

**TITLE OF REPORT: Community Physical Activity Update (Gateshead Physical Activity Sector Led Improvement and The Active Travel and Social Prescribing Pilot).**

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**Purpose of the Report**

1. To update the Health & Wellbeing Board on 2 key areas of community physical activity work- Physical Activity Sector Led Improvement and The Active Travel and Social Prescribing Pilot.

**Gateshead Physical Activity Sector Led Improvement**

2. A senior leadership group for physical activity was established in the North-East in early 2023 with the explicit aim of looking at how to develop an approach to get the inactive (i.e. those participating in less than 30 minutes of moderate intensity physical activity per week) to become more active. The group is made up of Office of Health Improvement and Disparities (OHID), Active Partnerships, Sport England and local authorities. Recent data shows, Gateshead currently has the least number of active adults in the region.<sup>1</sup>
3. It was agreed regionally that a 'system approach' through a 'Sector Led Improvement' (SLI) model would be adopted. This could then bring together the expertise and enthusiasm from across all parts of the local area, from individual, community, organisations, to develop a shared understanding about the challenges we are trying to address, consider how the local system is operating and where are the greatest opportunities for change.
4. SLI is the approach to improvement put in place by local authorities, the Association of Directors of Public Health and the Local Government Association<sup>2</sup>. It aims to provide assurance to all involved, as well as demonstrate continuous improvement. SLI is about being open, learning from each other and helping improve how we do things. This physical activity work has received the backing of the North East Regional Directors of Public Health group.
5. The SLI work very much supports the 'Gateshead Physical Activity Strategy',<sup>3</sup> which highlights the need for everyone to be physically active throughout their life. The emphasis is on ensuring that everyone is able to be active in a way that is meaningful for them, that children and young people are able to enjoy being physically active and build foundations for the future and that communities and

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<sup>1</sup> [Active Lives | Adult Data \(sportengland.org\)](https://www.sportengland.org/active-lives/adult-data)

<sup>2</sup> [Sector-led improvement: reviews | Local Government Association](#)

<sup>3</sup> [Physical activity strategy 2022 to 2032 - Gateshead Council](#)

partners support people be more active where they live, particularly targeting where inequalities are greatest and recognising that every community is different.

6. The Gateshead PA Strategy recognises the need to take a 'whole system approach' as we need to consider the changes required, at all the layers in the system, to tackle inactivity. This includes changes to policy, the physical environment, organisations and institutions, the social environment, as well as to individuals themselves.
7. SLI as a tool has been used in many other areas in local government but not in the field of physical activity. An assessment tool was therefore developed by the group for physical activity to support the process based on the International Society for Physical Activity and Health (ISPAH) publication, Eight Investments That Work for Physical Activity<sup>4</sup>.
8. The ISPAH publication focuses on a number of key areas that are all informed by international evidence on what works for physical activity. These are:
  - whole of school programmes
  - active transport
  - active urban design
  - healthcare
  - public education, including mass media
  - sport and recreation for all
  - workplaces
  - community-wide programmes.
9. As part of the SLI process, the physical activity assessment tool will be piloted with several local authority areas and the findings will provide a steer on how local authorities in the North East are performing and identify opportunities to improve and focus priorities and resources.
10. Gateshead signed up to the SLI work in in October 2023, and has since begun to pilot the physical assessment tool as part of the physical activity SLI workshops it has been running with partners, since December 2023. The workshops have been supported by the Local Government Association and are due to run until May 2024 in Gateshead. On completion of the workshops, an evaluation across all areas will be carried out regarding key findings and opportunities for Gateshead.
11. There has been great enthusiasm from the first workshops carried out, to stand up a 'Gateshead Physical Activity Partnership' to enable partners, to come together to take forward some of the opportunities for change as a collective, and this very much supports the ethos of the Physical Activity Strategy.

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<sup>4</sup> [8 Investments - ISPAH](#)

## Active Travel and Social Prescribing Pilot

12. In June 2021, The Department for Transport (DfT) announced 'Active Travel' Capital funding across the country worth £239m. This was to be provided to local transport authorities to embed walking and cycling as part of the new long-term commuting habits and to reap the associated health, air quality and congestion benefits and forms part of the Governments £2 billion commitment.
13. As part of this, funding, councils were able to apply to 'test out' a new approach to Social Prescribing and Active Travel for their communities. The Department of Transport was keen to evaluate the impact on cycling and walking levels with a holistic approach to increasing physical activity and developing the local environment <sup>5</sup>.
14. The pilot aim from DfT was to improve the physical and mental well-being of individuals referred to the social prescribing pilot, managing existing physical and mental health conditions, and reducing the prevalence of future conditions.
15. Based on the assessment of the feasibility study Gateshead were one of 11 successful local authorities, to be awarded funding of £1.4 million for the active travel and social prescribing pilot from, April 2023 for 3 years.
16. 'Walk and Wheel Gateshead' had a soft launch in August 2023. The initial aim was to explore the needs of our communities in our target geographical areas (building upon the initial consultation stage) and develop an understanding of the referral process into the project.
17. A manager and 4 staff were recruited to the team in Spring/Summer 2023. The team have worked hard to build good working relationships with delivery partners, including Edberts house link workers, NHS staff, mental health link workers and GP Surgery staff.
18. The pilot is targeted at 3 of the 5 Primary Care Networks in Gateshead, based on health inequalities data and also in line with the Local and Walking Infrastructure Plan (LCWIP) and infrastructure developments. The pilot work includes Practices in East and Central Gateshead and Birtley Medical Practice. A referral protocol agreed with the Social Prescribing (SP) Link Workers is also in place.
19. The team have run several local walking and cycling events from August to December 2023. The walking events were designed and informed by the community. Cycling events were delivered in the summer months with the assistance of a local cycling delivery company to deliver events in a number of areas to suit varying abilities and including family-based activities.
20. The pilot to date has had 80 referrals mainly from SP Link Workers but also through self referrals. There are currently 35 referrals currently active on the programme. We have seen a steady rise in referrals over the first 6 months as the programme becomes more established.

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<sup>5</sup> [Active travel social prescribing pilots: local authority allocations - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/active-travel-social-prescribing-pilots-local-authority-allocations)

21. There have been a few referrals deemed to be unsuitable due to the geographical constraints of the project or the complexity of the issues the person was presenting with. Those referrals have been supported by the link workers in practices or referred to other suitable programmes. A number of those referred to the ATSP programme declined to engage with the offer for a number of reasons. A number of referrals on the programme are experiencing social isolation, mental health issues etc. and have benefited from the activities, but it is important to acknowledge that this not a quick fix for many.
22. The delivery model based on one-to-one referrals worked well at the outset of the programme, however as referral numbers are increasing, more referrals will be engaged into group-based activities where appropriate.
23. The winter months have been more challenging for the programme, and a winter walking programme has been established, including indoor walking sessions and led walks from all 15 GP surgeries in the pilot area. Cycling sessions and support programmes will be offered in early Spring.
24. A communication strategy is in place to maximize opportunities for the programme. This includes a digital offer in GP surgeries. An online referral form for professionals and self-referrals is coming on board with a QR code for ease of referral. The team are monitoring digital media hits and continue to develop the profile of the project.
25. The active travel and social prescribing board meet quarterly to overview progress, informed by the operational working group. Evaluation and monitoring arrangements are in place with ATE and Gateshead is utilising the Health Determinants Research Collaborative (HDRC) team to support further qualitative learning.
26. Proposed next steps for year 2 of the project in April 2024, include “Bike Banks” to support any local cycling activities moving forward. Further exploration is also required in relation to ‘adapted bikes’ to ensuring we can provide an inclusive offer.

## **Proposal**

1. It is proposed that the HWBB note the update on the 2 work areas for physical activity, which further support the Physical Activity Strategy’s vision ‘to support those communities who, are least active, or face the greatest barriers to physical activity’.

## **Recommendations**

2. The Health and Wellbeing Board is asked to note the progress detailed for both Community Physical Activity work areas.

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