Greater Manchester Active Practices: 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.

One in four people say they would be more active if it was recommended by a GP or nurse. Surgeries can play a vital role in promoting movement across patients and staff; partnering with a local physical activity provider to support the practice; and reduce inactivity in patients and staff.

So how does this work in practice? How do you get surgeries to increase their physical activity in staff and as a medicine for their patients?

"By educating the staff in physical activity, and the benefits physical activity can be for prevention. We were doing that through GM [Greater Manchester] physical activity clinical champions training, to allow them [surgeries] to promote that to patients. And then the second one was by using the active practice framework to increase physical activity in staff and patients."

Tips to mobilise Active Practices:

- **Authentic Interest from leaders:** Practices led by senior management that believe in, advocate for and practice physical activity themselves facilitate uptake.
- **Data and Insight** - find locally (or if unavailable, nationally) relevant data on the fiscal importance of physical activity to tap into for key strategic conversations.
- **Trusted transmitters** - having a strong relationship with your public health team is a key priority to Active Practice success.
- **Signposting resources and training** - Physical activity champions training and moving medicine are crucial to Active Practice delivery.

Greater Manchester Moving > ∧ < ∨

substance.

www.substance.net   info@substance.net   +44 161 244 5418

Integrating physical activity into health and social care through - Active Practices

Authentic strategic leadership to enable collective leadership:

This authentic interest and clinical understanding was highlighted as critical to help with gaining access to practices:

"My day to day can be full up with clinics like musculoskeletal clinics and exercise medicine, and so I'm able to get into the right clinical spaces."

Other participants reflected on how authentic leadership needs to be in every organisation:

"It's OK me flying in and flying out, but you need somebody within the organization to be that driver as well."

The importance of leadership in practices was iterated:

"**[the practice manager] gives me permission to go out for a 5 minute walk [when stressed]. I think it's really good practice… So my role is now to share that with another practice and this works for them.**"

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

The participant themselves did not reflect on GM Moving's role too much in the interview. But when reflecting on this question over email after the interview. The participant mentioned that:

"GM Moving and myself connected after I had established the practices. And they are hoping to provide some assistance going forward"

Relatable communication across the system:
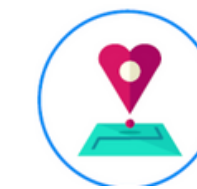
When discussing the relational communication between clinical and public health, one participant discussed the importance of relatability in different occupational settings:

"I think health care providers are often skeptical of public health people or people coming in from a different sector and even though it seems like they're just trying to help, by telling them how to change and how to run things and how to do that [can be interpreted as they are not doing their job correctly]."

Another participant mentioned the importance of linking community engagement and comms explicitly together:

"I've met some of our ethnic minority community groups, I've actually gone out and said this is coming, *This marketing material is coming. Would you be willing to use it when it comes out.*"

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

One participant reflected on the lack of prioritisation physical activity gets in social care:

"Social care. I think it's more our senior leadership team that have to buy in more and I don't feel like I can influence. They just seem too far removed really and I would personally work on getting primary care more involved in prevention and then integrate more into the social care after that."

The frustration that physical activity is not a priority focus for GP practices was highlighted by another participant:

"Although the practices that I worked with were all good and communicated, I do think it's still not a priority, it's still not the number one priority for GP practices. This means that sometimes in terms of time and getting face to face and being in the practices it does put you down the list a little bit"

Community champions and trusted transmitters.

Participants discussed the importance of trusted colleagues in public health and communities:

"My normal bag is clinical work and I had to learn a lot from them [public health] about how the local systems work and how to go about things. So I wasn't just barging in, just thinking I could do whatever I wanted."

Another participant went further:

"I can't emphasize enough the importance of going out and meeting people and actually building relationships."

And finally, a participant reflected on their positive Active Practice experience, highlighting committed managers:

"Around the active practice the key relationships have all come from your practice managers and I don't know if we've been lucky or whether this would work across another patch, but the four of them seem to be very interested in health and physical activity."

Integrating physical activity into health and social care through - Active Practices

Safe space communities of practice

One participant reflected on the need to signpost networks to good practice:

"It is very important to be able to share all that good practice and be honest and open is really important ... [having a] big network of schools, voluntary sector and our health and leisure services, all our provider services."

Learning and adapting - Data and Insight:

Access to appropriate data was noted as a barrier: **"I think that that's something I just couldn't quite find the right data locally, and I couldn't even prove that there was an increase in physical activity in these practices as I didn't even have a measure to say why that was good. You know what I mean?"**

When discussing the importance of local health data:
"It's hard, if you could go armed with this [local health data] to say, look, I know you don't get any specific funding for this, but if you can just have that long term vision to improve the population health in your area in five years you'll be better [in hitting your core fiscal priorities]."

While there was a clear barrier to the data at disposal, the active practices work did not suffer as a result of:
"managing to work our way around that and sometimes it just meant a bit of extra effort [in pushing for funding] on our part".

Transforming governance and processes – signposting resources and training:

Resources and training were noted as being key to effectively implementing Active Practices:
"The plan was really was to look at these GP practices and see how we could promote physical activity through two main routes. So the first one was by educating the staff in in sort of physical activity. We were doing that through physical activity champions training, to allow them sort of promote that to patients."

A participant reflected on the importance these resources have been to system integration. **"Training and physical activity resources like Moving Medicine have been essential to training to practices so far."**