Active Communities

Report to Rother LSP
Progress to date
and future work programme

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Background to Active Communities
.....a brief reminder

* Active Rother
* LSP priority
* PCT funding
* SLA H&R PCT & RDC
* Appointment of Active and Healthy Communities Specialist Sept 2011
* Fixed term contact until end of March 2013
Key Strategic Issues for the Programme

* Should reflect SLA and LSP Report July 2011
* Should reflect national and local public health strategy
* Should reflect latest evidence based guidance on engaging communities and increasing physical activity participation
* Ensure links with other local working groups and partnerships e.g. HIMP, Transport Group
* Determine best way to access and influence community groups/forums
National and Local Strategic Influences

* Marmot Review
* East Sussex Joint Strategic Needs Assessment
* East Sussex DPH Report
* Active Sussex Strategy
* NHS Reforms – Health and Well-being Board, transfer of Public Health responsibilities to local government
* Government Public Health Strategy – Healthy Lives, Healthy People
* New Physical Activity guidelines – Start Active, Stay Active
* Indices of Multiple Deprivation
* New Government Obesity Strategy – Healthy Lives, Healthy People: A Call To Action On Obesity
* Wide ranging evidence base – NICE, Government, Academic
Reducing Health Inequalities

Based on the Marmot recommendations and the Government Public Health Strategy, reducing health inequalities will require action to ensure:

* A life course approach
* Action across the determinants of health and well-being
* Adopting an approach of ‘Proportionate Universalism’ i.e. reducing the steepness of the gradient requires universal actions that are proportionate to the level of disadvantage
* Creation and development of healthy and sustainable places and communities
* Strengthened role and impact of work to prevent ill-health
* Effective local delivery systems focused on health equity in all policies
* Effective decision-making at a local level by empowering individuals and local communities.
Applying Proportionate Universalism means thinking beyond a focus only on Quintile 5.
Health Inequalities in Rother

Strong correlation between life expectancy and deprivation
Action Across The Determinants of Health and Well-being
What is Physical Activity?

Physical activity (expenditure of calories, raised heart rate)

Everyday activity:
- Active travel (cycling/walking)
- Heavy housework
- Gardening
- DIY
- Occupational activity (active/manual work)

Active recreation:
- Recreational walking
- Recreational cycling
- Active play
- Dance

Sport:
- Sport walking
- Regular cycling (≥ 30 min/week)
- Swimming
- Exercise and fitness training
- Structured competitive activity
- Individual pursuits
- Informal sport
Key features are
- a life-course approach
- a stronger recognition of the role of vigorous intensity activity
- an emphasis upon daily activity
- new guidelines on sedentary behaviour.

Sets out evidence based recommendations for four age groups, covering the life course
- early years (under 5s)
- children and young people (5 - 18 years)
- adults (19 - 64 years)
- older adults (65+ years)

Provides a framework and evidence base for local action in Rother
Active Rother Outcomes Framework

Overarching strategic outcomes

Active involvement in cohesive communities

Reduction in health inequalities

Improvement in health indicators

Intermediate outcomes

Increased engagement and participation in community life

Reduction in falls among older people

Improved learning, skills and enterprise opportunities

Service delivery outcomes

More people in paid and unpaid work linked to active recreation and healthy lifestyles

Increased attendances and active participation by young people, older people, disadvantaged and vulnerable adults

Increased awareness of health and wellbeing and quality of life through physical activity

Increased participation in sport and active recreation
Currently, local area estimates for adult participation in sport and active recreation are measured by Sport England’s Active People Survey.

In Rother based on the latest figures available - 21.9% of the adult population participate in moderate intensity sport and active recreation, for at least 30 minutes on 3 or more days a week (i.e. at least 90 minutes a week). Figure has risen by 2% since 2007.

New recommendation is 150 minutes a week for adults.

78.1% of adults not reaching 90 minutes a week!!
Progress To Date

* Gap analysis - mapping against the evidence base
  - Meetings with RDC staff and partners
  - Mapping existing work
  - Identifying gaps and areas for action
  - Identifying new opportunities
* Reviewing outcome measures
* Starting to develop framework outline including priority areas and population groups
Some Initial Findings and Recommendations

* Ensure that RDC supports and reflects an evidence based strategic approach for Active Communities e.g. Youth, Leisure, Housing, Open Spaces etc
* Agree outcome measures for projects focusing on increasing physical activity – standardised performance measures and evaluation tools
* Develop clear rationale for funding bids
* Improve partnership links re project development and implementation
* Lots of activity going on e.g. walking – need to join up to maximise effectiveness
* Active Rother website – need to agree brand development plan and future site/content management
* Active Women project – need to create and implement communications/marketing plan
* Health Trainers in Sidley – need to address low service uptake
* Establish clear links with other appropriate working groups and partnerships e.g. HIMP, Transport Group
* Determine best way of accessing and influencing community groups/forums
and finally……..

* 2012 Olympics and Paralympics legacy – identifying opportunities for the period post i.e. the ‘inspire’ effect?
* Develop messages that promote wider benefits of participation e.g. meeting new people, learn a new skill etc
Future Work Programme

* 1st progress report to Rother LSP on November 23rd
* Report on gap analysis by end of 2011
* Develop and consult on Active Communities framework Jan/Feb 2012
* Produce Active Communities Delivery Plan 2012/13 by end of March 2012
* Implement Delivery Plan throughout 2012/13
* Develop, consult and agree Active Communities sustainability plan by early 2013
Thank You

- Thank you for listening
- Any questions
- Discussion