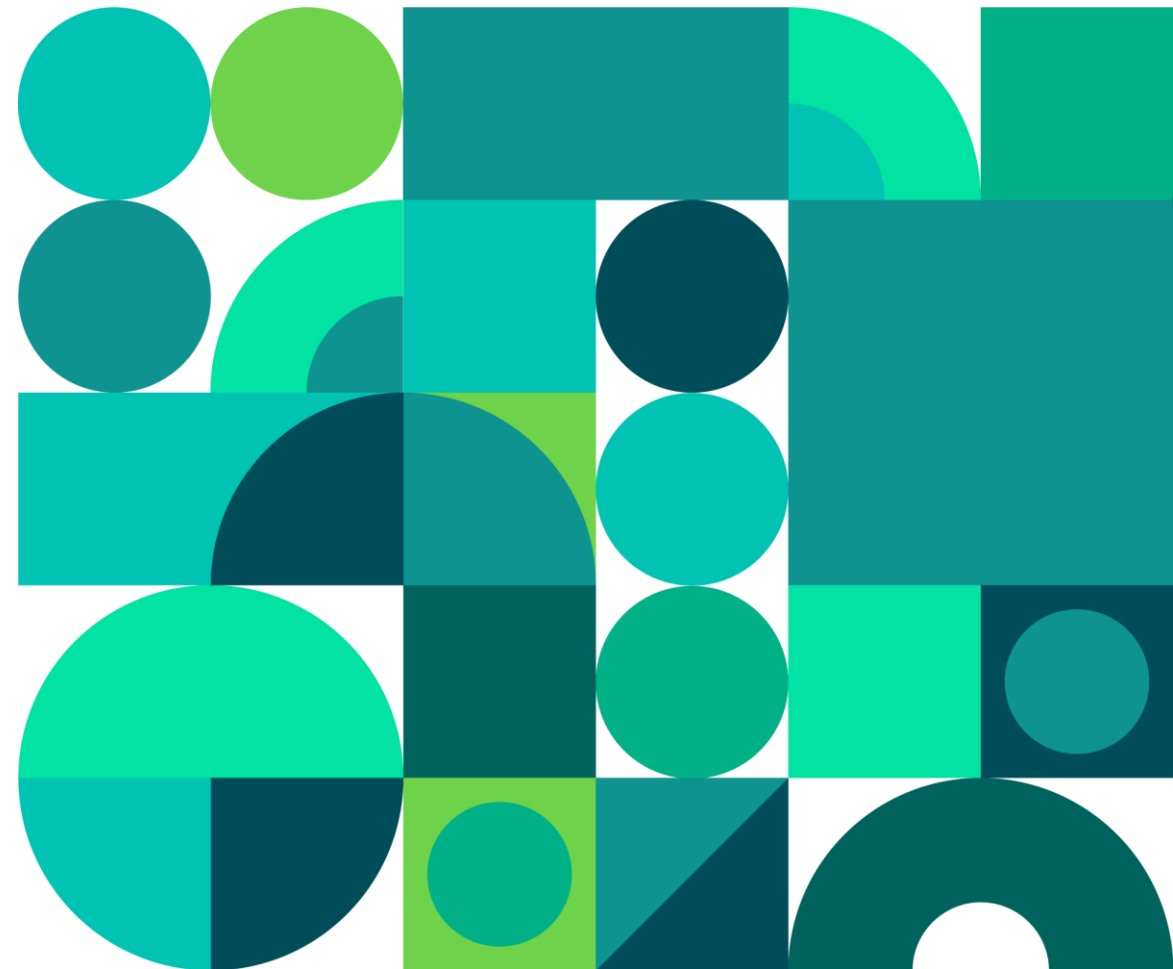


Physical activity, health &
social care integration across
Greater Manchester:
evaluation summary 2023

July 2023

substance.



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1: Introduction & Research Aims

This evaluation summary report presents a snapshot of the research undertaken by Substance on physical activity integration in the Greater Manchester health and care system, between September 2022 and March 2023. A full detailed report was submitted to GM Moving in July 2023.

The principle aim of the research was **to support Greater sport with an insight-led approach to position and further integrate physical activity across the wider health and care system**. In order to do this sufficiently, a number of related aims were identified as:

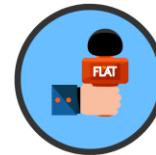
1. Describe the health and social care system landscape and recent changes with a lens on the role of physical activity to date.
2. Understand and capture how the health and care system is structured as the ICS (Integrated Care Systems) evolves across GM. This includes identifying key organisations, individuals and relationships at GM, local and neighbourhood spatial layers that are crucial to help integrate physical activity into the health and care system.
3. 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.
4. To build relationships and understanding between key ICS and physical activity stakeholders as part of the process.
5. 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.

2: Research Methods

The Substance research team were committed to an action research approach to developing this evaluation project. The process of collecting data and working with the research team shaped and became *the work* for Greater Sport and their key partners during the research period. A mixed methods approach was adopted in order to achieve the research aims, involving:

1. In-depth, semi-structured **interviews with 24 sparkplugs**, or key influencers in the system. These interviews were conducted by Substance researchers and Greater Sport staff who played an in-system Research Ambassador role.
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. This was a 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.

Integrating Physical Activity into Health & Care: Research Methods



Sparkplug Interviews

In-depth semi-structured interviews with 24 key sparkplugs across the system. Asking the right questions to the right people. Ensuring a mix of sector, role and position.



Observation and input at key meetings

Observation and input at 7 health and care integration team meetings. Shaping the work through reflective practice.



Hosting Stakeholder Design Session

Evaluation update and design session attended by 35 key sparkplug and system influencers. Safe space for sharing ideas and influencing the integration work.

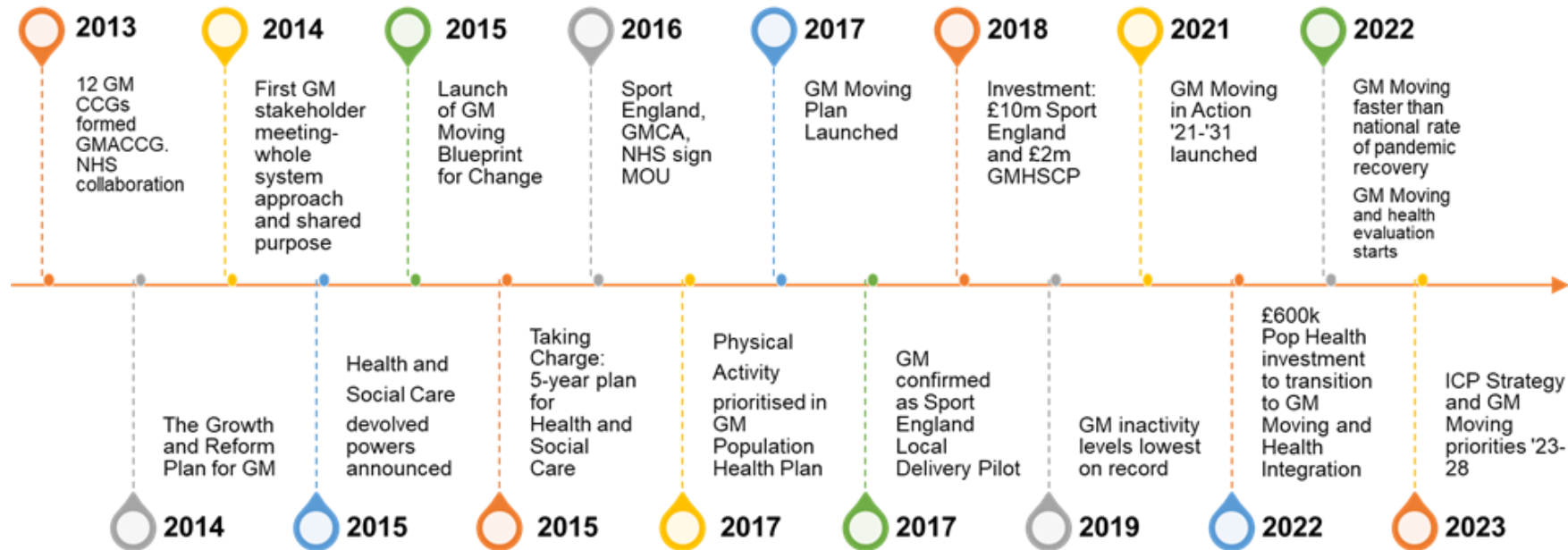


Sparkplug Survey

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.

3: Summary and History of the System

In 2022 monumental changes to the way in which the NHS and care systems were governed and operate occurred. With the changes were new opportunities to integrate physical activity across the wider health and care system, notably within the increasing importance over the 'prevention' agenda. Looking to the recent history of the Greater Manchester (GM) health and care system assists with the understanding of the current GM position. The timeline below highlights notable changes to policy and practice across the GM health integration landscape:



3: Summary and History of the System: Local Pilot across GM

In 2018 Greater Manchester became one of 12 Sport England Local Delivery Pilots. With this saw a new way of whole system change and place based working approaches to tackle 'stubborn barriers to inactivity' through a test and learn approach documented through realist evaluation led by Substance, Sheffield Hallam University consortium. 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. The five enablers of change* are summarized below:

- **Involving local people and growing assets:** is important on many levels including to gain insight, increase reach, transfer ownership and gain influence across the system.
- **Strategic leadership enabling collective leadership:** requires sustained and visible support from senior leaders who work to protect the space for others to do things differently and take an active role in promoting physical activity in their sphere of influence. Collective leadership is all about empowering people to make decisions about what works, in the locations they work in, towards a common goal.
- **Effective work across and between sectors:** calls for a need for broadening and deepening of trust as collaborators work more closely together. For effective cross-sectors collaboration there needs to be an explicit common purpose.
- **Transforming governance and processes:** where leaders can develop relationships to progress changes in governance and processes to help facilitate active lives.
- **Learning and adapting:** having an adaptive mindset to adapt ways of working and learn through a range of data and insight including telling rich stories of system change.

* Adapted from Dr. Katie Shearn. SHU. September 2020 Process Evaluation. [September Local Pilot Process Evaluation Summary \(gmmoving.co.uk\)](https://www.gmmoving.co.uk)



4: Findings: Sparkplug Mapping

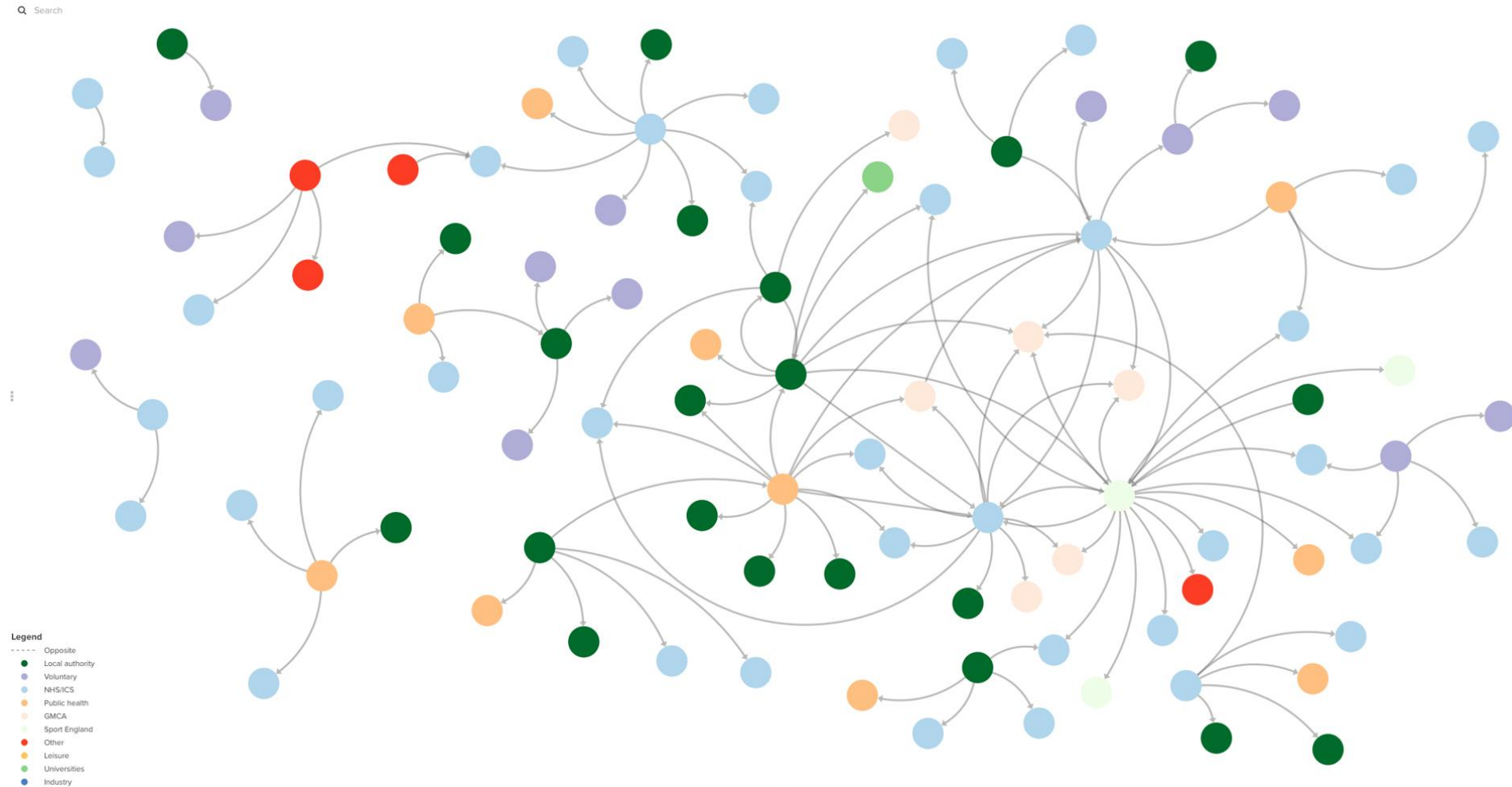
The **general approach** involved consulting with the Greater Sport and wider partner 'blended team' to compile an initial list of key influencers, or "sparkplugs", who were seen as crucial to the promotion and integration of physical activity in the health and care system. These 24 individuals were 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.

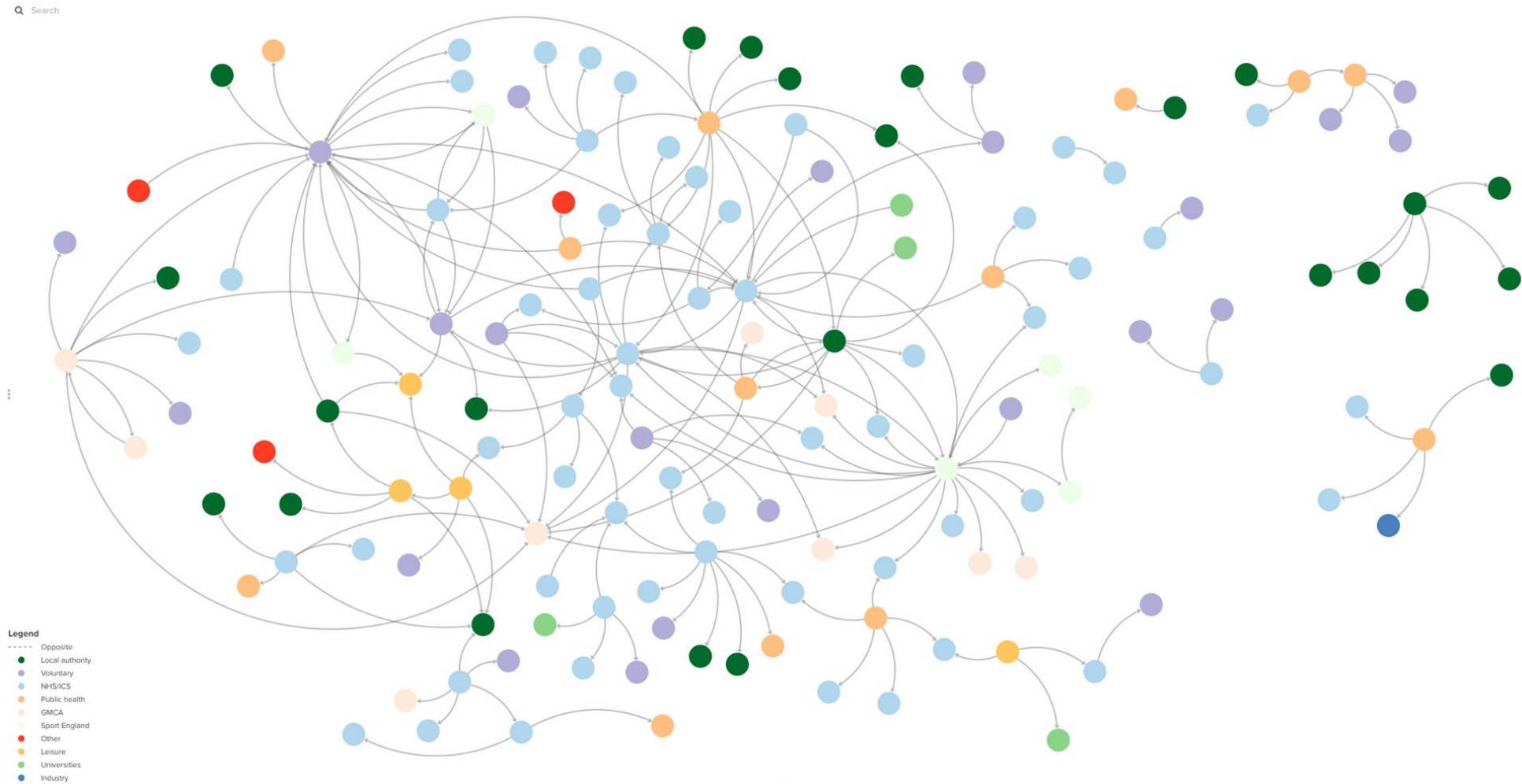
Who are the sparkplugs? One way of thinking about key influencers of physical activity is through the metaphor of sparkplugs: **they are in key positions to drive the movement for movement, to spark connections and shed light on new ideas, to inspire others and transmit the energy to sustain and expand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

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.

4: Findings: GM Sparkplug Mapping. Map 1 based on 24 interviews



4: Findings: GM Sparkplug Mapping. Map 2 based on interviews and survey data



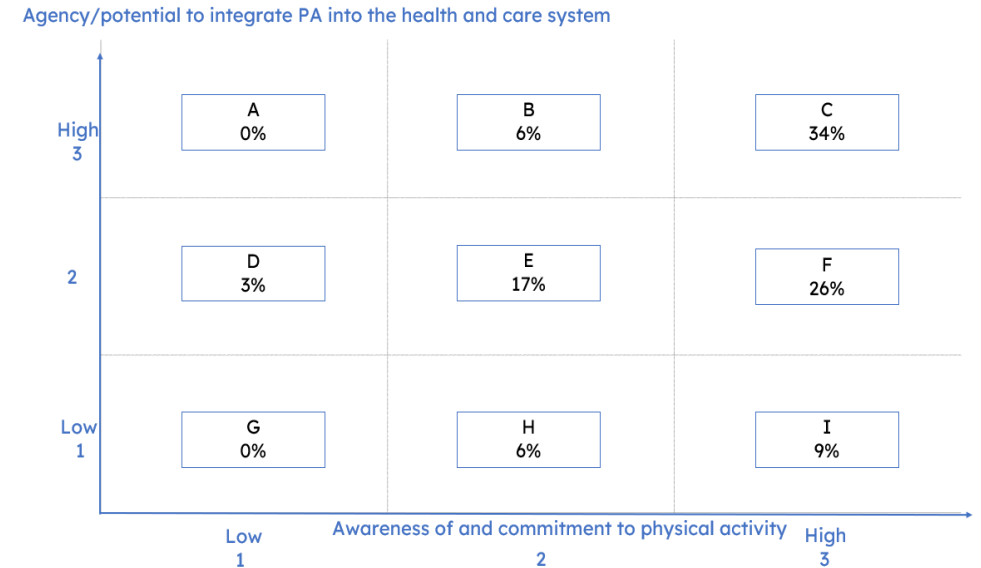
4: Findings: GM Sparkplug Mapping.

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. In other words, also this piece of the work is evolving together with the system and leaves much space for ongoing learning and evaluation.
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.

5: Findings: Agency & Commitment

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.



5: Findings: Agency & Commitment: Key recommendations

The following recommendations were made for two distinct types of vested individuals:

Group c's are **highly committed and empowered**: 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. Support such as signposting to the already fantastic resources, training and tools available, to others in their networks would help develop a cascading effect across their own systems.

Group e's of **mid level agency and commitment**: Require the 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. Essentially to further support those with authentic interests and commitment in a way that provides them with more evidence to increase their belief.

6: Findings: Practical Recommendations

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

Pragmatic Support to System Integration

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.

These recommendations continue to be adopted by the GM Moving and wider partners to facilitate the integration of physical activity across the health and social care system in GM.



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6: Findings: Practical Recommendations

The five enablers of change that have emerged from the LP evaluation can be mapped against the pragmatic recommendations evolving from the health care integration evaluation, as illustrated clearly in the visual diagram.

Ultimately these ways of working are facilitating the integration of physical activity through new beliefs, cultures, practices and strategies across GM.



6: Findings: Sparkplug Quotes to support Practical Recommendations

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.”**
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.”**
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.”**

7: Next Steps

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

Greater Manchester's Integrated Care System and the new Integrated Care Partnership Strategy's associated implementation plans are still in their infancy. 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.

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.

Thank you

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