Getting Norfolk Moving

Active Norfolk's 2021–2026 Strategy





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Director's Introduction

Reflecting on our purpose

Active Norfolk has changed a great deal over the last 15 years, reflecting changes in national and local policy, the priorities of our key partners, and the continued growth in our own knowledge and understanding of how we can best support the people of Norfolk to be active.

We spent a significant amount of time in 2020 considering what the ultimate ambition for this organisation is. If we're able to achieve everything we want, what would that look like for communities across Norfolk? Gaining a clear understanding of this then enabled us to consider the short and long-term actions required in order to move closer to that place.

Alongside our internal reflections we wanted to align our aims with those of Sport England's ambitious Uniting the Movement strategy. At the same time, we wanted to ensure the future function of Active Norfolk is founded on the needs and ambitions of the other organisations in the county who care about improving lives. As we move towards integrated working, we create a reliance on each other for our collective success.

To help us make sure this strategy achieves this, throughout the late summer and autumn of 2020 we started talking to those people and organisations whose work touches upon improving outcomes for people and communities. These conversations involved over 80 people from more than 35 organisations across the statutory, VCSE, and private sectors. We focused efforts on exploring the challenges and opportunities presented by the chance to consider Active Norfolk's role, starting with a blank piece of paper.





Making physical activity the norm for Norfolk

The result of all this work is the formation of a bold and ambitious objective. We are now clear that our ultimate aim is to pursue a sustainable future for Norfolk where people feel able to walk and cycle safely and conveniently, where people of all ages have access to facilities and open spaces that enable a way of life where being physically active is just 'what people do'. Where your financial circumstances, health and ability aren't a barrier to exercise. Where opportunities are designed around individual and community needs and promoted so effectively that everyone knows about them and why they should be involved. This is why we are here, and this is what will drive our action.

We know, however, that we are currently some distance from achieving our vision for the future.

Current activity levels and opportunities to be active across the county are still too heavily influenced by your background, how much money you have, where you live, and your gender. This means that those people in our county who would benefit the most from all the good things that come with an active lifestyle, often face barriers that others don't have to deal with. We also know that COVID-19 has had a profound impact on many of our communities across Norfolk.

We believe that by focusing our efforts on those people who would benefit most from being active, we can make a positive contribution to broader efforts to reduce inequalities and help to address some of the biggest issues facing society, now and in the future.

We know that we can't do it alone, and we know that many of the organisations who will be critical to our success don't have increasing participation in sport and physical activity as their focus. They do, however, believe in the power of collaboration and are committed to working together in order to improve the lives of every person who lives in Norfolk.

Ben Jones, Director

Our Vision & Mission

Our Vision

A Norfolk where being physically active is just 'what people do' in their daily life. Where financial circumstances, health and ability aren't a barrier to exercise. Where opportunities are designed around individual and community needs and promoted so effectively that everyone knows about them and why they should be involved.

Our Mission

We drive collaborative and innovative approaches that inspire and enable communities across Norfolk to build physical activity into their lives. Our work today lays the foundations for a more sustainable, healthy and active Norfolk of the future.



To deliver our ambitious aims and objectives we need to work differently. This diagram illustrates our ambition, our key areas of focus to achieve our ambition, as well as some key principles of our work which will enable us to achieve them.



Why Physical Activity?

Physical activity plays an important role in supporting the health and well-being of our people and our communities.

On the following pages we've pulled together national data that illustrates the scale of the challenges we face, along with an overview of the evidenced benefits of how physical activity and sport can help address these challenges.



Physical Activity Inequalities



Adults (16+*)

Gender:

37% men and 40% of women are not meeting physical activity guidelines

Socio-economic group:

Those in routine/semi-routine jobs and those who are long-term unemployed (lower socioeconomic groups) are least likely to be active (48% not meeting guidelines) compared to 29% in higher socioeconomic groups

Age:

Activity levels generally decrease with age by 75+: 62% are not meeting physical guidelines

V Disability:

Activity is less common for disabled people or those with a long-term condition (55% not meeting guidelines) than those without (34% not meeting guidelines)

Ethnicity:

There are differences observed in activity levels based on ethnic background



Children (ages 5–16**)

Gender:

Boys (47%) are more likely to be active than girls (43%)

Family affluence:

Those from low affluence families are less likely to be active: 62% do not meet guidelines compared with 47% in high affluence families

Vear group:

Activity levels are lowest for school years 3-4 (ages 7-9, 38% meeting guidelines) and highest for those in years 7-8 (ages 11-13, 51% meeting guidelines)

Ethnicity:

Black children and young people are the least likely to be active (35%)

*Active Lives Survey November 19/20 **Active Lives Children and Young People Survey 19/20 academic year

Evidenced Benefits of Physical Activity



Economic benefits – social return

For every £1 spent on community sport and physical activity in England, £3.91 worth of social and economic impacts are generated (Social Return on Investment)

Strengthening Communities

- Sport and physical activity can bring people from different backgrounds together, bridging the gaps of race, gender and socioeconomic status. They build bridging capital in communities via participating, volunteering and spectating.
- Creates networks and sense of community, reducing loneliness and social isolation



Health

- Prevention of ill health (including cancer, strokes, type 2 diabetes, and heart disease)
- Therapeutic and management effects (particularly for people affected by cancer)
- Improvements in strength, balance, gait and motor skills (tending to focus on older or younger people, or in rehabilitative contexts)
- Maintaining a healthy body weight



- Increased energy levels
- Reduced risky behaviours such as smoking
- Improved quality of life in ageing



Well-being

- Sport and physical activity promote enjoyment, happiness, and life satisfaction more broadly
- The opportunities for social interaction provided by sport and physical activity are central to these benefits
- Volunteers and sports fans also experience increased life satisfaction, associated with having a sense of purpose and pride
- Self-esteem and confidence were found to increase through short- or long-term participation or volunteering, because of the opportunity to develop new skills and relationships
 - Sport and physical activity have the potential to reduce anxiety and depression symptoms
 - Other positive outcomes include improved cognitive functioning, benefits for people with dementia, and impacts around emotion regulation





Active Environments

- Improve health and well-being Time spent walking in green spaces contributes directly to mental health and recovery. Those who walk and cycle to work are at a reduced risk of early death or illness compared with those who commute by carⁱⁱ.
- Well-designed streets can improve air quality, join communities, increase physical activity, reduce noise and prevent injuries/incidents.
- Environments can facilitate or hinder community's physical activity levels
- Active travel results in fewer emissions, better air quality, less noise, and fewer collisions
- More time spent outdoors and in our neighbourhoods
- Safer Greater pedestrian activity in public space can improve perceptions of safety through passive surveillance which naturally aids the prevention of crime with more 'eyes on the street'ⁱⁱⁱ. Investing in safe streets can also reduce the number of traffic related pedestrian injuries and deaths^{iv}.
- More joined up communities, increased community activity Living in a walkable environment can support a sense of community and improve social interaction, as residents are more likely to know their neighbours and trust others, participate politically, and be more involved in the community^v.
- Communal social spaces
 - Cost-effective social intervention
- Good for local businesses Investment in better streets and public spaces for pedestrians can boost footfall and trading by up to 40% and a decline in retail vacancy in high streets and town centres^{vii}.
- Inclusiveness Creating a more walkable environment provides opportunities to support inclusive design. Older people are more likely to engage in walking than other forms of exercise which can help prevent ageing conditions such as arthritis. Child-friendly streets allow for informal play and gaining independence which is important for child development.



Children & Young People

- Healthy early years development
- Improves mental health, promoting well-being/happiness^{ix}
- Strong association with enhanced mood, greater energy levels, improved sleep, and increased self confidence
- Builds resilience and promotes individual development 'if I find something difficult, I keep trying until I can do it'
- Improved educational attainment, either directly (improved grades, school engagement, behaviour and reduced absenteeism) or indirectly (by enhancing skills such as self-control and concentration, team working and time management).
- Promotes self-efficacy (for example motivation, goal setting and commitment), for groups including disaffected young people
- Increased willingness to volunteer
- Builds soft skills (such as integrity, responsibility and leadership)
- Less likely to feel lonely
- Develop meaningful social relationships this is crucial to physical and mental health as well as engagement in school and wider community cohesion
- Active children are more likely to become active adults.



Our Priorities

To achieve our bold and ambitious objective, we have to do things differently.

We need to realign ourselves to be better able to listen and respond to the needs of our communities. We need to focus our efforts to address the stubborn inequalities that persist in activity levels and access to opportunities. And we need to work together with our partners across the system to help Norfolk to build back better from the devastating impact of the COVID-19 pandemic.

We'll be focussing on the following four priority areas to start us on the road to achieving our vision; addressing the challenges of the present and paving the way towards a sustainable, healthy and active Norfolk of the future.



Improving Physical Health & Mental Well-being

Norfolk Context: Health & Well-being

The health of people in our communities faces a range of complex and linked challenges, such as the increase in people living with chronic illness and long-term illness linked to our ageing society, and growing health inequalities.

Almost 2/3 of adults are overweight in Norfolk: 62.7% (2018/19).*

28% of adults 16+ are physically inactive (2019/20)^{xi} - around 211,023 adults in Norfolk.

60% of adults 16+ are classed as active (2019/20)^{xii} - around 452,191 adults in Norfolk.

Deaths under 75 years of age from causes considered preventable: liver disease 369 deaths, cardiovascular disease 726 deaths, cancer 1,359 deaths, respiratory disease 484 deaths (2017–19).^{xiii}

1,215 cases of hip fractures in people aged 65 and over (2019/20).xiv

58,372 patients aged 17+ have diabetes (2019/20).**

34,402 patients have coronary heart disease (2019/20).xvi

150,643 patients have hypertension (2019/20).xvii

4,150 incidences of emergency hospital admissions due to falls in people 65+ (2019/20).^{xviii}

Under 75 deaths from: breast cancer **266**; colorectal cancer **307**; all cancer **3,425** (2017/19).^{xix}

Well-being – around 35,421 people live with a low life satisfaction (2019/20).**

Anxiety – around **181,630 people** live with high anxiety (2019/20).^{xxi}

84,326 patients aged 18+ live with depression (2019/20).***

265 suicides (2017–19).**iii

The importance of physical activity on our physical and mental health

We all know how important our physical health and mental well-being is to our quality of life. We also know that physical activity is vital to keep us healthy and well.

Unfortunately, people in the UK are around 20% less active now when compared with the 1960s. And if current trends continue, we will be 35% less active by 2030.

This trend has established inactivity as the 4th leading risk factor for death worldwide, firmly establishing it as a global public health priority.

We know that more people are living with long-term health conditions. Insight shows us that 5% of Norfolk's adult population are living in bad or very bad health, and 20% say they have health problems that limit their daily activities. Diabetes is growing, with an estimated 9% of the population and 5,000 people dying every year from causes that are considered preventable.

Even more worrying are the increasing trends in poor mental health and early onset of disease, often linked to lifestyle, in our children and young people.

There is also a massive cost to the UK economy due to inactivity, estimated at £7.4 billion a year, which includes £0.9 billion to the NHS. Long-term conditions such as diabetes, cardiovascular and respiratory disease lead to greater dependency on acute, community, home, residential and ultimately nursing care. This impact on resources is avoidable, as is the personal strain it puts on families and individuals.

Norfolk generally has an older population that is projected to increase at a greater rate than the rest of England. As we continue to work into older age, with 1 in 3 people over 70 likely to still be economically active in the near future, the case for supporting older people to be physically active in order to maintain health and well-being becomes undeniable. Risk factors for poor health that increase with age such as long-term conditions, mobility issues, falls and increasingly poor mental health, are compounded by inactivity.

The nature of Norfolk's unique landscape has led to areas of significant disparity in life expectancy and quality of life. Health inequalities are embedded through soci-economic deprivation and through poor connection to services, especially in areas experiencing rural deprivation.

Working in partnership we will focus our efforts on areas where health inequalities are most deeply rooted, and seek to create more equitable access to physical activity opportunities. In this way we can contribute towards improved health and social care outcomes in areas that can benefit most.

From treating ill health, to creating good health

The global pandemic has highlighted the importance of a preventative approach to healthcare that creates resilience in communities. Physical activity should be a key part of efforts to shift our focus away from the treatment of ill health to the creation of good health.

Physical activity has been called a 'wonder drug' and a 'miracle cure'. It is a highly effective (and affordable) method for treating and managing the effects of many long-term health conditions, as well as helping to reduce the longer-term risks of many diseases.

Physical activity can:

Reduce hip
fractures by
68%Reduce type
2 diabetes by
40%Reduce heart
disease by
35%Reduce
depression by
30%

Healthcare professionals engage with a large proportion of the population, and frequently interact with people with chronic disease, or risk factors for them. In addition to their extensive population reach, healthcare professionals are widely respected and trusted, meaning they have considerable potential to influence public and individual opinion.

Creating the conditions within the system to embed physical activity as a credible option for supporting people with their health creates a significant opportunity to effect population-level change. This means changing the culture around physical activity and the role it plays in the prevention, management and treatment of conditions.

Physical activity can be part of the solution to a range of outcomes. If we are going to make step-changes in activity levels then we need to come together to remove barriers, create opportunities, and support people to make positive changes in their lifestyle. It must be an important part of everyone's job.

We will focus on:



Strategy and system

- Advocating for a whole system approach to increasing physical activity levels, embedding prevention into health system culture and tackling inequality
- Supporting the health and social care system to build partnerships beyond the traditional
- Supporting COVID-19 recovery through an emphasis on the creation of resilience in relation to health and mental well-being, with a focus on vulnerable groups
- Working with the relevant parts of health and social care to embed physical activity into appropriate care pathways to support the prevention, treatment, management and rehabilitation of conditions
- Aligning resources within the system with our own, to grow capacity and provision in response to need
- Emphasising the positive role of physical activity in relation to mental health and well-being, supporting the integration into mental health strategy, policy and services.



Insight

Building a better understanding of our population through the creation and curation of insight, and supporting population health management approaches to ensure that services are targeted appropriately to those that need them most.



Workforce

- Building capacity within commissioning to effectively incorporate physical activity into practise through a growth in knowledge and confidence
- Embedding physical activity into the 'day-job' of health and care professionals through advocacy, training provision, toolkit resources and promotion
- Supporting the creation of a resilient and diverse health and social care workforce who understand the value of physical activity and can embed it appropriately into their roles
- Ensuring that those people that are facilitating activity are appropriately skilled and qualified to be supporting vulnerable groups, including volunteers and the paid workforce



Communications

- Advocating the role of physical activity in the creation of good health and well-being throughout the lifecourse – from early years to older people
- Supporting the success of social prescription by providing tools, including an effective activity finder, as well as promoting the role of physical activity in addressing wider determinants of health



Provision

- Working across the health and leisure system to support improvements in, and more equitable provision of, appropriate physical activity services for people with long-term conditions
- Improving policy and practise of those organisations that provide care services to population groups such as older people, those with long-term conditions and disabilities to integrate and embed physical activity as part of their 'offer'

Active Environments

Currently more than **140,000 people** in Norfolk live in areas categorised as the most deprived 20% in England. These are mainly located in the urban areas of Norwich, Great Yarmouth and King's Lynn, together with some identified pockets of deprivation in rural areas, coastal villages and market towns.

Number of households in Norfolk 2021 estimated at 401,825, projected to be 464,126 by 2041. XXIV

60% of Norfolk's 65+ population live in a rural area.

25% of adults between 16 and 74 in Norfolk **are not within 15 minutes travel time** by public transport or walking to a food store (2017).***

Time (in minutes) by public transport or walking to the nearest **primary school** – 12 (2017)^{xxvi} This ranges from 8–15 minutes across the districts.

Time (in minutes) by public transport or walking to the nearest **secondary school** – 25 (2017) ^{xxvii} This ranges from 14–34 minutes across the districts.

Most recent travel data shows that only 18% of adults walk and 3.6% cycle for travel at least three days a week in Norfolk^{xxviii}. In England only 62% of adults walk and 18% cycle for travel or leisure at least twice in four weeks.^{xxix}

Car ownership – **19% households** do not have a car/van in Norfolk (census 2011) compared with 25.8% in England.

Norfolk has a balance of urban and rural districts with Norwich the most urban and North Norfolk the most rural. The rural nature of Norfolk presents opportunities in providing access to natural greenspace but **higher risk of being killed or seriously injured** on the roads, and provides challenges to the delivery of services.

On average Norwich has the largest combined size of 'Parks, Public Gardens, or Playing Fields within 1,000m radius' and Great Yarmouth has the lowest amount. ***

Children killed and seriously injured (KSI) on Norfolk's roads (2016-18) **14.5 per 100,000 population** (66 incidents).^{xxxi}

Creating space for physical activity in our daily lives

Where we live has a massive impact on how we live, which in turn has a huge effect on our health and well-being.

The design of our streets, our neighbourhoods, and the opportunity to access good quality play areas, parks and open spaces all contribute to how active we are in our daily lives. Where we work, live and play matters.

We know that walking, cycling and informal outdoor fitness activities account for over half of the ways we are physically active. But we also know that for many people living in Norfolk, the place where they live does not make being active an easy or natural choice. Whether it's not feeling safe allowing our children to play in the streets or walk or cycle to school, or congested roads preventing us from choosing to get to work in a more active way, we can all identify things which make it harder for us to do things differently.

One of Norfolk's greatest assets is its natural environment. We have a vast array of greenspaces, coastline and inland waterways which could and should play a big part in helping people to live happy and healthy lives. However, knowledge of, and access to these incredible environments on our doorsteps is not shared equally across our communities.

As we adapt to the necessary changes in response to climate change, how we live more sustainably will become increasingly important to us all. Central to this will be how we travel in our daily lives. One of the greatest opportunities to make a positive contribution to carbon reduction is to increase our active travel. Improving the physical environment will be required to enable this, as well as addressing other barriers that prevent this positive behaviour change.

With our broad and deep partnerships locally and nationally, Active Norfolk can play a key and unique role in helping to positively shape our environment to create places that make it easier for people to be active in their daily lives.

We will collaborate with partners to create and improve places and spaces to make it easier to be active.

We will work with partners across Norfolk to ensure that investments and new infrastructure decisions are focused on the people they are aiming to help. We will promote growth and development which is accessible and enables people to have a greater choice in how they are active, connecting communities to purpose-built and natural environments in which they can be active.

We will focus on:



Spatial planning

- Working with planners, designers and developers to integrate active design principles into policies and working practices
- Increasing physical activity's prominence in local policy – promoting good design decisions that promote moving more
- Influencing neighbourhood planning supporting parish and town councils to incorporate priorities that address the health and inactivity issues present in the local community



Transport planning

- Promoting Healthy Streets influencing the design of streets based on how people use them, rather than prioritising vehicles
- Advocating for walking and cycling working together to improve people's ability and motivation to travel actively



Use of green and blue space and infrastructure

- Working with local authorities to improve parks for people, sustainably
- Advocating for approaches which connect communities actively with Norfolk's natural environment





Environment

- Promoting the role of physical activity in supporting approaches to positively affect climate change
- Advocating for physical activity's contribution to carbon reduction, improving air quality and reducing congestion

Strengthening Communities

Norfolk population characteristics:

58.5% aged 16-64 (530,986 persons)(2019) projected to be **53.9%** (540,091 persons)(2041).

17% aged 1–15 (154,108 persons)(2019)^{xxxii} projected to be 15.6% (156,220 persons)(2041).

24.5% aged 65+ (222,666 persons)(2019) projected to be **30.5%** (305,946 persons)(2041).

Population of around 918,800 (2021) projected to be 1,002,300 (2041).

88% of population growth in next 15 years will be in the over 65s. This reflects an ageing population and a smaller proportion of the population in working phase of life.

6.3% non-uk nationals (56,000 persons)(2019). ***iii

Deprivation:

15% of children live in low income families (2016).xxxiv

12% of households experience fuel poverty (2018).****

14.5% of Norfolk's neighbourhoods are in the most deprived 20% nationally (Index of multiple deprivation 2019).

Within Norfolk, 38% of LSOAs in Great Yarmouth and 40% of LSOAs within Norwich fall within the 20% most deprived areas across England.

Social indicators:

Social isolation – 14.3% of Norfolk residents are single person households aged 65+ (Census 2011).

Crime – 70 total crimes per 1,000 persons, 17 anti-social behaviour incidents per 1,000 persons (Jan-Dec 2020). XXXVI

Provision of unpaid care - 11% (census 2011)

Housing - 2 in 1,000 households homeless (2017/18).*****

Carers experience high levels of social isolation:

24.5% of adult carers 18+ have as much social contact as they would like (2018/19).xxxviii

26% of adult carers 65+ have as much social contact as they would like (2018/19).xxix

48.4% of adult social care users 18+ have as much social contact as they would like (2019/20).^{x1}

49.3% of adult social care users 65+ have as much social contact as they would like (2019/20). $^{\rm xli}$



Building stronger, more resilient, and better-connected communities

Accepting that our physical environment plays a significant role in how we live our lives, so too do our places from a social and community perspective.

Living, working and going to school in a place which feels safe and where we belong, which has opportunities that are right for us, and where people care for each other, are all important parts of making us feel connected to where we live. Sport and physical activity can play a significant role in building stronger, more resilient, and better-connected communities. They create opportunities for people to come together, increasing social interaction and enabling relationships to form.

Activity can be a powerful means of tackling wider inequalities, in addition to the obvious direct physical and mental health benefits of being active. Increasing activity can also address many wider determinants of health and well-being such as reducing social isolation and growing self-confidence, and supporting people to access education or employment.

We know that across Norfolk we are lucky to have so many clubs, community organisations, and charities that work extremely hard to make our communities better places to be. We have sports organisations who provide purpose and direction for our young people, as well as many groups and organisations who support the most vulnerable in a variety of ways.

We believe that by directing our efforts to providing support and resources to these organisations at a local level, we will enable them to extend their reach and increase the impact they're able to have on their communities, using sport and physical activity as the tool to improve lives.



We will focus on:



Working within communities

- Working with local groups and organisations to ensure the voice of the community drives everything we do
- Increasing the breadth and accessibility of physical activity opportunities through:
 - Workforce development
 - Investment in community groups
 - Supporting non-sporting organisations to include physical activity as part of their broader offer
 - Improving accessibility of facilities and activities

Focus on building a sustainable physical activity offer in communities through empowering communities to determine their own ambitions, then working with local partners to support their realisation – ensuring equitable provision for all ages



Communication

Improving and increasing the communication of the benefits of physical activity, as well as ways and places to be active



Resources

Driving resources to the ground – working to land investment locally, using national and local funding to make stuff happen

Children & Young People

NORFOLK CONTEXT

Physical activity is a key component of children's health and well-being as they grow and develop.

Young people in Norfolk face a number of unique challenges in their ability to easily access physical activity opportunities, and to be active in their daily lives. These challenges are rooted in rural isolation, living in areas of high deprivation and health inequalities, and the "postcode lottery" of activity provision.

Prevalence of overweight (including obese) children in Norfolk: **23.4%** in reception (4–5yrs)^{xiii} and **33.0%** in year 6 (10–11yrs) ^{xiii} (2019/20)

Percentage of physically inactive children (5-16 yrs) and young people in Norfolk: **35.9%** (2019/20). ^{xliv}

1 in 10 children aged 5 to 16 years have a clinically diagnosable mental health condition. This equates to almost 11,000 of Norfolk's young people.

Research suggests that over **50%** of these children will go on to suffer mental ill-health as adults. ^{xiv}

Children with good early years development - 72.5% (2019). xivi

Children eligible for free school meals achieving a good level of development **56%** (2018) and BAME **61%** (2018). ^{xivii}

Persistent pupil absence: primary 8.8%, secondary 15.6% (2019). */viii

Children under 16 living in relative low-income families 18.4% (2018-19). xix

Children in care – 70 per 10,000 population (2019).¹

Across Norfolk there are **over 24,000 children** eligible for free school meals (2020) with the highest numbers found in Norwich and Great Yarmouth districts.



Helping more children develop positive early experiences of being active

We believe that every child and young person has the right to be active, to benefit from being active in a safe, positive and trusted environment, and to have an equal chance to achieve their potential. Our early experiences play a big part in shaping our relationship with physical activity throughout our lives. If we have positive experiences at an early age, then we're more likely to want to be active in the future.

It is especially important to do what we can to support active lives for children and young people as this positively influences their physical development, can help build resilience, improve mental and physical health and enhance education outcomes, as well as promoting positive social engagement.

However, we know that over half of children aged 5–16 are not active enough to enjoy these benefits, which is a trend also now seen in young adults.

There are still some stubborn differences in patterns of participation which require specific attention to address – mirroring many of the differences we see in the adult population. Girls, young people with a disability or long-term health condition, young people from less affluent backgrounds and those from diverse communities, are all less likely to be active. This is simply unacceptable.

Our solution to these growing problems is to work with groups and organisations who influence, support and guide young people's lives. We want to provide our support and resources in order to improve the offer, remove the barriers, and promote the opportunities to help children and young people lead active, happy and healthy lives.



We will focus on:



Advocacy

Growing the understanding of, and value placed in, physical activity's contribution to improving outcomes for young people.



Provision

Increasing the breadth of the offer for young people and families – ensuring opportunities to be active are engaging and accessible to all young people and families.



Communication

Improving communication so young people and families know what's out there.



Education

Ensuring physical activity is regarded as a normal part of the day for education settings, and used as a key tool to improve outcomes for young people.



Improving access to activity

- Making physical activity accessible to all young people and families regardless of their circumstances.
- Developing approaches that will reach the young people and families who can benefit most from being active, supporting the integration of physical activity into service design and commissioning.

How We'll Work

We believe that if we're to achieve our ambitions of supporting and enabling real change at scale, we're going to need to work together, because the challenge is a complex one.



Living with complexity

One of the key things we have begun to understand is the complexity of 'solving' the physical activity challenge.

Until now, our common understanding has been that it's almost entirely up to us if we're active or not. We work under the assumption that these are lifestyle choices that people make for themselves, and that these choices are all about factors like motivation and willpower. That, if people just understood the benefits, they would find a way through force of will.

Whilst people's attitudes and motivations are part of the picture, we understand that things going on in our daily lives, and in the places where we live and work, are much bigger factors. As an example, the physical environment in which we live plays a significant role in influencing behaviours. Good design principles can promote and enable an active lifestyle. Conversely, poor design can inhibit or prevent people from living active and healthy lives.

What this means for the work of Active Norfolk is that we can't simply persuade the people of Norfolk to be more active. We can't just inform people about the guidelines and the benefits and expect them to act. It's essential that people have got options and opportunities to build physical activity into their daily lives; in communities, schools and education settings, the natural environment, transport infrastructure, as well as in and around the workplace.

Our approach

We aim to bring together the expertise and enthusiasm from across organisations and sectors, from individual, community, societal and political layers. We want to develop a shared understanding of the problem. We want to use this knowledge to help us identify key players and to find key points to disrupt those things which conspire to create the challenges experienced by our communities.

Working in this way will enable us to join partners at a place-level to increase opportunities and engage audiences. It will help us develop skills and knowledge in the system to integrate and embed physical activity. It will connect partners around shared priorities through physical activity, ensure the voice of communities is embedded in decision-making, leading to a system-wide commitment to public engagement around physical activity.



Adaptability is essential to our success in this approach

The critical aspect of our approach is not expecting interventions to work in isolation and moving away from this traditional approach to many aspects of our shared work. Instead, we must understand the way systems work in context, how the system responds, and how our approaches could adapt according to the needs of the system.

Getting local

Norfolk is geographically vast. Across the county we have huge variation in the natural landscape, populations of various shapes and sizes; with significant differences in age profile, income levels, employment types, and more.

As the foundations of our strategy are founded on the needs, challenges, and opportunities facing communities, it is essential that our approach to enabling those communities to experience the benefits of an active life is tailored to the unique circumstances of each place.

What that means for how we work – building on our locality approach

During the lifetime of the Active Norfolk Strategy (2016-2021) we developed a way of working which aimed to help us better understand the unique challenges and opportunities across the county, build partnerships based on who might have an interest in addressing those challenges and opportunities, then to direct collective resources to address those identified priorities.

This method had some success but was also limited due to our lack of capacity in each place to drive the development of those relationships, and to continue to build our understanding within and across those communities we aimed to support.

In implementing this strategy, we will improve and refine our locality working, building a more collaborative approach with local government and health and social care to create dedicated capacity in each local authority district. This capacity will drive the development and implementation of local plans to improve lives through physical activity and sport.

Great Yarmouth Case Study

A great example of what this means for our future approach can be illustrated through our current work in the Borough of Great Yarmouth.



By investing time in building relationships, in developing trust and an understanding, as well as really getting to know the issues, challenges and opportunities for communities in the area, we were able to develop a framework for action. The framework, called Active Great Yarmouth, was co-developed in 2019 and has been used to support the borough's 2014-2029 Sports, Leisure and Play Strategy. The framework was used to review and agree a set of shared priorities within the Borough which physical activity could help to achieve.

Local partners and stakeholders were invited to shape these priorities and offer their views and commitments to supporting the changes needed to bring about a positive impact for the residents of Great Yarmouth. It was quickly evident that dedicated capacity was required to drive the implementation of the actions within the framework, to continue to build the relationships with groups and organisations across the borough, and to gain a greater understanding of their reality by engaging directly with communities.

In response, Great Yarmouth Borough Council and Active Norfolk have invested in a shared role between the organisations to bring these ambitions to life. It is a commitment to partnership working and an acknowledgment of the reliance we all have on each other if we want to make a real difference.

The priorities we're working on together through physical activity are:



Our Values and Behaviours

Our core values underpin our approach and drive our day to day operations



We work with integrity



We are collaborative



We can lead, and are happy to follow







We strive for excellence



We are driven by a desire to make a difference

How We'll Know If We're Successful

Collectively defining the value of collaborative work

As discussed in the earlier section 'Living with complexity', it's important for us to understand that we can't just use simple measures to decide if we've been successful or otherwise in achieving our aims. As an organisation, Active Norfolk cannot be held responsible for how many people are active in our county, there are simply too many factors beyond our control which play a huge part in influencing this. These factors are influenced by many organisations across Norfolk; from Local Authorities to the NHS, employers to local groups supporting communities. Only through collaboration can we make a meaningful difference to lives of people in Norfolk. We must come together around a shared ambition for Norfolk and one of our key roles is to make that happen.



We fully accept that we will need to demonstrate impact and progress. To do this we will need a range of measures because what we're trying to achieve is about more than counting the number of people taking part in a particular service or intervention, although these types of measure are important and will form part of the mix. What we are aiming to do is influence the way we all work together in order to create an environment where good lifestyle choices in relation to physical activity are made by default.

Our measures will include those numbers which will tell us if specific services or interventions are popular and effective, but will also include things which can't be counted like growing the prominence and profile of physical activity in wider policies and strategies in areas like transport, mental health, and economic recovery/development.

Specific performance indicators will be developed for any services or direct provision to assure partners that progress is being made and the aims of these interventions are being achieved, as well as helping us to learn and refine the offer in order to apply this elsewhere.

Our approach to measurement which combines data and metrics with a broader effort to understand the less-tangible factors that influence how we support change at scale will provide us with a more complete picture of the what, why and how questions we've always sought to answer when we're talking about changing behaviours at scale and over time. We believe this will help us to understand the difference we're making and will direct our efforts and attention to where we can have the biggest impact for those who will benefit the most.

These measures may include:



Money invested into physical activity in places across Norfolk



Physical activity levels



Proxy health measures



Strength and diversity of relationships



Physical activity included in broader strategies



References

ⁱGreen Walking in mental health recovery. Centre for Sustainable Healthcare, May 2020. https://sustainablehealthcare.org.uk/sites/default/files/attachments/green_walking_guide_final_2.pdf

ⁱⁱR Patterson et al: 'Associations between commute mode and cardiovascular disease, cancer, and all-cause mortality, and cancer incidence, using linked Census data over 25 years in England and Wales: a cohort study'. The Lancet Planetary Health, Vol. 4 (5), 186–194. https://www.sciencedirect.com/science/article/pii/S2542519620300796

ⁱⁱⁱCities Alive: Towards a walking world. ARUP, June 2016. https://www.arup.com/perspectives/publications/research/section/cities-alive-towards-a-walking-world

^{iv}The economic case for investment in walking. Victoria Walks, Nov 2018. https://www.victoriawalks.org.au/Assets/Files/Arup-economic-case-for-walking_Final.pdf

'KM Leyden: 'Social Capital and the Built Environment: The Importance of Walkable Neighbourhoods'. American Journal of Public Health, Vol 93 (9), 1546–1551. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448008/

^{vi}The Pedestrian Pound. Living Streets, 2018. https://www.livingstreets.org.uk/media/3890/pedestrian-pound-2018.pdf

^{vii}Street Appeal: the value of street improvements. Transport for London (TfL), 2018. http://content.tfl.gov.uk/street-appeal.pdf

^{viii}https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2021-01/Active%20Lives%20Children%20Survey%20Academic%20Year%2019-20%20report.pdf?4Ti_0V0m9sYy5HwQjSiJN7Xj.VInpjV6

ixhttps://pubmed.ncbi.nlm.nih.gov/30993594/

***Past ALS**

https://fingertips.phe.org.uk/search/overweight%20adult#page/0/gid/1/pat/6/par/E12000006/ati/302/are/E10000020/ iid/93088/age/168/sex/4/cid/4/page-options/car-do-0_ovw-do-0

^{×I}Latest ALS

https://fingertips.phe.org.uk/search/75%20mortality#page/1/gid/1/pat/6/par/E12000006/ati/302/are/E10000020/ iid/108/age/163/sex/4/cid/4/tbm/1/page-options/car-do-0

xiv PHE

https://fingertips.phe.org.uk/search/hip%20fractures#page/0/gid/1/pat/6/par/E12000006/ati/302/are/E10000020/cid/4/page-options/ovw-do-0

**Quality Outcomes Framework NHS Digital https://fingertips.phe.org.uk/search/diabetes#page/0/gid/1/pat/6/par/E12000006/ati/302/are/E10000020/iid/241/ age/187/sex/4/cid/4/page-options/car-do-0_ovw-do-0

^{xvi}Quality Outcomes Framework NHS Digital https://fingertips.phe.org.uk/search/heart%20disease#page/3/gid/1/pat/6/par/E12000006/ati/302/are/E10000020/ iid/273/age/1/sex/4/cid/4/page-options/ovw-do-0_car-do-0

^{xvii}Quality Outcomes Framework NHS Digital

https://fingertips.phe.org.uk/search/hypertension#page/3/gid/1/pat/6/par/E12000006/ati/302/are/E10000020/iid/219/age/1/sex/4/cid/4/page-options/ovw-do-0_car-do-0

^{*viii}Hospital Episode Statistics (HES), NHS Digital

https://fingertips.phe.org.uk/search/falls#page/3/gid/1/pat/6/par/E12000006/ati/302/are/E10000020/iid/22401/age/27/ sex/4/cid/4/page-options/ovw-do-0_car-do-0

xixPHE

https://fingertips.phe.org.uk/search/all%20cancer#page/3/gid/1/pat/6/par/E12000006/ati/302/are/E10000020/ iid/40501/age/163/sex/4/cid/4/page-options/ovw-do-0_car-do-0 **Annual Population Survey (APS); Office for National Statistics (ONS). https://fingertips.phe.org.uk/search/life%20satisfaction#page/0/gid/1/pat/6/par/E12000006/ati/102/are/E10000020/iid/22301/ age/164/sex/4/cid/4/tbm/1/page-options/car-do-0_ovw-do-0

**iAnnual Population Survey (APS); Office for National Statistics (ONS). https://fingertips.phe.org.uk/search/anxiety#page/1/gid/1/pat/6/par/E12000006/ati/102/are/E10000020/iid/22304/age/164/sex/4/ cid/4/page-options/ovw-do-0_car-do-0

^{xxii}Quality Outcomes Framework NHS Digital

https://fingertips.phe.org.uk/search/suicide#page/3/gid/1/pat/6/par/E12000006/ati/102/are/E10000020/iid/41001/age/285/sex/4/cid/4/page-options/ovw-do-0_car-do-0

xvivOffice for National Statistics - Household Projections in England - 2018-based https:-/-/www.ons.gov.uk-/peoplepopulationandcommunity-/populationandmigration-/populationprojections-/bulletins-/householdprojectionsforengland-/2018based

***Journey Time Statistics - Department for Transport https://www.gov.uk/government/collections/journey-time-statistics

xvvi https://www.norfolkinsight.org.uk/data-catalog-explorer/indicator/l25809/?geold=G2&view=table

xxxii https://www.norfolkinsight.org.uk/data-catalog-explorer/indicator/I25812/?geoId=G2&view=table

xxviiiALS and National Travel Survey Data 2019 https://fingertips.phe.org.uk/search/walk

***ALS Data 2019 https://activelives.sportengland.org/Result?queryId=48517

xxxhttps://www.ons.gov.uk/economy/environmentalaccounts/datasets/accesstogardensandpublicgreenspaceingreatbritain

****Department for Transport (DfT), Road accidents and safety statistics. https://fingertips.phe.org.uk/search/child#page/3/gid/1/pat/6/par/E12000006/ati/102/are/E10000020/iid/90804/age/169/sex/4/ cid/4/page-options/ovw-do-0_car-do-0

xxxiiOffice for National Statistics Population Estimates

xxxivHM Revenue and Customs – Personal Tax Credits: Children in low-income families local measure – snapshot – https:¬/¬/www.gov.uk¬/government¬/collections¬/personal-tax-credits-statistics

****Fuel poverty sub-regional statistics - Department for Business, Energy and Industrial Strategy https:-/-/www.gov.uk-/government-/collections-/fuel-poverty-sub-regional-statistics

xxxvi https://data.police.uk/

xxxxii https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness#statutory-homelessness-and-prevention-and-relief-live-tables

xxxiiiAdult Social Care Survey – England

https://fingertips.phe.org.uk/search/social%20isolation#page/3/gid/1/pat/6/par/E12000006/ati/302/are/E10000020/iid/90638/age/168/sex/4/cid/4/tbm/1/page-options/ovw-do-0_car-do-0

**** Adult Social Care Survey – England

https://fingertips.phe.org.uk/search/social%20isolation#page/3/gid/1/pat/6/par/E12000006/ati/302/are/E10000020/iid/90638/ age/27/sex/4/cid/4/tbm/1/page-options/ovw-do-0_car-do-0

× Adult Social Care Survey – England

https://fingertips.phe.org.uk/search/social%20isolation#page/3/gid/1/pat/6/par/E12000006/ati/302/are/E10000020/iid/90280/age/168/sex/4/cid/4/tbm/1/page-options/ovw-do-0_car-do-0

^{×li}Adult Social Care Survey – England

https://fingertips.phe.org.uk/search/social%20isolation#page/3/gid/1/pat/6/par/E12000006/ati/302/are/E10000020/cid/4/tbm/1/page-options/ovw-do-0

xiii NHS Digital, National Child Measurement Programme

https://fingertips.phe.org.uk/search/overweight%20child#page/3/gid/1/pat/6/par/E12000006/ati/102/are/E10000020/iid/20601/age/200/sex/4/cid/4/page-options/ovw-do-0_car-do-0

xIIII NHS Digital, National Child Measurement Programme

https://fingertips.phe.org.uk/search/overweight%20child#page/3/gid/1/pat/6/par/E12000006/ati/102/are/E10000020/iid/20602/age/201/sex/4/cid/4/page-options/ovw-do-0_car-do-0

xliv Latest CYP ALS

https://www.sportengland.org/know-your-audience/data/active-lives/active-lives-data-tables?section=children_and_young_peo-ple_surveys

^{xiv} Norfolk JSNA Brief - Norfolk JSNA Briefg: Mental Health in Children and Young People, Dec 2016 https://fingertips.phe.org.uk/search/child#page/3/gid/1/pat/6/par/E12000006/ati/102/are/E10000020/iid/91871/age/217/sex/4/ cid/4/page-options/ovw-do-0_car-do-0

^{xivi} Department for Education, Early Years Foundation Stage Profile https://fingertips.phe.org.uk/search/child#page/3/gid/1/pat/6/par/E12000006/ati/102/are/E10000020/iid/90631/age/34/sex/4/ cid/4/page-options/ovw-do-0_car-do-0

^{xivii} Department for Education – Statistics: Early Years Foundation Stage Profile – https:-/-/www.gov.uk-/government-/collections-/statistics-early-years-foundation-stage-profile

xiviii Department for Education – Statistics: Pupil Absence – https:-/-/www.gov.uk-/government-/collections-/statistics-pupil-absence

xiix Derived. From Department for Work and Pensions and Office for National Statistics Data. https://www.norfolkinsight.org.uk/children-and-young-people/#page8

¹Children looked after in England, Department for Education https://fingertips.phe.org.uk/search/children#page/3/gid/1/pat/6/par/E12000006/ati/102/are/E10000020/iid/90803/age/173/ sex/4/cid/4/page-options/ovw-do-0_car-do-0





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