



WIGAN LOCAL DELIVERY PILOT SUBMISSION

Abstract

The journey for the Wigan Local Delivery Pilot over the last six months and the proposed direction of travel over the next 12 months

Davis-Boreham, Richard
 r.davis-boreham@wigan.gov.uk

Wigan Borough Local Delivery Pilot (LDP) Submission

Executive Summary

1.0 Wigan LDP Context:

Wigan Borough has a population of 326,000 and a range of health inequalities. Utilising The Deal approach significant improvements have been made but there are still challenges particularly around obesity for both children and adults.

2.0 LDP Governance:

A steering group has been created to drive forwards the LDP work and this feeds into the Population Health Board. The Director of Public Health is the chair of this group. Different organisations represent various parts of the system – health, VCSE, sport and physical activity, local authority.

3.0 LDP Approach:

The LDP is adopting the approach used by Health and Social Care by utilising the Service Delivery Footprints. Having undertaken extensive desktop analysis of data the Wigan LDP will focus on Wigan Central, Hindley (including Scholes, Ince, Abram, and Platt Bridge) and Leigh. The LDP investment principles align closely to the Wigan Deal and the way in which the authority has been engaging residents for a number of years using asset based conversations. This methodology of engagement and service redesign is a key building block in other transformation programmes in Wigan most notably the Healthier Wigan Partnership (integrated transformation of Health and Social Care).

4.0 LDP Engagement:

Primary engagement using the VCSE network in Wigan to increase the capacity and reach of the programme to have the asset based conversations with the targeted populations. A System wide conversation with commissioners, providers and communities via an initial summit was delivered. Use of secondary data collected for other programmes and organisations but which have a direct correlation to the outcomes of the LDP.

5.0 LDP Delivery:

The distribution and spend of the budget will take a number of forms depending on the setting, place, and target audience. The different forms are:

- Solicited or commissioned – each area will identify clear gaps or priorities that require investment
- Open investment fund – open to stakeholders, community groups, and third parties for project proposals that has a strong fit with the LDP investment principles and target groups.
- Participatory budgeting and community panels – local areas create decision making panels that are representative of the local area giving local people the opportunity to decide where LDP lottery money is spent in their communities.

Pathfinder programmes will be accelerated which will allow the LDP to create momentum within the programme and begin testing approaches. These programmes have similar characteristics in terms of their alignment to the LDP principles:

- They are an existing or future community asset
- There has been an element of engagement already undertaken with the identified populations to shape their design and potential delivery.

- They are planned to be delivered in, or with, identified populations that traditionally have higher propensity to be inactive and align with the LDP target populations.

6.0 LDP Enablers:

Wigan will look at the enabling functions in light of the resources that are developed and distributed via the central GM Moving team. With particular reference to marketing and workforce, Wigan specific plans will be developed as it has been highlighted through our engagement work that the wider system would like to see these areas developed if we are to have sustained transformational change. Wigan will work with Substance to identify and design the evaluation requirements for the Borough but will also dedicate funds to continue the work of the Data hub pilot. Wigan will ensure that sharing of success, impact, outcomes and failure cross all the SDF areas with the different providers utilising a digital platform such as the Knowledge Hub and will be an active member of the wider GM LDP network.

7.0 LDP Budget:

A programme manager will be recruited to drive this work in Wigan. The budget recognises the need to support the enablers at a local level and has set aside funding to do this. The delivery element of the budget will be profiled to be spent in Q2 – Q4 with the pathfinders beginning in Q1. There is an element of funding set aside specifically for Cycling and Walking but the amount may change depending on the outcome of the engagement exercises in the communities.

8.0 Next Steps:

Next 3 months:

- Appointment of LDP Programme Manager
- The pathfinders will test LDP approach and their learning used to influence future delivery.
- Estates will be identified within the SDFs to have more granular conversations.
- Discussions with Substance regarding the evaluation model in Wigan.
- Decisions to be made regarding the most appropriate method of distributing the funding to different populations.

Next 6 months:

- Testing of funding delivery mechanisms – PB, Community Panel or open fund.
- Delivery started in targeted estates following co-design process.
- Communications and workforce development plan finalised linking in with wider GM LDP enabling resources.

Next 12 months:

- Learning community established
- Second system summit
- 12 month review (successes and learnings) with second 12 month strategic investment plan.

Wigan Local Delivery Pilot Submission

1.0 Wigan and Leigh in Context

Wigan and Leigh (Wigan) has a population of 326,000.

With regards to its population health, Wigan borough has made significant strides over the last 6 years utilising the Deal principles:

- In past 3 years Healthy Life expectancy has increased in Wigan by 1 month for males & 23 months for females (and overall life expectancy in the most deprived communities has increased by 7 years)
- In past 6 years, early deaths attributed to CVD have reduced by 29% for males & 25% for females
- In past 6 years, early deaths attributed to Cancer have reduced by 16% for males and 9% for females. Wigan is now similar to the national rate (previously Wigan has had a significantly higher rate).
- Over 14,000 children doing the Daily Mile every day plus extended to 2 year olds via The Daily Toddle in 20 Nurseries
- Smoking rates for routine and manual workers is for 3rd year running in the England average range at 25%(England 25.6%) (overall prevalence is 15.6% 3rd year running in England average range)
- Smoking rates at time of delivery has reduced from 16.7% in 2016 to 14.8% in 2017 – this is the greatest improvement for 4 years (England 10.6%)

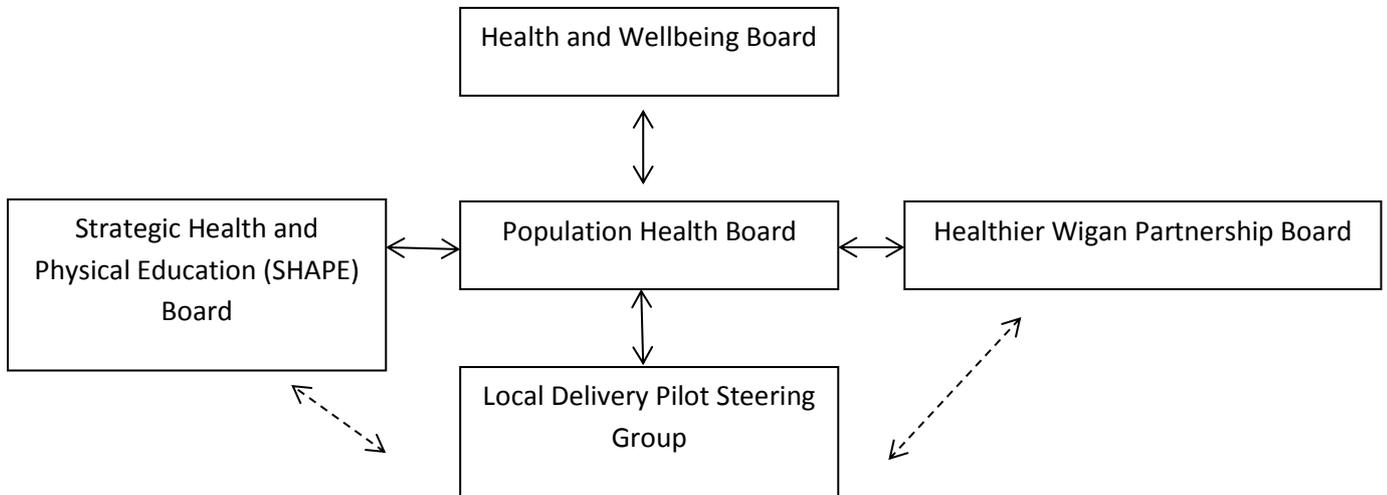
Despite these improvements, challenges remain

- 31% of children in Wigan are not school ready for reception (at England average) but 50% in some localities and amongst those accessing free schools meals);
- Prevalence of childhood obesity (overweight and very overweight) is higher than the England average at YR and Y6;
- 71.2% of adults are of an excess weight
- 40% of residents at highest risk of unplanned hospital admission are adults of working age – often with complex dependency on public services – our Live Well cohort
- Significant proportion of activity in our GP practices is socio-economic – debt, domestic abuse, loneliness, access to work, cold homes;
- Loneliness is a major determinant of hospital admission for older people.

In relation to population activity levels, based on the latest Active Lives Data (2017/18), 30% of the adult population (16 years old and above) are classed as inactive (higher than both GM and national averages), so there is a recognition that more needs to be done to improve this statistic. In utilising The Deal approach with Local Delivery Pilot acting as an accelerator and enabler we hope to embed whole system change to the approach of inactivity; getting pace into the system to transform the way they research, design and test (and scale) interventions.

2.0 Local Delivery Pilot (LDP) Governance

From the outset a strong governance framework has been built around the LDP, ensuring that there is a line of sight to the senior leaders in the wider health and care system

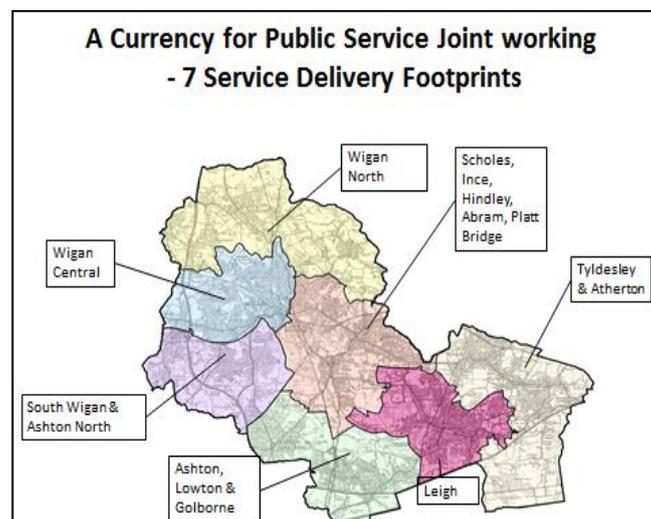


This structure also means that the LDP is being discussed as part of a wider narrative around Health and Social Care transformation and as part of the Wigan Locality plan.

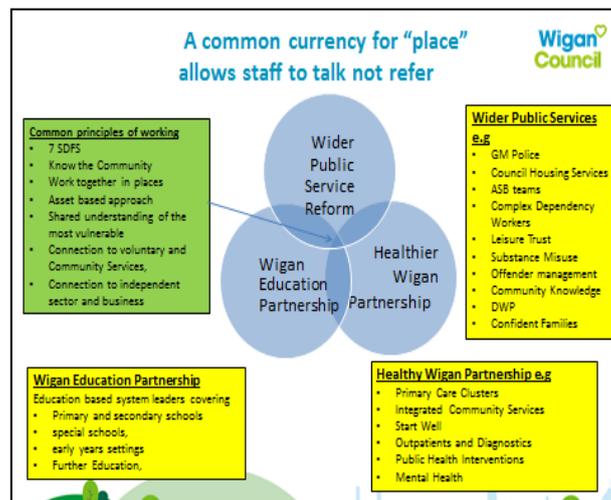
The LDP steering group is represented by members from the VCSE sector, Wigan Council (Community engagement, Employment and Skills), the Wigan Clinical Commissioning Group, the Wigan Local Care Organisation (Healthier Wigan Partnership), Education via the School Games Organisers, Inspiring Healthy Lifestyles, and Greater Sport. There is a recognition that the steering group will evolve over time as the LDP matures and could include additional representation from regeneration, major projects and wider public services. The steering group is chaired by the Director of Public Health with a dedicated resource tasked with driving the Local Delivery Pilot forwards.

3.0 The LDP Approach

Wigan is working in a very specific 'currency' when it comes to delivery within a place;



The Service Delivery Footprints (SDFs) divide the borough population into 7 distinct areas of 30,000 to 50,000 and this acts as foundation for all health and social care delivery. Primary care is now clustered on this footprint and the Healthier Wigan Partnership is driving all transformational reform on this basis with integrated community services adults, mental health community staff, community link workers and the delivery of our Startwell programme. Wider public services are also using SDFs as their delivery currency with police, schools and others reshaping their resources. In taking this approach it allows staff to have positive discussions – to talk and not to refer;



It therefore makes sense for the LDP to adopt the same approach and focus its delivery based on the SDF footprints. Each SDF has its own unique set of assets and challenges based on its population. From the outset, it was decided that we needed to get a better understanding of the activity levels within the SDFs and also understand what was happening within the cohorts that had been set out within the LDP framework;

- Children and young people aged 5-18 in out-of-school settings.
- People out of work and people in work but at risk of becoming workless.
- People aged 40-60 with, or at risk of, long term conditions: specifically cancer, cardiovascular disease and respiratory disorders.

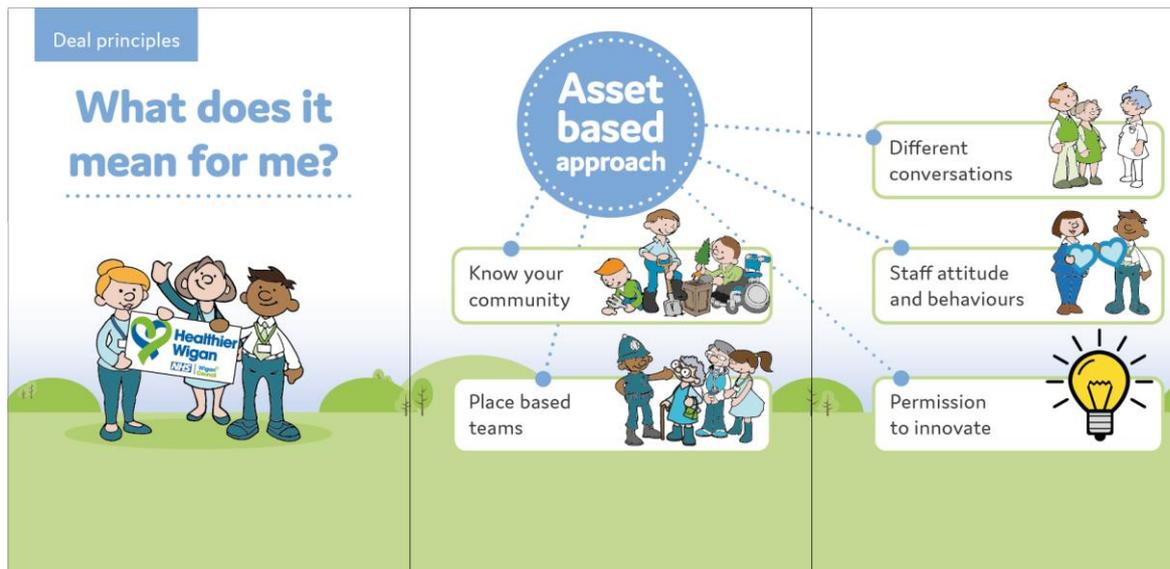
To this end, a series of metrics were created to identify those SDFs which had a higher prevalence of the target cohorts living within their population. The data also allowed us to look more granular at the data and begin to pick specific estates and communities where more targeted engagement could commence. The full pack of metrics can be seen in appendix 1.

Based on all the data overlaid with an asset map of the facilities in the areas and discussions with people working on the ground, a decision was made to work in the following SDFs:

- Wigan Central
- Hindley (this includes Scholes, Ince, Abram and Platt Bridge)
- Leigh

The focus of the work in these communities would be based around the three cohorts but through working with and through family units. Through our discussions it was recognised that in these SDFS and particular some of the identified estates, the prevalence of one or more of the conditions would be found within a family – a young carer supporting a family member with a long term condition, a guardian out of work due to a long term condition - and by working within that family you could impact on more than one individual and therefore the support network to maintain an activity habit would be enhanced.

3.1 The Deal



As an authority, Wigan had the third largest proportionate reduction in funding across the country through the Government austerity programme. This led to permission to think differently and embrace innovation to be able to deliver services for and with the local community in through the creation of new relationships with residents. The Wigan Deal was created as a way of informing and establishing that new relationship, setting a platform where services were not done to a resident but built and implemented with a resident and their community. The Deal is grounded in an Asset Based Community Development (ABCD) approach but communicated in a way that residents, the workforce and the leaders can understand and implement.

The principles of the Deal are:

Deal Principles	LDP Investment Principles (1-10)
Strong Narrative - a simple concept that everyone can understand but is profound in its implications.	1, 2 and 3
A belief that this is a movement not a project - rooting the approach in public service values: “sense of vocation”.	7
Leadership at every level - commitment and senior sponsorship	9
Workforce culture change - training and core behaviours that define how we work, whatever the role.	9
A different relationship with residents and communities - building self-reliance and independence	2, 4 and 7
Permissions to work differently - leadership backing: ‘we will support you’	6
Redesigning the system - testing our systems, processes, ways of working against our principles: ‘do they make the culture and behaviours we want more or less likely?’	4
Enabling staff with the right tools and knowledge - using new technology to support new ways of working and new roles	6

It is based on this approach that we have seen the improvements in population health, that we have reshaped the relationship with communities and launched such initiatives as Community Investment Fund and led the way with the Daily Mile. By aligning the investment principles against the Deal, we feel we can create a cohesive message that is understood by the system we are looking to influence and change, and places Wigan in an advantageous position in implementing the transformational whole system approach that is being sought.

3.2 LDP Whole System Intervention

One of the key principles is testing the system and redesigning, if it makes the culture and behaviours that we want to see more or less likely. Within the Wigan LDP, we recognise that there are parts of the system we can directly impact through our interventions (delivery) and enabling development (e.g. workforce and communications). There are other parts of the system where we can help shape conversations, become a connector between sectors and organisations and show the value of activity in achieving wider social, health, economic and cultural policies.

System level	Influence
Individual	Asset Based conversations to understand the motivations / behaviours with regard to activity – leading to targeted interventions to influence attitude and behaviours.
Social networks	Drawing together wider themes and trends to create a communication and marketing package to create an ‘activity’ movement.
Organisations	Connecting conversations across the sector Supporting open data approach and workforce development.
Physical Environment	Activating existing and developing infrastructure – Bee Networks, green space, canals. Ensuring engagement around new infrastructure to build positive community relationships.
Policy	Examples: NHS 10 Year Plan GM Spatial Framework Deal 2030

4.0 LDP Engagement

Speaking to and working with individuals and their communities is very much the cornerstone of the approach being taken by Wigan. There are a number of networks that are being utilised to ensure we can have the conversations with the right people and build up our primary evidence and understanding. There is also a significant amount of secondary evidence that has already been collected which we have begun to analyse to help shape our thoughts for the next 12 months. Alongside this because the LDP is well placed to already have cross system conversations, we are aware of some pathfinder interventions which we can enable to move at pace and potentially scale to test their impact.

Primary:

The VCSE sector is recognised as being a trusted community network that has a reach into the communities and families that we are looking to work with. Therefore they have been mobilised to undertake initial engagement sessions to bring out the wider themes around a person’s motivations, strengths and what they see as opportunities in the places they live and their social networks. Initial feedback can be seen in appendix 2.

My health and fitness is extremely important to me but I am finding it hard to keep fit at the moment... I like to run and jog but it is difficult as I don't have the correct equipment such as trainers or a tracksuit...I also enjoyed fishing as it made me calm and focussed – I could think things through if I was feeling angry or felt myself getting angry...I need structure to my day and I think if I knew I had to go to the gym in the morning I would want to get out of bed.

Male, 35 years old

A summit was delivered to those stakeholders (commissioners and providers) engaged with physical activity and sport. A wide representation from health, VCSE, local authority, community sport clubs, leisure providers, education and community representation attended to introduce them to the LDP concept, how they viewed the current system approach to activity and what changes they feel should be made to develop population scale change.



Attendance at several population specific groups (e.g. Cancer) has also taken place. This has opened further thoughts not just around the individual with the disease, but the impact that the disease has on their wider support system and their relationship with activity.

We were a really active couple; weekend's away walking, meeting friends having a great time. Cancer has stripped that away. The enthusiasm isn't there. The chemo takes away the energy and motivation.

Female, 51 years old

Secondary:

There have been two significant pieces of consultation undertaken in Wigan over the last 6 months. As the locality begins to plan for the future conversations about the Wigan in 2030 have commenced. Entitled the Deal for 2030, over 6000 residents have been involved in shaping the priorities for the borough.

Whilst not specifically focused on physical activity, the consultation did demonstrate that health and wellbeing was a priority for the residents, specifically access to move walking and cycling groups and more activities for young people. More broadly, issues around mental health especially for young people and social isolation were also highlighted as concerns. It is these broader areas where the LDP needs to be able to infiltrate and show its worth and impact.

The SHAPE Board has been running a survey over the last 6 months to gather views on individual's activity levels – their motivations and barriers. Over 1500 people completed the surveys with over 900 of those coming from young people within secondary schools. Some of the headline findings:



- Higher levels of motivation when exercising with friends
- There was a need to see improvement through the activity – fitness and general health and wellbeing.
- Exercising with the family would be a motivator
- Young people identified clubs a space for activity whilst adults mentioned gyms and leisure facilities.

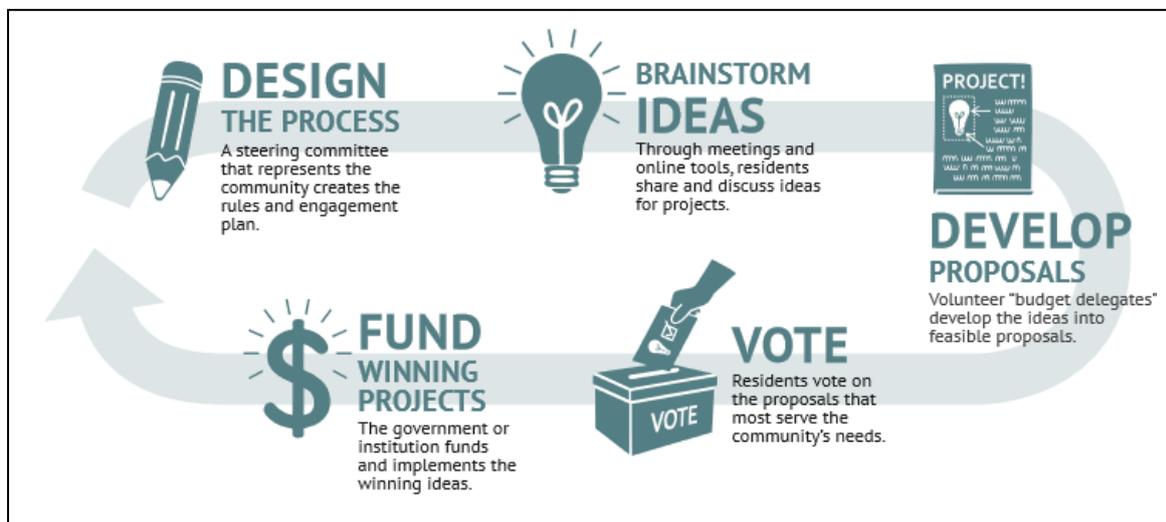
Engagement cannot be seen in isolation and it will need to be undertaken in real time. We want to ensure that all delivery has a constant feedback loop built in, that providers are having conversations with their participants and are constantly assessing their progress against the principles.

5.0 LDP Delivery

Aside from the identified pathfinder programmes, the delivery of activities is still to be fully formed. What we know for certain is that we will be delivering in three SDFs, that the focus will be on the three cohorts with a particular emphasis on the family group and that any delivery will have to be based on Deal principles. The distribution and spend of that budget could take a number of forms depending on the size of the place and the audience;

Community Investment Fund (CIF) application(Open Fund) – taking the strengths of the hugely successful local authority CIF process and replicating across the targeted SDFs ensuring that it has a strong fit with the LDP investment principles

Participatory Budgeting - local areas create decision making panels that are representative of the local area giving local people the opportunity to decide where LDP lottery money is spent in their communities



Participatory Budgeting Project (www.participatorybudgeting.org)

This approach has been used previously in Wigan and Leigh with mixed results, but there is the opportunity to revisit this way of delivery working with small communities around particular outcomes.

Community Panels: A similar approach to CIF, with an application process but with the decision making panel being representative of the local area i.e. SDF.

Commissioned or Solicited projects: Through the engagement process gaps, themes and trends will become apparent. The steering group, may wish to commission certain organisations or groups known to them (through previous commissioned work or through successful CIF bids) to work with the communities to design and deliver interventions.

The investment streams will require different funding processes in terms of promotion, criteria, application, assessment, monitoring, and reconciliation and will look at the success of the Wigan CIF and other locality funds to identify the most advantageous way to add pace to the funding process which also gives the greatest assurance to the steering group.

Discussions with Kate Ahmadi-Khattir, Local Pilot Manager, have started to work on the finer detail of this approach over the coming months.

5.1 Pathfinder Programmes

Whilst we recognise that co-designing and producing new interventions based on the engagement to date will be a lengthy process, there are already some pathfinder programmes which the LDP could enable and add value to and could create momentum within the programme. These programmes have similar characteristics in terms of their alignment to the LDP principles:

- They are an existing or future community asset
- There has been an element of engagement already undertaken with the identified populations to shape their design and potential delivery.
- They are planned to be delivered in, or with, identified populations that traditionally have higher propensity to be inactive and align with the LDP target populations.

Norley Hall Adventure Playground: Norley Hall is a community asset which is situated in Wigan Central. Inspiring Healthy Lifestyles in partnership with Wigan Council are exploring options for significant capital re-investment in the site – hopefully delivering exciting new play equipment, which will be based on co-designed options chosen by the local residents that use and cherish the facility.

We feel that there is the excellent potential to shape the community programme and maximise the benefit of the re-investment through some revenue funding of stakeholder devised initiatives to use the site - targeting at least 2 of the 3 key categories through a 'whole family' approach (5 – 18 year olds, and 16-64 year olds + Worklessness).

AQuA Flow COPD Re-design - AWARE Programme: The HWP has been working with the AQuA team in creating a redesign methodology that could be utilised across the Health and Care system. The AQuA flow utilised the COPD pathway as a pilot to test this methodology. In the diagnostic phase a number of engagement events were held with all key stakeholders including clinicians, front line staff and patients, to map the current system and identify gaps. These events highlighted a number of key work themes:

- Theme 1 focussed on the need for a robust COPD education programme to increase understanding and support self-management, as patients felt there was a lack of induction into their disease upon diagnosis.

- Theme 2 considered how to embed activity and exercise advice alongside lifestyle and wellbeing support more systematically across the service offering.

Working together with colleagues from the Primary Care Respiratory Service (BOC Healthcare), Pulmonary Rehab, Healthy Routes and Inspiring Healthy Lifestyles, it has become clear that there is a need to integrate these two themes. Therefore, the AWARE (Activity Wellbeing and Respiratory Education) Programme has been created.

This is a blended offer of Education and Lifestyle Intervention that will focus on self-management through prevention and empowerment. The AWARE Programme will deliver the opportunity for all COPD patients (newly or previously diagnosed) to understand their disease, learn about the ways to manage their condition in the context of Wigan, understand the impact of lifestyle on their condition and find local opportunities to improve their health & wellbeing

Groundwork Roots to Wellbeing: Groundwork are currently delivering a Sport England pilot funded through the Tackling Inactivity and Economic Disadvantaged programme. This three-year project is primarily targeted at long term unemployed individuals aged 18-55 who are currently not engaging in any physical activity.

Experience of working with this socio economic group has provided them with an insight into their characteristics and specific barriers, which include: depression, anxiety, low-level mental health, lack of mobility, lack of motivation and confidence.

This project has enabled them to embed more health, wellbeing, and physical activity into the Roots to Wellbeing and Prince's Trust personal social development programmes. Providing a dedicated health & wellbeing strand to their employability and personal social development programmes will contribute to the following:

- help individuals manage their health conditions and improve their physical wellbeing through regular participation in physical activities
- improve mental wellbeing through ongoing support through an allocated mentor, physical activities and peer support
- improve employability, skill development and softer skills- confidence, self-esteem and career prospects. Signposting to appropriate local training /education provision
- reduce social isolation, improve community cohesion and increasing social action
- contribute to a reduction in unemployment, reliance on crisis services, reduction in crime and anti-social behaviour

Bee Network: Wigan Council has been successful in achieving Mayor's Challenge Fund (MCF) programme entry status for four projects that help to deliver the Bee Network in the borough. In addition, a major project proposal has been submitted to the last round of MCF for strategic network improvements for cycling and walking in Leigh, Atherton and Tyldesley.

Parklife development: Two Parklife sites are in development within two of the identified SDFs (Wigan Central and Hindley). This presents a fantastic opportunity to engage the immediate and surrounding communities in the design of the programming for the facilities to ensure that they are

seen as true community assets. There is also the potential to ensure that the LDP principles are established within the approach of the eventual operator.

6.0 LDP Enablers

There are some system enablers that need to be considered in order to ensure that the transformation that takes place is embedded and can bring about the sustainable change beyond the initial funding envelope. These enablers should act as the 'glue' which binds the system to work and think in a different way.

6.1 Communication – Marketing and Public Relations

From our initial engagement, the theme of knowing what is happening in an area and using the right language and imagery to nudge and push people into an activity space is prominent. Whilst we will utilise the research carried out by Britain Thinks and the subsequent centrally produced materials from GM Moving, there is definitely a need to create bespoke community messaging and Wigan imagery. To effectively deliver, a cross system communication group will be established to consider the way in which activity is promoted, the channels used, the segments we are looking to influence and the places where it would be most effective. Focus groups will be established to co-design and produce the materials within the SDFs and potentially the more granular estate populations. A draft communications plan can be seen in appendix 3

6.2 Workforce Training

To implement a transformational change to the way in which activity is considered and delivered requires a workforce that understands, embraces and has been involved in the process of establishing the change. The Summit that was held drew out from partners the need to maximise the workforce – to be the ambassadors of the approach, to maximise the volunteer health champions network (23,000 across the borough) and to improve their knowledge in taking an asset based approach and co-designing activity. Looking across other change programmes in Wigan, the workforce element of the transformational programme has been significant with the most recent example of the Healthier Wigan Partnership designing an immersive experience to explain the Asset Based approach and use of ethnography across the health and social care system.

Adopting a similar approach amongst the activity providers, so that they begin to understand why an asset based approach is being adopted and how to have such a conversation would be beneficial and begin to embed a unified approach.

6.3 Evaluation

Substance will be working with 'Team Wigan' with the evaluation of the LDP although the exact resource requirement needed for that work is currently unclear. Wigan is also a pilot for the Open Data work that is being carried out by Datahub. A sum has been set aside to continue the development of that work for the duration of the LDP as the richness and granularity of the outputs will have an impact on where resources are deployed and the potential impact that they are having.

6.4 Learning Community

With the approach that Wigan has taken towards the LDP there will be significant learning across the three SDFs and identified populations. It is important that there is a co-ordinated approach (this was strongly recommended from the Summit) to ensure that the learning is disseminated and used to influence future interventions and system approach. In order to do this it is anticipated that a platform, such as Knowledge hub, will be utilised to create an online community where information can be shared (e.g. blogs, case studies). It is possible that the utilisation of this platform may be a requirement of any funding secured.

Alongside this, a coming together of organisations and providers at least twice a year will be established to share good practice, discuss failure and share barriers to progress. It is hoped that this space will create an environment of honesty and problem solving.

Wigan will continue to attend the wider GM network events to share progress, to learn from the other localities and from the wider LDP national network.

7.0 Budget

The allocated budget reflects the approach outlined in this submission. There is a recognition that in order to drive the LDP, co-ordinate the approach and connect the conversations across the Borough, a dedicated role is required (the role summary can be seen in appendix 4). This post would be employed for the duration of the pilot.

The development of the workforce and community assets (clubs and volunteers) will be a focus for year 1 as it is felt that these are the individuals and organisations that can have a significant impact on the individual. The ability to have an asset based conversation, to effectively co-design, to understand the motivations and behaviours of inactive people are important if we are to change attitudes of the both the provider and the participant and attempt to bring about a sustainable change beyond the life of the individual intervention and wider pilot. The sums set aside for these are indicative based on the developing resources that will be provided from GM Moving centrally.

With regards to the delivery of interventions a sum has been set aside for walking and cycling which demonstrates the commitment to this area of work. Until conversations are fully fleshed out it is difficult to know if this is an appropriate amount (high or low) but the budget can be profiled to reflect learning and future developments. The roll out of any community delivery will be linked to the discussions with Sport England and wider community groups regarding the methodology and guidance for distribution of funding. It is anticipated that these discussions will take the place during Q1 with funding distributed more widely from Q2. Therefore most of the delivery spend will take place from Q2-Q4.

8.0 What next

Next 3 months:

- Appointment of LDP Programme Manager
- The pathfinders will test LDP approach and their learning used to influence future delivery.
- Estates will be identified within the SDFs to have more granular conversations.

- Discussions with Substance regarding the evaluation model in Wigan.
- Decisions to be made regarding the most appropriate method of distributing the funding to different populations.

Next 6 months:

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Next 12 months:

- Learning community established
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- 12 month review (successes and learnings) with second 12 month LDP submission.