		Agenda item 6
Meeting	**South Tees Health and Wellbeing Board**	
Date	**19 July 2017**	
Title	**Sport England Local Delivery Pilot**	

1.0 Purpose

To provide an update on the Sport England Local Delivery Pilot in South Tees. This paper outlines the aims of the Local Delivery Pilot and requests the full commitment of Board member organisations to support the implementation of the Pilot and support the negotiation of barriers to progress when they arise.

2.0 Background to Sport England's Local Delivery Pilot.

Around 20 million adults in the UK are insufficiently active, putting them at a significantly greater risk of a range of illnesses including heart, circulatory disease, stroke, diabetes and some forms of cancer. Regular physical activity is key to improving wellbeing and preventing and treating key illnesses that impact significantly on healthy life expectancy and health inequalities. The national cost of physical inactivity is estimated to be in the region of £1.2 billion and this cost increases each year. There is significant evidence to demonstrate that physical activity can also have a positive impact on mental health, reduce social isolation, develop positive behaviours and be used as an asset to support connectedness and community resilience to build stronger communities.

Sport England want to identify better ways to address stubborn inequalities and break down the barriers that stop people getting active, such as poor transport, perceptions of safety, knowledge, motivation and confidence. In their Strategy "Towards an Active Nation" (July 2016), they committed to investing significant time, expertise and money (£130 million) in 10 places across England to develop and deliver local pilot schemes. This funding was to be invested in these places over four years to create innovative and experimental solutions to enable people to access sport and physical activity.

A critical pre-cursor to engagement for Sport England was for areas to demonstrate that increasing physical activity is a top priority for their place. Increasing physical activity was established as one of two priorities following the joint Health and Wellbeing Board workshop in September 2016. This led to the Physical Activity Conference in December 2016 as a way of engaging partners and interested parties to establish a shared understanding of issues, causes and establish a shared agenda to use physical activity to create better health and social outcomes for local people. The detail of the Local Delivery Pilots emerged shortly before the Conference and we exploited the opportunity to recruit partners to a Programme Board to develop our bid.

A key objective of the pilot programme is to encourage wider, collaborative partnerships which look at how all parts of a community can better work together to help the most inactive; from transport links and street lighting, to the quality of parks and open spaces, to how sport and activity is promoted by the NHS and other agencies. These partnerships will encompass our communities and organisations beyond the sport sector such as voluntary groups, social enterprises, primary care providers and commissioners, private sector business, faith organisations and housing associations. To achieve this, **each pilot area must adopt a 'whole systems approach' to tackling physical inactivity**.

Physical activity is driven by a wide range of influences at multiple levels. Interventions succeed when they operate on a number of levels (defined in the whole system model as: individual, social environment, physical environment and policy levels), so change at all levels will be needed. A whole system approach will attempt to make changes at all levels of the system model to deliver sustainable increases. This is not about individual interventions at a project level; it is something much broader and at greater scale, to drive change in engagement in physical activity.

3.0 The South Tees Local Delivery Pilot

Redcar & Cleveland Borough Council submitted a South Tees proposal on behalf of the Partnership that came together to develop our plans (see appendix A for details of the Partnership). Our proposal focused on two key elements.

The **first element** across the whole of South Tees outlines four specific "communities of interest", hidden across the whole area and not geographically defined:

- People waiting for some types of surgery; we know that physical activity before surgery can improve their outcomes, reduce dependency on primary care services and surgery can be a "teachable moment" for positive changing behaviour (also known as "prehabilitation").
- People with or at risk of developing Type II Diabetes; physical activity can reduce the risk or help ease the effects of the condition.
- People accessing commercial weight loss services, as these often look more at changing eating habits rather than increasing physical activity.
- Working with health professionals to change their behaviour and capacity to utilise physical activity as a clinical pathway and first line of intervention.

The **second element** will take a whole community approach to increasing physical activity in four of the wards across the boundary of the two boroughs: Grangetown, South Bank, North Ormesby and Brambles & Thorntree. These wards were identified not only because of the significant levels of need and the stubborn health inequalities that prevail in these places, but also because of the assets, resilience and potential we felt could be unlocked within these communities.

Sport England received 113 applications at stage one (deadline March 2017), which they reduced to 19 for the final stage (deadline September 2017). On Wednesday 15th November 2017, it was announced that the South Tees bid had been successful along with 11 other areas. The 12 chosen places cover a mix of geographies (urban, rural and coastal), have a range of make-ups (local authorities, boroughs, counties) and varying population sizes and inequalities to address. The South Tees pilot is the only pilot in the whole North East region.

Since the announcement, Sport England and partners in South Tees have been working on the plan for the development phase of the programme. To date, our core management team (the partners who wrote our proposal and hosted the assessment day plus our new LDP Manager from Sport England) have driven the development work in the early stages of the programme and will continue as the 'engine room' throughout the course of the programme and together with additional support, will act as a Programme Management Office (PMO). In June 2018, our development phase (approximately 6 – 9 months) plan and funding was approved by Sport England.

3.1 Capacity

Sport England is supporting the expansion of the PMO by funding dedicated capacity through three full-time posts (Programme Director; Programme Officer; and Programme Support), who will be embedded in and directed by the existing PMO. This will move us on significantly from the current situation; whilst retaining the engagement of key players within the system. The PMO is accountable to the broader Programme Delivery Partnership.

In our bid we described a model of **leadership and capacity building**:

- We will develop both distributed and collaborative leadership, so that our Pilot is owned widely at all levels of the system and not restricted to a small number of enthusiastic organisations or individuals.

- We will build capacity throughout the system, to ensure effective distributed and collaborative leadership at all levels, create advocacy and influence change.

We are building this vision into the **infrastructure** of the Programme and are aiming to support the development of capacity across our Partners by developing a single management structure, employed across the Partnership and hosted by Middlesbrough Environment City (MEC). The Programme Director will be directly employed by Middlesbrough Environment City, accountable to the MEC Director (who is also a member of the PMO). We are looking for other partners within the Programme Delivery Partnership to employ the Programme Officer and Programme Support Officer and second them into Middlesbrough Environment City to be managed by the Programme Director.

We have experience of managing this approach through the Redcar and Cleveland Transformation Challenge Programme, where it is incredibly effective. Here a team of key workers is employed across our local voluntary development agency, Centrepoint, Cleveland Police, Cleveland Fire Brigade and Job Centre Plus and seconded into the team with single line management.

We intend to further develop distributed leadership in our model through the creation of additional capacity within the system, utilising local people from the target wards across VCS, community groups and local partners to facilitate engagement and delivery that require specialist knowledge or trusted relationships.

We will work with local groups and residents to understand the real issues that matter to people and that affect their attitudes to physical activity. Initial work will involve in depth engagement with local organisations and communities to identify the causes and wider determinants of physical inactivity. This will then allow us to produce with communities, plans that we can deliver over the lifetime of the programme.

We will fund local organisations, working together, to support this field work by bringing together different experiences and expertise. It will also be supported by Teesside University, who will use Intervention Mapping techniques to help guide the process.

As well as developing our own capacity, we are pulling together local stakeholders to begin working on the development plans for each strand of the programme, ensuring we have real user engagement; from across the whole system, from the very start of the process. This will be a very resource and time intensive process; we are trying to develop new and experimental pieces of work through our pilot, to build a strong evidence base of what could work at population level.

Interviews for the post of Programme Director are taking place on 10 July.

3.2 <u>Development of the Programme Delivery Partnership</u>

We have developed a Partnership Agreement to provide clarity on the governance of the Partnership and the roles and responsibilities of named partners in contributing to the success of the South Tees Local Delivery Pilot.

The Partnership Agreement establishes:

- The shared values of the programme and partner behaviours, which partners are expected to embrace.
- The role of Redcar & Cleveland Borough Council as the Accountable Body
- Scope for the Partnership to act within the regulations of the Accountable Body, specifically the flexibility to commission work from within the Partnership and where a more formal procurement process is required. This is important as developing relationships with local partners is critical to sustainable system change – often these relationships are broken when procurement rules cause the introduction of external providers that don't share the ethos of the Partnership
- The commitment of Partners to improving the health and well-being of their workforce, volunteers and beneficiaries, in particular through encouraging physical activity, supported by policies that encourage physical activity, such as the promotion of active travel. This is important as "organisations and institutions" are part of the Sport England whole system model and this approach should encourage behaviour change to be embedded in Partners policies and processes.

- Partners to aspire to gaining accreditation through the North East Better Health at Work Award scheme, broadening the coverage of that programme.

3.3 Branding

We are working to develop the branding of our Local Delivery Pilot; there are a number of suggested names but this needs to be something that resonates across the different populations and has the potential to develop into a social movement.

3.4 Evaluation

The Local Delivery Pilots are critical for Sport England as they are the test-beds for new ways of working to support the least active to become more active. Evaluation of our programme is therefore critical to support roll out nationally at the end of the programme. We are working with a team of academics from universities across the North East and Leeds to develop new outcome measures that are relevant, local and important to measure the progress of our Pilot programme.

In addition we are developing our approach to process evaluation. Process evaluation will provide information on the planning, delivery, and success of the Pilot; exploring the causal pathways through which the intervention is expected to act (joint Health and Wellbeing Board, Programme Delivery Partnership, other partner organisations), and the contextual factors affecting the implementation (policy change, shared vision and responsibility) and outcomes of the intervention – the processes that occur in the management and delivery of the Pilot.

4.0 Role of the Joint Health and Wellbeing Board

The joint Health and Wellbeing Board will play a critical role in the governance of our Pilot.

Things are now starting to move more rapidly and we need to keep the collective energy and momentum around our Pilot high during the four years of its delivery. Our Local Delivery Pilot is a new way of working and success will be dependent on the full commitment of all local partners.

To this end, the role of the Joint Health and Wellbeing Board includes:

- To publicly commit to support the development and implementation of the Local Delivery Pilot.
- To promote increasing physical activity across the population as a key priority for the Board.
- Confirm the full commitment of Board member organisations to support the implementation of the Pilot.
- Confirm the commitment of the Board as system leaders to help address issues in the system where we are finding it difficult to make progress
- Confirm the full commitment of Board member organisations to support the implementation of the Pilot, including the commitment of resources – specifically expertise and involvement in developing and implementing plans
- All relevant organisations to sign up to the Partnership Agreement.

The award letter from Sport England establishes June 2018 as the first month of the four year programme. The local system now needs to move at pace to make things happen and take full advantage of this once in a lifetime opportunity.

5.0 Launch

We are planning a launch event on the 21 September 2018 (with Redcar & Cleveland College provisionally booked as the venue). This event will form part of the marketing of the Pilot and also serve as our second Physical Activity Conference.

6.0 Recommendations

The joint Health and Wellbeing Board is recommended to:

1. Note the update on the Sport England Local Delivery Pilot in South Tees.

2. Confirm the commitment to increasing physical activity as a top priority for the Board and member organisations.

3. Agree the full commitment of Board member organisations to support the implementation of the Pilot.

4. Confirm the commitment of the Board as system leaders to help address issues in the system where there are identified issues preventing progress

5. Confirm the full commitment of Board member organisations to support the implementation of the Pilot, including the commitment of resources – specifically expertise and involvement in developing and implementing plans

6. All relevant organisations to sign up to the Partnership Agreement.

7. Encourage Board members to attend the launch event on 21 September 2018.

6.0 Further information sources

Sport England: Towards an Active Nation Strategy (2016–2021)

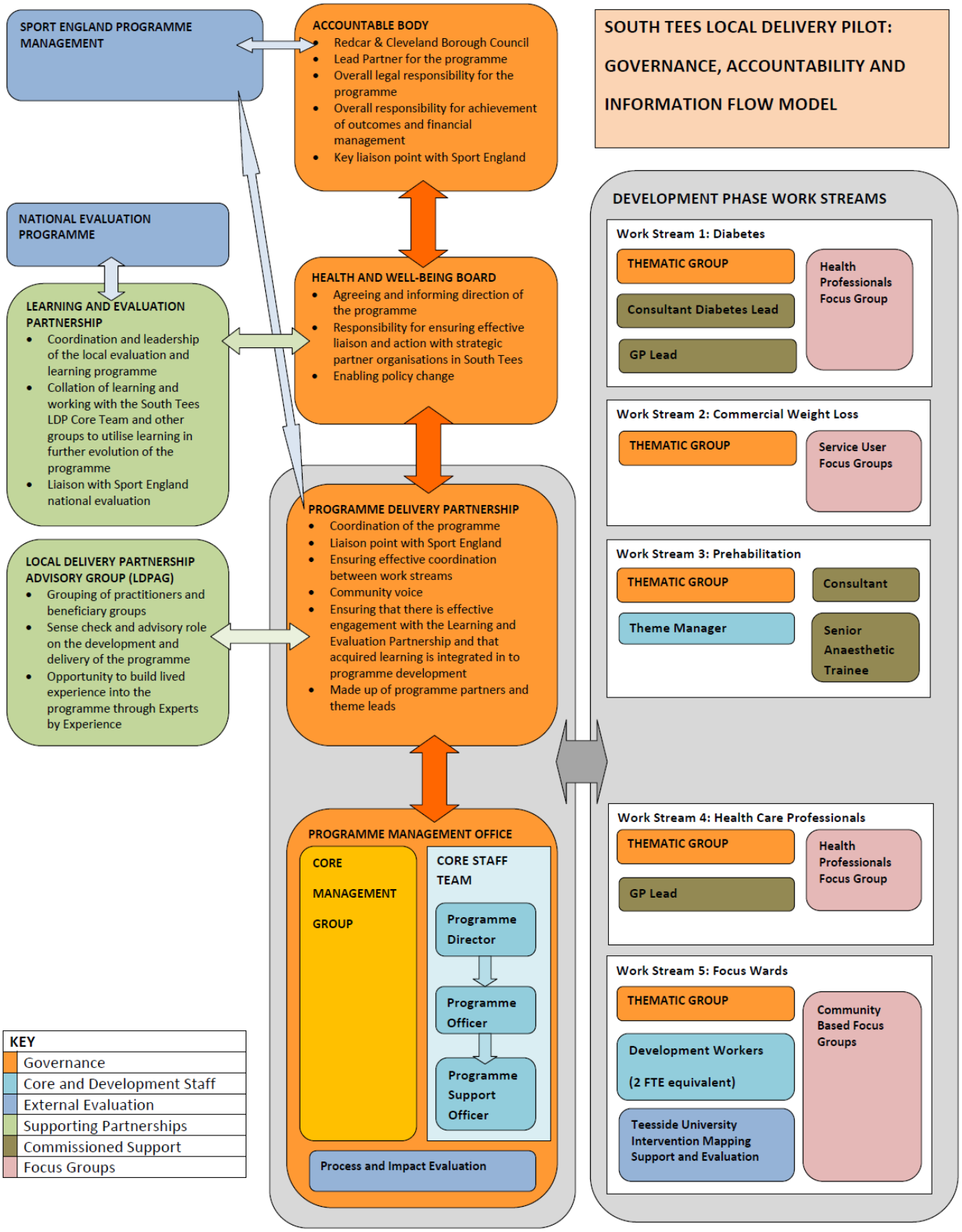
Appendices

Appendix A	Sport England Local Delivery Pilot – South Tees site wider partnership membership
Appendix B	Governance, Accountability and Information Flow Model
Appendix C	Intervention Mapping model

Appendix A – Sport England Local Delivery Pilot South Tees site wider partnership membership (which will become the Programme Delivery Partnership in the Governance, Accountability and Information Flow Model [appendix B])

- Cleveland School Sport Partnership
- Coast & Country Housing
- Everyone Active
- Groundwork North East
- Middlesbrough College
- Middlesbrough Council (Transport, Public Health, Planning, Marketing and Communications)
- Middlesbrough Environment City
- Middlesbrough Football Club Foundation
- Middlesbrough Voluntary Development Agency
- NHS South Tees Clinical Commissioning Group
- North York Moors National Park Authority
- Office of the Police & Crime Commissioner for Cleveland
- Prince's Trust
- Redcar & Cleveland Borough Council (Transport, Public Health, Planning, Marketing and Communications)
- Redcar & Cleveland College
- Redcar & Cleveland Voluntary Development Agency
- Redcar & Eston School Sport Partnership
- South Tees Hospitals NHS Foundation Trust
- Sport England
- Tees Valley Sport
- Teesside University
- Thirteen

Appendix B – Governance, Accountability and Information Flow Model



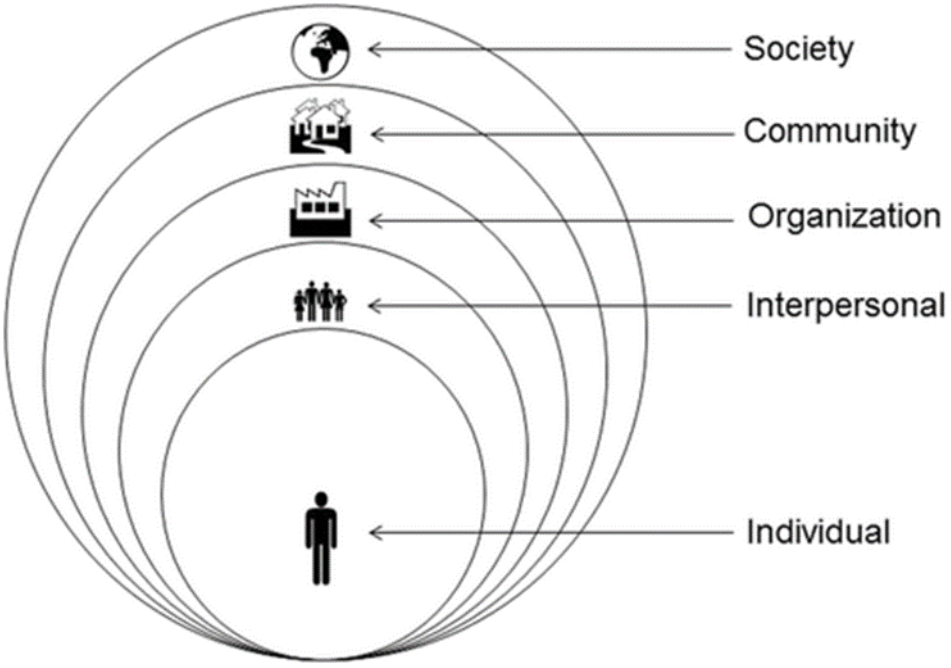
Appendix C – Intervention Mapping model

In the early stages of the development of our local delivery pilot, it became very clear that to achieve our ambitions in relation to physical activity, we would need to utilise very new and experimental methods to change not only individual behaviour; but also behaviour at every layer of the ecological model (AKA Whole System Model).

We particularly felt that working with our focus communities would need to go deeper and be more comprehensive that we had previously achieved. We needed a process of identifying issues that we have not previously been able to uncover, but also a mechanism to engage, co-produce and sustain behaviour change for our communities.

Intervention Mapping was developed to answer questions about how and when to use: ***theory, evidence from research and data from the population*** to create an effective behaviour change intervention.

- It uses a systematic approach to program development, implementation and evaluation
- Provide a framework for decision- making at each step
- Support equitable community participation
- Brings greater scope of knowledge and expertise
- Improves external validity
- Use **the ecological model**



Intervention Mapping is not a new theory or model; it is an additional tool for the planning and development of health promotion interventions. It maps the path from recognition of a need or problem to the identification of a solution. Intervention Mapping is a **six stage process** with step comprising several tasks. The completion of the tasks in a step creates a product that is the guide for the subsequent step. The completion of all of the steps serves as a blueprint for designing, implementing, and evaluating an intervention based on a foundation of **theoretical, empirical, and practical** information.

Even though Intervention Mapping is presented as a series of steps, the process is iterative rather than completely linear. Program developers move back and forth between tasks and steps as they gain information and perspective from various activities.

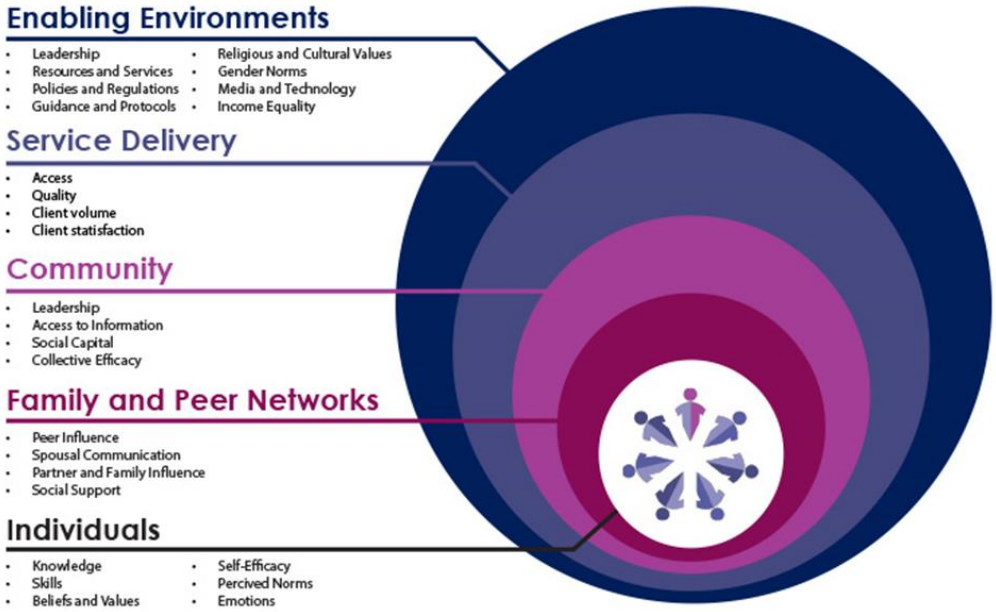
STEP	TASKS
Step 1 Logic Model of the Problem	• Establish and work with a planning group • Conduct a needs assessment to create a logic model of the problem • Describe the context for the intervention including the population, setting, and community • State program goals
Step 2 Program Outcomes and Objectives – Logic Model of Change	• State expected outcomes for behavior and environment • Specify performance objectives for behavioral and environmental outcomes • Select determinants for behavioral and environmental outcomes • Construct matrices of change objectives • Create a logic model of change
Step 3 Program Design	• Generate program themes, components, scope, and sequence • Choose theory- and evidence-based change methods • Select or design practical applications to deliver change methods
Step 4 Program Production	• Refine program structure and organization • Prepare plans for program materials • Draft messages, materials, and protocols • Pretest, refine, and produce materials
Step 5 Program Implementation Plan	• Identify potential program users (implementers, adopters, and maintainers) • State outcomes and performance objectives for program use • Construct matrices of change objectives for program use • Design implementation interventions
Step 6 Evaluation Plan	• Write effect and process evaluation questions • Develop indicators and measures for assessment • Specify the evaluation design • Complete the evaluation plan

Evaluation

Implementation

Our Whole Community Approach: Where, Who and How.

Wards: North Ormesby, Grangetown, South Bank, Brambles & Thorntree
Populations (practice and academic): Primary school, Secondary schools, Adult & Elderly
Development of intervention (intervention mapping, at all levels ecological model)



Although we may have some knowledge of the health risk/problem and the population groups that have it, we need to define both the nature of the health problem and the population that is the focus of the needs assessment in an interactive process.

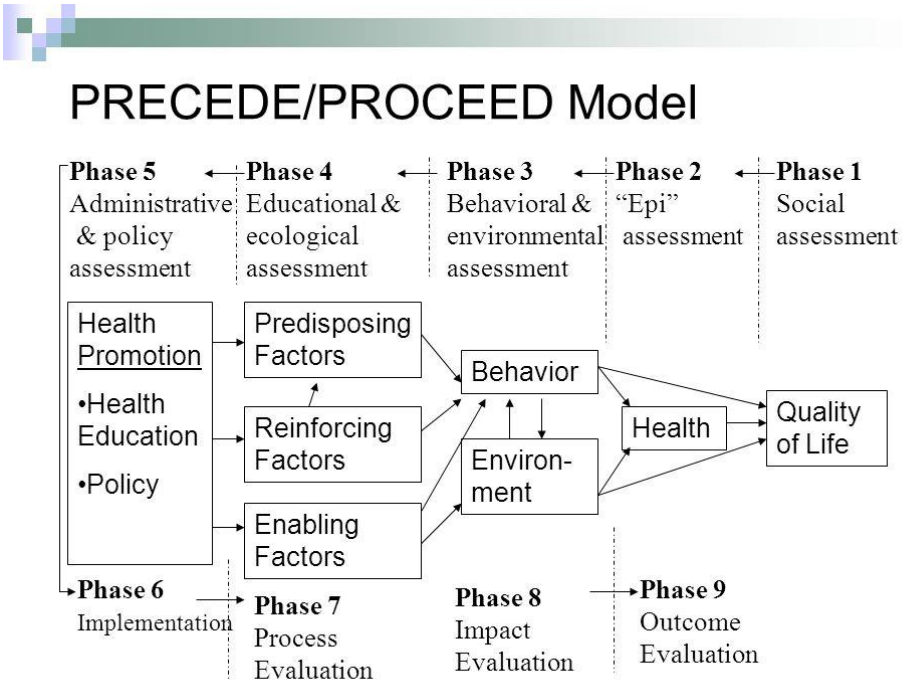
In Step 1, before beginning to actually plan an intervention, we assesses the health problem, its related behaviour & environmental conditions and their associated determinants for the at-risk populations. This assessment encompasses two components: a scientific, epidemiologic, behavioural, and social perspective of an at-risk group or community and its problems; an effort to "get to know," or begin to understand, the character of the community, its members, and its strengths. The product of this first step is a description of a health problem, its impact on quality of life, behavioural and environmental causes and determinants of behaviour and environmental causes.

Needs Assessment using the PRECEDE-PROCEED model

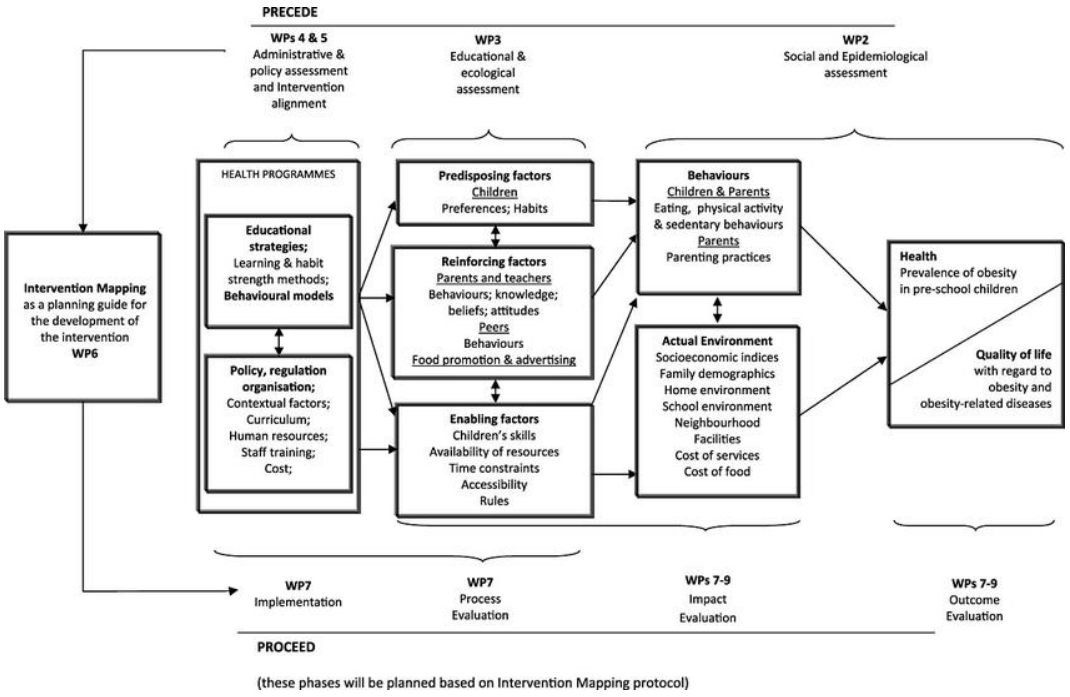
The PRECEDE-PROCEED model is a comprehensive structure for assessing health needs for designing, implementing, and evaluating health promotion and other public health programs to meet those needs. **PRECEDE** provides the structure for planning a targeted and focused public health program. PROCEED provides the structure for implementing and evaluating the public health program.

PRECEDE stands for ***Predisposing, Reinforcing, and Enabling Constructs in Educational Diagnosis and Evaluation***. It involves assessing the following community factors: Social assessment: Determine the social problems and needs of a given population and identify desired results. PROCEED stands for ***Policy, Regulatory, and Organizational Constructs in Educational and Environmental Development***. It involves the identification of desired outcomes and program implementation

Planners develop a Logic Model of the Problem (from right to left) usually beginning with descriptions of quality-of-life and health problems.



(When completed the model is read from left to right as a causal model of the health and quality of life problems.)



The basic questions for the first stage of the IM process could be:

- What is the problem?
- Who has it?
- What are the incidence, prevalence, and distribution of the problem?
- What are the demographic characteristics of the population that faces the problem or is at risk for the problem?
- Is there a community? What are its characteristics, including its resources and strengths?
- What segments of the population have an excess burden from the health problem?
- Where can the groups at risk, especially groups at excess risk or excess burden, be reached by a program?

The first phase of implementation for our focus communities will need to include:

1. Establish and work with a planning group for each sub-population (possibly for each ward).
2. Conduct a needs assessment to create a logic model of the problem
3. Describe the context for the intervention, including the population, setting, and community
4. State program goals

Questions the thematic working group will need to consider:

- Who are the key organisations that may need to be involved in the local working groups? (public, private & VCS)
- How can we recruit local people on to the working groups or engage them in the process?
- What resources will be needed to deliver this process in the four focus wards?