

STOCKPORT LOCAL PILOT SUBMISSION

Principle 1

Describe the journey to propose the areas of focus, activities and budget plan;

We have had a small group of experienced staff working consistently and meeting frequently on the Discovery Phase. We are using the Double Diamond programme methodology. This has now been expanded to include a part time project officer. We have been supported throughout by Matt Johnson and Scott Hartley. During this time we have

- Made presentations to key audiences and groups who can help us in our work - SLG, Stockport Families Executive, VCSE.
- Started to collate our insights work - we now have a reference library that includes all our insight work.
- Held regular meetings with stakeholders.
- Had regular liaison meetings with GM Moving and regular attendance at the GM LP.
- Prepared an Active Communities Strategy and a Walking and Cycling strategy which are now out for consultation – see <https://consultation.stockport.gov.uk/> these provide the strategic overview to the LP and the whole system context
- Prepared a proforma for expressions of interest now that the word is out about the LP – this will enable us to return to interested parties. We have asked them for contact details, current areas of work relevant to the Local Delivery Pilot priority groups, areas of potential development to further support these priority groups, current relevant insight or evaluation data that your organisation is willing to share to assist with the programme development planning.
- Provided regular briefings and updates to the Active Communities Steering Group that is overseeing the programme.

We started by being clear about **our principles** for the LP

- We want to take a whole systems approach – where we look at all factors that will enable and help people become active.
- We want the strategy to be person centred – based on their needs and what they tell us is important.
- We want to ensure that when we encourage behaviour change it is based on the best available insight.
- We believe that everyone has a role to play with the public sector leading by example.
- We want our actions to be genuinely collaborative and coproduced with our residents.
- We recognised that this is about transformational change.
- We recognise that this is about social participation and creating an environment that is accessible to all.

We are adopting a two pronged approach in Stockport – this is detailed in further detail in the proposal for both elements, with a common theme of Unlocking Isolation.

Programme One: Brinnington

- Inactive residents who are 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

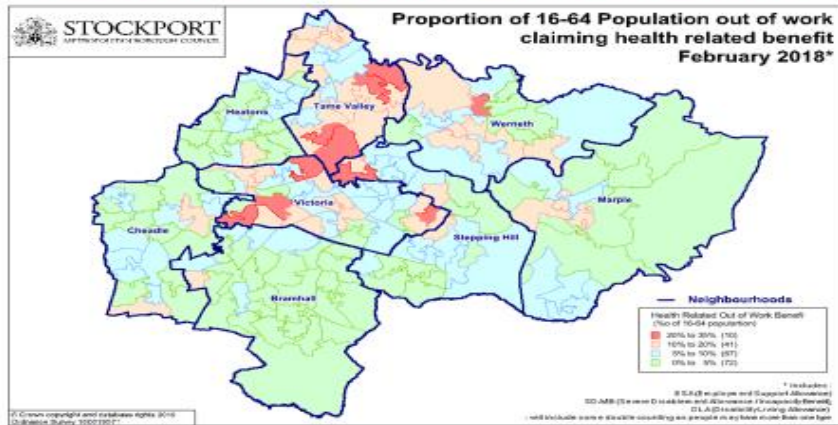
Programme Two: Children and Young People with SEND (Special Educational Need and Disability) aged 5-18 in out-of-school settings

Why have we chosen these two areas – both the data and insight work has clearly identified this need

Brinnington Data

- Brinnington is a north-eastern suburb of Stockport
- The area consists mainly of council owned dwellings including high rise flats
- 7,145 people live in Brinnington, the population is younger than the Stockport average with 32% of the population aged under 20, compared to an average of 24%, conversely only 12% of the population is aged 65 and over compared to 20% across Stockport. The population of Brinnington is growing, in part driven by higher birth rates and also by the development of new housing in the area
- Brinnington is one of the most deprived areas in England, ranking within the 2% most deprived areas nationally, and indeed Brinnington Surgery has the 3rd most deprived population in Greater Manchester. 44% of people living in Brinnington live in income poverty, and rates of employment and educational attainment are lowest in this area
- The health impacts of levels of deprivation manifest in lower life expectancy and lower healthy life expectancy. On average people in Brinnington live 7 fewer years than the Stockport average, and the decline in health starts at age 55, compared to 71 in the most affluent areas.
- Smoking rates in Brinnington are particularly high, at 36% they are more than double the Stockport average and five times higher than the least deprived areas
- Brinnington residents have the highest rates of poor mental health in the Country. We know that 46% of people with a mental health problem have a long-term health condition
- It has 3 times the unemployment rate of Stockport - the unemployment claimant count rate for Stockport is 1.0% compared to 3.7% in the Brinnington neighbourhood area
- Brinnington is located adjacent to the Reddish Vale County Park, with excellent access to greenspaces and walking and cycling routes

Residents with Long Term Conditions



This slide shows a direct correlation between residents with LTC and claiming health related benefits (Brinnington is the red area in Tame Valley)

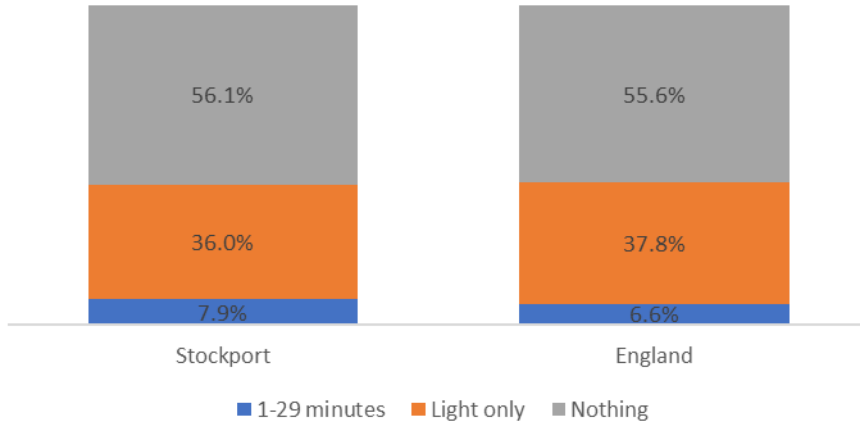
Physical Activity Data

Data from Sport England's Active Lives Adult Survey (November 2016 – 2017) tells us that within the borough, 18.3% of people (43,000) do fewer than 30 minutes of physical activity a week. It's also a significant decrease of -4.8% since 2015/16, one which only 12/326 local authorities have achieved.

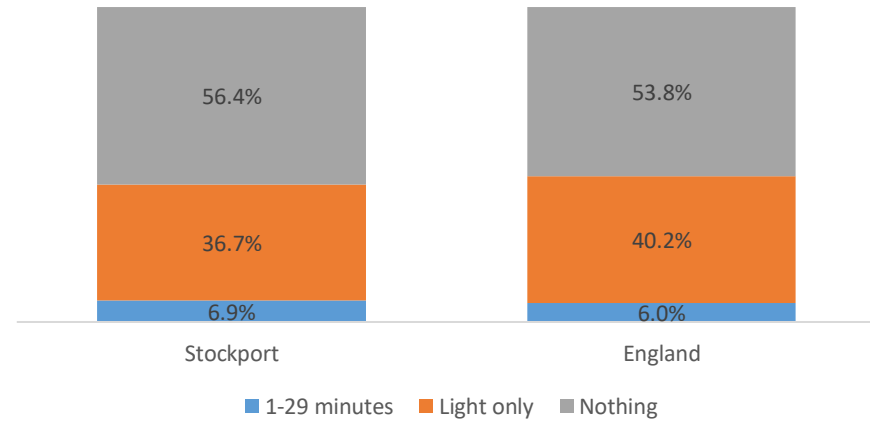
On the surface this appears very encouraging, however, a deeper analysis of inactivity levels show that:

- Adults with a limiting illness or disability are much more likely to be inactive in Stockport with 1/3 adults of this group inactive (33.3% Active Lives Nov 16-Nov17 compared to 15.4% of adults without a limiting illness or disability)

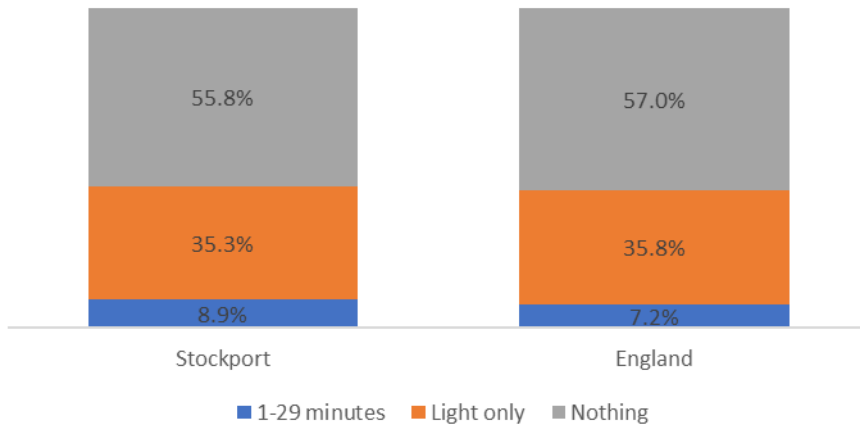
Overall - Of those that are inactive:



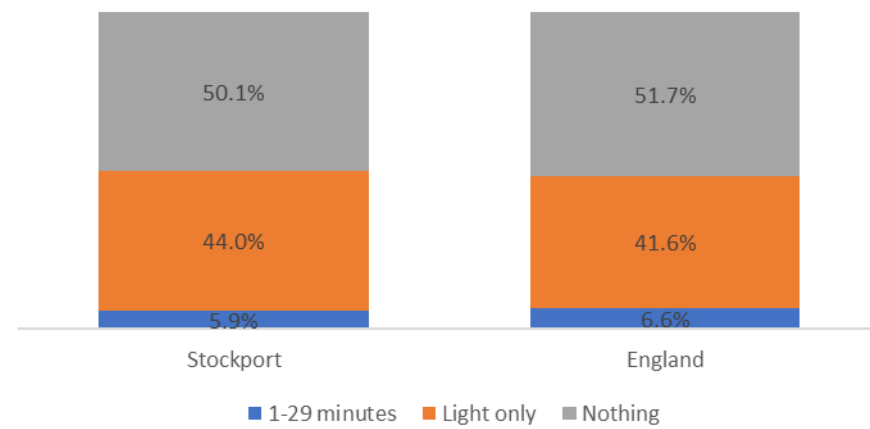
Males - Of those that are inactive:



Females - Of those that are inactive:



Aged 55-74 - Of those that are inactive:



	Inactivity levels	Population	Older adults aged (55+)	Older adults aged (75+)	Disability	NS SEC 6-8
MSOA 004 Brinnington	37.52%	7194	1,540 (21.41%)	420 (5.84%)	1721 (25.74%)	2752 (60.09%)
MSOA 002 Reddish North	28.92%	8233	1,775 (21.56%)	390 (4.74%)	1450 (18.26%)	2219 (38.90%)
MSOA 024 Offerton	29.42%	7213	2,158 (29.92%)	648 (8.98%)	1580 (22.90%)	1937 (39.85%)
MSOA 014 Central	29.09%	7017	1,872 (26.68%)	398 (5.67%)	1790 (27.88%)	2493 (49.98%)
MSOA 001 Reddish South	27.66%	7016	2,076 (29.59%)	494 (6.00%)	1355 (18.85%)	1907 (35.73%)
MSOA 026 Davenport & Cale Green	28.05%	6977	1,332 (19.09%)	351 (5.03%)	1395 (21.49%)	2046 (46.63%)
Stockport	18.3%	290557	63,019 (21.67%)	18,729 (6.45%)	52259 (18.45%)	54824 (26.70%)
GM	27.8%	2,782,141	733,217 (26.35%)	191,768 (6.89%)	521314 (19.44%)	673709 (34.20%)

The data at a Middle Super Output Area (MSOA) reveals a very different picture and some of our more inactive communities have more of the people from groups where inactivity rates are higher.

The data from Brinnington clearly identifies that this is an area where we have the highest levels of physical inactivity.

From this analysis we agreed that the focus should be on those doing nothing or light activity only as we know that the adult audiences for the local pilot are over represented within this inactive group (source: GM Moving Insight Slide Deck) and this is where the greatest benefits can be secured. This not only fits with our demographics but also indicated the behaviours that we should be targeting.

Brinnington Insight

Our new project worker is carrying out extensive conversations with residents and partners in Brinnington. Specifically in relation to the LP we have started to collate a consultation template. We deliberately started with open questions about the area – focussing on the positives and what was good about the area and taking a strengths based approach, and developing trust and relationships. This consultation is ongoing.

PANTRY CONVERSATIONS (JAN 2019)

- Importance of trusted people to gain the insight! (Example of engagement technique)
- Who are the trusted professionals?
- Who are the proactive residents?
- Genuine sense of community – can we find out more about this?
- Questions asked:
 - What are the good things about where you live?
 - What do you like about your street?
 - Who do you speak to regularly?
 - You've got the new gym – have you been? *(ask dependent on conversation engagement!)*
- Create conversations and trust
- Continuous mention of the “centre” of Brinnington around First House
- “Consulted out!”
- Passionate people (pantry) about their local community and what to see change

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RESEARCH

<p> BRINNINGTON LEISURE & PHYSICAL ACTIVITY FINDINGS</p> <ul style="list-style-type: none"> □ 139 respondents □ 68% very happy or happy about the new facility □ Who are the people who aren't happy and why? 	<p> COMMUNITY CONVERSATIONS</p> <ul style="list-style-type: none"> □ Pantry consultation □ BAGS group □ Individuals with influence and community insight □ What/how do you improve? 	<p> GM SCOPING SESSION (SECTOR 3 WORKSHOP)</p> <ul style="list-style-type: none"> □ Mixed consultation and shared expertise □ What works, how it's delivered, addressed barriers and shared evidence on benefits from engagement
<p> MADE TO MOVE</p> <ul style="list-style-type: none"> □ Beelines North/South side of Brinnington □ Can we work with local businesses? □ Concentrate on short distances as first step □ Great practice from Waltham Forest work □ GM wide Bike share scheme? 	<p> INSIGHTS LIBRARY</p> <ul style="list-style-type: none"> □ Meetings and co-design insight □ Information around people with disabilities □ PIPS online survey □ Benefits removed from P.A participation? 	<p> PARIS REFERRALS</p> <ul style="list-style-type: none"> □ 90 referrals July-Dec 2018 with approx. 60% engagement to first consultation □ How do we bridge the gap of those who don't attend? □ Behavioural insight work

ARE WE ASKING THE RIGHT QUESTIONS?

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Date	time of Day	Conversation reference	Gender	Where did the conversation occur?	Brief summary of conversation
22/01/2019	Afternoon		Female	Brinnington Community Centre	Pros of Brinnington - bus routes and trains. Close to the Stockport Town centre. Problems with ASBO and motorbikes on the roads making it dangerous and feel unsafe.
22/01/2019	Afternoon		Male	Brinnington Community Centre	Pantry is led by volunteers but recently there has been much less usage because of the £1 price increase (no difference in the stock being ordered).
24/01/2019	Afternoon	What are the good things about where you live?	Male	Pantry	People are friendly, good local services. Diverse. I use Mo's supermarket, closest place for me. There is a lot less in the town centre (around First House).
24/01/2019	Afternoon	What do you like about your street?	Male	Pantry	Good community spirit, people saying hello.
24/01/2019	Afternoon	Who do you speak to regularly?	Male	Pantry	People in the pantry, local GP, CPN/Caretaker.
24/01/2019	Afternoon	You have the new gym here in Brinnington, have you been?	Male	Pantry	Nope - I have a multi-gym at home that I use. I used to attend the Lapwing. Not seen any advertising - how much does it cost? What services are there, pool, sports? I use the football park in Stockport and I get the bus or walk.
24/01/2019	Afternoon	Are you happy with Brinnington and where you live?	Female	Pantry	Frustration - the town centre planning feedback was not considered. Consultation was with residents but the decision chosen wasn't based on our views. We had 3 supermarkets, two cafes, cake shop. The square was all green but not it's not there/non existant.
24/01/2019	Afternoon	What do you think other people in Stockport think about Brinnington?	Female	Pantry	Negative imagery, people think Brinnington residents are stupid!
24/01/2019	Afternoon		Female	Pantry	We are consulted out, it feels more like no you don't want this you want this. People don't want you to change they want you to stay sharp.
24/01/2019	Afternoon	What are the good things about where you live?	Male	Pantry	It's a good community but it needs more trees and litter picking.
24/01/2019	Afternoon	What do you like about your street?	Male	Pantry	Almost all the people who live locally look out for each other and help.
24/01/2019	Afternoon	Who do you speak to regularly?	Male	Pantry	Local people, library staff, local nurses.
24/01/2019	Afternoon	You have the new gym here in Brinnington, have you been?	Male	Pantry	No it doesn't but it should have a swimming pool and it doesn't so I go to Grand Central.
25/01/2019	AM		Male	Pantry	I've not been to the gym because of cost. I've just got a puppy so I know I

25/01/2019	AM	You have the new gym here in Brinnington, have you been?	Male	Pantry	I've not been to the gym because of cost. I've just got a puppy so I know I need to get more active so hopefully it will help. Only use the garden with the puppy! I do some exercises but I've injured my arm which has stopped me. I don't know about the PARiS scheme. I need help with my depression and I need to do something. I also have a long term health condition.
08/02/2019			Male	Café	There's a small Asian population but there is no presence at community places. There are now no pubs and no places to meet people or bump into others from Brinnington. Older adults see this change and they don't have another place to go to.
08/02/2019			Male	Café	Lamp lighters parade (when the clocks change) was a really good event and had very good numbers.
08/02/2019			Male	Café	There has been too may tick box exercises and services coming in.
08/02/2019			Male	Café	It's a no brainer for people who come out to engage with the services that are made available.
08/02/2019			Male	Café	Pop up groceries in the tower blocks? Use community chaplins (from the local church) to engage with people.
08/02/2019			Male	Café	Brinnington residents are very community minded, always willing to help each other. First House café is an ideal way to meet people and obtain food at reasonable prices. A lot of changes have happened in Brinnington, such as the amount of schools closed in the area forcing children to travel. My next door neighbour Bob is always helping the friends on our street shifting snow for everyone, mowing the grass. The Movieland and Dance, Pantomine organised by Pru, Barry and other family members of the community and they have a dancing class at the Salisbury every Monday. First House cafe always participate in events outside on Berwick parade. etc. Ken and Jean are the king and queen of Brinnington at most outdoor events! The Lantern parade is one event that is missed. One misconception about Brinnington is that every one is not working, but there are more working than out of work.

PROGRAMME TWO CHILDREN AND YOUNG PEOPLE WITH SEND

Children and Young people with SEND have much poorer outcomes for health and education. We have recently been inspected on our provision and a number of areas for improvement have been highlighted. Children and young people with SEND are some of our most vulnerable groups and in Stockport our vision is that;

‘Through a strategic and co-ordinated approach, to promote outstanding educational, employment and health and well-being outcomes for all of Stockport’s children and young people who have special educational needs and/or disabilities, so that all maximise their potential and make a successful transition to adult life (SEND Plan 2017-19).’

In terms of children and young people, we know that Active Lives for Children and Young People in 2017/18 showed that 32.2% of 5 and 16 year olds in Stockport are ‘less active’ compared to 35.8% across Greater Manchester.

SEND DATA

We have just prepared our SEND JSNA which shows the stark inequalities in all outcomes compared to those children and young people who do not have special needs.

Summary

- There are currently 7,714 children and young people aged 0 to 25 years who have a diagnosis of SEND in Stockport. 71.1% of the SEND population are in receipt of SEN support and 28.9% have an EHC plan
- Boys are more than three times more likely than girls to have an EHC plan, while girls are 50% more likely to receive SEN support
- The proportion of children and young people with SEND is highest in the more deprived areas of Stockport
- The proportion of children with EHC plans in Stockport is far higher than other comparable areas
- The prevalence of SEND in the school-age population has been relatively stable in recent years. Rates in the 16-25 years range have increased, following recent legislation which extended SEND services to this age range
- The most common reason for an EHC plan is a speech, language and communication need. Since 2015, the greatest increase in size of any need is among the cohort with autistic spectrum disorders
- Compared to the national average, Stockport has a greater proportion of the SEND population in mainstream schools and lower numbers in specialist provision. Educational outcomes are significantly worse for the SEND population in comparison to the non-SEND population but overall outcomes are better or comparable to other similar areas
- Educational attainment for the SEND cohort is significantly worse than for children with no identified SEND. Progression to post-16 employment and further education is worse in Stockport than comparable areas

- There are above-average rates of persistent absenteeism and fixed exclusions for children and young people with EHC plans in Stockport
- The most commonly diagnosed long-term conditions in primary care in Stockport in those aged 0 to 25 years are asthma and anxiety, and there is an upward trend in asthma admissions
- The overall complexity of the SEND cohort is increasing. This is demonstrated by a disproportionate rise in the number of SEND children and young people presenting with mental health problems, behavioural and communication problems and requiring social care support
- There has been a significant increase in demand for services which meet the needs of this increasingly complex cohort, including the educational psychology and learning support services. This is leading to increased pressure on services and waiting lists
- Increased demand for services is also likely to be driven by increases in the size of the SEND population in Stockport. Based on current understanding of SEND prevalence, it is forecast that there could be up to a 40% increase in the school-age SEND population with EHC plans over the next 10 years
- Our SEND population is over represented in our areas of deprivation.

Research also highlights that the benefits of physical activity are universal for all children, including those with disabilities. The participation of children with disabilities in sports and recreational activities promotes inclusion, minimises deconditioning, optimises physical functioning, and enhances overall well-being. Despite these benefits, children with disabilities are more restricted in their participation, have lower levels of fitness, and have higher levels of obesity than their peers without disabilities. Child, family, financial, and societal barriers to participation need to be directly identified and addressed in order to achieve the goal of inclusion for all children with disabilities in appropriate activities. (Murphy et al 2008).

SEND children young people and family insights:

We have spoken with a number of parents and parents' groups and recently participated in a SEND information workshop and started to engage parents in identifying issues that were important for families. As the programme develops we will work directly with children and young people with SEND to find out what they want to do. In Stockport most children have the option to participate in after-school activities, weekend team sports, and leisure activities. Whilst children with SEND have a chance to exercise in physical education classes and in the playground, after school these opportunities for fitness and leisure are limited for children and adolescents with disabilities. Children with disabilities want to have friends, enjoy activities, have a break from parents, and be included like everyone else. Like other children, their interests range from swimming and sports, to visiting parks and playgrounds, attending clubs and just hanging out with their friends.

At pools, playgrounds, gyms, and other facilities, parents have told us they face many difficulties. Some parents of children with disabilities such as brain injuries and autism note that people sometimes cannot accept behaviours and reactions that might result from a child being overstimulated or having difficulty adjusting to the loud noises and acoustics of a gym or pool. Sometimes parents face difficulties in coping with a child with additional needs in communal changing rooms, others have said that children in wheel chairs and walkers find it difficult to go to a playground surfaced in wood chips only to

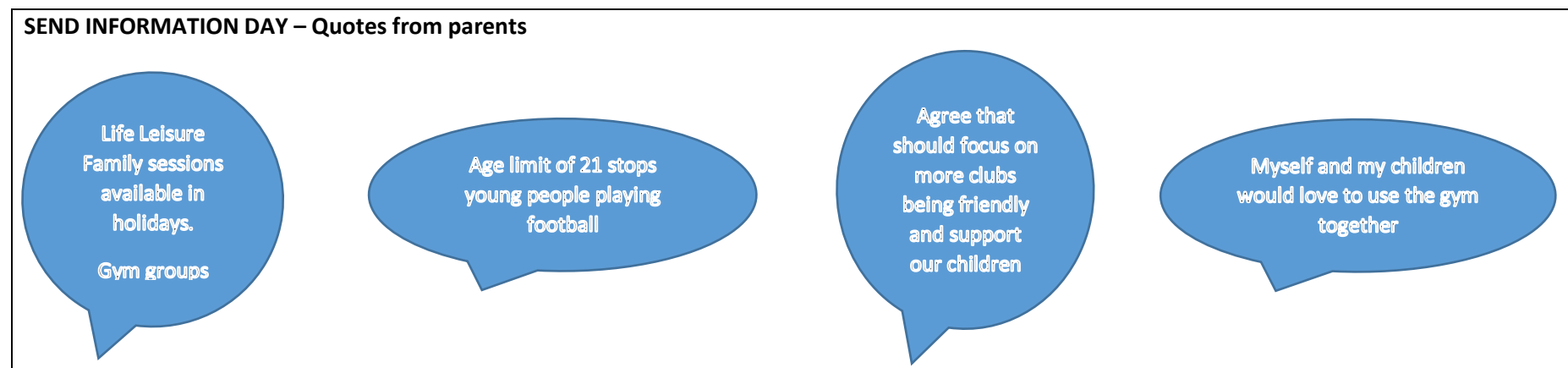
watch other children swing, use the slides, and play in the sandbox. Access problems can cause additional difficulties with sufficient parking, accommodations for vans with lifts, doors that open easily, elevators or ramps inside buildings, accessible bathrooms, changing rooms, barrier-free entry to pools, and adaptive equipment.

In Stockport whilst we have a number of programmes for physical activity funded by the Aiming High budget many parents told us of difficulties in having to travel across Stockport. Regular means of public transport, such as taxis and buses to get children to school events and games, are often inaccessible because they are not lift-equipped. Families of children with disabilities already feel overstretched financially. One parent told us of a family outing at a water theme park, only to find that their children with disabilities could not participate as there were no staff on duty who could operate the pool lift. A wasted and very expensive journey, where they were left with a very disappointed child. Sometimes children with developmental disabilities, children with visual impairments, and children with physical disabilities are placed together in programs and events. A child who has cerebral palsy can have a hard time playing basketball as children with spinal cord injuries zip around in wheelchairs.

Parents know that physical fitness is crucial for their child in preventing health conditions, such as obesity and diabetes, which result from low levels of physical activity. Just like their non-disabled peers, children with disabilities need an outlet for their physical energy. They know that physical activity increases a child's ability to cope with stress and anxiety and that self-esteem and building friendships is just as important to mental health and well-being helping their child be more self-sufficient and confident.

The overriding issue for parents was to have lots more accessible facilities that welcomed and supported their children. They wanted their children to stay local so that they could, for example, go to judo in the scout hut round the corner that their other children went to – they did not want their children to be segregated or isolated from their local community.

SEND INFORMATION DAY – Quotes from parents



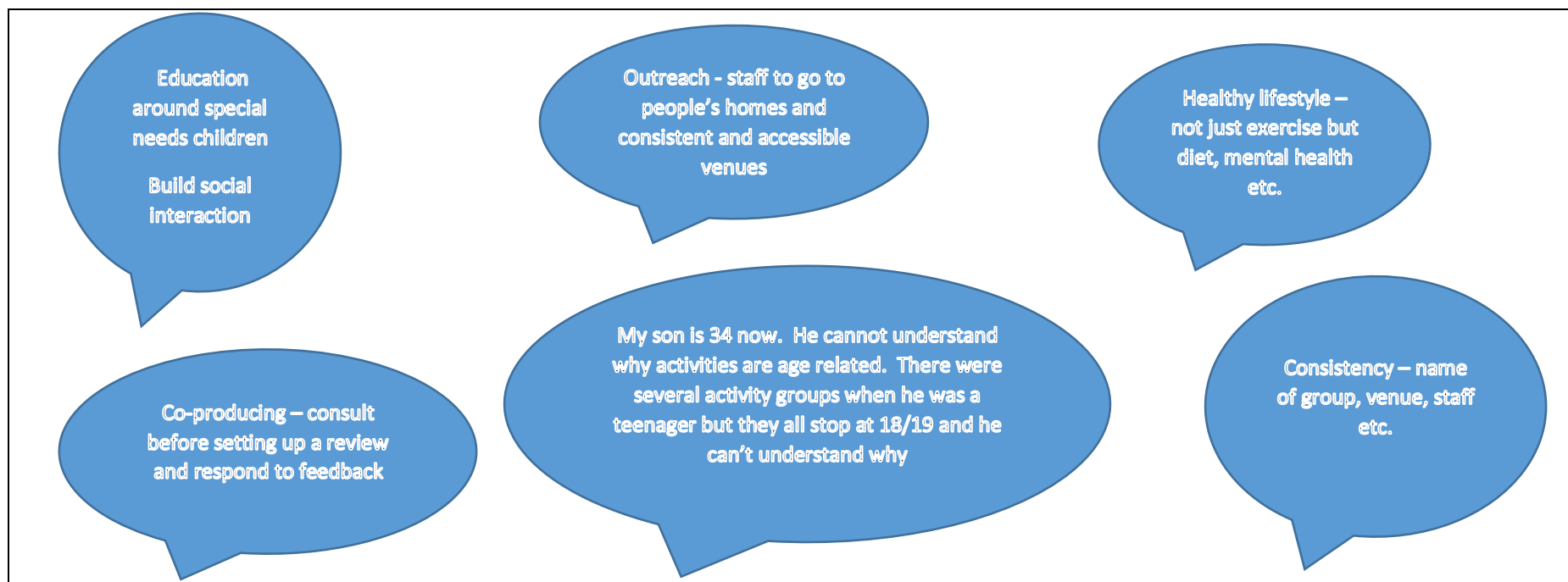
The image shows four blue speech bubbles arranged horizontally, each containing a quote from a parent. The quotes are: 1. 'Life Leisure Family sessions available in holidays. Gym groups' 2. 'Age limit of 21 stops young people playing football' 3. 'Agree that should focus on more clubs being friendly and support our children' 4. 'Myself and my children would love to use the gym together'

Life Leisure
Family sessions
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We have also made contact with lots of other agencies that we can now follow up on:

- Jump Space Stockport – over 400 visits a week from across, not only Stockport, but the North of England due to their facilities
- SAYS – Stockport Action Youth Speakers – Stockport Young People's participation forum for those aged 13 to 25 years old with additional needs and disabilities. Their voices are heard in shaping local services. They meet Monday evenings from 6pm www.stockportsays.co.uk/index.html
- Stockport CP – Met Tim Medwell (Head of Community Services) and expressed an interest in accessibility to the activities they support. Email received expressing interest in involvement and exploring options
- Directed to <https://stockport.fsd.org.uk/kb5/stockport/fsd/localoffer.page> where the Short Breaks and Activities tab could be a useful tool to link people to out of school activities

We are determined that the LP is data driven and based on insights. We have developed an insight library (see below) as an example to collate all the evidence:

Document	Method	Description/ Evaluation	Comments
GM VSCE Engagement Report	Report	4 creative sessions, 15 focus groups, run by a range of VCFSE groups and organisations across GM, engaging 258 individuals. Key themes: It's all about people's social connections, It's all about equality, It's all about confidence, It's all about resources, It's all about spaces and places, and It's all about starting conversations.	
What works to engage those from lower social grades in participation?	GM Moving report – Scott	Inclusive and varied sessions which allow progression, and being able to have an input in the sessions. The sessions have to be consistent and reliable, fun and social but also challenging and rewarding. Supporting and encouraging environment which is easy going and social too. Leaders need to be engaging and relatable. Understanding of the area and struggles within it. Need to be flexible (not just leave when session is over – offer to chat and chill). Taster sessions and incentives to encourage attendance and interest. Venue both indoor and outdoor, link in with weather and time of the year. Cost to be pay as you play/flexible. Timings need to be considered carefully, take into account dark evenings, winter, exam time, and when you can split session time to age, gender etc.	
What works to increase participation by disabled people?	GM Moving report - Scott	Focusses of activities, location, communication, 1 st time experience, and advice, guidance and training for all involved.	
LP GM Moving – current Vs plans for the future	Local group session	Currently moving in right direction, links with others e.g. SH & continue to encourage greater partnerships. Promote businesses to become active, add into work policy, Stockport work place games. Environment – safe, well lit, clean, improve access. Continue to educate community around cycling safety within schools, promote more active travel and help provide greater community involvement in ideas and the running of activities.	Held in Brinnington

The barriers people with a disability face in relation to fear of losing benefits if they become more active.	Wider study – Activity Alliance	1 in 5 people in Britain are disabled (14 million) and are not the least active group in society. Nearly 50% of people in the study fear losing their benefits if they are seen to be PA. Disabled people heavily reliant on their benefits when it comes to enabling them to be PA (65%). 55% said they would be more active if their benefits weren't at risk. 34% have experienced or know someone who have had their benefits sanctioned or removed as a result of being PA. Nearly half (46%) found it difficult to find information about availability of benefits, and 57% found the application process hard. 19% didn't know if there were any spending restrictions/conditions with their benefits or assistance and 21% said there are restrictions.	Taken from activity alliance – not narrowed down to Stockport but has a useful insight, which we need to consider when looking at physical activity for disabled people.
GM Moving Scoping session.	GM Moving – local group session	Transport is key to reach out to those who can't or aren't participating in PA. Informal PA not just mainstream, include allotment groups etc. More community engagement going forward – recognise and reward businesses for their promotion and involvement of PA, also incentives for staff. Peer support to be offered – 2 for 1 deal – increase motivation. Integrate PA with students in sporting education e.g. university. Greater access and publicity needed – local blog or local post on fb page. Look at working on confidence V competence.	Initial findings
PIPS - the needs of children and young people with SEND regarding physical activity.	Online survey		Currently being held, an evaluation will be provided once we receive the data from PIPS.
Co-Design Workshop Synthesis: Enhancing wellbeing, recreational and social time.		Creating a 'Stockport Trails'. Focussing on all people with particular focus on families. Public places which are point of interest, people can do the trail and on the routes scan photos and QR codes, so they are doing something other than just walking. Time in with existing services/activities/technology e.g. Google Maps. Should be free and an enjoyable way to improve physical and mental wellbeing. Have a rewards system (self-monitoring).	People's voice media, connecting communities. Pilot could start off with those on low incomes

How do the plans connect to social prescribing, asset-based community development and walking and cycling behaviour change?

In Stockport we have a commitment to person centred community approaches which has been endorsed by our senior leaders. We have a range of social prescribing options in place, including exercise on prescription, Practice Community Champions, arts and gardening projects. Viaduct Care's Wellbeing and Self-Care team, which began to deliver support in September 2018, is the key connector service for primary care and works alongside The Prevention Alliance to facilitate people's access to community based activities and support. We therefore have a solid foundation and experience to build on in this proposal. We will also be working very closely with the GP practice in Brinnington to build on their social prescribing programmes. Our LP will be aligned with the principles, approaches and projects in our new Walking and Cycling Action Plan. We are fortunate in that one of the first MCF new cycling routes will be connecting Brinnington to the town centre and this will provide us with a unique opportunity to develop community involvement in this infrastructure programme.

Principle 2

What are the focus areas, programmes and 'interventions' in the next 12 months? What existing assets and work do they build on? How do they add value?

We are taking a two pronged approach:

Programme One: Brinnington

- Inactive residents who are 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.

So far our project manager has completed a considerable amount of relationship forming work, mapped out local assets, met with a significant number of residents and stakeholders. This is all crucial work to get a genuine understanding of the needs and opportunities for working with our key groups and getting a feel for the area. This strength based approach will form the basis of our continuing work. At this stage we do not want to move into solutions, we want to listen more and engage more. But there are key themes that are emerging.



Key themes

- Residents are proud of the area they live in
- They want local accessible options
- They want something that is sustainable and where we need to focus in and link with existing organisations and groups
- They are really keen to pursue very local options – almost a street by street approach. This finding is consistent with the Joseph Roundtree work on poverty which highlights the importance of local networks
- There are lots of colleagues in the VCSE who have much to offer and who have unique relationship, programmes and approaches that suit our local residents
- Benefits to residents of becoming volunteers and being more active in their local community.

We are therefore proposing that we set aside a sum of £ 50,000 to enable us to:

- Run more community based consultations
- Identify key community anchors and support and develop them with their engagement in leadership roles around physical activity
- Develop with local residents, Brinnington specific measures and comms that are rooted in their values, beliefs and behaviours
- Engage more stakeholders
- Offer a community activity grants scheme that will enable local residents and groups to access funding to develop activities that they have highlighted which will lead to increased activity
- Offer a community activity grant scheme that the local VCSE can apply for that will tie in with their existing work programmes for examples on mental health issues, greenspace, and support for employment but will have an added activity element included.

In Stockport we currently have the Local Fund – which is a tried and tested online system for community grant allocations – this has been very successful in attracting bids from new groups and organisations. The Local Fund is supported by neighbourhood officers who have worked in the Brinnington area and therefore will be able to help residents complete their applications. It also has done a great deal of work in evaluating local programmes so we will be able to benefit from this learning. We will ensure that from a public facing point of view it is very clear that this process is specific to the LP so that residents and groups approach and perceive it differently. We would welcome Kate Ahmadi-Khattir (the Sport England Rep) on the panel/group that recommends projects for funding, so that Sport England are involved in any decisions made, and have the opportunity to challenge if it was absolutely necessary.

We will also utilise the funding to continue our Project Manager post - who is doing a fantastic job!

Children and Young People with SEND aged 5-18 in out-of-school settings

This priority is consistent and seeks to address the issues raised in new research by Activity Alliance which highlights a demand for greater training in delivering activities to disabled people. Whilst we recognise that the report focuses on sport, we believe that the findings are consistent and helpful with our focus on physical activity. The report indicates a need for more direct, practical guidance on adapting sports. The findings show building the confidence and skills of those who deliver sports sessions can lead to more opportunities for disabled people to be active.

Key findings included:

- There are low levels of awareness and experience of delivering to disabled people among sports deliverers. Only one in four (23%) people surveyed via a national panel have knowingly delivered activity sessions to disabled people.
- A lack of experience leads to low levels of confidence and interest in delivering to disabled people. Three in five (60%) people with experience said they would feel confident in doing so, compared with a quarter (24%) of those without experience.
- Awareness of the term ‘inclusive activities’ is inconsistent and often does not include disabled people. Three in five (59%) of those without experience said they had run inclusive sessions, highlighting confusion around the term.
- More than half (52%) of sports deliverers who were not currently interested in delivering inclusive sessions said they would be much more interested if relevant training was available. They want both general information on the spectrum of impairments and practical guidance on adapting sports.

The report identified a number of important areas for organisations to act on to ensure sports deliverers feel confident and competent to provide meaningful opportunities for disabled people. Their specific recommendations which we intend to address include:

- Work towards inclusive sport being second nature. Make inclusive activity the default and ensure positive representation of disabled people being active
- Provide tips, tools and training options to build comfort and confidence among your workforce

- Provide hands-on training and practical advice on how to create inclusive sport and activity environments, organisations and opportunities, including adapting sport

We have now identified a VCSE Partner, the Seashell Trust and we are working with them on our Project: Access to Activity. A really positive workshop was held with the Trust on Friday 15th March and we were joined by Tom Webster from Activity Alliance who was able to add valuable national insight and has offered to be a key partner with the proposed work with the Seashell Trust. We have made some good progress in our joint thinking.

Outline Aims of the SEND project.

All children and young people to have equal access to quality, inclusive sport, physical activity, and active leisure and recreational opportunities throughout the Stockport Borough regardless of ability or need. We aim to work towards equipping the many professionals and community groups with the skills, knowledge and ability to provide high quality, enjoyable and safe services for children and young people of all abilities, and to be the foundation of a network of community providers ensuring long-term growth and sustainability in accessible inclusive sport and wellbeing provision. This will focus on out of school provision.

Our Project Aims

- *Targeted provision:* Children and young people aged 5 to 18, in an out-of-school setting. Focusing on provision for currently inactive disabled children and young people
- *Work in partnership:* Secure commitment. Develop knowledge, skills and experience of disability within organisations at all levels. Breaking down barriers and minimising inhibiting factors, leading to an increase in participation of disabled people throughout the lifespan.
- *To listen:* Co-produce services with parents and carers of disabled children and young people. Secure the voice and feedback of children and young people accessing provision, in order to develop services bespoke to their needs and desires
- *To train:* Deliver bespoke, custom-built training and support to organisations, voluntary and community groups, which leads to the development of inclusive environments and activities for disabled people
- *Be purposeful:* Work with families, parents / carers to educate and communicate the benefits of being physically active. Work with families, parents / carers and their child / young person to access activity and support and guide their journey to participation, becoming more active and fostering a pathway to long term participation and lifestyle adaptation
- *Gather insight:* Gather and utilise the evidence, feedback, outcomes, and stories of success and failure, to effectively lead innovation and change, and secure better long-term outcomes for participants through evidence-based practice

- *To invest:* Taking a whole systems approach to developing active communities. Investing in the individual, families and their social network, communities, physical environment, as well as investing in the deliverers of services and associated policies and procedures. To then follow a systematic approach of implementation, evaluation, piloting, evaluating, replicating, and upscaling what is proven to work best.

Our project plan for the next 3 months is as follows:

- Initial release of some resource to back fill Stephen Pearson (an experienced engagement and project manager at SeaShell) to enable him to:
 - Undertake a review and evaluation of the existing evidence (and refine as per relevance for this specific programme)
 - Develop a revised research development plan to focus on supporting families within SEND children (rather than just SEND children) to be more active/build activity into daily life (rather than just attend activity sessions)
- At this stage the plan will focus on informing the co-design process, working with key groups, organisations and communities using a community development model focus.
- The focus would not be on the disability at this stage but working with the above, identify the main/common barriers for pan disability – and start with gathering input from the most prevalent type of need as identified through the SEND JSNA (NB: the most prevalent type of need does not automatically correlate with the most inactive but this would be one of the initial pieces of work in the review stage)
- Use the learning from CADS to transition the principles that have contributed to the success of that programme to the wider work where applicable
- Establish an initial research programme steering group to include Seashell Trust, Activity Alliance, PIPS, Greatersport, Stockport Council, Life leisure, Press Red(Scott) – it is expected that this group will grow and develop as the programme is refined and in line with early learning.

There was agreement that we need to take small steps at this point, as planning too far in advance could lead to a subconscious move towards a focus on solutions before accurately identifying the problem – in fact, the solutions may not emerge until the end as a result of what we learn through the process.

There was also a clear recognition that things will change regularly as the process evolves.

Budget Plan

Budget Line	April 2019 - March 2020	
Administration		Included in the project manager cost
Consultation / Community Engagement	£1,000	Including local workshops
Delivery Costs (activity)	£50,000	Brinnington: Seed funding for local projects identified by residents, likely to be small grants using the Stockport Local Fund awarding scheme. Will be open to resident groups and the VCSE
Delivery Costs (walking and cycling)		As above
Evaluation		Included in the project manager cost – we will put aside £500 for monitoring and evaluation
Evidence / Data / Insight		Included in the project manager cost
Equipment	£20,000	The Seashell Trust proposal includes this sum of money to support local clubs and service providers to create inclusive activity environments
Facility Hire		Included in the Seashell Trust proposal
Professional Fees		Included in the Seashell Trust proposal
Promotion / Publicity		Included in the delivery costs line – we will put aside £1000
Recruitment Expenses		None required – project manager in post
Refreshments		Included in the delivery costs line

Staff Costs (including on costs)	£40,000 (£20,000 already drawn down)	Project manager post
Travel & Subsistence		Included in the project manager cost
Volunteer Development/Expense		Included in the delivery costs line
Whole System Engagement		Included in the delivery costs line
Workforce Development / Training & Development	£100,000	Included in the Seashell Trust proposal – to develop a workforce that enable local clubs and service providers to create inclusive activity environments
Workshops		Included in the project manager costs – we will set aside £1000
Other		
TOTAL	£211,000	

Principle 3

What has been done already? Who has been engaged already in the communities? How is the local VCSE engaged?

See above in Principle One which demonstrates our ongoing engagement with key stakeholders. Specifically in relation to the VCSE we prepared the following briefing note for the VCSE

<p>GM MOVING AND LOCAL DELIVERY PILOTS - briefing note for VCSE Context</p> <ul style="list-style-type: none"> • GM Moving, the Greater Manchester program to increase levels of physical activity and reduce sedentary behaviour has recently announced funding for localities to develop and pilot innovative programs to support the GM moving programme • We found out on Friday that Stockport has been allocated £687,000 over three years

- The priority target groups for this work have been identified as follows
 - Children and young people aged 5 to 18 in out-of-school settings
 - People out of work and people in work but at risk of becoming workless
 - People aged 40 to 60 with or at risk of long-term conditions specifically cancer, cardiovascular disease and respiratory disorders

Principles

- Must be an identifiable need - supported with an evidence base
- Targeting the physically inactive (ensuring a focus on population health level interventions and targeting the most at risk proportionately)
- Must align to one or more of the target audience and the insight that has been developed about them
- Builds on individual committee assets to add value to what is already going on i.e. the conditions are right
- A plan for engaging with the key audiences and commitment to co-design with public services and the VCSE engaged
- Must follow the whole systems approach
- Should demonstrate how it addresses social and health and equalities as a cross cutting theme
- Embrace innovation and calculated risks in the interests of doing things differently
- Is part of a coherent plan for physical inactivity in the locality underpinned by a whole place approach to public expenditure in physical activity?
- Focus on growth and sustainability
- Committed to the GM and national community of learning approach and Distributed leadership

VCSE engagement

The VCSE have been involved across GM in developing the outline for the local pilots. Their engagement report is attached which summarises the key messages from the VCSE in GM. It's a very helpful read.

Next Steps

We would be grateful for your views now about the next stage in terms of developing our local pilot. At the moment we are just at the Discovery Stage. We have thought about having a local workshop or a series of events to understand from our colleagues in the VCSE what work programme they are currently involved in which relates to the above cohorts, what seems to be working , what more could we do etc.

We are also looking at the evidence base that, and the views of what local people and communities feel important so if you have any insight work or groups that we can speak to that would be really helpful. Once we have pulled together all the ideas we can all get together then.

Contacts: Donna Sager – donna.sager@stockport.gov.uk Russ Boaler russ.boaler@stockport.gov.uk
 Neil Bardsley - neil.bardsley@lifeleisure.net Peter Ashworth peter.ashworth@stockport.gov.uk

They then sent out a questionnaire to all their groups asking, what works in your organisation to support physical activity, what different types of activities are you involved in either delivering or facilitating, who benefits from this activity, what prevents people from getting more physically active from your perspective, what would you like to do more of and what resources would you need – how could this be sustained longer term, what assets or resources do you have that can be shared, suggestions for engaging the co-design of any work, do you have any evidence of the benefits to the groups you work with?

We gathered this information and held a workshop **4th October 2018**, this is the outcome of the workshop – we have included responses in full as this provides us with:

- very valuable experiential learning
- highlights all the good practice that we have in Stockport
- reminds us who we can contact for further advice, support and engagement
- starts a dialogue on sharing and working together rather than competing for monies, volunteers and space
- provides a resource where we can also direct residents to existing groups rather than set up new ones
- highlights gaps in areas of provision

G M Moving Scoping Session, Sector 3 Workshop 4th October 2018, 9.30 – 11.30am

Organisations included in the scoping session included: Stockport Car Scheme (SCS), Pure Innovations (PI), Age UK, Jump Space(JS), Disability Stockport(DS), Bubble Enterprise (BE), MB, TIGM, Health Watch Stockport (HWS), Stockport CP (CP), Life Leisure

What works in your organisation to support physical activity?

- Transporting people with mobility issues to activity groups: gym, swimming, exercise classes **SCS**, Sessions with qualified instructors **PI**, Exercise where it is not the primary objective (i.e. visiting local places using public transport or walking) **PI**, Range of leisure / physical activity groups **CP**
- Sports sessions at Life Leisure **PI**, Sessions that are fun **PI**, Peer Support **PI WIN**, Focus on small steps – confidence building, walking to gate, work 1:1 **Age UK**, Peer Mentoring **Age UK**, Travel Club, Tai Chi **Age UK**, Specialist / accessible facilities **SST**, Trained / qualified – approachable empathetic staff **SST**, Gaining confidence to attend regular classes by relying on safe, reliable transport **SCS**

- Physical activity embedded into student / resident learning/ leisure activities **SST**, Onsite accessible facilities available **SST** Staff access to facilities and health & wellbeing initiatives **SST**, Making seminars open to all family members **JS** , Accompany to events and sessions **PI WIN**
- Talking, meeting, knitting, chair exercises, dance, transport, space, all confidence building, exercise **DS**
- With members of the public – Emphasis made on the group cohesion, rather than the activity (confidence building, making connections etc.), being able to obtain a skill, save money **TFGM** With staff (internal) – Incentives, accessible (in the working day), easy, social (group challenges), Timely (Fitness week) **TFGM** Friends hip matters (common social engagement or common interest in talking) **BE**

What different types of activities are you involved in either delivering or facilitating – who benefits?

- Individuals themselves benefit but also volunteers who support them **SCS** 65 years plus – GM & Sports England project. Active Ageing Project. L Peer Mentoring **Age UK** Good Gym, Tai Chi, Allotment group, Sounds and minds, active ageing, **Age UK** Tai Chi, Gardening, Walking group, dance, healthy eating, community visits, sport sessions @ life leisure **PI** Adapted cycling (Adults and children), skiing, walking **CP** Swimming pool, hydro pool, sports hall, accessible multi-gym, 3G sports pitch, outdoor gym **SST** Anything and everything from seated yoga to fishing **PT WIN** Dance / combat/walking group/outings /park visits **BE** Adapted cycling (Adults and children) – skiing, walking **CP** Rebound therapy, sensory play, trampolining, families, children, adults, **JS** Activities – events, cycle training, working with businesses, working with the community, - to encourage sustainable transport **TFGM** Benefits – members of the public, NHS (people who are fitter are less likely to become ill) **TFGM**

What prevents people getting more physical activity?

- Access to correct facilities with support **PI** Professional 1:1, training costly **PI** Travel, cost, staff to support **PI** Physical disability transport **PI** Cost, time, transport, confidence **Age UK** Limited mobility, social isolation, **Age UK** Get to sessions, transport **CP** Not knowing what's available locally, lack of motivation, stress, confidence **SCS** Physical location, family commitments, disability, money –cost, lack of free time, **SST** Confidence, finding out about local activities, ability to get there, access – (daytime, disabled friendly) **SST** Not thinking activities are suitable for them – particularly people with severe disability **JS** 'Lost' ability – after injury, trauma in life, falling out of love with the game they played **SoH** Life – patterns of doing something else. Lack of motivation **BE** Time, confidence vs competence. Dislike of physical exertion. Lack of knowledge of health benefits. Not being able to identify with a group **TFGM** Lack of safety, the unknown, crowded places, lack of confidence **DS**

What would you like to do more of – what resources would you need – sustainability?

- Wider choice, water sports Trafford centre, adventure climbing, hiking – staff/cost **PI** Upskill staff, recruit staff qualified delivers physical activity **PI**

- Volunteering, funding to train volunteers or pay instructor, transport **Age UK** Need affordable, reliable transport **CP** More funding to support and recruit more volunteers **SCS** More funding to enable us to take on more volunteers to support more people to get out **SCS** Logistics of organisation, logistics of marketing; leaders motivated to do **BE** Dementia activities (swimming) **PI WIN** Add more sessions, add hydrotherapy and other activity space, need more space **JS**
- Children's able & disabled sports – an established programme at seashell. How can we push this out across Stockport / other providers already in place? We have stalls & expertise, but we need additional staff to share this **SST** Swim sessions for children with learning difficulties / autism 1:1 sessions. Need swim teachers! Limited currently by this **SST**
- Research – wants & needs in population **PI WIN** A lot more inclusive P.A and 'Sport'. Training of facilitators – need the right people who are committed & passionate **SST** Link health and hope, on as Simon Singh says start with 'why' – access to network & 'mandate' to start with new ones...**SoH** More use of peer support groups **PI WIN** If you run a regular meeting suggest a meet up to for a walk after/before or on another occasion **HWS** External visits, short walks, networks, advocate, facilitate, training, **DS**
- Would like to deliver more activities in settings that participants feel comfortable in (i.e. at home in a community setting, at work etc.) **LL**

Assets or resources that can be shared

- Healthy eating classes, using Pure cafes, Garden space **PI** Minibus **CP** Spaces to meet **DS** Spaces, promote, communication, policy, procedures etc. **BE**
- Access to all onsite facilities for local community users. Use our site for family events. Rooms available outside of education day/year –**SST** Be host for engagement work. Run tours groups. Support Sundays etc. **HWS** Sharing ideas and things we believe in **SoH** Knowledge, experience, skills, facilities, **SST** Assets/resource: skills, local walks/rides, local daily mile, bike maintenance sessions, bike sessions, bike loans, hire schemes, refurb projects, cargo bikes, deals with local suppliers, advise delivery, sell the benefits, events, challenges/competition, communication, champions/local case studies, ride leader training, cycle parking **TFGM**

Ideas for engaging the co-design of any work

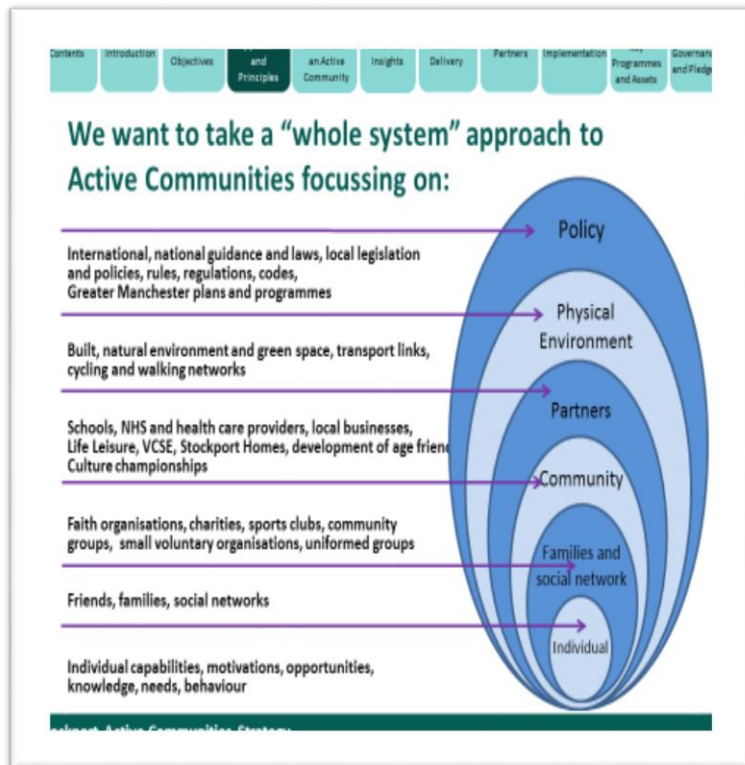
- Discounts across GM for activities. Peer mentoring children/adults studying PE **PI** Access of information **SCS** Active participation from volunteer users and communities of interests **DS** Utilise our membership on a sounding board to engage with **HWS** Get sector 3/ synergy & other organisations sharing info and expertise **JS** Leverage of community asset particularly churches? **BE** Active aging programme, peer mentoring, good gym **Age UK**
- Whole sector conversations, group engagement **PI WIN** Work with sector 3 to engage with VCSE sector, seashell have access to our families, children & young people to gain their views plus work with pips/national carer partnership etc. **SST** Would like to support and find out more about

why people with poor mental health struggle with being active **HWS** Spaces of hope offer a framework, process & principles predisposed to cultivating connections.... Let's share it! **SoH** Knowledge and area coverage **PI WIN**

What is planned to develop this engagement further over the next 12 months?

- We have a group of colleagues in the VCSE who are continuing to support the development
- Seashell Trust (<http://www.seashelltrust.org.uk>) our proposed provider for the SEND work are a national charity supporting children and young adults with complex learning disabilities and additional communication needs
- Ross, our programme manager is receiving supervision / support from Ben Gilchrist and the engagement work with people from the two adult audiences will continue to inform developments in Brinnington.

What is the whole system approach in the locality?



We took the GM whole system approach and made it Stockport specific so that all our partners could relate to it and see their position

Which layers of the system are targeted, and why?

As we have aligned the LP to the Active Communities we are assured that each layer will be addressed

How is the approach embracing and seeking to influence the ‘whole system’ influences on physical activity outlined below?

In our Brinnington approach we are mapping our local assets (buildings and community resources etc.) and our local change agents who live in the area, build on new investments such as the new cycling routes in area, work with existing providers in the areas e.g. GPs, schools, Life Leisure’s brilliant new facility, work with all the local groups in the areas and focus on families as well as individuals - A whole Brinnington system.

We are proposing to work with a key partner in the Seashell Trust across the borough and are seeking to influence change across partners and at community level in terms of the equal access to opportunities in the Borough for families and individuals.

What knowledge, skills, behaviours and approaches are needed in the workforce, to support the locality proposal?

The knowledge, skills, behaviours and approaches we will adopt are articulated in our Stockport Way i.e.

- Understanding, confidence and competence in asset based approaches
- Making a conscious effort to think about how we can work together with people, communities and other organisations
- Considering how to achieve the best possible outcomes for individuals, families and wider communities
- Working **with** people, not 'doing for' or 'doing to'
- Enabling people to identify and access the strengths and resources available to them, as individuals and within family and community networks
- Actively listening, seeking to understand, rather than assess
- Asking "what matters to you?" rather than "what's the matter with you?"
- Making connections and building relationships, to work collaboratively with each other across organisations
- Helping to connect people with supportive networks
- Empowering staff within their organisations
- Enabling staff to be confident in their decisions, not asking permission but ready and able to explain them

In addition, with the SEND work we focus on developing the following skills with the workforce in local community groups and providers:

- maintaining an inclusive environment
- developing multi-sensory approaches
- working with additional adults
- managing peer relationships
- adult-child communication
- dealing with mental health issues including confidence building

Principle 5

How do the locality plans support the reduction of inequalities?

Brinnington (as extensively detailed above) is our most deprived area in Stockport and faces the most significant socio-economic and health inequalities. It is also the area where levels of physical activity are the lowest. We believe that the proposals we have outlined will go towards reducing such inequalities and we will set targets to monitor our progress in this area.

It is well recognised that children and young people with SEND (as extensively discussed above) have much poorer educational, social and health outcomes and for the reasons outlined, face significant barriers to becoming more physically active. We are determined that our proposals will move to improving physical activity outcomes. At present there is no routine measurement that we can use as a baseline so we will develop monitoring targets as part of this process.

Principle 6

What's different to the traditional ways of working locally? (This is covered in detail in the proposals but in summary)

Programme One: Brinnington

The whole approach in Brinnington is radically different to the way that physical activity programmes are currently offered to local residents in Brinnington. At present the offer is provider led, often based on traditional service delivery approaches – we build it – you come along, or based on specialist interest groups within the community. We know that this current offer is neither attractive, affordable nor suitable to residents in Brinnington. Because levels of inactivity are so low, the idea of going into a gym is too huge a leap: similarly many residents are not confident to ride a bike, do not feel safe cycling or cannot make the necessary investment to purchase a bike. Due to the significant high rates of unemployment and poor mental health, residents often have very low self-esteem, high rates of anxiety and depression and low motivation.

However by starting with the residents' needs themselves and by co-producing new opportunities, we want to breakdown some of these barriers.

Programme Two: Children and Young People with SEND

Traditionally there have been a range of specific physical activities offered to children and young people with SEND and their families. These are heavily dependent on specialist service providers using specialist trained staff and equipment. They are always oversubscribed, can be expensive and not always

provided in line with geographical need. Often they are focussed on children with acute disability. We want to review mainstream service and activity delivery.

Linked to the data and insight, the initial work will focus on families with children with an emotional and behavioural disability and also recognising the deprivation correlation. We will start with this cohort and look to identify and address the common barriers. This initial consultation will provide a platform for a test and learn process, evaluating if barriers fluctuate across a range of disabilities and across individuals with multiple impairments.

In each of these programmes we are intending to start small and are keen to work with the evaluation partner to look at how learning to can be generated to show progress.

Principle 7

Where is this work connected locally? Which local strategies and plans does the Local Pilot align to? What else might it connect it to in the next 12 months?

We have articulated the interdependencies in our overriding Active Communities Strategy as follows:



We have **the ACS** that sets the strategic direction – its key delivery objectives are:

- Utilise the opportunities of national guidance, local legislation and policies, GM programmes to create a sustainable environment that promotes physical activity
- Review, develop and sustain the built natural environment to help increase physical activity
- To work in partnership with schools, the NHS and health care providers, local businesses and local charities to promote physical activity
- Identify, encourage and extend the range of support for our community groups that deliver programmes to promote physical activity
- Develop in partnership, local interventions in a community setting for friends, families and social networks to support physical activity
- To ensure all our interventions and programmes support an individual's capability, needs and behaviours, by utilising the insight work from communities

Walking and Cycling Strategy Objectives:

1. Create and maintain high quality and fully connected cycling and walking networks within Stockport
2. Encourage 'last mile' cycling and walking to enable interconnection with public transport
3. Use targeted promotion and training to encourage all groups to consider cycling and walking, and to improve safety

Stockport SHAPES

85% of Stockport's schools involved.

There are 5 priority work areas:-

- The continued development of 'High Quality Physical Education' in schools
- Continuing to improve 'Participation' opportunities for all children
- Creating more 'Leadership and Volunteering' opportunities for pupils

<ol style="list-style-type: none"> 4. Ensure that neighbourhoods and district centres are "cycling and walking friendly" to encourage local trips by bike and on foot 5. Ensure that employment, residential, retail and leisure activities in the town centre are accessible by bike and on foot 6. Improve and maintain high quality cycling and walking connections with local networks, ensuring that adjacent areas of Stockport are fully integrated 	<ul style="list-style-type: none"> • Providing a comprehensive 'Competition' programme • Creating opportunities for 'School to Club Links'
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Principle 8

What is being tested?

Programme One Brinnington – how using a community asset based approach which focussed on the strengths and needs of a local community can we support more local residents to be more active?

Programme Two Children and Young People with SEND

How can we ensure that all children and young people with SEND in Stockport have equal access to high quality, inclusive sport, physical activity, active leisure and recreational opportunities throughout the Stockport Borough, regardless of ability or need. In addition we also realise that this is about confidence to take up the offer that would be facilitated by increased access. We believe that this in turn may help with confidence to generally choose to be more active when possible.

How do we work towards equipping the many professionals and community groups with the skills, knowledge and ability to provide high quality, enjoyable and safe services for children and young people of all abilities, and to be the foundation of a network of community providers ensuring long-term growth and sustainability in accessible inclusive sport and wellbeing provision?

Why and how? What do the team want to learn, and what will you do with that learning? How will plans be reviewed in the spirit of test and learn?

Both of the programmes are exploratory with continuous learning throughout. We will adopt a PDSA methodology to ensure that there is a rigour to our learning.



We will ensure that all team members and the steering group are actively involved in each of the sessions and through group supervision will ensure that this is a reflective process.

We will call upon and utilise colleagues with experiential knowledge to guide us at key stages whether this is data analysis, experience in working with different sectors e.g. VCSE, SEND providers, those skilled in co-production and asset based approaches, training providers and the GM Moving programme evaluation team.

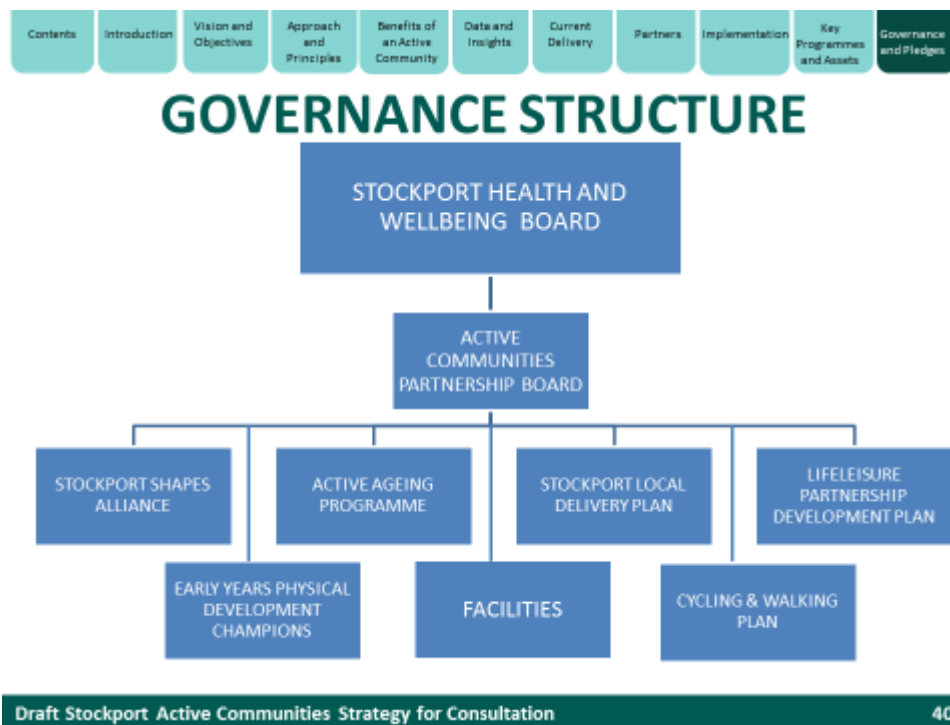
As our work in Brinnington will be similar to other localities that will focus on deprivation, we are keen to work with, share experiences and learn from other colleges either through a peer learning set or through planned support initiatives.

For the SEND work we will benefit from learning outside of GM and in the national arena.

At every stage we will participate in learning activities offered by the GM Implementation team.

Principle 9

How will the team connect to the whole system and distribute leadership from the Local Pilot? What is the governance structure for the Local Pilot work? How is the work being steered in terms of locality meetings or events, and the people and organisations involved in those?



We believe that it is critical that the Local Pilot sits alongside the other work streams in Stockport physical activity programmes, all under the overriding Active Communities Board that reports direct to the Stockport Health and Well Being Board. Already we have seen cross over between programmes and much shared learning.

The **Active Communities Board** includes the following representation

Name	Title	Organisation
Alex Deakin	Partnership Manager	The Vernon Building Society
Amy Beasley	Transport Strategy and Growth Manager	SMBC
Angie Jukes	Provides Health & Environment Advice to Planning	SMBC
Clare Mullins	Manager	Age UK Stockport

Denise Irving	Active Stockport Manager	SMBC
Donna Sager	Director of Public Health	SMBC
Elizabeth McKenna	Head of Strategic Procurement	SMBC
Faye Drinkwater	Delivery Officer (Stockport and TRAFFORD)	TfGM
Graeme Moss	Team Manager – Post 16 NEETs Lead	SMBC
Helen Alderson	Engagement Officer	Stockport Homes
Helen Grimsditch	Lead EYFS Consultant – Education Services	SMBC
Jan Sinclair	Senior Healthcare Public Health Nurse	NHS
Jude Ridings	SHAPES Alliance Development Manager	SMBC
Matt Johnson	Deputy CEO	Greater Sport
Melanie Craven	Senior Officer, Policy, Performance & Reform	SMBC
Michael Ormshaw	Engagement Manager	Seashell Trust
Neil Bardsley	Head of Performance & Development	Life Leisure
Nick Hill	Growth Manager	SMBC
Nikola Giles	Director of Resources (Designated Safeguarding Lead)	Seashell Trust
Paul Harper	Co-chair PIPS	PIPS Stockport
Peter Ashworth	Head of Service - Culture & Leisure	SMBC
Richard Mortimer	Head of Service - Learning & Employment	SMBC
Richard Wood	Manager – Technical policy & planning	SMBC
Russ Boaler	Consultant for Physical Education, Sport & PA	SMBC
Sally Maguire	Senior Officer – Policy ,Performance & Reform	SMBC
Susan Scott	Operational Manager - Stockport Family	SMBC
Tanya Cross	H & WB School Co-ordinator – Education Services	SMBC
Tanya King	Customer Engagement & Inclusion Manager	Stockport Homes

The membership of the LP will vary as we progress. New members will be drafted on as new needs are identified. At present our Core membership is

- LP lead – Dr Donna Sager DPH
- LP Project Manager – Ross McGuigan
- Consultant for Physical Education, Sport & PA – Russ Boaler

- Head of Performance & Development – Life Leisure – Neil Bardsley
- Head of Service - Culture & Leisure – Peter Ashworth
- Deputy CEO – GreaterSport – Matt Johnson
- Director, Press Red – Scott Hartley

We will devolve local leadership to the individual programme as follows:

- Programme One: Brinnington – our local councillors have agreed to set up a steering group for the Brinnington work with local residents and stakeholders
- Programme Two: SEND children and young people – the steering group will be developed once funding has been identified – it will include local parents of children with SEND, local providers of SEND activities and the Seashell Trust, the Activity Alliance, PIPS, GreaterSport, Stockport Council, Life Leisure, Scott Hartley.