

Rother Active Communities Programme

Evidence Base Review and Gap Analysis

**Summary of Findings
and Recommendations**

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Introduction

Rother District Council has successfully managed the development of the Active Rother programme since 2008, supported by a Hastings and 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 contract (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.

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.

2. 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.
3. To identify and engage with key stakeholders, partners and service providers and review current work undertaken against the key evidence base recommendations and findings.
 4. To use the review to assess potential gaps within strategy/policy work and service delivery in Rother.
 5. To use the gap analysis findings to inform the production of an Active Communities Strategic Framework and 2012/13 Delivery Plan.

Evidence Review and Gap Analysis

The detail of the findings from this evidence review and the resulting gap analysis are set out in a 60 page report. This version summarises the findings and includes recommendations for the structure and content of the Active Framework and 2012/13 Delivery Plan that will now be developed.

The findings are split into two sections, reflecting the criteria for the evidence review. These sections are:

1. Evidence of Need
2. Evidence Base for Strategy and Interventions.

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.

Key Findings for Rother
<ul style="list-style-type: none"> ▪ Rother has 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. ▪ 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. ▪ Priorities in Rother include circulatory diseases, cancers and respiratory diseases for addressing the life expectancy gap between the most and least deprived areas. ▪ Circulatory diseases are the largest contributor to the gap in life expectancy in males in Rother (33%), as well as in females (30%). Cancers make up 4% of the gap in males but 28% of the gap in females. ▪ Significantly higher % of deaths in the 0-64 year olds are from cancer. ▪ Number of cases of diagnosed diabetes is significantly worse than England average ▪ Falls in older people are significantly high. ▪ Rate of road injuries and deaths is significantly worse than England average. ▪ 18.2% of Year 6 children are classified as obese. ▪ 22.9% of adults are classified as obese. ▪ A higher than England average % of pupils, spend at least three hours each week on

school sport.

- 21.9% of adults participate in sport and active recreation, at moderate intensity, for 30 minutes on 3 or more days a week.
- 9.9% of adults volunteer to support sport for at least one hour a week.
- 43.6% of residents were satisfied or very satisfied with their local sports provision
- Strong correlation between areas high in deprivation and those experiencing health inequalities.
- 3,005 children live in poverty.
- 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.

Recommended Priority Areas for the Active Communities Programme

- LSOA's within Bexhill Sidley, Bexhill Central, Eastern Rother, Bexhill Sackville, Rye and Bexhill St Michaels wards to be priority areas in order to focus on closing the life expectancy gap between the most and least deprived wards. These wards are all in Quintile 5 in terms of deprivation.
- However 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. Consider a level of focus on wards in Quintiles 3 and 4 in line with the Marmot Review recommendation on 'proportionate universalism'.

Recommended Outcome Indicators for the Active Communities Programme

(These are mainly high level indicators. Specific outcome and output measures will be agreed as part of the Delivery Plan development process)

- Life expectancy at birth. *
- Life expectancy gap between most and least deprived wards.
- Rates for circulatory and respiratory diseases and cancer.
- Number of cases of diagnosed diabetes.
- Number of reported falls amongst older people.
- Rate of road injuries and deaths.
- Childhood obesity.*
- Adult obesity.
- School sport participation.
- Adult participation in sport and active recreation.*
- Childhood poverty.
- Indices of Multiple Deprivation by the seven different domains.

* An RDC Quality of Life indicator as set out in the Local Development Framework Annual Monitoring Report

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.

Findings	Recommended Action For Framework and/or Delivery Plan (Details set out in full gap analysis report)
<p>1. Marmot Review on reducing health inequalities.</p> <p>No evidence found within RDC strategy and policy statements (including current draft Core Strategy) of recognition and commitment to the Marmot Review recommendations on reducing health inequalities.</p>	<p>Ensure Framework and Delivery Plan reflects this approach.</p> <p>Agree specific actions to embed Marmot Review recommendations within ESCC, RDC and partners strategy and policy frameworks.</p>
<p>2. NHS Reforms.</p> <p>East Sussex Health and Well-being Strategy will reflect the life course approach recommended within the NHS White Paper and new Public Health strategy.</p>	<p>Ensure Framework and Delivery Plan reflects 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 Directorate.</p>
<p>3. Healthy Lives, Healthy People – Government strategy for public health.</p> <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>Ensure Framework and Delivery Plan reflects this approach.</p> <p>Agree specific actions to embed within ESCC, RDC and partner's strategy and policy frameworks.</p> <p>Reflect Public Health Outcomes Framework, when available.</p>
<p>4. Community engagement and Building the Big Society</p> <p>Evidence of action within Rother to take forward the Big Society approach. This includes Community First Funding opportunities available for both Sidley and Central in Bexhill and a</p>	<p>Ensure Framework and Delivery Plan reflects this approach.</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. Work with RVA and other partners to explore and agree actions for Delivery Plan</p>

Findings	Recommended Action For Framework and/or Delivery Plan (Details set out in full gap analysis report)
<p>localism workshop being organised by RDC for January 2012.</p> <p>Good evidence of community engagement and consultation taking place within Rother including:</p> <ol style="list-style-type: none"> 1. Local Action Plans. 2. Children's Centre Parent Involvement Groups. <p>RDC runs a Citizens Panel but as yet no specific work around any public health issues.</p> <p>Very good evidence of projects using volunteers to deliver health improvement projects e.g. BTCV and 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 undertaking some themed work with RDC Citizens Panel and Children Centre parent support groups around Active Communities. Reflect in Delivery Plan.</p>
<p>5. The Social Determinants of Health and the Role of Local Government.</p> <p>Limited evidence found within RDC strategy and policy statements (including current draft Core Strategy) of recognition and commitment that its role and service delivery are social determinants of health and can contribute to addressing health inequalities.</p>	<p>Ensure Framework and Delivery Plan reflects this approach.</p> <p>Action to influence and embed within ESCC, RDC and partners' strategy and policy frameworks along with future service planning.</p>
<p>6. Development of Culture and Sport.</p> <p>Two reports commissioned by RDC 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>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

Findings	Recommended Action For Framework and/or Delivery Plan (Details set out in full gap analysis report)
<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 sport.</p>	<p>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>7. Healthy Lives, Healthy People - Government strategy on obesity.</p> <p>Commitment to Active Communities is evidence of local work to support the new Government strategy on Obesity.</p> <p>ESHT has a Healthy Weight team within its Health Improvement activity commissioned by H&R PCT.</p> <p>Roll out of NHS Health Checks programme is low within the PCT area.</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 all partners.</p> <p>Agree specific actions around a range of issues within Rother that are in line with this strategy.</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>Reflect Public Health Outcomes Framework indicators around obesity, when available.</p>
<p>8. Prevention, identification, assessment and management of overweight and obesity in adults and children.</p> <p>ES 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>ESHT Health Improvement Team commissioned by PCT to promote and deliver The Making Every</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> <p>Monitor take up of Making Every Contact Counts training (skills to enable individuals to offer brief advice interventions to help patients/clients change their health related behaviour) in Rother and explore potential for follow up work and further training both for NHS, other public sector and voluntary sector staff.</p>

Findings	Recommended Action For Framework and/or Delivery Plan (Details set out in full gap analysis report)
Contact Counts training programme.	
<p>9. Weight management before, during and after pregnancy.</p> <p>No evidence of specific action taking place within Rother.</p>	<p>Explore potential for action with East Sussex Public Health Directorate, PCT, ESHT and partners in leisure and voluntary sectors.</p>
<p>10. Start Active, Stay Active: Government guidelines on physical activity.</p> <p>No evidence found within RDC strategy and policy statements of recognition and commitment to Start Active, Stay Active recommendations.</p> <p>East Sussex Health and Well-being Strategy will reflect the life course approach.</p>	<p>Reflect life course approach and 4 age categories within the overall aims and structure of Framework and Delivery Plan.</p> <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 Outcomes Framework around physical activity, when available.</p>
<p>11. Be Active, Be Healthy: A Plan for Getting the Nation Moving.</p> <p>In response to this 'Sussex On The Move 2010 – 2020' strategy was developed by Sussex County Sports Partnership (now Active Sussex) and a range of partners. No evidence of leadership however at a Sussex level to implement this strategy.</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 Sidley). Project delivery began in Sept 2011.</p> <p>RDC supports work to enable and promote people with disabilities to</p>	<p>Reflect findings regarding barriers to physical activity, high risk groups and income levels in the Framework.</p> <p>Agree with partners such as Freedom Leisure, targeted activities for high risk groups in Rother. Reflect outcomes/outputs in the Delivery Plan.</p> <p>Explore specific actions for Delivery Plan around Active Sussex work in relation to participation, volunteering and workplace health in Rother.</p> <p>Reflect Rother Active Women project targets in Delivery Plan and ensure maximum partner engagement to promote and deliver the project within Bexhill and Sidley</p> <p>Active Rother website and brand development to be reflected in Framework and Delivery Plan.</p>

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<p>participate in physical activity through the work of its Equalities Officer and Leisure Team.</p> <p>Active Rother brand and website developed as an information 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.</p> <p>Freedom Leisure corporate priorities reflect high risk population groups identified.</p>	
<p>12. A physical activity care pathway for the NHS.</p> <p>Within its Health Improvement activity commissioned by the PCT, ESHT is piloting the use of the model in one GP Practice in Rother (Bexhill Old Town).</p> <p>H&R PCT runs an Exercise Referral Locally Enhanced Service for GP Practices. No evidence however that this follows the pathway approach set out in LGM. Referral is to gym based programmes provided by Freedom Leisure and 20/20 Health.</p> <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>Explore with East Sussex Public Health Directorate and PCT plans for taking LGM 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 more robust monitoring of existing Exercise Referral programme with PCT, Public Health, Freedom Leisure and 20/20 Health.</p> <p>Also, review local plans for accreditation under new national scheme.</p>
<p>13. Walking and cycling programmes</p>	<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>

Findings	Recommended Action For Framework and/or Delivery Plan (Details set out in full gap analysis report)
<p>ESHT Health Improvement Team commissioned by PCT to promote and deliver The Making Every Contact Counts training programme.</p> <p>Good evidence of programmes to promote and support walking based on national guidance via Walking For Health.</p> <p>No evidence of targeted cycling schemes, although examples of cycling days or weeks to promote awareness and use observed.</p> <p>New Connect 2 path between Bexhill and Hastings presents opportunities to promote and enable cycling.</p>	<p>Specific action to develop the Health Walks programme with a focus on sustainability plans for RVA walking programme, increased publicity, training of more volunteer walk leaders, establishing referral links between GP Practices and walks and more effective links between different walk programmes.</p> <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 local case studies. <p>Support promotion of Connect 2 cycle path.</p>
<p>14. Promoting physical activity in the workplace.</p> <p>Some evidence of action within RDC and ESHT.</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>
<p>15. Physical activity and the environment.</p> <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 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 within Rother around:</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 spaces ▪ Healthy workplace initiatives ▪ Gathering and disseminating of good practice.
<p>16. Older People.</p>	<p>Reflect all the programmes in the Delivery Plan.</p>

Findings	Recommended Action For Framework and/or Delivery Plan (Details set out in full gap analysis report)
<p>Rother is a selected area for ESCC Ageing Well project in partnership with the Local Government Improvement and Development Agency. Programme to be completed by end of 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 – physical activity taster sessions 2. ESHT Health Improvement Team - Chair Based Exercise Training Programme. <p>Action in Rural Sussex are commissioned by ESCC to run a Village Care programme targeting isolated, vulnerable older people in rural areas.</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 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>
<p>17. Physical Activity for Children and Young People.</p> <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>PCT Health Improvement have commissioned work regarding Targeted Youth Support and PSHE.</p> <p>Rother Play Strategy is no longer in date and will need updating to reflect Start Active, Stay Active guidance and other national strategy.</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>18. Preventing type 2 diabetes: population and community interventions.</p>	<p>Reflect Rother diabetes profile in Framework.</p> <p>Agree specific action regarding prevention work including awareness raising and training.</p>

Findings	Recommended Action For Framework and/or Delivery Plan (Details set out in full gap analysis report)
<p>The number of cases of diagnosed diabetes is significantly higher in Rother than England average.</p> <p>Some Rother GP Practices do specific work to target patients from high risk population groups.</p> <p>RDC Equalities work targets ethnic communities and engagement work includes health promotion activity e.g. Health Trainers.</p>	<p>Work with GP Practices to target high risk population groups, around referral to health improvement activity</p>
<p>19. Active travel</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 Infrastructure Delivery Plan.</p> <p>Bids submitted to DfT Sustainable Transport Fund. Includes proposals for Bexhill 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>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>
<p>20. Using green spaces for health and well-being.</p> <p>The RDC Green Infrastructure Study and the Environment Strategy for East Sussex both recognise the health and well-being benefits and community cohesion benefits of enabling and promoting the use of green space.</p> <p>Environment Strategy for East Sussex also commits to an objective to a particular focus on the needs of people who experience health inequalities or</p>	<p>Reflect strategies and recognised benefits in the Framework.</p> <p>Reflect the Pebsham Country Park Development Strategy and Implementation Plan in Delivery Plan.</p> <p>Agree specific action to maximise community and partner engagement in order to develop, enable and promote use of Pebsham Country Park.</p> <p>Agree specific actions as part of Environment Strategy implementation, that will impact on the priority areas of Rother identified as experiencing health inequalities.</p>

Findings	Recommended Action For Framework and/or Delivery Plan (Details set out in full gap analysis report)
<p>who are least likely to access physical activity opportunities.</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.</p> <p>No established referral pathway between GP Practices and using green spaces.</p>	
<p>21. Olympics and Paralympics - Before, During and After.</p> <p>Good evidence of work by RDC to promote the Games through community engagement. Working Group led by CEO.</p> <p>Examples of other Games themed work being considered by other partners, including ESHT and AmicusHorizon.</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>
<p>22. Communication including use of social marketing.</p> <p>Very limited evidence that a social marketing approach has been adopted in Rother.</p> <p>Some 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 <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>Reflect communications as a key theme within Framework.</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, use of segmentation profiles and sign up from partners, to ensure agreed actions are delivered as widely as possible to maximise effectiveness.</p> <p>Explore potential new partnerships that can support targeting information to priority population groups e.g. public libraries</p> <p>Reflect Active Sussex social marketing report and findings in Framework and use recommendations regarding messages and communication channels, to inform specific action within the Delivery Plan.</p>

Findings	Recommended Action For Framework and/or Delivery Plan (Details set out in full gap analysis report)
ESHT Health Improvement Team ran a county wide Sporting Heroes campaign in 2011 using Sport England sporting market segmentation profiles, in partnership with local leisure providers. No other evidence of use of these profiles.	

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.

Documents Used For Evidence Review

Evidence of Need

1. **Health Profiles. Association of Public Health Observatories. 2011.**
<http://www.apho.org.uk/default.aspx?RID=49802>
2. **Indices of Multiple Deprivation Profiles 2010. Dept of Communities and Local Government. 2011.**
<http://www.communities.gov.uk/communities/research/indicesdeprivation/deprivation10/>
3. **Rother District Needs Profile. East Sussex Public Health Directorate. 2011.**
<http://www.esdw.nhs.uk/about-us/strategic-documents/joint-strategic-needs-assessment/>
4. **Reducing health inequalities in East Sussex. Director of Public Health Annual Report 2010/11. NHS East Sussex Downs and Weald PCT and East Sussex County Council. 2010.**
<http://www.eastsussex.nhs.uk/about-us/strategic-documents/director-of-public-health-annual-reports/>
5. **Active People Survey. Sport England. 2011.**
http://www.sportengland.org/research/active_people_survey/active_people_survey_51.aspx
6. **Local Sport Profiles. Sport England. 2011.**
http://www.sportengland.org/support_advice/local_government/local_sport_profiles.aspx
7. **Be Active, Be Healthy: A Plan for Getting the Nation Moving. DH. 2009**
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_094359.pdf

Evidence Base for Strategy and Interventions

1. **Fair Society, Fair Lives: The Marmot Review. 2010.**
<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>
2. **The NHS White Paper: Equity and excellence: Liberating the NHS. HM Government 2010.**
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf
3. **Healthy Lives, Healthy People: Our strategy for public health in England. DH 2010.**
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_127424.pdf
4. **Building The Big Society. HM Government. 2010.**
<http://www.cabinetoffice.gov.uk/content/big-society-overview>
5. **Community Engagement. NICE 2008.**
<http://www.nice.org.uk/nicemedia/live/11929/39565/39565.pdf>

6. **Engaging The Public In Delivering Health Improvement.** Leeds Metropolitan University. 2010.
<http://www.idea.gov.uk/idk/aio/25065263>
7. **The Social Determinants of Health and the Role of Local Government.** I&DeA 2010.
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