

**Stakeholder List**

We have consulted extensively with a wide range of stakeholders on the draft Physical Activity and Sport Plan.

Responses from a number of stakeholders have been received:-

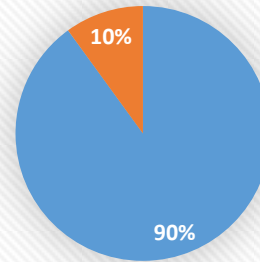
<b>Consultees</b>
Nottinghamshire Cricket Board
Active Notts
Sport England
Carlton on Trent Parish Council
Nottinghamshire County Council
Nottinghamshire County Council Public Health Division
YMCA Newark and Sherwood
Business Units within Newark & Sherwood District Council
Walesby Parish Council
Newark and Sherwood Homes
Ossington Parish Council

**Survey Questions**

<b>Questions</b>	
<b>Q1.</b>	Name of Organisation
<b>Q2.</b>	Contact information
<b>Q3.</b>	The Physical Activity and Sport Plan's vision is to improve access and participation for all and make Physical Activity and Sport a part of everyone's life. Does your organisation share this vision?
<b>Q4.</b>	How do the following priorities align with those of your organisation (on a scale of 1-10 where 10 is 100% align and 1 is not aligned)?
<b>Q5.</b>	From your organisation's perspective what are the challenges with the people and communities we are trying to reach? e.g. resource, facilities, finance etc.
<b>Q6.</b>	How much understanding do you have about the people and communities that we are trying to reach?
<b>Q7.</b>	What support, if any, would you like in helping to develop a deeper understanding of the people and communities we are trying to reach?
<b>Q8.</b>	What strategies and priorities, if any, have you identified as a result of your understanding of the people and communities we are trying to reach?
<b>Q9.</b>	What challenges and opportunities would you foresee in encouraging participation in Physical Activity and Sport
<b>Q10.</b>	Do you have any additional comments or thoughts about the overall strategy?

## Analysis of Survey results

Q3. The Physical Activity and Sport Plan's vision is to improve access and participation for all and make Physical Activity and Sport a part of everyone's life. Does your organisation share this vision?

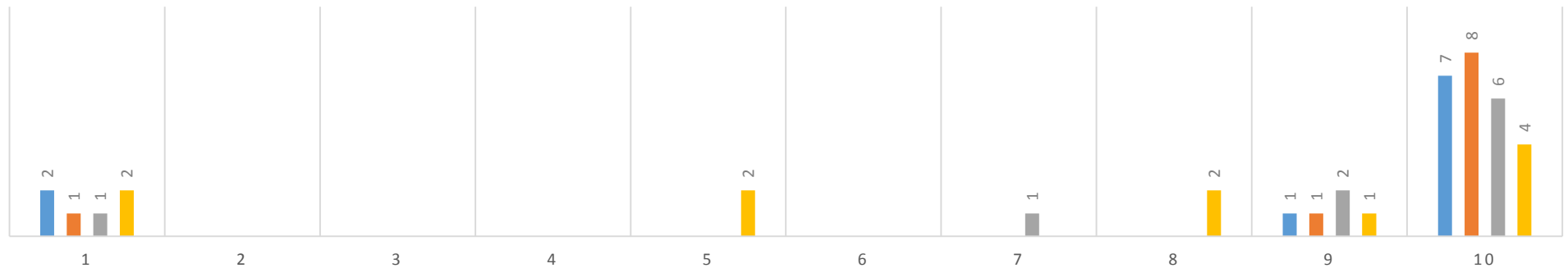


■ Yes, we do, we are already on board

■ No, not at the moment, but we'd like to in the future

Q4. How do the following priorities align with those of your organisation (on a scale of 1-10 where 10 is 100% align and 1 is not aligned)?

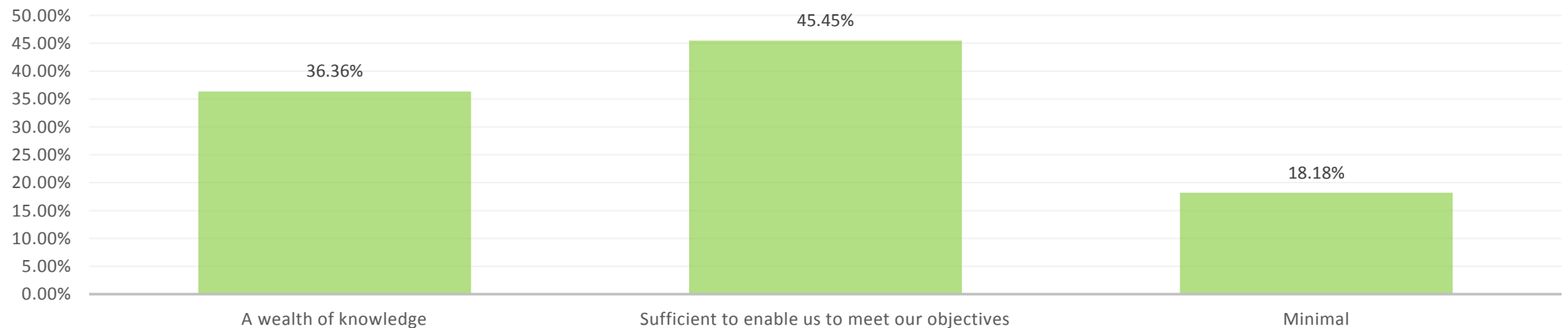
■ Inactive People   ■ Children and Young People   ■ Deprived Areas   ■ Keeping Active People Active



Q5. From your organisation's perspective what are the challenges with the people and communities we are trying to reach? e.g. resource, facilities, finance etc.

Response	
1.	Access to facilities and affordability
2.	The capacity and resource required to really reach these groups effectively. Means a need for a collective and co-created way of working.
3.	Poverty, additional life challenges, understanding what they want to do and then what the opportunities are locally
4.	The challenge for those people in our community is one of access - either due to cost or disability.
5.	To get communities on board needs to be co-produced so that the communities get the resources and facilities that fits with their needs and desires. Resources and facilities need to be local in the community to where they live
6.	Being two steps removed as a commissioner/planner rather than service provider.
7.	lack of awareness, inadequate funding, targeting inactive groups, alternative activities that appeal to a wide range of participants
8.	geography
9.	Resources, lack of facilities
10	Ensuring that facilities are accessible, affordable and engage the communities in activities that foster greater integration
11.	Resource and finance

Q6. How much understanding do you have about the people and communities that we are trying to reach?



Q7. What support, if any, would you like in helping to develop a deeper understanding of the people and communities we are trying to reach?

Response	
1.	Any insight produced being provided, this will help us in future years to plan accordingly
2.	Through the work with PH we are keen to support you to gain further insight and understanding.
3.	We are always keen to hear how partners are engaging with communities and feeding in through our communities of learning or colleagues would be great
4.	To target the prevention need to understand the health needs and gains at a neighbourhood level. Scope what is already available and outcomes of current delivery to avoid duplication and/or continuing with an exercise programme that is ineffective
5.	Work with Newark & Sherwood DC and partners on physical activity insight project to determine the needs of inactive groups.
6.	Assistance in identifying areas and groups of inactivity, assistance in messaging and awareness of existing and future opportunities
7.	N/A
8.	Continued involvement and inclusion in the project
9.	None

Q8: What strategies and priorities, if any, have you identified as a result of your understanding of the people and communities we are trying to reach?

Response	
1.	None Specifically
2.	Our way of working is now place based. Allowing us to focus resources and capacity where it is needed. We would like to work with NSDC to enable you to reach your target communities.
3.	This work is ongoing and is being delivered through a number of partners
4.	There needs to be competitive pricing of NSDC facilities - they are higher than private provision in the area.  There needs to be satellite provision for those who cannot get to NSDC facilities.  Our village hall hosts a privately run seated exercise class which is £3.50 for one hour and is very popular. Those attending include elderly and infirm, disabled and low income people so they would not be able to catch a bus to attend a similar event in Newark were it available.
5.	Lack of activities at a local neighbourhood level to support people with existing physical and mental health problems -
6.	Ensuring the county's health & wellbeing strategy includes a focus on physical inactivity. Ensure that the current and future commissioned services focus on these priorities.
7.	Our organisation targets children to help initiate YMCA programmes and leads onto family programming that is fun and involves activity and togetherness
8.	Priorities around childhood obesity, reducing inactivity as below the national & regional average, work in areas of deprivation
9.	N/A
10.	All NSH strategies relate to the people and communities identified but specifically relevant are those related to community cohesion, involvement, tenancy sustainability (including health and wellbeing, food poverty, etc.)
11.	Encouraging use of public footpaths

Q9: What challenges and opportunities would you foresee in encouraging participation in Physical Activity and Sport

Response	
1.	Opportunities- insight would help us decide on where we would run activities.
2.	It is important that the challenge is viewed as being an issue for everyone not just Sport and Leisure. The issues stopping and enabling people to be active are wider than just offering opportunities. We therefore need to have collaborative and co-created approach to getting more people active- planning, transport, housing, health, education, parks etc
3.	Contribution to the prevention agenda is an opportunity, Nervousness of participants and time needed to see a long term change in behaviour
4.	Providing affordable activities.  Making provision local rather than central.  Making provision appropriate to the end user.
5.	Lack of motivation to take on behavioural change and finances. Newark traffic congestion to get to venues
6.	That all partners resources are coordinated and aligned with this objective.
7.	consistency and keeping sessions fun and engaging to allow continuance of participation.
8.	geography, cost
9.	Lack of decent sports facilities in the area.
10.	As detailed in section 5 The perception of physical activity and sport also being for young or physically active people is also a matter to be considered and addressed
11.	Small numbers in our village

Q10: Do you have any additional comments or thoughts about the overall strategy?

Response

- |    |  |
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| 1. | No   |
| 2. | Love it!   |
| 3. | Using a whole systems change approach is a positive and targeting to a few key areas is also key to ensure sufficient resource can be invested   |
| 4. | We would like to see roving coaches who visit communities so that all villages have access to provision which is appropriate to the age and ability of the users.  |
| 5. | Increase activity level needs to be accompanied with healthy eating advice   |
| 6. | <p>The strategy is well aligned to the work of the Health &amp; Wellbeing Strategy &amp; the County Physical Activity Strategy in section 1.5 which is positive. It would be prudent to also make reference to prevention in the context of the ICS (formally STP). There could also be reference to alignment with active travel in the county's Local Transport Plan and Cycling Strategy <a href="http://www.nottinghamshire.gov.uk/planning-and-environment/walking-cycling-and-rights-of-way/cycling/cycling-strategy">http://www.nottinghamshire.gov.uk/planning-and-environment/walking-cycling-and-rights-of-way/cycling/cycling-strategy</a></p> <p>In section 1.3 the strategy could also mention alignment to the PHE physical activity framework Everybody active everyday <a href="https://www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life">https://www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life</a></p> <p>1.4 Regional context. Just making reference to "physical activity as a treatment" seems a bit limiting. Maybe there could be mention any broader health inequalities objectives.</p> <p>Under section 2.0 Our District There could be more mention of the assets with the District Council which can contribute to active communities - e.g. sport&amp; leisure, planning and regeneration. Mention of planning could mention the role of spatial planning in physical activity and alignment with the sport England framework and County spatial planning &amp; health protocol (currently being updated). In terms of the description of the issues. NCC public health have being doing analysis of multiple risk factors which could help here.</p> |
| 7. | No   |