

fit *as a* fiddle

Final Evaluation Report Fifty Ways to Health
North East region



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Executive Summary

Overview

Age UK nationally was awarded £15.1 million by the Big Lottery Fund as part of their Wellbeing Programme (a £165 million grant programme encouraging healthy lifestyles and wellbeing), to deliver the **fit as a fiddle** portfolio across the 9 English regions from 2007 until 2012.

The **fit as a fiddle** focus was to champion healthy eating, physical activity and mental wellbeing for older people and comprised of two national projects and 24 regional projects, delivered by over 500 organisations (99 of which were local Age UK's/Age Concerns) across the country.

Nationally the **fit as a fiddle** programme supported over 241,661 older people to take part in physical activity. In addition 208,497 older people were supported to eat more healthily; and nationally the portfolio recruited and worked with 4,500 volunteers who supported delivery of the programme.

Evaluation findings for the programme nationally state that 21% of participants self reported as 'not good' health; 42% self reported as having a limiting longstanding illness; 76% were women; 25% of participants were over 80 (71.2 average age for men; 70.5 average age for women); nationally 83.8% of participants were white British, but higher than average attendances were recorded of 4.3% Asian or Asian British; Indian; 2.53% Asian or Asian British; Pakistani.

Nationally, a 33% increase in walking was reported by participants and an average increase per person from 60 minutes of physical activity per week to 77.5 minutes per week. Strength and balance exercise had a median of 70 minutes per week, rising to 92.5 by the end of **fit as a fiddle**. This is a 71% increase from the baseline position. At the beginning of the activity older people reported that they ate an average (median) of four portions per day of fruit and vegetables. Three months after the end of the activity, the average number of portions of fruit and vegetables eaten per day by a **fit as a fiddle** participant had risen to 4.5 portions this is higher than the national average and reflects a 13% increase. There was also a significant increase in how often participants ate a home cooked meal. Participants also reported the opportunities to take part in shared experiences made them feel socially included; more independent reduced the isolation and loneliness they had felt prior to taking part in the **fit as a fiddle** activity.

Introduction to the North East:

The nine Age UK organisations based in the North East Region took part in the 5-year national **fit as a fiddle** programme. The local focus was to encourage and enable people to make long term lifestyle changes that were sustainable and will have a long term positive effect on all elements of their health and well-being. The North East programme was called 'Fifty Ways to Health' because of the wide number of activities that were on offer across the region for people 50+. Over the course of the programme the North East engaged with **16,713** people of which **6,646** took part in activities over a sustained period of time.

About this evaluation

This report presents the findings of the evaluation of the North East **fit as a fiddle** programme, produced by Ecorys and the Centre for Social Gerontology, at Keele University and has been prepared by the North East Regional Coordinator. The central aim of the evaluation was:

To look at the impact the North East portfolio has had on the health of individuals and the impact on health services and the range of interventions used by the local projects to deliver the individual programmes. The evaluation will address both the impact on older people and look at the partnership working and relationships between different partners.

The methodology included:

- 45 longitudinal surveys of older people participating in the programme completed three times by each older person

- Case studies of **fit as a fiddle** participants
- In-depth interviews with partners using community evaluators and Ecorys researchers
- Self completion of web and paper based surveys from projects and partners
- Analysis of SNAP data
- Analysis of monitoring figures of new participants, new activities, events and number of volunteers

Impact on older people

The **fit as a fiddle** programme has had a clear and significant impact (as measured by survey data and statistical tests) on older people around improving healthy eating, increased levels of physical activity and mental wellbeing.

Physical Activity

The evidence suggests that the programme has had the strongest impact around physical activity levels of older people particularly the amount of walking older people do, improvements in strength and balance, stamina and cardio vascular ability. The portfolio has encouraged a cohort of older people to maintain or improve their level of physical activity and leaves a legacy of more physically active older people with improved quality of life.

Healthy Eating

Older people participating in **fit as a fiddle** programme have reported increases in the portions of fruit and vegetables they eat each day, and the frequency they eat a meal cooked from fresh ingredients. The healthy eating outcome had general targets, but overall the programme focused less on the healthy eating outcome compared with the physical activity and mental wellbeing outcomes.

Mental wellbeing

Positive outcomes for older people around mental wellbeing and satisfaction with life as a whole are clearly demonstrated in the evaluation. Participants became more socially active and less isolated and lonely resulting in improved mental wellbeing. The programme had relatively few activities focused directly on improving mental wellbeing, instead focusing on physical activity or healthy eating interventions as the stimulus for improving mental wellbeing (based on the medical evidence proving a link between physical activity, healthy eating and mental wellbeing).

Volunteering

Volunteering has played an important role in the programme; The region recruited **384** senior health mentors over the life of the programme; based on a retention figure of **146** volunteers still active at the end of the programme with each volunteer providing a minimum of four hours per month gave the region **584** volunteer hours each month; based on the national minimum wage of **£6.08** this can be valued at **£3,550** per month which equates to **£42,608** per year and around **£170,432** over the four years of delivery. The added capacity this has given the region to deliver more widely is an essential element of the regions sustainability strategy to continue the programme beyond Big Lottery Funding. Volunteer roles varied with some volunteers taking on informal roles such as taking register or making tea through to others who took much more involved and skilled roles such as training to be instructors or walk leaders.

Health literacy

Health literacy and educational resources played an important role in raising awareness of the benefits associated with physical activity and healthy eating, as well as being used in promoting the portfolio and reinforcing messages about healthy lifestyles more widely. Each Age UK designed materials locally using a national template.

Partnerships and sustainability

At the national level, **fit as a fiddle** has been acknowledged by national stakeholders to have played a “supporting and enabling role” to national policy developments, for example around new physical activity guidelines for older people, and has been one of the few programmes specifically targeted at this area. It has also been viewed as raising the awareness of mental health and wellbeing among professionals. National stakeholders acknowledge that the **fit as a fiddle** portfolio has had a good overall strategic fit with the active ageing agenda. The strategic influence around healthy eating messages was less evident. The North East portfolio has supported partnership working, for Age UK nationally with organisations such as the DWP, the Mental Health Foundation, Sporting Equals and National Association for Providers of Activities for Older People.

Meeting the needs of older people

fit as a fiddle has achieved extensive coverage across North East. The portfolio has had **6,646** people taking part in activities; **80.5%** women and **19.5%** men; **22%** aged over 80 years. Age UKs have capitalised on their wealth of experience in reaching these target groups effectively and a great deal of learning about what works in targeting specific groups, particularly men has occurred.

Economic value

The portfolio was delivered cost effectively, through careful local management, monitoring of resources and costs. Analysis of the North East programme demonstrates that the region has delivered good value for money. The cost per participant is **£180** over the full four years; if this is expanded to include volunteers and people who have attended events the unit cost per person reduces to **£70**. Nationally the cost per participant ranges from **£37.84** to **£480.70** so the North East is at the lower end of the range.

Recommendations:

- The North East to continue to promote and deliver activity around all three outcomes and develop their work to align and measure the health impacts and cost benefits of this social health model with the clinical health model.
- Continue to develop relationships with Clinical Commissioning Groups, Public Health, GP's and other health professionals.
- Develop referral pathways that are simple and effective to ensure a seamless service.
- The region will continue to develop health literacy materials to promote the programme and encourage health professional to refer patients and raise the awareness of local people of the service.
- Age UK to continue to promote and support the **fit as a fiddle** badge at local and national levels.
- Continue the multiple approaches to sustainability through income generation, partnership delivery, grants and service level agreement and aligning the social health model with the clinical health model.
- To build on the portfolio structure and develop shared management information systems, monitoring and delivery models, resources and processes.

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 Lives¹ cross governmental initiative and the New Horizons report, which sets out a vision for mental health services for 2020². 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 was 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 came together from January 2010 as Age UK to deliver this Portfolio. 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 aimed 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 comprised 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 to specifically improve older people's social and emotional wellbeing in a wider context. An independent enquiry into mental health and wellbeing 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 poverty³. By increasing the focus on expectations of good health in old age and encouraging older people to maintain, sustain and improve their health, **fit as a fiddle** aimed to address inequalities and empower older people to live fulfilling lives with the support of peers and their communities.

fit as a fiddle projects promoted healthy ageing, based around the needs and ideas of local people. At a regional level, projects aimed 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 focused 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 were produced as part of a national Health Literacy project.

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)

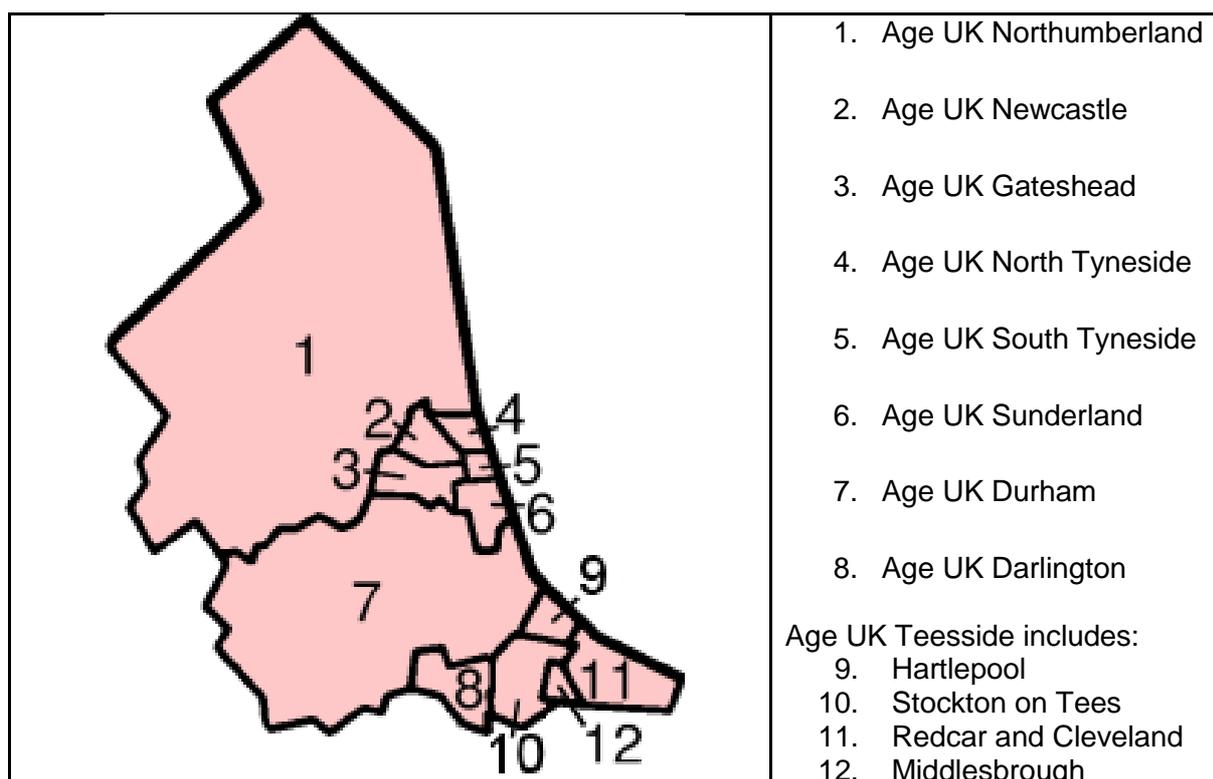
1.2 Introduction to the North East:

The nine Age UK organisations in the North East Region participated in the 5-year national Big Lottery-funded project called **fit as a fiddle**. The aim was to encourage and enable people to make long term lifestyle changes that were sustainable and have a long term positive effect on all elements of their health and well-being. The North East programme was called '**Fifty Ways to Health**' because of the wide number of activities that were on offer across the region for people aged 50+

1.3 Background to the North East Region

The North East is at the bottom of the national league table for chronic illness such as heart disease, cancer, and respiratory disease. This often results in premature death. Long term illness is **27%** higher in the North East than in the country as a whole. Regrettably, the North East population is also associated with poor diet and physical inactivity. By 2020, it is expected that over a half of the population will be over age 50 (Dean 2004). Health is improving across the population but the incidence of health problems among the oldest is actually increasing (Middleton et al, 2007). As a consequence, both men and women can expect to live longer but can also expect to live longer in poor health. The retirement years have come to be conceptualised in terms of two phases, classified as the third and fourth ages. The third age is typically a period of withdrawal from paid work but older people still enjoy active lives in good health at this stage. The fourth age is marked by an increased risk of health difficulties associated with degenerative ageing and is also accompanied by a decline in social participation and civic engagement (Middleton et al, 2007). The **fit as a fiddle** programme has engaged with both the third and fourth ages.

The **fit as a fiddle** programme began in September 2007 and was delivered until March 2012. The nine local Age Concerns/Age UK's across the North East developed and delivered bespoke programmes to meet the needs of their local communities. A Regional Coordinator was in post that was responsible for the delivery of the North East Portfolio and reported progress to Age UK and the Big Lottery; each delivery partner had a Local Well-Being Coordinator in post that was responsible for developing and delivering their local programme and providing reports etc to the regional coordinator. From April 2008 at a delivery level the Local Wellbeing Coordinators spent the next six months focused on designing, developing and implementing their projects in the community. The Regional Portfolio Coordinator came into post in July 2008 and was tasked to put in place the systems and procedures necessary to deliver and coordinate a regional project.



1.4 Aims and Objectives

The aim and objective of the evaluation was to take an in-depth look at the 5-year project as a whole reviewing the regions achievements and performance. This report has been produced by the Regional Coordinator in collaboration with Ecorys the external evaluators, the Regional Project Management Group and the Local Well-being Coordinators.

The evaluation sets out the impact the Fifty Ways to Health programme has had on the health of older people who took part in the programme. The first part of the report sets out the need for the programme, what the objectives were, how we addressed these objectives, measure the success of the programme and the national and the regional context of the work. This document will then go on to look at the development and delivery of the programme setting out achievements/successes and what we have learned.

The evaluation assesses the impact of the programme and the range of interventions used by the local projects across the region. The evaluation addresses both the impact on older people and relationships between different partners involved in the local programmes. The results of the evaluation will be used as a resource bank by Age UK. The evaluation clearly demonstrates the impact the programme has had on the objectives to improve the physical, nutritional health and mental well-being of older people in the North East, particularly in the most disadvantaged areas and areas where older people suffer the greatest health inequalities.

1.5 Methods

The milestones for the project have been measured by monitoring the number of new participants, their attendances, events, type and number of physical activities and volunteer involvement. Monitoring forms, where possible, have been completed and loaded onto the SNAP data base; attendance registers have been collected for activities and entered onto a data base; information from case studies, feedback and surveys from participants, tutors, volunteers and partners have been recorded and monitored and have been used to inform the ongoing development of the local programmes. Ecorys has evaluated this information and have undertaken random surveys with partners and tutors and met with participants and volunteers to produce objective case studies.

The evaluation methodology includes:
• 45 longitudinal surveys of older people participating in the programme completed three times by each older person
• Case studies
• In-depth interviews with partners using community evaluators and Ecorys researchers
• Self completion of web and paper based surveys from projects and partners
• Analysis of SNAP data
• Analysis of monitoring figures of new participants, new activities, events and number of volunteers

Analysis of the quantitative data includes data collected from SNAP monitoring forms that were the national monitoring tool and fed into a central database. These forms were completed by the activity leader on the participant's first visit to the class and then given to the Local Well-being Coordinator to input into the SNAP online database. Attendance lists alongside the SNAP data were used to produce the statistics for the quarterly monitoring reports and informs this evaluation.

Each Age UK undertook regular surveys and consultations with service users and the local community to establish the need and effectiveness of the programme and to identify any changes that needed to be made; this was to ensure that the programme continued to develop and meet the needs of the local community.

A participant's survey was used with 5 people selected randomly from each of the nine local areas giving a total selection of 45 people from across the region. The participants were selected at different times during the 5 year programme. The survey was designed by Ecorys and Keele University Centre for Gerontology and was completed on three separate occasions; the first time was when the person joined the activity; the second time was 12 weeks after the initial engagement in the programme; and the third time was 24 weeks after the initial engagement with the programme. The completed surveys were sent to Ecorys who analysed the data and a report was provided based on the information (see annex one).

Feedback was collected from the local well-being coordinators, service users, volunteers and partners (one to one and focus groups) and is included in this evaluation; Health information was collected by using the questionnaire developed by Keele University and interviews were conducted using the guide developed by Ecorys to ensure a structured approach was taken. Each local area conducted at least one interview with volunteers and partners, Ecorys conducted interviews with the Local Well-being Coordinators and one volunteer from each local programme to obtain an independent objective view of the programme. Participants, volunteers and partners were selected by being involved directly or indirectly with the local case study. The issue and limitation of this method is that the outcome is subjective opinion and not based on fact and can be dependent on how the person feels on the day of the interview. By linking these interviews to the case study provides solid evidence to confirm/balance the comments rather than it being solely anecdotal.

The case studies took an in-depth look at one person and their involvement in the programme, this provided the opportunity to highlight the 'soft outcomes' that are so difficult to quantify but are the real life changes people experience that makes the difference to the quality of their lives. The case studies for each local area were selected by the local well-being coordinator who has day to day contact with people involved in the local programme. Evaluations are available for each local Age UK which takes an in-depth look at their local programme.

Quantitative data is produced from the quarterly monitoring reports, the SNAP database and event/activity registers.

This comprehensive approach has given us both a quantitative and qualitative evaluation of the North East programme that will inform the strategic direction of the local Age UK's across the region and sustain the **fit as a fiddle** programme beyond the life of Big Lottery Funding.

1.6 Structure of the Report

This report is based on the qualitative and quantitative data collected up to the end of March 2012. The structure of the report will focus on the following key areas:

- Chapter two provides an overview of Fifty Ways to Health programme across the region, the projects aims and intended outcomes, the project detail and context, management and leadership using the portfolio model.
- Chapter three looks at the impacts of the volunteering taking place across the portfolio.
- Chapter four looks at outcomes and performance and analyses the SNAP management data
- Chapter five looks at the successes of the programme and the lessons learned
- Chapter six looks at the Key Findings and the impacts the programmes have made on older people, partnerships and sustainably, Volunteering and Equality and Diversity.
- Chapter seven looks at the health literacy materials that has been produced and considers its effectiveness
- Chapter eight makes an initial assessment of the economic value of the portfolio and volunteer inputs, assesses the unit costs of the activities and looks at the overall efficiency of the portfolio model.
- Chapter nine draws conclusions and makes recommendations

2. Overview of Fifty Ways to Health

Fifty Ways to Health in the North East offered tailored exercise and activity programmes in the community responding to local needs. This included: mixed exercise of moderate intensity (for example, dancing, walking and swimming); strength and resistance exercise, especially for frail older people (for example chair based exercise); toning and stretching. Health events with fruit smoothie-making and cooking provide older people with the opportunity to try new ways to eat a good diet and see the improvement this makes to their physical and mental well-being.

Each delivery organisation has implemented its own marketing plan; the quality of the communications across the region has been linked and targeted often to specific events and partnerships. Effective marketing has raised the profile of the Age UK's across the region and the awareness of the programme in the community and strengthened partnerships with other local organisations and services.

2.1 Aims and Intended Outcomes

The aim was to improve the physical, nutritional health and mental well-being of older people (50+) in the North East, particularly in the most disadvantaged areas and/or areas where older people suffer the greatest health inequalities.

The programme maximised its full potential by engaging with older people as volunteer tutors and beneficiaries, and ensuring that the programme links with other related plans and programmes in the area.

Intended outcomes were:

Outcome 1: Older people being more physically active and involved in the community through increased skills and participation
Outcome 2: Older people and families eating more healthily
Outcome 3: Older people having enhanced and improved mental well-being

2.2 Project Detail

Eight of the nine Age UK's across the region delivered similar programme models incorporating a range of events to promote and highlight the importance and benefits of good nutrition, taking regular exercise and the positive impact these have on a person's mental and emotional well-being. These events and activity programmes were delivered in consultation and partnership with a number of other organisations to ensure a joined up approach and that we reach the most in need and hard to engage with groups and people in the community; and developed with the wider Age UK network and service users to ensure the programmes responded to the needs of the community and provided opportunities to make long term, sustainable life style changes.

Taster sessions were run for each activity with the plan that these would be developed to continue after 12 weeks being supported by either a volunteer and/or other partners for example the local authority, PCT, local sports development agency or the activity becoming self funding through demand from participants.

Newcastle Age UK delivered a different targeted **fit as a fiddle** programme they put forward a proposal to re-focus the programme toward frailer older people and local partnership ownership. This had the working title of '**fit as a fiddle Plus**' and was delivered from 2008. The developmental phase of Newcastle's project required considerable re-modelling, brokerage and negotiation with key partners including; Newcastle City Council, North of Tyne Commissioning Consortium (Newcastle PCT), New Leaf, New Life Public Health Portfolio investment and foundation building. Age UK Newcastle's programme provided a pilot project that would inform future developments of the regional activities and was a regional 'flagship' in a joined up approach to partnership working and was a great success.

2.3 Project Context

The North East was surprised by the uptake of places on the programme and to see people who joined groups initially in year one at taster sessions staying with the programme and making a long term change in their lifestyle that has resulted in improvements in their health and wellbeing.

High levels of take-up were achieved through effective marketing and publicity based on the experience of each Age UK in its local area this has resulted in extensive brand recognition. Media and press releases raised awareness of the programme and encouraged other organisations, family or people themselves to take the first step and come along to an event or activity. The region has provided a high quality programme of physical activity and health promotion events that had the support, through partnership working, of health professionals.

The region approached delivery in an innovative way organising classes in easy to access locations; trying new activities/ideas through one off workshops and then reacting to demand and feedback from participants and partners; working with or alongside partners has enabled the local Age UK's to widen the range and scope of the activities and locations available and allow the region to offer something for everyone from less active activities to more strenuous activities.

As the programme developed the strongest form of marketing was 'word of mouth' supported by leaflet and posters. Participants told family, friends and health professionals about the programme and the benefits they experienced from attending **fit as a fiddle** activity. Family, friends and health professionals noticed changes in people who took part in the programme and this resulted in new people being signposted to their local Age UK and joining the programme. Media coverage of the launch event raised the profile of the programme across the region generating lots of interest from the general public and other agencies.

2.4 Project Management and Leadership

The Regional Portfolio Management Group (RPMG) was developed to lead the regions programme. The group met on a quarterly basis to review performance, address any issues and share and develop ideas. The Regional Portfolio Coordinator (RPC) serviced this group and provided two-way communication between the group, the national team and the local well-being coordinators (LWC). The RPC established simple working systems and procedures for reporting to ensure the flow of information between the delivery organisations and the National Team. The RPC nurtured effective collaboration across the region in the RPMG and the regional LWC group resulting in the groups creating an effective network to share good practice, ideas and initiatives. Quarterly meetings of the RPMG and the LWC network were established to ensure strategic, operational and delivery issues were addressed promptly. Regular briefing notes were circulated to cascade information around the region; this reduced information overload, the amount of correspondence and provide an information resource.

The LWC developed and delivered the programmes in their local area by working with local partners; taking into account national and local strategic and plans and the needs of service users and the local community to ensure the interventions are fit for purposes.

3. Involvement of Older People and Volunteers

Senior Health Mentors (volunteers) delivered exercise sessions, supported the running of activity sessions by taking the register, assisting in completing monitoring and evaluation forms and supporting participants. The role of the senior health mentor either as a deliverer or supporter has been a vital component to the success of the **fit as a fiddle** programme.

The region recruited **384** senior health mentors over the life of the programme; based on a retention figure of **146** volunteers still active at the end of the programme (April 2012) with each volunteer providing a minimum of four hours per month this gives **584** volunteer hours each month.

Based on the national minimum wage of **£6.08** this can be valued at **£3,550** per month which equates to **£42,608** per year and around **£170,432** over the four years of delivery. This has given added capacity to deliver more widely and was an essential element of the regions sustainability strategy to continue the programme beyond Big Lottery Funding.

Participants feel welcomed by a familiar face and having a peer SHM in the activity class makes people feel at ease:

May a participant learning to swim in North Tyneside told us ‘the volunteers were really lovely and gave me the confidence to give it a go with the floats in the water’.

Physical Capital: Senior Health Mentors (SHM) involved in the programme come from a wide range of back grounds, the programme has attracted people of all age ranges, a high proportion of the volunteers are female and of white ethnic origin.

Human Capital: The comments from SHM clearly demonstrate the personal benefit they have gained by volunteering resulting in increased self esteem, confidence, increased physical fitness, weight loss, friendship, sense of purpose in summing up an overall sense of well-being.

Veronica aged 76 Age UK Darlington SHM and K.F.A. Instructor is sure that her own speedy recovery from serious ill health is due to her fit and active lifestyle as a volunteer fitness instructor with Age UK.

Economic Capital: The programme has successfully worked with other organisations to promote the SHM role. For example Age UK Newcastle worked with the Department of Works and Pensions to initiate a volunteering opportunity for their staff. The DWP agreed that staff time could come from within the working week to volunteer with the project. This had a twofold benefit it builds individual skills of volunteers and develops the capacity of the programme.

Andrew Wintle from the Department of Works and Pensions tell us:

“It’s reminded me who my customers are and how their needs can differ according to their personal circumstances. We as a team and Department need to ensure that we provide and deliver the best service we can to what is a very vulnerable group of customers. It’s also highlighted the need for volunteers to ensure clubs like this continue to provide these customers with the services and social interaction they need.”

Recruiting new Senior Health Mentors into the **fit as a fiddle** programme was a challenge however retention of Senior Health Mentors is excellent and is an integral element of our business plan for sustainability.

The success of our recruitment of Senior Health Mentors across the region is due to the fact that Age UK’s are well established in the voluntary sector, have a good reputation, work out in the community and provide a wide range of volunteer opportunities to meet most people’s requirements and an excellent reputation for volunteer management. The Age UK’s continually looked for new ways to raise awareness of the benefits of volunteering but history shows that the best form of attracting volunteers is through either recommendation/word of mouth and/or people who have taken part in an event/activity and have experienced the benefits.

Planning and development has taken a bottom up approach with consultation taking place in the community to identify the ‘needs’ and ‘wants’ of service users, consultation with partners took place to establish partnership working and non-duplication of provision. Volunteers have led on the consultations in the community assisting to plan and deliver events.

4. Outcomes and Performance

‘Fifty ways to health’ developed and delivered a wide range of initiatives, focussed on the most disadvantaged areas and areas where older people suffer the greatest health inequalities to improve eating habits and the mental and physical health of older people.

The success of the regional programme has been judged on how many people maintain their involvement in healthy activities and change their lifestyles, such as eating more healthily and increased physical exercise.

Regional targets for the five-year programme:

- To recruit **5,400** people involved in regular activity
- To deliver **72** Health Promotion Events to **864** people
- To recruit **204** Senior Health mentors to deliver activities to older people
- To offer **258** activities
- Improved mental health target **5,604**

Summary of outcomes achieved for the North East Region over the five-year programme:

- **6,646** participants involved in regular activity of which **5,024** are registered on the SNAP data base
- **338** Health Events have taken place with **10,067** people attending these events
- **497** Groups and activities have been started
- **384** Volunteer Senior Health Mentors have been involved in the programme
- **7,030** people have had an improvement in their mental wellbeing through regular engagement in the programme.
- **224,866** attendance slots have been recorded over the five-year period

Each Age UK values the commitment of regular returnees, so as well as counting new starters through **fit as a fiddle** monitoring forms and the SNAP data base we monitored weekly attendance figures through registers. Attendances of **224,866** across the region confirms the regions need for this type of programme (see 2.1 economic value). This high number of attendances, verbal feedback, case studies and evaluations establishes the need for the programme and how the activities have had a positive impact on participant's health and quality of life.

As you can see from the number of attendances above one of the strongest outcomes of the programme was the demand for activities. Many of the participants who took part in the Fifty Ways to Health programme have been reluctant to leave or be signposted to other local provision if it was available. Many have made a long term commitment to improved health by joining a number of activity groups. This is supported through evaluation findings summarised by Ecorys results showing that in the North East **67%** of people stayed beyond the initial 12 weeks.

A SHM from Age UK Teesside says "I thoroughly enjoy being part of the programme, it's the highlight of my week and I'd be lost without it, it has benefited me both physically and socially".

13% of participants improved their diet by eating more fruit and vegetables and cooking more meals from scratch with an awareness of salt, sugar and fat intake.

Cookery courses, gardening projects, smoothie making and fruit tasting have all contributed to passing on the '5 a day' message, the importance of portion sizes, using alternative types of 'fat', keeping hydrated, and lowering salt intake and encouraging people to cook from fresh ingredients. People automatically pour salt on their food, but we've been showing people different ways to season their food during cooking, so there is no need to add more at the end".

Carol age 68 from North Tyneside told us "I loved the seasoning mix! I would never have believed I could cook without salt! Also I shall now use yogurt in smoothies! I have never eaten yogurt before". Carol further commented 'I found the session very useful, it just goes to show you can learn something new every day'.

Another very positive outcome was the number of participants who reported an improvement in their mental wellbeing. The survey by Ecorys using the Warwick Edinburgh Mental Wellbeing Scale found that there was a **3.4 scale point (10.3%)** increase in mental wellbeing in the North East which is a significant improvement over the 24 week evaluation period.

When Mr Liddle started participating in the Newcastle Age UK fit as a fiddle programme, he reported on a scale of 0-10 that he was very dissatisfied with his life. Mr Liddle felt his positivity was just 2 on the scale. However, after being involved in the programme for three months, he felt much more satisfied with his life and he considered himself to be a 9 on the scale.

The Ecorys evaluation, confirms **fit as a fiddle** had a clear and significant impact (as measured by survey data and statistical tests) on older people around healthy eating, improved levels of physical activity and mental wellbeing. Combining this with feedback from partners, beneficiary feedback and information from case studies provides the qualitative element around the positive impacts the programme has had on people's lives. The evaluation clearly establishes that the North East 'Fifty Ways to Health' **fit as a fiddle** programme provides a framework for a social health model that does achieve health outcomes and reduces demand on health and social care services.

Mr C a participant with Age UK Teesside has had problems with his health for some time. He struggled with socialising and mixing in busy areas. Some years ago he became epileptic and his confidence hit a very low point. Mr C was encouraged to join in the activities provided by Age UK Teesside. Starting with one activity a week, he built up his confidence and now through the **fit as a fiddle** project he walks every week, which he loves. He also plays Indoor Carpet Bowls every week and is a regular at their Tea Dances. Mr C's confidence has improved tremendously.

Age UK Northumberland - Ray suffered an injury to his coxes and his right hip, after receiving physiotherapy at the hospital he felt he needed to help himself by doing some gentle exercises to improve his strength and his flexibility. It was from using the Gym at Age UK that Ray was introduced to the **fit as a fiddle** programme and discovered Pilates for men and Nordic walking sessions.

When Ray first started the Pilates he found it extremely difficult and had a lot of restrictions doing the exercises due to the pain he had endured from his injury, with poor balance and strength in his limbs.

Each class lasts one hour and Ray expectation was to achieve some pain relief and be able to control his movements. Ray had endured several falls due to the injury of his leg prior to taking part in the **fit as a fiddle** programme, he had fallen down stairs 20 times in 2 years due to the trapped nerve in his right hip; he has fallen less frequently due to improvements in his stamina, muscle strength and balance due to the exercises.

Ray tells us that he gets a lot out of the activities health wise physically, emotionally and socially. Since taking part in the activities, Ray has noticed physical improvements to his health like pain relief, increase in stamina, improved flexibility, improved breathing, more energised. "the health improvements are increasing all the time" he feels a lot less restricted resulting in being able to get out and about on his own, go shopping as he feels more confident in walking around, improved posture due to Pilates and Nordic walking. His tendons have improved on the injured leg it is almost keeping up with the other leg. The other benefits Ray tells us about are that he feels less grumpy, he is able to walk up and down stairs easier, he's more confident, able to balance on a step ladder to do jobs around the house, he has improved his social life, he feels happier in himself and his moods have improved due to less pain and overall more independence.

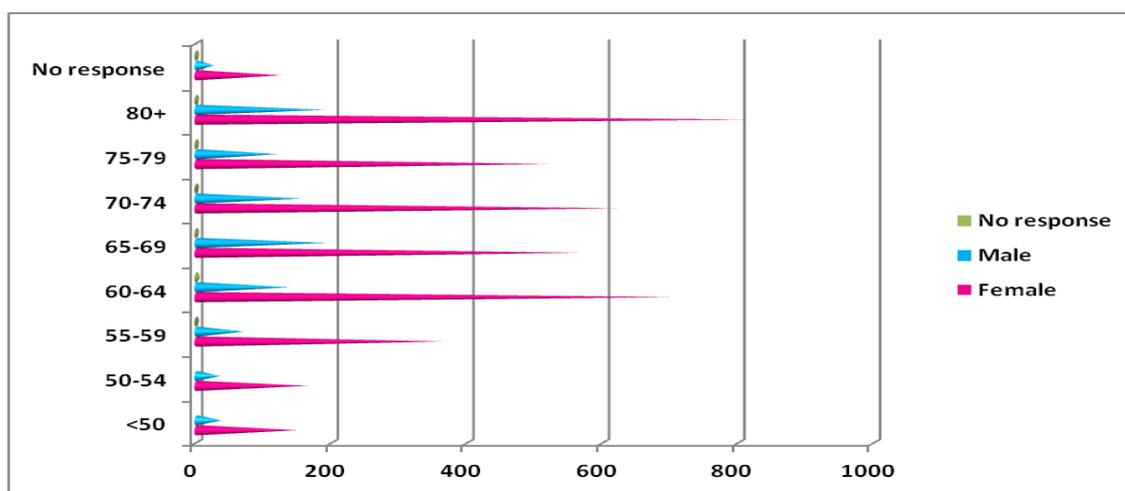
It has taken almost 3 years for Ray to get to the standard he is at today; he used to take a lot of medication and used to visit his GP for this every month, now his visits to his GP for medication have reduced to once in twelve months, his blood pressure has reduced 50 per cent, he no longer requires cholesterol tablets due to changing his diet and losing weight. Ray tells us that he feels that all of the classes he has taken part in are very good value for money; it gets him out and about and has improved his quality life beyond his wildest expectations. Ray finishes by saying that 'taking part in the **fit as a fiddle** programme has turned his life around and he feels so much happier and positive about the future'.

4.1 SNAP Data analysis

SNAP is a piece of survey software that Age UK used to record individual participants taking part in the **fit as a fiddle** programme across the country. The survey data is anonymous, and enabled Age UK nationally to see an England wide view of the take-up of the **fit as a fiddle** programme. This data covers age, postcodes, health, disability status and ethnicity and allows Age UK to map participant take up against indices of multiple deprivation and NHS health statistics for example.

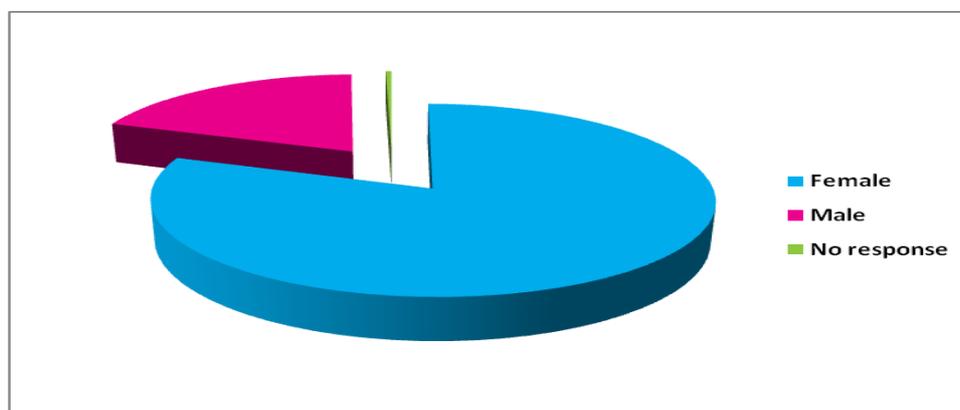
The analysis of the North East region data is below:

Figure 1. Graph showing age distribution of participants in the North East Programme (SNAP data June 2012)



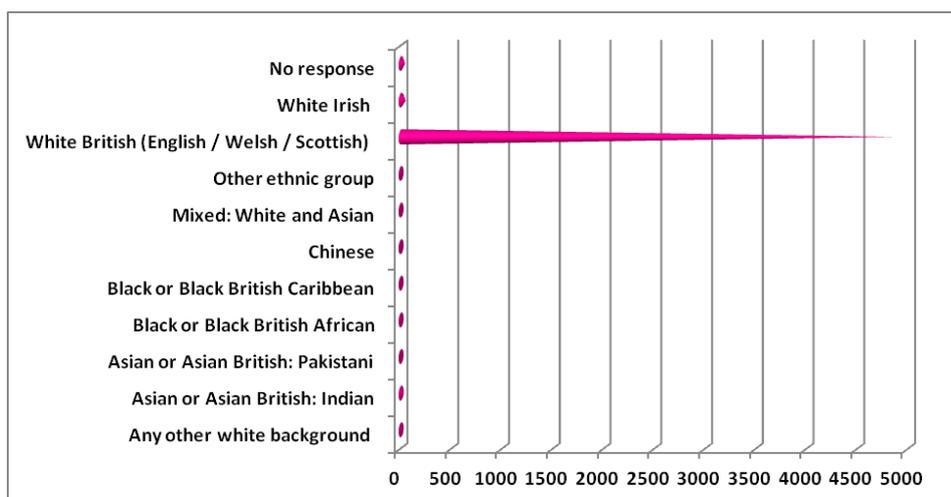
15.5% of participants were under 60; **32%** of participants were between 60–69; **28.5%** were between 70-79; and **22%** were 80 +; **2%** no response

Figure 2. Pie Chart showing breakdown of participants by gender (SNAP data June 2012)



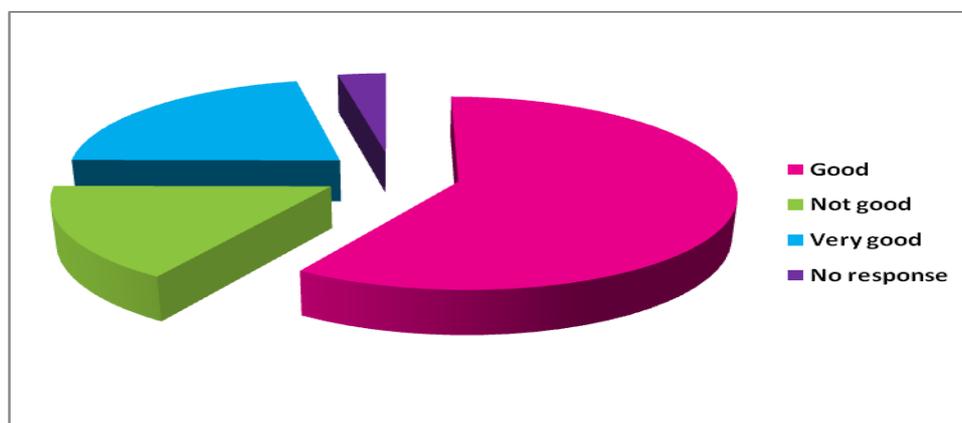
The majority of participants were female **80.5%** however almost a fifth were men **19.5%** showing that the programme is delivering activities which men find enjoyable and attractive.

Figure 3. Graph showing ethnic breakdown of participants (SNAP data June 2012)



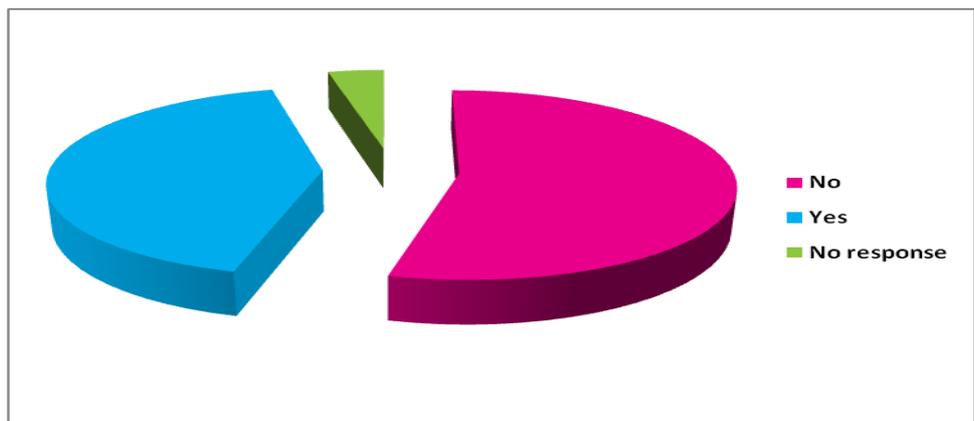
Working with minority and ethnic groups was a challenge for the **fit as a fiddle** programme across the region as typically less than **4%** of the total population across the region are described as being from an ethnic minority group (Census 2001). **97%** of participants that took part in the **fit as a fiddle** programme described themselves as White British.

Figure 4. Pie Chart showing self classification of health by participants (SNAP data June 2012)



More than half of all participants **59%** reported their health in the last 12 months to be good however just over a sixth **16%** state their health has not been good, **22%** reported very good health; and **3%** made no response.

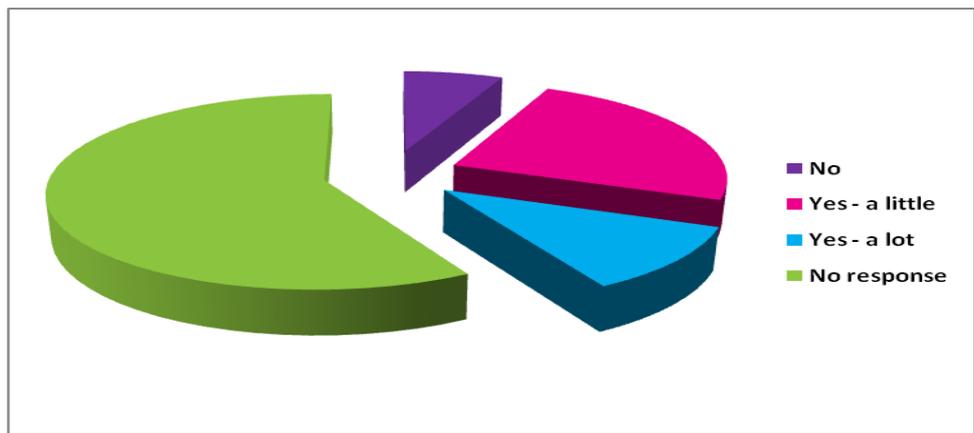
Figure 5. Pie Chart showing self classification of disability or long term health condition (SNAP data June 2012)



Whilst just over half **54.5%** stated that they do not have a long standing disability, illness or infirmity, **42%** reported that they do and **3.5%** made **no response**.

An interesting fact emerged that over **42%** of people who filled in SNAP data describe themselves as having a long term illness or disability and yet they are still keen to take part in the programme to improve their health and wellbeing and make positive changes to their life style.

Figure 6. Pie Chart showing the self classification of health improvement/impact (SNAP data June 2012).



A tenth of people **11%** stated that the programme contributed a lot to improvements in their health; a quarter **24.5%** stated that the programme contributed a little to the improvements in their health; **6%** of participants felt that the programme made no significant improvement in their health; and **41.5%** made no response to the question relating to the impact the programme has had on their daily life.

We can see from this information that a **third of people** taking part in the programme or their family reported having noticed some **significant improvement** in their health and wellbeing due to taking part

5. Successes and Lessons Learnt

The region expected that continually attracting new people would be a challenge and after the initial interest the Age UK's expected that new participant numbers would decrease. However, this was not the case numbers peaked in year two, reduced slightly in year three but remained constant from year three until the end of the programme. This demonstrates that the Age UK local programmes were attractive to new comers and became a long term part of their lives of people who took part due to the health benefits they experienced, the varied nature of the activity programme and social contact. The approach the Local Coordinators took was to find interventions that fit the interests and likes of participants, listening to feedback and requests for new activities to continually develop the programme available.

Below are two brief examples of the many successes throughout the region:

Age UK Gateshead's swimming sessions for people with visual impairments:

Working in partnership with other organisations has benefited beneficiaries for example in **Gateshead** combining resources meant that clients of **Gateshead Sight Service** were able to access supported swimming lessons through the **fit as a fiddle** programme; **149** people benefited from this initiative. This is just one example of the partnership work that has taken place across the region.

Age UK North Tyneside:

It was assumed that the primary benefit of participating in the **fit as a fiddle** programme would be improved physical health and the extent that mental wellbeing was greatly improved was an unexpected outcome. One in eight participants reported a lift in mood due to enjoying socialising and a chance to unwind; and one in seven reported improvements in self esteem.

The response to the NHS 'Eat Well plate' and 8 tips to healthy living publications were very positive by participants attending the nutrition sessions during the project. The impact of a healthy diet on a person's heart cannot be ignored as it can help reduce their risk of developing coronary heart disease and stop them gaining weight therefore reducing the risk of diabetes and high blood pressure. It can also help lower your cholesterol levels. Snap shot data collected by North Tyneside shows that from **259** participants **52** indicated a weight loss as a result of attending the physical sessions that has led to improvements in their strength and stamina which supported a more positive lifestyle.

One of the main strengths of the programme has been its ability to work with, or alongside, existing provision; we have tried to ensure signposting has been a two way arrangement both to and from the **fit as a fiddle** programme. Many of the new groups set up over the duration of the programme have been maintained through partnership working; sustaining opportunity for those already involved while encouraging new people to join the programme.

At the end of March 2012, **146 volunteers are continuing** to support local programmes; **120 activities are continuing** across the region; and **1,720 people are continuing** to benefit from these activities

5.1 Learning Points

What became apparent was the need to collate further information regarding outcomes, impacts and cost benefits and align this data with the medical health model. We have a vast amount of information regarding attendance and attendees but in the light of NHS Changes and potential commissioning opportunities more health indicator information will be required that aligns with the Medical model (for example proof of health improvements and positive changes experienced by individuals rather than softer outcomes and case studies and potential cost savings to GP practices, hospitals and other health and adult social care services). It is however clear from feedback from Commissioners, GP's and other health professionals that hard data which clearly quantifies the outcomes against commissioning frameworks that establishes the impact and cost benefit of the **fit as a fiddle** programme is required to open up collaborative working and discussion and secure future financial support for this work.

A key learning point around engagement is how we build on our current knowledge of working with minority groups. Through our work it has been identified in order to make our service accessible specific development work is needed and publications in different languages to help engage isolated groups in the community.

Physical Activity: Evidence suggests the programme has had a strong impact on physical activity levels; demonstrating increased amounts of walking; improvements in strength and balance; and has encouraged a cohort of older people to maintain or improve their level of physical activity; this has left a legacy of more active people across the region.

Healthy Eating: Older people have experienced improvements in the portions of fruit and vegetables they eat, and how frequently they eat a meal cooked from fresh ingredients. But overall the portfolio has focussed less on healthy eating outcomes compared with physical activity outcomes.

Mental Wellbeing: Positive outcomes for participants have occurred around mental wellbeing, isolation, loneliness and satisfaction with life as a whole. However none of the activities within the portfolio specifically focus on improving mental wellbeing, instead the focus has been on physical activity and/or healthy eating (based on the medical evidence proving the link between physical activity, healthy eating and mental wellbeing); evidence within the evaluation clearly supports this theory and the positive impact the programme has had on those people who have taken part.

Darlington Age UK states that of those completing an end of programme questionnaire; **75%** stated they had made new friends; **61%** had increased their social circle and had reduced their feelings of isolation and loneliness – it is clear from the North East evaluation that physical health and mental wellbeing need socialisation to thrive.

Volunteering: Volunteering has played an important role in the programme providing on average **584** hours each month This has given added capacity to deliver more widely and reach target groups that may not otherwise have been reached. Most of these volunteers have undertaken informal roles such as taking registers, making tea, supporting new attendees, there are a small amount that have been involved in skilled roles and have trained to be instructors or walk leaders; but in general volunteers made it clear that they prefer to engage and 'do' rather than engage and 'deliver' as they did not want to enter into formal training.

Partnerships: All nine of the Age UK's have developed strong working relationships with partners on both a strategic/influencing level and on a delivery level. The majority of partnerships were new which indicates that the programme had catalysed the local Age UK's into forging new working relationships. Nationally **98%** of respondents 'agreeing' or 'strongly agreeing' that partnership working was effective. A key success was communication and commitment; however cuts in local funding often added extra pressure. The region reports working in partnership is important and contributes to improving the experience and outcomes of people who use the service, increases efficiency, minimalises duplication and is beneficial organisationally to all parties.

Dawn, Gateshead Council Sports Wellbeing and Independence Officer advised that the Local Authority would struggle to include older people in their delivery if it was not for the **fit as a fiddle** work **Age UK Gateshead** deliver. Dawn reported that 'older people feel comfortable going to Age UK sessions because they are specialists in delivering activities that suit an older age group'.

Stephanie Esteris, Durham NHS talking about cancer team told Age UK - Working with fit as a fiddle has enabled our service to reach a wide variety of individuals in the community. In particular it has allowed us to reach people in our target communities, as well as those in age ranges eligible for NHS screening programmes, and those who have surpassed the maximum age range but can still opt into the screening programme but may not be aware they can or are unsure how to do so. This has proven to be extremely valuable as screening is an important tool in early detection of cancer, and by reaching as many people as possible in the screening age ranges we are maximising the potential for early detection – **fit as a fiddle** has been a helpful partner in this work.

Management and Delivery of the Portfolio: Portfolio activities have been managed and delivered affectively; project partners and coordinators agree that the project they were involved with was effectively managed. Very good relationships and networks have been developed internally across the nine delivery organisations and with the regional coordinator; and the regional coordinator has developed very good relationships with the national team.

Collecting SNAP monitoring data has been a challenge due to asking participants to fill in a monitoring form when they first attend **fit as a fiddle**. Development of streamline data collection and a comprehensive management information system is a priority for the future.

Economic Value: Analysis of the North East programme demonstrates that the region has delivered good value for money. The cost per participant is **£180**; if this is expanded to include volunteers and people who have attended events the unit cost per person reduces to **£70**. Nationally the cost per participant ranges from **£37.84 to £480.70** so the North East is at the lower end of the range.

The North East Age UK partners have reported that the **fit as a fiddle** funding generated an increased level of activities across the region and report that it was either very or quite unlikely that their programme would not have gone ahead without Big Lottery Funding and beneficiaries would not have been able to find similar support/activity elsewhere if their project had not existed. This demonstrates a low level of deadweight and displacement and provides the rationale behind the demand and the retention of participants.

Performance against targets: As reported in project outcomes the North East programme has achieved double the overall target outcomes for the programme and has made a significant impact on the health and wellbeing of participants. In addition to this the region has generated added value (as defined in the national evaluation as any benefits of a more strategic nature which have stemmed from the project). This added value is primarily the development and strengthening of partnerships that has the potential to continue to generate benefits beyond the life of the programme.

Cost Benefit Analysis:

Locally the **Sunderland Age UK** evaluation provided the local evidence (see 2.1) in relation of cost benefit analysis. This analysis illustrates that **£7.08** of financial benefit has been created/saved for every **£1.00** invested in the programme

Evaluation: Participants were not always willing to complete SNAP monitoring forms and the evaluation survey was quite a lengthy process and proved a challenge. It's essential that monitoring and evaluation tools are implemented and cascaded early in the programme and they are flexible to use. The local evaluation of the programme was essential to provide in-depth data that was fed into the regional and national evaluation.

6. Key Findings: Impacts on Older People

6.1 Healthy Eating

Results from Ecorys from the Big Lottery Funded NEF and CLES survey, stated that nationally the results showed a significant increase in the numbers of older people (14%) reporting 'healthy eating is important and that they are doing something about it' This indicates that the programme has helped to change older people's opinions about healthy eating. Some comments have included:

I really enjoyed the course; it was a brilliant experience that changed my life. I am now baking and cooking things I would never have attempted before going on the course. I have met new people and now appreciate the effort taken to make a good healthy meal.

*Alec Fets,
Cook & Eat participant Durham Age UK*

I only used to cook basic food. I never tried to do fancy dishes such as stir fries or healthy foods. Now I have learned new recipes and how to prepare and cook different foods. The teacher was very good and very helpful and everybody on the course was friendly.

*Margaret Rodgers,
Cook & Eat participant Durham Age UK*



6.2 Physical Activity

Participants are now more physically active and many are now exercising more than once a week by walking, attending exercise classes and using techniques in the home e.g. stepometers, exercise, dance. Some regular participants have returned to become volunteers and keep promoting the regular exercise message. Participants also say how much they miss exercising when they haven't been able to come through illness or holiday. The participants report that the exercises they have done through **fit as a fiddle** have made a significant contribution in managing a variety of medical conditions. Comments include:

I have improved joints and cardiovascular health and lost weight.

*Sue Bentley, walking group participant
Durham Age UK*

Walking has helped with my angina and osteoporosis.

*Christine Thistlethwaite, walking
group participant Durham Age UK*

6.3 Mental Wellbeing

Age UK research reports that 1 in 10 older people say that they suffer from intense loneliness and more than 50% of people over 75 live alone. The Ecorys evaluation and the local evaluations highlight that positive mental wellbeing outcomes were clearly evident in the survey data and qualitative evidence. The Ecorys evaluation highlights evidence from the survey using the Warwick Edinburgh Mental Well-being Scale shows clear impacts. This scale comprises nine items and produces a possible range of scores from 9-45, with higher scores indicating greater mental wellbeing. A significant mean increase was recorded in the North East 3.4 scale points (10.3%) improvement. Older age and retirement can be a time when people become socially isolated and struggle with depression and access to activities which improve mental wellbeing. This clearly establishes that continuing the activities positively contributes to combating isolation and loneliness which is recognised as a clear public health issue.

Sound bites captured during the project include the following comment from an **Age UK North Tyneside** participant which has been echoed by others. **'Coming to the regular activity has lifted me from the depression caused by a chronic illness and enabled me to participate in gently enjoyable non stressful exercise for the first time in over two years'**.

Case Study by Age UK Sunderland: Engaging frail older people in activities

One gentleman (Norman) who has Alzheimer's, has sat in the room for several weeks, but would not join in the session. Each week the tutor has encouraged him to join in. Staff at the home had informed the manager that although they have made numerous efforts he has been totally disengaged and has actually been violent on one occasion, when encouraged to join group activities.

During one of the sessions, Norman suddenly joined in with the group. He held hands with other members of the group and began to move to the music, smiling throughout. The tutor and care home staff felt that this was a tremendous breakthrough; one member of staff commented on how lovely it was to see Norman so happy. They were so amazed at the transformation in Norman that the activities co-ordinator actually went to gather other staff members so they could see Norman engaging with others, laughing and having fun.

These type of changes bring with them additional impact for example if a person has a carer or family member who they have been reliant on, the change can mean they have reduced this reliance to the point where the person can independently attend a group or activity with their own circle of friends.

Many of the volunteers have seen changes in their lives through their involvement with the project, some through learning a new skill or obtaining a qualification and others through increased social activity and the wider implications of this. Supporting people to make a change, such as training to become a Seated Exercise Tutor or Walk Leader means that they can then utilise a new skill, achieve personal progression and employability. Some volunteers also demonstrated huge steps of progress when switching from initially being a service user in an activity to becoming a volunteer and running a group. This is evidence that people have been supported to make choices and the opportunity to take action to improve their quality of life.

The social and environmental importance of the project in encouraging and supporting people to engage in social activity in community settings is evident throughout the evaluation. There are wider felt changes and impacts on community venues such as church halls and community centres that have had the benefit of local people utilising the space and more people accessing their facilities. There is a financial aspect too that links with the impact on the local economy and businesses who supply weekly lunch clubs and the benefits they have from linking with the project through expanded customer base.

6.4 Partnerships and Sustainability

The region has built up good, supportive relationships locally with partners who are keen to keep the programme going and can see the benefits to the health of the community as it ages; however cuts in local funding often adds extra pressure to this joint goal. The challenge is to raise awareness of professionals and demonstrate the strategic fit of the programme aligning the impacts and cost benefits with health outcomes and build the programme into health provision. The region actively planned for sustainability from the start and this has ensured that relationships have good foundations to take forward this next piece of work. Registers of qualified tutors have been developed and importantly interventions and activities being delivered are relatively low cost and delivery can be supported by staff and volunteers with appropriate training.

The North East has gone some distance towards ensuring that the **fit as a fiddle** logo has achieved a high profile across the region and that there is a legacy of more physical activity and healthy eating among a significant cohort of people. Building planning for sustainability into the projects from the start has ensured that good progress has been made. The programmes have benefited from the existing local infrastructure, such as local authority sports facilities, private sports facilities and clubs, community venues as well as residential locations for older people.

Where possible activities cover the cost of the venues and tutors they use and volunteers and staff provide support; partnerships have been established with partners who provide use of low cost or free venues, facilities and tutors.

A shift in local statutory funding streams from grants and service-specific outcomes to broader health outcomes (Clinical Commissioning Groups, Health & Wellbeing Boards) creates both a challenge and an opportunity. This has significant implications for how services are packaged and commissioned and that contracts are increasingly becoming less age specific and more universal. The **fit as a fiddle** portfolio structure is a model that can be used in a partnership approach that includes a number of different partners, a management information system has been developed to ensure data collection is unified and outcome, impact measurement and cost benefit analysis frameworks are being developed.

An income generating business model was developed by Northumberland Age UK that has been shared throughout the portfolio setting out the rationale and basis to continue the programme by charging for activities.

6.5 Impacts on Volunteering

Whilst the majority of activities delivered throughout the region was by paid tutors the success of the **fit as a fiddle** project is attributed to the volunteers within the project who support participants and the delivery of an activity i.e. welcoming and encouraging people.

Monitoring and evaluation materials are often a challenge for older people, with some older people struggling with literacy; having the support of a volunteer on hand has been invaluable for collecting this information at activities.

Volunteers report that they benefit personally from participating in the fit as a fiddle programme. For some volunteers this has meant a long term commitment to an activity, others offer more short term help, however all support has been invaluable. A lot of the people who have volunteered have not wanted to undergo training for their role however for some the element of continued learning is very important and one of their comments is that "it keeps my mind active" and they have commented that their life skills including self confidence and communication skills have been enhanced through the **fit as a fiddle** programme.

Liz from North Tyneside has supported the **fit as a fiddle** Tai Chi sessions by welcoming new participants, administration SNAP monitoring forms and evaluation questionnaires.

“From my point of view I enjoy the volunteering, it gets me out and about and meeting very nice people; several of the ladies attending the class have told me how much benefit they get both physically and socially; everyone attending the class seems to benefit and has a “purpose” and the motivation to get out of the house for a specific reason”

“Volunteering has given me more interest in life. When Harry (husband) was alive I never did anything like this. I love the exercise classes. Exercise is now very important to my life. I have made friends, has given me the opportunity to socialise.....”

Joyce from North Tyneside has supported the **fit as a fiddle** gentle circuit sessions by welcoming new participants, administration of SNAP forms and evaluation questionnaires.

6.6 Impacts on Equality and Diversity

The programme aimed to target people 50+ across the region, particularly older people living in disadvantaged areas or suffering from the greatest health inequalities; with this in mind each of the Age UK's responded to feedback from participants and partners to design and deliver a varied and flexible programme in order to respond to local need, attract and include hard to reach groups such as older men, less active people, vulnerable and isolated older people and Black minority ethnic groups.

7. Health Literacy

The legacy of the North East programme is a robust programme of established groups and classes that will continue to encourage those 50+ in the region to adopt a healthy lifestyle post **fit as a fiddle** Big Lottery funding. Health literacy and educational resources have played an important role through both awareness raising of the benefits associated with physical activity and healthy eating, as well as providing a wider role in promoting the portfolio and reinforcing messages about healthy lifestyles more widely. Each Age UK produced a DVD featuring local participants and where possible all marketing and publicity literature have featured local people taking part in activities; volunteers have been trained to delivery healthy eating sessions for example smoothie making and healthy recipe cards have been produced; all of these materials can be used beyond the **fit as a fiddle** programme.

8. Economic Value of the Project

The North East portfolio has been delivered cost effectively and analysis of unit costs based on the BLF funding and number of participants taking part gives a cost per participant of **£180**; if this is expanded to include volunteers and people who have attended events the unit cost per person reduces to **£70**. **fit as a fiddle** has generated a high level of additionality (see 8.3), thus supports Big Lottery Fund's own funding principles. The region reports that beneficiaries would not have been able to find similar support/activity elsewhere if their project had not existed, demonstrating a low level of deadweight and displacement and provides the rationale behind the demand and the retention of participants.

8.1 Costs

The region reported that in addition to the budgeted direct costs of delivery that their organisations had experienced additional or unexpected costs such as indirect cost (rent, heating, post, printing, training, travel) management and administrative expenses.

Actual Funding Received—Delivery Organisations ÷ nine Age UKs

Funding	Year One	Year Two	Year Three	Year Four	Year Five	Total
Revenue	143,782	284,441	284,430	294,441	150,011	1,157,105
Capital	1,000	2,000	2,000	2,000	1,000	8,000
Total	144,782	286,441	286,430	296,441	151,011	1,165,105

Funding Received—Portfolio

Funding	Year One	Year Two	Year Three	Year Four	Year Five	Total
Revenue	13,190	25,107	25,107	25,107	13,126	101,637
Capital	0	0	0	0	0	0
Total	13,190	25,107	25,107	25,107	13,126	101,637

In year two of the programme (October 2008 to September 2009) the region undertook a full cost recovery survey to assess and analyse the 'real' cost of running the programme to local Age UK's; provide some useful learning (and costs) for future local, regional and national programme models; feed this information into the regions sustainability planning for Active Ageing work.

An overview of this analysis tells us that the BLF funding covered **75.22%** of the cost of the delivery of the **faaf** programme in the North East in year two and Age UK covered **24.78%**; BLF covered **100%** of direct delivery staff salaries. The individual cost per participant from BLF support is **£51** and the cost to Age UK is **£17**; the total cost per participant is **£68**

In relation to the portfolio coordination cost in year two BLF funding covered **61.8%** of the cost of coordination/management of the portfolio and Age UK North Tyneside covered **38.2%** (management and overheads); BLF covered **100%** of the coordinators salary costs.

8.2 Benefits

The portfolio model provides direct administration and management savings to funders and provides a structure to share learning and resources. This delivery model has provided an opportunity to evaluate data across the region and nationally providing the opportunity to compare and contrast outcomes.

The delivery organisations reported that they believed that cost savings had occurred as a result of their projects, primarily savings to healthcare providers as a result of the improvements in physical and/or mental wellbeing which in some cases is thought to have reduced the need for medical intervention, GP appointments or hospital stays. It is recognised by the region that the effects of preventative work such as **fit as a fiddle** is difficult to measure and the only quantification evidence of this within the evaluation of the North East portfolio is provided in 8.3 below. Further work is planned to undertake a piece of structured research to expand on these findings.

8.3 Case Study: Social Return on Investment

Case Study: fit as a fiddle Age UK Sunderland

The following Social Return on Investment calculation has been conducted by the **fit as a fiddle** project in Sunderland:

"From the health conditions listed in the Sunderland evaluation, it is obvious that the **fit as a fiddle** programme in Sunderland has had an enormous positive and preventative impact on improving and sustaining older people's health. Although this is difficult to measure in monetary terms, Age UK Sunderland strongly believe that through the programme there has been a significant reduction in visits to the GP, admissions to Accident and Emergency departments, a huge reduction of falls and overall an increase in the quality of life for older people. To quantify this, with the use of financial proxies, Age UK Sunderland has calculated the social return on investment generated by the programme. This illustrates that £7.02 of social value has been created for every £1.00 invested into the programme."

Source: Sunderland Self-Evaluation Report

9. Conclusions and Recommendations:

1. Delivering outcomes and impacts for older people

The portfolio has had a clear and significant impact (as measured by survey data and statistical tests) on older people improving healthy eating, increasing levels of physical activity, improving mental wellbeing and decreasing isolation and loneliness. Older people participating in **fit as a fiddle** have experienced significant improvements in the portions of fruit and vegetables they eat, the amount of walking they do, their strength and balance and their mental wellbeing and satisfaction with life as a whole.

Emerging evidence suggests stronger impacts around the physical activity levels of older people with generally lower levels of participation in healthy eating outcomes being reported. The portfolio has encouraged a cohort of older people to maintain - and in some cases improve - their level of physical activity. For instance, where there is evidence of activities being sustained, this has generally been around the physical activity sessions and classes, and less so around healthy eating activities. The programme has left a legacy of more physically active and happier older people as a result.

Positive outcomes for older people around mental well-being have also occurred, and this is evidenced in improvements in mental wellbeing measured by the Warwick Edinburgh scale in the survey and in the qualitative evidence collected from older people and from volunteers who experience benefits as a result of their role. However relatively few activities focus *specifically* on improving mental wellbeing, instead focusing on physical activity or healthy eating interventions. This is due to the intention to deliver mental wellbeing outcomes as a result of improvements to physical activity or healthy eating (based on the medical evidence proving a link). Mental wellbeing interventions require specially trained staff and a more therapeutic approach, not intended in the portfolio design. However it may also be because there was a reluctance, or lack of skills or confidence when designing/delivering projects to directly target mental wellbeing. There may therefore be opportunities to work in partnership with mental health agencies delivering interventions and/or setting up referral procedures; also exploring training opportunities and share learning about approaches for raising confidence among staff in addressing mental wellbeing issues.

Moving forward, there is an ongoing importance of ensuring that the **fit as a fiddle** local programme continue to be delivered, develop and changes to meet the needs of older people; retaining the appeal for older cohorts and provide activities that are accessible in every sense to those with impaired function, both cognitive and physical and fit with the emerging health agenda. A continued drive to promote healthy eating alongside physical activity will be important. Finally, there is still learning to gather around what level of intensity or duration of activity will have the most impactful on older people's health outcomes and how we measure the impact of the programme and demonstrate the cost benefits to health partners against health outcomes/frameworks.

Recommendation: The North East to continue to promote and deliver activity around all three outcomes and develop their work to align and measure the health impacts and cost benefits of this social health model with the medical health model. Continue to develop relationships with Clinical Commissioning

Groups; Public Health, GP's and other health professionals to facilitate working together to ensure the data collected and the financial proxies are meaningful to health. Develop referral pathways that are simple and effective to ensure a seamless service.

2. Health Literacy:

Health literacy and educational resources have played an important role in the delivery of **fit as a fiddle**, through both awareness raising of the benefits associated with physical activity and healthy eating, as well as providing a wider role in promoting the portfolio and reinforcing messages about healthy lifestyles more widely. This region has shared educational resources with partners and each other, to further embed the healthy eating and physical activity messages of the programme. This has been particularly useful in a cross cutting manner where physical activity classes can be enriched with healthy eating advice and vice versa. DVD's were produced by each Age UK featuring local people talking about their local programme these have been particularly useful in showcasing local programmes to both health partners, funders and participants.

Recommendation: The region to continue to develop health literacy materials to promote the **fit as a fiddle** message and the Social Prescribing pilot to encourage health professional to refer patients and raise the awareness to local people that the programme is available to them.

3. Maintaining the fit as a fiddle brand:

Establishing the **fit as a fiddle** brand as a quality 'kite mark' is a key success. The brand is increasingly recognised at a local level as the badge of an extensive programme of interventions/activities that is a quality standard and has been appreciated by many organisers and partners as a way to 'badge' their activity. This has been supported by the strong reputational capital of Age UK – following its transition from the separate entities of Age Concern and Help the Aged. Taking the decision as to whether to continue to build the brand and promote it not only locally but nationally at a strategic level will be important for Age UK going forward.

Recommendation: Age UK to continue to promote and support the **fit as a fiddle** brand at local and national levels.

4. Valuing the importance of volunteering:

Age UK has a proven track record in recruiting and supporting volunteers and this additional important capacity has given the local organisations the ability to deliver more widely. The experience Age UK has around working with volunteers has meant that the North East portfolio has a **38%** retention rate at the end of the programme. As set out in Chapter 3 the region estimated the value of volunteering throughout the portfolio based on an estimate of one hour volunteer time per week per person and this is an underestimation as the actual data over the four year period was not available.

Recommendation: Moving forward it would be useful to review how we collect volunteering data with a view to having a uniformed clear method for monitoring and valuing volunteering. Given wider public attention on volunteering and the government commitment to the 'Big Society' concept gathering robust data with embedded appropriate processes should be a priority and will benefit any future funded programmes.

5. Planning and Sustainability:

The North East has actively planned for sustainability by evaluating their programme annually from year one this has gone some distance towards ensuring that there is a legacy of more physical activity and healthy eating among a significant cohort of older people. Building planning for sustainability into the delivery from the start has ensured that good progress has been made to date. Importantly, interventions and activities being delivered are relatively low cost and low intensity and can be delivered by staff or volunteers with a relatively small amount of training. This is possible because there is already an existing infrastructure which can be tapped into, such as local authority sports facilities, community venues as well as residential locations for older people.

Recommendation: Continue the multiple approaches to sustainability through income generation, working in partnership, grants and service level agreement and aligning the social health model with the clinical health model.

8. Learning from the portfolio design and structure:

The general acknowledgement across the North East Age UK's is that the portfolio structure has worked well for the region. Having regional coordination in place has streamlined the flow of information to and from the National Team and the delivery organizations and has provided additional support both locally and nationally to share information and resources and drive the portfolio forward.

Recommendation: To build on the portfolio structure and develop shared management information systems, monitoring and delivery models, resources and processes.

10. Exit Strategy

The regional coordinator has worked with the National team to identify and develop the resources to provide the support needed to sustain the programme across the region. The region has taken a multi-faceted approach to the sustainability of the programme consisting of partnership working to share delivery costs; an income generating business model; grants and service level agreements and building on the evaluation findings to align the social health model with the clinical health model.

It was identified early in the delivery cycle that the North East programme was delivering significant health benefits to people who engaged in the programme. The North East regional coordinator worked with the national development officer for the region based in London to produce a commissioning guide that aligns the **fit as a fiddle** programme outcomes against health outcomes. This work clearly supported the evaluation findings for the programme in demonstrating the impact against health outcomes. To further test this understanding Age UK Sunderland produced a cost benefit analysis set against these impacts/outcomes; the result of this work further supports our assumptions and the significance of aligning the medical health model and the social health model.

In order to further develop this theory the regional coordinator worked closely with Age UK to have a clear understanding of the guidance and information that was available. Locally work began on making links with Clinical Commissioning Groups, GP's and other health professionals and showcasing the **fit as a fiddle** programme. The outcome of this was that the programme requires 'hard data/evidence' that supports our assumptions.

From this point a proposal was developed to undertake a piece of research to collect a 'snap shot' of data by delivering a Social Prescribing pilot based on the **fit as a fiddle** programme. The purpose of this Social Prescribing pilot is to collect some focused research data that will enable Ecorys Research and Evaluation to identify health outcomes from the pilot and produce a health impact map and cost benefit proxies from this controlled data that can be tested with Commissioners to develop an agreed framework to measure data against health outcomes. We plan to establish a working relationship with Commissioners to complete this piece of work; develop a referral pathway and relationship with GP practices and other health and social care professionals. This proposal is being funded by the Big Lottery as a pilot for one year from April 2012 to March 2013 and external analysed and evaluated by Ecorys.

As an exit to the main programme staff worked with groups to put in place charges that would cover the cost of running the groups; explore and developed initiatives with statutory and private partners to continue activities. Ensured that they communicated effectively with participants and partners who were involved in the programme and involved them in discussions around sustainability to ensure that where possible participants continued to maintain the health improvements they had achieved.

Individual evaluations are available for the nine Age's UK's in the North East who took part in the '**Fifty Ways to Health**' **fit as a fiddle** programme; these documents give an in-depth look at each local programme.

Annex One: Older Peoples Survey analysis

Older People Survey analysis

This analysis is based on the national survey of older people participating in **fit as a fiddle** completed between October 2010 and July 2011. The survey data used in this chapter is based on 1,197 responses to the survey, from a sample of 477 older people. Of those, 466 responses were at the start of involvement in **fit as a fiddle**, 434 were at the end of involvement in **fit as a fiddle** and 297 were responses at least three months after last involvement in **fit as a fiddle**.

In the North East, there were 212 responses to the survey between 1 November 2010 and 31 July 2011, of which 78 were at the start of their involvement, 74 were at the end of their involvement and 60 were responding at least three months after their last involvement.

1.1 Changes in attitude to healthy eating

Table.1 Changes in attitudes to healthy eating⁴

	At the start of fit as a fiddle	At the end of fit as a fiddle	Three months after fit as a fiddle
I don't think healthy eating is important for my health	6	5	5
I think healthy eating is important for my health, but I am not doing anything about it at the moment	41	13	8
I think healthy eating is important for my health, and I am doing something about it at the moment	195	221	228

Source: Older people's survey, Base sizes 242, 239 and 241, for the three points of the survey.

At the beginning of **fit as a fiddle** activity, older people reported they ate an average (median) of four portions of fruit and vegetables per day.⁵ At the end of their involvement in **fit as a fiddle** activity, this average figure was unchanged,⁶ but three months later, the average number of portions of fruit and vegetables per day had risen to 4.5 portions; a 13% increase (Figure 2.2).⁷ This change between the start of **fit as a fiddle** and three months after its end was statistically significant.⁸ The number of portions of fruit and vegetables eaten by **fit as a fiddle** participant also appears significantly higher than national averages. There was also a significant increase in how often participants ate home cooked meals from the start of participation in **fit as a fiddle** to the end of **fit as a fiddle** (Figure 2.3).⁹

⁴ Frequencies represent 'yes' responses.

⁵ Measured by the 'median'. The range of results ranged from 0 portions to 15 portions. Source: survey data, base = 235

⁶ Source: survey data, base = 238

⁷ The range of results ranged from 1 portion to 15 portions. Source: survey data, base = 234

⁸ Wilcoxon signed ranks test; $p < .001$.

⁹ Sign test, $p = .003$.

1.2 Impacts on physical activity

Participating in **fit as a fiddle** had a positive impact on the amount of walking older people did each week. At the beginning of their involvement in **fit as a fiddle**, older people reported they walked for an average (median) of 45 minutes a week.¹⁰ At the end of **fit as a fiddle** and at three months after **fit as a fiddle**¹¹, this had risen to an average of 60 minutes¹² and this 33% increase in the amount of walking reported between the start of the project and three months after its end was statistically significant.¹³ Similarly in the North East there was significant improvements in the amount of walking older people did.

Participants in **fit as a fiddle** were also likely to undertake more activity per week that 'made them breathe somewhat harder than normal'. At the start of **fit as a fiddle** older people reported doing on average 60 minutes of activity that made them breathe harder, and this rose to 77.5 minutes at the end of **fit as a fiddle** and returned to 60 minutes three months later.¹⁴ Overall, there was a significant increase in the reported amount of activity to make people breathe harder between the start of the programme and three months after its end.¹⁵

The portfolio also led to significant improvements in how much activity older people did 'to help improve their strength and balance'. At the start of **fit as a fiddle** older people reported they were undertaking a median of 70 minutes per week of activity to improve strength and balance. This rose to 92.5 minutes at the end of **fit as a fiddle** and 120 minutes three months after **fit as a fiddle** (a 71% increase from the initial value).¹⁶

1.3 Impacts on mental wellbeing

Evidence from the survey, using the Warwick Edinburgh Mental Well Being Scale showed clear impacts. This scale comprises nine items and produces a possible range of scores from 9–45, with higher scores indicating greater mental wellbeing. For the 191 participants who completed the scale three times¹⁷, the mean scores were 33.7, 35.4 and 36.9 respectively.¹⁸ There was thus a modest increase in mental wellbeing of 3.2 points between the start of **fit as a fiddle** and three months after completing **fit as a fiddle** (a 9.5% increase), which was statistically significant.¹⁹ This was reflected in significant mean of 3.4 scale points (10.3%) in the North East.²⁰

Finally, respondents were asked to provide a rating of their satisfaction with their 'life as a whole nowadays', on a 0–10 scale (where 0 was 'extremely dissatisfied' and 10 was 'extremely satisfied'). There was an improvement in satisfaction with life as a whole over the period of being involved in **fit as a fiddle** and three months afterwards (mean scores were 7.2 at the start of **fit as a fiddle**, 7.7 at the end of **fit as a fiddle** and 8.2 three months after **fit as a fiddle**)²¹. The improvement in life satisfaction was statistically significant, meaning participants felt more satisfied with their life as a whole by the end of **fit as a fiddle**.²² The mean increase of 1.1 points in the North East region was statistically significant

¹⁰ Range of results was 0–900; Base = 233

¹¹ That is at survey timepoint 2 (base = 233) and timepoint 3 (base = 236)

¹² Range of results was 0–720 in time point 2 and 0–1500 in timepoint 3)

¹³ Wilcoxon signed ranks test, $p < .001$.

¹⁴ At the start of **fit as a fiddle** the median was 60 (range 0–900), it was 77.5 at the end of **fit as a fiddle** (range 0–1800) and 60 (range 0–1800) three months after **fit as a fiddle**. Base sizes were =226, 220 and 221, respectively.

¹⁵ Wilcoxon signed ranks test, $p < .001$. Whilst medians were equal, ranks favouring timepoint 3 outnumbered those favouring timepoint 1 (122 vs 51).

¹⁶ The medians across timepoints 1–3 were, respectively: 70 (range 0–800; base = 217), 92.5 (range 0–900; base = 218) and 120 (range 0–900; base = 220). The increase in the reported amount of activity to improve strength and balance from timepoint 1 to timepoint 3 was significant ($p < .001$) using Wilcoxon signed ranks test.

¹⁷ At the start and ends of **fit as a fiddle** and three months later - and for whom there were no missing values on any scale items.

¹⁸ The standard deviations for those three figures respectively were: (± 6.4) (± 6.3) and (± 6.5).

¹⁹ Related t test, $p < .001$; $df = 190$.

²⁰ Related t test, $p = .001$ ($df = 49$) and $p < .001$ ($df = 50$), respectively.

²¹ With (\pm standard deviation) of (± 2.1) (± 2.0) (± 1.6) at the start, end and three months after **fit as a fiddle** respectively. (Based on base = 211)

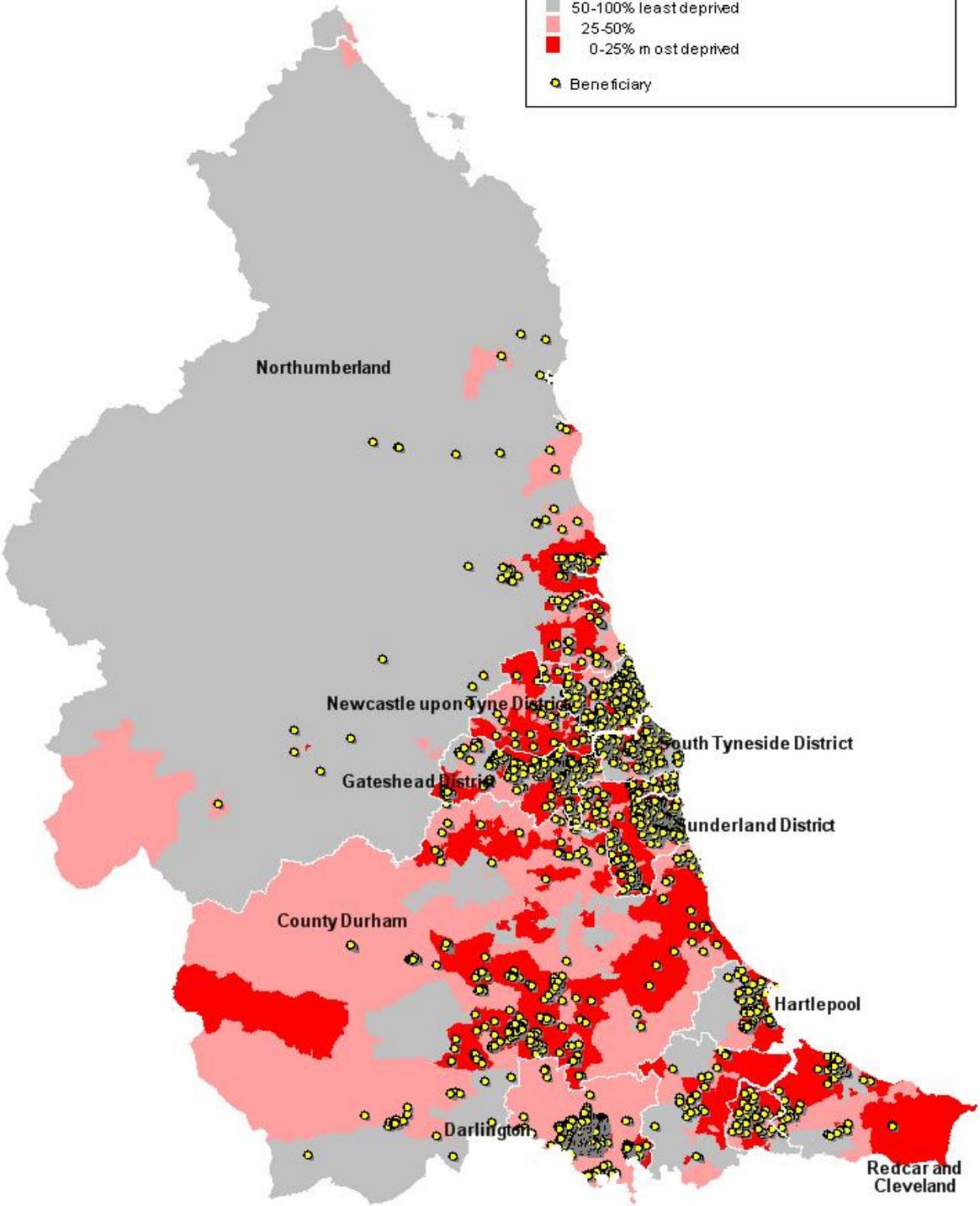
²² Related t test, $p < .001$; $df = 210$.

Annex Two: Maps of fit as a fiddle

Rank of Health Deprivation and Disability Score
LSOALevel (Expressed as a Percentage)

- 50-100% least deprived
- 25-50%
- 0-25% most deprived

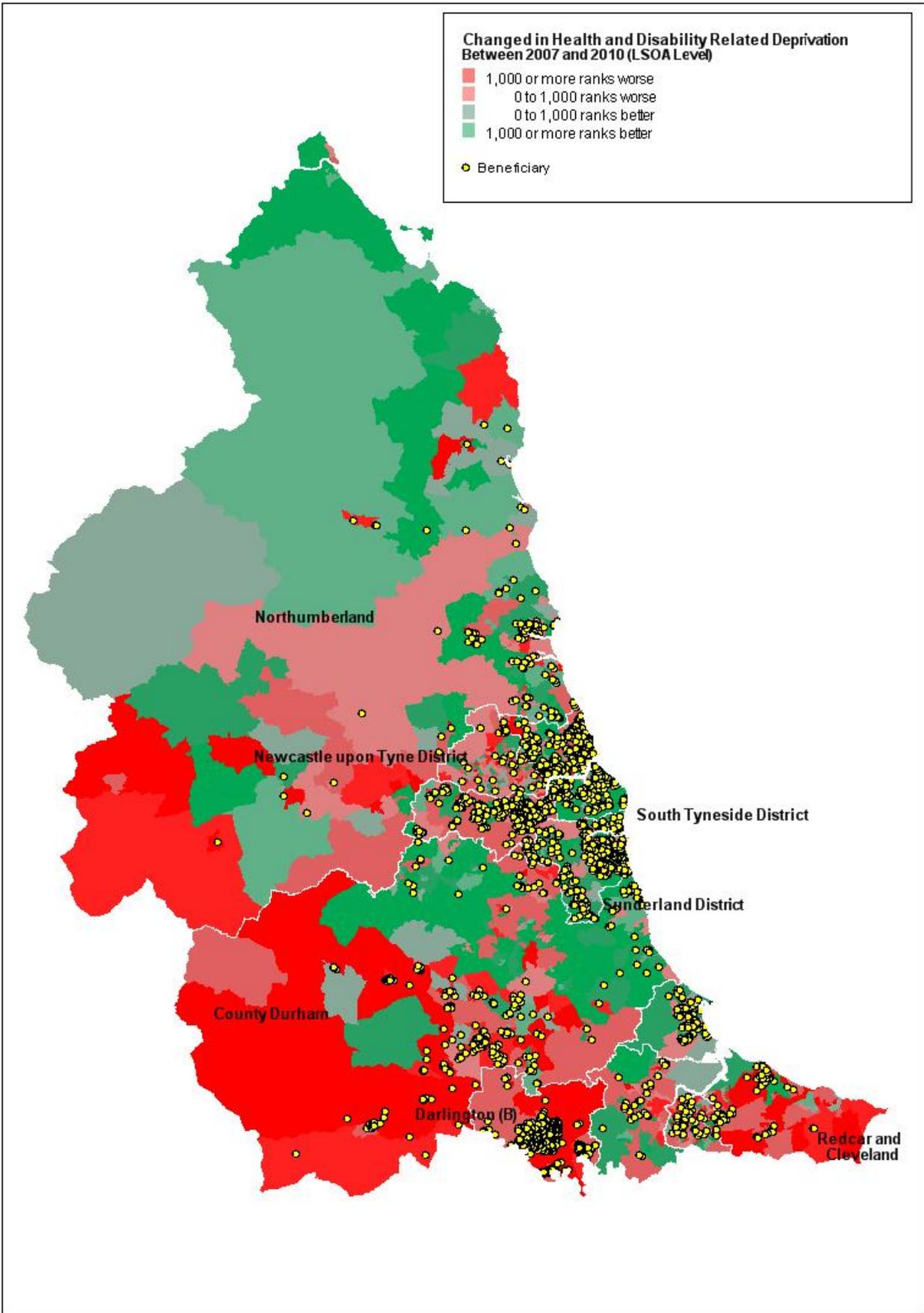
Beneficiary



**Changed in Health and Disability Related Deprivation
Between 2007 and 2010 (LSOA Level)**

- 1,000 or more ranks worse
- 0 to 1,000 ranks worse
- 0 to 1,000 ranks better
- 1,000 or more ranks better

Beneficiary



Annex 3:



North East Region 'fit as a fiddle' 5 year milestones

Regional 5 Year Milestones	YR1 Region Target	Actual	YR2 Region Target	Actual	YR3 Region Target	Actual	YR4 Region Target	Actual	YR5 Region Target	Actual	Total Region Targets	5 year Actual
Events	9	38	18	76	18	91	18	100	9	33	72	338
Participants	54	681	216	2,939	216	2,450	216	2,913	108	1,084	864	10,067
Senior Health Mentors (Volunteers)	50	36	100	179	18	78	18	64	18	27	204	384
Activities	50	41	100	137	36	150	36	137	36	32	258	497
Participants	600	509	2,281	2,290	2,363	1,654	2,363	1,507	1,200	686	5,400	6,646
Mental Health	650	545	2,381	2,469	2,381	1,732	2,381	1,571	1,218	713	5,604	7,030
Attendance Slots		20,727		47,631		60,525		70,715		24,857		224,866

To find out more, visit www.ageuk.org.uk

OR

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