Rotherham Metropolitan Borough Council

BRIEFING	TO:	Health Select Commission
	DATE:	13th January 2022
	LEAD OFFICER	Sam Keighley, Sport England / Yorkshire Sport Foundation
	TITLE:	Yorkshire Sport Foundation Review of Physical Activity

Background

1.1 In July 2021, Sam Keighley, Strategic Director at Yorkshire Sport Foundation and a member of Sport England's Extended Workforce Team, was asked to spend some time in Rotherham to explore with Health and Wellbeing Board members and other partners how physical activity and sport might be used more strategically to help tackle inequalities, particularly health inequalities across the District

1.2 A full list of people involved in these conversations is attached as Appendix 2

1.3 This was in light of some really positive developments in Rotherham recently in relation to the work around physical activity. The development of 'Moving Rotherham' and its positioning as a 'Game Changer' in the Cultural Strategy alongside the work around the Women's Football Euros, the recent Beat the Street programme and the work on 'Creating Active Schools' is all leading to real momentum being built.

1.4 But also, the fact that inactivity rates in the District are above national average with almost one in three adults across the Rotherham District classified as inactive. Also, women, people from ethnically diverse groups, people living with long terms conditions, disabled people and people from lower socio-economic groups all have higher rates of inactivity. And the negative effects of intersectionality (when a number of these factors are combined) mean that up to 60% of some groups are likely to be inactive.

1.5 Movement, physical activity and sport have an important role to play in addressing inequalities, and particularly health inequalities; It is estimated that low physical activity levels contribute to 1 in 6 deaths in the UK. Inactivity is associated with poor health at all ages and the benefits of increasing physical activity continue throughout a person's lifetime. People with chronic and multiple health conditions are amongst the least active members of society and have the most to gain from even small increases in physical activity; being physically active reduces risk of heart disease by 35%, hip fractures by 68% type 2 diabetes by 40%, depression by 20%

1.6 The recommended physical activity guidelines for each age are shown in Appendix 1. It is also important to note that, even people who meet the recommended physical activity guidelines, may still be at risk of certain adverse health outcomes if they spend most of their time sedentary.

1.7	The health and socio-economic implications of physical inactivity also have a financial cost. Physical inactivity is estimated to cost the UK £7.4 billion per year, with around £0.9 billion in NHS costs alone.
1.8	To many, being active is fun, and also leads to improved physical and mental health, people living well for longer, people living in healthy, safe and resilient communities and children and young people getting the best start in life.
1.9	A report was presented to the Health and Wellbeing Board on 24th November 2021. It set out the key messages arising from those conversations and asked Health and Wellbeing Board members to consider the report and commit to collaborative working to achieve at least 2 of the proposals that could make a step change in reducing the number of Rotherham residents who are inactive, particularly the people that could benefit most.
1.10	In the spirit of peer review, this report sets out what the Health and Wellbeing Board committed to, next steps and the perceived appetite to work collaboratively to achieve the ambitions set out.
Key Issues	
2.1	There was genuine understanding amongst everyone interviewed of the value of physical activity and sport to help address Rotherham's wider health, social and economic ambitions. Also, energy to explore how we might position physical activity and sport better strategically resulting in better outcomes for Rotherham residents. It was generally agreed that this contributed specifically to Aim 4: All Rotherham people live in healthy, safe and resilient communities. Specific work around children and young people will contribute to Aim 1: All children get the best start in life and go on to achieve their potential.
2.2	There was general recognition that there isn't a single bullet that will fix the high inactivity rates across Rotherham and achieve the health and social benefits associated with being active. It is complex; some people will be active because they enjoy it and know it is good for their health (motivation, capability & opportunity); some people know it is good for their health but haven't quite got round to doing anything (motivation, capability but no opportunity); and some people might know it would be good for them but don't feel it is for them, don't feel they could manage it and don't think about how it could be part of their lives (no motivation, capability or opportunity)
2.3	Because tackling inactivity is complex, it was also understood that we can't simply leave the challenge to one or two people who have sport / physical activity/ public health in their job titles. Rather, we need to take a system approach, with everyone owning the challenge and building physical activity into their work.
2.4	Examples of the 'what can we do' are summarised below:
2.4.1	• All public sector anchor organisations doing what they can as employers to get and keep their workforces active. Everyone is doing something currently. Sharing and learning between organisations about the best of what everyone is doing - and providing constructive challenge to each other –could really accelerate this. There was mention of having accreditation. Also, asking our key private sector employers to join with us. In effect this could create a social movement across public sector employers. Our emergency service partners have some particularly good models to help keep their staff active to improve and maintain their physical and mental wellbeing

2.4.2	• Creating the conditions where social movements that normalise physical activity can flourish. This should include promoting our open and green spaces and public footpaths; involving people at the earliest stages in our planning, town centre, active travel infrastructure plans, including good lighting and other interventions that improve community safety; developing campaigns that reflect 'people like me' being active, on the basis we can't be what we can't see; co-designed interventions so people can become active with their friends and family (campaigns won't reach everyone)
2.4.3	• Using physical activity as one of the solutions to tackling issues identified through ward and communities of interest plans, particularly loneliness and isolation, improving mental wellbeing and tackling health inequalities
2.4.4	• Training front line workers across multiple organisations (prevention, early intervention and clinical) to be confident to talk about and signpost people to being active. i.e. Making Every Contact Count (MECC). There are some pockets where this is already working well and sharing could help to amplify this across the whole system.
2.4.5	• Create even more diverse workforce teams that reflect the people we want to be working with
2.4.6	• Find the resource to further support VCSE organisations who are working with the people you want to connect with
2.4.7	• Strengthen local social prescribing structures; including building the confidence of G.P.'s and other prescribers to talk about the benefits of physical activity and refer; develop an effective resource that connects with organisations and people that are providing opportunities; develop personal relationships and connections between referrers and VCSE organisations that are providing opportunities
2.4.8	• Work with communities to ensure all physical activity and sport provision is relevant and accessible to all communities; with particular reference to ethnically diverse communities low use of leisure and swimming provision
2.4.9	Health and Wellbeing Board members selected the following activity to work collaboratively on: • 2.4.1 • 2.4.2 • 2.4.4 • 2.4.7
2.4.10	Subsequent to the Health and Wellbeing Board meeting, there were conversations with Suzanne Joiner's SLT and Councillor Victoria Cusworth, Cabinet Member for Children and Young People. Ongoing conversations are taking place around active ways to travel to school, support to Looked after Children and Young Carers and a Creating Active Schools Framework, a whole school system approach to movement, which could help tackle childhood obesity as well as improve attendance and attainment
2.5	Probably more important than the 'what' we need to do, is the 'how' we need to work together. During conversations, people were asked about strategic ambitions that had been successfully translated into action that benefitted communities. Examples were wide ranging and mainly from outside the sport and physical activity world. Whatever examples people gave, everyone talked about the same conditions that had created success. These were:

2.5.1	• Strategic ownership; something that spoke to everyone, individually and organisationally
2.5.2	• Visible leadership across all parts of the system that needed to be involved
2.5.3	• Strong leadership which gives others mandate and cover to make things happen
2.5.4	• A dedicated person to make it happen (not an add on to an existing day job)
2.5.5	• Co-creation and collaboration between everyone who has a stake across the whole system – including the VCSE and communities who have 'lived experience'; identify people who are passionate about this. 'Spark Plug People' who you know make things happen
2.5.6	• Have clear vision and objectives
2.5.7	• Don't make it complicated
2.5.8	• Hold people to account
2.5.9	• Measure success – the right success
2.5.10	• Take a whole person approach i.e. not just that someone is inactive
2.5.11	• Identify and allocate the financial resources required
2.6	Members of the Health and Wellbeing Board agreed that this was the way they and other partners need to work in order to create a transformation in inactivity levels and achieving the wider health and social benefits of that
2.7	In addition to agreeing to these conditions, members also agreed that a number of other points raised would also impact on the transformation that we collectively want to see. These were:
2.7.1	• Translate short term success into sustainable activity when something proves successful. Work collaboratively to identify the resources required, recognising the negative impact that will be felt in different places if the successful work stops
2.7.2	• Invest time to share and learn from pockets of successful work to amplify and spread for increased impact
2.7.3	• Invest time in building relationships. Create conditions where, if something is perceived to be a problem, it can be discussed openly and, through collaboration, resolved.
2.7.4	• Work as a system, rather than in silos. Always remember that everyone is part of the same team
2.7.5	• Don't make assumptions, about communities or each other as partners. Engage with everyone who has a stake in what you are trying to achieve

Implications for Health Inequalities	
4.1	Tackling inactivity will have a direct impact on tackling health inequalities, including diabetes, falls, healthy years of life, reducing loneliness and isolation, improving physical and mental wellbeing
Recommendations	
5.1	That the Health Select Commission considers and notes the peer review findings and actions of the HWB.
5.2	That the Health Select Commission offers any questions and/or advice that they believe will further this ambition