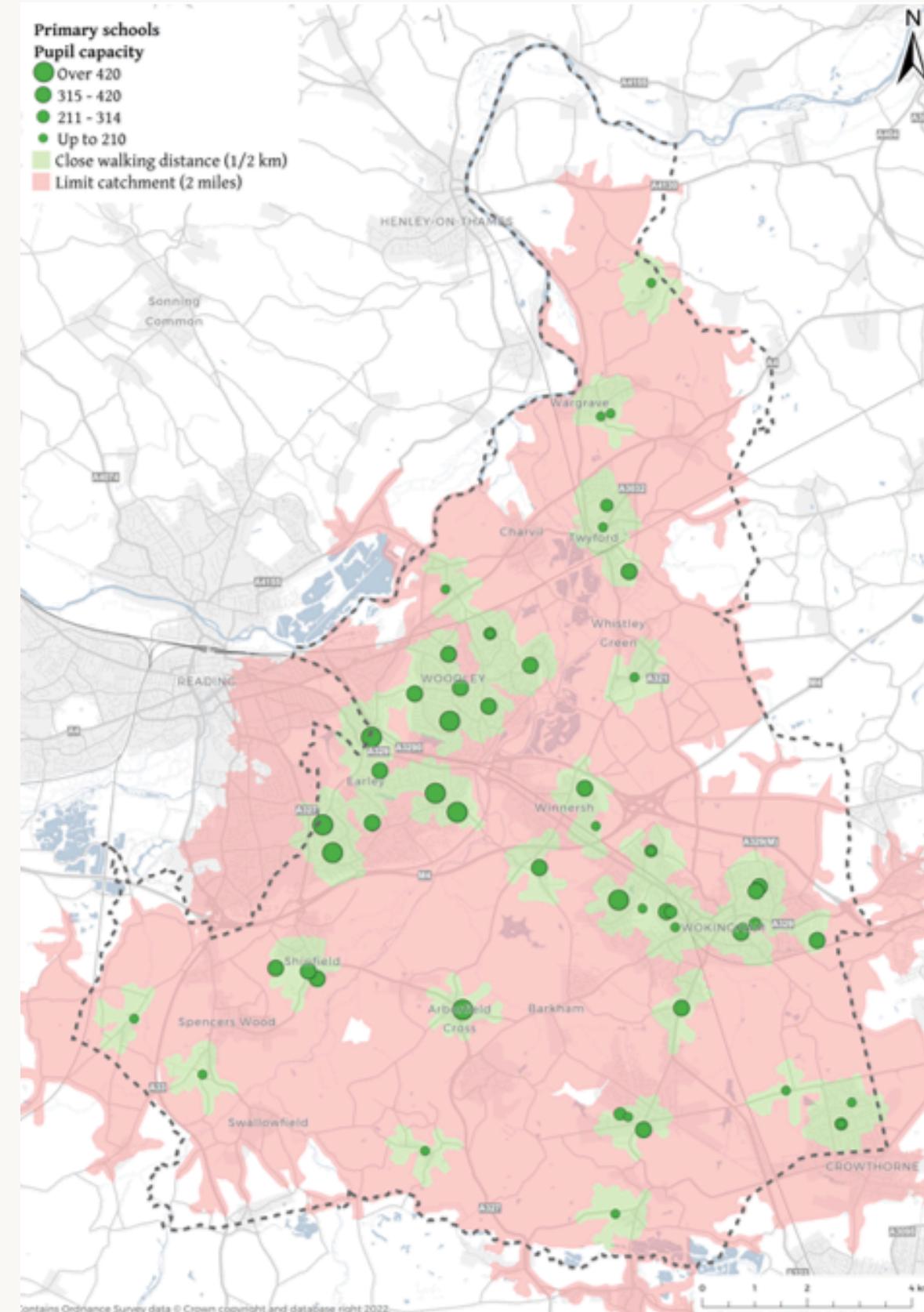
In children who are *least active* (<30mins) there is not a significant variation between those with a long term limiting disability, special needs or illness and those without, and across the different year groups.

More children with a condition reported being *active* (60+mins) in juniors years than those without, and this is fair similar in secondary years.

Children without a condition were more likely to report being *fairly active* across both year groups.

There were 1,944 survey respondents in junior school in England who reported having a condition and 22,574 without. There were 5,401 respondents in secondary schools with a condition and 39,863 without.

Walking distance to Primary Schools in Wokingham



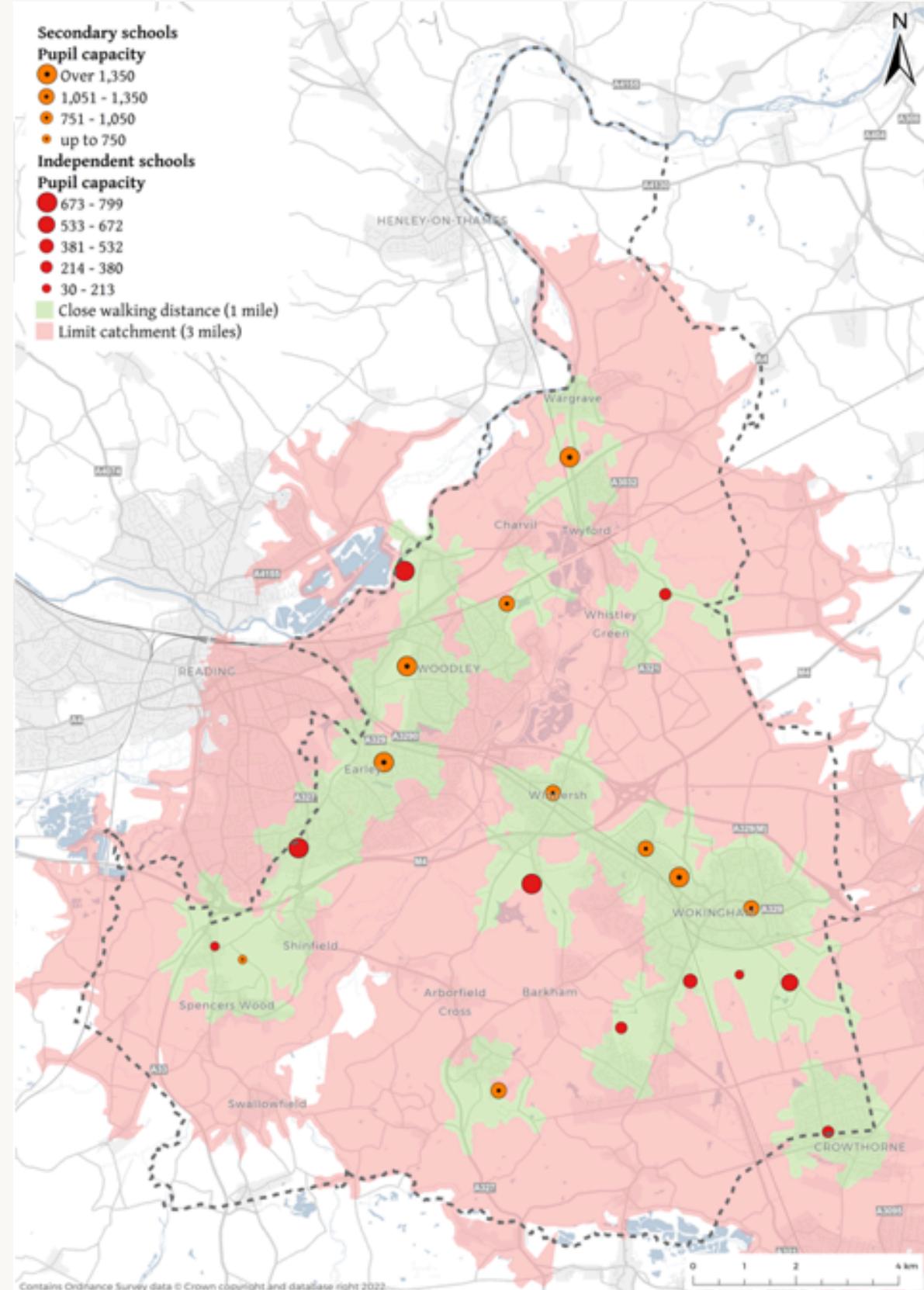
The figure to the left shows walking distance of 1-2 miles (in green) and 2-3 miles (in pink) catchment areas of primary schools within the Wokingham borough.

Parts of Remenham and Aston in the north of the Borough, Riseley in the south, and small pockets of the east of the borough are in the school catchment area but not considered within walking distance.

Majority of Wokingham Town, Winnersh, Woodley, Earley and Shinfield are within catchments of primary schools and are fairly well connected.

Poor access to schools for children and young people limits independence and opportunities. The My Journey team work with Modeshift STARS and schools to provide a step-by-step platform for schools to create travel plans and many schools have this in place.

Walking distance to Secondary Schools in Wokingham:



This figure to the left shows walking distance of 1-2 miles (in green) and 2-3 miles (in pink) catchment areas of secondary and independent schools within the Wokingham borough.

There is a higher proportion of students in Wokingham within close walking distance of their secondary school, but there are still gaps. Similar to primary schools, parts of Remenham and Aston in the north of the Borough and Riseley in the south are in the school catchment area but not considered within walking distance.

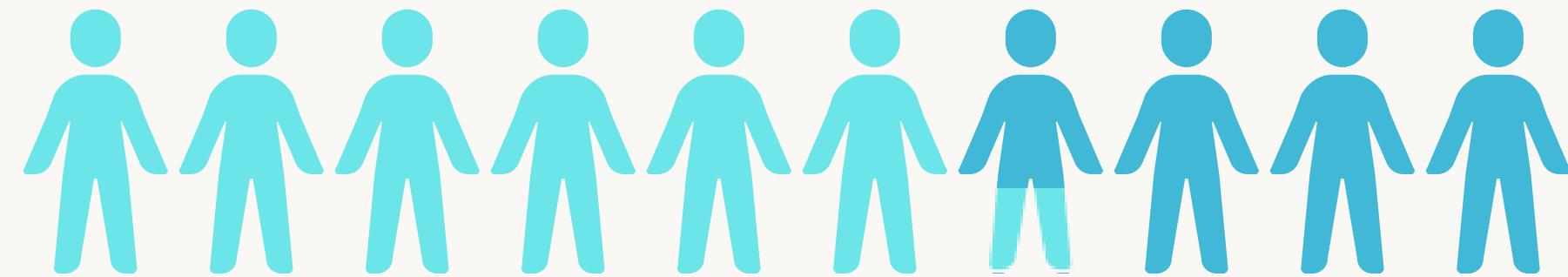
My Journey also work with secondary schools to produce school travel plans.



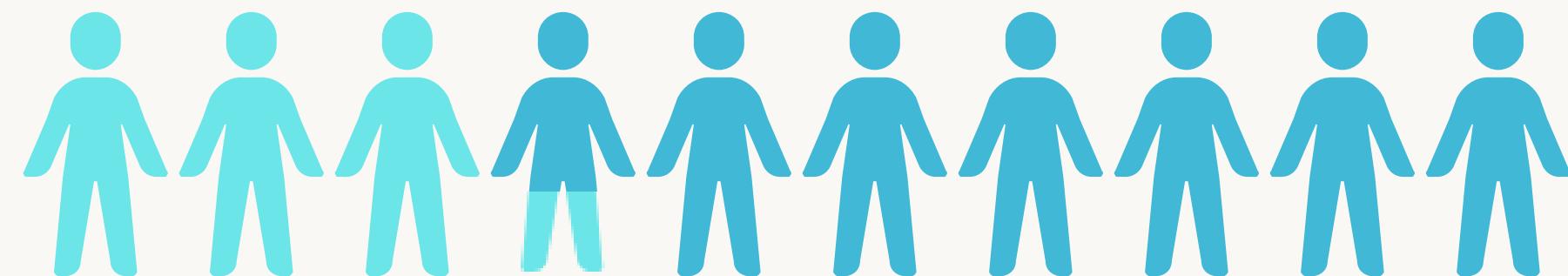
WOKINGHAM
BOROUGH COUNCIL

Adults - Physical Activity

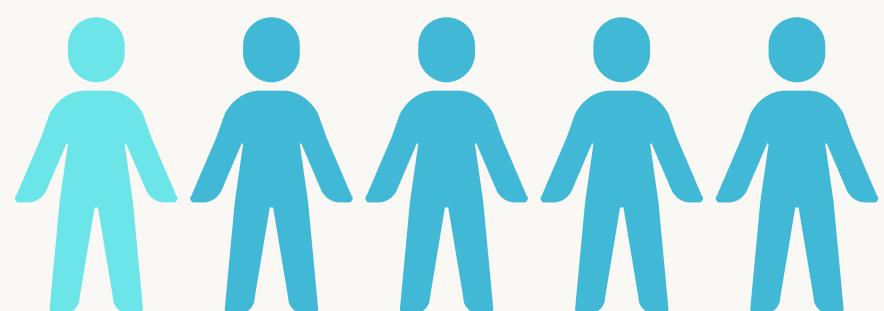
Wokingham Adult Physical Activity Overview:



On average, just over 6 in 10 adults (19+ years) meet NHS recommended 150 mins of moderate physical activity per week (63.8% n=264) – 2023/24. There has been a 4.7% decrease compared with 2022/23. [33]



Over 3 in 10 adults (19+ years) do not meet NHS recommended 150 mins per weeks (36.2%, n=125) – 2023/24 [33]

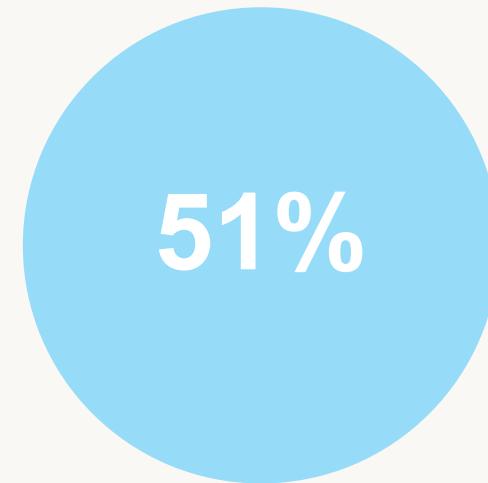


1 in 5 adults (19.6%, n=70) report doing less than 30 mins per week, compared to 1 in 4 across England. [32]

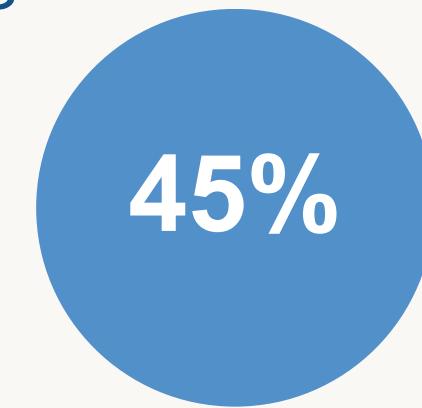
Wokingham Adult muscle strengthening activities:

People taking part in muscle strengthening exercises at least twice per week (2023/24)

By age



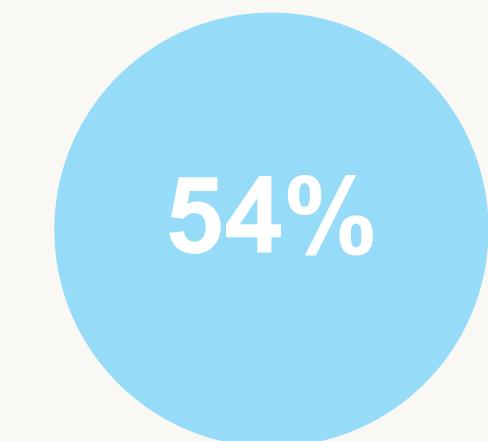
aged 16-54



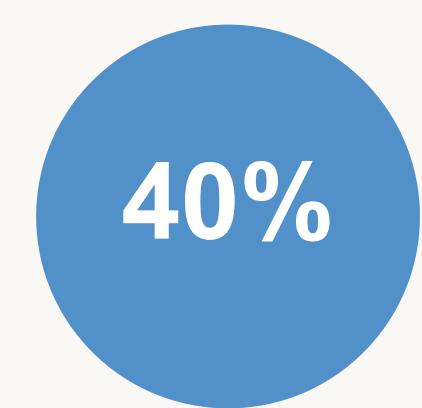
aged 55+

In Wokingham, fewer older adults take part in muscle strengthening activities at least 2 times per week. This matches the national trend with Wokingham having a greater number of adults 16-54 recording 2 or more muscle strengthening activities (2023/24)[33]

By gender



Male



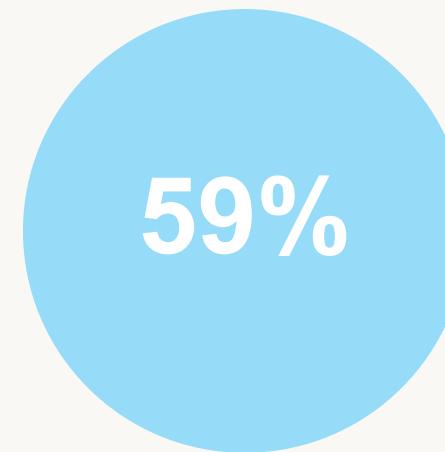
Female

In Wokingham, a greater number of males take part in 2 or more muscle strengthening activities per week (+14%). When compared to national data the gap between gender participation in muscle strengthening activity is double in Wokingham (14% vs 7%) (2023/24)[33]

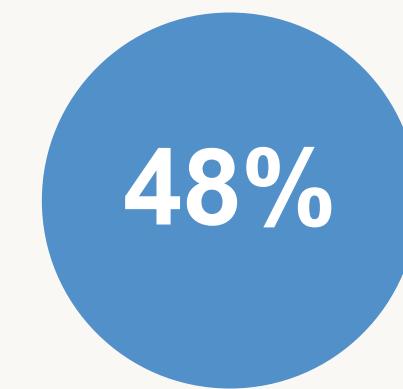
It is noted that there is a limited number of adults engaging in Active Lives Survey.

Wokingham relationship between physical activity level and healthy weight

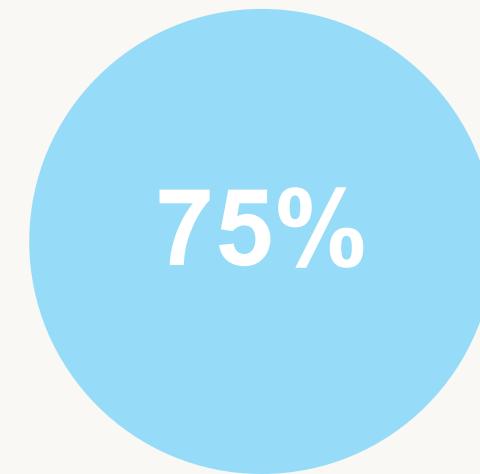
percentage of people taking part in muscle strengthening exercises at least twice per week (2023/24) [33]



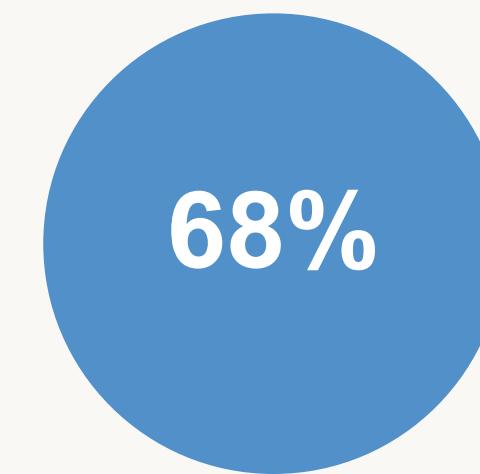
Healthy Weight



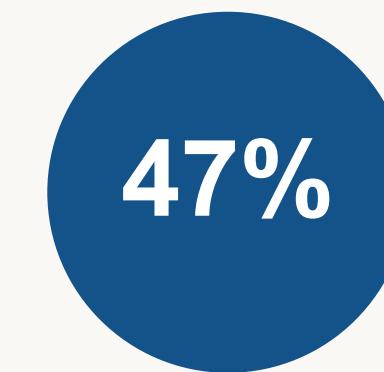
Overweight



Healthy Weight



Overweight



Obese

When looking at the relationship between physical activity and weight within Wokingham. **As recorded BMI increases** adults physical activity levels and **participation in muscle strengthening exercises decreases**. This also demonstrates that adults with a higher recorded BMI are still active and meeting the physical activity guidelines, showing this relationship is multifactorial.

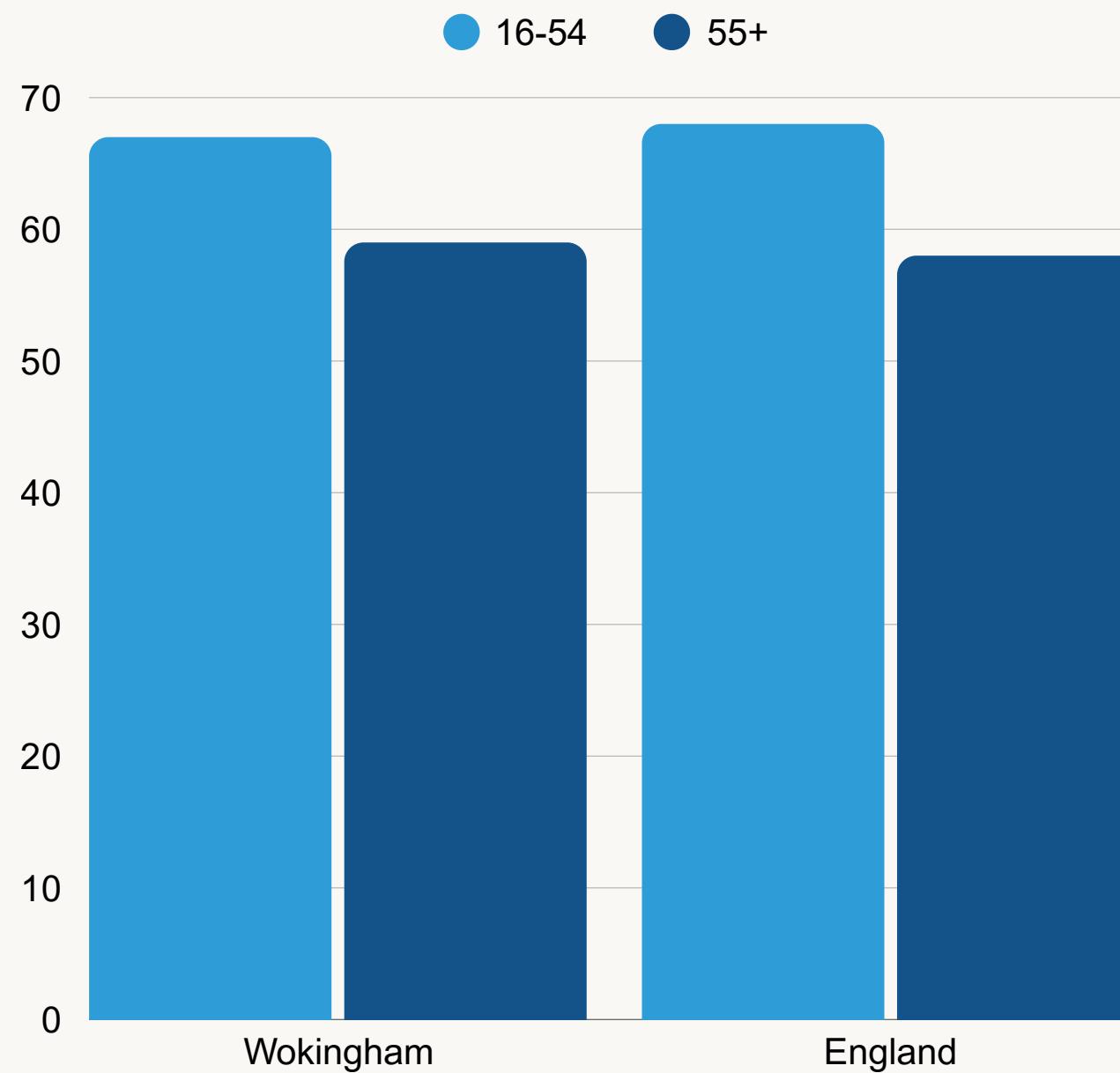
When compared to national data people with obesity in Wokingham are less active 47% vs 56% [33].

It is noted that there is a limited number of adults engaging in Active Lives Survey.

Adult Physical Activity Levels - beyond the average:

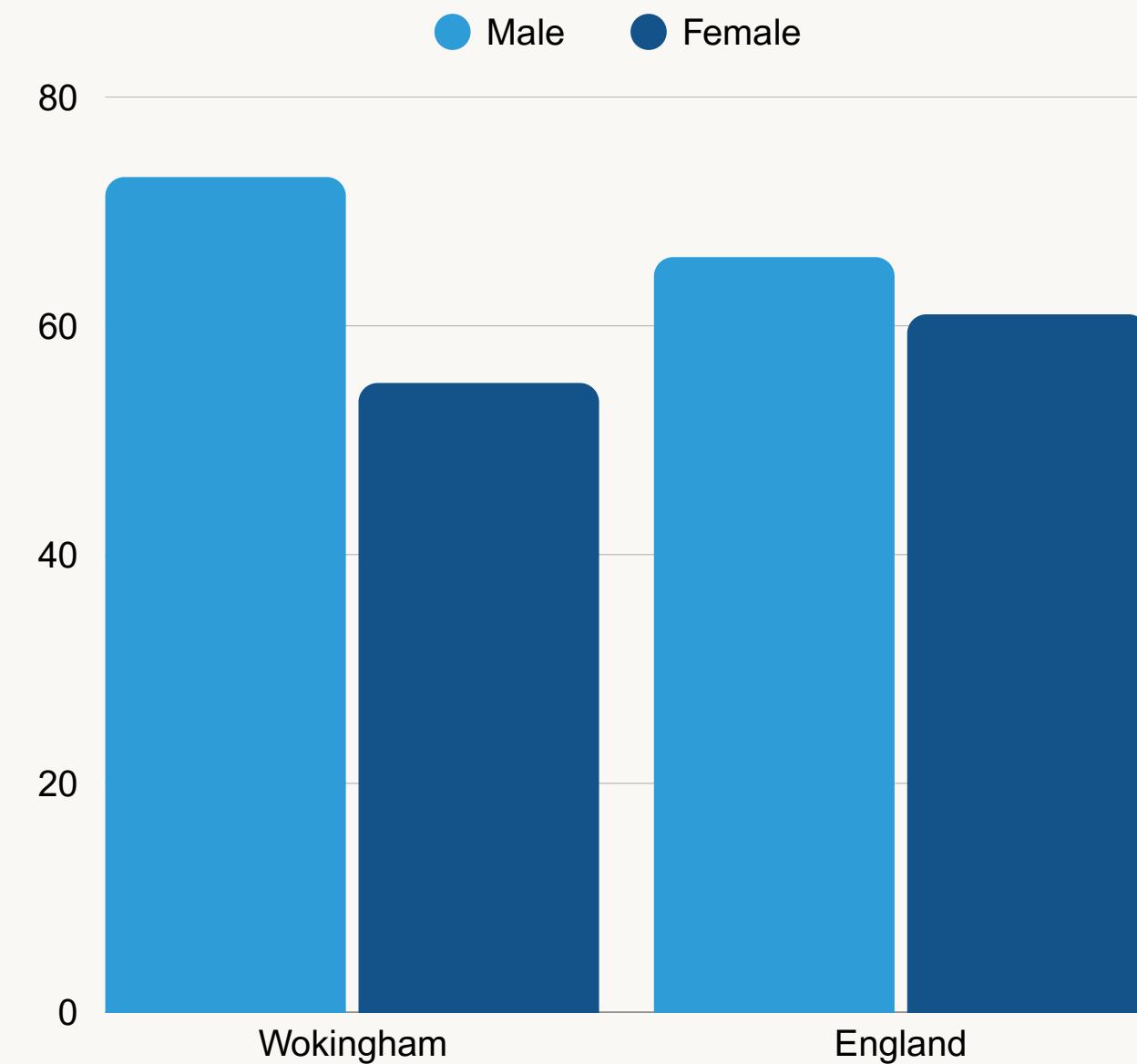
Age

2023/24 data on physically active adults for Wokingham shows a decline with age between adults 16-54 years old and 55 and older (2023/24). Both age groups are less active when compared to 2022/23. The same trend and values are reflected across England. [33]



Gender

2023/24 data showed males are more likely to report being physically active compared to females. This is also the lowest number of females taking part in 150+ minutes of physical activity in 10 years of data. When compared to national data, the gap in physical activity across gender is greater in Wokingham. [33]

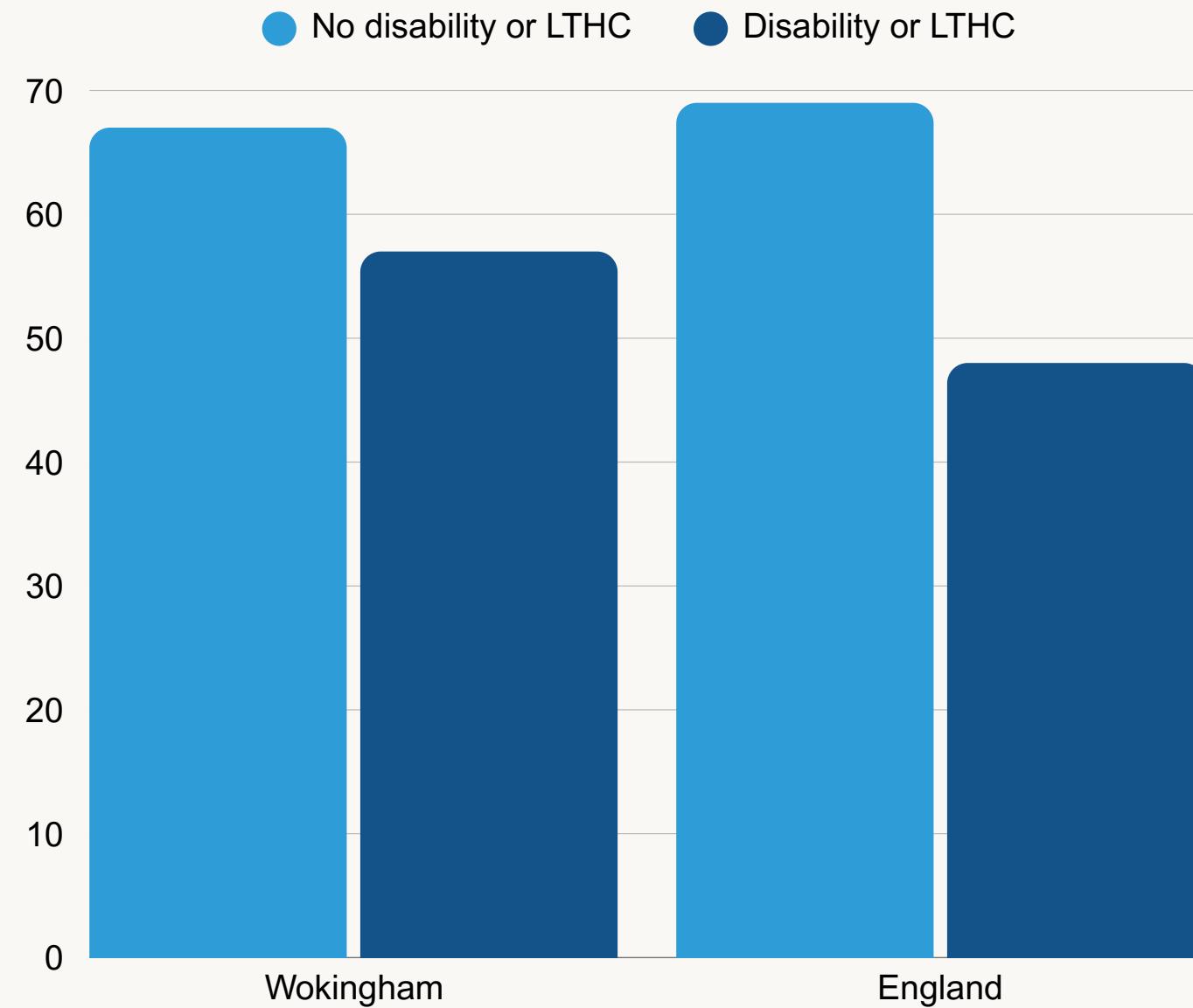


Adult Physical Activity Levels - beyond the average:



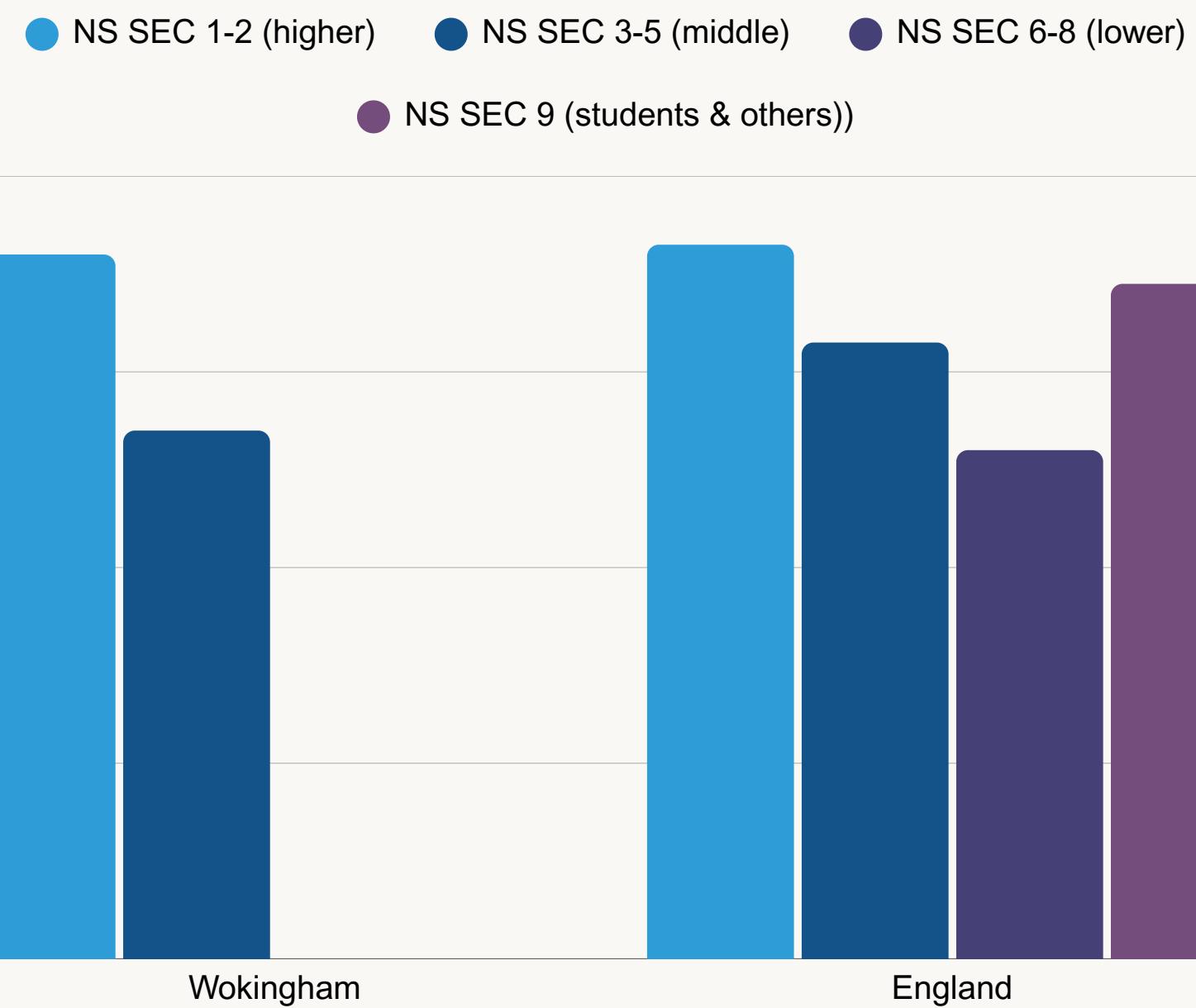
Disability

In 2022/23 in Wokingham, 57% of adults with a disability reported being physically active compared to 67% of adults without disability. People with a disability were, on average more active in Wokingham when compared to England average of 48% (2022/23) [33]



Socio-economical Group

In Wokingham, 72% of adults from higher socio-economic groups report being physically active compared to 68% of middle socio-economic groups; The 4% gap between these groups is lesser than the England average of 11% (2022/23)[33]



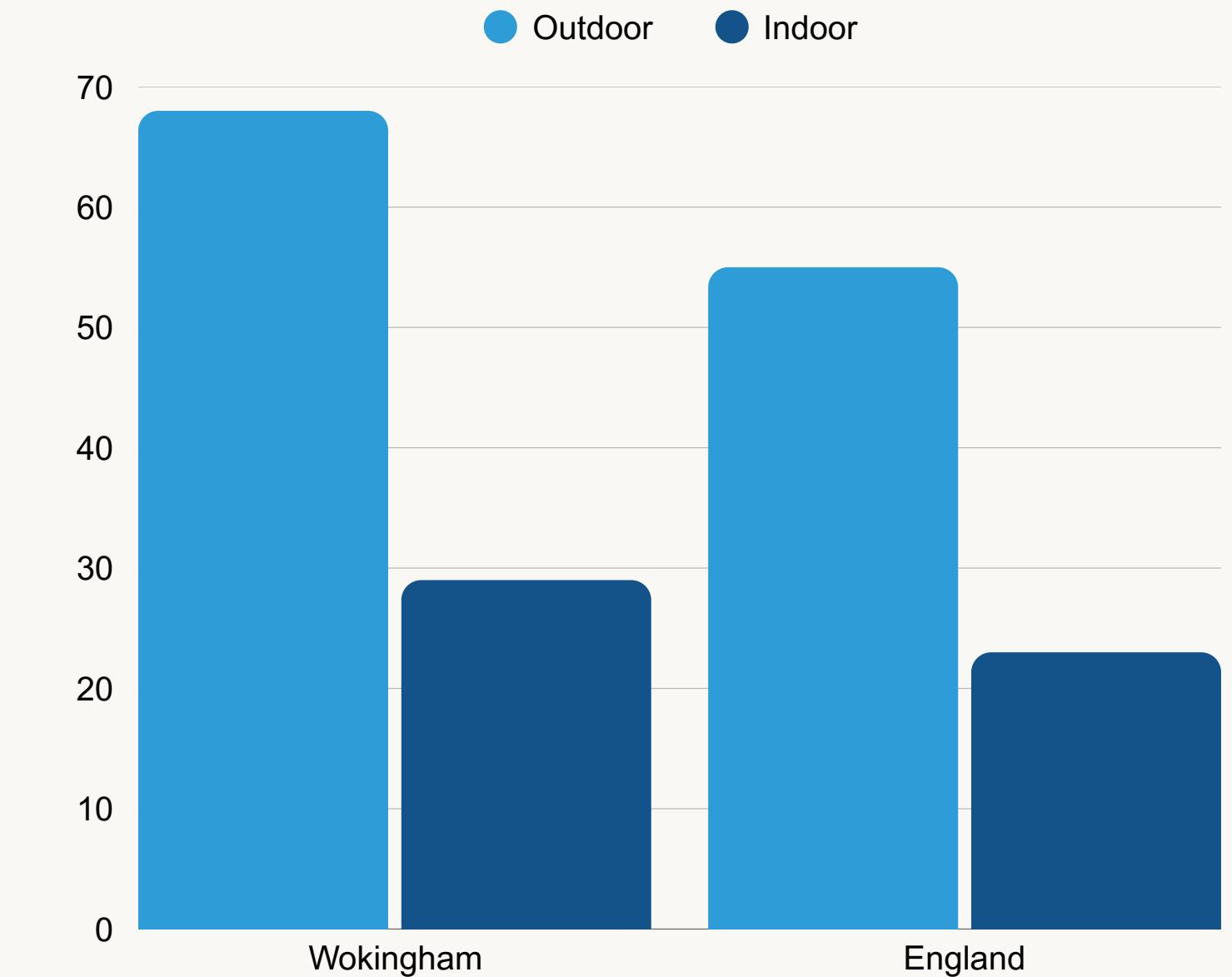
Adult Physical Activity Levels by indoor and outdoor settings:

Active by indoor and outdoor location for Wokingham respondents [33]

Physical activity levels in the population are frequently measured using survey samples, such as the *Active Lives Survey* (Sport England). The number of respondents can affect generalisability of data where sample sizes are small, however they can still provide some insight into local activity and are used in estimated prevalence of physical activity. There were 395 adult responses from Wokingham in the 2023/24 Active Lives survey compared to 171,926 for England. The following is a mix of results from Wokingham and England:

 29.4% (n=46) of Wokingham adults who are active reported being active indoors, compared to 67.7% (n=106) as active outdoors. Both values were the highest in 7 years of data with an increase of 9% in outdoor activity when compared to 2022/23 and 8% increase in indoor activity compared to 2022/23. Wokingham has 13% more engagement in outdoor activity compared nationally.

 England data also showed that people from the most deprived communities were overall less likely to be active, either indoor (15%) or outdoors (43.8%) compared those in the least deprived (indoor = 25.4%, outdoors = 61.8%).



Adult Physical Activity Levels - participation by activity type:

Participation by broad activity type for Wokingham respondents [33]

Physical activity levels in the population are frequently measured using survey samples, such as the Active Lives Survey (Sport England). The number of respondents can affect generalisability of data where sample sizes are small, however they can still provide some insight into local activity and are used in estimated prevalence of physical activity. There were 395 adult responses from Wokingham in the 2023/24 Active Lives survey compared to 171,926 for England. The following is a mix of results from Wokingham and England:

Last 28 days



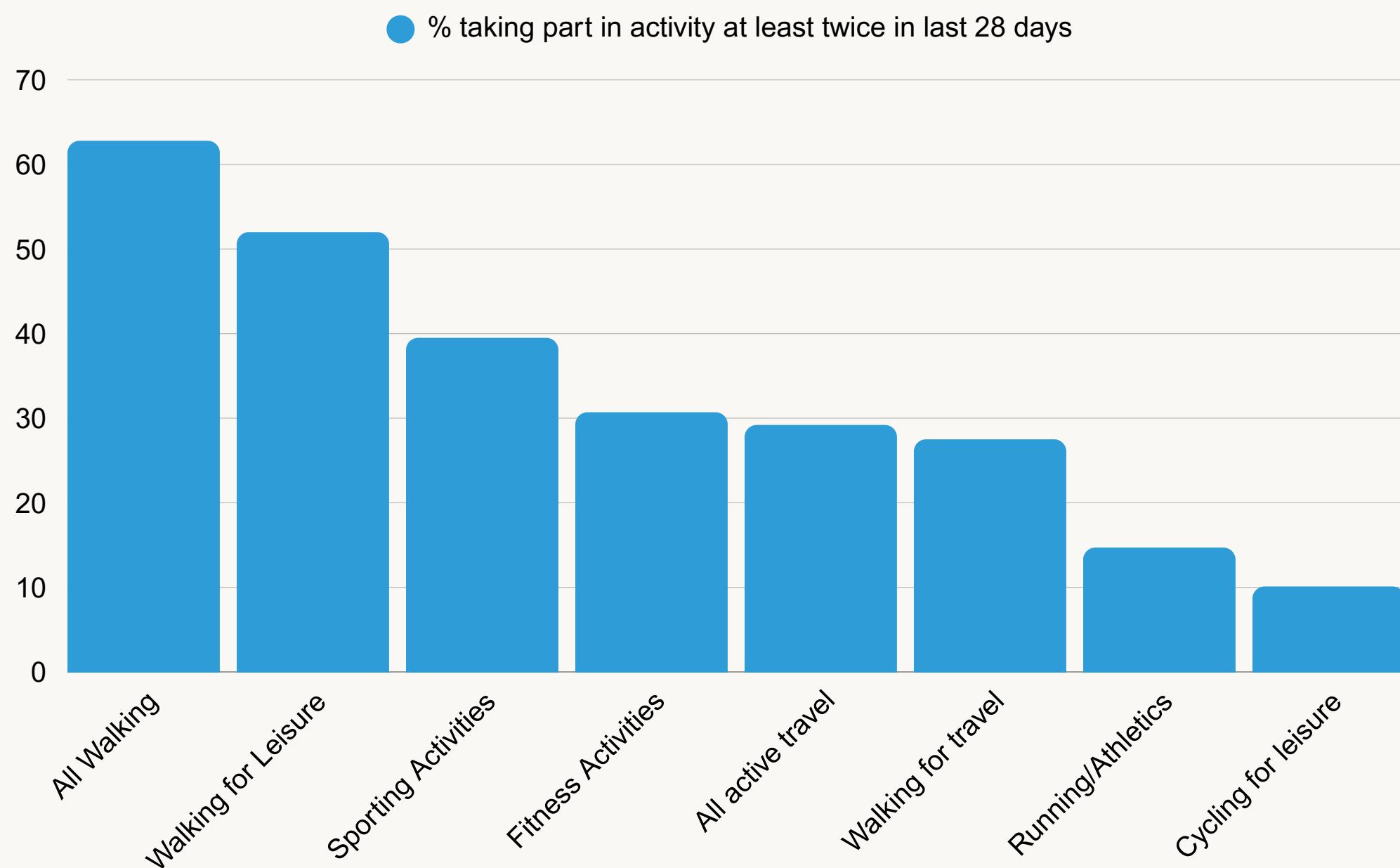
62.8% (n=248) of Wokingham respondents reported walking at least twice in the previous 28 days.



12% (n=47) reported cycling; 8% lower than 2022/23 - 10% cycling for leisure, there was no data reported for *cycling for travel* for Wokingham.



40% (n=158) reported participating in a sporting activity; 5% fewer than 2022/23.
31% (n=122) in a fitness activity; 8% fewer than 2022/23.



Adult Physical Activity Levels - participation by activity type:

Participation by broad activity type for Wokingham respondents [33]

Physical activity levels in the population are frequently measured using survey samples, such as the Active Lives Survey (Sport England). The number of respondents can affect generalisability of data where sample sizes are small, however they can still provide some insight into local activity and are used in estimated prevalence of physical activity. There were 395 adult responses from Wokingham in the 2023/24 Active Lives survey compared to 171,926 for England. The following is a mix of results from Wokingham and England:

Last year



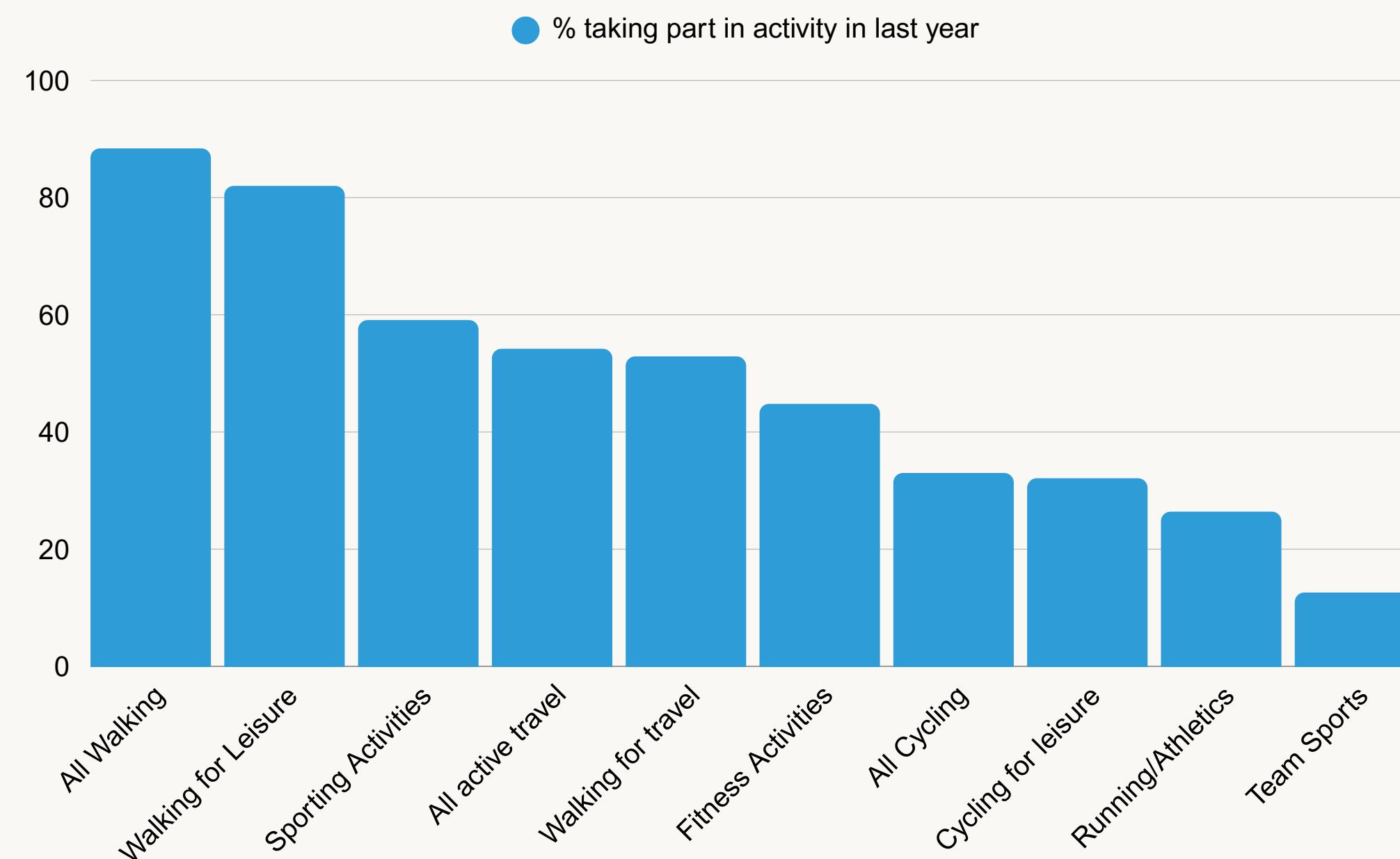
88.4 (n=349) of Wokingham respondents reported walking in the last year a 6% decrease compared to 2022/23. 53% (n=209) of respondents in Wokingham reported walking for travel in the last year.



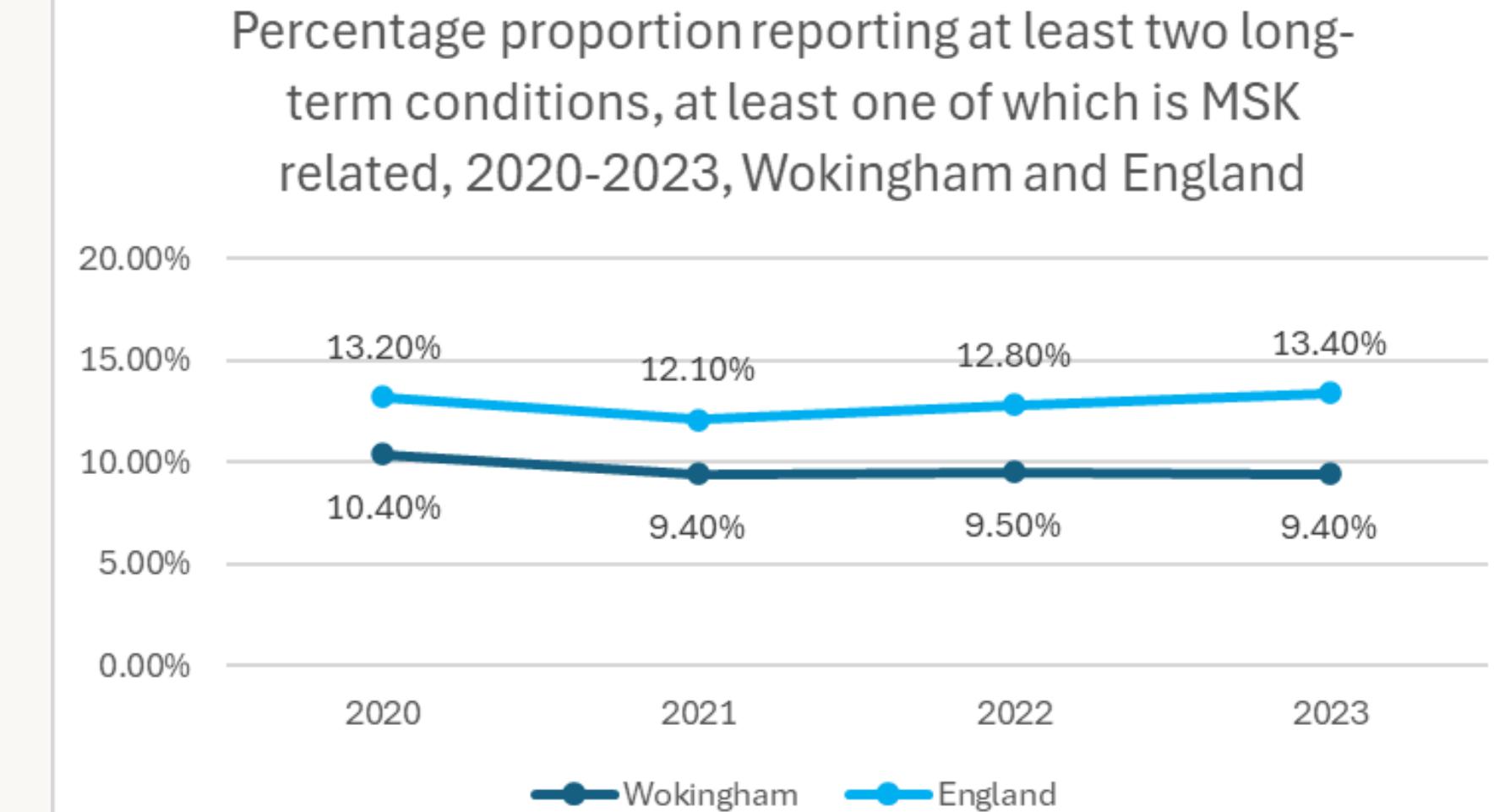
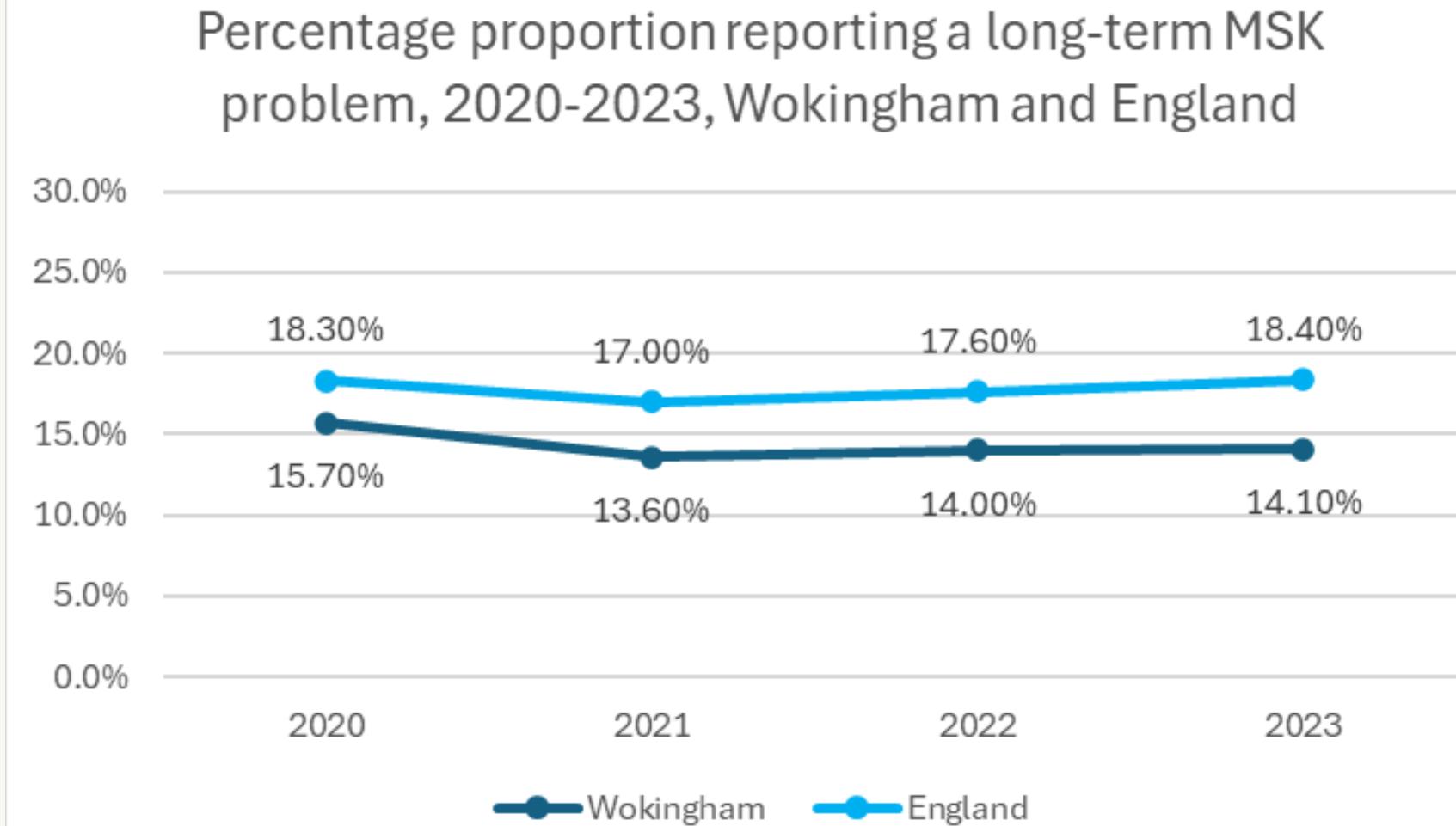
54% (n=213) reported active travel; 4% fewer than 2022/23
12% (n=47) reported cycling; 8% lower than 2022/23 - 10% cycling for leisure, there was no data reported for cycling for travel for Wokingham.



59% (n=233) reported participating in a sporting activity; 7% fewer than 2022/23.
45% (n=178) in a fitness activity; 9% fewer than 2022/23.



Adult Musculoskeletal conditions prevalence:

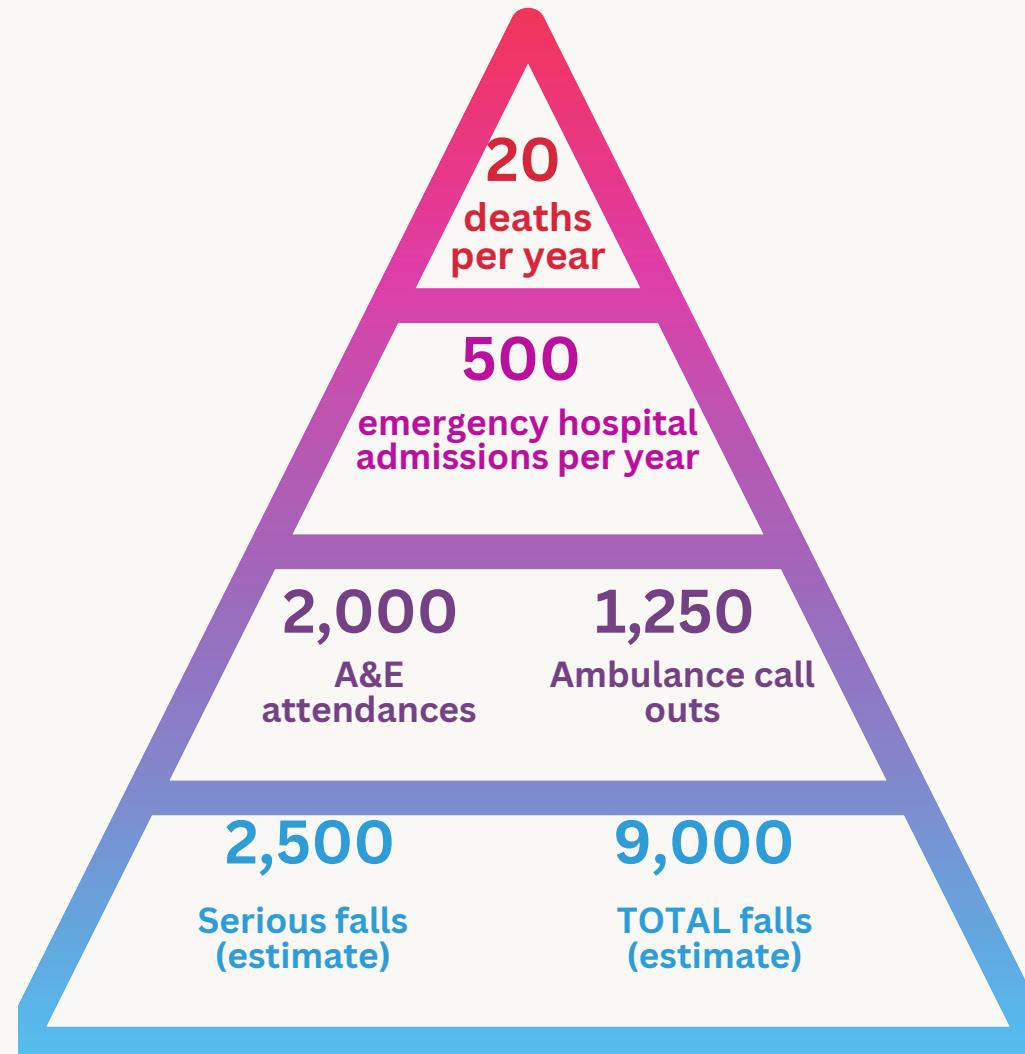


The leading cause of disability in England are MSK conditions such as osteoarthritis and back pain. Hypertension or cardiovascular disease are more common in people living with osteoarthritis, affecting four out of five persons. The percentage proportions shown above estimate that of people age 16+ in Wokingham, 14.1% (n=19,855) are living with a long-term MSK condition and 9.4% (n=13,233) report having at least two long term conditions (including MSK). Wokingham prevalence is better (lower) than England, but data cannot be further disaggregated so unable to identify risk groups. Prevention and improvement of MSK conditions can significantly support mental health and wellbeing and underpins people being able to live well. [34]

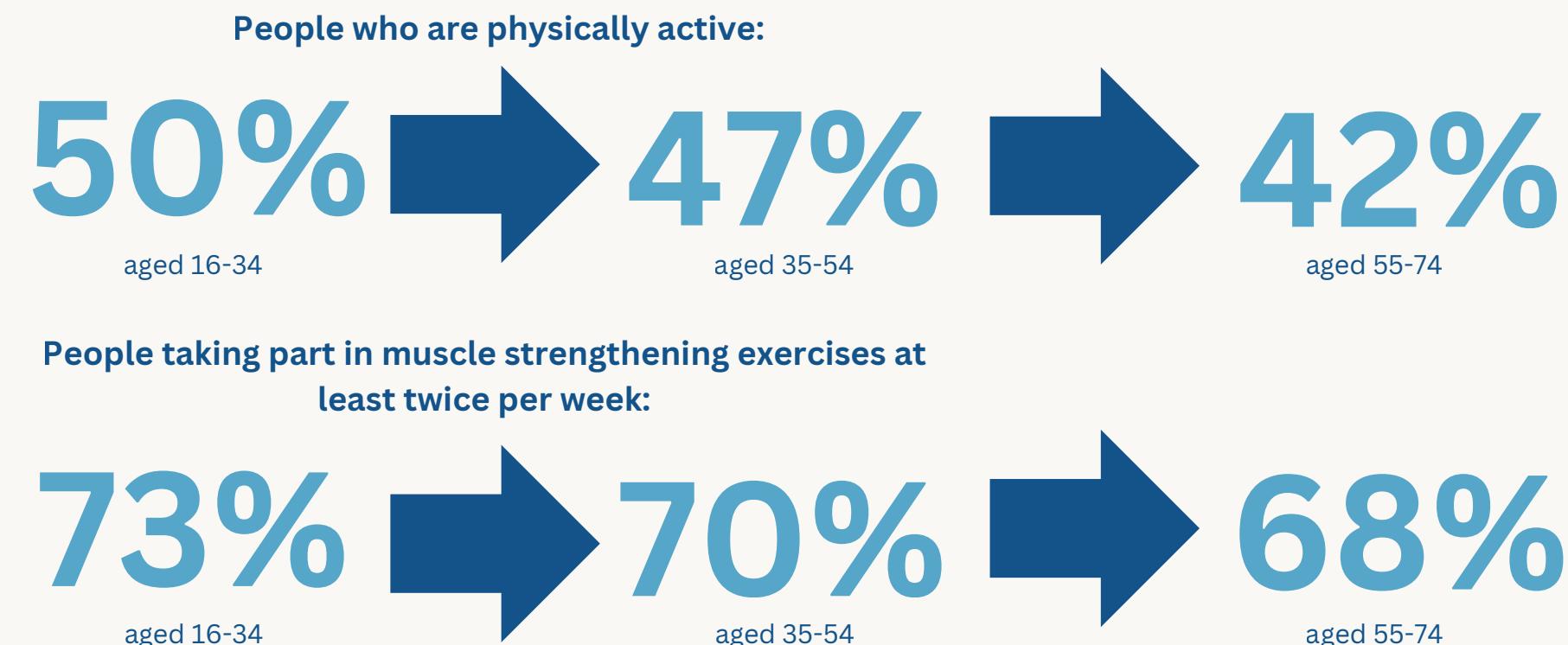
[34] Source: Office for Health Improvement and Disparities (2025). Musculoskeletal health: Local Profiles. Available at: <https://fingertips.phe.org.uk/profile/msk/data#page/1>

Physical activity and falls prevention:

Fall incidence amongst people aged 65+ in Wokingham Borough [50]

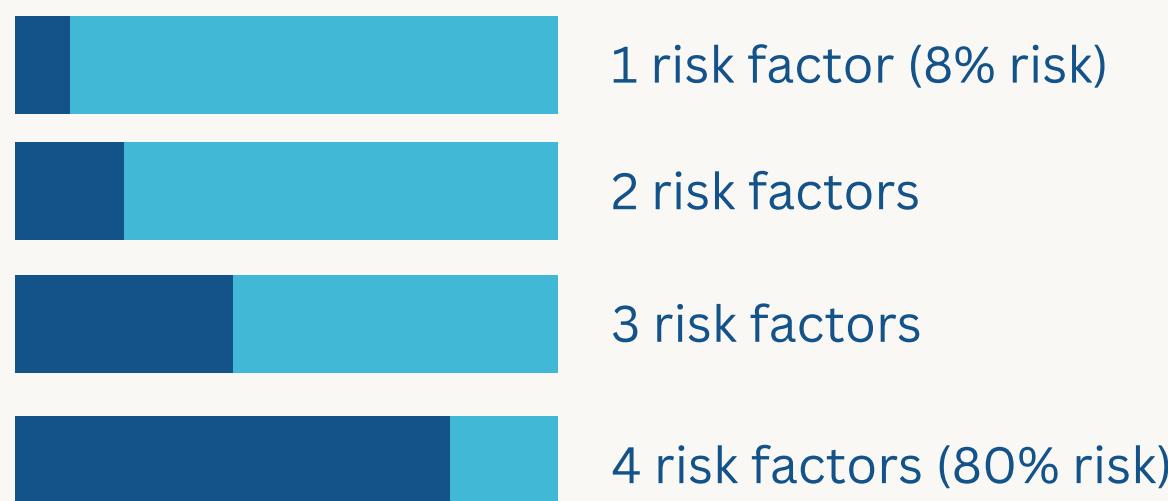


Mobility and balance problems, a fear of falling, and a history of falling are among key risk factors for falls (2022/23)



Although older people are as likely as young adults to say that they enjoy sport or exercise, they feel like they have less opportunity and ability to be active.

The risk that a person will fall within a year



Making it easy and attractive for people to exercise through their lives is one of the most effective ways for maintaining independence into older age and local strategies, policies, and plans should encourage and enable people to be more physically active. This includes the design of green spaces to consider the needs of older residents and encouraging older people to undertake active travel and use public transport.

Physical Activity Assets

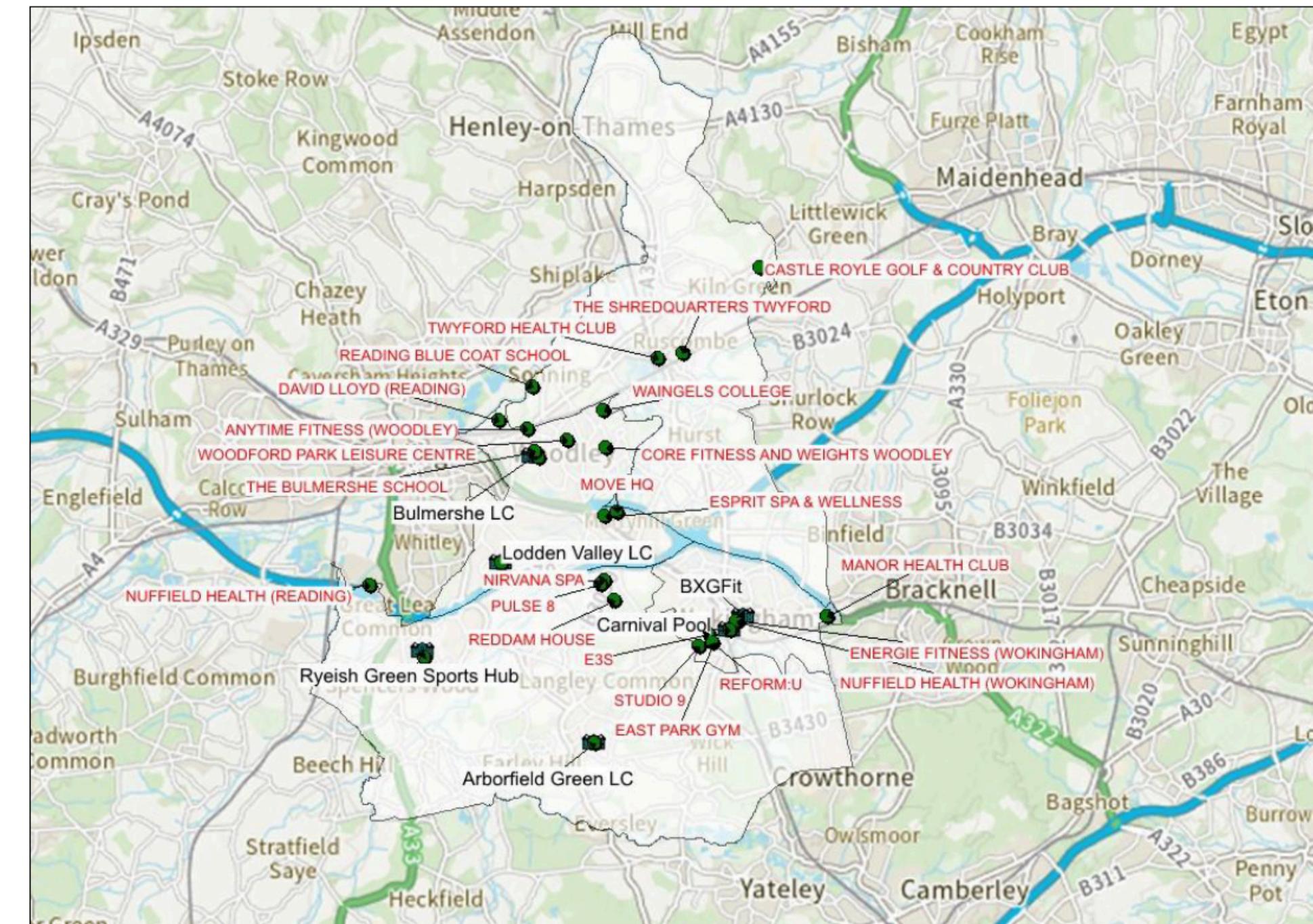
Indoor Leisure Provision in Wokingham:

Indoor Leisure Provision in Wokingham:

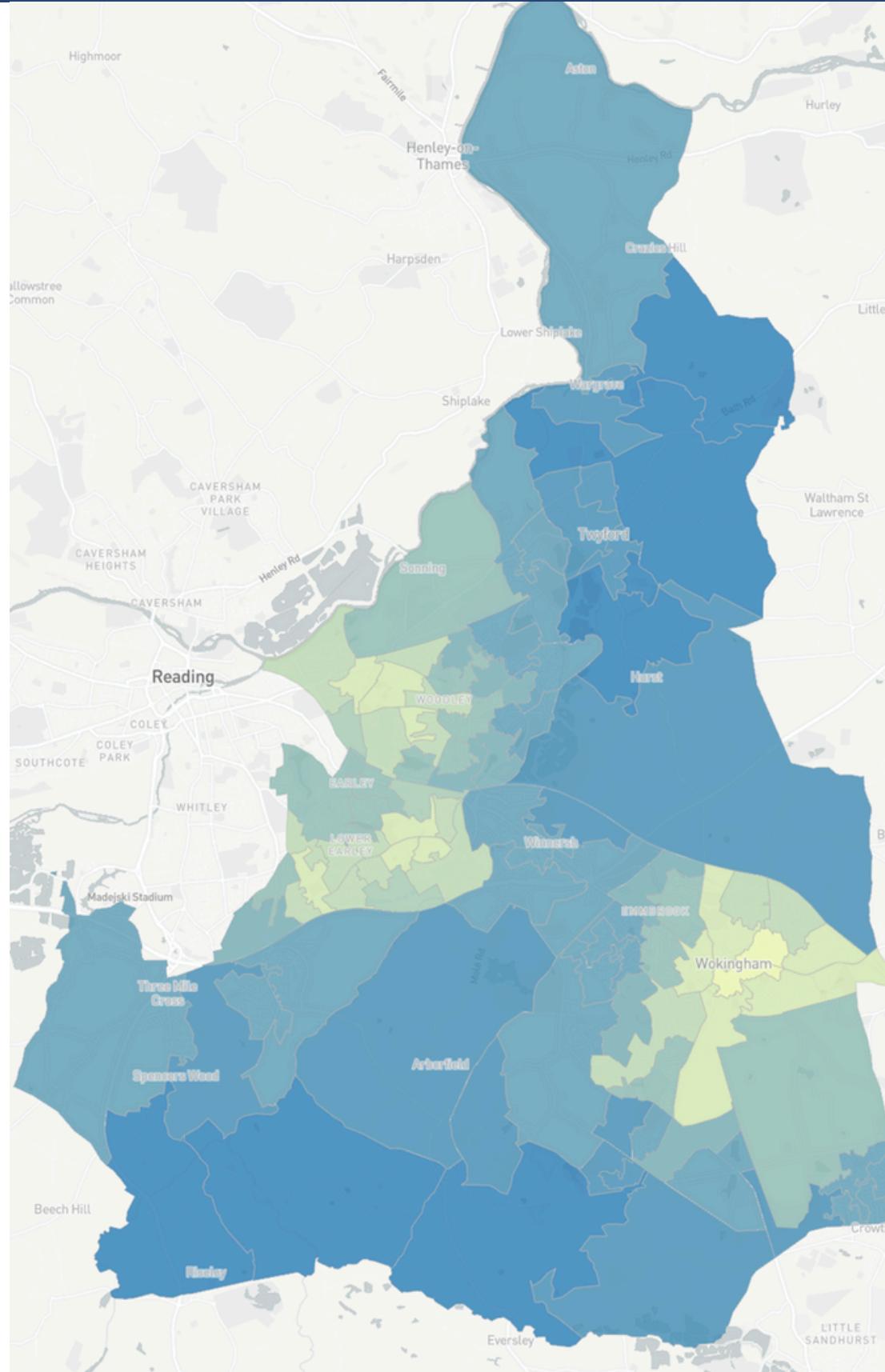
- 89% of Local Authority Leisure Centre members live within the Wokingham Borough geographic boundaries.
- 12,084 (8.85% of adults) Local Authority Leisure Centre gym members (November 2024)
 - Estimated 22,440 regular gym users in Wokingham (16.5% of adults).
- 1,690 (1.23% adults) Local Authority Leisure Centre swim members (November 2024)
- There are 23 Sports Halls in Wokingham
- 30 health & fitness venues in Wokingham - 5 managed by Local Authority commissioned Leisure Provider.

Estimated % have been calculated using the Census 2021 population figures for total population and/or adults aged 18+ years).

Figure 6.1 - Location of the health and fitness facilities Wokingham 2024 (Wokingham Local Authority Boundary) (Sport England@Active Power)



Distance to leisure provision in Wokingham:



The *Access to Health Assets and Hazards* [AHAH] is a multi-dimensional index which looks at and measures health promoting assets. The map to the left are the findings for access to broad classification of *leisure provision* in Wokingham.

Leisure provision

Calculation of the mean distance to a leisure centre based on the *road network distance* shows Wokingham town centre, Woodley and Lower Earley as the highest ranking (best) served areas and worst are north of the Borough (Remenham, Wargrave, and Ruscombe); to the centre east (Hurst); and to the south (Finchamstead South and Swallowfield).

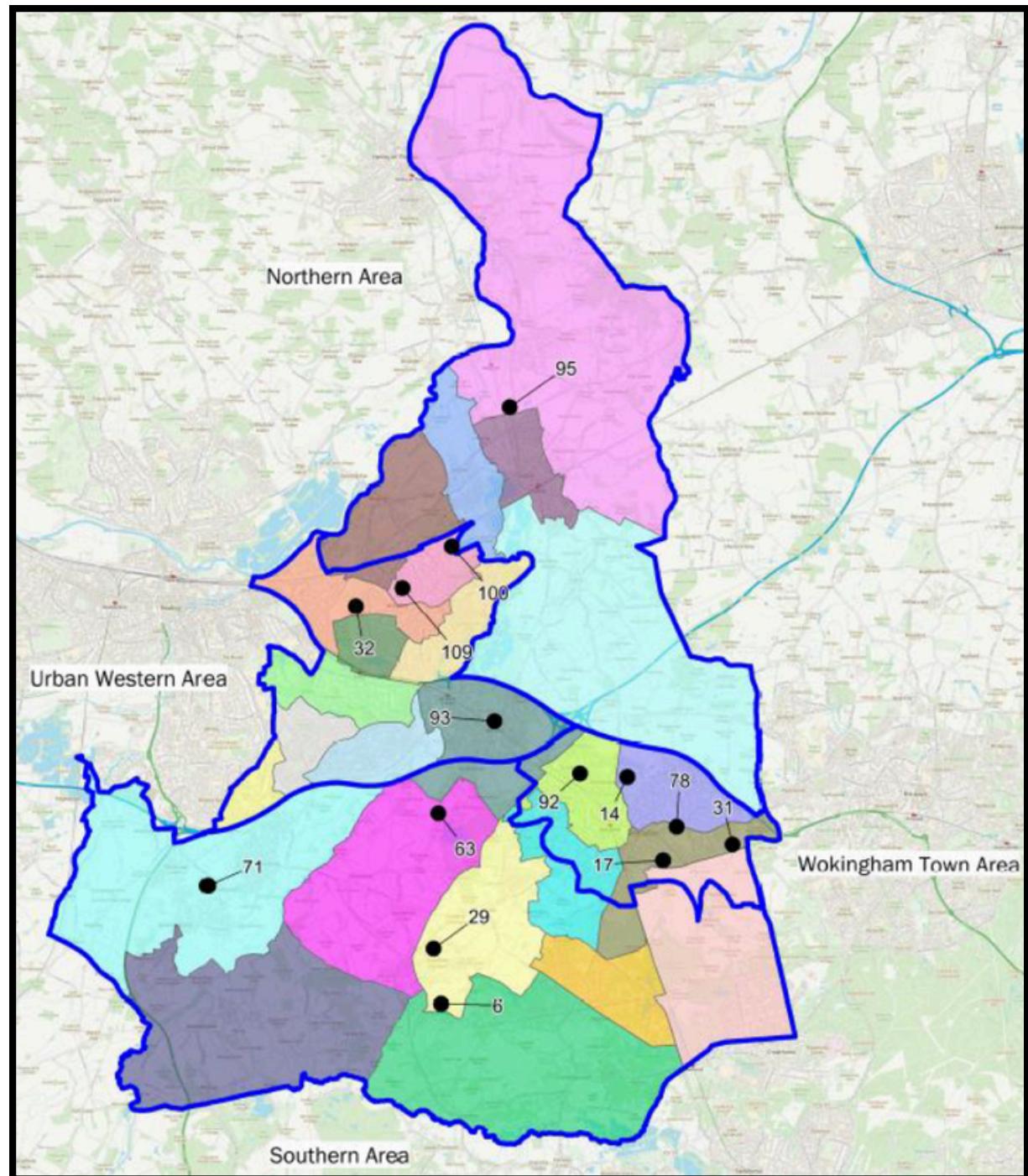
The results of this mapping is influenced by the location of the five leisure provision owned by Wokingham Borough Council.

[35] Source: Consumer Data Research Centre (2024). Access to Health Assets and Hazards. Available at: [https://data.cdrc.ac.uk/dataset/access-healthy-assets-hazards-ahah#:~:text=AHAH%20\(the%20index%20of%20%27Access,how%20%27healthy%27%20neighbourhoods%20are.](https://data.cdrc.ac.uk/dataset/access-healthy-assets-hazards-ahah#:~:text=AHAH%20(the%20index%20of%20%27Access,how%20%27healthy%27%20neighbourhoods%20are.)

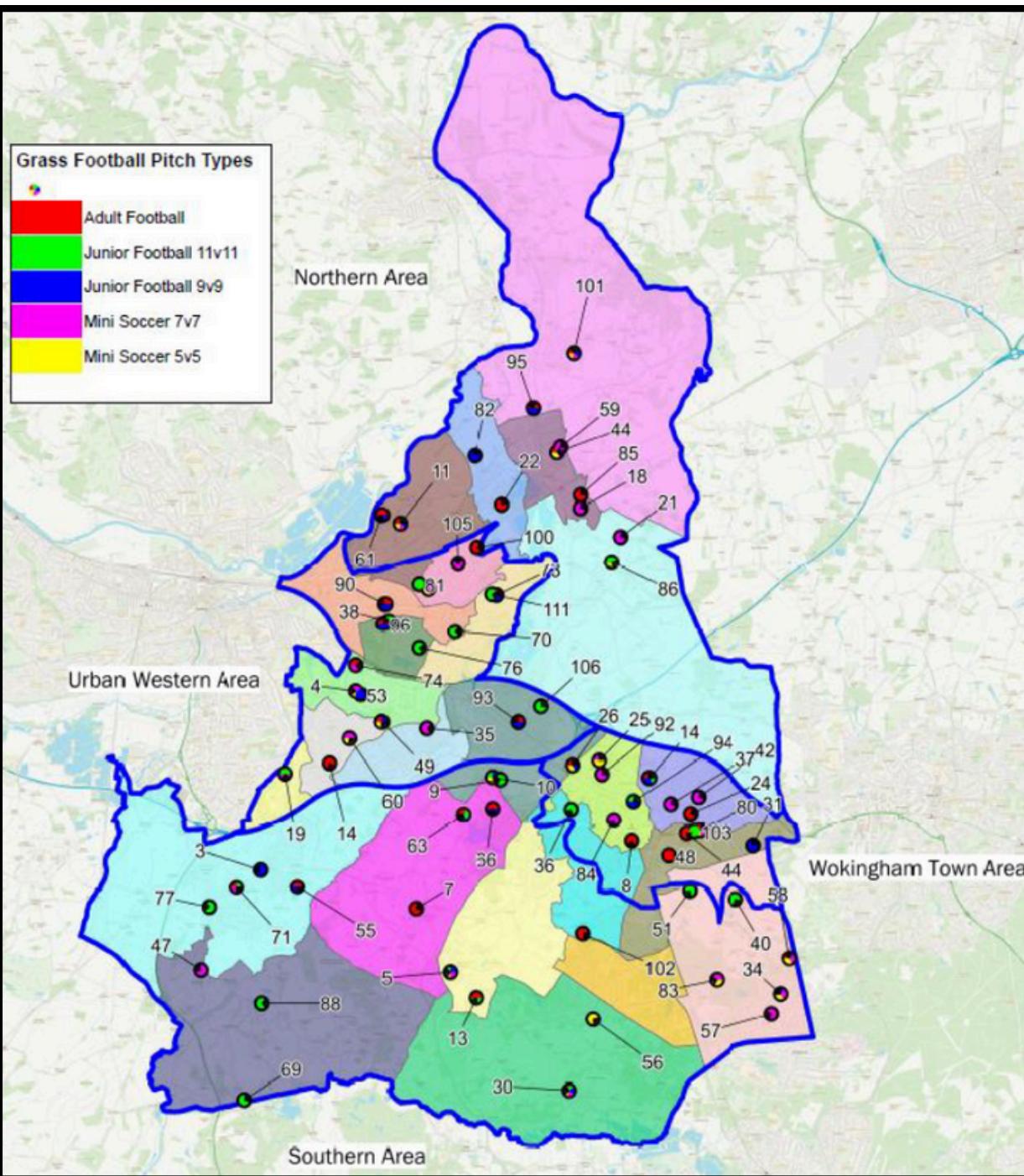
Outdoor Leisure Provision & Open Spaces in Wokingham

Outdoor Leisure Provision & Open Space - Wokingham

- There were 762,580 Country park visits across 2 sites in Wokingham during the 2023/24 financial year, an increase of 4.89%.
- There were 654 football teams registered and 70 clubs in Wokingham Borough.
- There is a noted shortfall in 3G Artificial Grass Pitches in Borough.
- There are 72 football sites providing 204 pitches.

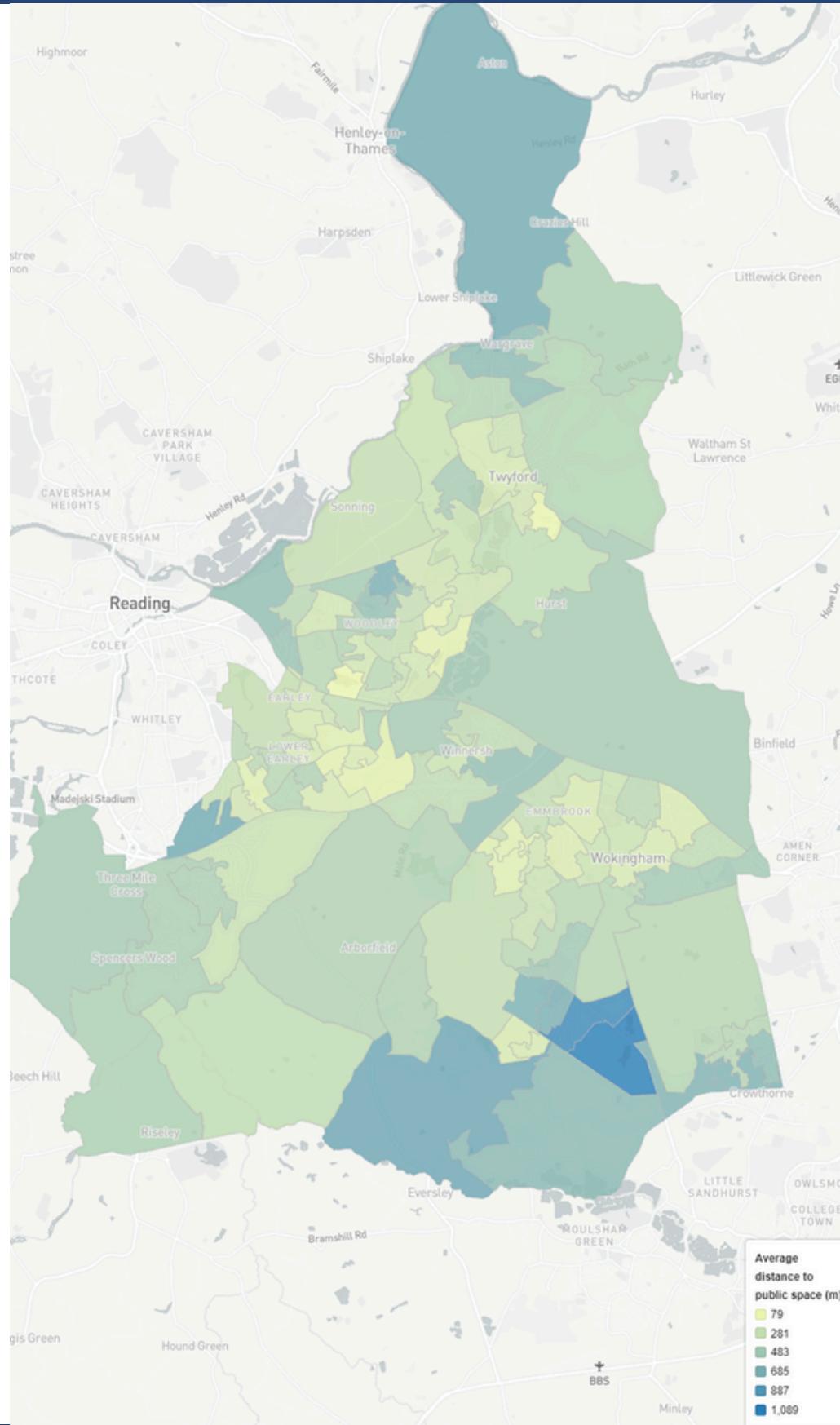


Artificial grass pitch locations in Wokingham Borough



Grass pitch locations in Wokingham Borough

Distance to green space assets in Wokingham

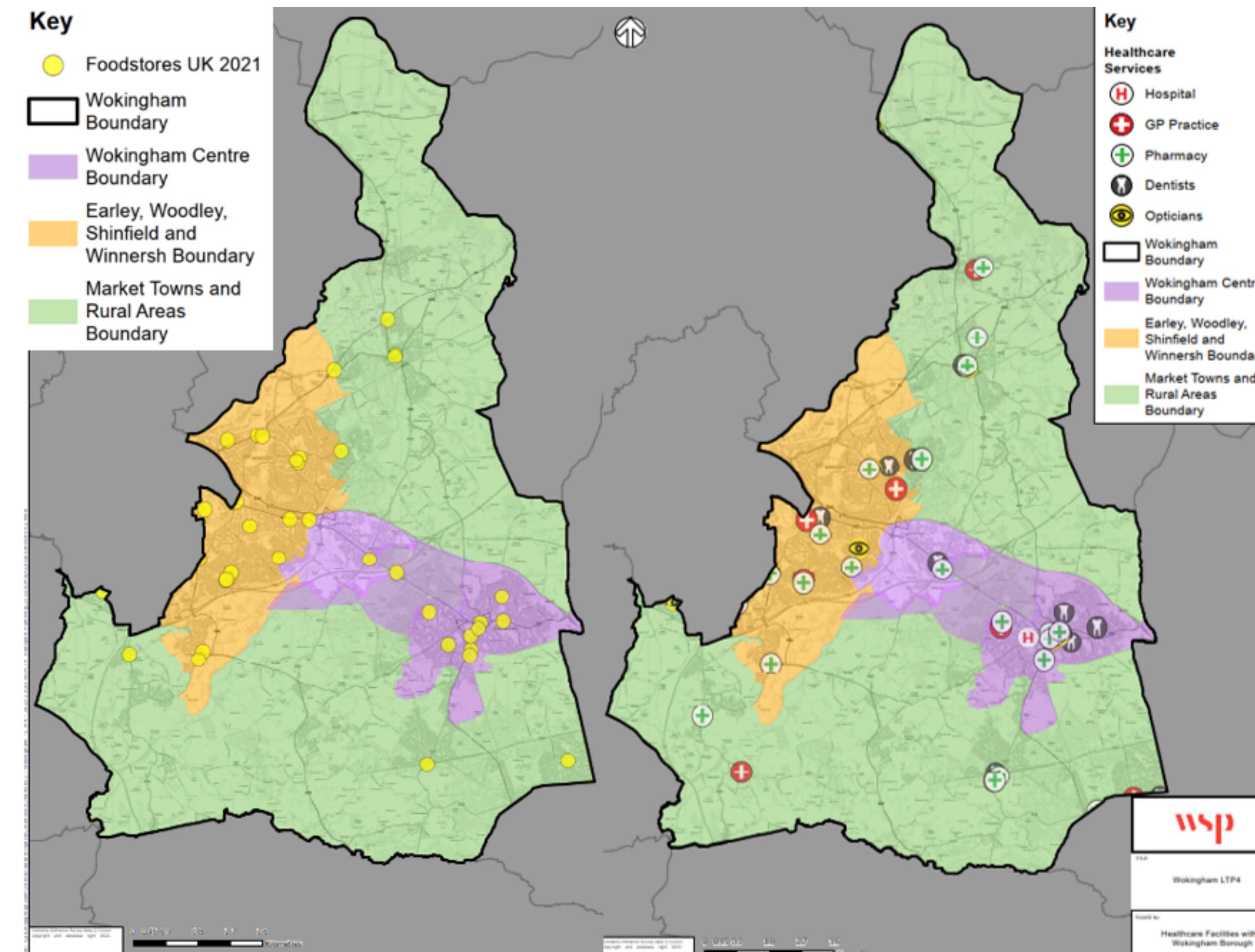


The *Access to Health Assets and Hazards* [AHAH] is a multi-dimensional index which looks at and measures health promoting assets. The map to the left are the findings for access to broad classification of *green spaces* in Wokingham.

Green Spaces

Calculation of the average distance to nearest *Park*, *Public Garden*, or *Playing Field* by neighbourhood with Wokingham shows that generally areas are well served across the Borough, however the worst ranking areas for access to green space are around Finchampstead to the south and Shinfield to the west - which are two areas also worst affected by the distance to leisure provision.

Access to Foodstores and Healthcare Services



Local access to food store mapping (far left) and healthcare facilities (left) in 2021 by sustainable travel showed there were a higher number of facilities located in Wokingham Town centre (purple boundary) and Earley, Woodley, Shinfield and Winnersh (orange).

The more rural areas in the north and south (green), with the exception of Twyford and Wargrave, have no or significantly lower access to both food stores and healthcare.

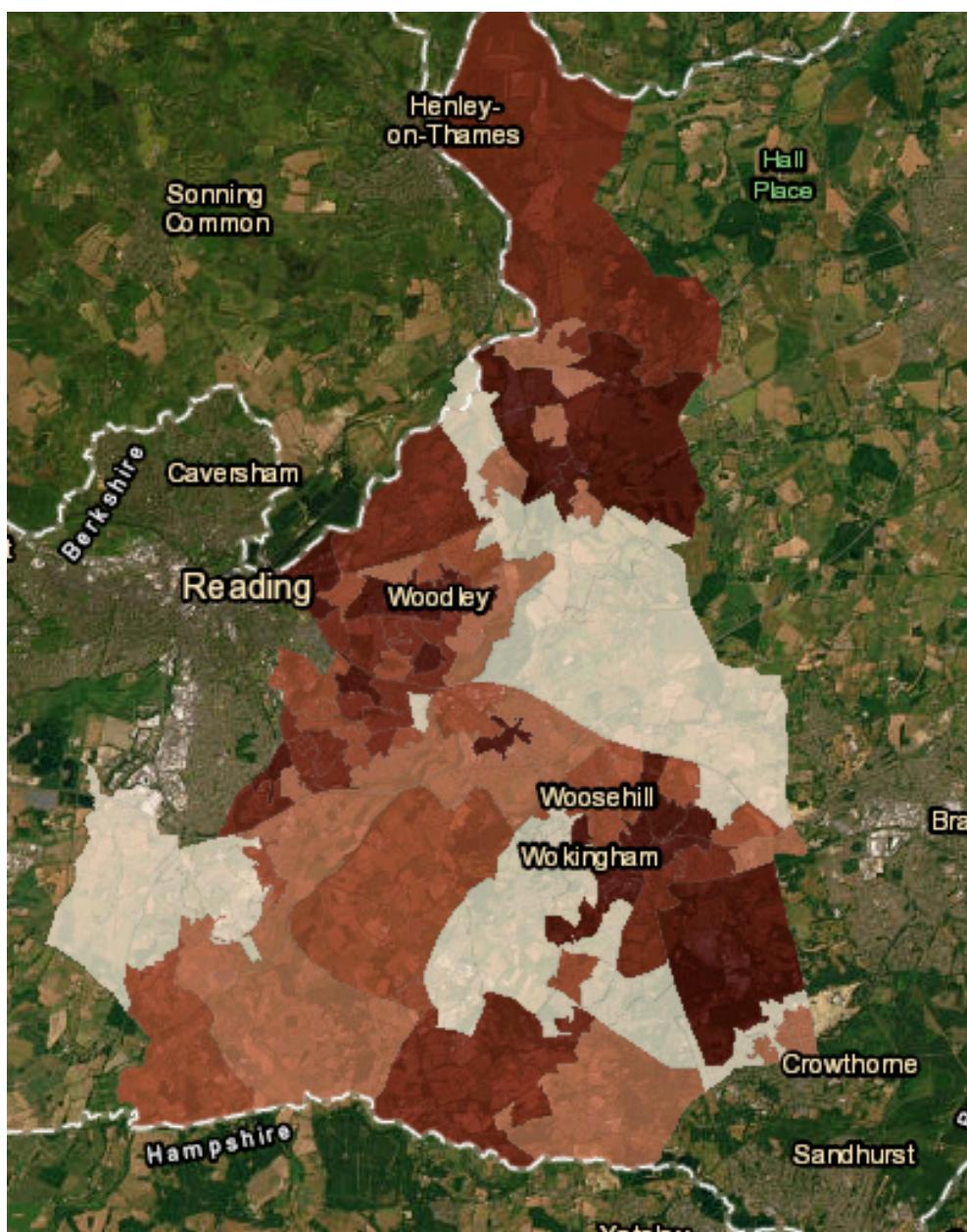
Lower range of services and limited accessibility to sustainable transport (walking and bus services) can also impact employment, access to shopping, leisure and tourism in evenings and on Sunday's, and barriers for individuals when times of transport services do not coincide with appointments. There is also an impact of increased journey times and car usage.

Physical Activity - Travel

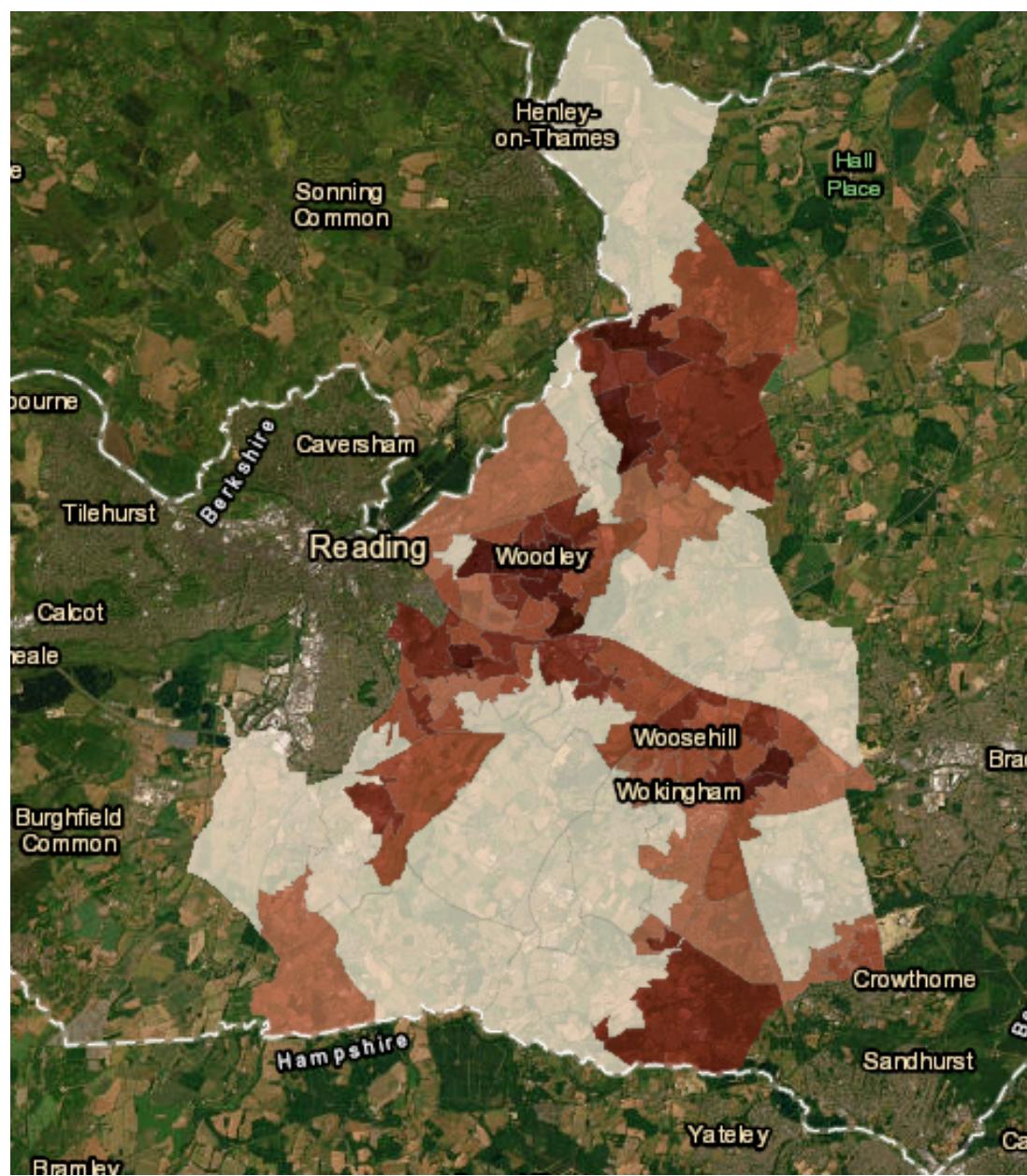
Geographical barriers and car or van access

The physical proximity and to health promoting assets such as leisure services, playing pitches, fields, green space, food stores, health care provision, work and transport etc is important in promoting population health. For some residents, car usage may be the only way of accessing some assets but not all will have access to a car or van. The following section looks at households with car and van access across the borough:

Household's with no access to car or van [36]



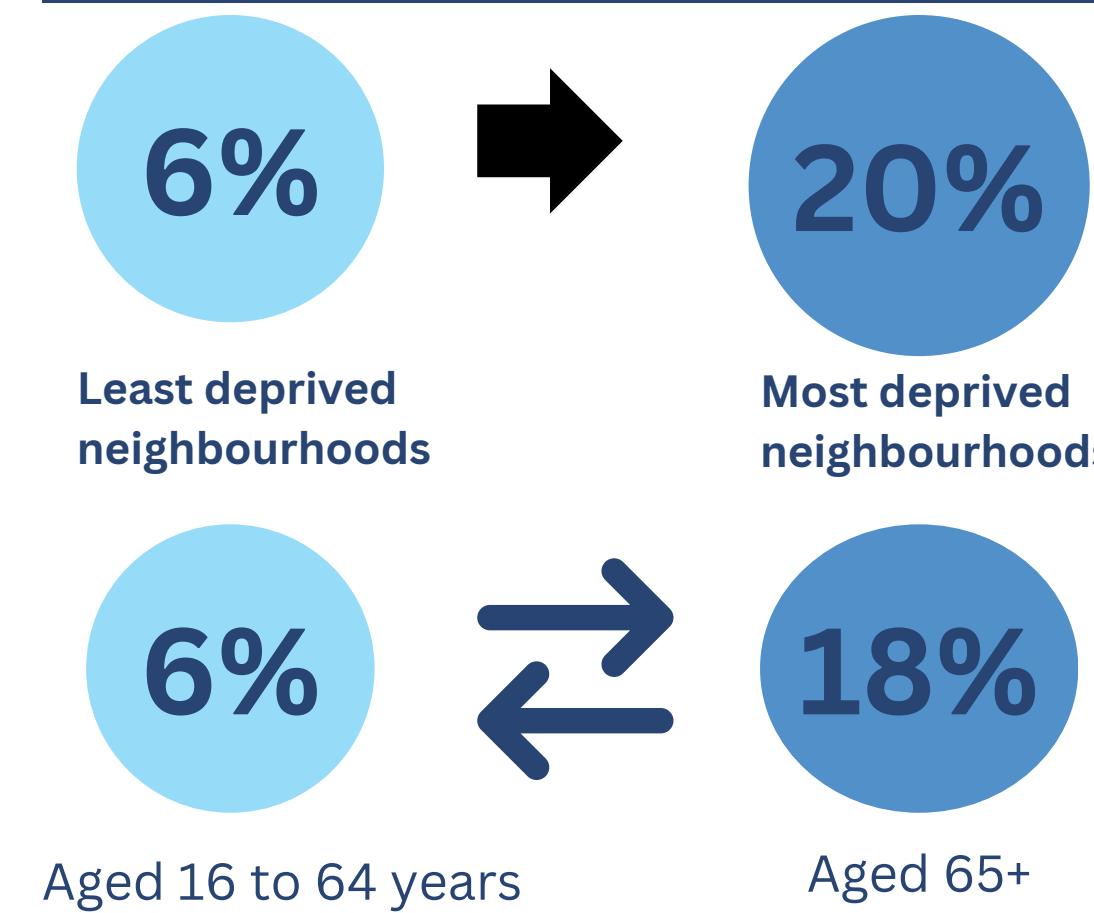
Index of Multiple Deprivation - geographical barriers [37]



6 neighbourhoods in Wokingham are in the top 20% most deprived nationally on the geographical barriers sub-domain on the IMD and also have a high proportion of people aged 65+ with no car or van access.

A further 11 could be assessed in terms of car or van access due to disclosure control within the Census data.

Households with no access to car or van [38]



Active Travel:

Incorporating active travel into our daily lives not only has benefits for our physical and mental health but also helps promote health through reduced carbon admissions. Building in active travel also helps in people achieving the 150 minutes of moderate exercise per week. We looked at national data sets for factors related to active travel:



14.4%

of working age residents were estimated to walk for travel at three days per week in 2019/2020, decreased from 22.5% in 2018/19. [31]



1.8%

of working aged residents were estimated to cycle for travel at three days per week in 2019/2020, decreased from 2.2% in 2018/19. [31]



Active travel decreases with age, whilst car use increases, although it should be noted that access to cars decreases with age - meaning safe active or public transport is important as we age. [12]

17.4%

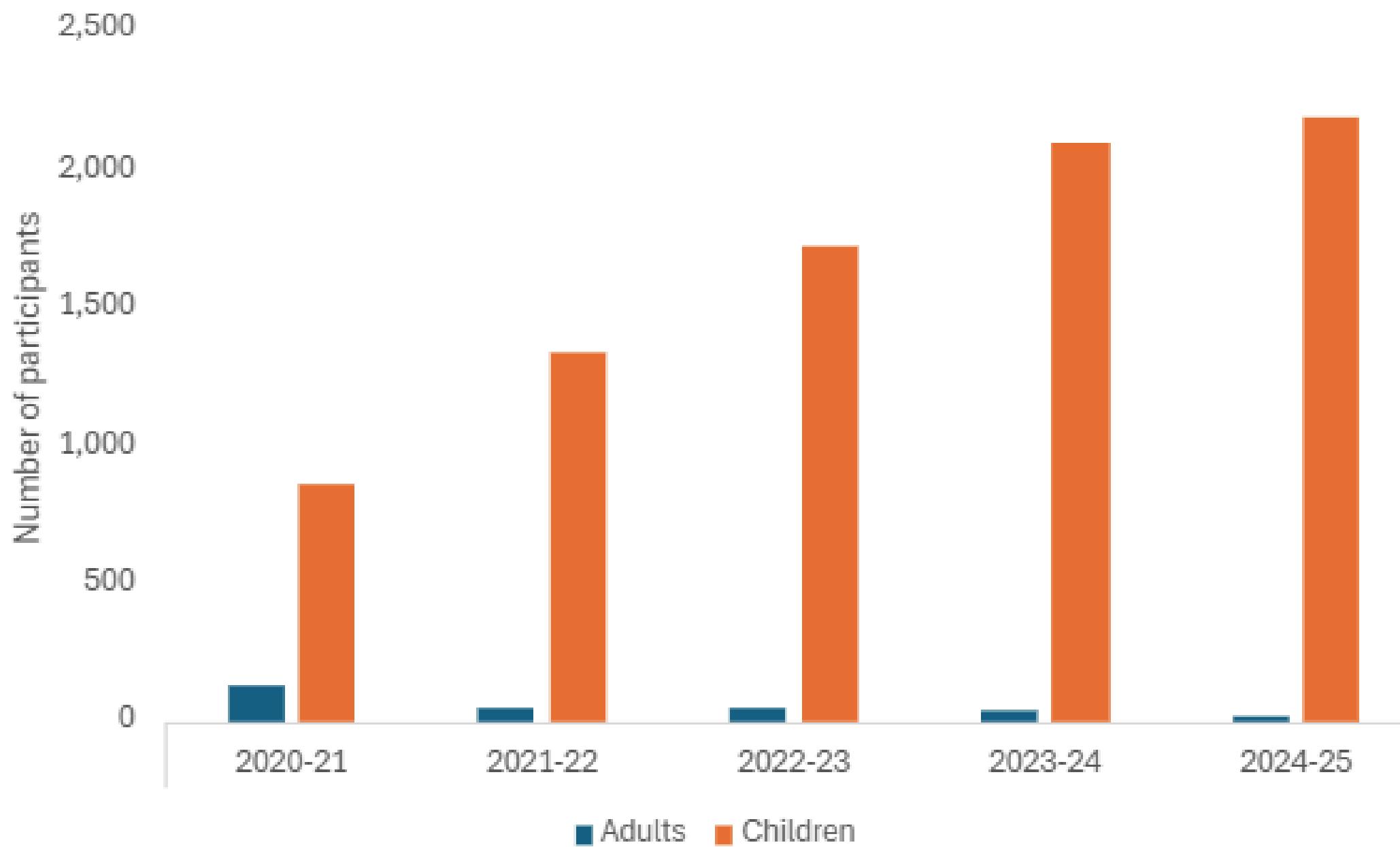
of Wokingham commuters reported routinely driving to work in the 2021 Census. [39]

50.7%

of Wokingham people aged 16 years and over in employment in Wokingham reported working mainly from home in the 2021 Census. [39]

Adult cycle training and CYP Bikeability

Numbers of participants in children and young people bikeability training and adult cycle training. The number of children in Wokingham participating in this training has increased year-on-year to 2184 in 2024/25. [40]



Bikeability training plays an important role in supporting children to engage in cycling for active travel and physical activity.

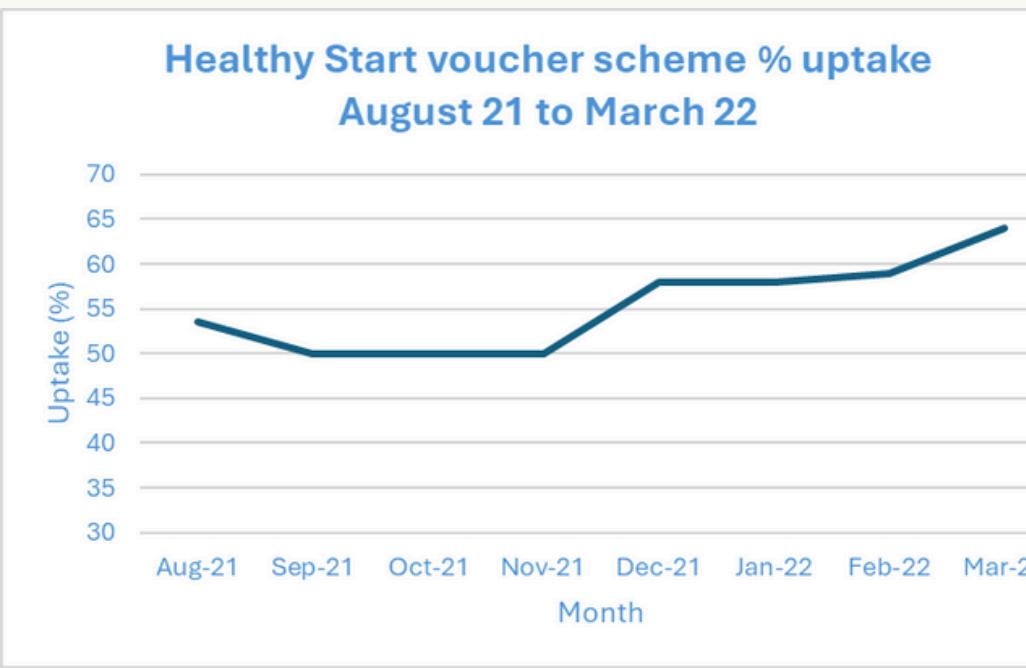
It provides an opportunity to:

- improve cardiovascular fitness
- maintain healthy weight,
- improve road safety skills,
- promote cycling confidence and
- accident prevention.

Children and Young People

Food and nutrition

Wokingham Free School Meals & Healthy Start



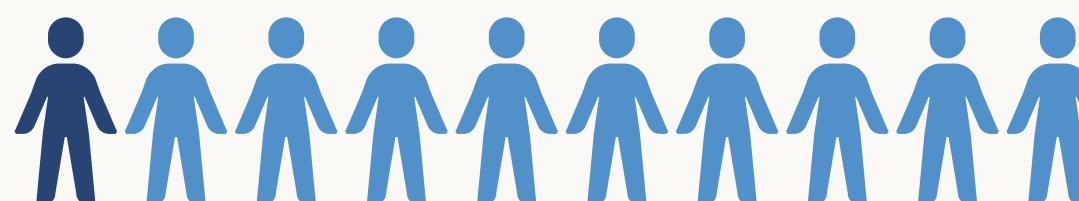
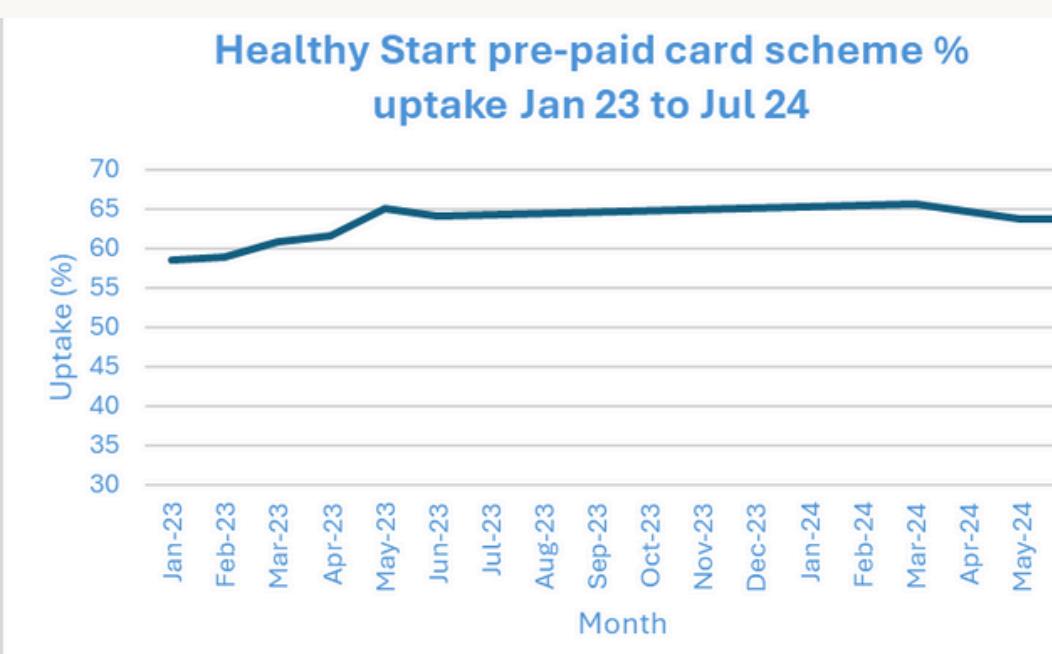
National provision to help families and pregnant people on low income access healthy food such as fruit, vegetables, pulses, milk, vitamins and infant formula. The Healthy Start scheme transitioned from a paper voucher (prior to March '22) to a pre-paid card scheme (from January '23) so comparative trend data is limited.

In 2021/22 the average number of eligible families in Wokingham were 731. Uptake gradually increased from 55.3% to 62% over this period.

In 2022/23 the average number of eligible families decreased from 731 to 699. There was a slight increase in uptake to an average consistently above 62%.

This indicates that on average, nearly a third of eligible families **missed out** on the offer [41].

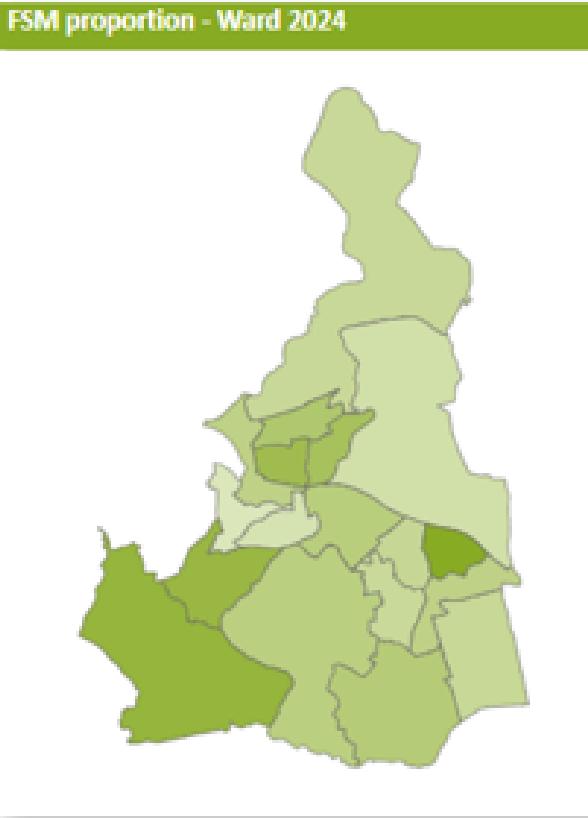
There has been an issue with 2023/24 data which is delaying publication.



1 in 10 children in Wokingham were eligible for free school meals [FSM] in 2022/2023

The number of children eligible for FSM has increased from 5.8% (n=1,459) who were eligible in 2014/15 to 9.5% (n=2,832) in 2022/23. [42]

Wokingham Free School Meals:



FSM proportion - Ward 2024

Ward	FSM	% FSM pupils
Norreys		16.2%
Spencers Wood & Swallowfield		14.2%
Shinfield		13.8%
South Lake		12.7%
Loddon		11.7%
Bulmershe & Coronation		10.3%
Finchampstead		9.5%
Winkersh		9.0%
Barkham & Arborfield		8.7%
Maiden Erleigh & Whitegates		8.2%
Wescott		8.2%
Emmbrook		7.1%
Wokingham Without		6.9%
Thames		6.8%
Evendons		6.7%
Twyford, Ruscombe & Hurst		5.4%
Hawkedon		4.8%
Hillside		4.0%

FSM proportion - LSOA 2021

LSOA 2021	Ward	FSM	% FSM pupils
E01016673	Norreys		38.9%
E01016662	South Lake		31.3%
E01016680	Shinfield		24.3%
E01016615	Bulmershe & Coronation		22.0%
E01016690	Spencers Wood & Swallowfield		20.4%
E01016705	Wokingham Without		18.0%
E01016626	Emmbrook		17.6%
E01035263	Spencers Wood & Swallowfield		17.4%
E01035269	Finchampstead		17.4%
E01016658	Loddon		17.0%
E01016679	Shinfield		16.8%
E01035268	Barkham & Arborfield		16.3%
E01016631	Evendons		16.0%
E01016674	Norreys		15.7%
E01016691	Spencers Wood & Swallowfield		15.0%
E01035260	Shinfield		14.5%

Wokingham's School Census data shows the proportion of pupils, who are both residing in Wokingham and on the Wokingham school roll, who are **eligible** for **Free School Meals** (income based/ benefit related). This data covers children from 3 – 18 years old but excludes data for: children residing in Wokingham but attending school outside of Wokingham; children who are home schooled; and independent schools. Caution should be taken when looking at areas around the borders of Wokingham borough as children living in these areas are more likely to be attending schools outside of the borough. This may skew the calculation due to small numbers.

Looking across these 5 data sets, the following 4 LSOAs flag towards the top of multiple measures both in 2024 (top left) and in 2021 (bottom left):

- E01016673 (Norreys ward)
- E01016662 (South Lake)
- E01016615 (Bulmershe and Coronation)
- E01016680 (Shinfield ward)

The wards of Norreys, South Lake and Shinfield each have 2 LSOAs within their wards that are within the top 15 LSOAs (of a total of 103 LSOAs within Wokingham). [41]

Wokingham Free School Meals - uptake:

Maintained WBC Schools infant children who reside in Wokingham - FSM uptake by group Autumn 2024

Universal Infant FSM		Eligible Infant FSM	
% Taken	% Not Taken	% Taken	% Not Taken
89% (n=2021)	11% (n=238)	79% (n=139)	21% (n=37)

All infant school children receive FSM. These are either Universal Infant Free School Meal only (UIFSM) and those who receive Eligible FSMs (income based).

Wokingham's School Census data from Autumn 2024 [43] shows the uptake of Free School Meals for maintained infant pupils.

Uptake data is only available for maintained infant schools. Of the 57 primary schools in Wokingham only 18 are maintained. Analysis of the uptake rates of FSM within maintained infant schools, for pupils who reside in Wokingham shows:

- 11% (238 pupils) do not take a UIFSM only pupils
- 21% (37 pupils) do not take a Eligible FSM pupils

Uptake rates differ by infant schools with some schools having more success with uptake of FSM than other infant schools.

This data is a snapshot of a single day where the pupils present where counted as taking or not taking on the day.

All ages

Food and nutrition

Nutrition - beyond the average and adult health impact:

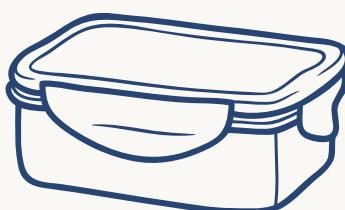
Nutrition is vital part of our health and development. Good nutrition helps with developing strong immune systems, supports safer pregnancy and childbirth and lowers our risk of a variety of conditions (e.g. cardiovascular disease, diabetes, anaemia etc). Malnutrition, which is complex and has multiple forms, essentially undermines our health and wellbeing and can have serious consequences for health and development. [44]

Nutrition is a broad topic and there is limited data available both at local and national level. The below provides a general insight into both national and local nutrition related factors and can be considered alongside data presented in the obesity chapter. [44]

Highest income household v Lowest income household in England consume [45]:



1/3 more fruit and vegetables
1/5 more fibre
Twice as much oily fish



School lunches are more likely to meet dietary recommendations v packed lunches (>veggies, <sugar and snacks).



1 in 3 adults aged over 16 report having the recommended 5 daily portions of fruit and vegetables.

Recorded weight loss and/or anaemia - Wokingham [45]

7.4k

59%

78

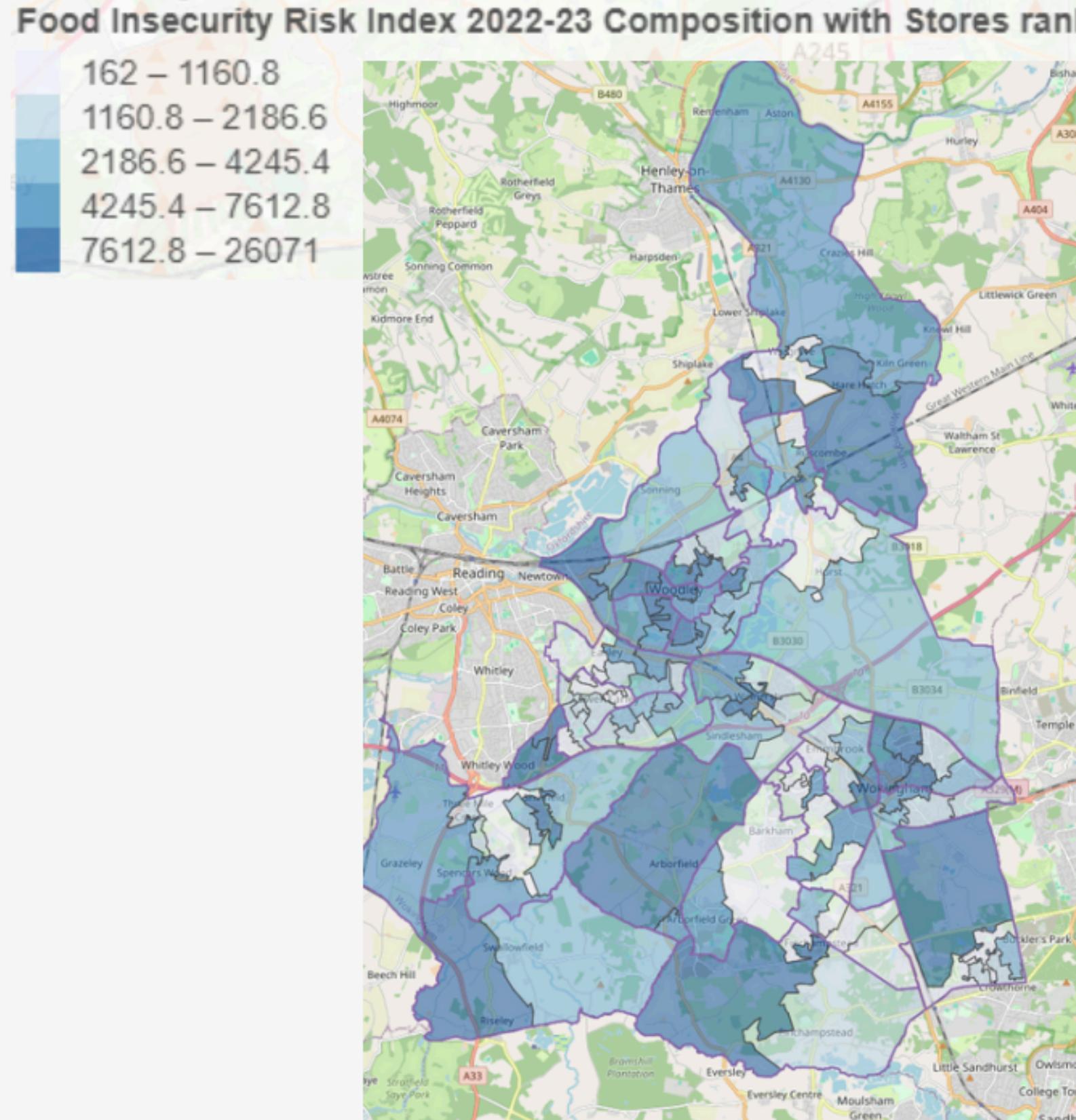
People on Wokingham GP records are showing having significant weight loss and/or anaemia (24%) which is linked to increase risk of falls in older people.

Were recorded as female.

was the average age of those on record.



Wokingham Food Insecurity



The Food Insecurity Risk Index 2022-23 Composition [46] ranks England wide LSOAs where rank 33,755 is the area at highest of food insecurity and 1 is the area at the lowest risk of food insecurity.

The map denotes LSOAs with higher risk of food insecurity in Wokingham borough in darker shades of blue.

LSOA E01016615 (within Bulmershe & Coronation ward) is ranked within the top 25% most food insecure LSOAs in England. LSOA E0106662 (within South Lake ward) is ranked with the top 33% most food insecure LSOAs in England.

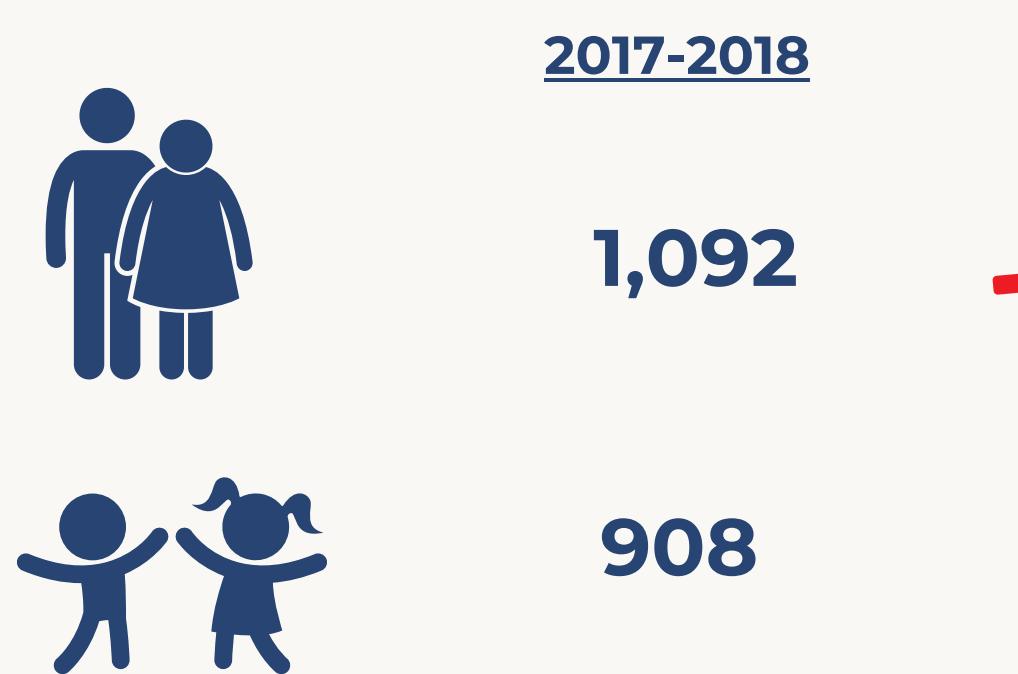
Across the top 10 most Food Insecure LSOAs, 2 LSOAs are within South Lake, 2 within Norreys and there is 1 in each of the wards Bulmershe & Coronation, Shinfield, Wokingham Without, Winnersh, Maiden Erlegh & Whitegates, and Emmbrook.

Looking at the Food Insecurity Index ranks, the 3 with the highest risk index in Wokingham borough stand out as outliers when compared across all LSOAs within Wokingham borough. With the LSOA ranked 3rd highest being over 6,000 ranks higher than the LSOA ranked 4th. They sit in 3 wards (Bulmershe & Coronation and South Lake and Norreys) that are also highlighted in local free school meals data, and are also highlighted within the contextual information provided on page 1 of this report, including lower levels of self-reported health and wellbeing.

Wokingham Food Bank Distribution

There are four emergency food distribution centres available to Wokingham residents - Wokingham and Crowthorne Foodbanks (Trussell Trust), Woodley Foodbank (part of Pilot Light Trust, registered charity set up by churches of Woodley) and Nomad Food Bank in Henley (open to residents in Remenham, Wargrave and Crazies Hill).

Wokingham Foodbank - Meals distributed [47]

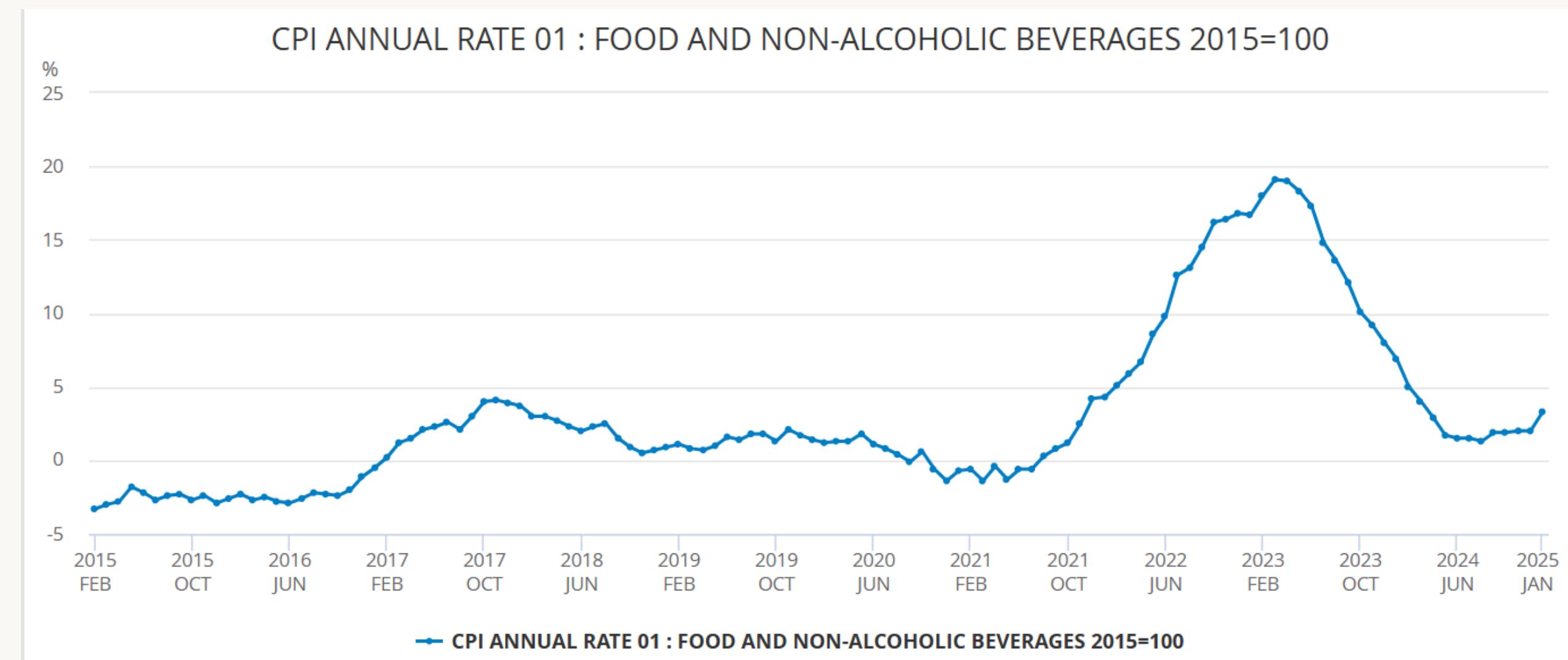


Data from the Trussell Trust's 2 local distribution centres in Wokingham shows the number of meals distributed to families has nearly trebled for adults and more than doubled for children. Centre's are not restricted to Wokingham residents only. It should be noted that there has been a decrease since 2022/23 when 3,825 adults and 2,723 children parcels were distributed.

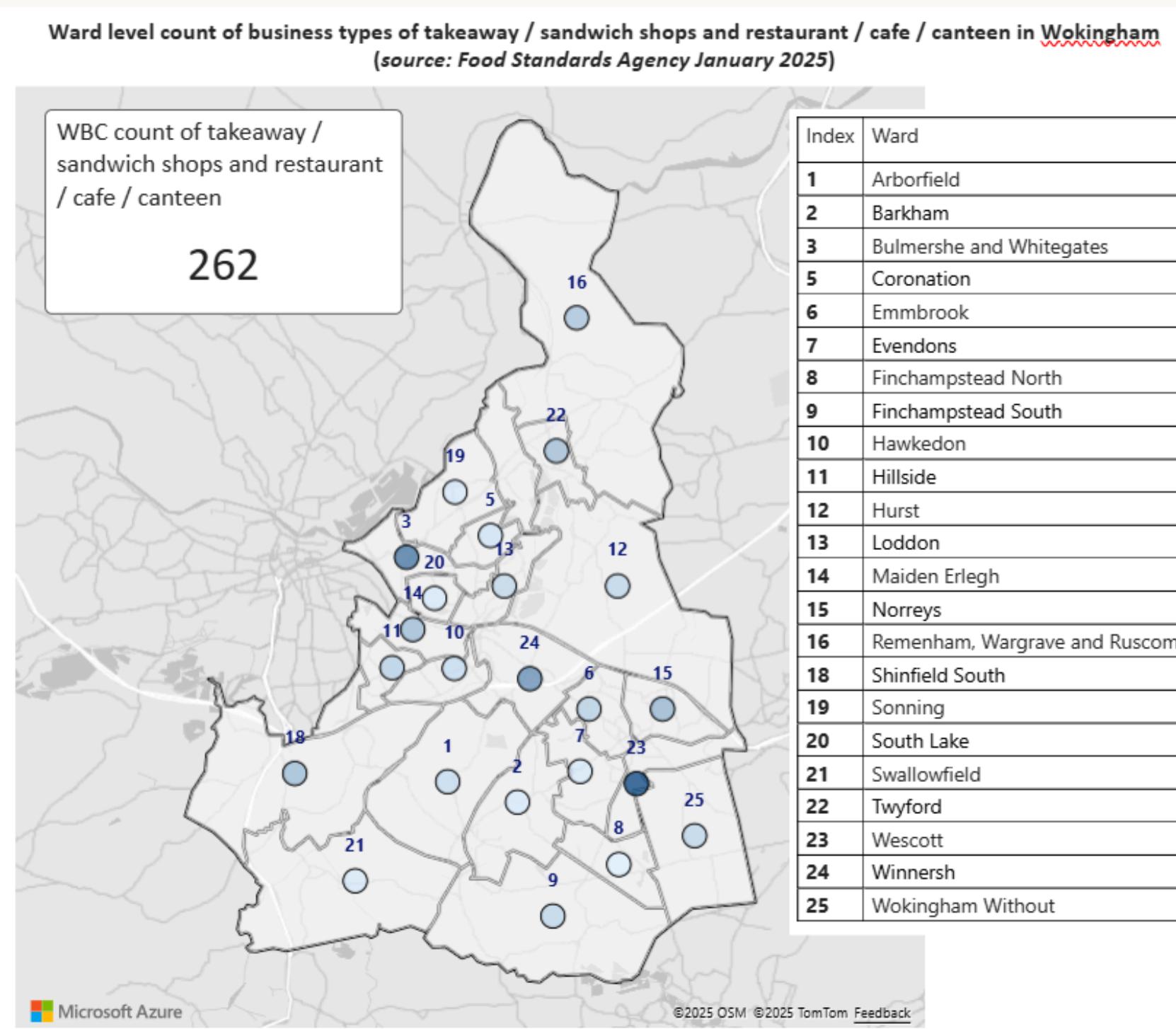
Food inflation and associated impact:

The rise of inflation of food and drink pricing disproportionately affects families on low incomes. The nationally published UK Consumer Price Index [CPI] index [48] can be a useful tool to inform local need. It is important to note that lower inflation does not always result in lowering of pricing.

The impact of inflation can be seen in Trussell Trust foodbank meal distribution data; it follows a similar trend pattern in terms of increased demand as seen in 2022/23, however there has been a decline in 2023/24 [47][48]



Food Standards Agency Wokingham establishments



Data shown to the left has been taken from the Food Standards Agency and it includes the number of business types classified as:

- Takeaway / sandwich shop
- Restaurants / cafe / canteen

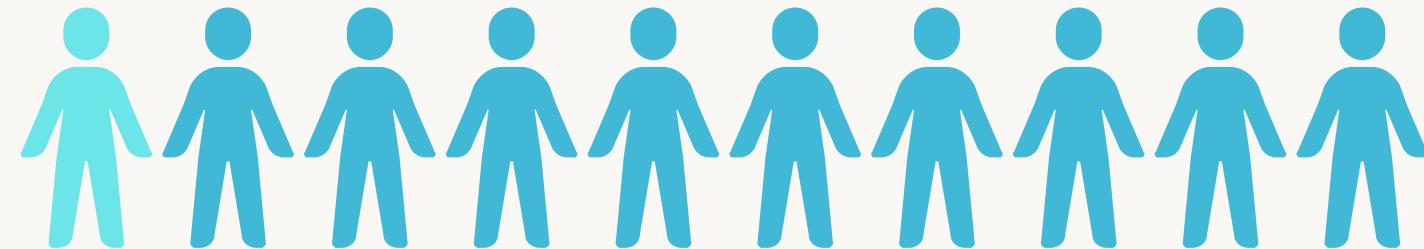
The wards of Wescott (23) and Bulmershe and Whitegates (34) had the greatest numbers of establishments. [49]

This does include onsite cafes and canteens at worksites and schools. Further work is needed to look distinguishing establishments as fast food distributors.

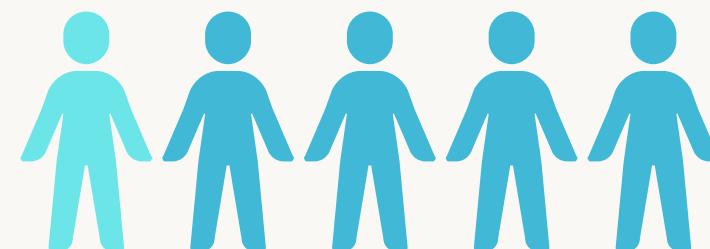
National Diet and Nutrition Survey 2019 to 2023

Food Consumption

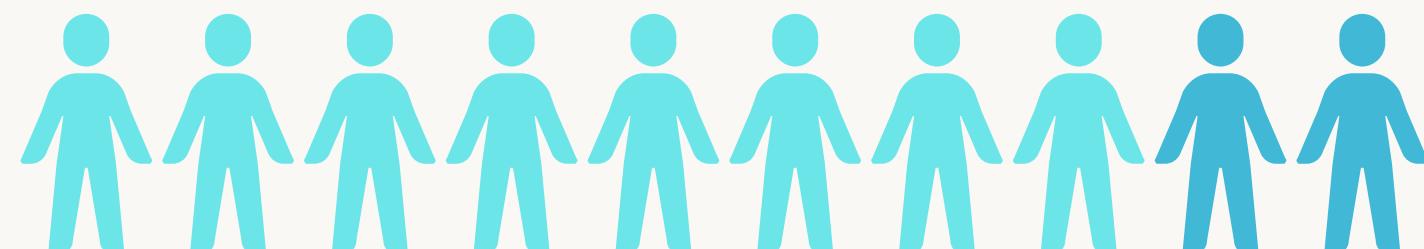
The National Diet and Nutrition Survey Rolling Programme (NDNS RP) is a continuous cross-sectional survey, designed to assess the diet, nutrient intake and nutritional status of the general population aged 1.5 years and over living in private households in the UK.



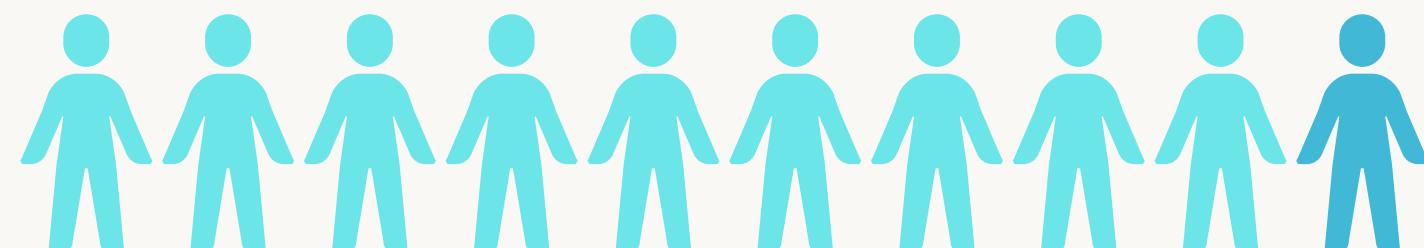
Less than 1 in 10 children meet the 5 a day recommendation for fruit and vegetables. Average 2.8 per day (Children aged 11-18)



Less than 1 in 10 adults meet the 5 a day recommendation for fruit and vegetables. Average 3.5 portions per day.



Over 8 in 10 children (85%) and adults (82%) exceeded the recommendation for saturated fats (no more than 10% of energy intake)



Over 9 in 10 children (91%) and 8 in 10 adults (81%) exceeded the recommendation for free sugars (no more than 5% energy intake)

96% of 11 – 18 year olds and adults do not meet the fibre recommendation (15 – 25g children/ 30g adults) [52]

There is no local data on dietary or nutrition habits

National Diet and Nutrition Survey 2019 to 2023

Diets and household income

- Participants in higher income households were closer to meeting some dietary recommendations, however where diets failed to meet recommendations this was consistent across the range of income.
- Fibre and fruit & vegetable intake slightly increased with increasing income across all age and sex groups.

Food and Drink from out of the home sector



Almost three-quarters (72%) of participants reported buying food or drink from the out of home sector (for example cafes, pubs, takeaways) in the last 7 days, with most making purchases 1 to 2 times a week.

- Children aged 11 to 18 years (81%) and adults aged 19 to 64 years (77%) were most likely to report buying food or drink from the out of home sector.

Changes in food purchasing behaviour and the impact on diet and nutrition: 2021 to 2023

When looking at take home and out of home combined, the increase in calories purchased (up 1.4% on 2022) was bigger than the increase in volume purchased (0.6%) indicating that people's diets were more calorific. [53]

Take home Purchasing

Consumer behaviour has changed to counteract the impact of the increase in price of food and drink by:



Buying less and less variety



Shopping at cheaper stores



swapping from branded to supermarket own brand products

- Volumes sales of drinks including alcohol and proteins had the biggest declines.
- Those who considered themselves struggling, in less affluent households (C2DE) and those households with young families saw the largest impact on their expenditure

1.4% 
3.1%
1.4%

increase in calories, saturated fat and salt purchased in 12 weeks to September 2023 compared with the same period in 2022.

- For the take home market, **Discretionary Foods made up the biggest share of calories (24.8%)**, though Starchy Carbohydrates increased their share the most (up 0.4 percentage points on 2022).
- For the take home market, **Dairy and Alternatives had the biggest share of saturated fat (34.9%)**, and this category increased its market share (up 1.1 percentage points on 2022).



Changes in food purchasing behaviour and the impact on diet and nutrition: 2021 to 2023

Out of Home Purchasing

10.6%  increase in the prevalence of eating out of the home also increased in 2023 compared to 2022). This may be due to recovery from the COVID-19 pandemic.

- There were increases in the market share for snacks (up 1.3 percentage points on both 2021 and 2022) but decreases for main meals (down 1.7 percentage points on 2021, 0.6 percentage points on 2022).
- This may have been driven by a return of workers to the office following the pandemic, as the biggest absolute change in volume was seen in those working over 30 hours a week.
- For the eating out of home nutrition analysis, for all the nutrients looked at, the main driver for the increases was “repeat volume”, signifying that people were eating out of home more.

16.4%  increase in sugar purchased out of the home in 2023 compared with the same period in 2022.

Data summary

Summary of key data

Weight

The number of children with obesity doubles between reception and Year 6 and then

Significantly higher average of obesity in children in most deprived 10% of neighbourhoods in Wokingham Borough.

Obesity is twice as common in children with learning disabilities in comparison to those without.

In Wokingham there was a **15% increase in number of adults overweight** between 2015/16 and 2022/2023.

Obesity prevalence increases from 1 in 4 to 1 in 3 for the most deprived wards.

38% of people with a learning disability had obesity compared to 33% of people without.

Physical Activity

42.3% of children and young people are physically active in Wokingham, lower than the national average of 47.8%.

The number of responses to the Active Lives Survey (England) 2023-2024 by children and young people living in Wokingham are too low to provide an accurate picture beyond the average for Wokingham due to low responses.

67.9% of adults are physically active meeting the CMO's guidelines for physical activity which is greater than the national average of 67.4% although **18.1% of adults are inactive**.

18% fewer females in Wokingham meet the CMO's guidelines for physical activity and 14% fewer females engage in 2 or more muscle strengthening activities when compared to males in Wokingham.

Physical activity levels decline with age - Older adults are less likely to feel that they have the opportunity or ability to be physically active.

Food & Nutrition

The number of children eligible for free schools meals has nearly doubled from 5.8% (n=1,459) to 9.4% (n=2,832) between 2014/15 and 2022/23.

Nearly $\frac{1}{3}$ of Healthy Start eligible families missed out on the offer in 2022/23.

The number of foodbank meals distributed to families has nearly trebled for adults and more than doubled for children.

Recommendations

Weight

1. Over two-thirds of adults in Wokingham live with excess weight, similar to England, there is an increasing trend and childhood obesity doubles between Reception and Year 6, again with an increasing trend. Therefore **prioritising and agreeing local actions which address healthy weight inequalities in adults and children** as shown in data i.e. most deprived wards, learning and/or physical disabilities, serious mental illness.
2. **Define the local weight management pathway** for young people and adults, through a whole systems approach. This will be supported by working with healthcare partners to help improve and monitor recording of BMI, physical activity levels and ethnicity.
3. **Support and promote training of making every contact count**, reducing and addressing stigma associated with weight, disability and deprivation **through a compassionate approach to weight**. Continue to support the role out of MECC/brief intervention approaches to excess weight to professional groups with high contact with high-risk groups, monitoring the effectiveness of training where delivered.

Physical Activity

1. **Creating and supporting strong pathways** and activities is important to ensure equal access to physical activity opportunities focusing on those **groups who are most inactive; including but not limited to children & young people, older adults**
2. **Local strategies, policies, and plans** should **encourage and enable people to be more physically active through creating active environments**. This includes the design of green spaces to consider the needs of older residents and encouraging older people to undertake **active travel and use public transport**. This includes working with partners who are responsible for the implementation of the priorities in the new Local Transport Plan and support the review of impact.
3. **Work in a whole systems approach to physical activity through partnership with key stakeholders** to help identify key sources of data, improve and monitor recording of attendance and access to provision by different groups in order to help improve understanding of gaps and inequalities.
4. **Create an active society** by raising awareness of **protective factors of physical activity and strength training across the life-course** for residents and by **supporting community facing professionals**. This can be done by promotion of the **making every contact count** framework, and **ensuring awareness of available pathways**. The focus of this should include but not limited to children & young people, older adults and long term health conditions.

Food and Nutrition

1. Seek to understand and improve uptake of Healthy Start Programme and Free School Meals for eligible families.

Create and build partnerships by working with:

- partners to improve understanding of local food bank distribution and demand patterns by region/area;
- local environmental health and trading standards to understand fast food outlet provision in the Borough;
- local Planners to understand and influence plans around creating healthy sustainable communities in line with the National Planning Policy Framework changes.

2. Improve understanding of temporary housing/accommodation provision and impact on diet and nutrition.

3. Improve understanding of life-skills and training provision which supports and promotes health e.g. food preparation, budgeting skills, employment etc.

Useful links and resources:

- Wokingham Borough Community Vision 2025-2035
- Local Council Plan [2020-2025](#) and [2025-2030](#)
- [Berkshire West Health and Wellbeing Strategy 2021-2030](#)
- [Local Transport Plan 2025-2035](#)
- [Local cycle and walking Infrastructure Plan 2023-2040](#)
- [Electric Vehicle Charging Strategy 2025-2030](#)
- [Climate Emergency Action Plan](#)
- [Air Quality Status 2024](#)
- Leisure Strategy 2021-2025
- [Playing Pitch Assessment Report 2023](#)
- [Arts and Culture Strategy 2021-2030](#)
- Community Safety Strategy [2021-2024](#) and 2025-2028 in development
- [Equality, Diversity and Inclusion Policy 2025-2029](#)
- [Overweight and obesity management \[NG246\]](#)
- [Physical activity and the environment \[NG90\]](#)
- [Cardiovascular disease prevention \[PH25\]](#))
- [Maternal and child nutrition: nutrition and weight management in pregnancy, and nutrition in children up to 5 years \[NG27\]](#)
- [Behaviour change: individual approaches \[PH49\]](#)
- [National Planning Policy Framework \(2024\)](#)
- [Compassionate approach to weight](#)
- [The National Food Strategy \(2021\)](#)
- [Everyone active, Every day \(2014\)](#)

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