

# Tameside & Glossop Local Delivery Pilot; First Plan Submission to GM Moving

Produced in Partnership



Monday, March 18th 2019

Contributors:

Debbie Watson: Assistant Director of Population Health

Nicola Marshall: Greenspace Development Manager

Annette Turner: Population Health Physical Activity

## 1.0 LOCAL PILOT - THE JOURNEY SO FAR AND PROPOSED PLANS

- 1.1 Tameside Council were successful in a bid to the British Design Council and Local Government Association to join their Design in the Public Sector Programme. They have therefore used this process, alongside a local engagement programme, to guide the design of the model and intervention element of the project. This approach represents a new way of working, which shifts away from the linear process of traditional project design to a three dimensional model which provides the opportunity to continually test out hypotheses, iterate and develop ideas with varied means of gathering insight, and to prototype until the most appropriate solutions are found. This process guides the project design away from jumping to solutions, and focuses on identifying the genuine brief before work commences. This has led to the locality project team taking a longer time to identify the potential areas of work in comparison to other areas, and accounts for the fact that insight gathering is just beginning to start in earnest. At present no project is ready to be tested, but we are on the cusp, now we have had approval of our approach by our Senior Leadership Team.
- 1.2 The work with the Design Council has taken a multi-agency project team through a series of stages to refine and develop their approach. The Project Team comprises representation from Tameside Council Population Health Physical Activity Programme Manager, Greenspace Development Manager (responsible for natural assets and volunteering), Action Together (VCFS Community Development; to keep focus on the asset based community development) and Tameside and Glossop Integrated Care Foundation Trust Head of Communities (Commissioner of Social Prescribing), as well as Active Tameside's (Council commissioned sport and leisure) Lead for Inclusion and Diversity.
- 1.3 The Project Team reports back to a wider steering group which also comprises representation from Glossopdale, which forms a component part of the Tameside and Glossop Local Pilot Proposal. Glossopdale has a proportion of the funding, the proposal for which is to be locally determined, with a joined approach with Tameside. Recognition that this is a unique peculiarity of the Local Pilot in this area has been made by GM Moving, which is supportive of the ongoing development of bespoke governance arrangements. The Tameside Lead is working with Glossop to bring partners along the journey, and is sharing learning from the Design in Public Sector Programme and the Local Pilot Network events.
- 1.4 Figure 1 shows a session where Glossopdale were taken through a Design Council process to examine the three target audiences and explore the community assets currently in place to support them.

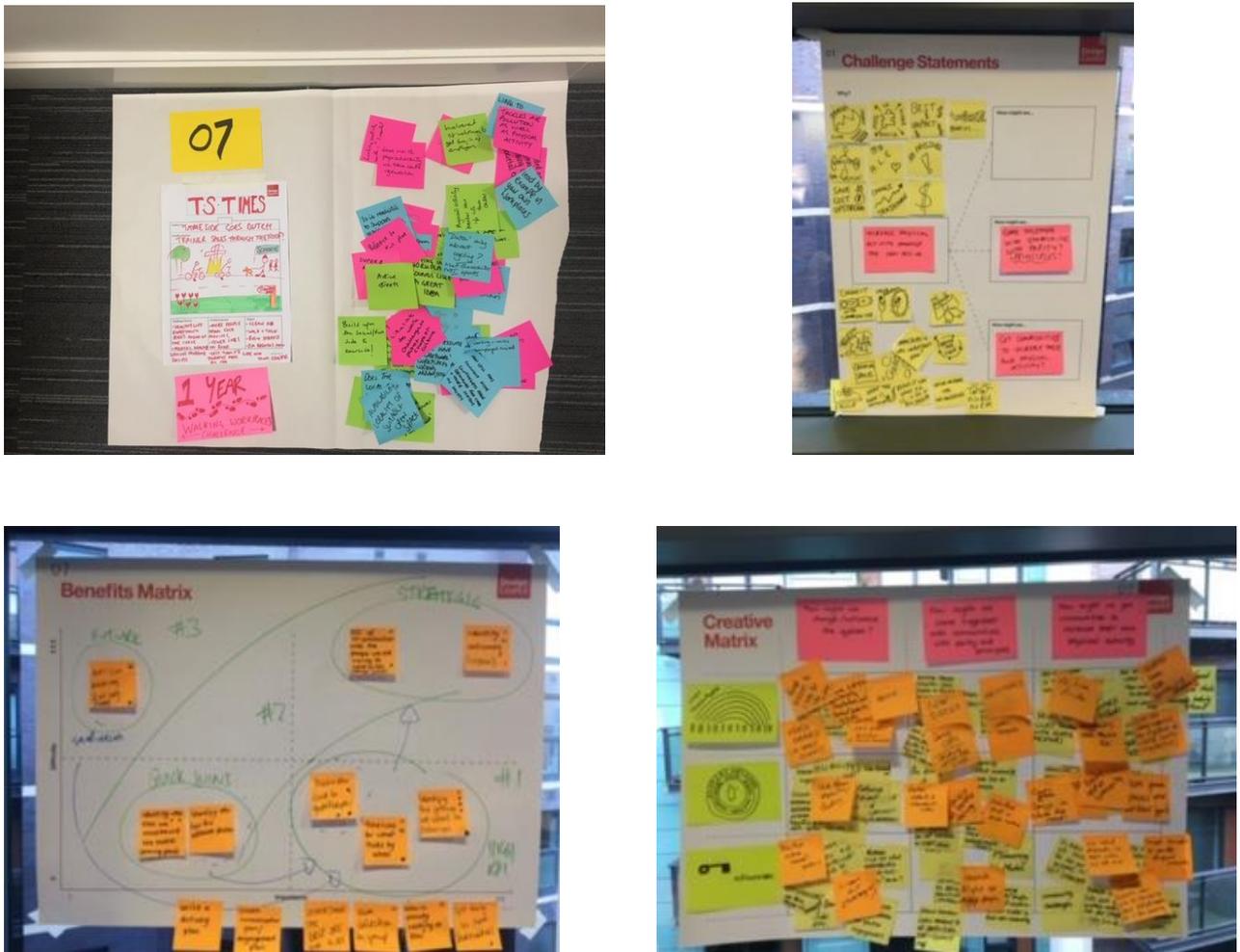


**FIGURE 1. Photographs of the Glossopdale partners conducting the Rose/Thorn/Bud exercise to explore the asset base around the three target audiences**

- 1.5 The Project Lead and two senior sponsors (The Leader of the Council and the Assistant Director of Population Health) attended the first workshop to acquaint them with the process. The Project Team have since attended four workshops, with the last planned to take place on the 25<sup>th</sup> March. The workshops consist of teaching and the practical application of the Double Diamond Design Process, with 'real life' engagement work taking place between workshops to bring actual content to each session.
- 1.6 The methodology is firmly rooted in co-design principles, and has helped the team unpick the challenges and opportunities systematically with an iterative process of ideas generation, clustering, theming, prioritising and planning, with plenty of opportunity for reflection and critical input from other teams, one of which is Birmingham and Solihull, who were also successful in securing a local pilot bid.

Photographs of the workshop activities outline the iterative approach, and the continual process of developing and refining ideas, setting of challenge statements and the prioritisation of elements of the project. Examining stakeholder groups and the various ways through which we might engage them has also led to us taking different approaches to the gathering of insight, which we most likely would not have considered without the DiPS programme guidance.

- 1.7 It is somewhat difficult to ‘tell the story’ of the process, a point which we have relayed to the Design Council for further consideration. So much of it is small increments of change, and we can often tell the story of ‘where we are now’ far better than where we have been, but the process is highly visual, which does enable us to show is the level of thought and consideration that has gone into the decision so far. Figure 2 shows a small selection of the tools used to date;



**FIGURE 2 Tools of the Design in Public Sector Programme used to develop the project plan, pictures show the first iteration of a Project Canvass, the development of our Challenge Statements, a Benefits Matrix used to priority plan actions and timelines and a Creative Matrix where ideas were generated.**

- 1.8 The approach allows for a strong focus on the community assets, the links between our challenges, and the potential players in the solution. Various exercises have helped us to identify who the key stakeholders are from across the sectors, and given the make-up of the project team, few stones have been left unturned. An exercise to identify the assets operating within specific areas will be part of a further iteration of the project.
- 1.9 The next stage in the process is to look at prototyping specific projects with a view to testing and learning on a small scale before taking viable projects through to further

development. Prototyping of projects will be factored in as another stage in the co-design process. This test and learn approach will ensure that the projects most likely to deliver will receive the focussed resource.

- 2.0 Principle 1- Identified need** What Data and Insight has been gathered and used? How did we choose our audience?
- 2.1 Scale of the Challenge in Tameside:** 30.8% of people in Tameside undertake no physical activity whatsoever, or activity that is at an insufficient level to avail of the health benefits. This has a negative impact on their life, the lives of their family and friends and on the services being delivered within Tameside. This figure is worse for groups under-represented in activity such as females, people with disabilities, people with low incomes and black and minority ethnic populations. These health inequalities are contributing to an estimated cost of £26 million per year to local health services.
- 2.2** Physical inactivity is linked to many long term conditions such as Type 2 Diabetes, Cardiovascular Diseases and some cancers, as well as mental health conditions. Around 6% of premature mortality is directly attributable to inactivity, and for 30% of all-cause mortality inactivity is a contributing factor. Tameside consistently ranks amongst the lowest performing for outcomes of cancer, heart disease, and stroke, we have higher than average levels of mental health problems, and our suicide rate is 34% higher than the national average. The current picture of avoidable ill health and premature mortality shows action on physical activity is absolutely crucial.

2.3 The table below shows the numbers of residents affected by inactivity related long term conditions.

People aged 40-60 living in Tameside	61,442
Of those, the number living with LTC	Approx 30,000
	49% of the population with one LTC
	13% with two
	11% with three
Breakdown of conditions for (Tameside and Glossop)	
<b>Cardiovascular Diseases</b>	
Hypertension	38,346
Atrial Fibrillation	4405
CHD	9727
Heart Failure	2146
Peripheral Arterial Disease	2290
<b>Respiratory</b>	
Asthma	16607
COPD	6964
<b>Lifestyle</b>	
Obesity	19641
Diabetes	14947
<b>High Dependency Conditions</b>	
Cancer	6216
Epilepsy	1888
Chronic Kidney Disease	5855
Dementia	2111
<b>Musculoskeletal</b>	
Rheumatoid Arthritis	1549
Osteoporosis	232

**TABLE 1 The number of people aged 40-60 in Tameside, and a breakdown of conditions across Tameside and Glossop**

2.4 On the basis that we have the above level of need around LTC we examined what is already happening to address physical activity levels amongst this target audience. On mapping investment across the wider system the group confirmed that a successful Active Ageing bid was already building momentum, and further work on this audience would potentially stand to duplicate efforts, however, it was recognised that an opportunity to bolster the offer was possible.

2.5 The existing exercise on referral programme 'Live Active' is presently stretched to capacity, but evaluating well. The current draft evaluation, undertaken by Salford University, is available in **appendix 1**. Investment in the system to grow the capacity of the programme would be beneficial to the LTC audience. This links in with a timely amendment to the offer from Active Tameside, which is seeking to transition people reaching the end of the 12 month programme onto a drastically reduced membership to encourage long term participation. On this basis the project team agreed that investment to grow capacity within this existing programme would add value. **Therefore we selected the audience LTC 40-60 for a proportion of the overall investment, through the upscale of the Live Active scheme.**

- 2.6 Whilst Table 1 represents the 40-60 year old target audience outlined by the local pilot, it also shows the potential life/health trajectory of our younger residents if inactivity is left unaddressed.
- 2.7 Initially the team sought to unite a single theme across the three target audiences, and examined the application of mental health as a golden thread. Then further work was done to explore the possibility of a whole family approach-working on the understanding that some families will contain members from each target audience. Through the iterative process the potential was explored. It was decided that focusing on a single theme would narrow the approach, and that there was a benefit to being more flexible if we were to optimise the wider impact. The group explored where the largest likely return on investment would be over time, with our Data and Intelligence Lead doing a basic cost benefit analysis. The conclusion was reached through a combination of discussion, insight and data gathering that working with children and young people would have the longest and most cost effective period of return.
- 2.8 When exploring the theme further the team arrived at the conclusion that some selectivity was required to make optimum use of finite funds. Desk based research to further explore under-represented groups in physical activity led the team to suggest using an equalities and inclusion approach. The aim would be to work with the under-represented groups within our children and young people that are at the proportionally highest risk of experiencing inequalities. This suggests that looked after children, BME, girls, young carers, LGBT and children with additional needs/disabilities who stand to gain the greatest benefit. The data showed that there were significant numbers of residents from these communities/populations, and therefore significant opportunity to work with these groups. **Therefore we selected the audience CYP in Out of School Settings for a proportion of the overall investment, through the co-design of new interventions and (potentially) activities, and through the co-design of enabling programmes of work to access mainstream activities, clubs and settings.**

CYP 5-18	Applicable Figures 53,680 CYP in the borough
<b>LGBT</b>	Total LGBT pop estimated as 3,588 (2% of the borough), 24.4% of the LGBT pop is CYP so rough indication is 875 young LGBT in the borough
<b>Girls</b>	19,675 (this includes 19 year olds as data incorporates)
<b>LAC</b>	653 LAC in borough, 283 currently engaged with services with Active Tameside.
<b>Young Carers</b>	1,684 (7% of all carers are Children and young people, total 24,059 in Tameside and 4,000 in Glossop). 500 young carers are registered with services at present, 154 engaged with PA through Active Tameside
<b>BME</b>	26,400 current total population, therefore if we apply the same rate for CYP i.e. 30% we can say that 7,920 are young people.
<b>Disability</b>	4,897 school age children with registered SEN 912 currently in services with Active/Everybody Can

**TABLE 2 The number of children and young people who fall within the groups who are under-represented in physical activity living in Tameside.**

- 2.9 There are currently existing programmes for some of these groups, and there is also funding for activities for them, however they are not saturated and there is scope for more work around enablers to add value and drive greater numbers through them. We are told that we have very good engagement in a number of programmes, but more work needs to be done to establish participation rates across the groups to see where we may focus further. We acknowledge that there is a possibility that we may find that a selected number

of groups have a far greater need than others once provision and current participation is taken into account, we are therefore prepared that the next iteration of the project may lead us to focus on just one or two groups rather than all, and may also bring greater focus to the age range we work with.

- 2.10 The project team aim to build upon what is already there, joining funding streams with satellite clubs, the inclusion agenda and potentially capital and community grants. We intend to work across the system and sectors to foster greater inclusion in mainstream activity, as well as potentially looking at ways to create bespoke programmes where the co-design process leads us toward it. As yet we do not know what this will look like, but we do know the numbers and groups of CYP we can potentially link in with as above, and have begun to make contact to gather early insight. So far insight tells us that walking will be a key activity that young people would like to tap into.
- 2.11 Through examining existing investment across the target audiences, programmes of work that touch upon physical activity as a component, but not direct focus, were recognised as places to add value. On this basis the Working Health Programme and Living Life Well/Minds Matter Programme were both identified as opportunities to address multiple issues simultaneously by building physical activity into the fabric of the wider work on mental health and routes into work agenda.

Working Age	Applicable Figures
<b>Bikes into Work</b>	5,200 workless 31% on long term sick 19% students 18% of households in Tameside classed as workless, significantly higher than the national average
<b>Active Travel/Active Workplaces</b>	105,000 employed, 20% in low skilled/R&M employment
<b>Minds Matter</b>	3,124 children 5-16 mental health conditions  21,649 aged 18-64 low level depression and anxiety  Suicide rates amongst males in Tameside is 34% higher than the England Average.

**TABLE 3 Shows the number of people who are workless or are potentially at risk of worklessness as a result of mental health issues.**

- 2.12 This led to the development of ideas around the use of walking, cycling and access to bikes as a means to expand economic opportunities for people who are out of work and have limited finances to access a car or public transport. The details of the scheme will be co-designed, but initial ideas have been around bike libraries, bike pools, long term loans or grants, and the potential for refurbishing bikes that have been collected by the police that have not been claimed. Similarly it may include incentives for active travel/multi-modal journeys with the key hook of cost saving over physical activity.
- 2.13 Further to this, the potential for the development of an Active Employers/Active Workplace was also raised. This is based on the assumption that it will be very difficult to identify and reach those who are likely to come out of work as they themselves may not be aware of it. Instead, focussing on the types of employers who have staff who are likely to experience the common issues that lead to falling out of work, such as those working in low skilled routine and manual roles, with greater risk of developing mental health problems would be a sensible way to make inroads. There is the potential to create links between the work

and health programme and Minds Matter, to see if we can factor in support for Active Workplaces and physical activity as a means to maintain a healthier workforce. Further work is to be done to explore this opportunity, which would need to be co-designed with large R&M employers, employees, mental health services and the growth team, however the project team feels this is worthy of local pilot investment. **Therefore we selected the audience workless and at risk of worklessness for a proportion of the overall investment, through the co-design of an Active Workplace/Active Employers programme, and a Bikes into Work/Active Travel scheme.**

- 2.14 To date those involved in these decisions have been the DiPs Project Team, the Steering Group, The Active Alliance and key partners (which includes the VCFS, Primary Care, Health providers and key stakeholders), and most recently the Health and Wellbeing Board and the Single Leadership Team. The proposal is due to be shared at our Single Commission Board in due course.

### **3.0 Principal 2 - Builds on Individual and Community Assets**

- 3.1 Tameside & Glossop already has a great neighbourhood 'spaces' to be active; whether that be high quality gyms, good quality parks and countryside or the numerous private facilities such as tennis and archery clubs. Alongside these physical assets there are a wide range of clubs and organisations which promote physical activity amongst their members; these range from local Veterans Bowling Clubs, Junior Football Clubs, Guides and Scouts and the successful parkruns/Junior parkrun. We also have a range of services including social prescribing, and primary care professionals who signpost or refer into activity.
- 3.2 Despite all these assets and the activities that are available to residents, there is still a significant number who do not access them for a variety of reasons. This is where the project group recognised that increasing provision is not necessarily the need. Building on the existing assets, widening, relocating or reframing the offer linked to spaces and places, and harnessing enablers to empower specific under-represented groups to avail of what is already there stands to make far better use of resources. In doing this we are able to add value to what is already there, by making it better utilised and capitalising on existing investment in the system.
- 3.3 In layering with targeted work on top of a place based approach we stand to enable the joining up of resources, whether that be in systems and services, the built environment and capital investment, or third sector funding in grassroots and existing satellite clubs.
- 3.4 In addition to the direct and focussed work with target audiences, the Project Team reached the decision that a wider place based approach was also required to ensure that the activities and interventions being delivered through the pilot had the appropriate chance to thrive via the creation of a fertile environment that supports the growth of activity.
- 3.5 This led to the development of an Active Neighbourhood model; to address the Whole System and how well it supports the opportunities to move more regularly. This approach builds on the existing assets within our community, and seeks to join resources to support a richer offer. The model can be seen in appendix 2, but the vision/description of an Active Neighbourhood can be seen below;
- 3.6 The ambition for Tameside & Glossop is to develop a place where being active is the norm, and where movement for work, rest and play is woven into the fabric of everyday life. An Active Neighbourhood Model is a place based, whole systems approach to achieving this vision. We have used the principles of Radical Help (Hillary Cottom) to use activity and the social connectedness and opportunities it creates to 'Grow the Good Life'. Above all,

Active Neighbourhoods support the formation of relationships through frequent organic opportunities to meet and be social through movement and physical activity.

3.7 We have a track record of delivering innovative strength based programmes. Tameside's Community Wellbeing Programme, commissioned through Action Together, aims to support people to improve their wellbeing and reduce pressure on NHS and social care services by:

- Providing a Social Prescribing Service that links people with long term health conditions to voluntary, community, faith and social enterprise (VCFSE) groups when their support need is not medical in nature ('non-medical'),
- Delivering Asset Based Community Development, working with local communities across Tameside to identify people's priorities, and support them to make a difference in the place they live,

We would look at opportunities to build on our current infrastructure within this programme to make a difference, including distributing any community grants.

### **What is an Active Neighbourhood?**

3.8 The Principles of Active Neighbourhoods for Tameside have been developed by bringing together key elements from a range of sources. This includes Sport England Active Design, Made to Move and Beelines, Streets for All, GM Moving Blueprint for Physical Activity, and the insight generated through 10GM. The intention of the model is to ensure activity is accessible for all, there is a good awareness of the opportunities to move more, and that there are the amenities to make it possible. The implementation of the Active Neighbourhoods model will be led through the Active Alliance and its Executive, and will form the blueprint for increasing physical activity in Tameside.

3.9 The principles are firmly based in making the best use of local assets including co-located facilities and services, volunteers and community activators, and of course our natural assets, of which there are many in our borough. The model recognises the requirement to combine activity with other aspects of life and that a whole systems approach and partnership work is the means through which aims will be achieved.

3.10 The primary intention of the principles is to enable and encourage greater freedom of movement through the borough. This focuses on walking, cycling and movement for utility as a default choice. Increasing the visibility of cycling and walking will be the first and most accessible means by which we can influence a cultural shift toward 'active as the norm'. In doing so we reframe the perception that activity is something you must 'take time out' to do, rather it is woven into the fabric of daily life, and in time, becomes part of a normal routine.

3.11 The model seeks to bring shape and direction to the partners of the Active Alliance, in order that they may work together in the pursuit of our common goal.

### **3.12 What does an Active Neighbourhood Look and Feel Like?**

3.13 Active Neighbourhoods are places where good infrastructure means pedestrians take precedence over the car. They are places where walking and cycling is the easiest, quickest and cheapest mode, so much so that it becomes the unconscious choice for short journeys. They are places where public transport is reliable, affordable and frequent, where the vulnerable and under-represented are given additional support to utilise it. Active neighbourhoods make best use of natural assets, where journeys are frequently made along traffic-free routes that are beneficial to mental health, by modes that are beneficial to physical health. Active Travel is optimised through highly populated corridors that are

welcoming, safe and attractive, and above all, open to everyone irrespective of age and ability.

- 3.14 Active Neighbourhoods are places where people's capability to ride is developed, not just through infrastructure, but through the education of drivers, learn to ride programmes at all ages, and bikes that are accessible in a variety of ways, at a range of locations. Active Neighbourhoods have a diverse range of walking offers, from welly walks and buggy pushes, to utility/walking buses, to full on hikes. Active Neighbourhoods are places where walking is clearly visible amongst all ages, and where volunteers are supported to continually develop capability and capacity within communities.
- 3.15 Active Neighbourhoods have Active Parks - **Leisure centres without walls**. Places where planned programmes of regular activities are offered through a combination of commissioned, private and community based activities and events with low and no cost options for all. Active Parks are places where everyone can make full use of what's on offer through flexible facilities that are respectfully shared between different users. The activity offer is supported by policies that accommodate a wide variety of usage, and facilities that are conducive to the facilitation of that usage. Active Parks motivate people to increase dwell time - they encourage active pursuits over sedentary socialising. Active Parks are complimented by Active Bluespaces, with outdoor water based activities and the enhancement of the waterside economy with a food/social offer. Active Parks/Bluespaces incorporate responsible food vendors that balance nutrition with a 'treatwise' approach, especially with reference to what is accessible to children and young people.
- 3.16 Active Neighbourhoods have vibrant town centres where the flow of traffic is moderated and people feel safe to move without threat or intimidation from cars. They are places where friends and families gather to enjoy café culture amid cleaner air and traffic-free vistas. Spaces will be vibrant and attractive, with physical movement front and centre. Civic spaces showcase activity, either through events, or organically by utilising design that accommodates a range of movement, planned sympathetically with users, whether that be older people on foot, to commuters on bikes, to children on scooters and skateboards. Active Neighbourhoods create spaces and places to bring different generations together with the understanding that the streets are for all.
- 3.17 Active Neighbourhoods join multiple forms of resources. This is as much about infrastructure, facilities, and services, as it is about programmes, initiatives and interventions. The organisations operating within an Active Neighbourhood work across systems to create a whole that is greater than the sum of its parts. By co-ordinating funding opportunities with a common purpose Active Neighbourhoods create bigger possibilities, with the potential to physically 'join the dots' to enhance networks through which to move. Active Neighbourhoods have flexible spaces that lend themselves to culture and entertainment, organised activity and organic movement, and commerce that is both practical and social. They are not rigid or fixed, but allow for all manner of possibilities so that anyone within the borough can utilise the space to their ends.
- 3.18 Active Neighbourhoods reclaim their residential streets for pop up play and active events, and are supported to do so through the council and community organisations. Active Neighbourhoods bring stakeholders together to connect multiple forms of resource, from bidding for capital investment to enhance facilities, to supporting community grassroots and work with the underrepresented, to upskilling and knowledge sharing across the employed and voluntary workforce. The Active Neighbourhood ethos is about pooling efforts, as well as human and financial resources. Active Neighbourhoods bring together funding streams to deliver a shared goal.
- 3.19 Active Neighbourhoods support Active Employers, local businesses who adopt Active Workplace Policies to ensure employees avail of active travel initiatives, ancillary facilities,

cycle/pool bike schemes and travel passes. Active Neighbourhoods work with organisations and transport providers that make this possible. Active Workplaces appoint active travel champions from amongst their staff who are endorsed and supported through senior stakeholders who visibly live and advocate the principles of Active Workplace policies

- 3.20 Active Neighbourhoods have a hearty offer linked to leisure centres and gyms for those who want it, but recognises this is not the one size fits all solution to reducing inactivity. Active Neighbourhoods recognise that there is a place for workouts and traditional fitness, but to ensure activity is open to all, it must be diverse, accessible and begin in the home. Activity has as much a place in the front rooms of Tameside as it does in parks, playing fields and on pavements. Gyms in Active Neighbourhoods know this, and make their offer out in the community as much as in leisure centres. Active Neighbourhoods have physical activity clubs and facilities that are welcoming and inclusive, with visible policies and clear staff buy in to support the vulnerable and under-represented. Active Neighbourhoods are supported by community activators and volunteers who are in turn supported by organisations to gain skills and competencies, grow capacity and develop capability within communities.
- 3.21 People living in Active Neighbourhoods know where to look and who to ask if they want to move more, through solid communications and up to date resources in a range of formats and locations be that printed flyers to smart technology. Likewise the staff and volunteers working within Active Neighbourhoods know where they can get help to develop skills and knowledge and know where to access opportunities for continued professional development. Staff, volunteers and stakeholders living in Active Neighbourhoods will be supported and kept informed on the wider picture for physical activity by the Active Alliance. The skills of Community Activators, staff and volunteers will be developed to utilise Appreciative Inquiry with to help people to help themselves, as well as giving them a deeper understanding of the factors at play when motivating people to take part in activity. In addition to the practical skills of health, safety and risk assessment for activities, people delivering activities through Active Neighbourhoods will be versed in the relevant safeguarding procedures. Knowledge share and 'bringing people along' with the GM wide journey and how we are playing a role in a wider picture will be important to help people feel part of a wider team.
- 3.22 The foundation of our local approach to delivering the Local Pilot programme is through the Principles of Active Neighbourhoods.
1. Active by Design - Sport England approach to planning principles
  2. Active Programmes - Initiatives to increase individual capabilities to participate, built into policies and pathways
  3. Active Parks and Greenspace – Leisure centres without walls
  4. Active Bluespace – enhancing the waterside economy-supporting greater use of rivers, canals and bodies of water for active leisure
  5. Active Streets and Greenways – Pedestrian first approach to streets plus the development of traffic free routes
  6. Active Shared Spaces - Civic plazas/public realm that encourages safe shared use for physical movement
  7. Active Travel – Encouraging and enabling multi-mode journeys, and supporting the vulnerable and under-represented to access public transport
  8. Active Events- empowering people to temporarily repurpose streets/spaces for pop up play and active events
  9. Active Employers - Employers supported to support staff to move more
  10. Active Spaces – places and spaces that link physical activity to social and nutritious food offer

- 3.24 The Project Team proposes that provision for some aspects of Active Neighbourhoods be met through Local Pilot monies, on the understanding that this will support the delivery of initiatives with the three target audiences, as well as supporting the wider population.
- 3.25 **Primarily this will include the development of Active Parks (and accompanying programmes and events across the audiences) as a place where a range of interventions can be delivered via a range of means, in settings that incorporate social connectivity with activity and a food offer.**
- 3.26 **Linked to the offer for Active Parks is the potential to expand walking schemes across audiences, therefore a small amount of provision has been set aside to grow volunteer capacity for walk leaders and the potential to develop community walking hubs.**
- 4.0 **Principle 3 - A plan for engaging with the key audiences and a commitment to co-design.**
- 4.1 What has been done already?
- 4.2 The Design in Public Sector work has also taken the team through a variety of research methods to gather insight, placing greater focus on experiential insight to complement such things as surveys and questionnaires. This includes customer journeys, journaling and diary keeping, observation, depth interviews, informal conversations and so on. Some of these techniques have been used as part of the insight gathering process and further work on this is planned to collate and code information and use it to determine next steps. Examples of local engagement can be seen below;
- 4.3 **LGBT Young People**
- An initial survey was done of LGBT Youth which drew only 8 responses, however 100% of respondents cited homophobia in physical activity settings as a barrier. An observation of an evening with the LGBT Youth Group was undertaken. This revealed anecdotal insight around some preferences for physical activity within subgroups. After face to face discussion with volunteers and young people at the group, an understanding of the types of activities undertaken by the members led to the development of a casual/visual insight gathering mechanism. This employs simple poster making with emojis to capture statements that helps understand motivations and behaviours linked to physical activity. The exercise is being left out at the group for a number of weeks with members completing in their own time.
- 4.4 Further to this, the project team plan to work with a number of young LGBT people to act as 'mystery shoppers' in settings where sport and physical activity is offered. This is with a view to travelling the customer journey to identify what makes them feel welcome/unwelcome, and where we can develop guidance and policies alongside clubs, gyms and other physical activity settings to improve participation. In due course this will be run through Active Tameside facilities and a new Wellness Centre with the potential to make this a flagship site for visible LGBT Inclusion.
- 4.5 Discussion with the inclusion lead from the local football team who was looking to recruit an LGBT Youth team has led to the possibility of co-designing an approach with the club and main team around increasing the support of LGBT players through visible policies, advocacy and clothing/signage around the club.
- 4.6 The work with LGBT youth also has application for the wider LGBT population, given that they are under-represented in activity and are at increased risk of mental health issues. As

such a further survey of adult LGBT people has been undertaken to establish whether their experiences of activity have shaped their adult relationship with it.

#### 4.7 Tameside & Glossop Partnership Engagement Network

4.8 The PEN network is a regular engagement event through which residents can feed back on plans and proposals.

4.9 A session was conducted with a mixed group which asked them to reflect on their relationship with physical activity over their life. Similarities emerged around the drop off points with significant life events, as is now being corroborated by the Britain Thinks research. Similarly strong feelings were expressed around experiences of activity at a school age being pivotal in the positive or negative relationship with activity throughout life.

4.10 A further exercise placed emphasis on gathering visual representations rather than lengthy worded input to gather local views, as this makes the information more striking, memorable and easily accessible.



**FIGURE 3 – Visual exercise to examine life factors in physical activity**

This technique asked participants to draw;

- Home/family life
- The last time they were active
- Something they do for fun
- Something we couldn't tell about them just by looking

This method helped us to understand the circumstances at play where 'life gets in the way' of physical activity. It also helped us to understand where people might have been active without realising they were and vice versa, it also helped us to understand how we might create hooks into activity through people's personal interests.

4.11 It also drew out things such as hidden talents from younger days, long term conditions, and some interesting insight around people’s preferences for activities. Highlight from this exercise told us;

- Attitudes towards physical activity are often shaped by school experiences of competitive sport and PE
- People enjoy walking for leisure, preferably with other people and very often with dogs
- When women choose group activities it is often classes/aerobics, but this is not something generally offered in schools, which brings us back to point 1.
- People who don’t class themselves as active (in the narrow sense of sports and physical activity) are often active but don’t count it, e.g. person above does 15,000 steps a day for work but as they play computer games in their leisure time, doesn’t recognise themselves as active because they don’t have a gym membership
- People don’t class activity as activity if it is coupled with something they see as being unhealthy, for example one participant danced for three hours on Saturday evening, but didn’t class this as activity as it was accompanied by alcohol

**4.12 Looked After Children/Young Carers**

4.13 A piece of engagement has been done with looked after children utilising a video diary/selfie format and discussion groups to create a ‘Big Brother’ style diary room. Working with 25 looked after children and young people between the ages of 8-19 years, and 40 young carers, we asked questions around;

- what attracts them to physical activity
- what would they like to do to be more active
- where would they like to be more active
- what the worries were for them around being more active.

Further work needs to be done to process the insight, but a clear message emerged around wanting to be active with friends in their local neighbourhoods. A real barrier was cost and having the right equipment/kit – in particular for young people leaving care. Young people said they didn’t want to have targeted sessions for their ‘group/circumstances’, i.e. didn’t want to have a separate group specifically for LAC, rather they wanted to join mainstream activities, to get away from feelings of stigma, and to be active as a normal part of their life.

**4.14 Youth Bus-Attitudes and perceptions on gender and activity**

4.15 A mobile youth club/bus has been engaged with an exercise to establish attitudes and perceptions around gender and specific types of activity. This is intended to feed into the insight development around girls disengaging with activity and seeks to understand the motivational barriers to dropping out, but also has implications on gender stereotyping that may be applicable to the work with LGBT. The exercise is also to be replicated at other youth clubs in due course.

The exercise poses a simple set of open statements and asks the young people to fill in the blanks e.g.

“Girls who are active are \_\_\_\_\_”

Further questions show a range of activities and ask young people to vote or place sticky dots on the things they feel are ‘for girls’, ‘for boys’, ‘for anyone’.

**4.16 Primary School Careers Day-**

4.17 Two of the project team members were invited to participate in a school careers day and talked about population health and the links with green space. Children were aged 6-7. At the end of the session the children were asked to draw one of three things;

1. Their Journey to School
2. Something active they do with their family
3. Your favourite way to be active

93 responses were collected showing a range of activities.

#### 4.18 BME Stakeholder interview/Discussion

4.19 A stakeholder interview/discussion was held around the BME community and the need for greater inclusion. It was confirmed during this that funding was already in place for the provision of activities, and the programme was generally well accessed, with swelling numbers of volunteers from amongst the BMW community (approximately 60 potential community activators).

4.20 During this discussion it emerged that accessing public transport and Active Travel was potentially an area of interest, in that not only did people not feel confident in using it for their own general purposes, when activities were put on that would require them to travel out of their immediate vicinity, they chose not to go if using public transport was a requirement. This was a particular issue for women.

4.21 This led to the possibility of conducting engagement and gathering insight with this group around the scope/need to have a programme to support access to active travel. The engagement for this is to be determined. There is a possibility that the BME focus may shift away from CYP and come from a different angle, perhaps around BME Women with LTC or else who are workless. Further insight will help guide us.

#### 4.22 Video/Picture diary of Day in the life of an Active Person in an Active Neighbourhood

##### Insight- Shadowing, Observation, Picture Diaries



**FIGURE 4 An excerpt from the photo diary of an active person/active neighbourhood**

4.23 A project team member spent the day shadowing an active person living in an active neighbourhood to gather insight into the various ways the built environment, community

and infrastructure supported increasing visibility of physical activity and movement, and to understand the neighbourhood wide enablers of activity that could be fed into the principles of an Active Neighbourhood approach.

4.24 This revealed a number of points of interest that again corroborated insight from other areas, specifically

- Dogs were a key motivator for people to move, and local organisations had latched on to this being a good way to hook people in to activity and social- including a Valentine's Day singles dog walk in the park
- People were active together, as families and friends playing games, people teaching each other a skill (rollerblading, skateboarding, cycling), people idly chatting whilst moving, people looking after other people-with infirmity or disability, People exercising in groups
- A range of bikes was seen, from rented/municipal bikes to personal bikes, and folding to street to kids' balance bikes
- Activity was linked to a healthy food offer which created a motivation to go and a social aspect to break up the activity
- Facilities supported activity-refreshments, toilets, free water fountains, although noticeably there were no toilet facilities for those with a disability or parents with prams
- There were plenty of places to stop and rest between destinations
- Bikes chained to everything (with no restrictions!)
- Spaces were shared officially through things like signage, but also zoned unofficially according to the needs of the activity, such as;
  - Skateboarders claiming a wide path with a dead end to set up ramps
  - People doing yoga on grassed areas
  - People teaching children to ride bikes on narrow paths

4.25 Overall the 'Day in the life of' showed the wealth of opportunities available to us. Further discussion was held during the DiPs workshop about how we might work towards this example, in the recognition that the whole system was at play in ways that we couldn't see by looking. Further work on this is planned around how we work towards setting out tangible actions across the system that could contribute to achieving this.

#### **4.26 Active Workplaces**

4.27 An Active Workplace Squad is being set up to explore the rudiments of encouraging greater movement throughout the working day. This is in recognition of 1 in 4 people living with a low level mental health condition which is a key factor in being at risk of falling into long term sickness and out of work.

4.28 The Squad will examine policies and possibilities around Active Travel, incentives, and flexible working practices to support staff to reduce the time spent sitting through the working week. The squad will invite council/single commission staff to join in recognition that this and the ICFT are two of the largest employers in the borough. Once the guidelines/practices have been developed they will be shared across partner organisations to address inactivity across the working age population, and to increase participation in cycling and walking. As a component part of this it will also be shared with the Work and Health Programme to build into the co-design of Active Workplaces amongst R&M employers. This will recognise that the types of work undertaken in these businesses will be different, and will require bespoke co-design.

4.29 A survey for staff has been devised to ascertain current working and travel patterns and will be sent out as a first action of the squad. This will be circulated amongst Council, CCG and ICFT staff.

#### **4.30 Engagement in Glossop**

- 4.31 Upon Glossop being confirmed as part of Tameside's approach to the GM Moving Local Pilot in October, representatives from Active Derbyshire (County Sports Partnership), Derbyshire Public Health and High Peak Borough Council have had several meetings to determine a way forward for the Glossopdale area. This initial group agreed that an open partner session was necessary to develop a co-designed approach from the outset. Following this decision, the GM Moving local pilot and the Glossopdale Partners session were then discussed and promoted at the High Peak Health and Wellbeing Locality Partnership meeting in November. A wide network of partners was directly invited to attend the session. The original meeting was planned for January but was cancelled due to adverse weather and rearranged for 1st March.
- 4.32 The engagement event on 1<sup>st</sup> March was supported by the Tameside Programme Lead, Press Red Consultancy, and locality support for GM Moving. This set the scene for local partners to understand the context and the opportunity presented by the Local Pilot. This outlined the target audiences and unpacked the detail on data and insight. It also covered the investment principles and the whole system approach that is integral to the delivery of the GM Moving ambition. Local partners joined on the day from a range of organisations from the relevant County Sports Partnership, Local Authorities, and from the VFCS Sector. Partners were acquainted with the local approach to date, touched upon the key principle of co-design and explored various means of gathering insight as per the learning from the Design in Public Sector Programme.
- 4.33 Attendees of the event took part in a 'Rose/Thorn/Bud' engagement exercise to share existing knowledge on the Glossop Locality. A Glossop Project team has been identified with a further engagement event on 22<sup>nd</sup> of March to progress plans and secure specific support/ownership
- 4.34 The 12 month programme of engagement is subject to initial approval of the approach via TMBC Governance. The proposal has been presented at Tameside's Health and Wellbeing Board, a report taken to the Single Leadership Team of Tameside Council, and a presentation made at the Active Alliance Executive, which also includes representation from the third sector. The proposal will later to be socialised at the summer gathering of the wider Active Alliance and a sense check on the direction of travel will be sought.
- 4.35 Feedback to date has been positive, therefore the project team will be working up the proposed implementation plan and commissioning intentions for further submission and approval in the near future. This will incorporate a full programme of engagement for the coming year, much of which will be undertaken with the third sector out in the community.
- 4.36 Presently a considerable amount of information has been produced through early insight, which needs to be processed and understood further. This will help to shape some further direction of the potential projects and may help in narrowing the focus of the CYP arm of activity.
- 4.37 Provision in the budget has been made for the ongoing engagement of groups and stakeholders.

#### **5.0 Principle 4 - Whole System approach to increasing physical activity**

- 5.1 The model for Active Neighbourhoods outlined above seeks to bring to life the proposal for the whole systems approach.

## **6.0 Principle 5 - How do the plans support the reduction of inequalities?**

6.1 The proposal seeks to work directly with those who are most likely to be at risk of inequalities, to increase accessibility of activity through a range of means, and to co-design solutions that they have a vested interest in.

Creating an environment where people actively choose to walk and cycle as part of everyday life can have a significant impact on public health and may reduce inequalities in health.

## **7.0 Principle 6-What's different to the traditional ways of working locally?**

7.1 Our whole approach has been very different to traditional ways of working, from the Double Diamond process itself, to the visual ways of workshopping ideas, to the ways in which we have collected insight. Overall the approach has prevented us from 'doing to' with ideas that we have had as officers. The journey travelled to date is enlightening, so much so that conversations with project teams not adopting this approach in other areas of work highlights how often we make the mistake of going straight to the solution we think is right without fully understanding the matter in hand. The whole project has felt different, and the future stages of getting out to do co-design with young people, and to develop prototypes feels exciting and fresh.

## **8.0 Principle 7- Where is this work connected locally?**

8.1 The Local Pilot proposal aligns with a number of local priorities and strategies across the system, including Tameside & Glossop's "Thrive and Prosper" Corporate plan, which cites physical activity as a key theme under a number of headings around vibrant communities, health, green cities and a thriving economy. This programme will complement the Corporate Plan and can positively impact on people across all life stages but particularly contributing to the priorities of:

- Very best start in life;
- Resilient families and supportive networks;
- Modern infrastructure and a supportive environment;
- Nurturing our communities;
- Longer and healthier lives with good mental health
- Independence and activity in older age.

8.2 All departments of the strategic commission are committed to delivery against these priorities, and deliver against them with a partnership approach. The appetite and willingness to join across the system is supported. Testament to this is how the project team is now being drawn into further conversations on air quality, planning and the development of the public realm, as well as work in health and active travel projects outside of the pilot. There is also potential for this to connect to Future High Streets and Future Markets bids, capital investments attached to Section 106 monies and a number of other funding streams around the development of clubs and activities.

8.3 The ICFT's "Beyond Patient Care to Population Health" strategy also has direct links, specifically around the programme for system wide support for self-care, and tackling the causes of ill health. It sets out the priority to "Support local people to remain well by tackling the causes of ill health, supporting behaviour and lifestyle change, and maximising the role of communities to enable people to take greater control of their care needs and services they receive". This is firmly based in social prescribing and asset based approaches alongside self-management education and workforce education.

8.4 The Health and Wellbeing Board Strategy and the local Active Alliance implementation plan also align with the principles of the local pilot. With a shared direction, and well established practices of partnership working, the work of the pilot will seek to embed across the whole system.

## **9.0 Principle 8 - What is being tested, why and how?**

9.1 The approach to the design process and the different ways of engaging with audiences are being tested for the collection of insight. This is enabling us to 'speak the language' of the people we are seeking to understand, or in some cases rule the need for language out entirely. It is proving to be a valuable way to reduce the amount of text based information that is unwieldy and arduous to process. It also helps to build a richer picture of inactivity and motivation without having to explicitly ask questions that might not tease out some of the more nuanced matters at play, in particular around emotions and the visceral reactions and aversions to activity that are linked to positive or negative experiences.

9.2 Trialling different ways to present the story so far through project canvasses, pictures and storytelling is being tried out. To date the feedback has been positive, and is something we intend to continue. Being more visual in our approach seems to resonate with people and appears to make the messages more easy to recall.

9.3 The exercises from the DiPs and the content generated through the use of Design Council methodologies has been useful and insightful in helping us to keep pace and quickly get to the crux of the issue.

9.4 What we want to learn next is how to work with the diversity of insight we are collecting to bring it together into a more coherent picture, and to see how the different audiences can be brought together with a prototype of an active neighbourhood to see how they would practically interact and share the space and places.

9.5 The plans will be reviewed through the double design process, which seeks to continually iterate the ideas. Nothing will be planned and implemented without repeatedly checking that it still feels right and still works to the brief that is developed through the co-design process.

## **10.0 Principle 9 - Everyone's a Leader**

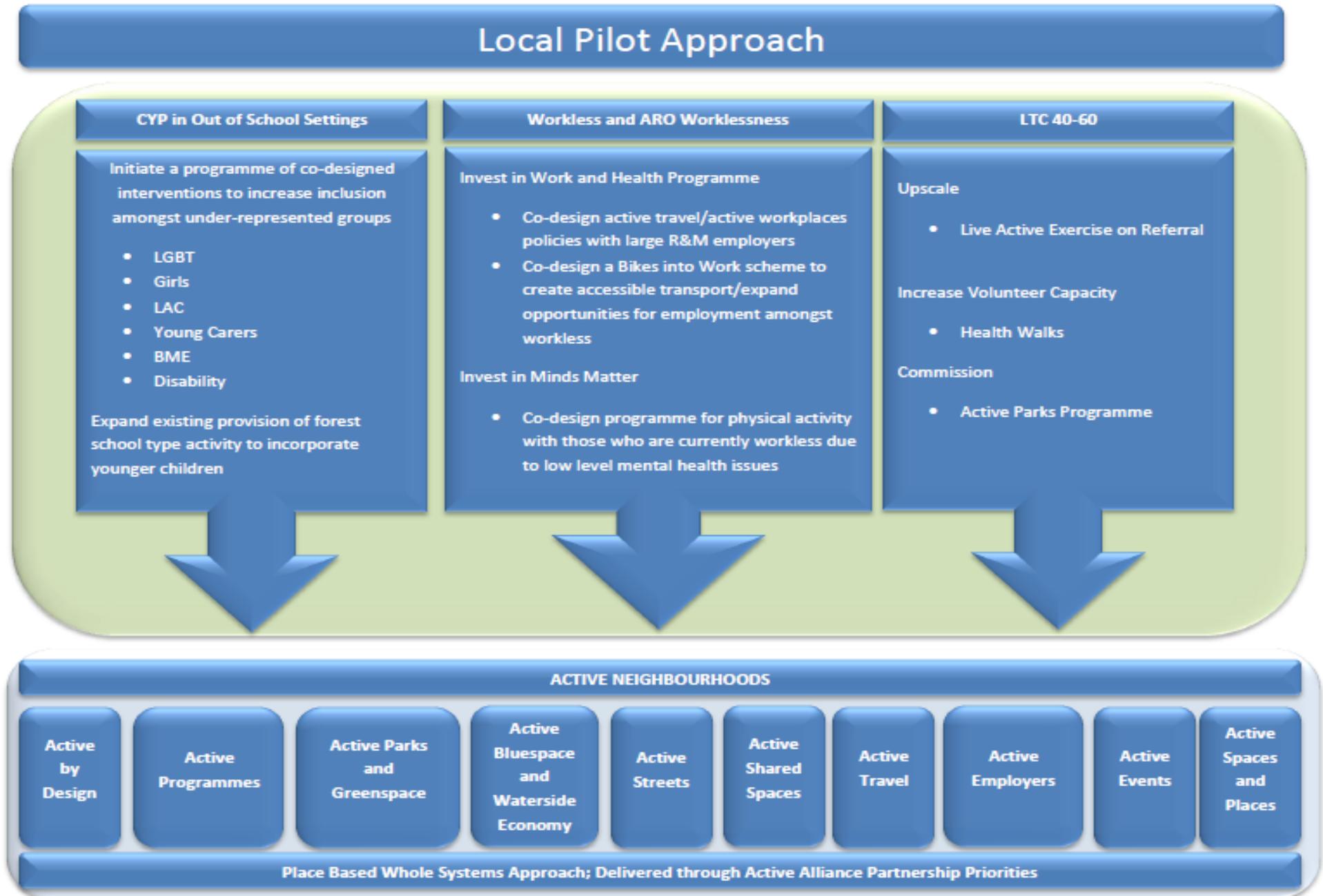
10.1 The leadership landscape for the programme of work is evolving, but is currently the main responsibility of the Tameside Project Group and Steering Group, linking in with the plans for Glossopdale to adopt a steering group and follow suit. The Project Officer, when appointed, will also act as a bridge between areas to support the joined up approach. This represents a wide variety of roles and organisations already being involved.

10.2 Over the course of establishing the projects the intention is, with particular reference to CYP, that the leaders of the projects will emerge from the groups themselves. We plan and hope to be the enablers of the work, and support the process, but the design and implementation will originate from the audiences we seek to engage and the organisations they choose to work with including community groups, clubs and activity providers.

10.3 We intend to support the growth of networks and capabilities within and between the groups to ensure learning spreads across project areas, thereby making links between assets and resources. Collaboration will be positively encouraged.

- 10.4 In terms of systems leadership, raising the profile and relevance of physical activity across multiple agendas through the Active Alliance will encourage others to help carry the work forward in line with their own organisational priorities. Leadership for physical activity is presently emerging through a range of other disciplines, including Planning and Environmental Services, Events and Neighbourhoods, as well as through HR and Organisational Development.
- 10.5 Through a programme of investing in volunteering around activity and through the commitment to upskilling the workforce we hope to foster greater capability and capacity to lead out in the community, through community activators and through informal networks of peers sharing responsibility to take the lead. This will be as much about empowering individuals to lead their own journey towards being more active, and to inspire others to join.

FIGURE 5: TAMESIDE & GLOSSOP LOCAL PILOT APPROACH AND ACTIVE NEIGHBOURHOOD MODEL



11.0 Indicative costings for year 1 of the programme can be seen below.

**TABLE 4: PROPOSED SPEND YEAR 1 BY PROGRAMME AREA**

Programme Area	Year 1 Investment (000) £	Proposal
<b>Glossop programme allocation</b>	48	TBC
<b>Children and Young people in out of school settings</b>	95	Programme of co-designed interventions to increase inclusion amongst under-represented groups <ul style="list-style-type: none"> <li>• LGBT</li> <li>• Girls</li> <li>• LAC</li> <li>• Young Carers</li> <li>• BME</li> <li>• Disability</li> </ul>
<b>Workless and at risk of Worklessness</b>	65	Invest in Work and Health Programme <ul style="list-style-type: none"> <li>• Co-design active travel/active workplaces policies with large R&amp;M employers</li> <li>• Co-design a Bikes into Work scheme to create accessible transport/expand opportunities for employment amongst workless</li> <li>• Invest in Minds Matter - co-design programme for physical activity with those who are currently workless due to low level mental health issues</li> </ul>
<b>People with or at risk of long term conditions 40-60yrs</b>	40	Expansion of the current Live Active Scheme in all Tameside Neighbourhoods – to support an additional 600 people per year with LTC to become more active  Community events in partnership with ICFT/ Primary Care
<b>Whole system – Active Neighbourhoods</b>	50	Development and delivery of the Active Neighbourhood principles, potentially focussed around Active Parks
Programme costs		
<b>Programme Officer</b>	35* Early Draw Down	Managed through Population Health. The delivery of the programme will entail some enabling work such as engagement on approaches. The engagement and consultation with regards to the individual aspects of the programme will be covered within the specific allocations, therefore the enabling budget covers the overarching stakeholder work on the whole systems approach. This is set to cover a programme of stakeholder engagement and communications to ensure the partnership approach is well supported.
<b>Volunteer/ Peer support</b>	10	
<b>Development Training/ Workforce development</b>	5	
<b>Events/Comms and Engagement</b>	5	
<b>Local Evaluation</b>	10	
<b>TOTAL Yr1</b>	<b>£363 K</b>	

- 11.2 At present, the above proposed spend plan gives a broad brush idea of the division of the funds across programmes. Since we still don't know the detail of what will be delivered, giving further detail on the proposed spend is difficult at this stage. What we can say is that there will be some likely costs, and some of those costs will be relevant across the whole programme, therefore allocations have been made against suggested budget lines, but of each budget line the draw down may be against a variety of programme areas.
- 11.3 Below is a further breakdown of costs, offered with the caveat that much of it is subject to change dependent on the outcomes of the co-design process, and participatory budgeting. We intend to make provision for audiences to work through the process and will fund ongoing workshops, overarching events around the enabler of active neighbourhoods, and will support those who may have difficulties in attending to have continued input.
- 11.4 We are aware that some of the work may result in the provision of sessions which may require the purchase of equipment and/or tuition, and that some professional development may be required by the workforce to deliver. We recognise that some activities will require the hire of facilities, purchase of kit and so on, therefore provision has been made.
- 11.5 We know that with regards to cycling there needs to be provision of equipment to some degree, potentially tuition, and supporting infrastructure by way of marshalls and ride co-ordination etc, so allocations have been made for this.
- 11.6 We think it likely that some digital and online resources will be required, especially when working with CYP.
- 11.7 Other than this, if we stay true to the co-design process we cannot be more specific at this stage and further detail would be conjecture. We must allow for flex across the budget as the projects evolve.

	Early Draw Down	Approximate Breakdown of Year 1 Costs				Total	Narrative
		Q1	Q2	Q3	Q4		
<b>Administration</b>		0.5	0.5	0.5	0.5	2	This may be for the administration of such things as DBS checks for volunteers, or the processing of participant information
<b>Active Neighbourhood Development</b>		25		25		50	This could include funding for programmes, changes to existing facilities e.g. power supplies, bike storage, the cost of putting on mainstream activities in different settings etc
<b>Consultation/Community Engagement</b>		1.5	1.5	1.5	1.5	6	Ongoing engagement of all target groups through a range of means to ensure projects continue to deliver what was set out, and to continually refine where necessary
<b>Delivery Costs (Activity)</b>			5	5	5	15	TBD once the co-design process is underway
<b>Delivery Costs (Walking and Cycling)</b>			20	2.5	2.5	25	This potentially relates to a summer of events linked specifically to cycling and walking, for example Let's Ride Pop Up, Breeze Rides and family ride events
<b>Digital Resource Development</b>			10			10	The potential creation of a platform through which people can search for appropriate walks, also the purchase of software to track and monitor participation.
<b>Evaluation</b>		5			5	10	Contribution towards Substance evaluation for information on the local activities.
<b>Events (project specific)</b>			5	5	5	15	Events planned across all programmes of work other than cycling, this can include pop up events in civic or residential spaces, street closures, hire of equipment, PA systems etc
<b>Events (overarching )</b>		5				5	This is for events to promote the wider work of the local pilot and could be used for stakeholders and partners

<b>Evidence/Data/Insight</b>		8				8	This may be required to assist in the processing of further insight gathered through the CYP and Workless arms of the programme if the project team is unable to work with the volume generated.
<b>Equipment</b>			10	10	10	30	This would be for a range of equipment across all the programmes, but the lion's share would potentially be for investment into bikes, whether refurbishing or purchase of bikes for hire. It could include kit costs or the purchase of equipment for new activities.
<b>Facility Hire</b>				3	3	6	This would be for access across all programmes for the hire of particular facilities, pitches, sports halls or community rooms
<b>Glossop Allocation</b>		48				48	This may potentially include an amount to contribute towards Substance Evaluation Work
<b>Live Active Investment</b>		40				40	This would be a transfer to Active Tameside for the ongoing delivery of the programme, this is inclusive of any costs for the purchase or renewal of any relevant equipment
<b>Professional Fees</b>			1.5	1.5	1.5	4.5	This is for the potential cost for professional tuition of an activity
<b>Promotion/Publicity</b>			1	1	1	3	Promotion and publicity can be driven through partners channels so this would mostly be allocated to design and print for specific activities or groups, or else work on social media
<b>Recruitment Expenses</b>							TBC
<b>Refreshments</b>			1	1	1	3	Refreshments for those attending activities to provide a social angle and remove financial barriers to accessing the social aspect.

<b>Staff Costs</b>	35		15				Population Health Programme Manager, potential contribution to a joint appointment of an Active Workplace Officer-subject to need
<b>Travel and Subsistence</b>		0.3	0.3	0.3	0.3	1.2	A modest amount of funding to ensure the continued participation in the co-design process for young people for whom money is a barrier
<b>Volunteer Development Expense</b>		0	3.3	3.3	3.3	9.9	Funding for training and development of the volunteer community, to be allocated in accordance with specific programme, e.g. growing numbers of walk leaders and race marshals etc
<b>Whole System Engagement</b>			1.5		1.5	3	For biannual conference to keep stakeholders informed on progress
<b>Workforce Development/Training</b>		1.2	1.2	1.2	1.2	4.8	A pot for paid staff to access for CPD where the qualification is for use in delivery of activities directly relating to the local pilot
<b>Workshops</b>		4	4			8	Co-design Workshops
<b>Other</b>						5	Branded refillable water bottles and sports bags for participants to use during local pilot activities
<b>Total</b>						362	

**TABLE 5 Breakdown of indicative costs across suggested budget lines**

## 11.0 LOCAL GOVERNANCE AND NEXT STEPS

- 11.1 The Local Pilot Steering Group reports into the wider Tameside Active Alliance, which in turn reports to the Tameside Health and Wellbeing Board. A number of engagement events are facilitated by the Active Alliance throughout the year, to ensure wide system leadership to increase physical activity across our neighbourhoods.
- 11.2 Initial draw down of the funding would be via Tameside Council. However, where it makes more sense to do so, we would propose that funding is drawn down directly into our local CVS Action Together, or our leisure charitable trust Active Tameside. We would ensure Local Pilot funding principles were adhered and have existing mechanisms in place for GMHSCP transformation funding which we would look to use. We are proposing that funding allocated to Glossopdale will be drawn down by Derbyshire CSP rather than Derbyshire CC.
- 11.3 A briefing paper outlining our proposals was presented to Tameside & Glossop Strategic Commission Senior Leadership Team on 12<sup>th</sup> March 2019. Noting formal sign off will be needed by the GM Moving Executive prior to April 2019; a further paper outlining the final proposal for year 1, plus any commissioning implications will be presented through our internal governance as follows:
- Local Pilot Steering Group – 26<sup>th</sup> April
  - Senior Leadership Team – 30<sup>th</sup> April
  - Health and Care Advisory Group – 8<sup>th</sup> May
  - Executive Board - 5<sup>th</sup> June
  - Strategic Commissioning Board/ Executive Cabinet - 26<sup>th</sup> June
  - Health and Wellbeing Board – 27<sup>th</sup> June

## 12.0 CONTACT DETAILS FOR AUTHORS

- **Annette Turner: Population Health Physical Activity, Local Pilot Project Lead**
  - [annette.turner@tameside.gov.uk](mailto:annette.turner@tameside.gov.uk)
  - 07800 958 190
  
- **Debbie Watson: Assistant Director of Population Health**
  - [debbie.watson@tameside.gov.uk](mailto:debbie.watson@tameside.gov.uk)
  - 07970 456 338
  
- **Nicola Marshall: Greenspace Development Manager**
  - [nicola.marshall@tameside.gov.uk](mailto:nicola.marshall@tameside.gov.uk)
  - 0161 3423348

Appendix 1 Draft Evaluation of the Live Active Programme

It's been everything I've wanted and more, I didn't expect to get as much out of it as I have

It's done me a world of good no question about it

It's totally transformed me

# Live Active Exercise Referral Scheme Evaluation Report

Faye Prior, Dr Margaret Coffey, Dr Anna Robins, Prof Penny A Cook

**ACTIVE**  
TAMESIDE

University of  
**Salford**  
MANCHESTER

September 2018

This to me is a great service, it's given me and my family a whole new life

This has been fantastic for me

I think it's good that we've got this service that encourages people to get more active