

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?

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 (September 2018 – January 2019)

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.
- Theory of change developed in partnership with system leaders locally.
- 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. Groups representative of the different parts of the system have been established and have been trained in design thinking methodology. Over the past 5 months they have been applying the thinking within their system and looking at the challenges and opportunities to get more people physically active.
- The Programme office is now in place, comprising of Programme Manager Richard Croker, Communications Officer Carl Fisher and Business Support Sally Harris.
- Developing the communications approach – this has taken three distinct pathways:
 1. “System Comms” – focussing on engaging system leaders and institutions to value and deliver physical activity
 2. “Public Comms” – focusing on individuals and communities to value and undertake physical activity
 3. Supporting the Design Thinkers in their respective projects
- Devising a brief for a digital hub, where all of the different forms of physical activity opportunities across Calderdale can be easily located. This also gives a strong focal point for any digital communications strategies.

Recent thoughts and learning

The key learning to date has been:

- Human resource is needed to drive system change locally.
- Design Council’s design thinking methodology has the potential to drive system change, the first cohort of design thinkers groups 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 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

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 past 5 month's work.
- The Active Calderdale Transformation Group will be formed, and actions for each member will be agreed upon. The group will also have a full comms plan attributed to it to ensure that each member remains involved with the project.
- 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, 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.
- Development and implementation of the locality community focus - recruitment for the resource for each locality will be completed, with staff in post and reaching out to existing assets and communities in each locality.
- Thinking around the most effective approach to participatory budgeting will be completed.

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