

Strategic Physical Activity Update

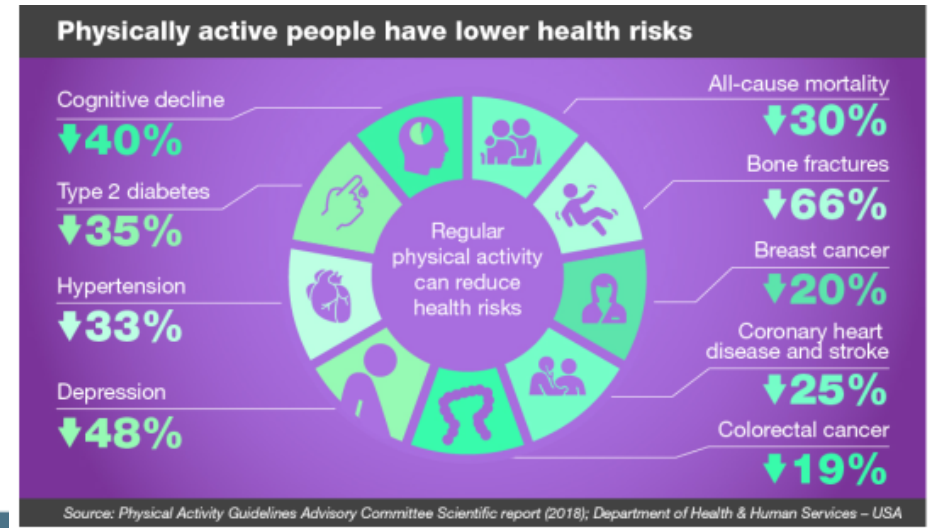
Gilly Brenner, Consultant in Public Health

Chris Siddall, Head of Sport, Leisure and Strategic Partnerships

Norsheen Akhtar, Development Manager

Why physical activity matters

- Inactivity in Rotherham > national average
- Almost 1 in 3 inactive (<30 min/week)
- Higher rates in some groups, inc LTC with most to gain in terms of reducing risk
- It's everyone's business
- Less sedentary lives
- It's fun!



Background

- Local Authority Healthy Weight Declaration Jan 20 – food and physical activity
- Strategic review of Physical Activity Jul 21
- Initial findings: H&WbB Nov 21, Health Select Feb 22
- Lots of ambitions, then prioritised into 4 key themes

4 priorities

- Normalising physical activity / building a social movement
- Employers supporting the workforce to be active
- Front line workers confident to talk about and signpost to physical activity
- Strengthening social prescribing, including embedding physical activity

Big Conversation Event

- 4th July, Town Hall
- >70 people, wide range partners inc VCS, health
- Started to flesh out conditions to make the ambitions realised
- Individuals signed up to the priority they will work on



Normalising activity

The future (2040) aspirations include:

- Lots of diverse ways to be active throughout the year
- Localising, asset-based, lived-experience-led
- 15 min neighbourhoods – amenities and leisure close to home
- Sustainable hubs in communities, health settings, schools, ...
- Safe, accessible, green & blue open space for leisure & social activity
- Perceptions of safety are improved as more people are out and about actively
- Link to active workforce priority eg active commutes
- Link to social prescribing priority eg active waiting lists

Active workforce

The future (2040) aspirations include:

- Accessible inclusive facilities locally provided
- Flexible working to enable activity to be embedded in the day
- Facilities to enable active commuting and activity locally
- Cycle schemes and e-bike hire
- Improved/subsidised access to classes / gym facilities
- Non-sedentary workplace culture / norms including taking time away from desks, walking meetings, etc

Front line workers MECC

The future (2040) aspirations include:

- Compassionate approach
- Provision can be targeted at those most requiring support to get active
- Routine, dedicated physical activity MECC training
- Easy to signpost as activity opportunities are numerous, embedded in communities, and are safe, inclusive and accessible
- Networking and evaluation to share what works

Strengthening social prescribing

The future (2040) aspirations include:

- Stability through longer-term commissioning
- Using evaluation and data to demonstrate value and reduced health care costs through prevention
- Devolvement to communities eg participatory budgeting
- Greater collaboration across sectors of prescribers & providers
- Social prescribing across life-course
- Opportunities to be active are numerous, embedded in communities, and are safe, inclusive, accessible & affordable.

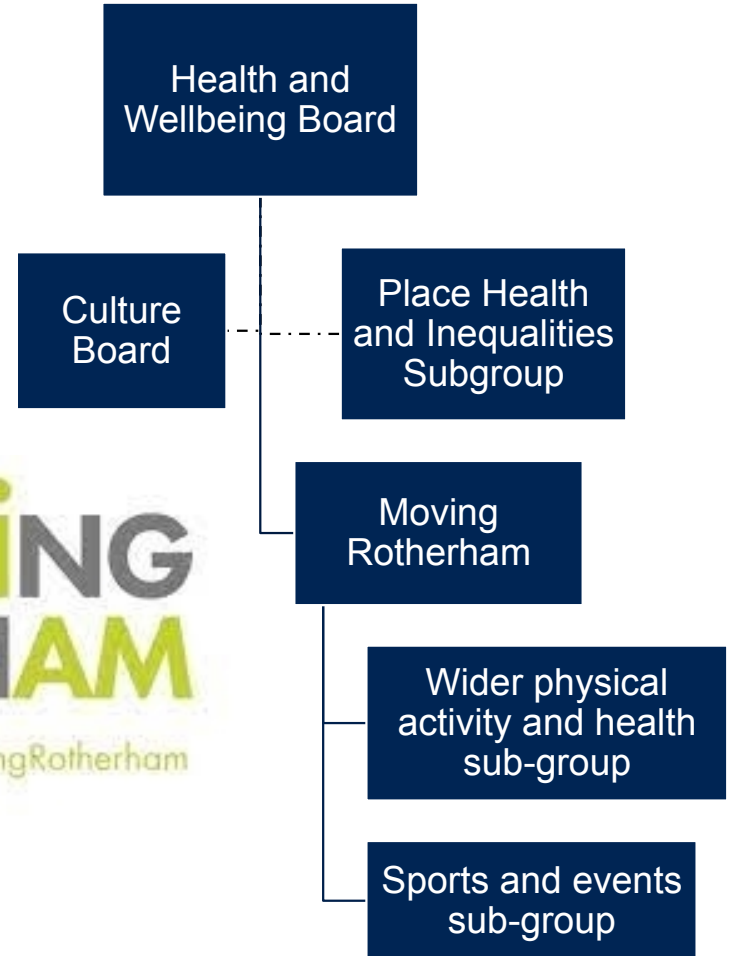
Common themes

- Accessibility and inclusivity
 - awareness of culture/ethnicity, financial, location, breadth, gender, disabilities, age
- Choice
 - working with communities, co-designing to fit needs
 - activity opportunities easy to find, eg website finder search
- Imagery
 - representative, inclusive

Governance clarity

Priorities

- Active Environments
- Active Communities
- Active Champions
 - Social movement campaign



What next?

- Big Active Conversation in January – plans developed, agreed and adopted with delivery responsibilities
- Moving Rotherham governance re-launched
- Moving Rotherham wider partners continue Big Active Conversations once a year to celebrate, review progress, share learning and plan for the next year