

Active Calderdale

Local Delivery Pilot – Organisation Responsible

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Brief Background about the place

Calderdale is a Metropolitan Borough in West Yorkshire lying between the cities of Leeds and Manchester. It is one of the smaller boroughs in England in terms of population but one of the largest in area, having a population density of 5.75 per hectare. The western two-thirds of Calderdale are predominantly rural in nature and the east is predominantly urban. Much of western Calderdale is dominated by the high Pennine moorlands characterised by steep valleys and high moors with towns nestling in the valley bottoms. Halifax is the main commercial, cultural and administrative centre of the borough and Elland, Brighouse, Sowerby Bridge, Hebden Bridge and Todmorden are towns lying in the upper and lower valley with smaller villages peppered across the area.

Calderdale has a population of approximately 209,100 and a similar population structure to the national picture. It is the 89th most deprived local authority area in England. According to the 2011 census, the largest ethnic group in Calderdale is White British (88.7%), followed by Asian/Asian British (8.3%) of which the majority (6.8%) are Pakistani. Split by age and ethnicity, the Asian ethnic category accounts for 15.6% of 0-4 year olds and 13.4% of 5-14 year olds. The pensioner population is largely white with less than 3% of this age group comprising of black and minority ethnic groups. The majority of the population (60.6%) are Christian and 7.8% of the population are Muslim. Nearly a third of the population (30.2%) stated they had no religion.

18% of the population reported that they had a long term limiting illness in the 2011 Census. 7.3% of Calderdale residents received Employment Support Allowance or Incapacity Benefit during 2017 and 7% received Disability Living Allowance or personal independence payment in November 2017, with 11% of people aged over 65 claiming attendance allowance.

The life expectancy for both males and females is lower than nationally at 78.7 years and 82.3 years respectively. 63.7% of adults are physically active and 62.5% are overweight or obese.

The geography of the Borough (size and physical characteristics) and distinctiveness of the major towns impacts on service design and delivery. Effective Integration and inclusion of black and minority ethnic groups present a challenge locally.

What is the Calderdale Pilot trying to achieve?

Calderdale wants to transform the Health & Social Care system, so that patients at risk of ill health or with long term conditions become physically active to live healthier, more productive and independent lives for longer. The inactive people in deprived and geographically isolated parts of the Borough will become physically active through the development of integrated well-being hubs in the communities of most need, supported by a population of Design Thinkers to enable system change and participatory budgeting

with the priority audiences. The transformation to be delivered through a place based whole system approach, delivering sustainable population level change.

Who is the target audience?

The audiences of interest are: South Asian Women & Girls and their Families; inactive people at risk of ill-health in deprived communities; older people and people with wellbeing problems; patients with long term health conditions; and people in care settings.

What has been happening in the Calderdale Local Delivery Pilot?

Calderdale has been formulating its thinking and planning for how it will deliver the pilot. The main areas of work are:

- Designing the evaluation and measurement plan to evidence the impact and learning.
- Strategic stakeholder engagement to ensure whole system buy in and support.
- Working with the Design Council to build local design thinking capacity to enable system change. The Design Thinking methodology (the “double diamond”) is a way of doing ‘soft systems’ thinking – putting the audience at the centre of the process: <https://www.designcouncil.org.uk/what-we-do/design-training-and-education/design-public-sector>
- Establishing the governance arrangements and programme office to ensure whole system involvement and capacity to drive system change forward.
- Developing the communications approach.
- Devising a brief to procure a digital solution that helps to get more people active.

Emerging thoughts and learning so far

The key learning to date has been:

- The Director of Public Health is well placed to lead on system change locally.
- Capacity is needed to drive system change locally.
- Design Council’s design thinking methodology has the potential to drive system change.
- Engaging senior stakeholders in developing the outcomes framework is important
- Senior leaders need to take an outcomes-based approach to collaboratively addressing local priorities.
- Simple messaging is needed to enable people to understand what the investment is trying to achieve and how.
- Emerging set of principles is being applied to ensure the pilot remains focused on what and how things are going to be achieved (priority audiences defined, audiences at the centre of the process, sustainability planned from the start, investment is used to create change in the system – not just add supply).

What is happening over the next 6 months

- 50 local people trained as Design Thinkers – to support system change.
- A new governance structure for Active Calderdale will be established, comprising of sponsors for the design thinking work – to enable change to happen.
- The evaluation framework and measurement plan will be designed and become live.
- The market will be tested for a digital solution to getting more people active.

- A communications plan to support the development of 'physical activity movement' in Calderdale will be developed and live.
- More senior stakeholders from diverse parts of the local system will be engaged in thinking about the LDP and how they can support the desired joint outcomes.
- Thinking around the development of integrated well-being hubs will be completed
- Thinking around the most effective approach to participatory budgeting will be completed.

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