Evaluation of Get Going Together - final report for Age UK Cheshire

Final findings for Age UK Cheshire

August 2016

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1 Introduction and methodology

1.1 GGT aims and objectives

Get Going Together (GGT) is a three-year programme funded by GlaxoSmithKline and managed by Age UK; it commenced in October 2013. The programme encourages older people with tong term conditions to lead more active lives and benefit from improved physical and mental health wellbeing. Exercise-based interventions are tailored to individual and group needs, ranging from one-to-one support in the home to group classes in a community setting. The programme also draws on wider community assets, using volunteers to provide support to older people and the delivery of GGT activities.

As well as improving the physical and emotional health and wellbeing of older people, GGT aims to reduce falls and unplanned GP and hospital attendances. It also seeks to reduce social isolation.

GGT is being delivered by five local Age UK partners in Cheshire, Coventry, Leicester Shire & Rutland (LS&R), Oldham and South Tyneside[1]. The localities differ in their make-up, size and geographical spread with some focusing their resource in a city with others based across a county.

1.2 National programme objectives

GGT will achieve its aims by:

- Delivering low level activities, aiming to support 4,500 older people with less intensive support needs. These activities may be delivered by non-specialist staff or volunteers and referrals are received through a broader range of routes including libraries, community groups, other Age UK services and self-referrals.
- Delivering high level, targeted activities requiring specialist support to 1,620 older people. These are most often provided one-to-one or in a small group setting and are delivered by qualified instructors. Referrals are primarily through health professionals including falls prevention teams and GPs.
- Distributing information and advice (I&A) resources to 90,000 older people. These materials highlight the importance of staying healthy and fit to older people and promote project-specific activities. They are disseminated through a variety of mechanisms including leafleting, social media, professional networking and public events.

1.2.1 National programme design

The typical participant pathway or 'journey' through GGT involves:

- Referral from a healthcare professional, from a community organisation, or self-referral;
- A needs assessment undertaken by a member of staff or volunteer at the local Age UK to determine which class(es) the participant might benefit from;
- Participation in one or more one-to-one, small or large group exercises, delivered by a paid instructor or by a volunteer; and
- Progression through high level to low level activities to sustain involvement in physical exercise (within or beyond GGT).

Within this general context, the five local Age UK partners have been able to take different approaches to meet these aims to ensure that the design is tailored to the local context. Projects vary in their local contexts, specific rationales for intervention and subsequently their project designs.

[1] As of August 31st 2016, Age UK South Tyneside is no longer operating and is now legally known as Age Concern Tyneside South. For the duration of GGT, the organisation was Age UK South Tyneside and so is referred to as such where relevant in the report.

1.3 Overview of the GGT evaluation

In February 2014, Age UK commissioned ICF to undertake an evaluation of the Get Going Together programme. The evaluation comprises three stages that will be delivered between February 2014 and September 2016. The evaluation framework and scoping reports were delivered to Age UK in November 2014 and presented the detailed evaluation approach and early overview of the programme's activities, key participant characteristics and initial lessons learned, respectively. The scoping report concluded with recommendations for the continuous improvement of GGT. The interim report was delivered in September 2015 and detailed the programme level findings at the 18 month point of the evaluation. It focused on the progress to date, emerging outcomes and lessons learned. Detailed findings and a profile were also produced for each local Age UK GGT project.

1.3.1 About this report

This report details the findings from the final point of the evaluation of the Age UK Cheshire GGT project. The findings from the final evaluation of the GGT programme overall, and other local GGT projects are available in separate reports.

This report draws on a variety of data sources, including;

- Participant survey data[2] submitted up to the end of June 2016.
- Quarterly Monitoring Reports (QMR) for the first 11 quarters (October 2013 to June 2016) of the programme – these were used to obtain quantitative data on the uptake, reach and retention of the projects' low and high level activities and information and advice activities.
- Telephone and face-to-face interviews with the Age UK Cheshire GGT team including senior members of staff to explore developments, outcomes and plans for sustainability.
- Telephone interviews with local health and social care stakeholders[3], and information and advice stakeholders to situate the local Cheshire GGT project in a wider context and understand the effectiveness of local dissemination.
- Interviews with participants and volunteers[2] during a visit to Cheshire and attendance at GGT classes to explore the experiences of older people and early outcomes.

1.4 Structure of this report

The remainder of this report is structured as follows:

- Chapter 2 presents final findings for the Cheshire GGT project.
- Annex 1 presents details of the stakeholders interviewed in Cheshire.

[2]GGT participants are invited to complete a survey on entering the GGT programme and at six monthly intervals thereafter. The participant survey includes the RAND SF-36 survey questions. The SF-36 questions allows responses to be scored and analysed in eight dimensions of health and wellbeing; physical functioning, role limitations due to personal or emotional problems, emotional well-being, bodily pain, social functioning, energy/fatigue and general health. The baseline participant profile reported is derived from the surveys competed by participants' when they join the programme (round one surveys). Follow on surveys have also been collected by Age UK Cheshire. Each participant's surveys were categorised from waves of survey (baseline, follow up wave one, follow up wave two etc.) and sorted by duration from the date of the first survey. The time categories used were:

- Up to three months from the date of the first survey (excluding those completed within two weeks);
- Between three and six months from the date of the first survey;
- Between six months and one year of the date of the first survey;
- Between one and two years of the date of the first survey;
- More than two years since the date of the first survey.

Statistical analysis of the difference in round one and follow-on surveys has been undertaken using these time categories to assess changes in participants' health and wellbeing.

[3] The details of stakeholders and GGT participants interviewed are set out in annex 1.

- Annex 2 presents an overview of SF-36 and healthcare utilisation data.

2 Age UK Cheshire: final findings

2.1 How has Age UK Cheshire GGT developed over time?

2.1.1 Recruitment, retention and referral pathways

- Since project inception and until the end of quarter 11 Age UK Cheshire had recruited a total of 838 low level and 437 high level participants. This exceeds the original targets by a wide margin which were set at 300 and 150 respectively.
- The retention rate for low level activities is strong with 50% (421/838) of participants still engaged at the end of quarter 11. There is a lower level of retention for high level activities with 22% (97/437) of participants engaged at the end of quarter 11.
- Participants are referred to GGT activities through a variety of referral routes that include GPs, occupational therapists, and physiotherapy teams. Age UK Cheshire's Well Being Co-ordinator position at the Countess of Chester centre for Healthy Ageing within Ellesmere Port Hospital is an important source of referrals for high level activities as well as the seated exercise class that is delivered from within the unit.
- Self-referral is an important point of access into GGT low level activities. The Age UK Cheshire website is a key source of information and many participants report accessing groups through word of mouth recommendation. The project has good geographical coverage across the county which means that there are locally accessible opportunities to get engaged.

2.1.2 Project delivery and activities

- Age UK Cheshire has introduced a new seated exercise class since our last interim report and have continued to focus on strengthening and sustaining existing groups and classes.
- Age UK Cheshire continues to run a large number of community based activities that have proved popular and effective in engaging older people in exercise. The most popular low level activities include gentle exercise classes, walking, Tai Chi and swimming.
- High level activities include three falls prevention classes and two cardiac rehabilitation classes.
- The biggest development has been the growth of walking football and hence an increase in the number of men participating. "*That is something that is really great to be part of, to see that really taking off… with all these things it is hard to get men involved, this is the one thing that has really hooked men in".* Walking football groups benefit from the engagement of dedicated volunteer leaders who are highly likely to sustain activities in the longer term. In May a very successful – and highly competitive - walking football tournament was held at Chester City football ground. This was organised by a partnership between Chester City FC, Get Going Together and the marketing department at Age UK Cheshire and attracted eight teams from across the county. Other walking team games such as walking rugby and walking netball are becoming increasingly popular and represent further opportunities for increased uptake by men.

2.1.3 Involving volunteers

- Age UK Cheshire has achieved a high volunteer recruitment rate over the lifetime of the programme.
- There are currently 50 active volunteers that include 31 Peer Health Volunteers, 13 walk leaders 5 walking football assistants and one volunteer driver.

2.1.4 Information and advice (I&A)

Age UK Cheshire has reached an estimated 251,418 people through I&A activity since November 2013. There have been a number of different approaches taken to inform and engage older people in the area, including Facebook, articles in local newspapers, leaflets, talks and taster sessions, attendance at local events and through the Age UK Cheshire website.

- Stakeholders report that the materials distributed by Age UK Cheshire has been well designed and received and the leaflets for activities in particular have been useful to distribute to older people.
- Promotional activities have taken more of a backseat in quarter 11 as the GGT team have focused attention on consolidation and ensuring they have up to date programme evaluation data.

2.2 Survey Response rates

Table 2.1 Cheshire GGT survey response rate by type as at June 2016

	Number of individuals completing surveys in total	Number of surveys completed in total	Number of individuals included after data cleaning	Number of surveys included after data cleaning	Number of individuals to be used in impact assessment	Number of surveys to be used in impact assessment
Cheshire	247	325	218	281	55	119

We have completed a detailed analysis of the participant survey which was carried out throughout the programme. Table 2.1 shows the number of surveys collected and then used in the impact assessment for Cheshire.

The data cleaning process started by removing duplicate entries from individuals from the data set and then involved scoring the survey responses to the SF-36 survey. This was done according to guidance from RAND Europe, who developed the survey. However, not all survey responses included answers to all questions. Where a respondent had answered fewer than ten of the SF-36 questions, the survey was removed from the analysis. Each participant's surveys were then categorised from waves of survey (baseline, follow up wave one, follow up wave two etc.) and sorted by duration from the date of the first survey.

Some of the individuals only completed a baseline survey, and therefore could not be used in the analysis of impact.

2.3 Participant profiles[4]

Table 2.2 Summary of participant profile; interim and final evaluation stages[5]

Profile characteristics	Cheshire – interim evaluation	Cheshire – final evaluation
Response rate	25% (193/775)	18% (234/1275)
Age	74	74
Female respondents	62% (120/193)	64% (146/229)
People who live alone	58% (88/153)	70% (134/191)
People who look after someone sick or disabled	18% (28/155)	16% (29/179)
Have had a fall or loss of balance in the last month	27% (49/179)	35% (66/190)
Unplanned GP visits per respondent	0.37 (154 people report 57 days)	0.31 (227 people reported 71 days)
Unplanned hospital visits per respondent	0.034 (145 people answered this question and had a total of 5 days attendance)	0.11 (26 days reported by 228 people)
One or more long term condition	82% (117/142)	66% (129/195)
Feel in control of their LTC	86% (143/166)	83% (165/199)

2.3.2 Age UK Cheshire has targeted a variety of participants through GGT (Table 2.2)

- Age UK Cheshire has successfully recruited a mix of female and male participants to GGT activities. The majority of participants are female (64%), which is in keeping with the traditional demographic of projects such as this. However, as explored in section 2.1.2, Age UK Cheshire is effectively recruiting older men with its range of GGT activities; walking football in particular has been a real success.
- The majority (70%, 134) of Age UK Cheshire's GGT participants live alone; this could increase the importance that projects such as GGT have on reducing social isolation.
- In total, 35% of participants reported having a fall or loss of balance in the last month, which reflects the need for three Falls Prevention classes currently provided in Cheshire.
- Just over two thirds (66%) of participants in Cheshire reported suffering from one or more long term health condition. This number is likely to be higher in light of the self-reported nature of this question. Of those who do suffer from long term conditions, 83% (230) feel in control; which is slightly lower than what was reported at interim stage.
- Consistent with the programme level findings, arthritis is the most frequently self-reported long term condition (Table 2.3). Although arthritis is the most commonly

[4] This profile is derived from the surveys competed by participants when they join the programme (round one surveys). Follow-on surveys (second round surveys) from participants have been excluded from this analysis to provide a baseline profile of participants.

[5] The number of surveys used to create participant profiles differs from the number used in the impact assessment as a number of surveys were removed from the impact assessment following the application of certain criteria to ensure data reliability.

reported long term condition, the reasons and conditions for which people have been referred to the project vary.

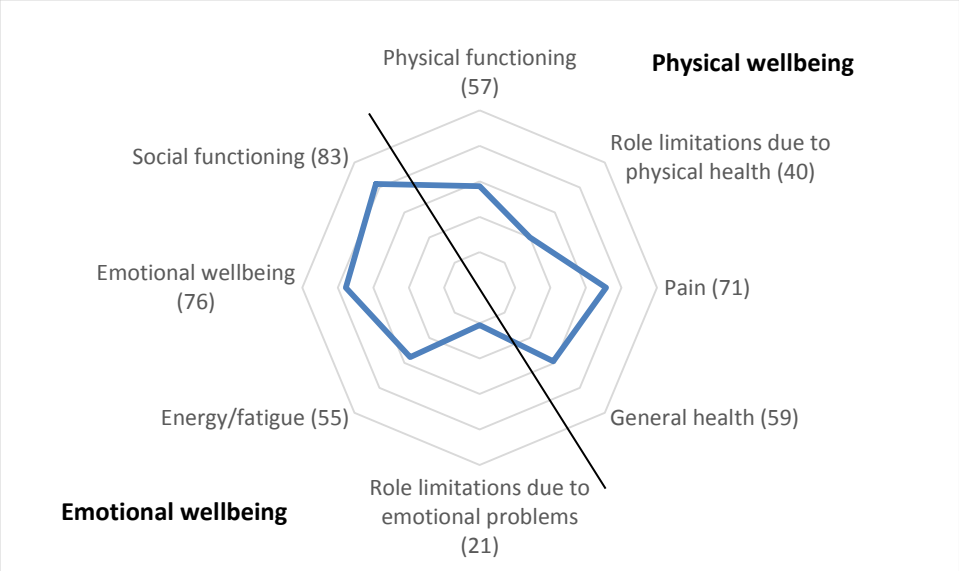
Table 2.3 Most frequently reported long term conditions in Cheshire as at June 2016

Ranking	Cheshire	Cheshire – final evaluation
1	Arthritis (54)	Arthritis (66)
2	Other (36)	Other (40)
3	Heart conditions (29)	Heart conditions (33)
4	Diabetes (29)	Diabetes (31)
5	Respiratory conditions (18)	Respiratory conditions (21)

- Survey respondents frequently reported 'other' conditions that had not been listed in the survey; these included conditions such as Parkinson's disease, epilepsy and ME.
- Participants in Cheshire had an unplanned hospital usage of 0.11 days per participant. This is higher than the figure reported at the interim stage of the evaluation which could be due to the self-reported nature of the survey or alternatively suggest that Age UK Cheshire has started to target participants with a higher level of need.
- Reasons given for participating in GGT include: to increase confidence with mobility, to meet new people and to help maintain fitness.

2.3.3 Baseline emotional and physical health and wellbeing profile of participants as at June 2016

Figure 2.1 SF-36 domain profile of Age UK Cheshire survey respondents



SF-36 scores are illustrated in brackets – the higher the score the more favourable the health state. Please see introduction for scoring rules.

- At baseline, survey respondents across all time points have higher levels of social functioning and emotional wellbeing (Figure 2.1). In contrast, participants have lower levels of physical health, particularly general health and role limitations due to physical health. This suggests that Age UK Cheshire has recruited participants with higher levels of emotional wellbeing but lower levels of physical health.
- Although survey respondents scored more highly on levels of emotional health, the lowest score across all domains was reported in relation to role limitations due to emotional problems. This suggests that Age UK Cheshire has recruited participants who have difficulties in carrying out regular day to day activities due to emotional problems.
- Across all time points, survey respondents from Cheshire score higher than the programme average for the majority of SF-36 domains. This could suggest that on the whole, participants in Cheshire have a lower level of need compared with the programme average.

2.4 Outcomes and impact

Qualitative interviews with Age UK Cheshire staff, stakeholders, volunteers and older people explored whether GGT was delivering change and the desired outcomes set out within the GGT logic model from their different perspectives[6]. Analysis of the data from GGT participant surveys has also been undertaken. In instances where statistically significant results have been found, the results are shared below.

2.4.1 GGT is increasing the participation of older people with LTCs in exercise

Between November 2013 and June 2016, Age UK Cheshire has reached a total of 1275 older people through high and low level activities. Figures suggest that Age UK Cheshire is maintaining participants' engagement with physical exercise effectively, particularly those of lower levels of need and support; as of the end of quarter 11, 50% (421) of low level participants were still taking part.

'This has got everything. It works for those who haven't played before but also it's got team camaraderie and real competitiveness I mean we really want to win and we do win. We have won three trophies in the premier league'

2.4.2 Through GGT older people have created social networks which are being maintained outside classes

Interviewees highlighted how involvement in GGT activities had widened their social networks and for some these were not just a feature of the time spent in a class. For example participants at one walking football group reported that the group had fostered 'a sense of comradeship' and provided a great forum for making new friends.

'The atmosphere is very open and not at all 'cliquey'. We organise social evenings and meet up outside of sessions.'

[6] The GGT logic model underpins the evaluation framework for the evaluation of the programme. It sets out the programme's inputs, activities/outputs, short-term and longer term outcomes, the programme's Theory of Change provides further narrative for the logic model and sets out the presumed mechanisms by which GGT is expected to deliver outcomes and impact.

Group leaders also emphasised the importance of the social benefits of participation and agreed that for many this was the principle reason for taking part.

'I've met a gang of lads here but also other friends in the league through the competitions…so a whole group of guys that I wouldn't have met otherwise'.

2.4.3 Evidence of improved physical and emotional wellbeing

Interviews with participants provided qualitative evidence of both improved physical and mental well-being as a result of their participation in GGT activities. For example one interviewee reported that since participating in GGT he has lost over 2 stone in weight. He also had high sugar levels and was diagnosed as pre-diabetic – this has changed since starting to participate in a GGT exercise group which has also encouraged him to change his whole lifestyle and become more active generally and eat more healthily.

"'The biggest reason I think they are popular is because of the social aspect".

Interviews with instructors and group leaders also provided evidence of physical and wellbeing out comes for participants.

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"It is totally about the whole wellbeing of that individual, it's not just about the physical side, it's that mental side as well. I see big improvements on both sides."

"At the end of the day, they have a bit more movement, they feel better and can be more independent. It makes a big difference to them that they they're able to actually turn and pick something up, they're able to reach for something. For those able to walk… their gait and walking has improved as well. And on top of that they come and enjoy it, actually have a nice time and it is fun".

For Mr and Mrs Q who attend a seated exercise class together outcomes were both physical and emotional. For Mr Q, who cares for Mrs Q, these included greater mobility and general physical well-being as well as the opportunity to get out and socialise. For Mrs Q who spends most of her time in doors the chance to get out and meet others was the key benefit.

Case study 1: Mr and Mrs Q

Mr and Mrs Q are husband and wife and both attend the seated exercise class at the Healthy Ageing Centre at Ellesmere Port Hospital. Mrs Q, who has Alzheimer's, was referred to the Centre in April 2016 after passing out and being taken to A&E. She was given a *'full MOT' by the staff at the Centre*' which Fred describes as '*brilliant… they checked out everything, organised a scan for a problem she was having and bought in social services… they also gave me an assessment and [name of well-being coordinator] invited us both to attend the seated exercise class'.* Mr Q explains how the class has helped them both '*It's helping me as much as it's helping Mrs Q. I've got a vascular problem with reduced circulation in my legs and problems with my back… what happens in this chair is terrific, it does something to me that is amazing, I just feel like a different person when I've finished the session'.* Mr Q explains that he feels physically better since attending the sessions and that they provide an opportunity for Mrs Q to

get out of the house see other people.

2.4.4 One cohort of participants reports less frequent use of healthcare resource

Analysis of reported, unplanned use of GP and hospital resource in Cheshire showed there was a statistically significant decrease in the number of unplanned hospital appointments for participants who completed a second survey up to one year after their baseline survey (from 0.29 to 0). This suggests that GGT has reduced the unplanned hospital utilisation for this cohort of older people involved in the project in Cheshire, reflecting findings detailed above on improved emotional and physical wellbeing. Please see Annex 2 for data.

2.4.5 Volunteers have a high level of commitment to GGT and report an improved sense of wellbeing

Volunteers that we spoke to reported a range of positive gains including a greater sense of life satisfaction, improved confidence and better social connectivity.

Case study: Mr T and Mr W

Mr T initially started as a participant at walking football about 2 years ago but was asked if he would like to volunteer by Age UK staff and was happy to do so. He is currently semi-retired with a P/T job in retail – although this was not the job he did before retirement.

Mr T describes his role as organising the sessions and the competitions that the teams take part in. He also collects the subs, keeps a register of attendees and recruits people into the sessions.

Mr W is the team coach. He explains that they have two teams – a 'premiership and a championship team' these get mixed for the sessions that they play at the centre but not when they are in a competition. The premiership team is currently top of the walking football Cheshire league and they have won three cups. He recruits people opportunistically including someone who used to play for Wales in the under-19 team (obviously a few years ago!).

Neither Mr T nor Mr W had ever volunteered before. Outcomes for them as volunteers include: '*a feeling of great satisfaction… there is so much enthusiasm here for the game. Most people have played football before and want to stay active but because of aches and pains, knee problems and the like they can't so this is a great alternative'.*

Both Mr T and Mr W are committed to ensuring the walking football sessions continue even without future support from Age UK Cheshire.

2.5 Stakeholder views

Stakeholders interviewed agreed that GGT provides a strategic fit with high level local priorities for older people as described in both the Cheshire East and West Cheshire's Ageing Well strategies. Keeping older people active as well as helping to reduce social isolation were described as central components of helping to ensure that older people's quality of life is maximised and GGT was considered to contribute towards this.

One stakeholder described a decrease in provision for older people as a result of on-going funding cuts to local authorities and the third sector with the closure, for example, of a local Healthy Living Centre. She described how GGT activities help to fill some of the gaps in provision left by these cuts. She also felt that GGT activities provide excellent geographical coverage meaning that they were locally accessible by a large number of older people.

In Cheshire GGT provided an opportunity to continue and develop a set of earlier public health exercise initiatives targeted at older people under the umbrella of 'Get Active'.

"It has just grown out of 'Get Active'… really it has been about taking what was already going on under that and developing it further".

This was described as a positive but also a missed opportunity to rethink how activities could be more strategically targeted. One stakeholder felt that a more effective use of the GGT resources could have been achieved if activities had been more targeted towards priority groups for example those living in high IMD wards or those with long term conditions on a health and well-being pathway that included smoking cessation and weight management and for whom outcomes could be monitored and clearly demonstrated.

Some GGT activity is delivered in partnership with Brio Leisure a social enterprise that manages twenty sites across the borough and has two contracts with the local authority – one a built facilities contract and the other an Integrated Wellness contract commissioned via Public Health. The first is a 15 year contract that includes investment in built assets and has a focus going forward on the older population. The second is a three year contract within which there are physical activity targets for older people aligned with the public health national framework. Brio has had a long-standing relationship with Age UK Cheshire with whom they have delivered three key GGT activities - swimming, badminton and walking football. Interviewees at Brio described these activities as very popular with the potential to be self-sustaining going forward.

Stakeholders from Brio described how they are keen to develop the existing partnership that they currently have with Age UK Cheshire. They felt that there was a lot of potential to work together and with other strategic partners to see how physical activity can best be delivered to older people going forward, how priority groups might be targeted and how best use can be made of their built facilities as well as other community resources. Taking a partnership approach to exploring funding opportunities and in particular those offered through Sport England was also felt to be a priority for future sustainability.

2.6 Cost analysis

Data was collected for the expenditure in Cheshire through GGT. There were a wide range of inputs into the programme, including staff time, venue hire, overhead costs and volunteer contributions. Table 2.4 presents the total expenditure by type; outgoings and in-kind costs. The largest item of expenditure was staff costs, followed by venue hire, equipment, transport and tutors for classes. The total expenditure in Cheshire was nearly £360,000 over three years.

Table 2.4 Expenditure by category[7]

Category	*(£)*
Salary costs and recruitment	91,592
Staff training	2,283
Volunteer recruitment, training costs	1,086
Staff travel	3,872
Venue hire, tutors, transport and equipment	91,007
Promotion	4,631
Overheads	50,408
Total expenditure	244,879
In-kind costs	
Volunteer hours	6,900
Volunteer cost	£58,300
Venues	£20,600
Transport	£0
Financial contribution	£36,036
Total in-kind	£114,936
Total overall	£359,815

Management information

The Management Information collected provided details of the number of volunteer hours used by the programme, venues provided free of charge for programme activities, transport costs and the financial contributions of participants. The approach from the Volunteer Investment and Value Audit (VIVA) from the Institute for Volunteering Research (IVR) has been used to estimate the value of volunteers' time.

This approach multiplies the number of volunteer hours by an appropriate wage rate. The hourly wage rate has been taken from the Annual Survey for Hours and Earnings (ASHE) for each area, and the 25th percentile value of earnings has been used. The wage rate was multiplied by the total number of volunteer hours provided for the programme.

The management information provided information on venues provided free of charge. The value of hiring a venue for one hour was estimated using information on the cost of hiring community spaces in the local areas[8].

The total value of the in-kind contribution in Cheshire was nearly £115,000, which represented the greatest total across the programme. The largest component of the in-kind contribution was the cost of volunteers. This perhaps reflects the reliance placed on volunteers for project delivery over the course of GGT and the partnership with local social enterprise, Brio. Age UK Cheshire has had a higher degree of staff turnover, particularly at a management level, than other localities and so the use of a consistent volunteer base has supported a stable portfolio of activities.

[7] The budget is expected to be spent by the end of the project

[8] www.hallshire.com

Table 2.5 Average cost per participant

	Number of participants	Total spend (£)	Average spend per participant (£)
Cheshire	1275	359,815	282
Programme level	6,229	1,371,560	220

It has not been possible to calculate an average unit cost of activities provided. This is because it has not been possible to consistently and reliably identify the number of activities each individual has attended. However, the number of individuals in Cheshire is known, as is the total expenditure in each area. This is presented in Table 2.5. This shows that the cost per participant in Cheshire is £282, this represents the highest total across all five localities in the programme.

At a cost of £282 per participant, Age UK Cheshire has achieved a number of outcomes reflected throughout this report. The survey results for participants in Cheshire show small increases in SF-36 scores for participants over the course of the programme in a number of domains, including energy/fatigue, emotional wellbeing and physical functioning. However these increases are not statistically significant.

There was a statistically significant decrease in the number of unplanned hospital appointments for participants (who completed a second survey up to one year after their baseline survey). This suggests that GGT has reduced the unplanned hospital utilisation for this cohort of older people involved in the project in Cheshire. Please see Annex 2 for data.

2.7 Sustainability and future plans

As funding comes to an end in September 2016, Age UK Cheshire has focused effort on exploring opportunities for future funding, partnership work and sustainability of existing activities. There are a number of strategies being worked on to sustain and develop both high and low level activities.

2.7.1 Building partnerships

Age UK Cheshire is developing partnership approaches to help build sustainability of GGT activities. For example GGT, VIVO and Brio are working together to develop and deliver two pilot projects with the aim of developing an evidence base in preparation for a funding application to Sport England. This is intended to begin the process of ensuring there is a shared understanding of the priorities for older people and the challenges that lie in meeting them. Enhanced collaboration is identified as critical for ensuring that partner agencies achieve good health and wellbeing outcomes for older people by improving both the quality and reach of services.

The Age UK Cheshire Chief Executive is also represented on the West Cheshire Falls Prevention Strategy Group supporting the forward development of falls prevention activity (see below).

2.7.2 Use of volunteers and peer health mentoring

Recruiting and training volunteers to help deliver GGT activities has been an important component of the programme. At the end of quarter 11 there were still 50 volunteers engaged in the programme. It is envisaged that the continued engagement of volunteers will support long term sustainability of some activities including for example walking football.

At the end of quarter 11 there were 31 Peer Health Volunteers delivering this popular and successful element of the programme. As part of a strategy for continuing this work GGT staff together with Age UK Cheshire's Wellbeing Coordinator service have developed a proposal to create a multi-agency partnership to support volunteer led initiatives to address

the needs of socially isolated and inactive older people. A key objective of the proposal is to grow the numbers of peer health mentors supporting older people in the community.

2.7.1 GGT and falls prevention

Work is on-going to align GGT activity with the Age UK Cheshire Falls Prevention Service currently commissioned through West Cheshire CCG. This service is being recommissioned in summer 2016 and the aspiration is for GGT to augment existing provision with a strong preventative element through sustaining and expanding current GGT high level strength and balance related classes.

2.7.2 Securing economic sustainability and supporting self-sufficiency

There is currently a small fee charged for low level classes delivered through GGT. Age UK Cheshire has recently undertaken an assessment of the financial viability of their activities and are discussing how fees charged might be increased in order to achieve future self-sustainability.

"From the very start, the project was set up charging for activities… that has been a really important factor in terms of how it is going to move forward".

Interviewees felt that popular classes like walking football were highly likely to be self-sustaining. The active involvement of committed volunteers is a critical factor in this. One tutor reported that she is planning to deliver some community based classes on a voluntary basis to ensure that they can continue.

Staff and volunteers from Age UK Cheshire have recently taken part in the YMCA Chair based Exercise Course which is described as helping to build capacity to sustain chair based exercise groups.

2.8 Conclusions and recommendations

- Age UK Cheshire's GGT project has established a successful and extensive programme of exercise activities for older people in Cheshire. The classes on offer have broad geographical coverage being based in a large number of different community settings. This makes them easily accessible to the target population. GGT low level activities have grown out of and built on an existing programme of activities under the umbrella of a former public health initiative 'Get Active'. GGT has broadened the reach of this programme and has been particularly successful in reaching older men through an increasingly popular programme of walking football groups. GGT has grown organically in response to the needs, preferences and motivations of older people. This means that a number of classes are well placed to be self-sustaining once GGT funding comes to an end. Sustainability beyond the life of the programme has also been supported by charging a small fee for classes, and opportunities for increasing fees to full cost recovery are being explored.
- Age UK Cheshire has an effective established partnership with the Countess of Chester centre for Healthy Ageing within Ellesmere Port Hospital. This has proved an effective referral point to high level activities including falls prevention as well as providing the venue for a seated exercise class. Participants are also referred to GGT activities through a variety of referral routes that include GPs, occupational therapists, and physiotherapy teams.
- Interviews with volunteers and participants highlight a number of positive outcomes including improved physical and mental well-being and increased social networks.

In order to further support the sustainability of GGT activities it is recommended that Age UK Cheshire:

- Continue to build and strengthen strategic partnerships including those with Brio, the Falls Prevention Service and the Care Stakeholder group in order to ensure that the

successes of GGT are sustained and built on. Work with Brio to ensure that the best use is made of existing built facilities and that provision is dovetailed and where appropriate targeted at those most in need.

- The participant survey shows that arthritis is the most commonly reported long term condition for Age UK Cheshire. Age UK Cheshire could review local provision for older people with this condition and consider ways in which it may be able to complement or expand on this, for example offering tailored exercise sessions with specialised support. Age UK Cheshire could also develop partnerships with local organisations for people with arthritis, where possible, including Arthritis Research UK and Arthritis Care.
- Continue to explore funding opportunities including those offered through Sport England and local commissioners.
- Continue to develop relationships with key partners within the local health and social care economy to help embed the GGT falls prevention and cardiac rehabilitation activities within health and care pathways.
- Support existing volunteers to enable them to sustain and grow activities beyond the life of GGT funding for example walking football groups. Continue to consider the sustainability of individual classes through auditing fees charged and potential for increases.

Annex 1 Cheshire stakeholders interviewed

We would like to thank the following people for giving their time to speak with us:

Locality	Name	Role
Cheshire	Lydia Orford	Health Improvement Practitioner
Cheshire	Emma Brunes	Communication Support Coordinator – Stroke Association
Cheshire	Annette Todd	Arthritis Champions Project Co-ordinator
Cheshire	Tracy Weigh	Wellbeing Coordinator (at Ellesmere Port hospital)
Cheshire	Dora	Exercise coordinator
Cheshire	Ellie McFarn	Managing Director Brio Leisure
Cheshire	Volunteer 1	Walking football
	Volunteer 2	Walking football
	Participant 1	Seated exercise
	Participant 2	Seated exercise
	Participant 3	Walking football
	Participant 4	Walking football
	Participant 5	Walking football

Annex 2 Data[9]

Table A2.1 Baseline and follow up SF- 36 scores and changes in healthcare utilisation across five time points

	Cheshire		Cheshire		Cheshire		Cheshire		Cheshire	
	Base	3 months	Base	6 months	Base	1 year	Base	2 years	Base	> 2 years
Sample size	11		8		14		27		3	
Physical function	58.62	65	57.91	65.24	64.44	63.68	75.18	79.31	80.45	87.11
Role limitations due to physical health	47.86	33.4	42.56	51.88	53.83	40.23	21.94	17.65	52.65	4.7
Role limitations due to emotional problems	6.93	26.6	27.68	33.33	37.25	31.4	6.78	19.61	16.22	0
Energy/fatigue	57.22	57.14	52.7	55.62	56.07	59.59	65.88	66.89	58.33	80
Emotional wellbeing	77.22	73.8	76.24	78.87	74.12	79.91	82.39	75.35	74.67	89.36
Social function	81.71	82.91	80.1	77.31	79.04	83.46	91.76	85.29	91.67	100
Pain	69.63	75.64	71.88	64.06	69.01	66.19	78.39	72.79	78.97	95.83
General health	64.03	62.51	56.71	55.48	58.55	63.05	71.05	72.67	71.67	76.08

[9] ICF analysis; Cells shaded blue indicate a statistically significant change at a 95% confidence level. The analysis has been conducted using a 5% margin of error and 95% confidence level. The margin of error tells us the size of the error which surrounds the survey findings; the smaller the margin of error is, the greater confidence we can have in the survey results. The confidence level tells us how sure we can be of the margin of error. (Common standards used by researchers are 90%, 95%, 99%).

	Cheshire		Cheshire		Cheshire		Cheshire		Cheshire	
	Base	3 months	Base	6 months	Base	1 year	Base	2 years	Base	> 2 years
Unplanned GP	0.45	0.18	0.25	0	0.36	0.14	0.12	0.53	0.67	0
Unplanned hospital	0.09	0.36	0.13	0	0.29	0	0.12	0	1.67	0
Unplanned other health	0	0.09	0.13	0	0	0.07	0.12	0	0.33	0