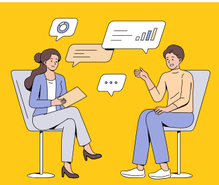
Greater Manchester **non-clinical intervention**: integrating physical activity across health and social care

Substance undertook interviews with key influencers across Greater Manchester's public health and social care landscape, hosted a number of in-person cross sector meetings and collated reflective practice entries in order to explore stories of physical activity system integration.



Research shows that non-clinical interventions are positively associated with improvements in well-being and body image for service users, while also reducing the burden on the National Health Service through preventative measures. One of our interview partners highlighted this:

"Keeping active is the biggest contributor to mental health, and again, physical activity plays a role there and so it kind of cuts across a lot of the agendas in relation to what GM Moving prioritise. We're trying to make sure that people live as long as they can. But as healthy as they can in the community as well."

Tips to mobilise mental health and physical activity support integration:

- **Data and insight:** is crucial to non-clinical intervention work, as delivery is reliant on funding. Health inequality data was key to all interview partners.
- **Strategic leverage across the system**- there needs to be more strategic support for social care and community development. Health care cannot be prioritised.
- **Relatable communication -** non-clinical intervention and community development are hand in hand, recognising the importance in communication across different groups is key to integrating physical activity and non-clinical intervention.
- **Signposting resources and training -** target resources and training to non-clinical community workers in order to integrate physical activity across the system.

Greater Manchester Moving

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Authentic strategic leadership to enable collective leadership:

One interview partner heralded the strategic vision of their long-term conditions program which embeds physical activity into their health, lung and chronic obstructive pulmonary disorder (COPD) pathway:

“We're seeing physical activity more embedded in the work that we are doing about long term conditions. So one of the big strategic programs of work we've got in Manchester is around healthy lungs and adults who are living with chronic obstructive pulmonary disorder.....partly inspired by the general ethos that physical activity is really important for these long term conditions.”

Integrating physical activity into health and social care through - Non-Clinical Intervention

Effective work across and between sectors - strategic leverage across the system.

Interview partners outlined how they can use their own strategic leverage to place physical activity into conversations around medical intervention:
“So we did exercise and physical activity for multiple sclerosis groups, Parkinson's disease, mental health…I think in this role I was the one that sort of asked them *can we introduce physical activity*?”

Relatable communication across the system:

One interview partner argued that relatable communication means removing clinical bias into training and support. Community services provide a huge amount of physical activity support and cannot access system support:
“In community services, loads of our staff are not medically qualified, but they are still going in and out of people's homes and have the opportunity for those conversations. The VCFSE is clearly really important in Health and Care. So the focus of our work around conversations has been on the non-clinical staff and VCSFE.”

Further, an interview partner recognised the importance of communicating across differing ethnic groups for her and her staff, and how that can contribute to a face to face session:
“All our team are multilingual because we work with South Asians and Black, African, Caribbean, Chinese, Mandarin, Polish people. So we tried to keep all our awareness sessions as basic as possible, so that those languages can be translated into different languages.”

Physical activity as a core priority for all health and social care

Physical activity as a core priority for all had a mix of responses, either outlining the progress it has made in recent years; or discussing the need for more of it:
“And in terms of physical activity, probably still physical activity is kind of a secondary thought, often for people with long term conditions. Physical activity is still often seen as something that the doctor will ask you to do rather than being something that we embed in each system as part of what we all should do in terms of supporting people with long term conditions to feel well living with their condition.”

In contrast, one interview partner highlighted physical activity being part of the ICB strategy as indication of how far we’ve come: **“I think one of the breakthroughs is we had the opportunity with the ICB. With one of the key commitments in there [strategy] is around Ageing Well, improving life, physical activity and improving strength and balance. So it's definitely more of a commitment and more of a priority for the NHS”**

Community champions and trusted transmitters.

Interview partners discussed how their work has been hugely influenced by incredible community champions in the VCFSE sector in Manchester:

“You just kind of have to support the enthusiasts. I'm a big believer in going where the energy is. I would say that Trafford Active have really grabbed this and are running with it, I think that is because if you support the enthusiast then that enthusiasm can kind of spread.”

Another interview partner discussed the role community champions have with the Manchester People’s Network and Ageing Well work agenda:

“Community Champions tend to be the older people that we work with, within the Great Manchester Older People's Network we have key leaders who chair subgroups and attend events, to provide the voice of older people. One of the key roles they play is they will go out and seek opinions from communities and then they feed that back in [to delivery]. And I'd say they certainly do that from physical activity point of view.“

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Safe space communities of practice

There’s a huge importance in creating empowered local communities who can discuss physical activity themselves. One interview partner discussed this in relation to non-clinical intervention integration with GM:

“Rather than focusing on the activities and creating more activities, focus on empowering and enabling your staff and your communities to start conversations about physical activity with people.”

Learning and adapting - Data and Insight:

Data and insight plays a key role in ‘selling arguments’ and suggests that there still is a long way to go before they can use data to it’s full effect:

“I don't know if it is joining up services or if we just need to be a bit smarter about how we encourage collection of data.”

However, other interview partners took a less critical approach. In which they discussed how using data is key to understanding how they can aid patients in their effort to reducing blood pressure:

We monitor [data] throughout [10 week physical activity intervention service]; we do the blood pressure at the beginning, we do the blood pressure in the middle and we'll do the blood pressure at the end and obviously resting heart rate and weight. Then just overall health improvement if they feel better for doing the physical activity“.

Transforming governance and processes – signposting resources and training:

There is a clear area of focus here to call for change. In that, non-clinical sector workers cannot access many of the physical activity training services that GM Moving and NHS have been heralding as hugely important for PA integration. Such as, Moving Medicine. Emma touches on this below:

“When you look at the Health and Care sector [in Manchester], when you look at the training and the information about physical activity, it's very medical. It's targeted at clinical staff. In fact, non-clinical staff are excluded from these training modules. There's websites and a whole range support, but if you are not medically qualified, you are disqualified from accessing it. And what struck me was that, particularly for us in Community services, loads of our staff are not medically qualified, you know, but they are still going in and out of people's homes and have the opportunity for those conversations about physical activity and seems like a big opportunity missed”