

**GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP
STRATEGIC PARTNERSHIP BOARD**

GREATER MANCHESTER COMBINED AUTHORITY

Date: 29 July 2016

Subject: Memorandum of Understanding between the Greater Manchester
Combined Authority, the NHS in Greater Manchester and Sport
England

Report of: Steven Pleasant (Chief Executive, Tameside MBC)

PURPOSE OF REPORT:

This paper is intended to provide GM HSC Strategic Partnership Board and GMCA with an update on the emerging strategic partnership between Sport England and Greater Manchester, to be formalised through a Memorandum of Understanding (MoU).

Members of the Strategic Partnership Board and GMCA are asked to endorse the paper and the accompanying MoU.

RECOMMENDATIONS:

The GM Health and Social Care Partnership Board and GMCA are asked to:

1. Note and support the work on the development of the Memorandum of Understanding, and its contribution to the wider GM Strategic Plan, 'Taking Charge'.

CONTACT OFFICERS:

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1. INTRODUCTION

- 1.1 The MoU is between Sport England, the GMCA, and NHS in Greater Manchester (NHSGM), comprising of 27 NHS organisations in Greater Manchester (GM) and NHS England. It provides an agreed framework to work together to develop an insight and behaviour change approach to sport and physical activity across GM in order to impact on the health, social and economic outcomes for the area.
- 1.2 The framework will provide an approach to explore the delivery of both Government's and Sport England's strategies for sport and physical activity at a GM level placing the customer first and central to all thinking and delivery whilst contributing to the strategic priorities of GMCA/NHSGM.
- 1.3 The origins of the new strategic partnership arise from significant work at a GM level over recent years to position the case that physical activity and sport can make to wider economic, health and social priorities. This includes the launch of GM Moving, the Blueprint for Physical Activity and Sport in GM in July 2015. This work is overseen by the GM Moving Leadership Group, which is chaired by Steven Pleasant with senior representation from, GreaterSport, Public Health England, Chair of Association of CCG's, Chair of Directors of Public Health, Local Authority, Transport for Greater Manchester, Sport England, New Economy and the Association of GM Leisure and Culture Trusts.
- 1.4 At a national level the timing is opportune given new national policy around sport and physical activity, moving away from sport for sports sake, focusing on the individual, social, and economic outcomes to be gained from engagement in sport and physical activity. It also recognises that there is a real need to focus resources on the least active in society.
- 1.5 The strategic partnership has been developed as a result of a GM Commissioning pilot that has been taking place over the last 6 months, with co-investment from GMCA and Sport England. This work has included high-level consultation with commissioners and senior decision makers across GM to understand priorities, ways of working and opportunities.
- 1.6 A Leaders and Executives briefing event on the outcomes of the work was held on the 8th July, hosted by Lord Peter Smith and including senior representation from Sport England. Attendees included senior leaders across Local Authorities, Directors of Public Health, Directors of Adult Social Care, Directors of Children and Young People's Services, Clinical leads of CCGs, representatives of Locality Care Organisations, as well as senior representatives from the sport and physical activity sector in GM.

2. ABOUT SPORT ENGLAND

- 2.1 Sport England's vision is that everyone in England, regardless of age, background or level of ability, feels able to engage in sport and physical activity. Some will be young, fit and talented, but most will not. We need a sport sector that welcomes everyone - meets their needs, treats them as individuals and values them as customers. (Towards An Active Nation 2016 – 2021)

2.2 To achieve this ambition Sport England will:

- Focus on sport and physical activity's contribution to five broader outcomes: physical wellbeing, mental wellbeing, individual development, social and community development and economic development
- Ensure its approach to sport and physical activity is built around behaviour change and the principles of behavioural science, insight and customer focus. This is a new and radically different approach, and it is essential that these principles are applied before any interventions are developed.
- Place the highest priority on tackling inactivity and prioritise demographic groups who are currently under-represented in engagement with sport and physical activity.
- Help those who currently have a resilient sport or physical activity habit to stay that way, and to encourage the sector to work with them do this more efficiently and at lower public subsidy.
- Work with a wider range of partners based on the principle of 'it's what you can do that counts, not who you are'.

3. THE CASE FOR CHANGE

3.1 The evidence base for taking action on sport and physical activity is compelling.

3.2 Physical Inactivity – doing less than 30 minutes of moderate physical activity a week – is one of the top ten causes of early mortality in England. GM has a high level of inactive population – around 677,600 residents (31% of the population vs England average of 27.1%), with an estimated cost to health services in GM of £26.7m per year (2013/14 prices) related to diseases (Heart disease, Diabetes, CVD, Cancer) that could be prevented by exercise. Evidence shows that inactivity is a major contributory factor to low health outcomes and early mortality in GM, affecting productivity, attainment and cohesion of our communities.

4. THE OPPORTUNITIES

4.1 The MoU sets out a radically different approach to working with Sport England in GM, guided by a set of shared principles of working together and delivering change.

4.2 In particular the MoU provides a unique opportunity to:

- Connect the contribution sport and physical activity can have to delivering the fastest and greatest improvement to the health and wellbeing of GM residents, to the delivery of the new Sport England strategy.
- Embed the contribution sport and physical activity can have into the structures and systems in GM.
- Radically upgrade population health improvement across GM and support the transformation of public services.
- Have shared metrics, performance measures and a robust cost benefit analysis for all joint areas of work, which will specifically include decreasing the number of inactive people, increasing participation of underrepresented

groups and increasing the number of people taking part in sport and physical activity more regularly.

- Have a framework which provides fundamentally different propositions to enable healthier, more resilient and empowered residents to take charge of their own wellbeing, including supporting inactive neighbourhoods and communities.
- Demonstrate impact across government's five outcomes for sport and physical activity – physical health, mental wellbeing, individual development, social/community development, and economic development.

5. PRIORITIES FOR INITIAL EXPLORATION

5.1 A framework for joint working is emerging.

5.2 Priority themes for early consideration include:

- **Work and Health** – working with new economy to build increased sport and physical activity into the next phase of the work and health programme.
- **Learning Difficulties** – seeking to develop significantly increased opportunities for people with learning difficulties to participate in sport and physical activity.
- **Ageing Well** – working with the Centre for Ageing on their 'I keep physically and mentally healthy and active' strand.
- **Building sport and physical activity into care pathways for long term conditions** – working with the two NHS vanguards in Salford and Stockport and the cancer vanguard.
- **GM moving – working to establish a social movement around sport and physical activity** and development of a programme of large scale change to tackle physical inactivity in the GM population, learning from recent insight work.

6. RECOMMENDATIONS

6.1 The GM Health and Social Care Partnership Board and GMCA are asked to:

1. Note and support the work on the development of the Memorandum of Understanding, and its contribution to the wider GM Strategic Plan, 'Taking Charge'.

APPENDIX – MEMORANDUM OF UNDERSTANDING



**SPORT
ENGLAND**



in Greater Manchester

Memorandum of Understanding

Between

The Greater Manchester Combined Authority

and

the NHS in Greater Manchester

And

Sport England

1. PARTIES TO THIS AGREEMENT

1.1. The Memorandum of Understanding (MoU) is between the Greater Manchester Combined Authority (referred to as 'GMCA') and the NHS in Greater Manchester (referred to as NHSGM), (together referred to as GMCA/NHSGM) and The English Sports Council (referred to as 'Sport England'). NHSGM is responsible for 27 NHS organisations in Greater Manchester and NHS England. The GMCA and the NHSGM came together on 1st April 2016 with the purpose of delivering the greatest and fastest possible improvement to the health and wellbeing of the 2.8m people of Greater Manchester. For the purposes of this MoU they will be deemed to be operating collectively and in accordance with the terms of that agreement.

2. PURPOSE

- 2.1. This MoU creates an agreed framework for the GMCA/NHSGM and Sport England to work together to develop an insight and behaviour change approach to sport and physical activity across Greater Manchester (GM) in order to have a positive impact on the health, social and economic outcomes for the residents of GM.
- 2.2. The framework will provide an approach to explore the delivery of both Government's and Sport England's strategies for sport and physical activity at a GM level placing the customer first and central to all thinking and delivery whilst contributing to the strategic priorities of GMCA/NHSGM, particularly regarding health, economic growth and social wellbeing. It will be in addition to Sport England's work with the 10 Local Authorities of GM.
- 2.3. The ambition is to achieve significant change to the health and wellbeing of residents at scale and through system change.

3. SCOPE OF THE MEMORANDUM OF UNDERSTANDING

- 3.1. This MoU sets out at a high level how GMCA/NHSGM and Sport England will work together in a collaborative partnership (the Partnership).
- 3.2. The MoU is not intended to be legally binding except as specifically stated in relevant clauses.
- 3.3. The Partnership will create a framework to enable GMCA/NHSGM and Sport England to develop an insight lead, behaviour change approach to sport and physical activity, starting with the individual and their communities and designing and delivering sport and physical activity according to their specific needs and wishes. Working together we will develop a series of joint priorities based on our collective knowledge of the environment, culture and challenges free from the restriction of organisational boundaries

- 3.4. The strong synergies between the ambitions of GMCA/NHSGM and Sport England in particular a shared commitment to improving the health of the 2.8m population of GM is key to the collaboration. Tackling inactivity and focusing on those groups in the population who are least active, will provide the biggest gains and best value for public investment.
- 3.5. Central to the work is a commitment to supporting behaviour change and social movement through enabling people to take control of their current and future lifestyle choices including keeping active at all stages of life, and engaging with public, voluntary and private sector workforces to support an integrated and whole system approach to embed sport and physical activity into the fabric of daily life.

The Opportunities

- 3.6. The MOU provides a unique opportunity to:
- Connect the contribution sport and physical activity can have to delivering the fastest and greatest improvement to the health and wellbeing of Greater Manchester residents, to the delivery of the Sport England Strategy - 'Towards an Active nation'.
 - Embed the contribution Sport and Physical Activity can have into the structures and systems in Greater Manchester.
 - Radically upgrade population health improvement across Greater Manchester and support the transformation of public services.
 - Have a joined up conversation supporting the delivery of Sport England's Strategy "Towards An Active Nation" across the population of 2.8million people in Greater Manchester.
 - Have shared metrics, performance measures and a robust cost benefit analysis for all joint areas of work, which will specifically include decreasing the number of inactive people, increasing participation of underrepresented groups and increasing the number of people taking part in sport and physical activity more regularly.
 - Have a framework which provides fundamentally different propositions to enable healthier, more resilient and empowered residents to take charge of their own wellbeing, including supporting inactive neighbourhoods and communities
 - Demonstrate impact across Government's five outcomes for sport and physical activity – Physical Health, Mental Wellbeing, Individual Development, Social/Community Development, and Economic Development.

4. BACKGROUND

- 4.1. The evidence base for taking action on sport and physical activity is compelling.

Physical Inactivity – doing less than 30 minutes of moderate physical activity a week – is one of the top ten causes of early mortality in England. Greater Manchester has a high level of inactive population – around 677,600 residents (31% of the population vs England average of 27.1%), with an estimated cost to health services in GM of £26.7m per year (2013/14 prices) related to diseases (Heart disease, Diabetes, CVD, Cancer) that could be prevented by exercise. Evidence shows that inactivity is a major contributory factor to low health outcomes and early mortality in Greater Manchester, affecting productivity, attainment and cohesion of our communities.

4.2 Key challenges facing GM include:

- Greater Manchester is significantly worse than the England average for inactivity across almost all age brackets (equal to the national average amongst 16-30 year olds), with more than one in three women and one in four men doing less than 30 minutes of physical activity a week. Insight in GM indicates that a significant proportion of the population want to be healthier and more active.
- The link between physical inactivity and obesity is well established. While everyone would benefit from being more active every day, this is especially true in Greater Manchester, with 65% of adults and 28% of children classified as overweight or obese, which is significantly worse than the UK average.
- More than 1 in 16 adults in the UK have diabetes, 90% of whom have type 2 diabetes, which is associated with lifestyle. Being active can reduce the risk of developing this condition by as much as 40%. People with diabetes can reduce their need for medication and the risk of complications by being more active. Although GM fares slightly better than the national average – with just over 1 in 16 adults reported as having diabetes – this is still a significant public health issue
- One in eight women in the UK will develop breast cancer at some point in their lives. Using 2014 population estimates from the ONS, this would put over 172,000 women in Greater Manchester at risk. Being active every day can reduce that risk by up to 20% and also improve the lives of those living with cancer.
- Congestion in GM is a constraint on economic growth and a significant health risk, with road transport contributing 75% of emissions of nitrogen oxides, 81% of particulates and 32% of carbon dioxide emissions. With data showing that 40% of journey up to 2km in GM (more than 1.1m trips) are made by car, promotion of active travel would improve resident physical activity levels and reduce the negative health and environmental impacts of travel patterns.

4.2. Patients who are inactive have 38% more days in hospital, 5.5% more GP visits and 12% more nurse visits.

- 4.3. Physical activity programmes at work can reduce absenteeism by up to 20% and on average physically active workers take 27% fewer sick days. Furthermore, research suggests that participating in 3 x 30 minutes of activity per week could translate to an average increase in earnings of 7.5% due to improved productivity, social capital/networks and motivation to perform
- 4.4. The sporting economy contributes £39bn to the UK's GDP with one million people employed in the sport and physical activity sectors. In Greater Manchester, independent forecasts from Oxford Economics estimate that the sporting economy employs 23,000 people, generating £536m of GVA, (which measures the values of goods and services produced in an area.)

5. ABOUT THE GREATER MANCHESTER COMBINED AUTHORITY AND THE NHS IN GREATER MANCHESTER

5.1. GM intends to secure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of the conurbation. GM's ambition, as set out in the Greater Manchester Strategy, is to develop a new model of sustainable economic growth where all residents are able to contribute to and benefit from sustained prosperity and enjoy a good quality of life.

5.2. To achieve this scale of ambition GM needs to:

- Ensure all residents are connected to the current and future economic growth in the conurbation, including quality work, improved housing, and strengthened education and skills attainment;
- Deliver effective integrated health and social care across GM, with a much stronger prioritisation of wellbeing, prevention and early intervention;
- Close the health inequalities gap faster, within GM and between GM and the rest of the UK;
- Take every opportunity across the life course to support residents to be in control of their lives and their care;
- Forge partnerships between public services, social care, universities, science and knowledge industries, businesses and others for the benefit of the population.
- Commission for reform, through viewing people as assets, reducing demand for services and driving fiscal sustainability.

6. ABOUT SPORT ENGLAND

6.1. Sport England's vision is that everyone in England, regardless of age, background or level of ability, feels able to engage in sport and physical activity. Some will be young, fit and

talented, but most will not. We need a sport sector that welcomes everyone- meets their needs, treats them as individuals and values them as customers. (Towards An Active Nation 2016 – 2021).

6.2. To achieve this ambition Sport England will:

- Focus on sport and physical activity's contribution to five broader outcomes: physical wellbeing, mental wellbeing, individual development, social and community development and economic development
- Ensure its approach to sport and physical activity is built around behaviour change and the principles of behavioural science, insight and customer focus. This is a new and radically different approach, and it is essential that these principles are applied before any interventions are developed.
- Place the highest priority on tackling inactivity and prioritise demographic groups who are currently under-represented in engagement with sport and physical activity.
- Help those who currently have a resilient sport or physical activity habit to stay that way, and to encourage the sector to work with them do this more efficiently and at lower public subsidy.
- Work with a wider range of partners based on the principle of 'it's what you can do that counts, not who you are'.

7. ROLES AND RESPONSIBILITIES

7.1. Sport England's role will include:

- providing strategic advice and acting as a critical friend to GMCA/NHSGM on sport and physical activity;
- sharing evidence of 'what works' and providing support to GM to translate this evidence in to practice;
- sharing evidence from GM of what works with other localities and nationally, including with central government;
- facilitating connections with third parties, including assisting with identifying investment opportunities to support the objectives of the Partnership;
- supporting agreed evaluations and pilots of innovative approaches on agreed topics; and

7.2. GMCA/NHSGM's role will include:

- acting as a city region test-bed for working differently in a devolved context;

- utilising Public Service Reform and Devolution to identify opportunities for innovation and commission new delivery models across Greater Manchester;
- acting as a local champion on sport and physical activity and promoting agreed findings and initiatives across national networks;
- disseminating what works to embed the use of evidence in local decision making and help identify effective ways of translating evidence and effecting change in a locality;
- leading and delivering investment opportunities to support the objectives of the Partnership;
- acting as a research and innovation partner on agreed topics; and
- collecting and sharing management information and other metrics with Sport England in order to benchmark and measure outcomes to demonstrate the impact of innovation and change.

8. PRIORITIES FOR INITIAL EXPLORATION

8.1. A framework for joint working is emerging.

8.2. Priority themes for early consideration include:

- **Work and Health** – working with New Economy to build increased sport and physical activity into the next phase of the Work and Health programme.
- **Learning Difficulties** – seeking to develop significantly increased opportunities for people with learning difficulties to participate in sport and physical activity.
- **Ageing Well** – working with the Centre for Ageing on their ‘I keep physically and mentally healthy and active’ strand.
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- **GM Moving – working to establish a social movement around sport and physical activity** and development of a programme of large scale change to tackle physical inactivity in the GM population, learning from recent insight work.

9. WORKING RELATIONSHIP

9.1 Principles of Working

9.1.1. There are two sets of principles – those that will guide our shared approach to delivering change and those that will guide how we work together

Principles for delivering change

Final Version – 29/07/16

- Work will be insight led, based on a deep understanding of individuals and communities.
- We will adopt a behaviour change model which focuses on the behavioural challenges of tackling inactivity, creating regular activity habits and helping those with a resilient habit to stay that way.
- We will be outcomes focused.
- Key performance measures and rigorous evaluation methodologies will be identified and agreed.
- There is no presumption as to providers – the focus will be on who can deliver the best outcomes.
- There is a joint commitment to workforce development in its widest sense
- We welcome innovation and ‘test beds’, we have a desire to do things differently and to make a difference.

Principles for working together

We will:

- Adhere to agreed decision making processes and structures.
- Be open and transparent.
- Commit to genuine collaboration and coproduction
- Commit to mutual learning
- Respect organisational imperatives and competing demands
- Create joint work programmes and action planning
- Adopt a high challenge, high support approach.

9.2 Governance

9.2.1 Sport England will be invited to be Co-Chair and a full member of a newly established Programme Management Board. The terms of reference for the Programme Management Board will be agreed between Sport England and the GMCA/NHSGM.

9.2.2 The Programme Management Board will be fully integrated into the GMCA/NHSGM governance structures, reporting into the GM Reform Board. Through this it will support the Health and Social Care Partnership Board and Joint Commissioning Board with relevant decisions that relate to population health improvement through physical activity and sport. The Programme Management Board will support transformation funding decisions with evidence, strategic advice and innovation. A copy of the GMCA governance structure is annexed to the MoU.

- 9.2.3 An annual meeting will take place between the Chief Executive of Sport England and the Heads of GMCA/NHSGM to identify further areas for collaboration.
- 9.2.4 Biannual senior level meetings will be held between the GM Chief Executive portfolio holder and the responsible Director of Sport England to identify further areas of collaboration, research and evaluation.
- 9.2.5 The MoU and the Partnership will be reviewed annually.
- 9.2.6 Each party confirms that no actual, potential or perceived conflict of interest exists in relation to their role within the Partnership. Each party will endeavour to ensure that no such conflict of interest arises and agrees to promptly notify the other party if it does. Where there is notification of an actual, potential or perceived conflict, the parties will discuss and agree the necessary actions to ensure a conflict of interest is avoided.

9.3 Communications

- 9.3.1 Each party will give the other five working days' notice of intended communications activity relating to the Partnership.
- 9.3.2 GMCA/NHSGM and Sport England will agree a form of words to describe the Partnership and protocols for agreeing communication content, share brand guidelines, establish press office contacts, and liaise regularly about communications opportunities.
- 9.3.3 Neither GMCA/NHSGM nor Sport England will speak on each other's behalf.
- 9.3.4 Both parties will continue to publish information independently that is not linked to the Partnership.
- 9.3.5 Where GMCA/NHSGM and Sport England have both evaluated and agreed evidence or good practice to be disseminated to others it will bear both communication brands. This will not limit each from publicising evidence or best practice using solo brands.
- 9.3.6 Corporate identity guidelines will be adhered to.

9.4 Confidentiality

- 9.4.1 The parties agree and acknowledge that the discussions related to the collaborative Partnership and the MoU may include confidential information and are subject to a separate Non-Disclosure Agreement ("NDA"). Neither party will disclose confidential information without the prior written consent of the other party in accordance with that NDA.

9.5 Data sharing and Freedom of Information

- 9.5.1 Where data collected by either party, defined under the Data Protection Act 1998, is deemed relevant for sharing, a Data Sharing Agreement will be entered into between the parties.
- 9.5.2 The parties acknowledge that each is subject to the requirements of the Freedom of Information Act 2000 (FOIA) and the Environmental Information Regulations and shall assist and co-operate with each other to enable compliance with its information disclosure obligations.
- 9.5.3 Where the relevant party considers that any information it has provided to the other is exempt from disclosure under the FOIA, it must tell the other party and refer to the relevant exemption and give reasons why it is so exempt.
- 9.5.4 Notwithstanding clause 9.5.3, each party acknowledges that the other party shall be responsible for determining in its absolute discretion whether any of the content of the MoU is exempt from disclosure in accordance with the provisions of the FOIA and/or the Environmental Information Regulations.

9.6 Payment

- 9.6.1 No payments will be made by either party under this agreement. Any commitment of investment will be governed by separate agreements.

10 WIDER OPPORTUNITIES

- 10.1 This MoU does not limit the scope for potential joint work and both parties will seek to explore any collaborations, locally, nationally or internationally, which might deliver game changing results.

11 REVIEW

- 11.1 Sport England and GMCA/NHSGM will work collaboratively for an initial period of five years (2016 – 2021) across a range of activities to support both parties' shared objectives. The Partnership will be reviewed annually to confirm continuation and update shared objectives.

12 GENERAL

- 12.1 The parties agree that they will comply with the relevant rules, regulations, policies and procedures of the other organisation to the extent necessary for the purposes of the implementation and operation of this MoU.
- 12.2 This MoU will come into force on the date of signature below and will remain in force unless terminated. It will be subject to review on an annual basis in accordance with clause 9.2.5.

12.3 This MoU can be terminated by either party on giving at least three (3) months' notice in writing to the other.

12.4 The terms of the MoU can be amended by mutual agreement in writing of the parties.

Signed:

The Greater Manchester Combined Authority and the NHS in Greater Manchester

By:

Lord Peter Smith

Chair, Greater Manchester Health and Social Care Strategic Partnership Board

Tony Lloyd

Greater Manchester Interim Mayor, Chair Greater Manchester Combined Authority

Dr Hamish Stedman

Chair, Greater Manchester CCGs: Association Governing Group (AGG)

Ann Barnes

Chair, Greater Manchester Provider Federation Board

Dr Tracey Vell

Primary Care Advisory Group (GPs), Chair Greater Manchester LMC's

Jon Rouse

Chief Officer, Greater Manchester Health and Social Care Partnership

The English Sports Council

By:

Jennie Price
Chief Executive, The English Sports Council

Annex 1 - GM Health & Social Care Governance: Core Components

