



Cheshire West and Chester Adult Physical Activity Needs Assessment

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Introduction

The Cheshire West and Chester (CW&C) Adult Physical Activity Needs Assessment provides a comprehensive analysis of the current landscape of adult physical activity within the borough, highlighting key trends, barriers, and opportunities. By identifying challenges and gathering evidence from a variety of sources, this assessment aims to support strategic planning and delivery of interventions that promote healthier, more active lifestyles among CW&C residents.

Physical activity is essential for physical, mental, and social wellbeing, with well-documented benefits including improved cardiovascular health, lower risk of chronic disease, and enhanced mental health. Nevertheless, many adults in CW&C remain insufficiently active to meet the UK Chief Medical Officers' recommended level of physical activity (at least 150 minutes of moderate intensity activity a week or at least 75 minutes of vigorous intensity activity per week, or a combination of both, and muscle strengthening activities two or more times per week¹). This needs assessment demonstrates the importance of developing targeted, inclusive strategies that encourage movement across all demographic groups to address this challenge.

This needs assessment focuses on adults living in Cheshire West and Chester. We define adults as 18+ years of age, whilst noting that there are discrepancies in other definitions, e.g. the UK Chief Medical Officers' Physical Activity Guidelines are 19+ and the Active Lives data is 16+.

What is a Needs Assessment?

A needs assessment is a structured process used to identify and evaluate the requirements of a population or community concerning a particular issue—in this case, physical activity among adults. This process typically involves:

- **Data Collection:** Gathering qualitative and quantitative information on current activity levels, preferences, and barriers to participation.
- **Analysis:** Reviewing trends and comparing local, regional, and national data to pinpoint areas of concern or opportunity.
- **Stakeholder Engagement:** Consulting with residents, community groups, and service providers to gain insight into lived experiences and potential solutions.
- **Strategic Recommendations:** Proposing evidence-based actions to address gaps, reduce inequalities, and encourage participation in physical activity.

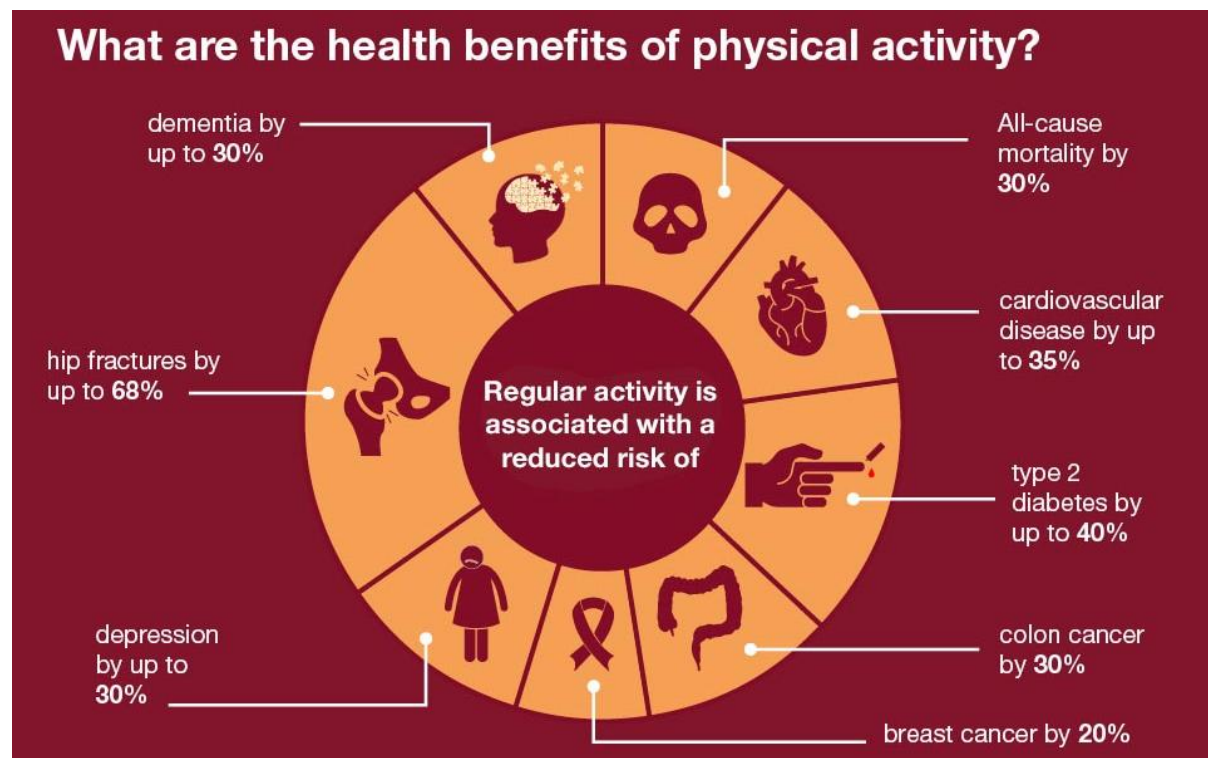
This needs assessment aims to guide all partners in creating environments and initiatives that make physical activity more accessible, inclusive, and appealing for adults in the borough.

Why focus on physical activity?

Being active is an essential component of a healthy and fulfilling life. For adults, regular physical activity provides significant physical, mental, and social benefits. As Figure 1 highlights, people who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease compared to those who are inactive. Regular physical activity is also

associated with a reduced risk of diabetes, obesity, some cancers and more years spent in good health. Furthermore, being active supports good mental health, and helps to foster social connections. In older adults, physical activity is associated with increased functional capacities. The estimated cost of physical inactivity to the NHS across the UK is £1.06 billion per year. Physical inactivity was also directly responsible for 3% of disability adjusted life years lost in the UK in 2002.ⁱⁱ

Figure 1: Health benefits of physical activity for adults. (i) Public Health England (now disbanded).



Despite the widely reported benefits of physical activity, most adults across the UK are insufficiently active to meet the full set of recommendations set out in the UK Chief Medical Officers' guidelines on physical activity.ⁱ The guidelines state that:

Adults (19 to 64 years):

- For good physical and mental health, adults should aim to be physically active every day. Any activity is better than none, and more is better still.
- Adults should do activities to develop or maintain strength in the major muscle groups. These could include heavy gardening, carrying heavy shopping, or resistance exercise. Muscle strengthening activities should be done on at least two days a week, but any strengthening activity is better than none.
- Each week, adults should accumulate at least 150 minutes (2.5 hours) of moderate intensity activity (such as brisk walking or cycling); or 75 minutes of vigorous intensity activity (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous and very vigorous intensity activity.

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

Older Adults (65 years and over):

- Older adults should participate in daily physical activity to gain health benefits, including maintenance of good physical and mental health, wellbeing, and social functioning. Some physical activity is better than none. Even light activity brings some health benefits compared to being sedentary, while more daily physical activity provides greater health and social benefits.
- Older adults should maintain or improve their physical function by undertaking activities aimed at improving or maintaining muscle strength, balance and flexibility on at least two days a week. These could be combined with sessions involving moderate aerobic activity or could be additional sessions aimed specifically at these components of fitness.
- Each week older adults should aim to accumulate 150 minutes (2.5 hours) of moderate intensity aerobic activity, building up gradually from current levels. Those who are already regularly active can achieve these benefits through 75 minutes of vigorous intensity activity, or a combination of moderate and vigorous activity, to achieve greater benefits. Weight-bearing activities which create an impact through the body help to maintain bone health.
- Older adults should break up prolonged periods of being sedentary with light activity when physically possible, or at least with standing, as this has distinct health benefits for older people.

Figure 2 summarises the recommendations, alongside some of the reduced risks and benefits of physical activity.

Figure 2: UK Chief Medical Officers' Physical Activity Guidelines 2019ⁱ



Despite these wide-ranging advantages, many adults in CW&C are not active enough to benefit. This needs assessment seeks to address this challenge by identifying barriers, assessing local activity levels, and outlining opportunities to increase adult physical activity across the borough.

Background for Cheshire West and Chester Council's Adult Physical Activity Needs Assessment

International Context

The World Health Organization (WHO) Global action plan on physical activity 2018–2030: more active people for a healthier world (2018)ⁱⁱⁱ sets out four strategic objectives, which are applicable to all countries. These are:

1. Create active societies
2. Create active environments
3. Create active people
4. Create active systems

National Context

Physical inactivity is a major public health concern in England, contributing to approximately 1 in 6 deaths and costing the NHS an estimated £7.4 billion annually^{iv}. The Sport England Uniting the Movement strategy^v emphasises tackling inequalities in physical activity, focusing on increasing physical activity amongst less active groups. This includes older adults, women, people with disabilities, and those from lower socioeconomic backgrounds. This national agenda aligns with the Local Government Association's guidance^{vi}, which advocates tailored approaches to encourage participation and remove barriers for underrepresented populations.

Launched in 2021, Sport England's 10-year Uniting the Movement strategy outlines the long-term ambitions to create more equal, inclusive, and connected communities. Its five focus areas include:

- Recovering from COVID-19 and reinventing physical activity opportunities to meet diverse needs.
- Connecting communities via sport and physical activity.
- Providing positive experiences for children and young people.
- Strengthening links between physical activity, health, and wellbeing.
- Developing active environments and protecting spaces for activity.

This strategy provides a critical framework for national and local efforts to address disparities in physical activity levels and promote long-term wellbeing.

Regional Context: Cheshire and Merseyside

In Cheshire and Merseyside, the sub-regional physical activity strategy for health and social care, All Together Active^{vii} highlights physical activity as a cornerstone for preventing non-communicable diseases, improving mental health, and addressing health inequalities. Data suggests that while some local authorities are performing well, disparities persist, particularly in areas with socioeconomic deprivation. Across the sub-region, collaborative

efforts are underway to integrate physical activity into healthcare, planning, and community engagement frameworks.

The Cheshire and Merseyside All Together Active Strategy, led by the Integrated Care Board, envisions a sub-region with fewer health inequalities linked to inactivity. By 2026, its goals include:

- Supporting local places to leverage physical activity to improve population health.
- Embedding movement, sport, and physical activity into health and social care systems.
- Reducing health inequalities measurably.
- Empowering 150,000 inactive residents to become active.

This approach emphasises whole-system collaboration, behaviour change, and partnership-building to achieve the Marmot ambitions of reducing inequalities and improving health outcomes^{viii}.

Sub-Regional Context: Cheshire and Warrington

Active Cheshire's Strategy

Active Cheshire's strategy sets out a bold vision for a network of connected system partners working together to create equal access to physical activity and sport, building healthier, more active Cheshire & Warrington where physical activity and sport are a natural part of daily life for everyone.

The Challenge

Too few people in Cheshire & Warrington are regularly active enough to support their physical and mental health. Adult and childhood inactivity rates are sadly increasing, coupled with alarming drop-off rates at every life stage from adolescence to older age. These trends are underpinned by deep-rooted inequalities.

The Approach

Active Cheshire will unite, inspire and empower partners to tackle these challenges through three strategic priorities:

- Active Systems
- Active People & Places
- Active Environments

Delivering the following strategic outcomes

- Improved outcomes for people
- Stronger, more collaborative partnerships
- Inclusive, sustainable spaces for physical activity and sport

Underpinned by a focus on:

- Workforce
- Diversity & Inclusion

- Environmental Sustainability
- Safeguarding & Welfare

Active Cheshire Timeline

- By 2026: Establish a shared understanding of the status quo, using insights and evidence to unite us, and determine the collaborative actions needed to tackle inequalities and drive collective impact.
- By 2028: Deepen collaboration, implement solutions, and use continuous learning and insight to improve our ways of working. By providing ongoing support and coordination, we ensure that efforts remain aligned, adaptable, and impactful.
- By 2031: Create a culture of learning, continuous improvement and meaningful progress. By integrating data, insight and learning from each phase, we'll continue to drive co-created solutions whilst also reflecting on previous phases to better understand conditions that create positive outcomes.

The **Cheshire and Warrington Sport and Physical Activity Local Skills Plan^{ix}** (2025–2028) provides a strategic roadmap for developing a skilled, inclusive, and resilient workforce that can drive improved health, wellbeing, and economic prosperity. Developed by the Local Skills Accountability Board (LSAB) a collaborative network of employers, training providers, and sector specialists convened by CIMSPA the plan aligns with the region's wider Local Skills Improvement Plan.

Recognising the workforce as a critical enabler of system change, the plan identifies priority actions to future-proof the sport and physical activity sector, including:

- Raising awareness of diverse and rewarding careers across the sector
- Expanding access to inclusive training and progression pathways
- Supporting small and micro employers with workforce development
- Strengthening system-wide collaboration and alignment

This work also plays an important role in influencing the **Cheshire and Warrington Local Skills Improvement Plan^x** (LSIP), particularly in addressing physical activity-related skills gaps in the health and social care sector ensuring the sector is equipped to respond to current and future population health needs.

Active Cheshire are developing a programme calling on local partners across Cheshire and Warrington to prioritise investment in systemic changes that empower women and girls. This call to action seeks to address systemic barriers that hinder their participation in sport and physical activity, exacerbate health inequalities, and limit their potential.

The goal: to build a system where women and girls can engage in sport and physical activity with confidence, safety, and inclusivity.

Working collaboratively with system partners, Active Cheshire is committed to playing our part in creating a system where women and girls across Cheshire and Warrington are empowered to engage in sport and physical activity.

The systemic changes proposed will have wide-ranging impacts, including:

- **Increased confidence and empowerment for women and girls:** women and girls will feel more informed, supported, and confident in managing their female health, self-advocating, and engaging in sport and physical activity
- **Increased female coaching workforce:** more women (including young women) will be encouraged to enter and remain in coaching roles, both professionally and voluntarily, through targeted support and development pathways
- **Improved education for coaches:** both male and female coaches will feel informed on the unique needs of women and girls in sport and physical activity
- **Healthcare system transformation:** systemic changes in healthcare will ensure women's needs are more effectively met, leading to improved outcomes for physical and mental health
- **Informed system on barriers:** the system will have a deeper understanding of the barriers women and girls face in engaging in sport and physical activity, leading to more effective and inclusive solutions in place.

Cheshire West and Chester

Whilst local physical activity levels amongst adults are higher than neighbouring local authorities^{xi} there remains too many inactive residents. Residents of CW&C face specific challenges when it comes to being active, including areas where many residents are inactive as a result of deprivation, rural isolation, and an ageing population.

Increasing and supporting physical activity transcends local policies and strategies, including:

Cheshire West and Chester Borough Plan 2024-2028 and Cheshire West Place Plan 2019-2026

The borough's commitment to promoting active lifestyles is evident through the Borough Plan with a specific mission to enable resilient people to live their best lives^{xii}. The Place Plan recognises the impact of the wider determinants of health on people's health but also the importance of health behaviours and lifestyles, which need to be easier to achieve^{xiii}. Locally, the Eat Well Be Active Reference Group supports this work.

However, physical activity is an important component of other strategies and policies at a borough level. Strategies and plans of note include:

- Sports Facilities Strategy
- Cheshire West and Chester Open Space Study^{xiv}
- Cheshire West and Chester Playing Pitch Strategy 2024^{xiv}

- Local Cycling and Walking Infrastructure Plan (LCWIP) (2020 - 2030)^{xv}
- Public Rights of Way Improvement Plan (ROWIP)^{xvi}
- Climate Emergency Response Plan^{xvii}
- Local Transport Plan^{xviii}

These strategies and plans are referenced further in the sections below.

Aims and Objectives of this Needs Assessment

The Cheshire West and Chester Adult Physical Activity Needs Assessment aims to:

1. **Understand the Current State:** Evaluate levels of physical activity and identify key trends in adult participation within CW&C.
2. **Identify Barriers and Inequalities:** Explore demographic, geographic, and socioeconomic factors contributing to inactivity.
3. **Inform Strategic Planning:** Provide evidence-based recommendations to support policy development, programme delivery and linkages with existing and planned strategies and policies.
4. **Engage Stakeholders:** Ensure alignment with regional and national strategies while involving local stakeholders in co-designing solutions.

Data Sources

The needs assessment draws on a range of quantitative and qualitative data, including:

- Sport England's Active Lives Survey
- Local Authority Ward Profiles
- Cheshire West and Chester Movement and Physical Activity Survey and focus group responses
- Community engagement insights from CW&C residents

Limitations

While comprehensive, the assessment faces several limitations:

1. **Data Gaps:** Limited local-level data for specific populations, such as ethnic minority communities and people living with disabilities.
2. **Self-Reporting Bias:** Reliance on self-reported surveys may lead to under- or over-estimation of physical activity levels.
3. **Evolving Context:** The dynamic nature of health behaviours and external factors, such as the cost-of-living crisis, may impact participation trends.
4. **Comparability Issues:** Differences in data collection methods across sources may limit the consistency of insights.

This background sets the stage for understanding the borough's physical activity landscape, identifying key areas of need, and informing actionable interventions to promote active lifestyles for all adults in Cheshire West and Chester. Recognising the profound benefits of physical activity ranging from improved physical and mental health to stronger social connections and reduced carbon footprints - Cheshire West and Chester is committed to fostering a borough where all residents can thrive through active living.

Evidence of what works

There is extensive evidence of what works to increase physical activity, including:

National Institute for Health and Care Excellence (NICE)

In the UK the National Institute for Health and Care Excellence (NICE) has produced public health guidance aimed at improving uptake of physical activity in a number of settings.

In brief, NICE recommend a range of measures to promote and increase physical activity, including:

- The routine provision of brief advice on physical activity in primary care^{xi}
- Develop and use local strategies, policies and plans to encourage and enable people to be more physically active^{xx}
- Develop and put policies into place to ensure people with limited mobility can safely move along and across streets and in public open spaces^{xx}
- Ensure planning permissions always prioritise the need for people (including people with limited mobility) to be physically active as a routine part of their daily life^{xx}
- Developers and planners to consider the needs of people to be physically active, and priority is given to pedestrians, cyclists and people using other modes of active travel^{xx}
- A comprehensive network of routes for pedestrians, cyclists and other modes of active travel^{xx}
- Employers should develop plans to encourage employees to be more physically active, including active travel to work^{xxi}
- Identify and prioritise local areas where there is a high potential to increase travel on foot, by bicycle, or by other forms of active travel^{xx}
- Encouraging people to walk or cycle requires high-level support and action across a range of sectors, including public health, the NHS, local authorities, workplaces and schools^{xxi}
- Local programmes to support walking and cycling should be established^{xxii}
- Ensuring the provision of appropriate spaces, facilities and equipment^{xxiii}
- Consider ways to enhance the accessibility, quality and appeal to users of local open spaces, especially green and blue spaces, to increase their use. Focus particularly on communities who may not currently use them, for example those with low mobility, low-income communities and some minority ethnic communities^{xx}

Many of these recommendations are also reflected in the WHO Global Action Plan on Physical Activity 2018-30^{xxiv}.

Office for Health Improvement and Disparities (OHID): Physical activity: applying All Our Health (Updated 10 March 2022)^{xxv}

The All Our Health programme is a collection of educational resources on critical public health topics. It aims to support public health action in:

- Preventing illness
- Protecting health
- Promoting wellbeing
- Reducing health inequalities

The resources are designed for:

- People working in the health and care sector
- The extended public health workforce, including those working in emergency services, local government, integrated care systems and voluntary and community services.

The Physical Activity: Applying All Our Health resource aims to support health professionals prevent ill health and promote wellbeing as part of their everyday practise by understanding specific activities or interventions that can prevent physical inactivity, protect through physical activity, and promote healthier more active lifestyles.

Local Government Association: Sport and leisure: promoting health and wellbeing through public services^{xxvi}

This guide outlines the contribution public sport and leisure services make to promoting health and wellbeing to encourage communities to be active and how this can be achieved through multidisciplinary partnership working. They summarise that, Councils need to take a key strategic and leadership role to:

- Co-develop a clear and well evidenced facilities plan with partners that considers informal spaces for participation as well as the role that the local leisure estate plays in contributing to physical activity and wider wellbeing
- Take greater accountability for integrating physical activity into their local priorities and strategies
- Include a strategic objective to improve the health and wellbeing of its population in addition to the local facilities plan
- Work with schools and sector partners to establish a local plan of need to help develop a pipeline for delivery and evidence to underpin funding requests across government

- Consider adapting the built and natural environment to encourage people to be active through their everyday lives and adopt the principles of Active Design to help ensure local planning decisions create more organic opportunities to be active
- Have a coherent Local Cycling and Walking Infrastructure Plan (LCWIP) for the local area to help facilitate active travel and support children to have active school journeys
- Consider co-location of community facilities to deliver cost effective public services and improve health outcomes
- Join-up and coordinate local thinking to ensure that bids for government funding, such as the Levelling Up Parks Fund maximise the potential for individuals to get active
- Tackle inequalities and health disparities.

Data Analysis

The data used in this adult physical activity needs assessment comes from a number of sources including national and local surveys, performance data from commissioned services and data shared by physical activity partner organisations.

Active Lives Data

Active Lives - Fingertips

Active Lives data is published annually and is available for local areas to download and analyse. The Adult Survey is sent out to a random sample of households across England. By aiming to sample at least 500 responses from each Local Authority annually, the survey can give useful estimates of physical activity participation at a local level over time.

Data is also published on the Department of Health and Social Care Fingertips: Public Health Profile, where a slight variation in reporting leads to a difference in data represented on this platform. This source updates the physical activity indicators taken from the Active Lives Adult Survey to include gardening as a physical activity and classify adults as aged 19 and over.^{xxvii}

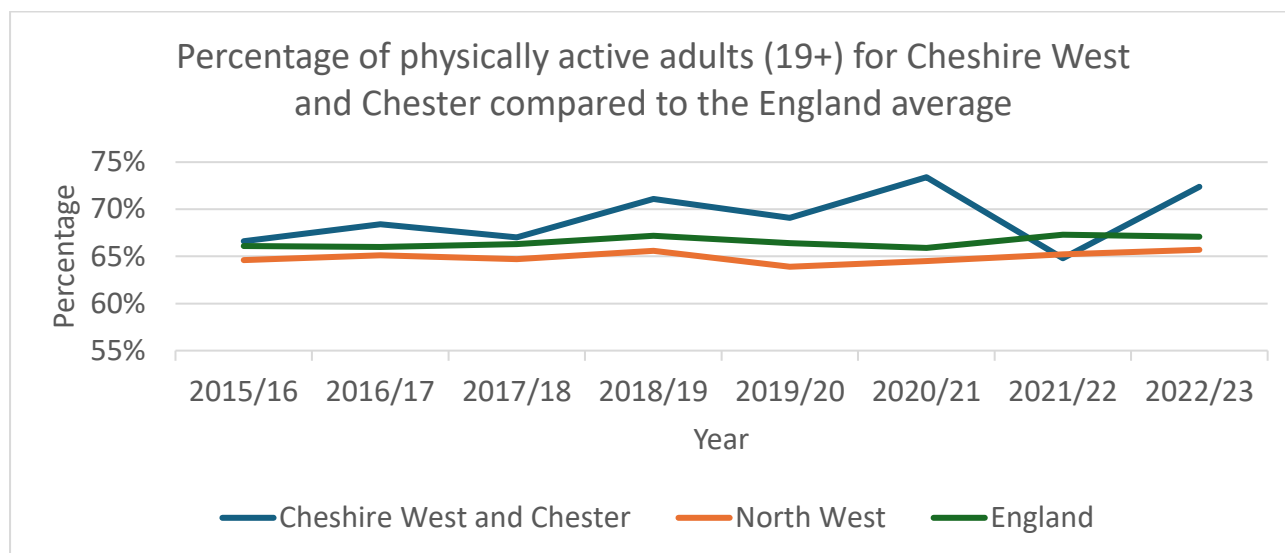
Trends in Physical Activity

Data from Department of Health and Social Care Fingertips: Public Health Profile^{xxviii} shows that the percentage of physically active adults (19+ years) in Cheshire West and Chester is 72.4% (Nov 2022-23). This is defined as doing at least 150 moderate intensity equivalent minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days. It is expressed as a percentage of the total number of respondents aged 19 and over.

The trend across time compared with the England average is shown in Chart 1. The dark blue line indicates that the proportion of adults (19+) who are physically active in CW&C over time, compared to the North West average (shown in orange) and the England average (shown in green). The proportion of adults in Cheshire West and Chester who are physically active is consistently higher than both the North West and England average over time, apart from 2021/22, however this may have been due to the impact of COVID-19. The proportion

of Cheshire West and Chester adults that are physically active in 2022/23 is significantly better than the England average.

Chart 1: Percentage of physically active adults (19+) for Cheshire West and Chester compared to the England average.



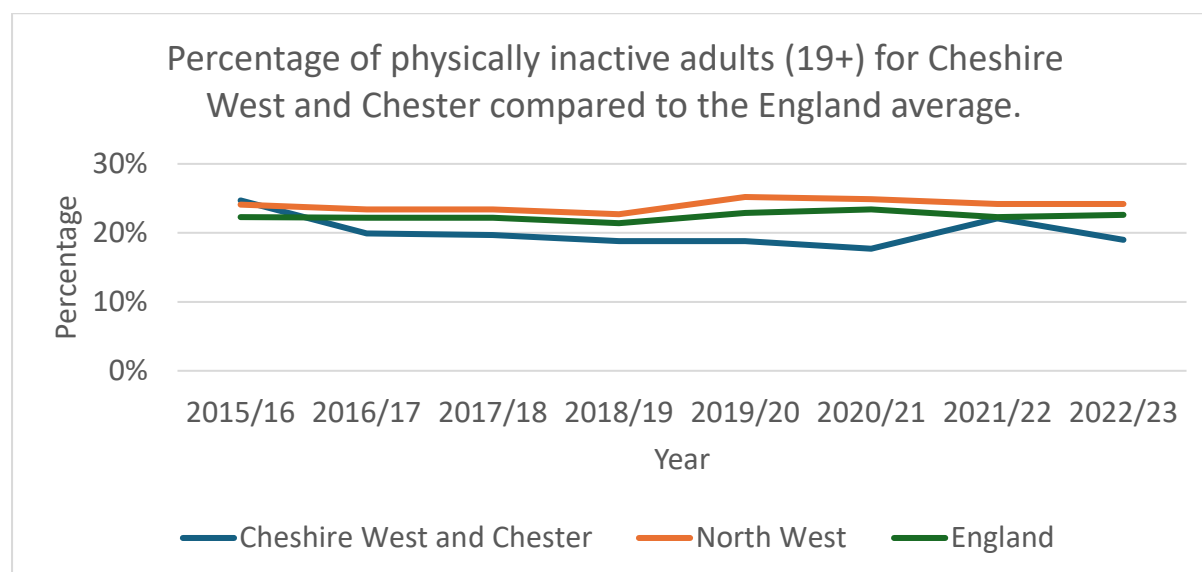
Source: Department of Health and Social Care Fingertips: Public Health Profile

Physical inactivity

Physical inactivity is defined as doing less than 30 moderate intensity equivalent (MIE) minutes of physical activity per week in bouts of 10 minutes or more in the previous 28 days. It is expressed as a percentage of the total number of respondents aged 19 and over.

The trend across time compared with the England average is shown in Chart 2. In Cheshire West and Chester, the percentage of physically inactive adults (19+ years) in 2022-23 was 19.0% which is statistically similar to the England average. The chart shows that since 2016-17, the percentage of inactive adults in Cheshire West and Chester has been statistically similar or statistically lower than the England average.

Chart 2: Percentage of physically inactive adults (19+) for Cheshire West and Chester compared to the England average.



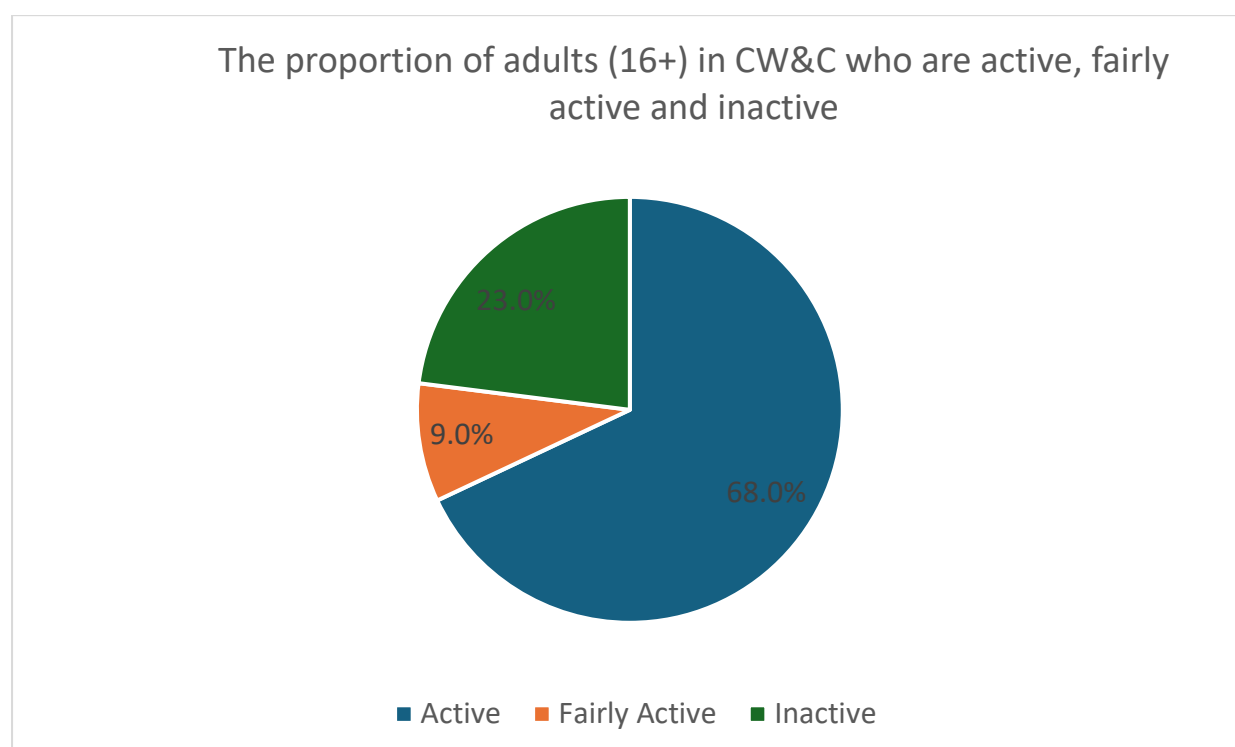
Source: Department of Health and Social Care Fingertips: Public Health Profile

Active Lives – Local Data

Active Lives data can also be accessed from the Sport England Active Lives portal^{xxix}. Data accessed from this source cannot be compared with the data available on Fingertips as there are differences in how the data is analysed and presented. (Fingertips data relates to adults aged 19+ years, whereas the Active Lives site is 16+. The Fingertips data also includes gardening as an activity).

The Active Lives 2022-23 local data shows that in Cheshire West and Chester, 68.0% of adults (16+ years) are classed as active, 9.0% are fairly active and 23.0% are inactive (see Chart 3).

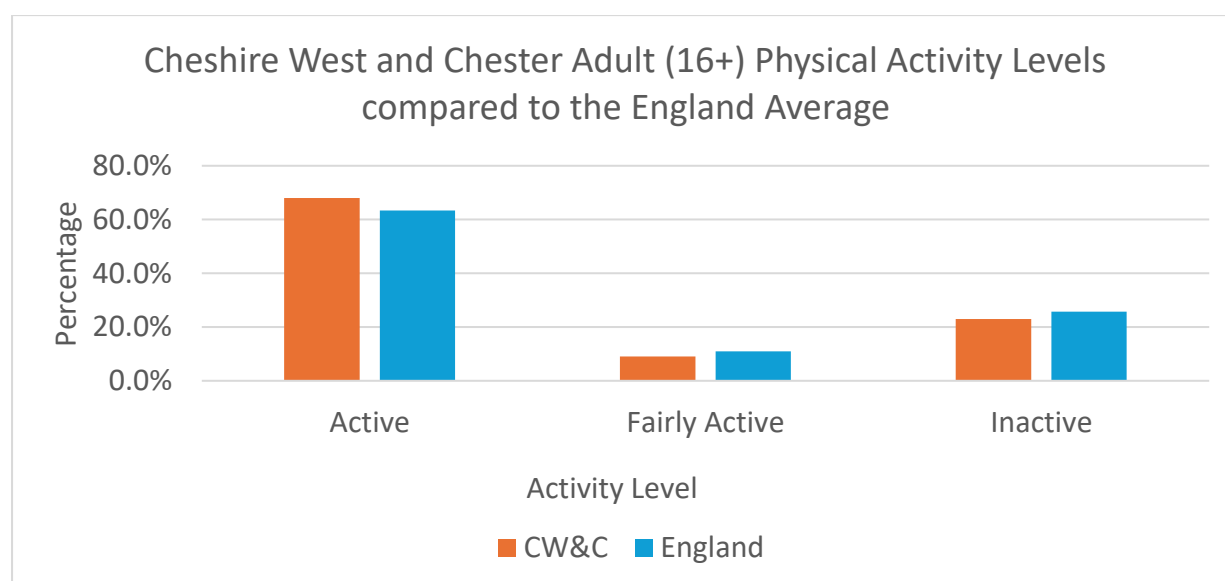
Chart 3: Adult (16+) activity levels for Cheshire West and Chester, 2022-23



Source: Active Lives Survey

As Chart 4 illustrates, when compared to the England average, a higher proportion of adults (16+) in Cheshire West and Chester are 'active' than the England average, with a lower proportion of adults in Cheshire West and Chester 'fairly active' or 'inactive'.

Chart 4: Cheshire West and Chester Adult (16+) Physical Activity Levels compared to the England Average, 2022-23



Source: Active Lives Survey

Activity levels by sex

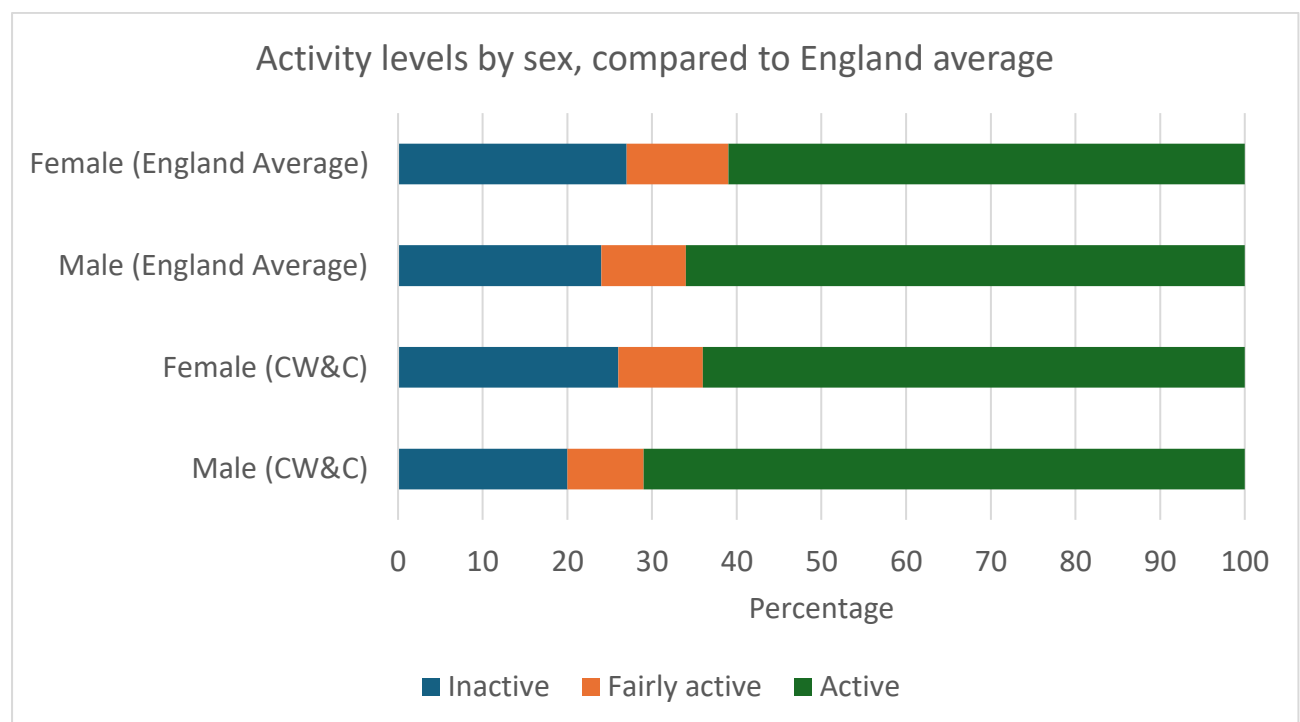
Nationally, women are at a greater risk of physical inactivity compared to men:

- There are 313,600 fewer women than men who are regularly active
- More men do sport and physical activity than women at almost every age group
- When asked, 13 million women said they'd like to do more sport and physical activity
- 4 in 10 women are not active enough to ensure they get the full health benefits.

Chart 5 demonstrates the Active Lives data by sex. This shows that across Cheshire West and Chester, more females than males are inactive. One in four females (26.0%) do less than 30 minutes moderate activity per week, compared with one in five (20.0%) males. Overall, 71,0% of males are active, compared with 60.0% of females.

When compared to the England average, more females (64.0%) and males (71.0%) in Cheshire West and Chester are active compared to the England average (females, 61.0%; males, 66.0%). There are less females (26.0%) and males (20.0%) in Cheshire West and Chester who are inactive compared to the England average (females, 27.0%; males, 24.0%)

Chart 5: Activity levels by sex, compared to the England average



Source: Active Lives Survey

Activity levels for those living with a disability

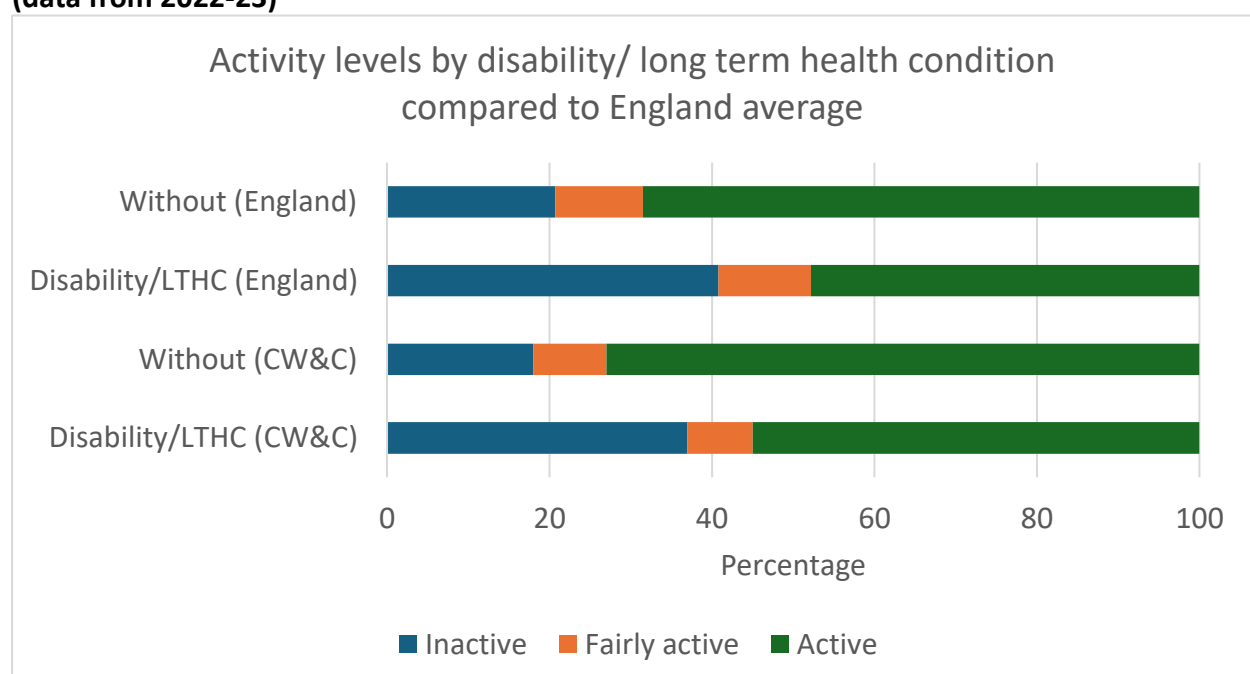
There are significant inequalities in physical activity for people living with a disability. National data shows that:

- People living with a disability are almost twice as likely to be physically inactive (43%) compared with those without a disability (23%). This inequality increases sharply as the number of impairments a person has increases.
- Less than half (44%) of people living with a disability say it is easy for them to physically access outdoor spaces (versus 78% of those without a disabilities). Around a third of people living with a disability (32%) report experiencing difficulty in accessing outdoor spaces like parks, countryside, or woodland.
- Notably, three-quarters (76%) of people living with a disability would like to be more active.

Chart 6 outlines the activity levels for people living with a disability or long-term health condition compared to those without. For Cheshire West and Chester, the chart shows that twice as many people living with a disability or long-term health condition (37.0%) are inactive compared to those without (18.0%). Equally, fewer people living with a disability or long-term health condition (55.0%) are active than those without (73.0%).

When compared to the England average, more people living with a disability or long-term health condition in Cheshire West and Chester (55.0%) are active compared to the England average (47.8%) and less are inactive (37.0%) compared to the England average (40.8%).

Chart 6: Activity levels for those living with a disability or a long-term health condition (data from 2022-23)



Source: Active Lives Survey

Activity levels across the Indices of Multiple Deprivation

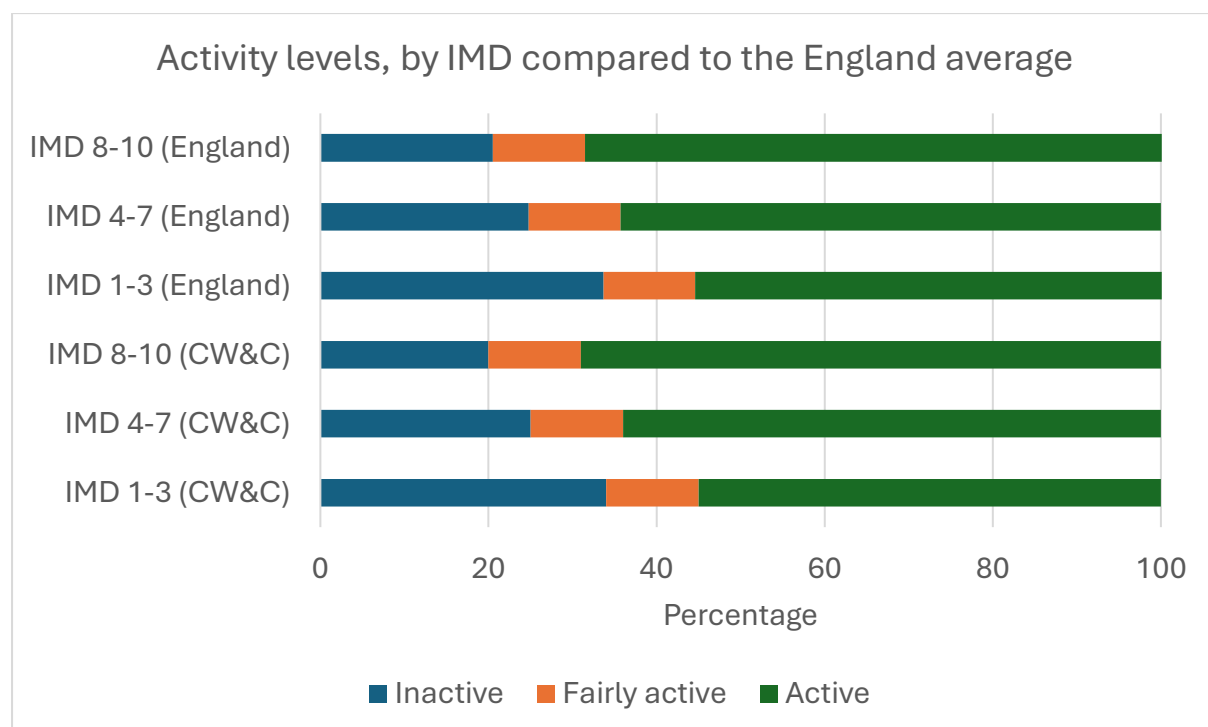
Individuals from the lowest income quintiles are less likely to be physically active compared to individuals from higher income quintiles. National data and insight have shown that:

- People living in the most deprived areas are much less likely to be active
- Active Lives data (national) found that people in lower socio-economic groups are the most likely to be inactive (33%) and the least likely to be active (54%)
- Barriers to physical activity for low-income populations include unsafe neighbourhoods, time, transport, facilities and cost of memberships, equipment and kit.

Analysis of activity data across the Indices of Multiple Deprivation (IMD), demonstrates clear trends for both 'activity' and 'inactivity' across IMD for Cheshire West and Chester. A third of people (34.0%) living in the lower IMD groups (deciles 1-3, most deprived) are inactive, compared to a fifth (20.0%) of those living in the higher IMD group (deciles 8-10, least deprived). Notably, 55% of those in IMD 1-3 are active compared to 69% of those in IMD 8-10. This supports the correlation between inactivity and inequalities. (Chart 7).

When compared to the England average, the data across the IMD categories and activity levels is similar for both Cheshire West and Chester and England.

Chart 7: Activity levels, by IMD, 2022-23



Source: Active Lives Survey

Local Insight: Cheshire West and Chester Adult Movement and Physical Activity Survey

Members of the Eat Well Be Active Partnership developed and promoted a survey to gather insight on resident behaviours, views and attitudes towards movement and physical activity. The survey was designed using SmartSurvey and disseminated through email, social media and printed posters. It ran for five weeks, from 15 November to 20 December 2024, although 10 additional responses were collected after the official closing date. Completion of the survey was incentivised with respondents put into a draw to win one of four 3-month Brio passes. The 10 additional responses were included in the data analysis, but not the prize draw.

In total, 513 full responses were received. There were an additional 201 partial responses which have not been included in this report.

The survey consisted of 15 main questions, with a further six questions regarding demographics. The findings from the survey are summarised in a full report (see Appendix A) and a series of recommendations (see Appendix B).

Physical activity levels

The survey asked participants to state on average how much physical activity they do per week. The question was split into three; to collect information on how much moderate intensity activity, vigorous intensity activity and strength-based activity respondents complete during an average week.

Moderate and vigorous activity can be differentiated by the 'talk test': being able to talk but not sing indicates moderate intensity activity, while having difficulty talking without pausing is a sign of vigorous activity. Strengthening exercises are those which should work all the major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms) and can include activities such as yoga, lifting weight and weight bearing activities such as carrying heavy shopping.

All participants responded to this question. As Table 1 shows, 16.6% of respondents reported that they do no aerobic (no moderate or vigorous) activity across a week. This proportion reduced to 7.8% when strength-based exercise was added to moderate and vigorous activity.

The data in Table 1 shows that 51.9% of respondents meet the UK Chief Medical Officers' Physical Activity Guideline Recommendations (CMO Physical Activity Guidelines) for moderate activity and 34.9% for vigorous activity. As the guidelines suggest that a combination of moderate and vigorous activity can also be used to meet the aerobic recommendations, a calculation was performed to understand how many respondents were meeting the CMO Physical Activity Guidelines for aerobic activity using a combination of both moderate and vigorous activity. Overall, 64.9% of respondents met the CMO Physical Activity Guidelines for aerobic activity.

The CMO Physical Activity Guidelines also recommend that strength-based exercise should be carried out two days per week. To understand how many respondents were meeting the CMO Physical Activity Guidelines using a combination of moderate and vigorous activity plus strength-based activity a further calculation was performed. This demonstrates that 47.0%

of respondents met the CMO Physical Activity Guidelines using a combination of both moderate and vigorous activity plus strength-based exercise.

Table 1: Level of activity per week (CW&C Adult Physical Activity Survey)

Type of activity	Number of respondents	Percentage of respondents
No moderate or vigorous exercise	85	16.6%
No moderate, vigorous, strength-based exercise	40	7.8%
Moderate activity greater or equal to 150 minutes per week	266	51.9%
Vigorous activity greater or equal to 75 minutes per week	179	34.9%
Moderate activity greater or equal to 150 minutes per week, no vigorous activity	56	10.9%
Vigorous activity greater or equal to 75 minutes per week, no moderate activity	4	0.8%
Strength based 2 days per week or more	271	52.8%
Achieve a combination of moderate plus vigorous to meet CMO Physical Activity Guidelines for aerobic activity*	333	64.9%
Achieve a combination of moderate plus vigorous and strength-based to meet CMO Physical Activity Guidelines for aerobic plus strength-based activity**	241	47.0%

*Counted if moderate activity/150 minutes*100 + vigorous activity/75 minutes*100 ≥ 100

**Counted if moderate activity/150 minutes*100 + vigorous activity/75 minutes*100 ≥ 100 + ≥2 days strength-based activity per week.

Level of activity by sex

When looking at the difference between female and male responses (see Table 2), a higher percentage of females (18.8%) reported no aerobic (moderate or vigorous) activity per week, compared to males (10.4%). More females (9.3%) also reported no aerobic (moderate or vigorous), or strength-based activity compared to males (4.0%).

When comparing the percentage of males and females who are achieving the CMO Physical Activity Guidelines (including using a combination of moderate and vigorous activity), the data shows that 76.0% of males report achieving this, compared to 62.1% of females.

To meet the CMO Physical Activity Guidelines for physical activity, aerobic activity must be accompanied by strength-based activity twice per week. When including strength-based activity, with aerobic (moderate and/or vigorous activity), 60.8% of males report achieving the CMO Physical Activity Guidelines, compared to 43.0% of females.

Table 2: Level of activity per week by sex (CW&C Adult Physical Activity Survey)

	Number of females	Number of males	Percentage of females (377 total)	Percentage of males (125 total)
No moderate or vigorous activity	71	13	18.8%	10.4%
No moderate, vigorous, strength-based activity	35	5	9.3%	4%
Moderate activity greater or equal to 150 minutes per week	184	79	48.8%	63.2%
Vigorous activity greater or equal to 75 minutes per week	112	64	29.7%	51.2%
Moderate activity greater or equal to 150 minutes per week, no vigorous activity	42	14	11.1%	11.2%
Vigorous activity greater or equal to 75 minutes per week, no moderate activity	3	1	0.8%	0.8%
Strength based 2 days per week or more	185	83	49.1%	66.4%
Achieve a combination of moderate plus vigorous to meet CMO Physical Activity Guidelines*	234	95	62.1%	76%
Achieve a combination of moderate plus vigorous and strength-based to meet CMO Physical Activity Guidelines**	162	76	43.0%	60.8%

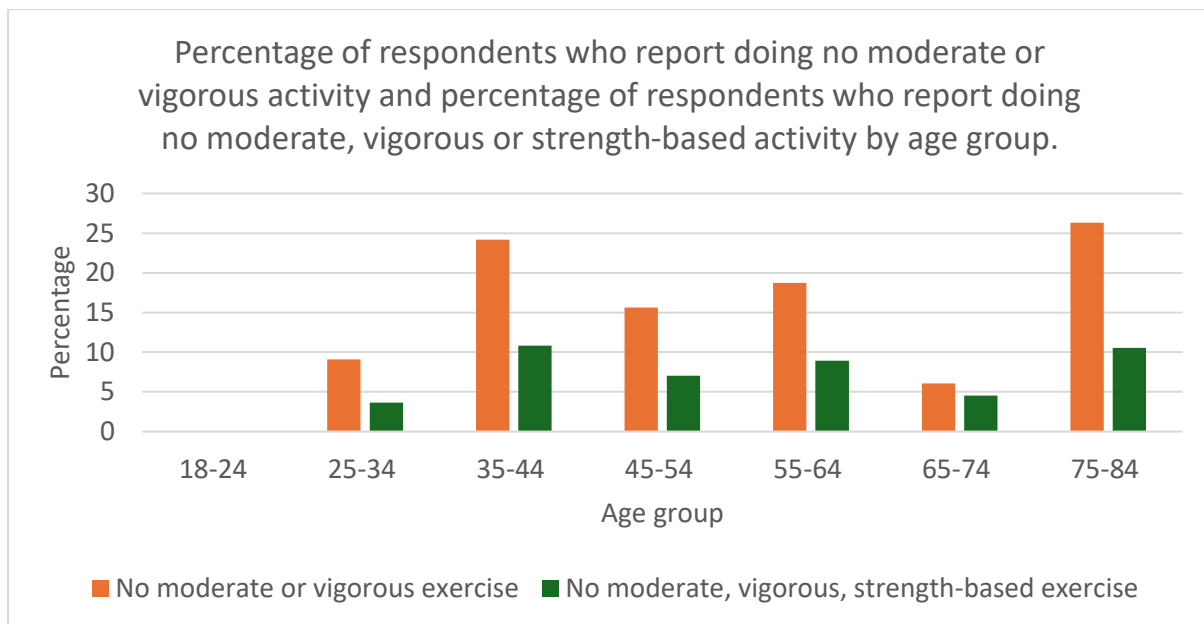
*Counted if moderate activity/150 minutes * 100 + vigorous activity/75 minutes *100 ≥ 100

**Counted if moderate activity/150 minutes * 100 + vigorous activity/75 minutes *100 ≥ 100 + ≥2 days strength-based activity per week.

No moderate or vigorous activity by age

Chart 8 shows the percentage of residents reporting no moderate or vigorous AND no moderate, vigorous or strength-based activity per week by age. This highlights that 24.2% of 35–44-year-olds are achieving no moderate or vigorous activity per week, reducing to 15.6% and 18.8% for the 45-54 and 55-64 age groups respectively, and rising to 26.3% for the 65-74 age group. The data for the 85-89 age group has been omitted on this occasion as there were only two respondents and therefore it was not representative.

Chart 8: Percentage of respondents who report doing no moderate or vigorous activity AND no moderate, vigorous or strength-based activity by age group

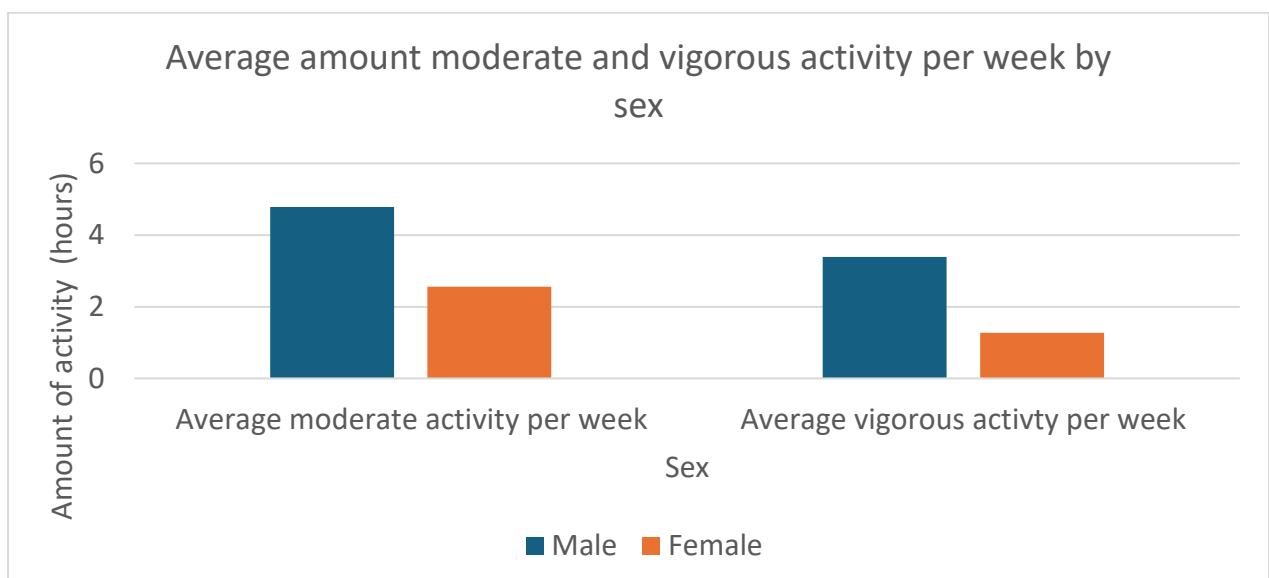


Source: CW&C Adult Physical Activity Survey

Level of aerobic activity by sex

When the amount of aerobic (moderate or vigorous) activity reported was analysed by sex, males reported both higher moderate and vigorous activity than females. This is displayed in Chart 9.

Chart 9: Average amount of moderate and vigorous activity per week by sex



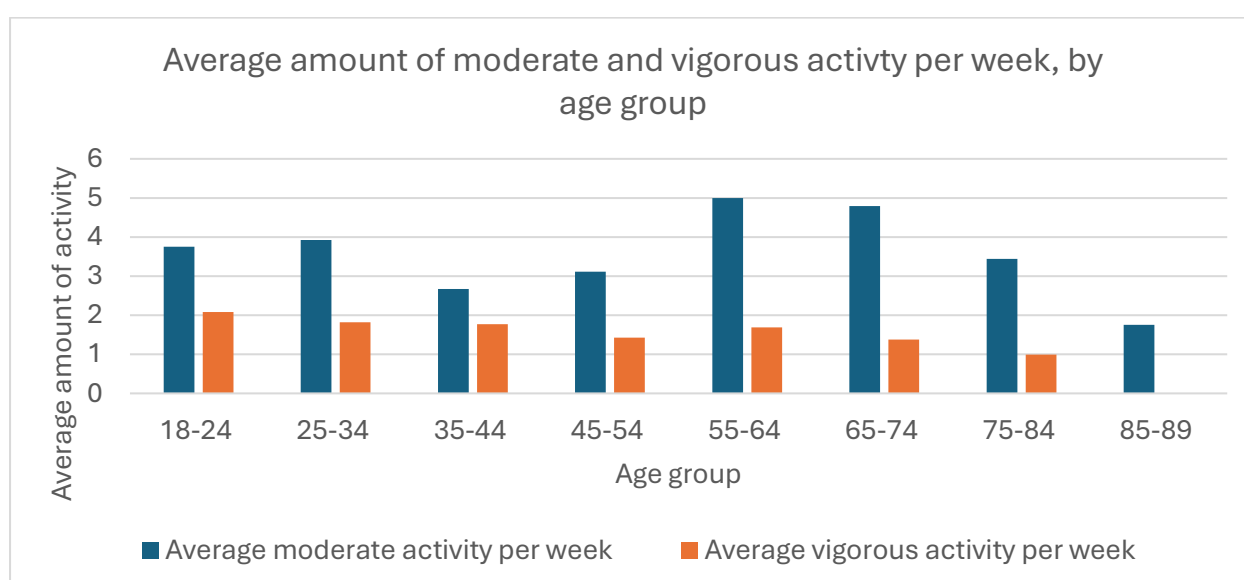
Source: CW&C Adult Physical Activity Survey

Level of aerobic activity by age group

Reviewing the average amount of aerobic (moderate and vigorous) activity by age group (see Chart 10) demonstrates that those within the 55-64 and 65-74 age groups report the highest average amount of moderate activity, with the 85-89 group reporting the least. However, it is worth noting that there were a small number of respondents in the 85-89 age group (n=2). Notably, the 35-44 age group reported the second lowest average amount of activity.

When looking at vigorous activity, the average amount of time spent taking part in vigorous activity was lower for all age groups compared with the average time undertaking moderate activity. The age group reporting the highest amount of vigorous activity was 18-24 followed by 25-34, 35-44, 55-64 then 45-54. The 65-74 and 75-84 age groups report the least amount of time. Interestingly, the amount of time spent taking part in vigorous activity declines with increasing age, but there is a dip at 45-54 and subsequent increase for the 55-64 age group.

Chart 10: Average amount of moderate and vigorous activity per week by age group



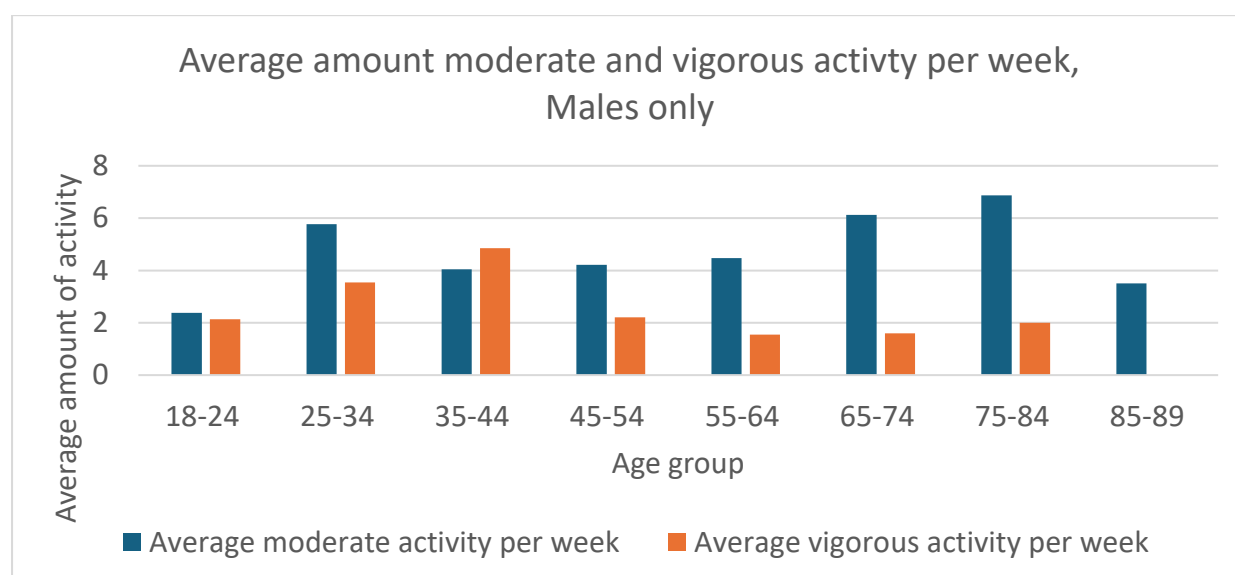
Source: CW&C Adult Physical Activity Survey

Level of aerobic activity by age group and sex

Chart 11 highlights the level of activity for males only, by age group. It shows that groups taking part in the highest average amount of moderate activity were 75-84, followed by 65-74 and 25-34. The age group taking part in the least average amount of moderate activity was 18-24.

The age group undertaking the highest average amount of vigorous activity was 35-44, followed by 25-34. The age groups reporting the least amount of vigorous activity were 85-89, followed by 55-64 and 65-74.

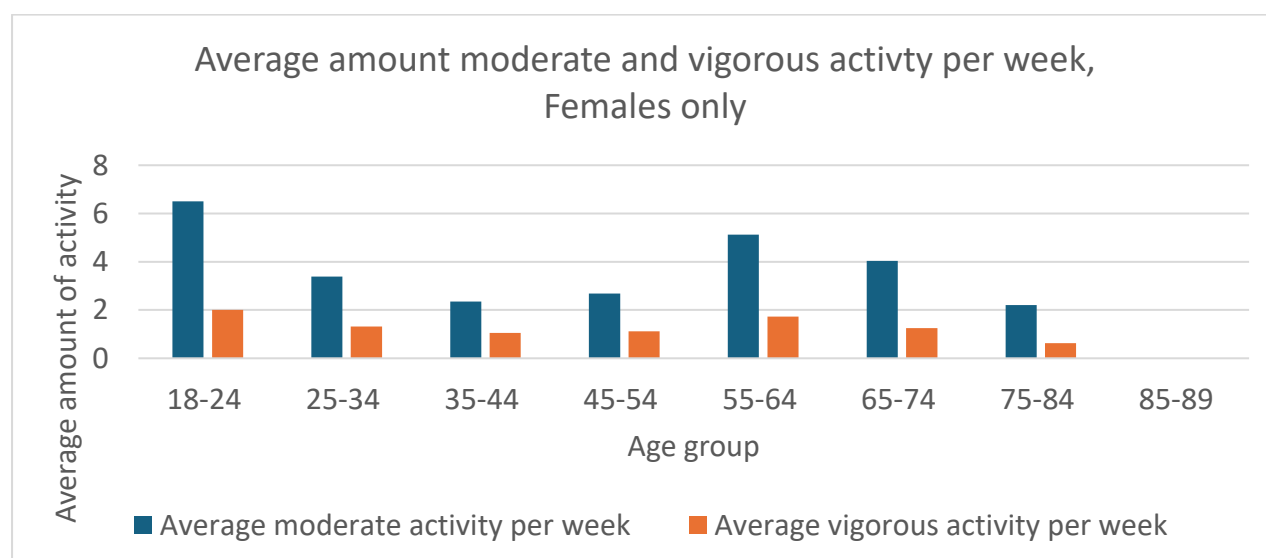
Chart 11: Average amount of moderate and vigorous activity per week by age, males only



Source: CW&C Adult Physical Activity Survey

When looking at the average amount of moderate and vigorous activity for females only, by age group (Chart 12), the group reporting the highest average amount of moderate activity was 18-24, followed by 55-64 then 65-74. The age group reporting the lowest average among of moderate activity was 75-84, followed closely by 34-44 (please note, there was no data for the 85-89 age group). For vigorous activity, the female age group reporting the highest average amount of time were those aged 18-34, followed by 55-64. As with moderate activity the age groups with the lowest average amount of vigorous activity were 75-84, followed by 35-44.

Chart 12: Average amount of moderate and vigorous activity per week by age, females only



Source: CW&C Adult Physical Activity Survey

Chart 13 shows the percentage of respondents meeting the CMO Physical Activity Guidelines. It highlights that a higher percentage of respondents aged 65-74 meet the moderate activity recommendations alone. The age group with the lowest number of respondents meeting this was 35-44.

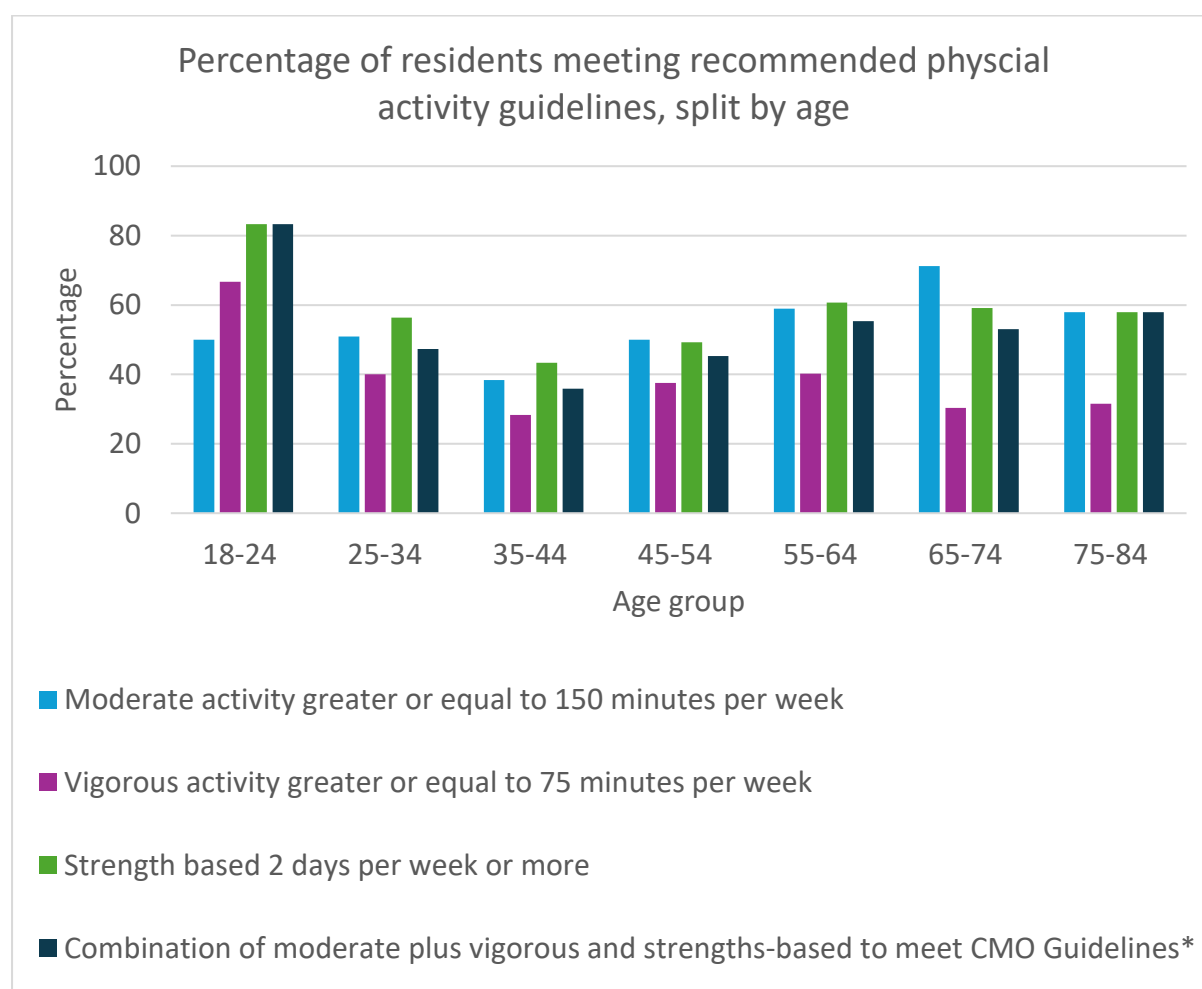
In terms of meeting the recommendations for vigorous activity alone, the 18-24 age group had the highest proportion of respondents at 66.7%, although this equates to 6 respondents. The lowest percentage of respondents meeting the recommendation were aged 35-44 years.

The 18-24 age group were also highest in achieving the recommended strength-based activity (83.3%) whilst the lowest were the 35-44 age group (43.3%).

When looking at whether respondents met the CMO Physical Activity Guidelines for activity (including with a combination of moderate and vigorous activity) and strength-based activity two days per week, again the highest level was among the 18-24 age group (83.3%). The lowest participation was again in the 35-44 age group (35.8%).

Notably, the 35-44 age group consistently reported the lowest percentage of respondents meeting the CMO Physical Activity Guidelines.

Chart 13: Percentage of residents meeting CMO Physical Guidelines by age



Source: CW&C Adult Physical Activity Survey

Sedentary time

Inactive and sedentary behaviours are those which involve being in a sitting, reclining, or lying posture during waking hours, undertaking little movement or activity and using little energy above what is used at rest. Examples of sedentary behaviours include sitting in a chair while using a screen or reading, or a child sitting in a car seat or buggy. They do not include being active while in a sitting or reclining posture, e.g. wheeling, chair exercises, or seated gym work.

Sedentary time was assessed by asking how much time in total participants spend sitting or lying down while awake, both on working and non-working days.

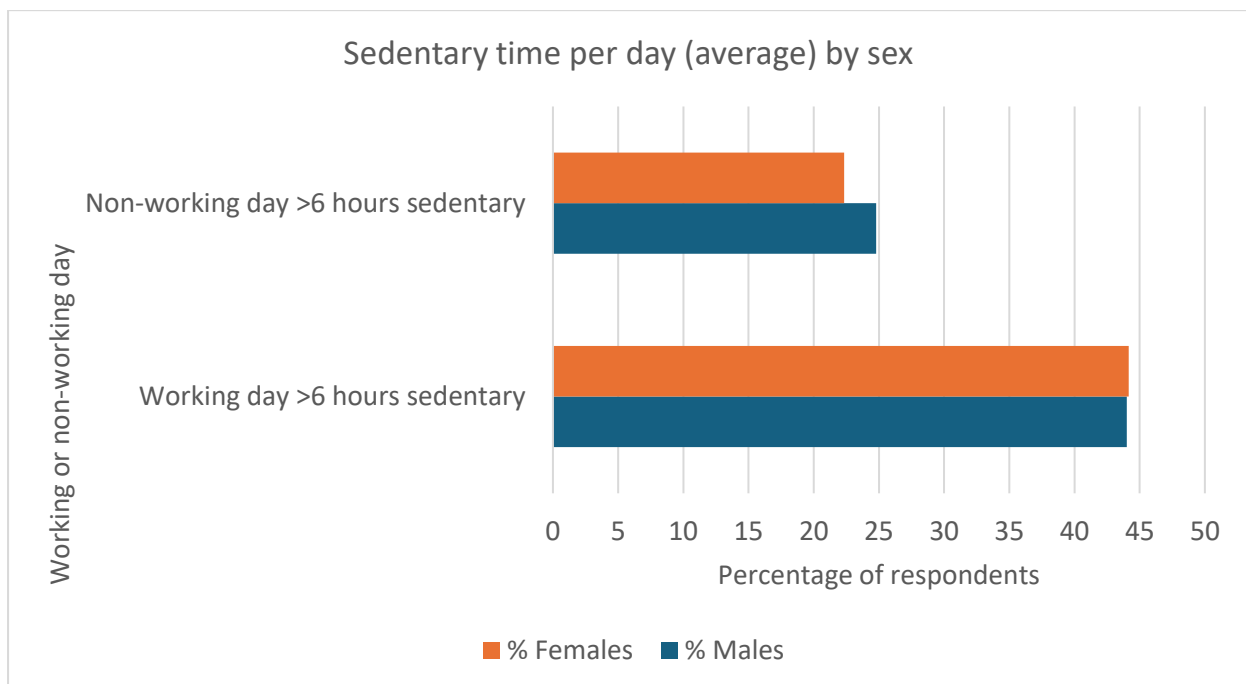
The survey asked respondents to put a '0' in the box if zero, however the survey came back with many blanks. After reviewing the data, it was noted that as data was present for parts of the majority of participant responses, it was perceived that a blank equalled zero, so for this data all blanks have been replaced with '0'.

In total, 513 participants responded to the question about sedentary time. Whilst there are no specific time limits within the CMO physical activity guidelines due to lack of evidence, recent meta-analytical data concluded that for adults, above 6-8 hours per day of total sitting time and 3-4 hours per day of TV viewing time are associated with greater risk of all-cause and Cardiovascular (CVD) mortality, independent of levels of moderate to vigorous activity. Therefore, for the purpose of this analysis, an average of more than six hours of sedentary behaviour per day has been used to distinguish between lower and higher levels of sedentary behaviour.

Sedentary time by sex

Chart 14 shows that for both males and females, a higher percentage were sedentary for more than six hours on a working day (44.2% for females, 44.0% for males), compared with a non-working day. On a non-working day, the percentage of males who are sedentary for more than six hours is slightly higher than females, at 25.0% and 22.3% respectively.

Chart 14: Amount of sedentary time per day by sex



Source: CW&C Adult Physical Activity Survey

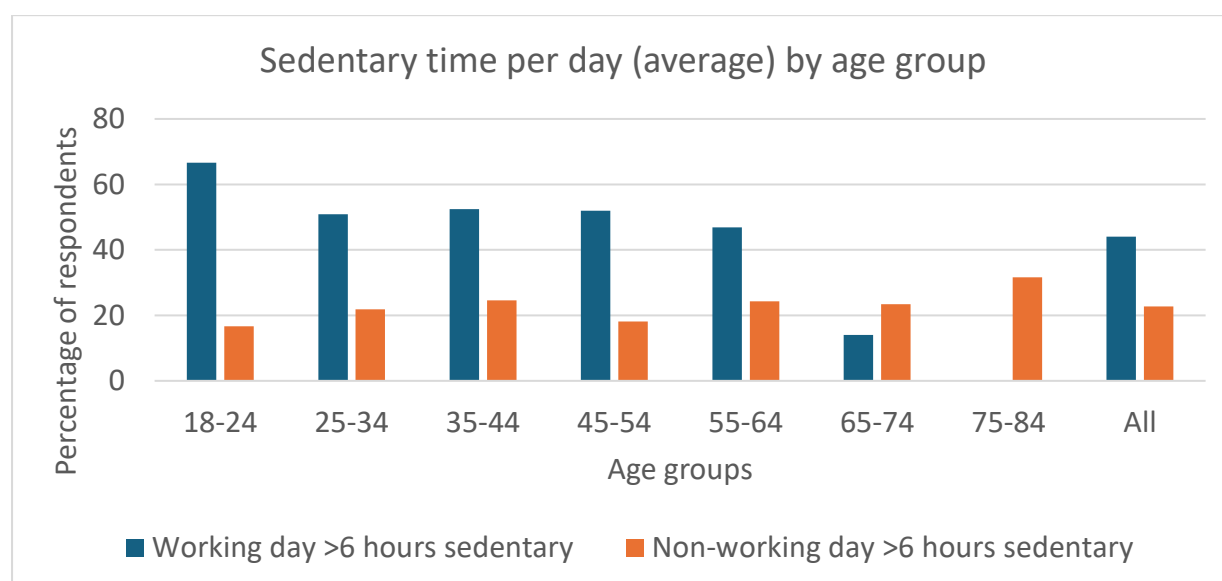
Sedentary time by age group

Data regarding the amount of sedentary time across age groups was collected for all groups other than 84-89. As Chart 15 illustrates, for the age groups 18-24, 25-34, 35-44 and 45-54, more than 50% of the respondents reported being sedentary for more than six hours per day on a working day.

The percentage of respondents who reported being sedentary on non-working days was lower than working days across all age groups between 18-64 years.

Please note there were small numbers of respondents for some age groups. There were six aged 18-24, 19 aged 75-84, and two aged 85-89. Neither of the respondents in the 85-89 age group reported being sedentary for more than six hours per day so this age group is not included in Chart 15.

Chart 15: Amount of sedentary time per day by age group



Source: CW&C Adult Physical Activity Survey

Physical activity key findings:

1. From 2015-16, the percentage of physically active adults in Cheshire West and Chester has increased by 5.8%. At 72.4% for 2022-23 the percentage of physically active adults is higher than the England average.
2. The percentage of physically inactive adults in Cheshire West and Chester has decreased since 2015-16. Data for 2022-23 suggests that Cheshire West and Chester has lower rates of inactivity compared to the England average.
3. The findings from the Cheshire West and Chester Movement and Physical Activity Survey show that for those who responded, 47% met the UK CMOs' Physical Activity Guidelines using a combination of both moderate and vigorous activity plus strength-based exercise.

Sex

4. In Cheshire West and Chester, men are more likely to meet the UK CMOs' Physical Activity Guidelines than women. This is in line with the national pattern.
5. When compared to the England average, more females (64.0%) and males (71.0%) in Cheshire West and Chester are active compared to the England average (females, 61.0%; males, 66.0%). There are fewer females (26.0%) and males (20.0%) in Cheshire West and Chester who are inactive compared to the England average (females, 27.0%; males, 24.0%).
6. The findings from the Cheshire West and Chester Movement and Physical Activity Survey show that for those who responded, more females (18.8%) than males (10.4%) reported taking part in no aerobic activity per week
7. More male (60.8%) than female (43.0%) survey participants report achieving the UK CMOs' Physical Activity Guidelines (aerobic and strength-based activity).

8. More male survey participants (66.4%) were likely to complete at least two strength-based activities per week, than female (49.1%).

Age

9. Findings from the survey show that for those who responded, almost a quarter in the 35-44 age group consistently reported the lowest adherence to the recommended UK CMOs' Physical Activity Guidelines.

Disability

10. In Cheshire West and Chester, twice as many people living with a disability or long-term health condition (37.0%) are inactive compared to those without (18.0%). Equally, fewer people living with a disability or long-term health condition (55.0%) are active than those without (73.0%). This is in line with the national pattern.
11. When compared to the England average, more people living with a disability or long-term health condition in Cheshire West and Chester (55.0%) are active compared to the England average (47.8%) and fewer are inactive (37.0%) compared to the England average (40.8%).

Socio-economic Status

12. In Cheshire West and Chester, a third of people (34.0%) living in the lower IMD groups (deciles 1-3, most deprived) are inactive, compared to a fifth (20.0%) of those living in the higher IMD group (deciles 8-10, least deprived). Notably, 55% of those in IMD 1-3 are active compared to 69% of those in IMD 8-10. This supports the correlation between inactivity and inequalities.

Recommendations:

1. Prioritise increasing physical activity offers aimed at groups that are less likely to meet the UK CMOs' Physical Activity Guidelines (women, people living in deprived areas, people living with a disability or long-term health condition).
2. Localisation of national campaigns that target messaging to people at higher risk of physical inactivity, including those living with long-term conditions (We Are Undefeatable) and women (This Girl Can). Plus, the use of local campaigns which encourage more everyday movement (Joyful Movement Campaign).
3. Provide cost-effective, flexible and inclusive physical activity options to support working age residents, particularly those in the 35-44 age bracket to be more active.
4. Collaborate with partners to provide support to those with disabilities to access a range of physical activity offers that meet their needs.

5. Increase the awareness of, and participation opportunities for, muscle strengthening activities, particularly amongst women.
6. Support a network of physical activity champions across health, care, workplace, and community settings to raise awareness of the benefits of physical activity and who can signpost to local opportunities.
7. Support inclusive physical activity programmes for people with mobility issues and long-term conditions to ensure continuity. Reduce reliance on individual champions by building resilience through partnerships, succession planning, and ongoing workforce/capacity building.
8. Engage local businesses, GPs, and community organisations to develop partnerships that ensure equitable access to physical activity opportunities for all, but particularly for marginalised groups.
9. Promote initiatives that integrate physical activity into primary care, including brief intervention training for all staff, embedding physical activity pathways into existing social prescribing models and linking patients directly to existing offers e.g. falls prevention.

Barriers to being active

The UK Chief Medical Officers' Physical Activity Guidelines apply to the entire UK population, irrespective of gender, race, or socio-economic status. However, barriers exist which can have a disproportionate effect on an individual's ability to adhere to the guidelines.

Evidence suggests that many interventions exacerbate inequalities for communities with protected characteristics^{xxx}. Protected characteristics include age, ethnic or national origin, religious belief, sexual orientation, gender reassignment, sex, being pregnant, married, in a civil partnership or disability. It also includes socioeconomic position, occupation, geographic deprivation, and membership of a vulnerable group. It is against the law to discriminate against anybody because of these characteristics. In addition to the nine protected characteristics under the Equality Act 2010, Cheshire West and Chester Council identified further areas which are relevant to the local communities and priorities. These are carers, care experienced, rural communities, areas of deprivation, human rights, health inequalities and procurement.

Whilst this survey sample size was insufficient to reliably analyse data across all of the protected characteristic, age group and sex were looked at in some detail.

Overall, 511 participants responded to the question which asked about barriers to being active. There were several pre-populated options, with a free text 'other' option.

Respondents were asked to select from a list which factors which prevent them from being active. They were able to select all that applied to them; therefore, the percentages do not total 100%.

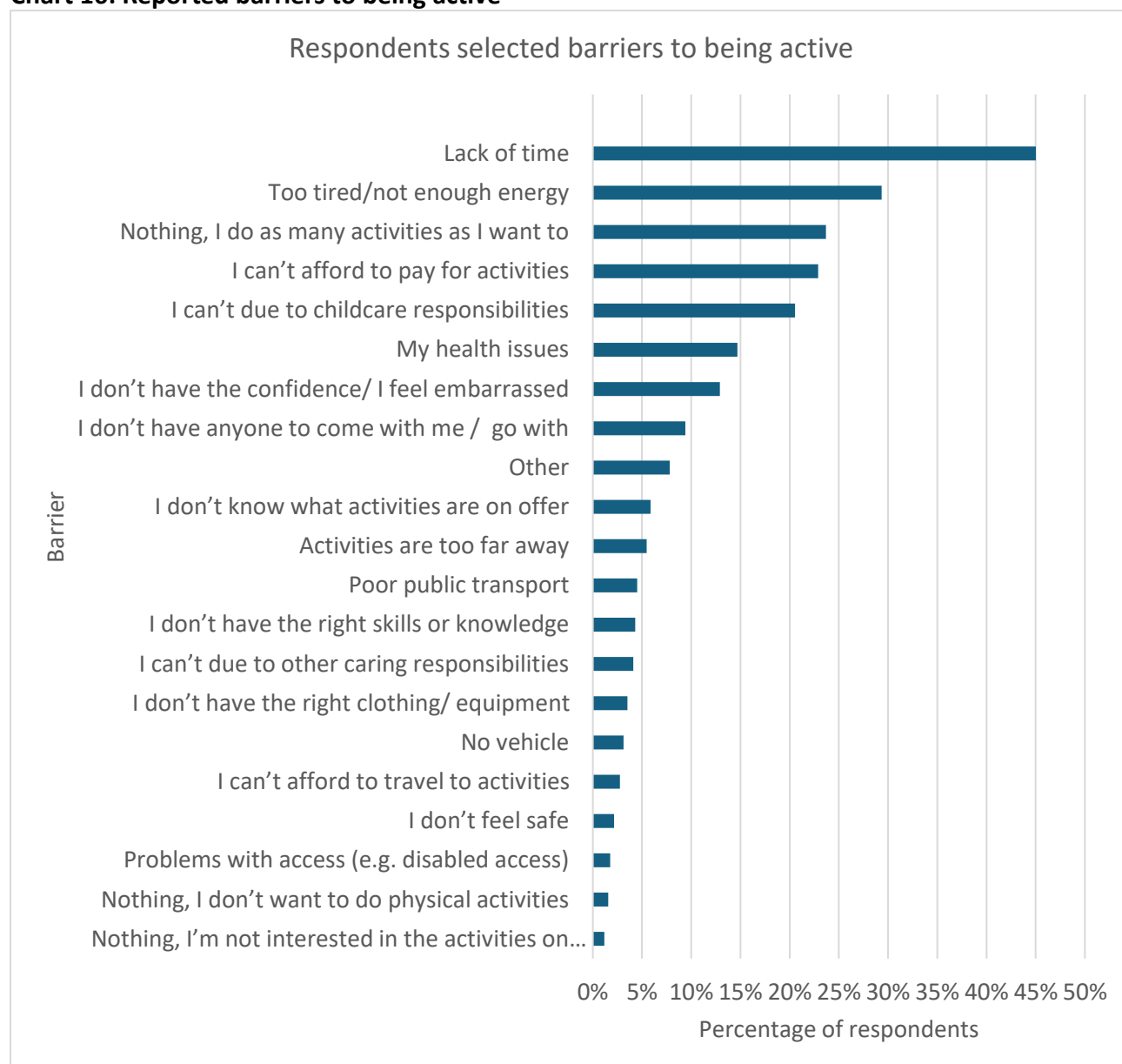
The barriers most frequently selected across all respondents:

- Lack of time - 230 (45.0%)
- Too tired / not enough energy - 150 (29.4%)
- Nothing, I do as many activities as I want to – 121 (23.7%)
- I can't afford to pay for activities - 117 (22.9%)
- I can't due to childcare responsibilities – 105 (20.6%)
- My health issues - 75 (14.7%)
- I don't have the confidence / I feel embarrassed - 66 (12.9%)

The full list of barriers and proportion of respondents citing them are shown in Chart 16.

Where respondents selected the 'other' option they were asked to state the barriers, which were aggregated into themes. The most common themes reported were health, motivation, cold weather, time, safety, and the availability and accessibility of classes.

Chart 16: Reported barriers to being active



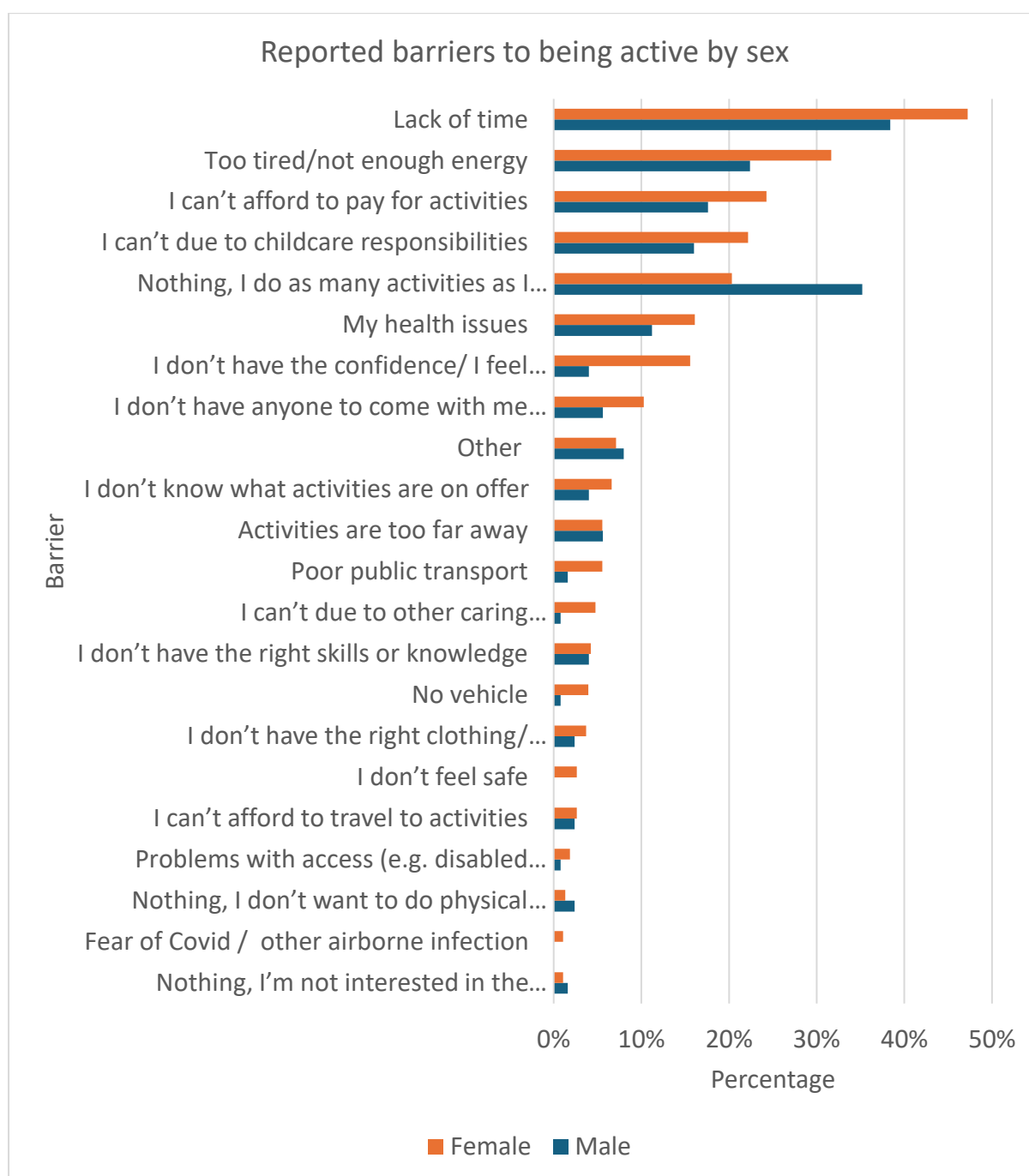
Source: CW&C Adult Physical Activity Survey

Barriers to being active by sex

When looking at the barriers to being active by sex (see Chart 17), a higher percentage of females cited barriers than males, with the exception of 'activities are too far away' and 'other' barriers.

No males selected 'I don't feel safe' and fewer numbers cited cost, time, childcare, lack of energy, health, and lack of confidence as barriers compared with females.

Chart 17: Reported barriers to being active by sex



Source: CW&C Adult Physical Activity Survey

Barriers to being active by age

Analysis by age was undertaken for younger adults (18-24), working age adults (25-64) and older adults (65+), in line with a life course approach.

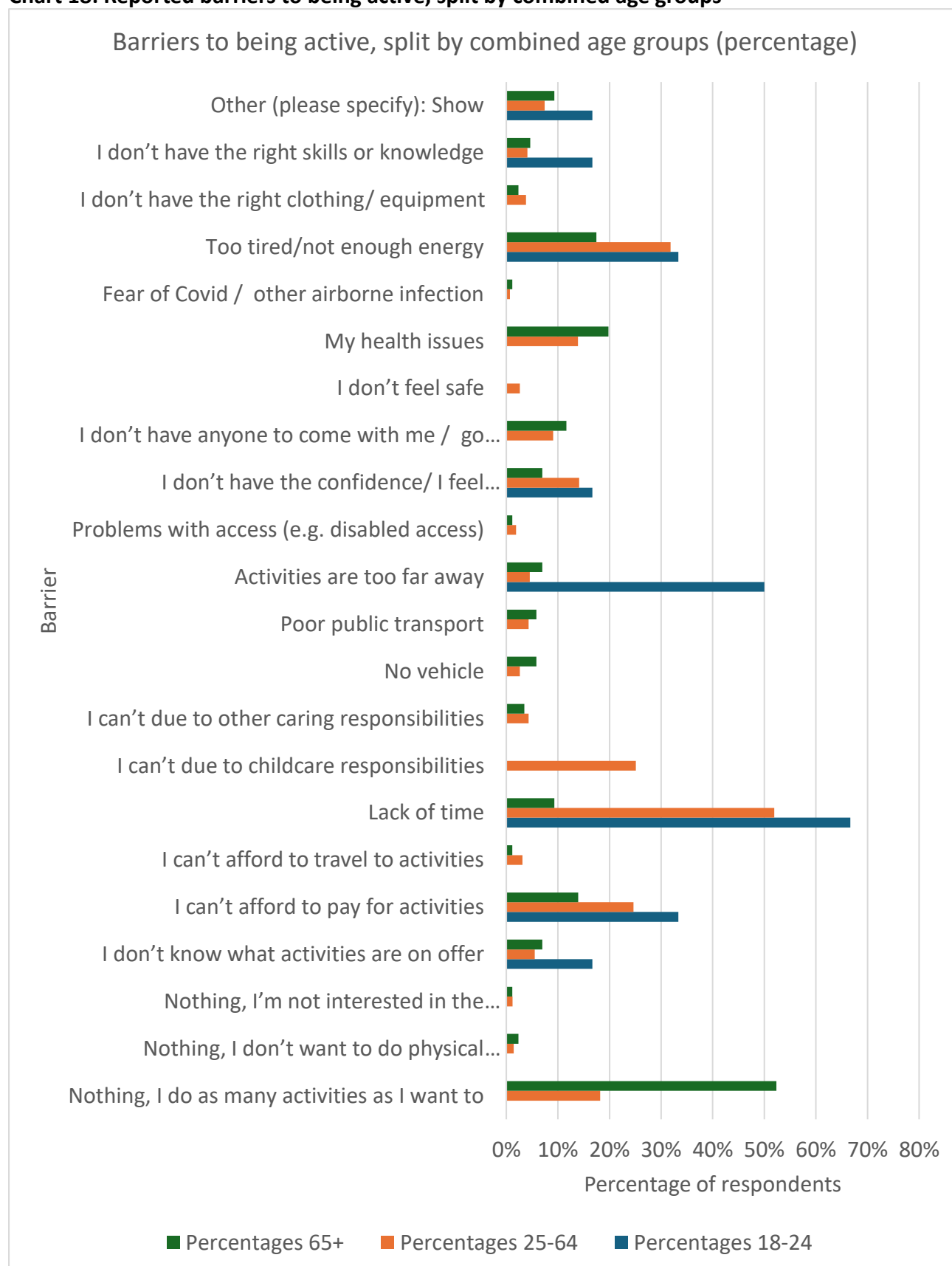
Given that the vast majority of the respondents were in the combined 25-64 age bracket, there are many more responses for these age groups combined (this is shown by the orange line, Chart 18).

Chart 18 shows that for 25–65-year-olds the most frequently selected barriers to being active were 'lack of time', 'too tired/ not enough energy', 'childcare', 'cost', 'confidence/feeling embarrassed', and 'health issues'.

For older adults aged 65+, the most frequently selected barriers were 'health issues', 'too tired/ not enough energy' and 'cost', with the majority of respondents selecting that 'they do as many activities as they want'.

In comparison, for 18-24s, the most frequently selected barrier was 'lack of time', followed by 'activities are too far away'.

Chart 18: Reported barriers to being active, split by combined age groups



Source: CW&C Adult Physical Activity Survey

Barriers key findings:

1. Lack of time was the most common barrier cited (45.0%), this was cited by more females than males.
2. Lack of energy was cited by 29.4% of respondents, with a higher percentage of females citing this than males.
3. Cost and not being able to afford to pay for activities was cited by 20.6% of respondents, with more females citing this as a barrier than males.
4. Health issues were also cited fairly frequently (14.7%), with more females citing this than males.
5. Far more females cited lack of confidence than males (15.6% and 4.0% respectively).
6. More males than females reported doing as many activities as they wanted to (35.2% and 20.3% respectively)
7. Working age respondents (25-64) reported the main barriers as lack of time, lack of energy, childcare responsibilities, and cost. Younger respondents (18-24) reported lack of time, activities too far away and not enough energy the most frequently. Respondents in the 65+ age group reported health issues, not enough energy and cost the most frequently. This age group also reported doing as many activities as they wanted to.

Recommendations:

1. Increase provision of more affordable physical activity options by working with sports, leisure, community and VCFSE sectors to help widen the range of sport and physical activity offers that enable all community members to take part.
2. Consider how to promote and support those who feel they have lack of time. This may be via targeted messaging or promoting physical activities and opportunities that are time-efficient, such as the NHS Active 10, every step counts, active travel, and home workouts.
3. Collaborate with partners to provide family and intergenerational activities, to remove childcare barriers to physical activity.
4. Work with primary care and secondary care colleagues to understand how health issues can function as barriers to physical activity and address these. Consider how to use health as a reason and enabler for physical activity e.g., Moving Medicine.
5. Work with working age women to understand what could support them to be more active, use this to help to shape the offer.
6. Consider innovative ways to tackle lack of confidence, people being afraid to exercise alone or not knowing what is on offer.
7. Work with employers to incorporate opportunities for physical activity into the working day.

8. Develop inclusive programmes such as family-friendly sessions with childcare support, confidence-building initiatives, and activities specifically for older adults and those living with health conditions.
9. Provide specialised programmes for people with mobility issues or chronic conditions (e.g., arthritis, fibromyalgia, long COVID), and expand accessible sports like wheelchair basketball and walking netball.
10. Introduce a broader range of free or low-cost (consider using terminology 'fully funded' or 'partially funded') activities, particularly during off-peak hours.
11. Offer flexible session times (early mornings, evenings, weekends) to accommodate diverse schedules and commitments.
12. Develop online and hybrid activity programmes to ensure broader participation, including options for home-based physical activity.

Where people are active, where they want to be active and enabling factors

The survey asked how regularly residents use places to be active, such as the gym, parks etc. There were several blank entries - where an answer was blank, it was given a value of 'unknown.' Chart 19 shows the responses per place/space based on the 513 respondent answers.

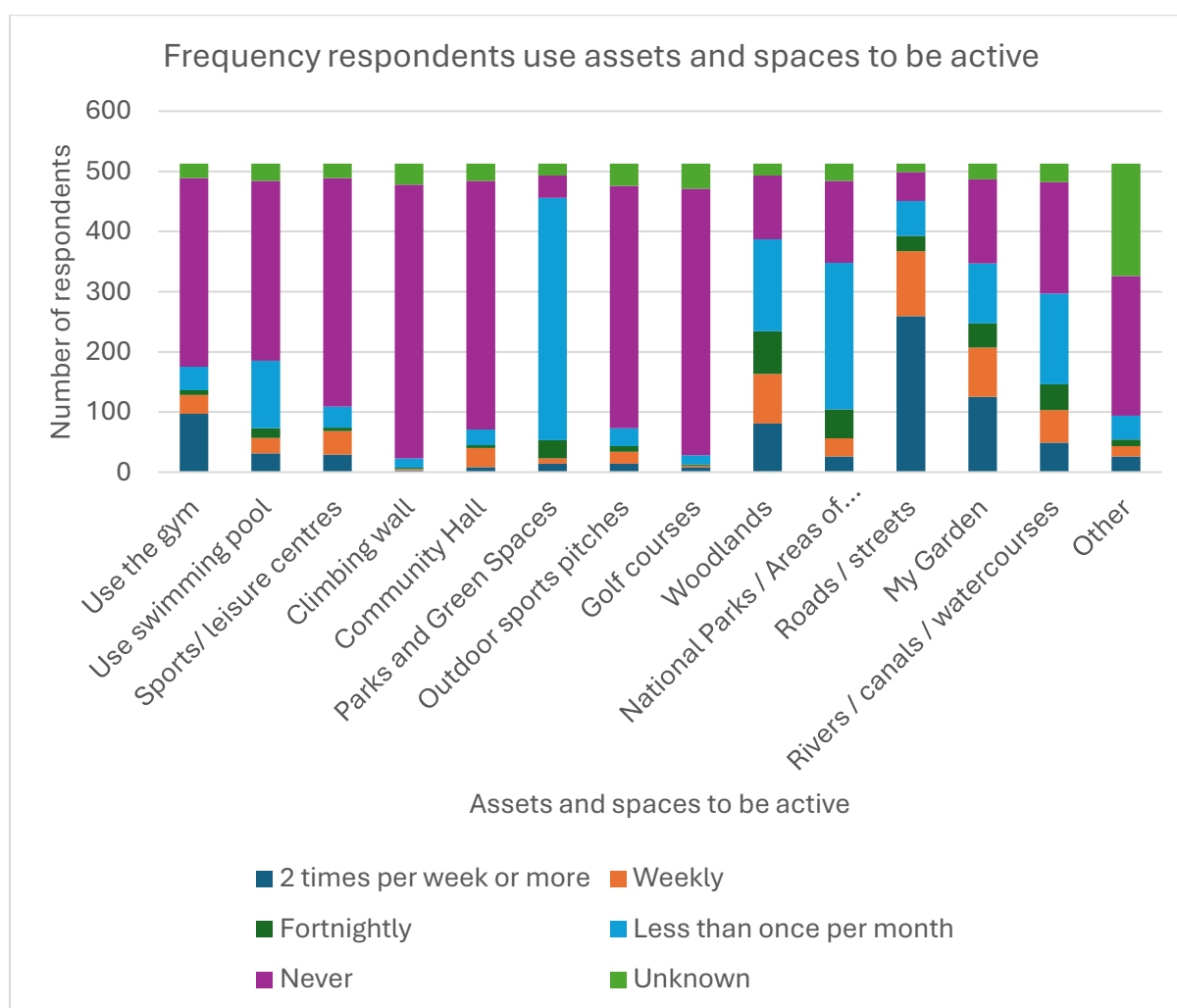
Roads and streets were the most frequently reported place to be active, with 259 (of 513) respondents reporting using them two times or more per week. This was followed by 'garden', 'gym' and 'woodlands'.

When reviewing weekly use, it was a similar picture with the majority of respondents using 'roads and streets', followed by 'garden' and 'woodlands'.

When looking at less frequent use, specifically 'less than once a month,' 403 respondents reported using 'parks and greenspaces' and 244 using 'national parks/ areas of outstanding beauty'.

Places with a high number of respondents never using them were 'climbing wall' (n=455), 'golf courses' (n=443), 'community hall' (n=413), 'outdoor sports pitches' (n=403), 'sports/leisure centres' (n=380), 'gym' (n=314), and 'swimming pool' (n=219).

Chart 19: The frequency respondents use assets and spaces to be active



Source: CW&C Adult Physical Activity Survey

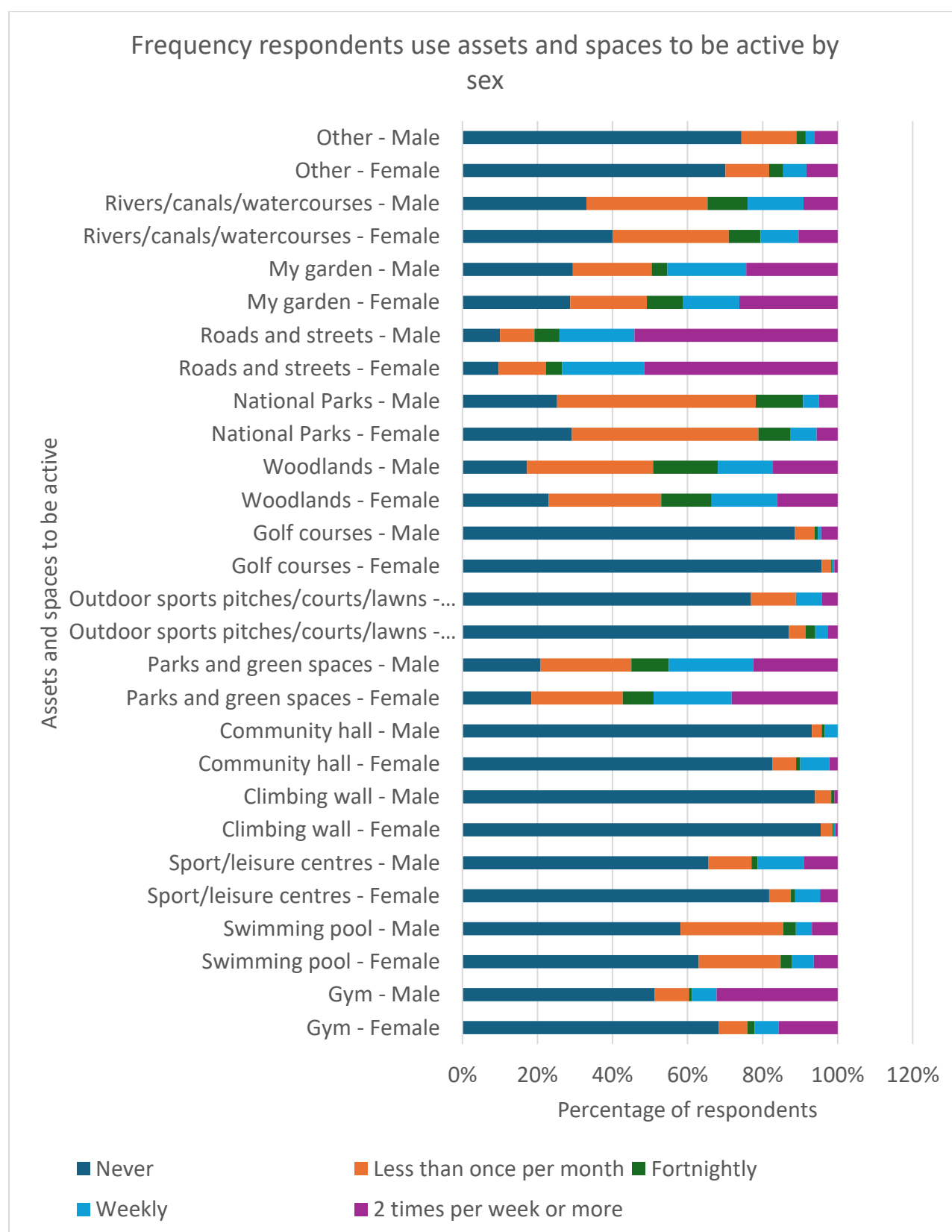
Where people are active by sex

Chart 20 shows the assets and spaces respondents use to be active by sex. The data is presented in separate bars but the asset/ space use for each sex is presented, making it easier to compare.

A higher percentage of males reported using almost all the assets and spaces than females, apart from community halls, which are utilised by a higher percentage of female respondents. A similar percentage of both males and females reported using parks and green spaces, roads and streets, their garden and climbing walls (within 2% of each other).

When looking at those who are active regularly in specific assets and spaces (once a week or more), a higher percentage of males than females use gyms, sport/leisure centres, outdoor sports pitches, river/canals/watercourses and their garden. In contrast, a higher percentage of females than males use community halls, parks and greenspaces and national parks. A similar proportion of males and females use roads and streets, woodlands and swimming pools at once a week or more.

Chart 20: The frequency respondents use assets and spaces to be active by sex



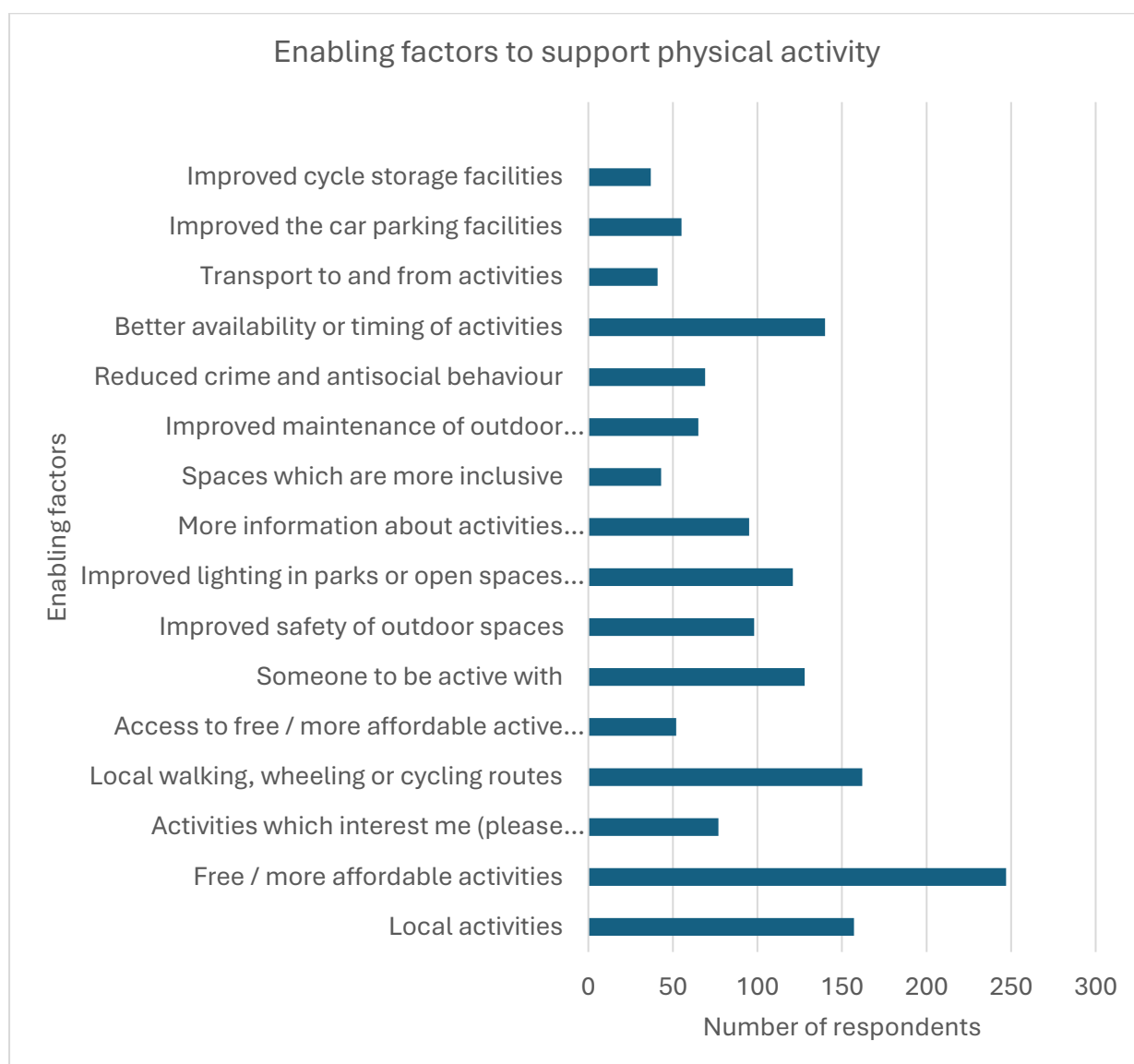
Source: CW&C Adult Physical Activity Survey

Enabling factors to support physical activity

The survey asked participants to select which factors would support them to be more physically active. Overall, 473 participants responded to this question. Respondents could select all factors that applied from a list.

As shown in Chart 21, the most frequent response to the question was 'more free/affordable activities' (247), followed by 'local walking, wheeling or cycling routes' (162), 'local activities' (157) and 'better availability or timing of activities' (140), 'Someone to be active with' (128) and 'improved lighting in parks or open spaces' (121).

Chart 21: Enabling factors to support physical activity



Source: CW&C Adult Physical Activity Survey

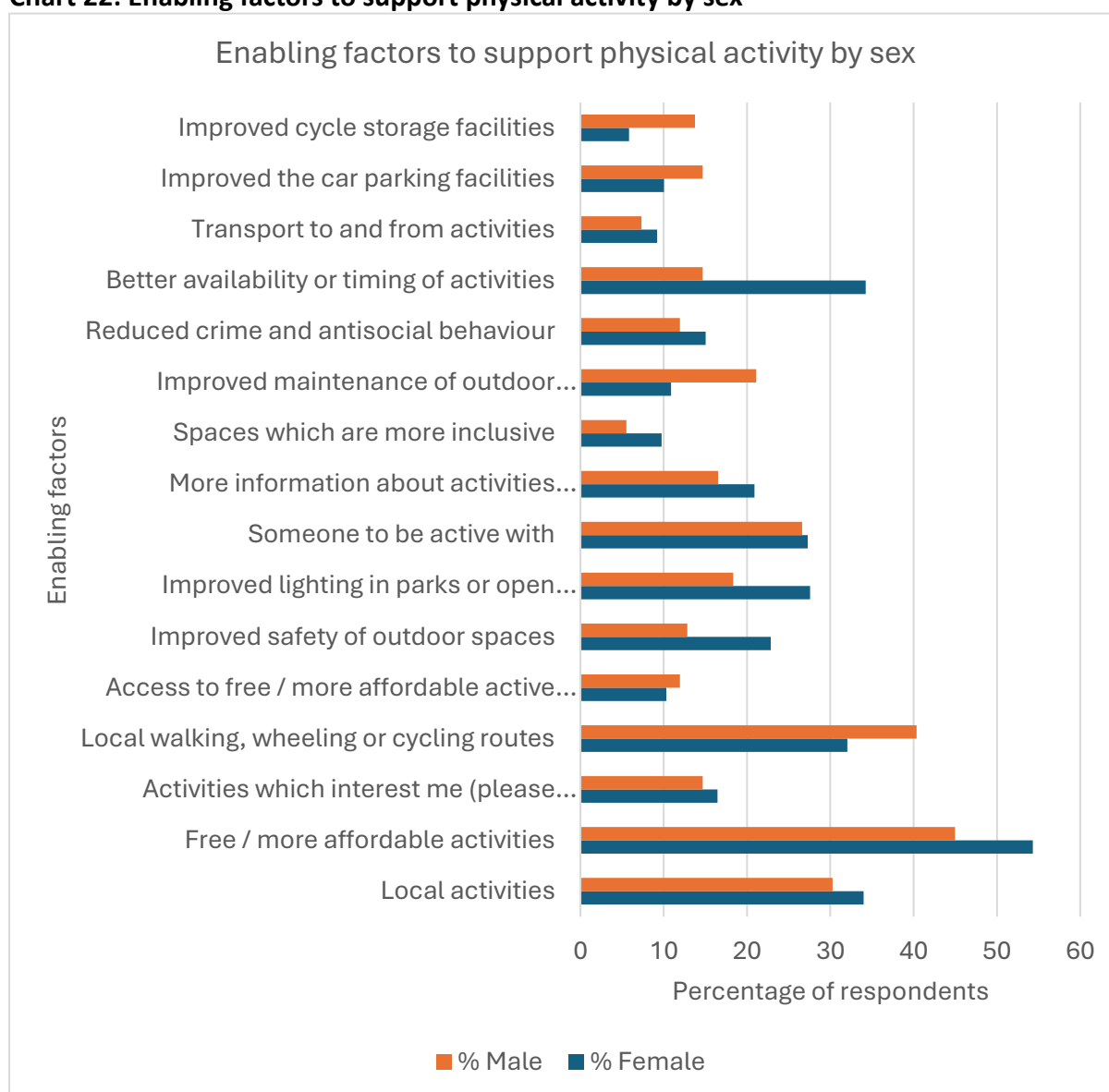
Enabling factors by sex

To understand the enabling factors to support physical activity for females and males, the data was analysed by sex (Chart 22). 'Free/ more affordable activities', 'local walking, wheeling and cycling routes', and 'local activities' were the most frequently selected enabling factors for both males and females.

When looking at female responses, 'better availability or timing of activities' came second to 'free/more affordable activities' but was a less frequent response for males. Females selected 'local activities', 'local walking, wheeling or cycling routes', 'improved lighting', 'someone to be active with' and 'improved safety of outdoor spaces' most frequently.

For males, 'free/more affordable activities', 'local walking, wheeling and cycling routes', and 'local activities' were the most frequent selected enabling factors, followed by 'someone to be active with' and 'improved maintenance of outdoor recreational space'.

Chart 22: Enabling factors to support physical activity by sex



Source: CW&C Adult Physical Activity Survey

Enabling factors by age group

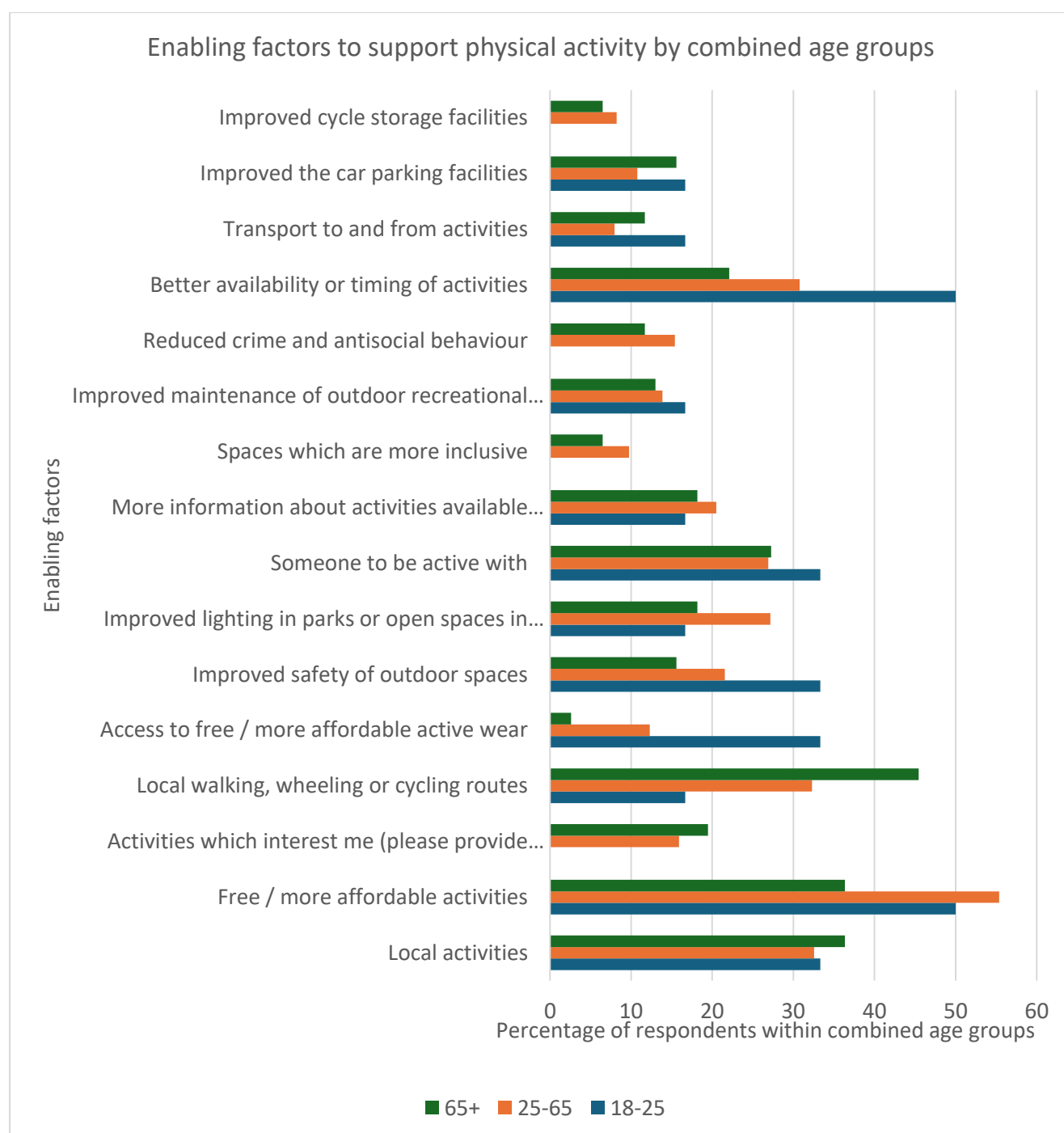
When looking at the enabling factors to support physical activity across age groups, the age groups were combined into 18-24, 25-65, 65+ to represent younger adults, working age adults and older adults in line with a life course approach (Chart 23).

The 18-24 age group most frequently selected 'better availability or timing of activities', followed by 'free/more affordable activities', then 'someone to be active with', 'improved safety of outdoor spaces', 'access to free/more affordable active wear' and 'local activities'.

For the 25-64 age group, the most common enabling factors were 'free/more affordable activities', followed by 'local activities', 'local walking, wheeling or cycling routes', 'better availability or timing of activities', 'someone to be active with' and 'improved lighting in parks or open spaces in local community areas'.

For the 65+ age group the most frequently chosen enabling factors to support respondents to be active were 'local walking, wheeling or cycling routes', followed by 'free / more affordable activities' and 'local activities'.

Chart 23: Enabling factors to support physical activity by age groups (combined)



Source: CW&C Adult Physical Activity Survey

If you did want to be more physically active, which activities would interest you?

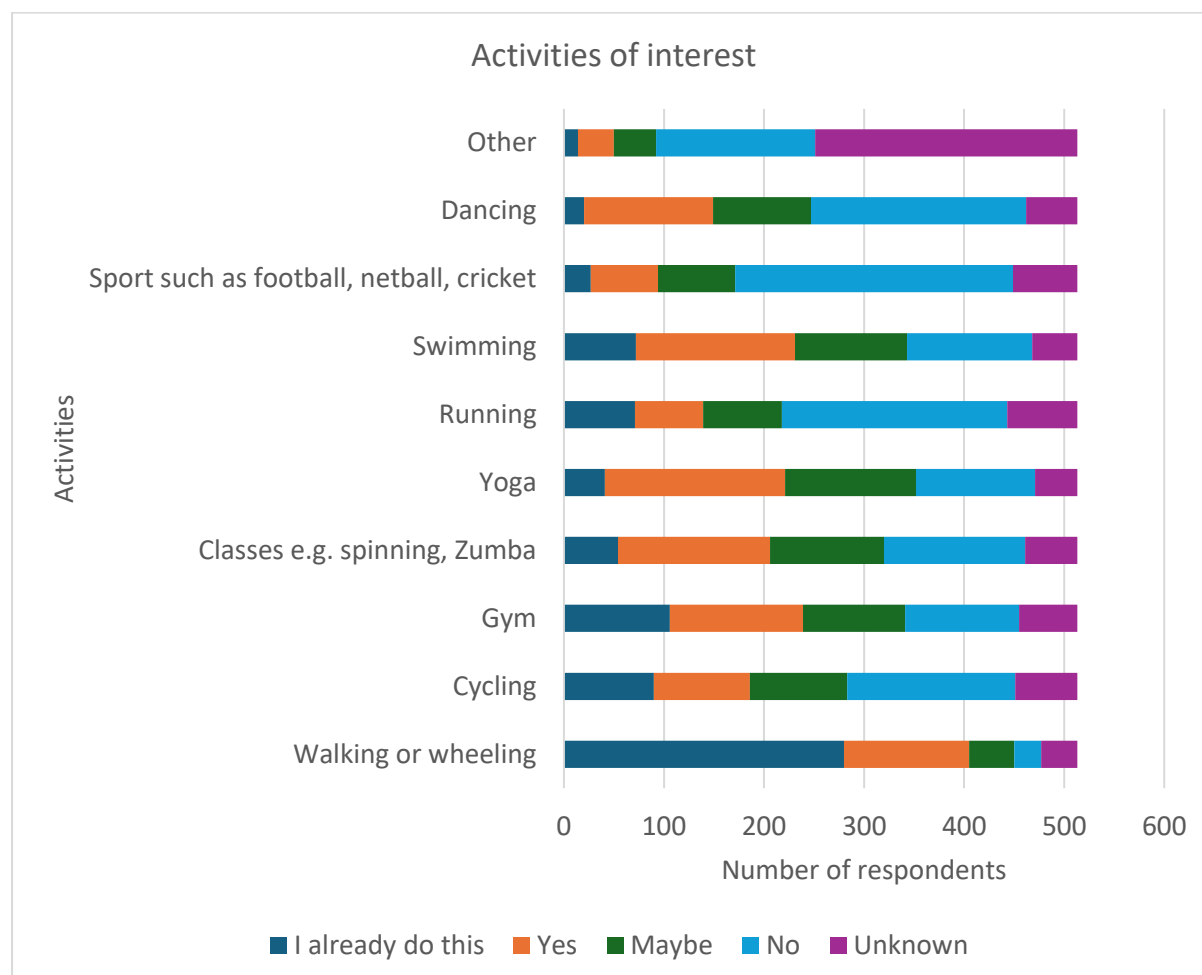
There were 506 respondents to this question. The question asked respondents to indicate which activities would interest them by selecting 'yes', 'no', 'maybe', 'I already do this'. Where respondents left the answer blank this has been recorded as 'unknown'.

Chart 24 demonstrates that the activities respondents already undertook were 'walking or wheeling', followed by 'gym', then 'cycling', 'running' and 'swimming'.

The activities that respondents would be interested in undertaking were 'yoga', followed by 'swimming', 'classes e.g. spinning, Zumba', 'gym' and then 'dancing'.

Activities that respondents were not interested in participating in were 'sport such as football, netball, cricket', 'running' and 'dancing'.

Chart 24: Activities respondents would be interested in



Source: CW&C Adult Physical Activity Survey

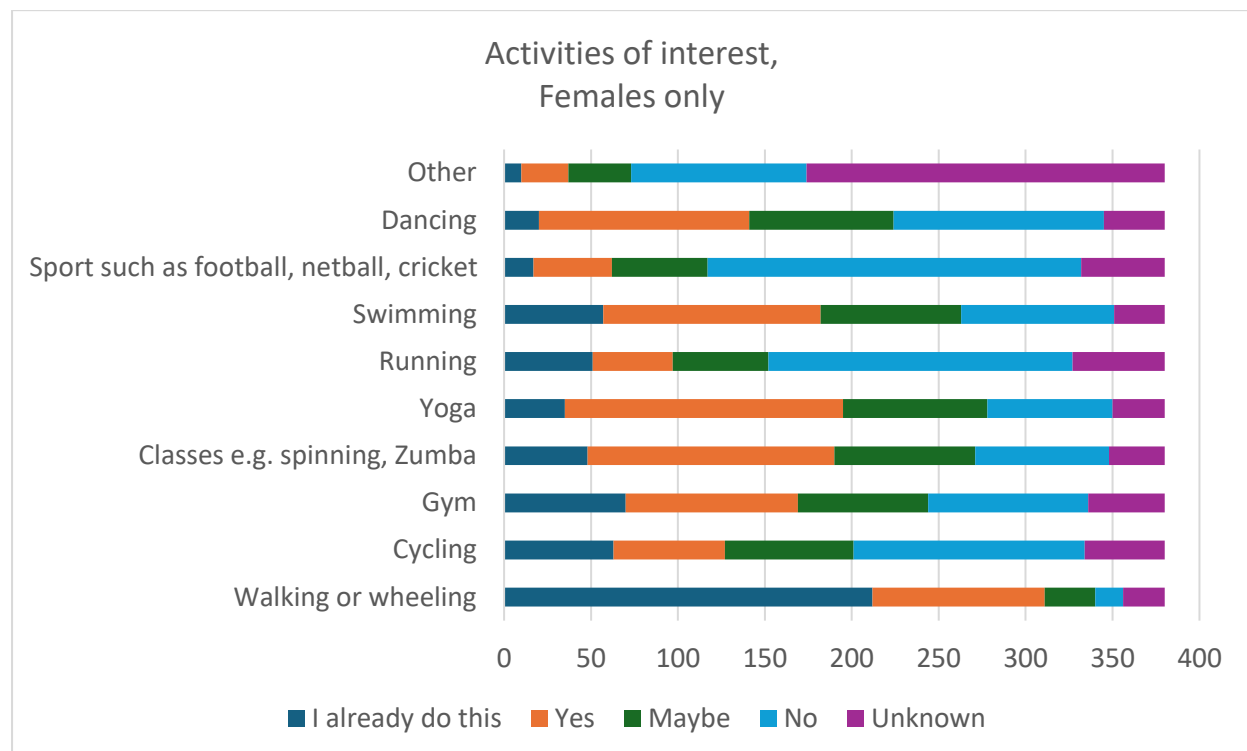
When looking at the activities of interest by male and female response, there were some clear differences in the activities of interest, as shown in Charts 25 and 26.

A higher proportion of males were interested in cycling, sports such as football, netball and cricket, and running. Whereas a higher proportion of females were interested in dancing, swimming, yoga and classes e.g. Zumba.

A higher proportion of males than females reported already using the gym, with more females reporting that they already walked or wheeled.

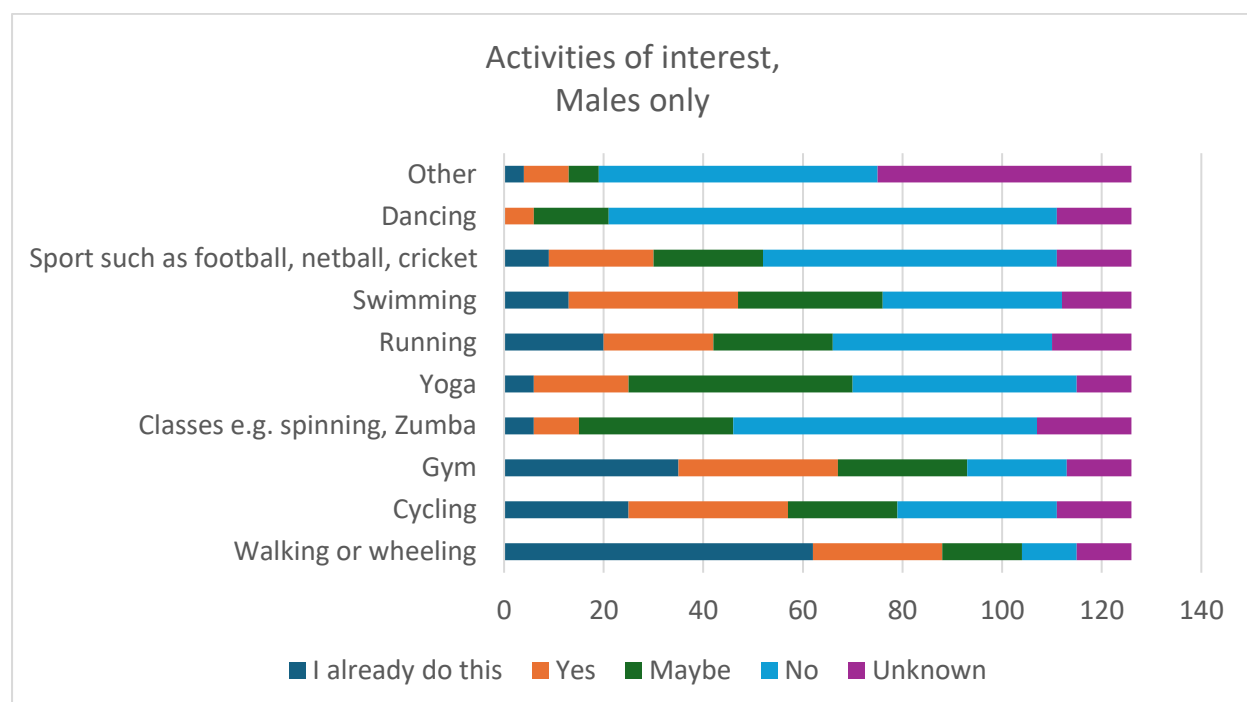
The least frequently chosen activity for males was dancing followed by classes e.g. Zumba. For females it was sport such as football netball, cricket, followed by running.

Chart 25: Activities respondents would be interested in, females only



Source: CW&C Adult Physical Activity Survey

Chart 26: Activities respondents would be interested in, males only



Source: CW&C Adult Physical Activity Survey

A free text box was also included for participants to state which activities interested them. The results have been visualised using a word cloud which displays the more frequent responses in larger text (see Image 1).

In total, there were 405 activities stated by 171 respondents in the free text option. The most common activities stated in order of frequency were walking (40 responses), swimming (27 responses), yoga (26 responses), Pilates (24 responses), cycling (21 responses), dance classes (20 responses), gym (17 responses), running (15 responses), strength training (13 responses). However please note that specific types of these activities e.g. tap dancing will not have been captured in the dance class number.

Image 1: Word cloud showing the activities respondents would like to take part in



Where people are active, where they want to be active and enabling factors key findings:

1. Roads and streets are the most frequently used place to be active, followed by garden, gym and woodlands.
2. Parks and greenspaces were reported as being used less frequently, but by the majority of respondents.
3. Assets and spaces which were reportedly never used by a high number of respondents included climbing walls, golf courses, community halls, outdoors sports pitches, the gym and swimming pool.
4. A higher percentage of males reported using almost all the assets and spaces more than females, apart from community halls which were used by a higher percentage of female respondents. A similar percentage of both males and females reported using parks and green spaces, roads and streets, their garden and climbing walls
5. The most frequently cited enabling factors to support physical activity were 'more free/affordable activities' followed by 'local walking, wheeling, or cycling, 'local activities' and 'better availability or timing of activities,' 'someone to be active with' and 'improved lighting in parks or open spaces.
6. When asked what activities would interest respondents, the most frequent responses were 'yoga', 'swimming', 'classes e.g. spinning, Zumba', 'gym', 'dancing' and 'cycling'.
7. A higher proportion of males were interested in cycling, sports such as football, netball, and cricket, and running. Whereas a higher proportion of females were interested in dancing, swimming, yoga and classes e.g. Zumba.

Recommendations:

1. Foster social connections by developing community walking groups, yoga clubs, non-competitive classes (e.g. Zumba) and non-competitive sports such as walking football and social running.
2. Introduce peer support systems or buddy programmes to maintain engagement and provide mutual encouragement.
3. Collaborate with local businesses and community organisations to co-create and deliver initiatives for marginalised groups, ensuring inclusivity.
4. Increase the use of spaces where females like to be active, e.g. community halls.
5. Promote the use of parks and greenspaces on a more regular basis, ensure safety and lighting are key considerations in redevelopments.
6. Create a shared, borough-wide communications plan using positive, inclusive, everyday messaging.
7. Use community hubs, local champions, and digital tools to improve visibility.
8. Ensure campaigns reach digitally excluded and underserved groups.

Wider considerations specific to women and low-income residents

Engagement sessions were held with two groups to specifically look at the wider considerations for women and girls and low-income residents. The findings from these sessions are detailed in the section below.

Women and Girls Physical Activity and Sport Workshop

A Women and Girls Physical Activity Working Group has been established to deliver on an action plan for the borough. In October 2024, an online workshop was held to share progress and determine priorities moving forwards. Insight was gathered through discussion, chat function in MS Teams and a Padlet board. Following the workshop, the insight was reviewed and put into the following themes:

1. Normalising Women's Health and Physical Activity

- Normalise sweating and exertion, particularly for teenage girls
- Normalise periods, menopause, and all aspects of female health
- Change attitudes toward periods and menstruation as everyday topics of conversation
- Support women and girls in discussing and addressing health issues openly

2. Education and Awareness on Women's Health

- Inspire women to take an active interest in their own health
- Increase knowledge of women's health within the workforce, including coaches and those in education
- Promote period dignity and education around menstrual health
- Training for men on women's health needs, including how they can support the females in their lives
- Training on women's safety for men
- Support communities with education on women and girls' health, especially in marginalised groups

3. Inclusion and Representation

- Recognise the importance of diverse women's voices and leadership in design
- Ensure women and girls have a voice in shaping opportunities in the community
- Promote equal access to sports, facilities, and resources for women and girls
- Ensure there is equal representation in marketing, communication, and policies
- Collaborate to ensure the school curriculum meets the needs of girls

4. Support and Empowerment for Women and Girls

- Support women and girls to challenge stereotypes, e.g., not deciding that you are 'not sporty'
- Encourage women and girls to support each other in overcoming barriers and fostering empowerment

- Provide support for women and girls to access free or low-cost kit
- Support the workforce (including early years and education staff) to encourage and enable physical activity for children
- Ensure appropriate and comfortable sportswear options for women and girls based on their preferences and activities

5. Access to Sports and Physical Activity

- Promote active travel and using local greenspaces for physical activity
- Ensure women and girls have access to venues, session times, and sports equipment without discrimination
- Ensure facilities are 'female-friendly', with appropriate toilets, showers, and changing room facilities, and sanitary bins
- Encourage mixed-gender teams and activities to break down stereotypes and ensure equality
- Support equal access to physiotherapy, facilities, kits, and coaching for all genders
- Advocate for more affordable and accessible physical activity opportunities for women and girls

6. Workplace and School Environment

- Support workforce participation, particularly those with long or unsociable hours, to engage in physical activity
- Encourage schools and clubs to implement active uniform policies and allow girls to wear appropriate kit
- Advocate for policies that support the physical activity of women and girls in schools, workplaces, and sports clubs

7. Community Engagement and Collaboration

- Engage local businesses and partners to ensure fair access to facilities and opportunities for women
- Collaborate with organisations and agencies to co-produce programmes and initiatives to support marginalised communities, including Muslim women and girls
- Partner with GPs and local communities to ensure that women's health needs, especially in marginalised groups, are addressed
- Encourage the development of community health drop-ins, possibly integrating physical activity as part of the offering

8. Advocacy, Policy, and Strategy

- Advocate for more research on women's health and physical activity
- Address cultural issues in diverse communities, ensuring that programmes are inclusive
- Adopt a gender mainstreaming approach in strategy, policy, and commissioning

- Ensure that Women and Girls system change is embedded in Active Cheshire's strategy and borough physical activity strategy
- Prioritise the women and girls' health agenda, ensuring it is a strategic priority with dedicated resources

Focus group: Fairer Futures Inspirers

Seven Fairer Futures inspirers took part in a focus group to support this needs assessment (six female, one male; age range from 32-60 with a mean age of 48 years). The participants were asked five questions. The responses are summarised below:

Question 1: "What does 'being physically active' mean to you?"

Responses reflected a mix of physical activity experiences, such as attending physio appointments, going to the gym, walking the dog, and engaging in outdoor activities like hiking and swimming.

Question 2: "Are you as physically active as you would like to be?"

Most participants indicated they aren't as active as they would like, citing limitations such as accessibility, seasonal changes, and a lack of inclusive facilities. Some enjoy activities like swimming and hiking but feel limited by weather, location, or equipment.

Question 3: "If you aren't as active as you would like to be, what stops you?"

Barriers included pain, weather, low energy, fear of injury, lack of suitable spaces or equipment, and financial constraints. There's a desire for more inclusive, accessible spaces and clearer guidance for those with specific health conditions.

Question 4: "What do you think would help you to be more physically active?"

Responses included having a workout partner, affordable and accessible activities, clear guides to facilities, and lower-cost options. More inclusive services and collaborative efforts between community services like Brio and libraries would help overcome barriers.

Question 5: "What activities would interest you and support you to become more physically active?"

Activities of interest included sit-skiing, hydrotherapy, badminton, swimming, gym access, and cycling. Challenges include needing someone to accompany them due to anxiety, limited access to equipment, and high costs. Accessible, local options and online resources like YouTube tutorials would be helpful.

Wider considerations specific to women and low-income residents, key findings:

1. Women (and girls) need to be empowered to take an active interest in their own health, trusted figures in their lives are key enablers to this.
2. Important to include women in the design of assets, spaces, and programmes.
3. A wide range of partners can support and empower women and girls to be active.

Recommendations:

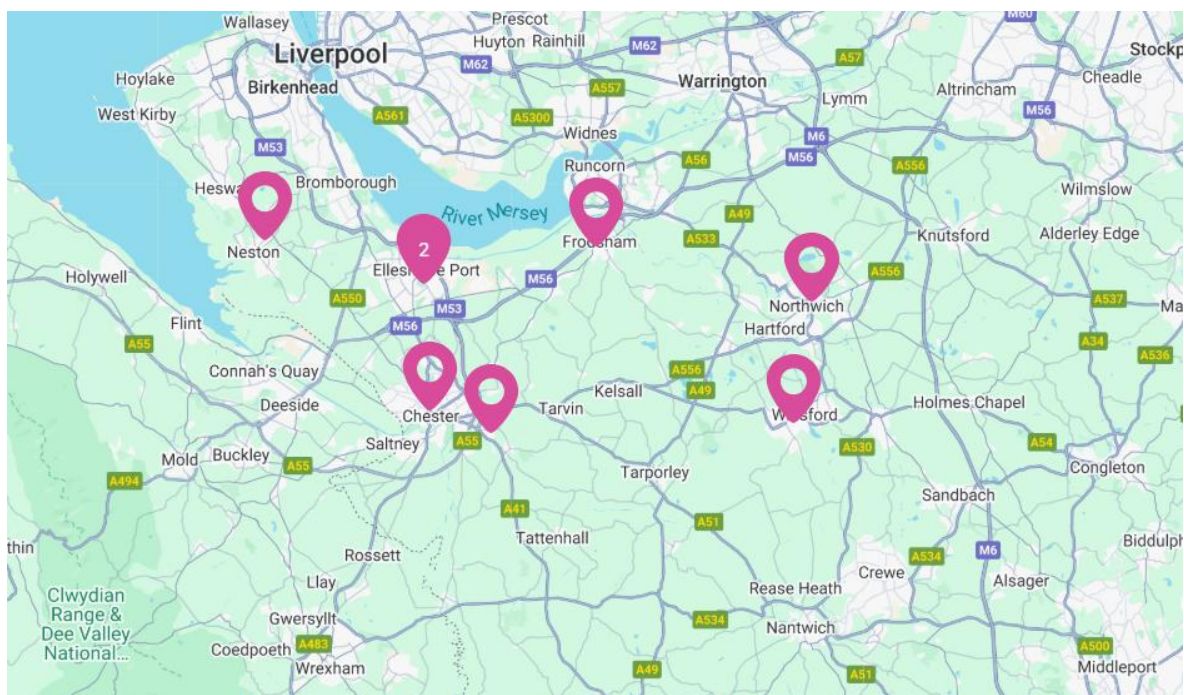
1. Normalise conversations around women's health topics like menstruation, menopause, and physical exertion, creating a supportive environment for women and girls.
2. Provide education and awareness programmes to inspire women and girls to take an active interest in their health, including promoting period dignity and menstrual health education. Programmes to support trusted figures as well as individuals.
3. Ensure equal representation of women and girls in sports, facilities, marketing, and policy decisions, and encourage leadership roles within physical activity programmes.
4. Create accessible, inclusive environments by providing appropriate toilets, showers, changing facilities, and sanitary products, as well as comfortable and appropriate kit.
5. Advocate for equal access to sports, facilities, coaching, and equipment, regardless of gender, socioeconomic status, or ability, and support mixed-gender teams to break stereotypes.

Service Use

As part of the physical activity needs assessment, various organisational partners have shared local physical activity data. By analysing service use data, inequalities in access can be identified and actions to reduce them prioritised.

Brio Leisure

Brio Leisure provides a wide range of physical activities across their centres. There are seven centres across Cheshire West and Chester, four of which are larger sites and three smaller sites. The location of the centres is shown on the map below.



The Brio offer includes:

Gym Workouts – Fully equipped gyms for strength and cardio training.

Fitness Classes – Over 550 weekly classes, including:

- Aerobics
- Yoga
- Pilates
- Dance-based classes
- High-Intensity Interval Training (HIIT)

Swimming – Casual swimming sessions at multiple pools.

Racquet Sports – Off-peak access to sports like badminton and squash.

Neuro Therapy – Access to Exercise – Specialised programmes designed to support individuals with neurological conditions.

Sports Clubs – Each centre hosts a variety of sports clubs catering to different interests, providing opportunities to engage in sports such as basketball, martial arts, and football.

By offering affordable and inclusive opportunities, engaging with underrepresented communities, and promoting movement-friendly workplace initiatives, Brio are committed to supporting residents in achieving healthier, more active lifestyles.

Brio plays a pivotal role in supporting adults across Cheshire West and Chester to lead more active and healthier lifestyles. With a membership base of 15,207 adult members and an additional 2,820 adult pay-as-you-go (PAYG) users, Brio provides accessible and inclusive opportunities for physical activity to thousands of local residents.

Brio's facilities and programmes cater to a diverse range of needs, ensuring that individuals—regardless of background or socioeconomic status—have the opportunity to

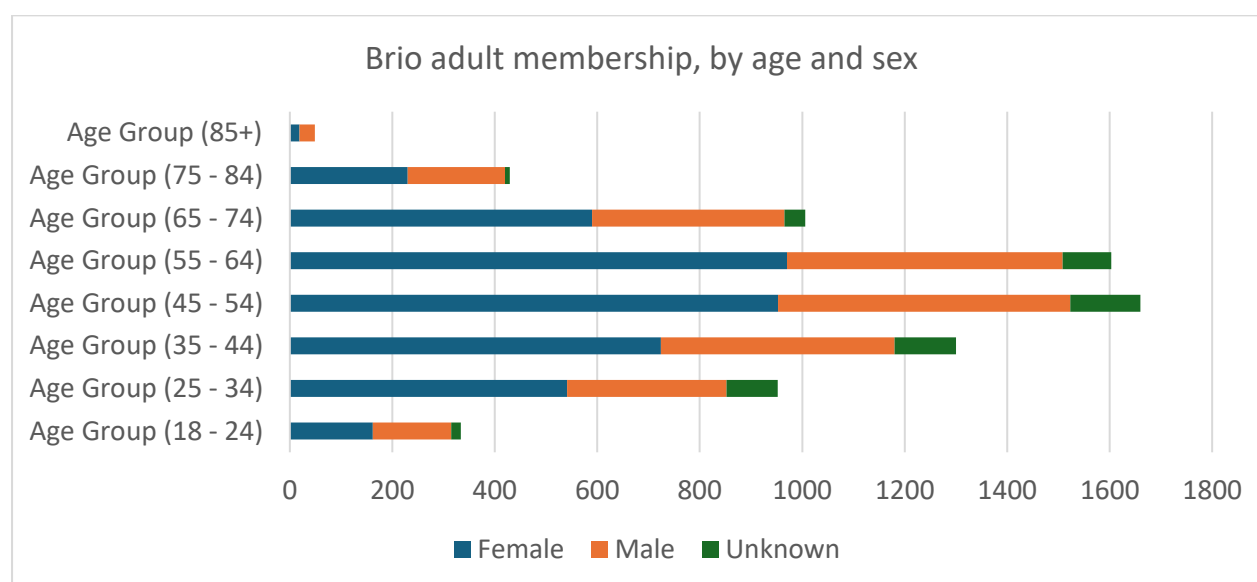
engage in regular exercise. Notably, 4,170 adults benefit from concessionary memberships, helping to reduce financial barriers to physical activity for those most in need.

In recognition of the importance of workforce wellbeing, Brio supports 4,941 adults through their WorkFit membership, which is designed to encourage active lifestyles among employees across various industries. This initiative aligns with wider public health priorities, aiming to reduce sedentary behaviour and improve overall workplace health.

Swimming remains a key pillar of Brio's provision, with 1,127 adults currently holding a swim-only membership. As a low-impact, accessible form of exercise, swimming is particularly beneficial for older adults, those living with disabilities, and individuals managing long-term health conditions.

Chart 27 shows Brio adult membership by age and sex (January 2025 data). Membership for age groups 45-54 and 55-64 are the highest. The age groups with the fewest members are 85+ and 18-24. There are more female members across all age groups other than the 85+ age group.

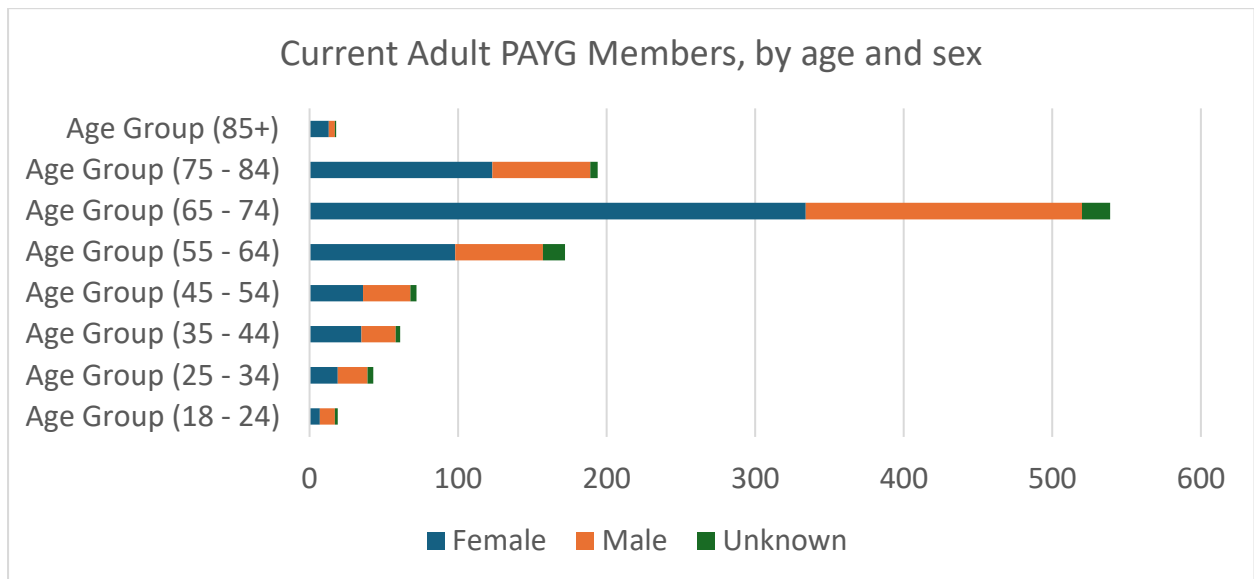
Chart 27: Brio adult membership, by age and sex



Source: Brio

Chart 28 shows the Brio pay as you go (PAYG) memberships by sex and age (January 2025 data). The majority of PAYG members are in the 65-74 age group, followed by the 75-84 and 55-64 age groups. There are more females who use the PAYG membership than males.

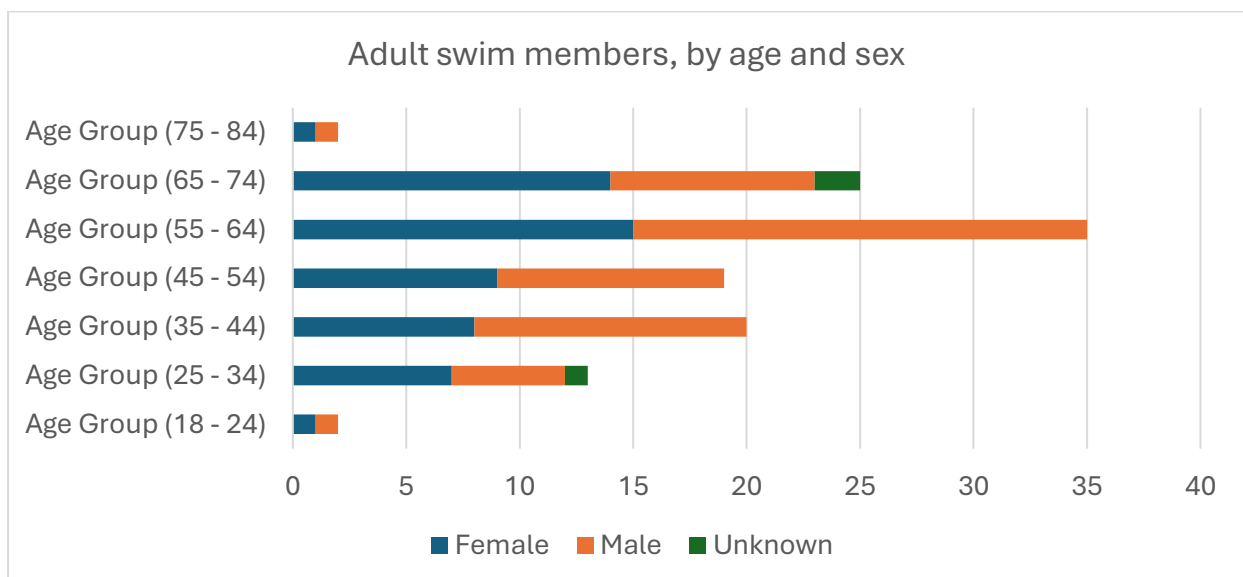
Chart 28: Current Adult PAYG Members, by age and sex



Source: Brio

Chart 29 shows the Brio swim memberships by age and sex (January 2025 data). The majority of swim members are in the 55-64 age group. Whilst they are quite small numbers, there is a fairly even split between males and females across all ages.

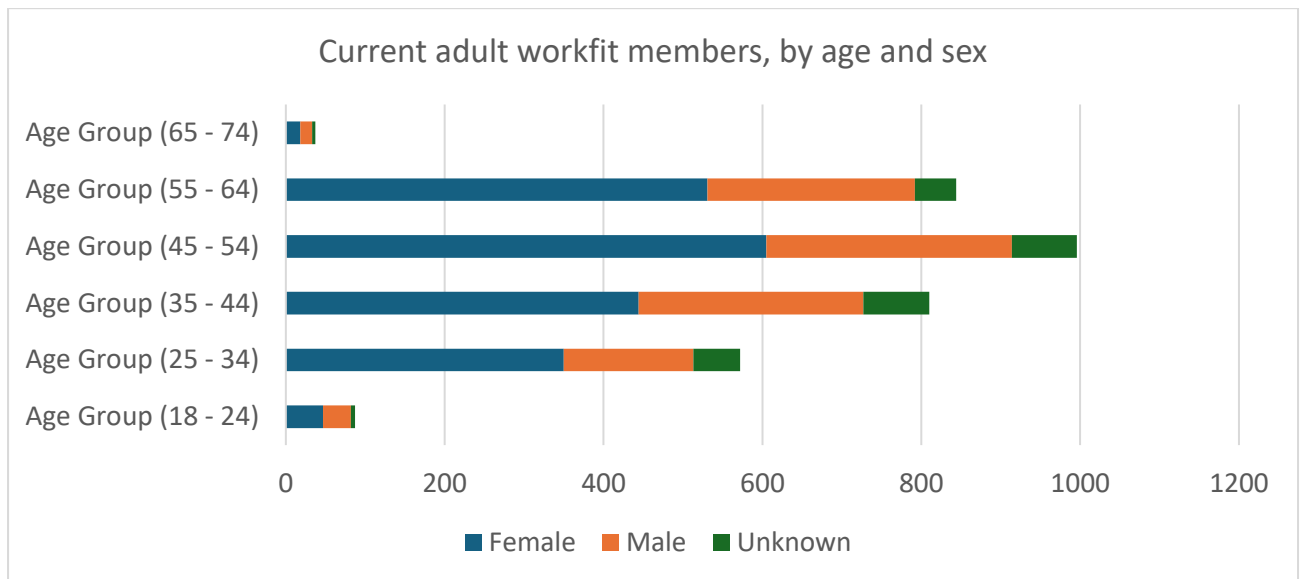
Chart 29: Adult swim members, by age and sex



Source: Brio

Chart 30 shows the current adult WorkFit members, by age and sex (January 2025 data). The majority of memberships are among those in the 45-54 age group, followed by 55-64 and 35-44. More females than males are WorkFit members across all age groups.

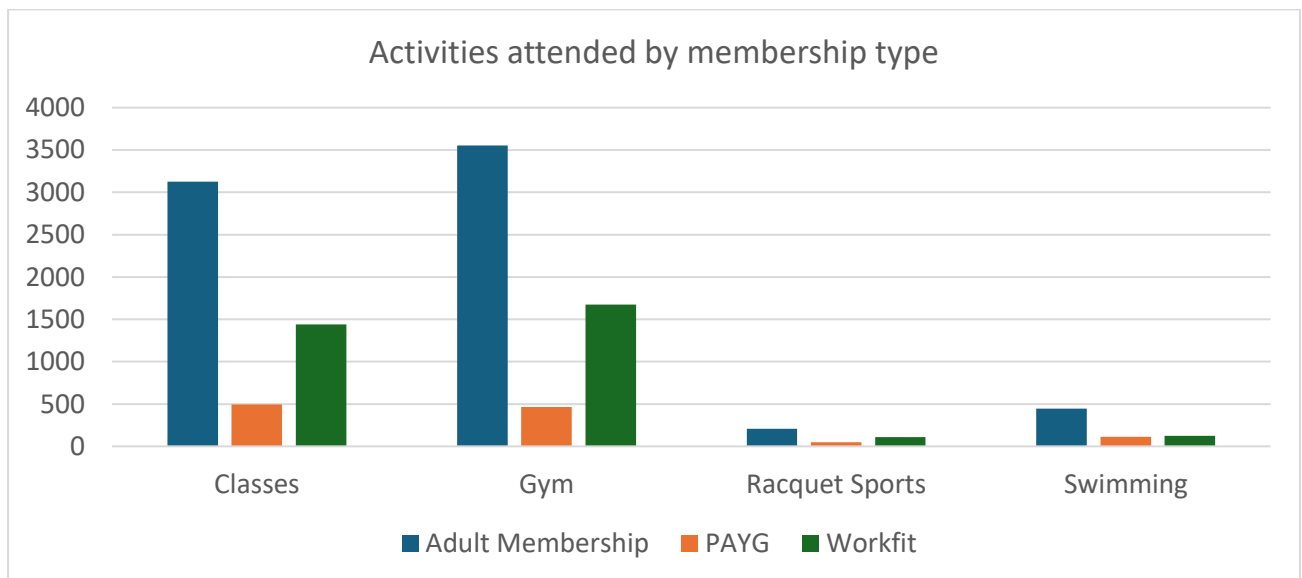
Chart 30: Current adult WorkFit members, by age and sex



Source: Brio

Chart 31 shows membership usage by type from April 2024 to January 2025. Classes and gym are the most popular activities across all membership types. Swimming pool and courts are used less frequently.

Chart 31: Activities attended by membership type



Source: Brio

Falls Prevention Programme

Nationally, falls are the largest cause of hospital admissions for older people and significantly impact on their long-term outcomes including reduced life expectancy, psychological

drawback, and impaired quality of life^{xxxix,xxxii,xxxiii}. Historically, Cheshire West and Chester has experienced a significantly higher rate of emergency hospital admissions due to falls among older people than the national average. In 2022/23, the borough had a rate of 2,099 falls-related admissions per 100,000 population aged 65 years and above, compared with an England average of 1,933 per 100,000 population.

Whilst the causes of falling are multifactorial, poor balance and muscle weakness caused by ageing and disease are the most prevalent, modifiable risk factors. Evidence demonstrates that the risk of falls among people aged 65 and over can be mitigated by participation in a Falls Management Exercise (FaME) programme^{xxxiv}. This evidence-based programme helps older people to improve their balance, increase their range of movement and muscle strength to reduce the risk of falls. It enables them to live healthy lives, retain independence and age well, as well as reducing hospital and premature care home admissions.

Brio provides a 25-week community-based falls prevention programme based on the FaME model for people aged 65 years and over at low or medium risk of falls. The programme combines weekly, instructor-led community group classes with exercises for participants to complete at home (2-4 times a week), education on home safety and mobility support. The programme accepts referrals from primary care, other health and social care professionals, and 240 places are allocated annually on a one referral per person, per annum basis.

Nature-based wellbeing activities

There are many opportunities for adults to volunteer and participate in organised nature-based wellbeing activities in Cheshire West and Chester, with a wide range of partners delivering wellbeing walks, community conservation tasks and community gardening. People are benefitting not only from being active but also from getting outside, being closer to nature, getting some much-needed daylight and fresh air, engaging in mindful elements of the activities and socially engaging with others whilst doing so. Due to the variety of partners and funding streams involved in this sector, these activities not only support specific groups with particular and more acute needs such as those living with sight loss, those at risk of suicide and those recovering from acute health conditions but also offer longer term ongoing activities for continued participation and ill-health prevention. They also provide opportunities for community involvement and coordination creating a level of sustainability in the sector with moderate ongoing support from key organisations. These activities are improving physical and mental wellbeing through their wide-ranging evidenced benefits including supporting cardiovascular health, sleep, immunity, mood, restoration from stress and even confidence.



Cheshire West Wellbeing Walks Network supports over 30 Wellbeing Walks taking place regularly (most weekly) with over 300 individuals consistently taking part.

NETWORKS FOR NATURE

Networks for Nature which saw 700 people getting involved in conservation volunteer action in an 18-month period.

We are lucky to have many organisations and local community groups organising these activities across the borough, which often do not require previous experience or equipment to take part and have no or little cost. We also have emerging networks which are bringing organisations and community groups together to support the continuation of this work and increase the number of participants accessing the particular activities across the borough.

Key organisations and community groups delivering these activities include Cheshire West and Chester Council, The Mersey Forest, Healthbox, The Conservation Volunteers, Cheshire Wildlife Trust, Chester Zoo, Cheshire Community Action, The Canal & River Trust, Incredible Edible, other growing groups and 'Friends of' groups.

Mersey Forest

Cheshire's Natural Health Service (NaHS), a partnership between The Mersey Forest and Cheshire West and Chester Council, builds on an increasing body of evidence which shows that engagement with the natural environment has a positive effect on both physical and mental health. It identifies and utilises the unique features of our borough's green spaces and tackles health inequalities by empowering and encouraging targeted, local people to adopt a preventive, self-care approach to health. It is a key part of the Eat Well Be Active Framework led by Cheshire West and Cheshire's Public Health Team.

The Natural Health Service uses a preventative approach, which means that members of the public can learn how to manage their own health and wellbeing in a way that works for them, focusing on activities and approaches that they enjoy. Therefore, the service supports both those who are currently active but may be at risk of becoming inactive in the future, and those who are currently inactive but would like to become more active by helping them find activities that connects them with nature and people.

Each NaHS programme lasts between 8-12 weeks, and the service is available to all adults throughout the life course, who need non-clinical health support. The service is completely free to participants, that they can access by either self-referral or via a health professional referral from primary or secondary care.

The four Mersey Forest Natural Health Service initiatives which are delivered within Cheshire West and Chester include:

Healthy Conservation: The aim of this programme is to improve participants' strength and stamina through nature-based conservation projects, boosting practical skills and confidence, increasing physical activity, and building social networks. This service is delivered

on Tuesday mornings at Whitby Park in Ellesmere Port, and Friday mornings at Leftwich Meadows near Northwich.

Health Walks: The Health Walks are walking activities tailored to individual needs and designed to increase physical activity levels, whilst improving mental wellbeing. This service is delivered every Tuesday and Friday from Marbury Country Park in Northwich.

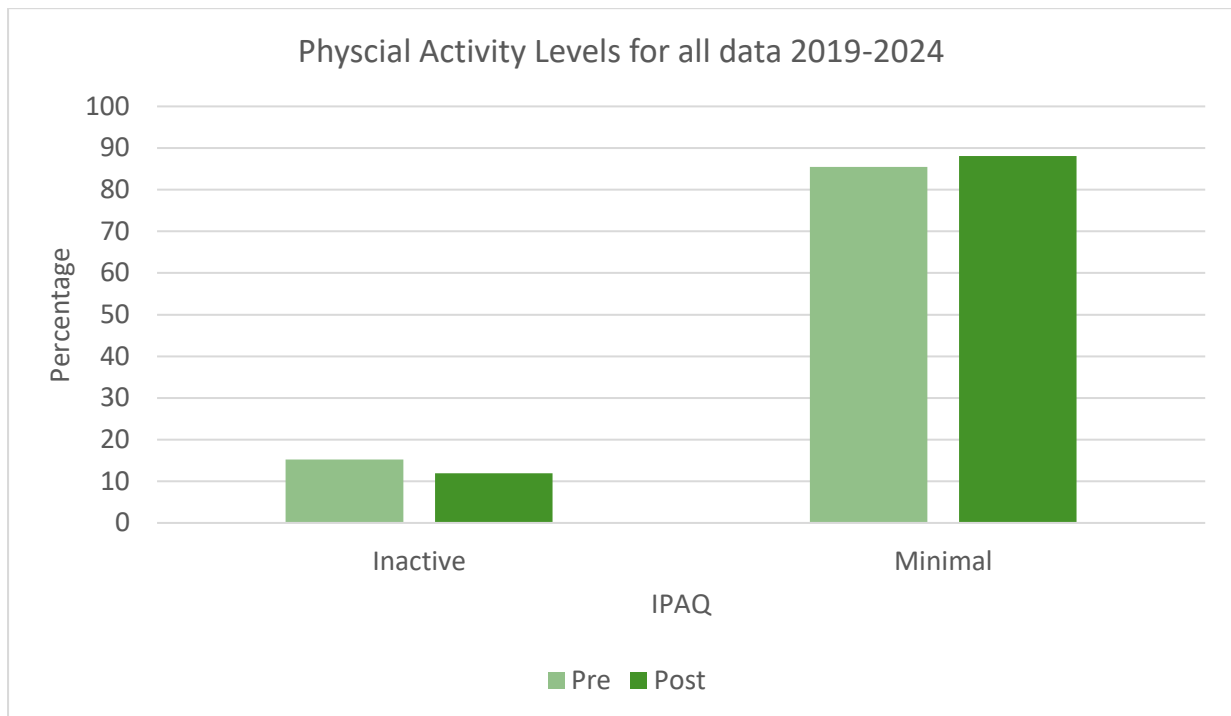
Mindful Contact with Nature: This is a specifically developed nature-based mindfulness practice that aims to improve mental health and increase resilience from day-to-day triggers of stress, depression, and anxiety as well as increasing capacity to self-manage long-term chronic conditions. This service is delivered at Helsby, Frodsham, and Northwich (mindful movement through Tai Chi).

Horticultural Therapy: This includes gardening and food growing activities in a social setting. It aims to encourage moderate physical activity and improve mental wellbeing through giving a sense of purpose and achievement. This service is delivered at Whitby Park in Ellesmere Port.

A recent impact report^{xxxv} conducted by Liverpool John Moore's University for all Natural Health Service delivery between 2019-2024 shows promising results for the population of Cheshire and Merseyside for the impact that connecting with nature can have on maintaining physical activity levels for those who are already active and increasing physical activity levels among those who are inactive. It utilised the International Physical Activity Questionnaire, which comprises seven questions on how often participants have engaged in vigorous exercise, moderate exercise and walking in the last seven days (days per week and hours per day). It also asks how many hours are spent sitting on an average weekday. For someone to be minimally active they must engage in three or more days of vigorous activity of at least 20 minutes per day, or five or more days of moderate-intensity activity or walking of at least 30 minutes per day (or 5 or more days of combined activity).

The study involved 999 participants who engaged with the Natural Health Service between 2019-2024. Before engaging with NaHS, the majority of individuals were engaged in 'at least' the recommended minimal guidelines (n=848, 85.8%). As Chart 32 shows, this increased during engagement with NaHS (n=880, 88.1%). The proportion of individuals who were considered inactive also decreased during engagement from 15.2% (n=151) to 11.9% (n=119).

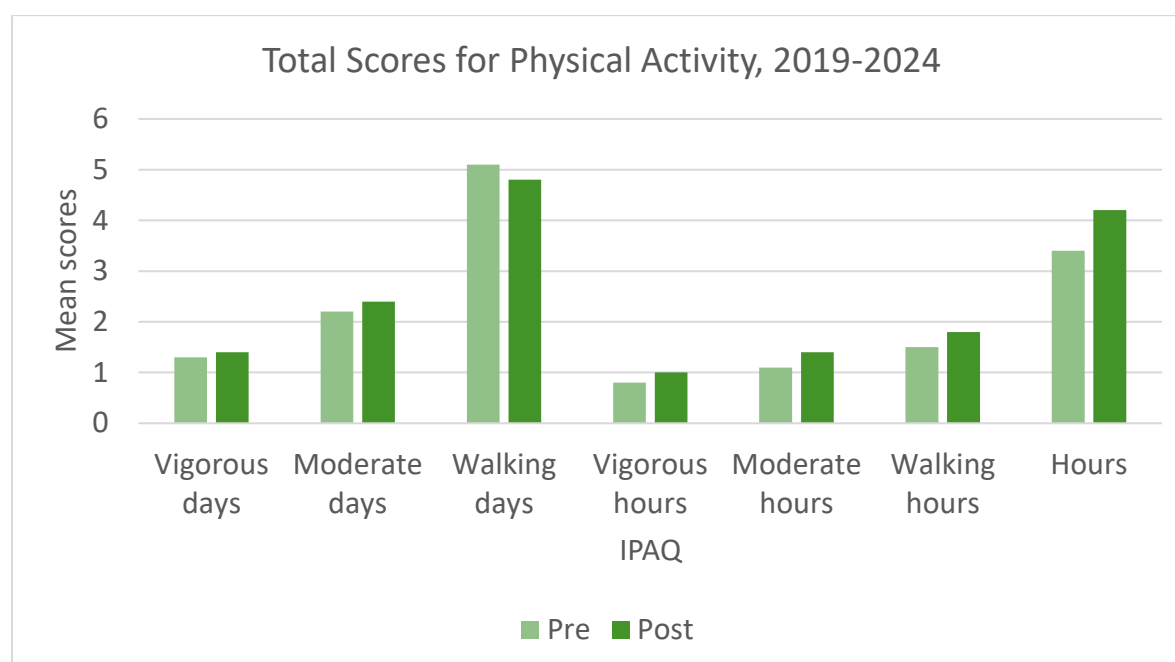
Chart 32: Physical activity levels for all data, 2019-2024



Source: Exploring the impact of the Mersey Forest Natural Health Service

Chart 33 shows that mean scores improved for vigorous exercise days (1.3 to 1.4) and hours (0.8 to 1.0), and also moderate exercise days (2.2 to 2.4) and hours (1.1 to 1.4). The mean score for walking days slightly decreased from 5.1 to 4.8, however hours spent walking increased from 1.5 to 1.8. Overall, mean hours spent engaged in physical activity increased from 3.4 to 4.2 per week.

Chart 33: Total Scores for physical activity, 2019-2024



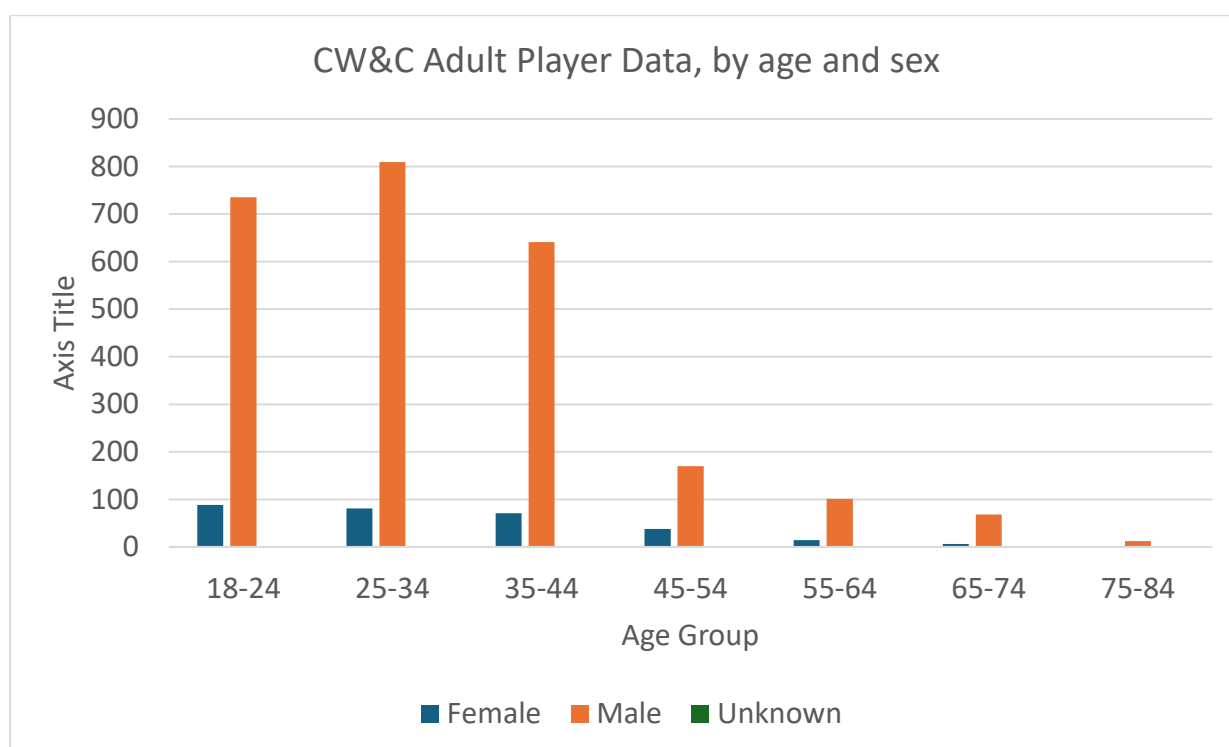
Source: Exploring the impact of the Mersey Forest Natural Health Service

Qualitative data also identified associated improvements in relation to participant breathing, mobility, posture, fitness and flexibility and blood pressure, as well as better weight management (including weight loss). Those attending the Mindful Contact with Nature activities reported the usefulness of mindfulness techniques in managing existing physical health conditions (menopausal symptoms, pain, asthma), and they were particularly valued for improving sleep. Improved sleep (due to improvements in overall mental wellbeing combined with more regular exercise) was also a positive outcome that was experienced through the other Natural Health Service activities; and this was seen to further enhance individuals' sense of overall wellbeing. Some individuals also reported a renewed confidence in their physical abilities, which appeared to boost self-esteem and increase motivation to continue being more physically active. See Appendix C for further insight in the form of qualitative quotes.

Cheshire Football Association

Cheshire Football Association (FA) hold data for all players registered with local teams and who reside in Cheshire West and Chester. There are 2,836 players registered with Cheshire FA, 298 of whom are female, 2,536 are male and 2 unknown. The data has been presented in Chart 34, split by age and sex. The chart shows that for females, there are more registered players for the younger age groups, with membership declining with age. For males, the age group with the most members is 25-34, higher than the 18-24 age group. After 25-34, membership declines for males, with a sharp decline at age 45-54.

Chart 34: Cheshire FA CW&C Adult Player Data, by age and sex



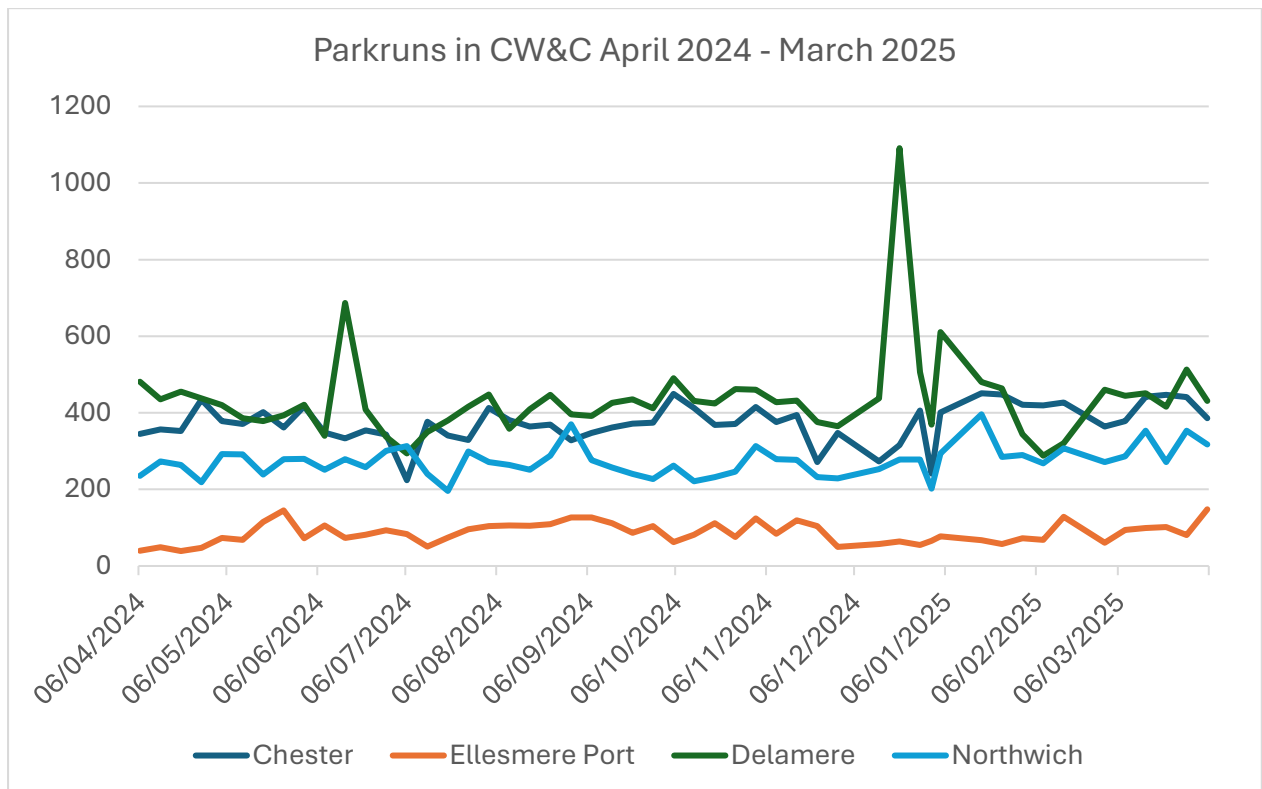
Parkrun

There are four Parkruns which take place across CW&C – Chester, Ellesmere Port, Delamere and Northwich. A Parkrun is a weekly, volunteer-led 5km run around a set route. It is for all abilities and free to attend but registration is required beforehand. Parkrun is a regular community event that participants can walk, jog, or run. The Parkruns across Cheshire West and Chester have been established over a number of years, with the Delamere Parkrun starting in 2013, closely followed by Ellesmere Port in 2014, Chester in 2016 and Northwich in 2018.

Chart 35 shows the number of participants completing Parkruns in CW&C over the past year. The Delamere Parkrun has consistently more participants completing than the others, with two runs with very high participation rates. The Chester, Ellesmere Port and Northwich runs, whilst have lower participation rates have fairly consistent numbers of participants completing.

During an eight-week period between February and April 2025, the number of participants completing Parkruns in CW&C has ranged from 1,043 (08/02/25) to 1,345 (15/03/25) with a mean of 1,229 participants per weekly event. ^{xxxvi}

Chart 35: Parkruns in CW&C April 2024 – March 2025



Source: Parkrun website

Service use key findings:

1. Brio attracts membership from more females than males.
2. Working age members make up the majority of Brio membership across all types.
3. Nature-based activities are positive for engaging residents in activity and can have a positive impact on wellbeing.
4. There are considerably more male adult players registered with Cheshire FA than females. Membership numbers decline with age.
5. Parkruns across the borough engage over 1,000 residents each week, participation is higher for Delamere and lowest for Ellesmere Port.

Recommendations:

1. Consider a focussed push and incentives to encourage more younger adults to take out membership to Brio.
2. Promote the Workfit offer across more local employers and businesses.
3. Consider how to engage females and males over the age of 44 in league football.
4. Promote Parkrun as a weekly opportunity to walk, run or jog a 5km route.

Active travel

Active travel is an important component of achieving increased daily physical activity for everyone. Incorporating activity into everyday journeys such as walking, wheeling and cycling is a particularly good way of increasing physical activity levels within our busy lives. This could be by cycling the whole journey rather than driving, or by walking or wheeling to and from the train station or bus stop or using 'park and stride'.

Active Travel – walking, wheeling and cycling

Cheshire West and Chester adopted its Local Cycling and Walking Infrastructure Plan 2020-2030^{xxxvii} (LCWIP) in 2020. This 10-year plan aims to develop a new culture for promoting active travel in the borough, to encourage increased levels of walking, wheeling and cycling, and that these become the first choice in travel especially when making shorter journeys. LCWIP activities focus on locations that offer the greatest potential to increase walking, wheeling and cycling. These are Chester, Ellesmere Port and Neston, Northwich, Winsford, and Frodsham and Helsby. It was also agreed that the LCWIP should give highest priority for potential schemes that improved access to employment and training opportunities, together with those that support our ambition to tackle the climate emergency and be a carbon neutral borough. Key trip generators were identified as part of the network development, including:

- Major employment sites
- Sizeable residential areas
- Transport interchanges
- Hospitals and health centres
- Schools and colleges

To achieve this, the council will work to improve and extend our network of footways and cycle routes. The Plan provides a strategic basis for funding applications and investment.

All new cycling infrastructure must be designed to follow Department of Transport Local Transport Note 1/20 Cycling Infrastructure Design^{xxxviii}, which sets out requirements for the creation of coherent, direct, safe, comfortable, and attractive routes. Infrastructure must be accessible to all, and the needs of vulnerable pedestrians and local people must be considered early in the process to ensure schemes are supported locally in the long term.

The Rights of Way Improvement Plan (ROWIP)^{xxxix} covers a range of different types of access, for example public rights of way, permissive routes, cycle tracks, parks and greenspace paths. Within the borough, the term 'access network' is used to cover all of these types of access.

The Council has completed an Open Space Audit and Assessment of Need Household survey as well as consulting with town and parish councils, recreational organisations and the public at large regarding the Cheshire West and Chester ROWIP 2011-2016. The results of all of these have been analysed to produce a five-year delivery plan.

In 2019 Cheshire West and Chester Council voted unanimously to declare a climate emergency and focus on climate change as an organisational priority. A number of key priorities are included within the Climate Emergency Response Plan^{xl}. Pertinent to physical activity is the ambition to reduce the use of motorised transport by increasing walking,

wheeling and cycling for shorter journeys. Consultation is currently taking place on the plan for 2025 onwards.

Increasing active travel, safety and greener travel are key priorities within the Local Transport Plan^{xli}. Consultation is currently taking place on the plan for 2026 onwards.

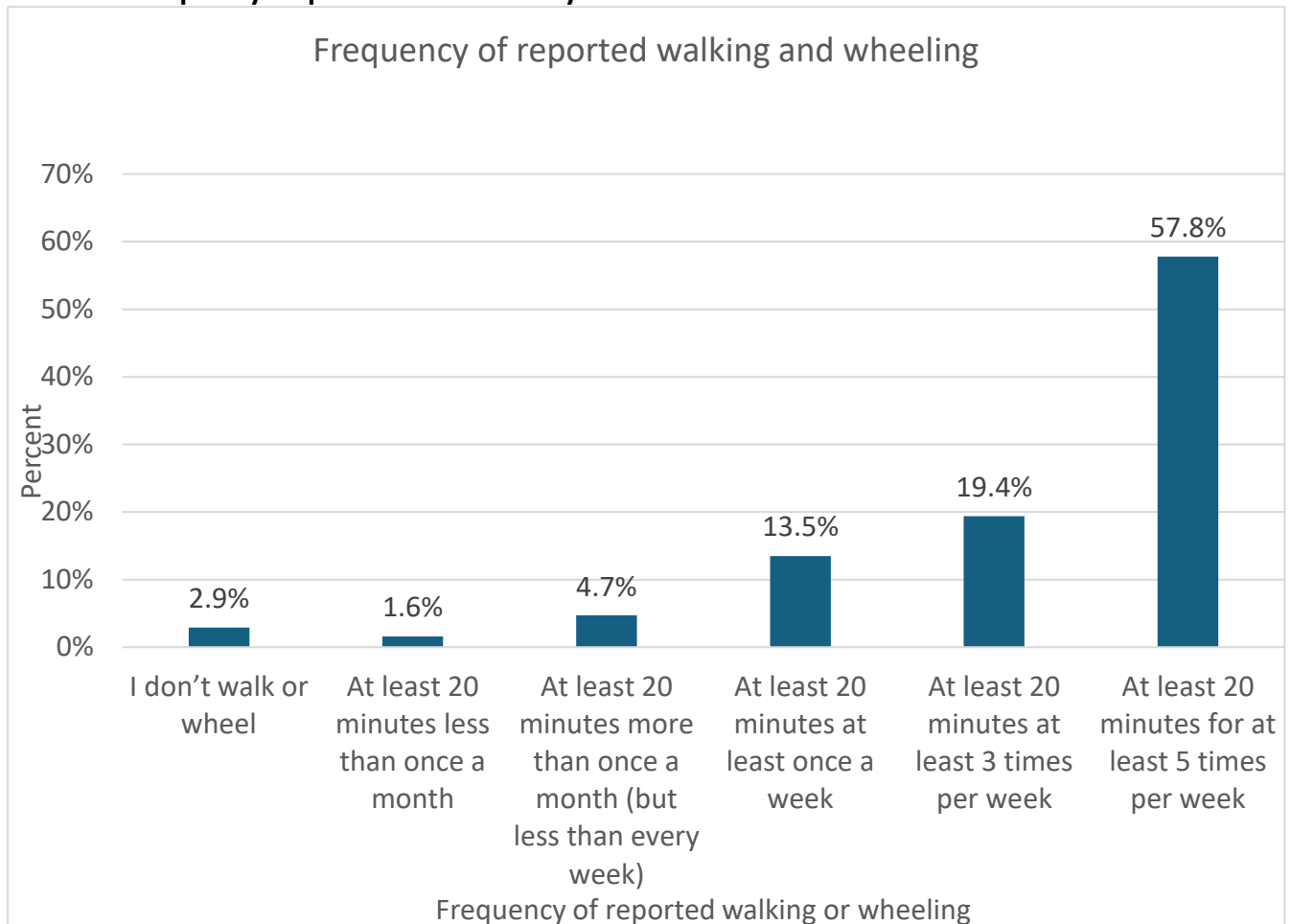
Walking and wheeling

The CW&C Adult Physical Activity Survey asked whether residents walked or wheeled¹, and how often. Overall, 510 people responded to the question aimed at finding out the frequency of which they walked or wheeled. Five options were given, ranging from 'I do not walk or wheel' to 'I walk or wheel for at least 20 minutes, 5 times per week'.

As shown in Chart 36, more than half of respondents (57.8%) stated that they walked or wheeled for at least 20 minutes at least five times per week. This was followed by those who walked or wheeled at least three times per week (19.4%). Only 2.9% of respondents stated that they do not walk or wheel.

¹ By wheeling we refer to an equivalent alternative to foot/pedestrian-based mobility. Includes wheeled mobilities such as manual self- or assistant-propelled wheelchairs, including wheelchairs with power attachments or all-terrain attachments, powered wheelchairs, mobility scooters (three and four-wheeled) and rollators (Wheels for Wellbeing, 2023).

Chart 36: Frequency respondents stated they walk or wheel



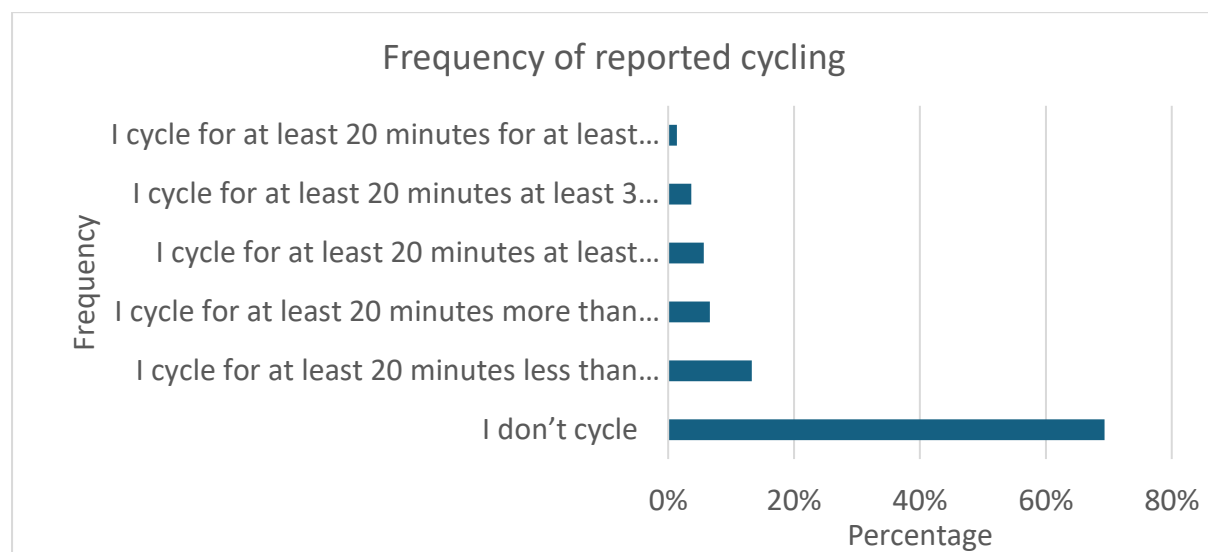
Source: CW&C Adult Physical Activity Survey

When split by sex or age group, there were no notable differences in the data for walking and wheeling, suggested similar frequency of walking or wheeling across males and females and across age groups.

Cycling

The survey asked about whether residents cycled, and how often. In total, 510 people responded to the question. Chart 37 shows the percentage of respondents and frequency of cycling. Overall, 355 (69.3%) respondents stated that they do not cycle. One in ten respondents (n=55; 10.7%) were regular cyclers (once a week or more), with only 7 (1.4%) cycling for 20 minutes at least five times per week.

Chart 37: Frequency of which respondents' cycle



Source: CW&C Adult Physical Activity Survey

Of the 157 respondents who report they cycle, two-thirds (65%) report that they cycle for health, wellbeing and/or leisure, a quarter (24.2%) cite that they cycle for travel and health, wellbeing and/or leisure, 4.5% say that they cycle for travel and 6.37% that they cycle for other reasons. This includes as an activity with children, commuting to work and to enjoy the summer weather.

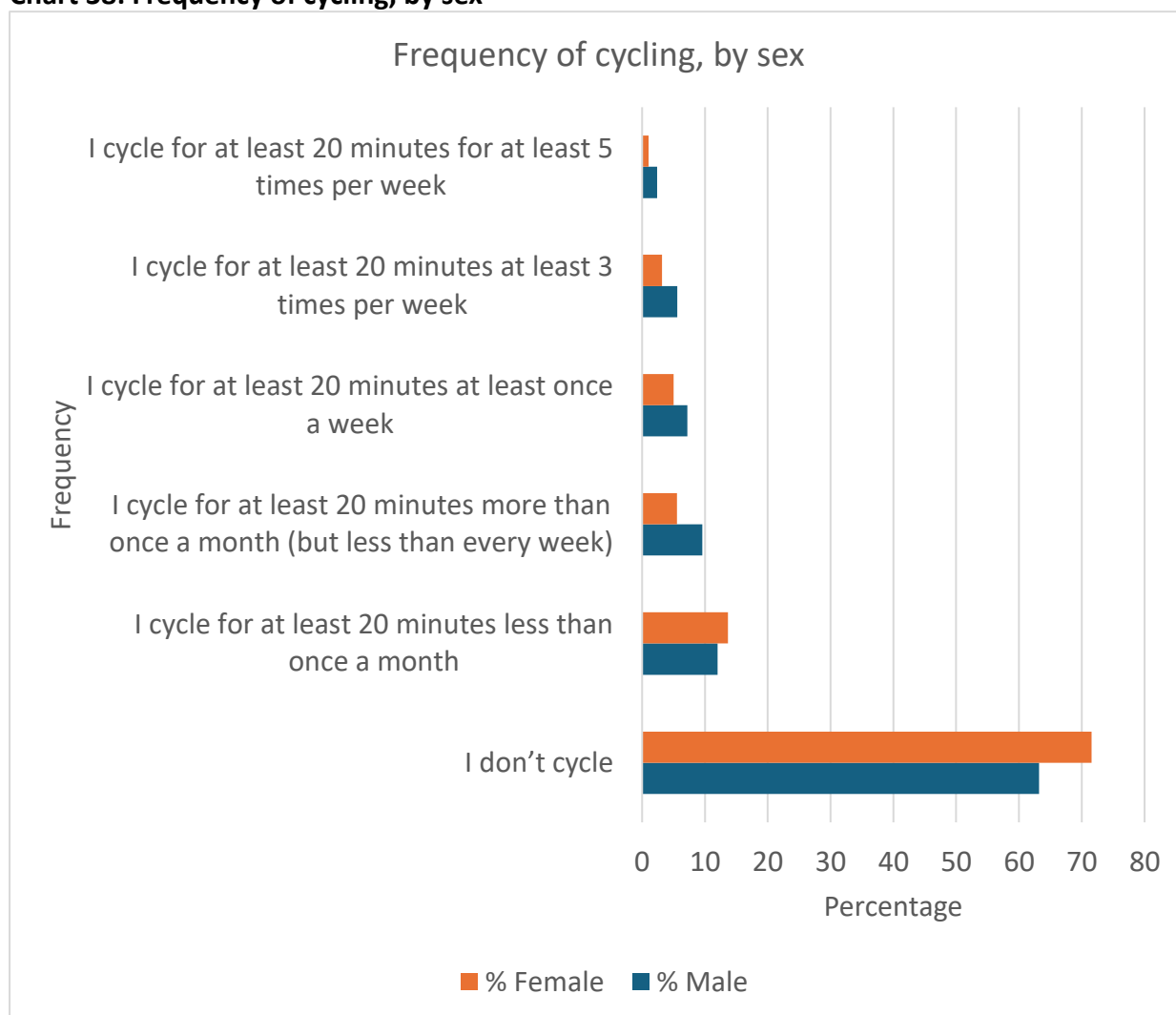
A quarter of respondents who cycle, (n=41; 26.1%) stated that they are new to or have recently returned to cycling in the last year.

158 respondents answered the question 'do you have access to a bicycle?'. Of these, 3.8% (6) said they did not have access to a bicycle.

Frequency of cycling by sex

A higher percentage of males than females reported cycling for 20 minutes at least five times per week (males, 2.4%; females 1.1%), three times per week (males, 5.6%; females 3.2%), once per week (males, 7.2%, females 5.0%), and more than once per month (males, 9.6%, females 5.5%), (see Chart 38). A higher percentage of females reported cycling for 20 minutes less than once per month (males, 12.0%, females 13.7%), or not at all (males, 63.2%, females 71.6%).

Chart 38: Frequency of cycling, by sex



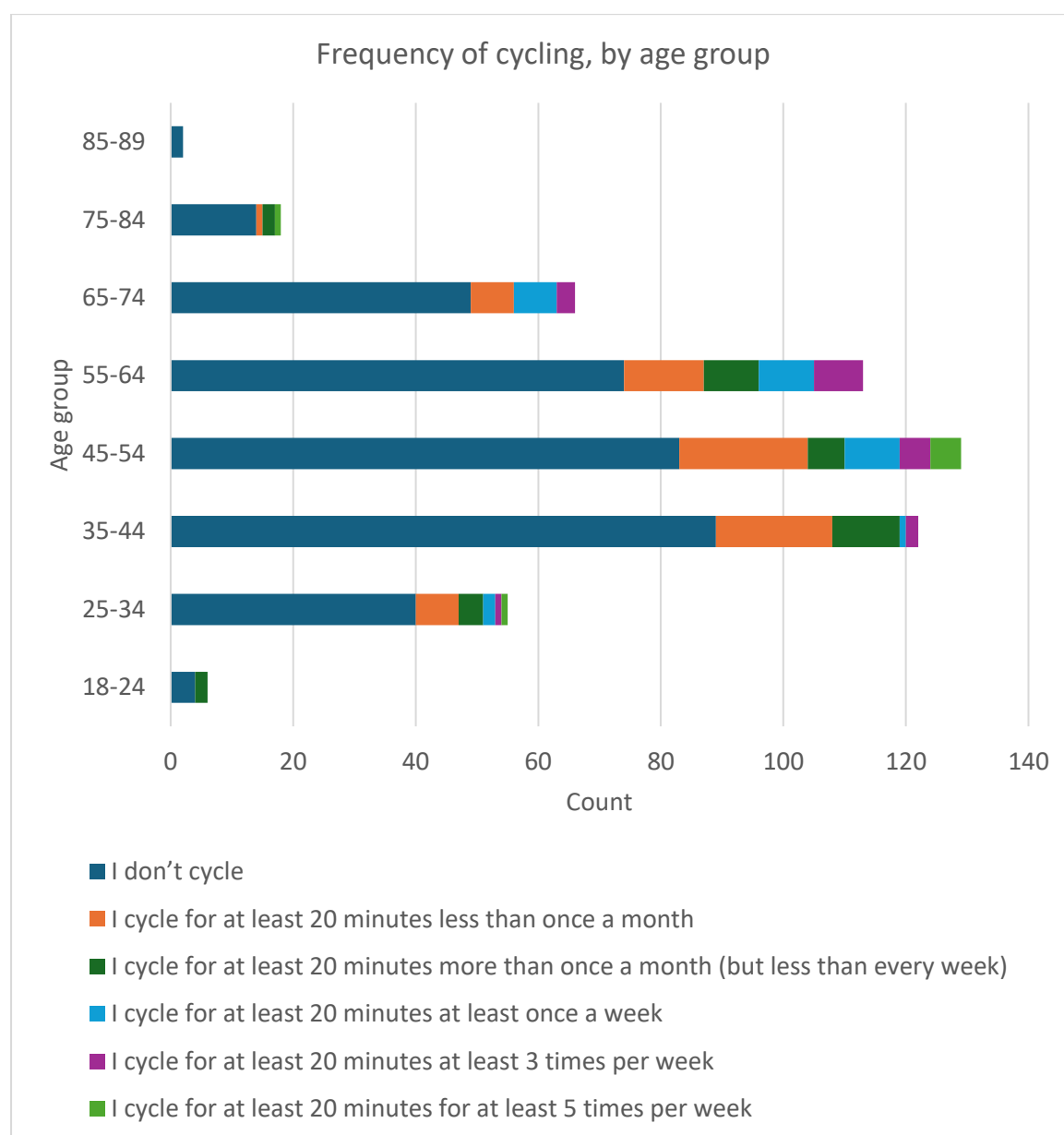
Source: CW&C Adult Physical Activity Survey

Frequency of cycling by age group

Analysis of the data for cycling by age group, used a count of respondents rather than percentages due to lower numbers for certain age groups (18-24, 75-84, 85-89), which may have skewed the data (see Chart 39).

For all age groups the majority of respondents do not cycle. The age groups with people who do cycle the most are 45-54, then 55-64 and 35-44. Nine respondents within the 45-54 and 55-64 age groups reported cycling for at least 20 minutes at least once per week. Eight respondents in the 55-64 age group reported cycling for at least 20 minutes three times per week. Only respondents in the 25-34 age group (n=1), 45-54 age group (n=5) and 75-84 age group (n=1) reported cycling for at least 20 minutes five times per week.

Chart 39: Frequency of cycling, by age group



Source: CW&C Adult Physical Activity Survey

Travel to work

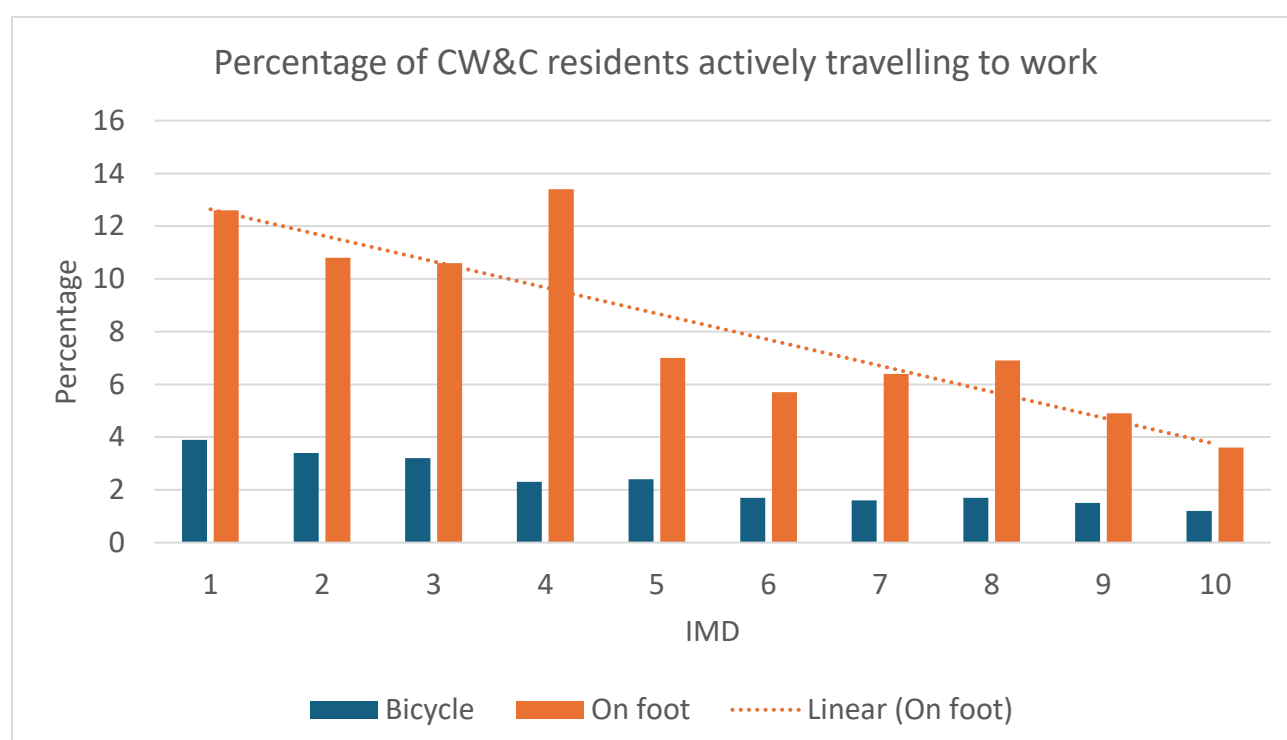
In the 2021 Census, individuals in employment were asked to state their mode of transport to their workplace.^{xlii} The percentage of workers cycling to work in Cheshire West and Chester (2.0%) was lower than the England average (2.1%) but higher than the North West regional average (1.7%). Rates of walking were lower in Cheshire West and Chester (7.4%) compared to England (7.6%) and the North West region (8%). It should be noted that the 2021 Census took place when a national lockdown was still in place due to the COVID-19 pandemic, with government guidance requesting people to work from home wherever possible.

Table 3: Active travel for work

Method of travel to workplace	Cheshire West and Chester		England		North West	
	number	%	number	%	number	%
Bicycle	3,399	2.0	554,215	2.1	57,624	1.7
On foot	12,543	7.4	2,016,981	7.6	267,791	8.0

When splitting the data by the Indices of Multiple Deprivation, Chart 40 shows a linear correlation between IMD and the percentage of residents travelling actively, with a higher percentage of residents from the most deprived deciles cycling and walking to work more than those from the least deprived deciles.

Again, it should be noted that the 2021 Census took place when a national lockdown was still in place due to the COVID-19 pandemic, with government guidance requesting people to work from home wherever possible. Further to this, the most deprived LSOAs in Cheshire West and Chester are those which are more densely populated and have businesses and workplaces closer to homes, therefore it may be assumed to be easier to actively travel to work for these residents. Lower car ownership among residents living in more deprived areas, compared to those in less deprived areas may also contribute to higher levels of active travel^{xliii}.

Chart 40: Percentage of CW&C residents actively travelling to work

Source: NOMIS data

Active travel key findings:

1. Walking or wheeling is a popular way to be active. There were no notable differences in the data across age or sex for walking and wheeling, suggested similar frequency of walking or wheeling across males and females and across age groups.
2. The majority of respondents stated that they do not cycle. More males than females do cycle and more frequently.
3. The age groups who cycle the most frequently were 45-54, then 55-64 and 35-44.
4. In Cheshire West and Chester, a smaller proportion of working age residents walk or wheel to work than the England average. Fewer residents cycle to work compared to the England average, but more than the North West average.
5. Data from the 2021 Census showed that a higher proportion of residents from more deprived neighbourhoods travelled actively to work than those from the least deprived neighbourhoods.

Recommendations:

1. Expand and maintain local walking, wheeling and cycling routes with enhanced lighting and safety features, in line with the Local Cycling and Walking Infrastructure Plan.
2. Prioritise pedestrians and cyclists in local transport planning, ensuring safe routes for active travel.
3. Promote active commuting with safe and accessible cycling/walking infrastructure.
4. Use the Design Code to detail how cycling, walking and wheeling should be incorporated into new developments, providing convenient and attractive routes.
5. Encourage and support workplaces to produce active travel plans.
6. Work with communities to understand why they choose to travel actively to work or not. Support more employees to travel actively.
7. Implement workplace wellness initiatives, offering opportunities for employees to be active during work hours.
8. Collaborate with employers to support the integration of movement-friendly policies.

Open Space and Sports Facilities

Cheshire West & Chester Council would like to see accessible community sport and leisure facilities for all residents. The Cheshire West & Chester Sports Facility Strategy is currently being developed. The Council needs to plan for the investment requirements of its existing facilities, and work in partnership with other providers and stakeholders to address the other priorities identified in the Strategy.

Cheshire West and Chester Open Space Study^{xliv} provides an assessment of needs and improvements in terms of quantity, quality and access to open spaces in Cheshire West and Chester. This informs the provision of local standards and determines the borough's open space needs, to 2030.

Cheshire West and Chester Playing Pitch Strategy and Action Plan 2024^{xiv} builds upon the preceding Assessment Report to provide a strategic framework for the maintenance and improvement of existing outdoor sports pitches and ancillary facilities, until 2026. It identifies a number of priority projects and recommendations for the following playing pitches:

- Football pitches, including 3G artificial grass pitches (AGPs)
- Cricket pitches
- Rugby union pitches
- Rugby league
- Hockey/artificial grass pitches (AGPs)
- Other grass pitch sports

The Parks and Open Spaces Strategy^{xiv} aims to support the provision of high-quality parks and green spaces to meet the needs and aspirations of the people and biodiversity of the Cheshire West and Chester. It ensures provision is planned and managed with the active involvement and engagement of the community, with parks and green spaces provided where needed and they are accessible for all.

The Wildflower and Grassland Strategy^{xiv} provides a framework for improving the biodiversity, abundance and connectivity of wildflower and grassland habitat within the Council's managed land, for the benefit of both people and wildlife, and in particular, pollinators. It also provides advice on gardening for wildlife and pollinators.

Open Space and Sport Facilities key findings:

1. The Cheshire West & Chester Sports Facility Strategy will provide a comprehensive assessment of future supply and demand from sports facilities, with recommendations at operational and strategic levels.
2. Work is ongoing to improve existing outdoor sports pitches and ancillary facilities.

Recommendations:

1. Engage with local communities and support the maintenance, re-purposing, or enhancement of green space in communities with reduced access and increased need.
2. Support local clubs, schools, leisure providers and the council with improving and increasing the quality and number of sports facilities and ensure equitable access to facilities for all community members via the promotion of Community Use Agreements.
3. Ensure all facilities are fully accessible, with wheelchair-friendly equipment and inclusive designs, including adequate public transport links to assets and green spaces.
4. Integrate physical activity-friendly policies into planning frameworks to protect existing open spaces and promote new activity-oriented developments.
5. Develop a support network that helps small sports and leisure clubs to flourish and develop plans to improve their facilities, with the aim of increasing the range of participation opportunities for women, those living in the most deprived areas or people aged over 65 years.
6. Explore the Right to Grow initiative, supporting communities to utilise unused council land to grow, spend time outdoors and increase physical activity.

Conclusion

This adult physical activity needs assessment has used data from local and national sources, a range of partners and providers and council reports to outline the current level of physical activity need in Cheshire West and Chester.

Overall, Cheshire West and Chester's adult population has significantly higher rates of physical activity and lower rates of physical inactivity (not significantly different) than England average. However, significant inequalities in physical activity levels exist within the borough.

Women are less likely to meet the UK CMOs' Physical Activity Guidelines of 150 equivalent minutes of weekly physical activity, in keeping with the national trend. Local data suggest that working age women are the least active, particularly those in the 35-44 and 45-54 age brackets. However fewer females than males are sedentary on non-working days. In terms of barriers to physical activity, women were more likely to describe lack of time, lack of energy, affordability, and health issues as a barrier to physical activity. They were also far more likely to cite a lack of confidence as a barrier.

Despite higher rates of female access to various physical activity programmes and services, including classes and gym use, women are less active than men in Cheshire West and Chester. Women are less likely to ride a bike at least once per week but are as likely to walk as much as men, for all age groups.

People living with disabilities are much more likely to be inactive than people living without a disability. In CW&C the figure for inactivity is twice as high for people living with a disability. However, a higher proportion of adults with a disability are active compared to the England average.

Socioeconomic factors play an important role in affecting CW&C residents' ability to be active. Living in a more deprived area was found to increase the risk of physical inactivity and reduce the chance of meeting UK CMOs' Physical Activity Guidelines for physical activity.

These findings highlight local groups of people for which unmet physical activity needs exist. The findings and recommendations from this needs assessment will inform local strategy development to reduce unmet needs and inequalities in physical activity rates.

Appendices

Appendix A: Cheshire West and Chester Movement and Physical Activity Survey Analysis



Cheshire West and
Chester Movement &

Appendix B: Recommendations from the Cheshire West and Chester Physical Activity Survey

1. Expand Affordable and Flexible Activity Options

- Introduce a range of free or low-cost physical activities, particularly targeting off-peak hours.
- Offer flexible session times (early mornings, evenings, weekends) to accommodate diverse schedules.
- Develop online and hybrid activity programmes to support participation from home.

2. Improve Access and Infrastructure

- Expand and maintain local walking, cycling, and wheeling routes with enhanced lighting and safety features.
- Ensure facilities are fully accessible, incorporating wheelchair-friendly equipment and inclusive design.
- Improve transport links to leisure centres and green spaces.

3. Targeted Support for Underrepresented Groups

- Develop family-friendly programmes with childcare support or parent-child sessions.
- Launch confidence-building initiatives like beginners-only classes or women-only sessions.
- Offer tailored programmes for older adults and individuals with health conditions.

4. Social and Community-Based Programmes

- Develop community walking groups, yoga clubs, and team-based activities to build social connections.
- Introduce peer support systems or buddy programmes to encourage ongoing engagement.
- Promote non-competitive social sports like walking football and social running groups.

5. Inclusive and Specialised Programmes

- Provide more low-impact activities (e.g., Pilates, chair yoga, and aqua fitness) for people with mobility issues.
- Introduce specialised programmes for individuals with health conditions such as arthritis, fibromyalgia, or long COVID.

- Expand offerings of inclusive sports, such as wheelchair basketball and walking netball.

6. Active Travel and Workplace Wellness

- Promote active commuting with safe and accessible cycling/walking infrastructure.
- Implement workplace wellness initiatives, offering opportunities for employees to be active during work hours.
- Collaborate with employers to support the integration of movement-friendly policies to support being active during the working day.

Appendix C: Mersey Forest qualitative feedback

“The sessions have helped me develop better balance and flexibility; better co-ordination, concentration, and muscle strength.” (MCwN)

“Sleep has improved, and mind set on when sleep might be disturbed (reduced anxiety, trying different tools such as meditation, listening to podcasts, relaxing music more frequently to aid sleep/relaxation).” (MCwN)

“Kick started weight loss, having put on 2 stone over Covid restrictions and struggled to lose it, I’ve lost 1 stone over the last 12 weeks. Increased self-confidence and energy – I’m now more active at home and in my own garden and more likely to tackle new challenges.” (HT)

“That I was less fit than I thought but am getting fitter now! Physical activity improves my mood and self-esteem. I AM capable of making friends and connections.” (HT)

“I am happier out in the green spaces; I do sleep better too.” (HC)

“I am a little fitter and have lost a little weight. I am more relaxed.” (HW, Men’s Walks)

“Cholesterol levels down – getting fitter.” (HW, Healthy Walks)

For those who had pre-existing conditions and ill health, such as mobility and pain issues, and for those who had recently had surgery, the regular exercise had led to improvements in their physical abilities and were felt to have aided their recovery.

“Feeling stronger after illness.” (HW, Healthy Walks)

“[The facilitator] understands my spinal issues due to his own which helps as we talk to each other regarding how to manage with pain exercises etc.” (HW, Healthy Walks)

“I am recovering from breast cancer, and this has significantly helped me as it has got me stretching and reduced some social anxiety. Thank you.” (MCwN)

“I have been suffering from insomnia and extreme pain for about 7 months. The mindfulness course has taught me a range of techniques to help with both issues, including different breathing techniques, meditation, calming strategies, appreciation of nature, how to deal with insomnia. Unfortunately, due to my illness pain can be very extreme and distressing. I have used the breathing and hand stroking to get me through difficult times. It has also shown me that I am not alone in what I am experiencing. I cannot praise this course enough.” (MCwN)

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