

## Health and Wellbeing board report – Physical Activity – Sept 2020

- **Brief description of the scope of your priority – where is the Board adding or intending to add value in this area:**

It is well known that physical activity has the potential to make an enormously positive impact on the health and wellbeing of our population. Indeed, the former UK CMO Professor Dame Sally Davies once tweeted “If physical activity were a drug, we would refer to it as a miracle cure.”

We are very fortunate in Gloucestershire to have a long history of investment in and delivery of physical activity through our District councils and charities. We have delivered physical activity through a range of mechanisms with a wide range of partners across all localities. These individual activities are important and have made a positive impact for certain cohorts of our population; however until recently we had not made a sustained, coordinated, countywide effort to shift population levels of inactivity. Beginning in 2015 we established a partnership across the county looking to change that and develop a social movement in which being physically active becomes the social norm. We called this partnership our ‘**we can move**’ programme.

**We can move** (formerly Gloucestershire Moves) aims to support and encouraging people to increase their activity levels through a whole system approach including sport, informal physical activity, transport and design. Aiming to take a new approach to reducing inactivity levels, the programme takes action to remove the barriers to becoming physically active at an individual level (day to day behaviours), community level (passing ownership to communities) and system level (lobbying and direct action against overarching system barriers). The overarching aim of the programme is that it will become a social movement, owned by the people and supported by the established founding partnership through funding and resource. It has the potential to have significant positive health benefits for people living in the county especially those that are least active. The benefits include improved physical and mental health, stronger more cohesive communities alongside numerous economic benefits (some evidence links here - Link to Insight Hub article by PHE <https://wecanmove.ning.com/articles/health-matters-physical-activity-prevention-and-management-of-lon?context=tag-benefit+of+physical+activity>, Sport England 2016-21 strategy <https://wecanmove.ning.com/articles/sport-england-towards-an-active-nation-strategy-2016-2021>).

To achieve this, system leadership and whole system change is needed. The Health and Wellbeing Board has the opportunity to be the senior driving force behind this change by leading work across the system and linking to all priority areas e.g. health planning, obesity, social isolation and adverse childhood experiences.

The scope of this work is broader than just sport, leisure and physical activity and includes active travel, active design and asset based community development. **We can move** is Gloucestershire’s whole system social movement for physical activity.

- **Do you have a group that over sees the delivery of your priority? If not what are your plans for developing a group?**

Governance arrangements have already been put in place whilst establishing **we can move**, which is supported and organised by Active Gloucestershire. A programme group meeting attended by both the CCG and Public Health already takes place bi-monthly, but the project would benefit from a more direct reporting link to senior stakeholders such as the Health and Wellbeing Board. In time, the project aims to secure more representation from communities; including on the Active Gloucestershire Board and strengthen the links into the Enabling Active Communities board.

- **How is the work in your priority area funded? Is this funding sustainable? If not what are your plans to address this?**

**We can move** has been co-funded by Sport England, the CCG, GCC, District Councils and other partners as part of a three year test and learn pilot. Beginning in 2018/19 the current funding ends in March 2021, a business case for continuation funding from is in the process of being written. Sport England has committed to continue their funding in their latest draft strategy, which will run until 2031.

The requirement of the business case is to fund the programme for the next 5 years (taking funding to 2025/26 at a rate of £150,000 per year. This funding settlement would enable the programme to plan for the longer term and align goals with the ambitious longer term targets contained within many of the national and local strategies.

As the goal is to achieve system change, funding needs to be for the longer term, the greatest benefits are typically achieved by sustained work and relationship building over a number of years. In the short term numerical outcomes are delivered by targeted interventions which use behaviour change methodology in order to increase their impact. Prior to Covid-19 Gloucestershire's inactivity levels in the general population were slowly dropping however the greatest need was, and continues to be, from within the most disadvantaged communities in the county.

- **Do you have a strategy or statement of strategic intent? Or are you planning to develop one? If so, what is the time frame?**

The **we can move** strategy will be available for consultation throughout September with the **ambition of halving inactivity levels by 2030**, this aligns to the government obesity aims around childhood obesity levels. The strategy is ambitious, but achievable, focussing on the long term system wide benefits of this work. The strategy will be flexible enough to respond to unexpected changes in the system which may provide opportunities or disruption.

- **Do you have an action plan? If not what is the timescale for development?**

The work programme for **we can move** is already in place, along with the resulting management and project management procedures. The current plan runs until the end of March 2021 however an annual business plan with a further two year outlook will be developed once the new **we can move** strategy has been agreed (Autumn 2020).

The current work programme focusses on the following priority areas:

- Place based (Gloucester)
  - Children & young people
  - Health professionals
  - Disabled people
  - Older adults
  - BAME people
- 
- **Have you identified metrics for your priority? Do they also capture how your work is tackling inequalities in health?**

The attached (Appendix C) overview details the activity of our target groups, and their inactivity levels. Whilst physical inactivity levels have seen a slow reduction over the last few years we believe that the impact from Covid-19 has started to reverse this trend.

In order to better understand the impact of the work of **we can move** the University of Bristol and Institute of Health Research Applied Collaboration (West) have been appointed as learning and evaluation partners. They have developed an approach to measure system change resulting from the work, Ripple Effect Mapping (example – Appendix A), and its effect on the wider system. This has included system mapping (example – Appendix B) which has helped determine where to make intervention and to establish what has changed as a result.

However system change can be challenging to measure precisely including cause and effect resulting from action and the positive impact on the wider system e.g. obesity. As a result determining direct return on investment requires a degree of assumption and is best supported with wider value metrics. Population level data is captured as part of the national Active Lives survey and behaviour change measurement at an individual level is undertaken for each project.

- **Any other issues or good practice you wish to share with the Board.**

**We can move** is a step change in approach to addressing levels of inactivity in the county and has required a non-traditional approach to commissioning. Programmes and interventions have been co-created and organisations have worked in partnership to test and learn together. **We can move** offers the potential to impact widely on Gloucestershire's health and wellbeing system with outputs beyond just physical activity, such as obesity and social isolation and loneliness.

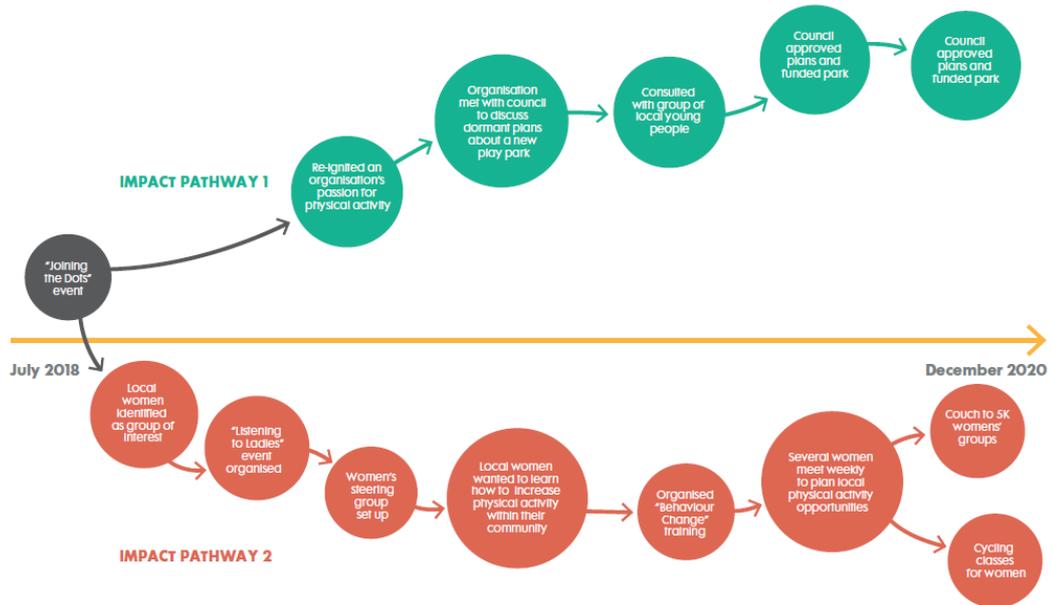
The collaborative way in which the programme has been commissioned, developed and delivered encapsulates the spirit of true partnership working and shared endeavour towards tackling a wicked problem. There is a great deal of learning from the process, the underlying approach and principles of this could be very beneficial to share across the ICS and be helpful in creating action against some of the other complex issues we face as a system.

The work will continue to evolve and change dependent on learning, priorities and external factors. **We can move** is part of a learning collaboration across England which includes Sport England funded Local Delivery Pilots. Active Gloucestershire is working with several international organisations to learn from their approach and successes e.g. a member of Active Gloucestershire staff will be visiting Australia as part of a Winston Churchill Fellowship.

We also recognise that Covid is likely to impact on levels of physical inactivity, with those in our society at most disadvantage likely to suffer the most. Through the WCM programme we will review the impact Covid has had on our society particularly focussing on health inequalities. We will target specific work to reduce the negative impact it is likely to have.

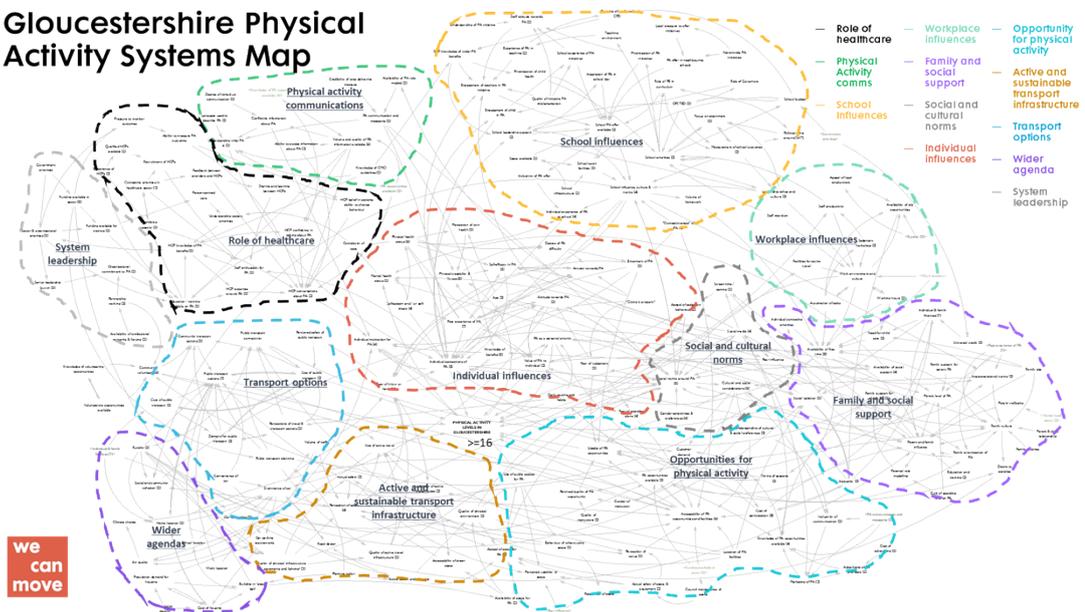
## Appendix A: Ripple Effect Map (excerpt)

As shown here, the **Joining the Dots** event has led to several other impacts, and just two of these "Impact pathways" are shown here.



## Appendix B: Gloucestershire Physical Activity systems Map

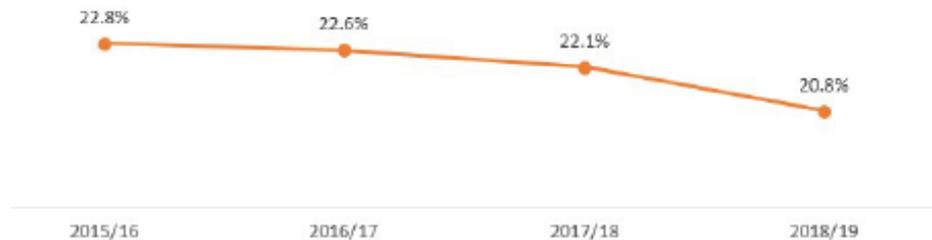
### Gloucestershire Physical Activity Systems Map



## Appendix C: Inactivity stats

# Levels of inactivity are decreasing in Gloucestershire

### Adult physical inactivity in Gloucestershire



However, certain groups struggle more than others to get active.  
These are who we focus our efforts on

### Older people

**30%** of people over 55 are inactive  
Compared to **10%** of those aged under 30

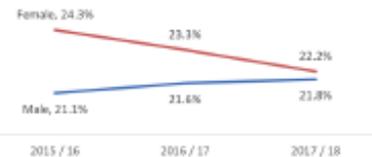


Department  
of Health &  
Social Care

The Chief Medical Officer  
recommends **balance sessions** to  
reduce the chance of frailty and falls

### Women and girls

The gender inequality, with higher  
inactivity for women than men, is closing



### Lower socio-economic



One in three people living in the  
most deprived areas are inactive

### BAME

The level of inactivity for BAME  
fluctuates at around one in four  
being inactive



### Children and young people

Only **45%** of children in Gloucestershire  
meet the CMO guidelines for physical activity



**31%** of girls do less  
than 2 hours a week  
**25%** of boys do less  
than 2 hours a week

### Disabled people

**37%** of people with a life limiting illness  
are inactive

Compared to just **10%** for those without  
This equates to over **35,000** people with a  
life limiting illness in Gloucestershire who  
are inactive

\* Data for adults from Active Lives survey November 2017 to November 2018

\* Data on children from Online Pupil Survey 2018