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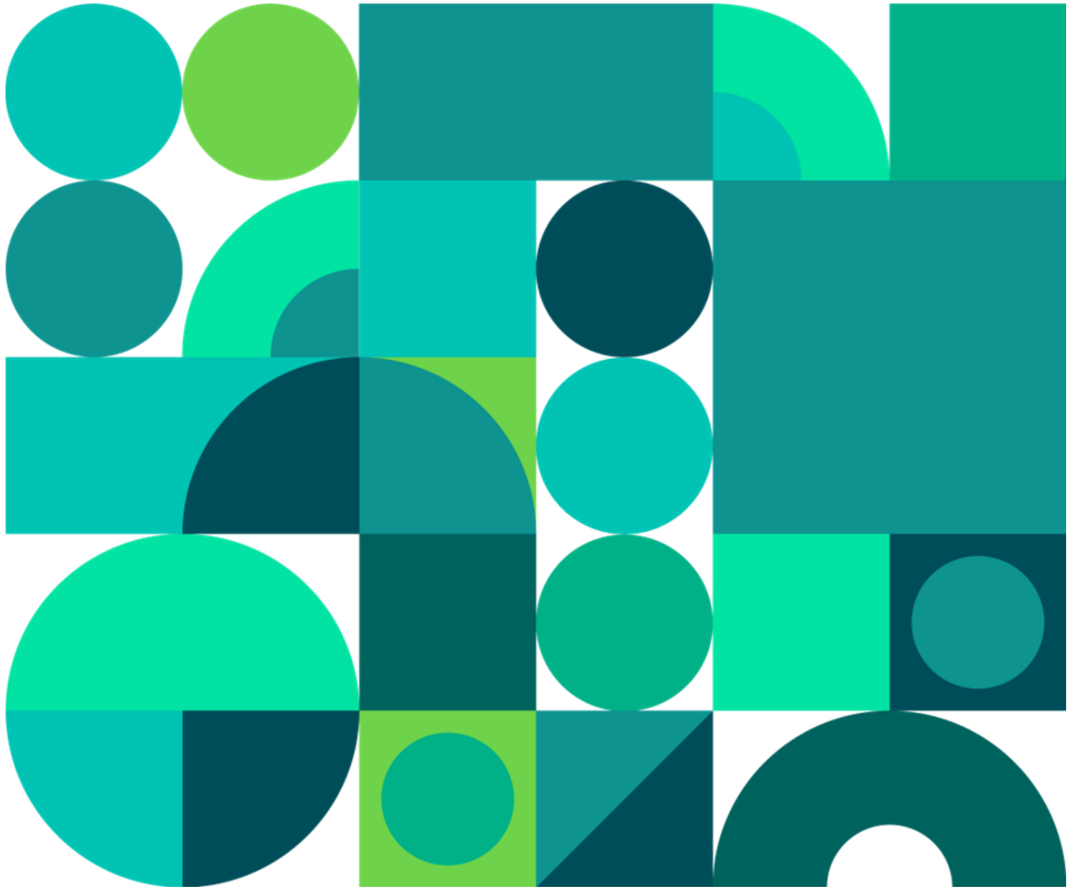
Physical activity, health & social care integration across Greater Manchester: evaluation report 2023



Contents

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July 2023

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Physical activity health and social care landscape 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 September 2022 and March 2023.

The 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 **mapping networks and relationships in the health and care landscape**, and the introduction of a sparkplug survey capturing agency and commitment around physical activity integration. **Section 2** discusses the general approach and key steps in detail. The aim is to **facilitate similar research approaches** in other health and physical activity contexts.

The research team linked emergent findings to previous work on Greater Manchester system change evaluation and its **five enablers of change** (**Section 3**). The report concludes with outlining **key practical steps and recommendations to support physical activity integration** and outlines avenues for future research (**Section 4)**. This is crucial. Both this research and the health and care system that it describes are constantly evolving, opening opportunities for a process of **ongoing learning and evaluation**.

Before delving into the methodology and research findings, however, 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.

Research methods & outputs summary

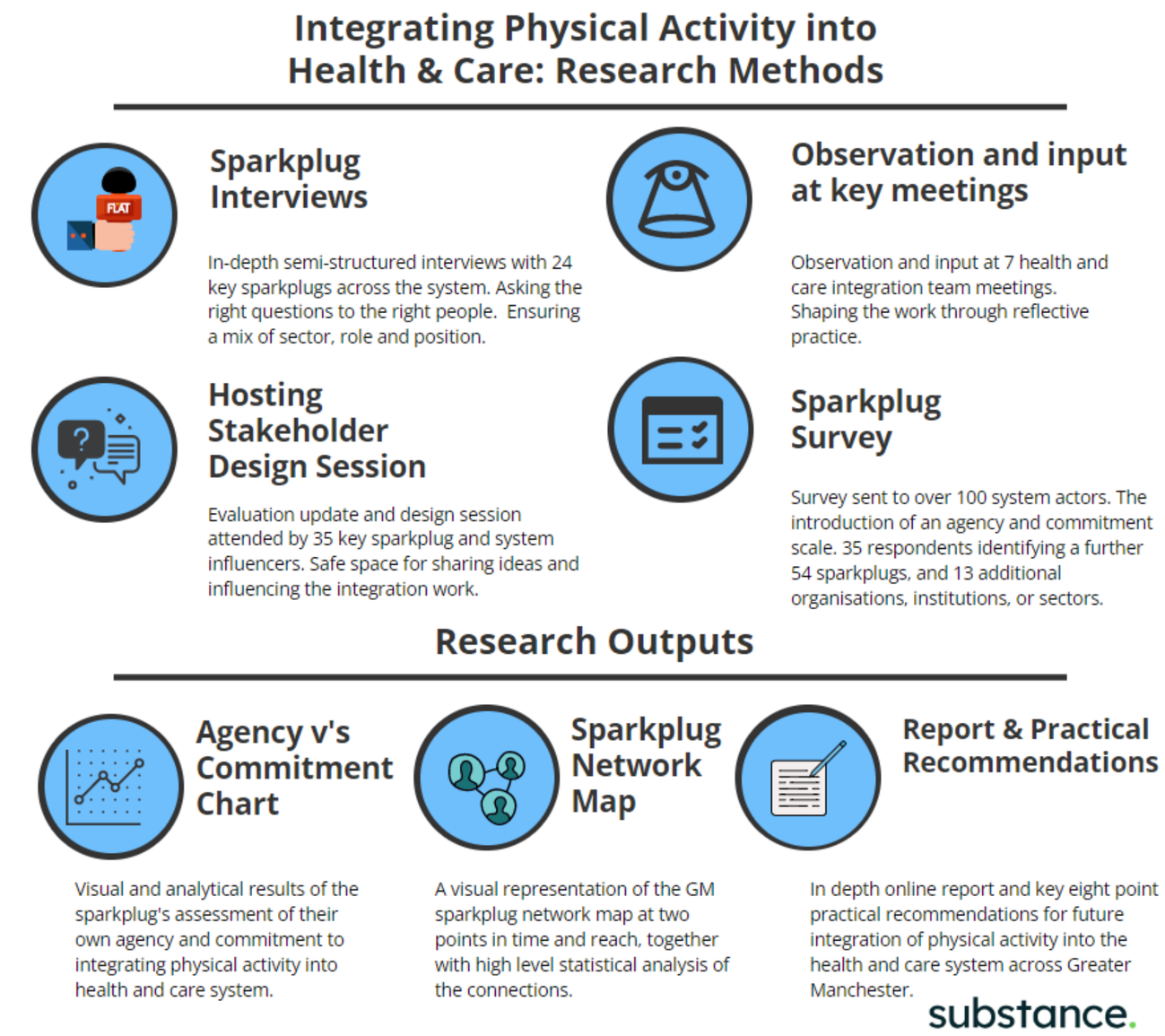


Figure 1.1: Visual overview of health and care integration research methods and outputs

GM Moving and health integration ten year journey

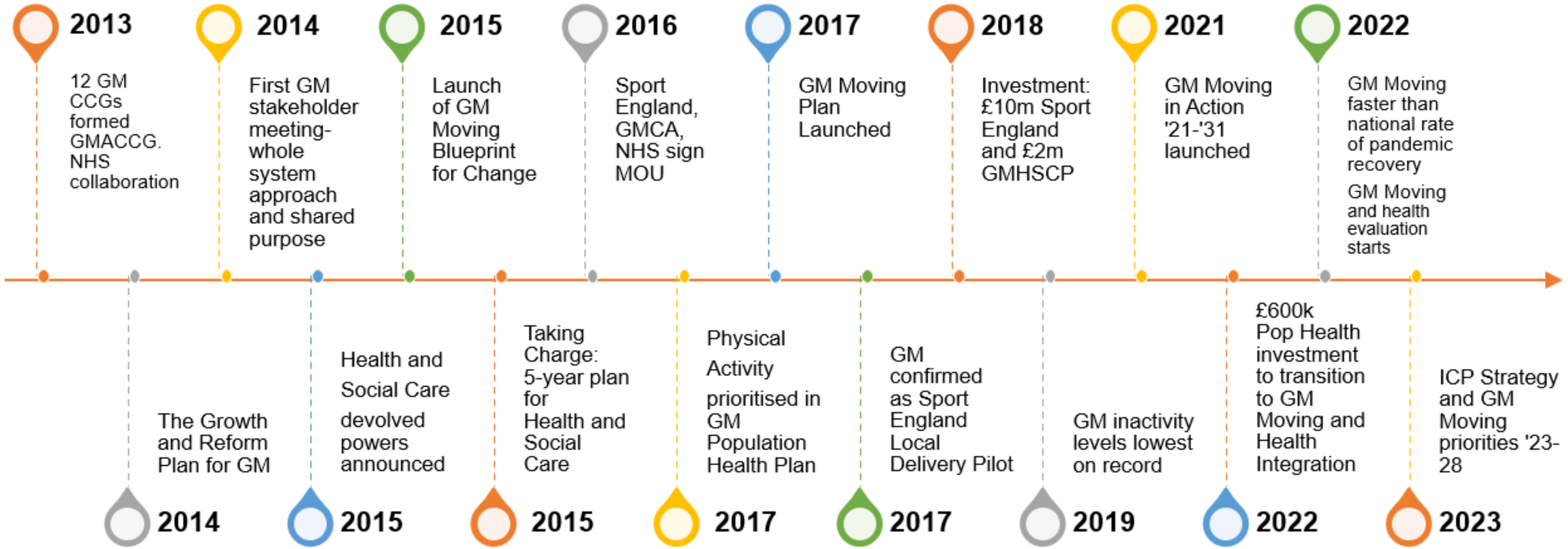


Figure 1.2: GM Moving and health integration journey (adapted from GreaterSport)

Devolution & the Taking Charge Strategy

In 2022 monumental changes to the way in which the NHS and care systems were governed and operate occurred. As such Greater Sport saw an opportunity to explore the changes in order to **realise insight-led opportunities for further integration of physical activity across the wider health and care system**, the result of which is this action research project. Before describing the recent changes to integrated health care system across Greater Manchester, it is important to locate this within the previous ten years development.

In 2013 twelve clinical commissioning groups came together across Greater Manchester to form the Greater Manchester Clinical Commissioning Group '*building upon a strong history of collaboration between NHS commissioners in the region.*'[1] The process of devolution empowered Greater Manchester with **autonomy over health and social care policy and spend**. Greater Manchester responded to improving the health of the city region partly through securing a £450m fund to assist it in making the changes needed to improve health and care.[2]

Devolution in November 2014 has played a key role in enabling a collaborative, joint working approach to integrated care for Greater Manchester (GM). **The Taking Charge Strategy**, launched in December 2015, was an early response by the key health and social care agencies across GM to take the reins of health devolution and embed new systems and practices to make system-wide improvements.

There was an honesty underpinning this strategy relating to the *'unprecedented challenge'* facing GM's health and social care provision, identifying that without action and significant reform GM would see a '*£2billion gap in our public services*' by 2021.[3]
The need to **bridge the gap around health inequalities across GM was a priority** and this was to be tackled through two key areas of change.

First, through the creation of a new health and care system, which was to be more joined-up and inclusive of preventative community and self-care approaches and second, via reaching a 'new deal' with the public, brokering new relationships with the people of GM and localities. A crucial aspect of the strategy was the notion that people took responsibility for their own health and wellbeing through many approaches, including: '**keeping active and moving.**'[4]

The Blueprint & the GM Moving vision

This was not the first-time physical activity, sport and movement was central to collaborative strategy across GM. Earlier in 2015 GM Moving '**The Blueprint for Physical Activity and Sport in Greater Manchester'**[5] was launched. This was a commitment by Association for Greater Manchester Authorities (AGMA), GreaterSport, Public Health England, Transport for Greater Manchester (TfGM), Greater Manchester Association of CCSs (GMACCG), and Sport England to 'use physical activity and sport as a vehicle for large scale, transformational change in order to reduce demand on public services whilst contributing to the economic growth of the city region'.[6]

Messaging around the wider role of physical activity and sport continued at pace, post devolution, and in 2017 the launch of the GM Moving five-year strategy at the Health and Care Board in July, put this centre stage. Within this strategy there was a commitment to reach a target of getting 75% of people active or fairly active by 2026.[7]

This was to be achieved through a call to action to local leaders and champions to '***transform physical activity and sport engagement in their town, neighbourhood, workplace, district, borough or city'***.[8] It was a vision for system and behavior change for the entire region with an approach to transformational change which was underpinned by Population Health commissioning approaches.

Figure 1.3: Local delivery pilots - key messages (Sport England)

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**

Target achieved, then CV-19

The Local Pilot continues to support GM Moving's ***'movement for movement'*** through system change at a locality level, via collaboration and the development of relationships. More recently it has become evident that the collaborative approach to embedding physical activity into wider sectors has involved relationship building and tangible outputs. A recent Substance consortium report argues:

> ***Whilst initially the focus was on the practical aspects of collaboration – networks and linking up different 'assets' in a local area – success seems to have been born out of the mutual understanding, respect and trust in each other's roles and competencies, and to an extent a slight blurring of this knowledge and skill set which has reinforced the reciprocity in the relationship.*** **[11]**

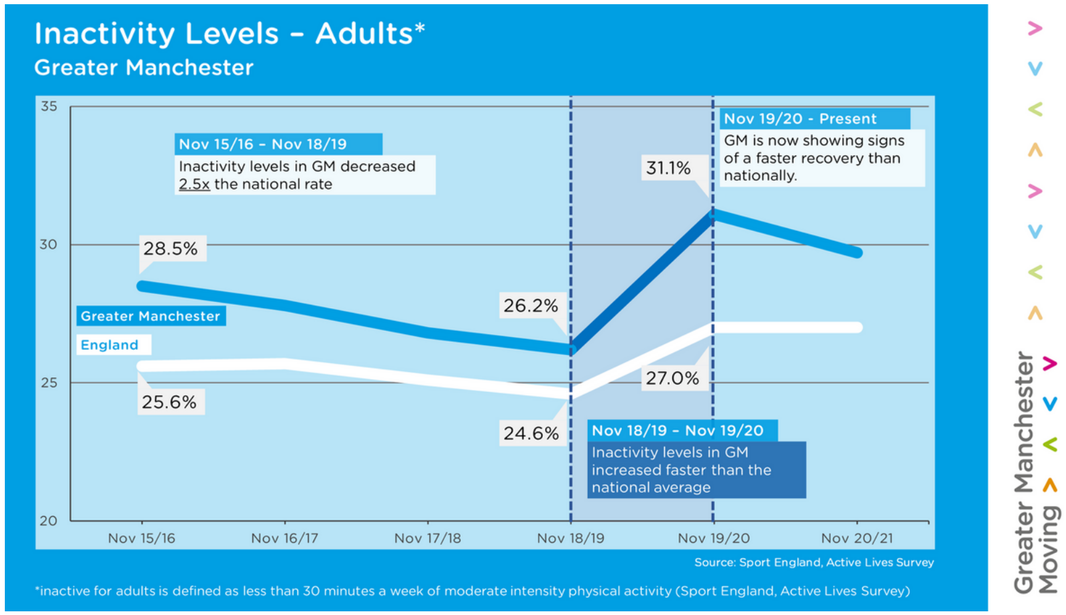


Figure 1.4: Line graph highlighting adult inactivity levels in Greater Manchester from 2015-21 (source: Sport England, Active Lives Survey)

By November 2018, GM saw its original target inactivity rate achieved, with over 75% of adults being active or fairly active (24.6% inactivity rate. Sport England. Active Lives Survey 2018). However, the effect of the CV-19 pandemic hit the region's activity rates harder than elsewhere. During the pandemic inactivity across GM reached a peak of 31.1%, compared to the national average of 27%.

GM Moving in Action & Core20PLUS5

In September 2021 GM Moving launched a new ten-year vision. GM Moving in Action[12] saw a step change in both narrative and scope.

The strategy speaks to physical activity and ‘movement’ rather than physical activity and ‘sport’, as previous incarnations had cited. It has a focus on addressing health inequalities, pointing to the Core20PLUS5 approach, launched around the same time as the strategy. Its aim was to support Integrated Care Systems to ‘***drive targeted action in healthcare inequalities improvement’.***

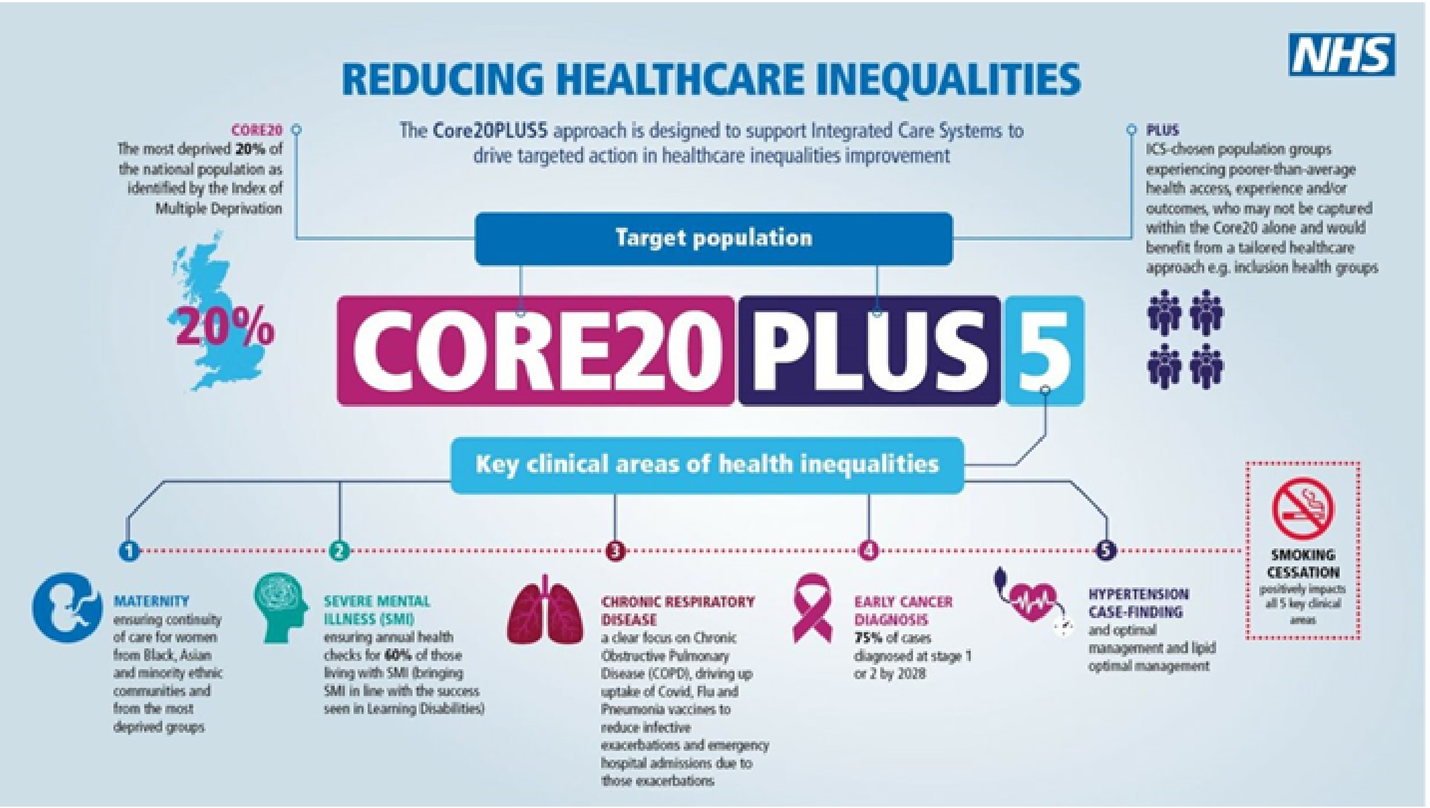


Figure 1.5: Reducing healthcare inequalities (NHS)

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]
- 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.

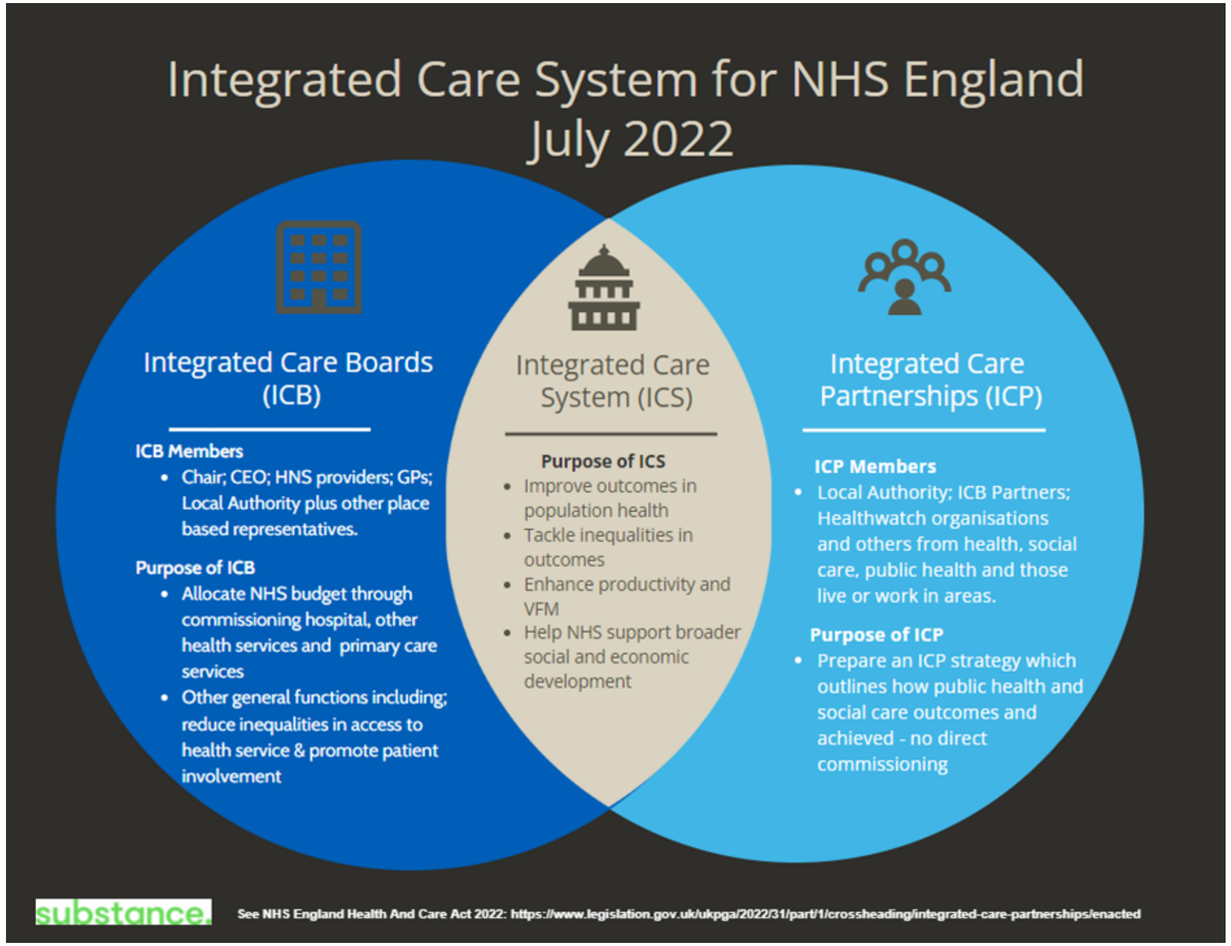


Figure 1.6: Integrated Care System for NHS England, July 2022

The Health and Care Act 2022

The Bill was designed to enable the newly formed ICBs and ICPs to improve cross-sector working at the core 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.

Greater Manchester Integrated Care Parntership Strategy

In order to tackle these underlying economic, health and system-wide pressures, the strategy identifies six core missions:

1. Strengthening our communities
2. Helping people get into, and stay in, good work
3. Recovering core NHS and care services
4. Helping people stay well and detecting illness earlier
5. Supporting our workforce and carers
6. Achieving financial sustainability

At this stage, it is clear from the strategy that there is a commitment across multiple partners to improve the health of the region through a collective approach.

Two key concepts relating to the integration of physical activity across the health and social care system are identified within the strategy, that of a vision that ***'everyone has improved health and wellbeing'***[19] and that these shared outcomes will be achieved through ***'building trust and collaboration between partners to work in a more integrated way'.***

GM Moving is cited within the strategy as a case-study, illustrating how its founding principle is to be a ***'movement of people, communities and organisations, from every sector and place across the city-region, with a shared goal of enabling active lives for all.'***[20]

Greater Manchester Integrated Care Partnership

Greater Manchester model for health

The direct link between physical activity and movement and improved physical and mental health is universally acknowledged. As such, its contribution to the prevention agenda is paramount.

GM Moving contributes to the integration of the new Integrated Care Partnership Strategy (ICPS) through its contribution to the new GM Model for Health. In particular GM's prevention agenda focuses on ‘neighbourhood working, prevention and reducing harm’ as central conditions for enabling ‘good lives’ (see Figure 1.5). The ICPS therefore outlines a social model that views health more holistically and ‘focuses on the role of people and communities as well as health can care services’.[21] The next phase for the ICPS roll out across GM will be the forthcoming implementation plans, due to be launched in June 2023. GM Moving is well placed to contribute to the formation of these implementation plans through continued insight and commitment to the prevention agenda.

Figure 1.7: Greater Manchester Integrated Care - Model for Health

The ways in which this action research is to be embedded is highlighted in Section 4 of this report, however, it is expected that the continued development of the evaluation will further influence the direction and approaches to facilitating the integration of physical activity across the ICS (Integrated Care Systems).

View of the system: sparkplugs, the networks of influence

02

What? View of the system: key research questions

A key priority within GM Moving is to ensure that movement, physical activity and sport play their part in health creation through truly integrated approaches to health and care in every neighbourhood across GM. The Substance research team have been working alongside GM Moving and key stakeholders in the local system between September 2022 and March 2023 in order to understand the **'what'** defined as:

1. Understand and **capture how the health and care system is structured** as the ICS (Integrated Care Systems) evolves across GM. This includes identifying key organisations, individuals and relationships at GM, local and neighbourhood spatial layers that are crucial to help integrate physical activity into the health and care system.
2. To **understand the connections, strengths of relationships and maturity of integration** of the physical activity, health and care systems in 2022, capturing a picture at a critical moment in time, which gives a baseline from which to measure change over the next 5 years.
3. To **build relationships and understanding between key ICS and physical activity stakeholders** as part of the process.
4. To use the learning and relationships built to **identify focus for the work** based on evidence, need and opportunity as the Integrated Care Partnership Strategy develops.
5. Contribute to the evaluation of this priority area, including **refining the high-level programme theory** [see Appendix 1].

The two key areas on which this study focuses relate to system wide ‘culture, norms and ideology’; and ‘policy integration’.

Embedding physical activity in the health and care system: culture, norms and ideology

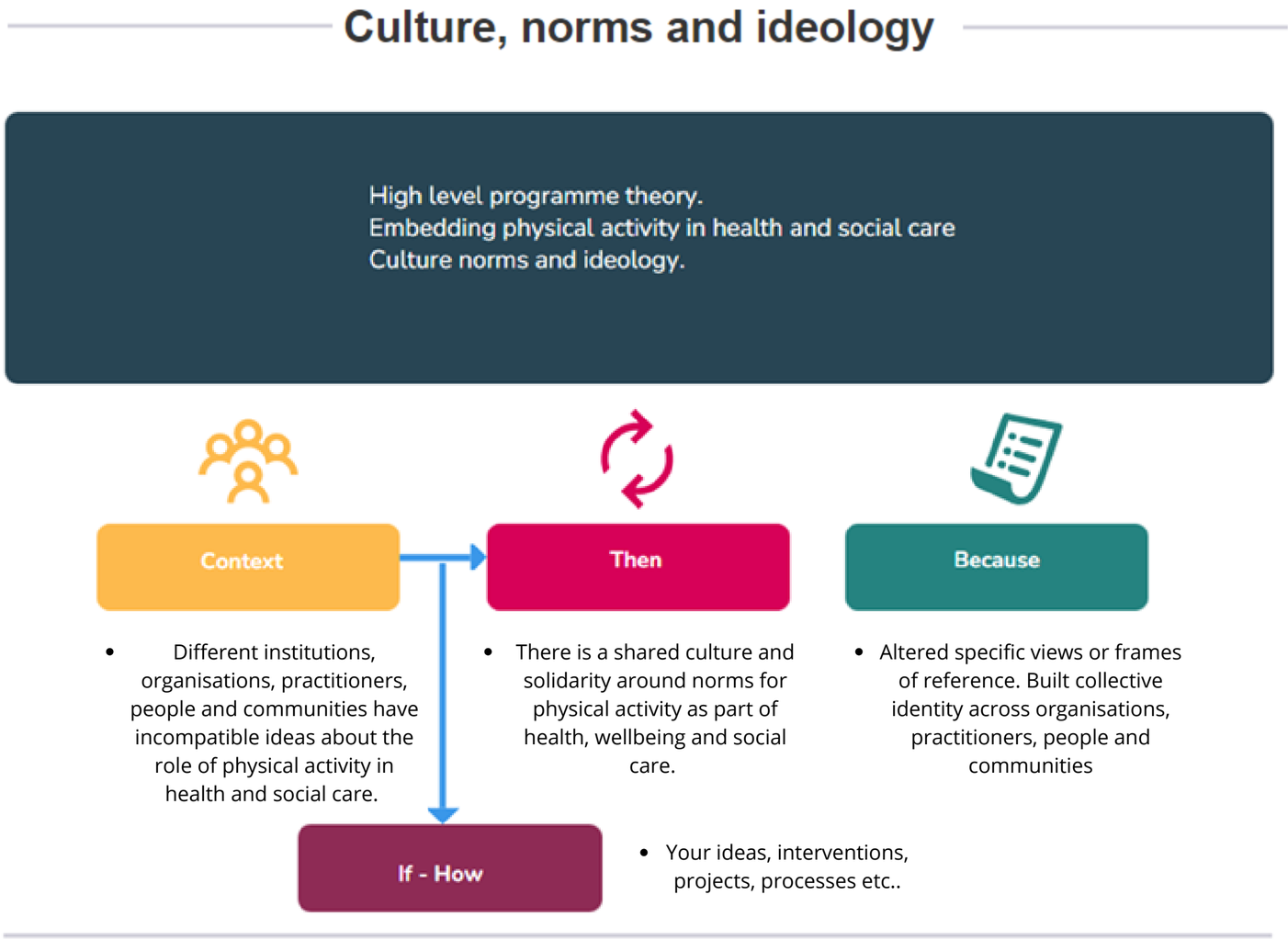


Figure 2.1: embedding physical activity in the health and care system: culture norms and ideology

Embedding physical activity in the health and care system: policy

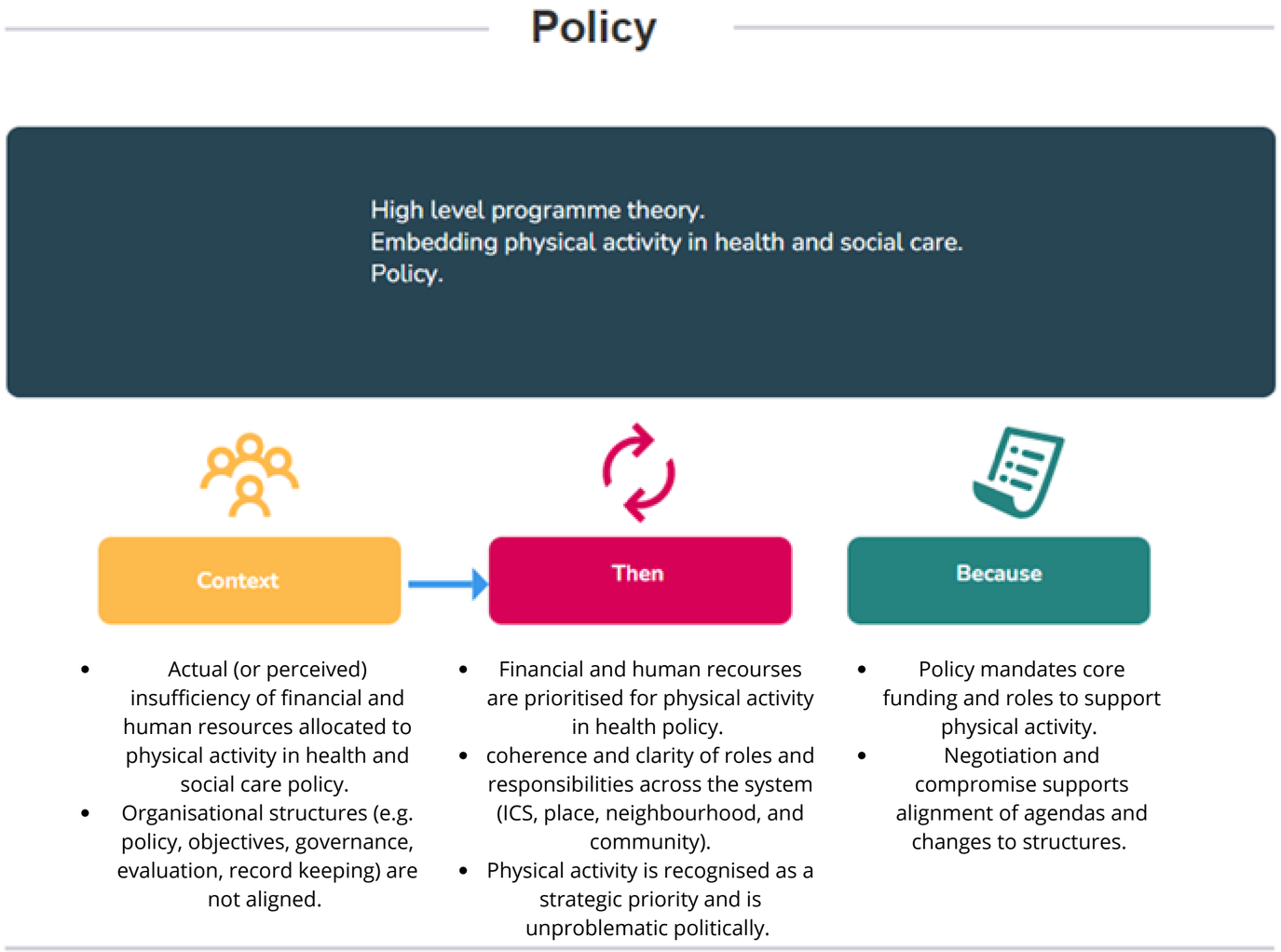


Figure 2.2: Embedding physical activity in the health and care system: Policy

How? Action research methods and approach

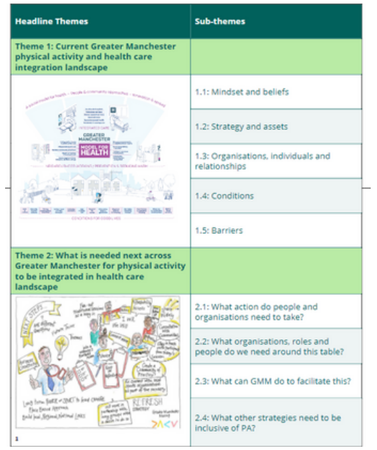
In order to answer the research questions, a **suite of multi-method approaches were designed to allow the right questions to be asked to the right people** in the system. The exact approach involved:

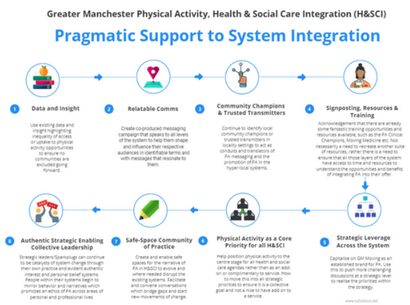
1. In-depth, semi-structured **interviews with 24 sparkplugs**, or key influencers in the system.
2. Observation and input into 7 blended health and care integration team meetings between 6th September 2022 and 15th March 2023. This **"Blended Team"** consisted of the Substance research team, The Foundry, and staff from various GM Moving partners including roles and perspectives around insight, strategy, wellbeing, young people, or the elderly.
3. Evaluation update and design session on 1st February 2023; **stakeholder workshop** with around 35 key sparkplugs on 1st March 2023, facilitated by three of the Substance team. Safe-space for sharing ideas and influencing the integration work.
4. **Sparkplug survey** sent to over 100 system actors. The introduction of an agency and commitment scale. 35 respondents identifying a further 54 sparkplugs, and 13 additional organisations, institutions, or sectors.

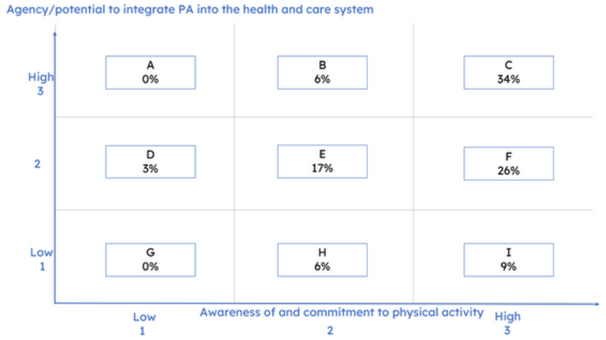
How? Action research methods and approach

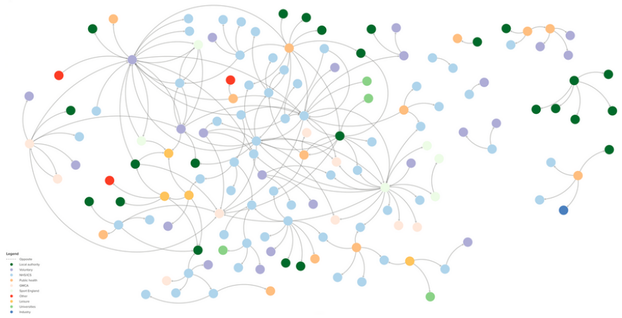
As a result of these research activities, a number of evaluation outputs have been generated and are located within this report:

- An **interview coding framework** informed both by the guiding questions and emerging themes from the interviews.
- A visual representation of the **GM sparkplug network map** at two points in time and reach, together with high level statistical analysis of connections.
- Visual and analytical results from the **agency and commitment chart.**
- A summary of **practical recommendations** for future integration of physical activity into the health and care system across Greater Manchester.
- A series of **research questions and proposed activities** for future investigation to assist with the development of the Integrated Care Partnership Strategy implementation plans relating to physical activity.









View of the system: sparkplugs

The methods adopted to illustrate the current system and describe recommendations for integration are detailed on the following pages. The **general approach** involved consulting with the Blended Team to compile an initial list of key influencers, or “sparkplugs”, who were seen as crucial to the promotion and integration of physical activity in the health and care system. These were then interviewed. It is important to note that:

- The initial sparkplugs **do not constitute an exhaustive list** of key influencers in the system.
- The term "sparkplug" does not imply ideas of hierarchy or authority. Interview partners worked across various sectors, in strategic positions or on the ground. Being a sparkplug simply means **having belief and influence** when it comes to integrating physical activity in the health and care system.

Who are the sparkplugs? One way of thinking about key influencers of physical activity is through the metaphor of sparkplugs: **they are in key positions to drive the movement for movement, to spark connections and shed light on new ideas, to inspire others and transmit the energy to sustain and expand a network for movement within and across sectors and communities.** They are key catalysts for creating the conditions of change around physical activity integration.

At the very start of our conversations, the research team wanted to understand where their passion and energy came from to drive this work forward. It was evident that the sparkplugs had an **underlying authentic belief in the power of physical activity** to create better conditions for the wider health and care landscape. This emerged as a prominent theme elsewhere in the GM system change evaluation.

View of the system: sampling and selection of participants

Substance, GreaterSport, Cavill Associates and The Foundry co-created interview questions and conducted semi-structured interviews with 24 sparkplugs. These were identified and contacted through **non-probability sampling methods**, largely based on their involvement and experience regarding physical activity, availability and absence of recent interaction with the Blended Team, or referral by other sparkplugs. Sampling included elements of the following:

- **Purposive sampling:** Sparkplugs were likely to have commitment and knowledge regarding the integration of physical activity; some happened to not have interacted with the Blended Team in recent months and were therefore ideally placed to offer fresh perspectives and experiences.
- **Convenience sampling:** Some were more readily available or could be contacted more easily than others.
- **Snowball sampling:** Some sparkplugs referred to other influencers instead for initial interview. Examples of snowball sampling also include sending out the survey in March 2023 and future work to reach out to the key individuals whom the sparkplugs identified.

View of the system: sampling and selection of participants

This sampling approach means that, like most qualitative and action research, the **insights and lessons from this research speak to the experiences of these particular sparkplugs** and do not paint a representative picture of the whole system. It is work in progress in an **ever-changing and evolving system**; and while future research could aim to expand the network to include more and more key agents of change, this will neither result in a complete nor in a fully representative network map.

However, the experiences shared by the sparkplugs cover much ground and provide unique perspectives. Interview partners worked with a system-wide or locally specific focus; were in higher-level strategic roles or worked very close to the ground; and brought insights from public health, local authorities, voluntary and community organisations, and various other sectors. As such, **their views cover many facets of the integrated health and care landscape.** This is in line with the whole system approach underlying GM Moving's work. The Blended Team recognised the importance of all layers and sought to speak to representatives from across the system.

The sparkplugs in this research were identified as influential by other physical activity champions, **no matter the sector or position in which they worked**. There are many more sparkplugs doing great work who have not been contacted yet, but whose experiences would be invaluable for future research on the system and key insights on how to further support physical activity integration.

View of the system: interview questions and approach

The interview questions were co-created by the Blended Team and interviews carried out by Substance and GreaterSport. All interviews were **semi-structured**. As such, they followed a general list of open questions but also allowed the interviewers to further probe and discuss specific points in the sparkplugs' responses. The interviews explored themes such as:

- **Sparkplugs' own authentic interest** in and commitment to physical activity, both personally and professionally.
- Stories and examples around the **impact of physical activity** on sparkplugs' and other people's lives.
- **Ways, barriers, and enablers of integrating physical activity** into their work.
- Most constructive and successful ways of **communicating the messages** around physical activity.
- Their view of **existing tools and resources** to further physical activity in the health and care system.
- Sparkplugs' **key working relationships** and the people they saw as **influential agents of change.**
- **Tips for others in similar roles** to increase the focus on physical activity.
- **Next steps for the project** of integrating physical activity into the health and care system and what sectors or communities would need to be engaged.
- In what **ways GM Moving could contribute** to this in the future.

Substance developed a **coding framework** based both on the research aims and interview questions, and – importantly – on the emergent themes and findings from the interviews themselves. Therefore, much like the other methods discussed in Section 2, also the **coding framework to make sense of the interview data is constantly evolving**. The current coding framework is based on **two main themes**, each with sub-themes, which were further divided into more specific questions and elements. The first two layers are shown in the following figure. **Insights and learning** emerging from future interviews will likely result in further adjustments of this coding framework.

View of the system: interviews and coding framework

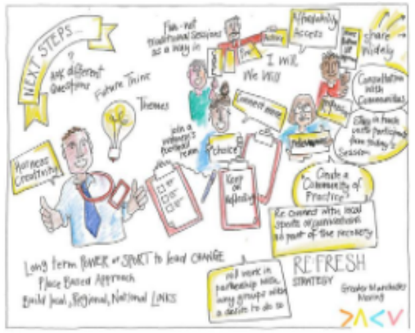
Headline Themes	Sub-themes
Theme 1: Current Greater Manchester physical activity and health care integration landscape	
	1.1: Mindset and beliefs
	1.2: Strategy and assets
	1.3: Organisations, individuals and relationships
	1.4: Conditions
	1.5: Barriers
Theme 2: What is needed next across Greater Manchester for physical activity to be integrated in health care landscape	
	2.1: What action do people and organisations need to take?
	2.2: What organisations, roles and people do we need around this table?
	2.3: What can GMM do to facilitate this?
	2.4: What other strategies need to be inclusive of PA?

Figure 2.3: Coding Framework and Sub-Themes

Theme 1 revolves around the current landscape of Greater Manchester physical activity and health and care integration. It delves into questions such as **why physical activity is important for stakeholders** and what **stories of change might resonate with people**; what strategies might help get the message across; who key facilitators across GM are; or what sparkplugs see as **key conditions and barriers** to physical activity integration. **Theme 2** explores what is needed next across Greater Manchester for physical activity to be integrated in the health and care landscape. Here the focus lies on **actions that people and organisations need** to take, such as language change or creating shared visions; what individuals and sectors need to be involved; or what GM Moving can do to facilitate this.

The insights from the interviews and analysis led to a set of key recommendations which were presented and discussed at workshops and design sessions. They are covered in depth in Section 4 of this report.

Sparkplug network map and analysis (map 1)

One aim of the research was to develop a network map of key influencers as a visual representation of the interconnections between sparkplugs themselves as well as their wider sectors. A question in the interviews asked the sparkplugs about who they saw as being the **most influential to further integrate physical activity in the health and care system**. Their answers provided the data for the first of two network maps, which were created by Cavill Associates using the software KUMU.

This map shows a partial “circuit board” of the interviewed sparkplugs and other important agents of change whom they identified. As noted above, it is far from an exhaustive or representative map.

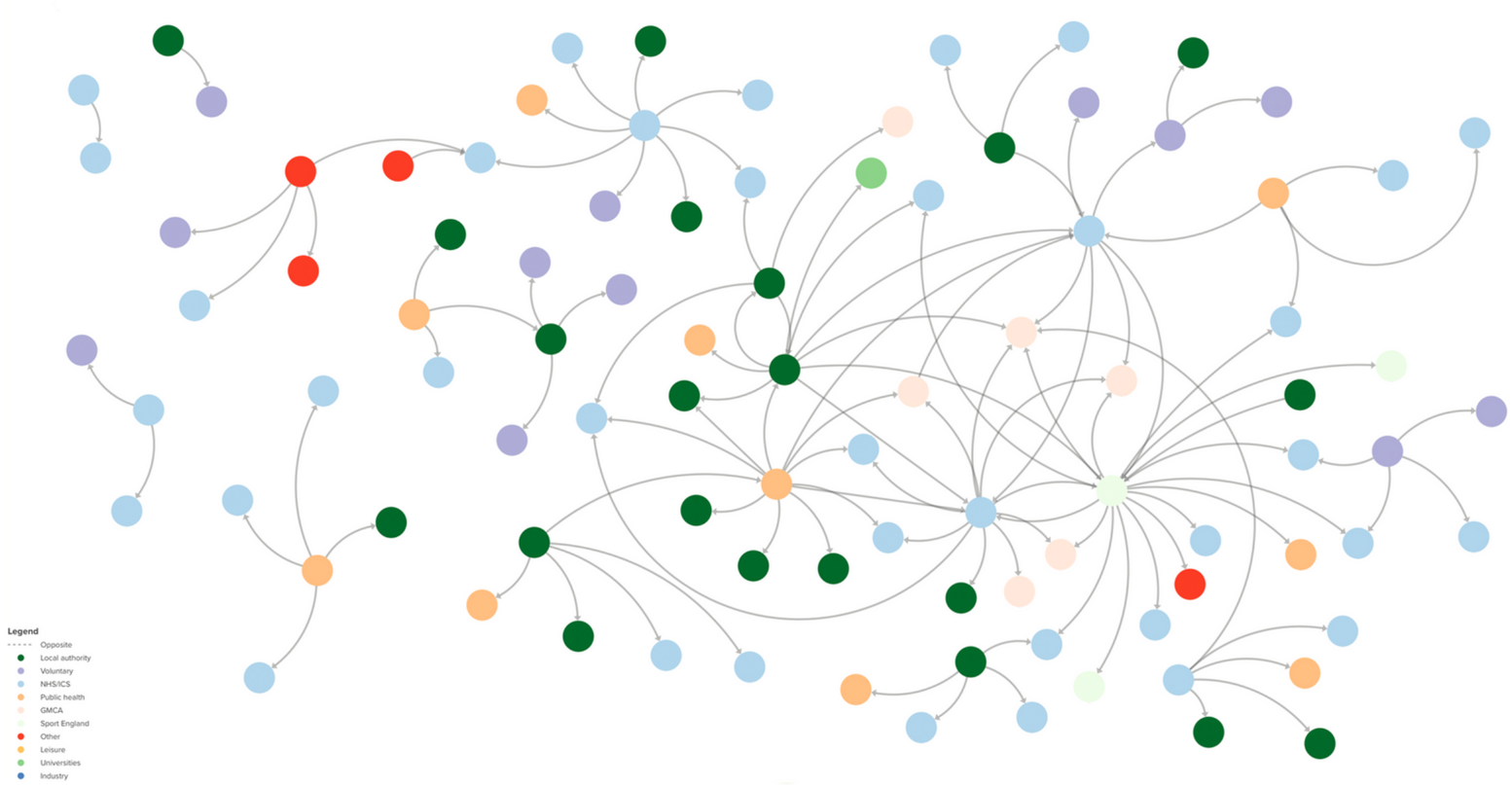


Figure 2.4: Sparkplug network, map 1 (interviews only)

In a second step, this map was updated following the development of a Physical Activity and Health Care Integration survey which was piloted at a Stakeholder workshop on 1st March 2023 and remained open until 29th March.

Sparkplug network map and analysis (map 2) - interviews and survey data

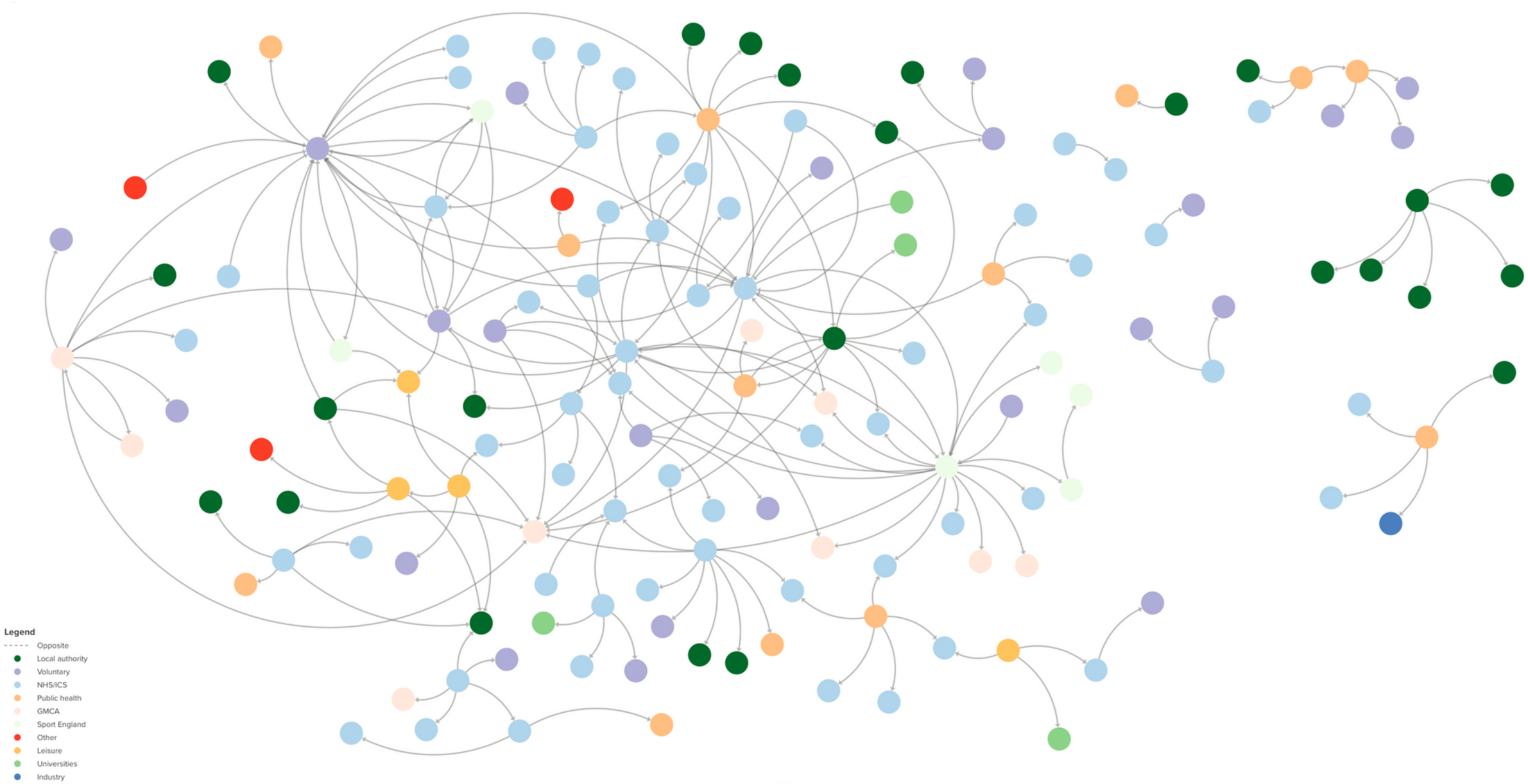


Figure 2.5: Sparkplug network, map 2 (interviews & survey)

Sparkplug network map and analysis

Future research could expand these visualisations. Yet already these maps point to a number of preliminary insights:

1. Based on this indicative data, **not all parts of the network are equally well connected**. There are groupings of connected individuals with limited links to other sparkplugs on this network map. There are also a **number of key catalysts who have many connection flows as can be seen as the central sparks**. As discussed below, this points to opportunities to better connect and stimulate system-wide work around physical activity.

2. Map 2 shows a **significantly more complex network** compared to Map 1, reflecting the ongoing process of data collection. As more sparkplugs appear on the map, more of their connections become apparent. Also the inclusion of the survey, and its self-selective sampling method through Twitter has significantly widened the scope of respondents compared to Map 1.

3. It is too early to properly capture over-time system change in the network map. However, future evaluation research could **continuously expand the map** through regular surveys and interviews. Once many key influencers are represented on the map, researchers can track the development and growth of the map in meaningful ways, and sparkplugs' potentially changing relationships and sectors over time. In other words, also this piece of the work is evolving together with the system and leaves much space for ongoing learning and evaluation.

Sparkplug network map and analysis

4. Sub-networks play a key role in representing the health and care landscape. With one exception, these sub-networks are not bound to sector, but instead reflect everyday working patterns in their specific context. For example, several sub-network to the right and bottom of the map highlight the interplay between Public Health, NHS/ICS, Local Authority, and the VCSE sector. This may **portray the inter-sectoral everyday working patterns** of key stakeholders across GM.

5. Across the whole network, the preliminary map indicates a **common pattern of working relationships between individuals in the NHS/ICS and VCSE sector**. This might reflect the relatively wide and flexible roles within both sectors; it might also hint at recent political developments, such as devolved health care systems and austerity, and the resulting ever-growing relationship between health care providers and the VCSE sector.[22]

6. The maps also indicate that **some sparkplugs are particularly central to the network and to integrating physical activity in the health and care landscape**. This is partially a representation of the fact that some of these key connectors are the sparkplugs who had the opportunity to share their connections in interviews or through the survey. But there are also other individuals that emerge as important “nodes” in the network map who have not shared their own connections.

Sparkplug network map and analysis

The visual impression of certain sparkplugs' centrality to the network is supported by indicative statistical analysis. When looking at the sample of the sparkplug network map by highest number of connections, the top 3 percent of sparkplugs represent 18 percent of all connections shown on Map 2.

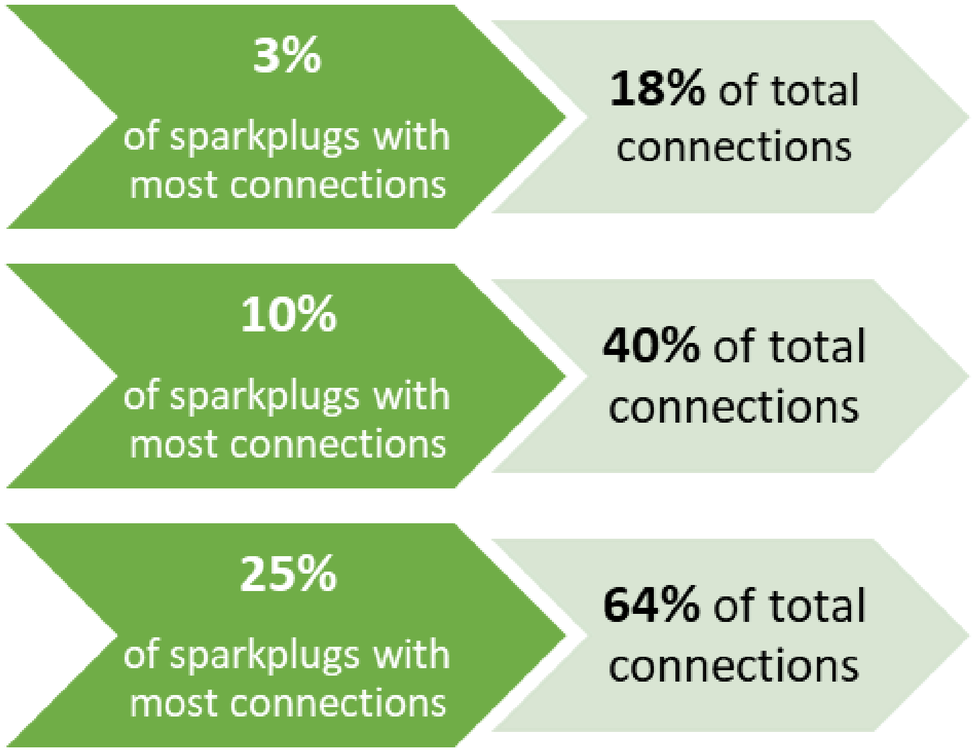


Figure 2.6: Most connected sparkplugs in the network map (map 2). See Appendix 2 for additional analysis.

This reveals the structure of the network map: based on this current data, **large parts of the interconnections between sparkplugs cluster around a limited number of key individuals**. These are crucial for a whole system approach to integrating physical activity in the health and care landscape. One of Substance's key recommendations is to **harness the connectedness and authentic interest of these key catalysts**. But it also points to an imbalance – and perhaps vulnerability – in the system, especially with respect to sustainability and inclusivity. More **work would be required to make sure that all individuals on this map, and many more, are better connected** to other sparkplugs and sectors.

Agency and commitment stakeholder survey

One of the themes emerging from the sparkplug interviews was a **potential disparity** between the **commitment** to integrating physical activity and the **agency** to turn this into action. Even those key influencers who lived and breathed physical activity pointed to barriers to realising the huge potential they experienced in their daily work. One interview partner put it like this:

> **I don't think it's as much of a hearts and minds thing anymore as it maybe once was. And I think there's a lot of frustration, that a lot of people are finding that their time and their energy and the resources that they do have at their disposal are kind of bound up in firefighting. ... I think the fact that we have won hearts and minds does give cause for optimism, because if we can find a way of just giving people time and space to not do the firefighting, then there are lots of– there's lots of willingness in the system.**

To map some of this experience, and to complement sparkplug interviews and network analysis, Substance developed an online survey to capture stakeholders' perception of their own agency and commitment to physical activity integration.

Agency and commitment stakeholder survey

The survey's aim was to understand how far respondents' own perceived agency or potential to integrate physical activity into the health and care system corresponds with the rating of their own awareness and commitment to physical activity. In other words, this piece of research explored questions such as: **in how far do people with a high commitment to physical activity also see themselves in a position with high agency to further the systemic integration of physical activity**? Why do people place themselves in the different sectors of the graph, and how do respondents make sense of their position? **What support might they need to increase either their agency or commitment to physical activity**?

The survey gauges individuals' agency or potential ability to influence and their commitment to physical activity integration into health and care. It involved the self-placement of respondents' perceived agency and commitment to physical activity, followed by two open questions around this self-positioning. Details of the questions and approach can be found in Appendix 3. While the sample is limited so far (35 respondents), it provides a snapshot of stakeholders' perceptions and offers further qualitative insight into why stakeholders have a certain level of agency and commitment to physical activity integration. Stakeholders' understanding of agency in implementation and the commitment to physical activity integration is key to this survey. Initial results highlight **the strength that stakeholders' agency has *when* coupled with their authentic interest.** Stakeholders who have **commitment to the movement but limited agency** would benefit from **the pragmatic support of relatable communication across the system.**

Agency and commitment stakeholder survey: survey results

Findings from the online survey are presented through respondents' open answers to survey questions and an agency and commitment chart used to visualise respondents' self placement around the concepts of agency and commitment. Thematic analysis from respondents' qualitative responses is used to understand individual's positioning on this scale.

Given the current, limited sample size, analysis focuses on two groupings of respondents, those rating themselves highly with respect to both commitment and agency (**group C**), and those who positioned themselves at a medium level on both axes (**group E**).

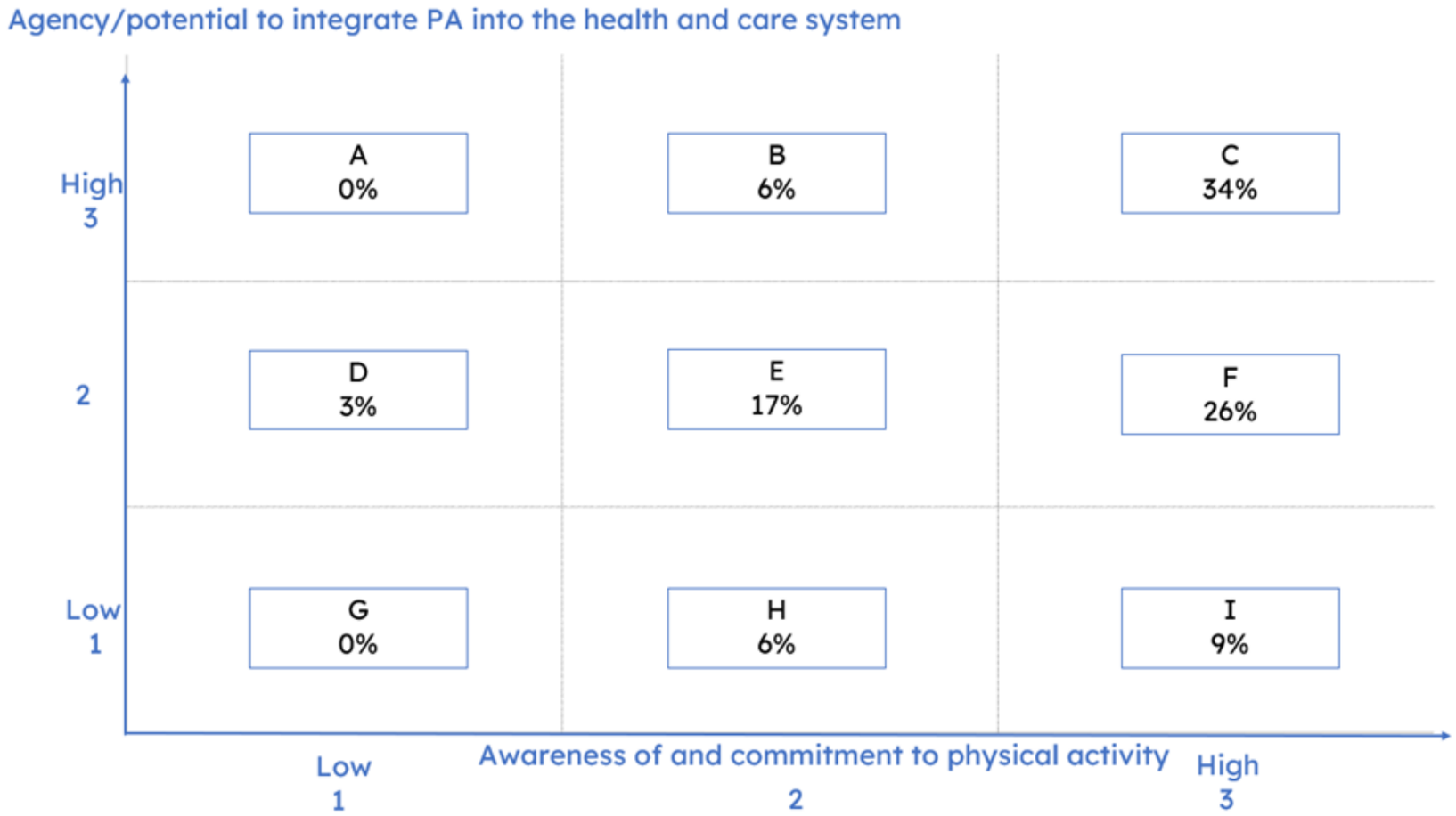


Figure 2.7: Respondents' self-placement in terms of their own commitment (X-axis) and agency (Y-axis) to physical activity integration

Agency and commitment stakeholder survey: survey results

Figure 2.7 summarises individuals' own perception of their agency and commitment to physical activity, providing a snapshot into the relationship between individuals' commitment and ability to change physical activity integration.

The most immediate observation is that about one third (11 responses) of respondents saw themselves in group C, the highest in both agency and commitment to physical activity integration.

More than three quarters of responses cluster around groups E, F, and C, which rated themselves average or high on both axes. This reflects the fact that responses were collected through non-probability sampling methods, as the survey was initially distributed to people from GreaterSport's networks and/or people with professional links to physical activity.

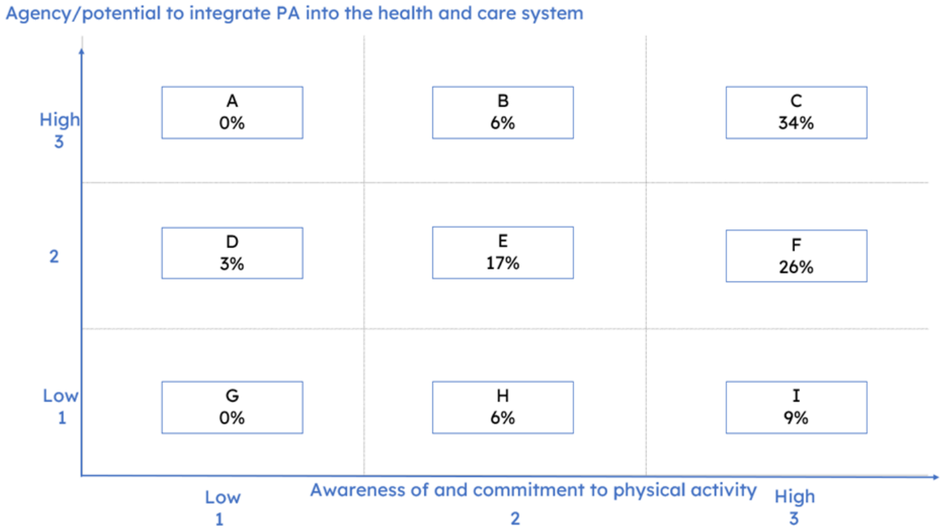


Figure 2.7: Respondents' self-placement in terms of their own Commitment (X-axis) and Agency (Y-axis) to physical activity integration

Respondents' view of their own agency & commitment to physical activity

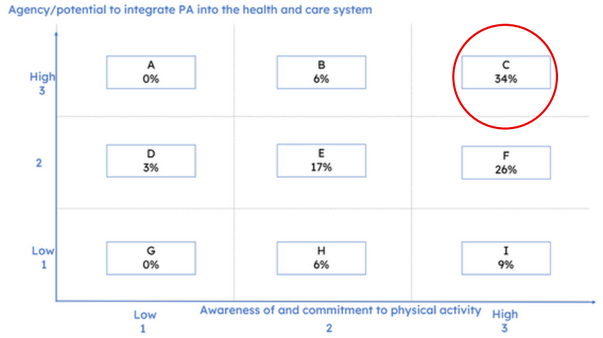
The first survey question following the self-placement shown on Figure 2.5 asked respondents to elaborate on why they felt that they had their indicated levels of agency and commitment. The word clouds in Appendix 3 depict some of the themes that respondents in group C (highest on both axes) and group E (average on both axes) highlighted in their comments.

Amongst others, support and practice, and the strength in collaborative working, were key concepts emphasised by **group C** respondents when describing their level of agency and commitment. Two group C respondents explained in detail:

> **We have enshrined this commitment into our vision and to build upon the work we already do in the health and care system. (Respondent from Leisure sector)**

> **I feel we have a strong partnership with the NHS, and through the work of the Greater Manchester Falls Collaborative, we have a really strong opportunity to build and grow this agenda. (Respondent from GM Combined Authority)**

The support and practice highlighted in these two quotes not only reflects the commitment to physical activity and collaborative working but also how a system has been shaped around the Greater Manchester Moving vision.



Key recommendation: to identify the stakeholders with high agency and commitment to signpost the already fantastic resources, training and tools available, to others in their networks. In order to develop a cascading effect across their system.

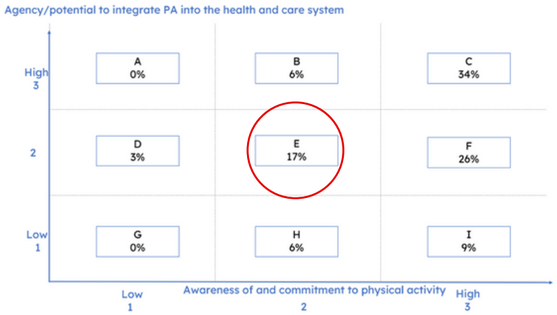
Respondents' view of their own agency & commitment to physical activity

Respondents in **group E** (those who ranked their agency and commitment as average) spoke to themes such as commitment and focus when making sense of their own agency and awareness around physical activity. Two group E respondents elaborated on their own positioning (shown in the speech bubbles to the right and below).

> **We have partners in physical activity through our leisure centres and are dedicated to health and wellbeing strategies. However, these are not just focused on physical health. (Respondent from Local Authority)**

> **I think it is easy for me to make sure PA is included in key policy narratives (e.g., Live Well, social prescribing) but to score more highly [I] would want to think more about what could be helpful in terms of turning that into impactful action. (Respondent from GM ICP)**

This hints at individuals' agency in their role potentially acting as a limiting or enabling factor when it comes to rating their awareness and commitment to physical activity. While authentic interest and commitment is key when the role permits a high level of agency, it may be the role itself and associated agency that helps this interest flourish into physical activity integration. Future research aims to develop this relationship between agency and commitment further.



Key Recommendation: to use pre-existing Local Pilot data specifically around cross-sector working, to develop a relatable comms approach that understands the role agency has in health and social care integration.

Opportunities to increase agency or commitment

The second follow-up question in the survey asked respondents what would help them increase their level of agency or commitment. Figure 2.7 shows the words highlighted most often by respondents who rated themselves highly on both agency and commitment (**group C**).

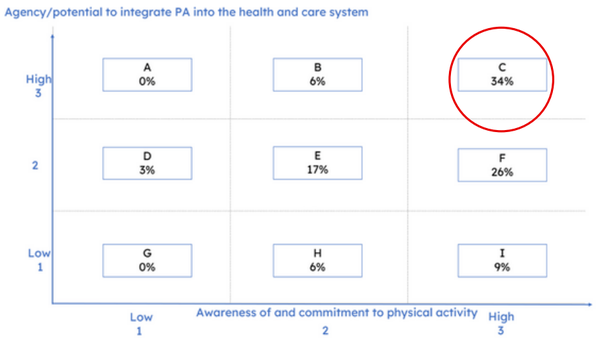
Amongst other things, group C respondents emphasised themes around support and funding. One respondent explained the need for funding to alleviate the strain on the NHS through the Leisure sector (shown in the quote to the right).

> **As an organisation we are committed. We require more support through NHS and their funding to be able to expand our offer. NHS need to understand how much our sector can support the NHS and reduce stress on their services. (Respondent from Leisure sector)**

The second quote below conveys a **need for structural support when working on inequalities to access of physical activity**. This is indeed central to GM Moving and the most recent ICP Strategy. While the respondent sees themselves as high in agency, there is a clear need for a wider adoption understanding towards marginalised identities in the health and leisure sector. Which is something that reflects a much wider issue of health inequalities in access and engagement.

> **Inclusion of people with disabilities and minority groups in all sessions provided by the leisure centres. (Respondent from NHS ICS)**

Key Recommendation: To continue to identify champions of physical activity across marginalised identities in Greater Manchester. In order to offer strategic support and provide further buy-in for networks.



Opportunities to increase agency or commitment

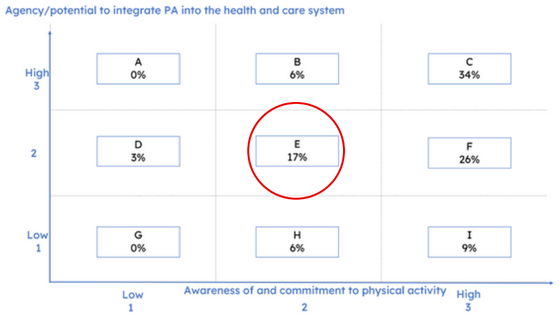
Respondents in **group E**, who rated their agency and commitment to physical activity integration as average, highlighted somewhat different themes. They focused on themes around time and community, relating to their reflection on positioning on the Y axis (Agency/potential to integrate PA). In that, stakeholders with less influence need to be part of a larger network, with enough time in order to make consistent efforts to embed physical activity into the health system. Again respondents' answers provided more nuance regarding what was needed to further build agency or commitment to integrate physical activity.

Group E respondents' key messages around promoting agency and commitment to physical activity integration were along similar lines as those of individuals in group C. However, it is worth reiterating that respondents self reflection of limited agency in physical activity integration played a large role in the theme of need for time and relationships in their working.

> **Making it more accessible for everyone, both in funding and time. Making it free for care experienced young people and offering starter encouragement packages to new beginners in fitness. (Respondent from Local Authority)**

> **Time for greater focus to embed the practical activities and 'what is for me' actions for individuals so they become the ambassadors. (Respondent from NHS ICS)**

As indicated in the two quotes, respondents also called for further funding, practice, and provision regarding inequalities of access for marginalised identities in physical activity. Prompting a **key recommendation:** acknowledging varying levels of agency across the system and providing resource and time to adopt processes for integrating physical activity.



Agency and commitment stakeholder survey: survey analysis

An initial observation from respondents' answers to the two open survey questions is that perceived lower or higher agency might limit or enhance commitment to integrating physical activity in the health and care landscape. A role that strongly revolves around and provides agency to promote physical activity gives room for strong commitment to its wider health and care integration. This may be seen through procedure but also through the networks and relationships developed in their professional role. Authentic interest is needed to move into such prominent roles within physical activity and healthcare; however, it may be the role itself that gives that authentic interest the time and space to make 'real' change.

Respondents in roles with lower agency to integrate physical activity might be pulled into other directions and wider health concerns. One respondent quoted previously asked for more "impactful action" related to specifically physical activity. Another respondent added:

> **I can see the need and … I am committed to integrating physical activity into the H&C system for CYP [children and young people], but I am not in a position to make it happen.**

Respondents in roles across sectors may have to turn their heads to other concerns in health care which limits their perceived commitment and agency to particularly integrating physical activity. Many respondents highlighted the need **for more time in order to create structures to enable autonomy for health care integration, and to grow the community awareness of spaces for physical activity classes and integration into daily life.**

The enablers of change: what works across Greater Manchester?

03

The five enablers of change

Five key programme theories or ‘enablers of change’, have added to the existing evidence base about whole system approaches, and the conditions needed to enable long-term changes in activity levels and a reduction inequalities. The following descriptors are from earlier GM Moving evaluation, [led by Dr. Katie Shearn of Sheffield Hallam University] with updates on how these theories resonate with the current health and social care integration work.

Figure 3.1: Five enablers of change (Substance consortium evaluation 2019 - present)

1: Involving local people and growing assets

- Involving local people remains important to gain insight, increase reach, transfer ownership, and gain influence across the system.
- Principle that involving local people in the work will help to ensure local ownership and effective communication about physical activity between people in the local area.
- This, in turn, leads to more appropriate investments and/or shifts in local culture which enable people to be more active.
- We use the term 'growing assets' here to encompass the notion of developing strengths of individuals and organisations across the system as people are our key asset.
- Below are some quotes from our Sparkplugs, illustrating this theme across the health and care system.

We've got a whole collection of voluntary and community sector organisations in GM, all of which do great work, really locally and understand the needs of their local communities and understand how to have the best conversation with those communities.

I think there's been some really good campaigns, lots of stuff on social media. ... Some of the videos that have been done and all of that are really, you know, I know have gone down really, really well with people. ... Couch to 5K and some of the apps to try and help you increase your step count etc.

We've got these GM walk leads, who are, I suppose, a brilliant contact. They already, you know, they know routes in their localities that people can walk. So it's about kind of utilising those resources, isn't it? And you don't have to plan it all on your own. But it's kind of linking in with other people.

substance.

2: Strategic leadership enabling collective leadership

Strategic leadership represents sustained and visible support from senior leaders and elected members. Specifically, who:

- Work to protect the space for others to do things differently (Protectors), and
- Take an active role in promoting physical activity in their sphere of influence (Influencers).

Collective leadership is about empowering people to make decisions about what works, in the locations they work in, towards a common goal (Believers). Works when there is greater emphasis on people being trusted and able to make decisions about what works, in the locations they work or volunteer in to enable active lives (Believers). Where there is a spine of influence, from community, local front-line staff, management, and senior levels, this promoted a sense of ‘collective leadership’., management, and senior levels, this promoted a sense of ‘collective leadership’.

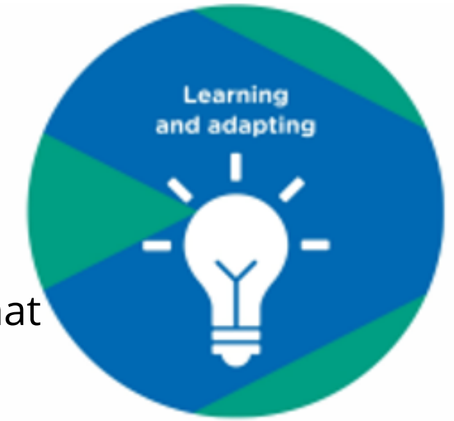
> ***Developing Blended Teams and co-hosted roles is another way to hard-wire movement into the health system. It develops a sense of collective purpose and ownership of the mission, a sense of one team and shared endeavour.***

> ***It's about listening and hearing where people are coming from and understanding if they're not active, why they're not and what the challenges and barriers are that they face, so that we can work with them to address them.***

> ***So we have an active role in engaging with those kind of organisations and people who are just interested in doing good stuff in their areas. So those are the first sort of ways in which we connect to those, we value them. We believe they're important. We try and showcase it, we get the money, we try and make connections between stuff that's happening really close by or that has commonality of purpose.***

substance.

3: Learning and adapting



• Critical reflection is key to directing change.
• Telling rich stories and providing more structure, in accessible language, around key features of system change may be more conducive to learning.
• Recognition that cross-sector working was about collaboration and teamwork, explicit recognition that the pooling of energy, resources and ideas to work towards a common agenda is likely to be more effective in coherent and sustainable changes.

- Broaden and connect the network
- Align values principles and common goals
- Build relationships and trust
- Work together on common projects
- Productive partnerships working around common goals

> ***I think there's something about using real life stories and case studies... Making things really visual and impactful as well and really having clear positive messages.***

> ***We need to be using the learning that's come out of the locality pilots, but actually developing that into a much more systemised model and approach seems to me to be the next stage of the journey. Approach at a GM-wide level and a translation of that into other areas.***

4: Transforming governance and processes

- Awareness that good ideas and willingness to collaborate were frequently hindered by governance processes that were not designed to support place-based inter-sectoral collaboration or distribute resources easily around the system.
- How can transformational practice be embedded to ensure that system workarounds or quick fixes are not relied upon?
- Creating a legacy of change with processes that enable people at all levels of the system to feel empowered to enable walking.
- A range of evidence as well as well-formed relationships may allow for progress on legal and procurement issues.

> ***However, there's a lack of resources, in the public sector generally and in the community and voluntary sector. It's a real issue set to get even worse. But what that means is that a lot of people in the system end up focused on firefighting rather than focused on prevention.***

> ***So if we get the system behind a sort of a revamped GM Moving objective, then it does mean, it removes quite a bit of the potential hurdles for doing logical things and connecting the system in pursuit of that mission, and you start to think a bit more practically about what does that mean for travel to school? What does it mean for the less than one-mile journeys, what does it mean for, I don't know, approaches with communities, with different disabilities?***

5: Effective work across and between sectors

Understanding that cross-sector working is about collaboration and teamwork, explicit recognition that the pooling of energy, resources and ideas to work towards a common agenda is likely to be more effective in coherent and sustainable changes.

- Broaden and connect the network
- Align values, principles and common goals
- Build relationships and trust
- Work together on common projects
- Productive partnerships working around common goals

> ***And thinking about those grassroots teams, I don't know if they know who to contact. It's a complicated environment, isn't it? I mean, I came into the NHS almost four years ago and just trying to understand public health and NHS, and, you know, the Partnership and how does it all work together? And it can be a nightmare.***

> ***I think the whole of the system really embracing the population health approach will really help. So, actually there's recognition that when we're talking about health, we don't just mean the NHS.***

> ***There has to be a root for and a recognition of common purpose, shared purpose connecting around a mission that everybody supports. ... I think there is something about an expectation that you work across sectoral boundaries to pursue that mission, and you're quite open-minded about how you do that.***

Reflections & future ways of working to integrate physical activity across health

04

Reflections & future ways of working to integrate physical activity across health & social care

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:

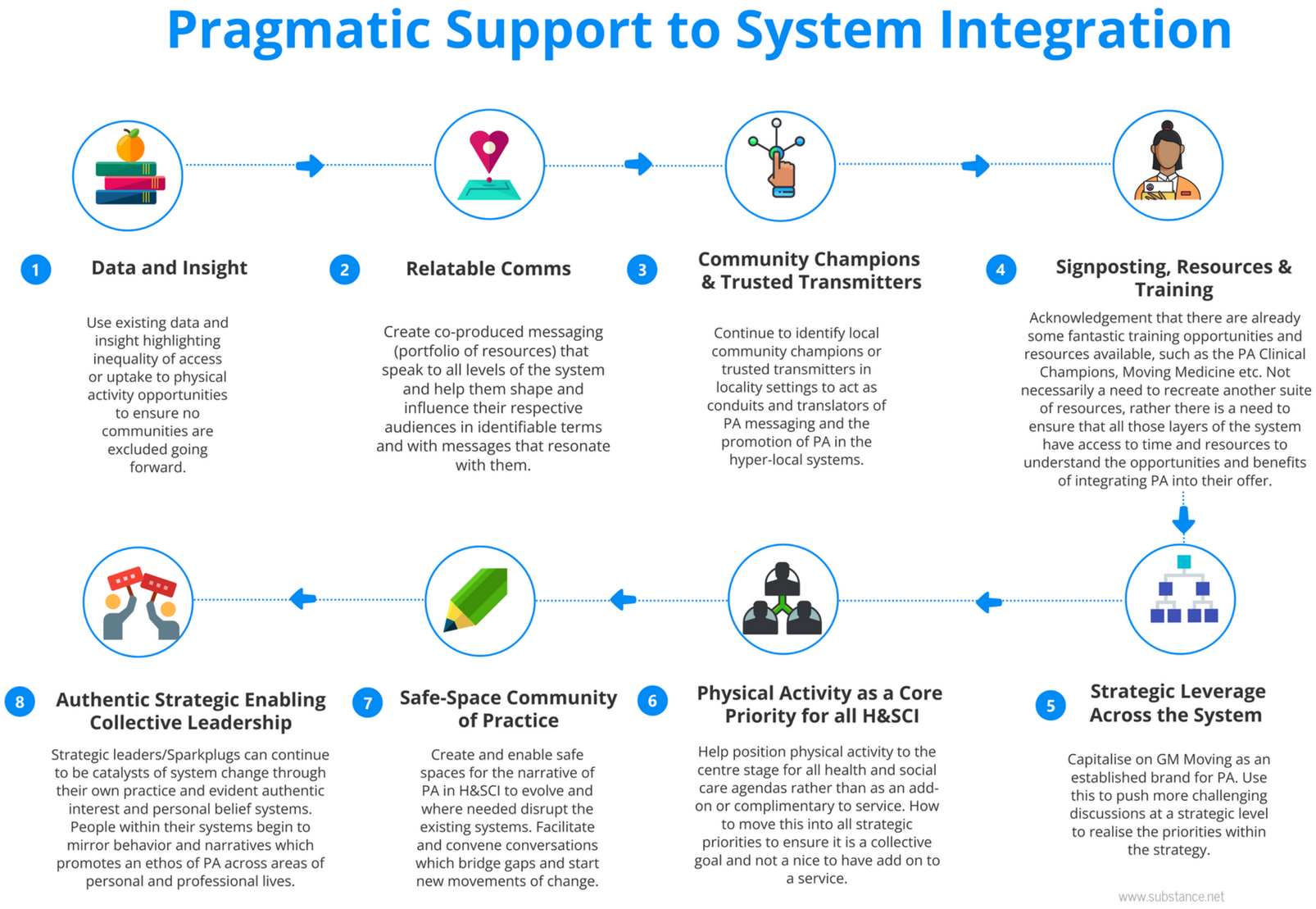


Figure 4.1: Evaluation key recommendations: pragmatic support to system integration

The five enablers of change & practical steps to enable integration

This visual chart illustrates how the five enablers of change relate directly to our eight pragmatic responses.

The illustrative quotes in the following pages identify how the system actors see these pragmatic steps emerging in practice, ultimately the 'what and how' this work will look like.

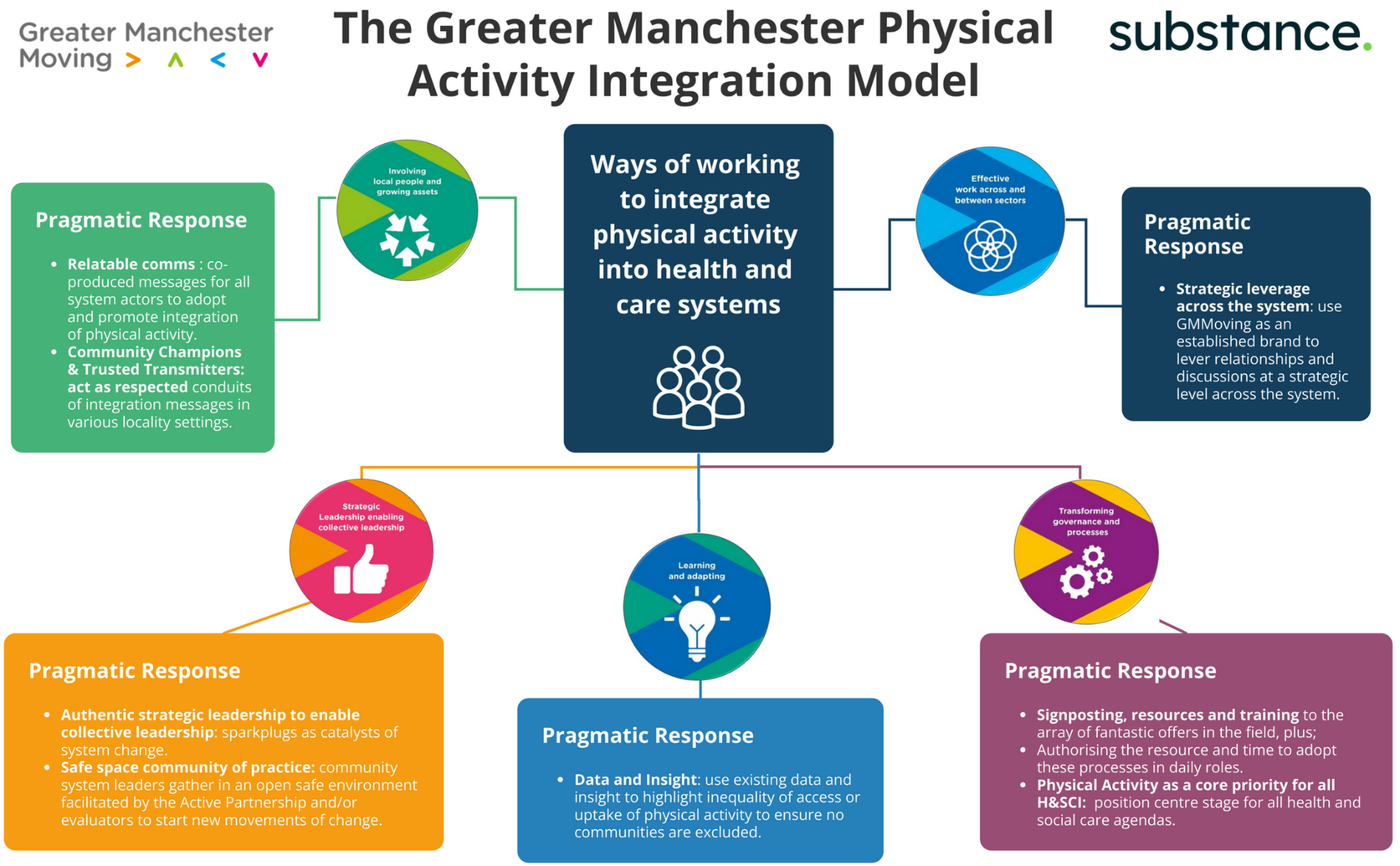


Figure 4.2: The Greater Manchester physical activity integration model

One to four of the practical steps and key sparkplug quotes

1. Use of data and insight

“Go back to the data… But the impacts we’re measuring, … is there equity of access? … There is commitment to keep investing in that, but we just have to make sure there's no community left behind.”

2. Creation of relatable comms

“I think getting into speaking to each of those boards’ key people and saying look this is the resources we have specific to your situation… Providing resources to those who need it and understanding people need different types of resource for their specific role.”

3. Use of community champions or trusted transmitters

“It's possibly more than the message itself … I just think having that kind of translation from people that you would see as being more like you feels important.”

4. Signposting to resources and training

“Upskilling social care to be referring people into physical activity and stuff like that … there's loads of learning out there.”

Five to eight of the practical steps and key sparkplug quotes

5. Using GM Moving as strategic leverage across the system

"I just think we've got to do our bit of catching up in strategic terms and then having that conversation about priorities within GM Moving."

"Using the learning that's come out of the locality pilots, but actually developing that into a much more systemised model and approach seems to me to be the next stage of the journey."

6. Positioning physical activity as core to all health and social care agendas

"I think, it'd be really great to work with GM Moving on this and think about … how do we make physical activity part of a core response, core offer from the NHS in Greater Manchester. What could we do differently? How do we use our resources differently? How do we use things like social prescribing to do that?"

7. Creating a safe-space community of practice

"Just carry on creating spaces to convene conversation and relationship-building in the way that they [GMM] have … where people are listening to each other … And helping join dots. And helping … build towards that whole-system approach."

8. Use sparkplugs as authentic leaders, enabling collective leadership.

"I mean, that ethos of the way that [GM Moving] work that, I think, stems from leadership, I just think that's brilliant. We just need to keep going, yes, more of that."

Theory in practice: design session

The Substance evaluation team alongside GM Moving leads co-hosted a Design Session on 1st March 2023. This session gave space for sparkplugs to engage in honest and open dialogue, both in smaller breakout rooms and in the whole group. The workshop provided an opportunity to share experiences around integrating physical activity from people in various roles and sectors, point to **common challenges or transferable solutions** and **establish constructive connections** amongst sparkplugs across sectoral or professional boundaries. Overcoming these boundaries and developing **strong and collaborative working relationships** emerged as one of the many key themes of the discussion.

Figure 4.2: Jamboard Discussion during the 1st of March Design Session

Other key points included diverse perspectives on why moving matters for sparkplugs, main barriers and enablers to collectively drive the integration of physical activity, and how to balance high-level strategy with the need to consider local context.

Importantly, this session can be seen as a practical articulation of the emergent key recommendations of the evaluation and was seen by GreaterSport as a practical articulation of how the '***evaluation is the work***' as it merges theory into practice.

Theory in practice: design session

Amongst other things, the 1st March design session

- Drew on Data and insight (theme 1).
- Emphasised The role of community champions and trusted transmitters (theme 3).
- Opened discussion of How to position physical activity as a core priority for all health and care agendas (theme 6).
- Connected sparkplugs to promote their role as catalysts of system change and transmitters of authentic interest (theme 8).

Perhaps most notably, it enabled a safe space and community of practice to debate the narrative of physical activity (theme 7), in order to bridge gaps and facilitate open and sometimes difficult conversations (theme 5).

Many of the stories shared were from the sparkplugs' own direct experience (theme 8). The engagement during and feedback after the session, encouraged ideas to **run similar workshops on a regular basis**, either organised by researchers and GM Moving, or ideally by some of the sparkplugs themselves.

Continued action research

Further research could **continue the action research approach**, to use emergent insight to shape and direct GM Moving's contribution to the integration of PA into the Integrated Care System. This would **continue to facilitate habitual 'reflective practice' sharing** across the wider 'bended team'. Insights could be shared through a co-working platform providing a safe space to articulate 'what now, how and why and what next' as used across the GM LP system partners in 2023.

This practice is advocated by the CEO of GM Moving, Hayley Lever who routinely captures the **'what we've been doing, how and why and the array of approaches we have taken and their characteristics**.'[23] The practice ripples throughout her team with staff in various roles sharing evolving stories of conversations, change and challenges.

Reflective Practice Template

Template for Place-Based Working Progress

Reflective Practice in Named Locality	Title:
What? Please describe the area of work here – what has been happening?	
So What? Please describe what you have learnt along the way and how you feel it is all going.	
Now What? What next are you planning to do and how is this action based on what you have learnt so far?	

Enabler of Change	Tick if Contributing Factor to Above Story
Involving local people and growing assets	
Strategic leadership enabling collective leadership	
Effective work across and between sectors	
Transforming governance and processes	
Learning and adapting	

Reflections & future ways of working to integrate physical activity across health & social care

At a Leadership and Learning Session focused on Integrating Activity & Care on 10th October 2022, led by GM Moving CEO, Hayley Lever and attended by almost fifty cross-sector representatives, feedback pointed to examples of what they thought worked well about that event and what could be improved:

What Worked Well	Even Better If
Blend of personal reflection, experience and sharing through discussions	Description of 'a journey' – key players, challenges, outcomes etc.
Breakout groups	Perspective from the 'other side' – colleagues within the Health & Care system
Hayley's thought-provoking presentation and honesty	More time in breakout rooms, too short

Delegates and contributors at the session called for a need for **metrics and data** that can help move their conversation forward, **creation of smaller peer groups** to connect people and **toolkit sharing** when best practice emerges. All of these corroborate the findings of this round of evaluation, and further strengthen the case for a continued evidence-based development of practical innovations to integrate physical activity across the health and social care system alongside a growing community of practice.

Future steps for the research: sparkplug network mapping

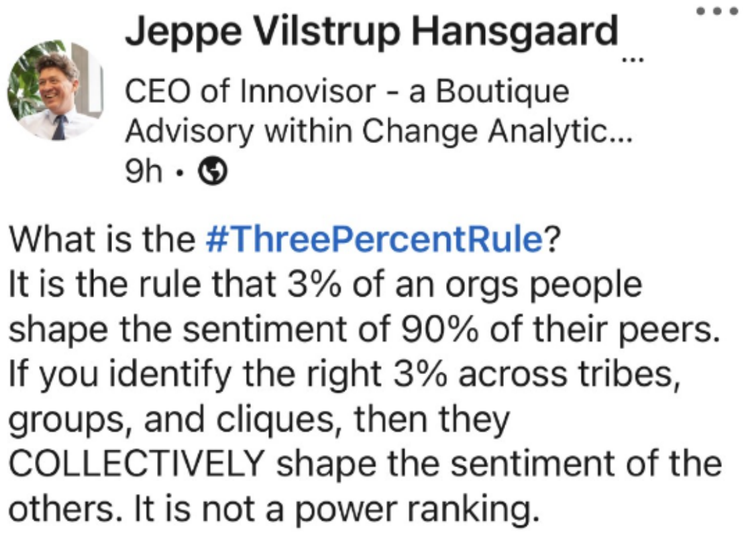
Future research could **extend the sparkplug network map at six-month intervals** through a similar survey, aiming particularly to reach those who have not yet been included in the network. Since many sparkplugs outlined their reasons for mentioning other key agents of change, another objective is to trace the nature of these connections, and to introduce a layer of organisations and institutions. This would also pay more attention to the interactions between sectors.

Yet the overarching goal further research could be not just to expand this sparkplug network on paper but to **support its growth in the real world**. One way is to use the map and additional interviews to **identify gaps and opportunities to connect sparkplugs with other key influencers** with whom it might be beneficial to work together more closely. The network map indicates that many key individuals might not be well connected to some of the clusters that form the network's core. Filling some of these gaps would help support shared visions and a whole system approach and grow the network sustainably to keep the movement going. A related way is to actively boost connections through stakeholder workshops and knowledge exchange sessions, along the lines of the online session held on 1st March 2023. In addition, and to support replicability, future research could develop a granular, local level map showing 'ideal role/sector sparkplugs' for an integrated and connected health and social care system. The aim would be to pay attention to the local context when exploring the relationship between the national and local level healthcare landscapes.

Future steps for the research: sparkplug network mapping

The notion of sparkplugs is reminiscent of organisational network theories, most notably the ‘three percent rule’. The 3% rule alludes to the discovery made by Innovisor**,** Global Management Consultants, who found that *‘3% of staff influence 85% of the workforce*'. In 2016 they went onto realise the degree of influence the 3% had: ‘*We discovered how magnetic the 3% were in driving perceptions within the organisation.*’[24] Notably, it was discovered that both negative and positive perceptions of the 3% seemed to be contagious. Also, there was identification that it can take a person up to two years to become fully ‘onboarded’ in a role which can be problematic due to fluid workforces. One solution offered by Innovisor was to on-board faster and more effectively, which could reduce the two year period to six months. GM Moving have been exploring the theories applicability to this work and plan to continue to test its contribution to their approaches to influencing the health and social care system.

For GM Moving this would mean identifying relevant individuals who have influence across their sectors and organisational circles. The aim is to understand their exact requirements for change support (through their commitment and agency scale) and identify messages to relay to encourage them to integrate PA into their organisation, sphere or influence and wider system, or as suggested by Innovisor: ‘*Carefully assign coach/mentor with a well-developed network, and the coach/mentor allocate the necessary time to the activity*.’ (*ibid*)



What does this mean for the Integrated Care Partnership Systems across GM? In essence it reminds us that the sparkplugs, the **trusted transmitters, are influential and reach many, but that they need the time and correct messages** to be able to successfully 'on-board' others to the idea of physical activity, health and care integration.

Future steps for the research: agency and commitment scale

The agency and commitment scale method was attempting to help us articulate the degree to which actors in the health and social care system felt they were 1) personally bought into the principle of why it is important to integrate physical activity into their core offer, ways of working and strategy - i.e. their commitment and 2) the degree to which they felt they had the power, authority and necessary resources to enable this - i.e. their agency. In understanding the ranges of agency and commitment it is then possible for Greater Sport and GM Moving to tailor support, resources and messaging to the varied positions of their network colleagues. The range of support then could involve responses such as a call for further resources, assets, dedicated staff time, upskilling of staff, insight to support buy-in and relevant messages. As such a continuation of this methodology would be valuable with the suggested improvements:

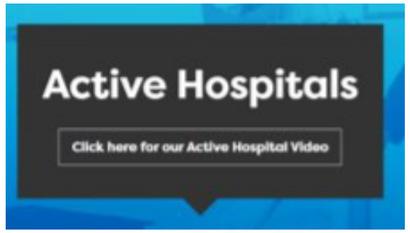
1) Given that this first indicative analysis was based on the subjective self-placement of respondents, an area for future research is to complement this with wider confirmatory questions. This could be done by **adding a series of questions** to a future survey with the aim of capturing different facets of agency and commitment. Researchers could then calculate respondent scores for both axes in addition to the subjective self-placement.

2) Continuing the survey would result in a **larger sample** to make analysis more robust and meaningful. As seen in the data, there are no responses from individuals with low perceived agency and low commitment. Capturing insights from these individuals could be key for further comparative analysis and point to areas of improvement of the health and care sector.

3) With a larger dataset, research could explore whether there are sector-specific perceptions of respondents' own agency or commitment to physical activity integration. This, too, could **highlight key areas of concern in the health and care landscape and point to opportunities** for enhancing agency and commitment in particular sectors or areas.

Future priority areas for health integration across Greater Manchester

Through the evaluation and associated work, the following stands of work have been identified as priority areas to integrate physical activity across the wider system,



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

In order to facilitate this integration a future deep-dive evaluation should involve the following evaluation activities and associated outputs for these dedicated work strand:

1. Development of **Theories of Change** (ToC) for the areas of work deemed most ready for integration of physical activity.
2. Develop **indicator frameworks** aligned to ToC's which define data sets and measures to identify system maturity.
3. Continuation of the **Sparkplug Network Mapping** exercise.
4. Expand upon the **Agency and Commitment Scale** for the widening network.
5. **Co-facilitate learning** through disseminating insight via workshops and communities of reflective practice.

Final remarks

At the time of writing, Greater Manchester's Integrated Care System is still in its infancy and the new Integrated Care Partnership Strategy's associated implementation plans are yet to be written. As such, **this moment provides a great opportunity to capitalise upon the past ten-year's evolution of relationships** and ways of working, across the wider health and care system (as documented in Section 1). The degree of insight and knowledge of the current challenges, barriers and opportunities cultivated via GM Moving and associated evaluations, is significant. The overview of the current system provides a **clear action plan** for a deeper and more meaningful transformation of health and social care, with movement related prevention at its very heart.

On 24th March 2023, the Portfolio Lead for Integrated Health and Care alongside the Chief Executive of GM Moving, presented a paper to the Integrated Care Partnership Board. Within the paper they cite this evaluation and support the pragmatic ideas for integration[25]: a clear indication that the strategic leaders are on-board with the next steps for integration.

Finally, the Blended Team are currently working alongside marketing and comms specialist, The Foundry, to create the stories, and the relatable comms that will facilitate the translation piece to allow trusted transmitters to reach their desired audiences in a more persuasive and engaging manner.

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Appendix: additional methods and analysis

Appendix 1: high level programme theory

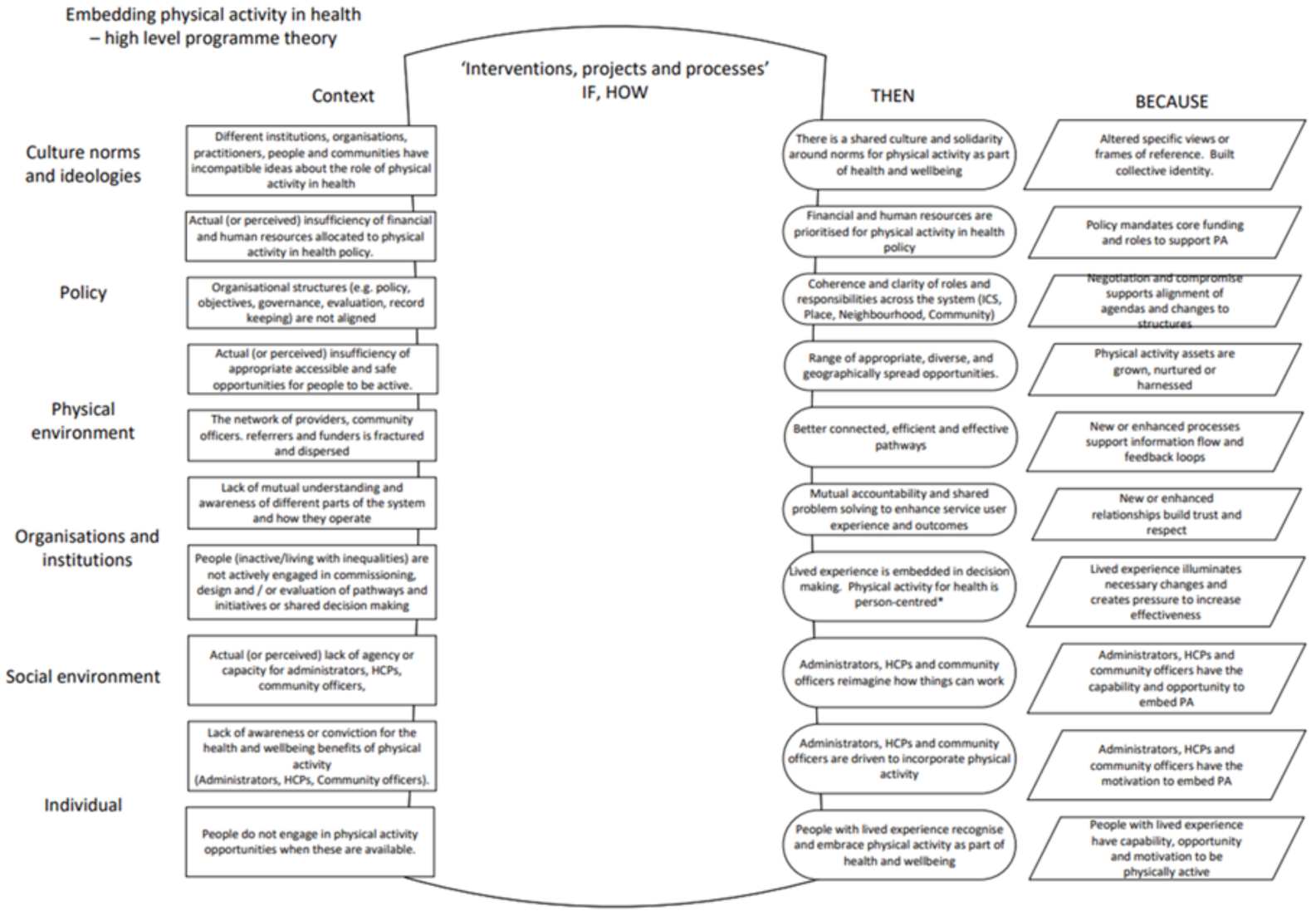

Figure A1.1: High Level Programme Theory for Embedding Physical Activity into Health Care System

Appendix 2: additional analysis of the sparkplug network map

The high-level statistical analysis of the network map and sparkplugs' connections in Section 2 **focuses on the sparkplugs with the highest number of overall connections**. This includes both the connections resulting from them pointing to another sparkplug through interview or survey, and the connections drawn by other sparkplugs referring to them. This means that those sparkplugs who have had a chance to share their own important key influencers with the research team **appear to have a disproportionately high number of connections**.

To test this, Substance has carried out a **second calculation**. This time sparkplugs with most connections were not defined by their total number of connections – through identifying others or being identified – but by only taking into account how often other sparkplugs referred to them in interviews or through the survey. **The picture is very similar**: the 3% of key influencers who were mentioned most commonly account for 17% of identifications by other sparkplugs; the top 10% of sparkplugs represent 34% of connections that others have shared; and the top quarter accounts for more than half of identifications.

This means again that **many sparkplugs mentioned a relatively small group of individuals as their key influencers in terms of integrating physical activity in the health and care landscape**. These seem to be in central positions for this cause. As discussed in Section 2, this presents both **opportunities** – to draw on these key catalysts – **and challenges**, as the system's longer-term sustainability might require more widely distributed connections between individuals across sectors.

Appendix 3: methods and additional insights from the agency and commitment charts

The data in Figures 2.6 to 2.8 in Section 2 has been collected through an **online survey** using purposive and self-selective sampling methods across GreaterSport networks, in an aim to capture intersectoral opinions. The sampling method differs from the purpose sampling method of the interviews outlined earlier, as the **recruitment had two work streams**. Initially a purposive sampling method was used on the 1st of March design workshop, followed by a social media callout on Twitter to parts of the Greater Manchester health and landscape. This intertwines a purposive sampling group with a self-selective sampling method.

The data has been presented through **two different visualisations**, the overall agency and commitment chart in Section 2, and a series of thematic word clouds of groups C and E. These **two groups** were chosen for the first indicative analysis because they represented the highest (C) and one of the lower (E) combinations of the two axes. As a result, they **constitute an initial comparison**. Given the overall limited sample size, the two groups also were also chosen because they were the first and third most common responses for stakeholders.

The two groups of C (respondents who saw themselves as both high-level commitment and agency) and E (respondents who saw themselves as an average level of commitment and agency) were used as comparisons for themes across their **answers to the two survey questions** that followed the self-placement:

1. Describe why you feel like you have this level of agency or commitment?
2. What would help you increase either your level of agency or commitment to physical activity integration?

Additional insights from the agency and commitment charts

The data in Figure A3.1 highlights the most used words when answering the question “Why do you feel like you have this level of agency or commitment” with responses ranging from health (9 times); support (6); practice (6), and strong (4), amongst others. The theme of health can be omitted from analysis as this was largely due to respondents outlining titles of roles within sectors.

Excluding the word “health” (**see Figure A3.2**), group E respondents’ answers highlighted themes around the commitment (6 times) and focusing (6) on physical activity integration.

Overall, when looking at both figures, the word cloud visualisations provide qualitative data highlighting the relevancy and call for strong relationships being built into the system themselves. This aspect around relationship building across the health and care landscape emerged strongly in above-mentioned stakeholder workshop and in the sparkplug's interviews. It is also represented in Substance's key practical recommendations.

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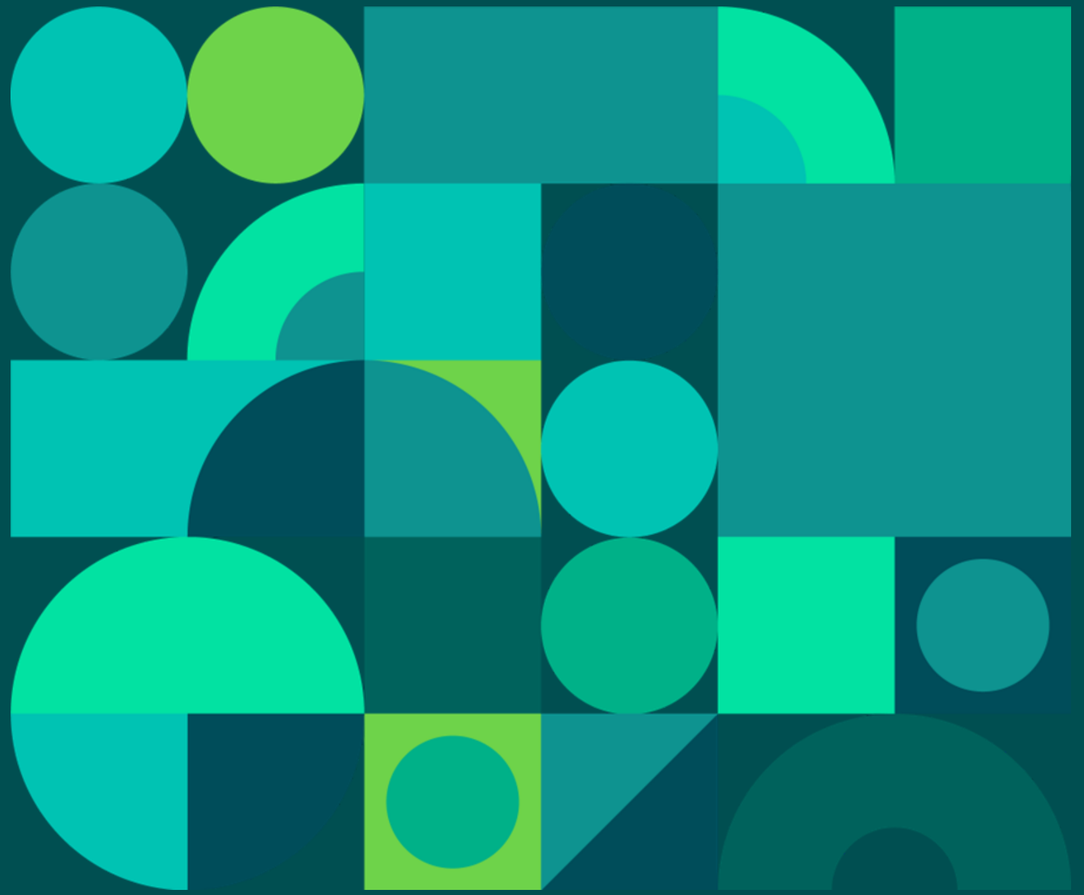

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