

fit *as a* fiddle

Final Evaluation: Rural Good Life (Derbyshire Dales & High Peak)
East Midlands Region



Contents

SECTION ONE

1. Introduction

- 1.1. Overview and Background to **fit as a fiddle**
- 1.2. Local Overview and Background
- 1.3. Aims and Objectives
- 1.4. Methods
- 1.5. Structure of the Report

2. Rural Good Life in Derbyshire

- 2.1. Aims and Intended Outcomes
- 2.2. Project Details
- 2.3. Project Context
- 2.4. Project Management and Leadership
- 2.5. Involvement of Older People and Volunteers
- 2.6. Outcomes
- 2.7. Successes and Lessons Learnt

SECTION TWO

3. Impacts on Older People

4. Impacts on Partnerships and Sustainability

5. Impacts on Volunteering

6. Impacts on Equality and Diversity

7. Health Literacy

8. Economic Value of the Project

9. Conclusions and Recommendations

Appendices

References

SECTION ONE

1. Introduction

1.1 Overview and Background to fit as a fiddle

The Big Lottery Fund Wellbeing Programme is a £165 million grant programme encouraging healthy lifestyles and wellbeing. BIG's Wellbeing Programme comprises three main outcomes aimed at:

- improving and developing levels of physical activity;
- mental wellbeing; and
- healthy eating habits for people and the wider community

The Wellbeing Programme is a reflection of the increasing emphasis put upon healthier lifestyles, nutrition and preventative health services by government as obesity levels rise, alongside an increased focus on tackling mental health problems, as demonstrated in the Healthy Weight Healthy Lives⁽¹⁾ cross governmental initiative and the New Horizons report, which sets out a vision for mental health services for 2020⁽²⁾. Funding under this Programme is available for voluntary and community sector organisations, as well as statutory and private organisations through a series of national and regional Portfolios of activity.

Age Concern England has been awarded £15.1 million by the Big Lottery Fund to deliver the **fit as a fiddle** portfolio across the 9 English regions from 2007 until 2012. Age Concern and Help the Aged have come together from January 2010 as Age UK to deliver this Portfolio; for the purpose of this report we will be using the name Age UK to reflect this. The main aims of **fit as a fiddle** coincide with the outcomes of the Big Lottery Wellbeing Fund championing healthy eating, physical activity and mental wellbeing for older people. The portfolio aims to broaden and increase the opportunities for older people to undertake physical activities and improve their eating habits, contributing to an overall improvement in mental health.

The **fit as a fiddle** portfolio comprises of 2 national projects and 24 regional projects, delivered by over 200 organisations (99 of which are local Age UK's/Age Concerns). Each of the 9 English regions receives £1.2 million to deliver a range of innovative projects in their area. The portfolio builds upon Age Concern's Ageing Well Programme developed in 1993 specifically to improve older people's social and emotional wellbeing in a wider context. An independent enquiry into mental health and well being in later life revealed five main factors that impact upon older people's mental health and wellbeing: discrimination, participation in meaningful activity, relationships, physical health and poverty⁽³⁾. By increasing the focus upon good expectations of good health in old age and encouraging

⁽¹⁾ Healthy Weight Healthy Lives, Department of Health, see http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082378

⁽²⁾ New Horizons, Department of Health, January 2010, see http://www.dh.gov.uk/en/Healthcare/Mentalhealth/NewHorizons/DH_102050

⁽³⁾ Promoting mental health and well being in later life. (Age Concern and Mental Health Foundation, 2006)

older people to maintain, sustain and improve their health, **fit as a fiddle** aims to address inequalities and empower older people to live fulfilling lives with the support of peers and their communities.

fit as a fiddle projects promote healthy ageing, based around the needs and ideas of local people. At a regional level, projects aim to include black and minority ethnic (BME) communities, older people with specific health risks (e.g. high blood pressure) and those living in deprived urban or rural areas.

At a national level the programme is focusing on training and support to become a volunteer to encourage lifestyle and health improvements via a National Cascade Training Programme. A series of leaflets, resources and materials are also being produced as part of a national Health Literacy project.

1.2 Local Overview and Background

Within the East Midlands two programmes were implemented, rural and urban, which spanned 7 local regions delivering 9 projects (6 urban and 3 rural). The wider East Midlands region has vast areas of rurality resulting in many older people being isolated from facilities and services provided in urban areas. Older people in these areas often experience depression, poor diets and take little or no exercise. They are also more likely to suffer poor levels of income and lack of public transport leading to social isolation.

fit as a fiddle in the **Derbyshire Dales and High Peak** was part of the rural strand of the programme and was set up to address these inequalities by increasing participation in physical activity and healthy eating and as a consequence improve mental health and independence.

1.3 Aims and Objectives

This report has been written by the Project Co-ordinator with input from the Project Manager. It relates to the period June 2008 to March 2012.

Project expenditure can be seen in the table below:

Table 1: Project Expenditure

YEAR	GRANT (£)	EXPENDITURE (£)
1	3709.33	11310
2	54953.96	32310
3	47486.00	31474
4	33109.71	22606
5	16538.00	58107
TOTAL FOR PROJECT	155797	155797

This overall aim of this report is to assess the impact of the **fit as a fiddle** programme in the Derbyshire Dales and High Peak areas of Derbyshire. It will address the impact on older people and consider the sustainability of partnerships developed during the life of the programme.

Key objectives include:

- evaluation of all key interventions and their impact on participants/stakeholders
- assessment of partnerships developed and potential sustainability
- dissemination of good practice (successes and lessons learnt)

1.4 Methods

This evaluation report has been compiled from the following data collection sources:

- **SNAP forms and data (*evaluated by Ecorys*)**
543 monitoring forms (SNAP) were analysed but this did not reflect the total number of participants. These forms were not in use at the start of the programme. It was also felt inappropriate to ask people to complete forms during short taster sessions due to time constraints and so as not to put people off from participating in a full course.
- **End of course evaluation forms (*collected and evaluated by project co-ordinator*)**
Evaluation forms were not always completed at the end of courses either because they were short 'taster' sessions or because it was not appropriate to do so because of the ability of the people involved. (100 forms representing 16 groups covering years 3, 4 and 5 were used for evaluation purposes).
- **Results of the Older People Longitudinal Survey and Interim Report (*provided by Ecorys*)**
Data from this survey reflected the national project and Derbyshire was included in the East Midlands section.
- **QMR and Beneficiary Reports (*compiled by Project Manager and Project Co-ordinator*)**
These quarterly reports provided the statistical data for the life of the project.
- **Focus Group feedback (*3 participant groups plus 1 tutor group; facilitated jointly by regional and project co-ordinators*)**
Participants in the Derbyshire Dales and High Peak were sampled randomly. Participants in Chaddesden were all given the opportunity to attend. All tutors (9) attended the tutor focus group.
- **Case Studies and Informal Conversations (*facilitated project co-ordinator and volunteers*)**
- **Observations (*carried out by project co-ordinator, tutors, volunteers and participants*)**
- **Partnership Surveys (*Ecorys and Regional Co-ordinator*)**
- **Anecdotal evidence (*gathered by the co-ordinator*)**

1.5 Structure of the Report

This report is based on the qualitative and quantitative data collected up to the end of March 2012. It contains the following sections:

- Section 2 looks at the performance of the local programme, comparing targets with outcomes and detailing successes and lessons learnt.
- Section 3 looks at the impact of physical activity, healthy eating and mental wellbeing interventions on older people.
- Section 4 looks at the partnerships developed during the life of the programme and considers the sustainability of the activities.
- Section 5 looks at the impacts of the volunteer support during the life of the programme.
- Section 6 looks at how the programme has met the needs of older people and considers the effectiveness of the strategies used to reach target groups.
- Section 7 looks at the health literacy materials that have been produced and considers their effectiveness.
- Section 8 makes an initial assessment of the value for money of the programme and looks at the overall efficiency based on data available.
- Section 9 draws conclusions and makes recommendations.

2. Rural Good Life in Derbyshire

2.1 Aims and Intended Outcomes

fit as a fiddle in Derbyshire has delivered a vibrant and enjoyable mix of activities identified by older people to improve their wellbeing. Three types of programme have been delivered (A, B, C) with the aim of offering older people the opportunity to identify wellbeing and healthy living goals (e.g. increase physical activity levels or eat healthy foods), try new ways of exercising, relieving pain or depression and reducing stress. In addition to this, they have received and given mutual support towards achieving personal targets and implementing longer-term improvements to wellbeing (cooking and shopping for one, joining a local swimming class, volunteering at a local school, sharing allotment space etc).

Programmes A, B and C have been offered throughout the rural communities of the High Peak and Derbyshire Dales (and latterly to wider Derbyshire communities) to older people aged 50+. Participation has been free or very low cost.

Programme A: Existing Groups

A programme of activity (a course) lasted for 6 - 12 sessions and included a mix of physical activity sessions, health promotion and assessment, nutrition and wellbeing activities (e.g. a 2 hour programme session could include a Tai Chi beginners session, a short smoking cessation talk and social activity): Emphasis for Programme A was on developing 'health promoters' in local groups and activities to encourage longer term activities. ***Each course involved approx 10 people.***

Participants in programme A were from groups already known to Age UK Derby and Derbyshire were targeted directly; others were approached by telephone, at networking events, through 50+ Forums and via the visits of the Co-ordinator and the Roadshow Officer.

Programme B: New Members

Individuals who attended these courses were not previously known to each other and came along because they wished to improve some aspect of their "lifestyle".

Each course lasted for 6 - 12 sessions and offered health self-assessment, health and wellbeing goal setting, targeted health promotion and physical and social activities.

Emphasis for Programme B was on the links between older people and local leisure services and social groups. ***Each course involved approx 10 older people.***

Participants in programme B were recruited by word of mouth, local promotion, signposting from GP surgeries and other local services.

Programme C: Outreach

These were introductory or '**taster**' sessions delivered in a single sessions directly to interested groups by the co-ordinator or a tutor. Each session was designed to allow ***up to 20 older people*** to participate in a short but intensive health promotion. Emphasis for Programme C was on recruitment for Programme A or B and single wellbeing messages. These 'taster' sessions provided a single wellbeing message or they were a prelude to Programmes A or B. They were also provided during the roadshow sessions. Tutors were

also on hand at networking events, AGM's and other social/community gatherings to offer impromptu 'tasters' to anyone who was interested.

The terms 'Programme A, B and C' were used internally and for monitoring purposes. Individuals and groups who participated would have known the courses as:

- **fit as a fiddle**
- Keep Fit
- Lifestyle Course
- Dance Class
- Taster
- Chair based exercise

Figure 1: Activities which make up fit as a fiddle in Derbyshire



2.2 Project Details

The original Project Co-ordinator was recruited in June 2008 and delivery began in September 2008 - the final month of year 1. The target group for the project was primarily those individuals aged 50+ and living in isolated rural communities within the Derbyshire Dales and High Peak areas of Derbyshire. Other targets included recruitment of volunteers, development of health champions and working in partnership.

A fit as a fiddle course:

- *Is between 5 and 12 weeks in duration;*
- *Can last from 45 minutes to 1½ hours per session;*
- *Can be a single activity such as Tai Chi;*
- *Can be a mix & match, chosen from a suite of activities such as tai chi, qi gong, Pilates, yoga, chair-based exercise, dancing, walking, aquafit, Wii Fun/X-box, hand massage, nutrition talks, cookery sessions, food tastings, games and competitions;*

A 6-week course for some groups might spread over 6 months due to the fact that they only meet once per month.

Having a physical presence at local community events was the most successful way to promote **fit as a fiddle** but this (combined with a commitment to deliver sessions) had implications for the co-ordinator in the first 2 years as she was working for only 18 hours per week with no dedicated administrative support. A consequence of this was the rather slow momentum of the project in the early years. This was remedied by the involvement of external freelance tutors and many more groups were able to take part.

Courses were gradually reduced in length from 12 weeks down to 10 weeks and then further reduced to 5, 6 or 7 weeks to enable more groups to take part and also to fit in with other schedules such as school term times. This allowed those older individuals, who cared for grandchildren during school holidays, to take part in a **fit as a fiddle** activity.

Photo 1: Tai Chi class in Matlock



The contract required delivery of a set number of Programmes A, B and C for each year of the project. Due to the late start in Year 1 delivery, no targets were set for this year.

Table 2a: Actual Performance against Programme Targets

	YEAR 1		YEAR 2		YEAR 3		YEAR 4		YEAR 5	
Programme	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
A	0	1*	10	5	10	14	10	15	2	9**
B	0	0*	3	1	3	7	3	2	1	8**
C	0	1*	4	2	4	13	4	10	1	19**
TOTALS	0	2	17	8	17	33	17	26	5	36

* Data collected from September 2008

** Data collected up to 25th May 2012

Table 2b: Cumulative Targets for Whole Project

Programme	Target	Actual
A	32	44
B	10	18
C	13	45

As the project gathered momentum, targets were exceeded for each of the programmes.

Derbyshire Dales Local Authority District – a few key facts

Derbyshire Dales is the largest district in Derbyshire and the most rural in nature. The District covers 800 square kilometres (about a third of Derbyshire) and has a population of around 69,700 people.

The district has four market towns: Ashbourne, Bakewell, Matlock and Wirksworth, each serving large rural catchments. There are also over 100 villages. The Derbyshire Dales is one of Britain's most scenic areas. It includes much of the Peak District National Park and yet is situated within two hours drive of almost half the UK population. The area has many sites of historical and cultural importance including Cromford Mill, Chatsworth, Haddon Hall and Arbor Low stone circle.

In common with other rural areas, the Derbyshire Dales is often perceived as an affluent, not to say idyllic, area. However there are numerous pockets of deprivation, and many people in the area experience difficulties for a variety of reasons.

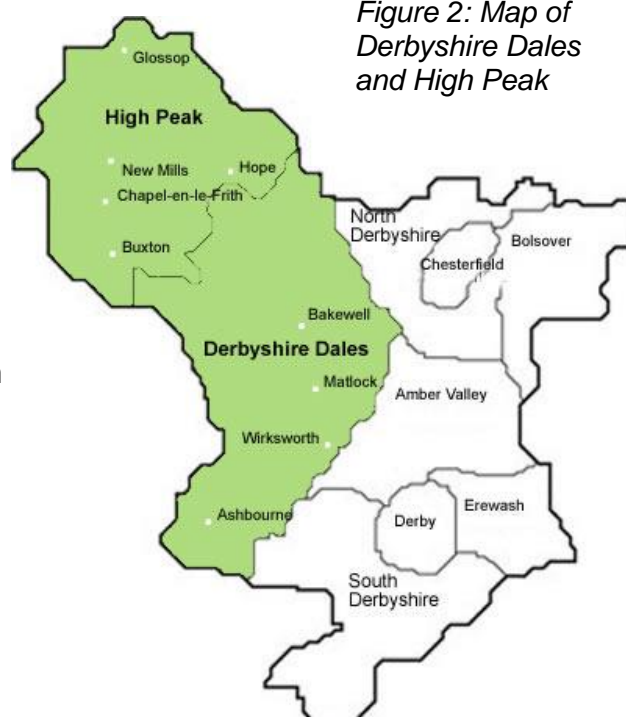


Figure 2: Map of Derbyshire Dales and High Peak

Total Population	69,472
Males	34,265
Females	35,207
Under 20 Population	15,599
20 – 24	2,704
25 – 64	38,020
65+	13,149

People living in small isolated communities frequently have difficulty accessing basic services that people in urban areas would almost take for granted; many villages have no post office, bank, GP surgery and sometimes even no shop; public transport links are often poor (or non-existent) and people rely heavily on private vehicles to get around. Consequently, people living in rurally isolated areas such as the Dales are likely to be hit by soaring fuel costs and costs related to motoring and public transport.

Source: 2001 Census of Population

Around 45% of the working population commute out of the area to work, creating a 'ghost town' effect in some villages.

The Derbyshire Dales has one of the highest age profiles in the UK, and like the rest of the UK this is likely to continue to rise, with major implications for service providers in the area.

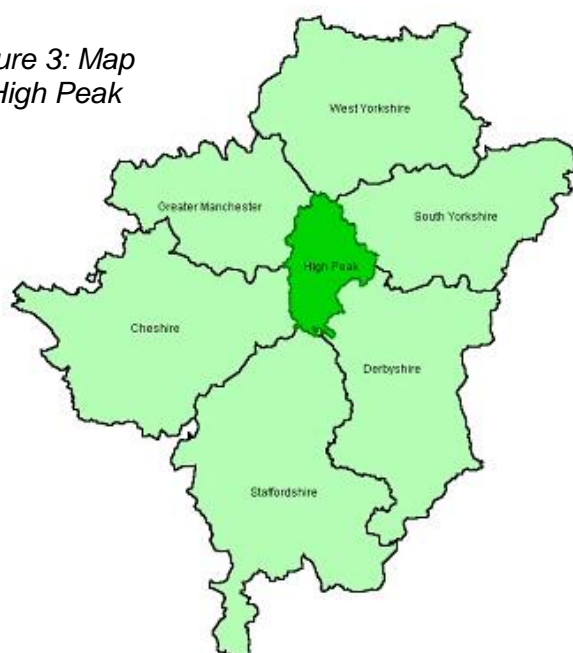
(Above information provided by Derbyshire Dales CVS⁽⁴⁾)

The Derbyshire Dales Local Authority District "is the smallest LAD⁽⁵⁾ in the county" (LSC⁽⁶⁾ Household Survey op. cit), measured by population.

The population density of the Derbyshire Dales is 1.3 persons per hectare compared to County averages of 2.9 and national averages of 3.8. More than 80% of the population of the Derbyshire Dales lives in rural areas (DEFRA, 2007). This suggests extensive isolation of older people and poor access to local services.

The High Peak Local Authority District – a few key facts

Figure 3: Map of High Peak



High Peak is a district and borough in county of Derbyshire, England. It is administered from Buxton and Glossop and it is mostly composed of a high moorland plateau in the Dark Peak of the Peak District. The National Trust is a major landowner in the district, owning extensive tracts of moorland and a number of farms.

The borough adjoins the metropolitan boroughs of the City of Sheffield and Barnsley in South Yorkshire, the metropolitan

⁽⁴⁾ Council for Voluntary Services

⁽⁵⁾ Local Authority District

⁽⁶⁾ Learning & Skills Council

borough of Kirklees in West Yorkshire, the metropolitan boroughs of Stockport, Tameside and Oldham in Greater Manchester, the district of Derbyshire Dales in Derbyshire, the unitary district of Cheshire East in Cheshire and the district of Staffordshire Moorlands in Staffordshire.

Total Population	89,421
Males	44,166
Females	45,255
Under 20 Population	22,486
20 – 24	3,945
25 – 64	49,178
65+	13,812

There are five main areas of settlement in the borough: around Buxton in the south west, around New Mills in the west, around Glossop in the north west, around Whaley Bridge and Chapel-en-le-Frith in the central part of the borough, and the Hope Valley in the east.

(Above information from Wikipedia)

Source: 2001 Census of Population

There are 92,600 residents in the High Peak - 18% under 16; and 21% over 65. (High Peak Borough Council website, 2010)

“The High Peak is one of the smallest (measured in size of population) Local Authority Districts in the county” according to the Derbyshire LSC Household Survey 2001.

With a relatively small population so widely dispersed it is not surprising that the LSC Derbyshire Household Survey 2001 notes about the High Peak: *“Most residents do not consider themselves to be part of Derbyshire. The City of Derby is remote to them, few have visited Derby and few feel any reason to. Most residents (of the High Peak) feel that they live in remote communities with little contact with other communities. ...residents from Glossop feel a sense of identity with Manchester and use a range of services in Stockport, Hyde, Ashton under Lyne and Manchester. Even residents in New Mills look towards Stockport rather than Derbyshire for services. Buxton residents feel that Buxton is a self contained community....”*

From October 2011, the project was rolled out across other areas of Derbyshire as it was felt that this would improve the prospects for sustainability beyond September 2012.



Photo 2: Members of Matlock Walking Group

2.3 Project Context

Alongside national initiatives such as 'Change 4 Life' and 'Fit 4 Five', a number of local health and wellbeing initiatives have been operating in Derbyshire during the term of the **fit as a fiddle** programme.

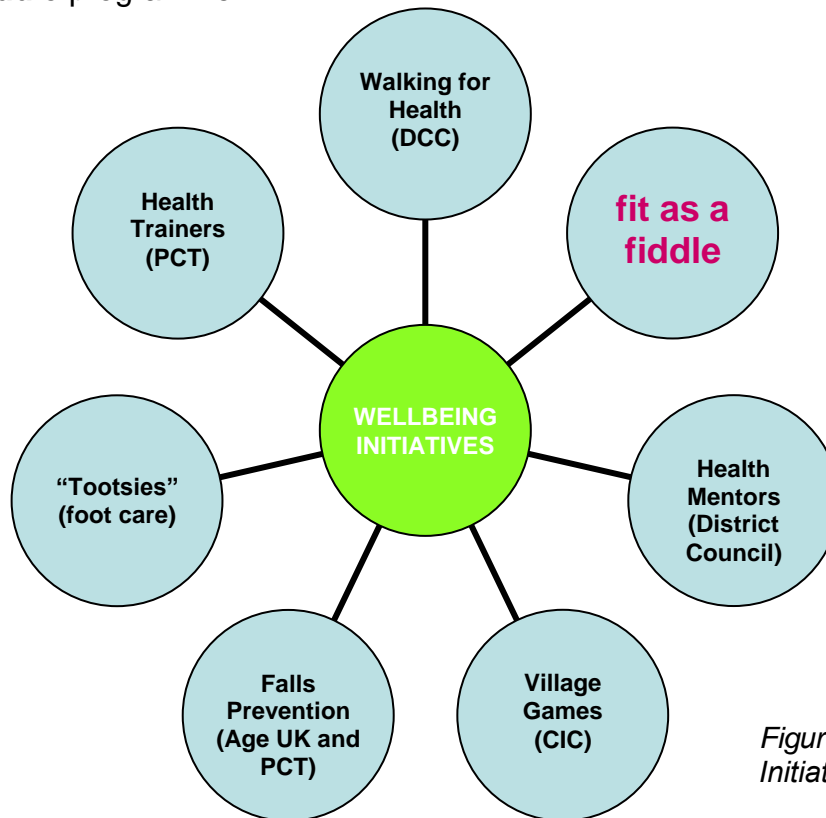


Figure 4: Other 'Wellbeing Initiatives' within Derbyshire

2.4 Project Management and Leadership

Age UK Derby and Derbyshire (previously known as Age Concern Derby & Derbyshire) was the delivery organisation for this project and overall management responsibility was with its Chief Executive, Katy Pugh.

The day to day running of the project was in the hands of the Project Co-ordinator. Two individuals have held this post - Sue Hannan from the start of the project in June 2008 until October 2010 and Sue Sheldon from November 2010 until the end of the project.

The development of a local Steering Group was also a target for the project. This group was made up of representatives from Age UK Derby and Derbyshire, Derbyshire County Council, Derbyshire Dales CVS and Ashbourne 50+ Forum plus occasional 'experts'. Meetings took place on a quarterly basis to assess the progress of the project and provide support to the co-ordinator. All members provided information and guidance during vital stages of the project and were able to facilitate other networking opportunities for the Project Co-ordinator, thus enhancing the 'reach' of the project. In Year 5, membership was extended to include partner organisations that would provide support and facilitate the development of **fit as a fiddle** beyond September 2012.

Freelance tutors and tutors from local authorities (e.g. High Peak Borough Council Sports Development) were used to deliver the courses with input from the co-ordinator and other professionals with specific skills or knowledge.

Age Uk Derby & Derbyshire Head Office staff provided financial support and a small amount of administrative support. Volunteers were generally involved in a support capacity during delivery of courses and occasional administrative tasks. Managers of individual Day Centres took responsibility for on-going delivery of programmes. The Age UK Derby and Derbyshire Roadshow Officer was involved in raising awareness of the **fit as a fiddle** courses and also in the delivery of short 'taster' sessions.

Whilst there were no 'formal' project partners, good relationships were developed with a number of organisations. Their role involved either the promotion of **fit as a fiddle** activities to their service users and within their networks or delivery of courses 'commissioned' by the Project Co-ordinator.

Key partnerships were developed with:

- Derbyshire Carers Association
- Derbyshire County Council
- Derbyshire Dales CVS
- High Peak Borough Council
- New Mills Volunteer Centre
- Tideswell School of Food (a social enterprise)
- Derbyshire Stroke Association
- Falls Prevention Service (Age UK & PCT⁽⁷⁾)
- Buxton Breathe Easy Group (COPD⁽⁸⁾)
- Village Games (a Community Interest Company)
- The Farming Life Centre (Blackwell, nr Buxton)
- Freelance tutors
- 'Tootsies' foot care (a social enterprise)

⁽⁷⁾ Primary Care Trust

⁽⁸⁾ Chronic Obstructive Pulmonary Disease

2.5 Involvement of Older People and Volunteers

GROUPS TAKING PART IN <i>fit as a fiddle</i>		
Derbyshire Dales	High Peak	Derbyshire (other)
<ul style="list-style-type: none"> • Ashbourne Carers Group • Bakewell Day Centre • Bakewell Friday Club • Bakewell - Quick Reads • Baslow Luncheon Club • Brassington Over 60's • Cromford WI • Derbyshire Dales CVS • Doveridge WI • Hartington Centre • Housing 21 (Waltham House, Wirksworth) • Hulland Ward Centre • Long Meadows, Matlock • Matlock Carers Group • Matlock Edgefold Club • Matlock Hard of Hearing Club • Queens Court • Underhall, Darley Dale • Well Balanced • Winster Lunch Club 	<ul style="list-style-type: none"> • Blythe House Hospice • Buxton Breathe Easy Group • Buxton Carers Group • Cancer Support Group • Caroline Court (Hope) • Chapel-en-le Frith Carers Group • Fairfield Centre • Furness Vale • Glossop Carers Group • Glossop Day Centre • Hayfield Over 60's Club • High Peak Carers Group • Hope Clinic • Litton Village WI • New Mills • Stepping Stones (Blythe House Hospice) • Swizzels Matlow Ltd • Tideswell School of Food 	<ul style="list-style-type: none"> • Ashgate Croft School, Chesterfield • Chaddesden Centre • Derbyshire Carers Association • Derbyshire Stroke Association • Housing 21 (Goodman Court, Calow) • Housing 21 (Devonshire Court, Brimington) • Network of Carers • Stanton Afternoon Club • Stanton Village Hall Committee

Older people were consulted in the early stages of course design to ensure that the type of activity and physical involvement required, were suitable for them. Tutors would get to know participants well and modify activities as the weeks went by. Following discussions with individuals, they would make activities a little more challenging.

Volunteers were involved in the project to:

- Support older people during the activity sessions,
- Provide some administrative support during busy periods,
- Act as 'wellbeing mentors' as part of the befriending service.

A **total of 14 volunteers** were 'formally' involved during the project; other 'informal' volunteers included family and friends who were on hand during the sessions. Focus groups, made up of representatives from the groups that had participated in **fit as a fiddle**, provided the feedback used in the evaluation of the project.

Most importantly, volunteer members of the steering group provided support and useful feedback during the life of the project.

2.6 Outcomes

A total of **2789 direct beneficiaries** have been reported from the start of delivery (September 2008) up until May 2012. Information regarding the **indirect beneficiaries** of this project has only been captured incidentally but would include other family members, friends and members of the wider community.

A total of 44 Programme A's (existing groups) were delivered; the target was 32.

These courses lasted anywhere from 5 to 12 weeks and mostly involved a single physical activity such as tai chi, chair-based exercise or yoga. Groups either incorporated the sessions into their normal meeting schedule or decided to offer it on a different day. A few groups opted instead to have a course which comprised of a number of activities, providing additional variety for the group.

A total of 18 Programme B's (new groups) were delivered; the target was 10.

These courses mainly lasted from 10 to 12 weeks, and were referred to as 'lifestyle' courses. They were designed to cover all aspects (physical exercise, nutrition and mental wellbeing) and to provide an opportunity for individuals to set their own goals.

Feedback from these courses was much more in-depth:

LIFESTYLE COURSE EVALUATION 12 week course - March to June 2009

Edgefold Club, Matlock

Participants on course = 9

Respondents to evaluation = 7

Healthy Eating

100% of respondents consider their diet to be healthier than before the course.

Reading Food Labels:

57% of respondents did read food labels at the beginning of the course.

100% of respondents now read food labels.

Eating Breakfast:

100% of respondents eat breakfast

Eating 3 meals per day:

86% eat 3 meals per day and 14% eat more than 3 meals per day.

HEALTHY EATING HABIT	% Respondents
Fruit & Vegetables	71% have increased consumption
% eating 3-4 portions/day	71%
% eating 5 or more portions	29%
Water consumption	29% have increased consumption
% drinking 1-2 glasses/day	6%
% drinking 3-4 glasses/day	14%
% drinking 5+ glasses/day	29%
Portions of fish	57% have increased consumption
% eating 1-2 portions/day	71%
% eating 3-4 portions/day	29%
Cooking of composite dishes	29% have increased consumption
% cooking 3-4 times / week	71%
% cooking over 5 times / week	29%

Respondents also describe eating less bread, less fatty foods, reducing consumption of chocolate bars and eating more nuts. One respondent also described eating in a more balanced pattern and no longer experiencing mood swings.

Physical Activity

Increasing physical activity levels

57% of respondents have increased physical activity levels.

14% have made no change to their physical activity levels.

29% did not respond to the question.

At the end of the course respondents were asked to describe their activity levels on a scale of 1 – 5 (where 1 = not very active and 5 = very active)

14% of respondents rate their activity levels a 4

71% of respondents rate their activity levels a 3

14% did not respond to the question.

The percentage of respondents achieving the recommended 30 minutes of moderate exercise per day on completion of the course.

57% are achieving 30 minutes of moderate exercise 5 or more times per week

29% are achieving 30 minutes of moderate exercise 3-4 times per week

14% did not respond to the question.

100% of respondents walk regularly

43% swim regularly

29% dance regularly

29% garden regularly

One respondent describes walking instead of driving and also does aquafit and aerobics.

Body Statistics

Mean weight loss	2.86 kilos
Mean weight gain	1.47 kilos
Mean reduction in waist circumference	0.8 cm
Mean gain in waist circumference	1.9 cm

5 respondents reduced their waist circumference and 2 respondents increased their waist circumference.

3 respondents lost weight and 4 gained weight. The most successful weight loss was one respondent who lost 7.25k (1 stone 2lb). Of the 4 who gained weight, 3 reduced their waist circumference, which may suggest a gain in lean body mass.

The majority of participants (89%) were hoping to lose weight.

A total of 45 Programme C's (tasters) were delivered; the target was 13.

These were all one-off taster sessions delivered in a number of settings including at conferences, during networking events, and as part of the roadshow activity as well as during group meetings.

As can be seen from the figures, these sessions were very popular mainly because they were delivered without any real commitment on the part of the participants to undertake further activities and without the need for paperwork. A simple register was taken for most sessions with the emphasis on encouraging participants to either request a full length **fit as a fiddle** course as a follow-on or to look for other local activity classes to join.

2.7 Successes and Lessons Learnt

Successes:

fit as a fiddle has been a resounding success!

100% of those questioned stated that they enjoyed the sessions; more than **80%** reported health improvements and **85%** said that **fit as a fiddle** had encouraged them to continue with some form of physical activity.

Participants regularly stated the social aspects of **fit as a fiddle** were just as important as the physical aspects and this is supported by the fact that **26%** of people said that there had been physical benefits, **26%** mentioned social/wellbeing benefits and **39%** said “both”.

When asked if fit as a fiddle had helped to form new friendships, **71%** responded “yes”, with **79%** of those questioned stating that it was ‘highly likely’ or ‘likely’ that they would meet up with this group of people again.

Development:

A major drawback in the development of the project was the length of time that it has taken for this programme to really “take root”. Had funding only been available for 2 or 3 years instead of 4/5 years we would not have seen such tangible results and individuals would have been less inclined to adopt long-term lifestyle changes. This sends a clear message to funders that projects of this nature require sustained effort, as changing people’s perceptions and (more importantly) behaviours is very difficult in the short term. This is more problematic when dealing with older people as their habits have become fixed over a good number of years

Marketing:

The marketing of and recruitment onto the courses/programmes was problematic due to the rural nature of the area covered, with some communities being difficult to reach during the winter months.

Other challenges included fitting in with the meeting schedules of some groups, changing perceptions of those groups who just wanted a ‘speaker’ and involving local men folk.

The period from ‘initial chat’ to putting on the course was often protracted due to the infrequency of the group’s management committee meetings and proposals being put forward to the whole group.

More people joined fit as a fiddle courses through word of mouth rather than any form of advertising.

Partnerships:

We did not set out with any plans to develop formal partnerships but those that we have developed have become quite strong as can be seen in Section 4.

One such partnership (with Tideswell School of Food) has allowed us to offer cookery courses aimed at people living alone (mainly) within a new, purpose-built environment. All courses were full to the maximum numbers. The organisation is also a social enterprise and we were pleased to be able to provide both revenue and customers for future courses at the school.

Collaboration with Swizzels Matlow Ltd in the High Peak area of Derbyshire has enabled aspects **of fit as a fiddle** to be incorporated into the organisations pre-retirement courses.

Derbyshire Dales CVS not only provided support in the form of steering group membership but also volunteered to 'pilot' the **fit as a fiddle in the workplace** initiative.

Sustainability:

Legacy items such as the Activity Box and Sleep Box will continue to have a place in Age UK Derby & Derbyshire's portfolio as will initiatives such as "Get Fit for a Fiver".

There may be opportunities for joint funding bids with some of the organisations that we have worked closely with.

SECTION TWO

3. Impacts on Older People

3.1 Beneficiaries

Table 3: Project Beneficiaries

EVENTS	P Physical Exercise & Activities	N Nutrition & Healthy Eating	M Mental Wellbeing	V	NOP	TOTAL Beneficiaries (P+N+M)	YEAR
							1.Q1
							1.Q2
							1.Q3
1				0		72	1.Q4
1	24	24	24	0	24	72	TOTALS
1				0		10	2.Q1
2				3		93	2.Q2
2				2		66	2.Q3
4				0		178	2.Q4
9	150	47	150	5	150	347	TOTALS
3	34	34	34	2	34	102	3.Q1
6	37	31	59	0	37	127	3.Q2
0				2		183	3.Q3
0				0		252	3.Q4
9	266	95	303	2		664	TOTALS
7	83	13	96	1	17	192	4.Q1
10	136	17	144	2	111	297	4.Q2
4	47	5	43	0	34	95	4.Q3
6	23	10	42	0	23	75	4.Q4
27	289	45	325	3	185	659	TOTALS
12	172	9	190	0	167	371	5.Q1
11	116	7	123	4	85	246	5.Q2
13	177	43	210	0	127	430	5.Q3
?	?	?	?	?	?		5.Q4
	465	59	523	4		1047	TOTALS
	1194	270	1325	14		2789	ALL

CUMULATE REPORT ON BENEFICIARIES (P,M,N)

P = PHYSICAL ACTIVITY; M = MENTAL WELLBEING;

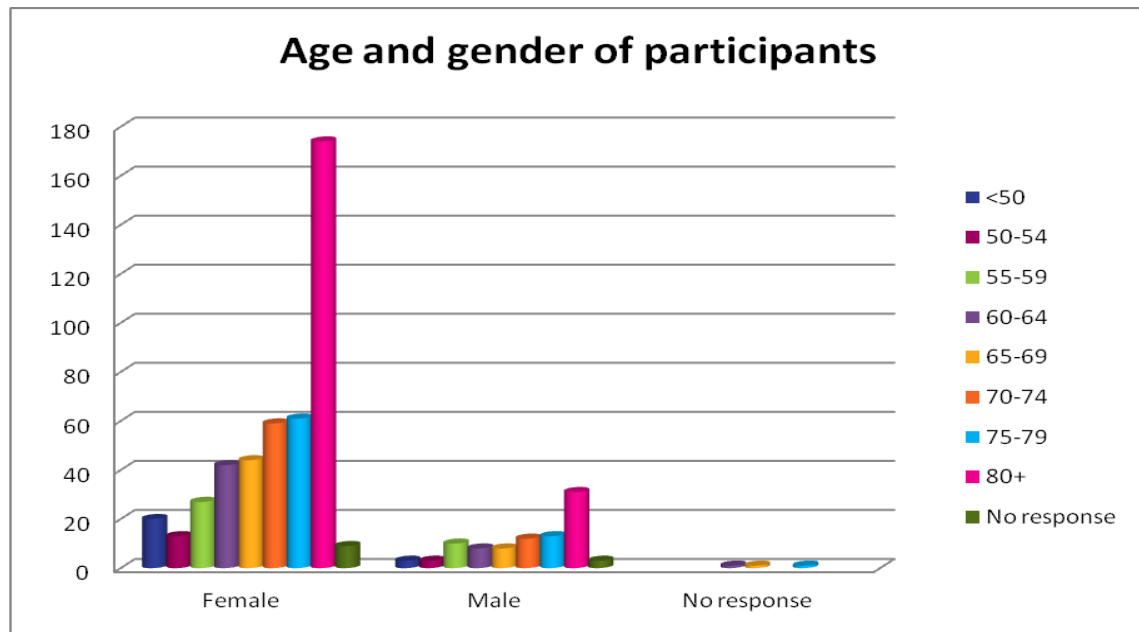
N = HEALTHY EATING; V = VOLUNTEERS; NOP = NEW OLDER PEOPLE

The figures in Table 3 demonstrate that the project gathered most momentum in Years 3 and 4. Figures for Year 5 suggest that, if the current level of delivery were to continue, the numbers of beneficiaries would be almost double the figure for Year 4.

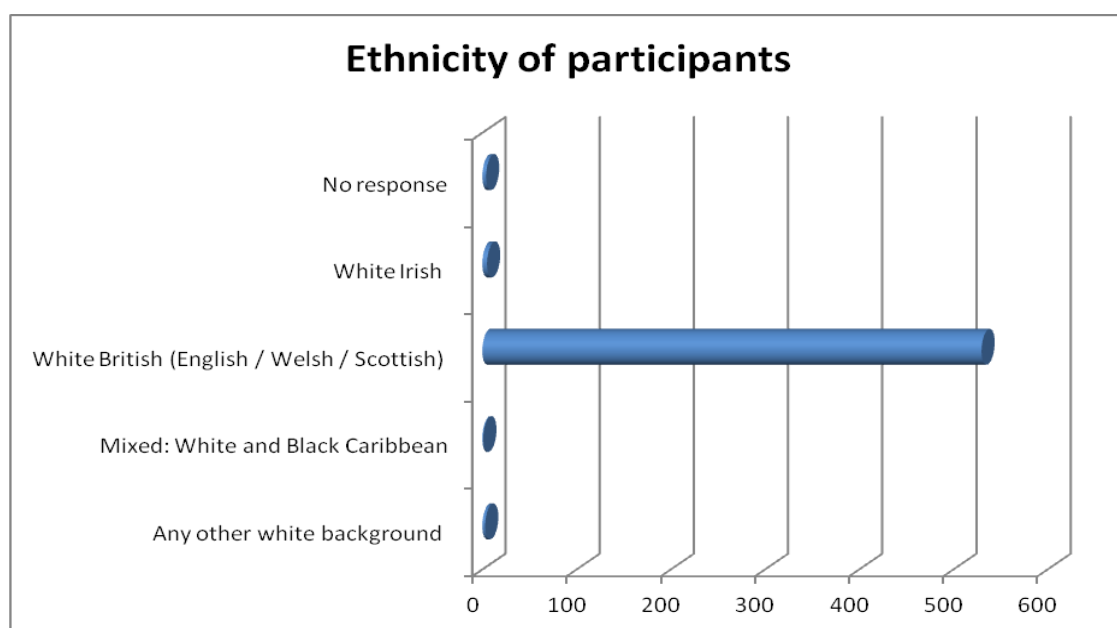
3.2 SNAP Monitoring

A total of 543 monitoring forms were analysed.

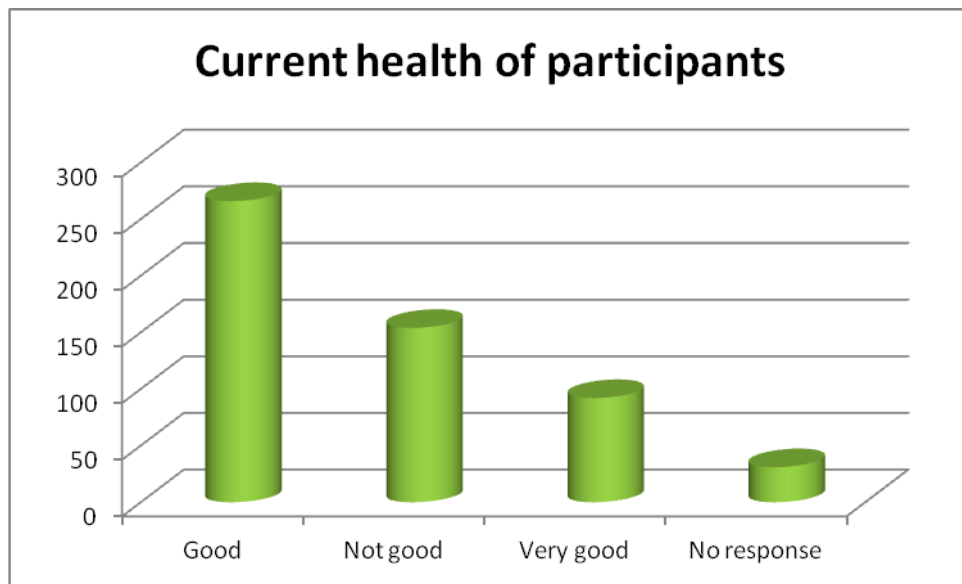
Analysis of the SNAP monitoring forms by Ecorys indicated that the majority of the participants were aged 80+. It was no surprise that a large proportion of participants were female, as many older peoples groups tend to appeal more to women.



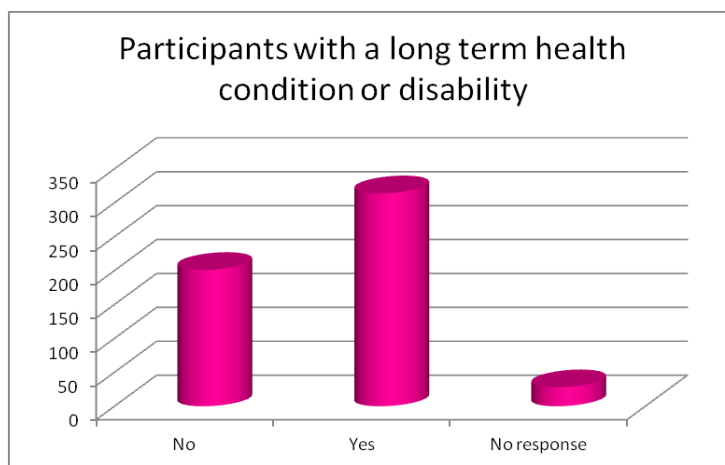
The Derbyshire Dales and High Peak has a very small ethnic minority population and this is reflected in the following diagram:



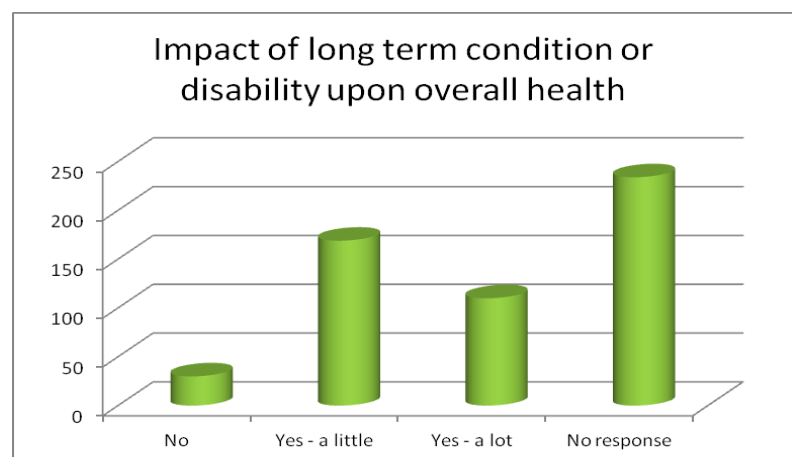
Almost 30% of participants reported that their health had not been good over the previous 12 months:



Almost 58% of participants reported that they had a long term health condition or disability which affected their daily activities:



20% of participants said that their long term health conditions affected their daily lives “a lot”.



3.3 Physical Activity and Exercise

These courses ranged from chair-based exercise for the less physically able, through yoga, tai chi, dance and Zumba, to bowls competitions and fun & games events.

Of the 100 feedback forms analysed, **80%** of people said that they had noticed health improvements from attending the physical exercise sessions and **85%** responded that they had been encouraged to continue with some form of exercise. Walking and swimming were mentioned frequently, plus tai chi, gardening, dancing and general keep fit.

1194 individuals took part in some form of physical activity or exercise.

3.4 Healthy Eating and Diet

These sessions took a variety of forms.

Talks on salt/sugar/alcohol intake and food labelling were often used as an introduction to a physical exercise session.

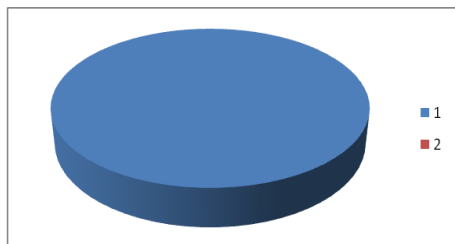
In stand-alone sessions, participants would get to taste 'smoothies' and fruit/vegetables that they were unfamiliar with.

More recently we have introduced a half-day 'Cooking for One' course and tailored it to focus on seasonal fruit and vegetables, cooking cheaper cuts of meat, batch cooking and making better use of the freezer.

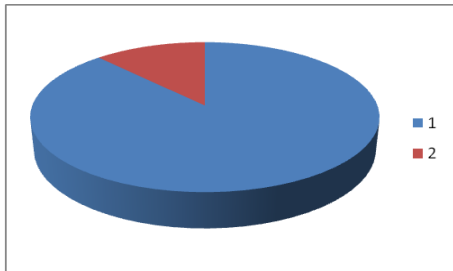
Three of these courses have been delivered so far in collaboration with the Tideswell School of Food. The first was an all-female group; the second was an all-male group. The third course was a mixture of single people (both men and women) and married couples.

A **total of 26 people** benefitted from these courses.

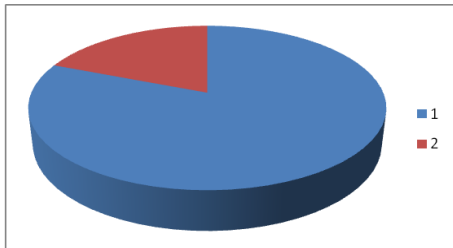
270 individuals took part in healthy eating, cooking and nutritional awareness sessions.



100% of participants enjoyed the course.



88% of participants said that they had been encouraged to think more carefully about what they ate.



81% of participants said that they felt more confident to try different foods and to cook in different ways.

What will you remember most about this course?

Meeting other people; sharing experiences. Very good discussion on recipes. Very friendly team making the whole process easy and enjoyable. The chef was good and easy to follow and the tips given were very good. So good - never before have I made anything as tasty! Very friendly. Tips on freezing food. Meeting other people.

What changes will you make to your eating/cooking habits?

More types of soup. Look for one-pot meals. Experiment with herbs and spices. Use all old vegetables in soup. Make more use of home grown vegetables. I will be more adventurous. I will cook for two and freeze one portion. Cook in bulk and then freeze to save money. Portion control. Just try different foods.

Quote from one gentleman ... “This is great for us chaps! You never know when your partner might suffer an accident or illness, leaving you to be responsible for the cooking!”

3.5 Mental Wellbeing

In all cases, the physical activities undertaken by individuals were also deemed to be improving their social and mental wellbeing. This was supported by the fact that **26%** cited physical benefits, **26%** social/wellbeing benefits and **39%** said ‘both’.

1325 individuals took part in activities designed to improve their mental wellbeing.

For those individuals who were either unable or unwilling to take part in any physical activity (even chair-based exercise) we developed the **Activity Box**. The contents included Scrabble, Quoits, Skittles, Beetle Drive, Jigsaws, Giant Crosswords, Music Quiz and Reminiscence Quiz. These boxes were introduced during a 'Fun & Games' event and encouraged conversation, participation, teamwork, support and gentle stretching.

Photo 3: Contents of Activity Box



Other individuals reported that they were too fatigued through lack of sleep or poor quality of sleep. We put together the **Sleep Box** specifically to address this concern. Boxes contained aromatherapy oils, fluffy socks, eye masks, 'heaty wheaty'. bubble bath, hand & foot cream, cotton gloves, a relaxation CD and a guidance sheet containing hints on getting a better nights' sleep. (See case study 1 for comments on the success of this intervention.)

The relaxation CD ("Blissful Moments") was also used as a stand-alone intervention with more than 400 individuals benefitting from it to date.

3.6 Case Studies

Several individuals and groups agreed to be the subject of case studies and allowed us to gather wider significant information:

CASE STUDY (1): Sleep In A Box.

S reported that she had experienced poor sleep for a number of years. She said that her sleep pattern was totally disrupted and that she would wake up every two hours. She felt lifeless, lacking in energy and had little concentration even to read a book.

*S wished to feel more relaxed and in control of her life. After using the contents of the **sleep box** every day for 6 weeks, S reported that she now manages to sleep for 4 hours before waking up. She has followed the 'hints' sheet and does not use her computer or watch TV late into the evening. She now reads a lot more books again.*

She says that she has more energy during the day and has started knitting, crochet and making new curtains. She has also bought some paint ready to decorate!

S feels that she is ready to get more involved in activities such as walking, photography and arts & crafts.



CASE STUDY (2): Prevention Is Better Than Cure.



S was going to the gym but found it boring and isolating and knew the Age UK name so decided to give it a go.

She was attracted because of the mixture of people; some younger some older (56) and she didn't feel intimidated.

S has had personal and family issues with weight and heart problems so was aware of the need to keep healthy and fit.

*She was diagnosed with high blood pressure and going to the GP on monthly basis. Her blood pressure remained high even though she was going to gym. The GP said the only way was to go on tablets which S was resistant to. This gave her the drive to take up consistent exercise and she went along to **fit as a fiddle**. She loved the class so much as found the motivation to go weekly and within 6 months had normal blood level and no medication.*

She feels mentally better as she knows she can control her health at the moment. "It doesn't feel like exercise, just enjoyable activity and better mental health"

CASE STUDY (3): Never Too Late To Come Out Of Your Shell.

*A was widowed 6 years ago and was very isolated and lonely at home. She forced herself to go out on her own shopping etc. but increasingly remained indoors. She saw the information for **fit as a fiddle** in a local magazine and went along to the centre. She didn't have the courage to go in but was gently encouraged to do so by the centre manager. It was a very big and scary step to take but A is glad she did. A has now done tai chi, belly dancing, exercise and walking and has become a volunteer at the centre, helping with the Age UK lunch club, which she says she enjoys better than when she was at work! A says, "I have always been a quiet and shy person but **fit as a fiddle** has made me come out of my shell – friends say they can't shut me up now"! With support from her new friends at the centre, A plucked up courage to have extensive dental work done which has also contributed to her general feeling of wellbeing.*



CASE STUDY (4): Long Distance Reassurance.

*A granddaughter based in Sheffield was worried about her grandma who lived on her own in Chesterfield, Derbyshire. She contacted her mum who lived in Cambridge and explained that she thought grandma was lonely and depressed. Mum looked on the internet and found the **fit as a fiddle** "Cooking for One" course advertised on the Tideswell School of Food website. She emailed the project co-ordinator who in turn got in touch with grandma by telephone, enrolled her on the course and gave her a lift (along with another older lady) to the venue. These two ladies got on well together during the course and arranged to go along to a craft event at a local wine bar the following week.*

CASE STUDY (5): Sustainability in Stanton



*Stanton is an isolated village just over the Derbyshire border into East Staffordshire. It has close affiliations with the Derbyshire Dales market town of Ashbourne. Most residents fall into the 50+ category and a member of the Village Hall Committee (J) contacted the **fit as a fiddle** co-ordinator originally to ask about the possibility of the Age UK Derby & Derbyshire roadshow visiting the village as it was felt they were missing out on vital information for the elderly. After also discussing **fit as a fiddle**, a tai chi course was arranged and 22 people attended. This course has continued as a sustained activity. A games event followed one Saturday afternoon (with an Activity Box), involving other members of the community. Involvement in **fit as a fiddle** has increased the usage of the village hall and brought in vital revenue.*

4. Impacts on Partnerships and Sustainability

The freelance tutors (**20 in total**) were the key partners during this project. They were all vetted to ensure that they had relevant qualifications and experience to deliver the activities plus sufficient insurance cover. For many of them, **fit as a fiddle** provided the opportunity to work with a client group which was significantly older than their usual participants. For others, **fit as a fiddle** became a useful source of income, enabling them to continue their classes; thus providing useful referral routes for clients.

A Letter from L:

I have been teaching tai chi qigong for the **fit as a fiddle** programme since October 2009, working across the Derbyshire Dales with people of all abilities. I have delivered workshops and taster sessions and run short courses in care homes and sheltered accommodation, at luncheon clubs, with WIs, senior citizens' clubs, Age UK day care centres, specially organised groups and 'in the workplace'. I have thoroughly enjoyed everything that I have done, and working with older people with considerable health problems has sometimes been challenging, but has greatly added to my skill set!

Both SS and SH (co-ordinators) have been very encouraging and supportive, advising and guiding me with questions and problems, both general and specific, and I'd like to thank them both for giving me the opportunity to work with Age UK Derby & Derbyshire. Because of this, I am now being considered for work within the NHS, something that I feel would not have happened otherwise. After the 10 week course in Matlock, I started a private class for those who wanted to carry on and I still go back to some groups on a voluntary basis as they really enjoyed themselves (one lady is 92!). And one woman, who has specific health problems, keeps phoning me up to ask when I'm going to start another course in her area!

We worked closely with a number of local organisations (already mentioned in 2.4) and the Regional Co-ordinator conducted a survey (using survey monkey) to gather their impressions of the programme. In Derbyshire, 4 organisations responded to the survey (out of a regional total of 16?) and gave answers to the following questions:

1. Has fit as a fiddle helped your organisation to reach its intended outcomes towards physical, nutritional and /or mental wellbeing? If so how?

DCA: Yes. A series of Tai Chi classes and nutritional information given at groups.

TSF: Not applicable.

DSA: Yes. fit as a fiddle provided a workshop at the DSA Networking Day, working with a group of people who have had a stroke, their carers and supporters. Formal and informal. They have also supported individuals at the Chaddesden Centre.

BBE: Yes. Everyone found the advice and exercises really helpful and geared to their particular needs.

2. How has working with fit as a fiddle influenced your organisations future planning?

DCA: *Don't know.*

TSF: *Yes. We will be looking for similar organisations who have funding to see if they would like to hold educational cookery sessions here.*

DSA: *Encouraging individuals to be active after a stroke or as Carers for Stroke. Important to psychological wellbeing and secondary prevention of stroke or cardiovascular disease. Particularly relevant in this year of the "Derby - Heart City" initiative.*

BBE: *Yes. It has given us an insight into what members want from the group, which are what fit as a fiddle has provided.*

3. Has working with fit as a fiddle influenced your external partnership working and if so how?

DCA: *Yes. Try and involve other organisations in the planning of groups.*

TSF: *Don't know.*

DSA: *Yes. An additional resource to signpost people to.*

BBE: *Not applicable.*

4. What do you consider to be the impact/benefits of fit as a fiddle to you/your organisation and the wider community?

DCA: *Better/more use of community space. Higher user numbers. Community cohesion.*

TSF: *Higher user numbers. Improves local economy. Better/more use of community space. Community cohesion.*

DSA: *Able to contact more service users. Saving money and resources. Early detection of potential health issues. Community cohesion.*

BBE: *Reduction in patient visits. Better use of community space. Higher user numbers. Able to contact more service users. Increased employment opportunities. Saving money and resources. Early detection of potential health issues. Increased volunteer numbers. Resources/money saving for local services.*

5. What do you consider to be the benefits of fit as a fiddle to your service users?

DCA: *Increased health and wellbeing. Less isolation. Better management of long-term health conditions. More informed food choices.*

TSF: *Increased health and wellbeing. Less isolation. More informed food choices.*

DSA: *Increased health and wellbeing. Less isolation. Better management of long-term conditions. More informed food choices. Increased mobility. Psychological wellbeing.*

BBE: *Increased health and wellbeing. Less isolation. Better management of long-term conditions. More informed food choices. Increased mobility.*

6. What is your overall perception of the project from your own experience? i.e. what worked well/not so well/what could we have done differently?

DCA: *Worked very well. Carers felt better after sessions.*

TSF: *The project is well organised and targets vulnerable groups of people, giving them the opportunity not only to improve their health, wellbeing and lifestyle but to also meet*

new people and make new friends. The work carried out by the project is extremely positive and greatly appreciated by the people who have benefitted from it.

DSA: *Very useful.*

BBE: *The project worked very well to encourage healthier eating and more exercise to our group members.*

7. What joint activities do you think could be developed for your service users if the partnership were to be strengthened?

DCA: *Not sure.*

TSF: *(No response)*

DSA: *Extending the 'life after stroke' activities available to people.*

BBE: *We certainly had requests for regular Pilates sessions and the Wii games proved very popular. Just a regular session would be helpful in my opinion.*

8. What other developments could spring from this partnership i.e. better networking, joint publications to reduce costs, funding opportunities, free community space?

DCA: *Better networking; working together.*

TSF: *As a social enterprise, we are always looking for funding opportunities so we could work together to target certain pots of funding to stand more of a chance of receiving it.*

DSA: *(No response)*

BBE: *If there was a local fit as a fiddle session I am sure some of our members would take the advantage rather than/as well as at the monthly group meetings.*

9. Is there anything else you would like to comment on that hasn't been covered?

DCA: *(No response)*

TSF: *(No response)*

DSA: *(No response)*

BBE: *I would mention that most of our members have breathing problems and fit as a fiddle representatives were very sympathetic towards their conditions, tailoring the sessions to their particular needs.*

5. Impacts on Volunteering

Whilst the project did originally have set targets for volunteer involvement (including the support and training of Health Champions) but these were later removed.

A total of 14 volunteers are recorded as taking an active role in the project.

During the first half of the project the **fit as a fiddle** co-ordinator was delivering courses herself with some support from volunteers who helped out during sessions. These ranged from the teenage son of another tutor (who knew how to operate the Wii equipment!) to people who were themselves 50+ and sufficiently agile to help others who had more physically limiting conditions.

Other volunteers were used periodically to provide administrative support; the paperwork became more demanding as the numbers of participants increased.

It is difficult to put a figure on the number of hours of volunteer involvement but we estimate that it would be in excess of 100.

Based on an hourly rate of £12.77⁽⁹⁾ the volunteer contribution to the project has been in excess of £1277.

One reason for not pursuing the support and development of Health Champions through the **fit as a fiddle** programme was because this role (Health Mentors/Trainers) already existed within the PCT and District Authority provision.

Another significant issue, relating to both volunteers and Health Champions, was that the National Programme envisaged that they would be delivering classes (e.g. chair-based exercise) whereas in reality, without sufficient training, qualifications and supervision it was impossible to adequately insure them. Instead, we opted to advise and support a key individual within the participating groups, who would continue to encourage members to engage in health or wellbeing activities.

In Year 5 of the project we trained 4 of our existing befriending volunteers to become **Wellbeing Mentors**, taking a more pro-active role when supporting their clients.

⁽⁹⁾ Based on average hourly rate of pay of £12.77 for full-time workers in England in 2010 (Annual Survey of Hours and Earnings sourced from NOMIS)

6. Impacts on Equality and Diversity

The **fit as a fiddle** co-ordinator has endeavoured to work to the following guidelines:

- I will ensure that my communications are open and transparent using plain English without jargon.
- I will listen to, and seek views from all stakeholders.
- I will encourage all interested parties to take part in formal and informal consultations and to become involved in forums, networks and working parties.
- I will aim to offer services and facilities aimed at increasing our accessibility.
- I will review and modify working practices where necessary to ensure that they are fair and transparent.
- I will maintain monitoring information in such a way as to be able to identify areas of possible inequality.
- I will ensure that information is available in various formats and that it is available to all sections of the community.
- I will provide training and support to stakeholders where necessary.
- I will encourage all partners and participants to follow best practice in all of their activities and to work in an open and inclusive way.
- I will seek feedback from all stakeholders and regularly analyse satisfaction levels.
- I will be sensitive to the needs of different groups and individuals when planning and organising events.
- I will look for opportunities to work in partnership with organisations that support community groups in order to improve outcomes for specific communities or groups.
- I will identify opportunities for mutual learning.

The initial findings produced by Ecorys from the SNAP data gave some cause for concern which led to the development of **fit as a fiddle in the workplace**. The results showed that the majority of participants were on their 70's and 80's - a reflection of the activities being delivered in residential care homes and day centre settings. As our target group was people aged 50+ we asked ourselves why so few people in their 50's and 60's were attending. The obvious answer was that they were in employment and not able to attend the scheduled sessions.

The **fit as a fiddle in the workplace** initiative was not easy to promote; it required the need to 'network' in slightly different circles. We also had to relax the eligibility criteria (age and geographical area) so that teams could participate together. We 'trialled' the idea with staff from Derbyshire Dales CVS (see Appendix D)

*Photo 4:
DDCVS staff enjoying a yoga session*



7. Health Literacy

The following health literacy and general information leaflets produced for **fit as a fiddle** were distributed widely during networking events, at conferences and via the Age UK Derby & Derbyshire roadshow:

- 'Zest for Life',
- 'As Much as You Can',
- 'Add Flavour.'
- **fit as a fiddle** newsletters (both themed versions and regional updates);
- Locally produced leaflets (e.g. **fit as a fiddle** in the workplace)
- Recipe book
- Eat Well Plate (diagram - very popular. Most visitors to our stand took a copy.)
(See Appendix E)

Alongside these, tutors and volunteers wore **fit as a fiddle** T-shirts during delivery of sessions and used the squeezable stress-relieving fruit to support some of the activities. These were also distributed at networking events along with small drinks bottles, pedometers and relaxation CD's, all sporting the **fit as a fiddle** logo.

The **fit as a fiddle Fitness Bags** - a legacy of the project - will contain a range of the above items (plus exercise bands and possibly a DVD) and will be distributed during the final months of the project.



Photo 5: The fit as a fiddle display stand

No formal evaluation of the usefulness of the literature was carried out locally but Ecorys have produced the following information based on the Project Co-ordinator and Partner Survey that they conducted:

How useful did you find the fit as a fiddle health literacy materials?		
	Number	Percentage
Very useful	28	38
Fairly useful	40	55
Not very useful	4	5
Not at all useful	1	1
TOTAL	73	100

Source: Ecorys Interim Report - Project coordinators and partner survey (Base 73)

8. Economic Value of the Project

**REPORT: “At least five a week”
Department of Health (2004)**

The message in this report is clear. The scientific evidence is compelling. Physical activity not only contributes to well-being, but is also essential for Good health. People who are physically active reduce their risk of developing major chronic diseases – such as coronary heart disease, stroke and type 2 diabetes – by up to 50%, and the risk of premature death by about 20-30%.

The annual costs of physical inactivity in England are estimated at £8.2 billion – including the rising costs of treating chronic diseases such as coronary heart disease and diabetes. This does not include the contribution of inactivity to obesity – an estimated further £2.5 billion cost to the economy

This project has not attempted to put a monetary value on the benefits that **fit as a fiddle** activities have provided to individuals. However, where individuals have reported that they have, for example, reduced their blood pressure by continuing to use the **fit as a fiddle** interventions, we can speculate that this will have reduced their number of GP visits and the cost of prescriptions.

9. Conclusions and Recommendations

A personal fitness trainer once remarked that a good rule of thumb for calculating the amount of time it takes to change an individual's 'fitness habits' is to ask their age and use this number to calculate the number of months required. Therefore a 60 year old person would require 60 months (5 years). Not very scientific, but it demonstrates the commitment required from all parties; without on-going support and encouragement during this period those necessary changes would not happen. And without a good deal of variety during that time, boredom will set in and personal fitness goals will seem unattainable.

The benefit of 5 years funding from the Big Lottery has enabled this project to be one of the largest UK studies into wellbeing in later life and has earned **Age UK recognition from the College of Medicine:**

AGE UK's Fit as a Fiddle programme was the overall winner of the College of Medicine Innovations Award in Healthy Ageing, which is designed to recognise projects that are at the forefront of delivering patient-centred care. Established in 2007 and funded by the Big Lottery Fund as part of the Wellbeing programme, Fit as a Fiddle exemplifies patient-participation and health promotion. It is designed by older people for older people and champions healthy eating, physical activity and mental wellbeing.

Fit as a Fiddle comprises two national projects and 24 regional projects. An incredible 300,000 older people and 4,500 volunteers have benefited from the project, which was created after older people were consulted at the outset and through all stages of the programme design. Interim results from an independent evaluation of the project demonstrate an improvement in healthy eating habits as well as the physical and mental wellbeing of the participants.

The programme will receive a cash prize of £1,500, a short film about the project, plus 'Demonstration Site' status and an enhanced profile on the College of Medicine website.

"We are delighted to accept this award. Fit as a Fiddle provides a huge variety of activities across England – everything from Abseiling to Zumba – and is proof that involving and engaging older people in the design and delivery of activities is key to success," said Emma Spragg, Head of Wellbeing Services at Age UK.

"Fit as a Fiddle works in partnership with a range of agencies to develop innovative solutions to address key health issues, and importantly provides opportunities to try new things, to socialise and have fun – all of which contributes to wellbeing."⁽¹⁰⁾

(See the short film about **fit as a fiddle** on the College of medicine website: www.collegeofmedicine.org.uk)

(10) Article on website - www.collegeofmedicine.org.uk

The future of **fit as a fiddle** beyond September 2012 will be dependent on regional and local wellbeing strategies, driven by national targets, from local authorities and the NHS.

In Derbyshire, there is much more scope to involve older people at various stages and **recommendations for future projects** would include:

- More opportunities to work with older people in the workplace,
- Offering “Get Fit for a Fiver” to older unemployed people or those on low incomes,
- ‘Focused’ work with individuals who are coping with long term illnesses or chronic conditions (through partnership working),
- Scope for specifically targeted projects such as supporting individuals back into work after a long illness or at the point of redundancy or retirement,
- Adapting the programme to appeal to more men,
- Supporting intergenerational wellbeing activities,
- Community development in rural and ageing communities; promoting community wellbeing,

The final words should be from those who have benefitted from **fit as a fiddle**:

“I prefer coming to Age UK fit as a fiddle because it’s FUN! Less intimidating (than the gym) and people my own age”. SB

“Unfortunately I could not participate in all sessions due to limited mobility (arthritis) but thoroughly enjoyed Steve’s (tutor) chatting and found the background music extremely enjoyable and relaxing”. JC

“Sessions in village halls so no need to travel into Matlock by infrequent buses!” JK

“I seem to be sleeping all through the night most nights ... I now watch more evening programmes of TV and am not so tired when I go out in the evenings ... I have joined the walking group and been on all the walks so far. I will be joining the choir when it starts in a few weeks.” (Sleep Box user)

“I just wanted to thank you for the nudge which started this group. We are up to 8 now and growing. It has given me an extra purpose and identity. Since I am now fully retired, I need a focus. Now I not only lead walks on Tuesday and Wednesday, but I have qualified as a trainer for the Volunteer Walk Leader Training. RW and I co-taught one session and, for our first go, I think it went quite well.” M

Appendices:

- A: Notes from focus group at Chaddesden**
- B: Notes from focus group in Derbyshire Dales**
- C: Notes from focus group in High Peak**
- D: Notes/Feedback from fit as a fiddle in the workplace
(Derbyshire Dales CVS)**
- E: Eat Well Plate**

A CHADDESSEN FOCUS GROUP - ANSWERS

Attendees: Carol, Joan, Sandra, Sue, Linda, Maureen, Gaynor, Tania, Sue, Ann, Doreen, Teresa, Wendy.

Activities: Cook & Eat, First Aid, Keep Fit, Activity Box, Indoor Bowls Competition, Fit as a Fiddle Fun Day, Salsa, Belly dancing, Burlesque, Zumba, Line Dancing, Sleep Box,



1. What attracted you to the **fit as a fiddle** activities?

- *Read about it in the monthly magazine (Chaddesden Newsletter)*
- *Introduced by others*
- *Teresa spread the word in the centre*
- *I'm a friend of Teresa and wanted to get involved*
- *Prefer the idea of classes rather than the gym; social aspect*
- *Smaller classes; get to know each other*
- *Loads of fun*
- *The Bowls Competition was a way to recruit new members and to re-energise the group*

2. Thinking about 'before' and 'after' - what have been the benefits to you personally? What have been the barriers to your participation?

BENEFITS:

- *Socialising*
- *Feel a lot fitter; retired and used to sit at a desk. Also walk too, and ride a bike*

- *Teresa joins in and she can now get up from the floor; more flexible*
- *My outlook is better*
- *Emotionally and mentally beneficial*
- *Wasn't getting out much last year ... now involved in activities and volunteering*
- *My blood pressure has reduced - been normal now for 6 months*
- *Teresa has loose joints ... can now sit back on knees and get up from the floor*

BARRIERS:

- *Fear of joining in; not being able to do it*
- *Cost - you want to join in lots of things but have to choose just one or two activities*
- *Advertising - there are still people who don't know about it*
- *Lunch group are excluded because they are transported in by bus*

3. What changes have you made (and maintained) to your eating habits and physical activity since you attended **fit as a fiddle**?

- *Now use car less ... walk more*
- *Gave up my gym membership because it seemed quite impersonal and isolated*
- *Conscious about healthy eating and drinking more water*
- *Sandra (now aged 55) wants to make changes and lay foundations for later life*
- *Encouraged to do other things ... lots of variety in the centre*
- *Joined in the activities funded from another source ... aromatherapy, beautician, etc*
- *Because of the holistic approach all tasters have lead to something else*
- *Encouraged to take up volunteering*
- *IDEA - under the nutrition banner look at preventative issues such as diabetes, gluten intolerance. What alternatives can I use?*
- *Now involved with Chaddesden Tuesday Ladies*
- *NETWORKING - setting up a walking club and will be undertaking Walk Leader training*

4. How could **fit as a fiddle** be improved?

- *See above note about nutrition*
- *Venue just right - no improvements needed*
- *Finding something for all abilities*
- *Activity Box used for intergenerational activities*
- *Something for grandparents and grandchildren (DERBY HOMES - 'Young Wardens')*

5. Which activities have continued after the 'free' sessions and how have they been funded? Would paying for sessions put you off? Why?

- *No free sessions - all activities have continued at a cost (£1.50 donation)*
- *Keep Fit has continued @ £3 per session*
- *Would pay £4.50 for Tai Chi*
- *Paying 'up front' would be an issue*
- *Gets expensive if you do several activities*
- *We have other funders - Awards for All, Neighbourhood Board, Health & Social Care Fund, Adult Education (computer courses), Winter Warmth Grant*
- *GP referrals (the BU project, Derby City Council)*

6. What would you say to other people when describing your experience of **fit as a fiddle**?

- *Excellent ... didn't think Age UK did stuff like this (Age UK name could have a negative effect - stigma - 'for older people')*
- *Amazed at what was on offer*
- *Befriend/mentor others to try things*
- *SAFE ... not under pressure*
- *Geared up to our ability*
- *Is quite challenging but to own limits*
- *Music is an important aspect*

7. Has your experience of **fit as a fiddle** encouraged you to take up any other activity or to join a community group?

*We all throw ourselves into the activities at the centre.
See Q3 for other group involvement.*

8. Anything else that you want to mention/discuss?

- *MEN ... not enough of them! Although a couple attend keep fit and salsa and the Bowls Club has men*
- *Encourages volunteering*

B DERBYSHIRE DALES FOCUS GROUP - ANSWERS

Attendees: Judith (Bakewell 'B'), Jonathan (DDCVS), Jill (Buxton Breathe Easy), Gill (Matlock 'B'), Christine (Buxton Breathe Easy), Jean (Buxton Breathe Easy), Delia (Matlock 'B'), Mary (Bakewell 'B'), Christine (Matlock 'B'), Marjorie (Baslow Lunch Club & Bakewell Day Centre), Bryan (Bakewell Day Centre), June (Waltham House), Betty (Waltham House)

Activities: Tai Chi, Qi Gong, Yoga, Chair-based Yoga, Pilates, Aquafit, Walking, Healthy Eating, Nutrition, Food Tasting, Well Balanced, Activity Box, Wii Fun, Hand Massage, Yoga in the Workplace.



1. What attracted you to the **fit as a fiddle** activities?

- *Saw it advertised; I am widowed and wanted to do something; needed group motivation and support.*

- *Help provided to do the exercises; felt better.*
- *Having a go rather than sign up for 12 weeks and not like it.*
- *Literature at networking events.*
- *The fact that it was Age Concern, so was for people over 50, not young fit people.*
- *The varied activities and 'tasters'.*
- *Not being committed to a long course.*
- *Activities could be adapted and customised to meet everyone's needs in the group; gave you confidence to try other things.*
- *That it could be brought to us in a residential setting; it suited all our needs; it was free.*

2. Thinking about 'before' and 'after' - what have been the benefits to you personally? What have been the barriers to your participation?

BENEFITS:

- *Improved mobility; had problems with my shoulder. Now much improved.*
- *Social contact was very important; made friendships.*
- *Feel fitter through walking and tai chi.*
- *A new walking group was started through fit as a fiddle; just 3 members at first. Now more members and we do longer and more difficult walks.*
- *Motivation - a neighbour encouraged me.*
- *Two people with knee replacements increased activity by 100%.*
- *Has reduced blood pressure and depression*
- *Awareness of healthy eating has been increased.*

BARRIERS:

- *In the workplace - difficult to get everyone together.*
- *Availability of the activities after the taster sessions.*
- *Self made barriers - reduced motivation, relapse, procrastination.*
- *Not sufficiently advertised.*
- *The branding - posters, website; the impression of over 50's.*
- *Transport; in Derbyshire Dales & High Peak there are considerable distances between villages.*
- *Parking - cost and proximity to venues.*

3. What changes have you made (and maintained) to your eating habits and physical activity since you attended **fit as a fiddle**?

- *Thinking about exercise in daily activities.*
- *Portion control; more conscious about smaller portions and use of salt and sugar.*
- *Joined other physical activity groups.*
- *Drink more water and less alcohol.*
- *Definitely eat more fruit and vegetables.*

- *Find myself influencing other family members.*

NOTE: Of the 13 people who attended this focus group, 10 have continued with some activity and 6 of these now do more than one thing. All 13 would like more fit as a fiddle activities.

4. How could **fit as a fiddle** be improved?

- *Would like more falls prevention content.*
- *Increase advertising.*
- *More workplace activities.*
- *Choice of day - Bakewell groups were on Monday which was market day.*
- *Choice of times; venues generally OK.*
- *Number of people per session - 12 is good.*

5. Which activities have continued after the 'free' sessions and how have they been funded? Would paying for sessions put you off? Why?

- *Aquafit sessions still continue in Matlock at a cost of £2.15*
- *Walking group still continues and has become one of the DDDC Walking for Health Groups - these walks are free.*
- *Tai Chi continued for 2 further blocks of sessions until there were too few people attending to make it viable. Cost was £4.50 payable 4 weeks in advance.*
- *Have attended Tai Chi at U3A at a cost of £1 per session.*

DISCUSSION: Possibility of a £25 membership fee then pay £2 per session? Would it put people off? It depends on the price. If you are interested you will go along and pay. Could set up a constituted group with help from CVS and apply for small pots of funding. Some people may wish to use their personal budget to attend sessions.

6. What would you say to other people when describing your experience of **fit as a fiddle**?

- *Enjoyable*
- *Positive*
- *Achievement*
- *Friendly*
- *Enjoyed the company*
- *Spending the day with someone else*
- *Interesting*
- *Non-threatening*
- *Not forced to do things or made to feel awkward if you couldn't.*
- *Laughter*
- *Making friends*
- *Trying things*
- *Ideas and information taken away to be used at home*

- *Still doing the exercises at home!*

7. Has your experience of **fit as a fiddle** encouraged you to take up any other activity or to join a community group?

- *Meet new people who can encourage you to try other things and go along to other groups.*
- *Push the limits ...*
- *Having tried something, the knock-on effect continues at home.*

8. Anything else that you want to mention/discuss?

- *Fit as a fiddle really does help to motivate you; more working with the mind than you think.*

C HIGH PEAK FOCUS GROUP - ANSWERS

Attendees: Helen (New Mills Volunteer Bureau), Christine (High Peak Carers - Buxton), David (High Peak Carers - Chapel), Cynthia (New Mills Volunteer Bureau), Sheila (Hayfield Over 60's), Pat (Hayfield Over 60's), Christine (High Peak Carers - Glossop)

Activities: Tai Chi, Qi Gong, Keep Fit, Healthy Eating, Activity Box, Chair-based Yoga, Wii Fun,



1. What attracted you to the **fit as a fiddle** activities?

- Found out about it through the co-ordinator of Derbyshire Carers Association (High Peak)
- The fact that it was Tai Chi - slow movements ideal for my health condition
- Just retired and wanted to do activities in a small group at my age. Saw it in the High Peak Courier
- Having the 'taster' session at Blythe House followed by a full course of Tai Chi. Length of course was ideal because I could make arrangements to cover my carers duties
- The 'tasters' are a good idea - gets you back into exercise
- 'Tasters' attracted up to 20 people in Chapel but only 4 attended the follow-on course
- Needed something to focus on; tai chi is a mind activity too and the rush of daily life gets in the way
- Very handy location; supplemented what I was doing at WeightWatchers

2. Thinking about 'before' and 'after' - what have been the benefits to you personally? What have been the barriers to your participation?

BENEFITS:

- *Encouraged me to start exercising again; good stress relief*
- *Food and nutritional advice*
- *As above, but also helped with breathing*
- *Balance and posture*
- *Helps to keep you supple*
- *Helped me with a range of movements (having broken a lot of bones in a bad accident in the past). Have also lost quite a bit of weight*
- *Enjoyable; gentle*
- *Meeting people*
- *Was given a DVD to use at home*

BARRIERS:

- *Can't always join in as I would like due to fluctuations in health conditions*
- *Finding the time (I have a carer role)*
- *Distractions in the group; have a more 'singular' focus at home*
- *Weather and location*
- *Type of exercise might put people off. Calling it 'exercise' does put people off*
- *Advertising*

3. What changes have you made (and maintained) to your eating habits and physical activity since you attended **fit as a fiddle**?

- *Tried to maintain something of what I have learned*
- *Started to do other things - swimming, line dancing and zumba although I have to think about the cost and if I take on something new then I have to drop off one of the other activities*
- *Trying to do more walking and use the car less*
- *More conscious about healthy eating*
- *Pay more attention to food labelling*
- *Cut down salt intake*
- *Still make the lentil soup and cook from scratch as much as possible*
- *I use the 'healthy eating plate' to monitor portion size*

4. How could **fit as a fiddle** be improved?

- *More sessions every week*
- *Variety of sessions*
- *Swimming*
- *Advertising - email and newsletter*
- *All sessions need to be local*

5. Which activities have continued after the 'free' sessions and how have they been funded? Would paying for sessions put you off? Why?

- *Joined Steve's private class in Glossop*
- *Really need someone in the group to co-ordinate follow-on activities and to liaise with fit as a fiddle and other initiatives*
- *Still use the DVD at home*
- *Not continued because of timing - during summer holidays work and caring "get in the way"*
- *Would look for small pots of funding to subsidise the courses*
- *Would be prepared to pay £2 -£3 (max)*

6. What would you say to other people when describing your experience of **fit as a fiddle**?

- *Enjoyable*
- *Gets you motivated*
- *Fun & friendly*
- *Not with the young 'uns'*
- *Meet people*
- *Good price; sometimes free*
- *Not too strenuous*

7. Has your experience of **fit as a fiddle** encouraged you to take up any other activity or to join a community group?

- *Has encouraged me to find out about other things*
- *Volunteering aspects - would like to support or befriend someone*
- *Between us we do swimming, line dancing, walking, zumba, gym, cycling in the garage, weights in the garage*

8. Anything else that you want to mention/discuss?

Nothing. Thank you.

D **fit as a fiddle** IN THE WORKPLACE (Group Discussion) **DDCVS:YOGA**

1. What have you enjoyed about the **fit as a fiddle** programme in your workplace?

Time out during the week spent with colleagues. Good for team building. Seeing people in a different context. Wouldn't have done it otherwise.

2. What have been the real benefits to you personally and as a team? Will you continue with the activity?

Made me think about doing yoga again. Time to think about general fitness and wellbeing. Time to reflect on your own fitness; being aware of the loss of flexibility. Back in the office it encouraged people to talk about things not usually touched on. More open with each other.

Probably wouldn't do it every week; maybe once per month.

(At the beginning of a team meeting maybe?)

3. What would you say to other employers about the benefits of **fit as a fiddle** in the Workplace?

Very good for tension levels. Not so hunched over the computer. Good for team building. It is inclusive, welcoming and within our capabilities.

4. What might some of the objections be from employers?

Time. Space to do it. Difficult to manage with larger numbers. Who would attend? If working in an environment with a uniform dress code it may not be appropriate. What about those who don't want to do it?

5. What type of work situations would the programme work best in?

Flexible, office-based situations. In industries such as catering there wouldn't be time during the day so would have to be either before or after work.

Needs to come 'from the top'.

6. If an employer is an Investor In People or is working towards the Health & Wellbeing Good Practice Guide, would **fit as a fiddle** in the Workplace provide some evidence which could be assessed? And would this be enough to persuade those organisations to take up the option?

Yes; progress could be tracked and the impact of the sessions could be recorded.

Possibly but there would still be practical considerations.

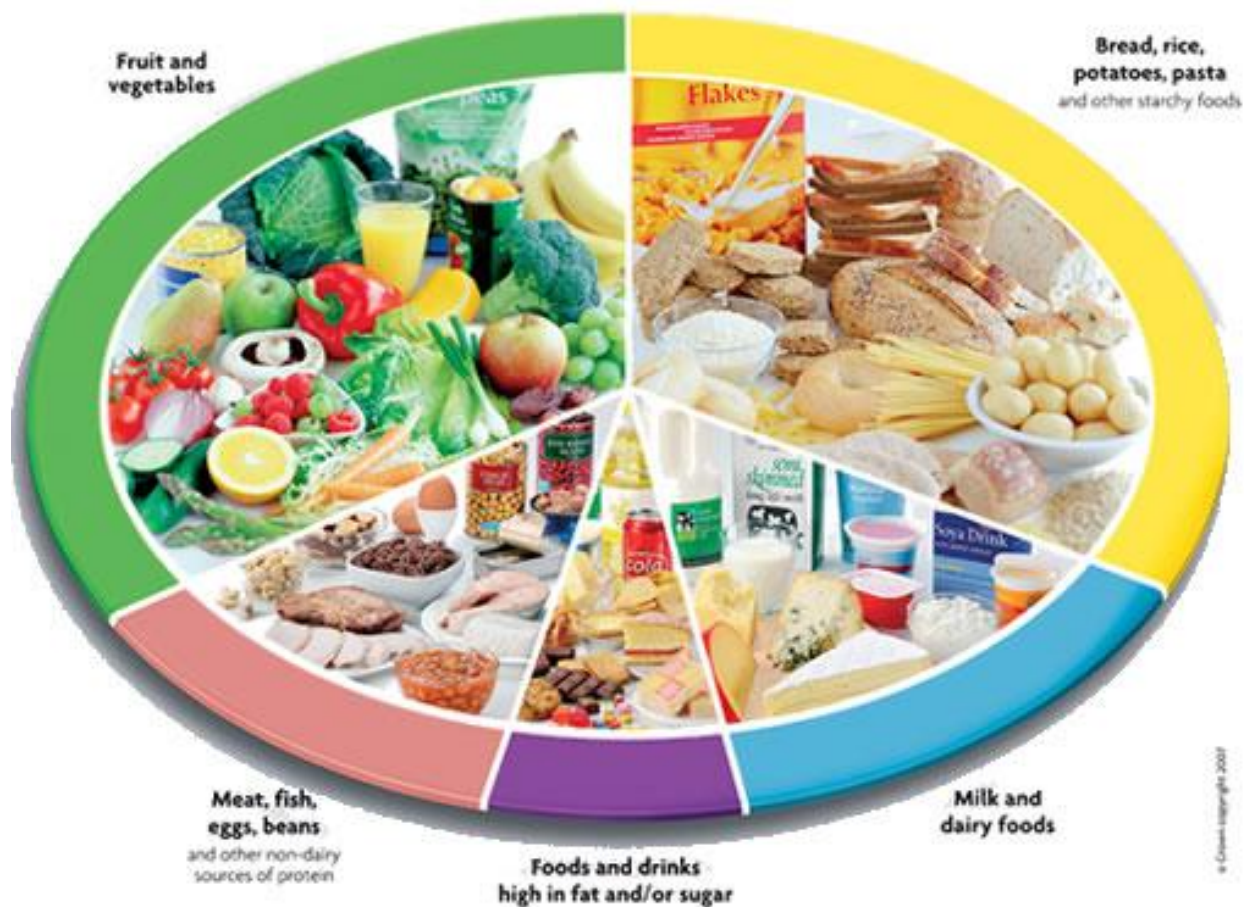
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EAT WELL PLATE

The eatwell plate



Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.



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