



KEYNOTE SPEAKER

KATHRYN HOLDING

Head of Evidence and Impact
at Active Oxfordshire

Working together to fight
inactivity and tackle inequality



Kathryn Holding
Head of Evidence and Impact

Strategic priorities



Healthy Active Children

- Low-income families
- Disabled young people
- Teenage girls
- Mental Health and Wellbeing



Healthy Active Adults

- Long Term Health Conditions
- People at risk of falls
- Mental Health and Wellbeing
- Adults with disabilities



Healthy Active Neighbourhoods

- Enabling active travel
- Priority neighbourhood focus
- Co-production with priority neighbourhoods
- Increasing access to green spaces

MOVE
Together

Move Together provides **behavioural support**, motivation and signposting to people in Oxfordshire to empower them to **move more**.

The pathway is for **inactive adults** with or at risk of **long-term physical and/or mental health conditions**. This includes adults with disabilities and pregnant and postnatal women.

The pathway is funded by Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board, Oxfordshire County Council Public Health & city and district councils.

It is coordinated by Active Oxfordshire in partnership with Oxfordshire's District Councils.



MOVE Together

01



Referral

02



Initial
Conversation



Try It Out

03

04



Follow Up



Activities



Our Approach to Evaluation



Evidence informed

Underpinned by evidence on the need, and on the expected benefits



Collaborative

Part of everything we do, and part of how we work with partners. Embedded in our processes



Outcomes focused

Focused on identifying the change for individuals and including voices, stories and ensuring reach.



Regular

MEL is something that we do on a regular basis so that we are constantly learning



Accessible

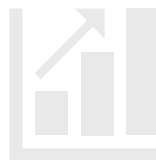
Our monitoring, evaluation and learning is available to commissioners, partners, staff and participants and should be understandable.

Metrics

MOVE
Together

Quantitative measures of change in wellbeing and physical activity- at registration and at 3 months

- EQ5-D
- Seven day physical activity recall
- Health Perceptions Scale
- ONS loneliness
- Health care utilisation
- Attitudes towards physical activity
- Friends and Family



Qualitative feedback of change and experience at the end of 3 months

Impact on physical and mental health, changes to lifestyle, changes to routine, enjoyment of MT and what they would change

Case Studies and Stories

Recently added- to enable better understanding of impact on Mental Health and on Health Prioritisation Behaviours

GAD-2

PHQ-9

Connectedness to nature

Health activation measure



Improvement and Learning...

MOVE
Together



Our Service



Indicators
of success
KPIs



**Evaluation
framework and
associated metrics**



Monitoring and
feedback
-quarterly reports
-6 monthly
outcomes reports



Improvement and
engagement

"I feel like I'm living my life again,
not just living in pain...
It gets me out of bed and gives
me somewhere to go and a
reason to leave the house."

MOVE Together

"The programme has
enhanced my life. I'm very
lucky to have found you, you
do such a great job."

In 2024/25, 1,932 people were referred to Move Together.

Activity Levels

**79% of participants
were inactive**

(less than 30 minutes of
moderate exercise per week)

**64% increased their
activity levels**

between their initial assessment
and 3-month review

**80% of completely
sedentary participants
increased their activity
levels**

**93% were not achieving
the recommended
activity levels**

(150 minutes of moderate
exercise per week)

The average weekly increase
was the equivalent of
3,900 steps per day
at a moderate pace

The average increase of
sedentary participants was
3,000 steps per day

67%

referrals are made
by healthcare
professionals

91%

participants have at
least one long term
health condition

32%

classed as obese
when they registered
with Move Together

47%

reported having a
disability at their
initial assessment

MOVE Together

Move Together created a **social value gain of £1,446,600**

This is a **return on investment of £3.70 for every £1 invested** into Move Together

Nearly 70% of participants who were completely inactive at initial assessment, and achieved behaviour change and physical activity level increases, had **sustained this activity for at least 9 months.***

22% reduction in 111/Out of Hours demand

43% fewer GP appointments

This saves 4 GP appointments per participant per year

15.11 Quality Adjusted Life Years (QALY) gain across all participants

“The beauty of Move Together is getting me to understand what I need and gives me a better life.”

2024/2025

*Result from a long-term follow-up of 85 participants in Cherwell District

"I have cancer and am experiencing more symptoms of this over time but MT is helping me to get out, be more active and help with a sense of purpose. I have started Yoga Therapy online (last week) and am really pleased about this. I attend two weekly group walks and attended walk leader training and this has helped with a sense of purpose."

"I am now exercising more daily and am now aware of the importance of exercising with my health condition and am going to start a disabled swimming group called the swans and am looking into other outdoor disability activities as the weather starts to warm up."

"I feel fitter and am less prone to becoming breathless when working hard/continuously, e.g. when climbing the 98 steps up from the bottom garden to the top at Upton House (Nat. Trust). I used to have to stop 2 or 3 times to get my breath back. I can now do the whole flight in one go, although I am a bit breathless still by the time I reach the top. Simply fitter all round."

"Knowing you are part of a genuine program which helps you to make the changes in your life to have a positive impact on both your physical and mental health. All the support that I have received and the PT sessions were amazing and have really helped me in showing me what I can do to keep it going independently after they finished."

Transferrable- steps of evaluation

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- Evidence should under pin the aims of the project
- Think through the questions you want to answer at the start of the project.
 - Who is the project aiming to benefit and why?
 - How many people will it support?
 - How will they find their way to the project?
 - How is it expected the project will develop?
 - What change is the project aiming to achieve for participants?
 - What wider changes are expected?
 - Which changes are we most interested in, which are commissioners most interested in?
 - How will we know that change is being achieved? What can we collect or measure?



Outcomes focused

Reach is not a measure of outcome. Outcomes are the changes people and systems experience

- Do they feel better?
- Have they experienced any change in their mental wellbeing?
- Did they find the project useful?
- Would they recommend it to a friend or family member?
- Has it had any impact on their day to day lives?
- Has it changed their behaviour e.g. cycling more, going to the GP less?
- Have referrers or key professionals seen benefits?



Compare before and after if possible

You can use standardized tools to help (e.g. EQ5-D)

You might need to use other peoples information as well, for example you might need partner data

Use mixed methodology

Evaluation uses lots of different types of information and it has to be everyone's business



Building relationships with commissioners

- Our experience currently being analysed by Active Partnerships and Press Red. They mapped our journey, it started in 2018 and they have identified over 40 steps in our journey.
- Key themes are building relationships, building trust, thinking strategically.
- The interplay of operations, evaluation and communications is also key.
- Another key theme is constant change- and adaptability to meet the challenges

