

# Active Now Interim Service Report

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# Introduction to physical activity inequalities

- Health is influenced by more than just individual lifestyle, biology or genetics. Wider determinants such as socio-economic, cultural and environmental conditions also play a major role.
- The context of people's lives determine their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate. Individuals are unlikely to be able to directly control many of the determinants of health.
- Inequalities in health exist because these wider determinants vary significantly across population groups. These determinants can influence adverse health behaviours in socially specific groups which can then lead to adverse marked differences in life expectancy.
- Physical inactivity negatively impacts both physical and mental health and it is in the top 10 greatest causes of ill health nationally.
- **An increase in physical activity can positively impact health, social and economic status, meaning it can have a positive correlation between outcomes and structural inequalities.**
- There is a wide range of evidence-based interventions which aim to increase population-based physical activity. However, evidence suggests that many interventions exacerbate inequalities for communities with protected characteristics.
- Understanding and acting on inequalities in physical activity is a crucial part of a systemic approach to delivering effective interventions which will have multiple benefits to those with the greatest need.

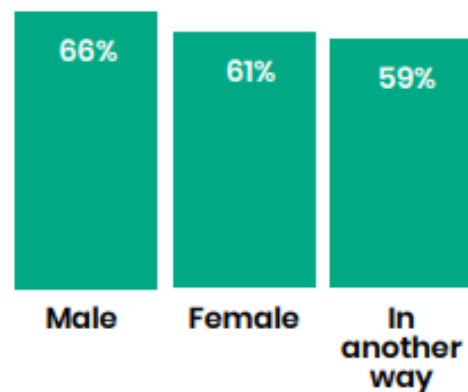
# Summary of demographic differences

Active



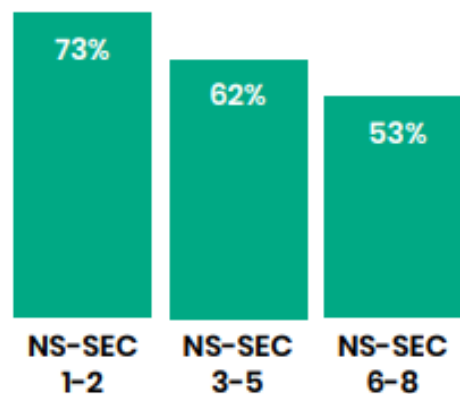
## 1 Gender

Men (66% or 14.7m) are more likely to be active than women (61% or 14.2m) and those who describe themselves in another way (59% or 0.2m).



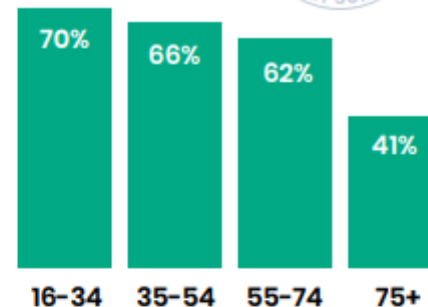
## 2 Socio-economic groups

Those from lower social groups (NS-SEC 6-8\*) are the least likely to be active (53%).



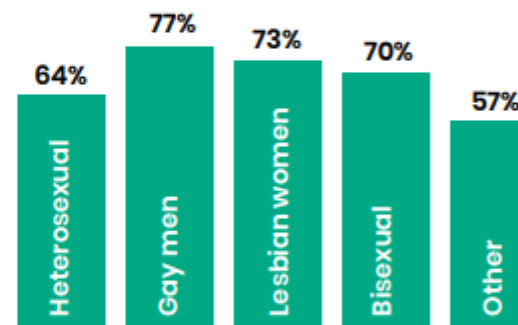
## 3 Age

Activity levels generally decrease with age, with the sharpest decrease coming at age 75+ (to 41%).



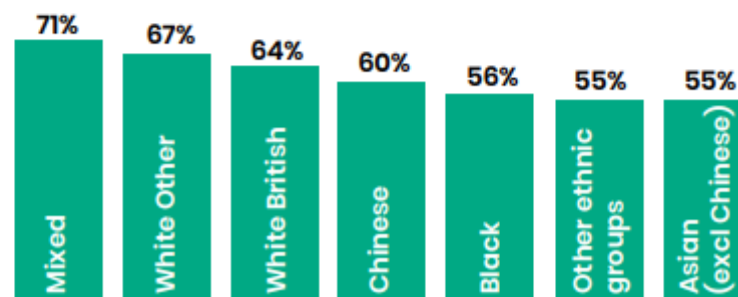
## 4 Sexual orientation

Gay men, lesbian women and bisexual adults are all more likely to be active than heterosexual adults.



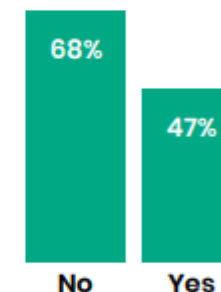
## 5 Ethnicity

There are differences in activity levels based on ethnic background.



## 6 Disability and long-term health conditions

Activity is less common for adults with a disability or long-term health condition\* (47%) than those without (68%).



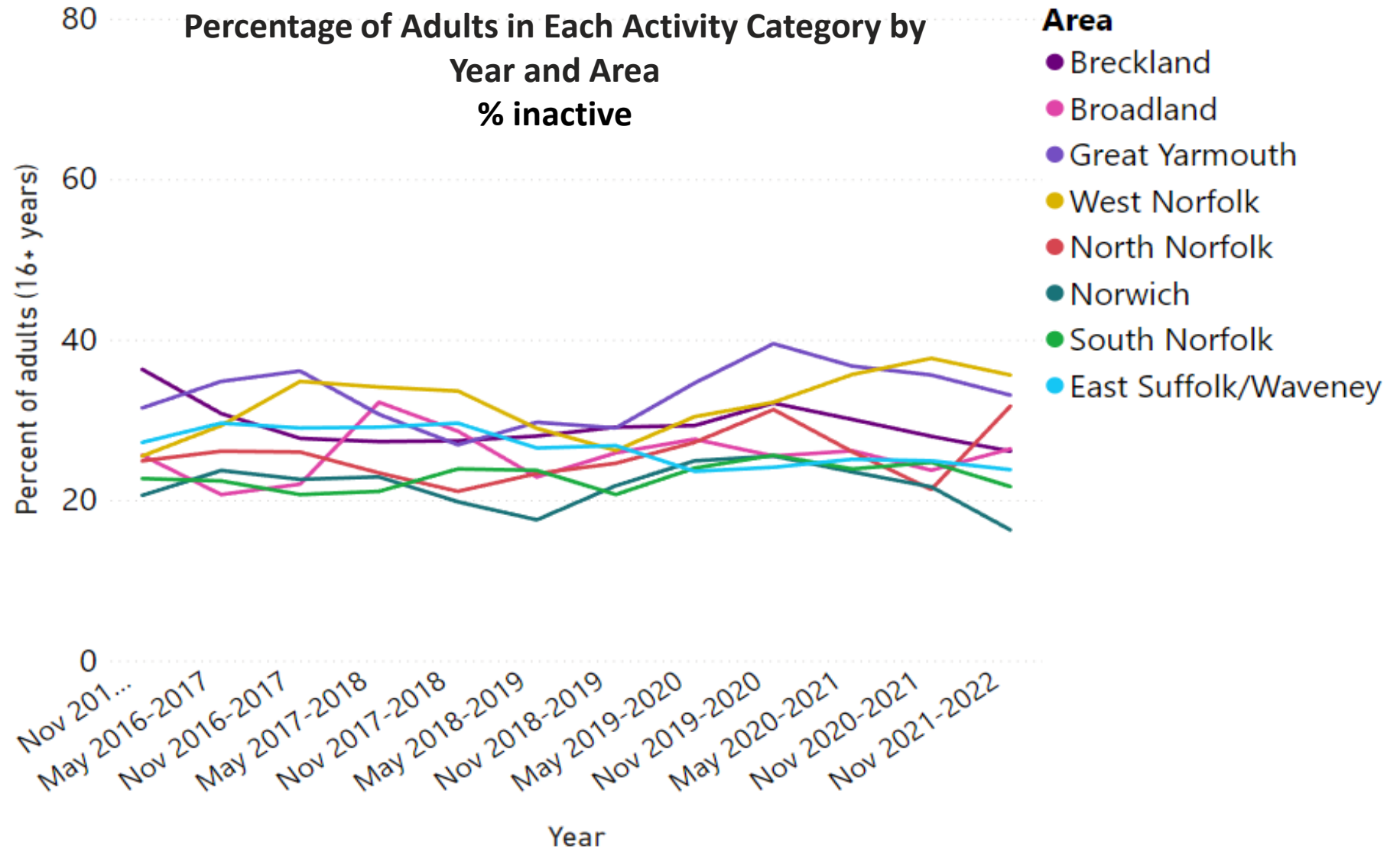
# Inequalities are widening

The most recent Active Lives Survey data for 2021-22 is the first full year's data with no covid restrictions in place and provides insight on behaviour recovery for physical activity following the pandemic. The data shows that:

- Physical activity inequalities have increased compared with pre-pandemic levels.
- Since the pandemic, the following audiences are more likely to be inactive than before
  - Those living in deprived communities
  - Lower socioeconomic groups
  - Women
  - Ethnically diverse communities
  - Those with poor mental health

# What is the data is telling us

- Levels of inactivity in Norfolk are slightly higher than nationally with most recent Adult Active Lives Survey data showing over a quarter of adults (27%) are inactive (not doing enough exercise to benefit their health <30 mins a week).
- Prevalence of inactivity varies across Norfolk and Waveney's 8 districts.



# Background

## Active NoW, a new way of referring to physical activity.

### Aims:

- 1. To support inactive populations**, those with identified long term conditions (LTC), and those that experience the greatest inequalities, to more effectively access appropriate physical activity opportunities to improve their health and wellbeing.
- 2. To create a consistent approach to embedding physical activity into the health and social care system**, alongside a point of access for both health and social care professionals to directly refer to physical activity.
- 3. To link appropriate health and care pathways to physical activity**, supporting all residents to be more active.



# Background

## Active NoW Principles

- Establish a governance structure to guide all decision making.
- Phase roll out to gradually align Active NoW with all appropriate health and care pathways over time.
- Utilise and build on existing assets and expertise to develop suitable local delivery.
- Identify priority audiences and target development, so that local delivery isn't overwhelmed with referrals and the project can be scaled up appropriately.
- Assess demand before introducing multiple new pathways.

## Priority conditions for first phases of roll out:

### *Phase 1*

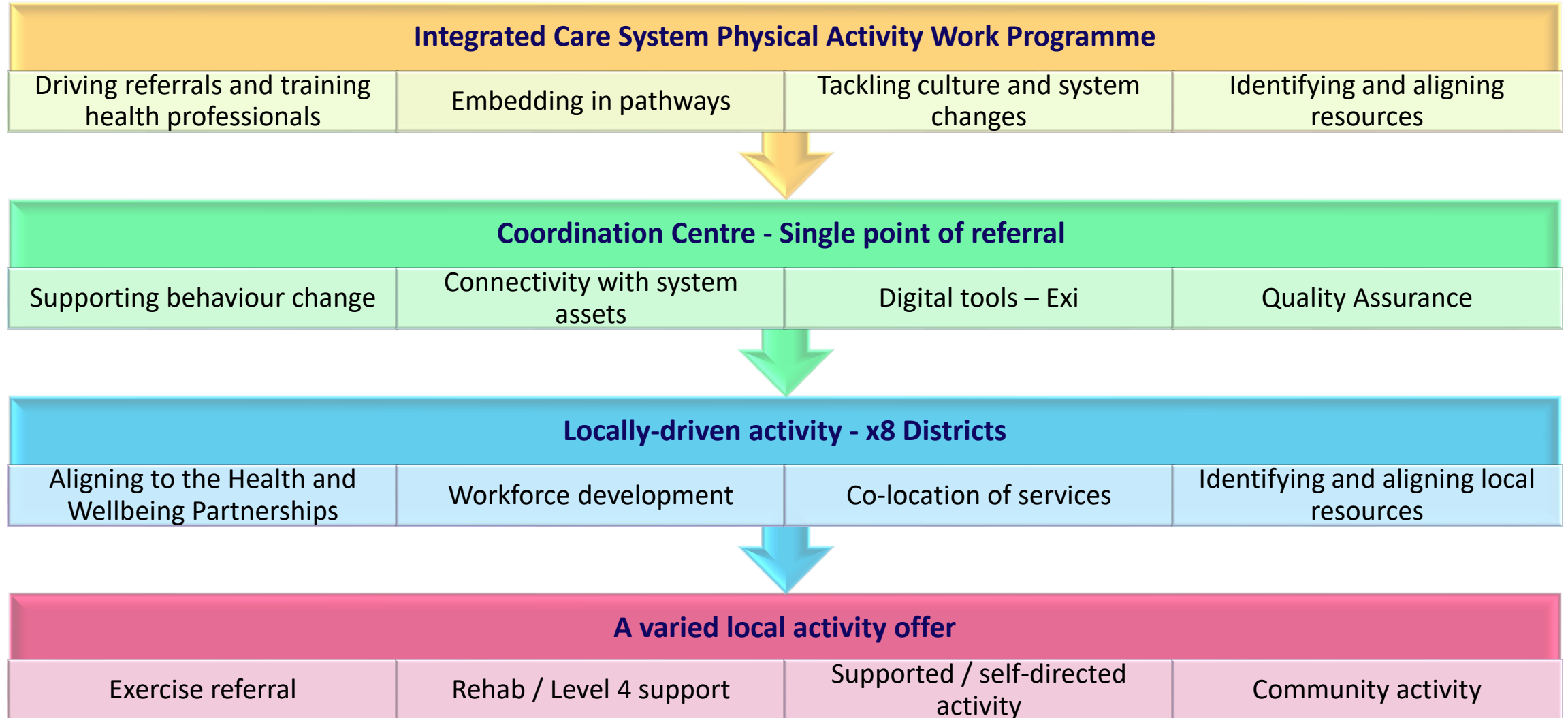
- *Diabetes*
- *Hypertension*

### *Phase 2*

- *Falls Prevention*
- *Mental Health (Particularly focussing on Severe Mental Illness, SMI)*
- *Social care referral Model*



# Delivery model



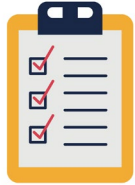


# Active NoW delivery building blocks

The following are key elements of an effective physical activity referral pathway and as such are the key 'building blocks' we are looking to develop through the Active NoW model.

- **Local delivery** – having suitable opportunities in place. We are exploring and developing existing assets and investing in local delivery budget to ensure there is provision to support our priority audiences.
- **Referrals** – raising awareness and developing the health and social care workforce to confidently and appropriately refer physical activity and the Active NoW service.
- **Connected pathways** – linking physical activity with relevant services and settings to be able to offer physical activity to those who would benefit most by working with commissioners and programme leads to embed the programme in ways of working across multiple sectors.

# So far...



**2,249**

**Individuals referred to Active NoW**

### Characteristics

- Average age 56
- 62% female
- 72% in quintiles of deprivation 1-3



**72%**

**referred into activity**

### Of those not referred into activity

- 5% new referrals awaiting contact
- 23% uncontactable/not interested



**65%**

**taking up activity within 6 months**

### Those who took up activity tried

- Independent activity 91%
- Group activity 64%
- Other activity 32%

**98% still doing the activities occasionally or regularly**



**77%**

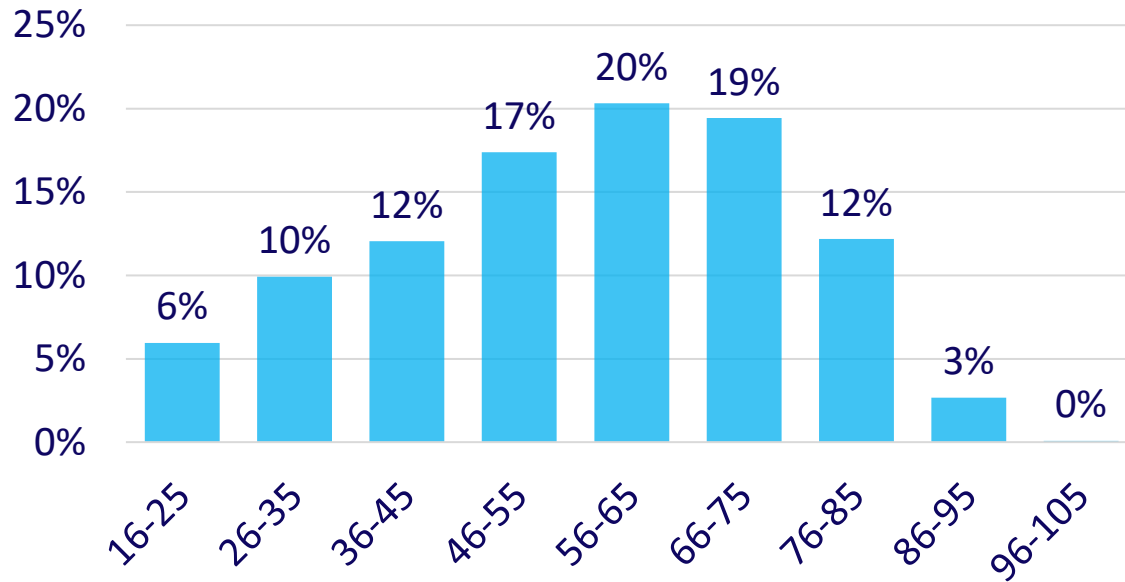
**increased activity after 6 months**

### Reports of improved

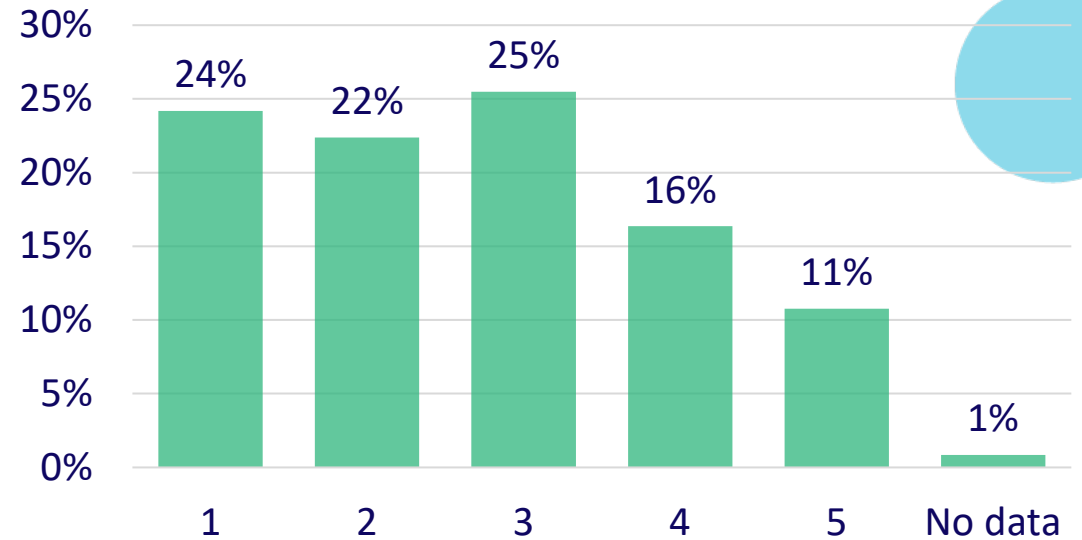
- fitness 92%
- health 89%
- condition management 81%
- wellbeing 77%
- self-esteem 77%
- socialising 42%

# Demographic breakdown of referrals

Percentage of referrals by age group



Percentage of referrals by IMD quintile

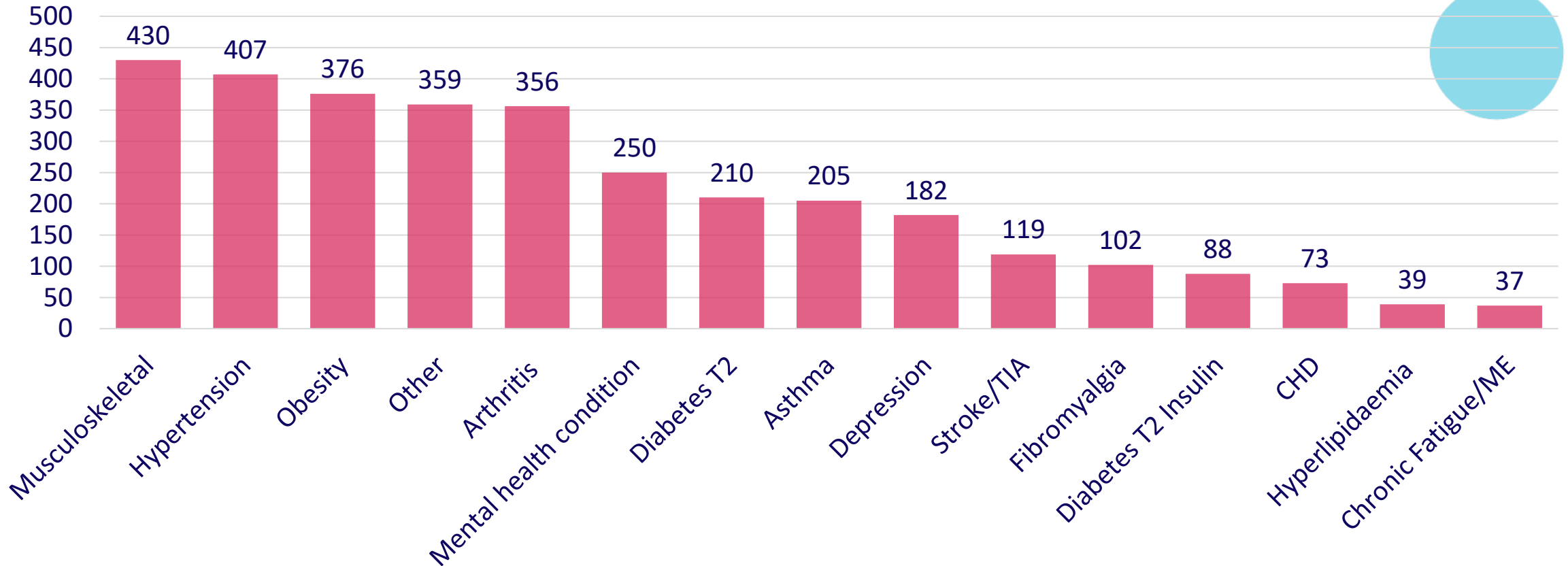


- **55% of referrals aged 56 and over**
- **>70% of referrals in quintiles of deprivation 1-3**
- **21.5% from Core20 communities – over-representative of population (15.9%)**

Gender	%
Female	62%
Male	38%
Transgender	<1%
Unknown	<1%

# Referrals by medical condition

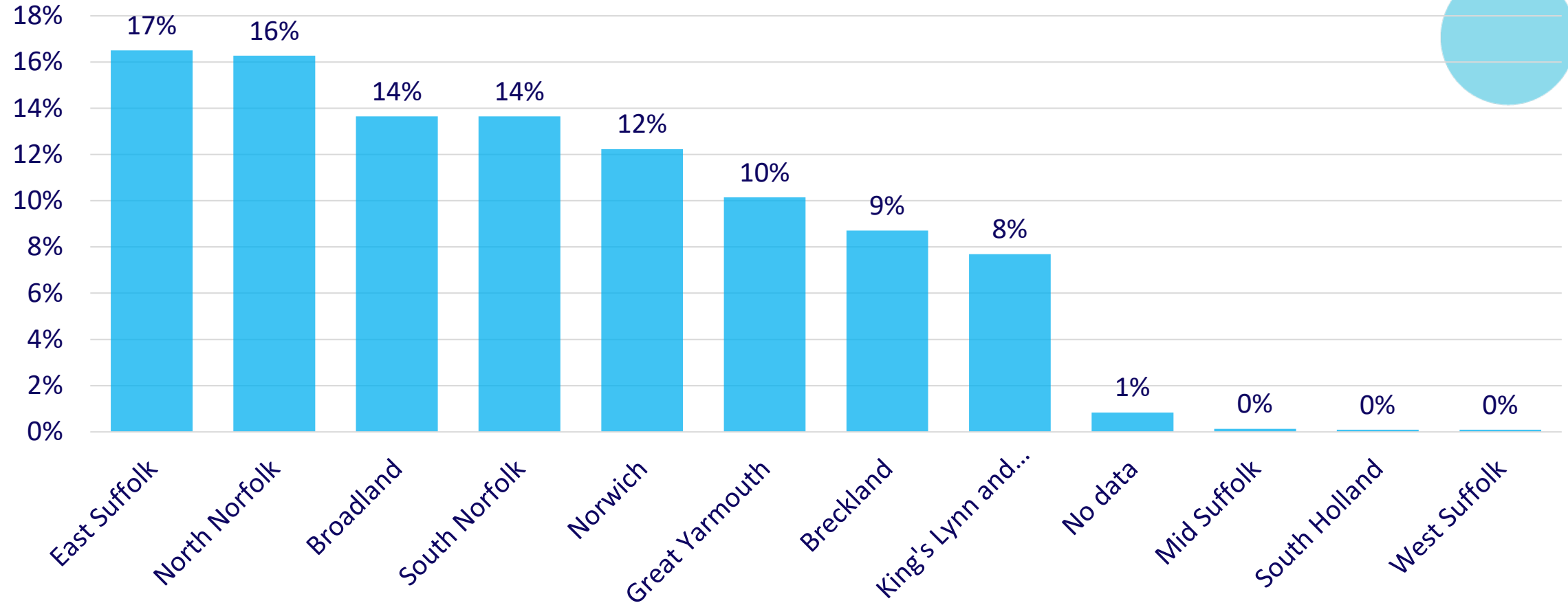
Number of referrals by condition



- A range of medical conditions being referred including initial priority conditions of diabetes and hypertension. Not an exhaustive list above.
- Note: Co-morbidities can be selected on the referral form. One value here does not represent one patient.

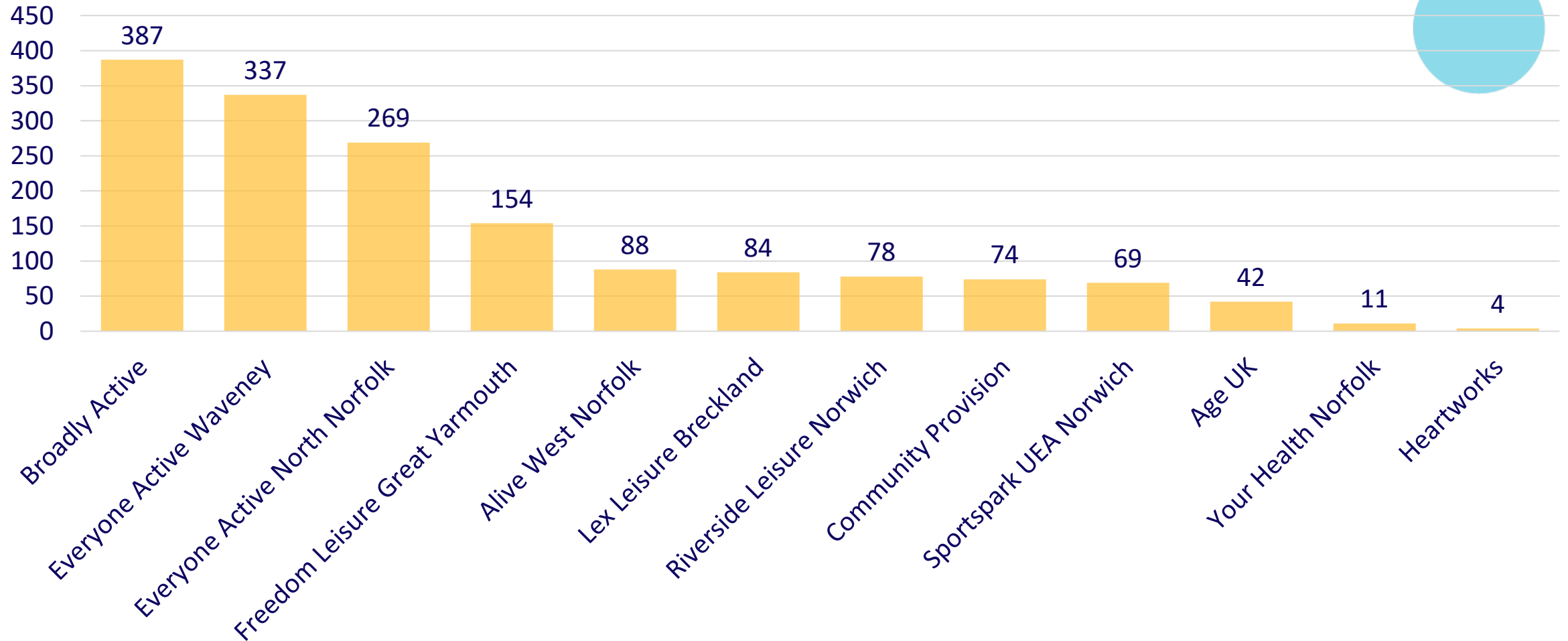
# Referrals by district

Percentage of referrals by district



# Referrals to activity providers

Number of referrals to activity providers



# Uptake by provider

Scheme	Total referrals	Take-up	Take-up %	Waiting to participate	Waiting to participate %	Opt/Drop out	Opt/Drop out %
Broadly Active	387	243	<b>63%</b>	58	<b>15%</b>	133	<b>34%</b>
Everyone Active Waveney	337	235	<b>70%</b>	37	<b>11%</b>	86	<b>26%</b>
Everyone Active North Norfolk	269	196	<b>73%</b>	19	<b>7%</b>	95	<b>35%</b>
Freedom Leisure Great Yarmouth	154	98	<b>64%</b>	30	<b>19%</b>	35	<b>23%</b>
Alive West Norfolk	88	23	<b>26%</b>	64	<b>73%</b>	1	<b>1%</b>
Lex Leisure Breckland	84	24	<b>29%</b>	46	<b>55%</b>	14	<b>17%</b>
Riverside Leisure Norwich	78	16	<b>21%</b>	57	<b>73%</b>	5	<b>6%</b>
Community Provision	74	5	<b>7%</b>	67	<b>91%</b>	2	<b>3%</b>
Sportspark UEA Norwich	69	39	<b>57%</b>	22	<b>32%</b>	15	<b>22%</b>
Age UK	42	20	<b>48%</b>	19	<b>45%</b>	3	<b>7%</b>
Your Health Norfolk	11	0	<b>0%</b>	11	<b>100%</b>	0	<b>0%</b>
Heartworks	4	0	<b>0%</b>	4	<b>100%</b>	0	<b>0%</b>
<b>Total</b>	<b>1597</b>	<b>899</b>	<b>56%</b>	<b>434</b>	<b>27%</b>	<b>389</b>	<b>24%</b>

**27% waiting/preparing to take-up activity with referred provider**

**56% taken up and retained\* with referred provider**

**24% opt-out or drop-out of referred provider activity**

\*Retained refers to participants still participating in, or having completed, the provider's offer

## Early impact

My mental wellbeing is better. I'm more focused on doing activity which will aid my journey with arthritis in my hip although knowing it will not cure it. General fitness should improve with ongoing use of Gymnasium.

The instructor is very helpful, and I enjoy the sessions very much. My health and strength have improved a lot!

I feel more positive and stronger in myself.

It's made me realise how little daily exercise I did because of my painful hip. I hadn't bothered with doing any exercise previously and now realise how much my physical welfare had deteriorated.

A great social event, meeting others who had similar conditions. A bonus was having an instructor who catered for everyone and knew instinctively what you were capable of. I'd score them 11 out of 10!



# Active NoW, a new way of system-working

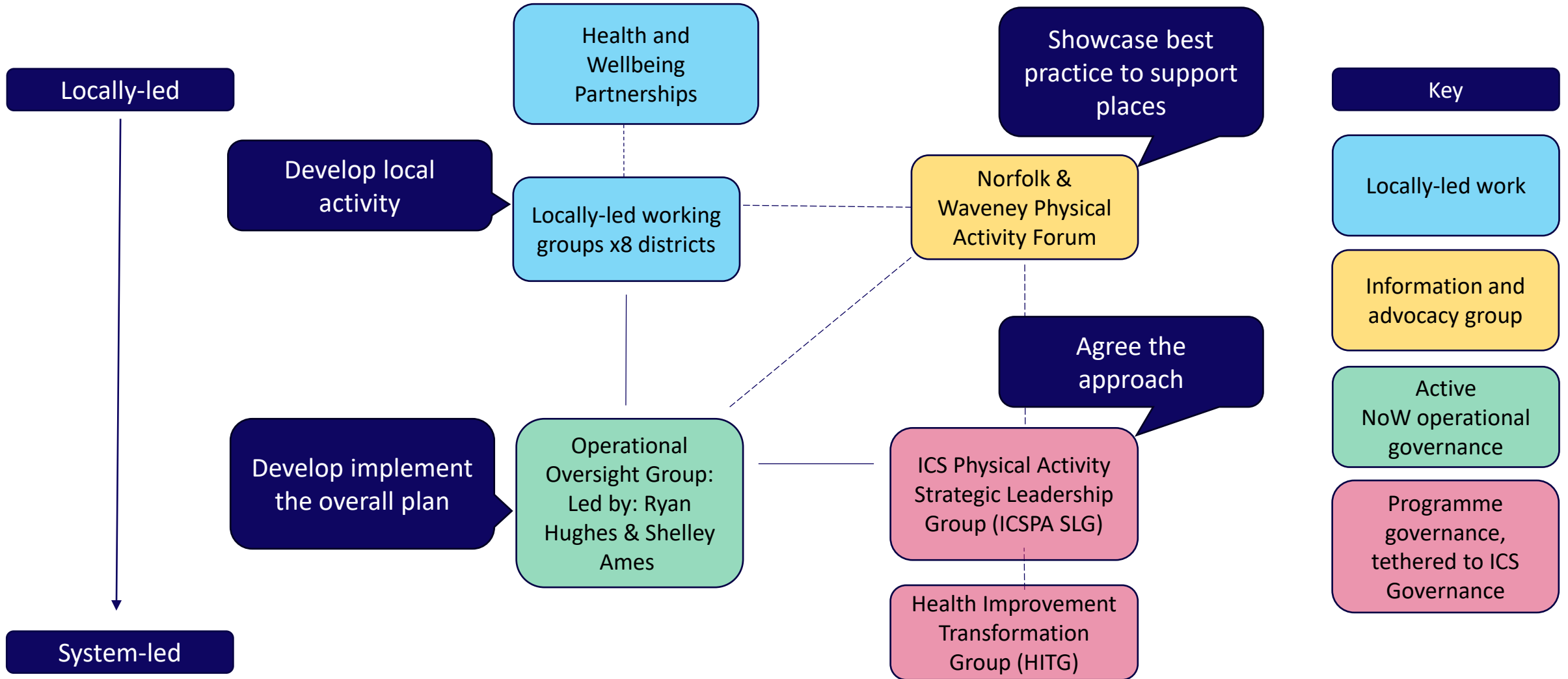
Our governance structure supports the principles and ways of working that have been agreed are important to support the implementation and further development of the model. These include:

- Ensuring a whole system approach
- Retaining a focus on reducing health inequalities
- Supporting collaboration and moving away from transactional commissioning arrangements
- Building on our existing assets
- Appropriate system-wide consistency, with local flexibility
- Supporting new ways of working and an alignment of resources
- Building partnerships across the physical activity sector, and between the sector and the health system

A Strategic Leadership Group provides oversight and final decisions on Active NoW delivery and is chaired by the ICB Senior Responsible Officer (SRO) for the programme, Karin Bryant. Membership of this group includes the Norfolk & Waveney ICB, Norfolk County Council (Public Health, Social Care & Adult Learning), Suffolk County Council (Public Health), Active Norfolk, Active Suffolk, all 8 district councils and VCSE representation.

The system governance structure is supported by an operational delivery group and local working groups that coalesce partners, support the development of appropriate local activity, and link to the local Health & Wellbeing Partnerships to ensure local strategic alignment.

# Active NoW Governance



# System change milestones 2022/23

- Recurrent funding committed by the Norfolk and Waveney Integrated Care Board (ICB) with in-kind match investment by Active Norfolk and Broadland and South Norfolk District Council through significant workforce and resource commitment to enable the operational delivery of Active NoW.
- Developed and established a working single point of access triage service that is integrated with local health data systems, including EMIS, System one and Ardens, and has enabled 317 referrers to actively use the service.
- £98,169 invested to grow provision and infrastructure for referrals across 19 organisations spanning all 8 districts. A further £248,000 to be invested in place-based delivery in 2023-24.
- Active NoW governance and decision-making structure developed and implemented.
- Beginning to be recognised across the ICS as good practice .  
Nominated by the Norfolk and Waveney Population Health Management steering group for an annual HSJ award.
- Secured funding from the West Norfolk Place Board and ICB Mental Health Transformation for 2023-24 to support delivery against Active NoW priorities £270,000.

# What next: Plans for 2023-24

- Distribute in year grant monies to align against relevant Active NoW priorities, funding plans for 23/24 to be finalised and signed off by SLG by October (SMI proposals to be later in the year).
- Continue to grow referrals into the single point of access triage service, with a focus on aligning to falls prevention pathways and SMI health checks within primary care.
- Continue to grow investment into the model across the Integrated Care system
  - Proposal for Norfolk County Council Adult Social Care (ASC) and Public Health integration into Active NoW being written for the ASC EMT.
  - Further integration into ICB pathways and priorities
- Continue to explore the potential to open non-clinical referral routes – working with the ICB quality assurance team, to build into our service specification.
- Further edits and circulation of relevant supporting documentation, such as programme service specification and MOU.
- Build a Power Bi dashboard to support with monitoring and evaluation.
- Physical Activity for Health Improvement conference to be delivered in November for health and social care workforce, to support with developing more physical activity champions and increase the workforce using Active NoW.

# Overall Ambitions & Key Objectives

- Active NoW is the recognised brand for physical activity for health improvement for adults across Norfolk & Waveney
- Active NoW challenges the culture around prevention and promotes de-medicalisation of health and care
- Active NoW acts as the single point of referral into physical activity for adults within all frontline workforces across Norfolk & Waveney
- Active NoW is embedded in all relevant health and social care pathways
- Active NoW supports the development of capacity and high-quality physical activity services and opportunities for adults, that reduce inequalities in local areas
- Active NoW supports the development of a workforce that can support those with long term conditions, and a reduction in health inequalities