

WE ARE UNDEFEATABLE BOLSOVER -
FINAL LEARNING REPORT



**WE ARE
UNDEFEATABLE**

MARCH 2022

1. INTRODUCTION

WE ARE UNDEFEATABLE

Bolsover District was successful in being awarded pilot status for the We Are Undefeatable programme in November 2019. We Are Undefeatable is a Sport England funded programme aiming to 'inspire, reassure and support' people living with long term health conditions take up and maintain physical activity, using both a national campaign and learning from ten pilots across England, including a second pilot in the East Midlands based in Mansfield.

Originally planned over a 12-month delivery period, the rapid impact of COVID-19 led to unforeseen challenges and quickly changing pressures on partnership working and pilot activity. Reflecting the national picture of larger drops in activity levels amongst those who were the most inactive, Sport England agreed an extension of the pilot activation end point to Spring 2022.

The last 12 months of the pilot have seen the project lead move from NHS Primary Care to BCVS. **BCVS works in the District through its 'Bolsover Together' service.** The pilot has continued its activity based on the original £75,000 grant funding, working through a collaborative approach, coordinated through a Strategic Steering Group. The membership has involved a range of stakeholders - NHS, VCS, Public Health and Active Derbyshire.

The final pilot phase has focused on Shirebrook, which continues to be one of the most deprived parts of the Bolsover District as evidenced through the Index of Multiple Deprivation (2019).

Recognising the longstanding challenges, Derbyshire County Council has used a Thriving Communities approach to work with this community for over seven years. This approach aims to bring together a shift in the way that agencies work with local residents, many of whom are from Eastern European communities working at Sports Direct or other employers within the distribution sector.

A key focus of the work in Shirebrook has been developing an initial understanding of the barriers to physical activity for local residents and this information was captured in a survey in Autumn 2021. In addition, a broad approach to workforce development has been extended to vulnerable young people, those working with Eastern European communities, social prescribers and others working within community, health and social care.

Partnership support has been a key element of this pilot and the strategic framework locally has continued to be the NE Derbyshire and Bolsover Place Alliance, and its Physical Activity Subgroup.

The approach to formal evaluation was shaped by Active Derbyshire, BCVS and members of the Strategic Steering Group and was commissioned to coincide with the start of the pilot. This process evaluation has involved the evaluators at both a governance and operational level and included the production of interim reports in December 2020 and September 2021. This final Learning Report focuses on overall pilot activity and learning, and legacy points for both Bolsover District and Derbyshire wide partners.

PILOT PROCESS EVALUATION OVERVIEW 2020-22

The evaluation of the Bolsover We Are Undefeatable pilot commenced in December 2019 at the same time as the pilot. The methodology followed a process evaluation approach, with the evaluators working as 'evaluation partners' alongside the pilot's Strategic Steering Group.

Key activities developed to capture evidence and feedback learning formatively to shape the ongoing delivery of the project included:-

- stakeholder interviews.
- the coordination of partner survey and insight data.
- capturing case stories.
- involvement in the national Community of Practice.

Subsequent to the pilot's extension, a revised evaluation plan was developed alongside changes to the pilot's logic model. Learning development included a more detailed focus on the pilot's impact on systems and places as well as capturing the evidence from the workforce development activity, with further stakeholder interviews and strategic presentation of ongoing learning output.

Two interim reports were developed before this final learning report:

- [A Year 1 - Interim Evaluation Report \(December 2020\)](#) - this evaluation reviewed activities that had been carried out during the first year of the pilot, however this was significantly impacted by the pandemic.
- [A Year 2 - Interim Learning Report \(September 2021\)](#) - this learning report outlined the progress to date during the course of 2021 and plans for the balance of the pilot.



[A Year 1 - Interim Evaluation Report \(December 2020\)](#)



[A Year 2 - Interim Learning Report \(September 2021\)](#)

2. PILOT AIMS

At the outset, the pilot set out the following three key aims:

- **An Insight-led and Person-Centred Approach:** Taking an insight-led approach to understanding the landscape for people living with long-term conditions across Bolsover. This was approached through mapping assets to gain a better understanding of those that already have trusted relationships with people with long-term conditions, key people in which to engage, resources available, interventions and pathways.
- **Building on what is strong:** In Bolsover the campaign was seen as an opportunity to add value to existing strengths of the networks, rather than creating something new. The North East Derbyshire and Bolsover Place Alliance provided the opportunity to position the campaign within the health and social care system.
- **Workforce:** Aiming to build capacity in the existing workforce (frontline and enabling) by growing the understanding of the benefits and opportunities of physical activity. Key to this will be using existing networks to ask what would be needed to build the confidence and knowledge of the workforce to encourage and enable people with long term health conditions to be more active as part of their daily lives.



An Insight-led and
Person-Centred
Approach



Building on
what is
strong



Workforce
capacity

3. PILOT EXTENSION

Due to changes in primary care structures in North East Derbyshire and the impact of COVID-19 on front line NHS delivery, it was no longer possible for the pilot lead to remain with the original GP Federation. Having agreed a 'pause' with Sport England for the first quarter 2020, a pilot time extension was sought, with BCVS stepping forward as the new project lead. BCVS were appointed by the Bolsover Partnership to extend their services to the Bolsover District in 2019 and support 115 charities and many small community groups. Working as **Bolsover Together**, support included a project to address loneliness within the district and people living with long term health conditions form part of this work.

Despite the challenges of the pandemic, the evaluators produced a second Interim Learning Report in September 2021, which enabled partners to reflect on the We Are Undefeatable work to date, building on the initial recommendations made in December 2020 – **please see Appendix 1** for the developmental recommendations. It should also be noted that contractual discussions between Sport England and BCVS took some time to resolve to the satisfaction of both parties and as a result, a firm restart of the pilot, using the above structure, did not occur until late April 2021 with contracts finally signed in June.

Further changes for the pilot extension included the streamlining of the governance and wider partnership working to:-

Strategic Steering Group

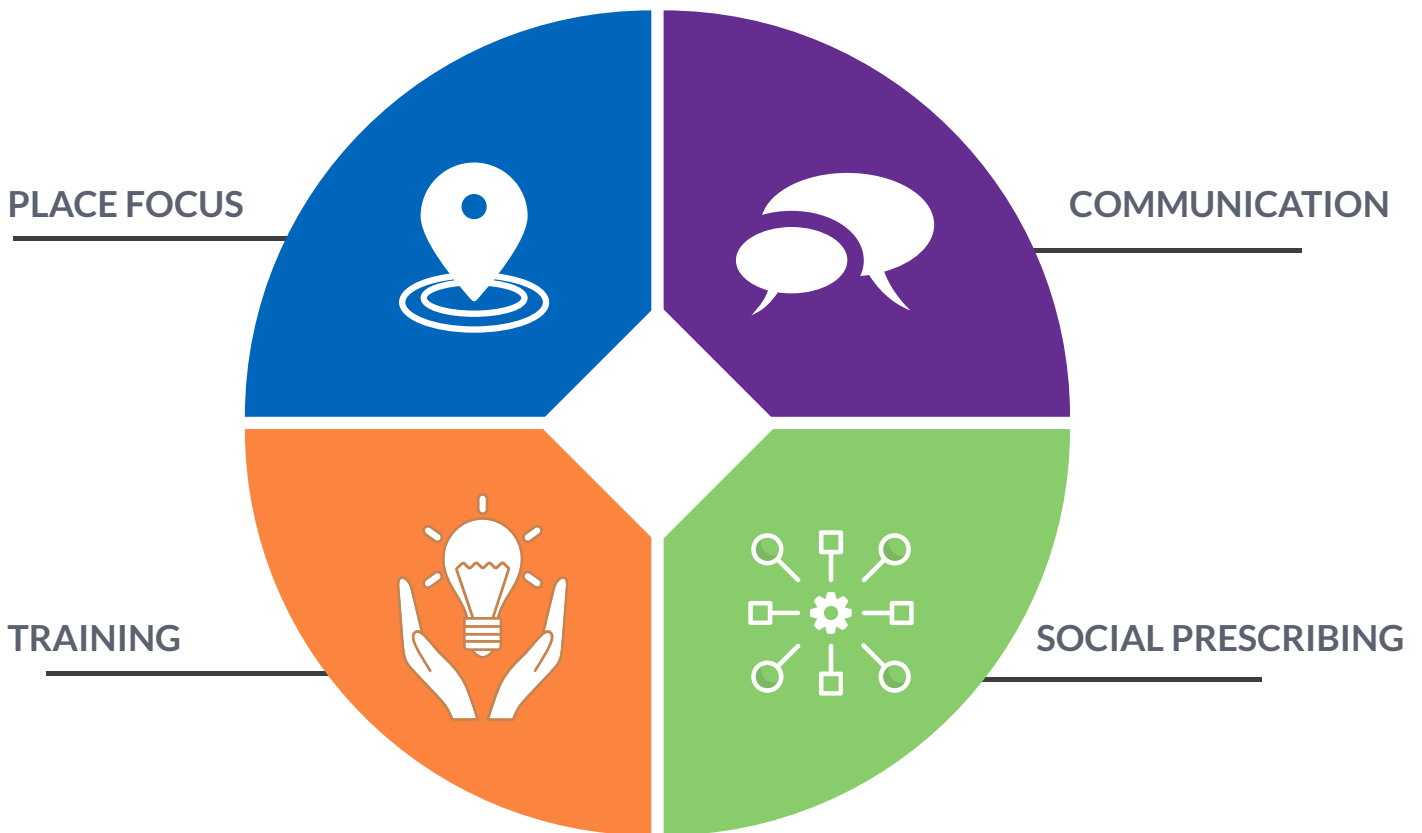
- Active Derbyshire
- BCVS
- Derbyshire County Council Public Health
- NHS Derby and Derbyshire Clinical Commissioning Group / Joined Up Care Derbyshire
- North Hardwick and Bolsover Primary Care Network

A **Wider Partners Group** was initiated to broaden the reach of the pilot across a range of stakeholder organisations. However, it proved challenging to sustain momentum within a wider group and the focus switched to the Strategic Steering Group to oversee the remainder of the pilot extension.



DELIVERY FOCUS

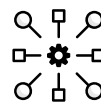
The **Bolsover We Are Undefeatable** delivery plan focused on the following for the last phase of the pilot:-



The **Place Alliance Group** underwent an Appreciative Inquiry process which captured the influence of WAU/physical activity agenda in influencing its ways of working going forward. The pilot looked at approaches to working with the Place Alliance principles and approaches, of testing and learning new ways of working and understanding the individual voice in designing and developing services.



Reviewed the impact of embedding the WAU messages in every contact and conversation health care staff have with individuals - **Making Every Contact Count (MECC)**. In addition, this was extended to a wider group of the workforce not normally identified as 'Health Care Staff' to ascertain reach.



Training in '**having the conversation to initiate and motivate individuals and supporting individuals to become more active**' took place. This evaluated people's confidence level pre and post training to measure distance travelled. This built on the Making Every Contact Count approach and extended it to those not always associated with being termed 'health care staff' but nonetheless are having the conversations with individuals and in a position to influence and motivate.



Workforce development also included the **Social Prescribing Link Workers** who undertake brief person-centred conversations that support holistic assessments of a person's needs as well as enabling that person to make the changes necessary to improve their activity levels when living with long term health conditions.

LATEST INSIGHT

National reflections from the **Sport England Active Lives** study show that physical activity levels were hit hardest during the initial phase of the pandemic, with the proportion of the population classed as active dropping by 7.1%. This represents just over 3m fewer active adults nationally. During the second phase, as restrictions were eased, activity levels were still down compared to November 2019 but the reductions were smaller:

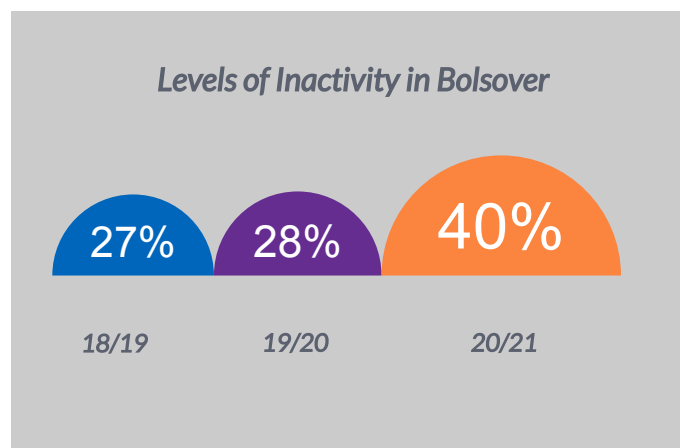
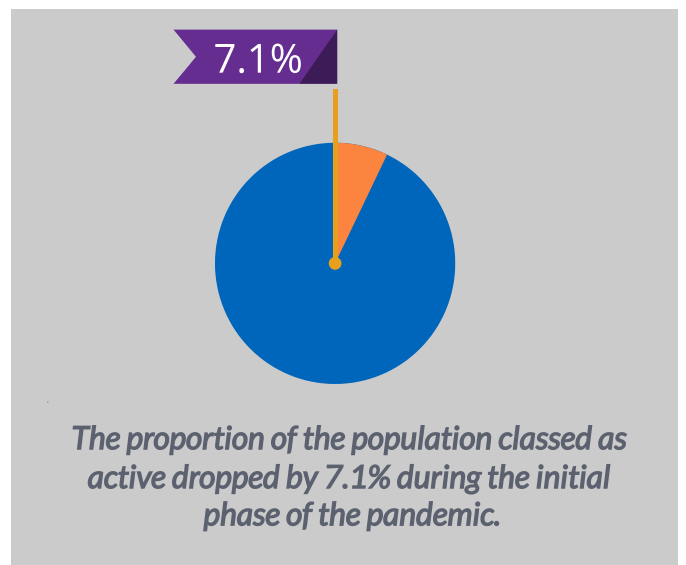
- 4.4%/2.0m fewer active adults across mid-May to mid-July 2020
- 3.1%/1.4m fewer active adults across mid-July to mid-September 2020

During the third phase of the pandemic, as new restrictions were imposed but before the full impact of the national lockdown was felt, activity levels decreased by 1.8% (0.8m fewer active adults), indicating a small recovery.

Latest Insight Data for England (May 2020-21) however indicates that **the level of inactivity (less than 30 mins exercise per week in adults 16+) has increased to 27.5% overall, a 2% increase in inactivity nationally since the May 19-20 release.**

For those with a disability and/or long term health conditions, physical inactivity decreases were the strongest during the initial lockdown phase. The scale of drops was slightly greater for disabled people or those with a long-term health condition, which may be attributed to the requirement for those with health conditions to shield.

Sport England Active Lives data for May 20/21 shows that 39.6% of Bolsover residents were inactive, compared with 27.5% of the population at a national level. This represents an increase in physical inactivity levels by 13% since the 18/19 data return.



Sport England Active Lives Data Insight for Bolsover LA, using May annual returns.

LATEST INSIGHT

The Insight Summary produced by Active Notts and Active Derbys in 2020 highlighted that one of the largest inequalities seen in both counties is that being experienced by people living in deprived neighbourhoods, which includes Bolsover District. This report highlighted that:-

Adults living in the most deprived neighbourhoods are 75% more likely to be inactive than those living in the least deprived.¹

The report also highlighted that lower socio-economic status also appears to be a driver of inactivity across age, gender, disability, ethnicity, and work status along with four characteristics, which, when combined with lower socio-economic status, appear to create the highest levels of inactivity. They are:

- **Identifying with an ethnically diverse community**
- **Experiencing deprivation**
- **Experiencing a limiting illness or disability**
- **Not working (this is people who are out of the labour market rather than people who are unemployed)**

Individually each of these characteristics increases the risk of inactivity, but many people will experience more than one of these characteristics, thereby further increasing that risk.

¹This is based on comparing inactivity levels for adults living in our most deprived neighbourhoods (IMD decile 1) to inactivity levels of adults living in our least deprived neighbourhoods (IMD decile 10)

These same groups have been disproportionately hit by the impact of the pandemic and it is well evidenced that mortality rates have been more prevalent among disadvantaged groups. The impact on employment has also been hardest in these communities as jobs, hours, and pay have been concentrated in those sectors where low skills/entry level jobs are most prevalent

Shielding requirements also adversely affected people with long term health conditions or disability and many people were cut off from their care and family networks, reporting significant decline in their physical and mental health as a result.

Four key characteristics (when combined with a lower socio-economic status) contribute to the highest levels of inactivity.



Ethnic Diversity



Illness or Disability



Area Deprivation



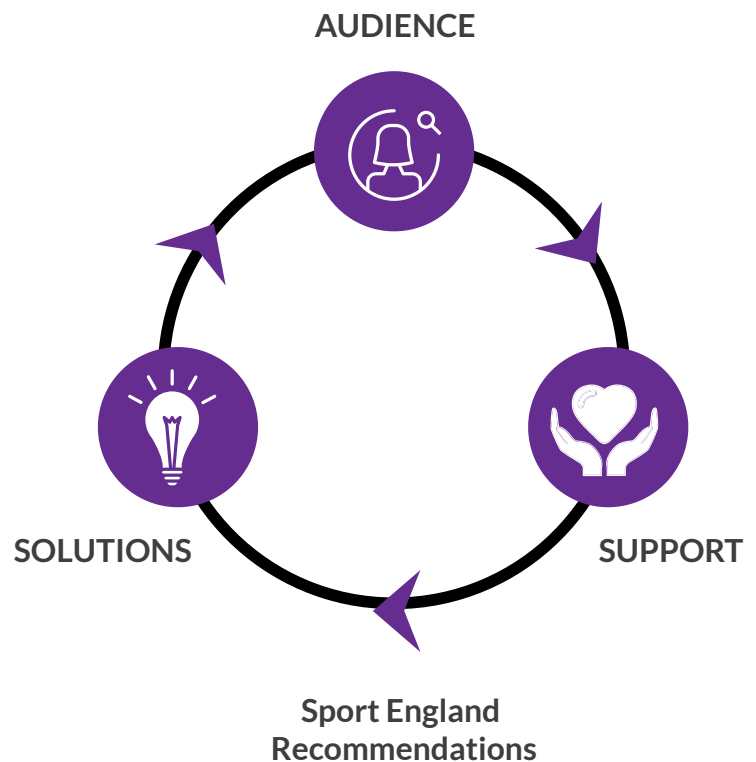
Out of Work

4. IMPACT OF COVID-19

Sport England published a national evaluation of the initial impact of COVID-19 on physical activity in June 2020. This was disseminated across the We Are Undefeatable Community of Practice network.

From their analysis, Sport England summarised three recommended forward action themes for pilot areas to build into their ongoing logic model and planning:

- Building an audience centred approach – gathering and utilising local insight.
- Providing support in the current context – understanding the impact of COVID-19 on people with long term health conditions and how best to approach the engagement with physical activity.
- Tailored, tangible, accessible solutions – helping people to access and manage differing approaches suitable to their circumstances.



COVID-19 & DERBYSHIRE

The Derbys Residents' COVID Impact Survey was commissioned by Active Derbyshire and reported in June 2020 prior to the vaccination rollout. It collected views from across the county but data is unavailable at a District level. Key survey findings relating to adults included:-

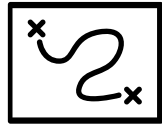
- 39% of the respondees reported doing less physical activity than before restrictions were put in place and 25% reported doing 'a lot less'.
- 41% reported doing (a little/a lot) more physical activity than before restrictions were put in place.

In terms of future intentions, 47% of respondees expected to increase their activity levels as restrictions were eased with 6% expecting to reduce them. Cited barriers to keeping up with Physical Activity levels once restrictions eased included:-

KEY BARRIERS TO KEEPING UP PHYSICAL ACTIVITY LEVELS POST COVID-19 LOCKDOWN



*Lack of time,
work and family
commitments*



*Return of the
work commute*



*COVID
restrictions in
gyms and pools*



*Lack of
motivation*



*Worsened health
conditions/
waiting for
surgery*



Cost



*Finding the right
opportunities*



*Establishing a
routine*

Other important factors included social interaction, gaining new experiences, access to childcare, safety, promotion and good weather.



COVID-19 & BOLSOVER

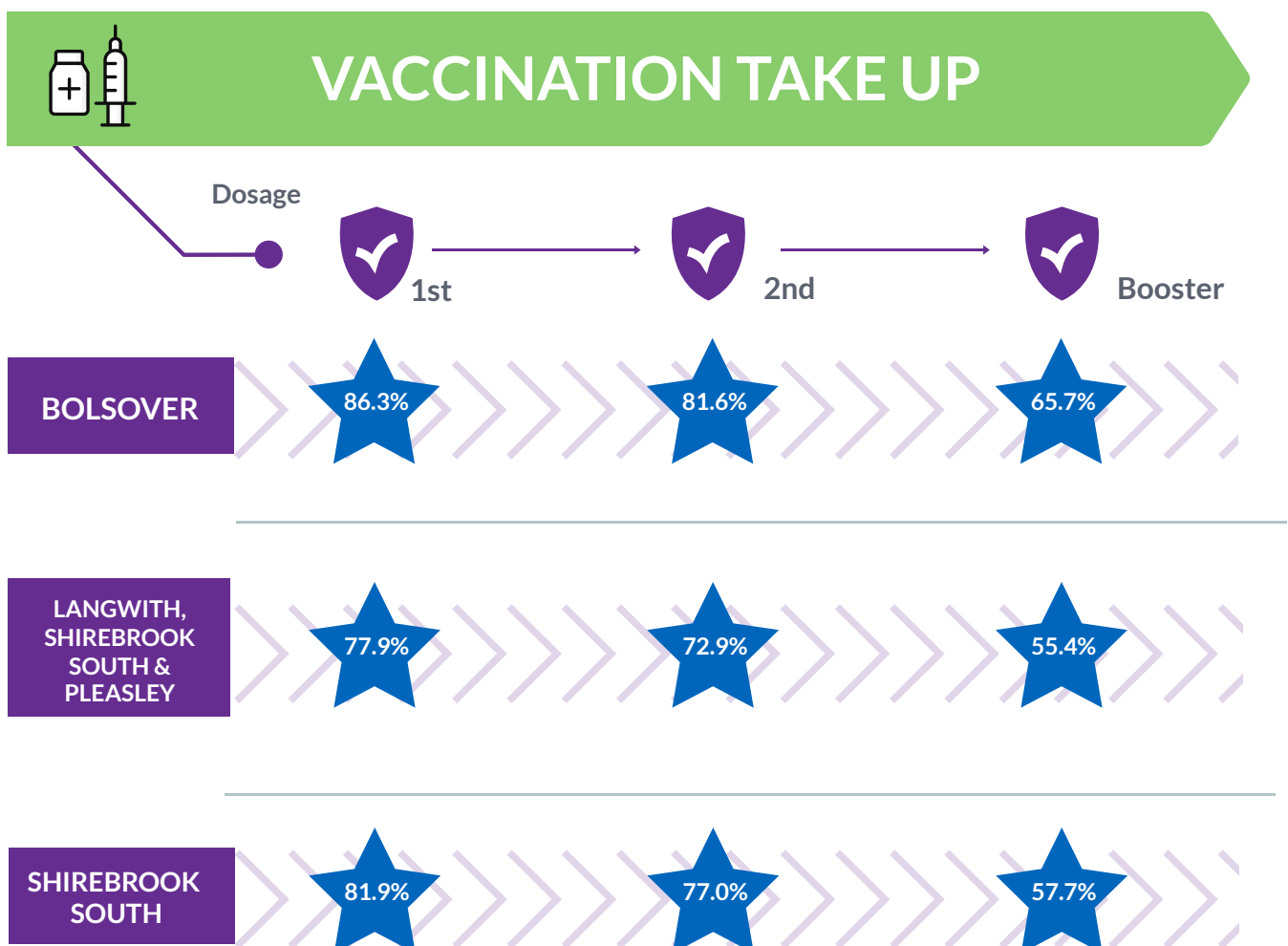
As reported in the Interim Learning Report (2021), in common with several of the We Are Undefeatable pilots, activity in Bolsover was 'paused' during the lockdowns in 2020. The pandemic also impacted on partner organisations, with many community-based face to face services paused, staff working from home and unable to provide face to face support.

NHS engagement, particularly primary care, was significantly impacted in terms of time available, with the focus switching to vaccination priorities in 2021. This was facilitated through the Community Champions scheme, where local councils and voluntary organisations were asked to deliver measures to protect those most at risk, build trust and communicate accurate information. In Bolsover this was delivered through the Bolsover Together CVS and the benefits of physical activity were promoted at vaccination sites.

The importance of vaccination take up is underlined by the fact that the rate per 100,000 of Deaths within 28 Days of a positive COVID test is significantly higher than the national position; at the end of January 2022 Bolsover had the 2nd highest rate of deaths in the county.

Access to other current health and wellbeing data has proved difficult and the 2021 Census analysis is not yet available. It is clear, however, that the previously reported high incidence of long-term health conditions and physical inactivity rates in Bolsover has potentially contributed to lower vaccination uptake in areas such as Shirebrook and higher death rates from COVID-19 in the District as a whole.

As of 5th February 2022, vaccination take up is as follows:-



5. ENGAGING SHIREBROOK

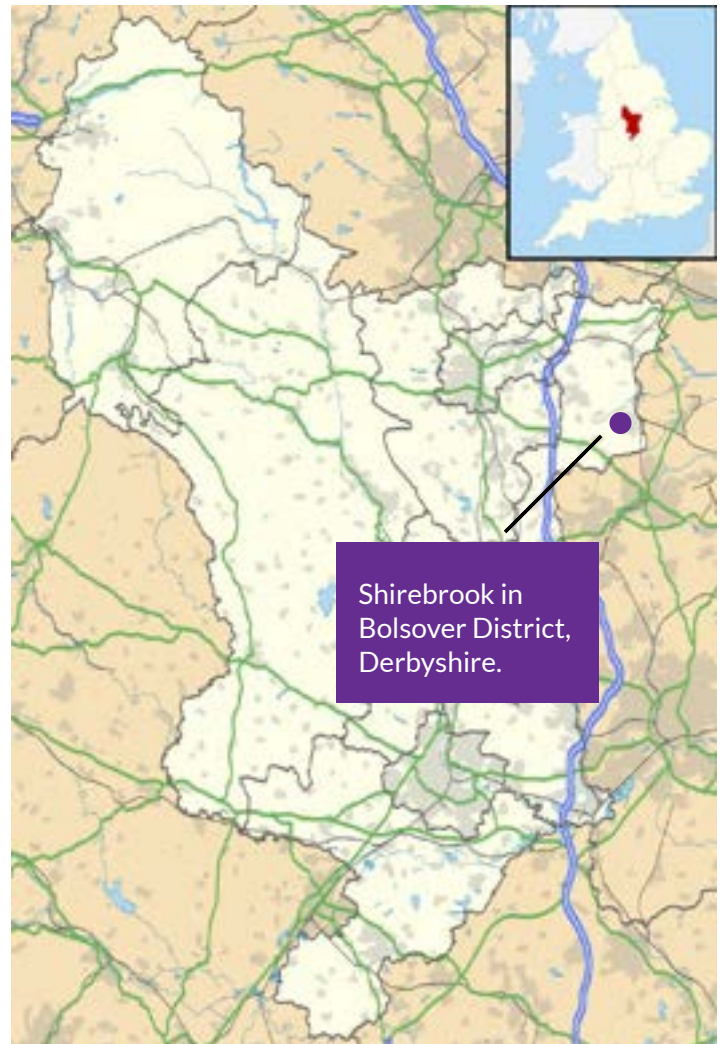
The Strategic Steering group agreed to focus on Shirebrook, which continues to be one of the most deprived parts of the Bolsover District, as evidenced through the Index of Multiple Deprivation (2019).

Derbyshire County Council has been working through a Thriving Communities approach in Shirebrook for over seven years. This approach aims to bring a shift in the way that agencies, such as local authorities, health providers, police, community and voluntary groups work with local residents to design community-based services that meet their needs, prevent duplication and make better use of resources.

Whilst initially it was hoped that the Thriving Communities approach would facilitate access to community organisations and local residents, this has proved challenging to date. It is clear that the timescale available for the We Are Undefeatable pilot work has been too compressed to enable it to gain traction in the existing Thriving Communities approach. Positive relationships have, however, been established and it is hoped that these will form the basis for future working.

At the same time Bolsover Together CVS have established relationships with a wider range of service providers and community organisations. Working with the local GP practice and social prescribers has been a key element of this work. This engagement has resulted in the introduction of chair based exercises for residents with health conditions and the distribution of physical activity promotional packs across a range of partnership health and wellbeing services.

In addition, a survey was produced – see **Appendix 2**. This was circulated amongst community groups and translated into Polish and Romanian in order to collect current data on activity levels, perceived barriers to activity and motivational factors.



The survey highlighted that:

- 32% of respondents did up to 30 mins of physical activity per week and further 9% reported doing no physical activity per week.
- 29% reported having a health condition that prevented them from being more active.
- Walking was the preferred activity for respondents.
- Time was the greatest barrier to engaging in physical activity, followed by health condition and family/caring responsibilities.
- In terms of activities that local Shirebrook residents were interested in taking part in, walking was the most frequently cited.



A further rationale for the focus on Shirebrook is the fact that Sports Direct has its main distribution centre there and amongst its 5,000 workers, it employs large number of people who migrated from Eastern European countries.

This brings a particular set of challenges for agencies working in the area which is being addressed via a specific team known as the NG20 Project, employed by Bolsover District Council, to support and promote greater integration into the wider community.

The focus includes health and wellbeing and Bolsover Together CVS has worked with the NG20 Project Strategic Lead to promote We Are Undefeatable to these communities. This included translation of the Shirebrook survey into Polish and Romanian and resulted in 18% of responses coming from those communities. In addition, NG20 project staff and key workers benefitted from Healthy Chats training in how best to advocate the benefits of physical activity.

Findings and wider health and wellbeing information have been shared with Sports Direct and particular areas of interest include:

- Review of work place policies.
- Alcohol and drug support.
- Workplace health and wellbeing planning and support.

6. WORKFORCE DEVELOPMENT

Workforce development has been identified as a key driver to promote physical activity and this focus has continued over the last 6 months of the pilot focused on Shirebrook. This builds on initial work with a Public Health England Physical Activity Clinical Champion, who trained a small number of Healthcare Professionals in the Bolsover District to understand more about physical activity as a way of helping patients with long term health conditions.

The trainer, a physiotherapist, has gone onto establish her own Healthy Chats Community Interest Company during this time, focused on individuals working in wider community and social care roles, including social prescribing link workers. Healthy Chats trains people to talk more easily about health subjects.

Due to the ongoing impact of the pandemic, all of the training focused on those working in Shirebrook has taken place online via Zoom.

Community, Social Care and Social Prescribing Staff Training

All participants taking part in sessions in October 2021 reported increasing their confidence levels to advocate being more active:-

“

Even at low level of activity, I can encourage and motivate. (Participant worked in a care setting)

Lots of resources - has helped me feel more confident and looking forward to looking at them (the resources) later and learning more.

Gave me more confidence to start chats with people about exercise.

Much more confident - made it very accessible to talk about & simple messages .

”

Community, Social Care and Social Prescribing Staff Training

A follow up session for participants in November 2021 resulted in the following comments:-

“

I have commenced looking at activity people can do in the home – small chunks – achievable .

Found the YouTube videos and other resources useful. Ideas for other activities apart from the gym that people can do.

Training made us realize the needs of individuals. Realizing the health benefits made us have the conversation with others.

Quite scary how inactive people are.

”

Following on from the training, participants including Social Prescribers, reported:-

- Making a number of referrals to exercise referral schemes.
- Linking with colleagues to form a local walking group.
- Promoting local chair-based exercises.
- Using step counters to initiate conversations and talking about how much walking people can do.
- Handing out flyers as elderly residents do not/cannot use digital resources.
- Attended Age UK falls prevention training and passing details onto two clients.
- Encouraging people to get up and move a little bit more throughout their day - understanding bite sized movements.
- Using the 'Active 10' App.
- Recognising the importance of social benefits of being active as well improving mental health and wellbeing.

The trainer also provided information and support on COPD and Ehlers-Danlos syndrome when approached after training sessions.

As part of the pilot Legacy activity, a follow up session '**Continuing the Healthy Chat**' is planned for mid March, with the offer to all those that have taken part in sessions during the pilot to share experiences and reflect on practice. See **Appendix 3** for details.

NG20

NG20 consists of Project Team staff and key workers who work specifically with Eastern European communities living/employed in Shirebrook, many in warehouse and distribution roles. This bespoke training and follow up session was to train physical activity advocates in a community where many are working in relatively physical roles in warehouses. In some instances, they have suffered back injuries with no clear follow up of the best way to manage their health condition.

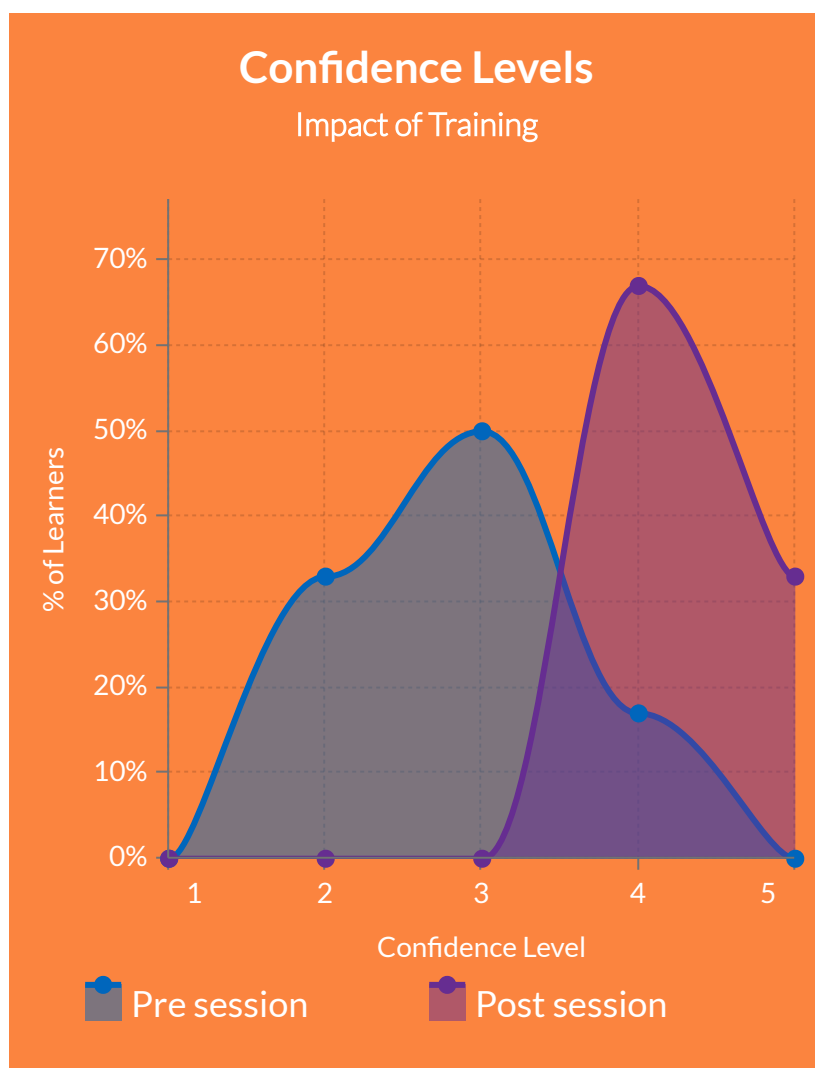
The session feedback was positive with recognition of the physical and mental health benefits of being more active alongside the social benefits. A follow up session revealed some behaviour change by individuals and they had gone on to influence other contacts to move more.

Eat, Drink, Move, Repeat

A bespoke programme was designed by Healthy Chats for the tutors of young people, aged 16 -19, who have struggled in mainstream education as part of a wider 'health and wellbeing' strand to their education.

This pilot came about through partnership engagement at the Health and Wellbeing Partnership covering Bolsover and specifically the Shirebrook Thriving Communities NET. It was developed in conjunction with Children's Services at Derbyshire County Council and Active Derbyshire and involved both a training session for tutors/learning support assistants from across Derbyshire and a separate one for learner cohorts from Shirebrook. In addition to physical activity, the sessions for young people also included information on healthy eating habits, delivered by a dietician.

Confidence levels and feedback from tutors was very positive as can be seen in this graph and comments over the page.



1 Lowest confidence
5 Highest confidence

Ideas for incorporating Physical Activity into your day...

"We have taken some learners out this morning for a walk around the town linked to customer service and employability."

"Games - team building, getting them up and moving!"

"Group working and using the room to move between flipcharts, etc."

"Events where people could try out racing wheelchairs."

"We are getting the learners to clean, maintain and plant the grounds around the centre."

"Pokemon Go is great!"

"Yoga"

“I loved the session and felt it should be part of the 14-19 curriculum as it is so important. Physical and mental health is intrinsically linked to diet and exercise as we all know, but providing more guidance for our young people is crucial.”



Feedback from learners themselves included the fact that the online format worked less well for them and if repeated it would be better if sessions could be carried out via face to face training. Direct changes that have taken place as a result of the training are:-

- A weekly funding contribution to buying fresh fruit and vegetables for the learners.
- Learners have been encouraged to drink more water.
- More physical activity has been added to learning sessions in general and specific sessions such as self defence, organised walking and cycling opportunities have all been added.

Tutors themselves have also been motivated to increase their own activity levels.



“I only wish we could all spend more time on such a vital aspect of living our best lives.”

7. UNDERSTANDING & INFLUENCING THE SYSTEM

Making our Move is the Derbyshire and Nottinghamshire shared vision for Sport England's strategy - **Uniting the Movement**. This vision sets out an approach to focus on areas where the biggest difference can be made, communities empowered and action taken. The vision focuses on:

1. Working Together - focusing collective efforts and resources.
2. Local Action - tailored approaches and actions to local communities.
3. Creating Lasting Change - understanding the factors behind inactivity and encouraging people to form active habits for life.



Making our Move has five shared aims and two of these are of particular relevance to the We Are Undefeatable work in Bolsover as a whole and Shirebrook in particular. The aims are:

1. Creating a Culture Where Everyone Can Be Active and Move More.
2. Enabling Children and Young People to Have Positive Experiences of Being Active Throughout Their Childhood.
3. **Working With People and Communities Who Experience Greatest Need.**
4. **Maximising the Potential of Being Active to Improve Physical and Mental Health.**
5. Creating Accessible, Safe and Inclusive Places and Environments for Physical Activity.

These are supported by two cross-cutting themes:

- Maximising the Potential of Walking.
- Moving More and the Impact of Climate Change.

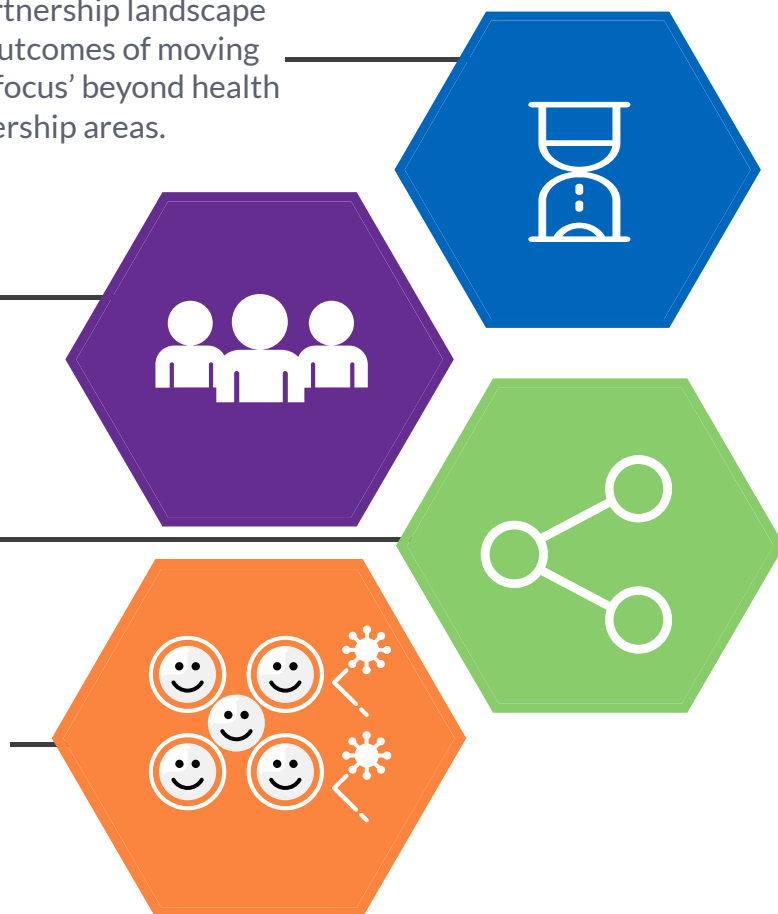
From the outset of the Pilot and the first **Interim Learning Report in December 2020**, the following key themes have been identified as critical to effective partnership working and ensuring that We Are Undefeatable fits in the strategic agenda of key stakeholders:

Sustainability - mapping the broader partnership landscape in order to support the key anticipated outcomes of moving the We Are Undefeatable 'message and focus' beyond health and wellbeing and into other local partnership areas.

Leadership - understanding how best to share leadership. Agreeing roles, resources and commitments across a core group of 'change leaders'.

Partnership Alignment - looking at alignments/overlaps of agendas.

Cross Partner Working - through the existing partner workforce e.g. Social Prescribers, PALS and local volunteers.



'Place' is all about empowering people to live a healthy life for as long as possible through joining up health, care and community support for citizens and individual communities.

As indicated earlier, a key focus for We Are Undefeatable from the outset was seeking to embed this systems based approach through working with key partners and stakeholders.

Joined Up Care Derbyshire is the Integrated Care System for the county and it works through eight Place Alliances. 'Place' is all about empowering people to live a healthy life for as long as possible through joining up health, care and community support for citizens and individual communities. One of the key indicators that Joined Up Care Derbyshire and the wider system is focusing on, as part of its preventative focus, is **the improvement of participation in physical activity.**

Throughout the course of the pilot, a physical activity sub-group of the Place Alliance has worked through an Appreciative Inquiry process to understand what is important, to identify ambition and think about collective action.

There is an overlap in membership with the We Are Undefeatable Strategic Steering Group and through both groups, wider partners now recognise the role and the importance of physical activity. The approach has been to encourage collective responsibility, with the view being that no one action is exclusively owned by a colleague – seeking to grow a collective focus.

This partnership working environment forms a key aspect of the legacy plan for We Are Undefeatable in both Shirebrook , Bolsover and a Derbyshire wide level.



8. REFLECTIONS AND LEARNING POINTS

Over the course of the two years of the pilot, whilst much has shifted in terms of individuals involved, organisational capacity and pilot timescales, a constant has been the consensus to work collaboratively in Bolsover and latterly focused on Shirebrook.

At the outset of the pilot in late 2019, whilst there were many existing networks and partnership structures in Bolsover District, there was no logical 'fit' for We are Undefeatable pilot at the time, hence establishing a focused Steering group. This approach has been maintained throughout the pilot and the move latterly to a streamlined Strategic Steering Group has resulted in engagement from those that are most interested – those that have stepped away have been less able to be collaborative in their approach and/or too stretched by the pandemic.

It is also worth noting the fact that the transition from a primary care lead to VCS lead resulted in a protracted process which probably impacted on wider partner engagement.

At the outset of the pilot, some partners came to early meetings 'distracted' by the pilot funding – in almost all instances, the overall engagement of these partners has lessened. This could be viewed as a Learning Point for the Strategic Steering Group – i.e. how to maintain strategic engagement from partners when they cannot immediately see a benefit for their organisation, the residents or communities that they work with. This has inevitably been shaped by the unique impact of the pandemic; however Bolsover District Council stepping away from active engagement at the mid-point of the pilot certainly left a gap in local authority engagement.

As highlighted in the previous section of this report, understanding and influencing the system has been a key focus for the We Undefeatable work throughout its pilot timeframe. From the outset, there was agreement not to have a dedicated 'project officer' and instead to work collaboratively. However, there is recognition amongst Strategic Steering Group members that working through a co-design and engagement approach does slow things down. It also reduces the collective appetite to try things and potentially replicates earlier work on overlapping agendas.



The move to Bolsover Together CVS brought focused resource, albeit limited, and the impact of this investment and expertise is recognised by wider partners. It has reinforced the position of the VCS as an equal partner and has helped to focus on both community development and wider health and wellbeing initiatives such as Community Champions.

The opportunity to align We Are Undefeatable to existing community development work in Shirebrook through the longstanding Thriving Communities approach was identified but it is clear that more time is needed to integrate into an existing focused agenda and set of trusted relationships.

In terms of strategic alignment with NHS agendas, it is a testament to the pilot and the importance placed on physical activity that both the CCG/Joined Up Care Derbyshire and its Primary Care Network covering Bolsover have continued to be involved throughout the pilot, despite the operational challenges presented through the pandemic.

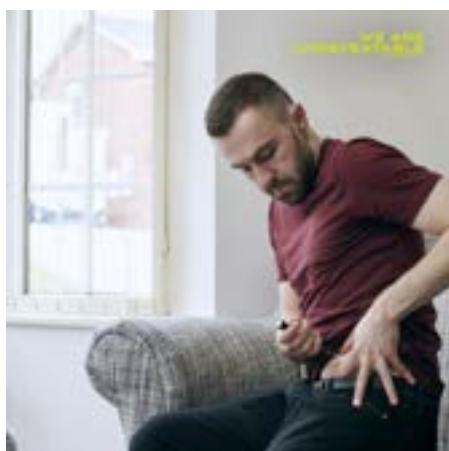
One of the significant successes of the pilot has been the opportunity to upskill a range of individuals working across community development, health and social care in the practical application of Making Every Contact Count and being comfortable in advocating physical activity.

Healthy Chats training has included sessions for vulnerable young people, Eastern European community workers, learning tutors, Social Prescribers and community, health and social care workers.

The involvement of Social Prescribers has been critical in Shirebrook as they have been able to add current physical activity knowledge and insight to their 'toolkit' when working with local residents with long term health conditions. This aligns with earlier work in the first months of the pilot when local GP's were surveyed and confirmed that they felt that it was part of their remit to advocate physical activity to patients whenever possible.

Other reflections and learning points around promotion of the We Are Undefeatable message include the fact that whilst Active at Home booklets have been distributed widely around community venues and care settings in Shirebrook, the planned case studies from the locality would have been useful earlier in order to demonstrate impact to local residents.

On the wider communications front, closer engagement with the Richmond charities would have been useful as there is very little opportunity to engage at a District, county or regional level. In addition, local awareness of the national campaign has been limited.



9. LEGACY & RECOMMENDATIONS

The We Are Undefeatable pilot in Bolsover has been a positive opportunity for Bolsover District and in its latter phase, as a focused localised approach in Shirebrook. The pandemic has brought significant challenges on all levels and this has impacted on the traction of the approach, with stakeholders struggling for capacity. Furthermore, residents with long term health conditions have been further affected by the health and economic impacts on their daily lives.

This Final Learning Report seeks to highlight the following Legacy actions for the partners focused on improving the lives of local residents by encouraging them to be more physically active. Resourcing such an approach brings sustained insight into how to respond to longstanding health inequalities that have become even more stark during the pandemic.

Some of these actions detailed below could be viewed as very short term i.e. within a 3-6 month timescale and others must be viewed through a long term lens in order to measure impact. Extending this focus on physical activity can align with the ongoing investment in the national We Are Undefeatable campaign.



RECOMMENDED LEGACY ACTIONS



PLACE ALLIANCE

Continue focused work on this agenda through the NE Derbyshire and Bolsover Place Alliance, specifically through its Physical Activity Subgroup. Through the work of this Subgroup, ensure that both the voluntary and community sector and resident voices inform wider partnership decision making and bring 'lived experience' when designing and shaping services.

Physical activity must increasingly be seen as part of both 'preventative care' and 'treatment' for those at risk of/with long term health conditions – this involves influencing the Joined Up Care Derbyshire system in terms of treatment pathways, primary care responses, use of social prescribing. It could also be aligned to pre-operative work for specific health conditions as is the case in some of the other We Are Undefeatable pilot areas.



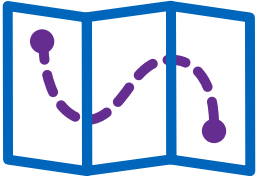
PREVENTION



TRUSTED VOICES*

Recognise the importance of listening to 'trusted voices' and engage with community stakeholders to build insight – initially it is planned that this is carried out through some focused work in Shirebrook during Spring 2022 but it is essential that this insight then informs wider partner engagement in the District and County in planning services and encouraging people to be more active.

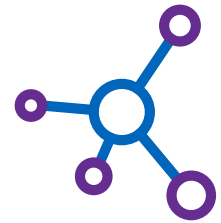
** Trusted Voices - can be defined as people who have been empowered to speak positively and confidently about their local communities.*



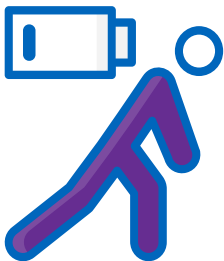
ACTIVE TRAVEL

Ensure the future focus also includes the active travel agenda – this forms part of many stakeholders’ plans and is a critical way to both support improved health and wellbeing and have a positive impact on climate change.

Continue to focus on Shirebrook as a learning area, working with the Thriving Communities approach and wider stakeholders to develop capacity to ultimately co-produce services in response to resident voice. Continue to engage with Sports Direct and other employers to measure impact of workplace wellbeing initiatives.



LOCAL FOCUS



WORKFORCE DEVELOPMENT

Build on the initial success of workforce and skills development by continuing to focus on upskilling those engaging with people with long term health conditions so that they have the skills and confidence to advocate physical activity. This must recognise workforce ‘churn’ and the need to ensure that advocates are in receipt of latest information bringing a welcome investment in continuing professional development for this workforce.

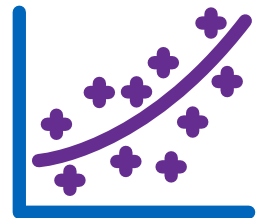


STRATEGIC ALIGNMENT

Align with emerging strategic approaches – this will include Joined Up Care Derbyshire (the Integrated Care System for Derbyshire) led Population Health Management. The focus is on improving physical and mental health outcomes, promoting wellbeing and reducing health inequalities across an entire population, with a specific focus on the wider determinants of health i.e. housing, employment, education. From the Active Derbyshire perspective, Making our Move focuses on continuing to build insight into working with communities with greatest need such as Shirebrook.

Ensure learning is shared more widely through engaging with the Learning Network across Joined Up Care Derbyshire in order to maximise resources and share learning effectively.

Joined Up Care Derbyshire



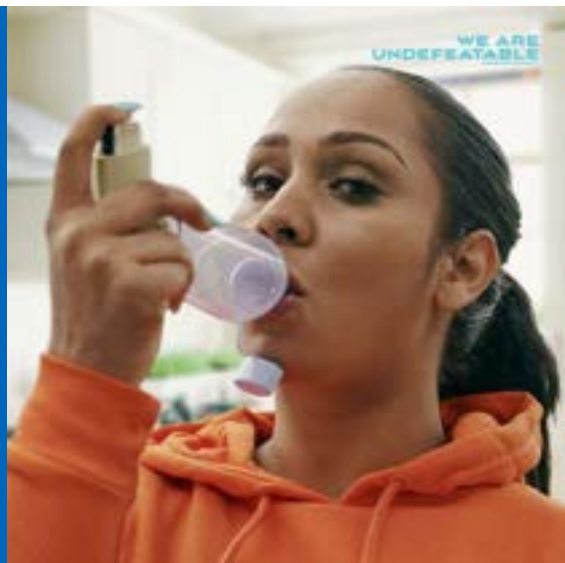
SHARED LEARNING

WE ARE UNDEFEATABLE

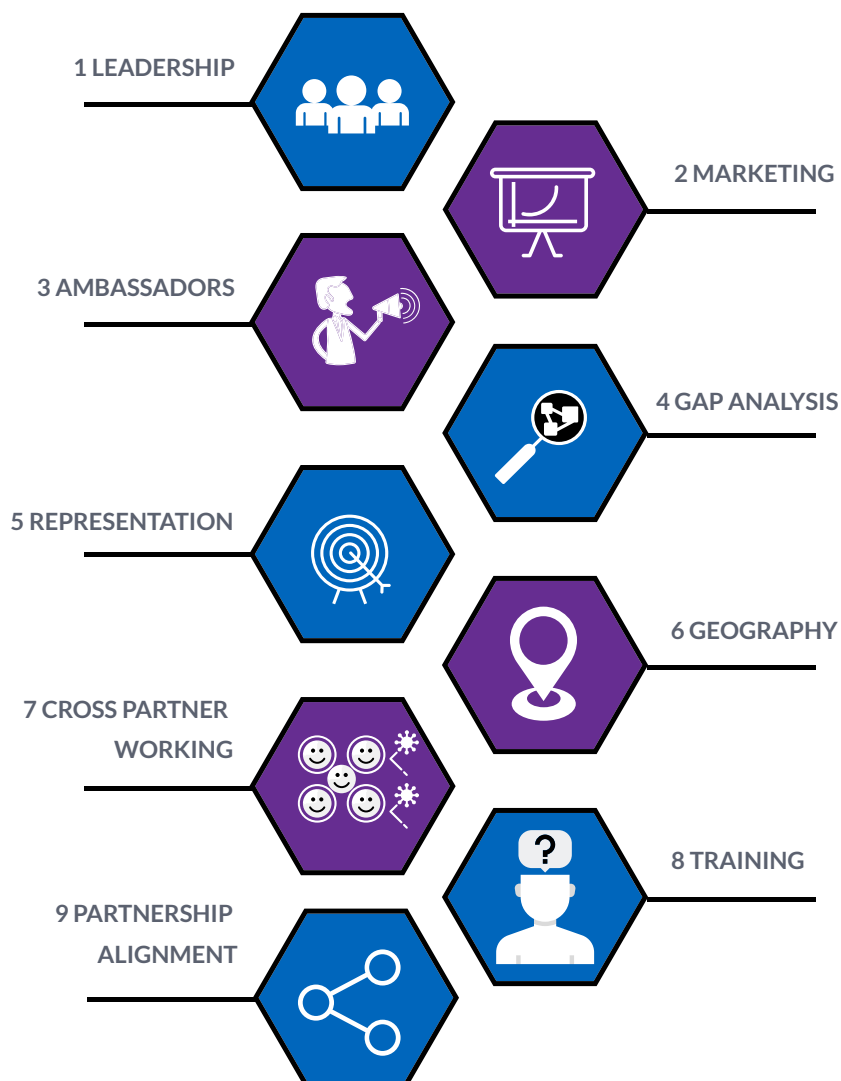
SHIREBROOK - BOLSOVER - DERBYSHIRE

DEVELOPMENTAL RECOMMENDATIONS

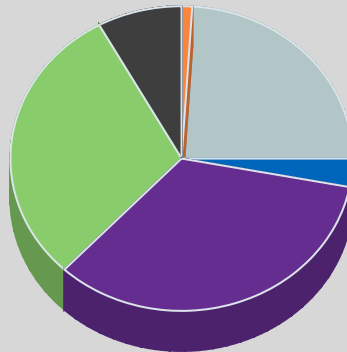
In addition, to support the next phase of activity we have identified nine developmental recommendations for the key partners to address through their ongoing planning and collaboration. These developmental steps build on both the national and local evidence base and aim to align with the Place Based and System Change priorities that are key aspects of the Bolsover approach.



- **Leadership** – Do we understand how we share the leadership? What commitment/time do we have for the work? Needs to be discussed and agreed for clarity.
- **Formulate a Marketing Plan** – what's the message and how we're going to get it out there -Intouch magazine, Gazette, parish/District level radio stations, Bolsover TV.
- **Look at Ambassador route** to spread the message - How we connect to main links, groups, leaders, advocates of PA.
- **Gap Analysis** - need to document who links with who and attends what meetings, identify any gaps.
- **Representation** - are the right people round the table? 14 Charities listed as partners with We Are Undefeatable – how many are working in Bolsover? Identify key people who are not round the table.
- **Geography** of outside organisations that people in Bolsover use.
- **Cross Partner Working** through the existing partner workforce e.g. Social Prescribers, PALS and local volunteers.
- **Training** - instigate 'active conversations' and motivational interview training.
- **Partnership Alignment** - look at alignments/overlaps of agendas.

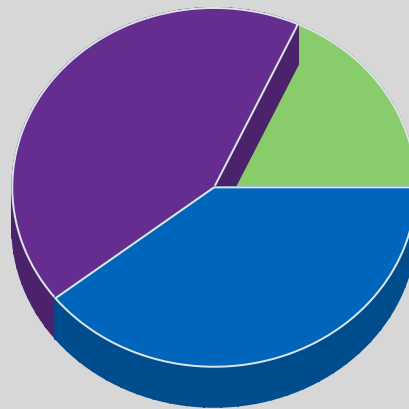


Age Profile



Under 20	3%	20-40	34%	41-60	30%
61-80	8%	80+	1%	Prefer not to say	24%

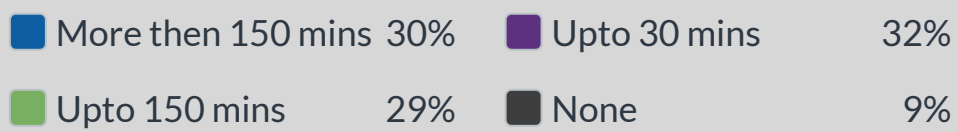
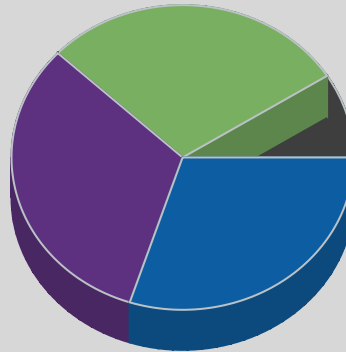
Gender Profile



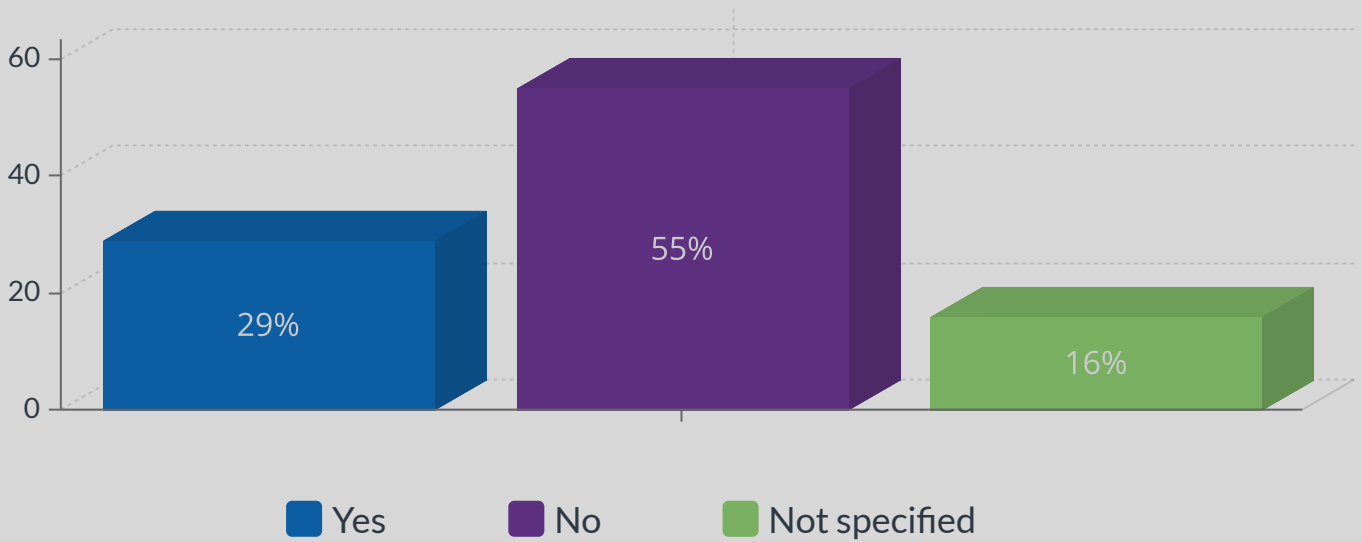
Male	39%	Female	42%	Prefer not to say	18%
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18% of responses from Polish and Romanian employees working at/linked to employment at Sports Direct warehouse in Shirebrook.

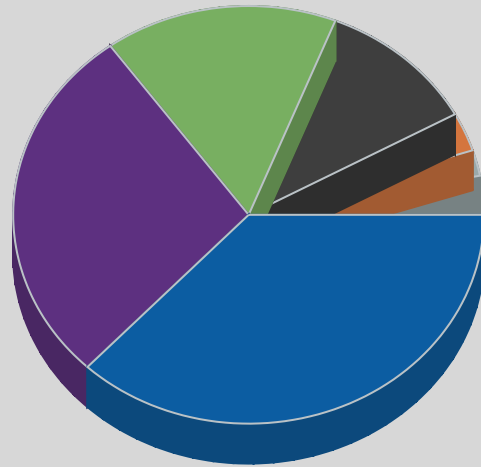
Physical Activity in Minutes per Week



Health Conditions (preventing more activity)

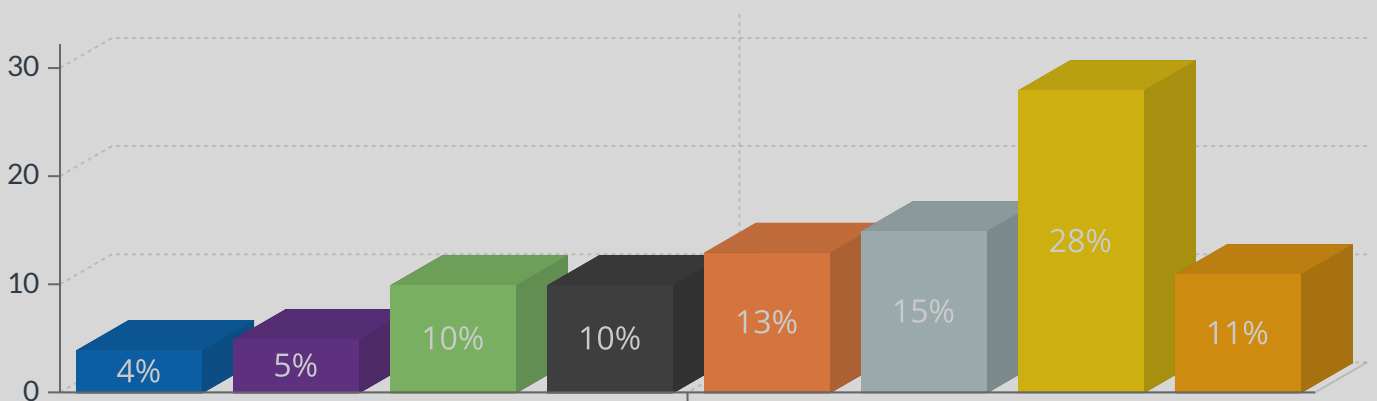


Types of Activity - Participating



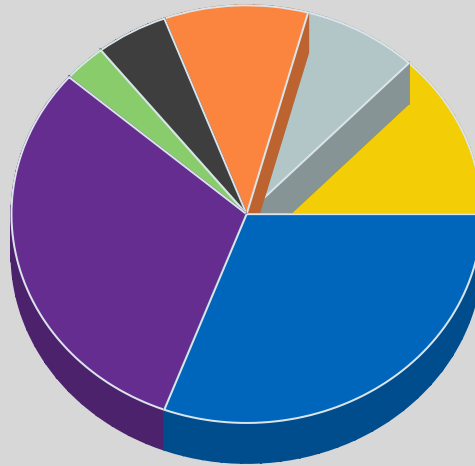
■ Walking	37%	■ Other	28%
■ Housework/Shopping	16%	■ Gardening	11%
■ Leisure Centre Class/Activity	3%	■ Activity Classes	2%
■ None	3%		

Barriers to Activity



■ Transport	■ No one to take part with	■ Cost
■ Confidence	■ Family/caring Responsibilities	■ My Health
■ Time	■ Other	

Types of Activity - Of Interest



■ Walking	31%	■ Other	31%
■ Housework/Shopping	3%	■ Gardening	5%
■ Leisure Centre Class/Activity	10%	■ Activity Classes	8%
■ None	13%		

Other activities included:- chair based exercises; combat training; cycling; spin cycling; Tai Chi; yoga; swimming; football; aerobics/cardio, gym; Zumba; martial arts; weightlifting; running/treadmill; home gym .



Physical Activity, a chat

WE ARE UNDEFEATABLE

'Continuing the Healthy Chat'
with Physiotherapist
Paula Manning

**18th March 10am – 11am MS
Teams**

If you've joined us on Physical Activity Facts Falls and Fun training , we invite you to join us again

Informative

Reinforce some of the facts about physical activity ,

Remind you of the resources you can use.

Be reinspired. It's been a tough few months,

Discuss when is it the right time to talk physical activity



Learning

Share experiences about those Chats.

Talk about the good, the bad, the funny and the ugly - again.

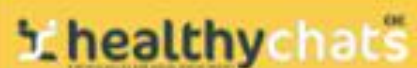
Ask those questions,.

Be reminded of how these chats can help people.

Problem solve those difficult conversations

“ **As a non healthcare professional, I'm much more confident talking about physical activity since the training** ”

Social Prescriber feedback



A local company, with local experience, using healthcare professionals to train others.

Contact Alison Hardman on Alison.Hardman@bcvs.org.uk to book on

WE ARE UNDEFEATABLE BOLSOVER - FINAL LEARNING REPORT



**WE ARE
UNDEFEATABLE**