



Essex Local Delivery Pilot

Tackling the issues of physical inactivity in Essex head on

Chapter Two

Delivering System Change

eldp

January 2019



Vision

“Our vision is to tackle the issues of inactivity in Essex head on and for our county to become a beacon for best practice in reducing inactivity.”

Mission

“Our mission is to learn what works and deliver sustainable, whole system change.”

Further reading

Register online to receive the following reports:

1. Chapter One ‘Getting ready for whole system change’, November 2018
2. Tackling Physical Activity in Essex: Readiness for Systems Change, Collaborate CIC, October 2018
3. A Review of Physical Activity Data and Insight in Essex, Intelligent Health, October 2018
4. Essex Local Delivery Pilot: Action Research Initial Evaluation, University of Essex, October 2018

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1. Welcome to the Chapter Two Report: Delivering System Change

Cllr John Spence CBE

Chair, Essex Health & Wellbeing Board and

Chair, Essex LDP Strategic Sponsors Group



The Essex Local Delivery Pilot is about public, community and voluntary organisations coming together to tackle the inequalities in our most deprived local communities, preventing hundreds of thousands of people from enjoying the physical, social and mental wellbeing benefits of an active lifestyle.

Our successful bid to Sport England for £10.68 million is instrumental in helping us create the sustainable change which will benefit individuals, local communities and the wider Essex economy. This investment will help us deliver the vision we first set out when we applied to Sport England in 2017 to be one of their 12 Local Delivery Pilots nationally to pilot new ways of tackling inactivity through whole system change.

In Chapter One 'Getting Ready for Whole System Change' we described the strong foundations which were created by our research and evaluation work in 2018, which informed the development of our seven strategic priorities and our investment plan.

This strategic investment plan links directly with our Essex vision 'The Future of Essex' and is integral to our Joint Health and Wellbeing Strategy and the delivery of the Essex County Council motion to promote physical exercise.

Whole system change is about working across health, education, housing, transport and the built environment, so people can live and work in places which enable them to be physically active.

Increased physical activity has remarkable effects on improving physical and mental health and helping people to live longer, more independent lives. With public sector organisations fully committed, and communities wanting change, the Essex Local Delivery Pilot can achieve real and lasting success.

Jason Fergus, Head of Essex LDP and Active Essex

Currently over one in four (27%) of Essex residents are inactive and doing less than 30 minutes of physical exercise each week. In addition, people who live in the most deprived communities are more than twice as likely to lead a sedentary lifestyle as other residents. Getting families, the elderly, and people with poor mental health more active is our priority.

Physical activity will have a transformative effect on communities across Essex, enabling people to connect with their neighbourhoods and socialise in shared activities which are positive and motivational. It is important that being active on a daily basis is easy, accessible and part of our normal routine.

Our strategic plan for Essex Local Delivery Pilot, described here in Chapter Two, provides the framework for enabling the most disadvantaged communities to grow stronger, more confident, willing and able to take action to achieve their own vision of an active community.

This once in a lifetime opportunity will benefit the whole of Essex, with the initial testing taking place in Basildon, Colchester and Tendring because of their high levels of inactivity and deprivation. Successes will be scaled up Essex-wide and will supercharge Active Essex's strategy to get 1 million people active in Essex by 2021.





Foreword from Basildon

The Essex Local Delivery Pilot is an exciting opportunity for Basildon to work with partners across the county and nationwide in what could be a once in a generation opportunity to make a real difference to our residents.

We are proud to be working with partners across a range of sectors to drive whole system change in order to enhance the health and wellbeing of our communities.

We are committed to improving health and wellbeing across the borough and have demonstrated this by becoming the first council in Essex to produce and adopt a Health and Wellbeing Policy.

The local delivery pilot will enable us to build on that and find more ways to improve the physical and mental health of our residents whilst tackling some of the issues and barriers to physical activity amongst our most vulnerable residents.

Cllr. Andy Barnes, Chairman of the Communities Committee, Basildon Council



Foreword from Colchester

In Colchester we are committed to improving the health and wellbeing of our residents by making our borough a better place to live.

We know that physical inactivity has become a leading risk factor for ill health in Colchester and despite the known benefits of being active we are seeing a trend towards less daily physical activity in our communities, particularly in individuals and families who may have long term health conditions or be living in circumstances of deprivation.

Our challenge is to ensure that everyone in Colchester benefits from being more active and has access to our amazing parks, open spaces, sport, leisure and community facilities.

Being part of the Essex Local Delivery Pilot provides us with a fantastic opportunity to build on what we have done already, and provides fresh momentum in our efforts to really drill down and further understand the needs and challenges in our place. It also enables us to mobilise at pace and work with and alongside our communities to develop, test and where successful scale and replicate new ways to tackle the barriers that prevent residents across Colchester living more active lives.

Councillor Tina Bourne, Cabinet Member for Housing and Communities, Colchester Borough Council



Foreword from Tendring

Tendring is a great place of opportunity with incredible natural assets and untapped potential. However our area faces many challenges.

The principles and priorities described here solidify a framework for how we will walk the walk to deliver the concept of whole system change. The balance of this next ambitious phase of the project will quite rightly be slanted towards our communities and local population.

We are keen to realise the potential of co-production where power is shared, and the creativity of these communities is nurtured and encouraged to design and deliver solutions together.

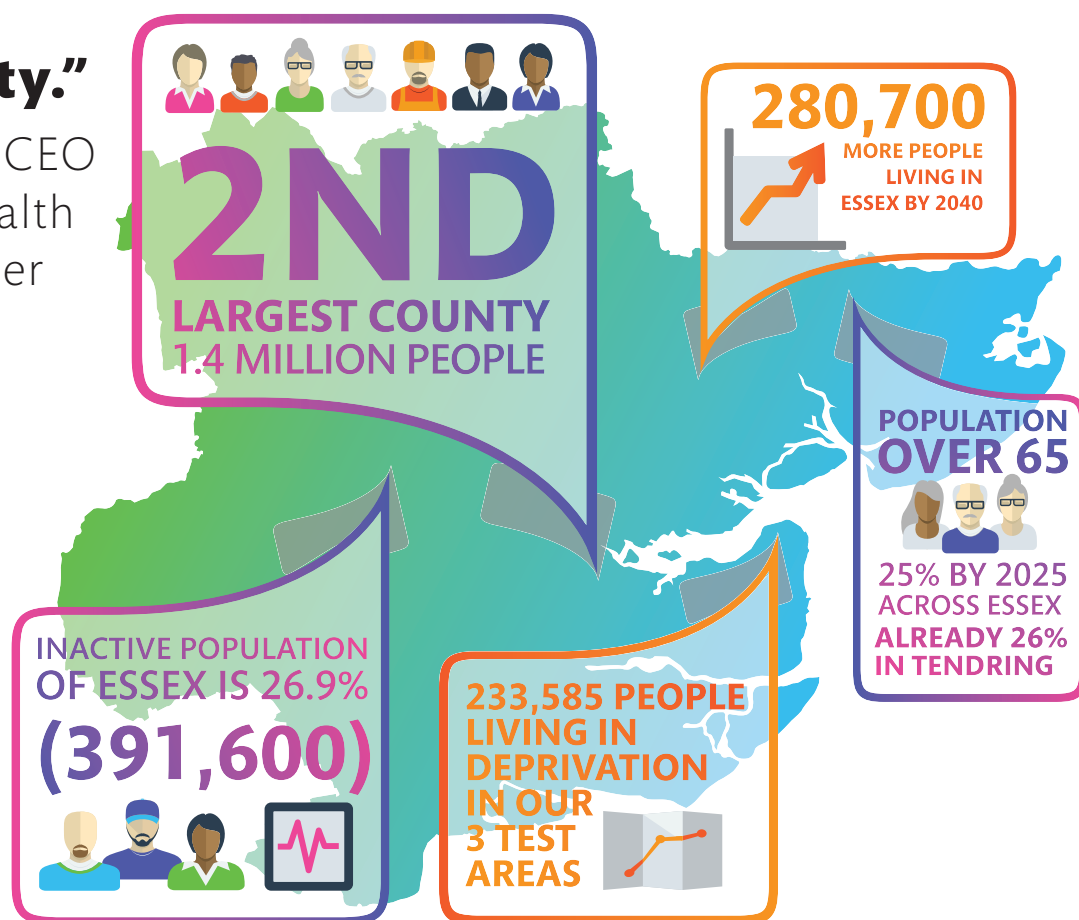
This is not a top down directive of increasing physical activity with an expectation of more people running, swimming or joining sports clubs. This is about reducing the high prevalence of inactivity in those groups of people who are already experiencing the most disadvantage.

It is incumbent on us to use this opportunity to truly listen and transform so that we ensure we maximise this incredible opportunity to address those issues which blight our area and which hold back our communities from meeting their potential. We clearly see the wider potential to not just decrease inactivity but to develop healthier communities who will become better connected, more resilient and more able to help themselves.

Councillor Lynda McWilliams, Tendring District Council Cabinet Member for Health and Education

“An inactive society is a dying society.”

Dr William Bird, CEO of Intelligent Health and Expert Adviser for Essex LDP



2. Executive Summary

Essex was chosen by Sport England as one of 12 areas in England to undertake this ground-breaking work because of the range of significant problems and opportunities which exist in our county. In Chapter One ‘Getting Ready for Whole System Change’, published in November 2018, we clearly established our evidence base and agreed the seven strategic priorities which will provide the structure and framework for the future work of the LDP.

This report is our Chapter Two ‘Delivering Whole System Change’, where we lay out our investment plans.

The Essex LDP has been awarded £10.685m by Sport England in recognition of the scale and ambition of the challenge ahead to take us up to 2021. This incorporates the initial development phase grant of £845,000 awarded in the summer of 2018 and an extension of this award of £9.84m, of which £5.9m is available for spend, and £3.94m is committed in principle subject to performance and further detailed plans.

There are high levels of physical inactivity, particularly in the areas of greatest need and deprivation. The size and structure make Essex complex, with two tiers of local authority. There are unique problems of poor urban planning as well as long term and stubborn deprivation in many coastal communities.

Alongside these issues are the significant pressures on existing services and communities brought about by an explosion in new housing developments.

In spite of these significant systemic problems, the bid put forward by Essex to Sport England offered real hope and opportunity for innovative and sustainable solutions.

Essex is already fully committed to whole system change at the highest level through the Essex Assembly and the shared vision ‘The Future of Essex’ and the LDP has become an integral part of this broader whole system change ambition.

Our work in Chapter One, including the three strands of research with Collaborate CIC, Intelligent Health and the University of Essex, has culminated in the development of seven strategic priorities. These priorities are focused on what we need to do to achieve ‘whole system change’ and reduce inactivity.

We believe it is important to strike a balance between targeted interventions and a universal offer if we want to change levels of physical activity across the population. We need all of our communities to see physical activity as a way of life and to have access to the facilities and opportunities to be active, which is where our work on whole system change and active environments will be vital.

Focusing solely on the most disadvantaged will not reduce the levels of physical inactivity and health inequalities sufficiently. To reduce the steepness of the social gradient in physical inactivity, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. The needs and characteristics of our target audiences must be designed into our universal offer. This is called proportionate universalism and will be a key value that we hold when delivering the LDP.

The seven strategic priorities identified in Chapter One provide the framework for our investment plan. They are:

1. A whole system approach

There was an overwhelming feeling that the LDP represents a great opportunity to not only change the way we address physical activity but to test and embed physical activity across the system in a wide range of strategies and services. A key part of this work will be changing and improving the collaborative working between organisations and between sectors in Essex. This work will be supported by our whole system change partner Collaborate CIC, who will work with us to develop new tools, techniques and training programmes to develop a more skilled and collaborative workforce (both paid and unpaid) across Essex.

2. Increase community engagement and cohesion through new social movements, networks and communications

Effective communication is at the heart of this work and we will use dynamic communications channels to develop two-way relationships with residents and community groups and to engage and empower local passionate people who want to make a difference in their local communities. A high priority is communicating the learning from the Essex LDP across the county and we will also share our learning with the other 11 LDPs and the wider sport and physical activity sector in the UK. We will also work with leading social movement partners to help us develop new physical activity social movements that are owned and led by local communities and local employers.

3. Test and learn, scaling up and replication

We will embrace innovation and risk to undertake large amounts of test and learn, with a clear view to scale up and replicate successful practices across Essex. In Chapter One we have learnt that there are multiple factors that create the conditions for the success of initiatives to increase physical activity and engage with communities most in need. We want to continue to develop our understanding through a large scale test and learn programme. We will look to disseminate findings across the system, enabling the replication of good practice and we will invest in projects that show potential to be scaled and grown and that impact on our target audiences.

4. Community capacity and development

There is so much untapped potential within our local communities and the Collaborate report identified that there is a desire for more locally led initiatives reflective of local needs. We will support and empower local residents and community groups to create their own ideas and solutions to increase physical activity levels. We will work with existing and trusted

community organisations and will also reach out to the small formal and informal groups that usually operate at a very local level and have never before received money or support from the public sector.

The public sector systems in Essex need to strike a balance between providing a supporting infrastructure and letting local initiatives develop organically within communities. Our focus on community capacity will provide funding for new local initiatives, funding for community hubs, and workforce training and capacity building to strengthen sustainability, and enable organisations to grow. At a local level we will look to establish implementation groups to develop and plan their own activities and co-produce solutions to tackle local issues and challenges.

5. Effective use of data and insight

The Chapter One research showed that Essex is committed to developing a strong data and insight capability and building links with leading insight organisations. It is essential that the LDP taps into this capability to continue developing our understanding of the needs of local communities, what works, and where to target particular interventions.

Chapter Two will see us significantly build on our current understanding as we develop new systems to capture and use data and insight at all levels of the system, including fresh approaches to collecting insight into the lives and needs of local people, and using that data to enable people to become more active through behaviour change, social movements, and a significant increase in opportunities to be active.

6. Create active environments

An important finding of the research was how strong an influence the built environment can have and the need to make better use of our physical assets, both indoor and outdoor. Essex is 72% rural, has over 350 miles of coastline and huge amounts of green spaces available for physical activity. However poor transport links, feeling unsafe and past planning issues can contribute to poor usage of these assets. We need to drive greater use of the principles in the Essex Design Guide to influence strategic infrastructure work, as well as make changes to the local physical environment that encourage and enable people to be more physically active. This could range from seating on walking routes for older people to street lighting in areas where people feel unsafe. It will require a re-prioritisation at times of our own resources alongside that granted to us from the national lottery.

7. Evaluation, learning and sustainability

A key component of the work is to establish what works, what hasn't, and share and embed learning locally and nationally. This is a very high priority for us and we understand our deep responsibility to measure and evaluate our work thoroughly to ensure we have the strongest possible evidence base and fulfil our mission to share our learning as widely as we possibly can. We will establish an evaluation consortium of high quality partners to bring the widest range of evaluation skills and techniques to the LDP and ensure that this evaluation meets national and international standards.

3. Introduction – setting the scene

In Chapter One: 'Getting Ready for System Change', we documented our key findings and established the seven strategic priorities for our next phase which is delivering system change to take us up to 2021.

In Chapter Two, 'Delivering System Change', we add more direction and detail to how we intend to deliver our seven strategic priorities, and the context in which we will go about this work.

On the following pages we set out the following:

- Our theory of change and what we will do to achieve our outcomes
- What kind of system changes we need to make
- Our investment principles which will underpin all of our decisions
- How we will increase community engagement and establish new social movements
- The scale and type of our test and learn activities
- How we will upskill the workforce of different sectors
- The data and insight which will be so important in further building our understanding of our audiences
- What kind of active environments we want to create.

Chapter Two also sets out our innovative plans to evaluate the work of the LDP so we know what has worked well, what not so well, what can be replicated and scaled up, and provide the rich learning to share across Essex and the rest of the country.

A key aspect of Chapter One was to reflect on our values and principles. Our overriding principle is our belief that a community that becomes more active is transformed. It brings it to life. There are more children playing, more neighbours visiting, more volunteers giving and more residents walking and cycling along safer streets and parks.

Above all activity leads to a healthier, happier and a more resilient society. Conversely a community that shuts itself away indoors will slowly die as it becomes fragmented, with deserted unsafe parks and streets and eventually leads to an inevitable rise in heart disease, depression, obesity and crime.

Over the past 12 months the relationship between county and local authorities has been galvanised through new collaborations, partnerships and systems, and the LDP is ideally timed to develop this positive trend.



Balancing targeted interventions with a universal offer

Our Local Delivery Pilot (LDP) will focus on those who are the least active and those who struggle the most due to disability, poverty or loneliness. This doesn't mean that those with fewer needs are left out. We believe it is important to strike a balance between targeted interventions and a universal offer if we want to change levels of physical activity across the population.

We need all of our communities to see physical activity as a way of life and to have access to the facilities and opportunities to be active, this is where our work on whole system change and active environments will be vital. Focusing solely on the most disadvantaged will not reduce the levels of physical inactivity and health inequalities sufficiently. To reduce the steepness of the social gradient in physical inactivity, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.

The needs and characteristics of our target audiences must be designed into our universal offer. The project will focus on getting families, older people and those with poor mental health more active and this will have an impact across the majority of the population.

The chosen areas of Basildon, Colchester and Tendring will work hard to prove concepts and approaches that work so that we can disseminate the learning and expertise to create a truly Essex wide programme that makes us the most active county in England.

In Chapter One we set out the vision and reported on the commissioned work that helped us understand the scale, barriers and opportunities to deliver this transformation. As we move into Chapter Two we will continue to learn together. Every single person living in Essex is a small part of the overall solution, and when joined together a picture emerges that will be the beginnings of a social movement and lead to a change in culture.

Funding will accelerate the changes required

The funding will accelerate the changes required, strengthening our whole system approach, creating more opportunities to learn from targeted interventions, more data that can be collected and analysed and a greater opportunity to measure success through a comprehensive evaluation. Our Chapter Two is short term (2-3 years), but we know that to achieve sustainable whole system change will cover the medium term (3-6 years) and longer term (7-12 years).

Essex is making a long-term commitment to addressing sedentary behaviour and physical inactivity, and the LDP provides us with the ideal catalyst for our journey.

To make the most of these opportunities four areas need to be addressed:

- 1** Leaders need to influence the systems, structures and investment that they are responsible for to ensure that physical activity is hard wired into decisions made at every level of the system.
- 2** Communities need to be empowered to make decisions and be emboldened to remove anything that prevents activity. We want a real decentralisation of power and resources, an increase in capacity and the birth of a social movement.
- 3** Places such as parks, streets and buildings need to be "owned" by the community and be transformed into vibrant active places.
- 4** Data and insight need to be continuously collected, interpreted, shared and acted upon helping shape the programme and resulting in excellent evaluation.

Collaboration is at the heart of what we are trying to achieve and we have a track record of aligning system resources such as the recent work done in Tendring around mental health. The LDP has landed in Essex at a time when we are already looking at the totality of investment in our places. A good example of this is the transformation work being led by the North East Essex Health & Wellbeing Alliance which includes physical activity as a key priority.

Our guiding principle will be to always make the Sport England investment work hard to open up doors to system leaders, challenge existing systems that are not working well, and bring together a variety of system leaders from different sectors and organisations to collaborate and increase the impact on physical inactivity. First and foremost, we will always use the Sport England funding to lever in additional funds and resources wherever possible, to bring about further investment in physical activity and increase the collective value of our resources.

“Increased activity” simply becomes the means to an end

The current situation of fragmented, isolated good practice will change to a more coordinated and connected set of activities all happening at a hyper local level and linking leadership, communities and place. This is the start of a whole system change where the end point of “increased activity” simply becomes a means to an end for people and communities.

We will do this by embedding physical activity into the outcomes of multiple agencies and sectors.

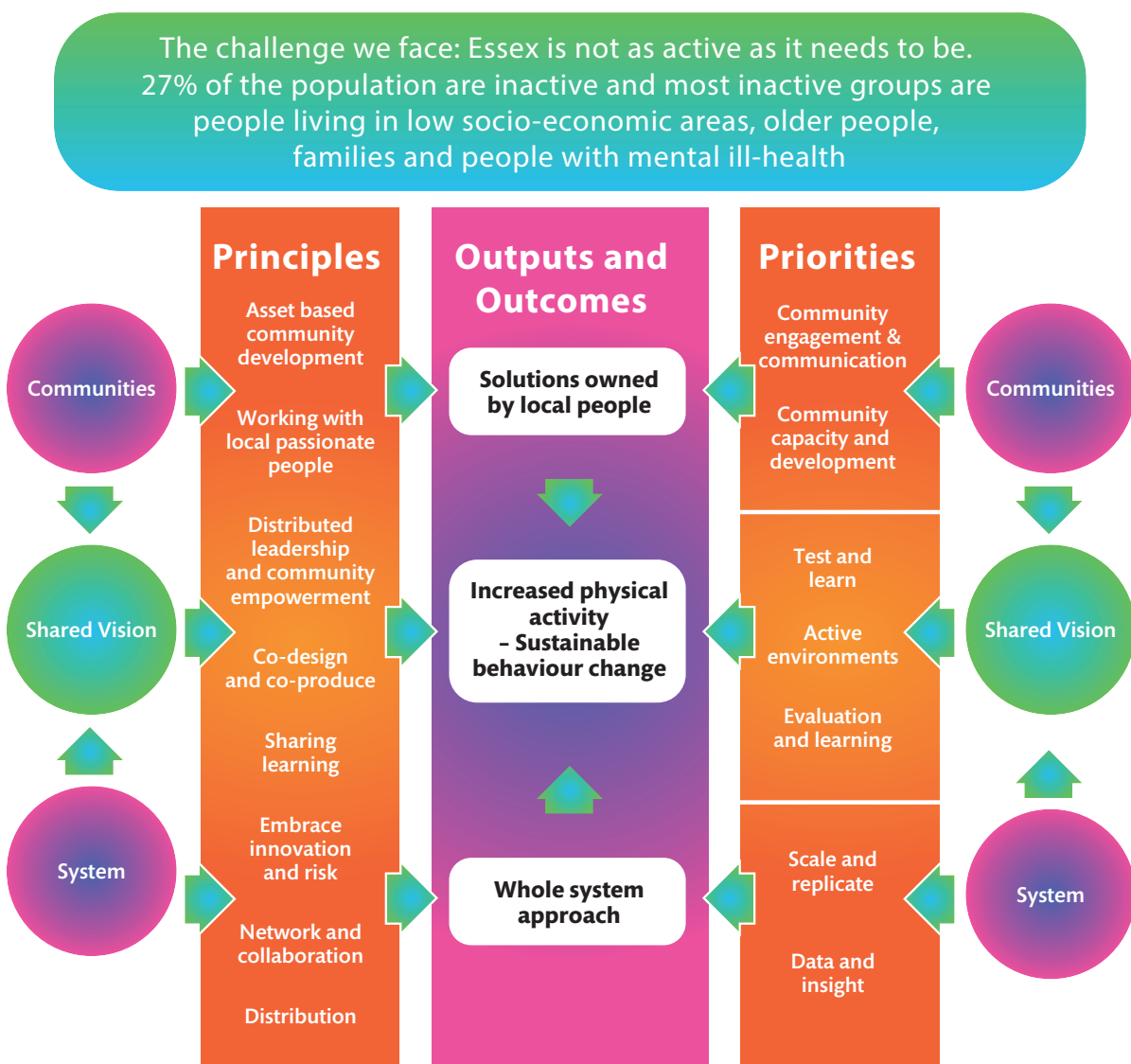
We will engage with a huge workforce, paid and unpaid, of motivated and passionate people that can help deliver our LDP vision of more active communities.

Professionals and volunteers from community groups, local authorities, health and social care, education, the private sector and leisure will all play an important role as we work across systems and boundaries.

Our Theory of Change

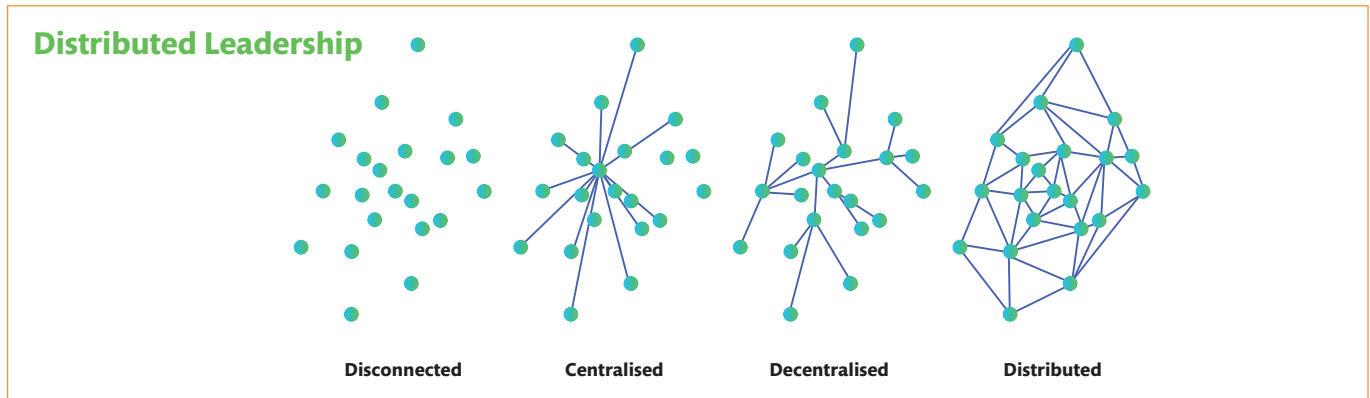
Our theory of change is evolving as we develop our thinking and understanding of the challenges and issues across Essex and the most effective approaches to deliver our defined outcomes. The emerging theory of change builds on the insight from Chapter One and guides our principles and investment propositions. At its core are three key strands - whole systems working, distributed leadership and behaviour change models.

The latest version of our theory of change below shows how our principles will shape our collective work with partners and communities to deliver sustainable behaviour change:



Distributed Leadership

We are in a strong position because of the whole system work underway at a high strategic level by Essex Partners and Essex Assembly in the ambition to achieve the new vision 'The Future of Essex'. It is clear that a whole systems approach is complex, messy, long term, and requires system leaders to hold their nerve and not retreat to traditional ways of working. However, the LDP partners are fully committed to a whole systems approach which will lead to strong collaborative working that provides solutions that meet the needs of local communities. The models we are working to as we plan for this next stage of significant work and investment can be summarised in the diagram below, where we have a current system that is disconnected, and we want to get to a system that delivers effective distributed leadership:

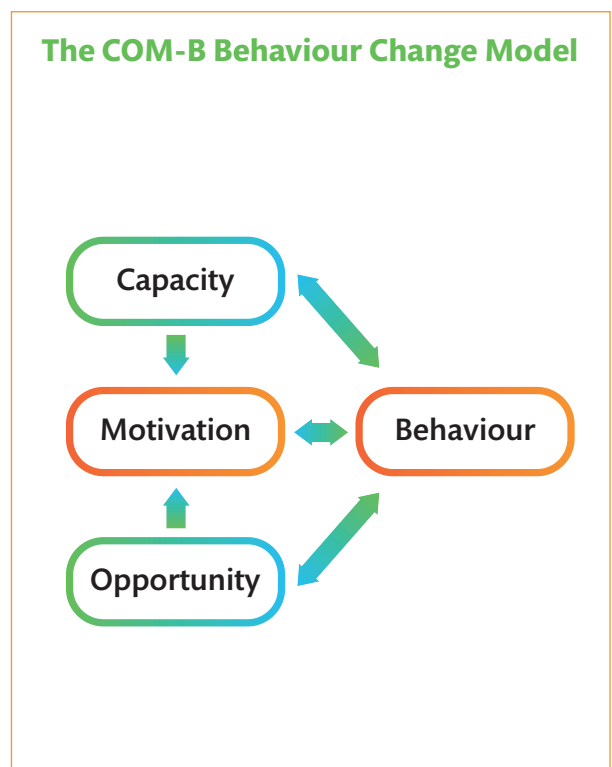
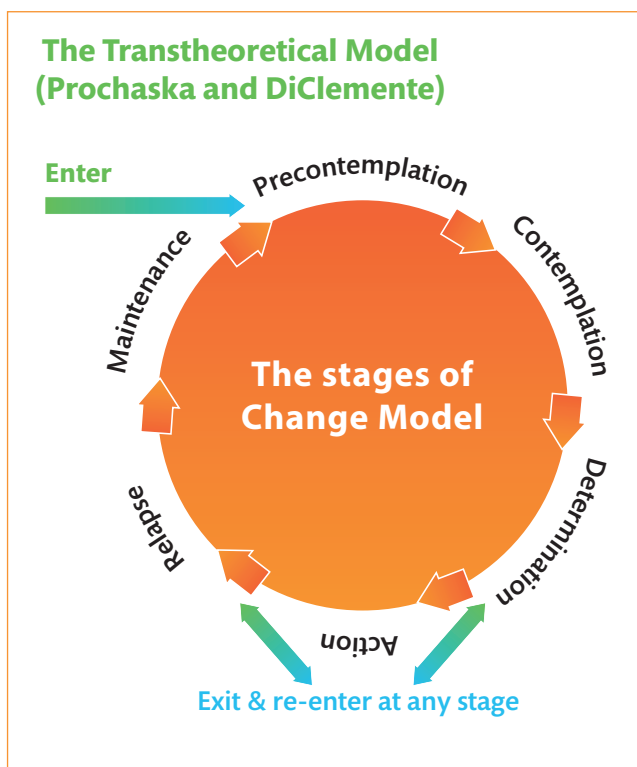


We will not be blinkered, and we will have a continual open mind to other whole system approaches. We are already incorporating 'Myron's Maxims' into our thinking and planning, and we are interested in the whole system model adopted by Greater Manchester Moving which uses eight steps to achieve transformational change.

Behaviour Change

Similarly, we are adopting an open and inquisitive approach to how behaviour change models and methodologies can help our work. Currently, we are most closely aligned to the Transtheoretical Model developed in the late 1970s and the COM-B model developed in 2014 shown below, that helpfully identifies individuals who can be in the 'pre-contemplation' or 'contemplation' stage before deciding to become more active, and how capability, motivation, and opportunity can lead to behaviour change.

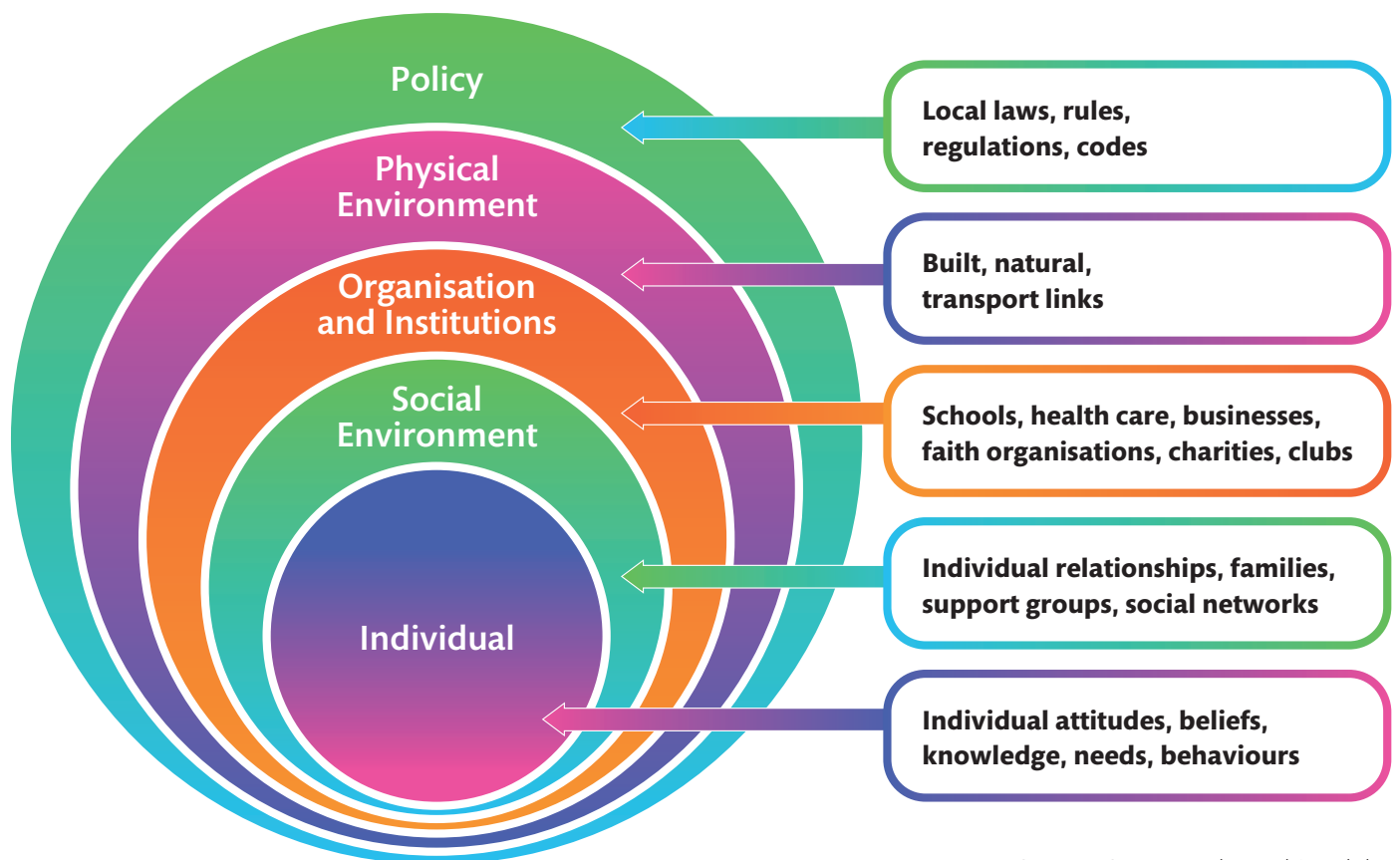
We will collaborate with expert partners to help us develop our understanding and use of behaviour change models, and carefully evaluate their impact on our work. Similarly, we are seeking to be creative about approaches that can change the behaviour of local communities, and this will form part of our approach as well.



A Whole System Approach

Physical activity is driven by a wide range of influences at multiple levels. Whole systems approaches succeed when they operate on a number of levels – individual, social environment, organisations/institutions, physical environment and policy levels. Change is needed at all levels to deliver sustainable increases. Our LDP is not about a large number of individual projects and interventions at a local level. We understand that we need to drive change at all of these levels:

Population level change requires 'whole system' approaches



Source: Socio-Ecological Model

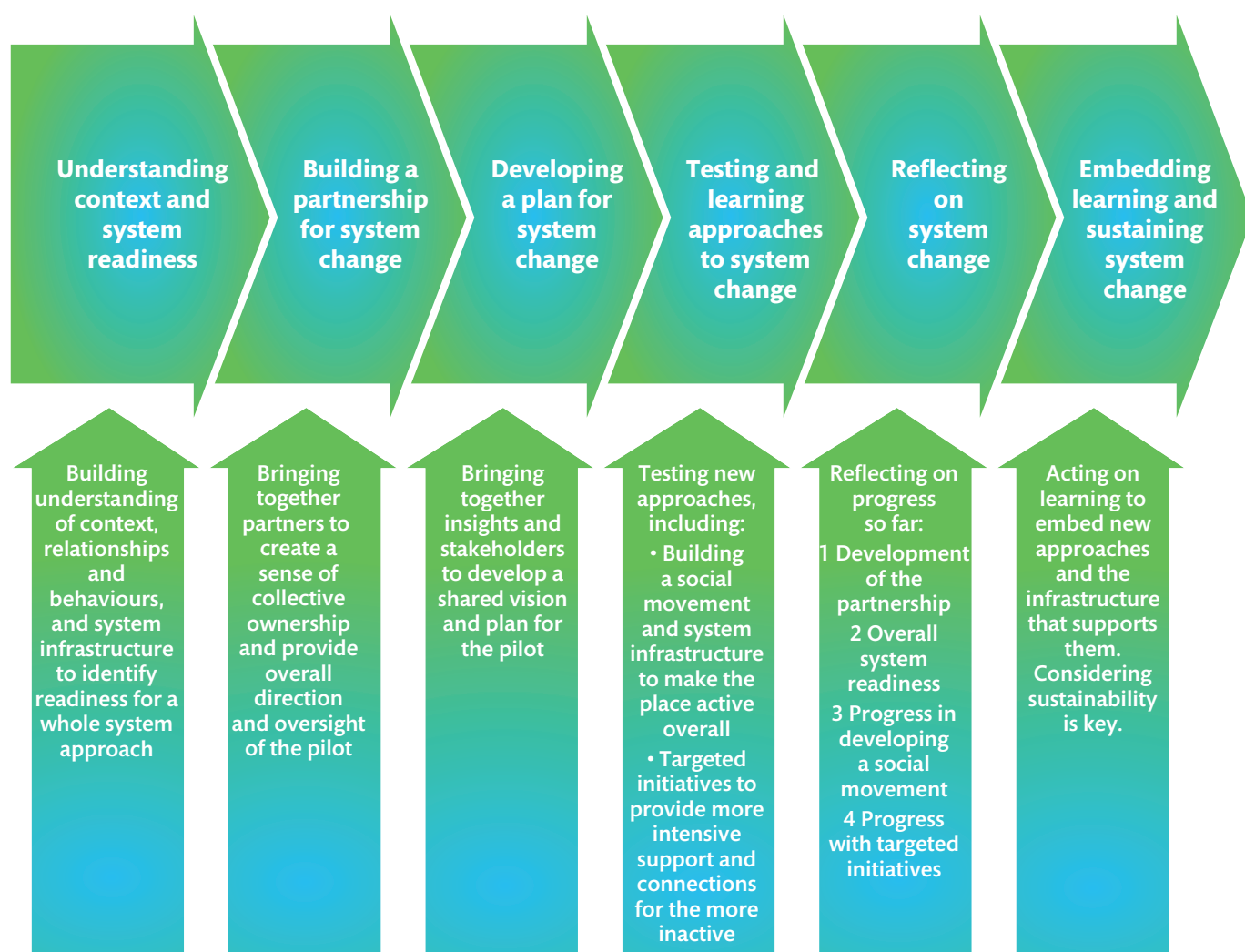
The diagnostic work carried out by Collaborate CIC in the summer of 2018, and documented in our Chapter One report 'Getting Ready for System Change', provides us with a clear understanding of how the physical activity system sits within the context of nine building blocks, and the work that needs to be done over the next few years to strengthen the system. See Chapter One, page 12.

Route Map to Whole System Change

The Essex LDP Route Map comprises a number of elements which we anticipate will be crucial phases in working towards whole systems change to drive up activity levels. It is important to recognise that it is not a straightforward linear process. It is likely that pilot areas will take different journeys to achieving whole system change, with some phases overlapping or repeating to respond to the specific context of each local area. The interaction between the phases is crucial, with each building on and reinforcing what has come before. The pilot will contribute to tackling physical activity at multiple points along the route map with the scale and sustainability of this deepening over time as sustainable changes in how the system operates are embedded for the long term.

The route map applies at both a Tier 1 and Tier 2 level. At Tier 1, LDP progress is more advanced and is at the 'Delivery' stage, whereas at Tier 2 level, they are mostly at the 'Building a partnership stage'.

The Essex Route Map to Whole System Change



Key foundations

Ongoing co-production

Top level leadership and commitment

Understanding and empowering local communities

Learning, adaption and continuous improvement

4. Focus on our three priority target audiences

Our LDP prioritises three main target audiences; older people, families with dependent children, and mental ill-health.

These groups often face the biggest challenges in being physically active, but also have the most to gain from increased physical activity.

However, our commitment to tackling the most serious inequalities means that we will always consider the needs of the following groups in our work due to the inequalities that they face. In particular, women and girls, people from ethnic backgrounds, people with disabilities and long term conditions, and people who are isolated and lonely.

The following section provides a summary of the findings from both the engagement events and the findings from the work carried out for Chapter One:

Focus on Older People

We agreed on the term 'healthy ageing' and so this includes:

- Middle age (45-65 years) in which the ageing process can be strongly influenced.
- All those who are at risk of functional decline (this is not age-specific).
- Those at transition points (retirement, bereavement, relationship loss, moving to a new house etc.)

Local statistics

Physical inactivity increases rapidly in old age. In Essex, 31.5% of residents aged 65-74 are physically inactive. This increases to 54.7% for residents aged 75-84, and 79.2% for those aged over 85. This is not only a reflection of increased disability but also a cultural reason where inactivity becomes accepted in older people. In addition older people have high levels of mental ill health and isolation. We know that physical activity has significant mental health and social benefits and it is imperative that we improve the local offer for this cohort.

The county of Essex has a higher rate of over 65s than the national average and the proportion of over 65s is particularly high in some of our LDP areas. There are six wards whose population of 65+ year olds [34] is over 40% of the total population in the ward. All of these are in Tendring which has the highest proportion of older people in the County. These Wards are: Homelands Tendring (50.3%), Haven Tendring (47.5%), St Bartholomew's Tendring (45.6%), Frinton Tendring (42.5%), Bursville Tendring (42.4%) and Hamford Tendring (41.5%).

What residents told us:

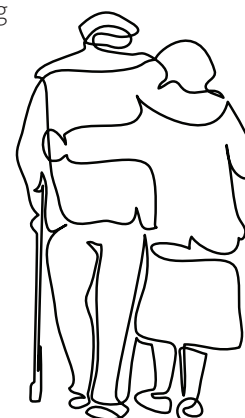
- Health reasons attracted people to projects and activities
- Social benefits and having a safe place to go were also strong motivators for becoming and remaining active. The social aspect also important for carers
- Need to have the right type of instructor or activity leader. Good delivery of activities is important – with dynamic, passionate and empathetic people
- Participants valued locations and facilities that were accessible
- Choice is important - participants liked that they could attend different sessions, work at their own pace, and

activities could be tailored to individual needs. Offering activities tailored to individual interests, ages, gender and to different cultures and religions, plus seasons. Flexible times e.g. that suit people who work

- They appreciated the opportunity to shape the development of a project
- Tailored marketing was highlighted as important with the right messages and role models needing to be used. More personalised communication and word of mouth are seen as helpful to engage people
- Need to challenge perceptions – 70s are the new 60s. Peer role models -when people see others enjoying themselves, they will come and get involved
- Increasing confidence of residents and offering encouragement meant they were less likely to back out
- Progress to other activities was important. Residents want greater connection between other activities run by other organisations.

Barriers identified

- Health conditions.
- Social isolation
- Those still working can't do activities during the day and are often too tired to do things in evenings
- Transport and distance to activity
- Cost – sometimes people can't/don't want to pay. Also a question of what they value and want to spend money on
- For those in sheltered housing some schemes don't have enough people/facilities/resources to run activities





CASE STUDY – Dementia Friendly Tea Dance in Brentwood

'All welcome, whether you want to dance or just listen to the music. No partner needed'

The Brentwood Centre, Livewell Brentwood and Right at Home Brentwood organise a fortnightly tea dance at The Nightingale Centre which is regularly attended by around fifty people for two hours of dancing together with tea and cake.

The collaboration between local authority, leisure trust and a charity is a great example of the system working well together. Tier one partners play a critical role in signposting and promoting the benefits of physical activity that contribute to a multiple of outcomes including mental health, physical health, individual development and community development. Tier 2 partners in Brentwood have designed the programme in such a way that ensures it collaborates by understanding the needs of the individual and creating a programme that offers wider benefits over and above the physical activity of dance such as friendship and motivation.

The benefits of dancing and music are well known for people living with dementia to help them stay active and re-establish memories for a couple of hours, a 'safe place' is provided for

people with dementia to dance, and for their carers to meet and share information.

Leisure service manager, Nicky Smith, says: *"It is humbling to see how dance brings many guests 'to life' as the memory kicks in."*

John Walsh, owner of Right at Home (Brentwood, Billericay & Havering), says: *"It gives us great pleasure to work in partnership with the Brentwood Centre to provide this service to our community. Music is well known to be fantastic therapy for people living with dementia and this is a brilliant way to combine social activity with music."*

One of the biggest issues facing the older population is loneliness and that is why, whilst aimed at those with dementia, anyone is welcome to attend. Participants come from across the Brentwood community, some come with their family and others are brought in from local care homes.

The carers of people with dementia are positive about the tea dance sessions and the participants look forward to the fortnightly event. It is something special to look forward to where they feel safe and 'at home' and many of them take the opportunity to dress up in their finest clothes.

Focus on Families

We agreed it should be broadly defined but include:

- All those within any extended family where an individual's activity impacts on another family member. It is therefore not restricted to family-based activities.
- This includes children encouraging their siblings, parents and grand-parents and vice-versa.
- Any activity that influences the family including school, community or work-based activities that encourage the child/parent/grandparent to increase activity to the rest of the family.

Local statistics

Children reflect activity in families and there is a significant fall in activity levels when children reach secondary school with only 20% of secondary school girls reaching the required level of activity. In Tendring 70% of children are driven to primary school providing the opportunity to increase levels of walking and cycling to school. We also know that young parents suffer from higher levels of poor mental health and isolation, and we need more tailored local solutions that use physical activity to help families with dependent children.

What residents told us:

Parents

- The best times for parents to take part in physical activity was during the morning or during the day, followed by evenings. The weekend was less convenient.
- Many parents recognised that their children were not getting much physical activity and were having high levels of screen time.
- More parents identified their children had higher levels of informal physical activity (walking dogs, playing with friends) when compared to organised activity.
- The majority of those asked would pay £3-£5 for their children to take part in physical activity. The next highest response was less than £3.
- Less than £3 and £3-£5 were also the most common amounts adults would pay for themselves to take part in physical activity.

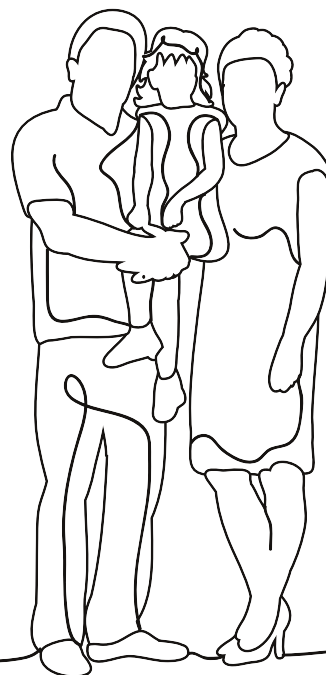
Children

- Barriers - age restrictions placed on activities, cost of activities and distance from their home were barriers to them exercising. Other factors affecting activity include bad weather, academic pressure and homework, and other commitments

- PE sessions were often felt to be too competitive, and excluded those who weren't athletic or talented in sport, which caused them to dislike, or even dread, exercise.
- Those who felt excluded were not encouraged to be active in PE classes, or taken seriously, which sometimes meant they could sit down away from the activity without being challenged to join in.
- Being matched with people of similar ability and commended on their willingness to partake could help.
- Not all physical activity needs to be athletic or sport orientated, and can be made easier by appealing to young people's natural inclination for play and exploration of their environment.
- Discounted gym or club membership to those in full-time education was suggested. Increased provision of free activities would also encourage young people to find an enjoyable way of exercising that suited their ability.
- There is a need for public facilities and equipment that are in safe and well-maintained areas

Providers

- It's important to have activities for mothers and kids together e.g. swimming classes
- Isolation a problem. Mums after birth – can't get them out of homes. With one mother who didn't engage in anything, finally got her to come along to a baby massage session – other activities as hook.
- Perception of crime in an area can be a barrier – families scared of letting kids out



Case Study - Livewell Child In Braintree

Livewell Child in Braintree was developed to offer a whole systems approach to tackling obesity in children. The 3-year pilot works with ten primary schools, key partners and businesses in different communities to encourage healthier lifestyles by introducing fun ways to get children to move more and eat well.

Livewell Child is based around a behaviour change influence model, designed to ensure children and parents are motivated to take part in activities and eat well through a programme of activities and a support network in three key engagement areas of home, school, and community.

Livewell Child in Braintree brings together organisations from different sectors and works across boundaries to deliver an holistic approach. For example, organisations working on obesity come together to consider a collaborative approach to identify the most important factors and make sense of changing dynamics that will make significant improvements to the individual and the different organisations.

These organisations include the local authority, Fusion Leisure Trust, Essex public health team, mid-Essex CCG, local supermarkets, local businesses,

Virgin Care, Barnardos, Active Essex, Braintree Dental practices, CVS, and local community organisations that work closely with children and families.

Evaluation is an important aspect and has enabled progress and success to be carefully measured. The evaluation has also provided a strong evidence base to ensure the ongoing commitment of partners and resources.

Livewell Child is a case study intervention for Public Health England work on obesity. As a result of the Livewell Child project, we have begun to work differently by taking a more community centred approach as opposed to just targeting the schools. We have involved parents a lot more in the initiative and used various communication channels to do this effectively e.g. Facebook and focus groups.



Active Hearts (part of Livewell Child) is a fantastic, fun and informative educational programme that is in line with the National Curriculum. The five week scheme is aimed at Year 4/5 students and will enhance pupils' awareness of the importance of exercise and a healthy lifestyle. Each of the five lessons last one hour and consist of classroom activities, followed by a practical session.

What has been done around targeting families in the project?

A Facebook group was established for parent/teachers of the 10 Livewell Child schools to encourage active engagement in the project. Businesses played their part by providing prizes to incentivise engagement and participation, such as vouchers for Colchester Zoo, East Anglian Railway Museum, and Nike in Freeport.

All 10 schools now participate in the Daily Mile in some form or another. Tesco awarded the project funding from their Bags of Help campaign and one of the aims was to help start up and maintain cookery/breakfast clubs in schools. As a result, £500 was allocated to each school to be put towards cookery/breakfast clubs, so that schools could buy ingredients and equipment. This teaches children the key skills to take home and make healthy meals from scratch, which also have a positive impact on the parents.

Many schools have their own allotments or space for gardening but are struggling with getting gardening equipment, so an appeal was started by Community 360 and the local authority for surplus gardening equipment that could be donated to schools. The Facebook group has been very popular for recipe sharing between parents.

Recent results and statistics

Recent NCMP results, which focus on the year 6 results from 2016-17 in comparison with the year 6 results from 2017-18, show that **there has been a decrease in the percentage of children who leave primary school overweight or obese**, and the **percentage of overweight or obese year 1 children from 2017-18 has also decreased** from reception year in 2016-17.

Focus on Mental health

We will include the mental health and wellbeing of the whole population including those with more severe mental health problems requiring NHS treatment and who tend to be the least active. All those with mild to moderate ill health diagnosed by a health professional or self-diagnosed. We aim to use physical activity as a first line intervention in the care pathway.

Local Statistics

- 17,390 children and young people aged between 5-16 years have a mental disorder and 16% of the population aged 16-74 across Essex have a common mental health disorder.
- Up to 40% of some groups of older people have depression.
- 25,290 people in Essex come into contact with specialist mental health services, 4,385 are on a Care Programme Approach and 160 are subject to the Mental Health Act.

What residents told us:

- Feeling safe is important. For example one resident suggested they wouldn't go walking on their own – high crime area
- Additional benefits - Gives them opportunities to speak to others, for some it's the only time they get to speak to others and to get out of the house
- Social media and local newspapers were how they found out about activities
- They were keen to help others and volunteer at a range of sessions
- Not all activities were sports other projects they engaged in included gardening projects, allotments, groups activities

Barriers identified included:

- confidence to join a group
- feeling like they don't fit in
- would need to speak to / meet the leader of any activity first
- feeling welcome and part of something is important to them

- Cost is an issue as many of them do not work
- Routine – needs to be same time each week – so they have a reason to get up
- Would need to be on-going as becomes an important part of their life
- Good if they can bring a friend along

Providers

- Organisations being inclusive – ensuring offer is accessible to people with mental health problems. It's important that everyone can walk in, participate, and that all staff understand mental ill health.
- Need to tap into what they did and enjoyed before they had MH challenges
- Keep it fun and social
- It takes time. Habits take around 3 months to form. Can be longer if had negative experiences of physical activity in the past
- Have added in personal challenges as this encourages people who have got active. Need to reinforce people's achievements and how to make it an easier process.
- Local infrastructure was also suggested as a barrier. Good walking and cycling routes are needed to make people feel safe.
- Social prescribing, collaborative working and co-production, and shared visions were seen as key ways to embed physical activity in the system. As well as simplifying funding processes and making better uses of data in this area.



Case Study – Motivated Minds In Basildon



Motivated Minds is a community organisation that offers a range of well-established programmes of one-stop services to meet the needs of over 200 people and families per week suffering from mental ill-health in and around Basildon. The focus is on prevention and support to bring about a successful recovery.

Carla Andrews, the founder of Motivated Minds, comments: "Mental ill health doesn't discriminate and can affect us all, whether you're rich, well loved, young or old. It is an invisible and often silent illness, surrounded in stigma and discrimination. That's why we at Motivated Minds don't discriminate and we talk, talk and talk."

Carla goes on to tell us: "Our foundation is based on the NHS 5 ways to wellbeing. Our first programme was a walk and talk in a local park, combining nature, exercise and peer support. We know that physical activity is not a priority to those in need of mental health support, but we also know, from experience, that actually this is key to recovery and our case studies further prove our success."

Motivated Minds is a good example of a project that has worked hard to navigate a complex mental health system, providing a way forward for how to take advantage of complex systems and design interventions that benefit people with poor mental health. As a result of this learning, the County Council commissioned a mental health hub in Basildon which brought a number of partners together to strengthen the local offer, rather than the old system of just using one provider. This also shows the essential shift of thinking of the needs of the individual rather than the needs of the organisations.

National statistics show that 1 in 4 experience mental illness throughout their lives, and research undertaken by Motivated Minds highlights that 99% of people are personally affected, either through their own mental health or those of a family member or friend.

Carla and her dedicated team have developed a well-rounded offer of support, based around physical activity. In 2016 Motivated Minds opened their first HAPPY Hub wellness space inviting people into a safe and supportive environment, which offers fitness for the inactive, wellness workshops, social activities and other positive activities designed to engage and start conversations around wellbeing.

A weekly feature is the walk and talk session in local parks that engage people from all ages and backgrounds. One participant commented on the weekly walk and talk, "Some weeks this is the only positive thing we have to look forward to. Every Thursday knowing that I have an hour or so to meet up with the group, means that I will actually get out of bed. I know that I can be myself and not be judged. I don't even have to talk about how I am feeling, but I know that if I want to, the support is there from the walk leaders and others in the group".

Lisa first heard of Motivated Minds back in 2016. She was new to the area and a mum of two young boys with disabilities. She was suffering depression and under the doctor she was offered medication to help her. Lisa heard about the HAPPY Hub through a friend and decided to come along to some of the group sessions. With the help of the Motivated Minds leaders she opened up, made new friends in the group and joined the exercise buddies scheme where she was supported to go along to the local gym and the walk for well-being sessions. Lisa went on to qualify as a Walk Leader and then went on to run her own Walk 4 Wellbeing sessions in the park. A year later she applied for a course to become a Personal Trainer, and today she is running her own PT business and is flourishing.

Carla concludes: "Many people are scared to seek help for mental health. They worry that if they ask for professional help, they will get their children taken off of them, that they will lose their job or that they will be a burden on those around them, so too often people suffer in silence. This is why we set up the Happy Hub Wellness Centre to bridge the gap, to give people the support they deserve. We are working hard to help everyone understand that mental health is as important as physical health, but that both are interlinked, and that physical activity has an important role to play in improving both."



The foundation of Motivated Minds' provision stems from the NHS five ways to wellbeing; Connecting with others, being active, continued learning, giving to others and mindfulness.

5. Governance and Management

The overall governance for the LDP lies with the Essex Health and Wellbeing Board, with more detailed support and guidance provided by the Strategic Sponsors Group. Both are chaired by Councillor John Spence CBE, Chair, Essex Health & Wellbeing Board and Chair, Essex LDP Strategic Sponsors Group, to ensure consistency and continuity.

The operational direction of the LDP is overseen by the Project Group made up of the stakeholder organisations that have formally agreed to partner with the LDP. At the start of 2019 there are over 20 stakeholder partner organisations, and this will increase over the next two years to bring in greater expertise and stronger connections to our target areas and audiences.

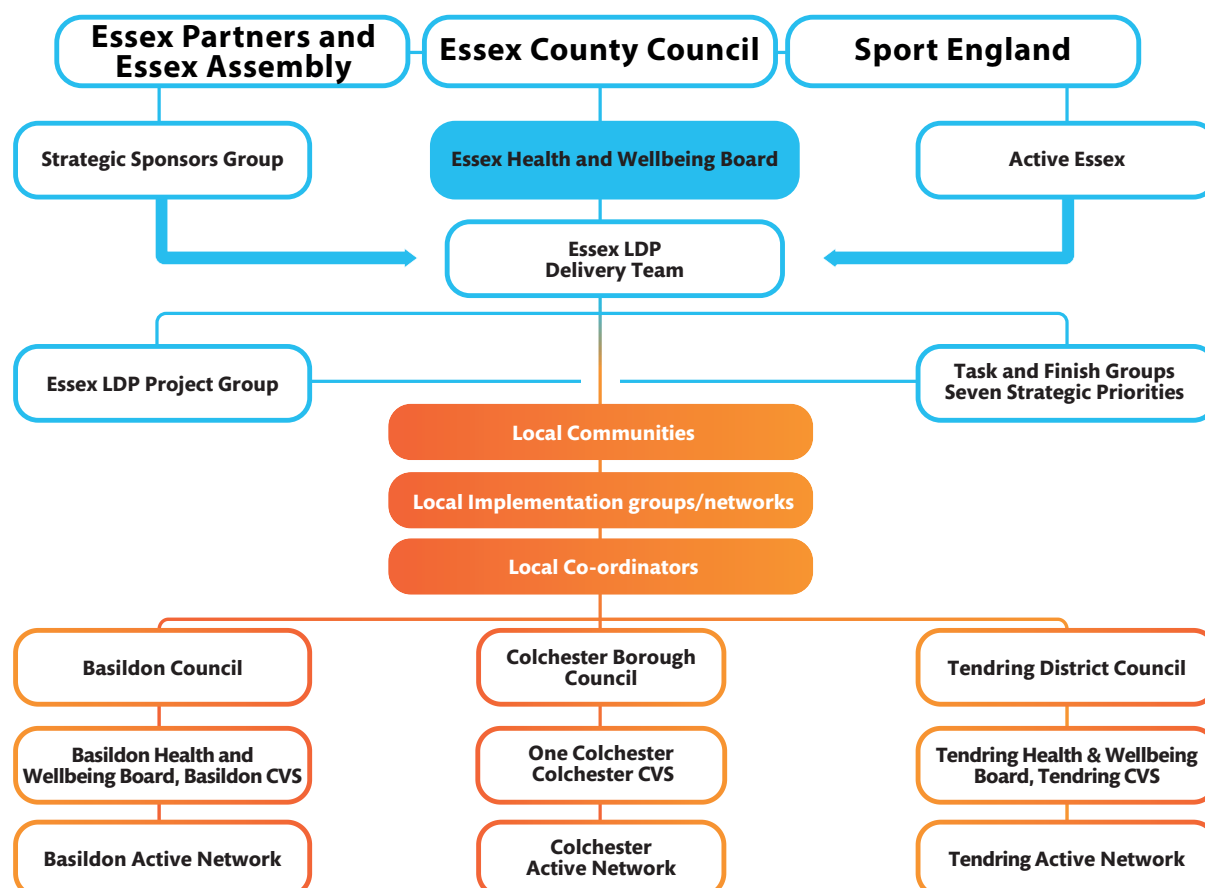
The implementation of the LDP is structured around the seven strategic priorities, and each priority will have a task and finish group responsible for planning and delivery of a wide range of projects and initiatives. The work of the seven task and finish groups will be coordinated by a small core management team, led by Jason Fergus. The core management team will be based at County Hall in Chelmsford, and will have ongoing access to the support and resources of Essex County Council and Active Essex.

The governance of the LDP at tier 2 levels is formative, overseen to date by the district Health and Wellbeing Boards in Basildon and Tendring, and One Colchester in Colchester. The governance is under continual review, and the plan is to strengthen these governance structures so that they have the capacity and expertise to deliver the LDP in their areas. A key part of this work will be developing shared visions that are owned by the local community.

A major challenge is the structures that need to be developed for local implementation of the LDP, ensuring we stay true to our core principles of distributed leadership. There are Active Networks in each of the three areas led by Active Essex CSP which can be developed to meet the needs of the LDP, and we plan to establish implementation groups that will operate at a local level led by local community groups and citizens. We do not want to create new implementation groups unless absolutely necessary. Our approach will be to use existing assets, systems and groups that can absorb the work of the LDP.

The work of the LDP at tier two level will be coordinated by the relevant local authority, with the support of three newly appointed full time LDP Co-ordinators who are employed by Active Essex and deployed into the three areas. We know there is a need for additional management and coordination resource in the three areas, and we will develop this capacity as the need becomes clear. Each locality will create their own shared vision and their own delivery plan to shape the way the investment will be used.

Essex LDP Governance and Management Structure



6. Our Partners and Collaborators

We have already brought together a strong collaboration of 20 organisations to plan and deliver our LDP. However, we need many more partners so that we can achieve our scale and ambition. The partners will be from many different sectors, in particular those who have our three priority target audiences as their core business.

We are seeking partners who are committed to the benefits of a whole system approach, and are open to new ways of collaborating, co-creating, and distributing leadership and resources.

Many of our new partners will be community organisations of different sizes and roles. Some will be local anchor organisations with the scope to operate at scale and provide support and training. Others will be much smaller voluntary organisations who operate at the heart of their local community and can engage with our target audiences very successfully.

We also know that we have to engage with 'informal groups' that make up the fabric of local communities and can have a significant impact on the activity levels of the members of their informal group.

We will also develop new partnerships with expert organisations that provide us with specialist knowledge and skills on important areas such as citizen insight, behaviour change, technology, asset based community development, urban nature, measuring community cohesion, distributed leadership, and social movements. We have started scoping new partners to work with us over the next few years and bring their expertise, innovation and passion to our work.

We are already committed to four partnerships:

Collaborate CIC – expert partner in whole system change and collaboration

Intelligent Health – expert partner in physical activity, evaluation, and the use of technology to tackle inactivity

Genesis – expert partner in communications

ENSO – internationally recognised company specialising in social movements

In addition, we will appoint an Insight partner to work closely with us to help us further develop our current understanding of the lifestyles, barriers and needs of our target audiences.

We will build on emerging new partnerships, born out of our work over the past 12 months (chapter 1), with agencies that have specialist knowledge and reach into our target communities, such as EPUT (mental health), Home Start (families), Age UK (older people), Children's Society (families), Families in Focus (families), Disability Essex (mental health and disabilities), and Essex Child and Family Wellbeing Service (families).

We will be welcoming, open and transparent with all organisations from across Essex and beyond that want to work with us to achieve our ambition, and that share our passion to embed physical activity into the everyday lives of people and communities.



Members of the Essex LDP Strategic Sponsors Group with (front row, 4th and 5th from left), Councillor John Spence CBE, Chair, Essex Health & Wellbeing Board and Chair, Essex LDP Strategic Sponsors Group and Nick Bitel (Chair, Sport England).

7. Seven Strategic Priorities and Investment Principles

The research and development work we undertook as part of Chapter One has shaped our priorities for Chapter Two. These priorities will address the key challenges identified within the system, and enable us to undertake a comprehensive programme of work to test and learn how we can make our most deprived communities more active, more resilient, and better places to live.

Our Seven Strategic Priorities



1. A whole system approach
2. Increase community engagement and cohesion through new social movements, networks and communications
3. Test and learn, scaling up and replication
4. Community capacity and development
5. Effective use of data and insight
6. Create active environments
7. Evaluation, learning and sustainability



Our investment principles

Our implementation of the seven strategic priorities will be guided by our investment principles, which are the foundations of all our work.

Doing with and not to	Distributive leadership	Community empowerment	Working with local, passionate people in their communities
Whole system and collaborative approach	Co-design and co-produce	Sustainable solutions owned by local people	Networks and collaboration
Sharing all of our learning	Asset based community development	Embrace innovation and risk	Creating a culture of doing things differently
Use Sport England funds to lever additional investment	Replication	Commit to having the difficult conversations with system leaders	No pre-determined solutions

The following section provides headline details on what we are planning to do and the indicative costs:

1. Whole System Approach

We will test and embed new ways of working to achieve a fundamental shift in the way that systems operate and set the principles and methodologies for future collaboration in Essex. Our main whole system change expert partner is Collaborate CIC, and they will work with us to develop new tools, techniques, and a more collaborative workforce. In particular, Collaborate CIC will

develop a bespoke leadership programme, and we will work with a number of expert partners to enhance collaboration, develop shared visions in local communities, support the establishment of local implementation groups, create social movements, and capacity build the public and voluntary sectors.

Investment range: £150,000 - £200,000

ACTIVITY	APPROACH	SYSTEM CHANGE AND TARGET OUTCOMES
<p>Training and development for system leaders</p> <p>Evidence and insight: Diagnostic work with over 120 system leaders across Essex, and a series of focus groups, has identified weaknesses within the system that requires bespoke training and development across all levels.</p>	<p>A new collaborative leadership programme operating at three levels:</p> <ol style="list-style-type: none"> 1. Intensive leadership programme 2. Local leadership programme 3. Local foundations for collaborative leadership <p>Collaborative leadership work will be scaled and replicated with a focus on physical activity.</p>	<p>Strengthen the system infrastructure, with a particular focus on culture, people and governance.</p> <p>Develop collaborative mind-set, behaviours and skills across all levels of the Essex workforce and wider partners.</p> <p>Strengthen relationships and trust to work collaboratively.</p>
<p>Develop collaborative working and distributed leadership systems in the Basildon, Colchester and Tendring test areas</p> <p>Evidence and insight: In Chapter One it became clear that implementation of the pilot in the test areas needs to be tailored locally to respond to opportunities and challenges in each place. To develop a whole systems approach in each place will require a governance structure (i.e. a local implementation group) to oversee the development and implementation of the pilot locally.</p>	<p>Establish and support local implementation groups who will provide oversight and direction to the pilot in each place.</p> <p>This could be a sub-group of the local Health & Wellbeing Board and will have individuals that have a connection and ability to co-produce in a partnership approach with local stakeholders, practitioners, community groups and citizens.</p> <p>The local groups will be supported to embed collaborative ways of working, with the LDP Project Group acting as learning partner and advisor to maintain momentum and inform next steps.</p>	<p>Develop and strengthen the local systems and infrastructure to make local places active.</p> <p>Provide a local platform to engage with individuals and build a local movement.</p> <p>Provide leadership for targeted test and learn initiatives to address inactivity.</p>
<p>Evaluation of the impact of whole system change on the LDP targets and outcomes</p> <p>Evidence and insight: Key components of the building blocks of the Essex Vision have been identified for further development and we will be scaling up and building on the momentum started by Essex Partners and Essex Assembly.</p>	<p>Carry out ongoing evaluation of the development of systems and collaboration, with an assessment of their impact on the LDP outcomes.</p>	<p>Map the progress of whole systems change.</p> <p>Build collaboration.</p> <p>Maintain momentum with embedding new practices and systems.</p>
<p>Toolkits and training to embed whole system change practices across Essex.</p> <p>Evidence and insight: During Chapter One our diagnostic work identified Learning Priorities for the whole of Essex. For example, what works in supporting people who are the most inactive to change their habits, what type of engagement does this need in environments such as schools, GP surgeries, and hospitals?</p>	<p>Develop toolkits and resources to help translate learning from Basildon, Colchester and Tendring, showing other areas how to take a systems approach to tackling physical activity.</p> <p>The Toolkits could show local areas, for example, how they can build community insight, community or partner engagement, and good system governance.</p>	<p>Break down barriers and develop the potential in the system to tackle inactivity.</p> <p>Help partners work together in health, adult social care, education, Children and Families, and the built environment.</p>

2. Increase community engagement and cohesion through new social movements, networks and communications

The findings of our research show how important community engagement, community ownership, community development and distributed leadership will be. The public sector needs to develop a dynamic and trusting two-way relationship with residents and community groups and engage with small, informal groups who may have never before received support from the public sector and who are so important to enable us to engage with our three target audiences.

We will work with our community engagement, social movement and communications partners to help us create shared visions at a local level that build on current strengths and assets, and make

full use of local, passionate people who want to make a difference in their communities. We will create a space for their ideas, giving them a voice and a role in the system. We want to engage them as co-producers and deliverers of local-led services and support the creation of new social movements around physical activity.

This is critical to ensure that the least heard voices are not being left behind and that we are providing a positive environment for change in the challenging circumstances of our most deprived communities.

Investment range: £250,000 - £350,000

ACTIVITY	APPROACH	SYSTEM CHANGE AND TARGET OUTCOMES
<p>Communications</p> <p>Evidence and insight:</p> <p><i>Communication and a lack of awareness was seen as a weakness across some parts of the system. A need for genuine and diverse collaboration was also identified. (See Chapter One, page 12).</i></p> <p><i>Engagement with residents and the system recognised that we could make greater use of different platforms such as social media to engage with a wider audience.</i></p>	<p>Develop and deliver high quality communications and social marketing at all levels.</p> <p>The communications strategy will encompass the wide range of target audiences related to Essex LDP and will be highly targeted in using relevant communications channels, tactics and techniques for each audience.</p> <p>The use of social media, digital marketing, as well as face to face communications with local focus groups, community and stakeholder events, will be included in the plan.</p> <p>Share the LDP learning at all levels and through a wide variety of mediums including digital, published resources, and face to face workshops and seminars.</p>	<p>Effective communications programmes which support the desired outcomes of Essex LDP.</p> <p>New social marketing that supports the objectives of reaching wider audiences.</p> <p>Greater community input into local interventions.</p> <p>The use of new perspectives and insight, including social listening, to help understand target audiences.</p> <p>People wanting to become physically active and work with and become part of the local system.</p>
<p>Create intention in people to become more active and create social movements</p> <p>Evidence and insight</p> <p><i>Shared visions support our theory of change principles, including doing with and not to, community empowerment, distributed leadership and locally owned solutions.</i></p> <p><i>Our research findings of Chapter One showed that we need to build a culture that reinforces activity as fun and rewarding and build a physical activity movement.</i></p> <p><i>We will test and learn and scale up by, for example, replicating practice such as This Girl Can, Change4Life and shared visions in the US.</i></p>	<p>Support local people to begin their own social movements.</p> <p>Create the events, forums and tools which empower residents to design and own their local visions.</p> <p>The shared visions will start with individuals and build on their knowledge and networks, linking with local organisations to ultimately shape local policy and practice in their areas.</p> <p>Potential shared vision topics include mental health and physical health; Active Families and Active Ageing.</p>	<p>Communities themselves take ownership and drive the work forward.</p> <p>Creating locally owned movements.</p>

3. Test and learn, scaling up and replication

We will embrace innovation and risk to undertake large amounts of test and learn, with a clear view to scale up and replicate successful practices across Essex. We will invest in projects that show potential

to grow and impact on our target audiences.

Investment range: £3.5 million to £4.5 million

ACTIVITY	APPROACH	SYSTEM CHANGE AND TARGET OUTCOMES
<p>Community Chest</p> <p>Evidence and insight:</p> <p><i>In Chapter One we identified some key evidence of insight around funding and commissioning within the system infrastructure. Partners emphasised that pilot funding needed to be tailored locally responding to the needs of the target audiences in our three test areas. Community leaders spoke about the term 'invisible hand' which will allow community groups to get on and deliver with minimal red tape and bureaucracy.</i></p> <p><i>The University of Essex studied 24 existing community interventions in the summer of 2018 and found evidence that there are seven main success factors to deliver successful community interventions. See Chapter One report.</i></p>	<p>Grants of between £50 and £2,500 will enable small community groups, voluntary groups, and not for profit organisations to implement their ideas for addressing inactivity in hyper-local communities.</p> <p>A simple application process, based on our investment principles and target audiences, will help increase applications from groups who have never previously received support and will encourage new ideas and innovation.</p> <p>We will also co-produce community chest projects with our target audiences.</p> <p>We will use dynamic test and learn evaluation which allows us to quickly understand successful community chest approaches that can be rapidly replicated and scaled up.</p>	<p>New ideas and innovation in local community projects.</p> <p>Asset based community development, to ensure long term ownership within local communities.</p> <p>Collaboration which is locally responsive to the needs of individuals in the target audiences.</p> <p>Trial and compare a wide range of interventions and look at what works for different audiences in more detail.</p> <p>Evaluate the design and impact of a large community chest programme to tackle physical inactivity in Essex and share the learning.</p>
<p>Testing of larger projects</p> <p>Evidence and insight:</p> <p><i>Our work in Chapter One with Test and Learn action research and the whole system diagnostic showed there is a strong willingness and appetite to test new approaches, and the importance of doing this in a collaborative manner that creates trust and strong relationships between people and organisations.</i></p> <p><i>The Chapter One diagnostic identified limited community provision in low income communities, particularly those facing the lowest inequalities.</i></p>	<p>Test new ideas and new approaches to larger projects that are designed and produced by local people to meet the specific needs of our target audiences.</p> <p>We want the projects to be as innovative and creative as possible, doing things differently to address the complex issues of poverty and the needs of our target audiences.</p> <p>We will quickly replicate and scale up good practice.</p> <p>The project planning and delivery will be led by local implementation groups and supported by the LDP community engagement workers, and the projects will be carefully evaluated to capture the successful ingredients so the learning can be replicated.</p>	<p>Targeted interventions which will result in better coordinated delivery at all levels.</p> <p>Test whole place projects and learn new ways of collaborative working.</p> <p>Unlock new models of funding.</p> <p>Trial and compare a wide range of interventions and look at what works for different audiences in more detail.</p>
<p>Test the replication of approaches, projects and interventions that already have a proof of concept or robust evaluation.</p> <p>Evidence and insight:</p> <p><i>In Chapter One the Test and Learn action research undertaken by the University of Essex showed that there are seven main success factors and nine limiting factors in successful interventions. We will apply these to ensure our replication of projects have maximum chance of success. See 'Essex Local Delivery Pilot: Action Research Initial Evaluation, University of Essex, October 2018'.</i></p>	<p>Chapter One identified good practice we want to scale up and replicate which has been successful to date in Essex.</p> <p>We will work closely with the local communities in our three test areas to determine their appetite to replicate and scale up the existing good practice, growing their project further in the same local authority or in other local authority areas.</p> <p>We will also replicate proven approaches in deprived communities outside of the three test areas.</p> <p>We will also keep an open mind to testing the replication of good practice that has been developed outside of Essex.</p>	<p>Demonstrate successful embedding of the system infrastructure building blocks with a focus on culture and people; new ways of working; and better coordination through all levels of the system.</p> <p>Target resources and initiatives for the needs of the individual.</p> <p>Create sustainable systems.</p> <p>Create and develop effective community insight.</p>

4. Community capacity and development

The public sector systems in Essex need to strike a balance between providing a supporting infrastructure and letting local initiatives develop organically within communities. Our focus on community capacity will provide funding for community organisations, funding for community

hubs and workforce training to strengthen sustainability and develop the ability for organisations and projects to grow.

Investment Range: £1 million to £1.29 million

ACTIVITY	APPROACH	SYSTEM CHANGE AND TARGET OUTCOMES
<p>Training for community organisations</p> <p>Evidence and insight:</p> <p><i>Low-income communities and local voluntary organisations would benefit from support to build capacity, access resources and coordinate with other providers including the public sector.</i></p> <p><i>Getting the right support will increase sustainability of local initiatives.</i></p> <p><i>Strengthening communities is a key priority for the Public Health Team.</i></p> <p><i>It is important we provide the training which supports our target audiences to shape and develop their own solutions.</i></p>	<p>We want to create a sustainable local workforce (paid and unpaid) and there will be three strands of training:</p> <ol style="list-style-type: none"> 1. For community leads and local organisations covering the essentials for running and growing local initiatives. Subjects covered will be asset-based community development, accessing funding, communications and social marketing, employee and volunteer management. 2. A train the trainer programme working with community leads to allow for faster replication of local initiatives. 3. For coaches and facilitators at existing projects so they can scale and expand into new areas or work with different groups. 	<p>Develop and strengthen system infrastructure and community resilience.</p> <p>Develop the capacity of individuals and the organisations they work with.</p> <p>Develop the skills to support Asset Based Community Development (ABCD), culture change and people development.</p> <p>Benefits will be:</p> <ol style="list-style-type: none"> 1. Increased capacity. 2. Faster replication and delivery in new areas. 3. Potential to share learning and understanding of different client groups across projects and services.
<p>Community Hubs</p> <p>Evidence and insight:</p> <p><i>The findings of our work in Chapter One identified that communities need support to build capacity, access resources, and coordinate with other providers, including the public sector.</i></p> <p><i>The hubs will help address the findings from engagement with our target groups.</i></p> <p><i>One of the main success factors identified in the 'Test and Learn' work of Chapter One, is an accessible location which is safe, friendly and welcoming. The majority of participants want a location that is close to their home (Chapter One, page 26).</i></p> <p>Older People</p> <p><i>Like a choice of different sessions and activities.</i></p> <p>Families</p> <p><i>Need public facilities and equipment that are in safe and well maintained places.</i></p> <p>People with mental ill-health</p> <p><i>Like to volunteer, and benefit from activities like gardening projects and group activities as well as sport.</i></p>	<p>We will work with those running community assets such as schools and the local anchor organisations to develop Community Hubs which provide multiple physical activities and services, reflecting local needs and provided by local people.</p> <p>The hubs will help provide a community led approach where partners can come together to address the issues that matter most to them.</p> <p>We are not seeking to simply add more activities to existing sports facilities but to develop new physical activity provision in places people already use.</p> <p>This will include supporting access to coaches and activators; developing local facilities at venues such as village halls; connecting groups and facilitating collaboration between multiple community organisations to expand the physical activity offer.</p> <p>There are a range of community assets, local passionate enthusiasts and CVS member organisations who in partnership with the public sector could work collectively to support and target the priority groups (chapter 1 page 14).</p>	<p>Bring local groups together to make better use of community assets and build resilient community organisations.</p> <p>Turn places communities use into hubs that have a consistent and robust physical activity offer.</p> <p>Provide community groups with opportunities to work together and co-run events and services.</p> <p>The benefits from the change to the system that we will make will include:</p> <ul style="list-style-type: none"> • Increased viability of local community groups • More services available in local areas • More opportunities for active travel • Potential to address wider determinants of health at single locations • Links physical activity to services and facilities people use regularly • Increased offer
<p>Implementation groups</p> <p>Evidence and insight:</p> <p><i>Chapter One (see page 12) identified that local context is key.</i></p> <p><i>We also identified that solutions should be locally owned and coproduced. Local organisations know how to engage with the target groups – they just need to be given support to make it happen.</i></p>	<p>Hyper local community-led 'Implementation Groups' will provide a mechanism for our target audiences to get involved in the LDP delivery at a local level.</p> <p><i>They will focus on practical support, including helping communities access funding and resources for their projects.</i></p> <p><i>They will help link the strategic elements of the work to hyper local issues, challenges, and solutions.</i></p>	<p>The aim is for individuals, communities and local organisations to support each other to deliver local solutions.</p> <p>The Groups will help us to develop local leaders, work with local stakeholder systems and support local collaborative delivery.</p> <p>Benefits will include:</p> <ul style="list-style-type: none"> • Increased collaboration • Increased community capacity • Better access to advice and guidance

5. Effective use of data and insight

The Chapter One research showed that Essex is committed to developing a strong data and insight capability. This will enable us to develop our understanding of the needs of local communities, what works, and where to target particular interventions. We will

develop new systems to capture and use data and insight at all levels and establish a dedicated team of data and insight specialists focused on physical activity.

Investment range: £580K - £780K

ACTIVITY	APPROACH	SYSTEM CHANGE AND TARGET OUTCOMES
<p>Strengthen data and insight capability and expertise</p> <p>Evidence and insight:</p> <p><i>Intelligent Health, in their audit and assessment of the current use of data and insight into physical activity in Essex, concluded there is zero or very limited resource in Basildon, Colchester and Tendring, and that although there is a large data and insight team at Essex County Council, this resource has recently been cut by over 30%, with no dedicated person focusing on physical activity.</i></p>	<p>Intelligent Health recommends the establishment of new specialist staff at Tier 1 and Tier 2 wholly dedicated to collecting and analysing data and insight through the lens of physical inactivity.</p> <p>We want to establish new posts who will work as a team at Tier 1 and Tier 2.</p>	<p>Develop and strengthen system infrastructure building blocks with a particular focus on data, evidence and evaluation; culture and people; collaborative platforms; outcomes and accountability.</p> <p>Address the current weakness in the system in the collection and sharing of physical activity data and insight at both Tier 1 and Tier 2.</p> <p>Our aim is for the new posts to be mainstreamed in 2021 at Tier 1 and Tier 2 levels because the value of their work has been proven and embedded into the systems.</p> <p>We will advocate the need for data and insight workers to local authorities and other key stakeholders across Essex.</p>
<p>Expert partners in data, insight and technology</p> <p>Evidence and insight:</p> <p><i>The Intelligent Health report stated that there is a lack of insight not only with physical activity, but also broader public health and everyday issues (such as money, stressors, coping and motivators). They perceived that insight from individual interventions and engagement activities aren't recorded, which may result from providers perceiving other providers as competitors.</i></p> <p><i>Their evidence and insight proposed the need for a standard evaluation framework for physical activity and for measuring the related social and economic benefits (for example, mental wellbeing).</i></p> <p><i>In addition, Intelligent Health recommended the LDP should maximise insight which is, or could be collected, within the system for the creation of a clearer picture of physical activity patterns and trends in deprived areas, alongside collecting new insight on general lifestyle challenges faced by the target groups.</i></p>	<p>We need expert partners to provide us with cutting edge knowledge and approaches to ensure we make the best use of data, insight and technology.</p> <p>All of this work will be focused on how we can best engage with our target audiences.</p> <p>We will seek to discover the influencers of people's behaviours by using provable and repeatable primary research on the target audiences' capability, opportunity and motivation.</p> <p>The testing will find new ways to secure high levels of data and insight, and test new uses of technology to make the use of data and insight as effective and efficient as possible.</p>	<p>Help develop individuals' capacity to achieve engagement and understanding through better use of data and insight.</p> <p>Help organisations to better design and implement their approaches and services through better use of data and insight.</p> <p>Gain the knowledge and skills to enable us to rapidly improve the systems which collect and analyse data and insight.</p> <p>Embrace technology to improve understanding and engagement with target audiences.</p> <p>Close partnerships with a wide variety of system leaders to engage them in our testing of new systems.</p>
<p>Essex Pass and Live Data Dashboard – a system to track physical activity levels and habits</p> <p>Evidence and insight:</p> <p><i>Chapter One (see pages 14 and 15) found that investment in data and behavioural insights is needed to support informed decision making at strategic and local level.</i></p>	<p>The Essex pass card will provide motivation, incentives and information to become and stay physically active. It will also capture data on activity levels and provide live data to a physical activity systems dashboard.</p> <p>The real time data will be used by system leaders and commissioners to help shape and influence service provision and infrastructure developments. Initially we will test the approach in the 3 pilot areas.</p>	<p>This will support the building block for system change on data measurement and evaluation.</p> <p>The system change we will achieve will be:</p> <ul style="list-style-type: none"> • Improved data capability • Ability to identify changes in trends and activity patterns more quickly • Improved service planning

6. Create active environments

Our research showed that the built environment has a strong influence and better use should be made of our physical assets. Essex is 72% rural, has over 350 miles of coastline and huge amounts of green spaces available for physical activity. However poor transport links that focus on cars, feeling unsafe due to poor lighting or poor

urban design, and past planning issues, can all contribute to poor usage of these assets. We need to drive greater use of the principles of active design which are contained in the Essex Design Guide to ensure these challenges do not continue into the future.

Investment range: £1.46m to £1.8m

ACTIVITY	APPROACH	SYSTEM CHANGE AND TARGET OUTCOMES
<p>Active Design Kite Mark to design in physical activity to Garden Communities and Green Space / Coastal Paths</p> <p>Evidence and insight:</p> <p><i>Essex is planning for 186,000* new homes in the next 30 years (*ECC Growth and Infrastructure Framework 2016) proving large scale opportunities for Active Design principals and physical infrastructure to be fit for purpose around allowing/ directing/ enabling physical activity.</i></p> <p><i>Colchester new homes:18,400</i> <i>Colchester new people:33,500</i></p> <p><i>Tendring new homes:11,600</i> <i>Tendring new people:21,200</i></p> <p><i>Basildon new homes:17,600</i> <i>Basildon new people: 30,000</i></p> <p>Essex Association of Planning Officers created a project group (including Active Essex and Sport England) tasked to create a refreshed Essex Design Guide which embeds Active Design principals.</p>	<p>We will develop and operate an Active Design Kite Mark scheme in Basildon, Colchester and Tendring.</p> <p>The Kite Mark scheme can then be adopted by other areas of Essex.</p> <p>The Essex Design Guide principles will influence the design of community facilities, green spaces and active travel.</p> <p>We will also advocate use of CIL/ 106 funding and national best practice e.g. the NHS Healthy New Towns Programme within garden community plans.</p> <p>Finally, we will work with Districts and Essex County Council on emerging plans for development of green space and coastal paths.</p>	<p>The Active Design Kite Mark will strengthen our system infrastructure building blocks.</p> <p>It will drive adoption of Essex Design Guide Policy and Active Design Principals.</p> <p>Adoption of these policies and principles will ensure place-making is fit for purpose.</p> <p>It will support us in creating the desired changes in behaviours against a backdrop of growing numbers of residents and homes in Essex.</p>
<p>Strategic Infrastructure Improvements, Tier 1</p> <p>Evidence and insight:</p> <p><i>"Small, local community activities are much better than building a big leisure centre – this will work for a certain group but not for the people we need to target."</i></p> <p><i>Service provider comment, Chapter One research, Collaborate CIC</i></p>	<p>Funding for medium size, strategic infrastructure projects of between £20,000 –£150,000.</p> <p>This could be for new work, upgrading or refurbishment. For example, cycle paths, footpaths, lighting.</p> <p>A key principle is to use LDP resources to influence the design and build of physical infrastructure projects.</p>	<p>Develop and strengthen our system infrastructure.</p> <p>This activity will connect to the system around :-</p> <ul style="list-style-type: none"> • Policy • Physical Environment • Organisation and Institutions
<p>Strategic Infrastructure Improvements, Tier 2</p> <p>Evidence and insight:</p> <p>Basildon – context:</p> <p><i>"Levels of activity could decrease if there is insufficient focus on infrastructure"</i></p> <p>Colchester – context:</p> <p><i>"Active lifestyles haven't been embedded in Colchester's urban design or culture to date."</i></p> <p>Tendring context:</p> <p><i>"These include the opportunity of the Jaywick development to test how physical activity can be built into design."</i></p>	<p>Funding for hyper-local level, small scale improvements, with investments of between £100 and £20,000.</p> <p>For example, seating, rest stops on walking routes, lighting, water fountains, basketball hoops, kitchens, toilets, showers, roof repairs, heating.</p> <p>This is an opportunity to empower local communities to fulfil their needs and ideas on how they want to physically improve their environment.</p>	<p>Ensure more efficient use of resources and enhance / improve/ influence place making / buildings / infrastructure.</p> <p>Bring together agencies on shared agendas to join resources, ensuring places and infrastructure are fit for purpose and allow residents to be physically active.</p>
<p>Active Workplace Co-ordinator</p> <p>Evidence and insight</p> <p><i>Collaborate CIC highlighted the important role of employers in enabling regular physical activity habits to be embedded in people's lives.</i></p> <p><i>Our diagnostic work identified there is no one mechanism for unleashing the power of employers.</i></p> <p><i>NICE guidance recommends a physical activity plan or policy co-designed with staff. These can reduce absenteeism by up to 20% and reduce sick days by 27%.</i></p>	<p>Our approach to working with employers, HR and occupational health teams will include:</p> <ul style="list-style-type: none"> • Providing information, advice and resources; • Delivering health risk assessments on an annual basis; • Providing health coaching; • Providing space at work for after-hours exercise classes; • Organising gym discounts for staff; • Organising step and walking challenges; • Creating links with sport and physical activity organisations in local areas. 	<p>The adoption of workplace policies and programmes will ensure a more productive workforce, providing economic impact to the system.</p> <p>Cost savings will result alongside this.</p> <p>This is an important opportunity to increase workplace physical and mental wellbeing, which will prevent mental health conditions escalating and requiring clinical intervention.</p>

7. Evaluation, learning and sustainability

A key component of the work is to establish what works, what doesn't work, and share and embed learning across Essex and nationally. This is a very high priority for us and we understand our deep responsibility to measure and evaluate our work thoroughly, to ensure we have the strongest possible evidence base and fulfil our mission to share our learning as widely as we possibly can. We have allocated a significant resource to this strategic priority because of its importance.

A robust and defensible evidence base is essential to gain the attention of system leaders, and we are confident that the emerging evidence from our LDP will mean we can change existing systems for the better by building relationships, and by embedding physical activity in the policies, services and systems of a wide variety of organisations and groups.

Investment range: £850k to £900k

ACTIVITY	APPROACH	SYSTEM CHANGE AND TARGET OUTCOMES
<p>A robust and dynamic evaluation</p> <p>Evidence and insight:</p> <p><i>Evaluation has been a central theme for Essex LDP right from the start.</i></p> <p><i>The evidence and insight from all of the partners on the Project Group demonstrate a full commitment to evaluation.</i></p> <p><i>This is supported by the evidence and insight gathered by Collaborate CIC and Intelligent Health in their diagnostic work with system leaders, who emphasised the importance of robust ongoing evaluation to capture success and failure, and to create high quality learning information and materials that can be disseminated widely.</i></p>	<p>We want to undertake a high-quality evaluation that stands out, breaks new ground, and can stand up to challenge and scrutiny.</p> <p>We will establish an evaluation consortium of high quality partners to bring the widest range of specialist evaluation skills and techniques to the LDP to ensure innovative and robust evaluation.</p> <p>The evaluation will meet the mandatory requirements of Sport England and IFF, and build on this to produce a very high standard evaluation which is formative and dynamic, and provides real time data, insight and analysis that can be used quickly for decision making to stop failing activities or replicate and scale up successful activities.</p>	<p>Seek to understand the impact of the LDP interventions and activities on the target audiences.</p> <p>Gather the evidence and information we need to enable us to take the learning from our successful testing, and quickly be able to replicate and scale up in both the three test areas as well as other deprived areas of Essex.</p> <p>Capture the impact of the LDP on wider inequalities, specifically the wider target groups that suffer the most inequalities including women, people from ethnic backgrounds, and people with disabilities.</p> <p>Understand the impact of the LDP on proportional universalism, so we can evaluate the impact on wider populations.</p> <p>The evaluation will be very relevant to politicians and policy makers, but also equally as relevant to practitioners on the ground who will benefit from the learning of our large number of test and learn interventions delivered at a hyper local level.</p>
<p>Comprehensive sharing of the learning from Essex LDP</p> <p>Evidence and insight:</p> <p><i>The insight and evidence captured by the members of the LDP Project Group over the past 12 months have reaffirmed the importance of capturing and sharing learning.</i></p> <p><i>Along with evaluation, sharing learning is the highest priority for our LDP, and this is reinforced by the commitment of the Project Group to make sure this happens. In addition, the diagnostic carried out by Collaborate with over 120 system leaders in the summer of 2018 provided clear evidence that learning is an essential element of what should come out of the Essex LDP.</i></p>	<p>We are fully committed to sharing the learning from our LDP and will be transparent and honest about our findings.</p> <p>We will stage regular sharing events for organisations in Essex and beyond and contribute fully to the LDP and Sport England community of learning.</p> <p>The collection and sharing of learning is our highest priority and we take this responsibility very seriously as one of the 12 Local Delivery Pilots chosen by Sport England.</p> <p>Working closely with our evaluation and communications partners we will create a significant portfolio of learning.</p> <p>We will share this learning in the most impactful, creative, and innovative ways possible so that we engage and enthuse a wide variety of organisations and people.</p> <p>We will provide digital learning through our website which will host a multitude of learning resources, including toolkits, webinars, tutorials, manuals, case studies, and videos.</p> <p>We will also stage regular learning and sharing events at local and county level for communities and a wide range of stakeholders.</p>	<p>Disseminate our learning as widely as possible and ensure that our learning impacts on all levels of the system, from local providers through to policy makers.</p> <p>Share learning about the impact of the LDP on older people, families, and people with poor mental health, engaging with organisations and sectors that have these target audiences in their core business, or are interested in developing their work with these audiences.</p> <p>Share the learning about our whole system change approaches.</p> <p>Develop new ways of sharing learning by bringing together the collective expertise and creativity of our key evaluation and communications partners, Collaborate CIC, Intelligent Health and Genesis.</p>

8. Next Steps

Early in 2019 we will be creating the seven task and finish groups to plan and commence delivery and each group will develop a detailed plan which will be subject to ongoing peer reviews.

We will continue to work closely with Essex Partners and Essex Assembly to ensure our whole system change work links closely with other whole system change developments and to share our learning.

It is a very exciting time in Essex as we embark on the next chapter of our journey to make whole system change work successfully, resulting in more active lives, more active communities and more active workplaces.

If you would like to get involved, please get in touch. We look forward to hearing from you.

Get-in-touch

Basildon

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Website and Social Media

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9. Appendices

Core Project Team

Jason Fergus	LDP Project Lead
Neil Coggins	LDP Project Manager
Kerry McDonald	LDP Senior Project Manager
Will Herbert	LDP Project Manager
Rob Hayne	LDP Senior Project Manager
Adam Rigarlsford	Sport England Strategic Lead
Marie Hartley	Sport England Local Pilots & Priority Places Manager

Delivery Team

Core Project Team	(See above)
Grant Taylor	Basildon Council
Rhiannon Vigor	Basildon Council
Rory Doyle	Colchester Borough Council
Emma Regan	Colchester Borough Council
John Fox	Tendring District Council
Louise Catling	Tendring District Council
Cheryl Lomas	LDP Co-ordinator Tendring
Sarah Stokes	LDP Co-ordinator Colchester
Gurnam Kasbia	LDP Co-ordinator Basildon
Denise Carter	Active Essex
Louise Voyce	Active Essex
Hayley Chapman	Active Essex
Juliette Raison	Active Essex
Penny Arbuthnot	Genesis
Chris Evans	Basildon CVS
Tracy Rudling	Colchester CVS
Sharon Alexander	Tendring CVS

Stakeholder Project Group

LDP Core Project Team
LDP Delivery Team
Community Voluntary Services
Sport England
Public Health England
Clinical Commissioning Groups
Tier 2 Local Authorities
University of Essex
Healthwatch Essex
Essex County Council Public Health
Collaborate CIC
Intelligent Health

Strategic Sponsors Group

Cllr John Spence CBE (Chair)
North Essex CCG
CVS Network Chair
Sport England
LDP Project Leads
(Basildon, Colchester, Tendring)
CEOs (Basildon, Colchester, Tendring)
University of Essex
Basildon & Brentwood CCG
Essex Partners Representative
ECC Director of Public Health
Active Essex Board Representative
Public Health England

Essex Health and Wellbeing Board

Cllr John Spence CBE (Chair)
Director of Adult Social Care
Director for Public Health
Clinical Commissioning Group
Representatives
Director of Children's Services



eldp

Contact us

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