



Greater Manchester **Mental Health**: 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.



Physical activity plays a key role in developing people's wellbeing and their mental health understanding. Service delivery managers outline the benefits of connecting mental and physical health activities:

“We know that when people move, they're able to get out and do things more. They feel more independent, they feel better in themselves. Things like eating improves, sleep improves, mobility improves, pain lessens often, and people have fun as well while they're doing it. So the activities we do are designed to promote inclusion in a fun and interactive way. It's not just about hitting the gym.”

Tips to mobilise mental health and physical activity support integration:

- **Safe space communities of practice:** creating a safe space for your population is a key tip to mobilise mental and physical health support.
- **Data and Insight** - find locally (or if unavailable, nationally) relevant health inequality data on the fiscal importance physical activity to tap into for key strategic conversations.
- **Relatable communication** - PCN relationships are key, therefore each PCN manager needs to understand the benefits of wellbeing from a social and economic perspective.
- **Signposting resources and training** - physical activity clinical champions training and moving medicine are crucial to Active Practices delivery.

Authentic strategic leadership to enable collective leadership:



This authentic interest was key for strategic buy-in from the PCN for one of our interview partners. Understanding the broad value of wellbeing enabled services to grow and develop:

“Well, to be honest, the PCN manager is very passionate about the wellbeing side of it. So as a PCN, they make sure the funding is there for the wellbeing side of it. And they’ve made use of it. So we’ve got a good Wellbeing Team. In terms of barriers, I wouldn’t actually say we had that many barriers, to be honest, because the PCN manager is very passionate about it. From experience I’ve not had any other barriers really.”



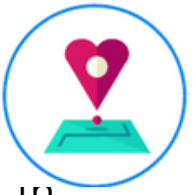
Effective work across and between sectors - strategic leverage across the system.



Cross sector relationship building to collectively improve physical activity wellbeing development was viewed as a valuable exercise:

“Obviously we’ll do the networking meetings such as, Manchester Young People, and meeting social prescribing [teams]. I do that once a month, so we’ll get to meet with all the other children and young people services out there. We share ideas, and talk about how we can help each other.”

Relatable communication across the system:



Communication for funding has been more difficult in comparison with advertising events to the wider public:

“Communicating OHP (occupational health physician) is always a challenge because we have to bid like everybody else’s bidding and there’s so many people needing funding out there at the moment, like we’ve been fortunate and certainly in the past few years and our physical health offering has been quite a strong one.”

However having a comprehensive marketing strategy helps to assure that the events are marketed appropriately to the community they are trying to reach:

“We do like a monthly newsletter. We have a monthly timetable put on the website and put on social media. We do Posters, communicate it in different groups, so we’re running something right?”

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 per sector. One interview partner discussed the lack of prioritisation in education as a barrier to system integration:

“I think our major barriers was obviously when we had to approach the schools, and try and get them to understand the benefits of physical activity.”

In contrast, one VCSE interview partner discussed the way in which physical activity was at the heart of everything they do to support people in their community:

“We followed the five ways to wellbeing model here at the center and what we’ve tried to do is implement at least one physical health activity every day here at the centre that we’re open.”

Community champions and trusted transmitters.



Building trust is often acquired over time and with demonstration of experience. One interview partner described their relevant professional biography:

“OK, so personally, I’ve done 10 years in welfare to work before I came to working at the CLC [creative living centre], but I’m also a qualified counsellor, so... people getting out and just being able to access things that are out there, we hear all the time about even small things, like being able to go and get the bus.”

Another interview partner discussed the strength in strong trust between delivery and the PCN, facilitating cross sector referral processes:

“We do have conversations with VCFSE organisations that do work with children and young people and we have a good relationship with them. If we want to refer into them.”



Safe space communities of practice



One participant reflected on the success of a health care professional going on walks with community members, to create safe environments for behavior change:

“So the fact that we put a healthcare professional with that walk legitimises that (activity) as well”

Learning and adapting - Data and Insight:

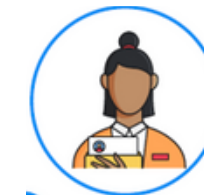


Data and insight plays a key role in explaining the underlying issue of mental health conditions and the outcomes of mental health and physical activity interventions:

“When the service first started, we looked at health inequalities because the PCN (primary care network) is passionate about the health inequalities, so children free school meals became data that we collected ... health inequality data was used to map which schools were the first to prioritise“

Collecting data on the quality of the sessions is key to understanding where future funding efforts should be allocated, as outlined by interview partners: **“We sometimes do feedback forms. And we do get quite good feedback. Which helps us understand that a lot of the people that come to our sessions are in the community”.**

Transforming governance and processes – signposting resources and training:



For many, the utilisation of training willing volunteers has been vital to the success or sustainability of delivery, in lieu of continued funding:

“Over the years, different things have dropped on or off, depending on the funding that’s available. Some projects like the walking group were facilitated by a project manager because we have funding for it. But then when that ran out, we had to rely on volunteers to then pick that up and to continue running it. Luckily, we’ve got fabulous volunteer base. We’ve got 21 volunteers and a real core of them are in here every other day. They’ve done things like bike leader training, walk leader training.”