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

Final findings for Age UK Coventry

June 2016

Contents

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 Coventry 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 Coventry 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 Coventry GGT project in a wider context and understand the effectiveness of local dissemination.
- Interviews with participants and volunteers[2] during a visit to Coventry 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 Coventry GGT project.
- Annex 1 presents details of the stakeholders interviewed in Coventry.

[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 Coventry. 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 Coventry: final findings

2.1 How has Age UK Coventry GGT developed over time?

2.1.1 Recruitment, retention and referral pathways

- Age UK Coventry has recruited 1,068 participants to its GGT programme across both high and low level activities. A total of 762 participants were recruited to low-level activities of which 550 are still participating in the project. 306 participants were recruited to high level activities across the lifespan of this project with a retention rate of 180 participants.
- Formal and informal referral routes have worked effectively, for example the Community Physiotherapy service referred a total of 44 older people to GGT. A large number of these referrals have initially required high-level one-to-one support. This referral route opened up referrals from the wider Coventry and Warwickshire Partnership Trust's Physiotherapy service which has referred four older people to GGT.
- Self-referrals have been a popular referral route whereby older people have heard about the project through publicity and taster sessions or through an exit strategy from the Community Physiotherapy service. In-house referrals from other teams and departments within Age UK Coventry have formed one of the main referral routes into GGT services. For example, Age UK Coventry's Contact & Connect partnership and Age UK's Friendship groups. The friendship groups are aimed at improving social networks of older people through small groups that meet for refreshments, entertainment, pub lunches and library groups. There are also specialist friendship groups targeted at gay and bisexual men, older people with hearing impairments, learning disabilities and groups for South Asian people. Other referral partners have included care homes, GP care navigators, community matrons, Coventry City Council's Healthy Lifestyle team and RIPPLE (a clinic for people with COPD based at the University hospital Coventry). Community respiratory nurses continue to refer patients to high level GGT activities and the GGT team also refer participants out of the project. For example, a formal ward referral route into existing pulmonary rehabilitations services was established early on.
- Atrium Health, a not-for profit enterprise delivering cardiac and pulmonary rehabilitation services in Coventry has also become a key referral partner for the GGT project. This partnership has also achieved a referral pathway from GGT to Atrium Health for those older people that require high level one-to-one support before they access Atrium Health services. For example, Atrium Health will refer older people who are not yet at the level to attend their classes to GGT; the intention is that GGT will work with these people in their home and build up their confidence so that they can then refer them back to Atrium Health to participate in their services outside of the house.
- GPs have proved challenging to engage and very few self-referrals were made to GGT based on encouragement from GPs.

2.1.2 Project delivery and activities

- The GGT project initially started by offering five activities. Activities have steadily increased across the course of the project with a total of 30 activities now taking place. 25 of these are low impact activities whilst five are high impact activities.
- Activities range from one-to-one home based exercises that focus on balance and mobility exercises and group exercise classes that include: gentle chair based exercises (including seated Yoga/Pilates), dancing sessions (Zumba, Latin and ballroom dancing –

seated and standing) and gentle seated/standing low impact exercises including strengthening exercises with equipment and walking football.

- Gentle seated/standing exercise classes have been most popular, in contrast take up was low for Zumba classes and so the decision was made to stop these sessions.
- Overall attendance at sessions has been high and ranged from 80-100% attendance. The majority of these activities are delivered by paid members of staff whilst three activities are delivered by volunteers. Volunteer led activities include low impact activities such as walking football and sequence dancing.
- Coventry GGT was awarded approved centre status from YMCA Awards and is now qualified to deliver Chair-Based Exercise courses.

2.1.3 Involving volunteers

- In total, ten volunteers were recruited over the course of the GGT project, with a retention rate of 60% (6). The recruitment process included an application form and an interview prior to appointment. Volunteers undertook one day of training prior to taking up their roles which offered them a background into the work of Age UK, GGT and information on working with older people. Support was offered to nine volunteers on an ongoing basis from the GGT project team as and when required.
- Volunteers have actively worked with both the project team and participants involved in the project. Volunteer roles have included completing administrative tasks both in the office and at exercise classes as well as assisting in one-to-one sessions with service users through 'buddying' as they progress through prescribed activities.

2.1.4 Information and advice (I&A)

- Age UK Coventry carries out a range of I&A activities. These include providing information to partners and centres and distribution of printed flyers and posters to libraries and community centres, direct mailing and meetings with residential homes and day centres.
- Age UK Coventry has shared promotional materials with local GP surgeries asking them to display their posters and leaflets. Practices have subsequently displayed the materials and GGT has received several self-referrals from GP surgeries.
- Age UK Coventry and its stakeholders reported that self-referral through promotional literature and events such as 'Community Activities' were particularly effective in attracting participants to low level activities. The majority of survey respondents reported hearing about GGT through their local Age UK.
- The greatest numbers of older people (reach of 800 older people) have been reached through an Alzheimer's Café meeting and promotional leaflets given to health trainers for direct provision to clients.
- Age UK Coventry offers information to Atrium Health participants who are receiving cardiac and pulmonary rehabilitation services. This took place every quarter for 18 months, with the highest reach of 672 older people in any one quarter.
- Other dissemination activities included leaflet distribution to the Cardiac Ward at University Hospital Coventry and Warwickshire to be given to patients (reach of 750 older people), adverts in Your Call (reach of 470 older people) and adverts in the Chatterbox Publication (reach of 420 older people).
- Stakeholders felt that the information and advice materials were 'fit for purpose' and in particular praised the distinction made between leaflets for participants and leaflets for professionals. Participant leaflets included exercises that older people could do at home which stakeholders felt was a good idea for older people to have a look at what the exercises involved and for them to have the opportunity to build up their confidence at

home before joining a group class. Stakeholders felt that these methods were effective particularly as flyers can be taken away. Stakeholders suggested a number of possibilities for future recruitment strategies, including the use of social media to reach a greater number of older people and large posters in buses/at the back of buses.

2.2 Survey Response rates

Table 2.1 Coventry GGT survey response rates 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
Coventry	343	917	342	800	277	735

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 Coventry.

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	Coventry –interim evaluation	Coventry – final evaluation
Response rate	21% (124/595)	32% (343/1068)
Age	82	80
Female respondents	74% (95/128)	76% (260/343)
People who live alone	66% (78/119)	61% (205/335)
People who look after someone sick or disabled	4% (4/113)	9% (31/327)

[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.

Profile characteristics	Coventry –interim evaluation	Coventry – final evaluation
Have had a fall or loss of balance in the last month	38% (40/106)	35% (118/336)
Unplanned GP visits per respondent	0.75 (61 people reported 46 days)	0.5 (343 people reported 170 days)
Unplanned hospital visits per respondent	0.51 (41 people answered this question and had a total of 21 days attendance).	0.2 (343 people reported 67 days)
One or more long term condition	83% (102/123)	75% (255/339)
Feel in control of their long term condition (LTC)	75% (79/106)	72% (238/328)

2.3.2 Age UK Coventry GGT has targeted a real variety of participants (Table 2.2)

- The majority of Age UK Coventry participants are female (76%), which is in keeping with the traditional demographic of projects such as this. However Age UK Coventry does provide a range of activities which attract a higher number of male participants including walking football and strengthening exercises.
- A high proportion (60%) of Age UK Coventry's GGT participants live alone; this could increase the importance that projects such as GGT have on reducing social isolation and is likely to reflect the greater age of participants.
- In total, 35% of participants reported having a fall or loss of balance in the last month, this is likely reflective of the fact that Age UK Coventry has targeted participants with higher levels of need and potentially more susceptible to falls.
- The majority (75%) of participants in Coventry reported suffering from one or more long term health condition. As answers to this question are self-reported, this number is likely to be higher. Of those who do suffer from long term conditions, 72% (238) 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 reported long term condition, the reasons and conditions for which people are being referred to the project vary.
- Reflective of new referral routes established over recent months of the project, there has been an increase in the number of participants with heart and respiratory conditions since the interim stage of the evaluation.

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

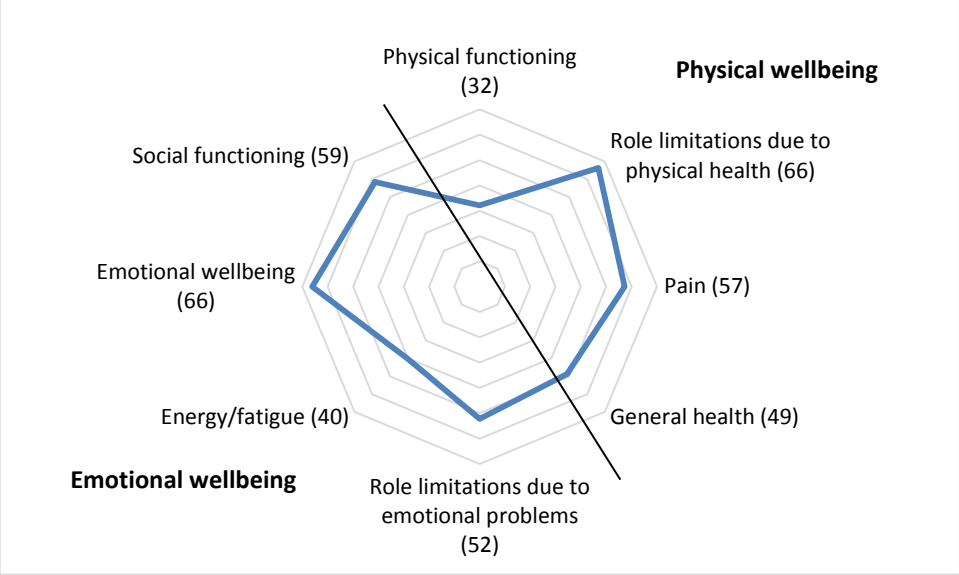
Ranking	Coventry	Coventry– final evaluation
1	Arthritis (56)	Arthritis (163)
2	Heart conditions (39)	Heart conditions (107)
3	Other (32)	Respiratory conditions (87)
4	Respiratory conditions (26)	Other (73)

5	Vascular/stroke (21)	Vascular/stroke (61)

- Survey respondents also frequently reported 'other' conditions that had not been listed in the survey; these included conditions such as MS, colitis and epilepsy.
- Participants in Coventry had an unplanned GP usage of 0.5 days per participant and unplanned hospital usage of 0.2 days. Both figures are lower than those reported at the interim stage of the report, which could suggest that the participants recruited to the project more recently have lower levels of need than those at the start of GGT.
- Reasons for participating in GGT include: for enjoyment, to keep fit and to do exercise in a supervised and safe environment.

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 Coventry respondents



- At baseline, survey respondents across all time points have higher levels of emotional compared to physical health, particularly emotional wellbeing. Participants have lower levels of physical health, particularly physical functioning and general health. This indicates that Age UK Coventry has engaged older people with higher levels of emotional wellbeing yet who have difficulties with physical functioning.
- The scoring reported across domains is reflective of the participants Age UK Coventry targeted. The team focused time and resource to support participants through one-to-one activities who had higher levels of need.
- Across all time points, survey respondents from Coventry score lower than the programme average for the majority of SF-36 domains. This again could suggest that Age UK Coventry has been successful at targeting and recruiting participants with higher levels of need and support.

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

2.4 Outcomes and impact

Interviews with the Age UK Coventry team including project and senior staff, stakeholders, volunteers and older people explored whether and how GGT was delivering change and the desired outcomes set out within the GGT logic model[6]. Feedback from these interviews provides evidence of outcomes consistent with the programme's theory of change. 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 Older people with LTCs are more physically active and rely less on public services

The qualitative evidence captured during the evaluation suggests that GGT is not duplicating existing physical exercise activities on offer in Coventry. Stakeholders suggested that the project has resulted in an increase in the number of physically active older people. Once older people realise the benefits of physical activity they were more willing to try new activities and exercise classes. Evidence suggests that older people that are involved in GGT have increased their level of physical activity. One stakeholder who worked closely with participants observed the impact that GGT one-to-one sessions made for older people prior to attendance and six months after this. Some service users had one-to-one support and then attended the group exercise classes growing in confidence in relation to their physical health and feeling more confident when exercising.

"They're doing things they never used to do. They're able to mow the lawn or do their own housework now…it doesn't seem a great deal to anybody else but to that person it's a huge deal" (Age UK Staff)

Age UK staff felt that because older people were more physically active and felt healthier this had knock on effects to GP attendances; a number of older people reported visiting GPs less and requiring less support as they were felt they were becoming increasingly able to look after themselves.

2.4.2 One-to-one support has been a success for those requiring higher levels of support

The one-to-one service which was carried out by qualified staff was a particular success of the project. The participants had to do very little to access this service because the referral always came through partners and participants incurred no costs. This support has allowed people to gain confidence before entering group classes. The benefits of the service and the difference it made to individual lives and the associated social aspects have meant that the project has worked well.

"People are telling us they're not going to the doctors as often and feel a lot healthier than they have done in the past." (Age UK Staff)

"Some older people that I've worked with don't have anybody else; they won't go out to a group because maybe English isn't their first language or maybe they're conscious because they have a disability or had a stroke in the past. They're not comfortable to go out of their home but for somebody to go in, well they become sort of a lifeline really." (Stakeholder and Physiotherapist)

These one-to-one interventions were described as comparable to the physiotherapy intervention delivered by the falls clinic. The quality and the length of time for the GGT sessions (10 sessions) were better than that offered by the falls clinic (7 sessions). The one-to-one sessions also enabled hard to reach groups to access these physical activity services, such as disabled older people or older people that speak little English.

2.4.3 Social networks of older people are being created and reducing isolation – helping to improve emotional wellbeing

[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.

Some older people felt that one key benefits of attending GGT classes is the opportunity to build friendships and reduce isolation as many older people often do not have interaction with other people. In addition, older people can lose confidence, particularly after a fall, which prevents them from going out. One participant felt that offering older people support and a safe environment in which they can build their confidence has resulted in improved mental wellbeing.

> *"People who have lost their partners who come here now have a support group, we have that support network of friends, it's more than just a fitness thing. It means a lot of things to a lot of different people…you could say it treats the person holistically." (Participant)*

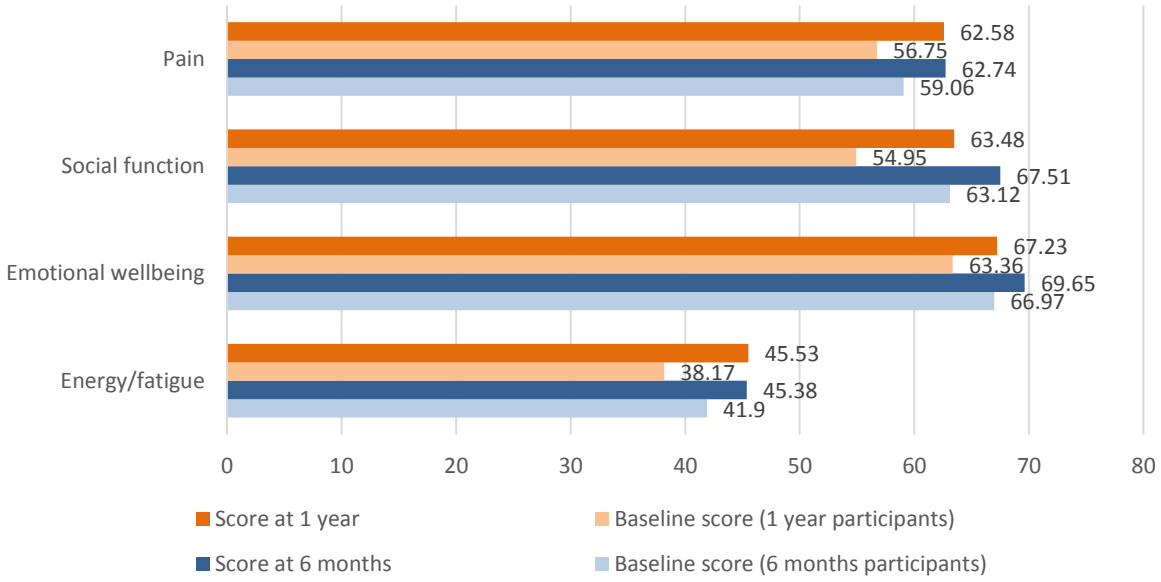
2.4.4 Participants involved in GGT show statistically significant improvements in a number of areas of their health

Participants who completed a second survey up to six months or up to one year after their baseline survey showed statistically significant improvements in SF-36 scores for four out of eight SF-36 domains (Figure 2.2)[7].

- Energy/fatigue;
- Emotional wellbeing;
- Social functioning; and,
- Pain.

A higher score denotes a more favourable health state. This suggests that participation in GGT has supported an improvement in social functioning, emotional wellbeing, energy and pain levels for this cohort of older people in Coventry.

Figure 2.2 Changes in SF-36 scores for participants who completed a second survey (up to six months or up to one year) after their baseline survey

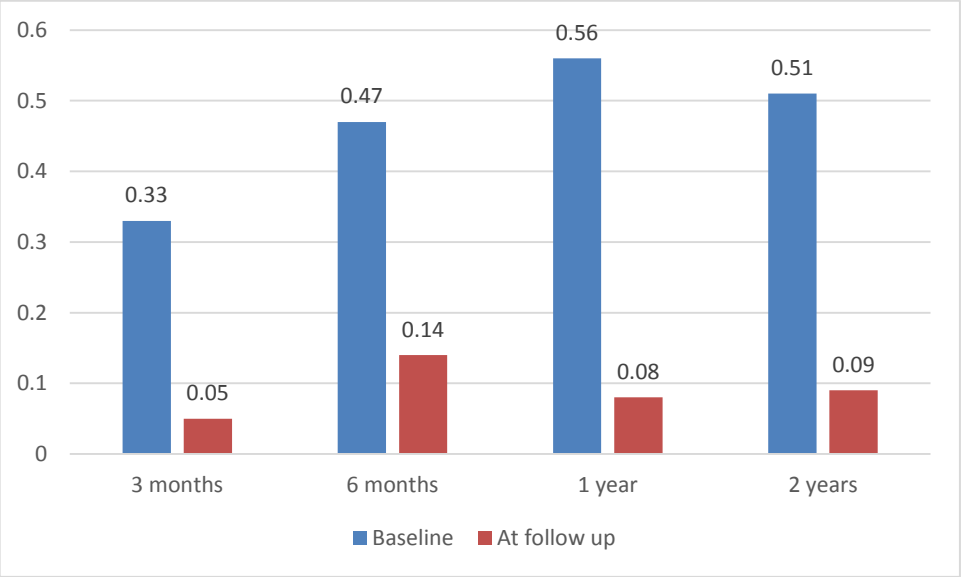


[7] The analysis has been conducted using a 5% margin of error and 95% confidence level. The margin of error tells us the size of the error which surrounds the survey findings; the smaller the margin of error is, the greater confidence we can have in the survey results. The confidence level tells us how sure we can be of the margin of error. (Common standards used by researchers are 90%, 95%, 99%). Please see annex 2 for data.

Furthermore, a number of time points analysed (up to three months, up to six months, up to one year and up to two years), participants showed a statistically significant decrease in the number of reported days for both unplanned GP and hospital appointments (Figure 2.3 and Figure 2.4)[8]. This suggests that GGT could have contributed to a reduction in unplanned healthcare utilisation of older people involved in the project in Coventry.

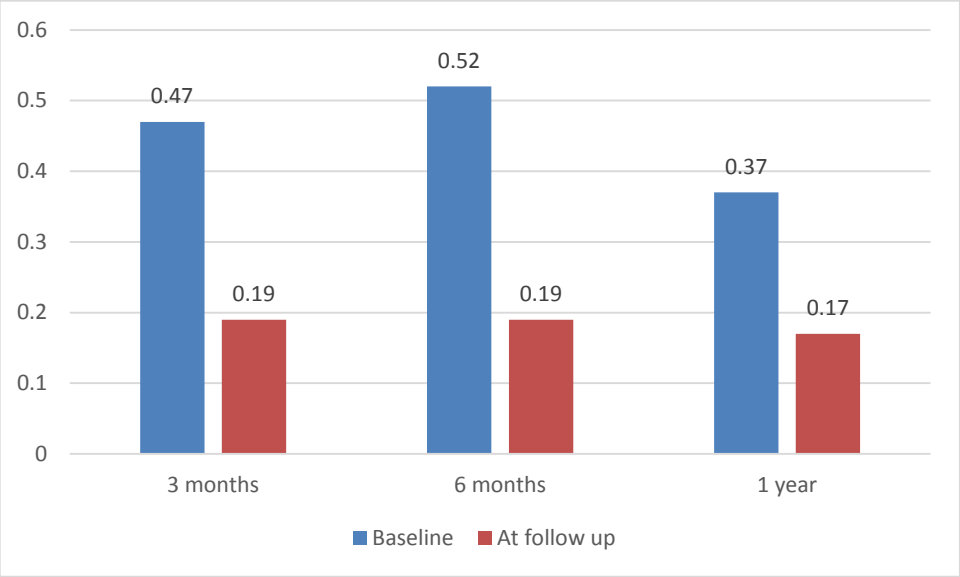
For unplanned GP attendances, the most significant reduction was observed for the cohort completing surveys up to one year after their baseline and for hospital attendances it was observed for participants completing surveys up to six months after their baseline. This information could support a wider narrative around the value of projects such as GGT for alleviating a degree of pressure on the wider health care system, although results are limited at this stage.

Figure 2.3 Average number of reported days of unplanned GP usage at 3 months, 6 months and up to one year



[8] With the exception of unplanned hospital appointments for participants up to two years from their baseline survey

Figure 2.4 Average number of reported days of unplanned hospital usage at 3 months, 6 months and up to one year



2.4.5 Volunteering has provided a sense of purpose and self-worth for volunteers

Mrs E felt that volunteering had given her the opportunity of maintaining herself and keeping her '*brain active'*. After Mrs E retired she did not want to lose the skills that she had gained but wanted to use her skills to prevent herself from being isolated. Volunteering with GGT gave Mrs E a sense of self-worth, where she felt needed. Mrs E was involved in administrative work for GGT but also had the opportunity to organise and see the bowls group into fruition. For her, this made it *'all the more rewarding'* because she was able to see first-hand, how much difference the sessions and her work was making to the lives of older people.

> *"I didn't want to turn into a vegetable or sit and watch Morning Britain or Jeremy Kyle on TV all day. I wanted to feel useful. I want community contact and don't want to be isolated" (Volunteer)*

2.4.6 Volunteering has enabled cross cultural dialogue

Volunteering with GGT has enabled some volunteers to develop their English language and social skills. Mr N, an African volunteer, felt that engaging with White Caucasian older people through GGT has improved his English language skills as he converses and runs the bowls classes. Mr N felt that volunteering had also enabled him to have a wider group of non-African friends. The experience of socialising with White older people has provided Mr N with the knowledge and skills to go about his daily life through 'knowing how to talk to people' and the 'etiquettes of living in the UK'. Since volunteering with GGT, Mr N now feels that he is 'entitled to talk to different people and see how they go about life'. Thus volunteering has provided a window of opportunity for Mr N to learn more about the social aspects of living in the UK and has improved his social skills and confidence.

> *"It is something human that we can come together, them as Whites and me as an African, to find ourselves talking together, playing together and sharing ideas." (Volunteer)*

Case Study 2: Mr J

Mr J is 76 years old and suffers from knee pain and has been told by his doctor that he needs to lose weight.

Mr J initially heard about the sessions after seeing a poster in the doctor's surgery. He started off having one-to-one sessions with GGT and was given an exercise regime that he does at home almost every day. Mr J also attends the group bowling class every week.

The sessions have improved Mr J's knee pain: *"it's helped my knees enormously, just doing the exercises and coming here…I've got too much weight putting pressure on them [his knees]…I get a tremendous amount out of coming here…doing the bowling has helped with just the ability to even stand up and get out of the chair more easily…it's excellent".*

Mr J felt that the bowling club was getting a bit competitive but explained that the *"pleasure for us is the exercise and the flexing of the knees".*

Case Study 1: Mr G

Mr G is 83 years old and has had knee replacements which have caused problems with walking. Mr G has peripheral neuropathy of the legs and feet which causes balance problems and he has a heart condition (awaiting a pacemaker) and breathing problems.

Mr G heard about GGT through his partner who worked for Age UK. He has been attending the bowling class for about 2 years.

Mr G felt that the sessions have had an impact on his physical and mental wellbeing *"It's helped with balance but it's the mental aspect too, it gives you focus and you pay attention to things and you're talking to people and having a laugh, you know besides all the physical activity of walking up and down and throwing heavy balls".* Mr G particularly enjoyed the social element of the class: *"you're made welcome and people talk to you…It's good for getting people out of the house because I know what it's like to be isolated but knowing about the classes is a problem, if they're stuck in the house they're not going to know."*

Mr G felt that GGT staff need to *"keep thinking because ideas have value. It's only when you put those ideas into practice that they come to have meaning. You give creation to something. If it just stays inside the head it does nothing….I have no doubt that these classes have helped a lot of people to survive age".*

2.5 Stakeholder views

Data from interviews with stakeholders and Age UK staff demonstrate the ways in which the GGT project dovetails with local health priorities. One stakeholder felt that the partnership with Coventry City Council's social care team reflects how well the project fits with the needs of older people and other organisations. The Social Care team have referred several participants to GGT following a presentation delivered by the GGT team to social workers in Coventry. GGT operating as a referral route and as an exit route for programmes such as the community respiratory and physiotherapy teams, the cardio pulmonary rehabilitation

team and the community matron, demonstrates how well the service fits into existing provision for older people with LTCs.

Several stakeholders mentioned that exit strategies were considered by the team from an early stage of project delivery. For example, one of the areas that the GGT team have focussed on is delivering seated exercise classes and becoming a training centre for delivering courses. The team are now a recognised training centre and are working towards marketing the course and building a revenue stream for GGT activities. This is discussed further under the sustainability and future plans section below.

2.6 Cost analysis

Data was collected for the expenditure in Coventry 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. The total expenditure in Coventry was nearly £228,000 over three years, which was the lowest expenditure of all GGT localities.

Table 2.4 Expenditure by category[9]

Category	*(£)*
Salary costs and recruitment	108,258
Staff training	6,122
Volunteer recruitment, training costs	
Staff travel	5,113
Venue hire, tutors, transport and equipment	27,007
Promotion	1,185
Overheads	3,275
Management	
Evaluation	
Other	38,763
Total expenditure	189,723
In-kind costs	
Volunteer hours	800
Volunteer cost	£6,000
Venues	£18,700
Transport	£0
Financial contribution	£13,500
Total in-kind	£38,200
Total overall	£227,923

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.

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

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[10].

The total value of the in-kind contribution in Coventry was just over £38,000. The largest component of the in-kind contribution was venue hire.

Table 2.5 Average cost per participant

	Number of participants	Total spend (£)	Average spend per participant (£)
Coventry	1068	227,923	213
Programme total	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 Coventry 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 Coventry is £213, this is the second lowest across all five localities in the programme and lower than the programme average overall.

This suggests that the team in Coventry have utilised their resources in a cost effective manner to provide a range of activities for their participants. This reflects the findings from the qualitative fieldwork undertaken, which evidenced a number of changes in delivery model tried by Age UK Coventry in order to deliver activities as cost effectively and flexibly as possible. Age UK Coventry was the first locality to optimise the use of freelance tutors, for example, to enable the team to respond more flexibly to demand.

At a cost of £213 per participant (the second lowest cost per participant across the programme), Age UK Coventry has achieved the most significant outcomes. The survey results for participants in Coventry overwhelmingly showed the greatest number of statistically significant changes over time. In particular, participants who completed a second survey up to six months or up to one year after their baseline survey, showed statistically significant improvements in four out of eight SF-36 domains (energy/fatigue, emotional wellbeing, social functioning and pain). This suggests that participation in GGT has led to an improvement in social functioning, emotional wellbeing, energy and pain levels for participants in Coventry. Furthermore, at all four time points analysed (up to three months, up to six months, up to one year and up to two years), participants showed a statistically significant decrease in the number of both unplanned GP and hospital appointments[11]. This suggests that GGT has reduced the unplanned healthcare utilisation of older people involved in the project in Coventry. Please see Annex 2 for data.

2.7 Sustainability and future plans

This section focusses on the different activities, plans and strategies for the future sustainability of the Coventry GGT project. The section also includes ideas from

[10] www.hallshire.com

[11] With the exception of unplanned hospital appointments for participants up to two years from their baseline survey

stakeholders about what they think the GGT team could work on to improve sustainability prospects.

2.7.1 Nominal payments, costs and building capacity

Charging nominal fees for older people that attend the group exercise classes was seen as a way to sustain the activities. These funds can offset the costs for venue hire and the class tutor. One stakeholder suggested that GGT could also introduce nominal charges for one-to-one sessions and should explore whether there are any statutory benefits that might cover the cost of these sessions for older people. GGT is working with volunteers through Age UK's 'Inspire and Include' project where they will train volunteers and tutors so they are qualified instructors and can assist with exercise classes. This will not only build capacity for GGT but will also work as a revenue stream through charging organisations to train their staff in chair based exercises. As part of their exit strategy Coventry GGT have upskilled staff who have gained qualifications in becoming tutors, delivering training and becoming external verifiers for their programme. Coventry GGT has now been approved by the awarding body to become a training centre.

> *"We never set up anything on a 6-8 week basis. If we set something up we set it up with a view to it running on a continuous basis"*
> *(Age UK staff)*

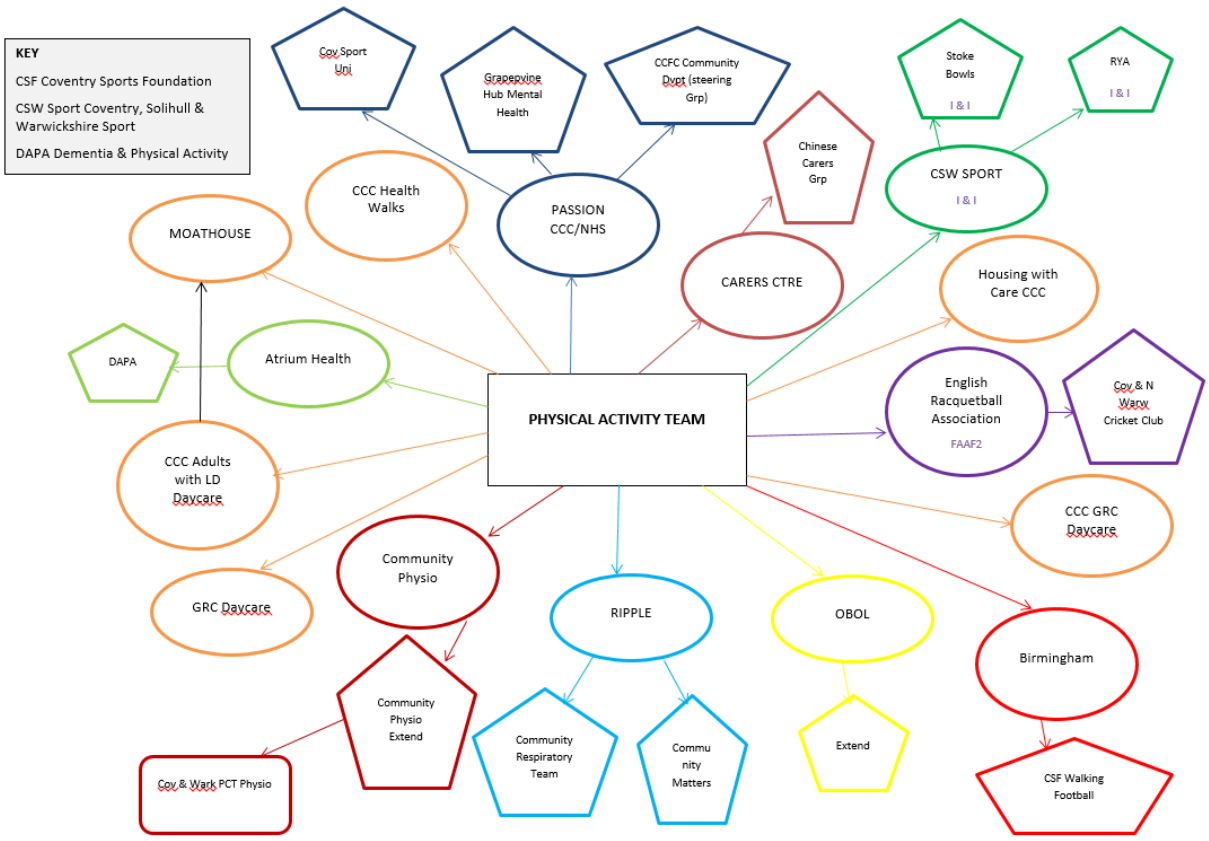
Coventry GGT has been working with both internal and external marketing consultants to ascertain the best routes to market the course and to form a revenue stream to sustain the GGT programme. GGT is also working with the charity Extra Care to train their staff in delivering seated exercise and they will also be targeting care homes and residential homes to increase delivery of their course.

Age UK staff explained that their exercise classes have always incurred a nominal fee for participants which they feel adds value to the sessions and in this way the project team have been thinking about sustaining the sessions from the outset. All of the exercise classes are reviewed on a monthly basis across all of the GGT programmes, in terms of room costs, participant fees and average number of people attending. This review offers them a 'recovery figure' against direct costs – they look to recover 130% which covers their expenditure. Reviewing the sessions at this 'portfolio level' has meant that they are sustainable, however if they were reviewed at individual class level then it is likely some classes would not have continued. The ability to spread costs across their portfolio of classes has supported the sustainability of a greater number of activities going forward.

2.7.2 Partnerships

Continued partnerships with Coventry City Council, the community physiotherapy team, Coventry CCG and Public Health were deemed to be important for the future success of the project. One stakeholder from Public Health felt that these relationships with the CCG and Public Health could potentially lead to more formal partnerships when Public Health is recommissioned. Partnerships with various different organisations working in different sectors have proved to be beneficial. Coventry GGT has developed a mind map of these partnerships, illustrated in Figure 2.5.

Figure 2.5 Coventry GGT partnership mind-map



2.7.3 Transport

Transport to and from the group exercise classes was a notable barrier for some older people, since the 'Ring and Ride' service had stopped running in specific areas. Stakeholders and Age UK staff reported that one reason why older people that received one-to-one support did not progress into group exercise classes was due to a lack of transport. One stakeholder suggested that a volunteer driver service could be developed similar to that used by the NHS; this is a central pool of volunteers that have enhanced disclosure checks and are then booked via an operating service. This service could then increase the number of older people attending group sessions and support a greater number of older people to access GGT activities.

2.7.4 Outcome measures

Interviews with stakeholders suggest that GGT could utilise various outcome measures which would be dependent on the funding streams they are targeting. For example, they could measure improvements in physical activity, pain scores, mental wellbeing scores and cost effectiveness per person. Robust physical activity and health outcomes were believed to be important in demonstrating the significance of the work of GGT and to 'convince' the CCG for funding.

2.8 Conclusion and recommendations

Coventry GGT started with five exercise classes and has continued to grow with approximately 30 sessions now taking place. The unique selling point of GGT in Coventry has been their delivery of one-to-one sessions which has enabled older people to build up their confidence when exercising (at home) before joining group sessions. The project has

had various benefits for older people (physical, mental and social aspects) but also for the volunteers involved (confidence, self-worth; social and language skills). The GGT activities have been sustained through the nominal charges for older people in group exercises. The findings of the Coventry GGT project might consider the following recommendations for future delivery:

- Age UK Coventry could consider introducing a nominal charge for the one-to-one support that they offer to further the sustainability of the sessions over the longer term.
- In addition to the range of statistically significant outcomes evidenced in this report, Age UK Coventry should consider robust outcome measures to demonstrate significance to funders such as the CCG and Public Health. These could be recognisable health outcome measures such as improvements in the Warwick Edinburgh Mental Wellbeing score, which may be more easily recognisable to commissioners.
- The participant survey shows that arthritis is the most commonly reported long term condition for Age UK Coventry. Age UK Coventry 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 Coventry could also develop partnerships with local organisations for people with arthritis, where possible, including Arthritis Research UK and Arthritis Care.
- The development of a volunteer driver service could be explored which could support an increase in the number of older people accessing GGT.
- Wider marketing of the train the trainer course delivered by the team could include targeting care homes, other voluntary sector organisations and community physical activity initiatives.

Annex 1 Coventry stakeholders interviewed

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

Locality	Name	Role
Coventry	Naomi Brooke	Project Manager of the Lifestyle project – Coventry Public Health
Coventry	Gaye Warwick	Community Physiotherapist, Falls Clinic
Coventry	Jim McCabe	Service development manager for Age UK Coventry
Coventry	Debbie Sharples	Services manager for community development team
Coventry	Paul Dodd	Community Respiratory Team
Coventry	Hannah Wade	Community physiotherapist
Coventry	Particpant 1	
Coventry	Particpant 2	
Coventry	Particpant 3	
Coventry	Particpant 4	
Coventry	Volunteer 1	
Coventry	Volunteer 2	

Annex 2 Data[12]

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

	Coventry		Coventry		Coventry		Coventry		Coventry	
	Base	3 months	Base	6 months	Base	1 year	Base	2 years	Base	> 2 years
Sample size	43		154		158		95		6	
Physical function	42.67	43.72	35.5	37.43	28.79	30.87	23.58	28	26.67	28.33
Role limitations due to physical health	53.87	54.65	64.11	61.95	71.09	62.7	70.2	69.74	25	83.33
Role limitations due to emotional problems	38.76	35.98	49.59	39	57.65	40.32	55.16	36.28	22.22	61.11
Energy/fatigue	43.91	45.41	41.9	45.38	38.17	45.53	38.21	45.24	45	45.83
Emotional wellbeing	68.82	68.74	66.97	69.65	63.36	67.23	66.05	71.12	61.33	64
Social function	66.28	66.88	63.12	67.51	54.95	63.48	56.11	65.64	66.01	60.42
Pain	67.15	67.73	59.06	62.74	56.75	62.58	51.87	61.97	60.42	58.33
General health	51.16	50.21	49.52	48.29	47.46	46.05	49.33	45.57	45.44	40.83

[12] 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%).

	Coventry		Coventry		Coventry		Coventry		Coventry	
Unplanned GP	0.33	0.05	0.47	0.14	0.56	0.08	0.51	0.09	0	0
Unplanned hospital	0.47	0.19	0.52	0.19	0.37	0.17	0.29	0.26	0	0
Unplanned other health	0.02	0.02	0.17	0.08	0.18	0.11	0.09	0.18	0	0