

Active Calderdale

Local Delivery Pilot – Organisation Responsible

Calderdale MBC

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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?

Now that the programme office is in place, three areas of focus have been agreed on:

1. Integrating Physical Activity into Health and Social Care:

Calderdale wants to see greater emphasis placed on physical activity to support the delivery of the outcomes within the Health & Social Care systems. Integrating physical activity into health and social care will see people who come into contact with health and social care, and who may be at risk of, or suffering from poor physical and mental health, encouraged and supported to be more physically active as a way of improving their health, wellbeing and quality of life. The resulting factor will be less demand on the health and social care system through more emphasis being placed on prevention, specifically physical activity.

2. Locality Community Focus:

Our aim is to create a social movement in physical activity where all residents are motivated, encouraged and supported to be physically active, and where the physical and natural environments better support and enable it. This requires local people and organisations to take ownership. Through our community locality approach we want to encourage and enable communities to understand the challenges and opportunities that exist to helping get more people to be active, and to build on and utilise their existing assets. Local people are best placed to understand what the challenges are and to make decisions about what is required. This approach will place the community at the heart of the challenge.

3. Systems Leadership:

There will be increased focus on getting system leaders to appreciate and value the role Physical Activity can play in delivering a healthy and happy population, and a more prosperous place to live, work and visit. The aim is to educate leaders that they are part of the system that needs to change to affect physical activity behaviour at scale. We will achieve this through the Active Calderdale Transformation group, a group of key system leaders from across Calderdale, as well as engaging other system leaders through a variety of communications platforms. The approach will be considered a success if we have more leaders and decision makers who value physical activity, and if policies are updated to include actions on supporting the physical activity agenda.

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.

Progress in the Pilot (January 2019 – June 2019)

What has been happening in the Calderdale Local Delivery Pilot?

Over the past six months Calderdale has progressed from a thinking and planning phase. Into starting to implement ideas and projects aimed at system change.

The main areas of work are:

- Confirming the system change outcomes and enablers of the strategy
- Developing and building trust across the whole system – working with senior leaders and middle management to help them to understand they are part of the solution to creating an active population. Whilst at the same time identifying and exploring the common ground and the value an active population would have on their work area as well as the value our work can have on a day to day basis.
- Setting up the appropriate structures to enable the strategy to be implemented:
 - **Transformation Group** – Leaders from across the system – Health care, Social care, Transport, Planning, regeneration, Environment, Community have been convened as the strategic group that will be responsible for facilitating change within their system that supports the Active strategy.
 - **Implementation Group** – Middle managers and front-line workers from across the system - Health care, Social care, Transport, Planning, regeneration, Environment, Community have been convened as the group that will identify and implement changes to their system that will support the Active strategy.
- Recruiting Community Engagement coordinators who will be responsible for working with and mobilising existing community assets – individuals, community organisations, so they are supporting the Active agenda.
- Working with the Voluntary and Community sector on how we can collaborate to mobilise this sector around the Active agenda.
- Working with systems including Adult Health and Social care, Calderdale Hospital Trust, Alcohol and Addiction service, Primary care, Mental Health Trust on implementing test and learn projects. Projects that focus on changing the way these systems work and operate.
- Developing a digital hub, where all the different forms of physical activity opportunities across Calderdale can be easily located.
- Designed the evaluation and measurement plan to evidence the impact and learning.

Emerging thoughts and learning so far

The key learning to date has been:

- Human resource is needed to drive system change locally. Starting conversations with different systems relies on the ability to follow initial discussions through to action. Without the resource in place to do this you risk losing trust.
- Design Council's design thinking methodology has the potential to drive system change, the first cohort of design thinkers have presented on their findings, with significant findings around local pride (people from the upper valley are proud of their particular town like Todmorden rather than the "upper locality") the workplaces group have also seen a positive response to their expert ideas on integrating physical activity into the workplace.
- There is a need to change the narrative around physical activity. The broad perception from the public remains that this means exercise – the gym and sport. The consequence is that people who are inactive don't feel this is about them or something they can achieve.
- A similar challenge around the narrative exists within in the Health and Social care systems. The narrative is that physical activity is only effective at delivering physical benefits namely weight loss. Very little appreciation of the wider outcomes that

physical activity can support to deliver – mental wellbeing and individual development. As a consequence the value that is put on physical activity is very low.

- Where there is appreciation of the role physical activity can play in contributing to delivering the outcomes of the health and social care system, the way in which the systems are designed and delivered means changing them is going to require a change in culture which will take time.
- Simple messaging is needed to enable people to understand what the investment is trying to achieve and how. This will need to be highly targeted depending on the audience group – the communications strategy will outline the difference in messaging between the various stakeholder groups and audiences once complete.
- 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). These principles include:
 - We focus on getting more resource to where the need is greatest – the inactive
 - The desired audience – the inactive, are at the centre of what we do
 - Insight led
 - Co-design and production
 - We focus on opportunities and strengths in a place
 - We focus on what matters to people and communities
- Recognised the importance of senior leadership buy-in to enable system change – this takes time and a concerted effort to realise
- To enable sustainable system change – facilitating the systems to do the work, is the right approach. This means that progress is slower, but ultimately more effective as the system owns and drives the changes
- Systems need the time and space to understand the challenge, allowing them to consider the solutions results in system change
- Meaningful community engagement is challenging and requires resource to realise. It cannot be just about extracting information, need to understand and empathise with their situation
- People want to see tangible things on the ground to indicate success – getting some early successes is important to galvanise local support, however, need to hold your nerve to ensure the developments are aligned to the overall mission and strategy
- Genuine collaboration requires trust, but this takes time to build – it is about forming better relationships. Progress is dictated by the pace of trust

What's coming up

- Design groups will be supported by the programme office to develop and deliver pilot projects based on their findings from the Design Council's Framework for Innovation programme. We are investing in the two highest IMD areas, to establish Community Engagement posts that will capture further insight into the respective communities and support the delivery of the Active Calderdale strategy's outcomes – through local community assets that reach our desired audience, but do not currently use physical activity as part of their offer
- The Active Calderdale Transformation Group is live and will be supporting the thinking about how we mobilise the 10 system change outcomes in the place, based on the principles set in the new Active Calderdale strategy – which is whole system and

lower-socio economic group focused. The strategy is looking to address societal and environmental issues which influence whether a person is active or not

- The evaluation framework and measurement plan is live. System mapping of where actors are in terms of recognising, valuing and using physical activity will be baselined. The Influencer Matrix (in conjunction with Leeds Beckett University) will be applied to identify where key actors are at in terms of using physical activity to deliver their outcomes and what they will change going forward. Social Listening is to be applied to monitor whether conversations on social media about physical activity are growing and whether these conversations are positive or negative
- The market will be tested for a digital solution to getting more people active, the digital hub will be designed and recruitment will be underway
- A communications plan to support the development of 'physical activity movement' in Calderdale will be developed and live. Looking at the framing of physical activity to the community and key stakeholders. Inactive people see physical activity as 'going to the gym' and so something not for them – this perception needs re-framing
- Thinking around the most effective approach to participatory budgeting will be completed

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