



A Behaviour Change Plan





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Introduction

Changing behaviour to improve health and wellbeing

Behaviour is everything that we do and say, our actions and thoughts, the conversations we have and the choices that we make. Behaviours are influenced by many things including: our beliefs, our environment, our circumstance, our opportunities or lack of them...they can become deeply engrained habits that inform who we are.

Our overall health and wellbeing is also influenced by many things including: the places that we live; the homes that we live in; the education, skills and training we receive; the employment opportunities that are available to us; our access to facilities, infrastructure and opportunities that support a healthy lifestyle; and when we need it, the right care, in the right place, delivered by the right people.

Behaviour change therefore, in relation to health and wellbeing, is complex and should not be underestimated. Reprogramming human behaviour takes time, perseverance, and insight into the potential barriers to change. Many actions may be required in order for change to occur - often seemingly unconnected activities and interventions will need to align in order for the 'conditions' for change to be right.

Actions and interventions that are geared towards changing behaviours will inevitably be many and varied, so too will be the motivation for change. Some will be more 'generic' and apply to a wide audience, whilst others will have to be more targeted, more personalised and perhaps 'unique' to an individual.

By recognising that no single agency, organisation or body has all of the answers, we have an opportunity to improve the lives

of those within our communities by working to find and provide solutions together. A mosaic of action, activity and intervention that complement each other, pieced together to produce a complete picture of success.

This plan sets out North East Derbyshire District Council's approach to working with partners, organisations and stakeholders to change the behaviours within our communities in relation to physical activity, changing the behaviours particularly of those who are inactive and of those who have the greatest level of need - often our most vulnerable community members.

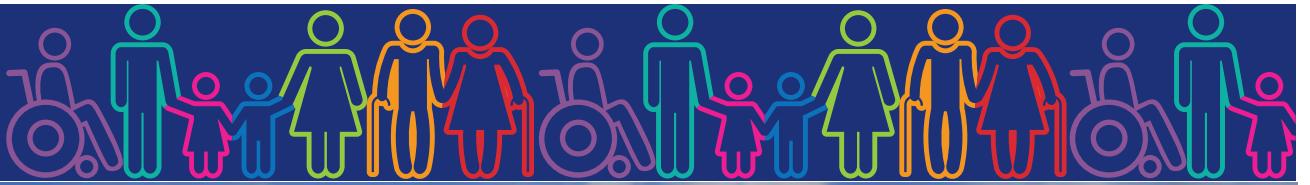
This plan is a 'pilot' programme initially focussing on some of the Districts greatest areas of need, areas recognised as priority communities through the Indices of Multiple Deprivation (IMD), Active Lives Survey, Public Health data and other insight providing mechanisms.

The areas/wards are to be known as the Diamond Communities:

- Holmewood and Heath
- Grassmoor
- North Wingfield Central
- Clay Cross North
- Clay Cross South
- Shirland

This 'pilot' programme will be developed, aligned and integrated fully with other innovative programmes including: NEDDC Leisure Facilities Investment Programme and NEDDC Transformation Programme and in particular the development of a major new leisure facility development in Clay Cross.

It is envisaged that the successful 'PILOT' programme will become the blueprint for future service planning across the District.



What do we know?

Before we attempt to change behaviours and find solutions, we need to understand what it is we are trying to change and what we are trying to achieve. We need to understand the audience, the people and their lives, the challenges that they face - we need to 'see their lives through their eyes'. We also need to understand the scale of the challenge, the determinants, the symptoms of the current situation and the barriers to change.

What do we know about physical inactivity?

Physical inactivity is highly prevalent globally. It is well documented how physical activity improves overall health, fitness and wellbeing

levels, however what is probably not as well-known is the impact of 'physical inactivity'.

- Physical inactivity is said to be the fourth leading cause of death worldwide.
- In the UK it is reported that 17% of deaths are caused by inactivity.
- Only 30% of us are deemed active enough for our health.
- Medical experts have said that getting people who are inactive - active is one of the greatest single interventions which would have a dramatic effect on people's health.
- Physical activity helps tackle the root cause of many conditions including;
 - Diabetes
 - Cardio vascular disease
 - Dementia
 - Depression and anxiety
 - Arthritis and many more



- It is reported that physical activity increases bone density in teenagers which last all of their life.
- Physical activity can increase the strength and thickness of cartilage and prevent deterioration of the joints.
- Physical activity is said to reduce depression by 30% and dementia by 40%.

When coupled with other lifestyle and socio-economic issues, the effects of physical inactivity can become compounded and an individual's overall health and wellbeing can be affected to an even greater extent.

The importance of physical activity, as mentioned previously, is well known and understood, yet people remain inactive for any number of reasons. Behavioural change is difficult to achieve, however the removal of barriers to participation and creating greater accessible opportunities to engage in physical activity will make this behavioural change process much easier.

What do we know about North East Derbyshire?

The health of people in North East Derbyshire is varied when compared to the England average;

- Overall deprivation is lower than the England average, however around 2400 children live in poverty in certain areas of the District.
- Around 17% of Year 6 children are classified as obese - this is lower than the average for England. However when we realise that these children are condensed into pockets, a handful of deprived communities, a different perspective can be appreciated.
- Life expectancy for both men and women is similar to the England average when viewed



as a whole district, however life expectancy is 8.7 years lower for men and 4.7 years lower for women in the most deprived areas of North East Derbyshire than in the least deprived areas.

- Long term unemployment figures at 5.7% are significantly better than the England average of 7.1%, yet in some of our more deprived areas our figures are significantly worse than the the England average.
- Educational attainment is in line with the England average yet some of our communities are significantly worse, particularly with regard to adults with no qualifications.
- In terms of physical activity levels, North East Derbyshire District compares almost exactly with the national physical activity levels, yet we know this is not the case for many that live within our most deprived areas, those facing the most challenges, those in greatest need of support:
 - 65.1% Active
 - 11.4% Fairly active
 - 23.5% Inactive



Whilst such 'district wide' data is useful to have, it can be misleading and provide a false sense of security resulting in those who are in greatest need of help, being missed and unrecognised.

By drilling down further and exploring the data at a more focussed, more local level we can smarten up our intelligence and awareness - we can gain greater insight.

What do we know about our 'Diamond Communities'?

As demonstrated above, the District as whole compares relatively favourably or at least on a par with the national averages. When we break our District into Lower Super Output Areas (LSOA's) or smaller chunks however, the picture presented is far worse for many of those within our communities.

Our Diamond Communities find themselves ranked in the bottom 20% in the country in terms of deprivation - quite startling. By taking a closer look, the data changes considerably:



- 30%+ Inactive people (5,653) - the highest levels in the District, much higher than the NED and England averages.
- These communities have 2,740 families within them.
- 70% of households suffer from some form of deprivation.
- 30%+ are classed as economically inactive - unemployed.
- These communities have a higher number of single parents than anywhere in the rest of the District.
- 29.3% have no car, many of whom experience isolation issues.
- These communities have the highest childhood obesity levels - much higher than NED and England average when measured as per head of population.
- These communities also have the highest adult obesity rates in the District, also much worse than the England average.
- There is a significant issue relating to fuel poverty often resulting in the choice of whether to 'heat or eat'.
- Around 15% are lone pensioner households.
- According to Age UK measurement tool - these communities have been classed as "very high risk" of loneliness for the over 65's.

In fact, when measured against a range of 37 indicators including: People & Place, Housing, Community Safety, Economy, Education and Health & Wellbeing, these communities are classed as 'significantly worse' than the Derbyshire or national average in around 13 of those indicators and falling below the average in several others.



What are the symptoms, issues and barriers?

Ward analysis shows that within North East Derbyshire District there are sizeable pockets of deprivation, even when the District is considered at least on a par with England as a whole. But what does this mean? Does this impact upon people's propensity to engage in physical activity?

Although the benefits of physical activity and exercise are widely acknowledged and understood in the main, many children, adults and the elderly within our Diamond Communities remain sedentary. It is important to recognise this and understand why so many people remain inactive before solutions can be identified.

Through both existing research and NEDDC commissioned studies, we know that the following barriers to participation exist within our Diamond Communities:

- **Cost** - with so many competing demands on household and individual finance, participating in physical activity is seen as too expensive for many.
- **Nobody to participate with** - the confidence to engage alone is often missing - this is a particular issue with those who suffer some form of social isolation such as the elderly widowed and single parents.
- **Lack of confidence** - the confidence in one's own ability and the perception of what participation will feel like - making them feel out of place.



- **Lack of motivation and incentive** - the widespread understanding of the obvious benefits is sometimes not enough.
- **Leisure centres are too formal** - for many, a built facility is not the answer.
- **Not for them** - a lack of understanding of what constitutes physical activity with the many and varied opportunities to engage not being understood.
- **A sense of 'no time'** - not seen as a priority when balanced against other things that need to be done.
- **Programme is not right for them** - leisure facility programming is aimed at the mainstream in the majority of instances - this doesn't fit with everyone's needs.
- **Accessibility (location)** - many people do not have easy access to transport, this can present a significant barrier both in terms of cost and time.

- **Accessibility (venue)** - often it is the physical environment that prevents people being active, both indoor built facilities and access to the outdoors.
- **Poor quality facilities and lack of cleanliness** - poorly maintained or poor facility provision puts people off wanting to take part.
- **Childcare** - lack of childcare or the cost of childcare is often a determinant that prevents people engaging in physical activity - particularly single parents.
- **Opening hours** - availability and access to facilities at the right time.
- **Lack of awareness** - many people are simply not aware of the opportunities to engage in physical activity.

We are now beginning to understand the audience, the people and their lives, the challenges that they face - we are beginning to 'see their lives through their eyes', we are beginning to see the clues to what behaviour change might look like.

However - we need to know and understand more!





The PALS Approach

As mentioned previously, our overall health and wellbeing is influenced by many things spanning many agencies and organisations. A great deal of activity does take place resulting in a level of success being achieved by the various organisations in pursuit of an improved level of health and wellbeing within our communities - yet this activity historically has often remained within the ‘span of control’ of the given body.

More recently the need for agencies and organisations to work together and for cross sector collaboration to solve problems that affect us all has become better understood. This understanding has resulted in strategic collaboration in a number of areas including, but not limited to: the Derbyshire Health and

Wellbeing Board, Place Alliances, One Public Estate and the North Derbyshire Transforming Communities Group, to name just a few.

The Physical Activity and Lifestyle Support (PALS) approach will support the conversion of collaborative strategic ambition into operational reality. This is an approach that goes further than existing service provision which, for some people, is evidently ineffective.

The PALS approach brings together agencies and services, gets closer to the individuals, in their households and within their lives to assess their needs, ‘unpick’ situations, provide a consistent ‘wrap around’ support in an effort make their lives better by being more active.

Although some of the approach will be aimed at groups of recipients, this programme has a very targeted element too - the approach is one that considers the individual/household/



family situation, encourages ‘inter agency’ creative solutions to emerge and coordinates a package of agency and community interventions. Through the development of a ‘personal plan’, delivered by a familiar, friendly and consistent PALS supporter, the path to a better, more active and healthier life becomes ‘unblocked’.

It's more than signposting, it's about supporting!

PALS Coordinator

The role of the PALS Coordinator is one of ‘joining the dots’. As mentioned previously, there are many agencies and organisations working very hard to provide services to the people within our communities with the aim of improving overall community health and wellbeing. Navigation through what is available and the identification of what’s missing does often appear to be immersed in ‘fog’ in the vast cross sector sea of information and services. Signposting has been one way of improving cross sector collaboration over recent years, yet this approach does have limitations.

If we were to use the analogy of home improvements, the PALS Coordinator role is more akin to that of an interior designer or architect who would understand an individual’s preferences, tastes, functional requirements



and budget...as opposed to the local DIY superstore catalogue or directory. Put simply, some people need a more ‘bespoke’ approach and someone to help them through the process of change, someone to listen, advise, guide and support.

The PALS Coordinator is the analyser, the identifier, the supporter, the fixer, the hub that can connect people’s needs to the opportunities available and the catalyst for the creation of opportunities that are yet to be imagined.

Behaviour Change Model

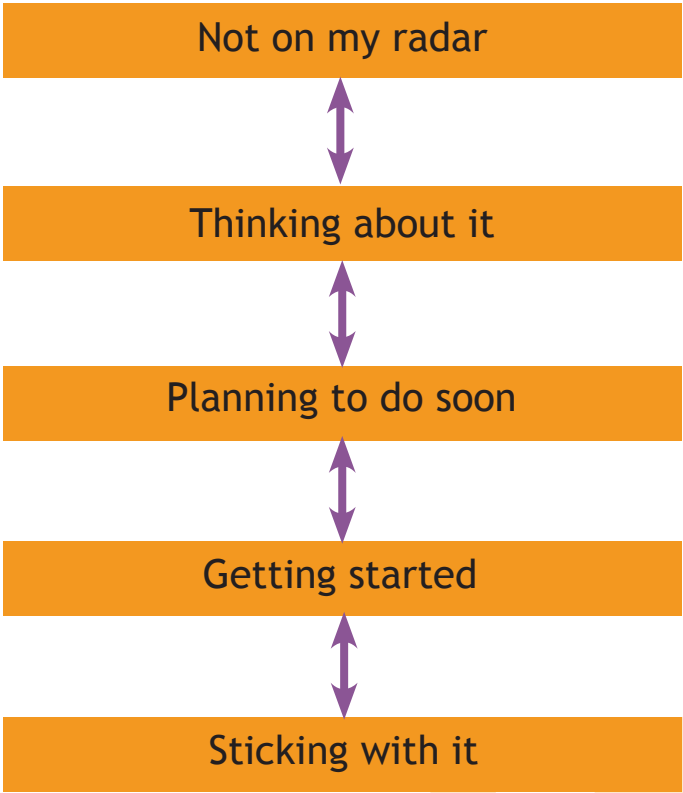
The PALS approach recognises that there are three key elements when attempting to create behaviour change:

- Capability to change.
- Opportunity to change.
- Motivation to change.

Alongside these, there are also five key factors that have an impact on the above:

- Age
- Socio-economic
- Disability/condition
- Gender
- Ethnicity

There are many behaviour change models and theories in existence, the PALS approach uses the Sport England variation of the ‘Transtheoretical Model’ (also called the Stages of Change) to act as a guide for the programme. This model focuses on the decision making of the individual and is a model of intentional change. It assumes that people do not change behaviours quickly and decisively - it can be applied to the change in behaviour needed/required for those who are currently inactive, to become active.



through the various stages of change. For each stage of change different strategies or interventions are more effective at moving the person to the next stage of change. It must be noted however that an individual may not necessarily move through the stages in a given order and that going back in stages will sometimes occur.

Recognising the key elements, key factors and using the Behaviour Change Model as the framework for change, the PALS Coordinator will put in place the following process:

- Examine
- Diagnose
- Fix

The model suggests that individuals move through the various stages of change. The following are the foundations blocks of insight, collaboration and action into which the 'process' will be anchored, the development of these will be the key areas of focus and responsibility for the PALS Coordinator:

Make the connections.	Establish the links to what exists already; <ul style="list-style-type: none">• North Derbyshire Transforming Communities Group• Place Alliance• CCGs and GPs• Active Derbyshire• Sport England• Healthy North East Derbyshire Partnership• Schools• CAB• Local authorities• DCC Public Health• DCC Countryside Service• DCHS• NHS - outreach clinics, physiotherapy, rehabilitative services• Parish Councils
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Continued



	<ul style="list-style-type: none"> • Live Life Better Derbyshire • Octago - Wellness Hubs and Spokes • Clay Cross Community Police • Chesterfield College • School Sports Partnership • Sports Clubs
<p>Create a central repository and mechanism for multiple layer local area insight.</p>	<p>Gather, collate and interrogate data from sources including but not limited to the following:</p> <ul style="list-style-type: none"> • IMD • Active Lives Survey • Active Children Data • Public Health Observatory • Public Health England / DCC • Market Segmentation / DCC Quilt • Target Group Intelligence data • Limiting Illness data • Thriving Communities data • Emerging Trends data • Area Profiles • DWP • Benefits • CAB
<p>Develop the PALS resources and toolkit.</p>	<p>Working with partners establish a portfolio of resources and tools to support behaviour change, including but not limited to:</p> <ul style="list-style-type: none"> • Free and discounted access passes and memberships to leisure facilities • Leisure facility programmes • Disabled access facilities • Targeted programmes and sessions • Community based outreach programmes • Community events listing • Access to the countryside info • A guide to physical activity • Advice and info packs on; benefits advice, financial planning and budgeting, housing, energy efficiency, fuel poverty, childcare, health care etc. • PALS website and app - see communication



	<p>section below</p> <ul style="list-style-type: none"> • Useful contacts and links • PALS supporters and team - benefits pack
<p>Develop the PALS network and system.</p>	<p>Working with key stakeholders in the local community to set up a system and referral pathway that will come together and connect to improve the health and wellbeing of local residents in the area. Working particularly closely with GP surgeries to develop a social prescription to local provision or informal referral directly to the PALS Coordinator who with support of the PALS team will support the individual to find the most appropriate activity based on their needs.</p>
<p>Develop the PALS Personal Plan for Change template.</p>	<p>This will be the starting point, the tool that will be used right at the coalface, this will form the basis on which the behaviour change process will begin, it will include but not be limited to the following;</p> <ul style="list-style-type: none"> • Analysis of their 'current' situation • Exploration of their 'desired' situation • What does this look like? • How will this benefit them? • Understanding the blockers to getting to the desired situation • Providing the support to remove the blockers • Providing a buddy - a problem shared! • Reframing physical activity - this doesn't need to be formal • Identifying the opportunities • Establishing the solutions • Establishing the steps to take • Agreeing and maintaining the support



Recruit the PALS supporters / team.	<p>There will be dedicated PALS supporters that will be recruited (volunteers/staff/community members/coach core initiative - community activators) and trained within the local area, their main role being to support local residents into taking the first steps into social and physical activity within their local community. In addition, there will be a further layer of penetration through the recruitment of PALS messengers - those in the community who have an opportunity to 'spread the word' - these could be the local hairdresser, the butcher, the postmaster and other potential advocates.</p>
Establish the PALS groups.	<p>PALS groups will be created that will support individuals into physical activity and social activity through a series of ongoing weekly/ monthly sessions. More than just physical and social activity, these groups will provide support and assistance across a range of topics.</p>
Communicate the PALS approach.	<p>Lack of awareness is a barrier to many services, a communication plan which is designed to promote the PALS approach and key messages using an array of mediums will be developed to include but not be limited to;</p> <ul style="list-style-type: none"> • Web pages • Free App • Info packs (hard copy) • Posters / flyers • Social media (facebook, twitter, whatsapp) - including the use of social media champions in the community • Word of mouth via the PALS supporters, team and PALS messengers
Identify the audience.	<p>Communicating the PALS approach to partners and other agencies will also be key and fundamental to its success.</p>

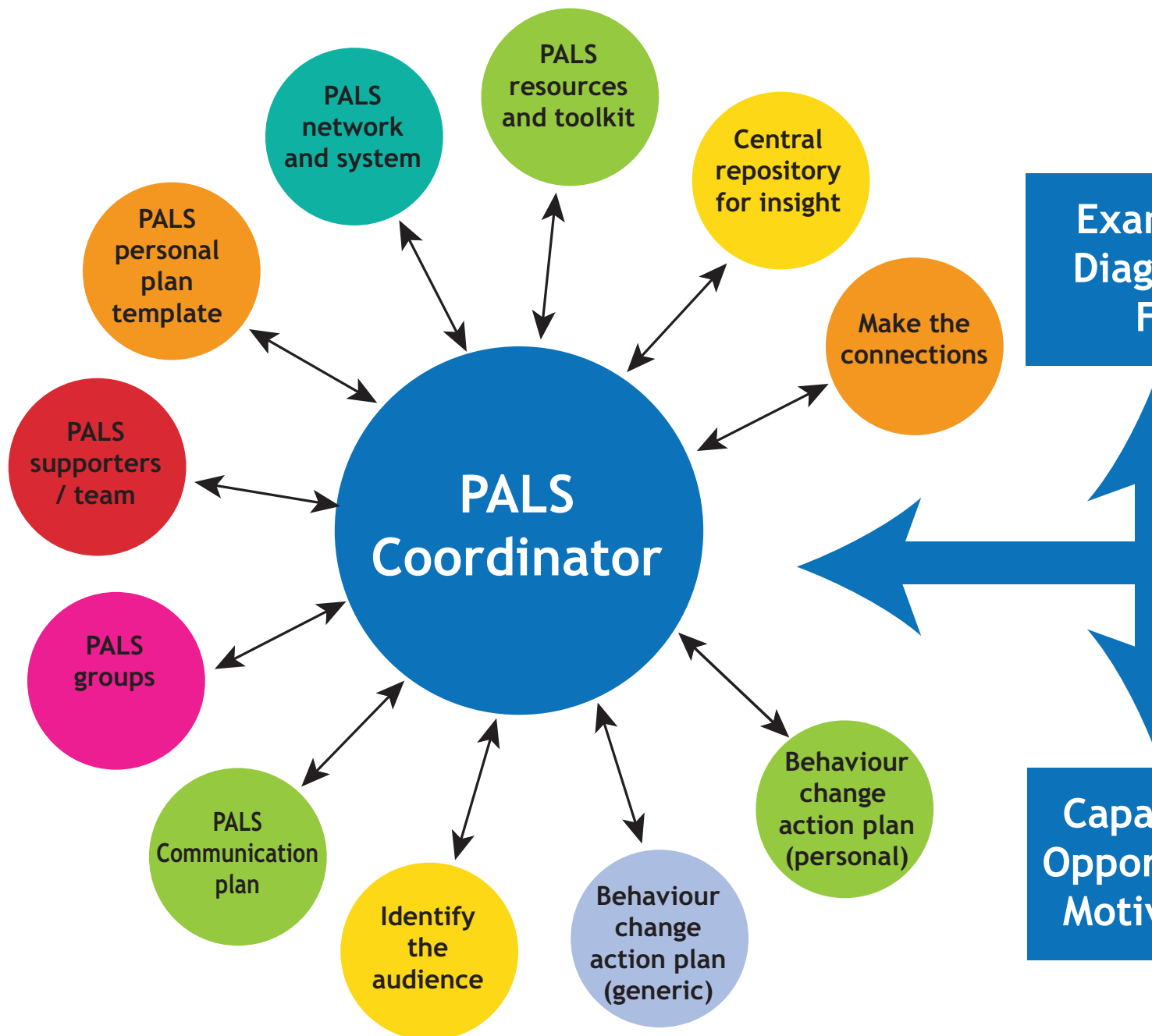


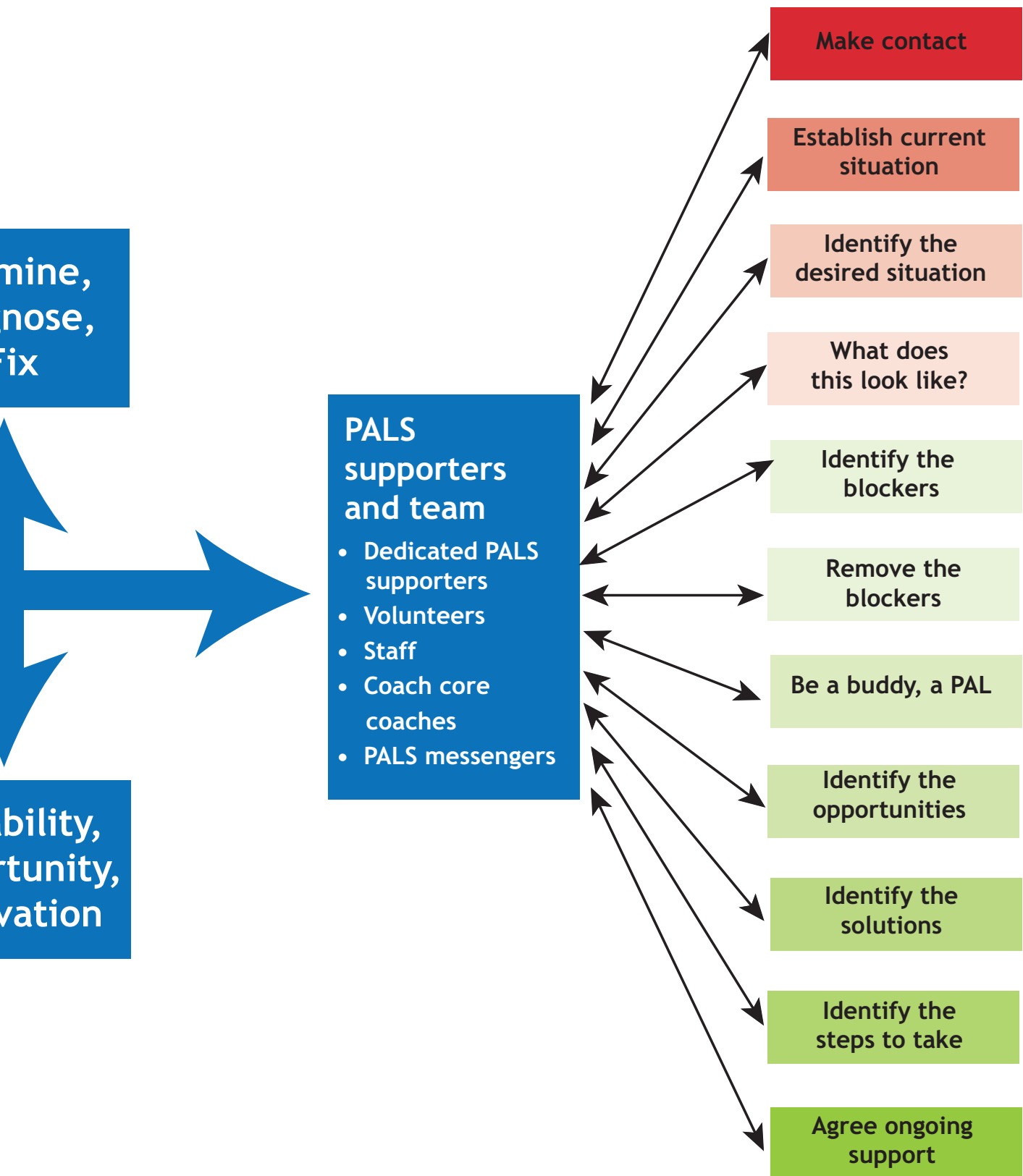
<p>Develop the behaviour change staged action plan.</p>	<p>Working with partners, stakeholders and using an insight led approach, identify the target audience;</p> <ul style="list-style-type: none"> • Individuals (adults, children and elderly) • Families • Groups • Areas <p>Develop a wider ‘generic’ action plan associated with each stage of the behaviour change model.</p>
<p>Develop the behaviour change staged action plan for individuals/households.</p>	<p>Working with the PALS supporters, undertake the PALS Personal Plan for Change template with those in need of a more ‘bespoke’ approach to becoming active. This will go on to inform a personalised behaviour change staged action plan for the individual or household.</p>





The PALS Approach







Activity to support the PALS behaviour change plan

Places and Spaces	
<p>New Sharley Park Leisure Centre (SPLC) Development.</p>	<ul style="list-style-type: none"> • The minimum facility mix of the new facility should include; 4 court sports hall, 6 lane 25m pool, learner pool with moveable floor, 120 station fitness suite, 2 group exercise studios, 2 treatment rooms, Café, social areas, soft play, floodlit ATP, outdoor play equipment. • The facility programme/services should include but not limited to; community information point, health checks, physiotherapy, sports injury clinic, weight management, smoking cessation, provision for teenagers, learn something new groups, pilates and similar, start and finish for running, walking and cycling groups and similar, crèche. • In addition, better connectivity and cross migration of indoor/outdoor opportunities through better use of outdoor spaces/ pitches adjacent to the facility and the opportunity for informal access to a 'measured mile' track around the entire site and adjoining open space.
<p>SPLC Co-location of services.</p>	<ul style="list-style-type: none"> • There is clear cross sector strategic support for a new facility with opportunities to collaborate in the operational delivery and business model. • This facility will generate almost 0.5m visitors per year. The opportunities are exceptional in terms of 'cross migration' of customers and their needs - after all we all serve the same people. • The following are all opportunities that are being explored; Youth focussed services, community safety hub, library, CVS, physio therapy, other rehabilitative services, midwifery, adult/child services, office and



Places and Spaces	
	<p>treatment space and use of the facilities and services outside of the clinical setting, closer to the community and an access opportunity into main stream activity beyond the course of treatment - this approach is conducive for getting the inactive active and tackling some of the issues around keeping people healthier and in their homes longer as well as helping to tackle the social isolation issues that face many within our communities.</p>
<p>SPLC Strategic Steering Group.</p>	<p>A strategic steering group is to be established to support and inform the new facility development at Clay Cross, this may include but won't be limited to the following:</p> <ul style="list-style-type: none"> • DCC Public Health • DCC Countryside Service • CCG • DCHS • NHS - outreach clinics, physiotherapy, rehabilitative services • Parish Councils • Active Derbyshire Partnership • North Derbyshire Transforming Communities Group • Healthy North East Derbyshire Partnership • One Public Estate • Live Life Better Derbyshire • Octago - Wellness Hubs and Spokes • Clay Cross Community Police • Chesterfield College • Local Schools • School Sports Partnership • DCC Library service • Citizens Advice Bureau • Sports clubs



Places and Spaces	
SPLC User and Non User Community Steering Group.	<p>As part of a recent research project for a new leisure facility in Clay Cross conducted by Strategic Leisure Limited, we received feedback from 400 non-member / inactive respondents from within our Diamond Communities. These respondents and the fact they responded can therefore be said to be in the 'thinking about it' stage of the behaviour change model. Their feedback provides valuable insight into their needs and their barriers to participation - addressing their feedback as part of the new facility development may well contribute to them becoming and staying active.</p> <p>The formation of a user/non-user steering group will take these people closer to future participation.</p>
Satellite facilities and spaces - stepping stones to mainstream.	A directory of such places will provide a valuable resource for the PALS approach when seeking alternative facilities for outreach activity of a less formal nature or closer to the target audience - often the 'stepping stones' to main stream activity take up.
Informal facilities and spaces.	Access to the outdoors - network of trails maps, measured routes, difficulty level, time taken to walk etc.
Accessibility Review.	<ul style="list-style-type: none"> • Venue • Location • Perception
Fees, Charges and Programming	
Free and discounted packages.	The development of such packages will support the PALS Coordinator to remove some of the financial barriers to participation.



Fees, Charges and Programming	
Family packages.	The development of such packages will support the concept of whole family approach, sharing experiences, fun and getting active together.
Age focussed programme.	<p>Programmes and marketing which is targeted at specific groups will be more attractive and relevant to a given audience.</p> <ul style="list-style-type: none"> • Child • Adult • Older People
Targeted intervention programmes.	<p>Programmes and marketing which is targeted at specific groups will be more attractive and relevant to a given audience.</p> <ul style="list-style-type: none"> • Health Referral Scheme • Social Referral • Healthy Eating and Cooking programme • Walking for Health • Walking into Communities Scheme • 5:60 programme • Older Peoples Programme • Active Fostering Scheme • Return to Sport • This Girl Can • Couch 2 5k • NEDDC Outreach Programme
Mass participation events programme.	<p>Often seen as a 'gateway' activity to individual behaviour change, masse events are a great way to have a go perhaps with others.</p> <ul style="list-style-type: none"> • Park Run • Clay Cross 10k • Clay Cross Fun Run



Fees, Charges and Programming	
Free health checks programme - facility and community based.	Working with our NEDDC Healthy Lifestyles Team, establish a series of free health checks for anyone to drop into - these can sometimes be the catalyst for change. Such sessions could also be a gateway to the PALS approach.
Sports Development pathways and club development.	Sports development and pathways into clubs is not only effective for the person taking part, there is also the opportunity to use the sport and club structures to improve household activity and participation in physical recreation and sport.
Volunteer Recruitment and Development Programme.	<p>The development of a programme which focusses on volunteering recruitment and training across a range of areas. Such a programme could provide qualifications in the following;</p> <ul style="list-style-type: none"> • Pool Lifeguard • Swim Teacher • Level 1 and 2 Sport Coaching • Community Sports Leaders Awards • Group Exercise Instructor • Health and Fitness Instructor • Health Referral • Business Administration • Reception and Front of House <p>And others, equipping people with skills for the workplace and be 'work ready' when opportunities appear. This programme would also recruit from the PALS approach.</p>



Insight	
Insight Repository.	<ul style="list-style-type: none"> • IMD data • Active Lives data • Active Lives - Young People data • Active Derbyshire Insight • DCC Quilt data • Target Group Intelligence data • Limiting Illness data • Thriving Communities data • Emerging Trends data
Youth Engagement Plan.	<p>The development of a specific plan aimed at younger people will undoubtedly develop our level of insight into the younger members of our communities and their patterns of behaviour, barriers to participation and opportunities to improve the situation.</p>
Behaviour Change Workshops.	<p>A series of behaviour change workshops days involving various key groups with the aim of improving our overall insight and encourages ‘inter agency’ creative solutions to emerge;</p> <ul style="list-style-type: none"> • NEDDC leisure team • Active Derbyshire • Sport England • Partners and stakeholders • External support • Others



Strategic Alignment	
<p>Maximise the potential for strategic overlap and benefit that each bring to the other - consider fully any strategic actions already in existence which could benefit the PALS approach.</p>	<ul style="list-style-type: none"> • Derbyshire Sport - Towards an Active Derbyshire 2016 - 2021 • DCC Health and Wellbeing Strategy • NEDDC Health and Wellbeing Strategy - A Healthy North East Derbyshire 2015 - 2019 • NEDDC Corporate Plan • NEDDC Local Plan • NEDDC Leisure Business Improvement Plan • NEDDC Physical Activity Plan - Active North East Derbyshire • NEDDC Leisure Strategy (in development) • NEDDC Transformation Programme • NEDDC Carbon Reduction Plan • NEDDC Leisure Facilities Investment Programme • NEDDC Asset Management Programme • NEDDC Leisure Marketing Plan







We speak your language

Polish

Mówimy Twoim językiem

French

Nous parlons votre langue

Spanish

Hablamos su idioma

Slovak

Rozprávame Vaším jazykom

Chinese

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