
LOCALITY LOCAL PILOT SUBMISSION: ROCHDALE BOROUGH

18th March 2019

18TH MARCH, 2019

Introduction

According to the Active Lives Survey 2018, Rochdale is currently the most inactive borough in Greater Manchester. However, we are fortunate to have many assets and opportunities that can be used to increase activity. These include; excellent green and blue spaces, thriving community groups, significant public service transformation programmes and a strong history of cooperation and creativity. Our communities are also some of the least culturally active and we have identified similar demographics, insight and barriers. With this in mind, we believe there is an exciting opportunity through the Local Pilot (LP) to look at innovative and creative ways to test and learn about how we can increase physical activity in the borough, especially in those who currently move the least. We have identified an opportunity to match LP investment through potential links to our bid to the Arts Council England Creative People and Places Fund (outcome August 2019). Below is our plan for the next 6-12 months of the project.

The current budget allocated to the Borough to be spent by October 2021 is £662,438.

1. A RATIONALE FOR THAT BUDGET PLAN WHICH TELLS THE STORY OF THE LOCAL PILOT JOURNEY TO DATE, AND DEMONSTRATES THE LOCAL PILOT PRINCIPLES AS FOLLOWS:

The Rochdale LP journey has been based around the agreed GM principles, while ensuring that local knowledge, insight and expertise informs our approach.

The Principles of Investment for Local Delivery Pilot

1> Must be an identifiable need:

- Supported with an **evidence base**
- **Targeting the physically inactive** (ensuring a focus on population health level interventions and targeting the most 'at risk' proportionately)
- Must **align to one or more of the target audiences** (and the insight that has been developed about them)

2> **Builds on individual and community assets to add value** to what is already going on, i.e. the conditions are right

3> **A plan for engaging with the key audiences and a commitment to co-design with public services and VCSE engaged**

4> Must follow a **Whole Systems Approach** (the blue and white circles diagram)

5> Should demonstrate **how it addresses social and health inequalities** as a cross cutting theme

6> **Embrace innovation** and calculated risk in the interests of doing things differently

7> Is **part of a coherent plan for physical inactivity in the locality** underpinned by:

- A whole place approach to public expenditure in physical activity.
- A **focus on growth and sustainability**

8> **Committed to the GM and National Community of Learning** approach

9> **Distributed Leadership (everyone's a leader)**

PRINCIPLE 1)

Describe the journey to propose the areas of focus, activities and budget plan;

The programme came into the Borough via the Chief Executive of the Council and Public Health agreed to lead the programme on behalf of the Wider Leadership Team (across the Council and CCG) and partners. Strategic (Wendy Meston) and Operational (Lisa Clayton) leads were agreed and a working group was established to identify how we can best deliver the local pilot, with representatives from a range of services involved (App 1). A lead cabinet member (Cllr Janet Emsley) was agreed to support the work and updates and briefings have also been undertaken jointly with the Portfolio Holder for Health and Wellbeing (Cllr Sara Rowbotham)

A large range of needs, evidence and ideas have been discussed and collected from this group to ensure that any future plans link with existing programmes, transformation plans and insight that we hold on addressing physical activity. Within the Borough we have an existing prevention and access and neighbourhood transformation programme and it was agreed that any work should link via the Prevention and Access Board, the Local Care Organisation and also making use of using existing and developing voluntary and community sector infrastructures such as the VCS Alliance. We also have representatives that can connect this work to the existing work on cycling and walking infrastructure (Bee lines) and the developments of Parks and open spaces.

A physical activity needs assessment was agreed and is approaching completion. A stakeholder Summit was organised and held in February 2019. Initial findings from the needs assessment were identified and presented and further local insight was collected from range of perspectives including a wider range of voluntary and community sector organisations that attended this event (See Appendix 2).

In 2018 we commissioned Link4Life to begin work to develop a creative strategy for Rochdale, building on public and stakeholder consultation undertaken in 2016. The emerging strategy identifies a programming priority to link creativity with physical activity and the health agenda, for example through creative physical activity such as dance, circus, physical theatre and movement as well as wider art for wellbeing initiatives.

From this initial work, a four-pronged approach to tackling inactivity using the LP funding was agreed as a starting point (see below), with an overarching focus on community and resident engagement within the target groups to jointly produce the specific interventions that we should put in place to test and learn from. This proposal will also be presented at the Borough Prevention and Access Partnership Board at the end of March.

What data and insight has been gathered and used? What decisions has that led to, in terms of the focus and why?

The Rochdale Physical Activity Needs Assessment has been undertaken by Dr Leifa Jennings, Public Health Registrar, to assess the current picture of physical activity and inactivity in Rochdale, and make recommendations around how it can be improved. The needs assessment is not completely finished at the time of writing this proposal but initial findings have been presented and used to shape our programme.

We know that inactivity levels are highest in the most deprived areas of the Borough, which corresponds with national data that shows that at a population level, inactivity increases as socioeconomic status decreases (e.g. those who have never worked or are long term unemployed demonstrate the highest levels of inactivity). This links in closely to another inactive group which is people who have disabilities or long term health conditions, who may be both unable to work and unable to be active as a consequence of their health. The needs assessment also identified that people from a BAME background, particularly those from South Asian or Black ethnic minorities, are more likely to be inactive, regardless of socioeconomic status. There is also an inactivity gender gap identified, as a larger proportion of women identify as being inactive than men, and this gap is more pronounced in Rochdale than the Greater Manchester average. This gender inactivity gap starts around secondary school age, and continues throughout the life course. Indeed, inactivity also worsens with increasing age in all genders, with 53% of residents aged over 75 being classed as inactive.

We felt that it was important to use these findings to narrow down the target groups for the initial phase of the investment, but to also use local knowledge, experience and expertise to help inform our plans. The findings from the needs assessment, the local LP working group and data from the team at Greater Sport were initially used to inform the direction of our initial plans, in line with the LP target groups. We have also gathered stakeholder feedback from those who attended the Physical Activity Summit on the 17th February, including local providers and partners from the community and voluntary sector. In order to explore creativity and arts as a possible opportunity to get people active we commissioned an artist and film-maker to undertake wide ranging community consultation throughout the borough under the theme of Rochdale Moving: From Here to There. A key opportunity identified is to link together the work of the LP with the emerging plans for Creative People and Places should they be successful. The next step is to work with the voluntary and community sector and local residents to really find out more about how we can use LP funding to reduce inactivity and agree some specific initiatives to test and learn from.

It has been identified that there is the potential to work jointly with the Working Well Programme and our local Economic Affairs Unit to engage and work with long term unemployed people and that this was a key priority area for us locally to test and learn about the potential to improve both employment and physical activity outcomes. Existing working relationships and programmes of work will be built upon and one focus group has been held with clients to date.

A neighbourhood focus is also proposed as a way to test and learn at a neighbourhood level. There are many neighbourhoods with extensive needs for this work. In order to shortlist test and learn areas; data on physical activity, long term conditions, deprivation, BME population, unemployment and premature mortality were looked at. To start with one area was proposed but following further work and analysis of a more factors, two wards were highlighted for initial test and learn. These are Milkstone and Deeplish ward and West Middleton ward. They each have significant needs and have different demographics that will enable to compare and contrast approaches that we can use right across the Borough within our mainstream work..

In recognition that we have significant issues across the Borough we are keen to have a Borough wide element to the programme and from initial discussions are proposing that this focus should be on promoting everyday activities in local parks, streets and homes in addition to enable access to existing assets, organised activities and clubs in our mainstream work.

What areas of need does the proposal specifically address? This should include the target audiences that the locality is focusing on (or not) and why that decision has been made.

As we have yet to formally begin all of our essential community work to agree specific interventions, we're unable to provide a specific plan of action in all areas, but the broad direction of travel is proposed as;

- **Unemployed People with health conditions**
Building on the existing GM and local work and health programmes, discussions have been held with the Working Well Work and Health programme and within our local Borough Economic Affairs and Employment Links service team to engage with staff and users of the service to identify interventions that we could use to Test & Learn. This work would target long term unemployed adults that will most likely also have a health condition, targeting two of the LP groups in combination. Focus group discussion with clients has begun to identify a need for 'coaching'/motivational intervention. We will look to test and learn from each approach and compare and adapt if necessary with our existing lifestyle coaching offer as they come from a different outcome perspective. Further engagement may identify further interventions. This will be embedded within our work and health programme and our existing Borough transformation of our prevention system.
- **Initial Test & Learn in two demographically different places, focusing on all three GM agreed target groups of; people aged 40-60 with, or at risk of, long term conditions, unemployed and young people out of school.**
In addition to the three groups set for this pilot, our needs assessment has identified inequality issues in activity rates for BAME communities, people living in deprivation, women and girls, and people with disabilities. We would look to ensure that our place based work would aim to reduce these inequalities.

The decision on which places to initially focus on included information around the following:

- Rates of inactivity
- Levels of deprivation
- Early deaths from cardiovascular disease
- Long term condition rates
- Population with a significant BAME community (for phase 1)
- Worklessness/unemployment data

The two wards identified for our place-based Test & Learn approach are initially Milkstone and Deeplish ward and West Middleton ward. This approach will involve extensive co-design and engagement with communities, voluntary sector and statutory services in each of the areas. We have already contacted the Township and Engagement Officers for each location, to try to understand more about the residents of the areas, and how best to structure our plan for engagement, beyond reaching those who are frequently consulted. We have also begun further conversation with the Voluntary and Community Sector Alliance who have indicated that they are keen to engage and support the development of the Pilot.

- **Playing and Moving More in everyday life**
Moving more in everyday life including playing, walking, travelling, gardening etc. has been identified so far as a way that many believe would enable and support people to be more active across the Borough in different ways to the traditional sport and exercise route. However, we need to confirm through our place based work in terms of what exactly would be helpful to inactive people and what specifically what we would Test & Learn that would enable more every day movement, use of our outdoor spaces and local assets and enable play in a more in an active way. We are proposing a post to support this work as there is limited capacity to undertake some of this engagement and development work, and this is included within our proposed budget. This would build on our existing prevention transformation work of Community Builders and the development of our community and voluntary sector.

- **Linking physical activity with arts and culture**

We plan to use this strong local connection we have to increase physical activity alongside improving access to arts and culture for people in the borough. For example, alongside this application we are developing a complimentary bid to Arts Council England's Creative People and Places (an action research programme aimed at increasing creative activity in areas of least engagement). We feel there is a strong synergy between the two programmes, with potential elements of co-delivery. For Example Dippy the Dinosaur is being housed in Rochdale (1Riverside) alongside an exhibition in Touchstones in February 2020 for a few months and as one of only two places in the North of England being visited we have had initial discussions about how we could use this major attraction to provide an impetus for people to visit the town centre, and promote ways of being active that may appeal to those not engaged in more formal activities.

- **Community Engagement with the target groups**

We plan to use some of the funding to undertake further community and resident engagement to inform our Phase 1 proposals. This is likely to be in partnership with our existing Community Builders, neighbourhood teams and local community and voluntary groups who have access to residents that may be the most inactive and may previously be unengaged, particularly in our two place-based Test & Learn areas. We are also developing a better partnership with the Voluntary and Community Sector Alliance to help us to deliver this engagement and joint design across the borough.

- **Seed Funding community activity** - We have also locally a new Seed Fund initiative and we would like to consider using LP funding to support community based physical activity work with a dedicated section available for community groups to access small amounts of funding for test and learn projects. We are working with Kate Ahmadi-Khattir (Sport England) to develop this process over the coming weeks and months.

How do the plans connect to social prescribing, asset-based community development and walking and cycling behaviour change?

In Rochdale we have developed an Integrated Prevention Model 'Our Rochdale: Connecting You' which recognises that people's health is determined primarily by a range of social, economic and environmental factors, and seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health. Connecting You is a 'social prescribing plus' model, adding scope and scale to the traditional social prescribing approach. Rochdale benefits from a wide range of services to support health and wellbeing. We have seen some improvements but not at a scale to match our ambition for health outcomes and numbers accessing GPs, hospitals and social care. We are transforming our multi agency prevention system to create a clear, unified system to empower more people, tackle health inequalities and reduce the reliance some residents have on care services. We will make time for conversations whether about handling debt or housing problems, lifestyle change, joining choirs or volunteering for example. The model encompasses four elements: integrating and maximising current services; building and utilising community assets; investing in workforce development and new posts such as community connectors and builders, and proactively reaching out to identify those who might benefit most. This work is part of our local approach to embedding Person and Community Centred Approaches (PCCA) and our overarching Public Sector Reform work.

Connecting You was launched in May 2018 aiming to reach our most 'at risk' residents (10% population) over the next 3 years. Any work undertaken as part of the LP programme will be undertaken within this context and will become part of these plans and programmes.

We have also developed a Seed Fund initiative and we would like to consider using LP funding to support community based physical activity work. We are working with Kate Ahmadi-Khattir (Sport England) to develop this process over the coming weeks and months.

The link to our current Connecting you programme is here

<https://www.ourrochdale.org.uk/kb5/rochdale/directory/health.page?healthchannel=3>

Our Steering Group has discussed the potential links with existing walking and cycling schemes both at a GM and local level and how the LP may support the work of Bee lines as they develop. We do propose to focus on walking and everyday movement until we have engaged inactive residents more extensively.

As part of the Test & Learn approach for our two places of initial interest (Milkstone & Deeplish ward and West Middleton ward), we have created asset-maps and have engaged with the Township and Engagement Officers who work with the residents of each area to gain insight into the communities. We feel that it is incredibly important continue to involve community leaders early on in the development of this approach.

PRINCIPLE 2)

What are the focus areas, programmes and 'interventions' in the next 12 months?

As described above, the focus areas are:

1. A place based approach initially in two wards of the borough (Milkstone & Deeplish ward and West Middleton ward)
2. Working with those who are unemployed with mental or physical health conditions via the Working Well services and Rochdale Borough Economic Affairs Employment Links Service Programme
3. Playing and moving more in everyday life across the borough and making better use of existing assets
4. Promoting physical activity alongside arts and culture activities

Due to the importance of engagement with residents and communities of Rochdale, few interventions or programmes have yet been identified. We will build on our commitment to person and community centred approaches and our aim locally to take an asset-based approach. We will also bear in mind implications and risk for long-term sustainability with regards to whatever we test and learn.

We have a wide range of green spaces that are excellent local assets that we wish to explore how these are used or not used by those least engaged in being active. This includes our parks, countryside, Hollingworth Lake and nearby assets in other Boroughs. We have a strong voluntary and community sector and enthusiasm for promoting physical activity.

PRINCIPLE 3)

Who has been engaged already in the communities?

The Steering Group members and agencies, neighbourhood teams and existing front line staff are working on a daily basis with our target groups. Our needs assessment has pulled together existing intelligence about needs and insight and has been used alongside our existing local Joint Strategic Needs Assessment (JSNA) and recent community engagement work that has provided insight on physical activity. Work undertaken across GM has also been considered. Various stakeholders have regular contact with the communities and have informed the process. A focus group has been run by the Work and Health programme participants. We have linked with the Township and Engagement Officers for each of our Test & Learn areas to learn more about these areas and use their expertise around engaging the unengaged (and also avoiding consultation fatigue). We have used previous local and regional insight as part of our Needs Assessment and are keen to avoid repetition. We are keen to facilitate co-production and sustainability in our interventions. We are engaging with the Community and Voluntary sector Alliance and the new Infrastructure organisation, Action Together has just been appointed and work will commence with them in the next few weeks.

Our local prevention and access system transformation work includes community building. Community Builders are hosted within our Livingwell Service and take an Asset Based Community Development Approach (ABCD) based on the principle of identifying and mobilising, individual and community assets, rather than focusing on problems and needs. The approach focuses on practical skills, capacity and knowledge of local residents and the passions and

interests of local residents that give them energy for change. Using the networks and connections in a community, including, family, friends and neighbours the Community Builders identify existing community assets and where activities do not exist, connecting groups and individuals. We also have a long history of community champion and volunteer programme. We would build and link to existing community work and build a momentum for moving more.

The Community Builder approach to community engagement is different to traditional community development approaches. It begins with the person not the issues or deficits and embodies the Big Life values enabling the team to work with people not problems. The model is to listen and act quickly, keep the momentum and not put barriers in the way'. They collaborate with EASY hubs and Integrated Neighbourhood Teams's to establish clear pathways for individuals through to community support and activity as well as identifying and addressing gaps in provision. Delivery methods are responsive to local needs and range from street engagement to attending groups.

The principles and aims of the proposal include bringing people together, enabling people to act together and create their own active community. The Builders will support motivated individuals to transform ideas into action and advocate for people not previously engaged. The Builders have developed insights in to power dynamics within the Borough and the differences and strengths of each neighbourhood, enabling them to respond effectively to beneficiary need.

Rochdale Boroughwide Culture Trust works in the heart of the Rochdale Borough community, inspiring people to live more creative and active lifestyles by connecting people with their cultural heritage and encouraging creativity. The Trust curates an ambitious arts, heritage and entertainment offer alongside a range of physical activity and health programmes and provides a volunteering programme offering a wide range of nationally recognised qualifications. The Trust hosts the Voluntary Sector Development Manager post which oversees Volunteer Centre Rochdale and Chairs the Voluntary and Community Sector (VCS) Alliance. Volunteer Centre Rochdale is part of the volunteering infrastructure of the Borough. It supports residents to become involved in volunteering and provides a support service for volunteer involving organisations regardless of sector. This includes volunteer recruitment, promoting best practice, offering volunteer management training and supporting volunteer opportunities.

We have a strong Township Culture and structure within the Council and also have good experience and evidence of recent place based work and the strong examples of citizen engagement. Our health and social care transformation has a strong plan for person and community centred approaches and public sector reform and this work is strongly informing the development of our neighbourhood work.

How is the local VCSE engaged?

The local VCSE infrastructure organisation has not been in place more recently but a new organisation has just been appointed and this is 'Action Together' and initial briefings and contact has been made with this new partner. In the meantime we have more recently been working with the Voluntary Sector Development Manager appointed to support the sector during this interim period and through them have linked with the VCS Alliance and also to some groups via the stakeholder event in February. The Voluntary and Community Sector (VCS) Alliance is a single partnership of voluntary, community, faith and not for profit social enterprises (VCSE), working collectively to improve the quality of life for residents of Rochdale Borough. The Alliance has 8 strategic thematic networks: culture, heritage and leisure; ageing well; equalities; skills and learning; community places; volunteering and social action; and mental health and well-being. We are keen to use the VCSE expertise and access to ensure any engagement process reaches those who are inactive and who otherwise may not engage. We have a view that we may potentially fund the VSC them to provide support. We have asked for the views of the VCS Alliance on how best to approach our engagement strategy in the spirit of coproduction. This work is ongoing but initial discussion has been positive and further co production sessions are being planned.

We have further work to do to engage and enable a wider range of grassroots organisations to be involved and to ensure that our work supports volunteering as a route to health improvement and physical activity.

A number of organisations and groups attended the stakeholder event which was distributed widely across the sector and many provided views and gave broad support for our direction of travel. The new CVS infrastructure contract has been awarded to Action Together and this will be a support organisation for all our work locally as we move forward. Other VSC groups will emerge and develop links with our programme as the community building work gathers pace.

How have the key audiences informed the proposal?

We have enlisted stakeholder and partner views, both at our Physical Activity Summit and in our LP Working Group and the Needs Assessment. All of our interventions will be informed by engagement with key target groups and the VCSE as described in previous sections.

A focus group was held via the Working Well programme with participants and the work undertaken via the development of arts and culture proposals has also been used within this LP work which has involved direct discussion with various local target groups.

What is planned to develop this engagement further over the next 12 months?

Much of our immediate plan for the period April – June 2019 will be focussed on engagement and co-production, and this process will continue throughout the project and the evaluation. It is an ongoing, iterative process.

The plan takes a collaborative asset based approach, building on existing community engagement structures and groups. The initial phase will develop relationships and engagement within agreed communities through ongoing person centred work. Recruiting a new dedicated Moving More Community Builder role alongside existing locality based Community Builders and neighbourhood worker roles, will maximise skills, reach and resources. We also plan to provide investment to the VSC Alliance to co design and work together to design our ongoing engagement and development options.

The work engaging with unemployed people will develop from our initial focus group work via the locality work and will also link more with local employment support providers such as Working Well services, Employment Centres and skills providers.

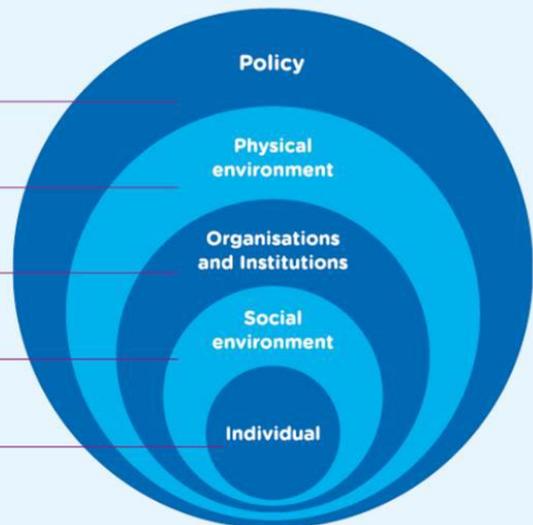
PRINCIPLE 4)

What is the whole system approach in the locality?

This programme sits within a whole system approach that we take to behaviour change

Population level change requires 'whole system' approaches

- > International and national guidance and laws, local laws and policies, rules, regulations, codes
- > Built, natural, transport links
- > Schools, health care, businesses, faith organisations, charities, clubs
- > Individual relationships, families, support groups, social networks
- > Individual capabilities, motivations, opportunities, knowledge, needs, behaviours



We are taking a place based and a person and community centred approach to link with our ongoing prevention and PCCA transformation plans. These plans are being overseen by the Borough Prevention and Access Board and Public Sector reform Board. The strategic lead for this programme is also the strategic lead for PCCA approaches across the system and the Director of Public Health and Wellbeing oversees all of these programmes to ensure strategic fit.

Which layers of the system are targeted, and why?

As detailed above, in terms of specific interventions this will be dependent upon the findings from our engagement. We understand that targeting all of the layers will provide the best way of increasing activity on a population level, but it will be necessary for the scale of this programme to focus and this will be driven by our next stage of co design work.

How is the approach embracing and seeking to influence the 'whole system' influences on physical activity outlined below?

We have included a wide range of stakeholders within our Working Group, each of whom have the power to influence different areas, and who bring a broad range of expertise to the programme. For example, we have group members from political, transport, communications, environmental, health, and arts and culture backgrounds, as well as public health and sport and leisure. This work will all be done within the context of our overall prevention and public sector reform work. We will continue to strive to adopt a person and community centred approach and seek to have the voluntary and community sector as partners as we progress.

What knowledge, skills, behaviours and approaches are needed in the workforce, to support the locality proposal?

We are lucky to have passionate and skilled teams across the Borough but training and workforce development is always a requirement across our sectors and has been part of our thinking. We are proposing funding an additional two posts, one which focuses on playing and moving more in everyday life as this has been identified as a local workforce gap and another to test out community building approaches at a community level. These posts will strongly focus on both development and engagement, community building and finding ways of increasing movement throughout the borough and throughout all levels of the whole system approach. One post will also lead on evaluation and will link with the GM evaluation partners to ensure that we learn as well as test.

We aim to promote the GM wide workforce programmes that are developed at a local level as they develop and links have been made again with the PHE clinical champion programme by the LCO lead. We will also link work on this programme with our overall plans for Personal and Community Centred Approached and workforce development plans in our prevention and behaviour change work.

We recognise and will support the development of volunteering within our workforce plans across the system.

PRINCIPLE 5)

How do the locality plans support the reduction of inequalities?

As mentioned above, reducing inequalities lies at the heart of our approach, and the findings from our Needs Assessment have helped to identify additional areas to those identified at a GM level. Many residents from our initial Test & Learn areas experience multiple inequalities, and it is essential that any intervention is based on an understanding of the importance of reducing the inequality gap.

For this pilot we aim to focus on the inequalities in physical activity outcomes experienced by unemployed people, people with long term conditions aged between 40 and 60 years and the inequalities identified for people living in our two identified wards. We also intend to reduce the inequalities identified in our local needs assessment work which were; BME communities, women and people living with disabilities. Inequalities is a cross cutting theme for all of our work.

PRINCIPLE 6)

What's different to the traditional ways of working locally?

Traditionally we are led by evidence-based practice and programmes that need to decide interventions, outputs and outcomes from the start, which can often lead to a top-down approach to improving health outcomes and reducing inequalities. This project is very much around co-design, community engagement, taking small steps and trialling new ways to improve inactivity levels. We are aware that it might not lead to an immediate improvement in the outcomes we usually measure at a population level, but we are confident that, working with residents, we can increase activity in some of the most inactive people in our Borough.

Community Building isn't new to us but the ability to scale up our approach to address inactivity is new and by linking this with our existing Community Builders and also embedding physical activity more explicitly within our overall transformation of our prevention system is occurring.

Describe any innovation or test and learn approaches that are proposed.

We are exploring an intervention working with long term unemployed people with a health condition that test out coaching and motivation support based on some initial focus group discussion. This is being developed by those working locally with unemployed people and through our health and work programmes.

We are proposing to explore opportunities to have a different approach to our work on walking, use of our green spaces and streets and explore how we link with our arts and culture offer and specifically work together around 'Dippy' coming to Rochdale in February 2020 and jointly work on approaches and inspiring walking and playing.

Further interventions will be based on the findings from our engagement process, so cannot be described at this time. Our plan is to Test & Learn in two demographically different places in Rochdale, and then learn and amend our plan based on how successful these are. Our approach to combining our work on arts and culture with encouraging people to move more is innovative and exciting and jointly designing both programmes hand in hand is currently taking place. A pilot with people in deprived communities in London demonstrated that after engaging with the arts 79% ate more healthy, 77% engaged in more physical activity and 83% enjoyed greater wellbeing. We anticipate our approach 'unlocking' a range of additional benefits by working in this way which will fall across multiple domains and will include (but are not limited to): increased physical activity, diversity and quality of opportunities, improved measures of wellbeing and self-efficacy, increased social capital, new skills, community cohesion, improved health and job opportunities. This experiment will enable us to gain new insights into approaches to helping people to become more physically active.

PRINCIPLE 7)

Where is this work connected locally? Which local strategies and plans does the Local Pilot align to? What else might it connect it to in the next 12 months?

The work is embedded within with our Health and Social Care Prevention and Access System Transformation Plan, our PCCA plans and our Public Sector Reform work. It is also linked to our Arts and Culture programme including emerging creative strategy and Health and Work programmes.

PRINCIPLE 8)

What is being tested? Why and how? What do the team want to learn, and what will you do with that learning?

We are keen to learn what we can do to support people in the borough who are inactive to become more active. We also need to learn which interventions do not work, and why not. The learning will help to inform further proposals and investment, both in our locality and from the results of other LPs across Greater Manchester. We are keen to share our learning as widely as possible with our partners in Rochdale and across GM.

We want to learn what works, why it has worked and with whom and to what effect in relation to the outcome that a person says they wish to achieve. We also want to learn more about how to best jointly co design future initiatives and programmes with local people and groups and by doing so this will impact on all of our person and community centred work.

How will plans be reviewed in the spirit of test and learn?

We plan to continue our engagement work (which will also form part of our evaluative process) throughout the LP, using the findings to inform interventions. We aim to discover which components of the interventions have been successful, and which could be improved. These can then be extended to other locations and interventions, and re-tested. We have commenced our process evaluation and following our attendance at the GM evaluation workshop we are keen to meet with the newly appointed GM evaluation team to jointly design our evaluation framework for each of our areas.

We intend to build on existing evaluation methods that we have tested or are testing within existing services such as KUMU that the current Community Builders are using. We have commence our discussion on evaluation so that this is embedded from the start.

PRINCIPLE 9)

How will the team connect to the whole system and distribute leadership from the Local Pilot?

Due to the wide membership of the LP working group, we are encouraging informal leadership in increasing physical activity at all levels throughout the borough, and trying to influence thoughts around physical activity to be present in all suitable planning and development activities.

What is the governance structure for the Local Pilot work?

Wendy Meston, Consultant in Public Health, is the lead Officer for the Wider Leadership team across the Council and CCG and is providing strategic leadership for the Borough partners at this stage. She also is providing leadership to the PCCA work locally and has linked the work with the Integrated Commissioning Directorate. Councillor Janet Emsley, Cabinet Member for Neighbourhoods, Community and Culture is a member on our LDP Working Group on behalf of Cabinet. Andrea Fallon, Director of Public Health is overseeing how the project develops and links to the Prevention and Access Board and broader work across all Partners. Andy King is providing leadership from Link4Life

and can link back to related groups and structures. Cllr Sara Rowbotham is updated and involved in governing the programme as Cabinet member for Health and Andrea Fallon and the two Cabinet members have agreed the proposal for the 18th March and then the LDP funding proposal will be presented at the Prevention and Access Board at the end of March 2019. The Integrated Commissioning Leadership Team have been updated and will support with commissioning. Members of One Rochdale (LCO) have been involved and link back to the One Rochdale LCO Board as needed.

How is the work being steered in terms of locality meetings or events, and the people and organisations involved in those?

The LP Working Group meets monthly to discuss the plans for the project, and to receive feedback and agree actions (membership listed in Appendix 1). We try to ensure that at least one member of the Team involved in the LP is able to attend GM LP network and implementation meetings.

2. A BROAD 12-MONTH BUDGET PLAN (APRIL 2019 – MARCH 2020)

The broad budget for the next 6 -12 months includes the following (this may be refreshed in year following additional community engagement):

Staff: A Full time Play and Move More in Everyday Life Community Builder Post, inclusive of on costs.

Community Engagement: £10,000 for two years for voluntary and community sector groups for the creation and implementation of a community engagement, co-production process and support for the programme.

Delivery Costs: £20,000 budget for the two areas of focus with the additional £10,000 budget allocated each to the Play and Move in Everyday Life Post to utilise and the work and health programme to develop interventions.

When we have consulted with the communities a more detail spend will be submitted.

Miscellaneous: We envisage that there may be some additional costs in the initial 6 months, such as promotion, volunteer expenses and refreshments.

Expenditure	Initial Cost (£) 2019	Cost 2020/21 known costs as at March 2019
Staff – 1WTE Community Builder ‘Move more’	38,000	39000
1.0WTE Moving More Programme Coordination, Development and Evaluation	46,000	47,000
Community Engagement and co design	20,000	tbc
Delivery Costs initial ask	60,000	tbc
Programme support and comms	4,000	tbc
Total	168,000	86,000

There may be slippage on the posts in 2019/20 dependent on recruitment options. Above are the full year costs.

Appendix 1 Local Pilot Focus Group Membership

Councillor Janet Emsley, Cabinet Member for Neighbourhoods, Community & Culture (agreed portfolio lead with Cllr Sara Rowbotham)

Wendy Meston, Consultant in Public Health (Lead Officer)

Lisa Clayton, Public Health Officer (Programme Coordination)

Andy King, CEO Link4Life

Darren Grice, Deputy CEO, Link4Life

Ann Howarth, Health & Wellbeing Manager, The Big Life Group

Donna Livesey, Programme and Development Manager, Link4Life

Ellie Caddick, Communications Officer, RBC

Ian Trickett, Greenspace Development & Countryside Manager, RBC

Jayne Taylor, Senior Youth Officer, RBC

John Gillighan, Senior Engineer, RBC (link to Beelines and TFGM programmes)

Julie Simpson, Rights of Way Officer, RBC

Leifa Jennings, Public Health Registrar, RBC

Nathan Matley, Strategic Project Manager, RBC

Sara Tomkins, CEO, GreaterSport

Scott Hartley, Press Red on behalf of GM Moving

Sharon Lord, Programme Lead, Self-Care, HMR

Shirley Waller, Health Interventions Manager, Link4Life

Steph Rush, Economic Development Officer

Steven Blezard. Adult Care/LCO Director of Operations

Sue Hennessey, Voluntary Sector Development Manager has just joined the group to link back with the Alliance

Appendix 2 Physical Activity Summit- Organisations in attendance

Rochdale Mind

The University Campus of Football Business

Rochdale Women's Welfare Association

Hopwood Hall College

Deeplish Community Centre

Bridging Communities 4all

Kashmir Youth Project

Rochdale AFC

Heywood, Middleton & Rochdale Circle

NHS Heywood, Middleton & Rochdale CCG

The Big Life Group

Rochdale Hornets

Link4Life

GreaterSport

Pennine Acute Hospitals NHS Trust

Rochdale Councillors

Rochdale Youth Service

Rochdale Economic Affairs

Rochdale Boroughwide Housing

Rochdale Housing, Property & Strategic Housing

We hope that this has provided an overview of Rochdale's journey so far, and how we indicatively plan to use the LP funding within the borough. If you have any further questions, please do not hesitate to get in touch.

Wendy Meston, Consultant in Public Health (Lead Officer)

Wendy.meston@rochdale.gov.uk

Lisa Clayton, Public Health Project Officer (Programme Co-ordination)

Lisa.clayton@rochdale.gov.uk

Leifa Jennings Public Health Specialty Registrar

Leifa.jennings@rochdale.gov.uk