

Title: GM: A Walking City-Region



Project Initiation Document (PiD)

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| Programme Name: | Greater Manchester: A Walking City-region |
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Revision History

| Revision Date: | Version: | Changes: |
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Purpose

The objective of preparing the Project Initiation Documents is to more fully articulate the transformational opportunities that exist in each of the themes. The process of creating a PiD should evolve and develop over time. There may be sections that may not be answerable initially, however before the project can move to implementation, these sections will need to be addressed.

There are text boxes articulated throughout the document. They are there to help you address the common questions and content necessary in developing your project.

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Executive Summary

Greater Manchester (GM) has an exciting opportunity for growth and reform as part of the Devolution agreement, which sees it take responsibility for the £6 billion health and social care budget. This strategy sets out a vision to transform health and equality across the region by empowering a GM Walking Movement through the creation of a walking culture on a scale not seen anywhere else, where walking becomes a normal part of everyday life.

A considerable amount of collaborative work and planning has already begun across the region, with the creation of some key transformative plans and strategies including; the Greater Manchester Health and Social Care Partnership (GMHSCP) Taking Charge Strategy, GM Moving Plan for Physical Activity and Sport, Population Health Plan and Made to Move. The aims and ambitions of this transformational plan have been developed and shaped as a result of the strong foundations and existing collaborative work already underway across GM.

- The GMHSCP developed their Taking Charge Strategy in 2015 which sets out a new vision and approach to transforming health outcomes for its 2.8m residents. In 2016 consultation with residents, carers and health and social care staff helped to shape the Population Health Plan for the conurbation. Increasing people's physical activity levels using whole system approaches is a key theme underpinning the Population Health Plan. The GMHSCP has set out a vision for investment into the city-region for improving health and wellbeing of its residents and addressing the health inequalities that exist. The GM Health & Social Care Transformation Fund set out to help transform health services across GM, to help meet the health and social care needs of its residents.
- The GM Moving Strategy sets out a vision for investing in physical activity across GM to realise the ambition of getting 75% of the population to be active or fairly active by 2025. The strategy is divided into five priority areas; Policy, People, Place, Workforce and Enablers. GM Moving Executive and Steering Groups have been engaged in a prioritisation process as part of the implementation planning for GM Moving, since October 2017. They have considered the 60 priority actions within GM Moving, alongside the Toronto Charter¹, GM Priorities and opportunities. This process has shaped the scoping of the investment priorities for Transformation Fund and the Local Delivery Pilot, alongside a broad engagement of workforces and the people of GM through the audience engagement work.
- Made to Move sets out the vision of GM's Cycling and Walking Commissioner to make walking and cycling for short journeys the natural choice for people by investing in infrastructure over the next 10 years. To maximise the impact of the Made to Move ambition, infrastructure development must be considered in relation to large scale behavior change interventions.

38% of people living in GM are not doing enough activity to benefit their health. This figure is worse for underrepresented groups, such as females, people with disabilities, people with low incomes and BAME populations. These health inequalities are contributing to an estimated £26 million to health services across GM each year. Physical inactivity is linked to many long term conditions such as Type 2 Diabetes, Cardiovascular Diseases and some cancers. It also contributes to traffic congestion, poor air quality, lower mental health and self-esteem. Tackling inactivity is critical to improving the physical and mental wellbeing of residents, supporting a vibrant economy, improving air quality, creating a green city-region and strengthening community cohesion.

¹ Global Advocacy Council for Physical Activity, International Society for Physical Activity and Health. The Toronto Charter for Physical Activity: A Global Call to Action. www.globalpa.org.uk. May 20, 2010. Available from: <http://www.interamericanheart.org/images/PHYSICALACTIVITY/TorontoCharterPhysicalActivityENG.pdf> [Accessed 2nd July 2018].

Evidence shows that whole system approaches which put the individual at the centre and takes into account their social and physical environment, the services available to them and wider policy are most effective in supporting long term behaviour change. Evidence indicates that walking can contribute significantly to the overall level of physical activity and energy expenditure across a population². A systematic review and meta-analysis of studies concluded that walking (and cycling) reduce all-cause mortality, and that public health approaches would have the biggest impact if they managed to increase walking and cycling levels in population groups that currently show the lowest levels of these activities³. Studies have found that walking more frequently can have significant benefits to a person's health, and is accessible to all members of society. Studies also show that access to quality green and bluespace has been proven to speed up recovery time from many illnesses. Spending time in natural environments reduces stress and improves mental health, an important service that benefits individuals, businesses and their employees, improving productivity. Thus there are likely to be significant health benefits from promoting walking in public spaces, as well as encouraging utilitarian walking, such as when going shopping or to school or work. However, this is not just about physical activity, when considered in a broader context; the issue of physical inactivity represents only one of the many challenges facing the city-region. Increasing levels of walking offers an integrated solution that will allow GM to gain social, environmental and economic benefits through sustainable transportation, community cohesion, better health and wellbeing, greener and safer environments and reductions in air pollution.

This Project Initiation Document will set out how we will achieve our ambition of making GM the first walking city-region in the UK. This Strategic approach will support the physical infrastructure activities within Made to Move, in which the initial approach is based on the physical design or "hardware" that underlies the city-region supporting the "software", or non-infrastructure measures. These include behaviour change and public support and public-awareness campaigns that will be developed through this submission, moving GM further along the journey outlined by Living Streets in their Blueprint for walking cities, whilst at the same time bolstering the existing GM work by Transport for GM (TfGM) and the Cycling and Walking Commissioner.

1. Rationale – Case for Change

1.1 Vision

- 1.1.1 Our Global ambition through this bid is to make GM the first 'Walking City-region' in the UK, where walking becomes a cultural norm and the first choice for travel. By investing in a social movement of walking, will help to reduce health care costs caused by physical inactivity and improve overall health and wellbeing of our residents. Implementing this strategy should also lead to a reduction in car use leading to improved air quality and a cleaner, greener city by creating a more informed and educated society.
- 1.1.2 Through changing walking attitudes and behaviours, we will create a walking movement, a city-region wide voice for walking, and a society ready to access the development of new infrastructure outlined in Made to Move. Access to greenspace and the natural environment will also be enhanced through the delivery of this strategy.

² Mackett R, Paskins J. Children's physical activity: the contribution of playing and walking. *Children and Society* 2008; 22; 345–57. doi:10.1111/j.1099-0860.2007.00113.x.

³ Kelly P, Kahlmeier S, Götschi T, Orsini N, Richards J, Roberts N et al. Systematic review and meta-analysis of reduction in all-cause mortality from walking and cycling and shape of dose response relationship. *Int J Behav Nutr Phys Act.* 2014; 11:132. doi:10.1186/s12966-014-0132-x.

1.2 Rationale – The Case for Change

1.2.1 Physical activity is the fourth leading cause of premature deaths in the UK. The cost of inactivity is £7.4 billion with 1 in 6 deaths attributable to inactivity. The Chief Medical Officer recommends that adults should be doing a minimum of 150 minutes of moderate or 75 minutes of vigorous intensity exercise a week. Children under 16 should be doing at least 60 minutes every day in order to stay healthy and prevent developing long-term conditions. Getting everyone to achieve these minimum amounts of activity is still a challenge and currently 25.7%⁴ of adults in the UK are inactive (under 30 minutes a week) and 80% of children are not active enough. Any physical activity intervention should be considered in context of wider health inequalities that exist across socioeconomic groups, gender, age, ethnicity and culture. Across GM, the proportion of people who are active varies from 45% in Oldham to 57.7% in Stockport compared to an England average of 57%.

The cost of physical activity⁵ per disease has been calculated for GM based on work in Scotland in Table 1.

| Condition | Total Cost | Hospital Sector | GP | Total Cost for GM |
|-------------------------|---------------|-----------------|--------------|--------------------|
| Diabetes | £2.96 | £0.45 | £2.51 | £7,548,000 |
| Coronary Heart Disease | £4.73 | £2.62 | £2.11 | £12,061,500 |
| Cerebrovascular disease | £2.86 | £2.63 | £0.23 | £7,293,000 |
| Lower GI Cancer | £2.26 | £2.25 | £0.01 | £5,763,000 |
| Breast Cancer | £1.79 | £1.42 | £0.37 | £4,564,500 |
| Total | £14.60 | £9.37 | £5.23 | £37,230,000 |

Table 1: These are based on UK figures but Manchester has very similar figures to UK average

In addition, inactivity leads to between a 20-30% increase in depression, anxiety, osteoarthritis, back pain and dementia. This may well double the cost of inactivity for the above five diseases to the NHS.

| Council | % Inactivity ⁶ | Cost of inactivity /100,000 population per | Population of each Council | Total cost of Inactivity per year |
|---------|---------------------------|--|----------------------------|-----------------------------------|
|---------|---------------------------|--|----------------------------|-----------------------------------|

⁴ <https://www.sportengland.org/media/13217/v-mass-markets-digital-content-editorial-team-active-lives-march-2018-active-lives-adult-survey-nov-16-17-final.pdf>

⁵ Cost of Physical Inactivity Report PUBLISHED: Nov 1, 2017 Scottish Sport Association

⁶ Public Health Outcomes Framework PHE <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000042/pat/6/par/E1200002/ati/101/are/E07000026>

| | | year absence work | including from | including from work | absence |
|----------------------|-------|-------------------------|-------------------|------------------------|---------|
| England | 22.2% | £11,255,400 | 55,268,100 | £6,220,646,000 | |
| Trafford | 21.7% | £11,001,900 | 226,600 | £24,864,294 | |
| Stockport | 16.4% | £8,314,800 | 283,300 | £18,234,356 | |
| Bury | 19.1% | £9,683,700 | 185,100 | £17,924,528 | |
| Bolton | 26.6% | £13,435,500 | 276,800 | £37,189,464 | |
| Tameside | 25.9% | £13,131,300 | 219,300 | £28,796,940 | |
| Wigan | 28.1% | £14,246,700 | 317,800 | £45,276,012 | |
| Rochdale | 28.2% | £14,297,400 | 211,700 | £30,267,595 | |
| Oldham | 26.1% | £13,232,700 | 224,900 | £29,760,342 | |
| Salford | 24.1% | £12,218,700 | 233,900 | £28,579,539 | |
| Manchester | 24.9% | £12,624,300 | 503,127 | £63,512,853 | |
| Average/Total | 24.1% | £12,218,700 | | £324,405,923 | |

Table 2 shows the cost of inactivity per council in GM. This is calculated from a total of £7.4 billion in the UK as the total cost of inactivity adjusted by the number of inactive people in each council and total population where each inactive person costs the economy £507.

- 1.2.2 Evidence shows that a person's physical environment, proximity to greenspace and active travel infrastructure can have a huge influence on how active they are. The environment plays an important role in facilitating physical activities and helping to address sedentary behaviours. Walking, in particular, can serve many purposes including exercise, recreation, travel, companionship, relaxation and restoration. Living Streets (a UK charity for everyday walking) are working across GM to promote their blueprint for Walking Cities and have identified seven steps towards creating a walking city including: Make Walking a Priority; Plan for Walking; Create a Walking Network; Design streets as places to enjoy; Make walking safe; Provide attractive alternatives to the car; Change behaviour and celebrate streets. The Mayor of GM has taken up this challenge by delivering on his pledge to appoint a Cycling and Walking Commissioner, making walking and cycling a priority for the city-region. The report that has now come from the commissioner, Made to Move, sets out a 10 year vision of investing in walking and cycling infrastructure across GM. The outcome of this strategy is to make GM a more attractive place for people taking journeys by walking and cycling and creating a genuine culture change, with a goal to double and then double again cycling in GM and make walking the natural choice for as many short trips as possible. We must do this by putting people first, creating world class streets for walking, building one of the world's best cycle networks, and create a genuine culture of cycling and walking.
- 1.2.3 The Made to Move report demonstrates GM's commitment to investing in active travel across GM. Furthermore, the report highlights the need for behaviour change interventions alongside infrastructure development in order to make scalable impact. It also mentioned the importance of community events, to bring people together and celebrate the new opportunities to try walking and cycling and work with businesses and schools to make sure all employees and children have the opportunity to learn to walk and cycle to school through proven and innovative projects.
- 1.2.4 Promotion of green/bluespace is also a fundamental part of this plan. Walking in greenspace could offer a sustainable solution as the primary reward is enhanced emotional wellbeing through both exposure to nature and participation in exercise.⁷ Natural England's Accessible Natural Greenspace Standard provides guidance for policymakers and practitioners around the recommended amount, and the proximity of natural greenspace that people should have access to. A review of these recommendations in GM has highlighted certain areas where access to greenspace and waterways for residents is limited. In addition, GM has been identified as one of four pioneer areas in the country testing the approaches set out in the Government's 25 Year Environment Plan to leave our environment in a better state than we found it, within a generation (25 years). The Urban Pioneer will support GM in creating a natural livable city-region, reversing the decline in the quantity and quality of its natural assets and the services they provide. Beyond supporting the provision of clean air and water, the full extent to which nature contributes to health and wellbeing is currently only partly understood, however strong links between mental health, respiratory health and access to greenspace and flood mitigation are known, as well as their role in creating attractive, healthy places people want to live, work and bring up a family.
- 1.2.5 According to Sport England Active Lives Survey⁸ walking is by far the greatest activity undertaken in England with 18.6 million people doing at least two sessions of walking a week for leisure and 14.5 million people doing at least two sessions of walking for transport. If we increased walking by 10% this would lead to an additional 6.6 million sessions of activity. Increasing 10% of running will lead to 1.4 million sessions and of cycling (leisure and travel) would be 1.6 million sessions. So it is clear that focusing on increased walking participation is the more cost effective intervention.

Figure 1

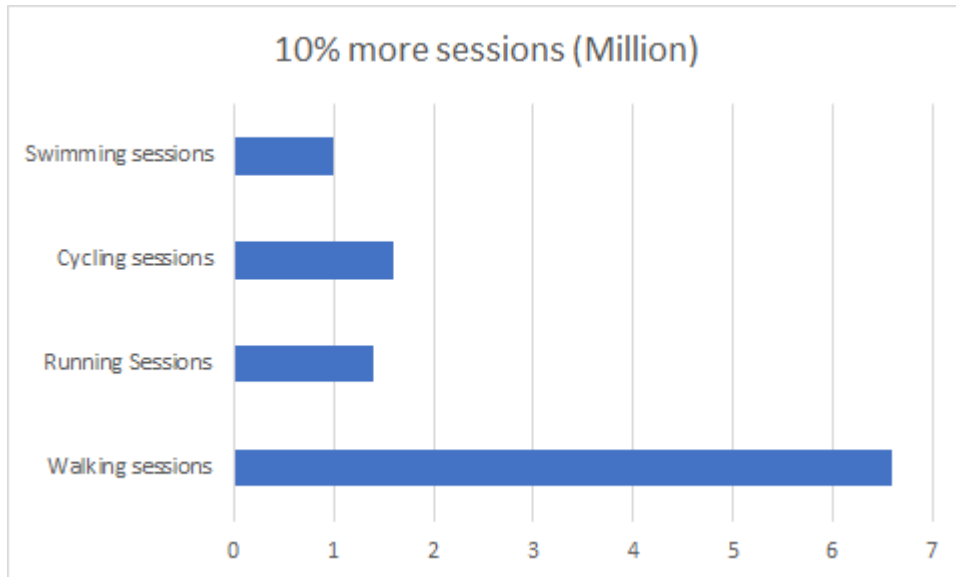


Figure 1: Showing the minimum number of sessions increased if we were able to increase participation by 10% in England. Active Lives measures the number of people who have completed two sessions in the last 28 days. The chart demonstrates how much more popular walking is compared to the next three most popular activities. So by increasing all activities by 10% walking has a far greater effect on physical inactivity.

The Made to Move report highlights that eight out of ten residents – equivalent to 2.2 million people across GM – want cycling and walking to be safer.⁹ In fact, over two thirds of people would walk and cycle more if they felt safer.¹⁰

⁷ J. Barton , R. Hine & J. Pretty (2009) The health benefits of walking in greenspaces of high natural and heritage value, Journal of Integrative Environmental Sciences, 6:4, 261-278

⁸ <https://www.sportengland.org/media/13217/v-mass-markets-digital-content-editorial-team-active-lives-march-2018-active-lives-adult-survey-nov-16-17-final.pdf>

⁹ Sustrans, Bike Life Manchester 2015. https://www.sustrans.org.uk/sites/default/files/bike_life_greater_manchester_2015.pdf

¹⁰ <https://www.theguardian.com/politics/2016/sep/01/team-gbs-cycling-heroes-callfor-legacy-of-everyday-cycling>

- 1.2.6 It is sometimes thought that walking is not vigorous enough to lead to health benefits compared to activities such as running. Kelly et al¹¹ demonstrated that there are 5.5 million people in England whose fitness levels are so low that they would find walking at 3 mph a vigorous activity. In GM this would be approx. 283,000 people (25-64 years) whose fitness would significantly improve by walking at 3mph. A major study comparing the health impact of brisk walking with running found that walkers benefited as much as runners from a reduced risk of high blood pressure, diabetes and coronary heart disease, and slightly more than runners from reduced cholesterol, so long as they used the same amount of energy by walking an equivalent distance over a longer time¹². Walking is accessible with only 4% of people either needing help when walking outside the home or are unable to walk on their own at all¹³.
- 1.2.7 The Marmot Report¹⁴ identified active travel, including walking, as a key means not only of improving health but of improving the wider determinants of health inequalities and combating climate change. Walking delivers particular benefits, among older people. There is evidence associating walking, in particular, with significantly better cognitive function and less cognitive decline in older people. One study found a 12% reduction in risk of cognitive decline for every hour walked over a sustained period.¹⁵

“Brisk walking has the greatest potential for increasing the overall activity levels of a sedentary population and is most likely to be adopted by a range of ages, socioeconomic and ethnic groups.”

Hillsdon and Thorogood¹⁶

- 1.2.8 Recent publication showed that interviews with GPs, GP registrars and Practice Nurses demonstrated that 55% of responders underestimated UK recommended activity guidance. Responders considered activity promotion as part of their professional role, but this was discussed about one-third as often as other health promotion behaviours, such as weight or smoking. Barriers reported were lack of time (91.2%) and resources (36.8%).¹⁷

The message about walking is clear, succinct and uncomplicated. It is SMART being:

Specific: *“Brisk walking as often as you can”*

Measurable: *Mobile Apps, Pedometers, wearables or just timing a walk.*

Achievable: *Walking is the most accessible activity.*

Relevant: *Walking need not be an end point in itself but rather a means to an end so walking to shops, to park, to work, to school or to spend time with friends.*

Time limited: *A certain amount of time spent walking each week.*

¹¹ Kelly, P., Murphy, M., Oja, P., Murtagh, E.M. and Foster, C., 2011. Estimates of the number of people in England who attain or exceed vigorous intensity exercise by walking at 3 mph. *Journal of sports sciences*, 29(15), pp.1629-1634.

¹² Williams PT, Thompson PD. Walking versus running for hypertension, cholesterol, and diabetes mellitus risk reduction. *Arterioscler Thromb Vasc Biol* 2013, 33:1085–1091

¹³ Department for Transport. Walking in GB Personal Travel Factsheet 4 (Department for Transport, 2003).

¹⁴ Marmot M. Fair Society, Healthy Lives: The Marmot Review [http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmotreview] (UCL Institute of Health Equity, 2010)

¹⁵ Weuve J, Kang JH, Manson JE, Breteler MMB, Ware JH, Grodstein F. Physical activity, including walking, and cognitive function in older women. *JAMA* 2004, 292:1545–1561

¹⁶ Hillsdon M, Thorogood M. A systematic review of physical activity promotion strategies. *Br J Sports Med* 1996, 30:84–89

¹⁷ Wheeler, P.C., Mitchell, R., Ghaly, M. and Buxton, K., 2017. Primary care knowledge and beliefs about physical activity and health: a survey of primary healthcare team members. *BJGP Open*, pp.BJGP-2017.

- 1.2.9 Health professionals come into contact with people frequently, for example 13% of the population see their GP every two weeks. Whereas motivational interviewing is hard to deliver effectively, brief intervention training is much more successful. The Healthy Conversation technique has been taught to health professionals as part of the "Every Contact Counts" programme. A trial on 160 health professionals¹⁸ showed that health and social care practitioners can be trained to use communication skills to support behaviour change as a brief intervention in the short, medium and long term. In addition, the majority of trainees felt the training was valuable to their practice therefore making it relevant. By equipping the workforce with the knowledge and information to promote walking, we can help to influence behaviour change across a huge demographic in GM.
- 1.2.10 Initiatives targeting workforces, can be challenging to implement due to time, capacity, resource and other pressures that exist within the workplace. Therefore, any proposal to upskill or capacity build within the workforce needs to be easy and accessible, taking into account these barriers. It must also be relevant to the individuals and groups they work with, the area they are in and be able to understand the benefits and impact to both their service they are providing and the individual.
- 1.2.11 Around 250 million car journeys of less than 1km (0.6 miles) are made per year in GM; the equivalent of a 15-minute walk or a five-minute bike ride. A large proportion of those trips are school runs. In the Netherlands, 50% of children bike to school every day. The latest IPPR North Report (June 2018)¹⁹ states that the levels of air pollution in GM are lethal and illegal and has estimated that 1.6 million life years will be lost in GM in the coming century due to its poisonous air. This is equivalent to each of us having our life expectancy reduced by six months. Using the 2011 baseline, NO₂ pollution alone was estimated to have caused up to 1,781 premature deaths in GM and particulate matter pollution up to 1,906 premature deaths. The report highlights the contribution that active travel can play in reducing air pollution, by increased improvements to cycling and walking infrastructure and public campaigns to promote healthy travel options.

2 Aims and Objectives

2.1 Aim

- 2.1.1 To empower a GM Walking Movement, creating a walking culture at a scale not seen elsewhere, where walking becomes a normal part of everyday life.

2.2 Objectives

- To develop a GM Walking campaign and network, co-designed to build links between stakeholders, strategies and the GM public
- To pump-prime a social movement for walking, underpinned by empowering formal and informal walking, and mass walking events, driven from within local communities
- To form a GM network of 'walking champions' across the system, made up of organisations, strategic bodies and community members/volunteers and buddies

¹⁸ Lawrence, W., Black, C., Tinati, T., Cradock, S., Begum, R., Jarman, M., Pease, A., Margetts, B., Davies, J., Inskip, H. and Cooper, C., 2016. 'Making every contact count': Evaluation of the impact of an intervention to train health and social care practitioners in skills to support health behaviour change. *Journal of health psychology*, 21(2), pp.138-151.

¹⁹ E Cox, D, Goddins (2018). Atmosphere. Towards a proper strategy for tackling Greater Manchester's Air Pollution Crisis. IPPR North

- To embed The Daily Mile in primary schools, and expand the concept across the life-course, in a variety of community and organisation settings, including workplaces
- To co-create a range of digital tools, messages, incentive schemes and social media campaigns to support everyday walking
- To develop tools and resources for cross sector workforces to raise awareness of benefits of and promote (brisk) walking

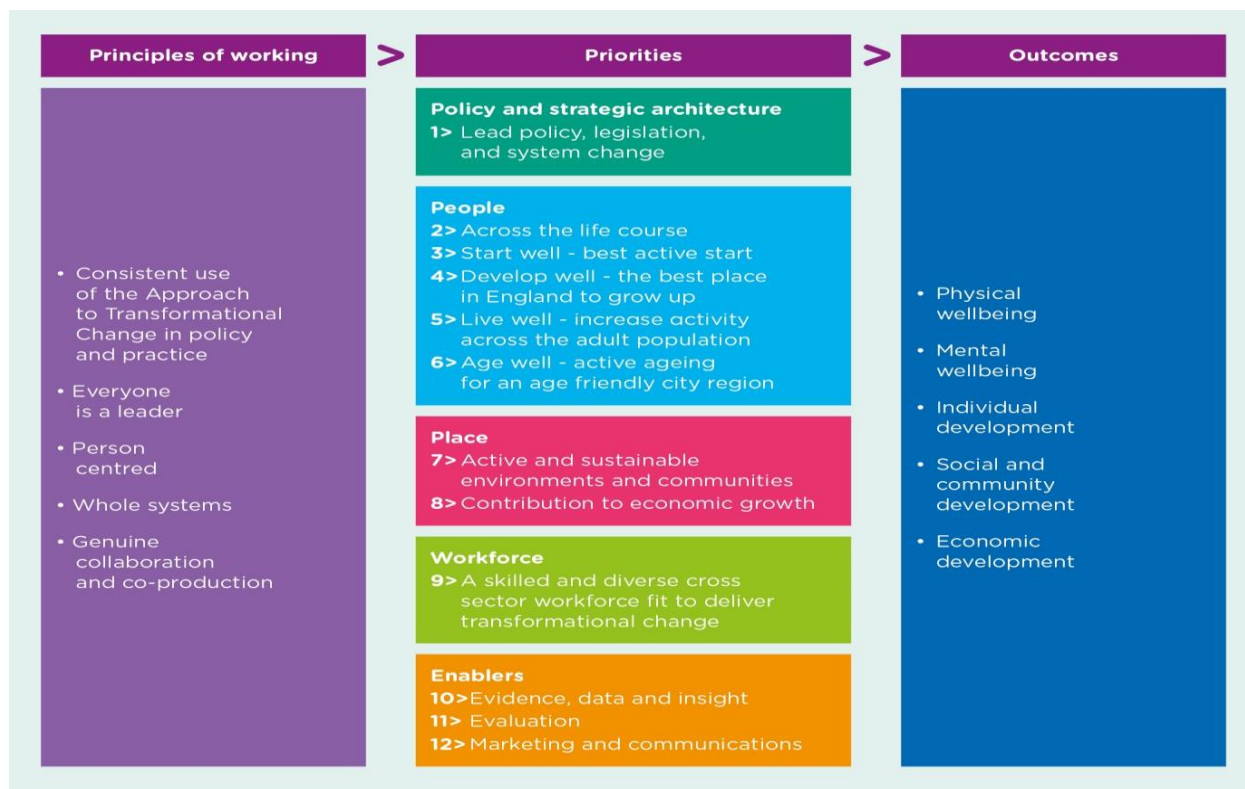
2.3 Longer term ambition and measures of success

- 2.3.1 To improve health outcomes of people in GM through creating a social norm for walking. This will only be done effectively through working collaboratively with regional stakeholders including; Living Streets, TfGM, Natural Capital Group and the Walking and Cycling Commissioner as well as local partners.
- 2.3.2 This strategy will see the development of an empowered voice for walking across the city-region, a social movement for walking that will impact on the design and use of the built and green environment. Combining campaigns, with a well-equipped, knowledgeable workforce and local champions will deliver a person centered approach to behaviour change and enable this strategy to reach all audiences, particularly those who are most inactive.
- 2.3.3 It will see The Daily Mile being implemented in most schools across the region through supportive networks and recruitment of school champions. This will lead to more young people in the city leading more active lives and maintaining a healthier weight. This strategy will also support the roll out of The Daily Mile into other settings such as nurseries and workplaces, using the ethos and brand of The Daily Mile to support more people to build walking into their everyday routines. This will build on existing pilot work being led by GreaterSport and creating a blueprint for expanding the model across GM. Complimenting the work of the Local Delivery Pilot and the Employment and Health Strategy, we aim to improve the health of people in the workplace, particularly those with long term conditions and reduce employee absences.
- 2.3.4 Success will be measured against relevant outcomes identified in the GM Moving Plan for Physical Activity and the Population Health Plan outcomes, as well as through the fiscal return identified through the cost benefit analysis process.

3 Target Population - Project Scope

3.1 Target Population and their characteristics

3.1.1 NICE Public Health Guidance for Walking and Cycling [PH41] clearly indicates that walking interventions will target the whole population²⁰. However, to help address health inequalities across GM, this programme will target some of the most inactive people, across the region, addressing health inequalities that exist between different demographics and localities. This work will add value across **all 12 priorities** in GM Moving, set out below.

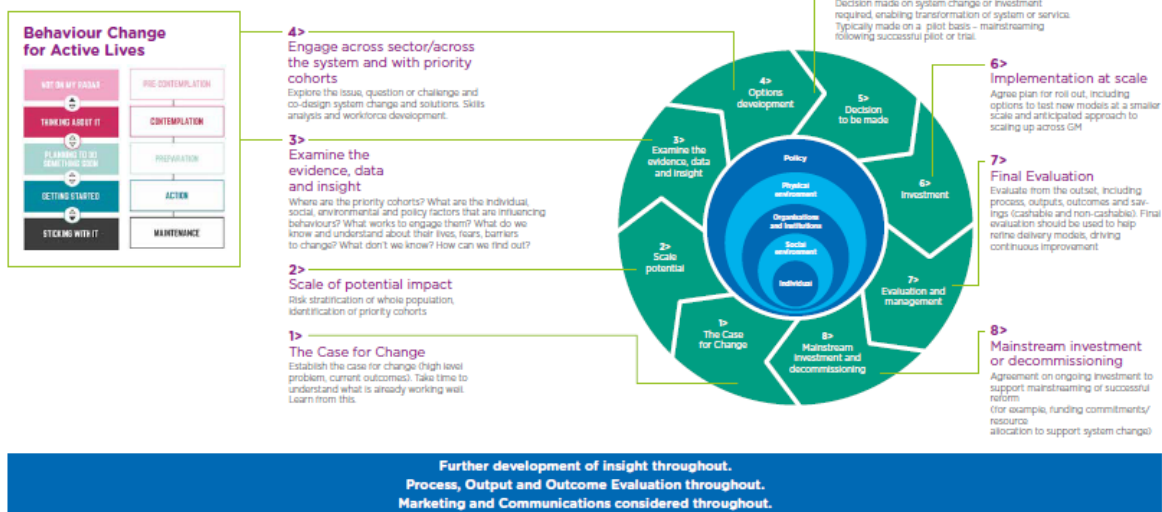


3.1.2 To effect behaviour change within the target population, we must use a person and community centered approach, building on local assets, provision and services, whilst ensuring that interventions are adding value rather than duplicating work. To achieve transformational change, we will follow the principles of GM Moving which uses evidence, data and insight to inform and design interventions and strategies in collaboration with people, communities and workforces.

²⁰ <https://www.nice.org.uk/guidance/ph41/chapter/1-recommendations#whose-health-will-benefit>

The GM Moving 'Approach to Transformational Change'

The Approach to Transformational Change, has been adapted from the Population Health Plan Commissioning Cycle, and will be used to support all of the work under GM Moving, ensuring that the principles that underpin this whole system approach, with people, and behaviour change at its heart, are lived out in policy and practice.



>20 #GMMoving

The Plan for Physical Activity and Sport 2017-21 >21

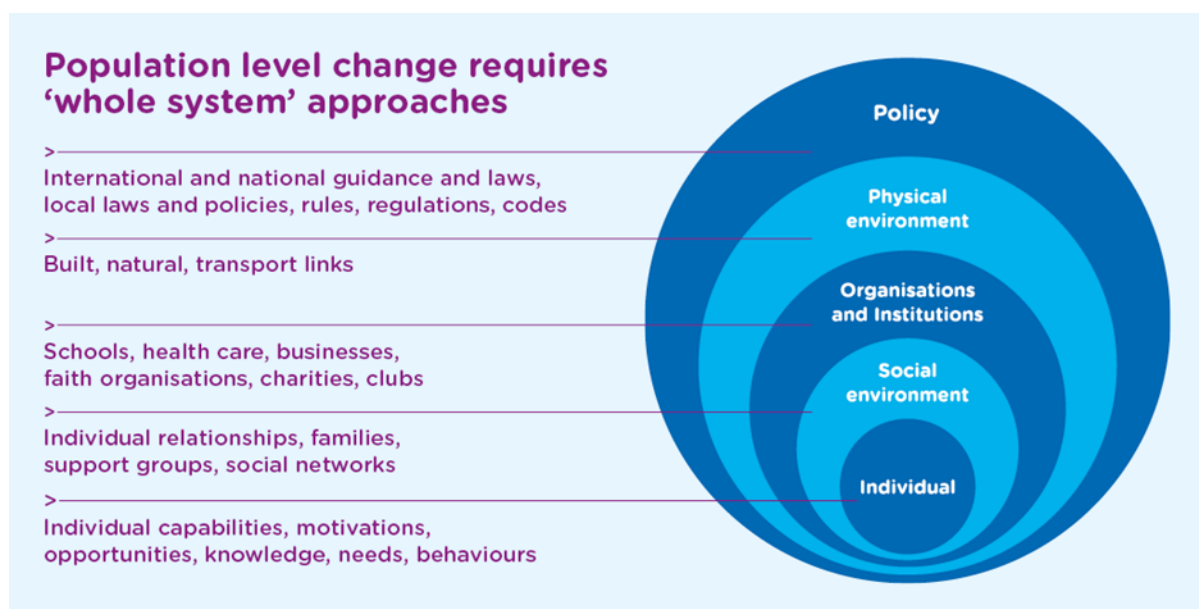
3.1.3 On average 24.1% of people in GM are inactive, meaning they don't do enough physical activity (<30 minutes a week) to benefit their health. Inactivity levels span from 16% in Stockport, well below the England average, to over 28% in Wigan and Rochdale. Throughout the life course physical inactivity has a negative impact on the health of individuals and communities. 28% of children in Manchester are classified as overweight or obese, with 22% starting reception with excess weight. At the other end of the spectrum, the number of people aged 70+ is expected to increase by 15.2% by 2021, making it pertinent to ensure older populations are staying well through being physically active. This work will support the outcomes of the GM Ageing Hub.

3.1.4 Sport England used learning from their Get Healthy Get Active programmes to come up with a set of design principles for reaching inactive populations.

Design principles:

1. Understand the complex nature of activity
2. Use behaviour change theories
3. Use audience insight
4. Reframe the message
5. Work in quality partnerships
6. Make sport and activity the norm
7. Design the offer to suit the audience
8. Provide support or behaviour change
9. Measure behaviour change and impact
10. Scale up what works and make it sustainable

- 3.1.5 Using these design principles in the development of interventions will help to ensure we are reaching some of the harder to reach audiences, such as those from underrepresented groups and low socioeconomic status. This programme will work alongside place-based initiatives and the GM Ageing Hub ensuring it connects and contributes to improving the lives of people in their communities, including older adults and other more socially isolated groups. Promotion of walking interventions can help to address health inequalities due to the fully accessible and inclusivity of the activity.
- 3.1.6 This strategy has been developed and shaped by a process of reviewing local policy, priorities and needs, an evidence review and stakeholder consultation, whilst underpinned by core principles set out in the Toronto Charter for Physical Activity and GM Moving's 'whole system' approach. Creating a connection to people and place, developing a deep understanding of local communities and strong partner support will help this programme achieve its ambitions of creating a social movement.



- 3.1.7 A review of the most recent GM strategic priorities where investment has already been made or committed was analysed in context with the 60 GM Moving priority actions. This generated a shortlist of target groups, cohorts and enablers in which investment would be a priority for this fund. This exercise was carried out to ensure there would be no duplication of services or investment, and new investment would help to fill gaps in service provision or create additionality. Different target audiences were identified as part of this process as well as some of the key enablers for effecting change amongst wider populations and demographics.
- 3.1.8 A review of the evidence base and best practice was then undertaken to help understand what the most effective interventions look like, where investment is best placed in order to achieve system change. This included systematic reviews, insight from core principles and evaluation studies on specific interventions. See **Appendix 2**.
- 3.1.9 Our approach reflects the guidance laid out by NICE Walking and Cycling Public Health Guidance, specifically:
- To develop a coordinated, cross-sector programme to promote walking for recreation as well as for transport purposes based on a long-term vision of what is achievable and current best practice.

- Shift attention away from focusing on individual risk factors and isolated, small-scale interventions and ensure programmes comprise an integrated package of measures, implemented by all relevant sectors and stakeholders. Where appropriate, they should link to existing national and local walking initiatives, and incorporate actions in specific settings, such as workplace or schools.
- Ensure programmes address both the behavioural and environmental factors that encourage or discourage people from walking and cycling.
- Ensure programmes include communications strategies to publicise the available facilities (such as walking or cycle routes) and to motivate people to use them.
- Ensure programmes, including specific elements within them, are evaluated. Assess how much walking people are doing.

3.1.10 Consultation with local stakeholder representatives from GMHSCP, public health, physical activity, voluntary and education sectors, Living Streets and Transport for GM, Made to Move, GM Moving, and GreaterSport was then undertaken, including discussions at the Walking Round Table chaired by the GM Cycling and Walking Commissioner, Chris Boardman. Stakeholders were asked to consider where the greatest impact on physical activity levels could be achieved whilst taking into consideration current work streams, common barriers, enablers, evidence base, and ruling out areas where there is committed work streams and significant investment. More detailed findings from the consultation discussions can be found in **Appendix 3**.

3.1.11 The Made to Move report identifies that an investment of £1.5 billion is required to deliver a GM-wide walking and cycling infrastructure network (£150 million per year over the next 10 years). At the recent Walking Round Table (focusing on Made to Move Report) it was clear that the initial focus of Made to Move investment and effort would be on infrastructure rather than people yet they stressed the importance that changing walking behaviour requires both ‘Hardware’ (infrastructure) and Software (behaviour change) working together. It was discussed that there is a need to create **‘A massive voice for walking across GM’** for **‘Active coalitions of people to ensure new developments have protective infrastructure for greenspace’**, the need to **‘empower communities and train workforces’** and an opportunity for **‘mass participation walking events across the city-region’** – all of which form the bedrock of this submission. The Made to Move report states that, to make this happen, we need to identify funding options from a variety of sources. This bid will support this global target and create a GM Walking Movement primed to access the new infrastructure outlined in Made to Move.

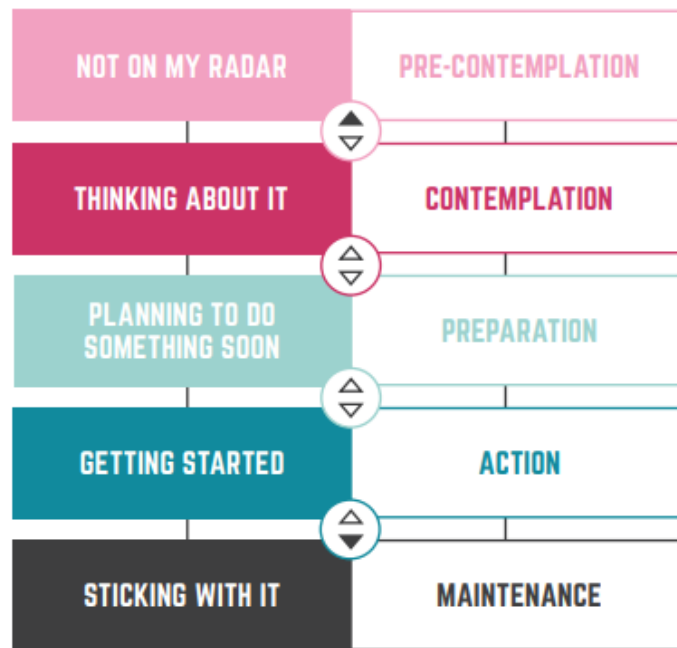
3.1.12 As well as promoting new infrastructure, as outlined above, this social movement of walking will also support the use, maintenance and preservation of GM green and bluespaces through increased walking opportunities.

3.1.13 Through exploring the evidence base of what works and then listening to what stakeholders want – we have sought to develop a unique approach to increasing physical activity that can transform our city-regions approach to active travel and leisure time walking. This approach will target and benefit all residents within GM, addressing inequalities and improving social mobility.

4 Approach

4.1 Approach

- 4.1.1 It has been demonstrated through research that walking is the most accessible way for people to increase their physical activity levels, and most likely to be taken up by a range of ages, socioeconomic and ethnic groups. We want to create a walking movement across GM, which sees more people walking every day. This strategy has been developed based on the GM Moving strategic priorities, a review of literature and evidence, stakeholder consultation and learning taken from previous walking initiatives. This approach is fully supported by the sector who understand the potential value and additionality and works toward a delivering a shared GM vision.
- 4.1.2 Building on Living Streets Blueprint for change; '7 Steps towards a walking City' this transformational plan will deliver on a number of their recommendations to transform a place into a walking city. This Blueprint also recognises the behaviour change step as key to achieving this ambition. Some of the principles that this programme of work will address are set out below:
- Invest in proven behaviour change programmes that promote walking
 - Engage with businesses to encourage staff to walk to and from work
 - Work with schools and workplaces to help them develop travel plans that promote active travel choices
 - Provide coherent and consistent information and wayfinding to support travel and exploration on foot
 - Work with communities to understand key walking destinations and local barriers to walking
- 4.1.3 The Made to Move report highlights that eight out of ten residents, equivalent to 2.2 million people across GM want cycling and walking to be safer. In fact, over two thirds of people would walk and cycle more if they felt safer. This demonstrates that many people are in the 'contemplation' or 'preparation' phase of the behaviour change journey.



4.1.4 This programme of work will support people to make a positive change towards walking by using community assets, residents, walking routes, parks and greenspaces and community champions to create a social movement towards walking.

4.2 Scoping and mapping of provision

An audit of walking provision, initiatives, routes, access to greenspace and waterways will be undertaken, with a call to action to our regional partners and local community networks to provide us with information. An assessment of long term v short term provision, effectiveness, value and the gaps in provision will all help to inform delivery. Insight will also be collected through our evaluation partner on walking/active travel behaviours, and attitudes and knowledge of local infrastructure, green and bluespace. This will be used to help shape the GM Walking Campaign, develop engagement plans and create a baseline from which we can evaluate the impact of this programme.

4.3 GM Social Movement for Walking

A GM Social Movement for Walking will be pump-primed through the development and actions of a GM Walking Network made up of local stakeholders and organisations. Insight and knowledge provided by this network will help to co-ordinate all elements of walking across GM, bringing all strands and organisations together under one umbrella, providing joined up strategic leadership. This will help create a consistent approach towards the promotion and development of formal and informal walking opportunities, active travel and green/bluespace access across the city-region. Local insight gathered through community networks, VCSE and integrated place based initiatives will enable delivery to be tailored to meet the needs of the different communities. The GM Moving Programme Lead will have responsibility for bringing partners together and establishing Terms of Reference, roles and responsibilities and the governance structure. Identified stakeholders from public, private and third sector organisations who have a role or remit around walking, environment, air quality, active travel or green/bluespace use will be invited to sit on this – this will include representatives from the Cycling and Walking Commissioners office, TfGM, Living Streets, Ramblers, GMCVO, GMHSCP and Natural Capital Group. Intelligence gained through the Walking Network can be fed into future planning, particularly around Made to Move agenda.

4.4 Walking Champions

In collaboration with the 10 local authorities, identified local walking champions will drive local participation through formal and informal walking groups, shape the development of local resources and campaign messages. Walking Champions will be recruited through local campaigns targeted at general public and more specifically through workplaces, community groups and third sector organisations. Working in partnership with parks, nature services and greenspaces, the walking champions will promote use of local parks, identify challenges and work within a network to help support regeneration or development of those greenspaces through events, funding etc. The Walking Champions will also lead and engage others in campaigns and activities to improve their local streets and public spaces, helping to create places that are easy, safe and enjoyable for everyone to walk. Walking champions will be supported through the GM Walking Network to access information, training and resources. Walking Champions will work within their local community networks; GP clusters, and other voluntary and community sector organisations to better understand their communities; people, place and policy.

4.5 GM Walking Campaign

Working together, the GM Walking Network and local community representatives will help to shape a GM wide campaign to raise general awareness of the benefits of walking, formal and informal walking opportunities, active travel schemes, local greenspaces and volunteering opportunities. The campaign will provide a platform for local community providers to raise public awareness of existing local assets – streets and public places, parks, waterways, walking routes, lead walks, walking festivals, local services/attractions etc. Campaigns will be based on a series of concise, clear messages which are rooted in knowledge of the audience; their motivations, barriers, environment and social structures – addressing inequalities.

The GM Walking campaign will use locally applicable messaging and images to capture the attention of the general population and instill sense of ownership and community.

Campaigns will be promoted through mass media channels, local media (including MyCityHealth and Nature GM), free newspapers and social media.

4.6 The Daily Mile City-region

4.6.1 Schools

This programme will create additional staff resourcing to support the aim of implementing The Daily Mile initiative in different settings across the life course including; nurseries/early years, schools and workplaces. A newly appointed Walking and Cycling Programme Lead will have the mandate of getting more people walking through participation in The Daily Mile across the life course, and to lead a GM campaign for The Daily Mile. This will support the ambition of GM to become the world's first 'Daily Mile City-region'.

43% of schools across the region are already participating in The Daily Mile with thousands of children currently taking part. The Walking and Cycling Programme Lead will work across the region to champion the scheme amongst head teachers, education boards and Governors. They will support delivery of the existing Daily Mile festival, share best practice, identify Daily Mile champions, buddy schools up and strengthen The Daily Mile GM ambition.

Funding will be available for the delivery of a number of local and regional Daily Mile festivals which will be open to all schools, helping to raise the profile of The Daily Mile and encourage new sign ups. These events will also provide a platform for getting children involved in other activities, become

aware of the environment and launch any new developments of infrastructure. Although coordinated and delivered locally, a mandate for the festivals will be set by the GM walking network, to ensure a strategic approach to when/where they are delivered, aligning with other local and regional events, developments, campaigns etc.

4.6.2 Workplaces

In addition, this programme will create a framework for engaging businesses and organisations in a Daily Mile type scheme to encourage and promote active workplaces. Building on the pilot work of GreaterSport, the Walking and Cycling Programme Lead will engage with workplaces, with public sector leading the way, to promote walking through active travel plans, lunchtime lead walks or via the dissemination of information. Walking Champions will also be identified and recruited through workplace engagement, and will be offered access to the workforce training and resources.

Evidence has shown that workplace walking schemes can be difficult to sustain, yet it is also widely accepted that this is where a lot of inactive and 'at risk' adults can be reached. The approach taken must use knowledge and learning from previous schemes and evaluations to ensure that a sustainable and scalable model is developed. Evaluation and learning from this pilot will be used to leverage further funding to expand the scheme across GM.

4.6.3 Other settings

The Daily Mile has already recognised the role of GM in being a testbed to pilot the scheme in settings other than Primary Schools. To realise the ambition of encouraging regular walking across the life course, this programme will provide investment and resource, building on the pilot work being developed by GreaterSport. The Daily Mile ethos, rather than the school delivery structure, will be used to help promote everyday walking in these other settings.

4.7 Everyday walking

Draw on expertise, experience and best practice from Living Streets and other key local, national and international organisations, campaigns and projects to co-create a range of digital tools, messages, incentive schemes and campaigns to support everyday walking. This element will be coordinated through the GM Walking Network who will foster and embed best practice through the delivery of this strategy.

4.8 Workforce Development

The Transformation Fund was established to create a system wide change in the way preventative health care is delivered, helping people to lead healthier lives, reduce inequalities and manage spiraling healthcare budgets. Upskilling the workforce across the region is a step towards realising this ambition. Creation of a co-designed training and development package for the front line workforce who work directly with members of the public/the target audiences such as; midwives, health visitors, GPs, teachers, nursery workers, community development officers, PCSOs and third sector organisations – helping to engage our hardest to reach communities. The programme will equip the workforce with skills to be advocates for walking and physical activity, increasing knowledge of physical activity recommendations/guidelines, benefits of walking, and local information and opportunities. There will be core elements of the training that support the GM Moving transformational approach, including holding person-centered conversations and understanding of behaviour change principles.

Taking into account barriers of providing workforces with additional responsibilities or duties, training will be developed to be easily accessible, and form part of their CPD. Training and resources will need to be modified for different end user groups, i.e. ante-natal, children, adults etc.

This will be delivered through a small syndicate of trainers with a background in education/adult learning employed to deliver a cascade training model to workforces across different sectors within the City-region.

5 Outcomes and Wider Impact

Investment into increasing walking levels across GM will lead to overall reduction in inactivity across the conurbation and see the health inequality gap narrow. By 2021 there will be a shift in walking behaviours amongst GM residents with more people walking for travel and leisure, making use of greenspaces and infrastructure.

The programme will reach and benefit residents in GM across the life course and will be inclusive of all ages, culture, ethnic and socioeconomic backgrounds.

Increasing walking levels will contribute to some of the following GM aims:

- Sustained increase in physical activity
- Reduction in overweight and obesity
- Improvements in mental health and wellbeing
- Reduction in population with long term conditions
- Improved quality of life
- Cost savings to local authority, NHS and social care
- Improvements to walking infrastructure
- Improved air quality
- Positive impact on local economy
- Greener city-region
- Improved greenspace provision and connecting people with nature

6 Performance Management, Evaluation and Dissemination

6.1 Performance Measures

Evaluation will be a mix of quantitative and qualitative data collection on a cohort representing the target groups of this project. This will measure changes outlined in the Logic Model (**Appendix 1**). Due to the short term nature of the funding the performance measures will focus on initial impact and to a lesser extent the medium term outcomes listed below:

Short terms impacts (these relate to increases in knowledge, awareness, intent and initial uptake by individuals and organisations) will include evaluation measures to assess:

- Creation of a GM joined up approach to promoting and supporting walking
- Understanding of the public views and experience of what prevents and enables people to walk more
- Numbers of people engaged from targeted communities or populations
- More informed workforce on the benefits of walking and how to support people to walk more
- Greater public awareness of benefits of walking
- Awareness raising for general public to improve knowledge of local walking infrastructure

- Increased awareness and use of greenspace
- Improved skills of local walking volunteers, champions and advocates
- Assistance to public health and physical activity partners
- Increased political support for walking
- Increased community cohesion with communities and residents working together to promote walking

6.2 Evaluation approach and framework

GM Moving are commissioning an evaluation partner to undertake the evaluation for the wider GM Moving strategy of which this will form one strand.

The Evaluation framework will need to include:

- Gathering of baseline data about people's current walking levels and behaviours
- Pre and post intervention Air Quality information
- Pre and post measures of physical inactivity in children
- Pre and post measures of physical inactivity in adults
- Audits or qualitative data about usage of local parks and greenspaces
- Pre and post active travel behaviours
- Campaign reach
- Change in attitudes towards walking
- Pre and post intervention number of walking opportunities for people locally

Running alongside the wider GM Moving evaluation we will deliver a Transformation Fund specific evaluation as outlined below.

We suggest in year one the focus of this evaluation is based on behavioural insight. Exploring:

- The general public's views and experience of what prevents and enables people walking more
- The general public's awareness on the benefits of walking
- The general public's knowledge of the GM walking infrastructure
- The current knowledge of the workforce on the benefits of walking and how to support people to walk more
- The current political and stakeholder support for walking

In year two the focus of the evaluation will shift to an understanding of the impact of specific programme interventions to include:

- The roll out of The Daily Mile in schools, nurseries and workplaces
- The growth of a more empowered workforce and its reach in promoting walking using person centered and community approaches
- The impact of local walking volunteers, champions and advocates

In year three the focus will shift to assessing the overall impact of the TF programme to include:

- The reach of the awareness raising campaigns and their impact on behaviour
- Enhanced use of walking infrastructure
- Convergence of public, voluntary and private sector agendas on walking
- Increased investment in walking

Monitoring and evaluation will be an ongoing process, with performance reviewed bi-annually and data collected annually.

6.3 Knowledge sharing and lessons learnt

- 6.3.1 The commissioned evaluation lead will compile a mid-term and end of programme evaluation report with detailed review of the project progress against the established key performance indicators (KPIs), developed alongside a report reflecting challenges and learning incurred throughout the programme.
- 6.3.2 Findings from the report will be disseminated through a stakeholder group identified through GM Moving, the GM Walking network and associated stakeholders. Results will also be publicly available through websites, social media platforms, conferences, newsletters etc. Publication in an Academic Journal will be dependent on findings.

7 Sustainability

Increasing walking, through behaviour change interventions and infrastructure development is high on the agenda for the GMCA and The Mayor of GM who has already commissioned Made to Move and employed the regions first Cycling and Walking Commissioner. This strategy along with committed investment will support the aim of making Manchester, the first walking city-region. With walking being a key priority amongst key influencers and decision makers in the region, the legacy of this piece of work will be championed and embedded in future policy and legislation. This programme will complement the existing work of Made to Move, TfGM, GreaterSport, Living Streets as well as other providers, rather than replace or duplicate. There is strong support for the approach outlined in this investment proposal by all of these key partners, who can see the added value that this programme will provide. This collaborative approach taken in the development and delivery of this programme will help to ensure that it is sustained beyond the investment period.

Sustainability will also be achieved through the following mechanisms:

- creating a social norm around walking, supporting people to establish healthy lifestyle behaviours and creating long term behavior change
- increasing use of parks, streets and public spaces leading to increased community involvement, investment and regeneration
- strong messaging to create a relevance of walking to each person and their immediate family, friends and colleagues
- a sector with the skills to champion and enable more walking and physical activity, and with knowledge of behaviour change principles
- increased number of volunteer/community led formal walking groups and opportunities for people to be active
- joined up approach to the way walking is championed, discussed and delivered at both a strategic and local level
- creation of walking communications and messages that are not time-limited and can be adopted by other providers
- evaluation and insight will inform future policy, investment and delivery.

Following his election, the Mayor of GM, Andy Burnham, announced his ambitions for making GM one of the leading green cities in Europe. To help realise these ambitions, he called for a landmark Green Summit, which was held on 21 March 2018. The event brought together environmental experts, interest groups, partner agencies, academics and local people to accelerate GM's green ambitions. This programme will be able to add value and insight to this Green Summit ambition.

The monitoring and evaluation framework will allow the project team to monitor performance against objectives, review the delivery and share learnings with stakeholders throughout the 3 year delivery. Mid-term findings will help inform any future policy, developments and work programmes such as infrastructure proposals, walking interventions, festivals etc. which creates a sustainable legacy. Sustained behaviour changes in physical activity and active travel will be monitored ongoing through the Active Lives Survey, and as part of Made to Move evaluation process.