

**HEALTHY HALIFAX: CREATING A HEALTHY TOWN THROUGH REGENERATION, INCLUSION & FUN
STAGE 2 APPLICATION TO HEALTHY COMMUNITY CHALLENGE FUND
CALDERDALE COUNCIL (CMBC), CALDERDALE PCT (CPCT), AND PARTNERS**

A. THE PROPOSAL

A1. Information on the local area

Halifax is a sub-regional town of 82,000 people, and the main town within Calderdale Metropolitan Borough (population 200,100). 23% of Halifax residents live in areas within the 10% most deprived nationally, and deprivation is particularly severe in the wards of Park (large minority ethnic populations), Ovenden and Illingworth/Mixenden (comprising North Halifax), and Town (please see supporting information).

Life expectancy in these wards is up to 7 years lower for women and 5 for men than the best in Calderdale. The major causes of death which account for this include circulatory diseases, respiratory diseases, and cancer. Both alcohol-related hospital admissions and the gap between the most and least deprived wards have increased since 1998.

19% of Reception and 28% of Year 6 children were overweight/obese in 2006/07. Early local analysis of 2007/08 data shows this is increasing. Breastfeeding in North Halifax is low at 43% at 10 days, compared with a district 54% rate. Our Joint Strategic Needs Assessment estimated that on current trends 42% of men and 39% women will be obese by 2025, resulting in more diabetes, heart disease, and cancers.

A2. Your proposal

We intend to create a healthy town in which people have pride and where 'the healthy choice is the easy choice'. Our strapline is ***HEALTHY HALIFAX: creating a healthy town through regeneration, inclusion & fun:***

- regeneration because we are transforming our town centre 'offer' via a programme of capital new build and renewal developments, at various stages over the next few years and beyond (see supporting information);
- inclusion of people, by means of inspiring, informing, supporting, and connecting them with opportunities, thereby contributing to our Local Strategic Partnership (LSP) 'everyone different everyone matters' mission;
- fun, emphasising the positive, enjoyable aspects of getting out and about, being active, eating more healthily, and interacting with other people.

We aim:

- to effect real and lasting change in the local environment, making it more attractive, usable, and enjoyable, thereby promoting activity and health;
- to enable people to take advantage of the opportunities on offer; and
- to learn more about what works, for application elsewhere.

We will work with our partners (e.g. across the LSP) to raise awareness, change cultures, and build capacity so that **health and wellbeing are embedded within the entire regeneration process**. We aim to ‘health proof’ current and future regeneration programmes, through prospective Health Impact Assessment. We will engage with the population, and particularly with priority neighbourhoods and groups, to influence the development of the built and social environment. We will also improve integration of plans to promote healthy weight and healthy lives, such as those concerning spatial planning, transport, play, community safety, and employment.

This is a ‘once in a lifetime’ opportunity to embed activity and health within a transformational town centre regeneration programme.

We are proposing to work with and through our partnership, and specifically to commission and performance manage a series of proposed initiatives (these are outlined in the supporting information). **We expect to see the following differences by the end of the programme:**

- people will find the town centre more attractive, usable, and enjoyable, as a result of healthy planning and development;
- much improved access to information, awareness, and support – e.g. via a one stop shop with a shop front presence in the central shopping area, as a ‘trailblazer’ for the new Halifax town centre Customer First facility planned for mid-2011, and also via developments linked to ‘The Orangebox Young People’s Centre’ (‘My Place’ bid proposal, also submitted to 30/9/08 deadline);
- greater opportunities to get hold of and eat healthy food, e.g. via a grow-your-own initiative with social housing tenants, and an initiative with our landmark Borough Market;
- increased healthy eating choices e.g. via a healthy eating incentives and rewards scheme for town centre businesses;
- easier, safer, and more enjoyable active travel, play, and everyday physical activity, e.g. via much improved routes/corridors and support to use them, and via outreach programmes for children and families led by Eureka!, the national children’s museum;
- improved school and workplace health, by means of targeted initiatives in these settings;
- more local people in work, particularly by using the employment opportunities associated with the regeneration programme to generate routes out of Incapacity Benefit.

We will work with our research partner and the independent evaluation team appointed by DH to develop an **evaluation** framework that allows us to demonstrate these differences and how they were achieved, and to learn from this.

This will significantly help us to meet our aims and objectives to implement our existing LSP priorities (and Local Area Agreement and World Class Commissioning targets) of:

- halting the increasing rate of child obesity in Halifax;
- increasing the number of adults who lose weight;

- reducing harmful drinking;
- increasing breastfeeding; and
- increasing physical activity.

We will address the community-based **determinants** of health and activity which impact on everyday life, including aspects to do with:

- nutrition – such as information, skills, access to healthy choices, culture;
- activity – facilities for everyday physical activity including play, active travel, going to work or the shops;
- Information – one stop shop, social marketing;
- safety – healthy planning;
- employment – regeneration opportunities, workplace health initiatives; and
- social dimensions – broadening the night time economy beyond its current preoccupation with alcohol.

We are **focusing** our programme on Halifax residents of all ages, particularly targeting the areas of deprivation around the town centre, children and young people, families, and people aged 50+, and paying particular attention to including people with additional needs. We will reach people by means of major marketing and publicity initiatives, by all of our programme activity emphasising outreach and inclusion, and by further developing the ‘reach’ of our broad community workforce, including community health trainers, peer community champions, voluntary and community sector organisations, and volunteers. The secondary focus is the corporate LSP partners and the role they have in sustainable development to support health.

The proposal fits well with our **strategic approach** to health and wellbeing, based on the Dahlgren & Whitehead model and the Darzi life course model developed in the NHS Next Stage Review. Dahlgren & Whitehead recognised the multiple influences on health and that to improve health requires interventions at different levels - the individual, the family, community, environment, and public policy. The Darzi life course model applies this to the individual’s life from birth to death, and this provides the basis of our partnership approach to tackling obesity. Our strategic approach is further informed by evidence from work such as the Foresight obesity report, NIHCE guidance, and the WHO work on counteracting obesity. (The supporting information provides example diagrams of our overall strategic approach and how our proposed initiatives fit with this).

We will undertake social marketing work to identify barriers amongst the target population and means of overcoming these, and to inform the implementation of the programme.

The **added value** of the Healthy Halifax programme will be:

- to build on our early achievements in order to ‘go up a league’; and
- to test innovative approaches, and to share the learning locally and further afield.

We believe that the approach of health-proofing regeneration and development processes, along with working with our residents on initiatives to change the culture of the town and overcome the barriers people identify, will lead to successful outcomes.

B. THE CURRENT POSITION

B1. Achievements to date

We have developed strong partnerships in Calderdale – e.g. our LSP won ‘LSP of the Year’ in the most recent LGC Awards. Our proposal builds on these partnerships.

The most significant healthy eating and physical activity developments are our achievements in weight management, alcohol, and breastfeeding. Measurable results include:

- 800 referrals to our new weight management services leading to about 25% achieving 5% weight loss sustained at 12 weeks;
- high levels of breastfeeding initiation, and breastfeeding rates up by 3%;
- over 1,000 people have received alcohol brief interventions leading to reduced consumption.

These have been achieved by all sectors working together, via an explicit focus within our LAA. Also, over the past year we have developed our ‘Move It!’ physical activity strategy (copy enclosed, as part of supporting information), extended exercise referral services, and commissioned voluntary/community sector partners to deliver health programmes.

We have made efforts to change built and social environments, e.g. we have:

- encouraged walking via town centre pedestrianisation schemes, and promotional programmes such as ‘Walk-It’;
- encouraged cycling via new cycle routes, e.g. Hebble Trail linking the National Cycle Network with the town centre;
- encouraged physical activity by commissioning the Healthy Living Community Gym, which has over 1,000 members drawn mainly from our BME communities, and sports participation by opening a new athletics track just outside the town centre;
- developed allotment schemes in deprived neighbourhoods;
- increased the proportion of Healthy Schools.

We have also developed the social and cultural environment, via:

- re-energised programmes of activities in existing public spaces, e.g. Piece Hall;
- directly commissioned voluntary/community sector initiatives;
- healthy workplace schemes; and
- enhanced public health programmes within disadvantaged areas, including targeted work in Park ward (significant BME communities) via the community-driven Healthy Living Partnership.

A social marketing campaign has been developed in North Halifax following analysis of key customer insights into the barriers and benefits of breastfeeding.

These are solid early achievements, and the proposed programme would enable us to 'go up a league' on many fronts and to demonstrate ways forward.

B2. Local intelligence

Childhood obesity, adult weight management, breastfeeding, and physical activity targets have been agreed by the LSP as key indicators within our LAA. Current related targets include the following:

- halt increase in child obesity in Year 6 children, by March 2011 (target 15%);
- 1,850 people with BMI 25+ to have lost 5% or more weight following a personalised programme and to have sustained at 12 weeks, by March 2010;
- increase breastfeeding rates by 10%, by March 2011 (target 44.7%);
- 4% increase in the number of adults participating in sport and active recreation, by March 2011 (target 26%).

These targets are monitored via the LSP performance management arrangements. Reports are taken to the Healthier Communities theme group, which is a sub group of the LSP.

We undertake specific tracker surveys in physical activity in targeted areas as well as utilise national survey data for activity and eating habits. Synthetic estimates of activity levels and consumption of fruit and vegetables are produced by our local Public Health Observatory.

The management arrangements are through a joint local authority and PCT Obesity Strategy Group. Various working groups focus action in the different settings, including schools, health services, and the built environment. To further support this work a joint Scrutiny Panel (with members drawn from the Children and Young People, Health & Social Care, and Regeneration & Development scrutiny panels) has been convened to examine current and future action to combat obesity.

The commissioning arrangements are primarily through two Council Directorates (Children & Young People, and Community Services) and the Health for All programme of the PCT.

C. MAKING IT WORK IN PRACTICE

C1. Project delivery

The biggest overall challenge is to change culture in respect of healthy environments and healthy behaviour, and to ensure that the Healthy Halifax programme is owned by the local community. There is a clear need for effective inter-sectoral work that prioritises and promotes health and challenges decisions which undermine health. The

aim is to create environments that are conducive to health and to ensure the public both utilise these and demand more opportunities for improved health.

The programme will influence public perceptions and attitudes by both engaging with communities directly across various settings (town centre, neighbourhoods, schools, and workplaces) and utilising social marketing techniques to understand target audiences' values, preferences, and perceived barriers to healthy lifestyles.

Effective inter-sectoral work will be achieved via robust governance and reporting arrangements, along with an awareness raising programme regarding the health impact of key stakeholder decisions and plans.

Key actions from the start of the programme (November 2008) to 31/3/09 include:

- install programme management arrangements, including the recruitment of a programme manager along with the accountability and governance regime;
- systematically engage the business/commercial sector, e.g. via representative bodies in the first instance;
- develop a detailed programme implementation plan and associated risk management process;
- develop a plan for health-proofing the entire regeneration process now and in the future, and begin to implement this;
- plan and work through a commissioning and procurement process in respect of our programme of proposed initiatives, focusing on cost-effectiveness, timely delivery, and sustainability, and prioritising those at the heart of the programme – get the fast-tracked initiatives up and running by 31/3/09;
- embed the programme within local authority and PCT commissioning strategies;
- open the town centre shop-front presence by December 2008, at least on a partial/initial basis, in time for the Christmas shopping period – and significantly develop one-stop-shop function up to 31/3/09;
- fast-track other priority initiatives, such as the healthy eating incentives and rewards scheme for town centre businesses;
- research public perceptions and values in respect of healthy eating, physical activity, and obesity, and specify the marketing and publicity strategy (also utilise the existing planned breastfeeding social marketing campaign to promote the Healthy Halifax programme);
- get the programme into the consciousness of local people and organisations from all sectors, via our marketing, promotions, and engagement work (including our JSNA engagement strategy);
- maximise links with 'The Orangebox Young People's Centre' ('My Place' bid), which will be based in the town centre and will deliver arts, media, physical activity, and enterprise activities, led by and delivered by young people;
- agree and implement the monitoring and evaluation arrangements with our University partner and the independent evaluation team appointed by DH, and design the lifestyle behaviour survey;
- explore engagement with European cities and towns, sharing experience on healthy urban planning, counteracting obesity, and healthy towns approaches.

At the outset of the programme we envisage two specific early challenges. The first is the need to hit the ground running, from the announcement of 'Healthy Town' status in early-November. In order to meet this challenge, Calderdale Council and PCT will establish robust interim programme management arrangements. This will be tasked with pursuing all of the 'early actions' listed above, not least establishing an appropriate process for commissioning and procuring key initiatives.

The second challenge is to ensure that our proposed revenue initiatives are not overly dependent on the smooth and timely running of the town centre capital developments, making sure they are not derailed by slippages in capital programmes. We will take account of these risks when specifying and commissioning initiatives.

The proposed targets for intervention are linked to our existing LAA targets, namely:

- halting and reducing the increase in obesity amongst Year 6 children;
- increasing the number of adults losing weight through personalised weight management programmes;
- reducing levels of harmful and hazardous drinking;
- increasing the prevalence of breastfeeding at 6-8 weeks;
- increasing levels of adult participation in sport and active recreation.

These were determined by both analysis of the area's existing health status and our health and well being aspirations.

We do not foresee any ethical issues relating to the proposal at this stage as the emphasis within the programme is to enable informed healthy choice.

Long-term sustainability is a key consideration in the formulation of our proposed programme. The planned regeneration will provide long lasting physical changes to Halifax, and the specific proposed initiatives will be formally assessed against clear criteria including sustainability. The programme aims to ensure and build commitment and capacity within neighbourhoods, the third sector, the business community, and commissioning organisations. In addition, monitoring and evaluation will be designed so as to help make the case for local investment in continuing and developing the Healthy Halifax programme in the long-term.

Support from the central team would be helpful in the following areas:

- as a 'sounding-board' and 'critical friend' regarding the overall direction of the programme;
- as a coordinating point in respect of new developments and good practice across Healthy Towns and related programmes; and
- as a source of central insight into emerging policy opportunities which would support further development of the programme.

C2. Governance

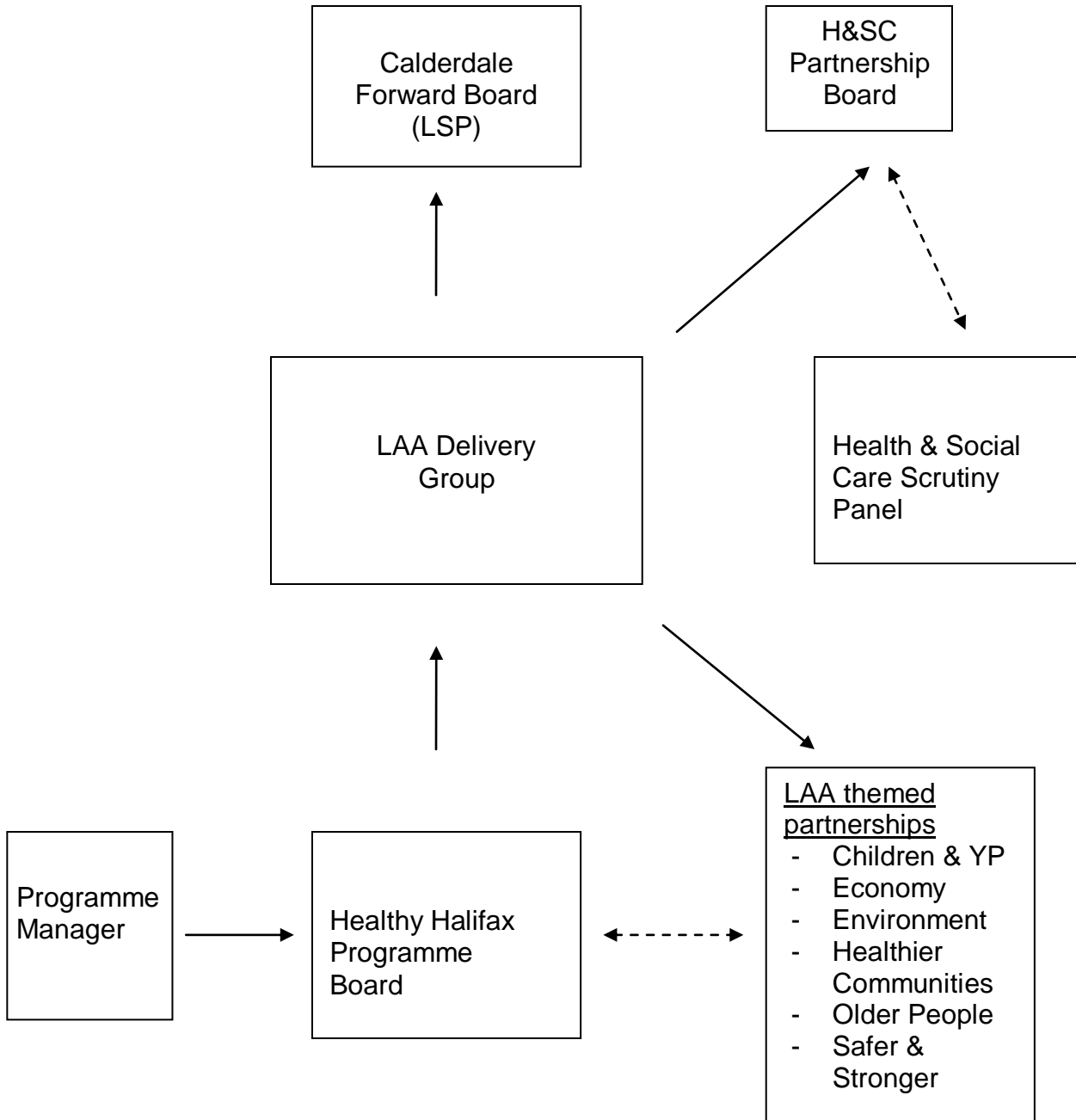
Governance arrangements build on our existing strong partnerships and are outlined in the diagram overleaf.

Governance of the Healthy Halifax initiative will be strongly rooted within our existing partnership structures, so as to facilitate joined-up working, timely delivery, and sustainability. Thus a Healthy Halifax Programme Board will be established, reporting to the LAA Delivery Group (which itself reports to the LSP and the Health & Social Care Partnership Board). The Programme Board will link with each of the six LAA themed partnership groups, reflecting the cross-cutting nature of the programme. The Board will also support and hold the Programme Manager to account. There will be an important role for the Health & Social Care Scrutiny Panel, and also strong links with the Halifax Customer First Programme Board and the 'My Place' Board, given the close links with the Healthy Halifax programme proposed here.

It is envisaged that the Healthy Halifax programme team be based on similar structures to those used successfully in previous Calderdale SRB and EU-funded programmes, although we will explore a variety of possible delivery vehicles.

(continues overleaf)

Governance diagram



C3. Monitoring and evaluation

We will work with our local research/evaluation partner (currently proposed to be the University of Huddersfield, a member of our LSP) and the DH-appointed independent evaluation team to monitor and evaluate progress, impact, and lessons learned. As part of this, we will specify:

- final outcome measures for the overall programme, in terms of impact on physical activity, healthy eating, and obesity levels (child, adult, general);
- intermediate outcome / process measures in pursuit of these final outcomes; and
- hypothesised causal processes.

Each initiative will include monitoring against specific objectives/targets as a key part of its specification.

Our monitoring and evaluation plans will also include consideration of relevant surveys, including those to do with places, public perceptions, lifestyles, and travel modes.

We are keen to consider innovative approaches to involving people in monitoring and evaluation – for instance via participative research approaches, enabling people to tell their own stories in their own ways, and to maximise learning.

C4. Marketing, information and promotion

It is essential that we engage local communities and the general public of Halifax/Calderdale in the development and implementation of the Healthy Halifax programme. As part of this, we have engaged our local newspaper, the Halifax Courier, at this early stage. To date there have been a number of positive articles on the town centre regeneration, and also a recent news article on this stage 2 bid (see supporting information). Furthermore, the Courier is planning to be actively involved in the programme as a whole, reporting on developments and helping people to be involved or have a say.

Some of the main messages to be communicated through the Halifax Courier and other local media are:

- the point that Halifax is changing in many ways and that this provides tangible opportunities for local people to improve their health;
- clear information on precisely how people can access and take advantage of these local opportunities; and
- information on how local people can be involved in the wider programme.

Calderdale Council and PCT have successfully used a wide range of community engagement approaches, including social marketing initiatives, voluntary and community sector networks and, more recently, Area Forums. We will build on this in our programme.

D. LEADERSHIP AND PARTNERSHIPS

D1. Leadership

Our Member champion is Cllr Graham Reason, Cabinet member, Portfolio holder for health and social care

Top-level leadership commitment is through:

- CMBC Cllr Stephen Baines, Acting Council Leader;
- CMBC Owen Williams, Chief Executive;
- CMBC Jonathan Phillips, Group Director, Health & Social Care;
- CMBC Ian Thompson, Group Director, Regeneration & Development;
- CMBC/PCT Health & Social Care Partnership Group, jointly chaired by CMBC Council Leader & PCT Chair;
- CMBC corporate health group, chaired by Jonathan Phillips op cit;
- CPCT Angela Monaghan, Chair;
- CPCT Rob Webster, Chief Executive;
- CPCT Dr Graham Wardman, Director of Public Health;
- CPCT Senior Management Team, chaired by Alex Farrell, Director of Finance;
- CPCT Health Improvement Service (provider);
- LSP Alan Duncan, LSP & Partnerships Manager, Calderdale Forward;
- LAA Delivery Group, chair Owen Williams op cit.

Section D2 below also describes the top-level commitment from our various partners.

D2. Partnerships

Our proposal builds on our existing well developed LSP and partnerships.

Twelve partners are proposing to lead initiatives as part of the programme:

- Calderdale Council;
- Calderdale PCT;
- Action Halifax;
- Calderdale Community Forum;
- Eureka! the museum for children;
- Himmat Project;
- NHS Direct;
- Pennine Housing 2000;
- Square Chapel;
- University of Huddersfield;
- Voluntary Action Calderdale;
- West Yorkshire Metro.

Furthermore, local neighbourhood initiatives in our priority communities (Park and Ovenden/Mixenden) are key partners in many of the proposed initiatives.

In addition, we are working with our local newspaper (see C4 above), and we displayed and discussed our plans at the Central Halifax Area Forum. We will develop further links with other LSP partners, such as Jobcentre Plus, Police, and the business community, as the programme develops.

Selected letters of support from key partners are included in the supporting information.

E. FINANCIAL INFORMATION

We are applying for the full £5m of Healthy Community Challenge Fund revenue funding.

The proposed initiatives which will comprise the Healthy Halifax programme are seeking a total of £6,307,558 revenue funding. This provides a solid platform to commission a £5m programme, using Healthy Towns funding, to extract the greatest possible impact and learning.

This will be broken down as follows: £0.75m in the remainder of 2008/09; £2.25m in 2009/10; and £2m in 2010/11.

We have already identified specific match funding of £4,872,339, on the following basis:

- CMBC investment in the Halifax Customer First initiative, costed at a notional capital value of £3,080,000 (details available); and
- match contribution from within our proposed initiatives: £1,792,339 (of which in-kind £1,186,717).

The (very small) gap between this £4.87m and the £5m required match funding would be covered in three ways:

- by further match contributions from within the commissioned initiatives;
- by elements of CMBC investment in the whole town centre regeneration programme over and above the Halifax Customer First element (total CMBC investment is estimated at £16.7m); and
- plus potential additional match from Calderdale 'My Place' DCSF capital bid for 'The Orangebox Young People's Centre': £5m.

We are not aware of any potential conflicts of interest with regard to the identified funding.

F. APPLICATION PROCESS

F1. Stage 3 interview dates

We have a team available for interview on 21/22 October 2008.

F2. Sign-off

Calderdale Council

Calderdale PCT

**Owen Williams
Chief Executive**

**Rob Webster
Chief Executive**

Date 29th September 2008

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