Physical activity, health & social care integration across Greater Manchester: evaluation report 2024
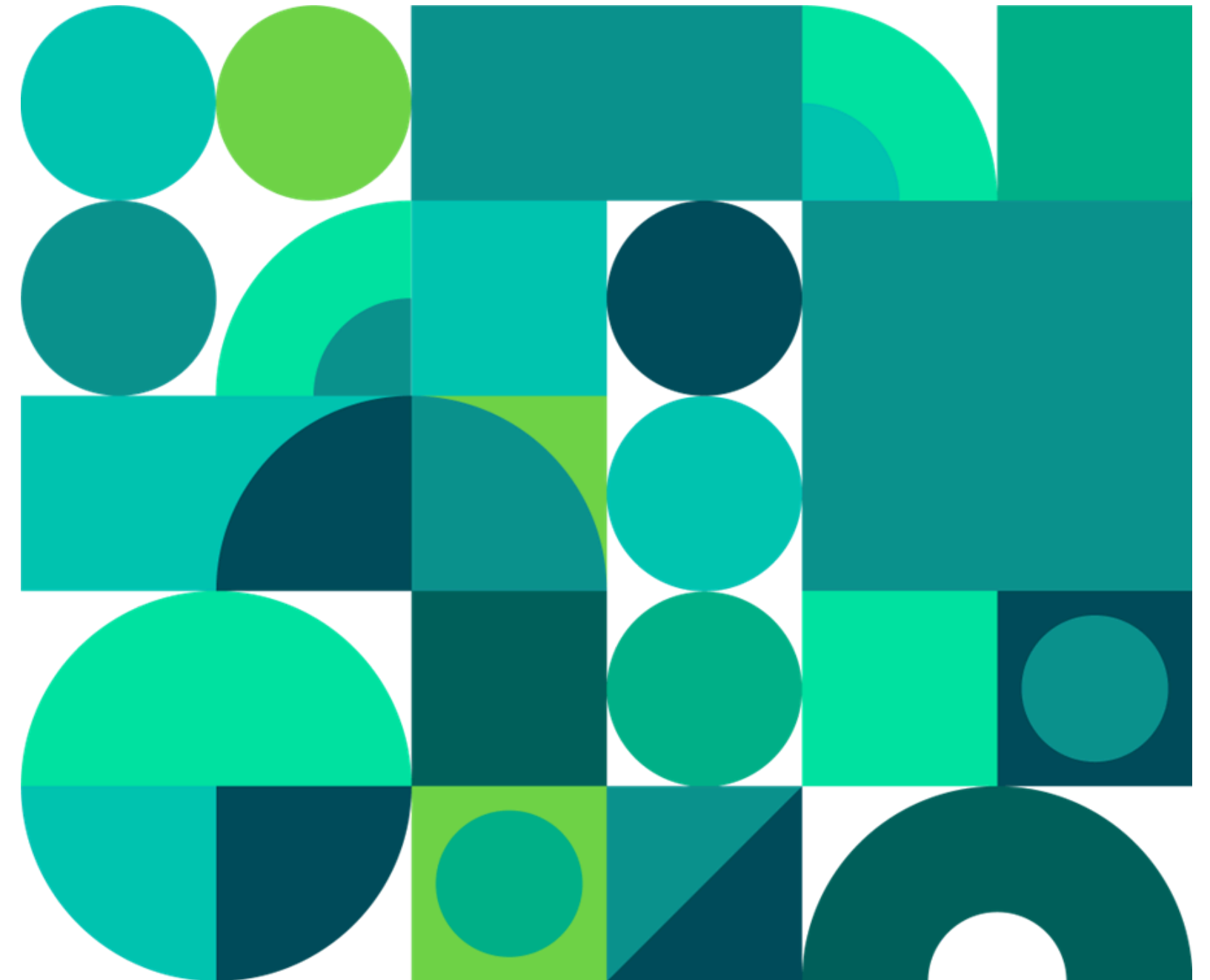
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Contents

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Introduction and background: health and social care integration across Greater Manchester

01

Setting the scene

This evaluation report presents the research on physical activity integration in the Greater Manchester health and care system, undertaken by Substance between October 2023 and May 2024 (wave 2). This follows a previous wave of research conducted between September 2022 and March 2023 (wave 1).

Wave 1 research resulted in the generation of a series of eight pragmatic steps and recommendations to integrate physical activity into health and social care systems. The research team linked emergent findings to previous work on Greater Manchester system change evaluation and its **five enablers of change**. GM Moving are committed to describe a system that is constantly evolving, opening opportunities for a process of **ongoing learning and evaluation**.

This evaluation involved primary research and data collection through **semi-structured interviews with "sparkplugs"**, or key agents of change, who drive the integration of physical activity forward. This was accompanied by a number of **in-person workshops** with key sparkplugs and the collation of **Reflective Practice Journals**. Section 2 described the general approach, methodology and key steps in detail.

The central aim of this wave of research is to focus on how the pragmatic steps to integrate physical activity into health and care are translating in practice when applied to Greater Manchester's priority theme areas.

Setting the scene

Before delving into the recent methodology and research findings, it is important to set the scene and take stock of how the Greater Manchester health and physical activity landscape developed over the past decade but more important, locate what is actually being done in practice now across Greater Manchester through identifying priority theme work.

This section highlights a summary of the landscape as illustrated in the full Wave 1 report which can be read here:

 Final Report

Moreover, it is evident that this focus is aligned to Sport England's thinking in its latest strategy around the drive for sport and physical activity to connect with health and wellbeing noting that:

Our physical and mental health is our biggest asset. Being physically active can be described as a 'wonder drug' - it unlocks so much that's good for our health and wellbeing.

Sport England - Connecting Health and Wellbeing

GM Moving and health integration ten year journey

2013 — 12 GM CCGs formed GMACCG. NHS collaboration

2014 — First GM stakeholder meeting- whole system approach and shared purpose

2015 — Launch of GM Moving Blueprint for Change

2016 — Sport England, GMCA, NHS sign MOU

2017 — GM Moving Plan Launched

2018 — Investment: £10m Sport England and £2m GMHSCP

2021 — GM Moving in Action '21-'31 launched

2022 — GM Moving faster than national rate of pandemic recovery. GM Moving and health evaluation starts

2014 — The Growth and Reform Plan for GM

2015 — Health and Social Care devolved powers announced

2015 — Taking Charge: 5-year plan for Health and Social Care

2017 — Physical Activity prioritised in GM Population Health Plan

2017 — GM confirmed as Sport England Local Delivery Pilot

2019 — GM inactivity levels lowest on record

2022 — £600k Pop Health investment to transition to GM Moving and Health Integration

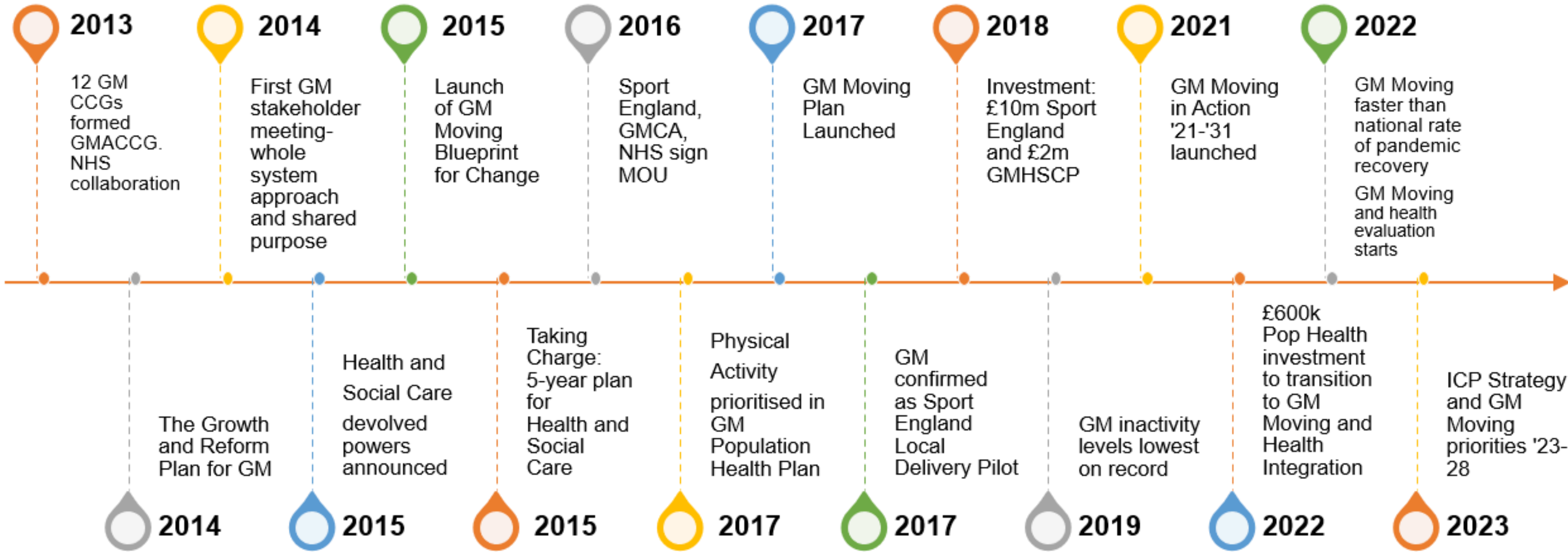**2023** — ICP Strategy and GM Moving priorities '23-28

Figure 1: GM Moving and health integration journey (adapted from GreaterSport)

Greater Manchester Local Pilot

GM has been one of 12 Sport England (SE) Local Delivery Pilots (LDP – more recently referred to in GM as LPs) since July 2018. The focus of the LPs was to tackle *'stubborn barriers to inactivity'* through a test and learn approach in localities.

The journey of the Greater Manchester LP has been documented by the Substance evaluation consortium[9] since March 2019. This ongoing action research study adopts a realist approach to evaluating system change across the LP. A number of high-level programme theories were developed which have been synthesised into five 'enablers of change' which help explain how the maturity or prevalence of these five features or conditions of the system can help to enable active lives.[10] The five enablers of change will be described in more detail in section two but continue to provide a useful lens for us to consider the system maturity across GM.

The five enablers of change:

- **Involving local people and growing assets**
- **Strategic leadership enabling collective leadership**
- **Effective work across and between sectors**
- **Transforming governance and processes**
- **Learning and adapting**

The Health and Care Act 2022

In July 2022 the Department of Health and Social Care introduced new legislation affecting the governance, structure and financing of the UK's health and care system. The Health and Care Act 2022[13] has 187 sections relating to the health service in England, with notable changes related to terms and remits:

- NHS Commissioning Board was renamed NHS England.
- Integrated Care Boards (ICBs) were introduced with the role and function of arranging health services in England, essentially replacing the previous clinical commissioning groups (section 18).
- They were given the power to determine membership locally but these partners were considered to have the ability collaboratively to improve the 'care, health, and wellbeing of the population'.[14]
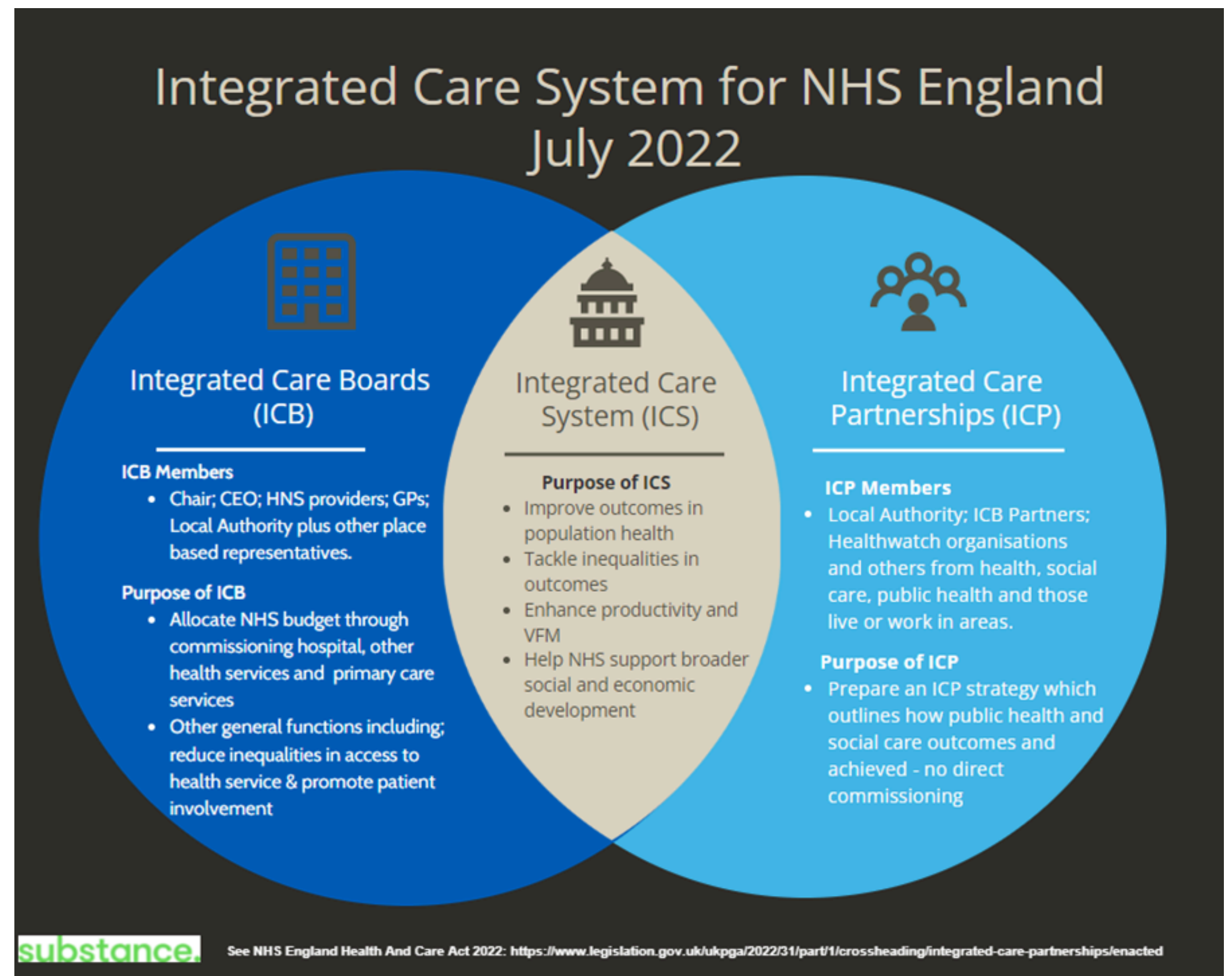

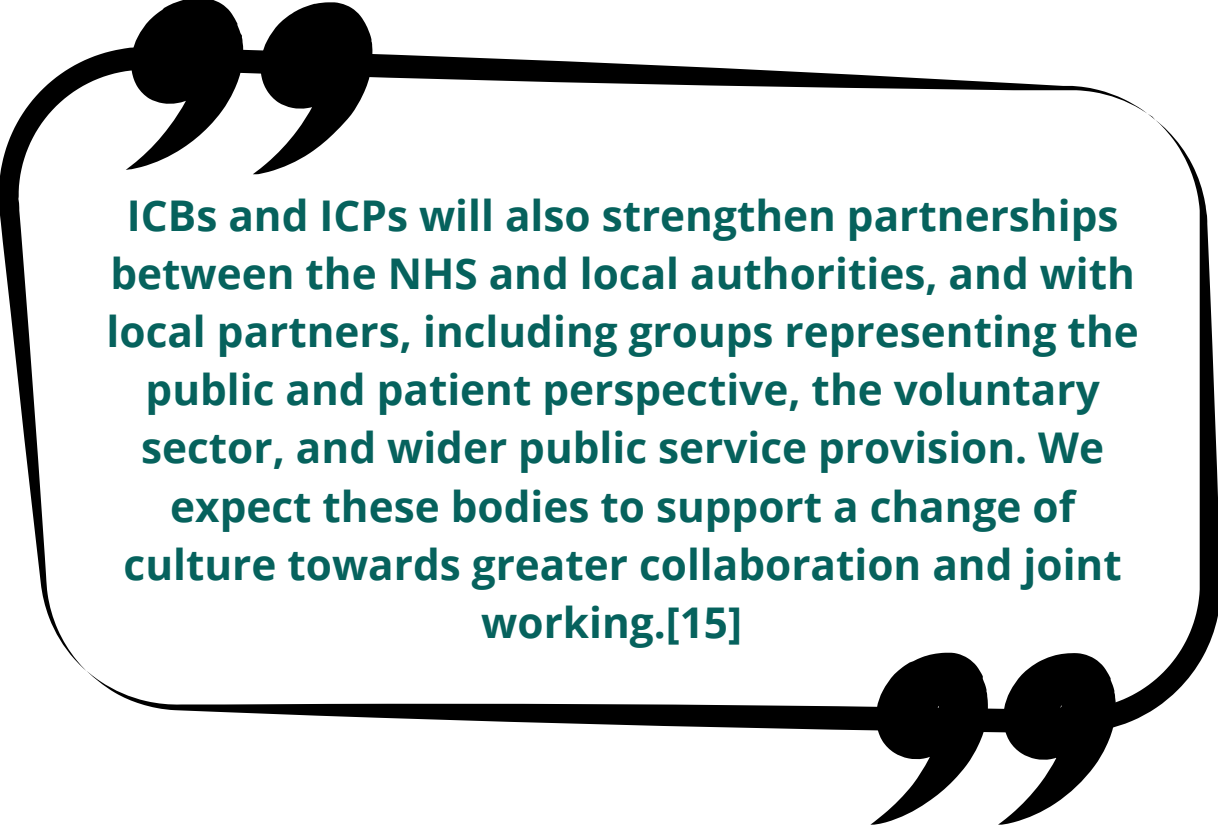Figure 2: Integrated Care System for NHS England, July 2022

Integrated Care Partnerships (ICPs) are a collaboration of NHS and local authorities working equally alongside the ICB local members, voluntary, and community social enterprises (VCSE), housing services, and public health.

The Health and Care Act 2022

The Bill was designed to enable the newly formed ICBs and ICPs to improve cross-sector working through culture change and enhanced collaborative working.

From the foundation work across GM in the ten years prior to the Health and Social Care Act, it is evident that GM was in a good place to embrace the new integrated care system. GM Moving have been facilitating the integration through their ways of working, networks and cross-sector prominence. The GM Moving 'brand' encompasses the foundation of the Act in that movement and activity is part of everyone's responsibility and the benefits are broad ranging from individual, community, and societal.

Across Greater Manchester the Integrated Care Partnership (ICP) has recently launched the GM ICP Strategy.[16] It begins highlighting the challenge facing GM due to health inequalities across the region noting the stark and significant difference in life expectancy between the least and most deprived areas (9.5 years difference for men and 7.7 years for women).[17]

ICBs and ICPs will also strengthen partnerships between the NHS and local authorities, and with local partners, including groups representing the public and patient perspective, the voluntary sector, and wider public service provision. We expect these bodies to support a change of culture towards greater collaboration and joint working.[15]

The strategy points to other external and environmental challenges relating to a stretched health workforce as a result of 'increasing demand and workforce crisis' [18] coupled with the recent austerity measures affecting the public services; the effects of the CV-19 pandemic and a cost-of-living crises.

Revised methodology

02

Wave 1 Research Methods & Outputs: Social Network Mapping

One aim of the Wave 1 research was to map the key influencers across the health and care landscape and to identify through qualitative and quantitative research what was facilitating change in their areas of work. A social network mapping approach was taken and this map identified a "circuit board" of the sparkplugs and other important agents of change whom they identified. The outputs of this exercise can be seen below and more detail can be found in the Wave 1 report:
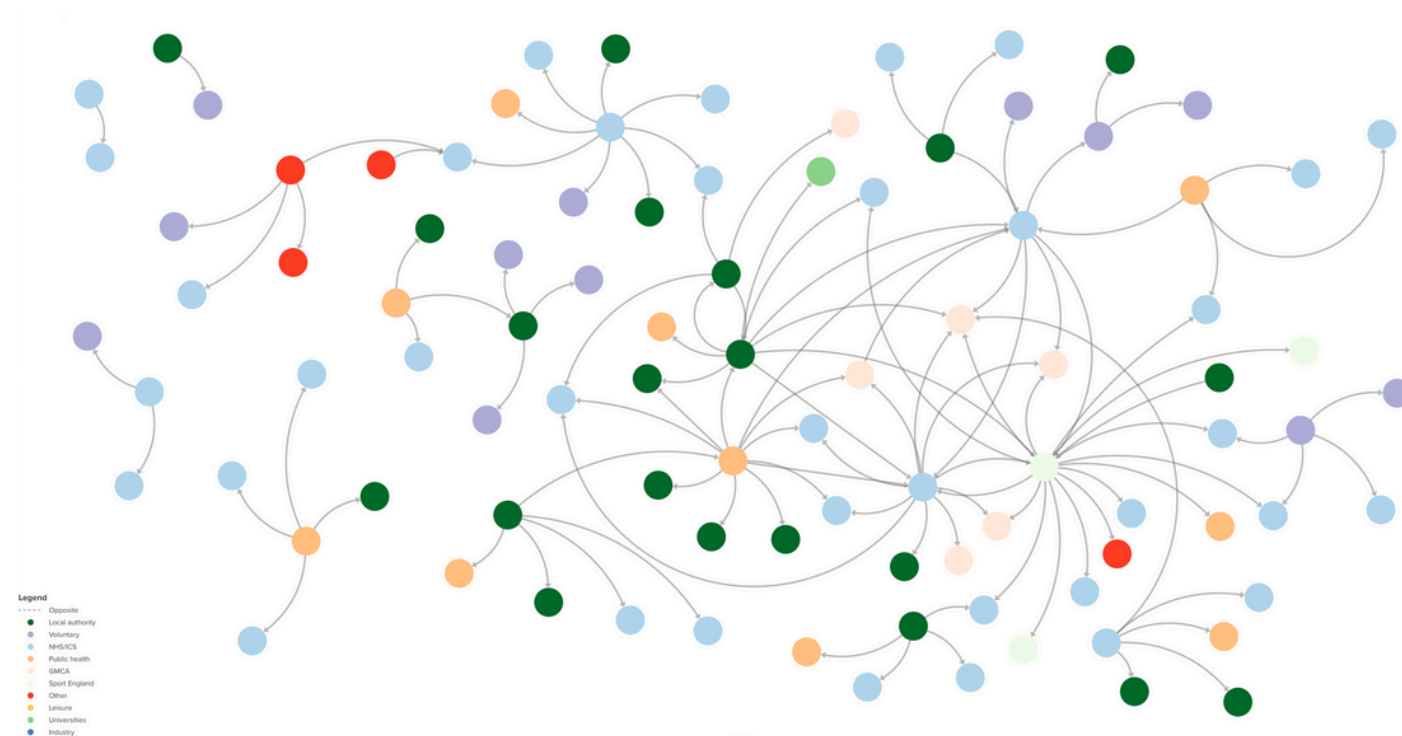

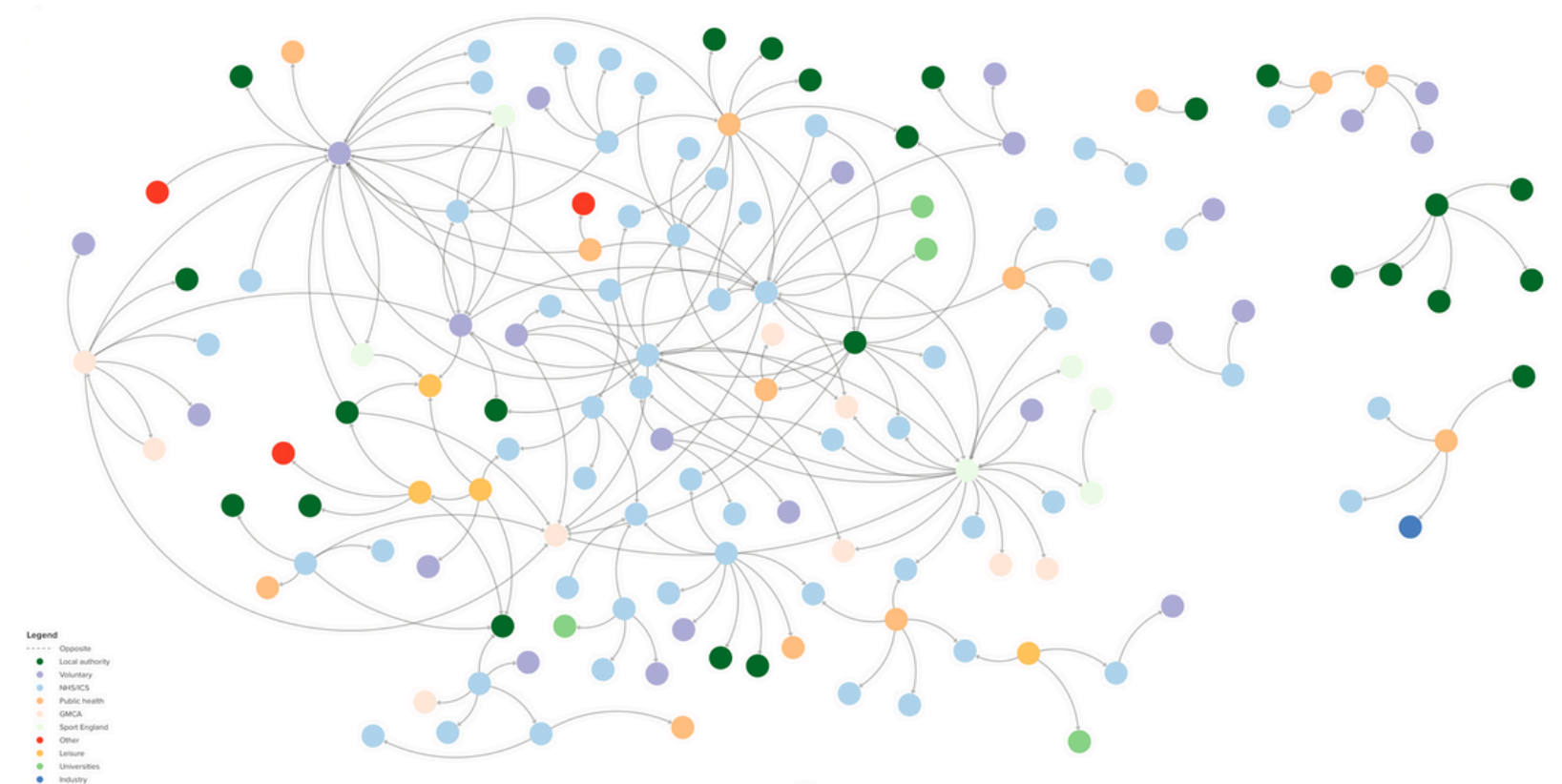Figure 3.1 Sparkplug network, map 1 (interviews only)

Figure 3.2. Sparkplug network, map 2 (interviews & survey)

Wave 1: Sparkplug Interviews & Pragmatic Recommendations

The analysis of the varied and rich data, collected between September 2022 and March 2023, pointed to eight practical steps or behaviours that were deemed useful to the integration of physical activity across the health and care system:

Greater Manchester Physical Activity, Health & Social Care Integration (H&SCI)

Pragmatic Support to System Integration

1 Data and Insight

Use existing data and insight highlighting inequality of access or uptake to physical activity opportunities to ensure no communities are excluded going forward.

2 Relatable Comms

Create co-produced messaging (portfolio of resources) that speak to all levels of the system and help them shape and influence their respective audiences in identifiable terms and with messages that resonate with them.

3 Community Champions & Trusted Transmitters

Continue to identify local community champions or trusted transmitters in locality settings to act as conduits and translators of PA messaging and the promotion of PA in the hyper-local systems.

4 Signposting, Resources & Training

Acknowledgement that there are already some fantastic training opportunities and resources available, such as the PA Clinical Champions, Moving Medicine etc. Not necessarily a need to recreate another suite of resources, rather there is a need to ensure that all those layers of the system have access to time and resources to understand the opportunities and benefits of integrating PA into their offer.

8 Authentic Strategic Enabling Collective Leadership

Strategic leaders/Sparkplugs can continue to be catalysts of system change through their own practice and evident authentic interest and personal belief systems. People within their systems begin to mirror behavior and narratives which promotes an ethos of PA across areas of personal and professional lives.

7 Safe-Space Community of Practice

Create and enable safe spaces for the narrative of PA in H&SCI to evolve and where needed disrupt the existing systems. Facilitate and convene conversations which bridge gaps and start new movements of change.

6 Physical Activity as a Core Priority for all H&SCI

Help position physical activity to the centre stage for all health and social care agendas rather than as an add-on or complimentary to service. How to move this into all strategic priorities to ensure it is a collective goal and not a nice to have add on to a service.

5 Strategic Leverage Across the System

Capitalise on GM Moving as an established brand for PA. Use this to push more challenging discussions at a strategic level to realise the priorities within the strategy.

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Figure 4: Evaluation key recommendations: pragmatic support to system integration

Wave 2 Methodology: Defining the Priority Areas

Substance hosted a co-design session with GM Moving central and Executive members in July 2023. After a
a review of wave 1 it was agreed that rather than repeating the survey and mapping exercise it was deemed more
useful to the system actors to be able to further articulate the ways in which the priority areas across Greater
Manchester were 1) developing and progressing and 2) making use of or observing the conditions described within
the pragmatic steps. At this workshop a working list of the following priority areas were identified to be the focus of
this study:

- Active Practices
- Deconditioning and Falls Prevention
- Health and Care Workforce Wellbeing
- Health inequalities and SEND
- Live Well
- Mental Health and Wellbeing
- Priority Clinical pathways (Respiratory, CVD, and Cancer)
- While You Wait (support for those on waiting lists)
- Women's Health Agenda

Wave 2 Methodology: Qualitative Testing of the Pragmatic Recommendations

The methodology for Wave 2 initially involved a series of sparkplug workshops to convene actors across the system and enable debate, community of practice and gather insight via reflective practice and a limited number of interviews.

Sparkplug Workshops: A series of workshops were scheduled and two in-person events took place in central Manchester on 15th December 2023 and 19th February 2024. Numbers were low due to competing diary commitments and it was then decided to review the methodology and revert to primary qualitative interview data collection. A total of 8 people characterised as sparkplugs attended the two in-person workshops. (n=8 individuals)

Sparkplug Interviews: As noted above, the key catalyst actors within the health and care system are naturally very busy individuals. Rather than expecting them to commit regular time in-person, the team directed resource to conduct individual in-depth interviews at convenient times for the sparkplugs. A purposeful sample was created with the GM Moving team in order to offer coverage of all of the priority areas defined earlier. (n=14 interviews)

Wave 2 Methodology: Qualitative Testing of the Pragmatic Recommendations

Embedding Movement into Health and Care Systems Event: Online workshop attended by 115 system partners on 13th June 2024. Aimed at Health and Care system partners involved with and interested in growing approaches that support movement and physical activity playing its role in improving health and care in Greater Manchester. Key aims of the workshop were:

- To share stories and progress across GM.
- Shine a light on and raise awareness of different approaches.
- Share learning and evidence-based ways of working.
- Connect with others driving this work forward.
- Look ahead to key priorities and new opportunities.

Methods Summary
8 sparkplug individuals across two in person workshops
14 sparkplug individuals via in-depth interviews
Embedding Movement Event (115 people)
Reflective Practice (28 templates)

Reflective Practice: Sparkplugs across the system were introduced to Reflective Practice methodology via training and a template with pre-defined examples. The aim of this was for key actors to document **what exactly** they were doing to enable physical activity into the health and care system, **why and what was happening** and what needed to **happen next**. In total 28 templates were compiled and thematically coded by the Research Team. (n=28 reflective practice templates).

8 pragmatic steps to system integration: priority area examples

03

Examples of Integrating Physical Activity into Health and Care

This wave of evaluation was aimed at illustrating tangible, real-world examples of what is facilitating the integration of physical activity across the heath and care system in Greater Manchester. Using the 8 pragmatic responses identified as useful conditions or faciliatory environments to enable integration as a backdrop alongside the five enablers of change was important. In doing this it is possible to:

1. Articulate what is facilitating integration and test if these conditions are helpful in practice
2. Refine or revise the pragmatic recommendations where necessary
3. Uncover other conditions to enable or barriers to integrations as they present themselves

This section brings together key lessons from all of the qualitative methods against the eight pragmatic recommendations, following this summary case-studies from three priority areas are presented to look at the conditions in the round.

Examples of Integrating Physical Activity into Health and Care: Enablers of Change

The analysis involved a familiarisation and then subsequent coding from interview transcripts. Quotes from the interviews were then collated and visually represented using mosaic diagrams, to show the frequency of quotes across each theme.

Through using the 'five enablers of change' as a pre-existing coding framework, the 12 interviews alongside the 28 Reflective Practice entries were thematically analysed and coded using NViVO software.

Although the diagrams show which themes were most present/prominent within the data, they do not show the qualitative depth of each theme and the interrelationship between themes. Therefore, interviews around key topics (mental health, active practices & non clinical prevention) were grouped to form deep dive case studies on how physical activity is being integrated into health and social care.
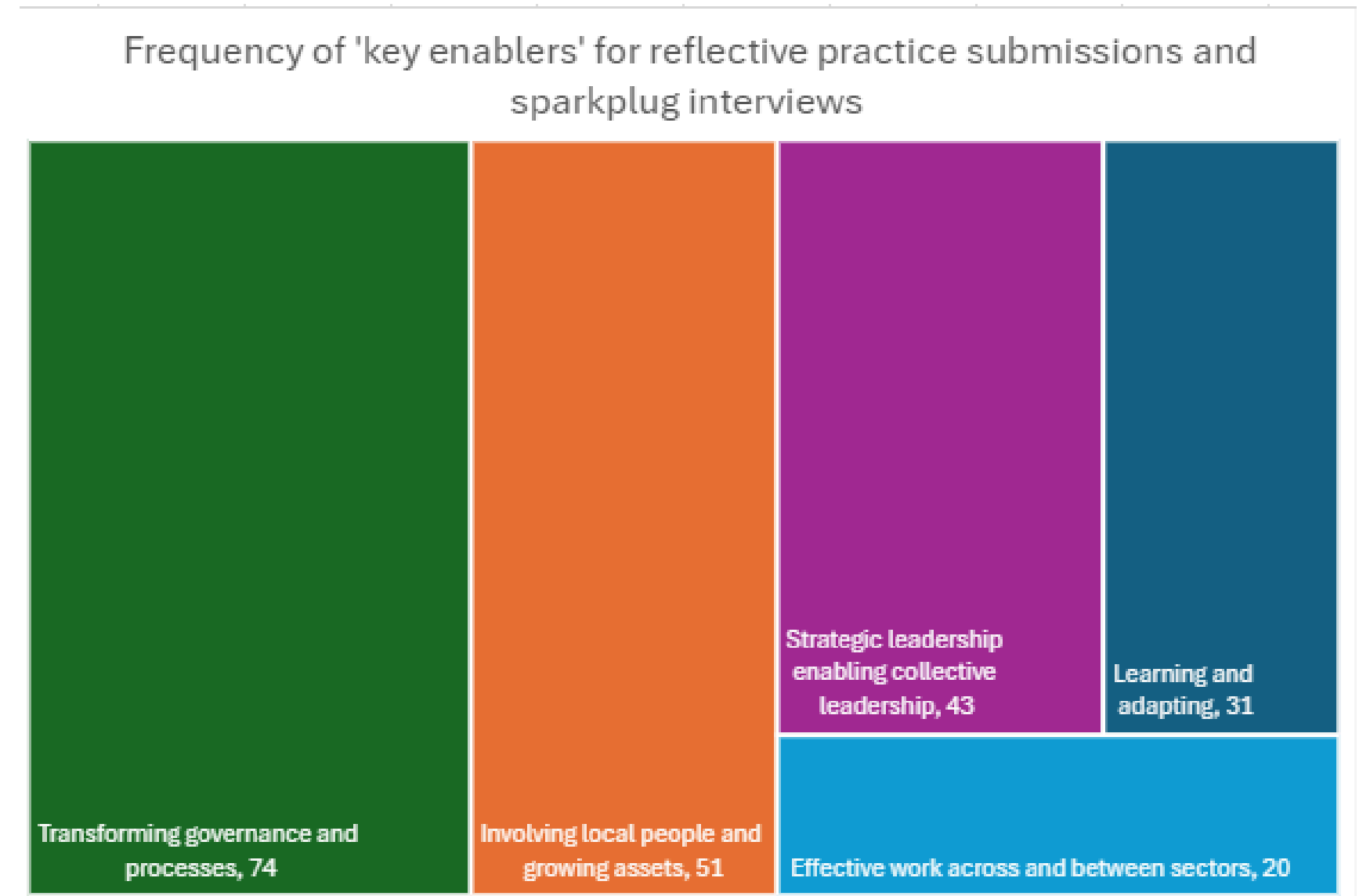

Frequency of 'key enablers' for reflective practice submissions and sparkplug interviews

- Transforming governance and processes, 74
- Involving local people and growing assets, 51
- Strategic leadership enabling collective leadership, 43
- Learning and adapting, 31
- Effective work across and between sectors, 20

Figure 5. Mosaic chart illustrating the frequency of theme by enabler of change.

Examples of Integrating Physical Activity into Health and Care: Pragmatic Recommendations

The diagram opposite highlights the spread of themes emergent across the interviews with sparkplugs and reflective practice entries around varying priority areas of health and care. The analysis should not be viewed as a statistically reliable quantitative measure. However, the figures are helpful in illustrating the existence of and volume of examples of how the pragmatic recommendations are being seen as evident in practice.

It it notable that the idea that **physical activity as a core priority for the health and social care space** was observed the most times within the narrative conversations. This points to the increasing weight of evidence that system change requires policy and practice to enable sustained change.
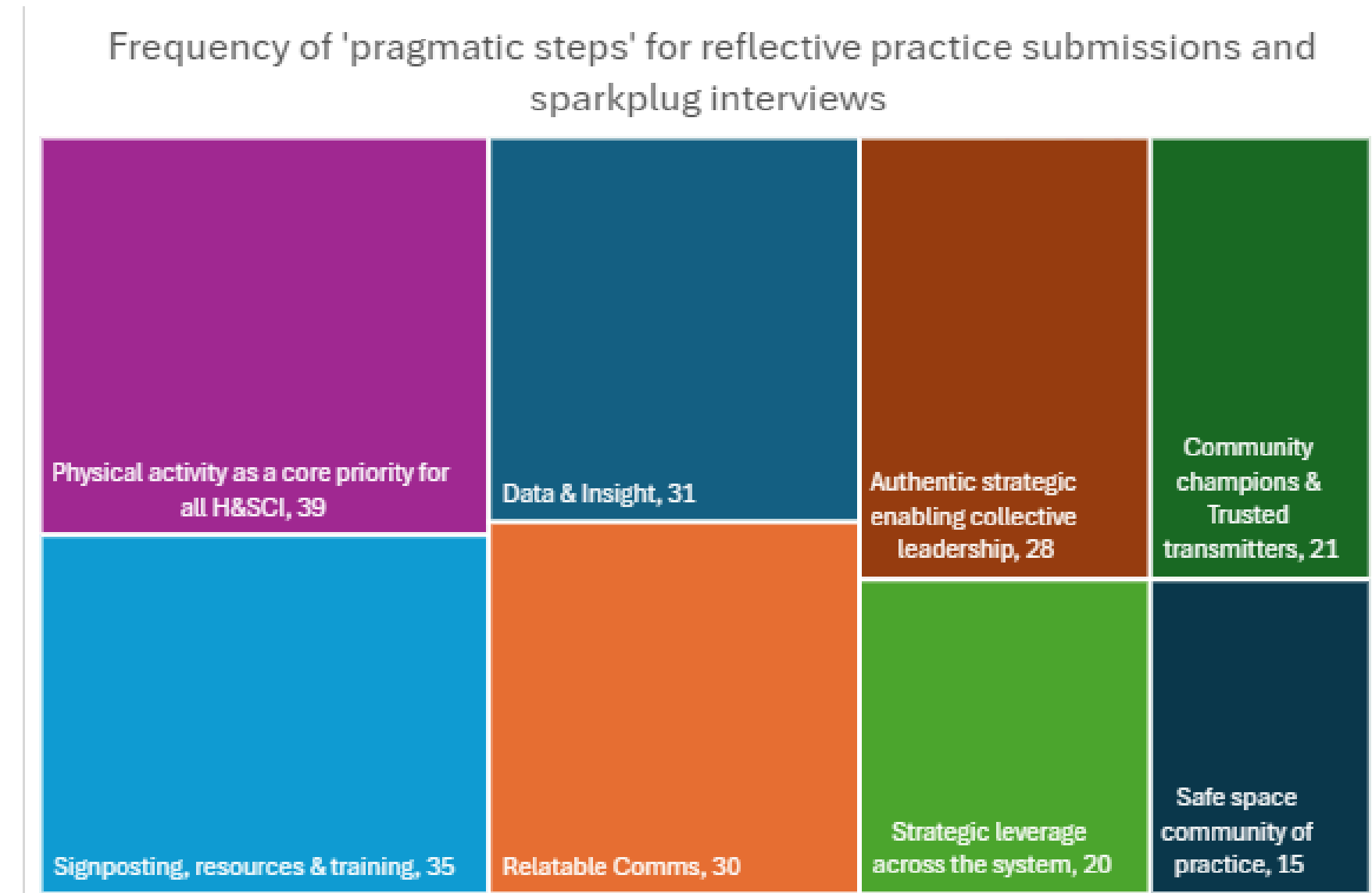

Frequency of 'pragmatic steps' for reflective practice submissions and sparkplug interviews

Physical activity as a core priority for all H&SCI, 39

Data & Insight, 31

Authentic strategic enabling collective leadership, 28

Community champions & Trusted transmitters, 21

Signposting, resources & training, 35

Relatable Comms, 30

Strategic leverage across the system, 20

Safe space community of practice, 15

Figure 6. Mosaic chart illustrating the frequency of theme by pragmatic recommendation.

1: Data & Insight Reflections

Original Recommendation: '**use existing data and insight highlighting inequality of access or uptake to physical activity opportunities to ensure no communities are excluded going forward'.**

Through the qualitative wave 2 research many practitioners and system agents working across varied health and care system areas, spoke of the importance of using quality and reliable data to direct their resources and importantly, to assist them measure the impact of their body of work to improve programme or service delivery and evidence impact. The following quotes are illustrative of the ways in which data and insight are being used to further this mission, structured around a number of practical tips:

Tip 1: Contextualise data with conversations with directorate experts who know their audience/data to 'test' the assumptions in what the data patterns are identifying.

"So we kind of put the two and two together and said, well, we've got an idea of how we might utilize the primary care level data, we can target people at risk of deconditioning and so on. But we not only looking at the primary care data, for example, we're having conversation(s) with the Council around [data identifying] people who've got pension credit or other benefits, or might be having assisted bins put out, for example, who can't necessarily get to the end of the drive."

"I use data for our local areas, what are the problems and what are the barriers? Also what are our enablers. Using data in terms of what does the stats tell us. But I also I'm a big believer in consultation and speaking to our community… The marketing in Eccles is a really good example of that because when you look at the data for that area, it shows you that A&E admissions for falls is really high in the area."

1: Data & Insight: Action

Many of the sparkplugs informed us about the importance of using public accessible health data alongside qualitative insight from the communities. However there was still a feeling amongst a number of stakeholders that the availability of data that could help them articulate either their case, or their impact was difficult to obtain, as the following quotes highlight:

Tip 2: Compile a set of trusted sources of data around physical activity levels locally, especially in relation to inequalities data.

"That's something I just couldn't quite find. The right data locally, and I couldn't even prove that there was an increase in physical activity in these practices as I didn't even have a measure to say why that was good. It's hard, if you could go armed with this [local health data] to say, look, I know you don't get any specific funding for this, but if you can just have that long term vision to improve the population health in your area in five years you'll be better [in hitting your core fiscal priorities]. It's hard though, because everything is driven by short term goals and funding and in our current healthcare systems, money is so tight, I think other things just inevitably get prioritized."

"One of the big things about our long term conditions and also the stuff around physical activity is about the equalities and inequalities. There are only so many classes and we know that they're full, but who's going? Who's attending? Who? You know where in Manchester [are people coming from] It'd be really useful to understand the catchment area. You know, and not just from our statutory services, but also VCFE people involved in physical activity. I would say that we've asked locally for some of that data and we just don't have it."

1: Data & Insight: Action

Tip 3: Identify and signpost to the latest, trusted body of knowledge that supports the claim that physical activity positively impacts mental health.

"I think knowing how it (physical activity) affects the chemicals in your brain to improve mental health, that gets people on board, they like to know what's going on in the brain. I think it's good for other practitioners to know that there's an evidence base for it. We're not just sitting there going well, just go for a walk and you'll feel better knowing why it makes you feel better."

Recommendation amendment: Facilitate the identification and use of existing data and insight highlighting inequality of access or uptake to physical activity opportunities to ensure no communities are excluded going forward. Create a resource of sector data sources and a bank of data packs and sources of insight to support local programmes.

2: Relatable Comms Reflections

Original Recommendation: '**create co-produced messaging** (portfolio of resources) that speak to all levels of the system and **help them shape and influence** their respective audiences in identifiable terms and with messages that resonate with them'.

Through the qualitative wave 2 research health and social care sparkplugs working across varied health and care system areas described the importance of having relatable communications and conversations with the varied audiences they were seeking to influence. Often the sphere of intended influence is not the 'public' or communities in which they work, but other sectors or colleagues. Seeking out a narrative and language which is familiar, non-threatening and complementary to their world is important. The following quotes are illustrative of this practice:

Tip 1: Not to be seen as 'telling others' what they are doing wrong create communications to capture both public and clinical spaces.

"I think health care providers are often sceptical of public health people or people coming in from a different sector and even though it seems like they're just trying to help, by telling them how to change and how to run things and how to do that [can be interpreted as they are not doing their job correctly]."

2: Relatable Comms Action

Ensuring having political and influential leaders on board was identified as important to system change. As such, the language in which councillors or other leaders are briefed is crucial to ensure buy-in and applicability in the rooms and forums they operate;

Tip 2: Raise awareness and brief political and influential community leaders across the system, go out and meet them.

"I make sure that I brief all our counsellors and make sure that it's in community resilient forums for everybody. I make sure that all the comms like leisure service comms, health improvement comms the council comms that they all know about it. I've also a shared a brief with lots of our community groups, I think that's key. I've actually gone out and met them."

"I've met some of our ethnic minority community groups, I've actually gone out and said this is coming, this marketing material is coming. Would you be willing to use it when it comes out and those type what I call soft skills that and engagement skills that you know they need to see why it's relevant to them. So it's about linking. If you use this, it'll be really good for your community and you'll, you know, these are the benefits."

Recommendation amendment: 'Create co-produced messaging (portfolio of resources) that speak to all levels of the system and help them shape and influence their respective audiences in identifiable terms and with messages around PA that resonate with them.'

3: Community Champions & Trusted Transmitters Reflections

Original Recommendation: 'Continue to i**dentify local community champions** or trusted transmitters in locality settings to act as **conduits and translators** of physical activity messaging and the promotion of physical activity in the hyper-local system'.

Through the qualitative wave 2 research health and social care sparkplugs working across varied health and care system areas described the importance of authenticity and belief of the champions they aligned themselves with. Many spoke of examples of biographies and background examples of work that complements the use of physical activity as a preventative health and care solution and or personal stories of the importance of this:

Tip 1: Align with and learn from cross-sector experts in the field - seek out the right people.

"So obviously the key players for me were the internal public health team that I was working with. Because this isn't my normal bag [normal role], you know, my normal bag is clinical work and I had to learn a lot from them about how the local systems work and how to go about things. So I wasn't just barging in, just thinking I could do whatever I wanted."

3: Community Champions & Trusted Transmitters Action

Tip 2: Use your trusted transmitter as a gatekeeper and intermediary to open doors into sectors and communities you want to influence.

"He was able because he is a clinician, he was able to contact the practice or practices and arrange meetings with various people in the practice that range from your reception staff, to practice managers, and nurses of, you know, yeah, health and healthcare assistance as well."

"So from a systems wide approach, the GP practices are happy to promote the physical activity material."

Tip 3: Capitalise on and speak to authentic interest when you see it.

"Around the active practice the key relationships have all come from your practice managers and I don't know if we've been lucky or whether this would work across another patch, but the four of them seem to be very interested in health and physical activity."

"It's important to get the right people and those who gets it."

Recommendation amendment: Identify local community champions or trusted transmitters in locality settings to act as conduits and translators of physical activity messaging and the promotion of physical activity in the hyper-local system.

4: Signposting, Resources & Training Reflections

Original Recommendation: 'Acknowledgement that there are already some fantastic training opportunities and resources available. **No need to recreate, but ensure layers of the system have access, time and resources** to understand the benefits of integrating physical activity into health and care '.

Through the qualitative wave 2 research, via interviews, workshops and reflective practice a number of health and social care sparkplugs described the ways in which they were actively promoting existing training across their networks:

Tip 1: Educate frontline staff through offers such as <u>physical activity clinical champions training</u> so they can confidently cascade the message to the community members in most need.

"The plan was really to look at these GP practices and see how we could promote physical activity through two main routes. So the first one was by educating the staff in physical activity. We were doing that through physical activity champions training, to allow them to promote that to patients."

4: Signposting, Resources & Training Reflections

Tip 2: Provide funders and commissioners data to build strong business case for resource allocation to enable expansion and continuation of initiatives.

It was observed that additional resources were essential to expand programmes and initiatives that had been proven successful in order to enhance impact reach.

"It has been successful, but we haven't got capacity to, we need more money, would actually need more money and more people more kind of project managers to be able to expand that, you know to grow that model and all its might."

"It's OK me flying in and flying out, but you need somebody within the organization to be that driver as well."

Recommendation amendment: Ensure layers of the system have access, time and resources to understand the benefits of integrating physical activity into health and care. Signpost to the wealth of existing training opportunities and resources available.

5: Strategic Leverage Across the System

Original Recommendation: 'Capitalise on GM Moving as an established brand for physical activity. Use this to **push more challenging discussions at a strategic level** to realise the priorities within the strategy.'

Through the qualitative wave 2 research, via interviews, workshops and reflective practice a number of health and social care sparkplugs identified the need for strategic leaders who understand the rationale and potential role of physical activity in their sectors.

Tip 1: Seek out strategic leaders with leverage and enhance any 'authentic' belief in the value of physical activity with insight, comms and resources.

"You do need a driver or a systems leader with this (authentic belief), because sometimes they're coming at it from a different lens, they're coming at it from a purely marketing lens and it's been interesting because we've had quite a few conversations where I've gone, "that's just not going to land".

5: Strategic Leverage Across the System

Tip 2: Strategic leaders act as mentors to their workforce through actions that grant permission to utilise physical activity in various settings.

"*She's the practice manager. She allows her staff in the office, when they start to get quite stressed or dealing with really difficult patients on the phone. She just gives them permission to go out for a 5 minute walk. I think it's really good practice.*"

Recommendation amendment: 'Capitalise on GM Moving as an established brand for physical activity. Use GM Moving and other identified strategic leaders to push more challenging discussions at a strategic level to realise the priorities within the strategy.'

6: Physical Activity as a Core Priority for all Health and Social Care Initiatives

Original Recommendation: 'Help position physical activity to the centre stage for all health and social care agendas rather than as an add-on or complementary service. How to move this into all strategic priorities to ensure it is a collective goal.'

Through the qualitative wave 2 research, via interviews, workshops and reflective practice a number of health and social care sparkplugs did describe a tension felt when talking to some general practice teams about prioritising movement in their treatment plans. General Practitioners were felt to have other priorities that were often commercial in nature:

Tip 1: Work with health care practitioners to help them understand how movement can facilitate their core priorities and targets, long-term.

"Whenever you go to GPs, inevitably because they're essentially running a small business, one of the things they're going to want to know about is, if there's any funding for it. And in my case I had to essentially say no there's not but this is good and this is something that you should be doing. You know in your clinical practice anyway, and that was all I had [to persuade GPs] really."

6: Physical Activity as a Core Priority for all Health and Social Care Initiatives

It was also identified that those working within health and social care profession were extremely busy and as a result did not prioritise movement into their own daily practices. This was seen as not only having a detrimental effect on their own health and wellbeing but also made it difficult to 'advise' others to adopt behaviours that were alien to themselves.

Tip 2: Advise health and care sector to embed physical activity as a priority in the routine of their own workforce.

"I work in health and social care. I sit in an office day in, day out, and I don't move. I'm mentally exhausted. How can we keep telling people that you need to be moving more when we're sat at desks all day, every day and not moving."

"They're not offering any proper breaks. They're not offering them exercise schemes. You are having to work through dinner breaks. You are troughing a sandwich at your desk. This job has destroyed my mental and physical health and we don't look after our own. We expect us to be robots and machines and plough on. So if you want us to sell this healthy lifestyle, then allow us to have it in the first place."

6: Physical Activity as a Core Priority for all Health and Social Care Initiatives

Through conversations with some health and care practitioners, it is apparent that embedding movement into the daily routine is possible and the benefits are being observed. Below a GP Practice Manager described two practical initiatives introduced to embed movement into the workforce, and in turn patients' lives:

"So we don't have a call in screen, so people get up and go and get their patients from the waiting room, which I just think is a really easy thing for them to do. So that's a benefit to the clinicians."

"We do a version called 'Walk Talk Walk', and we do it with a GP or a clinician and we have a topic.....So not only help those people because they got together and they met each other, they asked some questions of our clinicians and then they've now got somewhere to go on a regular basis. So that was really good."

Recommendation amendment: 'Position physical activity to the centre stage for all health and social care agendas rather than as an add-on or complementary service. Embed physical activity into the H&C workforce daily routine.'

7: Safe-Space Community of Practice

Original Recommendation: 'Create and enable safe spaces for narrative of physical activity in health and social care to evolve and where needed, disrupt the existing system. Facilitate and convene conversations which bridge gaps and start new movements of change.'

Through the qualitative wave 2 research, via interviews, workshops and reflective practice a number of health and social care sparkplugs highlighted new formal networks created to ensure good practice was being shared across the system.

Tip 1: Important to create local networks where people across sectors working in a shared geography can interact and share practice in a safe transparent environment.

"It is very important to be able to share all that good practice and be honest and open really important. And I think we've got the right model right in Salford through the SPAA network. So that's the Salford Physical Activity Alliance and that is a huge, is a big network of a range of schools and voluntary sector and our health in the leisure services, our provider of services."
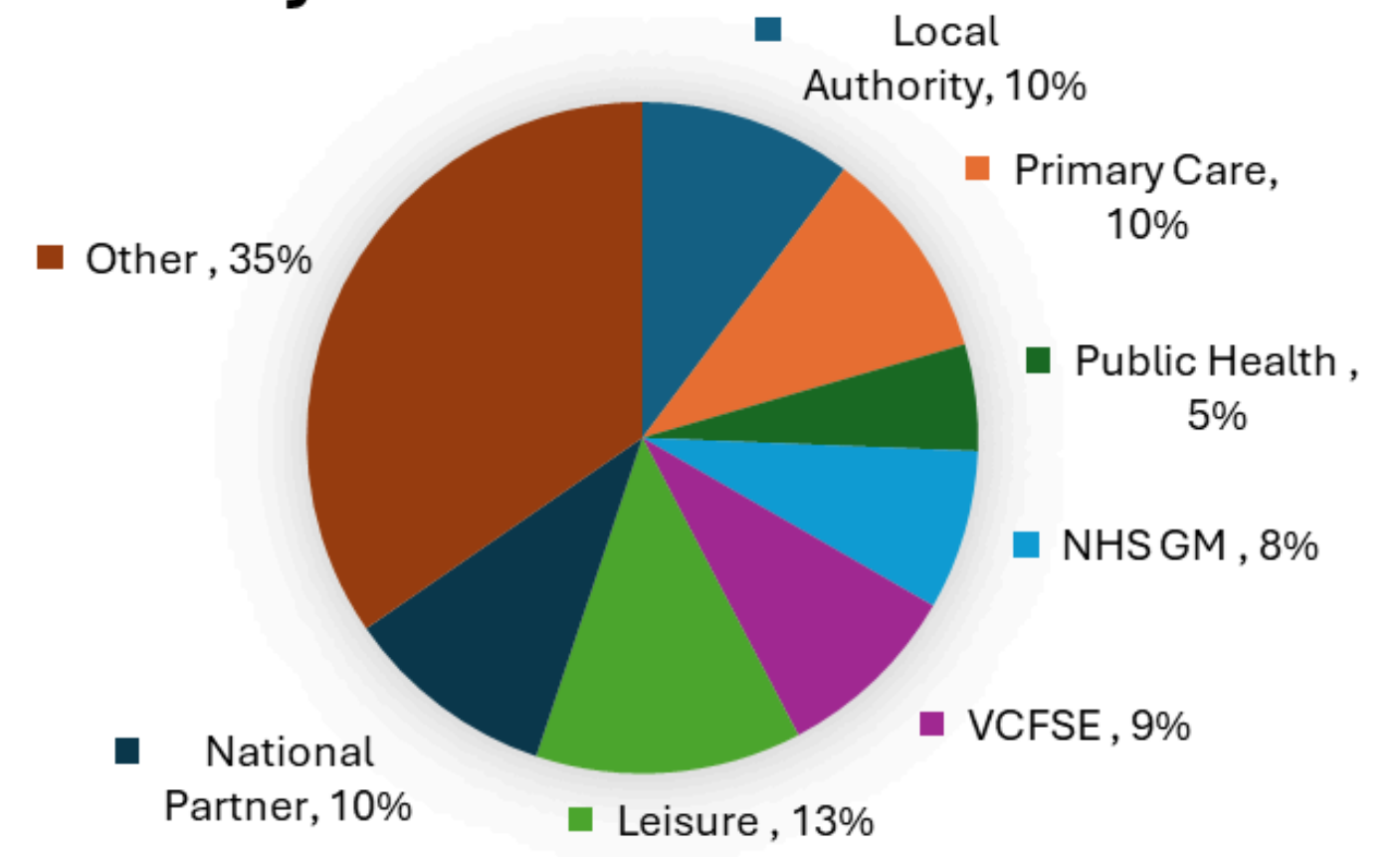
7: Safe-Space Community of Practice

GMM have been instrumental in facilitating safe-space communities of practice to allow those working in the health and care system to discuss with cross-sector partners the approaches to enabling physical activity. On 13th June 2024 GMM alongside Population Health, the VCFE, Wellness Leads and Substance Research Team hosted an event with three key aims:

- To share approaches, stories and progress across Greater Manchester.
- Connect with others driving this work forward.
- Look ahead to key priorities and new opportunities.

Over 300 people were invited to the 'Embedding movement in Health and Care systems – Greater Manchester Moving in Action Event' and 115 attended. The attendees were distributed as shown in the chart above, demonstrating a good spread of sectors.

Where do you work?

- Local Authority, 10%
- Primary Care, 10%
- Public Health, 5%
- NHS GM, 8%
- VCFSE, 9%
- Leisure, 13%
- National Partner, 10%
- Other, 35%

7: Safe-Space Community of Practice

The event proved useful in raising awareness of approaches to support movement in health and care with 43% of delegates stating that they were very aware (8 out of 10 or above) of approaches prior to the event on 13th June 2024, compared to 72% after the event. The selection of quotes below illustrate the motivations to be involved in the workshop, many of which pointed to taking new direct action:

"Build on connections and create new relationships."
"Review the effectiveness of our priorities."
"Look at some examples of how we might be able to explore in a small and manageable way (at place)."
"Connect with people from today to take discussions further."
"Need GMM to help link health providers to local PA services."

Tip 2: Facilitate cross-GM and cross-sector system networking, insight, ideas, and opportunities to embed physical activity across health and care systems.

Action Recommendation: No change, recommendation wording remains relevant.

8: Authentic Strategic Leadership, Enabling Collective Leadership

Original Recommendation: 'Strategic leaders/sparkplugs can continue to be catalysts of system change through their own practice and evident authentic interest and personal belief systems. People within their systems begin to mirror behaviour and narratives which promotes an ethos of physical activity across areas of personal and professional lives.'

Through the qualitative wave 2 research, via interviews, workshops and reflective practice a number of health and social care sparkplugs described ways in which departments are working differently together under a new collaborative arrangement and as a result of senior leaders across the local authority and public health working together.

Tip 1: Create opportunity for system leaders to work together on shared strategic goals.

"We had an away day the other day in Public Health. It was all around systems as well and systems working, and we had social care there as well, so they're trying. We are trying to work across the system and we did a lot of exercises that day. There's no one single owner. This has got to be everybody that owns it... through to our senior leadership team and it's not just public health. Our Director of Public Health is working closely with our other senior leadership team and I think that's a newish shift."

8: Authentic Strategic Leadership, Enabling Collective Leadership

It was also noted that the presence of high profile strategic leaders such as Mayor Andy Burnham at roundtable events has real value to stakeholders. Strategic leaders advocating for the inclusion of physical activity to support mental health helps to fuel challenging conversations across the system.

"Andy Burnham reinforcing challenge to GM Moving to lift Mental Wellbeing benefits of PA at Greater Manchester Moving Roundtable."

Tip 2: Capitalise and amplify strategic leaders support for strategy, interventions or ways of working that promote physical activity across health and care.

Action Recommendation: Title change for clarity to ' Authentic Strategic Leadership, Enabling Collective Leadership'. And action to: 'Strategic leaders/sparkplugs to enable system change through promoting PA in their own practice and displaying authentic interest and personal belief systems. People within their systems are empowered to mirror behaviour and narratives to promote an ethos of physical activity across areas of personal and professional lives.'

Practical Recommendations Refresh v2

Through qualitative research methods involving interviews, reflective practice, in-person events, online workshops and mentimeter feedback it has been possible to refresh a number of recommendations to embed physical activity into health and care system. This report has attempted to articulate concrete examples of the support for these recommendations and the next subsections detail snapshot case-studies from three priority areas, those being; Active Practices; Mental Health and Non-Clinical Interventions.

Greater Manchester Physical Activity, Health & Social Care Integration (H&SCI)

Pragmatic Support to System Integration

1 Data and Insight

Facilitate the identification and use of existing data and insight highlighting inequality of access or uptake to physical activity (PA) opportunities to ensure no communities are excluded going forward. Create a resource of sector data sources and a bank of data packs and sources of insight to support local programmes.

2 Relatable Comms

Create co-produced messaging (portfolio of resources) that speak to all levels of the system and help them shape and influence their respective audiences in identifiable terms and with messages around PA that resonate with them.

3 Community Champions & Trusted Transmitters

Identify local community champions or trusted transmitters in locality settings to act as conduits and translators of PA messaging and the promotion of PA in the hyper-local systems.

4 Signposting, Resources & Training

Ensure layers of the system have access, time and resources to understand the benefits of integrating physical activity into health and care. Signpost to the wealth of existing training opportunities and resources available.

8 Authentic Strategic Leadership, Enabling Collective Leadership

Strategic leaders/sparkplugs to enable system change through promoting PA in their own practice and displaying authentic interest and personal belief systems. People within their systems are empowered to mirror behaviour and narratives to promote an ethos of physical activity across areas of personal and professional lives.

7 Safe-Space Community of Practice

Create and enable safe spaces for the narrative of PA in H&SCI to evolve and where needed disrupt the existing systems. Facilitate and convene conversations which bridge gaps and start new movements of change.

6 Physical Activity as a Core Priority for all H&SCI

Position physical activity to the centre stage for all health and social care agendas rather than as an add-on or complementary service. Embed physical activity into the H&C workforce daily routine.

5 Strategic Leverage Across the System

Capitalise on GM Moving as an established brand for physical activity. Use GM Moving and other identified strategic leaders to push more challenging discussions at a strategic level to realise the priorities within the strategy.

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Deep dive in practice: learning from three priority areas in adopting the 8 pragmatic steps.

04

Greater Manchester Active Practices: integrating physical activity across health and social care

Substance undertook interviews with key influencers across Greater Manchester's public health and social care landscape, hosted a number of in-person cross sector meetings and collated reflective practice entries in order to explore stories of physical activity system integration.

One in four people say they would be more active if it was recommended by a GP or nurse. Surgeries can play a vital role in promoting movement across patients and staff; partnering with a local physical activity provider to support the practice; and reduce inactivity in patients and staff.

So how does this work in practice? How do you get surgeries to increase their physical activity in staff and as a medicine for their patients?

"By educating the staff in physical activity, and the benefits physical activity can be for prevention. We were doing that through GM [Greater Manchester] physical activity clinical champions training, to allow them [surgeries] to promote that to patients. And then the second one was by using the active practice framework to increase physical activity in staff and patients."

Tips to mobilise Active Practices:

- **Authentic Interest from leaders:** Practices led by senior management that believe in, advocate for and practice physical activity themselves facilitate uptake.
- **Data and Insight** - find locally (or if unavailable, nationally) relevant data on the fiscal importance of physical activity to tap into for key strategic conversations.
- **Trusted transmitters** - having a strong relationship with your public health team is a key priority to Active Practice success.
- **Signposting resources and training** - Physical activity champions training and moving medicine are crucial to Active Practice delivery.

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Authentic strategic leadership to enable collective leadership:

This authentic interest and clinical understanding was highlighted as critical to help with gaining access to practices:

"My day to day can be full up with clinics like musculoskeletal clinics and exercise medicine, and so I'm able to get into the right clinical spaces."

Other participants reflected on how authentic leadership needs to be in every organisation:

"It's OK me flying in and flying out, but you need somebody within the organization to be that driver as well."

The importance of leadership in practices was iterated:

"**[the practice manager] gives me permission to go out for a 5 minute walk [when stressed]. I think it's really good practice... So my role is now to share that with another practice and this works for them.**"

Integrating physical activity into health and social care through - Active Practices

Effective work across and between sectors - strategic leverage across the system.

The participant themselves did not reflect on GM Moving's role too much in the interview. But when reflecting on this question over email after the interview. The participant mentioned that:

"GM Moving and myself connected after I had established the practices. And they are hoping to provide some assistance going forward"

Relatable communication across the system:
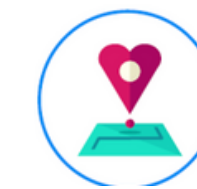
When discussing the relational communication between clinical and public health, one participant discussed the importance of relatability in different occupational settings:

"I think health care providers are often skeptical of public health people or people coming in from a different sector and even though it seems like they're just trying to help, by telling them how to change and how to run things and how to do that [can be interpreted as they are not doing their job correctly]."

Another participant mentioned the importance of linking community engagement and comms explicitly together:

"I've met some of our ethnic minority community groups, I've actually gone out and said this is coming, *This marketing material is coming. Would you be willing to use it when it comes out.*"

Physical activity as a core priority for all health and social care

One participant reflected on the lack of prioritisation physical activity gets in social care:
"Social care. I think it's more our senior leadership team that have to buy in more and I don't feel like I can influence. They just seem too far removed really and I would personally work on getting primary care more involved in prevention and then integrate more into the social care after that."

The frustration that physical activity is not a priority focus for GP practices was highlighted by another participant:
"Although the practices that I worked with were all good and communicated, I do think it's still not a priority, it's still not the number one priority for GP practices. This means that sometimes in terms of time and getting face to face and being in the practices it does put you down the list a little bit"

Community champions and trusted transmitters.

Participants discussed the importance of trusted colleagues in public health and communities:

"My normal bag is clinical work and I had to learn a lot from them [public health] about how the local systems work and how to go about things. So I wasn't just barging in, just thinking I could do whatever I wanted."

Another participant went further:

"I can't emphasize enough the importance of going out and meeting people and actually building relationships."

And finally, a participant reflected on their positive Active Practice experience, highlighting committed managers:

"Around the active practice the key relationships have all come from your practice managers and I don't know if we've been lucky or whether this would work across another patch, but the four of them seem to be very interested in health and physical activity."

Integrating physical activity into health and social care through - Active Practices

Safe space communities of practice

One participant reflected on the need to signpost networks to good practice:

"It is very important to be able to share all that good practice and be honest and open is really important ... [having a] big network of schools, voluntary sector and our health and leisure services, all our provider services."

## Learning and adapting - Data and Insight:

Access to appropriate data was noted as a barrier: **"I think that that's something I just couldn't quite find the right data locally, and I couldn't even prove that there was an increase in physical activity in these practices as I didn't even have a measure to say why that was good. You know what I mean?"**

When discussing the importance of local health data:
"It's hard, if you could go armed with this [local health data] to say, look, I know you don't get any specific funding for this, but if you can just have that long term vision to improve the population health in your area in five years you'll be better [in hitting your core fiscal priorities]."

While there was a clear barrier to the data at disposal, the active practices work did not suffer as a result of:
"managing to work our way around that and sometimes it just meant a bit of extra effort [in pushing for funding] on our part".

Transforming governance and processes – signposting resources and training:
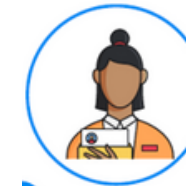
Resources and training were noted as being key to effectively implementing Active Practices:
"The plan was really was to look at these GP practices and see how we could promote physical activity through two main routes. So the first one was by educating the staff in in sort of physical activity. We were doing that through physical activity champions training, to allow them sort of promote that to patients."

A participant reflected on the importance these resources have been to system integration. **"Training and physical activity resources like Moving Medicine have been essential to training to practices so far."**

Greater Manchester **Mental Health**: integrating physical activity across health and social care

Substance undertook interviews with key influencers across Greater Manchester's public health and social care landscape, hosted a number of in-person cross sector meetings and collated reflective practice entries in order to explore stories of physical activity system integration.

Physical activity plays a key role in developing people's wellbeing and their mental health understanding. Service delivery managers outline the benefits of connecting mental and physical health activities:

"We know that when people move, they're able to get out and do things more. They feel more independent, they feel better in themselves. Things like eating improves, sleep improves, mobility improves, pain lessens often, and people have fun as well while they're doing it. So the activities we do are designed to promote inclusion in a fun and interactive way. It's not just about hitting the gym."

Tips to mobilise mental health and physical activity support integration:

- **Safe space communities of practice:** creating a safe space for your population is a key tip to mobilise mental and physical health support.
- **Data and Insight** - find locally (or if unavailable, nationally) relevant health inequality data on the fiscal importance physical activity to tap into for key strategic conversations.
- **Relatable communication -** PCN relationships are key, therefore each PCN manager needs to understand the benefits of wellbeing from a social and economic perspective.
- **Signposting resources and training -** physical activity clinical champions training and moving medicine are crucial to Active Practices delivery.

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Authentic strategic leadership to enable collective leadership:

This authentic interest was key for strategic buy-in from the PCN for one of our interview partners. Understanding the broad value of wellbeing enabled services to grow and develop:

"Well, to be honest, the PCN manager is very passionate about the wellbeing side of it. So as a PCN, they make sure the funding is there for the wellbeing side of it. And they've made use of it. So we've got a good Wellbeing Team. In terms of barriers, I wouldn't actually say we had that many barriers, to be honest, because the PCN manager is very passionate about it. From experience I've not had any other barriers really."

Integrating physical activity into health and social care through - Mental Health

Effective work across and between sectors - strategic leverage across the system.

Cross sector relationship building to collectively improve physical activity wellbeing development was viewed as a valuable exercise:

"Obviously we'll do the networking meetings such as, Manchester Young People, and meeting social prescribing [teams]. I do that once a month, so we'll get to meet with all the other children and young people services out there. We share ideas, and talk about how we can help each other."

Relatable communication across the system:
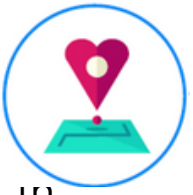
Communication for funding has been more difficult in comparison with advertising events to the wider public:

"Communicating OHP (occupational health physician) is always a challenge because we have to bid like everybody else's bidding and there's so many people needing funding out there at the moment, like we've been fortunate and certainly in the past few years and our physical health offering has been quite a strong one."

However having a comprehensive marketing strategy helps to assure that the events are marketed appropriately to the community they are trying to reach:

"We do like a monthly newsletter. We have a monthly timetable put on the website and put on social media. We do Posters, communicate it in different groups, so we're running something right?"

Physical activity as a core priority for all health and social care

Physical activity as a core priority for all had a mix of responses per sector. One interview partner discussed the lack of prioritisation in education as a barrier to system integration:
"I think our major barriers was obviously when we had to approach the schools, and try and get them to understand the benefits of physical activity."

In contrast, one VCSE interview partner discussed the way in which physical activity was at the heart of everything they do to support people in their community:
"We followed the five ways to wellbeing model here at the center and what we've tried to do is implement at least one physical health activity every day here at the centre that we're open."

Community champions and trusted transmitters.

Building trust is often acquired over time and with demonstration of experience. One interview partner described their relevant professional biography:

"OK, so personally, I've done 10 years in welfare to work before I came to working at the CLC [creative living centre], but I'm also a qualified counsellor, so… people getting out and just being able to access things that are out there, we hear all the time about even small things, like being able to go and get the bus."

Another interview partner discussed the strength in strong trust between delivery and the PCN, facilitating cross sector referral processes:

"We do have conversations with VCFSE organisations that do work with children and young people and we have a good relationship with them. If we want to refer into them."

Integrating physical activity into health and social care through - Mental Health

Safe space communities of practice

One participant reflected on the success of a health care professional going on walks with community members, to create safe environments for behaviour change:

"So the fact that we put a healthcare professional with that walk legitimises that (activity) as well"

## Learning and adapting - Data and Insight:

Data and insight plays a key role in explaining the underlying issue of mental health conditions and the outcomes of mental health and physical activity interventions:

"When the service first started, we looked at health inequalities because the PCN (primary care network) is passionate about the health inequalities, so children free school meals became data that we collected … health inequality data was used to map which schools were the first to prioritise"

Collecting data on the quality of the sessions is key to understanding where future funding efforts should be allocated, as outlined by interview partners: **"We sometimes do feedback forms. And we do get quite good feedback. Which helps us understand that a lot of the people that come to our sessions are in the community".**

Transforming governance and processes – signposting resources and training:
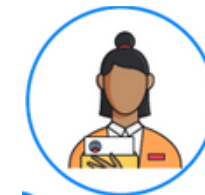
For many, the utilisation of training willing volunteers has been vital to the success or sustainability of delivery, in lieu of continued funding:

"Over the years, different things have dropped on or off, depending on the funding that's available. Some projects like the walking group were facilitated by a project manager because we have funding for it. But then when that ran out, we had to rely on volunteers to then pick that up and to continue running it. Luckily, we've got fabulous volunteer base. We've got 21 volunteers and a real core of them are in here every other day. They've done things like bike leader training, walk leader training."
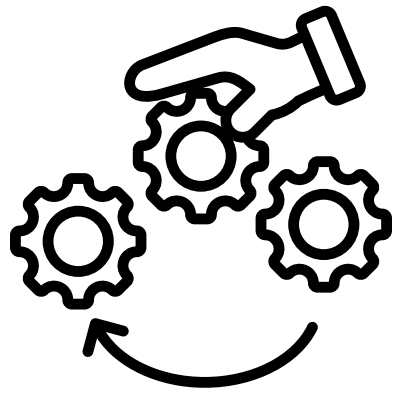
Greater Manchester **non-clinical intervention**: integrating physical activity across health and social care

Substance undertook interviews with key influencers across Greater Manchester's public health and social care landscape, hosted a number of in-person cross sector meetings and collated reflective practice entries in order to explore stories of physical activity system integration.

Research shows that non-clinical interventions are positively associated with improvements in well-being and body image for service users, while also reducing the burden on the National Health Service through preventative measures. One of our interview partners highlighted this:

"Keeping active is the biggest contributor to mental health, and again, physical activity plays a role there and so it kind of cuts across a lot of the agendas in relation to what GM Moving prioritise. We're trying to make sure that people live as long as they can. But as healthy as they can in the community as well."

Tips to mobilise mental health and physical activity support integration:

- **Data and insight:** is crucial to non-clinical intervention work, as delivery is reliant on funding. Health inequality data was key to all interview partners.
- **Strategic leverage across the system**- there needs to be more strategic support for social care and community development. Health care cannot be prioritised.
- **Relatable communication** - non-clinical intervention and community development are hand in hand, recognising the importance in communication across different groups is key to integrating physical activity and non-clinical intervention.
- **Signposting resources and training** - target resources and training to non-clinical community workers in order to integrate physical activity across the system.

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Authentic strategic leadership to enable collective leadership:

One interview partner heralded the strategic vision of their long-term conditions program which embeds physical activity into their health, lung and chronic obstructive pulmonary disorder (COPD) pathway:

"We're seeing physical activity more embedded in the work that we are doing about long term conditions. So one of the big strategic programs of work we've got in Manchester is around healthy lungs and adults who are living with chronic obstructive pulmonary disorder.....partly inspired by the general ethos that physical activity is really important for these long term conditions."

Integrating physical activity into health and social care through - Non-Clinical Intervention

Effective work across and between sectors - strategic leverage across the system.

Interview partners outlined how they can use their own strategic leverage to place physical activity into conversations around medical intervention:
"So we did exercise and physical activity for multiple sclerosis groups, Parkinson's disease, mental health...I think in this role I was the one that sort of asked them *can we introduce physical activity*?"

Relatable communication across the system:

One interview partner argued that relatable communication means removing clinical bias into training and support. Community services provide a huge amount of physical activity support and cannot access system support:
"In community services, loads of our staff are not medically qualified, but they are still going in and out of people's homes and have the opportunity for those conversations. The VCFSE is clearly really important in Health and Care. So the focus of our work around conversations has been on the non-clinical staff and VCSFE."

Further, an interview partner recognised the importance of communicating across differing ethnic groups for her and her staff, and how that can contribute to a face to face session:
"All our team are multilingual because we work with South Asians and Black, African, Caribbean, Chinese, Mandarin, Polish people. So we tried to keep all our awareness sessions as basic as possible, so that those languages can be translated into different languages."

Physical activity as a core priority for all health and social care

Physical activity as a core priority for all had a mix of responses, either outlining the progress it has made in recent years; or discussing the need for more of it:
"And in terms of physical activity, probably still physical activity is kind of a secondary thought, often for people with long term conditions. Physical activity is still often seen as something that the doctor will ask you to do rather than being something that we embed in each system as part of what we all should do in terms of supporting people with long term conditions to feel well living with their condition."

In contrast, one interview partner highlighted physical activity being part of the ICB strategy as indication of how far we've come: **"I think one of the breakthroughs is we had the opportunity with the ICB. With one of the key commitments in there [strategy] is around Ageing Well, improving life, physical activity and improving strength and balance. So it's definitely more of a commitment and more of a priority for the NHS"**

Community champions and trusted transmitters.

Interview partners discussed how their work has been hugely influenced by incredible community champions in the VCFSE sector in Manchester:

"You just kind of have to support the enthusiasts. I'm a big believer in going where the energy is. I would say that Trafford Active have really grabbed this and are running with it, I think that is because if you support the enthusiast then that enthusiasm can kind of spread."

Another interview partner discussed the role community champions have with the Manchester People's Network and Ageing Well work agenda:

"Community Champions tend to be the older people that we work with, within the Great Manchester Older People's Network we have key leaders who chair subgroups and attend events, to provide the voice of older people. One of the key roles they play is they will go out and seek opinions from communities and then they feed that back in [to delivery]. And I'd say they certainly do that from physical activity point of view."

Integrating physical activity into health and social care through - Non-Clinical Intervention

Safe space communities of practice

There's a huge importance in creating empowered local communities who can discuss physical activity themselves. One interview partner discussed this in relation to non-clinical intervention integration with GM:

"Rather than focusing on the activities and creating more activities, focus on empowering and enabling your staff and your communities to start conversations about physical activity with people."

Learning and adapting - Data and Insight:

Data and insight plays a key role in 'selling arguments' and suggests that there still is a long way to go before they can use data to it's full effect:

"I don't know if it is joining up services or if we just need to be a bit smarter about how we encourage collection of data."

However, other interview partners took a less critical approach. In which they discussed how using data is key to understanding how they can aid patients in their effort to reducing blood pressure:

We monitor [data] throughout [10 week physical activity intervention service]; we do the blood pressure at the beginning, we do the blood pressure in the middle and we'll do the blood pressure at the end and obviously resting heart rate and weight. Then just overall health improvement if they feel better for doing the physical activity".

Transforming governance and processes – signposting resources and training:

There is a clear area of focus here to call for change. In that, non-clinical sector workers cannot access many of the physical activity training services that GM Moving and NHS have been heralding as hugely important for PA integration. Such as, Moving Medicine. Emma touches on this below:

"When you look at the Health and Care sector [in Manchester], when you look at the training and the information about physical activity, it's very medical. It's targeted at clinical staff. In fact, non-clinical staff are excluded from these training modules. There's websites and a whole range support, but if you are not medically qualified, you are disqualified from accessing it. And what struck me was that, particularly for us in Community services, loads of our staff are not medically qualified, you know, but they are still going in and out of people's homes and have the opportunity for those conversations about physical activity and seems like a big opportunity missed"

Final remarks

This wave of research adopted a **multi-method approach to test the pragmatic steps** and with some slight amendments it proves to provide a **useful theoretical framework** for what is working in practice. This report has articulated what is already successful across Greater Manchester and highlighted a number of practical suggestions to help shape this work further.

At the recent 'Embedding movement into Health and Care Systems - GMM in Action Event' the concluding feedback from delegates when asked 'why movement matters' pointed to improvement on both physical and mental wellbeing and longevity. Many attendees also associated happiness, fun and a sense of community with physical activity.

Those who fed back talked about many different types of actions that the session had enabled them to think about. In general, these actions covered a wide array of topics also spoke to most of the Pragmatic Support to System Integration steps suggested in this report.

Final remarks

In terms of Data and Insight, the importance of collecting **reliable data to inform decision-making** was highlighted, as well as the sense-checking to ensure the data is truly representative of the community. Additionally, there was feedback regarding the importance of **incorporating both qualitative insights** and quantitative data in the decision-making process.

The participants also highlighted the importance of movement and activity in their efforts to improve poor mental health issues. In line with Physical Activity as a Core Priority for all H&SCI, the Creative Living Centre spoke in terms of how they implement a holistic approach to match physical wellbeing and mental health improvement. The video of the event can be watched here: https://www.youtube.com/watch?v=3RujXC2PZBo

In terms of Community Champions & Trusted Transmitters / Strategic Leverage Across the System, the significant investment by GM Moving was also emphasized in its facilitation of learning and collaboration across local authorities. Participants also highlighted that funders are also seeing the value of physical activity and, locally, there is encouragement to align organisations in the same direction by prioritising physical activity.

The discussion also touched upon the Trusted Transmitters/Local Community Champions pragmatic, whereby strong links among local authorities and other actors are necessary to deliver wide scale change. In this respect, the feedback process has been noted as fundamental to ensure meeting everyone's needs are considered as much as possible.

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Authors: Substance research team led by Dr. Kath Edgar with Joe Williams, Eric Lockett-Cooke, Livia Capparelli and Charlie Grosset.
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