



Foreword

Welcome to the Active Rushcliffe Health Partnership Strategy (ARHP) 2021 – 2025, the Boroughs approach to improving the health and wellbeing of the residents of Rushcliffe.

The health of the Rushcliffe population is generally better than the England average and the Borough is one of the 20% least deprived districts in the country however, we believe it is not sufficient to compare to the health and wellbeing outcomes with that of the national average and aspire to the levels seen in other countries, such as the obesity rates in Sweden, France and Switzerland.

The ARHP Strategy 2021-2025 outlines the partnership priorities and the way forward. We need to take action in order to improve health and wellbeing and tackle health inequalities experienced by residents of Rushcliffe. The Strategy has been informed by evidence of need and various consultations with numerous partners, stakeholders and the public, acting as the local operational delivery arm of the Nottinghamshire Health & Wellbeing Board.

The Partnership monitors and reviews the associated Action Plan at their quarterly meetings. These meetings are attended by numerous key partners in health, sport and other related organisations. Collectively and through the delivery of our priorities we are working to make Rushcliffe a healthier Borough by taking action to improve the determinants of health and provide our residents with equitable opportunities that enables 'the healthy choice'.



Cllr Abby Brennan
Portfolio Holder for
Community and the Environment



Dave Banks
Director Neighbourhoods
Rushcliffe Borough Council

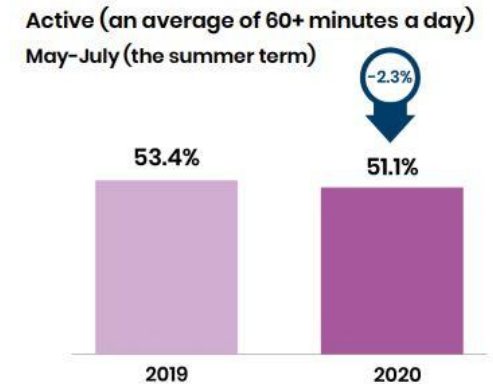
Impact of COVID 19 – Sport and Physical Activity

In April 2021 Sport England published the latest findings from the Active Lives Survey for the period November 2019 to November 2020, which includes the first 8 months of the Coronavirus pandemic – full national lockdown, easing of restrictions in the Summer and the start of the second lockdown. It reveals that

‘despite a huge effort from activity providers to adapt throughout the year and continued efforts by the population to remain active by switching to alternative or adapted activities, the pandemic has had an unprecedented impact on our ability to take part in sport and physical activity’ – Active Lives Adult Survey November 2019/20 Report, page 3

- The number of **ACTIVE** adults fell by 1.9% or 710,000 compared to 12 months earlier
- The number of **INACTIVE** adults rose by 2.6% or 1.2 million compared to 12 months earlier

For the same period, the Active Lives Children's' Survey also reported fewer children and young people were active during the summer term than in 2019, falling by 2.3%, with just over 100,000 fewer children meeting the recommended level of activity compared to the same period 12 months earlier.



With the closure of gyms, stadiums, pools, dance and fitness studios, the number of people walking, running, cycling and doing at home fitness increased, limiting the negative impact on overall activity levels.

1.6m children and young people went for a walk (+22.2%) or did fitness activities (+22.1%) whilst 1.4m more cycled for fun or fitness (+18.4%).

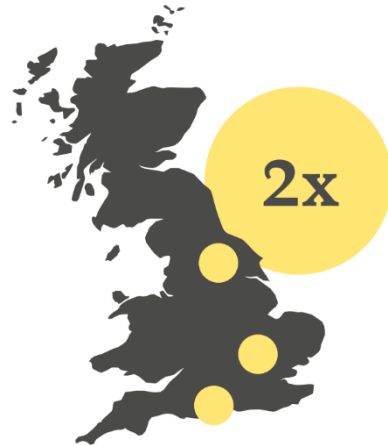
Impact of COVID 19 – Health and Wellbeing

COVID 19 has caused huge and unequal impacts on individuals and communities, exposing many health inequalities, including income, age, race, sex and geographic location with threats to health and well-being rooted in social, economic, political and environmental determinants of health – **WHO, The impact of COVID-19 on global health goals, 2021**



2 million

A month into lockdown, 2 million children had experience food insecurity and one-third of children eligible for free school meals were still not receiving any substitute provision



In England, COVID-19 mortality rates were more than twice as high for people from the most deprived 10% of local areas compared with people from the least deprived



Alcohol intake across the population as a whole remained about the same, however, this masks an increase in this behaviour among heavy drinkers



Loneliness increased in England between spring 2020 and February 2021 with working-age adults living alone more likely to report loneliness

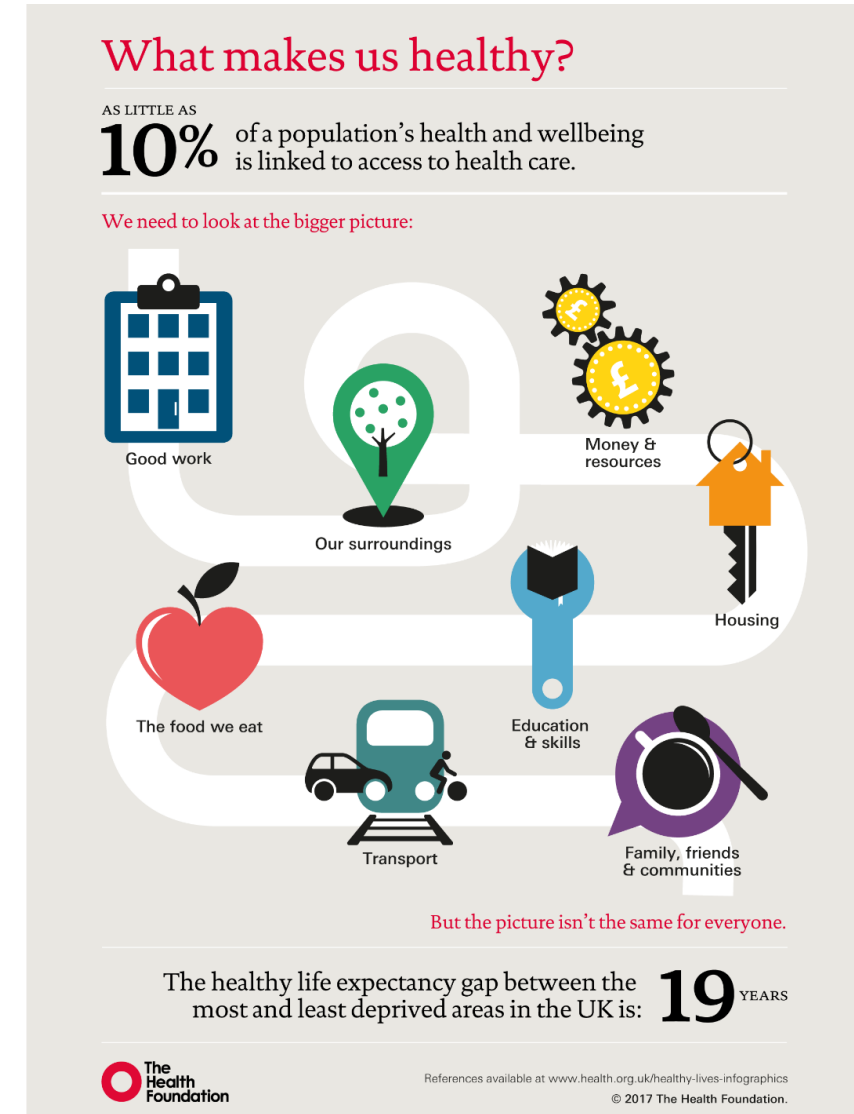


Smoking prevalence in the 4-week period ending March 2021 was lower than the 2019 baseline, with an increase of people attempting to quit, however, this masks an increase in this behaviour among heavy smokers

Determinants of Health

It is estimated that healthcare only accounts for 10% of a population's health, the rest being predominantly shaped by socio-economic factors. No individual organisation has control over all of these determinants and improving the health and wellbeing of the people of Rushcliffe requires a whole system approach.

Active Rushcliffe Health Partnership is Rushcliffe's solution to driving this approach.



Population
121,400
(ONS MYE 2020)

14.2%
of the population have a common
mental health disorder
(PHE Common Mental Health Disorders Profile 2018)

One of the **20%**
least deprived districts in England
(Rushcliffe Health Profile 2019)

Difference in life expectancy between the most and least deprived is
6.6 years ♂ & **4.3 years** ♀
(Rushcliffe Health Profile 2019)

Year 6: Prevalence of obesity
11.3%
(Rushcliffe Health Profile 2019)

Overweight or obese adults
62.2%
(Rushcliffe Health Profile 2019)

54%
of children and young people are
classed as physically active
(Published Active Lives Children's Survey 2019)

67.2 %
of adults classed as physically active
(Published Active Lives Survey 2020)

3.6 %
Smoking prevalence in adults
(Rushcliffe Health Profile 2019)

2.5%
greater proportion of over 65 year olds
in Rushcliffe compared to England
average (ONS 2020)



Data Comparison

Rushcliffe Population	Year	Figure	Change
Total	2016	115,200	
	2020	121,400	↑ 5.4%
% that have a common mental health disorder	2017	14.2%	
	2018	14.2%	→0%
Difference in life expectancy between the most and least deprived	2018	4.5 years ♂ & 5 years ♀	
	2019	6.6 years ♂ & 4.3 years ♀	♂ ↑2.1 Years ♀ ↓0.7 years
% of overweight or obese adults	2017	63.3%	
	2019	62.2%	↓1.1%
% of adults classed as physically active *	2018	68.8%	
	2020	67.2%	↓1.6%
% who smoke	2018	9.7%	
	2019	3.6%	↓6.1%
% over 65 years old	2018	21%	
	2020	21%	→0%

*impact of pandemic

Our Priorities

The partnership has identified 5 priorities in which we consider will have the greatest impact on health and wellbeing:

Increase year on year participation in physical activity and sport with a focus on the inactive

Contribute to a reduction in the prevalence of obesity with a focus on the food environment

Contribute to a reduction in substance misuse (alcohol & drugs), smoking, and the number of people exposed to smoke

Contribute to the improvement of mental wellbeing including dementia

Drive improvements in the wider determinants of health, tackling inequalities and enabling healthier environments.
(Crosscutting)

Our Ambitions

Physical Activity

- Increase the number of physically active adults from 67.2 % to above 69%
- Increase the number of physically active children from 45% to 48%

Obesity & Food Environment

- Reduce the number of adults overweight or obese from 62.2% to below 60%
- Reduce the number of Year 6 obese children from 11% to below 10%

Smoking & Substance Misuse

- Reduce the number of smokers from 3.6% to below 3%
- Reduce the number of residents misusing alcohol and drugs

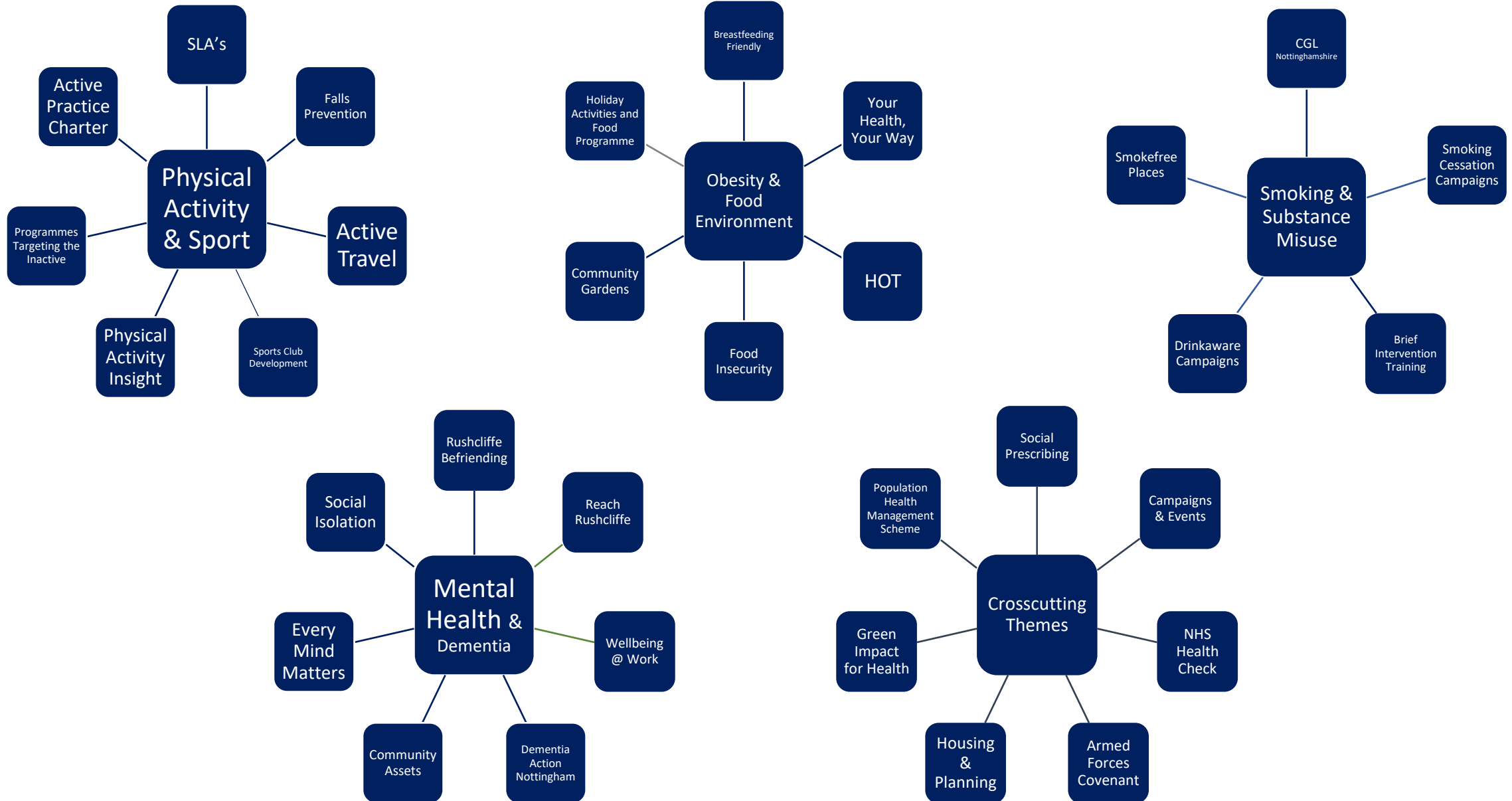
Mental Health & Dementia

- Increase the number of community assets that enable mental wellbeing

Crosscutting Themes

- Positively influence the difference in life expectancy and indices of multiple deprivation within Rushcliffe

Our Actions



Terms of Reference

Purpose

This Partnership provides a forum to implement a coordinated local response to the Countywide Nottinghamshire Health and Well Being Strategy at an operational level. This Partnership seeks to provide the response on behalf of residents living within the Rushcliffe Borough and also for the people registered with a General Practice of the Nottingham and Nottinghamshire Intergrated Care System

The ultimate goal of the partnership is to improve health and reduce inequalities.

Key objectives

- To identify health priorities and establish an action plan for the group.
- To ensure that the Partnership operates within a performance framework linked to relevant local/county targets. This will include the outcomes, objectives and targets stated within the action plan
- To ensure that the delivery plan is SMART, with targets, performance indicators, and actions with timescales, milestones and named responsible leads clearly set out.
- To ensure that project work identified is focused on adding value to mainstream delivery, and where necessary, influencing agencies 'to do it differently', rather than simply developing projects.
- To ensure that project work is evidence-led and outcome focused

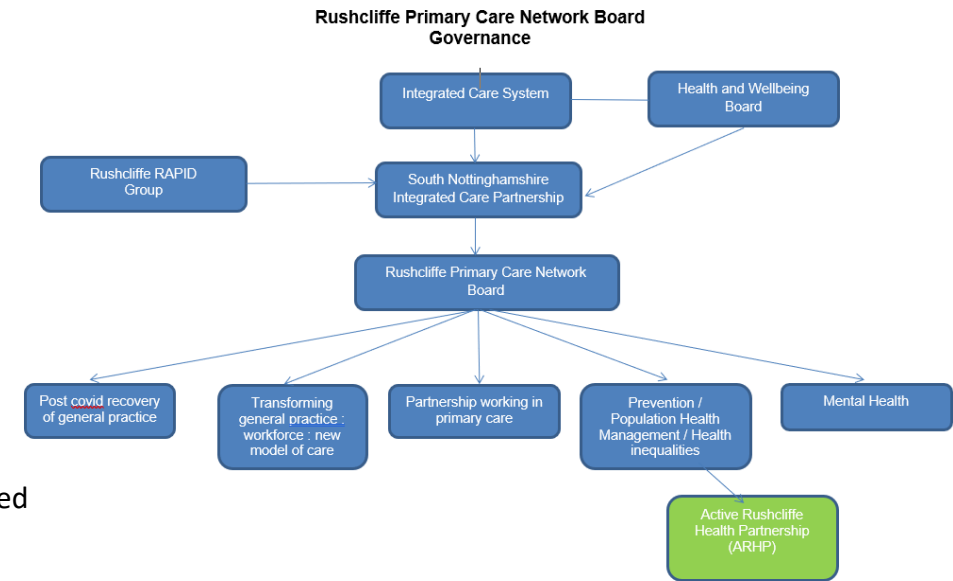
Partnership

The Active Rushcliffe Health Partnership will include representatives from the following agencies:

- Rushcliffe Borough Council
- Nottingham and Nottinghamshire Intergrated Care Board
- Nottinghamshire County Council
- Leisure providers (LEX Leisure, Mitie)
- Rushcliffe Community and Voluntary Service
- County Health Partnerships
- Children Centres (Sure Start)
- Active Notts
- Rushcliffe School Sports Partnership
- Sports Clubs

Governance

The Active Rushcliffe Health Partnership will be the delivery arm of the Nottinghamshire Health & Wellbeing Board in Rushcliffe, accountable to the Rushcliffe PCN and the Healthy & Sustainable Places Coordination Group. Issues that require escalating will be taken to Rushcliffe Primary Care Network Board.



ARHP Meetings and Administration

Chairperson and Vice Chairperson	To be appointed by ARHP on a two yearly basis. Vice Chair will be co-opted if necessary
Secretariat	Will be provided by Rushcliffe Borough Council
Minutes Clerk	Will be provided by Rushcliffe Borough Council
Meetings	Will be quarterly. The meeting cycle will be set annually. Meetings will be set for an agreed time frame which recognises the time demands on all partners. They will be conducted in a focussed and business-like manner.
Agenda and Papers	Papers and items need to be placed on the agenda in advance of meetings. Papers will be circulated at least 5 working days prior to meetings, to allow sufficient time for partners to prepare.

Key Documents

- [Nottinghamshire Joint Health & Wellbeing Strategy](#)
- [Rushcliffe Health Profile](#)
- [Nottinghamshire Insight](#)
- [Sport England: Uniting the Movement](#)
- [Sporting Future: A New Strategy for an Active Nation](#)
- [NHS Live Well](#)
- [Active Notts: Making Our Move](#)
- [Wider Impacts of COVID 19 Health Summary](#)
- [COVID 19 Impact Inquiry Report](#)
- [Population Health Management – Ageing Well](#)