Greater Manchester
Health and Care Board

Date: 13 July 2018
Subject: GM Moving Physical Activity Strategy: Progress Report and Co-investment Strategy
Report of: Steven Pleasant, Chair, GM Moving Executive Group

SUMMARY OF REPORT:

The report records progress to date on GM Moving, The Physical Activity Strategy for Greater Manchester (GM), launched in July 2017. This is an ambitious plan to achieve 75% of people in GM, active or fairly active by 2025 and is an integral part of health and care transformation and wider public service reform.

It summarises the outcomes of a public and workforce engagement programme and sets out plans for the investment achieved to advance the work. Specifically it includes announcement of an initial sum of £10 million from Sport England for a Local Delivery Pilot (LDP) as part of a new national programme to tackle inactivity.

KEY MESSAGES:

There is compelling evidence that physical activity and sport contribute to physical and mental wellbeing, individual development, social and community development and economic development.

38% of people living in GM are not doing enough activity to benefit their health. This figure is worse for groups under-represented in sport such as females, people with disabilities, people with low incomes and Black and Minority Ethnic populations.

Launched one year ago, GM Moving is the Plan for Physical activity and Sport for GM and sets out a whole system approach to tackling inactivity and increasing engagement in physical activity and sport, in accordance with the transformational change and reform models for GM. The last year has seen progress across the Plan, with new initiatives and substantial development work, community and workforce engagement, provider collaboration, new investments and emerging policy recommendations.
Major investments include:

- An initial £10 million for a Sport England LDP, one of 12 in England. This has a focus on three specific audiences: children and young people aged 5-18 in out-of-school settings; people out of work and people in work but at risk of becoming workless; people aged 40-60 with, or at risk of, long term conditions, specifically cancer, cardiovascular disease and respiratory disorders. Across these groups there is an emphasis on inactive people, mental health and wellbeing, promoting equality and addressing health and economic inequalities. The next step in the process is an ‘LDP Live’ event on 17th July.

- £160 million of the government’s Transforming Cities fund for the Mayor’s ‘Made to Move’ cycling and walking plan focusing on the development of infrastructure.

- GM Health and Social Care Transformation Funding to make GM a ‘Walking City Region’.

- Sport England funding for Active Ageing.

**PURPOSE OF REPORT:**

The report sets out progress on working towards achieving our ambition for everyone in GM to be more active, to secure the fastest and greatest improvement to the health wealth and wellbeing of the 2.8 million people of GM.

It outlines areas of development activity, public and workforce engagement, provider collaboration, investment announcements and an indication that further substantive policy recommendations are to follow.

**RECOMMENDATIONS:**

The Greater Manchester Health & Care Board is asked to:

- Note the progress of the GM Moving Plan for Physical Activity and Sport including the developments in Made to Move.

- Agree the co-investment plans for the LDP and note the progress on GM Health and Social Care Transformation Funding, Made to Move and Active Ageing investment.

- Support and promote the delivery of the plans through the work of the Board, its’ membership and the wider partnerships.
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1.0 CONTEXT

1.1. The benefits of physical activity and sport

1.1.1. There is compelling evidence that physical activity and sport contribute to physical and mental wellbeing, individual development, social and community development and economic development. Being active makes a significant contribution to the happiness, health and wealth of the people of GM. Physically active children and young people are more likely to do better academically and an active population drives a stronger economy and has a positive effect on employability and productivity. Active environments contribute to the reduction of carbon emissions and air pollution.

1.2. The scale of the challenge in GM

1.2.1. 38% of people living in GM are not doing enough activity to benefit their health. This figure is worse for groups under-represented in sport such as females, people with disabilities, people with low incomes and Black and Minority Ethnic populations. These health inequalities are contributing to an estimated cost of £26 million per year to health services. Physical inactivity is linked to many long term conditions such as Type 2 Diabetes, Cardiovascular Diseases and some cancers.

1.3. GM Moving, The Plan for Physical Activity and Sport 2017-21

1.3.1. GM Moving was launched at the Health and Care Board in July 2017, outlining a whole system approach to tackling inactivity and increasing engagement in physical activity and sport, in accordance with the transformational change and reform models for GM. The Plan set out a shared purpose, ambition and priorities which engaged across health and care, local government, planning, transport, housing, community and voluntary sector and beyond.
1.4. Engagement in GM Moving implementation is growing across the whole system in GM and localities. True to the principles of reform in GM, which are embedded in GM Moving, the work is truly evidence based, insight-led and has people and communities at its heart.

1.5. GM Moving governance has been refreshed in the context of the new plan, fully engaging the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector in leadership and implementation. This has built on our unique relationship with Sport England, as set out within two Memorandum of Understandings (MoUs).

1.6. The GM Moving Plan sets out actions across 12 priority themes:

1.7. GM Moving provides the principles and framework through which all of the investment and activities are co-ordinated.

2.0 WHAT WE HAVE DONE SO FAR – JULY 2017-18

2.1. Implementation of GM Moving Plans

2.1.1. To date work has begun across the system to start implementation of 71 out of the 75 priority actions.

2.1.2. In order to focus efforts on those areas of GM Moving that will make the biggest difference between now and 2021, an evidence review of what works has been conducted, aligned to the Global Alliance on Physical Activity interventions that
work (Toronto Charter)\(^1\). Considered alongside the most significant opportunities that exist in GM, these form a prioritisation of activities, investment and areas of policy focus.

2.1.3. Highlights of the activities initiated to date include:

- GM was announced as the world’s first City Region committed to The Daily Mile by encouraging all its residents to get moving and adopt 15 minutes of physical activity every day.

- Announcement in November that GM was to become a Sport England LDP following a successful bidding process (see section 3.1).

- ‘Made to Move’ report and infrastructure plans, ‘Beelines’, have been launched by the Cycling and Walking Commissioner (see section 2.2).

- £1 million Sport England investment has been secured to support active ageing. This was launched as part of the announcement of GM as an ‘Age Friendly City Region’ in March.

- ‘Leading GM Moving’ workforce transformation programme has been launched for cross system leaders.

- Increased collaboration across the provider sector to drive improved service offers GM-wide (see section 2.4).

- Evidence, data, insight and engagement work has been undertaken and completed, to guide and inform GM Moving prioritisation and implementation (see section 2.3).

- Evaluation is underway to capture the value and learning of the GM Moving journey to date, and to train co-evaluators as part of our community of learning.

2.2. Made to Move

2.2.1. There have been some significant developments in the Made to Move strategy and plans since the publication of the Cycling and Walking Commissioner’s report in December 2017, which identified the need for substantial investment in the cycling and walking infrastructure.

2.2.2. The Mayor made the decision in March 2018 to allocate £160 million of the government’s Transforming Cities fund to the project, which brings the total spend on cycling and walking in GM to around £15 per head. This funding is at the levels seen in great global cities such as Copenhagen and Amsterdam. Further funding streams are currently being identified in partnership with TfGM and the 10 local authorities.

2.2.3. At the end of June 2018 this approach was progressed and consolidated into an innovative new plan to create a city-region-wide cycling and walking network made up of more than 1,000 miles of routes, including 75 miles of Dutch-style segregated bike lanes.

2.2.4. The network – named Beelines – will be the largest joined-up network in the UK and has been developed with all 10 of the local authorities that make up GM. Once built, the network will better connect every community in GM and make cycling and walking a real alternative to the car.

2.2.5. The proposals also include plans for 1,400 safe crossings that will facilitate the majority of routes and 25 ‘filtered neighbourhoods’, where the priority is given to the movement of people on foot and by bike and where spaces to sit, play and socialise are created.

2.2.6. Beelines aims to make walking and cycling the natural choice for short journeys, and particularly school runs, will connect the quiet streets of GM and lead in the most direct way to new crossing points to get people across busier roads.

2.2.7. The first list of routes and crossing points that will be delivered in this financial year will be published at the end of July. All 10 local authorities are now working with GMCA and TfGM to identify the sites where work can commence quickly.

2.2.8. Revenue support from the LDP, outlined below, will support behaviour change and place based responses to support a small number of Made to Move ‘exemplars’ from which further learning can be derived.

2.3. Community and Workforce engagement

2.3.1. Following an extensive exercise to synthesise the evidence, data and insight to help build understanding of the scale of need and factors influencing behaviours, there has been a period of engagement with audiences, communities, subject specialists, and workforces. The audience engagement work included four creative sessions and 15 focus groups run by a range of VCFSE groups and organisations across GM. This directly engaged 258 individuals. Workforce engagement events were held engaging over 600 people from national, GM-wide, and local organisations with an expertise and interest.

2.3.2. There is detailed material from the engagement work, but there were six consistent themes:

- It’s all about people’s social connections
Social connections are significant for people in choosing, encouraging, pushing and supporting physical activity with friends, family and new contacts.

- It's all about **equality**
  - This includes accessibility of places, facilities, information (not only online) and activities; discrimination; being able to engage without shame or stigma; or recognising the cultural ‘triggers’ and what people feel is normal.

- It's all about **confidence**
  - Building confidence as a big factor in whether an individual is more active and how this comes from social connections (notably family encouragement), feeling part of a community and receiving support from groups/organisations.

- It's all about **resources**
  - Costs of taking part in physical activities including the transport costs are a barrier. Lower average wage and a higher level of unemployment impacts for many groups e.g. trans people, BME communities, young people.

- It's all about **spaces and places**
  - How much people, young and old, love, value and make use of green and blue spaces; how indoor and outdoor spaces need to be local, safe (especially parks), clean, accessible, friendly, well organised, with good facilities (disabled parking, toilets, café, places to sit and rest) and, for some, places that are not too busy to take part.

- It's all about **starting conversations**
  - Even just starting conversations prompts interest in physical activity and there are a fascinating range of motivators around people’s physical activity.

2.4. **Provider collaboration**

2.4.1. GM Active, the Association of GM Leisure and Cultural Trusts, is a collaboration of the 12 leisure and cultural community organisations commissioned to manage leisure assets and provide a range of wellbeing services.

2.4.2. This collaboration has resulted in a number of important developments, resulting in improved service offers across GM.

2.4.3. First, a reciprocal membership scheme for swim and gym membership on a GM-wide basis will be launched in September 2018, increasing access to over 80
facilities, so that people can use them nearer to where they work, live, visit friends or where they can try something new.

2.4.4. A Behavioural Insights and Exercise referral project is underway to explore how behavioural insights can support an increase in the uptake and completion of exercise referral programmes by individuals.

2.4.5. There are also specialist exercise, education and rehabilitation programmes in relation to strokes, chronic joint pain and pre- and post- major surgery in some localities.

2.5. **Developing investment**

2.5.1. The past year has involved considerable activity to build investment. This is covered further in Section 3. Key elements are:

- An initial £10 million from Sport England as part of their programme of LDPs.
- £2 million investment in the Walking City-region from the Health and Social Care Partnership Transformation Fund.
- £1 million investment from Sport England in Active Ageing.

2.5.2. This is in addition to the Mayoral infrastructure grants of £160 million for Made to Move.

2.6. **Developing policy proposals**

2.6.1. The evidence, data, insight and engagement work has led to some significant policy recommendations.

2.6.2. Given their significance, the intention is to discuss these further with the GM Moving Board and undertake further consultations with partners to develop the recommendations for a report to the Health and Care Board later in the year.

3.0 **CO-INVESTMENT PLANS**

3.1. **LDP – initial £10 million investment from Sport England**

3.1.1. LDPs are a new programme from Sport England to test out radically different approaches to tackling inactivity, and increasing participation in activity overall, through whole system change, behaviour change and transformation. GM is one of 12 national pilots, following a rigorous selection process.

3.1.2. Our original submission from the Health and Social Care Partnership outlined the rationale for identifying three audiences for whom our LDP work will focus. These are:

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

3.1.3. Across these groups there would be a focus on inactive people, mental health and wellbeing, and promoting equality and addressing health and economic inequalities.

3.1.4. Additionally, £1 million has previously been granted for start-up costs and programme management over the three year period.

3.2. Investment Plan for the LDP

3.2.1. From the engagement process and co-production with Sport England, the plan is to allocate 80% of the investment at the locality level, with the remaining 20% being used for activities that support the locality level but which are more cost effective to be developed at a GM level. The first two elements combine to make the £8 million that will be devolved to localities based on population and inactivity levels.

3.2.2. Localities will need to demonstrate a contribution in cash or kind to the investment.

3.2.3. The six elements of the investment are:

- **Active Communities - Through Person and Community Centred Approaches: Total: £8 million combined with Made to Move Exemplar Communities (below).** This would seek to embed physical activity into asset based approaches at the heart in communities where our audiences are, and grow social prescribing across GM. It would support localities and communities to enable people to lead and grow a social movement in their place. It would seek to ‘hard wire’ physical activity into holistic social prescribing across GM, building on what is strong and adding value to the work.

  It is envisaged that all ten localities would be involved and would identify place based plans around neighbourhoods or populations of around 30-50,000 to reach the target audiences, particularly the inactive, in their communities.

- **Made to Move Exemplar Communities (Funding included with Active Communities above).** This element aims to develop exemplar communities supporting the ‘Beelines’ infrastructure and network signage work with ‘soft measures’ such as campaigns, community events and groups, cycle parking and local policy change. This will support and enable residents in a place to change their walking/cycling behaviours, making walking/cycling part of their everyday life and supporting a grassroots social movement.

- **Workforce transformation: £750,000.** This element involves using ‘Every Contact Counts’ philosophies and approaches to embed physical activity advocacy and brief interventions. Clinical and community champions will be supported in a distributed leadership approach across the GM system and at
every layer in the system in a ‘Leading GM Moving’ workforce transformation programme.

- **Behavioural incentives, social marketing and communications: £750,000.**
  The plan is to develop simple, positive, engaging, asset based social marketing approaches and tools to support and enable physical activity behaviour change at neighbourhood level.

- **Engagement: £100,000.** There is a need to continue to invest in understanding the evidence and developing insight to guide the work.

- **Evaluation; £400,000.** We need to develop our understanding of what is working, and the full value of the work, processes, impact and outcomes in order to inform opportunities for scaling up and potential for further investment.

3.2.4. The next step in our co-design and co-production for the LDP is to bring together a team of locality and GM partners to work together on the neighbourhood scale plans, including potential Made to Move exemplars. It is important that locality teams come together from across the system and across sectors, to keep the whole system perspective when working at locality and neighbourhood scale. Cross boundary plans would be considered where the neighbourhood footprint makes most sense to the people in the communities.

3.2.5. Together, at the ‘LDP Live’ implementation event on 17 July, we will:

- Remind ourselves of the journey to date, the context and basis on which Sport England are investing in GM as a pilot.

- Outline the principles of investment and investment streams will be and considered alongside locality evidence, data and insight.

- Each locality will then explore the overarching research question for their place ‘what will it take to enable population scale change in physical activity behaviour here?’

- Whole system approaches and investment propositions will then begin to be developed by locality teams in accordance with the principles set out above.

- Following the LDP Live event, each locality will develop a Delivery Plan demonstrating the way the investment will be used, adherence to the principles, identifying audiences, communities, ‘interventions’ and targets.

- The Plans will be assessed by a panel to ensure that the principles are met and the plans meet the objectives of the LDP. The purpose would be to check, challenge and improve plans and support localities to refine and further develop them. It is not the intention to refuse or turn down plans unless there was a strong reason to do so.
A template will be co-designed with localities, for this, to enable consistent structure and ease of comparison/contrast across the areas. The intention is to minimise bureaucracy - as much as necessary, as little as possible to be accountable, measurable and conform to investment criteria.

3.3. **GM: Walking City-region - £2 million investment from the Health and Social Care Partnership Transformation Fund**

3.3.1. Based on national and international literature and experience and local stakeholder consultation and evidence, the Walking City-Region seeks to create a walking movement across GM, which sees more people walking every day. The approach is to:

- Invest in proven behaviour change programmes that promote walking and that deliver population level change.

- Develop a GM walking leadership ‘network’ and a consistent approach to the development of formal and informal walking opportunities, active travel and green space access across the city region. This will include support to local health champions and leaders.

- Invest in capacity and tools to support the aim of implementing The Daily Mile City Region commitment, in different settings across the life course.

- A GM-wide campaign to raise awareness of the benefits of walking, formal and informal opportunities, active travel schemes, local greenspaces and volunteering opportunities.

- Support for the frontline workforce and the public through training, development of digital tools, incentive schemes and resources to equip them with the skills to be advocates for walking and physical activity.

- Put walking and cycling route maps on websites and city apps.

- Work with schools and workplaces to help them develop travel plans that enable active travel choices.

- Work with communities to understand key walking destinations and local barriers to walking.

3.3.2. A business case to secure the funding is currently going through GM Health and Social Care Partnership assessment and governance processes, with sign-off anticipated in July.

3.4. **Active Ageing - £1 million investment from Sport England**

3.4.1. The investment is to support inactive older people to achieve at least 30 minutes of moderate intensity physical activity per week, and build the evidence base about
this diverse group in terms of their behaviours and attitudes, how they should be targeted and what approaches do and don’t work.

3.4.2. The Active Ageing programme will work across eight different areas of GM and will test ways to apply proven approaches to increase activity amongst inactive older people and establish new activities that support sustained positive changes in activity behaviour as well as helping older people to connect to existing opportunities.

3.4.3. The evaluation framework is setting out to develop measures to demonstrate the following outcomes:

- Increase activity levels of 4,740 inactive older adults three months after starting the programme.
- Improve the reported physical health of participants through increased physical activity levels.
- Improve the reported wellbeing of participants through participation in the programme.
- Reduce social isolation through participation in the programme.
- Increase access to outdoor space and the local neighbourhood by inactive older people.

3.4.4. The Programme is guided by the GM Ageing Hub and the pilot areas, with GreaterSport providing programme management.

4.0 RECOMMENDATIONS

4.1. The Greater Manchester Health & Care Board is asked to:

- Note the progress of the GM Moving Plan for Physical Activity and Sport including the developments in Made to Move.
- Agree the co-investment plans for the LDP and note the progress on GM Health and Social Care Partnership Transformation Funding, Made to Move and Active Ageing investment.
- Support and promote the delivery of the plans through the work of the Board, its’ membership and the wider partnerships.