Let's Get Moving Cambridgeshire

Pilot Study (Phase 1) Report

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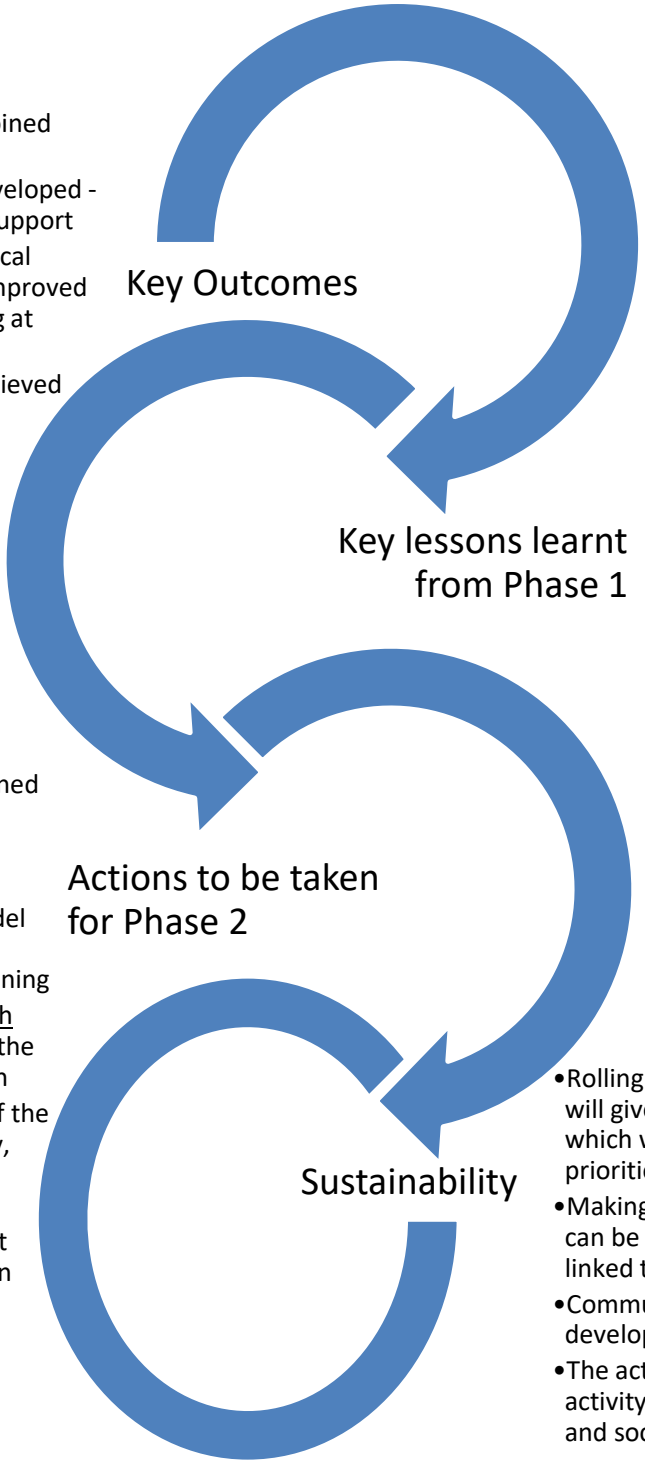
This document provides an account of the first phase of the Let's Get Moving (LGM) Programme. It introduces LGM in terms of how it adds value to other priorities across the County, and identifies the impact it has had to date as a recipient of Health Committee funding. It presents both what has worked and what hasn't, and therefore highlights the key lessons learnt and the actions taken to enhance both the quality and quantity of Phase

Report Summary
Findings from the Pilot Study (Phase 1) of the
Let's Get Moving (LGM) Programme[1]



- 4079 new participants joined LGM
- 85 new programmes developed - 45% sustained without support
- 51% had improved physical activity level, 63% had improved level of mental wellbeing at follow-up
- 72% fully or partially achieved their goal at follow-up

- (1) A more pragmatic approach to data collection for physical activity programmes is needed
- (2) Using an established brand helps to share consistent messages around physical activity and mental wellbeing
- (3) Universal programmes of physical activity where there's an achievable entry level and progression pathway have been most successful
- (4) An asset-based approach is effective for community engagement
- (5) A whole system approach is needed, working with key partners that have a role to play in identifying and engaging with the least active

- (1) Behaviour change questionnaire to be simplified and data collection process tightened
- (2) Brand re-launch
- (3) Scaling up of programmes including developing a cycling model following success of that used for walking and running
- (4) Continue to work with communities to identify the right people to work with
- (5) Scale up the model of the physical activity pathway, embedded into social prescribing practice
- (6) Return on Investment analysis to be undertaken

- Rolling out of an online data collection model will give a more consistent, effective approach which will allow time for focus on other priorities
- Making brand visible and effective, ensuring it can be a platform for public health messages linked to physical activity
- Community ownership of activities, through developing leaders from within communities
- The actions we've taken have ensured physical activity is integral to the prevention agenda and social prescribing movement

[1] Results are based on those who responded to the questionnaire at baseline and 3 month follow-up

1. PURPOSE

This Report is to build on the information previously provided to the Health Committee of the progress that the Let's Get Moving programme has made in delivering its objectives. In 2016 the Health Committee approved £513,000 to fund over two years a countywide physical activity programme. The Let's Get Moving Programme proposal was developed as a collaborative initiative between the district councils, their partners and the Cambridgeshire and Peterborough Active Partnership Living Sport, to provide a countywide physical activity programme that would increase levels of physical activity, especially in areas of, and groups with, lower levels of physical activity with high needs. It has a key role in the delivery of the Cambridgeshire Healthy Weight Strategy with its central themes of collaboration across the system to support healthy behavioural change and communities taking responsibility for their health and wellbeing. These themes and objectives are reflected in the Let's Get Moving Programme which focuses upon increasing levels of physical activity amongst the inactive and engaging local communities in developing and owning initiatives that are sustainable.

2. KEY THEMES AND FINDINGS

2.1 Developing and Quality Improvement

Let's Get Moving is a new way of working in Cambridgeshire in terms of a collaborative programme involving all districts and importantly having a consistent approach to collecting data relating to impact and behavioural change outcomes.

Consequently the development has been an iterative process and considerable learning took place in the first 18 months of the Programme that has resulted in ongoing changes to improve the delivery and capture of impact and behavioural changes.

Since its inception the locality coordinators and the Living Sport coordinator have collaborated to share the learning with the aim of developing the Programme.

At the end of the first year the Programme leads carried out a review of the whole Programme through a 'reflection and development' day. This focused on successes and challenges identifying the best practice that led to high levels of engagement, achievement of behavioural change and sustainable programmes. In addition, Living Sport undertook one-to-one focused discussions with each locality coordinator to secure a better understanding of any specific factors associated with unexpected outputs and achievement of the outcomes.

The first 18 months of the Programme has effectively become a pilot study with the learning from this first phase stimulating changes in delivery and data capture to evidence the Programme outcomes in the remaining period. This report therefore includes:

- Programme description and development narrative
- Evidence of key outputs and behavioural change outcomes

- Evidence of sustainability
- Key learning from the first 18 months (July 2017 to December 2018)
- The changes made to improve the outcomes of the Programme in its remaining period

1.2 Key findings from Phase 1

- **Less inactive people in Cambridgeshire**: 51% of participants increased the amount of physical activity they do.
- **More adults achieving CMO guidelines for physical activity**: 37% of participants achieving CMO recommended levels of physical activity 3 months after joining.
- **More opportunities to be physically active in deprived areas**: 85 new programmes developed, over half of which are in the most deprived areas in each district.
- **Communities taking ownership of their health and wellbeing**: 45% of new programmes developed are sustained, without ongoing support from LGM, 6 months after initiation.

2. LET'S GET MOVING CAMBRIDGESHIRE DRIVERS

Let's Get Moving (LGM) is delivered by five city and district councils of Cambridgeshire (Cambridge City Council, East Cambridgeshire District Council, Fenland District Council, Huntingdonshire District Council and South Cambridgeshire District Council) with countywide coordination provided by Living Sport. It is a collaborative integrated countywide physical activity programme to support physically inactive people (or the least active) to become more active.

3.1 LGM Vision:

LGM has a broad vision of supporting the population to be healthier through physical activity by connecting with local people and communities.

Improving Outcomes:

LGM aims to support the delivery of the following local and national outcomes:

(1) Less inactive people in Cambridgeshire – *a reduction in the number of adults doing less than 30 minutes moderate intensity physical activity per week.*
(2) More adults doing enough physical activity that benefit their health – *an increase in the number of adults who are achieving Chief Medical Officers recommendations for physical activity per week to improve their health.*
(3) More people in areas of greatest need accessing physical activity opportunities – *an increase in the number of opportunities in the 20% most deprived areas per district according to Indices of Multiple Deprivation.*
(4) Strong resilient communities taking ownership of their health and wellbeing – *autonomous and sustainable physical activity opportunities owned and embedded in local communities.*

3.2 Let's Get Moving Cambridgeshire and Local Priorities**:**

LGM, as an integrated physical activity programme, reflects the following:

- Healthy Weight Strategy
- Think Communities
- System wide integration

4. LGM DELIVERY MODEL

4.1 Core Delivery Tools

* PROMOTION – by identifying and promoting opportunities for people to participate in sport and physical activity.

* DEVELOPMENT – by developing new opportunities, where needed, for people to be able to participate in sport and physical activity.

* SUPPORT – by supporting individuals that need it to become more active.

4.2 Programme Model

Each district and Living Sport has a shared service specification and within this there are a number of Key Performance Indicators (KPIs). During the first phase of the Programme the KPIs were refined and these are being used in the second phase of the programme (see appendix F).

4.2.1 Living Sport Functions

Living Sport has the countywide coordination responsibility for the LGM Programme, a role that entails:

- Responsibility and accountability for the overall delivery of the Programme, ensuring the aims and objectives are met along with ensuring consistency and quality standards of any of the interventions.
- Facilitating shared learning amongst the districts to inform Programme development.
- Responsibility for the coordinated marketing and promotion of the Programme, ensuring the brand is widely recognised.
- Monitoring the Programme and ensuring that the locality coordinators are delivering the key outputs and that the key performance indicators are met.
- Responsibility for ensuring that the Programme is evaluated.
- Seeking external and partnership funding to support the ongoing delivery and sustainability of the Programme.

4.2.2 District Functions

- Responsibility for co-ordinating the local delivery of the Programme in their respective areas.
- Developing, identifying and promoting local structured and unstructured activities for the identification and referral of individuals and communities with low levels of physical activity.
- Engaging communities in the development and ownership of sustainable activities.

- Local monitoring and reporting of the Programme outcomes to the countywide Programme coordinator.

4.3 Whole System Approach – Cambridgeshire Physical Activity Pathway

Central to LGM is the requirement to provide added value through its integration with other related services and initiatives with the objectives of:

- Improving access to opportunities
- Increasing awareness amongst key services and organisations that they can play an important role in promoting physical activity through referring people to local opportunities
- Sharing resources to deliver activities

The Cambridgeshire Physical Activity Pathway, or behaviour change pathway, illustrates the process of an individual accessing support to be more active. The entry routes into the pathway are varied and not exclusive, therefore as additional services or partners that have a role to play in supporting people to be healthy are identified, the access routes are consistent into LGM. The image on the following page illustrates this process.

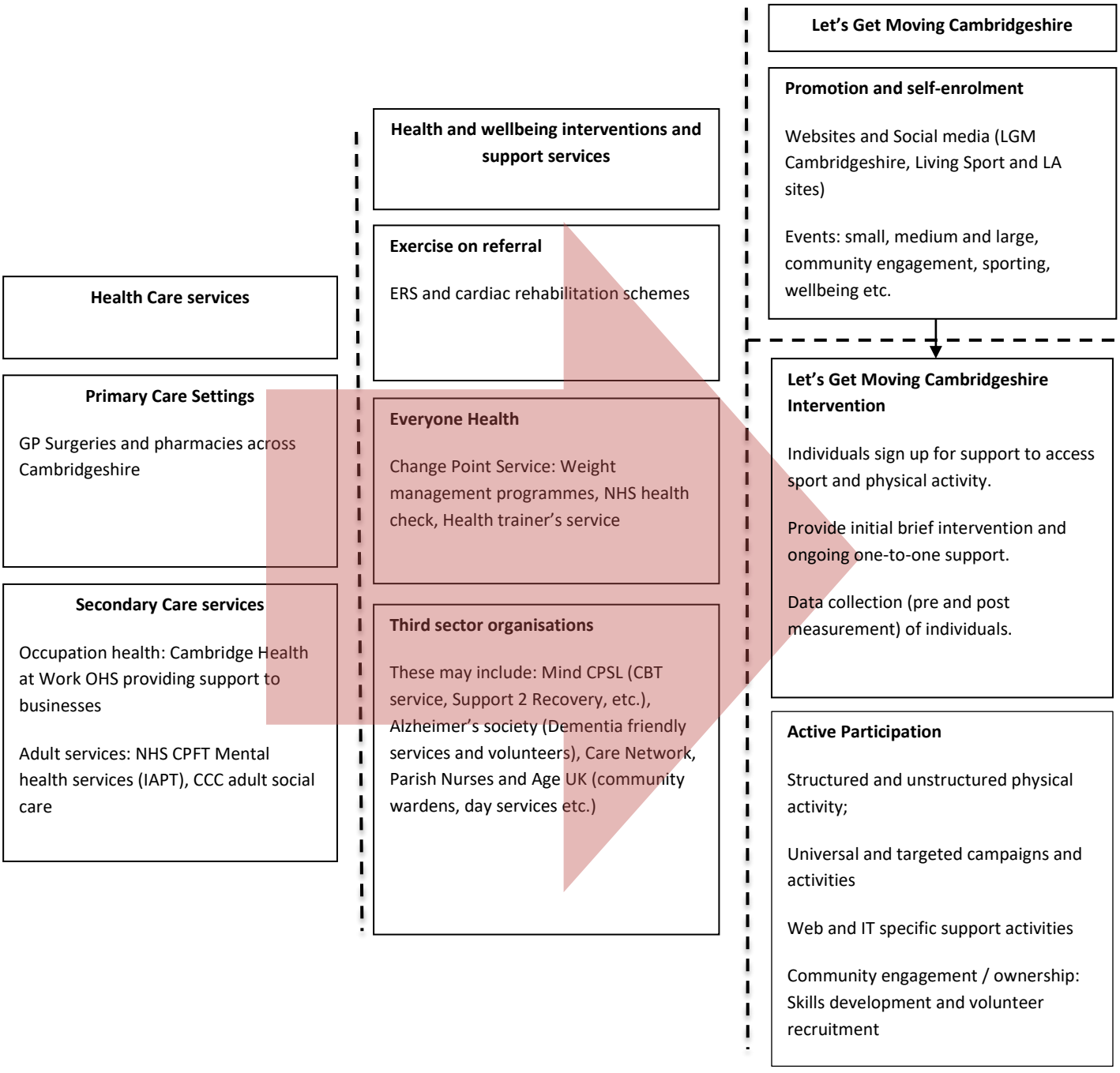
It identifies the process of primary care and potentially secondary care services referring patients into existing health and wellbeing interventions where needed, for example exercise on referral and weight management services. These services offering interventions are then better supported to offer exit routes to sustained healthy lifestyle choices through the support offered by LGM.

There is also the opportunity for health care services to directly refer patients into LGM, where their condition does not necessitate intensive support through the wellbeing interventions but they would benefit from increased physical activity and may, through being more active, avoid having to access those wellbeing intervention services at all.

Finally there is the self-referral or enrolment route into LGM where individuals that need support can sign up directly.

It must be made clear that this is a work in progress and while there have been examples of this working positively it is not yet universally adopted. Some examples of where this is happening in practice include:

- Granta Medical Practice – we are receiving direct referrals from the Social Prescribing Navigator employed by the practice and through the Long Term Medical Conditions (LTMC) nurse team.
- Everyone Health – a strong relationship has been developed and regular referrals are now made into LGM of individuals coming through the lifestyle programmes (weight management, smoking cessation etc.).
- Papworth cardiac rehabilitation – patients are directly recruited into LGM with the locality coordinator attending classes towards the end of the programme to support the transition into sustained physical activity.


Let's Get Moving Cambridgeshire
Promotion and self-enrolment
Websites and Social media (LGM Cambridgeshire, Living Sport and LA sites)
Events: small, medium and large, community engagement, sporting, wellbeing etc.
Health and wellbeing interventions and support services
Exercise on referral
ERS and cardiac rehabilitation schemes
Health Care services
Primary Care Settings
GP Surgeries and pharmacies across Cambridgeshire
Everyone Health
Change Point Service: Weight management programmes, NHS health check, Health trainer's service
Let's Get Moving Cambridgeshire Intervention
Individuals sign up for support to access sport and physical activity.
Provide initial brief intervention and ongoing one-to-one support.
Data collection (pre and post measurement) of individuals.
Secondary Care services
Occupation health: Cambridge Health at Work OHS providing support to businesses
Adult services: NHS CPFT Mental health services (IAPT), CCC adult social care
Third sector organisations
These may include: Mind CPSL (CBT service, Support 2 Recovery, etc.), Alzheimer's society (Dementia friendly services and volunteers), Care Network, Parish Nurses and Age UK (community wardens, day services etc.)
Active Participation
Structured and unstructured physical activity;
Universal and targeted campaigns and activities
Web and IT specific support activities
Community engagement / ownership: Skills development and volunteer recruitment

4.4 How the Programme Delivers

The following gives some examples of how LGM has contributed to high level outcomes and adopted a collaborative approach to developing and implementing physical activity opportunities across the county:

4.4.1 Improving Health and Wellbeing

There are programmes of activity, information, advice and guidance to encourage and support people to become more physically active. Some programmes have an additional focus, for example:

- Reducing weight – Man versus Fat in partnership with CUFC community trust.
- Addressing Isolation – activities in rural areas working with parish councils and housing associations.
- Improving mental wellbeing – Yoga and Mindfulness, workplace activities and SHAPE in partnership with CPFT.

4.4.2 Support Based on an Individual or a Specific Community Need

LGM has some capacity to deal with individual enquiries or requests for support which are received through the LGM website sign up form and directed to the locality coordinators. However, the focus has largely been on organising group activities, or open access activities. These are specifically organised based on an identified need – either general insight, or engagement with key local individuals and groups.

The partnership approach is key to understanding these needs as there are agencies that are best placed to identify what these are. An example of this includes the Rosmini Centre in Fenland that has a strong relationship with local migrant communities and it is able to communicate to LGM the community interests and identify key individuals to engage.

4.4.3 Help to Prevent, Reduce or Delay people from Needing Long Term Support from Services

The LGM Programme focuses upon primary prevention through providing opportunities to be active that engage people in becoming more active. These are considered to be universal approaches and include couch to 5k running groups, walking groups, walking sports and 'back to …' sports.

There are examples of a secondary prevention approach through some programmes that have been developed including SHAPE which provides physical activity to individuals on medication for psychosis gaining excess weight. Another similar programme of physical activity was developed in partnership with the social prescribing pilot in South Cambridgeshire, where individuals were signposted to activities as part of their treatment for a range of health conditions and social issues. In phase 2 of the LGM Programme we will evaluate what the outcome of this is, for example less GP visits, return to work, changes to medication etc.

4.4.4 Empower Individuals to Make Positive Choices

LGM works in specific areas of need and with identified priority groups with a view to making participation as easy as possible; giving them choice that they may not currently have and ensuring there is equality in opportunities. This is empowering communities and individuals to make decisions about what sort of lifestyle they want to have. For example, working through the County Ability Plus Group with disabled people, working with older age adults at risk of falls or other health conditions associated with older age (Dementia, Alzheimer's etc.).

4.4.5 Help Communities be Resilient and Sustainable

There are a range of volunteer opportunities and support for communities through LGM, including accessing wider Living Sport funding and other partners' services. These can play a key role when setting up activities that can be sustained longer term, in addition to volunteer support within club and community sport. Section 9.2 focuses on how LGM has helped towards these goals of resilience and sustainability.

5. PROGRAMME DEVELOPMENT

- Creation of a steering group, with representation from Living Sport and each district council, and a contract meeting group with the same representatives as well as the commissioning body Cambridgeshire County Council Public Health. These two groups were subsequently merged into one group.
- Employment of five locality coordinators and one Living Sport county coordinator (project manager) during Quarter 1 and Quarter 2. Once all coordinators were in place an operational group was developed to enable a more collaborative approach; sharing good practice, ideas, bitesize training and planning for universal programmes and events.
- Agreement with Public Health in Quarter 2 of the district level targets associated with the KPIs within the service spec (see Appendix F).
- Development of data collection questionnaires that would collect evidence of participation and behaviour change – this was an area of contention throughout phase 1, trying to find the right balance between robust data collection using validated questions and practicality for administration and to the end user. An initial approach that was taken was for there to be two questionnaires; one that was comprehensive but less user friendly (see Appendix B) and a short version that collected evidence of participation but no measure of change in physical activity or mental wellbeing levels (see Appendix C). This was done in order to collect some basic data of participation in activities where it was perceived to not be practical for participants to complete a longer questionnaire asking questions about physical behaviours and mental wellbeing; for example if there wasn't suitable amount of time to complete or the environment was not appropriate (i.e. swimming pool or running groups). The result of this was that the short version was used more regularly, hindering the amount of valuable data evidencing behaviour change. Therefore, in Quarter 6 a shared decision was made for a

more pragmatic approach to data collection and a new questionnaire (see Appendix E) and data collection process (see Appendix D) were developed.

A logic model (see Appendix A) was developed to illustrate how the programme would work. It clearly identifies the outputs and outcomes that the LGM programme expects to achieve. The results from Phase 1 are shown in section 6 and are presented as collected data versus the potential data that could have been collected.

6. PHASE ONE – OUTPUTS AND BEHAVIOURAL CHANGE OUTCOMES

6.1 Questionnaire Compliance

Table 1 shows the number of participants who completed questionnaires and the decline in those completing follow-up questionnaires. In addition, only 68% of those who handed in a baseline questionnaire completed it with useable data. Useable data in this instance is defined as that which allows both physical activity level (via IPAQ[2]) and mental wellbeing level (via WEMWBS[3]) to be calculated. This shows a lost potential of at least 200 more questionnaires that *could* have been analysed at baseline, and even more at follow-up. Unfortunately, only 112 questionnaires could be analysed in relation to short term behaviour change where both a baseline and a follow-up point are needed to assess change.

Table 1: Numbers completing questionnaires in Phase 1

LGM Participant Questionnaire	County-wide	Cambridge City	East Cambs	Fenland	Hunts	South Cambs
Baseline questionnaires collected	634	310	48	180	49	47
Baseline questionnaires with useable data	430	213	39	135	3	40
3 month follow-ups with useable data	112	59	5	19	2	27
6 month follow-ups with useable data	27	4	0	12	0	11
12 month follow-ups with useable data	6	0	0	6	0	0

The poor level of data collected is a concern that needed to be addressed. The issues around capturing data are system-wide in respect of the sport and physical activity sector.

[2] International Physical Activity Questionnaire: https://sites.google.com/site/theipaq/

[3] Warwick-Edinburgh Mental Wellbeing Scale: https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/

6.2 Behaviour Change

Table 2 shows baseline and follow-up data based on those participants who completed questionnaires in full with useable data (i.e. 112 participants countywide). Follow-up data is based on the 3 month point where behaviour change could be assessed for the greatest number of people.

Although the results reflect only a proportion of participants who complete the programmes, the data in Table 2 suggests that the LGM Programme is engaging with those who it is aiming to target i.e. those who are either inactive or not active enough to benefit their health. More than four fifths of new participants across the County fall into this latter category. Very few individuals that join the LGM programme are active already compared to those who are not.

Table 2: Physical Activity Behaviour Change of those completing the forms with useable data at both time points in Phase 1 from Baseline to first follow-up at 3 months

LGM Participant Questionnaire	County-wide	Cambridge City	East Cambs**	Fenland	Hunts*	South Cambs
% inactive on joining LGM	30%	24%	39%	34%	33%	46%
% not active enough to benefit health on joining LGM	82%	90%	73%	71%	67%	85%
% reporting improvement in physical activity levels at follow-up	51%	54%	60%	58%	50%	37%
% undertaking limited physical activity on joining LGM who are now achieving CMO guidelines	37%	38%	40%	79%	0%	13%
% reporting an increase in level of mental wellbeing at follow-up	63%	59%	80%	63%	100%	67%
Change in WEMWBS from baseline to follow-up	+4	+3	+12	+4	+9	+3

Fully or partially achieved goal	72% (57% yes)	73% (63% yes)	50% (50% yes)	79% (53% yes)	50% (50% yes)	78% (56% yes)

* = All Huntingdonshire data is based on low numbers (<5) compared to other local authority areas

** = East Cambs follow-up data is based on low numbers (<5) compared to Cambridge City, Fenland and South Cambs

Both physical and mental wellbeing levels were reported as improved after 3 months following participation in LGM for more than half of the participants; 51% reported physical wellbeing improvements and 63% reported mental wellbeing improvements. The change in mental wellbeing scores from baseline to follow-up was meaningful[4] across all district areas.

A good proportion (37%) of those who did not meet the desired physical activity levels when they joined LGM were achieving the CMO guidelines within three months. Although more hadn't achieved this level of activity, a greater proportion (57%) across the county had fully achieved their goal within 3 months, with a further 15% having achieved their goal at least somewhat, indicating that the activity level itself is not always the primary motive for joining a programme like LGM.

6.3 LGM Activity – number of programmes

Table 3: Summary of LGM activity in Phase 1

LGM KPIs	County wide	Cambridge City	East Cambs	Fenland	Hunts.	South Cambs
PROGRAMMES						
Number of new programmes developed in Phase 1	85	25	21	14	13	12
Growth in number of new programmes between the last two quarters	+9	+2	+3	+2	0	+2
Number of new programmes sustained by/within the community after 6 months	38	5	5	13	3	12

[4] A meaningful change in WEMWBS is estimated to be from a 3 to 8 WEMWBS points difference between before and after time points: https://www.corc.uk.net/media/1244/wemwbs_practitioneruserguide.pdf

Number of community led programmes initiated (I)/supported (S) through the LGM brand	I = 33 S = 85	I = 5 S = 5	I = 13 S = 13	I = 7 S = 47	I = 5 S = 8	I = 3 S = 12
% of programmes in 20% most deprived wards of each LA area	?	51%	60%	89%	60%	70%
PARTICIPANTS						
Number of new participants in <u>all</u> programmes (excl. events)	4079	707	414	1230	817	911
% of programme completers in <u>formal</u> programmes	?	51%	60%	X	66%	52%
Number of mass participation (event) attendees	6712	644	1563	2177	2020	308
Number of new participants signposted (S) or self-signposted (SS) to the programme	S = 43 SS = 406	S = 19 SS = 0	S = 21 SS = 90	S = 1 SS = 196	S = 0 SS = 26	S = 2 SS = 94

? = average data for the county cannot be calculated for percentages as raw data was not released by the districts

X = no data available, I = initiated, S = supported

Table 3 provides a summary of activity against the main KPIs in Phase 1 of the Programme. There has been significant growth in the number of programmes, with an average of 14 per quarter (9 in the last). It should be noted that the lack of new programmes in Huntingdonshire was partly due to a change in locality coordinator part way through the programme. It is encouraging the number of community programmes that have been initiated by LGM; at least one in five per district. Of note is the greater number of community led programmes that the brand has supported indicating that there is a willingness in the communities to undertake such activities with support to get going and the added knowledge that the brand will then signpost to them where appropriate. A minimum of 50% of physical activity programmes have been successfully targeted in the 20% most deprived areas of each local authority, although not to the exclusion of other areas where there was a specific identified need.

Of the new programmes developed in Phase 1, 45% (38 out of 85) have been sustained by/within the community after 6 months of starting; an encouraging proportion. This shows the potential for what can happen during Phase 2 of this Programme as the LGM team continues to learn and understand the process needed to allow activities to move beyond LGM, from either initiation or support by LGM to begin with, resulting in communities taking responsibility for their own opportunities.

The high numbers of NEW participants across all programmes shows that the programmes are being targeted in the right places and to the right people. It does also highlight, however, the potential for a much higher rate of completion of the behaviour change questionnaire. High numbers at mass participation events shows the success of events such as the development of new Parkruns that have been supported by LGM through its ability to bring in additional funding.

In terms of formal programmes, the drop-out rate appears to be quite high. Excluding Fenland where no data has been recorded, between a third and a half of participants taking part do not complete their activity programme. In Phase 2 this will be an aspect that is investigated further to determine whether LGM can help in any way.

It will also be interesting to see in Phase 2 whether new participants join existing programmes of activity (highlighting the need for good signposting) or whether further new programmes are created based on additional need.

6.4 Brand Development

Alongside data collection, there was the launch and ongoing development of the LGM brand to promote the benefits of physical activity and opportunities available locally.

During Phase 1, the brand development included a countywide launch campaign and a number of others that all districts were involved in e.g. National Walking Month, Sport Relief, Change4Life Summer and Stronger for Longer. These were supplemented by local promotional events to embed the LGM brand and messaging into existing local activities and services to ensure a joined up approach to health and wellbeing across each area.

To enhance brand development, a marketing and communication plan was created and agreed by the steering group. This remained a working document to allow it to evolve as the LGM Programme developed. The plan used the following platforms to create successful social media campaigns:

- *Website* – to provide a landing page for referrals from health professionals; to direct individuals to information regarding opportunities available locally; to enable individuals to sign up for support from a physical activity coordinator in their locality or sign up to the newsletter that publishes useful information including news and advice
- *Facebook* – to provide a public profile and connect with local people and communities
- *Twitter* – to build brand awareness and communicate accurately, effectively and efficiently on topics of interest

Specific outputs that were considered relevant from the marketing and communication plan are shown in Table 4.

Table 4: Summary of LGM communication activity across the six quarters of Phase 1

Platform	Q1	Q2	Q3	Q4	Q5	Q6
Social Media (LGM county platforms)						
Facebook page follows (cumulative)	58	69	135	200	235	244
Facebook Reach	623	2815	3000	15000+	5900	2700
Engaged Fans – reactions, comments, shares etc.	17	100	141	295	112	81
Twitter Followers	n/a	n/a	n/a	21	26	31
Retweets	n/a	n/a	n/a	3	0	7
Tweets liked	n/a	n/a	n/a	9	0	13
Twitter link clicks	n/a	n/a	n/a	1	0	0
Email Marketing						
Total subscribers	n/a	n/a	14	36	53	64
Average open rate	n/a	n/a	n/a	92%	n/a	n/a
Average unsubscribe rate	n/a	n/a	n/a	0%	0%	n/a
Website Traffic						
Number of unique visitors	n/a	209	648	696	##	##
Number of pages per visit	n/a	2.70	2.14	2.17	##	##
Proportion return visitors	n/a	16.7%	14.1%	10.9%	##	##
Bounce Rate	n/a	45.43%	52.34%	54.73%	##	##
Online Goals						
Registered for further support	0	0	48	18	4	6

- Analytics unresponsive

It is evident from the data in Table 4 that the LGM brand has consistently grown over the first phase. For example, the number of Facebook and Twitter followers and subscribers to e-marketing has gradually increased across the 18 months. It is also apparent where specific social media campaigns have been undertaken as Facebook Reach and average e-marketing open rate peak at a certain time (quarter 4) and coincide with this. A relaunch event is planned for Phase 2 which will help grow these figures, and thus further improve connection to individuals and communities.

7. PHASE ONE CHALLENGES, LEARNING AND IMPROVEMENTS

As described above it was anticipated that the programme would be refined and developed during the initial period. The timeframe was originally planned for year 1 (quarter 1 to quarter 4), however due to a number of challenges that arose, this was extended to include the first 18 months (quarter 1 to quarter 6) as additional time was needed to agree how the key aspects of the programme needed to be developed and changes introduced. The following describes the challenges, the learning that has

been acquired and the improvements that have consequently been made along with the opportunities.

7.1 Data Quality and Collection.

The greatest challenge has come with respect to data quality and participant compliance which has meant that the full scale and scope of LGM impacts have not been captured. Trying to collect evidence of behaviour change is not simple, as change in physical activity level alone does not always tell the full story. For example, an individual's mental wellbeing might improve or they may have achieved their goals but their level of physical activity may have stayed the same.

7.1.1 Participant Compliance

- Having a 'short version' questionnaire that didn't collect evidence of behaviour change was a significant mistake. These became the default questionnaire to use for all activities by some locality coordinators because of the relative ease for participants to complete in comparison to the longer version, resulting in missed opportunities to collect evidence of behaviour change.

- . Knowing when to issue follow up questionnaires, and to whom, has been challenging for the coordinators and coaches alongside other parts of their role. Sports clubs, coaches, instructors etc. are out of their comfort zone when it comes to administering questionnaires and ensuring they are completed accurately and in full. Traditionally these partners are comfortable with registers of attendance but when it comes to collecting more comprehensive and detailed information from participants, such as questionnaires, they are much less competent and motivated.

- The feedback from locality coordinators and participants was that the questionnaires were too long and time consuming for them to be completed fully. Participants have been unwilling to fully complete questionnaires as although they were based on validated measures of physical activity (IPAQ) and mental wellbeing (WEMWBS), together they made the questionnaire long. Consequently a greater proportion of the coordinators time has been taken up with following up incomplete or incorrect questionnaire responses, needing to go out to activities regularly to get accurate responses. This has taken their time away from the three pillars of LGM: promoting, developing and supporting.

- An additional concern of the locality coordinators has been that if the questionnaire is too arduous then participants may disengage with the activity and a primary role for them is to support people to continue to be physically active.

A range of approaches were used to address these issues including:

- Additional support is provided to instructors on how the questionnaires should be completed and regarding the importance of the data being collected.

- Incentives are offered to participants if they attend a stated amount of sessions and complete pre and post (12 week) questionnaires. This was trialled in some programmes including the Man V Fat programme.

- The questionnaire has been simplified through using the Short Active Lives Survey (in place of IPAQ) and the four subjective mental wellbeing measure questions (in place of WEMWBS). Initial comments from locality coordinators are that these are being received better from participants and instructors. We look forward to seeing the outcome of this change at the end of the first quarter in Phase 2.

- Clarification has been provided on the process to follow when collecting data at baseline and at follow-up points, including how and when to retry contacting participants if no response received.

- The issue of understanding how and when questionnaires are administered has led to exploration of the option of an online system for data collection which would ultimately take the responsibility away from the locality coordinators through the use of an automated data collection process. This would provide consistency in data collection, remove personal error and improve efficiency including allowing locality coordinators to use their time more productively elsewhere. At the time of writing this report, the Project Manager has agreed the development of a modified online data collection process with Arkflux which will be trialled with Granta Medical Practice, with the plan being to roll it out across the whole Programme. Although there is an initial cost associated with this development, this has been absorbed through the in-kind support of Living Sport to the LGM Programme. There is an additional annual fee associated with using the Arkflux platform but this is minimal and will be covered by Living Sport who also use it for other programmes. The resource once created is free to use when login access is shared.

Data collection issues have had too much of an impact on service development and delivery and these challenges highlighted the need for more consistent and effective methods of data collection for Phase 2 of the Programme so during quarters 5 and 6 the questionnaire was discussed, revised and the steering group agreed to change to a new version from quarter 7. Details of the changes made can be found in section 8 below.

7.1.2 Data Set

- The guidance of what data to collect and in what way when it comes to evidencing the impact of physical activity behaviour change is somewhat flawed. We used the Standard Evaluation Framework (SEF) for physical activity interventions in order to develop our evaluation framework and design the questionnaires; however this same guidance would be used for both a Randomised Control Trial and an intervention such as LGM!

- At the start of the first phase of the Programme, the KPIs and targets were agreed between each district and Public Health. As the project moved forward, it

became clear that three of the KPIs needed revising as there was no consistency between each district as to how they were reporting against each.

- KPIs relating to programmes, participants and signposting were amended and an explanation sheet produced (see Appendix F) to ensure greater consistency in the methodology used. In addition some of the KPIs were divided into more than one to clarify what each means. The following changes were made:

  - *Programmes KPI 1.1*: originally the number of new and the number of existing programmes were reported. These were redefined as those that were developed through LGM and those that were supported through LGM, respectively. This would provide insight into how much involvement the coordinators were having. In addition, the number of new programmes/ activities continuing 6 months after initiation was added; not to be confused with KPI 3.4 - percentage of physical activity community led programmes continuing and led by community members after 6 months. The key difference between these two 'sustainability indicators' is the additional 1.1 refers to LGM activities that are sustained 6 months after initiation and 3.4 refers to community led activities that are sustained 6 months after initiation. These both show the sustainability of the programmes.
  - *Participants KPI 1.2*: the number of people who attend a programme of activity for the first time (i.e. new participants) and those who attend a mass participation event/activity have been split and are now reported separately. This allows a distinction to be made between those who attend on a one-off occasion compared to attending an ongoing activity. The former is more about raising awareness, the latter about engagement in physical activity.
  - *Signposting KPI 2.1*: the number of people signposted (referred) and self-signposted have been split and are now reported separately. This allows numbers who have been referred through a health professional route to be determined to ascertain how this section of the physical activity pathway is working.

7.2 Brand Development

- Throughout Phase 1 we discovered that a social media presence was a great tool to raise people's awareness of LGM. As such, the LGM website, Facebook and twitter platforms were created and have shown a cumulative positive effect on connecting with the public (see section 6.4). Feedback from a Coordinators Review at the end of the first year provides evidence of support for ongoing promotion using the LGM brand as a means of engaging people. In addition, linking with partner platforms (e.g. district and city council websites, Active Fenland, Everyone Health) has only enhanced this.

- A conscious effort has been made by the district and county coordination teams to ensure that all promotional resources and activity reference Cambridgeshire County Council as funder of the Programme. We have learnt that this can only enhance the development of the brand, linking the Programme directly to health, particularly when new relationships are being established.

- In addition, Living Sport have engaged a marketing and communication expert to carry out a review of the various platforms (LGM, district and Living Sport) in order to ensure consistency in how the Programme is promoted and identify opportunities for development and growth. She is providing ongoing support to the Programme as these changes are implemented. Living Sport is also working closely with Matthew Hall from CCC Communications in order to align the Programme with the county council communication plans. This is not an area of work we envisage reaching perfection in but rather a continued learning journey which will help with the wider promotion of physical activity and community engagement beyond the funded period.

- A countywide relaunch campaign is planned that would allow the positive trends in followers and users of the LGM brand seen already to continue in an upward direction. Marrying the campaign with a national event perhaps may give it an additional platform to drive off from. The relaunch campaign should work with communities to promote the culture that physical activity is a normal part of everyone's life.

7.3 Programme Development

- Phase 1 of the LGM Programme has shown that different approaches have been taken across districts based on need. For example, some rural localities combat social isolation and loneliness, developing opportunities within the community that brings the community together; urban areas have identified target groups relating to overweight and mental health. Unique circumstances need to continue to be addressed, whilst at the same time ensuring equality in the opportunities.

- It has become obvious that the programmes where there has been a successful increase in scale have been those with minimum ongoing costs, a simple flexible entry level and a progression pathway. Consequently walking and running programmes, which may be community led, have expanded more than other initiatives which are more resource intensive. LGM is developing a cycling scheme based on this effective model.

- During Phase 1, walking sports such as walking football and walking netball have also been effective at engaging a wide demographic of inactive participants. The feasibility of widening this beyond football and netball to other activities is being explored as the learnings from such programmes are invaluable when replicating across districts and the county. A number of examples of countywide and district level programmes can be seen in Appendix G.

- Following a Coordinators Review at the end of the first year, a common view was that engaging people in physical activity is about more than just improving their physical health but also about social and mental health benefits and a reduction in social isolation. Further to this, participants need to be involved from the beginning for them to take a greater ownership of the activities as becoming fitter or healthier is very often the by-product of people wanting to volunteer and lead

their communities. With local people involved in setting up the activity from the start, it is more likely that community leaders can be developed in tandem with the activity giving it a greater chance of sustainability. Let's Run Girls is a great example of this customer centric approach.

7.4 Systemic Approach

- We have learnt that a whole system approach is needed to make a difference to individuals and communities and affect behaviour change, and that achieving behaviour change is a long term process. Understanding the many factors that impact upon a person's life and considering the best way to promote and engage people in physical activity is much more challenging than developing new activities and hoping people attend. Phase 1 of the LGM Programme has identified this and developed strategies accordingly. It requires an ability to be able to adapt to adapt to changing priorities and an increase in referrals.
- LGM needs to continue to become an integrated service with partner organisations such as the Integrated Lifestyles programme provided by Everyone Health to (a) develop targeted programmes and link these programmes appropriately, and (b) enhance the referral and signposting of people from a range of organisations such as Care Network and other community and social care organisations to access the right programmes
- This clearly calls for a clear physical activity pathway that ensures that access to physical activity is enhanced by developing systems and relationships to improve signposting. We have identified a number of key partners within the 'whole system' which has allowed LGM to develop these relationships further, streamline resources and improve shared knowledge. The right partners, who are clear on their role and responsibility and understand the programme objectives, are essential to ensure diversity in the programme and sustainability of physical activity opportunities. The end-user (the participant) should be confident that however and wherever they join the pathway, they will be supported to access the best possible service for them.

- LGM has an essential role to play in this physical activity pathway and there is work underway:

- Embedding physical activity into the social prescribing agenda with Granta Medical Practice will aid this further. The pilot project in South Cambridgeshire with Granta Medical Practice is part of their social prescribing programme and is a key development for reaching the target audience of LGM. LGM is looking to proceed with this pilot project and then scale it up across Cambridgeshire. It will allow the LGM Programme to become further embedded into the local commissioning landscape

- Liaise closely with Public Health and appropriate partners and agendas, such as Everyone Health and lifestyles/workplace/schools contracts, to ensure LGM is streamlining resources and expertise. Communication between districts, and with other funded projects across the county, will also enable shared learning and an even greater collaborative approach to working.

- The central coordinating role played by Living Sport has been critical as it has enabled it to have an overview of the opportunities across the whole system, and feedback from a Coordinators Review showed that they valued the opportunity to work with colleagues across the county and share learning.

7.5 Expand analysis to include Return on Investment/Cost Benefit Analysis

Return on Investment (ROI) is an important area that was not considered in detail during Phase 1. The Sport England MOVEs tool was used to show that two separate activities (walking netball and couch to 5k running groups) that were replicated across the county provided a good ROI. However, this is an area of development.

Living Sport was successful in their bid to the Analytical Volunteer Programme for two analysts to come and work with the LGM team at Living Sport. Starting in May 2019, the work will involve the analysts completing ROI analysis of the Phase 1 data and sharing their knowledge and skills so that the methodology can be replicated in Phase 2.

8. LGM IMPACT AND SUSTAINABILITY

8.1 Behavioural Change

Phase 1 has provided valuable learning that will help improve the capture of the Programmes outputs and outcomes.

The results from Phase 1 should be treated as preliminary and with caution due to the small sample size compared to the potential larger sample size that could have been analysed. However, the results do give us an indication of the impact the activities are having on local areas: more than half were targeted in the most deprived wards, and those that follow-up data was successfully collected for have shown the positive behaviour change that was sought. The limitation of this data is that follow-ups on longer term behaviour change across 6 months and a year was not available but this should be addressed through the changes in the data processes.

As with all programmes that involve behaviour change and impact, this can only really be sufficiently evidenced across the longer term. In addition, short term commissions such as this only provide limited financial resource to allow sufficient data to be collected in order to carry out outcome evaluation – process evaluation is much more realistic. Therefore, a limitation in this study that could be addressed in the future would be the partnering of the programme with an evaluation partner (which would necessitate funding), to enable intensive data collection and ensure robust monitoring and evaluation can be carried out, taking away this responsibility from those delivering on the ground.

8.2 Sustainability

8.2.1 LGM activities. When considering the sustainability of LGM it is important to consider which elements of the Programme we are talking about: the development and continuation of activities (community ownership), the brand, the physical activity pathway, or the support for disengaged individuals to be more active.

- The development of new activities has been a key output in the first phase of the LGM Programme. Identifying where there were gaps in provision or additional need based on existing capacity being too low has resulted in an increase in participation from individuals that were not currently active. The focus here has been on building sustainability through community ownership where possible which has been effective; although the end of year 2 data will provide a clearer understanding of how many initiatives have been sustained.

- Sustaining initiatives that increase physical activity levels can be achieved through developing leaders from the community to take the activities forward and motivate existing and new participants to become the next leaders. One of the key learning points identified by LGM leads in all the districts is that the most successful programmes were those where someone from the community assumed a leadership role or a community asset such as a facility was part of the initiative.

- There are several examples of community ownership, volunteer upskilling and leadership throughout the programme. 'Let's Run Girls' and 'Run For Your Lives' are two of the running groups that have scaled up their offer significantly through training new leaders and establishing running communities with LGM support. The Papworth New Age Kurling group is a good example of a completely new activity which, although initially supported by LGM, went on to be developed and owned by a village.

- The role of the locality coordinators shouldn't be underestimated in working with these communities to support them to take ownership of these opportunities. While in most instances there are some funds provided through LGM to upskill, equip or facilitate the development of these activities, the value of a coordinator far exceeds the comparable set up costs particularly as these can be secured by alternative means through external grant awards.

8.2.2 LGM – The Future within the districts

- Developed and existing community groups and activities that have been sustained beyond 6 months stand a good chance of continuing without further support of the Programme, particularly with the continued promotion from the LGM brand. The growth and development of new activities will likely be affected based on which districts are able to self-fund or absorb the role of the locality coordinator (see Appendix H). This may result in some areas of the county having more opportunities to participate in local sport or physical activity than others as longer term internal investment of locality coordinators to carry out their role is likely to be different in each district, despite all districts seeing the value in

having them. Some will consider if there is financial capacity to sustain this role, some may be able to absorb this role into existing programmes, and others won't have the capacity to carry this out. At a locality level there is the opportunity to explore funding opportunities for capacity costs based on identified areas of need, however initial enquiries with larger funders have suggested that a whole county project support grant is unlikely to be successful.

- By adopting a customer centric approach to the Programme, locality coordinators are able to understand the motivators and barriers to participation then offer the support needed to enable them to access and maintain engagement in physical activity. This might be a light touch or a more significant amount of support. Ideally this would be an area of focus for the future given that in phase 1 of the programme a greater proportion of their time has been taken with data collection and the emergence of a new data collection model will reduce this time.

- To sustain the provision of support there is the need for continued investment in local level capacity, either through the district council (as with this Programme) or identifying partnership opportunities to carry this out. In April 2019 the Districts were asked what their positions were in relation to any ongoing support to LGM beyond the currently commissioned period. Their responses indicated a mixed picture but had the common themes that LGM is being successful in stimulating new programmes with many being sustained through community efforts. There is a consensus that Let's Get Moving will leave a strong legacy. However only three districts stated that they are committed to looking at funding opportunities for sustaining Let's Get Moving.

8.2.3 Brand sustainability

- The LGM brand has grown in authority and increased community awareness with consistency of use across all districts gradually being realised, which will ensure that the message of being active under the LGM brand will continue under the direction of Living Sport. The work being carried out in the main phase of the Programme will continue to strengthen the brand as a 'campaign' to get people moving more. The brand gives us a vehicle to drive forward future public health messages, specifically for physical activity.

- The upkeep of the website and domain subscription require ongoing investment which will be absorbed by Living Sport, as will the continued leadership working with key stakeholders to deliver a collaborative approach to improving the levels of physical activity across the County.

8.2.4 Physical Activity Pathway

- It is important to ensure that there is transformational leadership for the strategic development of the Physical Activity Pathway engaging with key stakeholders including primary and secondary health care, statutory services, voluntary & community services (VCS) and third-party organisations. Through this programme Living Sport have been able to provide that leadership which has resulted in early

stages of an integrated Physical Activity Pathway engaging with primary care receiving direct referrals of patients. By developing this process, LGM is primed to be a key partner for the upcoming surge of social prescribing across the health care sector including the 1000 new link workers for each 'Primary Care Network' through the STPs and the 'enabling communities' social impact bond secured through PCVS.

- Through the development of IT services for customer relationship management and monitoring & evaluation, the process of receiving referrals from key stakeholders is consistent, efficient and cost effective.

8.2.5 Legacy – what is transferable?

- The scalability of programmes such as walking and running programmes have been particularly successful as there is a simple entry level and progression pathway. We are working on a cycling scheme to follow this model.

- Walking sports have also been effective at engaging a wide demographic of inactive participants. There appears to be an opportunity to widen this beyond netball and football which Living Sport is already exploring.

- The whole system approach to the Physical Activity Pathway that we have been exploring has progressed with primary care and lifestyle behaviour change services. Integrating voluntary services into referral pathways and establishing the programme into MECC and social prescribing opportunities would add to the legacy of the Programme.

9. CONCLUSION – KEY POINTS

This report provides a summative account of progress through the LGM Programme at the halfway point of three years investment. This highlights achievements, key lessons learnt, and actions to be taken into the next phase of the Programme and offers thoughts into sustainability of the Programme.

The vision for LGM was for there to be more active people in Cambridgeshire leading to a healthier population, with four clear objectives to achieve this vision. Eighteen months into this Programme we are able to see some progress against these objectives:

- **Fewer inactive people in Cambridgeshire**: 51% of participants increased the amount of physical activity they do.
- **More adults achieving CMO guidelines for physical activity**: 37% of participants achieving CMO recommended levels of physical activity 3 months after joining.
- **More opportunities to be physically active in deprived areas**: 85 new programmes developed, over half of which are in the most deprived areas in each district.

- **Communities taking ownership of their health and wellbeing**: 45% of new programmes developed are sustained, without ongoing support from LGM, 6 months after initiation.

There were challenges faced by the LGM team and lessons learnt in phase 1 of the Programme. Moving into the second phase of the Programme it is important that we take some actions forward from what we have learnt.

- Through a considerable amount of 'try – learn – change – try again' with regards to collecting evidence of participation, it was concluded that a more pragmatic approach to data collection is needed for community based physical activity programmes. These should be simple to understand and complete for the end user whilst still collecting the necessary information to evaluate behaviour change.

- A new data collection questionnaire and process has been developed and implemented at the start of the second phase (quarter 7) based on the lessons learnt, and a new automated process for collecting data is being trialled through the social prescribing pilot with a view to scaling up to accommodate the wider programme in due course.

- A whole system approach is important to affect change, therefore working with key partners that have a role to play in identifying and engaging the least active people should be the priority. An asset based approach is effective for community engagement; identifying key individuals or facilities and supporting them to identify need, design and deliver activity and sustain the opportunities longer term. Communities taking ownership of their own health and wellbeing is an underlying objective of the Programme therefore upskilling volunteers to lead their own activities for themselves is key.

- Identifying sustainability within the programme is important in order to recognise what would continue without ongoing financial support. Developed and existing community groups and activities that have been sustained beyond 6 months stand a good chance of continuing without further support of the Programme, particularly with the continued promotion from the LGM brand. The role of coordination, at county level and district level, directly relates to the core offer – Promote, Develop and Support – therefore these areas will likely be affected based on which districts are able to self-fund or absorb the role of the coordinator which may result in inequality where some people, depending on where they live, have limited opportunities to participate in local sport or physical activity than others.

- Phase 2 will help cement physical activity and the LGM brand within the prevention agenda and social prescribing landscape of Cambridgeshire. The next 18 months will help create this legacy.