



# Evaluation of Get Going Together - final report for Age UK South Tyneside<sup>1</sup>

Final findings for Age UK South Tyneside

August 2016

---

<sup>1</sup> As of August 31<sup>st</sup> 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 throughout the report.

## Contents

<b>1</b>	<b>Introduction and methodology</b>	<b>3</b>
1.1	GGT aims and objectives .....	3
1.2	Programme objectives .....	3
1.3	Overview of the GGT evaluation .....	3
1.4	Structure of this report.....	4
<b>2</b>	<b>Age UK South Tyneside: final findings</b>	<b>5</b>
2.1	How has Age UK South Tyneside's GGT developed over time? .....	5
2.2	Survey Response rates.....	7
2.3	Participant profiles.....	7
2.4	Outcomes .....	10
2.5	Stakeholder views .....	13
2.6	Cost analysis .....	14
2.7	Sustainability and future plans .....	16
2.8	Conclusion and recommendation .....	19
<b>Annex 1</b>	<b>South Tyneside stakeholders interviewed.....</b>	<b>21</b>
<b>Annex 2</b>	<b>Data.....</b>	<b>22</b>

# 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 long 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. 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.

## 1.3 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 South Tyneside 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<sup>2</sup> 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 South Tyneside GGT team including senior members of staff to explore developments, outcomes and plans for sustainability.
- Telephone interviews with local health and social care stakeholders<sup>3</sup>, and information and advice stakeholders to situate the local South Tyneside GGT project in a wider context and understand the effectiveness of local dissemination.
- Interviews with participants and volunteers<sup>2</sup> during a visit to South Tyneside 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 South Tyneside GGT project.
- Annex 1 presents details of the stakeholders interviewed in South Tyneside.
- Annex 2 presents an overview of SF-36 and healthcare utilisation data

---

<sup>2</sup>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 completed by participants' when they join the programme (round one surveys). Follow on surveys have also been collected by Age UK South Tyneside. 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.

<sup>3</sup> The details of stakeholders and GGT participants interviewed are set out in annex 1.

## 2 Age UK South Tyneside: final findings

### 2.1 How has Age UK South Tyneside's GGT developed over time?

#### 2.1.1 Recruitment, retention and referral pathways

- Age UK South Tyneside had recruited 994 low level and 292 high level participants at the end of quarter 11 – these figures exceed the predicted targets for both low and high level activities (900 and 290 respectively).
- The retention rate of both high and low level participants are similar with 36% (358/994) of low level and 33% (96/292) of high level participants still engaged with GGT at the end of quarter 11.
- GGT has become embedded within local healthcare pathways continuing to work closely with the NHS to support referrals into the project. GGT receive weekly referrals from as well as from the physiotherapy department at South Tyneside Hospital, particularly for those who are being discharged from the Falls Service. The team provide weekly sessions in South Tyneside hospital alongside physiotherapists, which presents the GGT staff as equals to the participants. Stakeholders suggested that this has encouraged older people to have trust in the GGT staff as they know that they are fully trained and equally skilled to their physios.
- Age UK South Tyneside was previously copied into discharge letters from the hospital to the GP. More recently, they have changed the referral form enabling participants to choose their activities upon discharge. A copy of this form goes to the participant, their GP, their consultant, their physio and Age UK. The Age UK South Tyneside team felt that this approach would enable participants to take ownership of the activities they want to do, helping them to be clear on their next steps and more likely to access these classes. In addition, this gives Age UK staff an indication of the level of ability of participants being referred. For example, those taking part in seated exercise would likely be less mobile than those following on to the gym.
- Engaging GP surgeries has been another way in which Age UK South Tyneside has been able to encourage referrals to classes. The team delivered a presentation, with a focus on Get Going Together, at a Practice Managers meeting and GP Education Forum, attended by members of the CCG. This was positively received by local GPs with several asking for summary sheets of activities as well as making recommendations for a referral form. Several GPs from the meeting made referrals straight to the project following the meeting.
- The GGT team have also delivered talks to the Respiratory, Cardiac Rehabilitation and Hip and Knee Clinics in South Tyneside Hospital, which has enabled Age UK South Tyneside to reach groups of older people who they had not previously had contact with. They have recently started to receive referrals from the Cardiac Rehabilitation team and Respiratory Clinic for the first time, strengthening the integration with local health care services.
- Recruitment of participants has been boosted by internal initiatives too. Recent changes to the format of their internal referral system have made it easier for other Age UK staff to understand their sessions. Clients are now given a single point of contact, which has enabled them to receive more appropriate referrals for their needs. Additionally, the team has worked with another Age UK project transporting isolated, older people who are not accessing health care services to their GP surgeries. An Age UK Care Navigator located in GP surgeries is then able to meet with these people and inform them of GGT activities that they could access, enabling the team to be put in contact with harder to reach older people who could benefit from the classes on offer.

## 2.1.2 Project delivery and activities

- Age UK South Tyneside has introduced a number of new activities over the last few months, although the main focus of late has been around ensuring sustainability of their existing portfolio. New classes include a cycling group, a new dance class taken on (due to a loss of other funding) and supervised gym sessions. The most popular activities are presented in Table 2.1 below.
- The GGT team took on the day to day running of the Easyline Gym at the Age UK South Tyneside site. This has enabled the team to induct high level participants from the Hip and Knee school at South Tyneside Hospital into their gym and offer both pre and post-operative help. This has also supported the progression of participants from high to low level activities, something previously identified by the team as an area of focus. Supervised gym sessions have proved to be very popular overtaking Fitsteps as the activity with most attendance.
- A Gentle Circuits class has also been introduced for those who have 'graduated' from the Balance and Stability group for the same purpose of supporting participants to continue with physical activity.

**Table 2.1 Most popular South Tyneside GGT activities as at June 2016**

Ranking	South Tyneside
1	Easyline Gym
2	Fitsteps
3	Seated exercise
4	Gentle exercise
5	Balance and stability classes

## 2.1.3 Involving volunteers

- Age UK South Tyneside is supported by many volunteers, the support of whom is a key way in which the project aims to sustain most of its classes.
- From the beginning of GGT until June 2016, Age UK South Tyneside have recruited 44 volunteers, of which 55% (24) are still involved.
- Feedback from volunteer interviews suggest that the process to become a volunteer is simple and they are quickly made to feel part of the Age UK team. Volunteers valued the support of Age UK staff and felt that they were always available to help them with a range of issues, including those not related to GGT. Volunteers reported 'feeling part of a family' and this being one of the motivating factors for continuing to support classes.

## 2.1.4 Information and advice (I&A)

- Age UK South Tyneside has reached an estimated 63,831 people through I&A activity since November 2013. There have been various strategies deployed to inform and engage older people in the area, including email bulletins to local health networks, articles in local newspapers, talks and taster sessions, attendance at local events including a Santander fundraising activity, and Facebook posts.
- More recently, Age UK South Tyneside has ceased printing activities leaflets for distribution in the local community. Instead they have created an activities list which is emailed to partners. This has been particularly effective as activities are grouped by intensity, which enables referrers to signpost individuals to appropriate activities, depending on their level of ability.

- The team have also engaged local GP surgeries to discuss delivering Falls Prevention Presentations for those at risk of falling and their carers. This has been requested by the CCG.
- According to the participant survey, the majority of older people reported that they had become aware of GGT through Age UK. It has not been possible to break this down further due to the design of the survey.

## 2.2 Survey Response rates

**Table 2.2 South Tyneside GGT survey response rate by type as at June 2016**

	Number of individuals completing surveys in total	Number of surveys completed in total	Number of individuals included after data cleaning	Number of surveys included after data cleaning	Number of individuals to be used in impact assessment	Number of surveys to be used in impact assessment
South Tyneside	431	530	379	456	73	150

We have completed a detailed analysis of the participant survey which was carried out throughout the programme. Table 2.2 shows the number of surveys collected and then used in the impact assessment for South Tyneside.

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<sup>4</sup>

**Table 2.3 Summary of participant profile; interim and final evaluation stages<sup>5</sup>**

Profile characteristics	South Tyneside – interim evaluation	South Tyneside – final evaluation
Response rate	16% (71/442)	32% (413/1286)
Age	74	72
Female respondents	57% (40/70)	77% (289/377)
People who live alone	44% (27/62)	38% (133/354)

<sup>4</sup> This profile is derived from the surveys completed 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.

<sup>5</sup> 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	South Tyneside – interim evaluation	South Tyneside – final evaluation
People who look after someone sick or disabled	5% (3/66)	18% (63/349)
Have had a fall or loss of balance in the last month	19% (12/63)	22% (79/354).
Unplanned GP visits per respondent	0.21 (12 days reported by 56 people)	0.27 days (102 days reported by 382 people)
Unplanned hospital visits per respondent	0.01 (1 day reported by 51 people)	0.07 (25 days reported by 382 people)
One or more long term condition	74% (48/65)	72% (261/361)

### 2.3.2 Age UK South Tyneside has targeted a variety of participants through GGT (Table 2.3)

- At the interim stage of the evaluation, Age UK South Tyneside participants represented the **most equal gender mix** of all localities with 57% (40) female and 43% (30) male. Since then there has been an increase in the percentage of female participants taking part in GGT activities. This may reflect the increased provision of classes such as Fitsteps and a new dance class, which has been taken over by GGT; typically these kinds of activities are better attended by the female rather than male population. Despite this, Age UK South Tyneside are still effectively targeting older men activities such as walking football, circuits and Men in Sheds.
- Almost 20% (18%, 63) of South Tyneside's GGT participants look after someone who is sick or disabled; this may increase the importance that projects such as GGT have on reducing social isolation and providing a break from carer responsibilities.
- In total, 22% (79) of participants reported having a fall or loss of balance in the last month, supporting the need for Falls Prevention classes provided through GGT.
- At least 72% of participants in South Tyneside reported suffering from one or more long term health condition. This number is likely to be higher in light of the self-reported nature of this question. Of those who do suffer from long term conditions however, 85% (280) feel in control; this has increased since the interim stage of the evaluation. This suggests that GGT could be starting to support people to feel more in control of their own health and better able to self-manage.
- Participants in South Tyneside have an unplanned GP usage of 0.27 days per participant. This is higher than the figure reported at the interim stage of the evaluation which could be due to the self-reported nature of the survey or alternatively suggest that South Tyneside has started to target participants with a higher level of need.
- Consistent with the programme level findings, arthritis is the most frequently self-reported long term condition (Table 2.4). While arthritis is most commonly reported the conditions for which, and reasons for people being referred to the project vary. For example, participants are increasingly signposted to GGT through respiratory and cardiac rehabilitation clinics.

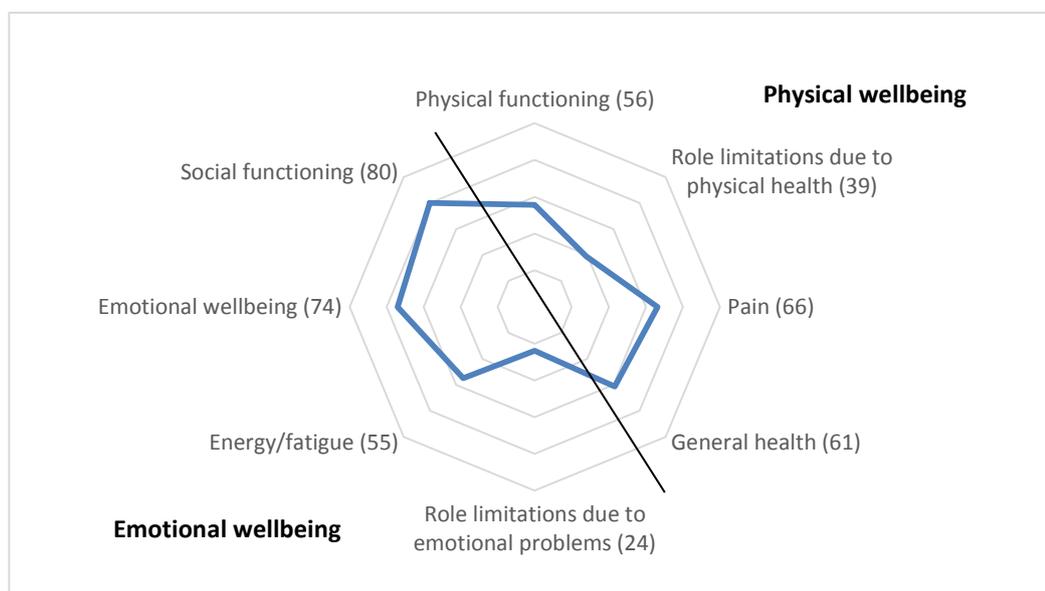
**Table 2.4 Most frequently reported long term conditions in South Tyneside as at June 2016**

Ranking	South Tyneside	South Tyneside – final evaluation
1	Arthritis (20)	Arthritis (155)
2	Other (15)	Heart conditions (77)
3	Heart conditions (10)	Respiratory conditions (56)
4	Vascular/stroke (9)	Diabetes (39)
5	Respiratory conditions (8)	Mental health (25)

- The fifth most common long term condition reported was mental health which encompasses a wide range of conditions including depression and obsessive compulsive disorder. This finding is particularly significant in light of feedback from a number of participants suggesting that a key motivation behind attending GGT classes is to help with depression and feelings of anxiety.
- Other frequently reported reasons for participating in GGT include: to get out of the house and meet new people, to increase flexibility and mobility and increase confidence day to day.

### 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 South Tyneside survey respondents**



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

- At baseline, survey respondents have high levels of emotional health but lower levels of physical health, particularly in relation to physical functioning and role limitations due to physical health (Figure 2.1).
- The scoring reported across domains is reflective of the participants Age UK South Tyneside targeted. The team focused time and resource to support participants through

high level activities such as falls classes, working closely with the local physiotherapy team. These participants are likely to have lower levels of physical health.

- Across the majority of time points, survey respondents from South Tyneside score lower than the programme average for role limitations due to physical health and pain yet higher for emotional wellbeing and social functioning. This could suggest that Age UK South Tyneside has been successful at recruiting a mix of participants into GGT, providing high level activities such as falls classes for those with poor health but also providing a variety of low level activities to support the maintenance of wellbeing for others.

## 2.4 Outcomes

Interviews with the Age UK South Tyneside 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<sup>6</sup>. 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 GGT is increasing the participation of older people with LTCs in exercise

Between November 2013 and June 2016, Age UK South Tyneside reached a total of 1286 older people through high and low level exercise classes. Figures suggest that Age UK South Tyneside has effectively reached those with both low and high levels of need with comparable levels of engagement of both sets of participants, 36% (358/994) and 33% (96/292) respectively.

The qualitative evidence captured during the lifetime of the evaluation shows that GGT offers older people new opportunities to engage in physically activity locally. Furthermore, evidence from a variety of participants, volunteers and stakeholders indicates that in the absence of the project, not only would older people be unlikely to engage in other activities, but there would be a lack of suitable provision within the local area as well.

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

A key finding which emerged from multiple interviews with participants, volunteers and staff in South Tyneside was the impact of GGT on the social networks of older people. Many participants reported that GGT gave them the opportunity to meet new people, which without the classes would be very difficult. Participants reported that the GGT classes created an environment in which they were able to feel comfortable enough to speak to other people and form friendships.

*“I’d never have met all these lovely people without these classes. I’ve lived just down the road from most of them for years but never knew. We all look out for each other now.”*  
(Participant)

Several participants shared their joy at being able to meet others and make friends with people who lived only a street or two away - yet they had never met before. This has reduced the feeling of social isolation for many participants, creating the sense of having a newly created social network close by. Social interactions with new friends were not limited to GGT classes. Several reported developing

<sup>6</sup> 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.

new friendships outside of GGT classes, with examples of groups of friends going out shopping, for meals and even on holiday.

### 2.4.3 Older people have improved confidence from taking part in GGT activities

*“I feel much more confident. I don’t worry about falling over as much now and I feel like I know what to do if I did.”*  
(Participant)

Older people reported that being able to take part, particularly in GGT high level support classes has improved their confidence with their mobility and day-to-day tasks. Several participants reported great improvements, through the support of balance and stability classes, in their self-belief of being able to independently get up from a chair and walk small distances more confidently. They report that

this has been central to them feeling they can have a go at things, which previously seemed undoable, and so feel they have regained a sense of independence.

### 2.4.4 Evidence of improved physical and emotional wellbeing is emerging

Feedback from the interviews with older people and volunteers provide qualitative evidence of the difference that GGT has made in the emotional and physical wellbeing of both participants and volunteers.

Three participants who had been referred to balance and stability classes from South Tyneside Hospital following falls all reported that taking part in these classes had improved their sense of balance and made them feel more confident on their feet. No participant had been back in touch with the hospital since taking part in the classes.

*“I haven’t been able to move my arms like this in years, I can’t believe it. The things I can do now compared to before, I’m just so grateful, it’s really helped me at home”*  
(Participant)

*“I was in and out of the hospital several times as I kept having falls. Since coming to these classes, I’ve not been back once. I can’t thank Nicola enough”* (Participant)

*“I can walk so much better now, my legs just don’t seem to hurt as much”* (Participant)

a sustained period one. One lady reported improvements following sudden illness, being able to stand again unassisted and move their arms more easily.

Another participant started balance and stability classes using a splint but following of involvement is now able to walk without

In addition to GGT survey data, additional impact data on participants has been made available to the evaluation team. This was collected by the local physiotherapy team, which worked in partnership with Age UK South Tyneside to deliver its falls prevention classes. The team assessed *Balance, Gait and Functional* score ratings before and after attendance at classes. Results from 25 participants reveal significant improvements in all three scores:

- 50.2% improvement in Balance Score
- 58.2% improvement in Gait Score
- 43.9% improvement in Functional Score

This shows a considerable improvement in the mobility and physical functioning of participants. Feedback from participants and stakeholders also suggests that this is the case. For example, one participant reported that they feel they are recovering more quickly from a stroke by utilising support offered through GGT and would not have the ability or motivation to progress in the same way exercising independently.

#### 2.4.5 A cohort of survey respondents have shown increases in energy and fatigue levels

The participant survey results show a statistically significant increase in SF-36 scores for energy/fatigue for participants who completed a second survey up to six months after their baseline survey (from 50.48 to 56.67). This indicates that participation in GGT has improved the amount of energy participants in this cohort feel they have and reduced the level of fatigue experienced. Please see Annex 2 for further information on participant scores.

#### 2.4.6 Volunteers have an improved sense of wellbeing

Every volunteer spoken to during the evaluation reported huge increases in their sense of wellbeing and positive differences in mood. Several reported that they like the sense of routine that participating in GGT gives them following periods of uncertainty after retirement and that classes had given reassurance that they could still make valuable contributions to society.

*"I have so much fun, I love meeting up with everyone and look forward to it every week"*  
(Participant)

#### 2.4.7 Volunteering is improving the confidence of volunteers

A key theme which emerged from interviews with Age UK staff and volunteers was the difference that GGT has made for the confidence of those volunteering. One volunteer started off as a participant and over time developed the confidence to progress from just taking part, to leading classes with help to running them independently.

#### 2.4.8 Volunteers have gained a range of new skills

Volunteers particularly valued that taking part in GGT has given them the opportunity to learn new skills. GGT South Tyneside has provided a variety of training sessions for its volunteers including Zumba, Fitsteps and seated exercise. This has both funded and supported the increase of skills in the local community, which can then be sustained.

Additionally, volunteers reported feeling grateful for having the chance to interact more closely with the older generation regularly through classes, enabling them to learn from them.

##### Case study: Mrs T – Volunteer

Mrs T became involved with GGT as a participant attending classes once a week. Through working closely with Age UK staff, her confidence developed and she was asked if she would consider becoming a volunteer. Mrs T felt supported by the GGT team and so able to undertake training to begin to lead classes with others.

Initially, Mrs T felt nervous being in charge of classes but has developed much increased levels of confidence and now is delivering a number of classes a week independently.

Mrs T really enjoys taking classes, meeting new people and giving something back, *'I really enjoy it, you get to know different people and you feel as if you are giving something back to the community, it shows life doesn't end at 60'*. She retired a number of years ago and so enjoys the routine that running classes has given her. Mrs T is also a carer for her husband so volunteering for GGT gives her a break from this while doing something that she loves and has learned new skills in.

## 2.5 Stakeholder views

Stakeholders considered that GGT both fits with, and complements, local strategic health and wellbeing priorities, in particular the focus on reducing social isolation in older people. This is one of four key areas identified by the Health and Wellbeing Board in their strategy for improving health and wellbeing across the borough.

One of the main findings from both interviews with participants, volunteers and stakeholders as well as the participant survey, is the huge role GGT has played in bringing older people together and reducing their feelings of isolation. Stakeholders valued that GGT seemed to meet the needs of older people more holistically rather than solely in terms of physical activity, something which makes it stand out from other initiatives.

*“That is what GGT has done – it hasn’t just focused on the physical activity, it’s looked at everything around that too, for example getting out and about, creating an environment for people to make friends and the impact that can have on wellbeing. Things perhaps Public Health, the CCG and other initiatives don’t do.”*

Two stakeholders reflected that perhaps GGT was better placed to do this than other projects due to the wide range of services they offer to the local older population. They reflected that Age UK staff have a variety of skills and experience in working closely with older people which helped to create environments in which older people could thrive mentally and physically. Stakeholders reported that due to the portfolio of projects on offer, Age UK was powerfully placed to bring these elements together.

Stakeholders interviewed reported that GGT is also filling a gap in provision available locally. One stakeholder noted a gap between NHS hospital services and activities available in the community, which Age UK South Tyneside had come to meet. In this respect, stakeholders considered that GGT was acting, in essence, as an extension of the health and social care system. One stakeholder recognised that without the provision of balance classes and high level support through GGT, they would not be able to meet NICE guidelines around the hours of support needed for patients to improve their gait and balance. While this stakeholder noted that this level of support was not medically necessary, it is invaluable to enable older people to continue to progress rather than deteriorate after an intervention.

*“If this would go, then we would have nothing as exercise on prescription is not set up for that type of patient, they don’t do groups, it’s literally just go to the gym and they write you a little programme and anyone over 65 would find that difficult.”*  
(Stakeholder)

*“thanks to Age UK we are meeting the NICE guidelines which is the most important thing, the NHS is in no financial situation to keep people on for 30 weeks nor is it medically necessary but it stops the cycle of falls then hospital, discharge, then fall again. The consultants completely back this, they think it’s so important what we’re doing’*  
(Stakeholder)

Stakeholders reported that GGT is embedded within the healthcare pathway for older people in South Tyneside. They reported that the level of integration Age UK South Tyneside had achieved through building local relationships, with for example the community physiotherapy team, has led to an improved care experience and outcomes for older people. Age UK South Tyneside receives referrals from the hospital but also refer back in to the physiotherapy team if needed. Stakeholders conveyed that this is key for both ensuring older people remain safe and well but also supporting earlier intervention, which can save a potential squeeze on healthcare resources.

*“It’s like having a monitoring system in the community, rather than waiting until that patient has a fall and are taken into hospital, when Nicola sees they are deteriorating, we can get them back and act as a safeguard which keeps them safe but also stops more of a squeeze on the system.”*  
(Stakeholder)

One stakeholder suggested that the delivery of falls prevention classes, jointly run by the physiotherapy team and GGT, ensured that patients consider the GGT and hospital staff as equals. This was considered to be incredibly important in developing a relationship of trust with participants and encouraging their continuance of activities out in the community, *“this way it’s seen as an equal service rather than ‘oh well I’ve been dumped into the community’ which is the message we don’t want to give”*. Stakeholders reported that the joint delivery of classes offers a degree of continuity and familiarity for older people as they can be referred straight from the hospital into GGT classes in the community; older people make the transition already knowing the staff, some of the participants and an idea of what classes will entail. Stakeholders considered that this improves the participation and retention rate of older people in GGT, particularly those needing higher level support.

*“Support for older people should be available in the community, Age UK South Tyneside have got it exactly right, we just need more of it”* (Stakeholder)

There was agreement among stakeholders that the role of Age UK South Tyneside was pivotal in delivering participant outcomes, particularly for those with a higher level of need. One stakeholder however highlighted that the team now needed to take their involvement to the next level and increase focus on rolling their classes out further afield to help ensure sustainability and improve the outcomes for a wider variety of older people.

## 2.6 Cost analysis

Data was collected for the expenditure in South Tyneside through GGT. There were a wide range of inputs into the programme, including staff time, venue hire, overhead costs and volunteer contributions. Table 2.5 presents the total expenditure by type; outgoings and in-kind costs. The largest item of expenditure was staff costs, followed by overheads. The total expenditure in South Tyneside was just over £300,000 across three years.

**Table 2.5 Expenditure by category<sup>7</sup>**

<i>Category</i>	<i>(£)</i>
Salary costs and recruitment	124,096
Staff training	9,212
Volunteer recruitment, training costs	11,100
Staff travel	6,942
Venue hire, tutors, transport and equipment	9,836
Promotion	
Overheads	23,727
Management	20,627
Evaluation	
Other	
<b>Total expenditure</b>	<b>205,540</b>
<b><i>In-kind costs</i></b>	
Volunteer hours	4,800
Volunteer cost	£39,400
Venues	£46,800
Transport	£9,600
Financial contribution	£2,000
<b>Total in-kind</b>	<b>£97,800</b>
<b>Total overall</b>	<b>£303,340</b>

*Management information*

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

This approach multiplies the number of volunteer hours by an appropriate wage rate. The hourly wage rate has been taken from the Annual Survey for Hours and Earnings (ASHE) for each area and the 25<sup>th</sup> 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<sup>8</sup>.

The total value of the in-kind contribution in South Tyneside was just under £98,000 which represented the second highest total across the programme. The largest component of the in-kind contribution was the cost of venues. This perhaps reflects the significant amount of work Age UK South Tyneside has invested in building relationships within the community with other organisations, affording the team the ability to use a variety of venues and resource without charge.

<sup>7</sup> The budget is expected to be spent by the end of the project

<sup>8</sup> [www.hallshire.com](http://www.hallshire.com)

**Table 2.6 Average cost per participant**

	Number of participants	Total spend (£)	Average spend per participant (£)
South Tyneside	1421	303,340	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 South Tyneside is known, as is the total expenditure in each area. This is presented in Table 2.6. This shows that the cost per participant in South Tyneside is £213; this is just under the programme average.

This suggests that the team in South Tyneside have utilised their resources in a cost effective manner to provide a range of activities for their participants. The cost per participant is encouraging in light of project level findings reflecting that Age UK South Tyneside has focused on supporting participants with higher levels of need than a number of other localities. These participants need a higher level of resource to support their participation in physical activities and so this would be reflected in expenditure.

At a cost of £213 per participant, Age UK South Tyneside has achieved a number of important outcomes, reflected throughout this report. Furthermore, quantitative results from 25 participants taking part in falls prevention classes reveals significant improvements in all three scores measured:

- 50.2% improvement in Balance Score
- 58.2% improvement in Gait Score
- 43.9% improvement in Functional Score

This shows a considerable improvement in the mobility and physical functioning of participants.

Survey results for participants in South Tyneside also show a statistically significant increase in SF-36 scores for energy/fatigue for participants who completed a second survey up to six months after their baseline survey. This suggests that GGT has improved energy and fatigue levels for this cohort of older people involved in the project in South Tyneside. Please see Annex 2 for data.

## 2.7 Sustainability and future plans

With funding due to end in October 2016, Age UK South Tyneside has been increasingly focused on exploring routes for sustainability and securing additional financial support. The GGT team have developed a number of plans for continuing both high and low level GGT classes to benefit their local older population:

- Working to secure economic sustainability –

The majority of classes in Age UK South Tyneside’s GGT portfolio have a small charge attached. The classes are priced differently based on model of delivery and content. For example, Fit Steps has higher associated training costs needed to deliver classes than other activities and so this is reflected in the charge. The model used allows older people to pay the set cost or contribute above or below this figure depending on their circumstance. Some activities such as Men in Sheds are moving towards a model of self-sustainability over the longer term through selling produce made or grown in the session.

The use of an effective cost model is vital to establishing the project within the community and ensuring that delivery associated outgoings are met over the longer term.

- Working with volunteers -

Age UK South Tyneside has continued to recruit, train and work closely with volunteers to support the delivery of GGT activities. At the end of quarter 11, 24 volunteers were still involved in the project. The team has worked hard to utilise the enthusiasm and skills of their volunteers to ensure that key roles within the project can be filled including administrative support, drivers and activity instructors. A range of training has been provided to support volunteers to fulfil these roles effectively including cycling and chair based exercise instructor tuition.

In quarter 10, Age UK South Tyneside recruited a volunteer co-ordinator, providing dedicated support for volunteers. The team hope that this role will ultimately increase the sustainability of classes through focus on recruitment of new volunteers to expand capacity and devoted resource to help existing volunteers continue to deliver sessions in the absence of full time staff.

The ultimate aim of this model of delivery is to expand and consolidate the number of volunteer-led sessions which can continue to exist 'externally' to GGT. Staff have concentrated on ensuring that the volunteers have all appropriate levels of training and equipment needed to secure future delivery.

- Provision of training –

In addition to providing training to volunteers, Age UK South Tyneside has worked to increase the sustainability of their team by becoming a Central YMCA Qualification registered centre. This has enabled the team to deliver level 2 seated exercise courses in-house with GGT staff gaining qualifications as Assessors and IQAs. To date, their centre has trained 26 new instructors including 11 in Oldham as part of their GGT project. This will reduce the costs of future training for GGT with in-house provision now available as well as supporting the creation of a pool of tutors to deliver chair based exercises across South Tyneside. One such way the team has been doing this is through the delivery of eight week taster sessions to community groups. The intention is to train up leaders or source volunteers to take over class delivery. This model would help to spread and scale GGT and also reduce dependence on Age UK. . In addition, it has provided a funding stream through the provision of training to other organisations /people from which the income can support projects going forward. For example, the team was contacted by 'Sight Service' to train a team of their staff in chair based exercise and receive payment to do so.

- Embedding and integrating with health and care pathways

Age UK South Tyneside has successfully developed and embedded its presence in the local health and social care system through extensive work with local GP practices and hospitals. There has been a recent increase in referrals from the local hospital with links established with Respiratory, Cardiac Rehabilitation and Hip and Knee Clinics as well as from a Diabetes course and existing links with the community physiotherapy team. GGT staff regularly deliver classes in a South Tyneside Hospital either independently or in partnership with NHS staff, establishing themselves as equals to healthcare professionals. The team receive referrals from both GPs and South Tyneside Hospital, which has supported the integration of GGT into existing pathways of care; establishing their high level classes as a mainstream service rather than an 'add on'.

- Utilising remaining funding and looking for other sources

Age UK South Tyneside has made plans to spend their remaining funding from GGT on things to support sustainability; equipment needed to continue activities, or on training for staff and volunteers.

Alongside effectively utilising remaining funding, Age UK South Tyneside has been exploring new opportunities for further funding. The team have applied for various new streams of funding including a Healthy Heart Grant to support a healthy lifestyles project, an application to help grow Men in Sheds into a social enterprise project. To date, their applications have been unsuccessful but the team are working hard to source new opportunities, which currently include talks with the South Tyneside Foundation Trust around seeking funding to continue their work around falls. In addition, the team are awaiting a decision on a bid for money from the Kellett Fund for activities for frailer, older people who have been identified as being unable to access activities through lack of transport. This was a key issue for participants throughout the lifetime of the project and would enable harder to reach older people to continue or increase their involvement in activities.

■ Reviewing portfolio of classes -

The team have closely reviewed each individual class, looking at its model of delivery, costs, and participation rates. They have created a traffic light coded spread sheet for the sustainability of activities:

- Green: sustainable activities, which are financially viable as they bring in enough money to cover expenses such as room hire or tutor costs.
- Amber: activities which are almost sustainable and have a realistic and achievable action plan. For example, changing the location of an activity from an external venue to sheltered accommodation which is cheaper.
- Red: activities which are likely to end, most likely to be those being delivered by core members of the GGT team e.g. falls classes. The team are now focusing on ensuring activities which are red concentrate efforts on finding a solution such as joining similar activities together, increasing costs or encouraging tutors to take classes on as their own. Alternatively, if this does not look possible, the team will start to signpost participants towards alternative groups and activities. The team have been proactive in taking steps to secure sustainability of those classes at risk of ending; two high level Balance and Stability classes have recently been merged to improve their financial viability and the team are providing transport to encourage attendance from those less able.

■ Working on strengths -

Age UK South Tyneside has had great success with providing high level support through GGT. This work has highlighted a lack of provision locally. Integration with local health care services has drawn attention to a 'gap' between traditional support from primary and secondary care and an older person returning to 'normal life'. Provision of high level activities such as their Balance and Stability classes has addressed this gap throughout the lifetime of the project and the team hope that this can be their USP, which will boost their chances of receiving additional funding. The GGT team have shown the value that the voluntary sector can provide in relation to providing more intensive support to older people through rehabilitation as well as creating relationships to help them to understand the benefits of participating in activities.

The team have also gained valuable experience from GGT, which will help them both identify and address barriers to participation, particularly for those who are traditionally more difficult to engage. One such barrier the team are working to address is around the confidence of older people to make that step to go out or attend a class. As a result, the team are currently working on ways in which they could use digital media to allow people to experience a taster of a class without having to pluck up the confidence to attend. This is particularly key for those who lack confidence socially as well as physically and would help encourage attendance, supporting sustainability over the long term.

At this stage, the majority of GGT classes look likely to continue, primarily through volunteer and tutor led models.

## 2.8 Conclusion and recommendation

- Age UK South Tyneside's GGT project has achieved many successes over the course of the last three years. The team have steadily increased the number and variety of exercise classes offered to older people in their local area, listening to and subsequently meeting the needs and wants of their older population. The project has developed and established a number of significant relationships with local health, social and voluntary organisations to support the design and delivery of their classes. Age UK South Tyneside have become embedded within the local healthcare pathway, working closely with different teams within the NHS to support referrals into the project as well as project delivery. For example, Age UK South Tyneside work alongside community physiotherapy at the local hospital falls unit to deliver physical exercise to those with high levels of need. The team have also managed to engage local GPs who now refer into GGT activities as well as receive formal referrals forms once participants are discharged from the hospital. This has all worked to cement GGT provision as part of the health and social care pathway.
- Stakeholders reflected this view, noting that Age UK South Tyneside has effectively embedded its classes in the local healthcare pathway. Stakeholders suggested that older people have trust in the GGT staff as they know that they are fully trained and equally skilled to their physios. In particular, stakeholders emphasised the importance of sharing the significant improvements in health scores that GGT South Tyneside has supported participants to achieve. Stakeholders felt this would be key for evidencing the benefits of physical activities for older people to commissioners.
- The older person's perspective highlights the positive outcomes that the project has produced, including social, psychological and physical benefits. The participant survey results (for those who completed a second survey up to six months after their baseline survey) indicate that participation in GGT has improved the amount of energy participants feel they have and reduced the level of fatigue experienced. In addition, the provision that Age UK South Tyneside offers to those who have had falls has supported significant improvements in balance, gait and functional scores as explored in section 2.4.4.

In light of this, several recommendations are made to support the sustainability of GGT going forward:

- Continuing to focus on strengths of the project will be particularly important for Age UK South Tyneside to try to secure future funding. The project has achieved considerable success embedding its falls provision in the local health and social care pathway. GGT is filling a gap between discharge from formal services and mainstream community provision. This is a real selling point of South Tyneside's project and something which should be increasingly focused on when talking with commissioners. The use of quantitative data around changes in functionality and balance scores will be key for emphasising the difference the project has made and can make to crises such as hospital admissions.
- Promote project successes locally. Age UK South Tyneside has seen various changes in management and team over the course of the project. It has been difficult in light of this, to present a consistent front to local organisations and commissioners. This makes promotion of project successes all the more significant to ensure that local strategic stakeholders are not only aware but interested in the work of the project and the outcomes achieved.
- Continue to develop relationships with local GP practices to support referrals into the project. To date, this has worked well for Age UK South Tyneside, however there are a variety of practices still to engage and their buy in could be key. This could be important for both increasing referrals for those who would most benefit as well as potentially

increasing Age UK South Tyneside's capacity for delivery, through the use of practice facilities.

- The participant survey shows that arthritis is the most commonly reported long term condition for Age UK South Tyneside. Age UK South Tyneside 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 South Tyneside could also develop partnerships with local organisations for people with arthritis, where possible, including Arthritis Research UK and Arthritis Care.
- Transportation has been a barrier to participation for older people, particularly those with higher levels of need. Although Age UK South Tyneside has worked hard to overcome this barrier through the use of volunteer drivers for example, funding to purchase a minibus and secure a permanent driver would be beneficial. The team have made progress with ensuring that activities are suitably located and close to local transport links, however for people who require higher levels of support, this is often not enough.
- Engage with potential funders such as the CCG from the outset. Stakeholders suggested that it can be quite difficult to get access to local providers and commissioners locally if a relationship has already been established. When developing a project of this kind in future, it is recommended that the team identify key local strategic stakeholders at the outset and develop relationships with them early on. Involving these stakeholders throughout the lifetime of the project, such as in design and delivery of classes is important for securing 'buy in' locally, which would help the longevity of the project in turn. Age UK South Tyneside has achieved a variety of significant benefits for the local older population but the challenge is communicating this to those who make decisions about future funding and provision.

## Annex 1 South Tyneside stakeholders interviewed

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

Locality	Name	Role
South Tyneside	Marianne Hudson	Senior Physiotherapist, South Tyneside Hospital
South Tyneside	Jackie Jamieson	Age UK South Tyneside
South Tyneside	Clare Allom	Diabetes UK employee
South Tyneside	Victoria Meston	South Tyneside homes employee
South Tyneside	Jim Holloway	Sports development officer
South Tyneside	Paula Culley	South Tyneside hospital employee
South Tyneside	Tom Relph	South Tyneside Libraries employee
South Tyneside	Volunteer 1	
South Tyneside	Volunteer 2	
South Tyneside	Participant 1	
South Tyneside	Participant 2	
South Tyneside	Participant 3	
South Tyneside	Participant 4	
South Tyneside	Participant 5	
South Tyneside	Participant 6	
South Tyneside	Participant 7	

## Annex 2 Data<sup>9</sup>

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

	South Tyneside		South Tyneside		South Tyneside		South Tyneside		South Tyneside	
	Base	3 months	Base	6 months	Base	1 year	Base	2 years	Base	> 2 years
Sample size	28		28		16		5		0	
Physical function	45.41	46.55	54.62	57.46	49	52.01	58.73	37	-	-
Role limitations due to physical health	46.01	45.05	47.57	44.76	41.5	49.54	30.68	56.82	-	-
Role limitations due to emotional problems	19.56	21.26	35.38	27.08	41.39	30.77	20	20	-	-
Energy/fatigue	56.54	56.24	50.48	56.67	54.67	55.51	60.98	55.86	-	-
Emotional wellbeing	78.59	74.63	69.33	72.44	76.43	70.76	85.04	76.68	-	-
Social function	81.03	75.67	73.85	77.27	78.47	73.89	95	80	-	-
Pain	65.76	62.24	63.84	65.32	66.3	57.23	75	66.36	-	-
General health	61.53	57.5	54.97	52.77	58.27	56.88	60.43	54	-	-

<sup>9</sup> 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%).

	South Tyneside		South Tyneside		South Tyneside		South Tyneside		South Tyneside	
Unplanned GP	0.11	0.21	0.43	0.32	0.25	0.19	0	1	-	-
Unplanned hospital	0.04	0.14	0.07	0.39	0.06	0.63	0	0.8	-	-
Unplanned other health	0	0	0	0	0	0	0	0.4		

