



Get Going Together

It's Never Too Late Conference

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Introduction to Get Going Together

- **Get Going Together (GGT) is a three-year programme funded by GlaxoSmithKline and managed by Age UK (AUK).**
- **The programme aims to improve the health and wellbeing of older people with long-term conditions (LTC) by delivering exercise-based health and wellbeing projects that enable older people to be more physically active.**
- **GGT is being delivered by five local Age UK partners in Cheshire, Coventry, Leicestershire & Rutland (LS&R), Oldham and South Tyneside*.**

*Age UK South Tyneside has closed and transferred its services to a newly formed charity Age Concern Tyneside South (ACTS) on 31st August 2016.

What does Get Going Together involve?

The GGT programme aims to help older people to lead more active lives by taking part in physical activity tailored to the needs of the older population.

Activities ranged from one-to-one support to group classes delivered in community settings.

Low level activities:

- Aim to support older people with less intensive needs.
- Activities can be delivered by non-specialist staff and volunteers.
- Referrals are typically received through a broad range of routes including self-referral, community organisations and other Age UK services.
- Examples include bowls, walking football, seated exercise, dance classes and yoga.

High level activities:

- Aim to support older people requiring more specialist support.
- Activities most often delivered by qualified instructors and trained staff and volunteers.
- Referrals are primarily through health professionals such as GPs and hospital teams.
- Examples include balance and stability classes, and home exercise with recovery buddies.

Methods of participant recruitment

Local Age UKs focused on a number of different ways of to recruit participants to Get Going Together activities:

Self-referrals

- Local Age UK partners have utilised a variety of information and advice methods to raise awareness of GGT activities within their communities.
- Examples include target mailing, attendance and presentations at local events, leaflet distribution, and the use of print and social media including Facebook and Twitter.
- Between November 2013 and June 2016 over 485,429 contacts were made through this method.

Creating partnerships with local organisations

- Local Age UKs have created and built upon connections with organisations in the community to support recruitment.
- Examples include local care homes and sheltered accommodation, local councils, local community leisure organisations and other third sector groups.

Developing links with health and social care services

- Local partners have worked hard to expand their networks and develop relationships with key health and care stakeholders to ensure both formal and informal referral routes are embedded in care pathways.
- This will be explored further in the rest of the presentation.

Developing links with health and social care services

Across all five localities, there have been multiple examples of ways in which GGT classes have become embedded in health and care pathways:

Age UK Cheshire	Receives referrals to its cardiac rehabilitation classes from GP practices and the local Cardiac Rehabilitation Unit.
Age UK Coventry	Has established GGT within a formal respiratory care pathway in which community respiratory nurses refer patients to take part in high level GGT activities.
Age UK LS&R	Has benefited from a GP Exercise Referral Scheme Co-ordinator who has an on-going relationship with the Rehabilitation Department of Leicester General Hospital.
Age UK Oldham	GGT Falls Prevention class has been integrated into the falls pathway delivered by the NHS falls prevention service.
Age UK South Tyneside	Has engaged local GPs with GGT, delivering presentations at practice manager meetings and a GP Education Forum; GPs are now increasingly referring patients to GGT activities.

Spotlight on... Age UK South Tyneside

In South Tyneside, GGT has been embedded in local healthcare pathways, with the team working closely with the NHS to support referrals into the project.

For example, GGT has received regular referrals from the physiotherapy department at South Tyneside Hospital. Staff from Age UK South Tyneside have been delivering weekly Balance and Stability sessions in the hospital alongside physiotherapists.

“Thanks to Age UK we are meeting the NICE guidelines which is the most important thing,...The consultants completely back this, they think it’s so important what we’re doing”
[Stakeholder, South Tyneside]

Data was collected by the local hospital based physiotherapy team that has been working in partnership with Age UK South Tyneside to deliver its falls prevention classes.

The team assessed *Balance, Gait and Functional* score ratings before and after attendance at classes.

Results from 25 participants reveals significant improvements in all three scores:

- 50.2% improvement in Balance Score
- 58.2% improvement in Gait Score
- 43.9% improvement in Functional Score

The findings suggest that participants have experienced improvements in their mobility and physical functioning following involvement in GGT.

What factors supported local Age UKs to do this?

Alignment with local health and social care priorities

Strong relationships and support from key stakeholders

Reputation of Age UK

Enthusiastic and skilled local teams

What was the impact of developing these links?

Local Age UKs have become more embedded in local health and social care pathways

Physical activity is more accessible for older people with higher levels of need

A reported reduction in utilisation of healthcare resource

Participants have improved mobility and function

Local healthcare services have been able to extend their offer due to the additional resource offered through GGT

Older people report increased knowledge of how best to respond to a fall or loss of balance

Recommendations

Invest time in developing relationships with key local stakeholders	Safeguarding time to invest in developing relationships with important local stakeholders is key to embedding the programme in the local health and social care landscape.
Decide what is important and focus on doing this well	Consider pathways to maximise impact, target cohort and priority areas to focus upon from the outset, rather than a 'scattergun approach'.
Complement and build on existing provision	Take a strategic approach to mapping current provision and formally developing links within the community to ensure maximisation of local resource.
Be organic and responsive to local contexts	Learn from implementation and don't be afraid to be responsive and adapt when things do not work
Make plans for sustainability from the outset	Plans to raise awareness of GGT and make approaches to commissioners, funders and key stakeholders in the local community should be incorporated in to the project from the beginning.