



ACTIVE OXFORDSHIRE

MOVE TOGETHER

INTERIM REPORT

Move Together: Summary

Move Together is an evidence based pathway aiming to provide behavioural support to people across Oxfordshire to move more. It is specifically targeting people who were impacted by Covid-19 and need some help and support to be more active. It offers a person centred approach by listening to people's barriers to being active and providing motivation, signposting and support to get them moving more.

Approach

Move Together is coordinated by a team of District Coordinators based in each of the Council areas of Oxfordshire. Active Oxfordshire provides overall coordination and project management. Move Together has the following elements:

- ☆ Referral (including self-referral) - a wide network of partners across health, social prescribing and the community and voluntary sector can refer a person to the pathway.
- ☆ Initial conversation – an initial conversation takes place with a Move Together Coordinator. They listen to and understand the barriers and motivators a person is experiencing to moving more
- ☆ Initial suggestions - based on the initial conversation and their knowledge of local activities the officer makes some suggestions for activities they might try and couple this with behavioural support. This includes offering some one to one support where this is appropriate
- ☆ Agreed programme of calls - the officer and pathway participant agree how frequently they will stay in touch in order to help with motivation, advice and behavioural support

Reach

The data collected clearly shows the pathway is reaching its intended audience. At the time of this report 386 people had connected to the pathway of these:

- ☆ 89% had been impacted from Covid-19
- ☆ 15% were experiencing high levels of loneliness

- ☆ Over 50% are doing less than 30 minutes of physical activity per day

Move Together is reaching those people who need support to move more during the slow recovery from Covid-19. This includes people who are struggling with confidence and whose mental health has declined due to Covid-19.

'Pre COVID was very social and out going but due to COVID and having a stroke was unable to interact with people the same, and unable to work. Since COVID and having a stroke gets very anxious about leaving the house because he uses a walking stick and has fear about falling especially in front of people'

'For the first time in my life I feel like my mental health is quite unsteady, I feel a little like a prisoner in my own home. I would love to get out and build strength and confidence to walk properly again but this will take time and help'

Learning to date

The early indications from the Move Together pathway is it is working incredibly well. The data collected on the platform and the consultations with stakeholders show the pathway is clearly reaching its intended audience. There are also clear indications that a person centred approach is at the heart of the ethos and approach being taken.

Over the coming 6 months Move Together will be exploring ways they can work with more men and continue to engage a wide range of partners and stakeholders. The aim is to spread the message that anyone, regardless of any health conditions can move more. Move Together can provide the specialist support to those who need it.

To find out more about Move Together, contact Richard Claydon richardclaydon@activeoxfordshire.org

Introduction

In June 2021 Shephard & Moyes Ltd were commissioned to undertake an evaluation of the Move Together pathway.

Move Together is funded by the Covid Contain Outbreak Management fund, awarded by Oxfordshire County Council, for an initial period of 12 months. Move Together aims to get people moving more. The benefits of moving more are well documented. In the Chief Medical Officer guidelines on physical activity, it states:

'If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat'

Sport England research has shown that people are moving less as a result of the Covid-19 pandemic. But also that inactivity inequality has widened. Those groups who were historically inactive are more inactive as a result of the pandemic. This includes women, culturally diverse communities, lower socio-economic groups and people who are disabled or who have a long term limiting condition.

Alongside this, as Covid-19 moves from pandemic to endemic status, the impact of the various lockdowns and restrictions on activity is beginning to be seen in the health and wellbeing of individuals across the population. People have lost mobility, confidence and habits that all mean they are moving less and not benefiting from the protective factors being active can bring.

The design of Move Together recognises that people have become inactive for a huge variety of different reasons. For some, Covid-19 means they have become more frail and no longer feel confident walking unaided. For others, Covid-19 has meant their mental health has suffered and they lack the motivation and self-care tools to help them move more. Move Together is taking a person-centred approach by providing a bespoke and tailored approach to activity advice to help people get active.

Move Together is coordinated by a team of District Coordinators based in each of the Council areas of Oxfordshire: Cherwell, Oxford City, West Oxfordshire, South Oxfordshire and Vale of White Horse. They are coordinated by Active Oxfordshire who undertake the project management role.

Each referral made to Move Together is treated like an individual. The District teams use a combination of motivational interviewing and listening skills to understand a persons situation and their motivators and barriers to moving more. They then suggest a set of activities for the person to try. This can include one to one support for people who are housebound, packs for activities to do at home and signposting to local groups to reduce social isolation. They then agree how frequently follow up calls will happen to provide accountability and encouragement. There are then formal follow ups at 3 and 6 months.

Alongside this individual support Move Together is also supporting change in the wider system. This means getting more organisations and stakeholders across the public, community and voluntary sectors to recognise the value of moving more and creating more opportunities through their existing work to get people moving or raise awareness of its benefits.

This is the interim report for Move Together. It reflects on the first 6 months of delivery and provides the programme team with the strengths of the current delivery and any challenges that could be addressed or improvements that could be made during the next 6 months.

Movement for All

Tackling inactivity is a key goal of many health and physical activity providers. Inactivity is frequently cited as the cause of significant health risk factors and the cheap and cost effective solution to the problem. The challenge for Active Partnerships and funders like Sport England and the Clinical Commissioning Groups is many of the funded programmes aiming to tackle inactivity while apparently working on the surface, fail to deliver on the long term changes that will result in an increase in levels of physical activity. The reasons for this are complex and multi-faceted.

Our own experience of working with people making the inactive to active journey is maintaining a physical activity habit is challenging. Life events including bereavement, job changes, new families, periods of ill health, long-term illnesses, changes in physical abilities, increased or changing caring responsibilities, financial worries, or Covid-19 all create moments when physical activity and movement habits can change. In some cases this will be a positive change, people will be moving more. But for others the change will be negative, they will be moving less.

Since March 2020 we have all been impacted by Covid-19. Some people have maintained their physical activity habits, but a significant minority have experienced a considerable shift and change in their habits and lifestyle. For this group habits have shifted and broken and additional support is needed to reform those habits.

A recent important development to promote moving more is a consensus statement released from Sport England, Faculty of Sport and Exercise Medicine UK, Royal College of General Practitioners and the Office for Health Improvement & Disparities highlighting how the physical benefits of getting active outweigh the risks. The document highlights how 50% of GPs indicated 'a barrier to advising patients about physical activity were concerns by the

patient about perceived risks of taking up physical activity'. The consensus statement says:

The key message is that the risk of adverse events when getting active is low, and that physical activity is safe, even for people living with symptoms of multiple health conditions. Regular physical activity, in combination with standard medical care, has an important role to play the treatment and prevention of many conditions. Well informed, person centred conversations with healthcare professionals can reassure people and further reduce this risk.

Understanding the barriers

As we have set out already in this section different people have different habits around movement and being active. A key part of developing a response that meets a person's needs is understanding these barriers and motivators. Thanks to the feedback collected through the Move Together pathway and consultations with wider stakeholders, staff and participants there is a clear understanding emerging of the barriers people connecting to the pathway face to getting active.

Many of the barriers identified will be familiar to people who work in the sport and physical activity sector but it is important to remember for each person, a barrier is a real and tangible block to them making progress. Understanding the barriers is critical to helping someone get more active.

The people who have provided information have identified consistently the role lack of confidence plays as a barrier. This includes confidence around Covid-19, confidence associated with joining new groups and confidence in their own skills and mobility.

'People have lost confidence and lost mobility and don't know where to restart again'
Stakeholder

Stakeholders also identified mental health and motivation were key barriers for people

'[Barriers are] anxiety in leaving their home, worries about not fitting in with other groups, actually being in a group with others'

'People's own pessimism about getting involved or lack of desire for change'
Stakeholder

'Motivation is a real barrier, they just need someone to go in and give them a push'
Stakeholder

One of the specific barriers identified as part of the Move Together Pathway was also the environment people are currently living in. This includes the availability of space and even basic equipment.

'One of the barriers can be the environment they are in, so they don't have a suitable space or chair in their home' Stakeholder

Go Active Get Healthy

The Move Together Pathway is building on a strong foundation of targeted delivery in Oxfordshire. Go Active Get Healthy has operated for over 4 years. It is similar to Move Together but has a much narrower focus as it is targeted on people who have been diagnosed with Type 2 Diabetes. It is also much more

prescriptive with fixed points where people were contacted.

The Evaluation completed by Oxford Brooks in January 2020 identified the programme resulted in improvements in physical activity levels and their health related quality of life. The model built on existing best practice and involved:

- ☆ An initial engagement session following referral by a health practitioner, usually in a familiar environment, including the GP practice
- ☆ Ongoing motivational tailored support to engage, inspire and motivate people to change
- ☆ Establishing motivation and goals and encouraging people to connect with local activities
- ☆ Follow up questionnaires at 3 months

The evaluation also identified how the project 'has the ability to be a key asset and enabler to contribute to Oxfordshire's wider prevention agenda, to tackle physical inactivity and targeting those with, or at risk of long-term health conditions such as cardio-vascular disease'

Understanding the Move Together Pathway

The Move Together Pathway is being built on a clear evidence base. Although the reasons for inactivity are complex and multi-faceted, addressing inactivity means supporting people to form new habits, providing support that helps someone change their behaviour and recognising the wider system needs to work in a way that promotes activity. Getting active benefits everyone regardless of their current health status.

The approach taken by Move Together is to work in a person centred way. This allows an individual's barriers and motivations to be understood. This in turn helps understand what might motivate a change in habit and equally might identify the life events that have caused a habit to break. It also helps both people involved in the conversation to understand what might interest them and what they might find interesting that will help them get more active.

Alongside the one to one work that is at the core of the Move Together they are also delivering the Active Medicine Training, that was already available for the public, community and voluntary sectors. This aims to get more organisations advocating for the value of getting active. Move Together is also promoted through a range of webinars and through tools such as Google Ads.

The Model

The Move Together Pathway is a simple concept illustrated in the figure below. The target group for Move Together is broad and includes anyone who has been impacted by Covid-19. It has a particular focus on those people who were required to shield during the various Covid-19 lockdowns. But the pathway is open to anyone who needs to move more due to poor physical or mental health. Referrals can come from a wide range of sources including health partners, community and voluntary sector partners or through self-referral. A letter was also sent out to everyone who was on the Shielded Patient list encouraging them to take part.

Once a referral is received by the District an initial conversation takes place. This is more wide ranging in its topics than just about their levels of movement. This can create challenges for those making the calls. But the intention of incorporating this wider conversation is to understand what the barriers and motivators for getting active are. Where needed it also means they can be signposted to more targeted and specific support.

During the call some initial suggestions are made for activities they might like to try. The activities on offer are very much determined by availability in the District. Following this,

an agreed programme of follow up calls is decided on. As a minimum this will include a 3 month follow up. But it often includes calls every couple of weeks to see how a person is progressing.

Delivery of the pathway is coordinated in each District by a District Coordinator. Across all the Districts there is at least one member of the team with prior experience of the Go Active Get Healthy programme. This means they all have a solid foundation of referral partners and experience of calls to individuals and some of the practical challenges associated with delivering a pathway like Move Together.

Move Together is a simple pathway. But inevitably its implementation looks different in each of the Districts. Each District has a different range of health and voluntary sector partners. The social prescribers operate in different ways in the different districts and the availability of community activities varies considerably between the Districts. The 'system' is different in each place and so the response has to be different in each place.

The figure below provides a summary of the key features in each District that means the response from the Move Together Pathway will need to be different

Cherwell - Move Together is well linked with the wider community sector and there is an excellent understanding of what is available. Social Prescribing is fragmented and ASC and GPs are overstretched but the team work hard to maintain strong connections.

Oxford - The team has good connections with a strong network of voluntary sector providers. Staff working on Move Together highlight the big challenge in Oxford is activities are not joined up.

West Oxfordshire - building up connections with SP, strong local response to the Pandemic with lots of volunteers stepping up. Good relationships to try and harness this response.

South Oxfordshire - Good connections locally. Strong links with partner organisations that help with mental health support. Pre-pandemic had Go Active Gold but this has been slow to re-establish so not much by way of a community activity offer.

Vale of White Horse - Lack of awareness about what is happening more widely across the District but well established locally and have a strong local reputation.

Referrals come from a variety of sources but there is considerable variation between the districts. The data collected by Move Together helps show the value of the Shielded Patient Letter at generating referrals. Across all Districts it is the source of 1 in 5 referrals, rising to 1 in 3 in West Oxfordshire. Across all Districts, apart from Oxford City it is the number one source of referrals.

There are some key features to note from the referrals. First there is considerable variation in social prescriber referrals. This, in part, reflects the different approaches different PCNs have taken to delivering social prescribers. However, we would expect, over time, this to be an increasingly important source of referrals. All people benefit from moving more and there is considerable potential for considerable impact when Move Together and social prescribers work together.

Second is the work that Cherwell have been doing to raise awareness of the pathway through local events and activities. This has seen the Move Together pathway being presented alongside other interventions, including specific mental health interventions through Mind. This is a potential model for other Districts to look at, if referrals from other

sources begin to decrease.

We consulted directly with stakeholders who had referred people onto the Pathway. Of the 6 stakeholders that had referred onto the Pathway all found it easy or very easy to refer.

Those stakeholders that are aware of the Pathway but have not yet actively referred we found this was for a variety of reasons. There is some interesting insight suggesting potential referral partners are doing pre-work with potential participants to increasing confidence prior to referral. Greater awareness of the Consensus Statement we set out in the context section may help people be more confident in making referrals.

Other potential partners highlighted how people have declined the opportunity to be referred. This suggests there is further work to do to raise awareness of how the Pathway works and to reassure referral partners about the person centred approach taken by Move Together and what it can offer.

The final important element of the delivery is the online platform that supports Move Together. This allows the storage of information about local activities as well as participant information.

Understanding Move Together and the system

Although it is early days for the delivery of the Pathway, it is clear there are some features that allow for the smooth and effective implementation of the work:

- Time and resource to build trusting links with partners. This will be particularly time consuming where social prescribing and other key complementary services are fragmented
- A range of community activities to connect and sign post people to, alongside time and resource to maintain the database of information
- A well supported staff team with well established referral pathways for more complex cases and formal and informal supervision to help de-brief after challenging conversations but also help staff keep focus on the role of Move Together and its scope of activity
- A diverse staff team able to take responsibility for different aspects of the pathway as well as helping with making calls to pathway participants
- A platform that supports the data collection and allows for data to be available at the local level in real time

Reach and progression

Overall, 386 people had been connected to the pathway at the time of this report. Overall:

- ☆ 72% of participants are female
- ☆ 27% of participants are male
- ☆ 74% of participants are over 50

Across Oxfordshire 89% of those on the pathway have been impacted by Covid-19.

As part of the initial conversation with people involved in the pathway the staff explore what the impact of Covid-19 has been on their physical activity levels but also their wider lives. This helps provide some context for why people are connecting with the pathway. Many of the participants on the pathway express how Covid-19 left them feeling lonely. But also, how it has disrupted their habits and the need for help and support to help them form new habits including being more active.

'Hesitant to go out and lost confidence. feeling isolated as don't know anyone here' Move Together Participant

'None really [impact of Covid-19] apart from feeling like a lost cause' Move Together Participant

'Pre COVID was very social and out going but due to COVID and having a stroke was unable

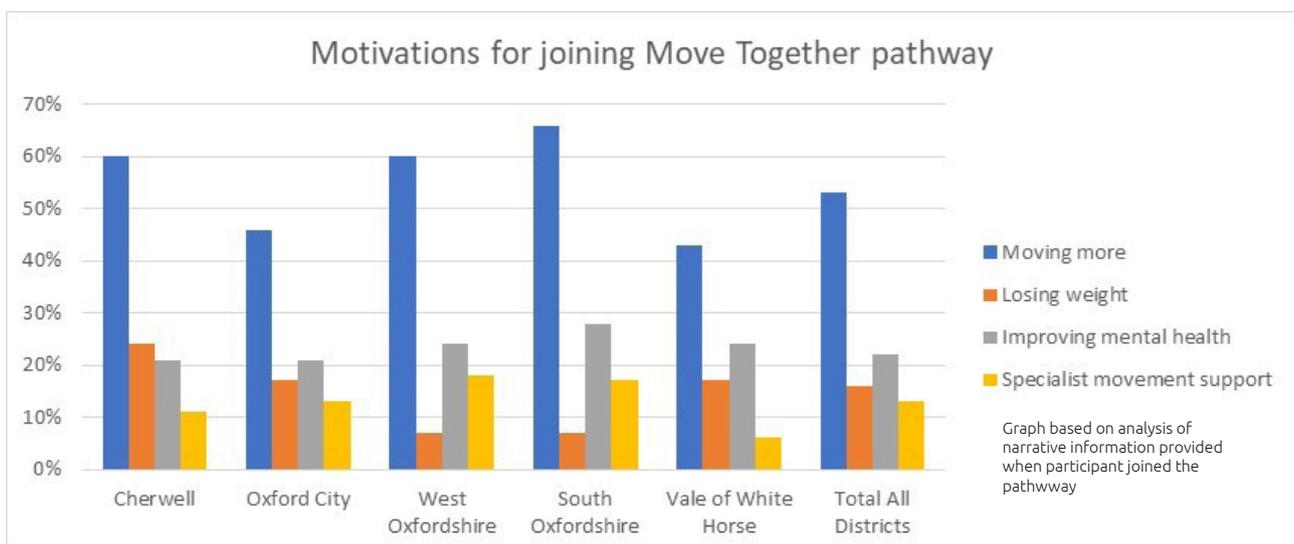
to interact with people the same, and unable to work. Since COVID and having a stroke gets very anxious about leaving the house because he uses a walking stick and has fear about falling especially in front of people' Move Together Participant

'For the first time in my life I feel like my mental health is quite unsteady, I feel a little like a prisoner in my own home. I would love to get out and build strength and confidence to walk properly again but this will take time and help' Move Together Participant

Out of the 202 active participants on the database:

- ☆ 154 have one or more health condition (76%)
- ☆ 88 (48%) have two or more health conditions

The graph below helps show the motivations for joining the pathway based on the narrative and information they have provided. Moving more and improving their mental health are key motivators. A significant number have been referred or have self-referred because they are keen to loose weight. What is interesting is how similar the balance is across the different districts, especially around the numbers looking to use the pathway to improve their mental health.



It is however the participants of Move Together that really show why the pathway is needed and their individual motivations for taking part.

'I've lost a great deal of self confidence and I know my mental health and stamina have suffered throughout all this. I am a person who used to spend much time travelling and I do not like being caged and, although able to go out more, still feel trapped - due to Pandemic I have experienced the cancellation of 6 holidays to date, with another one looming' Move Together Participant

'I was widowed during lockdown and although my family are close I am not getting out at all and only see my family a couple of times a week. I feel I need something else to do and look forward to.' Move Together Participant

'I have COPD and was put on the rehab course in 2019. I continued going to the gym twice a week after that finished until the March 2020 when I started shielding. I feel too nervous to go back to the gym and although I go for walks regularly I feel I am need to do more. My physical health has deteriorated and I am now more anxious about exercise and how little I seem to be able to do before getting breathless. I suspect I am over thinking it which makes it worse! I just need some help please.' Move Together Participant

Participants on the pathway have been signposted to a wide range of different activities. Across all districts:

- ☆ 37% received the Move Together Activity Pack
- ☆ 16% received a visit for one to one support
- ☆ 15% were signposted to a local physical activity group
- ☆ 15% received an Age UK Specialist Pack
- ☆ 14% were signposted to a local health walk
- ☆ 9% were provided with a discount card to access local leisure services

We have referenced how the Move Together pathway operates in a person centred way. This is best illustrated by the conversations that happen between staff and participants that help them decide what the best activities are for people to get involved with. These illustrate how Move Together understands the persons passions and interests and then tailors a specific offer to them.

'RP has had a couple of strokes pre covid and struggles to do much as he has limited or no mobility. He has to crawl up the stairs and finds it tiring to do that. When he first came out of hospital he had support, but he no longer has that, his wife does most things for him. Covid hasn't affected him in the same way as his condition is the same now as it was pre-covid. Notices that he gets tired quicker and sleeps more. He stated that if he could be 10% better that would make a huge difference, if he could get to 50% better it would improve his life. We have agreed to do a 1:1 session to show him some seated exercises and set some goals. He will have a home activity pack to use too' Extract from Move Together database

'x works as a xx so has little time to her self , she is also in remission from having a tumor removed from her vertebrae where they had to remove part of her nerves and is now full of bolts and screws which can cause her pain at times. She has lived with this for nearly 20 years , but due to COVID and not being able to do anything her muscles have deconditioned and her spine has become slightly curved and finds it difficult to walk properly. She has now reached a time in her life where she wants to try and make more time for herself as knows how important this is for her mental health and overall well being. She would like to start doing some strengthening and balance exercises to work on her core which is really important for her to do so , and have a go with the home activity pack, to work towards her long term goal which is to start a dance class or something that she is interested in doing. I am also going to send her the fusion codes for her to try a class online at home. We also talked about meditation which she stated that she has tried but hasn't got on with it due to her home environment, I suggested to maybe do it

before going to bed when the kids are in bed'
Extract from Move Together database

Although it is early days in terms of knowing whether the outcomes intended by Move Together have been achieved, there is some positive feedback from those working on the pathway and a wider range of stakeholders about the early impact.

'It definitely has an impact. I have received very positive feedback. Patients particularly like the regular phone calls they receive' Stakeholder

'Having access to specialist knowledge and support for people who didn't realise this was available is amazing. Having a dedicated team and the support from multiple agencies (myself and Move Together) allows more consistent

support and messaging to encourage positive change' Stakeholder

'Our members love the exercise classes' Stakeholder

'Huge benefit to our elderly members' Stakeholder

'I can't thank you enough for providing this service it's had a huge benefit to our members daily activities and awareness of the importance of keeping active' Stakeholder

'The outcomes are really huge, why more than expected..the change didn't happen as quickly for Go Active Get Healthy and can only put this down to the adaptability and frequency of contact' Stakeholder

Understanding Move Together and the system

The data clearly shows Move Together is reaching its target audience. It is also clear Move Together operates in a person centred way. There is clear evidence it is following the best practice from NICE around behaviour change. Participants have a range of health conditions and have clearly been impacted by Covid-19.

- More females are connecting with the pathway than males and this needs to be monitored with specific marketing to encourage more male engagement
- There is variation in who the Move Together pathway reaches by District. Some of this is explained by the different demographics but there are indications that the different approaches being taken by the Districts are influencing who it is reaching
- Mental health and diabetes are the two most common health conditions those connecting to the pathway experience but over three quarters of people on the pathway have at least one health condition.

Early Learning

Although Move Together was building on a platform of the diabetes programme, it is still a testament to all those involved what has been established and delivered in such a short amount of time. It is also really important to recognise that 12 months is an incredibly short amount of time for a new pathway to develop and become established. Although the core components have quickly become established, it is the wrap around elements including work to develop volunteer support that will inevitably take longer.

The early indications from the Move Together pathway is it is working incredibly well. The data collected on the platform and the consultations with stakeholders show the pathway is clearly reaching its intended audience. There are also clear indications that a person centred approach is at the heart of the ethos and approach being taken.

However, there is variation in what the pathway looks like in each District. Although some of this variation is clearly down to the 'system' and 'place' each District is operating in, there are also indications it is down to how the pathway is implemented in each District.

Historically, the strategy to improve physical activity was to work in silos. In other words projects and programmes have sought to address the problem of inactivity without fully understanding what prevents people from being active or what might motivate them to do more. This includes considering their mental health, isolation, loneliness and mobility. Move Together is part of a growing movement that recognises thinking about the whole person can be hugely beneficial to getting people to make long term changes to their health and to get them to move more.

Taking a person centred approach means understanding the whole person, not just their attitude towards movement. This inevitably means some people will share their experiences of mental health, loneliness or other issues they are experiencing. We are

clear it is not the Move Together Pathway that is responsible for tackling these issues. But the Move Together programme team and individual Districts are responsible for having the links and partnerships in place that allow appropriate referrals to be made to other organisations. They are also responsible for providing appropriate training, support and formal supervision that means staff are supported when they encounter people with multiple and complex needs.

One of the key strengths of Move Together is the speed at which it is able to respond to a referral. We think is a particularly important point to highlight as Active Oxfordshire are able to work in an agile way and are able to flex the resources to where they are needed and this is supported by the Districts.

Moving to Action

One of the key areas of focus for Move Together over the next few months will be to support the joining up of the different support services. This means Move Together can link more closely with partners. Move Together is focused on getting people to move more and this has many positive benefits including around mental wellbeing. But it is important to ensure referrals and partnerships are in place to support those participants who have more complex needs be it mental health or support from adult social care.

The pathway will also be doing some work around engaging men and looking at ways the pathway can be more appealing and open to this group.

If you are interested in finding out more about Move Together, or would like to get more involved you can visit the website <https://www.getoxfordshireactive.org/move-together> or contact Richard Claydon on richardclaydon@activeoxfordshire.org. A more detailed version of the evaluation report is also available from Active Oxfordshire.