

Putting it into practice
Tools to support tackling inactivity
through system change

Common purpose/ shared value

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Common purpose/shared value

This common purpose/shared value resource will help to guide you through the tools, models and approaches being used by places to tackle inactivity through implementing a place-based approach. This is one of nine sections of our collective resource 'Putting It Into Practice' which is organised by what we've found to be some of the practicalities of system change. The full resource can be found [on our website](#).

Collaboration and co-creation are so much harder without an overarching, unifying goal or idea. Despite the differences in approaches, strategies and target groups, agreeing on the core values and objectives of the work has helped keep everyone pointed in the same direction, and united in overcoming any hurdles that may crop up.



Questions you might be asking:

- How can I grow common purpose and understand progress with the partners we are engaging?
- How do I embed physical activity in the system through supporting others to recognise and value physical activity to deliver their priorities?

Common purpose model

YOU'VE GOT THIS.

Recognise, value and embed



Utopia modelling

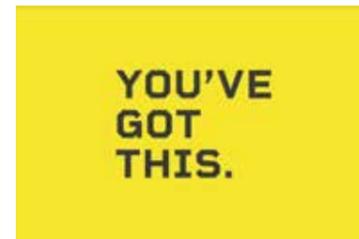


Common purpose model

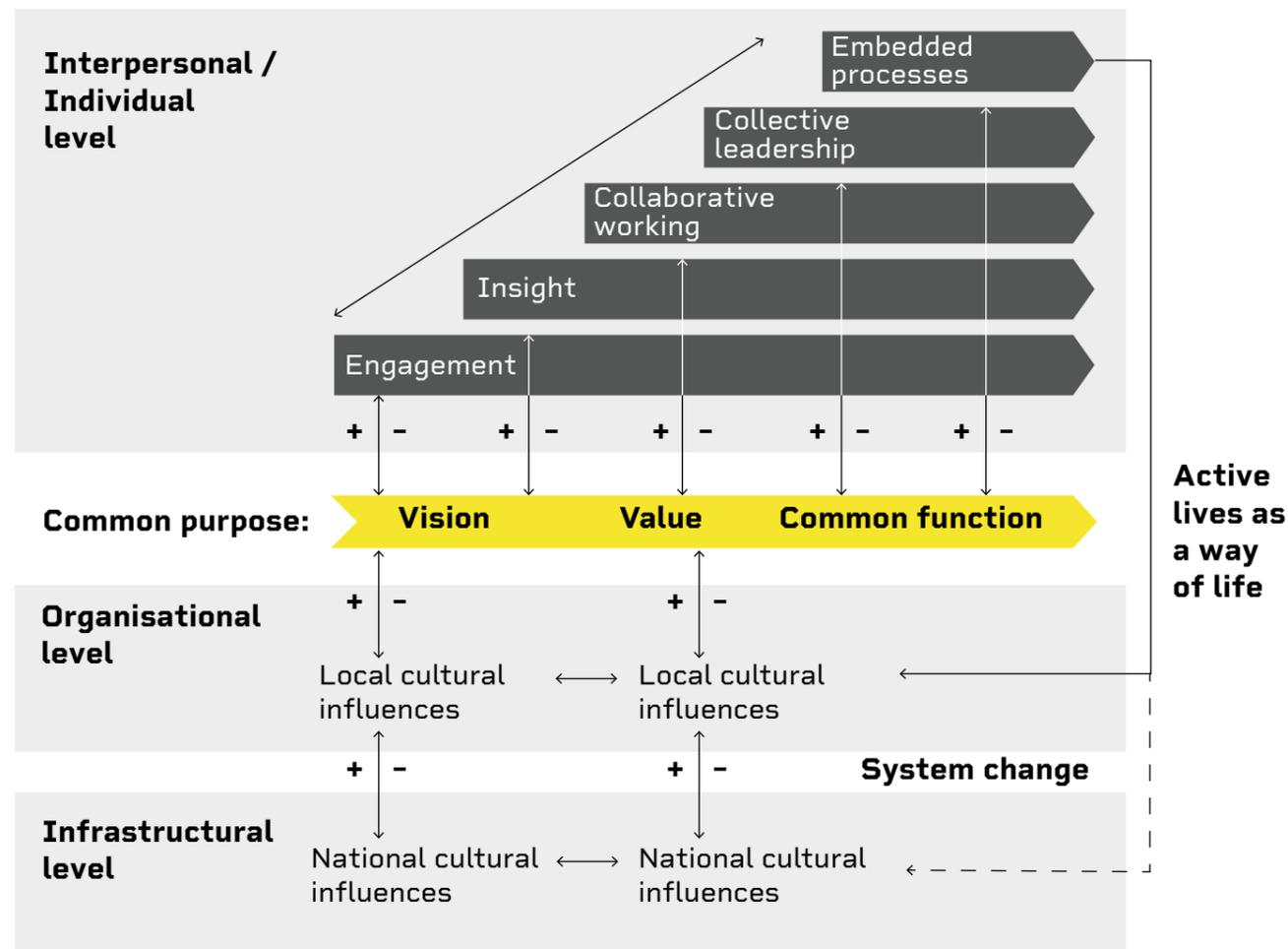
South Tees Local Delivery Pilot

The Common purpose model was co-produced by the You've Got This (YGT) core team and the academic process evaluation team to help explain what they were seeing in relationship to engaging stakeholders in a 'Whole Systems Approach' (WSA) to physical activity. This was part of the ongoing realist process evaluation which seeks to answer the question 'what works for whom, in what circumstances and why?' The model encompasses the LDP's reflections on system change, and this is perceived to emerge from people working towards a

common purpose, here the co-produced (with YGT and the ambassadors on the Exchange, an interactive partnership) vision of 'active lives as a way of life'.



Common purpose for system change



Name: Common purpose model

Why would I use it?

- To help manage the (often overwhelming) complexity involved with whole system change in physical activity.
- To track a professional stakeholder or their organisation's journey towards a vision, here the LDP vision of active lives as a way of life.
- To have a framework that provides a structure to be able to delve into the tangible detail of how to create a common purpose.

Who would I use it with?

- Team members who are implementing, delivering and planning a WSA to physical activity with professional stakeholders.
- Professional stakeholders.

How can it be used?

- The model can be used internally (or 'in the background') to guide practice and as a framework to bring team members together to discuss, reflect on and plan work with professional stakeholders.
- It can also be used with professional stakeholders to help them unpack what may be required for them to undertake whole system change in their setting.
- The model is also used in the realist process evaluation as a framework to accumulate knowledge and understanding about the 'what', 'who', 'why' and 'how' of the work with professional stakeholders in the pilot.

Advice to others

- This model requires an understanding of a WSA to physical activity.
- This model is more useful as an ongoing resource rather than a one-off.
- The model can be brought to life by applying it to a specific relationship with a professional stakeholder or an organisation.
- The model is not intended to be linear, please take note of the arrows and feedback loops represented by the +/- signs. The model should be used as a whole, not selecting individual areas without a consideration of how that fits into the bigger picture.

Putting it into practice - how the tool has been used

Who was involved?

The model has been used in several different ways, primarily with the LDP core team to support practice when working with professional stakeholders to promote the vision of 'active lives as a way of life'. Therefore, this can be applied to any professional stakeholder or organisation and across any setting in relation to a whole systems' approach to physical activity.

The model has also been used as a tool with health professionals (GPs) to explore what may be required in their setting when promoting 'active lives as a way of life'. This could be applied to any partner involved with the programme. It's also been used to assess progress across the various workstreams in relation to the professional stakeholder journey towards the common purpose of 'active lives as a way of life'.

Why was this tool used?

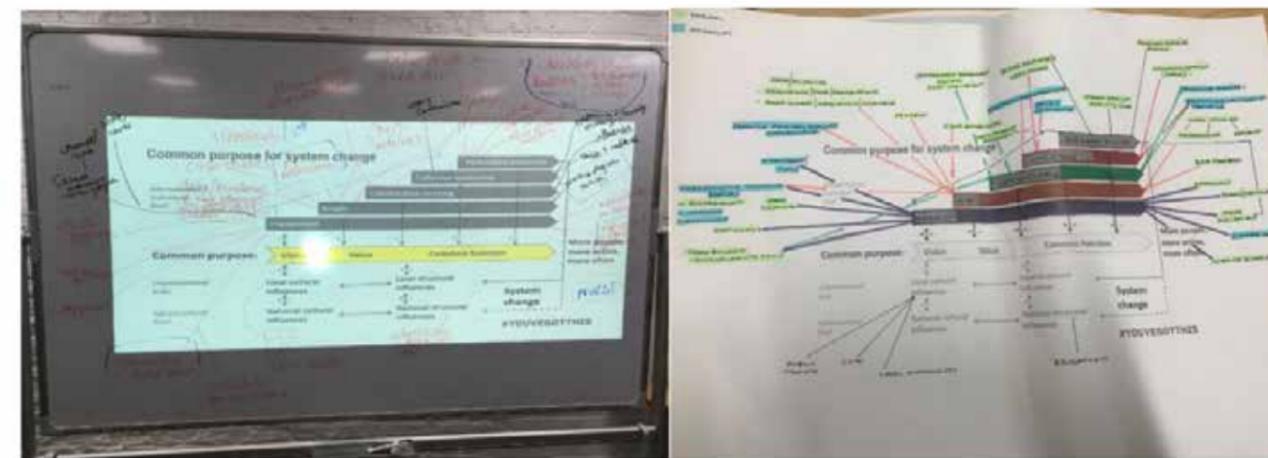
The tool was co-produced specifically to provide a visual model of how the LDP perceive system change by collectively working towards a Common purpose of a vision. Here the vision 'active lives as a way of life' was co-produced with the core team and the ambassadors on the Exchange. The challenge is how to best engage and work with professional stakeholders when promoting 'active lives as a way of life' with an aim to stimulate system change. The model can also be used to explore the different stages, phases and factors involved with creating a common purpose for professional stakeholders when implementing a whole system approach to physical activity.

How was it done?

The use of the model is always in the background as part of the process learning in the LDP, as well as being embedded into the weekly process learning meetings. These are in-depth reflection sessions that explore elements of practice, what has been learnt and how this may apply across other areas of the programme. The model has also been used as the overarching programme theory in the realist process evaluation approach.

The image opposite shows the Common purpose model used in a practical way as a tool to explore each area in more depth by projecting the model onto a whiteboard, here with health professionals (GPs). For example, the insight element was explored to unpack what the staff in the GP practice (nurses, GPs, reception staff, etc.) would require to increase buy-in to promote physical activity using a whole systems approach in their setting. This included many different formats, content and delivery methods such as:

- Data/evidence
- Case studies
- Chief Medical Officer's (CMO) guidelines
- Feedback
- Information about the possible impact on consultation time, patient admissions, staff prescriptions, staff retention and sickness levels (i.e. the local context).



This process helped the health professionals understand that everyone is important in promoting physical activity (i.e. all members of staff within the surgeries). That different members of staff may require different types of insight to help them build a value in physical activity, and why promoting this as part of the day-to-day work is important for patient (and staff) outcomes.

This isn't a neat process and can be messy, but the framework supports the discussion. It can help stakeholders understand the wider influences involved in system change.

What was the impact?

The use of the model is ongoing, however some of the associated impacts are:

- Increased understanding of the whole-systems approach to physical activity in health professionals and their colleagues.
- Increased understanding of the whole-systems approach to physical activity in the LDP core team: including the different elements required to build a common purpose.
- The development of relationships with professional stakeholders, including ensuring effective insight (suitable for that individual), is provided to support them to understand the work of the pilot and build a value in physical activity.

What did we learn?

- That the model can help build perspective and understanding around the wider influencing elements and complexities that are involved when a professional interacts with the programme.
- The model supports the ongoing learning in the pilot around engaging professional stakeholders to work towards 'active lives as a way of life' and influence others to do the same.
- The model has provided a framework for the development of more micro-level programme theories.

Reflections from those involved:

From the perspective of the process evaluator, using the model has provided a frame of reference, both visually and as a mental model, to support conversations about complex processes. To see the model used in action with the health professionals showed the value in using this practically as applied to different workstreams within the programme to support professional stakeholders to explore what a WSA to physical means for them, in their setting. From an academic perspective, the model provides an overarching, theoretically-grounded framework to build knowledge in the area of promoting 'active lives as a way of life' with professional stakeholders.

It provided a tool to support team reflection on specific areas of work. For example, using the model to consider what stage the professional stakeholder relationship is at, such as identifying that something is missing like a lack of insight (or insight that makes sense to that person).

Health professionals –The GPs involved with the exercise said that using the Common purpose model helped them to better understand the whole systems approach that the LDP was taking, and what might be required from them if they were to play a part in this way of working. It also gave them a better idea of LDP terminology, such as “insight”, and how this knowledge could potentially help them in their setting.

Things to consider:

- A more thorough understanding of the model can be gained from a more interactive discussion, as it's difficult to explain the complexities in writing without talking through the visual elements of the model.
- The model requires an understanding of a WSA to physical activity.
- More useful as an ongoing resource rather than a one-off.
- The model can be brought to life by applying it to a specific relationship with a professional stakeholder or an organisation.
- The model isn't intended to be linear. Please take note of the arrows and feedback loops represented by the + / - signs, shown on the model above. The model should be used as a whole, not selecting individual areas without a consideration of how that fits into the bigger picture.

Where can I find further information?

The Common purpose model has been published in the [Perspectives in Public Health Journal, March 2021](#). The article can be accessed online here. The open-access version has been included with this submission.

[You've Got This website](#)

Email: hello@youvegotthis.org.uk

Summary of opportunities:

- Embedding reflection within all elements of the work.
- A deeper understanding of the interaction between partners and You've Got This.
- Challenging the programme to think outside of the box / apply a whole-system approach to the work with professional stakeholders.

Recognise, Value and Embed

Active Calderdale

Local Delivery Pilot



Active Calderdale (AC) has developed an approach to embedding physical activity across the whole system, especially with the people and organisations that can influence desired inactive audiences to move more. A summary of the model is in the diagram on the opposite page, and it has made up influencing assets/partners to:

- Recognise that they're part of the system and the solution
- Value physical activity as a means to deliver their priorities.

To enable the above influencing, AC strives to:

- Understand the asset's/partner's priorities and issues
- Demonstrate how physical activity can help address their priorities and issues
- Ideally deliver some quick wins to build trust and the relationship
- Be clear on the ask - which in this case is to re-design their services, so that physical activity is embedded and when going through this process, the service collaborates - connecting to other parts of the system and is led by community involvement
- Be clear on the offer – to enable the asset to embed physical activity as frictionlessly as possible. Offers include, training to enable staff to have good conversations about physical activity; generic challenges that encourage organisations to move more, i.e. Step Out Challenge.

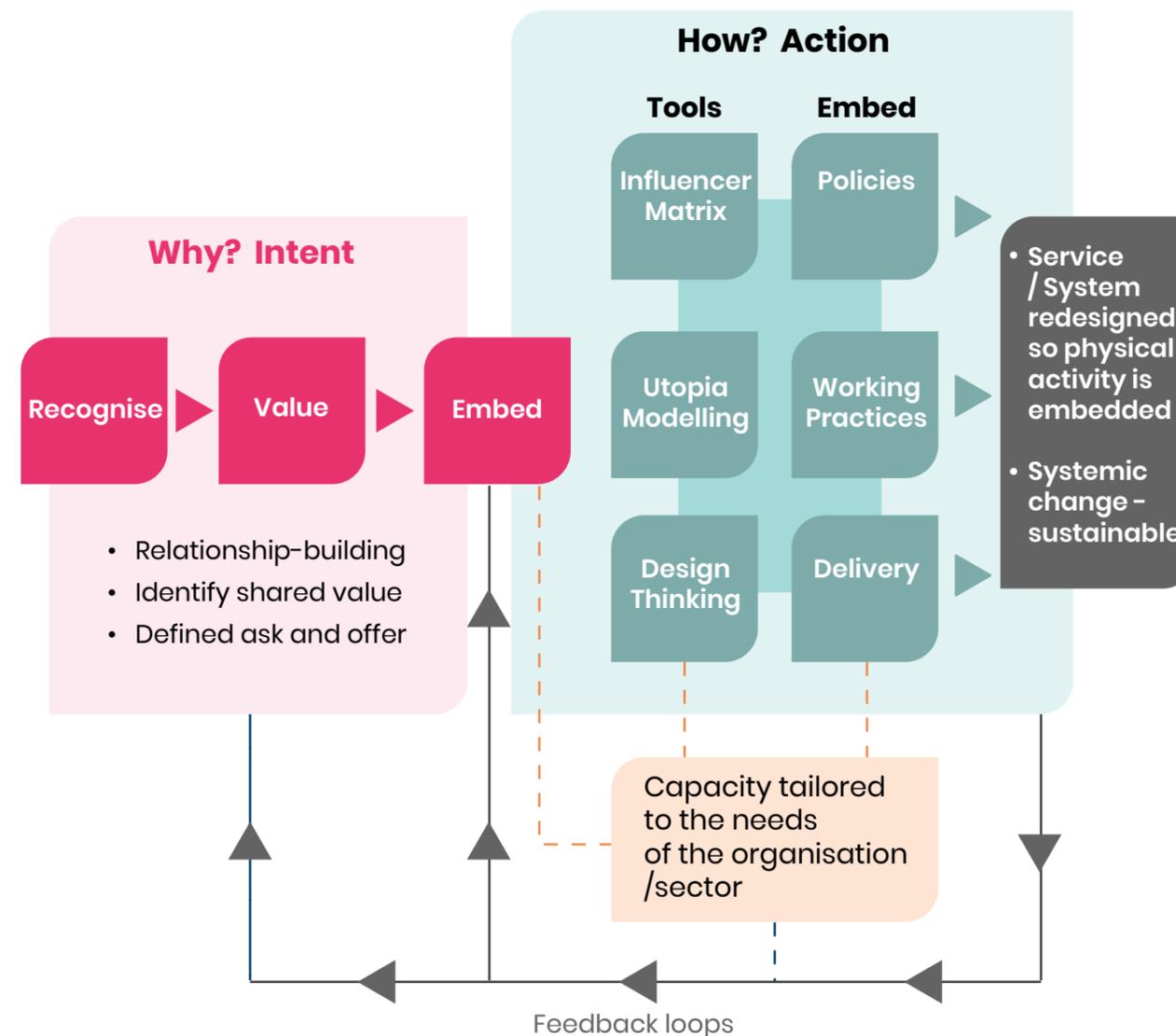
Once Recognition and Value is established, Active Calderdale works with the asset/actor to Embed (Recognise, Value, Embed) physical activity into what they do, by integrating physical activity into the asset's infrastructure (Policies, Working Practices and Delivery – PWD) and culture.

To support the assets to do the necessary thinking and then embedding of physical activity into what they routinely do, AC has adopted and developed a number of tools to enable them:

- Influencer Matrix
- Design Thinking
- Utopia Modelling
- Customer-Journey Mapping

All these tools are designed to enable co-design with the assets and ensure the audience (community and workforce) is at the centre of the approach. The tools can be used independently or complementarily.

Transformation and culture change programme - our approach



The feedback loops ensure that the learning is fed back into the organisation about the impact of the changes that they've made, to help improve the services further in how they promote PA to the workforce and end-users.

Utopia Modelling

Active Calderdale

Local Delivery Pilot



Name: Utopia Modelling

Why would I use it?

- To enable individuals and organisations to visualise what success would look like if physical activity was embedded into what they do.
- Inspire creative thinking, get partners excited about the process from the outset.

Who would I use it with?

- It would be used with physical settings – i.e. Hospital, GP Surgery, a park – as the changes are physically tangible: i.e. signs, bike racks etc.

How can it be used?

- Can be used in a routine business meeting or in a workshop to get people to think about what they would see if a setting was the best it could be at promoting physical activity.

Advice to others

- It can be hard to visualise what success looks like. By getting partners to think about what they see in a specific setting, this enables them to engage and develop ideas – buying into what ‘great’ looks like.
- When using this co-design tool it’s important to ensure that essential items are fed in to ensure the most effective things are reflected in the proposed utopia. I.e. GP Surgery – a 1-minute conversation about physical activity is part of every consultation.

Putting it into practice - how the tool has been used

Who was involved?

Calderdale’s Primary Care Networks (PCNs)

Why was this tool used?

Active Calderdale wanted to make engaging with GPs as easy as possible and inspire them to identify things that they could do to embed physical activity into their surgeries. Utopia modelling works well when the participants can think about a tangible setting, like a GP’s surgery, as it’s relatively easy to identify items that could be used to help promote physical activity to their patients and workforce.

How was it done?

Active Calderdale attended a development day for the PCNs in Calderdale and facilitated a workshop to stimulate the attendees to identify things that they could do to make their surgery the best it could be at promoting physical activity to its patients and workforce. The Influencer Matrix was used first - to encourage them to think about interventions that they could implement on an individual, social and infrastructural level. Then to encourage further ‘blue sky’ thinking, the participants were asked to think about what things they would see, hear and feel if they visited a surgery that optimally promoted physical activity to its clients. The output from each PCN was collated and used to develop a ‘shopping list’ of things that a surgery could do to promote physical activity. The shopping list – co-produced with the PCNs – has formed an Active Practice Charter, which is being rolled out across Calderdale.

What was the impact?

Calderdale’s GP surgeries are signing up to the Active Practice Charter. As a trusted organisation, GPs are including conversations about physical activity in their patient consultations. Social prescribers are supporting patients with relatively high needs into physical activity opportunities. Practices are developing their own physical activity offers, with walking and running groups (when allowed during the pandemic), signing up to be parkrun. Practices and promoting ‘Couch to 5k’ - to make the opportunities as ‘frictionless’ as possible for their clients.

What did we learn?

By attending an existing network meeting, Active Calderdale was able to:

- Influence at scale
- Ensure wide engagement in the co-design of the Active Practice Charter (and so ownership)
- Use social peer pressure to encourage all PCNs/surgeries to engage
- Inspire the Primary Care system to see the value of physical activity to their work and that simple measures could be developed that were not too onerous to deliver and embed into what they routinely do.



Where can I find further information?

[Active Calderdale website](#)

[Email: activecalderdale@calderdale.gov.uk](mailto:activecalderdale@calderdale.gov.uk)



Reflections from those involved:

The Active Calderdale workshop at our event created a real buzz with my colleagues. The Influencer Matrix and Utopia Modelling allowed us to think through the art of possible for our practices. The ideas that we thought of have been used to inform the development of Calderdale's Active Practice Charter. The proposals came from us and, as such, we've got greater ownership of the Charter and its future application. The event was an effective use of our time and allowed an extensive reach and engagement across the borough. I'm confident that we've developed something which is going to significantly improve the quality of our patients' lives, as the majority of the interventions are easy to deliver and can become an integral part of our preventative approach with our communities.

Dr. James Gray



Also in this series:



Understanding value

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Having the right conversations

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