

<b>Staffordshire Health &amp; Wellbeing Board</b>	
<b>Report Title:</b>	Changes to Governance of Physical Inactivity Sub Group
<b>Date:</b>	6 June 2019
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## **Recommendations**

1. The Board is asked to:
  - a. Recognise SASSOT as the lead agency for physical activity.
  - b. Endorse a new governance structure for the physical activity work strand that utilises existing meeting networks and governance structures managed by SASSOT and its Executive Board.

## **Background**

1. In 2017 the Health & Wellbeing Board (HWBB) elected to adopt a sub-group of the Board which would be tasked with understanding and addressing physical inactivity in Staffordshire.
2. As an alternative to developing a standalone strategy, the group has established a physical activity framework to drive forward the group's vision. The purpose of the framework is to establish a shared way of working across partners that balances focused intervention against creating long term system change through influencing policy.
3. The framework is embedded into the Prevention Programme of the STP and a twin track approach to reporting to both the STP Prevention Board and the Health and Wellbeing Board has been adopted.
4. Focused placed based interventions are being piloted in Leek and Kidsgrove.
5. Sport Across Staffordshire and Stoke on Trent (SASSOT) have provided capacity and leadership to drive this work forward and have used the physical activity framework to inform the development of its own physical activity and sport strategy.
6. Though inactivity levels in Staffordshire have decreased over the last three years they remain significantly higher than national averages, with latest figures from the Active Lives survey showing 28.6% of residents as being inactive (doing less than 30mins per week) compared to a national average of 25.1%. The latest data is presented below in Table 1.
7. Achieving the recommended levels of physical activity at a population level would have a profound effect on the health and wellbeing of our residents. The latest evidence shows that regular physical activity can reduce the risk of diabetes by up to 40% and CHD and Stroke by 35%, and falls by 30%, three of the most significant costs to our health and social care system.

**Table 1 District, City and County Inactivity Data**

Active Lives Data for Local Authorities		15/16	16/17	17/18
Inactive ( <b>&lt; 30mins</b> per week)	England	25.6%	25.7%	25.1%
	West Midlands	28.4%	29.5%	28.6%
	Staffordshire	30.1%	29.2%	28.1%
	Stoke-on-Trent	32.5%	33.2%	30.5%
	Cannock	30.3%	34.8%	28.2%
	East Staffordshire	28.6%	29.8%	22.4%
	Lichfield	29.6%	27.8%	25.1%
	Newcastle-under-Lyme	28.4%	29.2%	26.1%
	South Staffordshire	27.3%	28.3%	26.5%
	Stafford	27.8%	24.6%	28.4%
	Staffordshire Moorlands	34.8%	24.0%	33.3%
	Tamworth	30.2%	25.9%	31.7%
Active ( <b>150 mins</b> or more per week)	England	62.1%	61.8%	62.6%
	West Midlands	58.7%	57.6%	58.8%
	Staffordshire	56.6%	57.2%	58.5%
	Stoke-on-Trent	53.1%	51.0%	54.7%
	Cannock	55.1%	55.5%	57.8%
	East Staffordshire	59.9%	56.7%	63.3%
	Lichfield	58.2%	63.5%	57.6%
	Newcastle-under-Lyme	56.6%	57.6%	61.0%
	South Staffordshire	57.5%	58.2%	62.4%
	Stafford	63.4%	60.6%	58.9%
	Staffordshire Moorlands	52.5%	59.5%	56.7%
	Tamworth	53.9%	61.1%	57.9%

**Progress since last report**

8. Summarised below are the main developments associated with the physical activity framework. This work has principally been led and delivered by SASSOT in collaboration with district local authorities and the Staffordshire County Council Public Health team.

- a. **Placed Based Approach (PBA) pilots** - These are underway in Kidsgrove and Leek. Initial data analysis and asset mapping has been completed in all of these places. This insight is being supplemented with community consultation to develop a granular understanding of people's attitudes and behaviours in relation to physical activity. This information is being gathered through a mixed methods approach including the use of social media and face to face to engagement with residents and community groups. In response to this insight local action plans are being developed in collaboration with district councils and other local partners. Interventions are being delivered in response to this, including new after school provision for children and young people attending schools located in PBA pilot areas. We are in the early stages of evaluating the effectiveness of these interventions, but initial evidence suggests that they have facilitated increases in participation amongst target cohorts

- b. **Enhancing the delivery of PE and School Sport** – Consultancy support, using specialist PE advisers, has been provided to help schools maximise the use of their PE and school sport premium funding. We have focused this investment on schools that serve populations with the highest levels of health inequalities. This support includes the provision of CPD for school staff such as the recently delivered Physical Activity and Mental Health Awareness training. 31 schools have received 6 days of consultancy support and we have provided training to 295 school staff. **Appendix A** provides a case study from one of the schools who have benefited from this support.
- c. **Moving health professionals** – we have been piloting physical activity awareness training to health care professionals. This training is co-delivered with primary care practitioners to generate advocacy amongst their peers to use physical activity as vehicle for improving outcomes for patients. So far we have trained 135 frontline primary care professionals.
- d. **Health Programme alignment – Working with district local authority partners** we have been facilitating the co-location of early intervention/prevention programmes such as the National Diabetes Prevention Programme into PBA areas and developing a tailored leisure offer
- e. **Performance Management and Improvement Framework** – SASSOT’s work in support of the Health and Wellbeing Board and the Inactivity Sub Group was externally scrutinised by Sport England in December to validate alignment to national physical activity policy and its associated investment. Using Quest assessment criteria the work was assessed as Good.
- f. **Creating new opportunities for Children and Young People** – £93,000 has been spent on developing 65 new satellite clubs in our most deprived communities. So far 2185 young people have been engaged in this programme. A further £243,000 has been secured from Sport England to further extend this work.
- g. **Strategy and policy development** – SASSOT is working strategically to support districts to develop Built Facility Strategies (BFS) and Playing Pitch Strategies (PPS) with line of site to Local Development Plans and district level Physical Activity Strategies.

## Future Developments

9. Over the next 12 months SASSOT and its partners plan to:
  - a. **Digital Physical Active advice and Guidance** – SASSOT will be working with the sport and leisure sector to develop an online platform that provides up to date information on how and where people can get active.
  - b. **Marketing and communications campaigns** – We will be working with district local authorities to deliver physical activity messages to target populations using digital media. This will start with the Active Staffordshire Moorlands campaign.
  - c. **Workforce development** – A programme of bespoke behaviour change and customer insight training will be rolled out to Staffordshire’s leisure with the aim of improving customer experiences and creating local offers that are more likely to help people develop resilient exercise habits.
  - d. **Capacity building** – Continue to provide advice and guidance to assist community organisations to secure external investment to create new opportunities for residents to be active. An example of this is £100,000 secured from Sport England’s Community Asset Fund to support the Kidsgrove Community Group develop its business case for the reopening of Kidsgrove Sports Centre.
  - e. **Supportive Communities/Social Prescribing Models** – working with partners from across the voluntary and community sector we are supporting the development of a

sub-regional model that enables improve connectivity between community provision that supports improved lifestyle behaviours and primary and social care

- f. **Childhood Obesity** - SASSOT will be working with the Families Partnership Executive Group to co-produce, alongside colleagues from MPFT and SCC public health team, a new approach to address the Childhood Obesity challenge in Staffordshire.

### **Change in Governance**

1. Following its initial mandate from the HWBB the work of the inactivity sub group has evolved. Though the overall focus of the sub group's work remains focussed on increasing physical activity levels, it has now been closely aligned to Sport Across Staffordshire and Stoke on Trent's (SASSOT) strategy and the resources associated with this.
2. Inactivity should remain a public health priority that the HWBB is sighted on but it would be inaccurate and slightly misleading to continue to report on the activities of the sub group as its membership is no longer active due to the mainstreaming of the work through SASSOT. HWBB should therefore be aware and supportive of this transition to a lead agency rather than a sub group.
3. The proposed option to support a sustained approach would be to allow SASSOT's governance structures to provide oversight of the work programme either via the SASSOT Board or the SASSOT Strategy Advisory Group.
4. Tim Clegg Is a member of the SASSOT Board and could provide the necessary link back to the HWBB to ensure that there remains a clear line of reporting and accountability for this work.

### **Who are SASSOT?**

5. SASSOT is part of an England wide network of 46 Active Partnerships funded by Sport England. Active Partnerships deliver services and programmes that contribute to achieving both local and national priorities for physical activity and sport.

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### **List of Appendices:**

[Appendix A – PE & School Sport Programme Support Case Study](#)

### **List of Background Papers:**

None.