Agenda

• Raising the bar on strength and balance – Centre for Ageing Better
• Loneliness in Later Life – Age UK and Wokingham Borough Council
• Dementia Friendly Sport and Physical Activity Guide
• Talk to Me Principles – Activity Alliance
• Themed discussions & pledge
Lets get the brain cells warmed up!

What percentage of Berkshire residents are over 65?

What percentage are over 75?

What percentage of over 75’s are deemed ‘inactive’?
Background

• Get Berkshire Active – Active Partnership.
• Part of a national network
• 'Get more people more active'
• Not just about 'sport'
• Small core team, working in partnership
• Lead, Support, Commission, Deliver
• Physical, mental and social benefits
Raising the bar on strength and balance: The importance of community-based provision

Centre for Ageing Better

Jane McDermott
Raising the bar on strength and balance: the importance of community provision

Jane McDermott, Healthy Ageing Consultant
Centre for Ageing Better
Session Outline

• Why muscle strength and balance matters
• Raising the bar on strength and balance:
  • Raising Awareness
  • Encouraging Uptake
  • Referral Pathways that Work
  • Sticking to the Evidence
  • Monitoring for Outcomes and Improvement
• Characteristics of those working towards success
• Acknowledgements and thank you!
Why muscle strength and balance matters
The Falls Facts!

In the two years to 2016, 28% of adults over the age of 60 and 38% adults over the age of 80 reported a fall (Banks et al 2018).

About 5-10% of such fallers will sustain a serious injury (McClure et al, 2008).

Each year there are over 210,000 falls-related emergency hospital admissions 65+; estimated to cost the NHS around £1billion a year (Leal, J et al).

Falls are not an inevitable part of ageing and can be prevented!
"There was consistent evidence that preserving muscular strength and power in middle and older age was associated with a reduced risk of mortality from all causes and cardiovascular mortality."

PHE and CfAB MBSBA rapid evidence review 2018

National Project: Increasing uptake and provision of community based strength and balance programmes

- Identification of local areas for inclusion (up to 4)
  - *scoping strength and balance provision and local area interest levels*

- Engagement with local areas, information gathering, consultation with key stakeholder groups
  - *understanding the local picture*

- Workshop preparation, delivery and action planning
  - *generating new thinking to increase uptake and provision*

- Action plan sign off, area follow up, insight report, final presentation
  - *a way forward, potential for implementation*

Population Groups

<table>
<thead>
<tr>
<th>Population group</th>
<th>Activity types</th>
<th>Specific details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High and stable capacity</strong></td>
<td>Sports: swim, cycle, run, walk, group exercise, gym programmes.</td>
<td>Already active but could benefit from increasing physical activity or addressing specific aspects of fitness.</td>
</tr>
<tr>
<td><strong>Declining capacity</strong></td>
<td>Programmes should include a pre-exercise assessment due to potential co-morbidities requiring liaison with GP. Participants may need to speak to their GP before participating in exercise programmes.</td>
<td>Declining capacity due to inactivity. This group represents the largest population subgroup with the greatest to gain.</td>
</tr>
<tr>
<td><strong>Significant loss of capacity</strong></td>
<td>To achieve falls prevention outcomes, individuals should take part in evidenced-based falls prevention programmes requiring pre-exercise assessment and agreed referral pathways. Other programmes exist for outcomes relating to reducing isolation and promoting physical activity for example.</td>
<td>Low physical or cognitive function, disease or ageing process, requiring therapeutic approaches and falls prevention.</td>
</tr>
<tr>
<td>Type of sport, physical activity or exercise</td>
<td>Improvement in muscle function</td>
<td>Improvement in bone health</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Running</td>
<td>★</td>
<td>★★</td>
</tr>
<tr>
<td>Resistance Training</td>
<td>★★★</td>
<td>★★</td>
</tr>
<tr>
<td>Aerobics, circuit training</td>
<td>★★★</td>
<td>★★</td>
</tr>
<tr>
<td>Ball Games</td>
<td>★★</td>
<td>★★</td>
</tr>
<tr>
<td>Racquet Sports</td>
<td>★★</td>
<td>★★</td>
</tr>
<tr>
<td>Yoga, Tai Chi</td>
<td>★</td>
<td>★★</td>
</tr>
<tr>
<td>Dance</td>
<td>★</td>
<td>★★</td>
</tr>
<tr>
<td>Walking</td>
<td>★</td>
<td>★★</td>
</tr>
<tr>
<td>Nordic Walking</td>
<td>★★</td>
<td>★★</td>
</tr>
<tr>
<td>Cycling</td>
<td>★</td>
<td>★★</td>
</tr>
</tbody>
</table>

*Strong effect* ★★★  *Medium effect* ★★  *Low effect* ★  *No effect* ☆  *Not known* ○

The Falls Management Exercises (FaME) Programme – led by Postural Stability Instructors (PSI), evidenced to prevent both primary and secondary falls is appropriate for all older adults, including those at high risk. It also increases physical activity levels, improves confidence and reduces fear of falling.

Otoyo Exercise Programme (OEP) is led by trained OEP leaders. OEP has a strong evidence base for secondary falls prevention for people at high risk of falls when delivered as a home-based programme of pre-set exercises with progression guidance. OEP can be delivered in groups in community settings as a primary prevention programme which aims to improve strength and balance as a falls risk reduction intervention.
Provision varies greatly across England
  • Exemplar models of delivery
  • Some localities community based provision is non-existent
  • Lack of consistency / health inequalities
Commissioned by CCG/PH/Both
  • Disparity in funding, not standardised/historical patterns
  • Variety of providers
    • including self-employed instructors/private physios

Community Provision
Age UK brand partners + access to information and advice
Leisure Services + progression to other provision
Private health and leisure + clear delivery targets
Raising awareness

Fund and develop marketing campaigns
  – Lambeth and Southwark

Tailor messages for target audiences
  – Local programmes, accessible, affordable, welcoming and sociable

Make sessions appealing
  – Linking social activities, refreshments, speakers

Develop peer champions
  – Ambassadors for SnB programmes, Blackburn with Darwen
  – Wigan Reaching out to Men

Work across stakeholder groups
  – Everybody’s business, training and awareness for fire, pharmacy, neighbourhood schemes Leeds
Challenge negative beliefs
- The myth of ageing and narratives that reinforce this

Person-centred goals to increase motivation
- Pre-assessments allow for goal setting/asset based approaches

Build relationships across pathways
- Physio, OTs, Community link worker, Instructors

Exercise sessions – something for everyone
- Choice to meet preferences and suit capacity and functional mobility

Addressing barriers and providing solutions
- Transport, Money, Venues, Too busy, Family Barriers/Ageist beliefs
Develop referral pathways collaboratively
- All agencies should be involved

Share pathways throughout local networks
- Everyone needs to be informed

Provide good assessments for appropriate referrals
- Self-referral and those in transition (PARQ+2018/NQAF 2001)

A recommendation is not a referral
- One size does not fit all

Successful exercise referral pathways across England
- Derbyshire, West Sussex, Lambeth and Southwark, Bristol, Wigan, Cambridgeshire and Peterborough
Provide person-centred assessment
- Goal setting based on behaviour change theory can keep a person attending a class

Supplementary home exercise for success
- Leeds: The importance of home exercise

Tailor programmes for individual progress
- Participants are supported and challenged

Moving onto other programmes / activities
- Knowing when participants are ready to move on West Sussex, checking local provision is suitable through assessment

Support instructors to deliver the evidence
- Communities of Practice
Monitoring for outcomes and improvement

Creating monitoring frameworks
  - PhiSiCAL FaME Implementation toolkit

What to include to capture success
  - Participation in class, record of progression, measures for improvement, demographics, self-reported changes, Return on Investment (PHE)

Tools for assessment and monitoring progress and recording outcomes
  - TUG, Chair rise, 180 turn, FES-I, Tinetti, Berg balance

Digital tools for monitoring progress and recording outcomes
  - Software platform West Sussex

Make the most of data
  - Leeds Data Model
Characteristics of working towards success:

- Lead person promoting everybody’s business model
- Asset-based approach to maximise opportunities
- Agreed, well-defined pathways which are shared
- Collaborative approach promoting partnership working
- Learning and feedback loops for service improvement
- Local insight and consultation to inform programmes
- Older adults as volunteer ambassadors
- Well-trained workforces with continued development opportunities
- Ensure the right person, in the right programme at the right time for them
- Start with the person
I'm much more independent now, I can do the garden, I can go to town on the bus. Coming to this class has really made a difference to me, I now have much more balance, and I don't use my stick.

Recommendations:
• Commissioners/Directors of Public Health
• Providers of Training
• Instructors
• Healthcare and Allied HealthCare Professionals
Thank you to all areas we worked with who contributed to and supported the project, offering time, insight, innovation and collaboration throughout.

Raising the Bar on Strength and Balance Report
https://www.ageing-better.org.uk/publications/raising-bar-strength-balance

Resources Pages
https://www.ageing-better.org.uk/strength-balance-resources

CMO Guidelines On Physical Activity 2019

Jane McDermott
Healthy Ageing Programme
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www.ageing-better.org.uk
Loneliness in Later Life

Age UK Berkshire - Fiona Price
Wokingham Borough Council – Max Lilley
Fiona Price
CEO Age UK Berkshire
Cover:

- About us
- Research into loneliness in Later Life
- Solutions
- Questions
- References
Age UK Berkshire

- First registered as Age Concern Berkshire in April 1964
- Part of the formal partnership with Age UK
- An independent, locally-managed and locally-funded organisation, able to respond to and provide for the needs of people in later life across Berkshire
- Cover the entire county and work in partnership with other local Age UK’s and Age Concern’s
- Support individuals, their friends, families and carers over 50 and around 18,000 across Berkshire.
Loneliness

- Subjective, not the same as being on your own
- Not having the relationships you want
- Not the same as social isolation – solitude v loneliness
- Can be lonely in a crowd – feeling valued, recognised
- Meaningful relationships
**From ‘Older Men at the Margins**

_I know what it is: it’s coming into an empty house really_ [84, single - urban]

_Loneliness is an emptiness. Being in a bottomless pit that’s empty. That’s how I would describe it._ [73, single - rural]

_Estranged. You’re estranged from what goes on out there. And the more you sit at home, with or without daytime TV, the more you’re estranged from what’s going on out there. You feels as though you’re in a different world._ [ 74, single - urban]

Loneliness to me means I’m entirely on my own, nobody is with me. To me, that’s what loneliness is. And I feel that there is nobody around me, nobody sitting with me, there is nobody to talk to me. You know. I feel discarded, I feel left by human society and things like that. That’s my feeling, how I feel. [ 74 single]

**Older men at the margins: a study of older men’s experiences of seeking social engagement and combating loneliness in later life**. This 2-year study is led by Dr Paul Willis in the School for Policy Studies, University of Bristol in collaboration with Age UK

Impacts of loneliness

- Feelings of Emptiness, Pessimism, and Resentment
- Low Physical Activity
- Increased Blood Pressure
- Obesity
- Weakened Immunity
- Cardiovascular Diseases
- Feelings of Sadness, Depression and Worthlessness
- Drug Use and Abuse
- Excessive Alcohol Consumption
- Feelings of Anxiety, Increased Vulnerability and Anger
- Insomnia and other sleep impairments
- Feelings of Sadness, Depression and Worthlessness
- Drug Use and Abuse
- Excessive Alcohol Consumption
- Feelings of Anxiety, Increased Vulnerability and Anger
- Insomnia and other sleep impairments
Some facts and figures ….

2016 ‘Loneliness’ Survey (June 2016): amongst people 65+ in Great Britain

16.1% or 1.9 million older people often feel ignored or invisible (these days)

1.7% or 200,000 older people have not had a conversation with friends or family for a month

3.1% or 360,000 older people have not had a conversation with friends or family for over a week

12.1% or 1.4 million older people feel cut off from society

8.5% or 975,000 older people often or always feel lonely

Source: TNS survey for Age UK, 3,110 adults 65+ in GB, June 2016 – figures extrapolated to national population using mid 2016 UK ONS Populations Estimates
More facts and figures

Age UK report September 2018 ‘All the Lonely People’: people over fifty are

• 5.5 times more likely to be lonely if they don’t have **someone to open up to**
• 5.2 times more likely if **widowed**
• 3.7 times more likely if in **poor health**
• 3.0 times more likely if **don’t feel they belong** in their neighbourhood
• 3.0 times more likely if **never able to do the things they want**
• 2.6 times more likely if **family circumstances** prevent them doing the things they want
• 2.3 times more likely if **money issues** prevent them doing the things they want
• 1.6 times more likely if **live alone**
Loneliness driven by experiences & circumstances

Loneliness can happen at all stages of life and often begins when people lose significant relationships or the opportunities to engage in ways they find meaningful:

- loss of relationships
- financial difficulties
- poor mobility and health (including sensory impairments)
- caring responsibilities
- quality of local neighbourhood
- attitudes experienced in everyday life
- limited or negative outlook on life or lack of purpose in life
Persistent Loneliness impacts millions

• Loneliness is a sizeable problem – 1.4 million people aged 50 or over in England are often lonely

• Increasing because of population growth – projected to reached over 2 million by 2025/26

• 49% of older people (5 million individuals) say the television or pets are their main form of company.
Tackling loneliness involves:

• helping people build the resilience and support needed to not become persistently lonely

• supporting people to manage or address with feelings of persistent loneliness
Supporting persistently lonely people involves:

• remembering people as individuals, with unique challenges, strengths and interests

• listening to people, ensuring their voice is heard, and agreed actions relate to both what they need and want

• build the confidence & self-esteem of people feeling very low

• empower people by helping them help themselves

• be creative and imaginative in the support provided & actions agreed

• publicise and link with existing provision & services within neighbourhoods
No ‘one size fits all’; no single agency answer

- Reaching, understanding & supporting
- Direct interventions
- Transport & technology
- Intergenerational approaches, asset based community development, volunteering, positive ageing
- Build the necessary partnerships to deliver more effectively with other providers
Summary

• No ‘one size fits all’ solution to tackling loneliness
• No one organisation can tackle loneliness – collaboration important
• Working in collaboration to tackle loneliness involves:
  – supporting organisations to develop & focus on their strengths
  – referring people to more appropriate organisations
  – secure & safe referral pathway that all can access
  – commissioning that requires organisations to work in partnership and not compete for contracts and “outputs”
• Loneliness cannot be ended – it is a human emotion
Eyes on the ground

- Loneliness embedded in other services: across all local Age UK services: trained to recognise signs and to ask.

- Existing networks: eg health and social care, other voluntary sector organisations, home from hospital services, GPs receptionists, district nurses

- Other public sector professionals: Police Community Support Officers, Fire and Rescue who already visit vulnerable households

- Employers: employees and front line staff – the co-op, tescos

- Local shops and services: hairdressers, cafes, shops, pubs, parks, libraries, post offices, plumbers, electricians.

- Local MPs, Councillor, Faith Groups, U3A, generally

- Local campaigns and activities: Neighbours, relatives, friends – Happy to chat! Street Parties. Pop up events. Bikers day out. Virtual sky diving
What do we do locally?

- All services are conscious of and refer for anyone who is lonely/ socially isolated
- Befriending- volunteer model, face to face, by phone, check in.
- Out and about- short term support to reach local groups/ activities gives back confidence and support
- Future areas:
  - Wokingham Friendship Alliance
  - Project Joy
References
Key Age UK Documents
References

• All the Lonely People – Loneliness in Later Life Loneliness

• Older Men at the Margins (www.ageuk.org.uk/men-and-loneliness)

• No one should have no one – Working to end loneliness amongst older people (www.ageuk.org.uk/no-one-report)

• Age UK Loneliness Heat Map (https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-maps/)
References

- Promising approaches to reducing loneliness and isolation in later life (http://bit.ly/AgeUKPromisingApproachesLoneliness)


“An initiative to reduce social isolation and loneliness through physical activity for older people living in the borough of Wokingham.”
Aims

• Reduce isolation
• Reduce loneliness
• Increase levels of activity
• Increase social opportunities
• Encourage volunteering opportunities
From here to here....
Process

What?

Ageing Actively

Where?

Support?

Support?
What?

• Variety of activities
• Tailored for older people
• Instructors
• Cost vs Free
Where?

- Venues Locations
- Sheltered Schemes = Community hubs
- Local Leisure Centres
- Local Day Centres
Support?

- Peer Mentors
- Promotional material
- Press release
Social Isolation Timeline

- **2018**: Pilot agreed with Public Health.
- **2018**: Consultations from Sheltered residents received.
- **2018**: 16th.
- **2019**: Discussions with Sheltered Scheme manager to consult on how the project could work.
- **2019**: Potential Peer mentors found via publicity of new project.
- **2019**: Key contacts in Adult Social care formed.
- **2019**: Info sent to GPs to make aware of project and can signpost patients.
- **2019**: 22nd.
- **2019**: Meeting with Community Navigator manager.
- **2019**: 12 volunteers attend Peer Mentoring course.
- **2019**: Self-referrals taking place from people isolated.
- **2020**: Mentors assigned to support people.
- **2020**: Project launch and sessions opened.
- **2020**: 21st Group of mentors trained.
What?

- Activities:
  - Chair based classes
  - Falls prevention
  - Sporting Memories
  - Carpet Bowls
  - Health Walks
Where

- Accessible locations
- Close to older people site
- Scheme lounges
- Community Centres
Support

- Ready
- Signed up Mentors
- Courses delivered
- Call for volunteers
- Databases
• Launched in July 2019
• Held at Polehampton Court, Twyford
• In attendance, Cllr Parry Batth, members from volunteer service, adult social care and mentors
• Social opportunity afterwards for mentors to chat with residents
• Gentle exercise class took place
Sheltered Scheme Sessions

- Chair Based Activities
- Movement to Music
- Carpet Bowls
- Coffee n’ Chat
Dementia Friendly Sessions

• Movement to Music
• Falls Prevention Sessions
• Monthly Tea Dance
• Sporting Memories
Sporting Memories

• Reminiscing sessions
• Quizzes
• Spot the Ball
• Physical Activity Element
• Different Sport Theme each week
• Volunteer support
Walking for Health

- Free health walks
- Volunteer led
- 17 walks
- Short strolls to long walks
- Social Events
Mentor Process

Application to join programme
- Application form sent into WBC

WBC contact applicant
- Ice breaker and information on project is shared

Potential Mentor Contacted
- To discuss opportunity

Mentor contacts mentee
Mentor Process cont.

- Application

Discussing on needs, wants etc

Mentor arranges to meet mentee at new session

- Support and comfort for the mentees 1st sessions

Mentee now established as part of the group

- To discuss change in lifestyle

3 Month feedback review
Promotion

- GP surgeries
- Local Churches
- Flyer Drops
- Social Media
- WBC website
Sport & Leisure

Web: www.wokingham.gov.uk
Phone: 0118 974 3728
Email: sport@Wokingham.gov.uk
Dementia Friendly
Sport and Physical Activity Guide
Dementia-friendly sport and physical activity guide

Supporting people affected by dementia to lead more active lives in their community
Why is this important?

- Dementia is set to become the 21st century’s biggest killer, someone develops the condition in the UK every three minutes and there is currently no cure.

- Over 850,000 people today living with dementia in the UK
Challenges faced by people living with dementia

- Worried about other people’s reactions
- Worried about what to expect
- Challenges caused by memory problems
- Problems with mobility and navigating
Dementia-friendly sport and physical activity guide

• People
• Programme
• Place
People
Awareness, training and support

• Become Dementia Friends
• Appoint a senior level Dementia Friends Champion
• Create a supportive environment
• Signpost people to support
Programme
Dementia-friendly adaptations and considerations

• Look at your existing offer
• Design social and respite opportunities
• Be creative and innovative
• Engage with local services
• Be part of your local Dementia Friendly Community
Place

Review the physical environment

- Undergo a self guided accessibility audit
- Be aware of potential barriers and challenges
- Review the signage
- Review lighting
Download the guide today!

www.alzheimers.org.uk/sport

Find out more:

programmepartnerships@alzheimers.org.uk
Engaging Older People in Physical Activity

Activity Alliance – Helen Newberry
Engaging older people in physical activity: the GOGA approach

April 2019
GOGA ingredients:

• Reaching and engaging the least active disabled and non-disabled people in “active recreation”

• Active together

• Increasing appeal: use of ten principles and six values

• Three types of sustainability:
  ➢ Individuals active for life
  ➢ Inclusive local system
  ➢ Transferable learning
Principles to get more people active

Drive awareness
1. Use the channels I already trust
2. Stay local to me

Engage the audience
3. See me as an individual
4. Talk to as many of my values as possible
5. Continue to fulfil my values in new ways

Offer support and reassurance
6. Reassure me I’m going to fit in
7. Make me feel I can do it
8. Make it easy for me to tell you my needs
9. Ensure my first experience is good
10. Encourage me via existing advocates
Reaching the least active

Activity Levels Prior to Joining GOGA

Seven out of ten admit to an average of less than 20 minutes per day, half none.
Outcomes for the Least Active – Social Connectedness and well-being

- Positive about Community Engagement: 43, 66
- Am engaged with my local community: 78, 88
- Anxiety Level Yesterday: 53, 58
“The GOGA sessions have really helped me improve how I feel – I’m less achy and can breathe better and my pain is less. I have also made new friends and feel happier in myself!”

To date GOGA has engaged:
3,111 participants aged 65+
2,304 participants aged 51-64
Targeted and open activities
Reach: Lincolnshire

- Identified existing touch points: Royal British Legion
- Alford targeted with 11 branches of RBL in East Lindsey
- Consultation with existing members – customer led not service led
- Community hall in the centre of Alford: familiarity
- Trial and error with activities!
- RBL members active in the community: word of mouth!
- Participants to volunteers: Sustainability
- Increased confidence – more active more often!
Offer: Sporting Memories in Wandsworth:

✓ Identified need: address isolation
✓ Venue in heart of the community: trusted and familiar
✓ Activity encompasses a mix of reminiscence therapy and mild physical activity
✓ Tea and refreshments = key

Impact:
Valued opportunity to reminisce
Safe opportunity to try activity
Getting out of the house to meet others
Increases in physical and mental well-being
We’ve learnt not to make assumptions!
People power: Nottingham Golden Gloves

During the sessions it quickly became clear that Bill was not only a ‘dab-hand’ at boxing, having boxed in his youth, but he was also a great motivator for the other people taking part.
Meet the squad ...

CHRISTINE
Favourite thing about GOCA Walking Netball: The fun of it! The madness!
Fun fact about me: Two and a half years ago I took up tap dancing. I really enjoy it!

BOBBIE
Favourite thing about GOCA Walking Netball: The laughter and the netball.
Fun fact about me: I have my own published angel diaries that I create and sell, making me a published author!

WENDY
Favourite thing about GOCA Walking Netball: I love how social it is, as well as good physical exercise.
Fun fact about me: I used to be games captain at school and netball was my favourite sport!

DIANE
Favourite thing about GOCA Walking Netball: The people and the fun!
Fun fact about me: You never know what is going to come out of my mouth next!

RUTH
Favourite thing about GOCA Walking Netball: It’s amazing, best thing since sliced bread!
Fun fact about me: I used to be a national BMX champion.

ROSE
Favourite thing about GOCA Walking Netball: I love everything about it, it’s lovely!
Fun fact about me: Since starting Walking Netball in August, I have lost a stone!

MARGARET
Favourite thing about GOCA Walking Netball: The company and the people. And serious boosts in health!
Fun fact about me: I can’t keep my mouth shut!

NINA
Favourite thing about GOCA Walking Netball: The stress and all the laughs we have together!
Fun fact about me: I get enjoyment from looking after people and supporting people to take part. It gives me a joy.
Nothing about us without us ...

- The ‘actives’; strong social networks, fiercely independent and want to have control over their own lives. The enablers or influencers to participation are generally friends or neighbours.
- The ‘inactives’; women, being sociable is not part of their norm. They have few influencers encouraging and supporting them to be active.
- The experience of getting older or a health condition can trigger participation.
- Frequently, inactive women expressed a desire to do more but felt limited by their physical capabilities.

Our activities have been most successful when we’ve;
✓ Designed the offer in consultation with the local community.
✓ Put ‘social’ first with a stealth introduction to activity.
✓ Made activity more appealing through application of the Talk to Me principles.
✓ Had great people that really ‘get those’ that they are trying to reach!
✓ Diversity of volunteers; roles and people.
Practical Application

How could you use the Ten Principles to help shape or support your offer?

What would you change or do differently?

What works well?
GOGA Programme Team
Helen Newberry– Engagement Advisor
Email: helenn@activityalliance.org.uk / Phone: 07967 573345
Website: www.getoutgetactive.co.uk
Activity Alliance: www.activityalliance.org.uk
While you’re here….

- GBA Awards
- NGB Clinic
- Activate funding
- We Are Undefeatable
NGB CLINIC 11.11.19
DESBOROUGH BOWLING CLUB

COME JOIN US TO EXPLORE HOW YOUR LOCAL NATIONAL GOVERNING BODY CONTACTS CAN PROVIDE A SOLUTION TO YOUR PROBLEM
Activate Fund

• Aim: to provide new physical activity and sport opportunities for inactive people living in deprived areas in Berkshire.
• £750 - £2k
• Must have an income of less than 250k
• Targeting areas of deprivation
• Next deadline – 25th Nov
• National Physical Activity & Health Conditions Campaign
• Consortium of 15 leading health charities on board
• 1 in 4 people live with a LTH condition
• Twice as likely to be inactive despite evidence that activity can help manage a condition by reducing severity of symptoms
• Campaign support sent to all GP Practices & Pharmacies Nationwide
• Online Support to encourage behaviour change
• Sign up as a supporter at www.weareundefeatable.co.uk
Thank you for coming