

# Gplus 31 - Getting the Inactive Active

## Guidance Notes



PLAN					
How do you plan to engage inactive people and increase their activity levels?	<p>No clear plan of why and how to identify and engage inactive populations.</p> <p>Interventions take place on a reactive basis.</p> <p>No evidence of discussion with wider stakeholders.</p> <p>Very little, if any, insight has been generated.</p>	<p>There is a simple plan in place but it is limited and not widely understood by stakeholders.</p> <p>Programmes and interventions are informed by:</p> <ul style="list-style-type: none"> <li>Local data and information</li> <li>National data and tools such as Active Lives and Health Profiles, Physical Activity Data Tool</li> <li>Evidence of what works</li> </ul> <p>Discussions have taken place with the local Public Health team, the CSP and other and other physical activity and/or mental health organisations.</p>	<p>Plans are in place and these clearly describe actions, which are proactively seeking to achieve sustainable change.</p> <p>Plans are aligned with local priorities and stakeholders have been consulted.</p> <p>Interventions reflect current and emerging evidence and target inactive local communities and populations.</p> <p>The Business Plan and service contracts describe the importance of working with inactive populations.</p> <p>Interventions targeting priority groups are easily identifiable and take place outside of the facilities controlled by the organisation/local authority/operator.</p>	<p>Plans are SMART and actions are proactive seeking to achieve sustainable change.</p> <p>A stakeholder group/board exists and this is actively involved in planning delivery.</p> <p>Physical Activity Action Plan(s) exists, which clearly identify the: Who, Why, What, How, When and Where.</p> <p>Plans make use of the latest local and national insight and frameworks.</p> <p>Interventions reflect what has been successfully done elsewhere and this has been matched to local need.</p> <p>Local stakeholders are engaged in the development and review of plans.</p>	<p>A suitably representative stakeholder group has approved plans and agreed actions/delivery.</p> <p>A multi provider approach exists with all key stakeholders working together across common interventions, extending the local reach and offer. Common competencies and progressive change are demonstrated.</p> <p>A Physical Activity Continuum provides progression and opportunities to encourage ongoing participation.</p> <p>The local Health &amp; Wellbeing Board has approved plans and delivery approaches.</p>
DO					

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<p>What do you do and who do you work with to engage and change the activity levels of inactive people?</p>	<p>Interventions fail to consider local needs.</p> <p>The status quo is evident – ‘we have always done things this way’.</p> <p>There is nothing to suggest actions are based on best practice.</p> <p>Delivery is in isolation to other local providers.</p>	<p>The focus for delivery is on targeting priority groups.</p> <p>Local barriers to participation have been considered.</p> <p>Discussions are taking place with other local providers to enable services to co-exist alongside each other.</p>	<p>Interventions delivered clearly demonstrate how they contribute to:</p> <ul style="list-style-type: none"> <li>• National KPIs 1, 2 &amp; 3 (Government’s Strategy).</li> <li>• Local KPIs (e.g. those contained in the Health &amp; Wellbeing Strategies/Plans).</li> </ul> <p>Activities are based on best practice and have an evidence base for their use in targeting specific populations.</p> <p>The organisation is actively co-operating with other local providers to enable a wider and progressive range of complementary services to be available with good connections between them.</p>	<p>Activities mirror best practice, have considered local need and have made use of a wide ranging evidence base for targeting specific populations.</p> <p>Local and national KPIs are used to shape delivery (who, what, how, where and when)</p> <p>Staff are trained in Behaviour Change techniques and Behaviour Change is clearly an approach being adopted.</p> <p>The organisation is pro-actively seeking collaborations with other providers to align services from different sectors for targeted populations.</p>	<p>Behaviour Change is at the heart of delivery.</p> <p>Delivery clearly mirrors evidence of need, which shapes the focus of activities offered.</p> <p>Decision prompts are used to encourage ad hoc activity. Tracking devices are used to encourage activity.</p> <p>The organisation can demonstrate it is co-owning/producing interventions with providers from other sectors to enhance service provision for targeted beneficiaries.</p>
<p><b>MEASURE</b></p>					

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<p>How do you measure the difference you are making?</p>	<p>No measurement systems are in place.</p> <p>Little thought is evident as to why it is important to measure what is done.</p> <p>No KPI's in use.</p>	<p>Measures for 'before &amp; after' programmes and interventions are used.</p> <p>Active Lives and/or other nationally accessible databases are used to help understand how to shape different interventions and the contribution towards the outcomes they are likely to make.</p>	<p>Approved tools which measure the 'before &amp; after' are used.</p> <p>KPIs 1 &amp; 2 are used to measure participation shift and a watching brief on Active Lives helps inform delivery.</p> <p>Processes are in place to generate case studies.</p> <p>Interventions are addressing isolation – bringing people together and maximising the benefits.</p>	<p>Data collected at 'Point of Sale' is routinely evaluated.</p> <p>A number of approved tools are used to measure the 'before &amp; after' differences.</p> <p>A number of DCMS/Sport England KPIs are used to measure change/shifts in participation and inactivity.</p> <p>Data/information collection also takes place outside of the 'four walled' environments.</p> <p>Good quality case studies tell the stories of the participant journey.</p> <p>A stakeholder group/board exists and regularly considers the data and information collected to inform future plans and interventions.</p>	<p>Gold standard measurements and tools are used to gather data and information overseen by a stakeholder group/board to drive improvements and progress.</p> <p>A range of indicators are used to measure the difference made e.g. KPIs 1, 2, 3, 7 &amp; 8 of the Government's Sporting Future Strategy, and, local KPIs including JSNA and Active Lives informed indicators.</p> <p>Independent evaluation / validation of measurements is undertaken e.g. local academia and/or independent evaluation experts.</p> <p>Measurement insight is collated and shared with staff and stakeholders..</p>
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REVIEW					
<p>How do you review what you do and what you measure?</p>	<p>No evidence exists which suggests review/s take place.  The status quo is evident – ‘we have always done things this way’.</p>	<p>Review of data/information collected is undertaken regularly.  A reporting mechanism is in place to cascade findings.</p>	<p>Review of data/information collected is undertaken systematically.  Evidenced based approaches are used to evaluate activity (i.e. National Obesity Observatory Standard Evaluation Framework)  The review stakeholder group has Public Health input</p>	<p>The National Obesity Observatory Standard Evaluation Framework evaluation methods are core to the review process.  Data and information collected is compared via an agreed benchmarking process.  Data and information from ‘Point of Sale’ also includes data collected in the ‘field’ and this is routinely evaluated.  A review stakeholder Group/board has an independent evaluation champion e.g. academic or independent expert, and a customer representative</p>	<p>The National Obesity Observatory Standard Evaluation Framework evaluation tools and methods are used  A review stakeholder group/board has a non user or target population representative.  Customer Panel exists (users and non users) as a sounding board for pre-launch and soft launch of interventions.  Findings from reviews are regularly fed back to staff and stakeholders.</p>

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IMPACT					
<p>Do your programmes and interventions make a difference?</p> <p>How do you tell the story?</p>	<p>Unable to articulate and provide examples of impact / differences made.</p> <p>No 'personal journeys' or cases studies available to help tell a story.</p>	<p>The organisation is able to report the difference its interventions make.</p> <p>There is evidence of 'before and after' impact.</p>	<p>Aims and objectives (contained in Action Plan) are reported against.</p> <p>Interventions can be differentiated and the differences they make captured and compared.</p> <p>Success and failure are easy to recognise and report.</p> <p>Progress made is easily reported i.e. ability to demonstrate the differences between 'start and finish'.</p>	<p>Clear progress can be seen against aims and objectives that have been collectively agreed with stakeholders.</p> <p>The organisation is able to demonstrate the differences between 'start and finish' (progress made) and the case studies tell a wider story of impact.</p> <p>Media releases regularly share good news stories.</p>	<p>A review stakeholder group presents findings to the Health &amp; Wellbeing Board/CSP or other key groups.</p> <p>Case studies and Customer journeys form part of the back story and these are shared 'upwards' and 'outwards'.</p> <p>Independent evaluation has been formally recognised and is presented at conferences or seminars.</p> <p>The organisation is recognised externally by peers as good or best practice.</p>

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### Suggested Guidance

PLAN
<b>How do you plan?</b>
<b>Examples of Best Practice</b> <ul style="list-style-type: none"><li>• Physical Activity / Sport Strategies and Action Plan/s exist and have been informed and approved by a stakeholder group, and where available, a political, scrutiny process, and endorsed/adopted by the local authority, local Health &amp; Wellbeing Board and CSP</li><li>• Physical Activity / Sport Strategies and Action Plans have clear actions, focus and delivery approaches which are multi-faceted, suitably resourced, based on local need and SMART; these plans have been developed by a suitably representative stakeholder group or board who have decision making powers.</li><li>• Interventions are based on Local, Regional, National and International Evidence &amp; Best Practice. For example: National Institute for Health and Care Excellence (NICE), Sport England Research, National Obesity Forum, British Heart Foundation National Centre for Physical Activity, UKActive Research Institute, SPORTA 'Make Your Move', SPORTAPurple, World Health Organization, Centres for Disease Control (USA)</li><li>• Local need, evidence and best practice is reviewed regularly and interventions adapted to take account of new ways/methods of working</li><li>• Processes exist that generate case studies which help you tell stories of 'others like me'</li><li>• Service contracts emphasise the importance of working with inactive populations and programming and interventions are shaped to respond to these needs</li></ul>

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### Guidance

- Does the organisation work with key stakeholders in a co-operative and co-production way and are actions strategically agreed/approved/signed off e.g. via the H&W Board, CSP or some other Partnership Group? The local authority will have clearly defined priorities, many captured within the Joint Strategic Needs Assessment (JSNA), Health & Wellbeing Board Strategy/Action Plan, Director of Public Health Annual Report and the Clinical Commissioning Group (CCG) Local Delivery Plan. Many areas will have Locality (neighbourhood) Plans. These priorities and plans are written to align and scale up delivery
- Are Health & Wellbeing Board plans used to shape ideas, inform organisation decisions and set objectives?
- Plans must reflect local priorities and where possible mirror the DCMS/Sport England KPI's; especially KPI's 1, 2, 3, 7 and 8
- How does the organisation work with and through others to achieve the shift required locally as no organisation can deliver increased participation alone?
- What insight is available (e.g. Sport England Segmentation) and used to help shape interventions so they reflect population/group preferences?
- Active Lives will help describe current participation and provide a starting point (baseline) on which to develop plans that can be assessed over time
- Work with community groups and targeted populations to co-produce interventions that match their needs
- Establish working groups and public soundboards and use feedback to inform ideas and shape offers
- Establish relationships with the clinical community; work with/through the local CCG, CCG Long Term Conditions Programme Lead, Local Medical/Clinical Committee to inform interventions and establish a Clinical Champion who you can use as an advocate for your work and physical activity locally
- Identify ways you can identify local people to help you cascade case studies (stories) about how becoming physically active has improved lives
- Organisations can easily demonstrate a commitment above and beyond programming of facilities to increasing the activity of inactive populations locally
- Discussions are taking place with commissioners (not just health commissioners) to re-shape programmes and interventions towards the needs of inactive populations

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### DO

#### How do you get the Inactive Active?

##### Examples of Best Practice

- The organisation will have a group or board which helps determine the types of interventions the organisation delivers; this group/board has the power to agree the types of interventions delivered
- Working in collaboration with various stakeholders, including other providers, to develop appropriate and progressive physical activity (sport) offers and interventions; working with and through others to build offers of consistent quality and provide assurance of competence, skills and knowledge via a multi component workforce
- Using 'outreach' initiatives to drive participation with links to established offers; working with people where they live, work, visit to demonstrate activity can be part of everyday lives.
- Interventions will be based on Local, Regional, National and International Evidence & Best Practice; National Institute for Health and Care Excellence (NICE), Sport England Research, National Obesity Forum, British Heart Foundation National Centre for Physical Activity, UKActive Research Institute, SPORTA 'Make Your Move', SPORTAPurple, World Health Organization, Centres for Disease Control (USA), etc.
- Offers will recognise local participation barriers, reflect need, be flexible to accommodate different abilities and delivered in easy to access locations with good transport/active travel links; activities delivered will consider - time, cost, access, frequency, intensity, duration and aim to improve confidence and motivation
- Including behaviour change techniques to support decision making is likely to improve/affect participation; conversations with inactive people and population will help respond to individual needs and help develop appropriate offers, interventions and programming. Organisations demonstrate a commitment to remain up to date on evidence and research. For example; The UKActive 'Lets Get Moving' (Community Based Physical Activity Counselling) initiative, funded by Sport England, provides good and very recent evidence of the effect of behaviour change approaches in at risk populations
- Build processes to generate case studies which help tell stories of 'others like me'
- Staff are trained in behaviour change and positive decision making; staff hold conversations with people who become more informed about their activity behaviour and their ability to make informed positive physical activity (sport) decisions are demonstrable
- The use of activity trackers will help people capture their activity over a day, week, month or longer; activity tracking can help people self-measure their activity, with pedometers (currently) being the best method based on evidence.



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### Guidance

- At the heart of delivery will be the DCMS key drivers: KPI 1 - Increase in percentage of the population taking part in sport and physical activity at least twice in the last month, and, KPI 2 – Decrease in the percentage of people physically inactive (both measures are part of Active Lives national survey).
- Interventions should help people begin slowly increasing participation (intensity, frequency, duration and activity type) over a time period of greater than 12 weeks (12 to 18 weeks will help produce longer lasting behaviour change)
- The use of decision prompts e.g. ‘Use the stairs’, at points of decision will help encourage ad hoc activity and positive behaviour change
- Look at ways of providing activity tracking e.g. pedometers, and provide advice/guidance on the correct use of such devices; review the evidence for the use of pedometers is available from NICE

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### MEASURE

#### How do you measure?

#### Examples of Best Practice

- There will be clear objectives and aims for the interventions delivered; objectives and aims will be SMART and based on local need
- The organisation will have a group or board which helps determine the types of interventions the organisation delivers and this group/board will have clear sight of data, information Public Health England produced Health Profiles provide all the key statistics which you can assure your organisation of their accuracy, validity and reliability. Health Profiles will also be used by a number of local strategic organisations e.g. the Local Authority, Public Health Teams and CCG's, to inform commissioning and resource investment decisions; interventions will aim to affect one or a number of the statistics contained in the local Health Profile
- Active Lives provides a number of key indicators on which you can measure shifts in different types of participation
- At the heart of any measurement process will be the DCMS key drivers: KPI 1 - Increase in percentage of the population taking part in sport and physical activity at least twice in the last month, and, KPI 2 – Decrease in the percentage of people physically inactive (both measures are part of Active Lives); other DCMS measures will help build a picture of shifts in participation e.g. KPI 3 (utilising the outdoors), 7 (volunteering) and 8 (representativeness).
- Active Lives will provide an accurate, sizable and comparable picture of local participation across a wide indicator set; Active Lives should be monitored, interpreted and its insight utilised so that focus and emphasis on particular local priorities can be maximised.
- The use of Data Collection Systems (point of sale and customer tracking) provide useful tools to interrogate near instant sources of data; transferring data into useful information will help organisations adjust and change what they do.
- Robust systems for data collection, not just in four walled settings, will help generate a picture of participation in community settings; mobile devices can be used to register participants accurately and routinely.
- Identifying 'person centred' starting point will help demonstrate positive progression. Using tools to measure change will help measure progression. For example: use of measurement tools contained in the Standardised Evaluation Framework for Physical Activity Interventions via NOO (National Obesity Observatory) will help ensure measurement approaches are valid, robust, accurate and comparable.
- Organisations can demonstrate existing relationships with evaluation based organisations eg universities and independent assessment/evaluation organisations; evaluation is clearly at the heart of everything and results/findings inform rapid organisation change.

#### Guidance

- Build processes to generate case studies which help tell stories of 'others like me'; generate personal journey stories and encourage people to tell them via social media, newsletters, at local events, press releases and evaluate where possible.
- Use evidence and insight to inform intervention design and programming; seek out evidence of what works and shape this to match local needs
- Establish relationships with local academic organisations building relationships over time; encourage membership from such organisations on groups and boards responsible for developing local interventions.

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### REVIEW

#### How do you review what you measure?

##### Examples of Best Practice

- The review of interventions is not done in isolation. Reviews consider locally available information, Active Lives information, emerging evidence/best practice and comparisons with other 'very similar' locations via benchmarking processes
- The organisation will have a group or board which helps determine the types of interventions the organisation delivers; this group/board will have the power to review and change delivery based on feedback, evaluation and new/changing evidence. It will also have a diverse representation and include a Public Health team decision maker, a local academic (University representative), customers and non-customers who help inform decisions.
- A customer panel is used to test ideas prior to launch. This panel will include non-users and those who have been identified as inactive eg priority populations, so that the interventions have the best opportunity to increase participation of those from inactive populations
- Reviews will consider how well interventions have increased participation and will identify how interventions have taken non active people to regularly active; the use of measurement tools (questionnaires and case studies) will help determine progression and impact at the individual and population (target group) level

##### Guidance

- The use of measurement tools contained in the Standardised Evaluation Framework for Physical Activity Interventions via NOO (National Obesity Observatory) will help ensure measurement approaches are valid, robust, accurate and comparable.
- Identify a local Public Health representative who can help with the review process; if possible it will be very useful to have a Public Health decision maker in this role. Seek the ideal representative by asking the local/county Director of Public Health or Head of Health Improvement for their nominated person.
- Identify local academic partners who are willing to provide an academic perspective; if possible it will be very useful to have a local academic organization/individual who understands psychology, community development and/or evaluation of physical activity interventions.
- All review processes must be validated via reliable evaluation processes/tools; a number of evaluation tools are available and these will help you generate comparable, evidence based data and information on which you can generate informed decisions about changes required.

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### IMPACT

#### Has what you have done made a difference?

##### Examples of Best Practice

- You will be able to report on your agreed objectives and aims for the interventions delivered; reporting processes will consider how outputs and outcomes are to be communicated and celebrated
- Active Lives will generate regular data and information to identify participation shift; you will be able to claim your interventions have contributed to these shifts because you have confidence in your measurement processes and the scale at which your interventions operate
- You will have independent evaluation of your impact and this will clearly demonstrate the role your organisation has made to generating the differences; the use of local academic institutions and independent evaluation experts will add value to your impact claims
- Case Studies and Customer Journeys will add to the quantitative reporting processes; qualitative measurements are an important part of the impact reporting process and these will add additional impact telling a wider back story to the data/information reported. Individuals will tell their own story and will act as champions for the interventions delivered
- Impact will be reported to a group or board and this will be cascaded upwards to the Health & Wellbeing Board, CSP and other groups/boards; agreement and recognition of the impact will be reported and minuted formally.
- Media releases via various routes will cascade the personal stories and overall successes; the use of local newspapers, social media and newsletters will add to the back story and provide good news on a regular basis

##### Suggested Guidance

- There is a need to generate accurate processes for capturing and reporting impact (success); reporting systems will enable you to easily demonstrate the difference your interventions make and tell a story about personal experiences
- Active Lives will help understand participation in key activities; you will be able to demonstrate how your interventions contribute to these participation figures
- Identify how independent representatives (academics and evaluation experts) can add value and help you cascade the difference your interventions make; independently validated outputs and outcomes will help you spread the word of the impact you make
- Reporting processes will help you cascade the good news your interventions deliver; think about who needs to hear about results, findings, learning, facts, figures and stories. Think about how you will communicate these – use fact sheets, appropriate narrative, images and infographics to tell a powerful story