

Rother Active Communities Programme

Evidence Base Review and Gap Analysis

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Introduction

Rother District Council has successfully managed the development of the Active Rother programme since 2008, supported by an Hastings and Rother Primary Care Trust (PCT) funding agreement. During 2010, discussions began within Rother between RDC, the PCT and LSP partners about reviewing this work and looking at how it could be developed further, to ensure opportunities to maximise its impact were addressed. Key factors influencing this work included:

- A need to ensure maximum benefit is achieved from previous public investments (Play Pathfinder, Active Rother, Sports Facility Improvement, Open Spaces) by enabling increased use of facilities and participation
- A desire to respond to the needs identified by communities through Local Area Planning (LAP) and other processes, although recognising that it is not feasible to effectively respond to all sectors and that priorities would need to be agreed based on the evidence of effectiveness
- An aspiration to support community stakeholders to develop their capacity and stimulate volunteering

In March 2011 it was agreed that the scope of the PCT 'Active Rother' investment would be broadened to enable a greater focus on contributing to the development of a strategic framework and delivery plan for 'Active Communities'. The focus was to continue to be on 'physical activity', but with an ambition of building capacity and capability across all sectors. This combined with the resources available within Rother District Council (Sports, Leisure, Culture and Amenities) would provide leadership to enable greater value to be gained from existing multi-agency resources and community assets.

Through the LSP, it was recognised that this work would require strong collaboration across the partnership itself in order for it to be effective. The outcome is that following a review of its work, the LSP has recognised Active Communities as one of its 3 priorities.

As a result of a funding agreement with the PCT, RDC is employing an Active and Healthy Communities Specialist post on a fixed term contact (actual length of contract is 18 months) running until the end of March 2013.

Criteria for Evidence Review

The funding agreement between the PCT and RDC sets out a number of outputs that the Active and Healthy Communities Specialist post will deliver during the contract period. The first of these outputs focus is the production of this gap analysis report.

The criteria for this task were as follows:

1. To set out the evidence of need for the Active Communities programme, based on quantitative data from a range of relevant and established sources, including:
 - The East Sussex Joint Strategic Needs Assessment
 - The Indices of Multiple Deprivation
 - The Active People survey
2. The figures set out in the evidence of need will provide a baseline set of indicators for the programme, from which specific key performance indicators will be agreed.
3. To set out the evidence base for interventions focusing on reducing health inequalities, tackling urban and rural deprivation and increasing physical activity participation. The evidence base consists of the following:
 - HM Government strategy and policy guidance publications
 - Public health guidance published by NICE (National Institute for Clinical Excellence). NICE is an NHS organisation that produces independent guidance, aimed at health professionals and practitioners and others with a role in public health within the NHS, local authorities and the wider public, voluntary, community and private sectors.
 - Findings from research commissioned by the Government and produced by academic institutions
 - Research findings produced by independent agencies that are relevant to the Active Communities programme
4. To identify and engage with key stakeholders, partners and service providers and review current work undertaken against the key evidence base recommendations and findings.
5. To use the review to assess potential gaps within strategy/policy work and service delivery in Rother.
6. To use the gap analysis findings to inform the production of an Active Communities Strategic Framework and 2012/13 Delivery Plan.

Evidence of Need

This section presents key findings from a review of data, across a range of well recognised sources. These findings set out the health and deprivation profile of Rother and have led to recommendations about priority wards for the Active Communities programme. The related indicators are all recommended outcome measures.

Clearly, Active Communities alone cannot influence all of these high level indicators; however increasing physical activity participation can make a significant impact in terms of achieving improved performance. The Active Communities Framework will set out these indicators in detail, including baseline data as detailed in the full gap analysis report. Other specific outcome measures will be agreed as part of the Delivery Plan, development process.

Evidence Base Data Source	Background Information, Key Findings and Recommendations	Framework/ Delivery Plan Action
<p>Health Profiles. Association of Public Health Observatories. 2011.</p> <p>http://www.apho.org.uk/default.aspx?RID=49802</p>	<p>Sets out results for a wide range of indicators across five domains. These are Our communities, Children's and young people's health, Adults' health and lifestyle, Disease and poor health and Life expectancy and causes of death.</p> <p>Key findings for Rother:</p> <ul style="list-style-type: none"> ▪ The health of people in Rother is mixed compared to the England average. ▪ Deprivation is lower than average, however 3,005 children live in poverty. ▪ Life expectancy is 8 years lower for men and 5.3 years lower for women in the most deprived areas of Rother than in the least deprived areas ▪ Number of cases of diagnosed diabetes is significantly higher than the England average ▪ 20.8% of expectant mothers smoke during pregnancy, significantly worse than England average ▪ Rate of road injuries and deaths is significantly worse than England average. ▪ About 18.2% of Year 6 children are classified as obese, slightly less than England average ▪ 22.9% of adults are classified as obese, slightly less than England average ▪ A higher than England average % of pupils, spend at least three hours each week on school sport ▪ Priorities in Rother include circulatory diseases, cancers and respiratory diseases for addressing the life expectancy gap between the most and least deprived areas. <p>Also sets out deprivation and health inequalities profiles based on the 5 quintiles. Strong correlation between areas high in deprivation and those experiencing health inequalities i.e. quintile 5. However</p>	<p>Active Communities Programme Outcome measures to include:</p> <ul style="list-style-type: none"> ▪ Life expectancy gap between most and least deprived wards ▪ Childhood poverty ▪ Number of cases of diagnosed diabetes ▪ Road injuries and deaths ▪ NCMP figures for childhood obesity ▪ Adult obesity ▪ School sport participation ▪ Rates for circulatory and respiratory

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	<p>Quintiles 3, 4 and 5 together make up 60% of Rother population, which is a greater % than in the South East or England as a whole.</p>	<p>diseases and cancers Baseline figures as per this data set</p>
<p>Indices of Multiple Deprivation Profiles 2010. Dept of Communities and Local Government. 2011.</p> <p>http://www.communities.gov.uk/communities/research/indicesdeprivation/deprivation10/</p>	<p>The Indices of Deprivation measures relative levels of deprivation in small areas of England called Lower Layer Super Output Areas. Detail is available on the seven distinct domains that make up the overall measure of multiple deprivation. The seven domains are Income deprivation, Employment deprivation, Health deprivation and Disability, Education Skills and Training deprivation, Barriers to Housing and Services, Living Environment deprivation and Crime.</p> <p>Overall findings for Rother:</p> <ul style="list-style-type: none"> ▪ Rother is the third most deprived district in East Sussex. The most deprived ward is Bexhill Sidley, which is ranked in the top decile in East Sussex. Bexhill Central, Eastern Rother, Bexhill Sackville, Rye and Bexhill St Michaels wards are all in the top quartile (most deprived 25%) in East Sussex. ▪ Bexhill Sidley is made up of four Local Super Output Areas (LSOA's), two of which are in the 20% most deprived in England. Bexhill Central, Eastern Rother, Bexhill Sackville and Rye all have some LSOAs in the 30% most deprived LSOAs in England. <p><i>Detailed findings across different domains are contained in the 2011 Rother District Needs Profile, produced by the East Sussex Public Health Directorate. See below.</i></p>	<ul style="list-style-type: none"> ▪ Bexhill Sidley, Bexhill Central, Eastern Rother, Bexhill Sackville, Rye and Bexhill St Michaels wards to be priority wards for Active Communities programme ▪ Consider a level of focus on wards in Quintiles 3 and 4, in line with Marmots recommendation on 'proportionate universalism'. ▪ Set out Active People survey estimates for these wards and compare with rest of Rother and East Sussex. ▪ Reflect other

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		domains and use data set as baseline outcome measures
<p>Rother District Needs Profile. East Sussex Public Health Directorate. 2011.</p> <p>http://www.esdw.nhs.uk/about-us/strategic-documents/joint-strategic-needs-assessment/</p>	<p>Sets out Joint Strategic Needs Assessment scorecards for a wide range of indicators across five domains. These are Our communities, Children's and young people's health, Adults' health and lifestyle, Disease and poor health and Life expectancy and causes of death.</p> <p>Key findings and recommendations for Rother:</p> <ul style="list-style-type: none"> ▪ An older population structure compared to England with a significant higher percentage of older people aged 65 yrs and over, 75 yrs and over and 85 yrs and over. Population projections show that the proportion of older people will continue to increase. Services that support the health, wellbeing and independence of older people are therefore a priority. ▪ Circulatory diseases are the largest contributor to the gap in life expectancy in males in Rother (33%), as well as in females (30%). Cancers only make up 4% of the gap in males but 28% of the gap in females ▪ Rother is significantly worse than England for the hospital admission rate for unintentional and deliberate injuries to 0-17 year olds ▪ Many deaths and illnesses could be avoided by adopting healthier lifestyles. Particular issues around smoking in adults, smoking in pregnancy, alcohol, drug misuse ▪ Significantly higher % of deaths in the 0-64 year olds are from cancer. Improvements can be achieved by lifestyle changes, improved access to screening, and earlier diagnosis to increase the scope for successful treatment ▪ Falls in older people and road injuries and deaths are significantly high. Physical and mental health, alcohol and drugs are contributory factors for accidents 	<p>Active Communities Programme Outcome measures to include:</p> <ul style="list-style-type: none"> ▪ Rates for circulatory diseases and cancers identified by gender ▪ Number of incidence of reported falls, road injuries and deaths amongst older people
<p>Reducing health inequalities in East Sussex. Director of Public Health Annual Report</p>	<p>Provides a local public health profile based on the JSNA scorecards.</p> <p><i>This information has been updated in the 2011 Rother District Needs Profile, produced by the East Sussex Public Health Directorate. See above for key findings and recommendations.</i></p>	<p>See above.</p>

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<p>2010/11. NHS East Sussex Downs and Weald PCT and East Sussex County Council. 2010.</p> <p>http://www.eastsussex.nhs.uk/about-us/strategic-documents/director-of-public-health-annual-reports/</p>														
<p>Active People Survey. Sport England. 2011.</p> <p>http://www.sportengland.org/research/active_people_survey/active_people_survey_51.aspx</p>	<p>The Active People Survey provides the measurement for the local area estimates of adult participation in sport and active recreation (formerly NI8). Includes analysis of the findings by a range of demographic information, such as gender, social class, ethnicity, household structure, age and disability. Also measures; the proportion of the adult population that volunteer in sport on a weekly basis, club membership, involvement in organised sport/competition, receipt of tuition or coaching, and overall satisfaction with levels of sporting provision in the local community.</p> <p>The figures for Rother are based on the responses of 1,020 participants. The latest data was published on December 8th 2011 and the key findings for Rother are as follows:</p> <p>1. The percentage of the adult (age 16 and over) population who participate in sport and active recreation, at moderate intensity, for at least 30 minutes on at least 12 days out of the last 4 weeks (equivalent to 30 minutes on 3 or more days a week).</p> <table border="1" data-bbox="546 1225 1532 1337"> <thead> <tr> <th></th> <th>APS1 2006</th> <th>APS5 2011</th> <th>Change</th> </tr> </thead> <tbody> <tr> <td>Rother</td> <td>19.8%</td> <td>21.9%</td> <td>+ 2.1%</td> </tr> <tr> <td>East Sussex</td> <td>21.6%</td> <td>21.3%</td> <td>- 0.3%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> ▪ 50% in Rother have not taken part in one 30 minute session. East Sussex figure is 48.5% ▪ 14% of adults aged 55+. East Sussex figure is 13.2% 		APS1 2006	APS5 2011	Change	Rother	19.8%	21.9%	+ 2.1%	East Sussex	21.6%	21.3%	- 0.3%	<p>Include the 6 indicators as outcome measures. Baseline as per 2011 data set.</p>
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	<ul style="list-style-type: none"> ▪ 45.3% of non-whites compared with 21.1% whites. East Sussex figures are 25.9 for non-whites and 21.4% whites. ▪ 14.3% of individuals with a limiting illness or disability compared with 9.8% for East Sussex. <p>2. Volunteering to support sport for at least one hour a week.</p> <table border="1" data-bbox="546 582 1532 687"> <thead> <tr> <th></th> <th>APS1 2006</th> <th>APS5 2011</th> <th>Change</th> </tr> </thead> <tbody> <tr> <td>Rother</td> <td>5.4%</td> <td>9.9%</td> <td>+ 4.5%</td> </tr> <tr> <td>East Sussex</td> <td>5%</td> <td>7.7%</td> <td>+ 2.7%</td> </tr> </tbody> </table> <p>3. Being a member of a club particularly so that you can participate in sport or recreational activity in the last 4 weeks.</p> <table border="1" data-bbox="546 826 1532 932"> <thead> <tr> <th></th> <th>APS1 2006</th> <th>APS5 2011</th> <th>Change</th> </tr> </thead> <tbody> <tr> <td>Rother</td> <td>25.1%</td> <td>23.5%</td> <td>- 1.6%</td> </tr> <tr> <td>East Sussex</td> <td>25.4%</td> <td>23.5%</td> <td>- 1.9%</td> </tr> </tbody> </table> <p>4. Having received tuition from an instructor or coach to improve your performance in any sport or recreational activity in the last 12 months.</p> <table border="1" data-bbox="546 1070 1532 1176"> <thead> <tr> <th></th> <th>APS1 2006</th> <th>APS5 2011</th> <th>Change</th> </tr> </thead> <tbody> <tr> <td>Rother</td> <td>16.4%</td> <td>14.5%</td> <td>- 1.9%</td> </tr> <tr> <td>East Sussex</td> <td>17.5%</td> <td>16.2%</td> <td>- 1.3%</td> </tr> </tbody> </table> <p>5. Having taken part in any organised competition in any sport or recreational activity in the last 12 months.</p> <table border="1" data-bbox="546 1315 1532 1420"> <thead> <tr> <th></th> <th>APS1 2006</th> <th>APS5 2011</th> <th>Change</th> </tr> </thead> <tbody> <tr> <td>Rother</td> <td>15.6%</td> <td>17.3%</td> <td>+ 1.7%</td> </tr> <tr> <td>East Sussex</td> <td>15%</td> <td>14.8%</td> <td>- 0.2%</td> </tr> </tbody> </table>		APS1 2006	APS5 2011	Change	Rother	5.4%	9.9%	+ 4.5%	East Sussex	5%	7.7%	+ 2.7%		APS1 2006	APS5 2011	Change	Rother	25.1%	23.5%	- 1.6%	East Sussex	25.4%	23.5%	- 1.9%		APS1 2006	APS5 2011	Change	Rother	16.4%	14.5%	- 1.9%	East Sussex	17.5%	16.2%	- 1.3%		APS1 2006	APS5 2011	Change	Rother	15.6%	17.3%	+ 1.7%	East Sussex	15%	14.8%	- 0.2%	
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	<p>6. The percentage of adults who have done at least one of the following - received tuition in the last 12 months, taken part in organised competition in the last 12 months or been a member of a club to play sport.</p> <table border="1" data-bbox="546 515 1532 620"> <thead> <tr> <th></th> <th>APS1 2006</th> <th>APS5 2011</th> <th>Change</th> </tr> </thead> <tbody> <tr> <td>Rother</td> <td>35.1%</td> <td>37.1%</td> <td>+ 2%</td> </tr> <tr> <td>East Sussex</td> <td>36.9%</td> <td>38%</td> <td>+ 1.1%</td> </tr> </tbody> </table>		APS1 2006	APS5 2011	Change	Rother	35.1%	37.1%	+ 2%	East Sussex	36.9%	38%	+ 1.1%	
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<p>Local Sport Profiles. Sport England. 2011.</p> <p>http://www.sportengland.org/support_advice/local_government/local_sport_profiles.aspx</p>	<p>Provides a sporting profile for LA areas in the form of charts and tables, bringing together data on sporting participation and provision. Contains information on demographics, health, sport and physical activity participation, market segmentation and facilities data.</p> <p><i>Key findings for Rother regarding demographics, health and participation are covered in other data sources within this report, i.e. Active People Survey and Rother District Needs Profile.</i></p> <p><i>Market segmentation data is covered in this report in the section on Marketing & Communication/Sport England: Market segmentation profiles.</i></p> <p>Other data findings for Rother are:</p> <p>1. Levels of satisfaction with sports provision. This analysis makes use of the 2008 Places Survey, which asks respondents how satisfied they were with their local sporting provision. The proportions given in the table show the percentage of people who were satisfied or very satisfied with their provision</p> <table border="1" data-bbox="566 1262 1077 1402"> <thead> <tr> <th>Area</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Rother</td> <td>43.6%</td> </tr> <tr> <td>South East England</td> <td>49.4%</td> </tr> <tr> <td>England</td> <td>46.2%</td> </tr> </tbody> </table>	Area	%	Rother	43.6%	South East England	49.4%	England	46.2%	<p>Active Communities Programme Outcome measures to include:</p> <ul style="list-style-type: none"> ▪ Level of satisfaction with sports provision. Baseline as per 2008 Places survey ▪ Top 5 sports for participation. Baseline as per 2011 Active People survey 				
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	<p>2. Top 5 sports for participation. The table shows the top 5 participation sports in the given local authority area defined as once per month regardless of duration or intensity. Figures are from Active People Survey 2010.</p> <table border="1" data-bbox="568 515 1397 762"> <thead> <tr> <th rowspan="2">Area</th> <th colspan="2">Rother</th> <th colspan="2">South East</th> <th colspan="2">England</th> </tr> <tr> <th>N</th> <th>%</th> <th>N</th> <th>%</th> <th>N</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Swimming</td> <td>9.2</td> <td>11.9%</td> <td>918</td> <td>13.6%</td> <td>5,327</td> <td>12.8%</td> </tr> <tr> <td>Cycling</td> <td>4.7</td> <td>6.1%</td> <td>746</td> <td>11.1%</td> <td>3,971</td> <td>9.6%</td> </tr> <tr> <td>Gym</td> <td>4.7</td> <td>6.1%</td> <td>738</td> <td>11%</td> <td>4,384</td> <td>10.5%</td> </tr> <tr> <td>Golf</td> <td>4.4</td> <td>5.7%</td> <td>282</td> <td>4.2%</td> <td>1,386</td> <td>3.3%</td> </tr> <tr> <td>Athletics</td> <td>3.2</td> <td>4.2%</td> <td>457</td> <td>6.8%</td> <td>2,676</td> <td>6.4%</td> </tr> </tbody> </table>	Area	Rother		South East		England		N	%	N	%	N	%	Swimming	9.2	11.9%	918	13.6%	5,327	12.8%	Cycling	4.7	6.1%	746	11.1%	3,971	9.6%	Gym	4.7	6.1%	738	11%	4,384	10.5%	Golf	4.4	5.7%	282	4.2%	1,386	3.3%	Athletics	3.2	4.2%	457	6.8%	2,676	6.4%	
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<p>Be Active, Be Healthy: A Plan for Getting the Nation Moving. DH. 2009</p> <p>http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalassets/dh_094359.pdf</p>	<p>The Department of Health commissioned the British Heart Foundation Health Promotion Research Group at Oxford University to prepare estimates of the primary and secondary care costs across England.</p> <p>The economic burden of inactive lifestyles results from the additional costs to the NHS of the treatment of long-term conditions and associated acute events such as heart attacks, strokes, falls and fractures, as well as the costs of social care arising from the loss of functional capacity. Inactivity also leads to costs to the wider economy from sickness absence and premature death of productive individuals, costs to the individuals themselves, and the costs of lost productivity of their carers.</p> <p>Figures for Rother are as follows:</p> <table border="1" data-bbox="568 1227 1357 1402"> <thead> <tr> <th>Area</th> <th>Cost</th> <th>Cost per 100,000 population</th> </tr> </thead> <tbody> <tr> <td>Rother</td> <td>£2,044,854</td> <td>£2,357,587</td> </tr> <tr> <td>South East England</td> <td>£116,373,522</td> <td>£1,396,829</td> </tr> <tr> <td>England</td> <td>£764,661,960</td> <td>£1,531,401</td> </tr> </tbody> </table>	Area	Cost	Cost per 100,000 population	Rother	£2,044,854	£2,357,587	South East England	£116,373,522	£1,396,829	England	£764,661,960	£1,531,401	<p>Include within Rother profile in the Framework</p>																																				
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<p>RDC Quality of Life Indicators</p> <p>http://www.rother.gov.uk/media/pdf/g/t/Annual_Monitoring_Report_-_December_2011.pdf</p>	<p>The RDC Quality of Life indicators are a basket of 30 indicators that together indicate the overall quality of life for those living in Rother. These measures reflect the core aims and priorities of the Local Strategic Partnership and Rother District Council and are divided into 11 distinct areas, including culture, leisure and health. Performance against the indicators is set out in an Annual Monitoring Report, produced by RDC.</p>	<p>Reflect the culture, leisure and health indicators in Active Communities outcome indicators.</p>

Evidence Base for Strategy and Interventions

This section summarises the findings from an assessment of how Rother currently meets the recommendations set out in a range of policy, research and guidance documents. It also sets out recommended actions in relation to these findings in order to support the development of the Active Communities Framework and Delivery Plan. The complete list of documents reviewed is set out in Appendix 1 of this report.

Evidence Base (Report/Policy/ Guidance)	Recommendations/ Findings	Rother Assessment	Evidence of Action Already Undertaken or Planned	Framework/ Delivery Plan Action
<p>Fair Society, Fair Lives: The Marmot Review. 2010.</p> <p>http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review</p>	<ul style="list-style-type: none"> ▪ Development and delivery of support and interventions using a Proportionate Universalism approach ▪ Action across the determinants of health ▪ A life course approach ▪ Every child has the best start in life ▪ All children, young people and adults can maximise their capabilities and have control over their lives ▪ Creating fair employment and good work for all ▪ A healthy standard of living for all ▪ Creation and development of healthy and sustainable places and communities ▪ Strengthened role and impact of ill-health prevention ▪ Effective local delivery systems focused on health equity in all policies ▪ Effective participatory decision-making at a local level by empowering individuals and local communities. 	<p>No evidence found within RDC strategy and policy statements (including current draft Core Strategy) of recognition and commitment to the Marmot Review recommendations</p> <p>Since coming into post, Active and Healthy Communities Specialist has presented the recommendations to the Active Communities Steering Group, Rother Local Strategic Partnership and RDC Strategic Management Team.</p> <p>East Sussex Health and Well-being</p>	<p>AC Steering Group Report Nov 7th 2011</p> <p>LSP Presentation Nov 23rd 2011</p> <p>Report to RDC SMT Dec 8th 2011</p>	<p>Reflect within overall aims and structure of Framework and Delivery Plan.</p> <p>Specific actions to embed within ESCC, RDC and partners strategy and policy frameworks to include:</p> <ul style="list-style-type: none"> ▪ Briefing papers, presentations and/or training activities aimed at officers and other key staff ▪ Member engagement within RDC and ESCC ▪ New/revised strategy and policy documents ▪ Community engagement work

Evidence Base (Report/Policy/ Guidance)	Recommendations/ Findings	Rother Assessment	Evidence of Action Already Undertaken or Planned	Framework/ Delivery Plan Action
		<p>Strategy will reflect the life course approach and will be based around five themes:</p> <ol style="list-style-type: none"> 1. Starting Well 2. Developing Well 3. Living Well 4. Working Well 5. Ageing Well (including the dying process) 		<ul style="list-style-type: none"> ▪ Assess and agree revised measures of effectiveness in terms of local delivery systems and community engagement
<p>The NHS White Paper: Equity and excellence: Liberating the NHS. HM Government 2010.</p> <p>http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf</p>	<ul style="list-style-type: none"> ▪ Set out plans for creation of local Health and Well-being Boards as formal LA committees from April 2013. ▪ Will be required to identify local priorities based on a JSNA and set these out in a Health & Well-being Strategy ▪ Emphasis on local decision making and delivering local outcomes ▪ Set out plans for creation of Clinical Commissioning Groups to take on PCT commissioning role from April 2013 ▪ Set out plans for transferring local public health responsibilities from NHS to Local Authorities from April 2013 	<p>East Sussex Health and Well-being Strategy will reflect the life course approach and will be based around five themes:</p> <ol style="list-style-type: none"> 1. Starting Well 2. Developing Well 3. Living Well 4. Working Well 5. Ageing Well (including the dying process) 		<p>Ensure Framework and Delivery Plan reflect this approach</p> <p>Reflect the need to influence and inform East Sussex Health and Well-being Board and H&R Clinical Commissioning Group as part of implementation and sustainability plans</p> <p>Possible specific actions to be agreed pending advice from ES Public Health</p>

Evidence Base (Report/Policy/ Guidance)	Recommendations/ Findings	Rother Assessment	Evidence of Action Already Undertaken or Planned	Framework/ Delivery Plan Action
				Directorate
<p>Healthy Lives, Healthy People: Our strategy for public health in England. DH 2010.</p> <p>http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_127424.pdf</p>	<ul style="list-style-type: none"> ▪ Reflects the Marmot Review recommendations around addressing health inequalities. ▪ Approach is relevant to both national and potential local actions and is based on actions, which reflect values of freedom, fairness and responsibility. These are, strengthening self-esteem, confidence and personal responsibility, positively promoting 'healthier' behaviours and lifestyles and adapting the environment to make healthy choices easier. ▪ Approach is based on a model set out in The Nuffield Council on Bioethics' 'intervention ladder' showing the range of potential approaches which could be used to promote positive lifestyle changes. The options range from the least intrusive into people's lives (such as just providing information) to the most intrusive (eliminating people's choice about what they do through legislation) ▪ Public health is core part of Government business. Reducing health inequalities should be a priority across the whole public health system ▪ Sets out plans to create Public Health England as a specialist public health service within DH with a ring-fenced public health budget. ▪ Set out plans for transferring local public health responsibilities from NHS to Local Authorities from April 2013 	<p>No evidence found within RDC strategy and policy statements (including current draft Core Strategy) of recognition and commitment to Healthy Lives, Healthy People strategy.</p> <p>Since coming into post, Active and Healthy Communities Specialist has reflected the strategic approach in presentations/reports to the Active Communities Steering Group, Rother Local Strategic Partnership and RDC Strategic Management Team.</p> <p>East Sussex Health and Well-being Strategy will reflect the life course approach and will be based</p>	<p>AC Steering Group Report Nov 7th 2011</p> <p>LSP Presentation Nov 23rd 2011</p> <p>Report to RDC SMT Dec 8th 2011</p>	<p>Reflect within overall aims and structure of Framework and Delivery Plan.</p> <p>Specific actions to embed within ESCC, RDC and partners strategy and policy frameworks to include:</p> <ul style="list-style-type: none"> ▪ Briefing papers, presentations and/or training activities aimed at officers and other key staff ▪ Member engagement within RDC and ESCC ▪ New/revised strategy and policy documents <p>Reflect Public Health Outcomes Framework when available</p>

Evidence Base (Report/Policy/ Guidance)	Recommendations/ Findings	Rother Assessment	Evidence of Action Already Undertaken or Planned	Framework/ Delivery Plan Action
	<ul style="list-style-type: none"> ▪ Local HWB strategies to reflect the life course approach. ▪ Strong focus on outcomes. Began consultation process for agreeing a Public Health Outcomes Framework. The Framework is due to be published by end of 2011. 	around five themes: <ol style="list-style-type: none"> 1. Starting Well 2. Developing Well 3. Living Well 4. Working Well 5. Ageing Well (including the dying process) 		
<p>Building The Big Society. HM Government. 2010.</p> <p>http://www.cabinetoffice.gov.uk/content/big-society-overview</p>	<p>Outlines the Government's programme of policies to take forward its Big Society vision. The Big Society is about helping people to come together to improve their own lives, putting more power in people's hands and therefore a transfer of power from Whitehall to local communities.</p> <p>There are three main areas of action in the Big Society agenda:</p> <ol style="list-style-type: none"> 1. Community empowerment: giving local councils and neighbourhoods more power to take decisions and shape their area. 2. Opening up public services will enable charities, social enterprises, private companies and employee-owned co-operatives to compete to offer people high quality services. 3. Social action: encouraging and enabling people to play a more active part in society. National Citizen Service, Community Organisers and Community First will encourage people to get involved in their communities. 	<p>Community First Funding opportunities available for both Sidley and Central in Bexhill. This is a fund of £33,910 per area which will be allocated by local Community Panels against priorities they have set by developing a Community First Panel Plan. Plans underway for panel in Sidley.</p> <p>Localism workshop being organised by RDC for January 2012. Aim is to inform delegates (LSP members targeted) of</p>		<p>Reflect the approach in the Framework</p> <p>Empower local leaders and communities to take decisions and adopt new approaches that will support promote health and well-being and contribute to reducing health inequalities</p> <p>Explore specific actions for Delivery Plan</p>

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		the scope of the Localism Act 2011 and to consider the implications for Rother residents and communities.		
<p>Community Engagement. NICE 2008.</p> <p>http://www.nice.org.uk/nice/media/live/11929/39565/39565.pdf</p>	<p>The guidance aims to support those working with and involving communities in decisions on health improvement that affect them. It is for people working in the NHS and other sectors who have a direct or indirect role in, and responsibility for community engagement. This includes those working in local authorities and the community, voluntary and private sectors.</p> <p>Approaches that help communities to work as equal partners, or delegate some power to them or provide them with total control, may lead to more positive health outcomes.</p> <p>Recommendations are set out that can be used to improve the way communities are involved in activities to promote health and to tackle the wider social determinants of health. They cover four interlocking themes:</p> <ul style="list-style-type: none"> ▪ Prerequisites - these aim to put in place the essential conditions for effective community engagement. The conditions include the coordinated implementation of relevant policy 	<p>Good evidence of community engagement and consultation taking place within Rother.</p> <p>A number of Local Action Plans highlighted access to physical activity as being a key issue within parishes. As a result RVA have been commissioned by PCT to deliver a walks programme (Contract runs until end of March 2012) within targeted areas.</p> <p>Rother Children's Centres support 6 parent involvement</p>		<p>Reflect guidance around community engagement in Framework.</p> <p>Explore and implement sustainability plans for RVA walking programme. Reflect in Delivery Plan.</p> <p>Explore undertaking some themed work with RDC Citizens Panel and Children Centre parent support groups around Active Communities. Reflect in Delivery Plan.</p>

Evidence Base (Report/Policy/ Guidance)	Recommendations/ Findings	Rother Assessment	Evidence of Action Already Undertaken or Planned	Framework/ Delivery Plan Action
	<p>initiatives, a commitment to long-term investment, an openness to organisational and cultural change, a willingness to share power, and the development of mutual trust and respect</p> <ul style="list-style-type: none"> ▪ Infrastructure - once the prerequisites have been met it is easier to set up the infrastructure required to implement effective practice, which includes appropriate training and development, formal mechanisms to endorse partnership working, and support for effective implementation of area-based initiatives ▪ Approaches - these are the approaches that can be used to encourage local communities to become involved in health promotion activities and area-based initiatives to address wider social determinants of health e.g. 'agents of change' such as community champions, neighbourhood wardens and running community workshops ▪ Evaluation - improving the quality of the evidence is a continuing process. Better evaluation processes are needed to increase understanding of how community engagement and the different approaches impact on health and social outcomes. 	<p>groups across Rother. Use these to consult and to identify and try to address barriers.</p> <p>No specific work around using RDC Citizens' Panel for work around any public health issues.</p>		
<p>Engaging The Public In Delivering Health Improvement. Leeds Metropolitan University. 2010.</p>	<p>This research report considers what active citizens can do for services and how services can best engage, support and sustain a community or volunteer workforce in order to improve health outcomes.</p>	<p>Very good evidence of projects using volunteers to deliver health improvement projects e.g. BTCV and</p>		<p>Reflect research in Framework</p> <p>Work with RVA and other partners to</p>

Evidence Base (Report/Policy/ Guidance)	Recommendations/ Findings	Rother Assessment	Evidence of Action Already Undertaken or Planned	Framework/ Delivery Plan Action
http://www.idea.gov.uk/idk/aio/25065263	<p>Key findings:</p> <ul style="list-style-type: none"> ▪ Involving members of the public in delivering health programmes offers a way to utilise the knowledge, skills and resources in communities. ▪ Both practical support and system level change are required to maximise the benefits of lay engagement, however valuing what people offer should remain at the heart of strategic planning and development. ▪ Involving people in public health requires an infrastructure that is flexible, supportive and actively addresses barriers to engagement. Service models involving payment can be considered as well as volunteer-only schemes. ▪ Providing training and access to support not only prepares people for delivery and fosters personal development, it also helps services manage any risks. ▪ A broader approach to commissioning, target setting and evaluation is required; one which values the role of active citizens in bridging the gap between communities and services. 	<p>RVA walking programmes.</p> <p>Further evidence through Health Trainer service in Rother of local residents being trained and employed to deliver health improvement work.</p>		<p>explore and agree actions for Delivery Plan</p>
<p>The Social Determinants of Health and the Role of Local Government. I&DeA 2010.</p> <p>http://www.idea.gov.uk/idk/</p>	<p>The publication takes the form of a collection of articles that aim to influence elected members and officers of local government to engage with partners through work at an LSP level.</p> <p>Reflects the Marmot Review in identifying evidence</p>	<p>No evidence found within RDC strategy and policy statements (including current draft Core Strategy) of recognition and</p>		<p>Reflect within overall aims and structure of Framework and Delivery Plan.</p> <p>Action to embed</p>

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aio/17778155	<p>and making recommendations in key policy areas covering the social determinants of health, where action is likely to be most effective in reducing health inequalities. The policy areas are:</p> <ul style="list-style-type: none"> ▪ Early child development and education ▪ Employment arrangements and working conditions ▪ Social protection ▪ The built environment ▪ Sustainable development ▪ Economic analysis ▪ Delivery systems and mechanisms ▪ Priority public health conditions ▪ Social inclusion and social mobility <p>In all of these areas, local government has a significant role to play in working with the NHS and other partners in improving health. Local authorities can:</p> <ul style="list-style-type: none"> ▪ In collaborative working with other key players, develop and implement strategies towards the sustainable development of communities. ▪ Make use of health intelligence (e.g. JSNA) and ensure members, staff and partners are aware of the data and what it means locally ▪ Contribute to the economic development of their areas and, in many areas of the country, are the largest employers ▪ Support schools and providers of early years care to improve the lives of children and young 	<p>commitment that its role and service delivery can contribute to addressing health inequalities.</p> <p>RDC Environmental Health Team is a partner in Sussex wide 'Spanning The Gap' report which aims to demonstrate how EHO's can contribute to new public health system within local government.</p> <p>Since coming into post, Active and Healthy Communities Specialist has reflected the strategic approach in presentations/reports to the Active Communities Steering Group, Rother Local Strategic Partnership and RDC Strategic Management Team</p>	<p>AC Steering Group Report Nov 7th 2011</p> <p>LSP Presentation Nov 23rd 2011</p> <p>Report to RDC SMT Dec 8th 2011</p>	<p>within ESCC, RDC and partners strategy and policy frameworks to include:</p> <ul style="list-style-type: none"> ▪ Briefing papers, presentations and/or training activities aimed at officers and other key staff ▪ Member engagement within RDC and ESCC ▪ New/revised strategy and policy documents <p>Specific actions around the following issues within RDC:</p> <ul style="list-style-type: none"> ▪ JSNA use and effective interpretation ▪ Targeting children and young people and older people ▪ Maximising public health opportunities through EHO's

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	<p>people</p> <ul style="list-style-type: none"> ▪ Improve and protect living and working conditions through their environmental health enforcement role, including air quality ▪ As a community leader, ensure they are a 'healthy' employer, thus setting the standards locally. ▪ Be part of the safety net that protects and supports people who need benefits and social services, addressing issues such as fuel poverty and affordable housing ▪ Provide and promote leisure and cultural opportunities that provide an essential contribution to the health and well-being of local residents ▪ Through planning powers, management of traffic, parks and open spaces, can contribute to the quality of the built and social environment, using health impact assessment as a tool to support decision making ▪ Make use of social marketing tools, to inform decisions' regarding communications and service development. ▪ Have specific duties and powers to promote equality and social inclusion and social, economic and environmental well-being. ▪ Develop an effective health scrutiny role ▪ Ensure the application of effective contract development, agreement and compliance 			<p>including work around air quality</p> <ul style="list-style-type: none"> ▪ Ensuring RDC is a healthy workplace ▪ Targeted promotion of leisure and culture opportunities ▪ Use of a health impact assessment as a tool within planning ▪ Use of social marketing techniques in planning and promoting services and activities ▪ Developing the impact of health scrutiny ▪ Effective contract development, agreement and compliance

Evidence Base (Report/Policy/ Guidance)	Recommendations/ Findings	Rother Assessment	Evidence of Action Already Undertaken or Planned	Framework/ Delivery Plan Action
<p>Tackling the Social Determinants of Health Through Culture and Sport. LG Improvement & Development 2011.</p> <p>http://www.idea.gov.uk/idk/core/page.do?pagelid=30100484</p>	<p>A resource that aims to raise the profile of culture and sport services and their impact on health outcomes. Aimed primarily at senior managers and councillors in local government and health commissioners. It recommends that the impact of culture and sport on the social determinants of health can be significant.</p> <p>Specifically it identifies that culture and sport can:</p> <ul style="list-style-type: none"> ▪ Promote social interaction and build social networks ▪ Bond communities together and build bridges between people from different backgrounds, strengthening community identify, cohesion and a sense of belonging ▪ Divert young people away from substance misuse and anti-social and criminal behaviour ▪ Develop life skills, such as leadership, teamwork, cooperation, communication and creative thinking ▪ Build self-esteem, raise aspirations and confidence and increase choice ▪ Increase concentration, helping to improve absenteeism, classroom behaviour and educational attainment among children and young people, and powers of recall in older people ▪ Encourage informal, life-long and inter- 	<p>Two reports commissioned in recent years:</p> <ol style="list-style-type: none"> 1. Hastings & Rother Leisure Facilities Strategy (2009 – 2020) 2. RDC Open Spaces, Sport and Recreation Study <p>However no evidence of up to date strategic direction and implementation plans around culture, leisure and sport, that reflect national strategy and has full Council approval and commitment.</p> <p>Now agreed that Leisure Team will lead on developing and getting Council approval for new strategies covering culture, leisure and</p>	<p>Hastings & Rother Leisure Facilities Strategy (2009 – 2020) http://www.rother.gov.uk/media/pdf/a/m/HR_FacilitiesStrategy_FinalReport_V3.0_21Aug09.pdf</p> <p>RDC Open Spaces, Sport and Recreation Study http://www.rother.gov.uk/openspaces</p>	<p>Specific action for RDC to state its commitment to all aspects of culture and sport, through production and approval of new strategy documents by April 2012.</p> <p>Strategies to reflect the following key issues relating to Active Communities programme:</p> <ul style="list-style-type: none"> ▪ Evidence of need ▪ Public health evidence base ▪ Relevant outcome measures ▪ Effective contract development, agreement and compliance where appropriate ▪ Explore potential for some in-depth evaluation projects

Evidence Base (Report/Policy/ Guidance)	Recommendations/ Findings	Rother Assessment	Evidence of Action Already Undertaken or Planned	Framework/ Delivery Plan Action
	generational learning <ul style="list-style-type: none"> ▪ Provide volunteering, work experience and employment opportunities. ▪ Be a cost-effective option when assessed against treatment, lost productivity and reduced quality of life 	sport by April 2012. This will be included in 2012/13 service planning.		to measure impact of one or more intended Active Communities outcomes
A Passion For Excellence: An Improvement Strategy for culture and sport. LG Improvement & Development 2008. http://www.idea.gov.uk/idk/aio/8829117	Sets out an improvement strategy for all aspects culture and sport. Recognises that they can contribute substantially to the local economy, to improving people's health and wellbeing and to the strength and safety of communities in general. Defines culture and sport as including all the following: <ul style="list-style-type: none"> ▪ performing and visual arts, craft, and fashion ▪ museums, artefacts, archives and design ▪ libraries, literature, writing and publishing ▪ the built heritage, architecture, landscape and archaeology ▪ sports events, facilities and development ▪ tourism and visitor attractions ▪ parks, open spaces, wildlife habitats, water environment and countryside recreation ▪ children's play, playgrounds and play activities ▪ festivals and attractions 	RDC Arts Development Officer has produced a briefing paper regarding Arts and Health that will inform the strategy development work. No evidence of up to date strategic direction and implementation plans around culture, leisure and sport, that reflect national strategy and has full Council approval and commitment. Now agreed that Leisure Team will lead on developing and getting Council		Specific action for RDC to state its commitment to all aspects of culture and sport, through production and approval of new strategy documents by April 2012. Strategies to reflect the following key issues relating to Active Communities programme: <ul style="list-style-type: none"> ▪ Evidence of need ▪ Public health evidence base ▪ Relevant outcome measures ▪ Effective contract development,

Evidence Base (Report/Policy/ Guidance)	Recommendations/ Findings	Rother Assessment	Evidence of Action Already Undertaken or Planned	Framework/ Delivery Plan Action
		approval for new strategies covering culture, leisure and sport by April 2012. This will be included in 2012/13 service planning.		<p>agreement and compliance where appropriate</p> <ul style="list-style-type: none"> ▪ Explore potential for some in-depth evaluation projects to measure impact of one or more intended Active Communities outcomes
<p>Healthy Lives, Healthy People: A call to action on obesity in England. DH 2011.</p> <p>http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_130487.pdf</p>	<p>Sets out new Government ambitions with regard to tackling obesity. These are:</p> <ul style="list-style-type: none"> ▪ A sustained downward trend in the level of excess weight in children by 2020 ▪ A downward trend in the level of excess weight averaged across all adults by 2020. <p>The key components of success in achieving these ambitions are seen as:</p> <ol style="list-style-type: none"> 1. Empowering local government in partnership with local communities to take action on issues such as: <ul style="list-style-type: none"> ▪ Developing and implementing sustainable transport plans ▪ The application of planning rules to benefit healthier lifestyles ▪ The use of green spaces and other opportunities for physical activity and sport ▪ Achieving healthier catering provision in local 	<p>Obesity previously identified as a significant issue in Rother LSP Community Plan.</p> <p>Rother HIMP has approved PCT led Obesity Strategy and Action Plan 2007 to 2010.</p> <p>Commitment to Active Communities is evidence of local work to support the new Government strategy on Obesity</p>		<p>Reflect within overall aims and structure of Framework and Delivery Plan</p> <p>Include NCMP and adult obesity data in within Rother profile in the Framework</p> <p>Need to ensure Active Communities link with new ambitions around addressing obesity is recognised and seen as a shared commitment across partners.</p>

Evidence Base (Report/Policy/ Guidance)	Recommendations/ Findings	Rother Assessment	Evidence of Action Already Undertaken or Planned	Framework/ Delivery Plan Action
	<p>authority and education premises</p> <ul style="list-style-type: none"> ▪ Influencing the local out-of-home catering sector <p>2. Building local capacity and capability through:</p> <ul style="list-style-type: none"> ▪ Robust data collection & analysis ▪ Commissioning a comprehensive and integrated range of interventions ▪ Developing the contribution of the planning system through a new Healthy Places Planning Resource ▪ Gathering & disseminating good practice ▪ Supporting programmes such as the Healthy Child Programme, NHS Health Check and 'Making Every Contact Count <p>3. Delivering central government leadership by:</p> <ul style="list-style-type: none"> ▪ Helping people to make healthy food and drink choices through the Responsibility Deal Food Network, the introduction of calorie labelling in out-of-home settings to support informed consumer decisions and continued efforts to support healthier food provision in the education system ▪ Helping people to be more active through new CMO guidance, a Responsibility Deal Physical Activity Network, initiatives linked to the London 2012 Olympic and Paralympic Games, Change4Life school sport clubs and continued support for active travel through the Local Sustainable Transport Fund and Bikeability 	<p>ESHT has a Healthy Weight team within its Health Improvement activity commissioned by H&R PCT. Focus on work with pre and school age children, training, campaigns and work with GP Practices. <i>Work in Rother included in the relevant sections of this report.</i></p> <p>Roll out of NHS Health Checks programme is low within the PCT area.</p> <p><i>Assessments are made against the more specific components of the strategy in the appropriate evidence base documents set out in the relevant sections of this report.</i></p>		<p>Ensure ESHT Healthy Weight Team are fully engaged and working with partners to advise and support on development of specific interventions</p> <p>Specific actions around the following issues within Rother:</p> <ul style="list-style-type: none"> ▪ Maximising opportunities via implementation of Local Transport Plan 3 ▪ Implementing the Healthy Places Planning Resources ▪ Maximising commitment to and use of green spaces ▪ Effective data collection and analysis ▪ Maximising the integration of

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	<ul style="list-style-type: none"> ▪ Transforming the environment for health and the economy through a National Planning Policy Framework ▪ Speaking directly to individuals and families through the Change4Life campaign ▪ Encouraging healthy workplaces to help address obesity 			<p>services and programmes through partnership work</p> <ul style="list-style-type: none"> ▪ Gathering and disseminating of good practice ▪ The Healthy Child Programme ▪ The NHS Health Check programme ▪ The Making Every Contact Count programme ▪ Olympics and Paralympics impact and legacy ▪ The Change4 Life programme ▪ Healthy workplace initiatives ▪ Ensure voluntary sector is fully engaged and exploring new approaches around tackling obesity <p>Reflect Public Health</p>

Evidence Base (Report/Policy/ Guidance)	Recommendations/ Findings	Rother Assessment	Evidence of Action Already Undertaken or Planned	Framework/ Delivery Plan Action
				Outcomes Framework indicators around obesity, when available
<p>Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. (Guides 1 & 2). NICE 2006.</p> <p>Guide 1 http://www.nice.org.uk/nice/media/live/11000/30363/30363.pdf</p> <p>Guide 2 http://www.nice.org.uk/nice/media/live/11000/30364/30364.pdf</p>	<p>Guide 1. For local authorities, schools and early year’s providers and workplaces, focusing on how they should make it easier for people to improve their diet and become more active. <i>Recommendations are as set out in the guidelines Physical activity and the environment. NICE 2008 - with the addition of:</i></p> <ul style="list-style-type: none"> ▪ Nurseries and other childcare facilities should minimise sedentary activities during play time and provide regular opportunities for active play and structured physical activity sessions ▪ Head Teachers and Chairs of Governors, in collaboration with parents and pupils, should assess the school environment and ensure that school policies help children and young people to maintain a healthy weight, eat a healthy diet and be physically active, in line with existing standards and guidance. This includes policies relating to building layout and recreational spaces, the taught curriculum (including PE), school travel plans and provision for cycling, and policies relating to extended schools. 	<p>Guide 1. <i>Assessment against recommendations set out in the NICE 2008 guidelines ‘Physical activity and the environment’ are in the relevant section of this report</i></p> <ul style="list-style-type: none"> ▪ Rother Children’s Centres indicate that they comply with guidance around minimising sedentary activity, providing regular opportunities for active play etc ▪ Guidance for Head Teachers and Chairs of Governors etc reflect the criteria set out in national Healthy Schools Programme which no longer exists. However the ES 	<p>East Sussex Children and Young People’s Plan 2011-14. East Sussex County Council 2011 http://www.eastsussex.gov.uk/NR/rdonlyres/A0C12ECA-6F89-453D-945E-24D3FD84DAFE/0/CYPP_draft.pdf</p>	<p>Discuss with Rother Children’s Services Planning Group and explore specific actions that could be taken forward in Rother in line with new Start Active, Stay Active guidance for early years and children and young people.</p>

Evidence Base (Report/Policy/ Guidance)	Recommendations/ Findings	Rother Assessment	Evidence of Action Already Undertaken or Planned	Framework/ Delivery Plan Action
	<p>Guide 2. Recommendations aimed at NHS staff who advises on diet, weight and activity to have appropriate training and experience to motivate change.</p> <ul style="list-style-type: none"> ▪ Managers and staff in all primary care settings should ensure that preventing and managing obesity is a priority, at both strategic and delivery levels. ▪ Weight management programmes should include behaviour change strategies to increase people's physical activity levels, improve the quality of the person's diet and reduce energy intake. Focus should be on behaviour at home and in social settings. 	<p>Children and Young Peoples Plan 2011-14 includes a commitment that schools will work to sustain Healthy Schools work based on the national programme, responding to issues in their school related to weight and healthy lifestyles</p> <p>Guide 2. The Making Every Contact Counts training programme provides participants with an introduction to behaviour change models and practices with the key aim of equipping them with the skills they need to offer brief advice interventions to help patients/clients change their behaviour and stay healthy. ESHT Health Improvement</p>		<p>Monitor take up of Making Every Contact Counts training in Rother and explore potential for follow up work and further training both for NHS, other public sector and voluntary sector staff.</p>

Evidence Base (Report/Policy/ Guidance)	Recommendations/ Findings	Rother Assessment	Evidence of Action Already Undertaken or Planned	Framework/ Delivery Plan Action
		Team commissioned by PCT to promote and deliver the programme		
<p>Weight management before, during and after pregnancy. NICE 2010.</p> <p>http://www.nice.org.uk/nice/media/live/13056/49929/49929.pdf</p>	<p>Recommends action to help women with a BMI of 30 or more to lose weight before and after pregnancy, how to help them eat healthily and keep physically active during pregnancy, the role of community-based services and the professional skills needed to support the women.</p>	<p>No evidence of specific action taking place.</p>		<p>Explore potential for action with East Sussex Public Health Directorate, PCT, ESHT and partners in leisure and voluntary sectors.</p>
<p>Start Active, Stay Active: A report on physical activity. DH 2011.</p> <p>http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128210.pdf</p>	<p>Guidelines issued by the four Chief Medical Officers (CMOs) of England, Scotland, Wales and Northern Ireland. They draw on global evidence for the health benefits people can achieve by taking regular physical activity throughout their lives. Regular physical activity can reduce the risk of many chronic conditions including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal conditions. Even relatively small increases in physical activity are associated with some protection against chronic diseases and an improved quality of life.</p> <p>These benefits can deliver cost savings for health and social care services. However, the benefits of physical activity extend further to improved productivity in the workplace, reduced congestion and pollution through active travel, and healthy</p>	<p>No evidence found within RDC strategy and policy statements of recognition and commitment to Start Active, Stay Active recommendations</p> <p>Since coming into post, Active and Healthy Communities Specialist has presented the recommendations to the Active Communities Steering Group, Rother Local Strategic Partnership and RDC Strategic</p>	<p>AC Steering Group Report Nov 7th 2011</p> <p>LSP Presentation Nov 23rd 2011</p> <p>Report to RDC SMT Dec 8th 2011</p>	<p>Reflect life course approach and 4 age categories within the overall aims and structure of Framework and Delivery Plan.</p> <p>Specific strategy and communication actions around the following issues:</p> <ul style="list-style-type: none"> ▪ Reducing sedentary behaviour ▪ Emphasis on daily activity ▪ Introducing play

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	<p>development of children and young people.</p> <p>The guidelines emphasise for the first time the importance of physical activity for people of all ages. and also highlight the risks of sedentary behaviour for all age groups. Emerging evidence shows an association between sedentary behaviour and overweight and obesity, with some research also suggesting that sedentary behaviour is independently associated with all-cause mortality, type 2 diabetes and some types of cancer.</p> <p>Key recommendations:</p> <ul style="list-style-type: none"> ▪ Adopt a life-course approach ▪ Specific guidance set out for each of the 4 age categories, early years, children & young people, adults and older adults ▪ Focus on sedentary behaviour ▪ Emphasis on daily activity ▪ Focus on introducing play and reducing sedentary behaviour from an early age ▪ Stronger recognition of the role of vigorous intensity activity ▪ Flexibility to combine moderate and vigorous intensity activity 	<p>Management Team.</p> <p>East Sussex Health and Well-being Strategy will reflect the life course approach and will be based around five themes:</p> <ol style="list-style-type: none"> 1. Starting Well 2. Developing Well 3. Living Well 4. Working Well 5. Ageing Well (including the dying process) 		<p>and reducing sedentary behaviour from an early age</p> <ul style="list-style-type: none"> ▪ The role of vigorous intensity activity ▪ Flexibility to combine moderate and vigorous intensity activity <p>Map local physical activity facilities and opportunities across the life-course model</p> <p>Explore and develop inter-generational work</p> <p>Ensure ESHT Health Improvement Team are fully engaged and working with partners to advise and support on the development of specific interventions</p> <p>Reflect Public Health</p>

Evidence Base (Report/Policy/ Guidance)	Recommendations/ Findings	Rother Assessment	Evidence of Action Already Undertaken or Planned	Framework/ Delivery Plan Action
				Outcomes Framework around physical activity, when available
<p>Be Active, Be Healthy: A Plan for Getting the Nation Moving. DH. 2009</p> <p>http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_094359.pdf</p>	<p>Previous Government strategy around physical activity. Sets out the impact of in-activity and plans to encourage and support a more physically active population.</p> <p>Barriers to physical activity participation identified as including:</p> <ul style="list-style-type: none"> ▪ Time constraints ▪ Motivation ▪ Availability ▪ Affordability ▪ Accessibility ▪ Too old ▪ Low on confidence ▪ Special needs ▪ People to go with <p>Identifies high risk population groups</p> <ul style="list-style-type: none"> ▪ Older people who experience a notable decline in activity after the age of 55 ▪ Women, 70% of whom are not doing enough to benefit their health ▪ Some black and ethnic minority sub-groups ▪ Young adults who experience a drop-off in activity from the age of 16. 	<p>In response to this strategy and DH funding to facilitate inclusion work 'Sussex On The Move 2010 – 2020' was developed by Sussex County Sports Partnership and a range of partners. Sets out a vision for physical activity: 'To make Sussex a more active place, with more people being more active, more often'. Led to creation of Active Sussex as new name of Sussex CSP.</p> <p>Active Sussex now funded primarily to support National Governing Bodies of sport to deliver against Sport England's</p>	<p>Sussex On The Move. A Physical Activity Strategy For Sussex 2010 - 2020. Active Sussex 2010.</p> <p>http://www.activesussex.org/images/downloads/knowledge_bank/physical_activity/Sussex_on_the_Move_20102020.pdf</p>	<p>Reflect findings regarding barriers to physical activity, high risk groups and income levels in the Framework</p> <p>Explore specific actions for Delivery Plan around Active Sussex work in relation to participation,</p>

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	<ul style="list-style-type: none"> ▪ Disabilities ranging from physical and neurological to sensory impairments and learning disabilities all create different barriers to participation in physical activity. <p>Establishes the link between physical activity participation and levels of income, concluding that low levels of physical activity participation associated with lower income groups</p> <p>To support the strategy implementation at a local level, the DH allocated funding to help County Sports Partnerships to develop ongoing plans for the delivery of physical activity plans and a co-ordination of physical activity alongside sport.</p>	<p>strategy for increasing adult sports participation, and also we have a role in the Government's 2012 Legacy Plan around community volunteering and increasing sports participation in those aged 14-25 years. RDC contributes funding to support Active Sussex work that will impact on Rother</p> <p>Active Sussex runs a workplace health programme that includes the wider physical activity agenda.</p> <p>Hastings BC has received 3 year Sport England funding to run an Active Women project across Hastings and Rother (Bexhill and</p>	<p>Development of a communications strategy for the Active Women project in Rother.</p>	<p>volunteering and workplace health in Rother</p> <p>Reflect Rother Active Women project targets in Delivery Plan and ensure maximum partner engagement to</p>

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		<p>Sidley). Project delivery began in Sept 2011. Early uptake figures for Rother are low. Action planned regarding communications work to increase awareness. RDC contributes funding to the Active Women project</p> <p>RDC supports work to enable and promote people with disabilities to participate in physical activity through the work of its Equalities Officer and Leisure Team</p> <p><i>See information about work with older people, young people, black and ethnic minority groups elsewhere in this report.</i></p> <p>Active Rother brand and website developed as an information</p>	<p>Discussion paper presented to AC Steering Group on</p>	<p>promote and deliver the project within Bexhill and Sidley</p> <p>Agree specific action for Delivery Plan regarding people with disabilities</p> <p>Active Rother website and brand development to be</p>

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		<p>source on access to physical activity opportunities for the public. Issues regarding site and content management have means that the site has not been developed to its full potential. Active and Healthy Communities Specialist has led on some early work to agree plans for the development of the brand and website.</p> <p>Freedom Leisure corporate priorities reflect high risk population groups identified.</p>	December 21 st 2011.	<p>reflected in Framework and Delivery Plan</p> <p>Work with Freedom Leisure to agree targeted activities for high risk groups in Rother, with outcomes/outputs reflected in Delivery Plan</p>
Let's Get Moving - A physical activity care pathway for the NHS. DH 2009.	Based on the principles of the NICE public health guidance 2006: Four Commonly Used Methods to Promote Physical Activity, which endorses the delivery of brief interventions for physical activity in	Within its Health Improvement activity commissioned by the PCT, ESHT is		Explore with East Sussex Public Health Directorate and PCT plans for taking LGM

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http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_105944.pdf	<p>primary care as both clinically and cost effective in the long term (see below)</p> <p>Provides a physical activity care pathway which can be used by GP practice staff to systematically recruit patients and screen for inactivity using a validated questionnaire (GPPAQ). Patients identified as not meeting the CMO's recommendations for physical activity should be offered a brief intervention, drawing upon motivational interviewing techniques, which:</p> <ul style="list-style-type: none"> ▪ Takes a patient centred approach to highlighting the health benefits of physical activity ▪ Works through key behaviour change stages ▪ Concludes with a clear physical activity goal set by the patient, identifying local opportunities to be active, including exercise on referral schemes where appropriate. <p>Participating patients should then be followed up over 3, 6 and 12 months after the brief intervention to check progress, encourage and re-set goals.</p> <p>Also sets out a Let's Get Moving training programme which can equip GP practice staff with the knowledge and skills to effectively implement the pathway.</p>	<p>1. Piloting the use of GPPAQ in one GP Practice in Rother (Bexhill Old Town). Await findings in early 2012.</p> <p>2. Carrying out an audit of Exercise Referral Schemes across East Sussex and looking at other potential providers. Await findings in early 2012.</p> <p>H&R PCT runs a Locally Enhanced Service that majority of GP Practices in Bexhill and Rye have signed up to. This rewards Practices for referring patients to Gym programmes run by Freedom Leisure or 20/20 Health. No evidence however that this follows the pathway approach set out in LGM.</p>		<p>pathway work forward on a wider scale within Rother.</p> <p>Develop a broader referral pathway to include not just gym based activity, but also other opportunities such as using green spaces.</p> <p>In the short term, explore options for monitoring existing Exercise Referral programme with Public Health, Freedom Leisure and PCT.</p> <p>Also, review with Freedom Leisure and 20/20 Health any plans for accreditation under new national scheme.</p>

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		<p>RDC contract with Freedom Leisure includes providing Exercise Referral programme (based on national guidelines). No evidence of any arrangements to undertake monitoring of the programme outputs etc</p> <p>Unclear as to what will happen to this programme once NHS reforms are fully implemented in April 2013.</p>		
<p>Four commonly used methods to increase physical activity. NICE 2006.</p> <p>http://www.nice.org.uk/nice/media/live/11373/31840/31840.pdf</p>	<p>Guidance for professionals in the NHS, local authorities and the voluntary sector. It focuses on four methods of getting adults to be physically active:</p> <ol style="list-style-type: none"> 1. Brief interventions – advice delivered by GPs and other non-hospital-based health professionals. 2. Exercise referral schemes – referral to a tailored physical activity programme 3. Pedometers – use of a device to measure how far you have walked. 4. Walking and cycling schemes 	<ol style="list-style-type: none"> 1. The Making Every Contact Counts training programme provides participants with an introduction to behaviour change models and practices with the key aim of equipping them with the skills they need to 		<p>Monitor take up of Making Every Contact Counts training in Rother and explore potential for follow up work and further training for healthcare professionals.</p>

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	<p>The recommendations are:</p> <ul style="list-style-type: none"> ▪ Adults who are not physically active should be advised to be moderately active for at least 30 minutes, 5 days of the week. They should be provided with details of local opportunities and the GP or other practitioner should agree goals with them, bearing in mind their preferences. ▪ Moderate activity includes some of the actions involved in daily life such as walking or cycling. ▪ Monitor whether or not this advice encourages people to be more physically active. ▪ Exercise referral schemes, pedometers and walking and cycling schemes should only be endorsed to promote physical activity if they are or have been part of a formal research study to measure effectiveness and/or are accredited under a scheme such as Walking For Health. 	<p>offer brief advice interventions to help patients change their behaviour and stay healthy. ESHT Health Improvement Team commissioned by PCT to promote and deliver the programme</p> <p>2. H&R PCT runs a Locally Enhanced Service that majority of GP Practices in Bexhill and Rye have signed up to. This rewards Practices for referring patients to Gym programmes run by Freedom Leisure or 20/20 Health. RDC contract with Freedom Leisure includes providing Exercise Referral programme (based on national guidelines). No evidence of any arrangements to undertake monitoring</p>		<p>In the short term, explore options for monitoring existing Exercise Referral programme with Public Health, Freedom Leisure and PCT.</p> <p>Also, review with Freedom Leisure and 20/20 Health any plans for accreditation under new national scheme.</p>

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		<p>of the programme outputs etc. Unclear as to what will happen to this programme once NHS reforms are fully implemented in April 2013.</p> <p>3. Pedometer loan programme previously run by ESHT Health Improvement Team in partnership with a small number of GP surgeries. No evidence of any programme currently being offered within Rother</p> <p>4. Good evidence of programmes to promote and support walking based on national guidance via Walking For Health. No evidence of targeted cycling schemes, although examples of cycling days or weeks to</p>		<p>Explore potential for action with East Sussex Public Health Directorate, PCT, ESHT and partners in leisure and voluntary sectors.</p> <p>Specific action to develop the Health Walks programme with a focus on:</p> <ul style="list-style-type: none"> ▪ Explore and implement sustainability plans for RVA walking programme ▪ Development of a Health Walks

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		<p>promote awareness and use observed.</p> <ul style="list-style-type: none"> ▪ BTCV have been commissioned by ESCC/PCT to deliver a programme of weekly Health Walks in Rother targeting priority wards. They are also commissioned to deliver Volunteer Walk Leader Training and support development of new walks. (Contract runs until end of Sept 2014). ▪ RVA have been commissioned by PCT to deliver a walks programme (Contract runs until end of March 2012) ▪ Other ad-hoc examples evident in local communities, although not necessarily based on national guidance. ▪ New Connect 2 path between Bexhill 		<p>partnership and communication plan, to maximise participation in existing and planned walks.</p> <ul style="list-style-type: none"> ▪ Development and promotion of pathways to enable walkers to 'move on' independently or with other groups ▪ Creating a 'hub' that maintains information on all walking activity to support existing and planned walks and pathway implementation ▪ Training of more volunteer walk leaders in local communities, targeted organisations such as housing associations ▪ Establish referral

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		and Hastings presents opportunities to promote and enable cycling.		<p>links between GP Practices and walks</p> <ul style="list-style-type: none"> ▪ Develop signage on established routes to promote and encourage self led participation <p>Support promotion of Connect 2 cycle path.</p>
<p>Natural England: Walking For Health. A Cost-effective healthcare solution. Guidance for PCTs. 2010</p> <p>http://www.wfh.naturalengland.org.uk/resources/walking-for-health-cost-effective-healthcare-solution</p>	<p>Based on 3 case studies, this report claims that health walks based on Walking For Health criteria are a cost-effective intervention that is proven to get sedentary people active at least 3 times a week for periods of over a year.</p> <p>It suggests that the average cost of a single dose of walking for an individual participant is £0.84p. This compares well to the cost of prescribing medication. Early models indicate that over a 3 year period, QALYs (Quality Adjusted Life Years) would be delivered at a cost of £4,000 per QALY, well below the NICE cost-effectiveness threshold. The same three year period will provide a life-cost averted saving to the health service of £81,167,864 and there is a cost-benefit ratio of 1:7. This suggests that for every pound spent on Walking for Health, the</p>	<p>Good evidence of programmes to promote and support walking based on national guidance via Walking For Health.</p> <ul style="list-style-type: none"> ▪ BTCV have been commissioned by ESCC/PCT to deliver a programme of weekly Health Walks in Rother targeting priority wards. They are also commissioned to deliver Volunteer Walk Leader Training and support development of 		<p>Specific action to measure and demonstrate the impact of Health Walks programme, with a focus on:</p> <ul style="list-style-type: none"> ▪ Explore potential for an in-depth evaluation project to measure impact of one or more walks in line with intended Active Communities outcomes ▪ Producing and disseminating

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	NHS will see a saving of £7.	new walks. (Contract runs until end of Sept 2014) <ul style="list-style-type: none"> ▪ RVA have been commissioned by PCT to deliver a walks programme (Contract runs until end of March 2012) 		local case studies.
<p>Promoting physical activity in the workplace. NICE 2008.</p> <p>http://www.nice.org.uk/nice/media/live/11981/40678/40678.pdf</p>	<p>Guidance for employers and professionals in small, medium and large organisations, especially those working in human resources or occupational health. It will also be of interest to employees, trades union representatives and members of the public.</p> <p>Recommendations for employers are:</p> <ul style="list-style-type: none"> ▪ Develop an organisation-wide plan and introduce and monitor an organisation-wide, multi-component programme to encourage and support employees to be more physically active. (This could be part of a broader programme to improve health.) ▪ Encourage employees to walk, cycle or use another mode of transport involving physical activity to travel part or all of the way to and from work (for example, by developing a travel plan). ▪ Help employees to be physically active during the working day, for example, by encouraging them to take the stairs or walk to external meetings. 	<p>Some evidence of action within RDC e.g. cycling scheme, football and cricket.</p> <p>No Rother participation in cycle challenge events organised via Active Sussex in 2011.</p> <p>Some evidence of action at ESHT through Occupational Health led programme.</p>		<p>Reflect workplace as a key setting for action within Framework and Delivery Plan.</p> <p>Reflect Public Health Outcomes Framework around the workplace, when available.</p> <p>Explore potential for commissioning an Active Sussex workplace programme within Rother.</p>

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<p>Physical activity and the environment. NICE 2008.</p> <p>http://www.nice.org.uk/nice/media/live/11917/38989/38989.pdf</p>	<p>Guidance on how to improve the physical environment to encourage physical activity. It is for NHS and other professionals who have responsibility for the built or natural environment. This includes local transport authorities, transport planners, those working in local authorities and the education, community, voluntary and private sectors.</p> <p>Recommendations for local authorities:</p> <ul style="list-style-type: none"> ▪ Ensure access routes for safe walking cycling and other modes of physical activity (including public transport) to workplaces, schools, homes, public services/facilities and open spaces ▪ Ensure children can participate in physically active play ▪ Ensure planning applications for new developments support making physical activity part of the populations daily routine ▪ Involve local communities and experts at all stages of planning developments ▪ Assess in advance the impact assessment of new planning developments ▪ Ensure pedestrians, cyclists and users of other modes of physical activity, are given highest priority when developing and maintaining streets and roads. Examples include pavement widening, cycle lanes, restricting vehicle access, traffic calming, safe routes to schools 	<p>Recognition of health and well-being benefits and need to reduce health inequalities through access to natural environment within the Environment Strategy for East Sussex.</p> <p>East Sussex Local Travel Plan 3 reflects aspirations' to promote and support more walking and cycling</p> <p>Recognition of links to health and well-being reflected in RDC</p>	<p>Environment Strategy for East Sussex. East Sussex County Council. 2011.</p> <p>http://www.eastsussex.gov.uk/NR/rdonlyres/A9FAC9B8-4CF7-466B-8312-1E409DBCC699/0/environment_strategy_for_east_sussex.pdf</p> <p>East Sussex Local Transport Plan 3. East Sussex County Council 2011 (Draft)</p> <p>http://www.eastsussex.gov.uk/NR/rdonlyres/5E20C6E0-0ED3-4E3D-BEC8-5FDB204C529B/0/lt_p3_draft_strategy.pdf</p> <p>The RDC Infrastructure Delivery Plan</p>	<p>Reflect built and natural environment as a key setting for action within Framework and Delivery Plan</p> <p>Specific actions around the following issues within RDC:</p> <ul style="list-style-type: none"> ▪ Maximising opportunities via implementation of Local Transport Plan 3 ▪ Ensuring the local planning process supports the aspirations of the Active Communities programme, e.g. implementing the Healthy Places Planning Resource ▪ Maximising commitment to and use of green

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	<p>Recommendations for local authorities and schools:</p> <ul style="list-style-type: none"> ▪ Ensure playgrounds are designed to encourage varied physically active play including individual and group activities <p>Recommendations for workplaces/public buildings</p> <ul style="list-style-type: none"> ▪ Designers and employers should ensure split sites for workplaces are linked by appropriate walking and cycling routes ▪ Designers, employers and facility managers during building design/refurbishment should ensure staircases are situated to encourage use and clearly and welcoming. 	Infrastructure Delivery Plan	http://www.rother.gov.uk/media/pdf/q/m/Infrastructure_Delivery_Plan.pdf	<p>spaces</p> <ul style="list-style-type: none"> ▪ Healthy workplace initiatives ▪ Gathering and disseminating of good practice
<p>Mental Well-being and Older People. NICE 2008.</p> <p>http://www.nice.org.uk/nice/media/live/11999/42370/42370.pdf</p>	<p>Guidance for all those involved in promoting older people's mental wellbeing. It focuses on practical support for everyday activities, based on occupational therapy principles and methods. This includes working with older people and their carers to agree what kind of support they need.</p> <p>Recommendations are:</p> <ol style="list-style-type: none"> 1. Offer regular sessions that encourage older people to construct daily routines to help maintain or improve their mental wellbeing. The sessions should also increase their knowledge of a range of issues, from nutrition and how to stay active to personal care 2. Offer tailored, community-based physical activity programmes. These should include moderate- 	Rother is selected area for ESCC Ageing Well project in partnership with the Local Government Improvement and Development Agency. Focus is on the 50 to 75 age group. 2 asset mapping workshops in Nov 2011, then a follow up event in late Jan 2012 and development of an action plan. Programme to be completed by end of		<p>Reflect all the programmes in the Delivery Plan.</p> <p>Explore how they fit in with the development of a pathway model, i.e. clear progression routes to enable individuals to 'move on' and try other physical activity opportunities.</p> <p>Explore potential for further funding and</p>

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	<p>intensity activities (such as swimming, walking, dancing), strength and resistance training, and toning and stretching exercises</p> <ol style="list-style-type: none"> 3. Advise older people and their carers how to exercise safely for 30 minutes a day on 5 or more days a week, using examples of everyday activities such as shopping, housework and gardening. (The 30 minutes can be broken down into 10-minute bursts.) 4. Promote regular participation in local walking schemes as a way of improving mental wellbeing. Help and support older people to participate fully in these schemes, taking into account their health, mobility and personal preferences 5. Involve occupational therapists in the design of training offered to practitioners. 	<p>March 2012.</p> <p>PCT Health Improvement has commissioned activity within this area that aims to promote community based physical activity programmes.</p> <ol style="list-style-type: none"> 1. Age UK. Target is 20 physical activity taster sessions, with 10 participants per session. Then 50 participants from across these sessions to be facilitated along a pathway and also targeted re evaluation. 2. ESHT Health Improvement Team. Running East Sussex Chair Based Exercise Training Programme. 6 participants are from Rother. Post training commitment is to deliver 2 x 12 week courses. Will be active 		<p>delivery of Chair Based Exercise training in partnership with organisation such as care homes and housing associations</p> <p>Action to deliver more effective partnership links and outcomes in order to maximise programme outcomes</p>

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		<p>in 2012.</p> <p>Action in Rural Sussex are commissioned by ESCC to run a Village Care programme targeting isolated, vulnerable older people in rural areas. Also funded to support carers.</p> <p>Key aspects of the programme:</p> <ul style="list-style-type: none"> • Identify and communicate the needs of local people • Facilitate the development of groups, activities and organisations • Support local communities and activists running and developing health and well-being activities. <p>Includes Chair based exercise, Yoga, Tai Chi at coffee mornings and lunch clubs.</p>		

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<p>Physical Activity for Children and Young People. NICE 2009.</p> <p>http://www.nice.org.uk/nice/media/live/11773/42885/42885.PDF</p>	<p>Guidance is for all those who have a direct or indirect role in (and responsibility for) promoting physical activity for children and young people. This includes those working in the NHS, education, local authorities and the wider public, private, voluntary and community sectors. There is a specific focus on children aged 11 and under and girls aged 11 to 18.</p> <p>Recommendations are:</p> <ul style="list-style-type: none"> ▪ Ensure high-level strategic policy planning for children and young people supports the physical activity agenda ▪ Local campaigns to promote the benefits of physical activity and encourage participation, should be integrated with and support other national health campaigns and strategies to increase participation in play and sport and reduce obesity (such as 'Change4Life'). ▪ Consult and actively involve children and young people and their parents to plan facilities and promotional campaigns. ▪ Ensure facilities are suitable for children and young people with different needs e.g. disability ▪ Ensure spaces and facilities are located close to walking and cycling routes ▪ Ensure the spaces and facilities meet recommended safety standards for design, installation and maintenance. ▪ Provide opportunities at intervals throughout the day in pre-school establishments 	<p>ES Children and Young Peoples Plan 2011-14 identifies healthy lifestyles and specifically reducing childhood obesity as priority areas. No specific recognition of physical activity work though.</p> <p>Rother Children's Centres indicate that they comply with guidance around minimising sedentary activity, providing regular opportunities for active play etc</p> <p>Guidance for Head Teachers and Chairs of Governors etc reflect the criteria set out in national Healthy Schools Programme which no longer exists. However the ES Children and Young Peoples Plan 2011-14</p>	<p>East Sussex Children and Young People's Plan 2011-14. East Sussex County Council 2011</p> <p>http://www.eastsussex.gov.uk/NR/rdonlyres/A0C12ECA-6F89-453D-945E-24D3FD84DAFE/0/CYPP_draft.pdf</p>	<p>Discuss with Rother Children's Services Planning Group and agree specific actions that could be taken forward in Rother in line with new Start Active, Stay Active guidance for early years and children and young people.</p> <p>Reflect TYS and PSHE work in Delivery Plan in terms of Rother outcomes. Identify and agree specific opportunities for Rother within these programmes.</p> <p>Update and gain support and approval for Rother Play Strategy</p> <p>Specific action within Rother around:</p> <ul style="list-style-type: none"> ▪ A specific focus on children 11 and

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	<ul style="list-style-type: none"> ▪ Encourage parents and carers to get involved in physical activities with their children. ▪ Ensure initiatives are regularly evaluated ▪ Make school facilities available for children and young people and their families, before, during and after the school day, at weekends and during school holidays. ▪ Actively promote public parks and facilities as well as more non-traditional spaces (for example, car parks outside working hours) as places where children and young people can be physically active. ▪ Ensure local travel plans promote and enable sustainable physical activity through walking and cycling ▪ Ensure physical activity programmes are run by people with the relevant training and experience and establish continuing professional development (CPD) programmes ▪ Use community networks and partnerships to encourage, develop and support local communities and volunteers involved in providing physical activities for children and young people ▪ Address any psychological, social and environmental barriers to physical activity. For example, provide opportunities in easily accessible community settings with appropriate changing facilities offering privacy. 	<p>includes a commitment that schools will work to sustain Healthy Schools work based on the national programme, responding to issues in their school related to weight and healthy lifestyles</p> <p>PCT Health Improvement have commissioned work regarding Targeted Youth Support and PSHE</p> <p>Rother Children's Centres organise Kick-start programme in Bexhill and Rye, targeting Dads</p> <p>Rother Play Strategy is no longer in date and will need updating to reflect Start Active, Stay Active guidance and other national</p>		<p>under and girls aged 11 to 18</p> <ul style="list-style-type: none"> ▪ Local work to support Change4 Life programme ▪ Engagement work with children and young people and their parents ▪ Local planning policy supports active travel to schools, open and green spaces and leisure facilities ▪ Parent/carer participation in physical activity ▪ Effective outcome/output setting, monitoring and evaluation ▪ Reflect issues regarding addressing barriers are reflected in contract setting ▪ Reflect issues re training,

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		strategy.		experience and CPD in contract setting
<p>Preventing type 2 diabetes: population and community interventions. NICE 2011.</p> <p>http://www.nice.org.uk/nice/media/live/13472/54347/54347.pdf</p>	<p>Guidance is for commissioners, managers and practitioners with public health as part of their remit working within the NHS, local authorities, the national and local public health service and the wider public, private, voluntary and community sectors.</p> <p>The aim is to prevent type 2 diabetes among populations and communities of adults who are at high risk. Risk factors include being overweight or obese and whether or not someone is physically active. In addition to these individual risk factors, certain ethnic communities (including people of South Asian, African-Caribbean or black African origin) and people from lower socioeconomic groups are particularly at risk.</p> <p>Recommendations are:</p> <ul style="list-style-type: none"> ▪ Integrate national strategy on type 2 diabetes with national activities to prevent other non-communicable diseases (such as cardiovascular disease and certain cancers). ▪ Develop and implement national and local action to promote a healthy diet and increase physical activity participation ▪ Use local needs assessments to identify communities at high risk 	<p>The number of cases of diagnosed diabetes is significantly higher than England average</p> <p>Some Rother GP Practices do specific work to target patients from high risk population groups</p> <p>NHS Health Checks programme could provide a more universal approach to prevention but as yet roll out in PCT area is low.</p> <p>Making Every Contact Counts training should help with supporting behaviour change</p> <p>RDC Equalities work targets ethnic</p>		<p>Reflect Rother diabetes profile in Framework.</p> <p>Agree specific action re prevention work including awareness raising and training</p> <p>Work with GP Practices to target high risk population groups, around referral to health improvement activity</p>

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	<ul style="list-style-type: none"> Develop and deliver training for those involved in helping to spread awareness of the risks and how to prevent the condition. 	communities and engagement work includes health promotion activity e.g. Health Trainers		
<p>Active Travel Strategy. DT/DH 2010.</p> <p>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113102</p>	<p>The strategy identifies that cycling and walking are good for health and accessibility and when replacing journeys by car they can also reduce congestion and emissions.</p> <p>Aim is to see more people cycling and walking more often and more safely. With about two-thirds of the journeys we make less than five miles, walking and cycling should be an everyday way of getting around. Britain has however, amongst the lowest levels of cycling and walking in Europe. We need to turn that around, so that we can gain the benefits which other countries have achieved through active travel for individuals, business and the wider economy. Such benefits include:</p> <ul style="list-style-type: none"> Improving people's health and wellbeing through more active lifestyles. It can benefit less active groups in particular. Walking and cycling are simple, low-cost and effective ways for some of the most inactive people in society to incorporate physical activity into their daily lives. It can bring business benefits e.g. a healthier, more active workforce means reduced 	<p>East Sussex Local Travel Plan 3 reflects aspirations' to promote and support more walking and cycling</p> <p>Recognition of links to health and well-being reflected in RDC Infrastructure Delivery Plan</p> <p>Bids submitted to DfT Sustainable Transport Fund. Includes proposals for Bexhill</p>	<p>East Sussex Local Transport Plan 3. East Sussex County Council 2011 (Draft) http://www.eastsussex.gov.uk/NR/rdonlyres/5E20C6E0-0ED3-4E3D-BEC8-5FDB204C529B/0/lt_p3_draft_strategy.pdf</p> <p>The RDC Infrastructure Delivery Plan http://www.rother.gov.uk/media/pdf/q/m/Infrastructure_Delivery_Plan.pdf</p>	<p>Reflect LTP 3 in Framework.</p> <p>Agree specific Rother outcomes pending outcome of bids to DfT Sustainable Transport Fund. Reflect in Delivery Plan.</p>

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	<p>absenteeism and increased productivity, and reduced congestion means better journey time reliability</p> <ul style="list-style-type: none"> ▪ It can be good for the environment, as journeys made on foot or by bike rather than car will reduce emissions, improve air quality and can make for a more pleasant local environment. ▪ Make for more attractive, safer places and communities, and ensuring greater access for everyone to local services. ▪ Promoting enhanced mobility and independence for vulnerable groups, such as older people and those with disabilities or limiting long-term conditions. 	<p>and Hastings re improving access to employment, education, healthcare and positive activities for young people in their town centres, by improving walking and cycle routes and access to reliable and accessible public transport.</p>		
<p>Benefits of green infrastructure. Forest Research 2010.</p> <p>http://www.forestry.gov.uk/pdf/urgp_benefits_of_green_infrastructure_main_report.pdf/\$FILE/urgp_benefits_of_green_infrastructure_main_report.pdf</p>	<p>This report identifies that there are many potential social benefits that good quality, accessible green space and infrastructure can provide, but the most significant of these can be grouped into three broad categories:</p> <ol style="list-style-type: none"> 1. Improvements in levels of physical activity and health. 2. Promotion of psychological health and mental well-being 3. Facilitation of social interaction, inclusion and community cohesion. <p>The potential social benefits that green infrastructure can provide are therefore substantial and have been strongly linked to a range of key government</p>	<p>The RDC Green Infrastructure Study is a background evidence study for the Local Development Framework. It supports the findings of this report, highlighting the three broad categories of benefit.</p> <p>Similar recognition in Environment Strategy for East Sussex.</p>	<p>The RDC Green Infrastructure Study http://www.rother.gov.uk/media/pdf/k/t/Green_Infrastructure_Background_Paper.pdf</p> <p>Environment Strategy for East Sussex. East Sussex County</p>	<p>Reflect strategies and recognised benefits in the Framework</p>

Evidence Base (Report/Policy/ Guidance)	Recommendations/ Findings	Rother Assessment	Evidence of Action Already Undertaken or Planned	Framework/ Delivery Plan Action
	<p>priorities.</p> <p>Although direct economic evidence about the provision of these benefits is limited, what little exists suggests that green infrastructure provision and green space initiatives are a cost-effective method of achieving them.</p> <p>Recommends therefore that the improvement of existing and the creation of good quality, accessible green infrastructure should be prioritised, especially in areas of greatest need as it can provide health and wellbeing benefits such as increased life expectancy, reduced health inequality, improvements in levels of physical activity and health and promotion of mental well-being.</p>		<p>Council. 2011. http://www.eastsussex.gov.uk/NR/rdonlyres/A9FAC9B8-4CF7-466B-8312-1E409DBCC699/0/environment_strategy_for_east_sussex.pdf</p>	
<p>Great outdoors: how our natural health service uses green space to improve wellbeing: an action report. Faculty of Public Health 2010.</p> <p>http://www.fph.org.uk/uploads/r_great_outdoors.pdf</p>	<p>This report identifies how green space can play an important part in tackling a range of health and social problems such as obesity, cardiovascular disease, mental ill-health, antisocial behaviour, and health inequalities.</p> <p>It outlines the evidence that the natural environment can enhance our health and wellbeing, and explains how town planners, health professionals, policymakers and residents can work together to create more green space and make better use of it for the benefit of all.</p>	<p>The RDC Green Infrastructure Study is a background evidence study for the Local Development Framework. It supports the findings of this report, highlighting the three broad categories of benefit.</p> <p>Similar recognition in Environment Strategy</p>	<p>The RDC Green Infrastructure Study http://www.rother.gov.uk/media/pdf/k/t/Green_Infrastructure_Background_Paper.pdf</p> <p>Environment Strategy for East</p>	<p>Reflect strategies and recognised benefits in the Framework</p>

Evidence Base (Report/Policy/ Guidance)	Recommendations/ Findings	Rother Assessment	Evidence of Action Already Undertaken or Planned	Framework/ Delivery Plan Action
	<p>Recommendations are:</p> <ul style="list-style-type: none"> ▪ Local authorities should provide more accessible green spaces and open-air leisure facilities in which children; families; adults and older people can safely play and exercise ▪ Local strategic partnerships, especially those in urban areas, should maximise the use of available green space for health-promoting activities ▪ GPs should consider providing advice about physical activity in green spaces as an alternative or adjunct to medication for patients with milder forms of depression or anxiety ▪ Exercise prescription schemes in general practice could usefully be extended to cover supervised physical activity in green spaces ▪ Programmes, such as Walking for Health and others, which encourage physical activity in green spaces and natural environments, should continue to be fully supported. 	<p>for East Sussex.</p> <p>Pebsham Country Park Development is evidence of local partnership (RDC, HBC, ESCC and Sussex Wildlife Trust) commitment to creating green/open-space that can benefit the local population and the environment. However the 2008-11 Development Strategy and Implementation Plan weak on health and well-being benefits and plans to engage the population. 2011-</p>	<p>Sussex. East Sussex County Council. 2011. http://www.eastsussex.gov.uk/NR/rdonlyres/A9FAC9B8-4CF7-466B-8312-1E409DBCC699/0/environment_strategy_for_east_sussex.pdf</p> <p>Pebsham CP Development Strategy and Implementation Plan 2011-14</p>	<p>Reflect Pebsham CP Development Strategy and Implementation Plan in Delivery Plan.</p> <p>Specific actions around:</p> <ul style="list-style-type: none"> ▪ More targeted partner and community engagement ▪ Development and implementation of an in-depth communications plan to promote the park, access to and use of,

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		<p>14 update has addressed this issue, following work by ES Public Health Directorate and Active and Healthy Communities Specialist</p> <p>Pebsham CP Events Programme for 2011 shows evidence of involving other partners e.g. BTCV Health Walks</p> <p>No established referral pathway between GP Practices and using green spaces</p>		<p>including signage and route markers</p> <ul style="list-style-type: none"> ▪ Review the need for additional officer time to deliver above action and if appropriate bid for additional resources to support delivery ▪ Explore potential for creating links with existing Exercise Referral programme i.e. creating outdoor gym ▪ Develop referral pathways with GP Practices around walking and other forms of activity
<p>Community green: using local spaces to tackle inequality and improve health. CABE 2010.</p> <p>http://webarchive.nationala</p>	<p>This report examines the impact of the quality of local green spaces on the health and wellbeing of people in deprived and ethnically diverse areas. It shows that providing good quality local green space is an effective way to tackle inequality.</p>	<p>The RDC Green Infrastructure Study is a background evidence study for the Local Development Framework. It</p>	<p>The RDC Green Infrastructure Study http://www.rother.gov.uk/media/pdf/k/t/Green_Infrastructure_Background_Paper.</p>	<p>Reflect strategies and recognised benefits in the Framework</p> <p>Agree specific actions as part of</p>

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rchives.gov.uk/20110118095356/http://www.cabe.org.uk/files/community-green-full-report.pdf	<p>Recommendations are:</p> <ul style="list-style-type: none"> ▪ Green space is a public resource with a proven track record in improving people's health, but too many local green spaces remain unused ▪ People recognise and appreciate the value of local green spaces, but they underuse the spaces that are most convenient because these spaces are often poor quality and feel unsafe. ▪ People's concerns about safety affect their use of local green space and vary by ethnicity ▪ Improving the quality of spaces will encourage more active use and exercise ▪ Local people are best placed to know what they want from green space ▪ Focus on the people in the community who are worse off, as improving green space in urban areas benefits those that have most to gain 	<p>supports the findings of this report, highlighting the three broad categories of benefit.</p> <p>Similar recognition in Environment Strategy for East Sussex. This also commits to an objective to ensure a co-ordinated approach to opportunities for physical activity in green spaces, particularly focussing on the needs of people who experience health inequalities or who are least likely to access physical activity opportunities by March 2012</p>	<p>pdf</p> <p>Environment Strategy for East Sussex. East Sussex County Council. 2011. http://www.eastsussex.gov.uk/NR/rdonlyres/A9FAC9B8-4CF7-466B-8312-1E409DBCC699/0/environment_strategy_for_east_sussex.pdf</p>	<p>Environment Strategy implementation that will impact on the priority areas of Rother identified as experiencing health inequalities</p>
<p>Behaviour change at population, community and individual levels. NICE 2007.</p> <p>http://www.nice.org.uk/nice/media/live/11868/37925/37</p>	<p>Guidance is for NHS and other professionals with direct or indirect responsibility for helping people to change their health-related knowledge, attitudes and behaviour. This includes national policy makers and those working in local authorities and the community and voluntary sectors.</p>	<p>ESHT Health Improvement Team have been commissioned by PCT to deliver a county wide Health Trainer service focusing on supporting</p>		<p>Reflect Health Trainer service in Framework and Delivery Plan.</p> <p>Agree specific actions regarding Rother service publicity and</p>

Evidence Base (Report/Policy/ Guidance)	Recommendations/ Findings	Rother Assessment	Evidence of Action Already Undertaken or Planned	Framework/ Delivery Plan Action
925.pdf	<p>Recommendations are:</p> <ul style="list-style-type: none"> ▪ Take account of the circumstances in which people live, especially the socio-economic and cultural context ▪ Interventions and programmes should be based on a sound knowledge of community needs and should build upon the existing skills and resources within a community ▪ Equip practitioners with the necessary competencies and skills to support behaviour change, using evidence-based tools ▪ Evaluate all behaviour change interventions and programmes, either locally or as part of a larger project. Wherever possible, evaluation should include an economic component. 	<p>behaviour change amongst residents in areas of high deprivation and health inequalities.</p> <p>Health Trainer service focus within Rother is on, Bexhill, Sidley and Rye. Key population target groups are older people, black and minority ethnic groups, carers and people recovering from mental health issues.</p> <p>Physical activity reported by ESHT as being the major area for behaviour change that clients set as a goal.</p> <p>Low service uptake in Sidley. Action is being taken by PCT Commissioners in partnership with ESHT to identify and address</p>		<p>uptake to include in Delivery Plan.</p>

Evidence Base (Report/Policy/ Guidance)	Recommendations/ Findings	Rother Assessment	Evidence of Action Already Undertaken or Planned	Framework/ Delivery Plan Action
		this issue.		
<p>Before, During and After: Making the Most of the London 2012 Games. DCMS 2008.</p> <p>http://www.thebigopportunity.org.uk/uploads/4/0/0/1/4/001782/dcms2012legacyactionplan.pdf</p>	<p>This action plan is about the long-term benefits that can be achieved through hosting the Olympic Games and Paralympic Games in 2012. It builds on <i>Our Promise for 2012</i>, published in June 2007, which made five promises to set the scale of the ambition:</p> <ol style="list-style-type: none"> 1.To make the UK a world-leading sporting nation 2.To transform the heart of East London 3.To inspire a generation of young people 4.To make the Olympic Park a blueprint for sustainable living 5.To demonstrate the UK is a creative, inclusive and welcoming place to live in, visit and for business. <p>Includes key ambitions that aim to have a local impact around:</p> <ul style="list-style-type: none"> ▪ Inspiring young people through sport ▪ Getting people more active ▪ Young people giving time to their local communities as part of the Games and beyond ▪ Young people participating in cultural activities during and after the Games ▪ Engaging and learning as schools, colleges, universities and other learning providers inspiring young people through the Olympic and Paralympic values 	<p>RDC has a specific working group led by CEO.</p> <p>RDC has facilitated 2 meetings around encouraging local communities to organise events in the build up to the Games with a particular focus on the Torch Relay.</p> <p>RDC Leisure Team planning a programme of work in the summer around use of parks/open spaces and cultural events</p> <p>RDC Leisure Team developing a calendar of local events and encouraging local partners to provide information for inclusion on the calendar</p>		<p>Reflect build up and post games effect in Framework and Delivery Plan.</p> <p>Agree specific actions around local projects that aim to measure impact</p> <p>Explore potential with partners for a post games ‘feel inspired’ campaign</p>

Evidence Base (Report/Policy/ Guidance)	Recommendations/ Findings	Rother Assessment	Evidence of Action Already Undertaken or Planned	Framework/ Delivery Plan Action
		<p>ESHT Health Improvement Team exploring possible Olympic themed campaign</p> <p>AmicusHorizon Housing Association planning an Olympic themed project</p>		
<p>Changing behaviour, improving outcomes: a new social marketing strategy for public health. DH 2011.</p> <p>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126409</p>	<p>The strategy identifies that despite people placing a high value on health and wanting to live healthy lifestyles, the majority of the adult population has at least one of the major lifestyle risks (such as smoking, regularly drinking more than the recommended limits, not being physically active and/or being overweight or obese) that can lead to poor health, increased cost to society and lives cut short. Changing these behaviours is extremely challenging, often requiring not just individual motivation but sustained support from friends, family and society.</p> <p>Social marketing borrows concepts and techniques from commercial sector marketing, such as insight generation and customer segmentation, and applies them to the problems facing our society. Without social marketing, there is a risk that people will not</p>	<p>Limited evidence that a social marketing approach has been adopted to work undertaken around promoting and encouraging healthy lifestyles in Rother.</p> <p>Use of Change4 Life messages as part of earlier Active Rother work.</p> <p>Active Sussex commissioned insight research as part of the development of its</p>		<p>Action required to embed a social marketing approach within Rother to programme and campaign planning.</p> <p>Develop a communications plan that includes local work around Change4 Life and sign up from partners, to ensure agreed actions are delivered as widely as possible to maximise effectiveness.</p>

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	<p>attempt the substantial efforts required to improve their behaviours or that attempts to change will fail in the face of ingrained habits and negative market forces.</p> <p>Social marketing activity will support the approach to improving public health set out in <i>Healthy Lives, Healthy People</i> and the draft indicators published for consultation in the Public Health Outcomes Framework</p> <p>Nationally 4 campaigns will be supported including:</p> <ul style="list-style-type: none"> • The Smokefree programme • Change4Life (and its sister brand, Start4Life) which will tackle all issues relating to families and middle-aged adults • One integrated campaign, which will take a more holistic approach to well-being in later life. This activity will seek to empower older people (and, where appropriate their carers) to seek prompt diagnosis and medical attention (for example through the cancer signs and symptoms campaign), and will challenge the expectation that loneliness, economic and physical inactivity, mental and physical deterioration and reduced quality of life are an inevitable part of the ageing process. • A new programme, targeting young people, which will seek to influence behaviours, such as smoking, binge drinking, experimenting with 	<p><i>Sussex On The Move</i> strategy development. See later section in this report on <i>Sussex County Sports Partnership Trust. A social marketing approach to increasing physical activity across Sussex. ICE 2010.</i></p>		<p>Explore potential new partnerships that can support targeting information to priority population groups e.g. public libraries</p> <p>Reflect communications as a key theme within Framework and Delivery Plan</p>

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	<p>drugs and risky sexual behaviours, which form part of a pattern of risk-taking in the transition from the child to adult self.</p> <p>As local areas take on responsibility for managing demand for local services, they will be encouraged to join up their activity with the centrally-funded programmes, through the use of toolkits and free access to creative assets</p>			
<p>Sport England - Market segmentation profiles. 2010.</p> <p>http://segments.sportengland.org/querySegments.aspx</p>	<p>Provides an insight into the sporting behaviours, barriers and motivations to taking part amongst existing participants and those we wish to see involved in a more active lifestyle. The report is broken down into 19 different market segments.</p> <p>The ageing population in Rother means the area is dominated by residents aged 65 years and over. Therefore, 'Ralph and Phyllis' or Comfortable Retired Couples make-up 10.54% of the population, almost 7% more than the national average. Ralph and Phyllis are the most active in their peer group, enjoying a range of activities, particularly low-intensity; individual activities such as swimming, fishing, golf and bowling. 'Elsie and Arnold' (9.9%) and 'Tim' (9.8%) are other dominant sporting profiles in the district.</p> <p>There is however also a sizable younger profile who are interested in a variety of more active leisure</p>	<p>ESHT Health Improvement Team ran a county wide Sporting Heroes campaign in 2011. Rother focus was Bexhill and Sidley. Developed and sited project posters with images of National Competition, Olympic & Paralympic athletes (past and future), who either live or train in East Sussex. These posters have been constructed to target specific Sport England sporting market segments in key areas as set out by IMD, to</p>		<p>Reflect communications and use of profiles as a key theme within Framework and Delivery Plan</p> <p>Develop a communications plan that includes local use of segmentation profiles and sign up from partners, to ensure agreed actions are delivered as widely as possible to maximise effectiveness.</p>

Evidence Base (Report/Policy/ Guidance)	Recommendations/ Findings	Rother Assessment	Evidence of Action Already Undertaken or Planned	Framework/ Delivery Plan Action
	<p>pursuits and who are likely to have families.</p> <p>The overall Rother profile points towards the need to provide a range of flexible facilities to cater for a broad range of sporting interests. Transport accessibility, price and childcare provision are other considerations in encouraging participation by these groups.</p>	<p>promote local sporting opportunities offered by partner organisations (including Freedom Leisure). Evaluation report due in early 2012.</p> <p>No other evidence of use of the profiles.</p>		
<p>Sussex County Sports Partnership Trust. A social marketing approach to increasing physical activity across Sussex. ICE 2010.</p> <p>g:\Profile, Policy & Evidence Base\Sussex County Sports Partnership Trust- Insight reportFINAL .pdf</p>	<p>Sussex CSP commissioned ICE to undertake a programme of research specifically into the attitudes, motivations and barriers of women aged 25-38 throughout Sussex, currently engaging in less than 3 x 30 minutes of physical activity per week. The overall aim was to understand the life stages, triggers and motivations of inactive women and gain insight into what might help them to become more active.</p> <p>The following key barriers were identified:</p> <ul style="list-style-type: none"> ▪ Perception of activity as boring and a chore ▪ Stages of life as barriers e.g. work pressures, family pressures ▪ Time and accessibility of facilities whilst working full-time ▪ Among BME women, there were additional cultural influences such as pervading notions of the role of women in the family unit 	<p>No evidence of findings being used within Rother.</p>		<p>Reflect report and findings in Framework.</p> <p>Use recommendations regarding messages and communication channels, to inform specific action within the Communications section of the Delivery Plan</p>

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	<ul style="list-style-type: none"> ▪ Women who were happy with their appearance saw little motivation for engaging in regular activity ▪ Perception that physical activity is costly and out of the reach of those who don't work or who work part time ▪ The following life stages tend to be key triggers for changes in attitude and motivations towards activity: school / formal education, work / careers, having children <p>Key messages to focus on:</p> <ul style="list-style-type: none"> ▪ An individual approach to becoming more active ▪ Local provision and available support ▪ Activity as a family or peer group pursuit ▪ The benefits of activity to improving physical appearance ▪ Advice on how to fit being active around leading a busy life <p>A number of specific communication channels are also suggested including:</p> <ul style="list-style-type: none"> ▪ Paid-for advertising e.g. adverts in local free newspapers, local commercial radio, and public spaces ▪ E-communications e.g. text message support, social media, local and national websites ▪ Direct marketing e.g. leaflets / items offering advice, information via schools and community centres 			

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	<ul style="list-style-type: none"> ▪ Working with community and religious leaders ▪ Messaging through workplace channels ▪ Support programmes e.g. fitness goal related campaigns and buddy schemes 			

Developing the Framework and Action Plan

We need to be clear about what we want the Active Communities programme to achieve. The following are recommended as potential aspirations, that if agreed would be clearly stated in the Framework.

1. Facilitating the provision of flexible, attractive, sustainable and affordable opportunities in Rother for people to develop and engage in physical activity
2. Increasing participation in physical activity especially for individuals from communities at greater risk, as a means of contributing to the aim of reducing health inequalities
3. Widening the appeal of participation by raising the profile of physical activity and its benefits throughout the community

The Delivery Plan will contain a set of agreed actions that will require the combined efforts of a wide range of partners from all sectors. It should reflect these aspirations and look to address the gap analysis findings.

- Policies and strategies of RDC and partners should set out a commitment to reducing health inequalities and addressing the social determinants of health
- Policies and strategies of RDC and partners should set out a commitment to empowering local communities and decision makers
- Policies and strategies of RDC and partners should set out a commitment to increasing physical activity participation, in line with national public health strategy
- Planning, delivery, output measuring and reporting of interventions should be undertaken down to LSOA level.
- Action should be targeted on high risk population groups and geographical areas.
- Partnership work should be joined up more effectively, in order to support a pathway approach to facilitating physical activity opportunities.
- Sharing of project outcomes should be encouraged and supported in order to facilitate a greater understanding of best practice and enable engagement with other communities
- Social marketing should be used to inform the planning and delivery of programmes that aim to reduce health inequalities and promote health and well-being.
- Developing and promoting the Active Rother brand, including the use of the internet and other forms of social media, should be set out in specific communications strategy and plan.
- Contracts for service provision should have clear outcomes and outputs along with performance management procedures, which will support reducing health inequalities and specifically, increasing physical activity participation.
- Implementation of East Sussex Children and Young People's plan should reflect and report on specific physical activity initiatives.
- Uptake of existing programmes such as Health Trainers, NHS Health Checks and Active Women should be increased, with opportunities maximised to promote availability in priority areas.
- Clear physical activity pathway should be put in place for healthcare professionals, with a range of referral options available, apart from gym based schemes.
- In-depth evaluation work should be encouraged and supported to in order to measure impact and enable learning for the future.