



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

Final findings for Age UK Oldham



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1 Introduction and methodology

1.1 GGT aims and objectives

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

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

GGT is being delivered by five local Age UK partners in Cheshire, Coventry, Leicester Shire & Rutland (LS&R), Oldham and South Tyneside¹. The localities differ in their make-up, size and geographical spread with some focusing their resource in a city with others based across a county.

1.2 National programme objectives

GGT will achieve its aims by:

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

1.2.1 National programme design

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

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

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

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

1.3 Overview of the GGT evaluation

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

1.3.1 About this report

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

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

- Participant survey data² submitted up to the end of June 2016.
- Quarterly Monitoring Reports (QMR) for the first 11 quarters (October 2013 to June 2016) of the programme – these were used to obtain quantitative data on the uptake, reach and retention of the projects' low and high level activities and information and advice activities.
- Telephone and face-to-face interviews with the Age UK Oldham GGT team including senior members of staff to explore developments, outcomes and plans for sustainability.
- Telephone interviews with local health and social care stakeholders³, and information and advice stakeholders to situate the local Oldham GGT project in a wider context and understand the effectiveness of local dissemination.
- Interviews with participants and volunteers² during a visit to Oldham and attendance at GGT classes to explore the experiences of older people and early outcomes.

1.4 Structure of this report

The remainder of this report is structured as follows:

- Chapter 2 presents final findings for the Oldham GGT project.
- Annex 1 presents details of the stakeholders interviewed in Oldham.
- Annex 2 presents an overview of SF-36 and healthcare utilisation data.

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

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

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

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

2 Age UK Oldham: final findings

2.1 How has Age UK Oldham’s GGT project developed and performed to date?

2.1.1 Recruitment, retention and referral pathways

- Age UK Oldham had recruited 802 low level and 306 high level participants at the end of quarter 11 – this figure is slightly under the predicted target of 902 and 317 low and high level participants respectively.⁴
- The retention rate of high level participants in particular has been strong with 63% (194/306) participants still engaged with GGT at the end of quarter 11. In contrast, 47% (376/802) of low level participants are still engaged.
- Participants continue to be referred to classes through a variety of referral pathways, many of which were established at the commencement of the project and are still proving successful, for example local stroke teams, community physiotherapy teams, day centres and Oldham Community Leisure exercise referral scheme.
- Oldham’s GGT has also been boosted by the development of several more recent recruitment pathways, which are proving to be effective ways of engaging those with higher levels of need. Age UK Oldham’s Dementia Information service is promoting GGT activities at their post-diagnostic dementia groups, which individuals and their carers attend for information following a diagnosis of dementia. This service is also promoting GGT to those who do not have a formal diagnosis of dementia. In addition, Age UK Oldham has worked closely with a day centre, which is being developed into a specialist day service for people with dementia or cognitive impairment. The majority of their high level referrals now come through this work.
- The team has started to focus more closely on working with their local Black and Minority Ethnic (BME) community. Staff have formed links with local BME groups, attended Friday prayers and completed BME Dementia Prevention training days. This has helped to ensure that the BME community are now familiar with the Age UK Oldham GGT team and feel more confident to take part in sessions. Members of the BME groups have expressed interest in taking part in a number of activities including strolls, chair based exercises and Curling.

2.1.2 Project delivery and activities

- Age UK Oldham has a wide variety of activities on offer to participants in the local area. They have developed a number of new activities over the course of the last year to complement their existing range of sessions. These include scenic strolls, multi-activity sessions, new chair based exercise classes, curling and Gay Get Going Together.
- Age UK are currently supporting the establishment of ‘Gay Get Going Together’ as an offshoot of their Age UK Oldham LGBT group, which will include monthly walks. The group has an identified leader who has completed walk leader training. This will help to support both the flexibility with which the group can meet as well as the longer term sustainability of the sessions.
- Chair based exercises, which are also delivered as part of their popular ‘Wednesday club’ session, are the most popular Age UK Oldham GGT activity (Table 2.1).

Table 2.1 Most popular Oldham GGT activities as at June 2016

Ranking	Oldham
1	Chair based exercises including Wednesday Club

⁴ Participant target numbers are expected to be met by the end of the project

Ranking	Oldham
2	Health Walks and Scenic Strolls
3	Walking football
4	Lunch club
5	Falls prevention

- Underlying high attendance at chair based exercise classes is the recent training of 11 staff and volunteers in the YMCA Level 2 Award in Delivering Chair-Based Exercise (QCF). This has enabled Age UK Oldham to deliver chair based exercises to a wider range of people within the community, including new sheltered housing complexes. As part of the agreement to provide training for volunteers, volunteers have delivered 12 free sessions each.
- The newly qualified instructors give Age UK Oldham further resource with which to deliver classes in the community alongside internal staff and will support the sustainability of classes following the end of project funding.
- Oldham's GGT has been supporting an apprentice since October 2013. The apprentice has now completed her apprenticeship and is supporting Get Going Together for 24 hours a week. This is a further boost to both the project and the individual, who has received great support from the Age UK team to develop her skills and benefitted from training in a variety of areas including administration and chair based exercise.

2.1.3 Involving volunteers

- Delivery of Oldham GGT continues to be supported by a number of volunteers and this is one way in which the project aims to sustain many of its activities.
- From the beginning of GGT until June 2016, Age UK Oldham has recruited 27 volunteers, of which 48% (13) are still involved.
- The team made links with the Youth Volunteering service through Voluntary Action Oldham to target younger people for volunteering with the project. This was successful as the project benefits from the assistance of several younger people, which is valued by the participants as well as the younger people themselves, *'I like coming to speak with him, he always remembers what I've been doing that week and it's nice to talk to someone a bit younger as I don't get to very often these days. It's nice to see the younger generation still care'*.
- The team have also benefitted from the recruitment of a driver to help address some challenges associated with traveling to and from activities.
- Feedback from volunteer interviews suggest that GGT volunteers have really valued the opportunities and support provided through being involved in the project. For example, one volunteer noted that the process was *'easy enough, I got a lot of support and so I'd like to do more'*.

2.1.4 Information and advice (I&A)

- Since November 2013, Age UK Oldham has made an estimated 136,563 contacts through I&A activity.
- A variety of approaches have been used to try and target a diverse range of older people within the community. Methods employed include open day events, newspaper adverts, flyers, links with Dementia Friends sessions and mail outs at care homes.
- The approach which has reached the greatest number of people is use of social media, in particular Twitter. This has enabled Age UK Oldham to make approximately 80,150 contacts.
- The success of the approaches used to inform and engage older people in the project's activities was reflected in several participant interviews, where they recalled spotting

stories and advertisements for classes in newspapers and local community halls. The majority of survey respondents reported that they had become aware of GGT through Age UK Oldham.

- Stakeholders report that the project team has been effective in ‘building a rapport’ with local organisations. They noted that this has helped the team to ‘get its foot in the door’ and get organisations on board to disseminate materials.

2.2 Survey Response rates

Table 2.2 Oldham GGT survey response rate by type as at June 2016

	Number of individuals completing surveys in total	Number of surveys completed in total	Number of individuals included after data cleaning	Number of surveys included after data cleaning	Number of individuals to be used in impact assessment	Number of surveys to be used in impact assessment
Oldham	355	584	325	532	144	351

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

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

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

2.3 Participant profiles⁵

Table 2.3 Summary of participant profile; interim and final evaluation stages⁶

Profile characteristics	Oldham – interim evaluation	Oldham – final evaluation
Response rate	16% (71/442)	31% (339/1108)
Age	74	74
Female respondents	57% (40/70)	59% (198/335)
People who live alone	44% (27/62)	50% (138/275)
People who look after someone sick or disabled	5% (3/66)	11% (32/297)

⁵ This profile is derived from the surveys completed by participants when they join the programme (round one surveys). Follow-on surveys (second round surveys) from participants have been excluded from this analysis to provide a baseline profile of participants.

⁶ The number of surveys used to create participant profiles differs from the number used in the impact assessment as a number of surveys were removed from the impact assessment following the application of certain criteria to ensure data reliability.

Profile characteristics	Oldham – interim evaluation	Oldham – final evaluation
Have had a fall or loss of balance in the last month	19% (12/63)	18% (58/314)
Unplanned GP visits per respondent	0.21 (12 days reported by 56 people)	0.18 (58 days reported by 319 people)
Unplanned hospital visits per respondent	0.01 (1 day reported by 51 people)	0.08 (26 days reported by 319 people)
One or more long term condition	74% (48/65)	75% (234/313)
Feel in control of their LTC	80% (48/60)	72% (230/285)

2.3.2 Age UK Oldham GGT has targeted a real variety of participants (Table 2.3)

- Age UK Oldham has successfully recruited a fairly equal gender mix of participants with 59% (198) female and 41% (137) male. This suggests that the GGT activities such as walking football and Men in Sheds, which Age UK Oldham is providing are effectively reaching older men – a group that is traditionally harder to reach.
- Half of Oldham’s GGT participants live alone; this could increase the importance that projects such as GGT have on reducing social isolation.
- In total, 18% of participants reported having a fall or loss of balance in the last month, supporting the need for the Falls Prevention classes Age UK Oldham helps to provide.
- At least 75% of participants in Oldham reported suffering from one or more long term health condition. This number is likely to be higher in light of the self-reported nature of this question. Of those who do suffer from long term conditions, 72% (230) feel in control; this is lower than at the interim reporting stage.
- Consistent with the programme level findings, arthritis is the most frequently self-reported long term condition (Table 2.4). Arthritis is most commonly reported however the conditions for which, and reasons for people being referred to the project vary.
- Age UK Oldham has had a strong focus on providing support and activities for people with dementia. It is likely that the nature of the survey (relying on self-reported answers) and the likely support that people with dementia would need to complete the survey, means this is not reflected in the findings below.

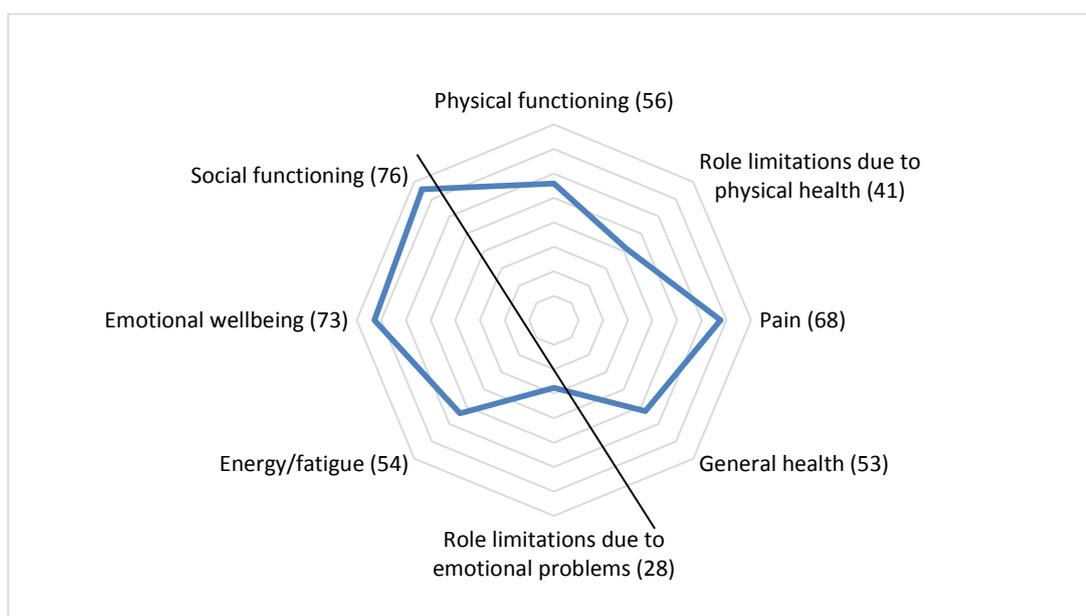
Table 2.4 Most frequently reported long term conditions in Oldham as at June 2016

Ranking	Oldham	Oldham – final evaluation
1	Arthritis (20)	Arthritis (110)
2	Other (15)	Heart conditions (41)
3	Heart conditions (10)	Other (45)
4	Vascular/stroke (9)	Respiratory conditions (41)
5	Respiratory conditions (8)	Diabetes (41)

- Survey respondents also frequently reported ‘other’ conditions that had not been listed in the survey; these included conditions such as vertigo, general learning difficulties and autism.
- Participants in Oldham had an unplanned GP usage of 0.18 days per participant. This is low across all localities and so could suggest that participants may have a lower level of need compared with those targeted in other localities.
- Reasons for participating in GGT include: to socialise with other people of a similar age, to maintain/improve fitness and to increase confidence with exercise.

2.3.3 Baseline emotional and physical health and wellbeing profile of participants

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



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

- At baseline, survey respondents across all time points have higher levels of social functioning and emotional wellbeing (Figure 2.1). In contrast, participants have lower levels of physical health, particularly general health and role limitations due to physical health. This indicates that Age UK Oldham has engaged older people with higher levels of emotional wellbeing yet who have difficulties with physical functioning.
- Although survey respondents scored more highly on levels of emotional health, the lowest score across all domains was reported in relation to role limitations due to emotional problems. This suggests that Age UK Oldham has recruited participants who have difficulties in carrying out regular day to day activities due to emotional problems.

2.4 Outcomes and impact

Interviews with the Age UK Oldham team including the project co-ordinator and Chief Executive, stakeholders, volunteers and older people explored whether and how GGT was delivering change and the desired outcomes set out within the GGT logic model⁷. Feedback

⁷ The GGT logic model underpins the evaluation framework for the evaluation of the programme. It sets out the programme’s inputs, activities/outputs, short-term and longer term outcomes, the programme’s Theory of Change provides further narrative for the logic model and sets out the presumed mechanisms by which GGT is expected to deliver outcomes and impact.

from these interviews provide evidence of outcomes consistent with the programme's theory of change. Analysis of the data from GGT participant surveys has also been undertaken. In instances where statistically significant results have been found, the results are shared below.

2.4.1 GGT in Oldham has improved access to health and wellbeing activities for older people

Stakeholders noted that over the course of the last year, there had been a perceived decline in the number of similar initiatives and projects in the local area, targeting older people. In particular, they valued the range of activities that GGT provides, which appeal to a wide variety of the older population. One stakeholder noted that without GGT, older people would not have access to the specialist support needed to enable them to take part in physical activities.

'I think without GGT there is a gap, I know for ourselves and the local council there has been so many cuts to funding and the council losing roles so the support just disappeared, if GGT hadn't been there so many people just wouldn't have been able to do these activities.' (Stakeholder)

2.4.2 The project has increased the participation of older people with LTCs in exercise, particularly those with higher levels of need

Between November 2013 and June 2016, Age UK Oldham has reached a total of 1108 older people through high and low level activities. Figures suggest that Age UK Oldham is effectively maintaining participants' engagement with physical exercise, particularly those of higher level need and support; as of the end of quarter 11, 47% (376) of low level participants and 63% (194) of high level participants were still taking part.

The qualitative evidence from interviews captured during both the interim and final evaluation fieldwork stages suggests that GGT is not duplicating existing physical exercise activities on offer in Oldham. In addition, participants consistently shared feedback that suggested they would not take part in any activities at all in the absence of GGT. The activities were frequently described as 'the highlight of my week' with older people sharing that 'I don't know what I would do without these classes'. This suggests both a gap in the provision of these type of activities for older people as well as a reluctance to seek support elsewhere.

'I trust Age UK, I wouldn't want to go anywhere else, they help me to do exercise which no one else could help me do with the needs I have.' (Participant)

2.4.3 Social networks of older people are being created and strengthened – helping to reduce social isolation

All of the older people interviewed highlighted how partaking in GGT activities had given them the chance to meet new people and socialise. All participants emphasised both the risk, and significance, of feeling isolated from the community in later years. Most stressed the importance of GGT for helping them to meet people with similar interests, make new friends and give them a reason to leave their house or flat. As a result of GGT activities, all participants noted

'Without these classes I'd just be sat staring at a brick wall, I don't know what I'd do without all the friends I've made now' (Participant)

improvements in the levels of interaction with people on a weekly basis. The opportunity to meet new people and feel part of a group were some of the most commonly cited reasons behind a participant's enjoyment of GGT classes.

2.4.4 Participating in activities is increasing the confidence and self-esteem of older people

Older people reported that taking part in classes as part of GGT, has improved their confidence and self-esteem, both in relation to undertaking physical exercise generally as well as with everyday functioning. One participant noted that even the journey to and from the class she attends requires more physical effort than she would previously have exerted.

As well as increasing the confidence and self-esteem of older people, stakeholders, volunteers and participants themselves have reported an increase in the self-worth of older people taking part in GGT. Several reported the valuable role older people would have played in society when younger and feel that GGT is a great way to re-introduce them to the community and emphasise that they still have an important role to play. Two participants reflected that taking part in Knit and Natter classes (which are followed by walks) and producing items which can be sold (with the money reinvested in the group) has helped them feel that they are still able to contribute to society. Several participants have shared their skills with members of the Age UK team enabling them to feel as if they have something to give back.

"I feel like I'm me again and I'm doing something useful rather than just being a burden" (Participant)

"I was worried about doing any kind of activities as I'm scared I'll fall over but I feel much more confident to give things a go now I know what to do if I do (fall over)" (Participant)

Feedback from participants suggests that the exercises and techniques learned during GGT classes has enabled them to feel better equipped to undertake activities, which previously felt unattainable as well as better supported to react to loss of balance or falls. One stakeholder also reported a reduction in the number of falls experienced since taking part in GGT classes, both personally, and in comparison with peers.

"I feel confident, I think I will eventually walk again on my own although maybe not like before" (Participant)

"I had a minor fall last week but knew how to right myself due to what I learned in class" (Participant)

2.4.5 Evidence of improved physical and emotional wellbeing is emerging

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

For example, one participant reported that they feel they have noticed an improvement in the arthritis in their knee from taking part in weekly walks. Another participant felt she is able to cope with depression following the death of her husband better through the support of the GGT team and her new friends.

"My legs don't ache as much as they used to and I feel I am getting much better on my feet. I can walk a lot further than when I started" (Participant)

"I've progressed a lot more than I would have at home on my own as I couldn't do these things after my stroke" (Participant)

In addition to collecting GGT survey data, Age UK Oldham has collected additional impact data for participants involved in its falls prevention classes. The GGT team is collecting *Fear of Falling*, *Timed Up and Go* and *Performance Oriented Assessment of Mobility* ratings before and after attendance at classes. Results from 21 participants reveals an improved in scores for 71% (15) with decrease in time to complete both Timed Up and Go and Fear of Falling exercises of 2.7 and 5.3 seconds from baseline to third follow up respectively (Table 2.5). This indicates that the participants have experienced an increase in their mobility and physical functioning. An increase in timing was reported for Performance Oriented Assessment of Mobility. However as people become older, their general health and physical function will decline, therefore even keeping the timings the same or slightly higher than the baseline measure could be seen as the project having an impact. Please see Table A2.2 for full data set.

Table 2.5 Fear of Falling, Performance Oriented Assessment of Mobility and Timed Up and Go timings for participants at baseline and third follow up

	FOF	POAM	TUAG
Baseline	15.49	21.79	23.37
Follow up test 3	12.76	23.81	18.12

In addition to improvements in the physical and mental wellbeing of participants, several stakeholders shared reflections about the impact of GGT on carers, family and friends. One stakeholder highlighted the difference that GGT has made for a lady who cares for her husband with dementia. His attendance at GGT classes provides the lady with respite allowing her time to have time to herself but know her husband is in safe hands.

2.4.6 A cohort of survey respondents involved in GGT have shown statistically significant improvements in emotional wellbeing

Survey results for participants in Oldham show small increases in SF-36 scores for participants over the course of the programme in a number of domains, including social and physical functioning and pain. However these increases are not statistically significant.

The results of most significance were reported for participants who had filled in follow up surveys up to two years after their baseline survey. Results reflected a statistically significant increase for this cohort in:

- Energy/fatigue and
- Emotional wellbeing scores

This suggests that GGT in Oldham has contributed to an improvement in emotional health.

A statistically significant increase in emotional wellbeing was also evidenced for participants who completed a follow up survey up to six months after their baseline survey.

This indicates that the GGT project in Oldham has had the greatest impact upon participants' emotional wellbeing. Please see Annex 2 for further information on scores.

2.4.7 Volunteering is improving the wellbeing of those involved

“It gives me a good sense of wellbeing knowing that I’m helping people, there have been times in my life where I’ve needed help so I’m trying to pay a little back. I consider these people to be my friends” (Volunteer)

Several volunteers

“I feel as though I’m giving someone a chance who can’t normally get out of the house. It gives me a boost. At least I’m doing some good to somebody.” (Volunteer)

interviewed reported the difference that volunteering has made to their mental wellbeing. They reflected that being involved with GGT had led to a positive increase in mood. In particular, all volunteers highlighted that the opportunity to feel as though they are giving back to the community and helping others had improved their self-worth and gave them a good sense of wellbeing.

2.4.8 Involvement in the project has improved the skills of volunteers

Volunteers particularly valued that GGT has given them the opportunity to learn new skills. GGT Oldham has provided a variety of training sessions for its volunteers including dementia training, walk leader training and Level 2 Award in Delivering Chair-Based Exercise (QCF). This has supported the increase of skills in the local community.

One volunteer highlighted that being involved in GGT has really given her the opportunity to build a new skill set, which she hopes will lead to future employment, ideally within Age UK Oldham.



“I feel this has given me a second chance, I’ve learnt a lot. I’ve been able to give something back and improve my prospects at the same time” (Volunteer)

In particular, all volunteers shared the feeling that having the chance to interact with the older generation regularly through classes has enabled them to learn from them. The sharing of both stories and skills was valued by volunteers who felt that the cross-generational relationships that are built through the project have been invaluable for both participants and themselves.

2.4.9 GGT has helped to integrate Age UK Oldham with health and wellbeing services, as well as improved local partnerships with other organisations

Through GGT, Age UK Oldham has created new partnerships within the local community and developed existing relationships further. Age UK Oldham has used partnerships with various organisations including the Stroke Association, housing providers, local authority neighbourhood offices, local day centres, other voluntary organisations sheltered housing and even internally, to recruit participants, hold activities and support the project more generally.

Age UK Oldham also has strong links with Oldham Community Leisure (which delivers more than 150 weekly classes aimed at people over the age of 50), in part due to the secondment of an instructor to the Get Going Together project. This partnership has been long standing but has developed further over the course of GGT. GGT has part funded specialist stroke training of one of Oldham Community Leisure’s staff members to be able to deliver specialised classes for participants who have had a stroke. This partnership was particularly significant at the outset of the project to support Age UK Oldham in delivering a variety of their classes to older people in the community. One stakeholder reflected that Age UK Oldham is beginning to work more independently around delivery provision, which will support sustainability in the longer term.

The project has achieved great success in becoming more integrated with local health services including working closely with GPs and community teams. One such example is the GGT Falls Prevention class, which is integrated into the falls pathway delivered by the NHS falls prevention service. The team worked to enable the class to be accessible to people with dementia and sensory impairment, providing support for these people to attend. This required the team to further close links with the community physiotherapy team with GPs and other health professionals providing referrals to the service. More recently, the Age UK Oldham GGT team have identified a gap when clients attending Falls Prevention Classes are discharged from the service upon reaching a certain level of frailty. The project is now supporting two classes to enable participants to continue to exercise.

Additionally, GGT has stepped in to fill gaps in provision left by the dissolution of local health services. For example, the GGT team took over health walks following the cessation of provision by Pennine Care NHS Foundation Trust.

Case study: Mr L – Participant

Mr L has vascular dementia. He was referred to GGT through the Dementia Information Service. He received a home visit from an information worker who gave him some information about the range of activities on offer that he could get involved in. Initially, Mr L did not want to take up any of the services or classes available and turned down her offer to take him to a health walk to see what it was like. However, a week later, Mr L got in touch and asked to go along but stated he did not want to socialise with others.

Mr L attended the health walk with the information worker and soon found he was comfortable enough to join the group and even join in with their conversations.

Mr L has since attended the health walks every week and really enjoys seeing everyone and having the opportunity to stay active without pressure from others. Mr L's wife is pleased he has the chance to get out and meet different people in a safe environment, which also gives her the opportunity to have a break from caring for him.

Case study: Mr N – Participant

Mr N has been diagnosed with Parkinson's disease. This has affected his mobility and confidence on his feet. He lives with his wife but she is unable to support him as she also has mobility problems.

Mr N was in contact with Age UK Oldham's support services who signposted him to the GGT classes. He was assisted to attend a Scenic Stroll in a local park, which Mr N used to be employed at as a gardener.

Mr N thoroughly enjoys his walks around the park and the opportunity to relive his working years while having the support to keep active. Mr N is now a regular attendee at the walks and receives one to one support from a volunteer with whom he has made great friends. The volunteer has helped Mr N to grow in confidence and feel more able to get around and keep active.

Case study: Mrs H – Participant

Mrs H recently had a stroke, which affected her mobility and communication. She attended a stroke group at which the GGT team delivered a number of taster sessions.

Mrs H really enjoyed the activities and so enquired if there were other things she could take part in. She then started to attend chair based exercise classes.

The classes have really improved Mrs H's confidence and she has made a significant effort to progress. She has recently been introduced to Easyline gym equipment by the chair based exercise instructor and following several sessions in this gym, has been supported to use a treadmill for the first time since her stroke in the mainstream gym.

Mrs H has been encouraged to get an Active Card, which entitles her to access to the mainstream gym at a reduced price. She is now an Active Card holder and feels ready to attend mainstream gym sessions with the support of instructors.

Case study: Mrs F - Participant

Mrs F has a number of health conditions including Parkinson's disease. She attended her local Parkinson's disease group where Age UK Oldham was giving a talk about the range of services and activities they have to offer.

Following this, Mrs F decided to give the GGT health walks a go as she felt it would be good for her to do something a bit more active.

Mrs F has noticed that her muscles ache less now she is able to take part in walks with the support of instructors. She feels that she is getting better on her feet again as she is able to build up her strength with walking in a safe environment.

Mrs F really enjoys the walks and thinks they are the highlight of her week, the walks give her something to look forward to. Mrs F feels she is now '*part of a group again*' and likes meeting up and talking to her new friends.

2.5 Stakeholder views

As highlighted, stakeholders noted that there had been a perceived decline in the number of similar projects in the local area, which were suitable for older people with long term health conditions.

Stakeholders considered that GGT both fits with, and complements, local strategic priorities, in particular around loneliness and isolation. Stakeholders valued that GGT encourages older people to become re-integrated into the community in ways that are different to the 'typical' services on offer for this group, such as coffee mornings or arts and crafts. One stakeholder emphasised that GGT is particularly valuable for identifying people and their needs who may otherwise have been unheard and supporting them to make new friends and try new things. Furthermore, they considered the classes provided through GGT to be more focused on health and wellbeing than other projects.

Stakeholders considered that although there is a degree of local provision of physical activity which older people could attend, the classes provided through GGT were more supportive and tailored to the needs of the older generation than others. They highlighted that this would both encourage and support the participation of older people in physical activity as it provided an almost ‘safe’ environment in which they could take part. Several stakeholders reported that a key impact of GGT ‘on the ground’ has been to make activities accessible to older people with higher level needs. In this respect, they considered that GGT had really filled a gap in existing provision. In particular, stakeholders felt that GGT has made physical and group activities accessible for older people with dementia who would previously have struggled to attend classes without further support. The project team has also been supporting a specialist class for people who have suffered strokes which one stakeholder described as ‘fantastic for building confidence, it might help them walk a bit better or they can start to do other exercise, it’s like a starting point for them, which is really good’.

For the stroke classes, without the support from GGT we wouldn’t have been able to put these on independently. That class would never have happened and those people would never have been helped. Some of those people have even gone into mainstream exercise now and without GGT’s support this would never have happened’ (Stakeholder)

“The great thing is instead of GGT working against other local organisations, the partnerships they’ve built are really strong. You can really see the passion and love they have for what they do and people trust them to do it.” (Stakeholder)

More generally, stakeholders interviewed were extremely positive about both Age UK Oldham and GGT and felt that they were viewed as reliable and trustworthy locally. Several stakeholders reflected that they believed this impacted on the numbers of older people that the project had been able to engage as Age UK Oldham has ‘an excellent track record supporting those who

need it.’

2.6 Cost analysis

Data was collected for the expenditure in Oldham through GGT. There were a wide range of inputs into the programme, including staff time, venue hire, overhead costs and volunteer contributions. Table 2.6 presents the total expenditure by type; outgoings and in-kind costs. The largest item of expenditure was staff costs, followed by venue hire, equipment, transport and tutors for classes. The total expenditure in Oldham was nearly £240,000 over three years, which represented the second lowest expenditure across the programme.

Table 2.6 Expenditure by category⁸

Category	(£)
Salary costs and recruitment	121,150
Staff training	3,104
Volunteer recruitment, training costs	6,665

⁸ The budget is expected to be spent by the end of the project

Staff travel	5,668
Venue hire, tutors, transport and equipment	25,517
Promotion	520
Overheads	5,130
Management	
Evaluation	
Other	23,694
Total expenditure	191,448
<i>In-kind costs</i>	
Volunteer hours	3,500
Volunteer cost	£27,300
Venues	£15,100
Transport	£3,600
Financial contribution	£2,000
Total in-kind	£48,000
Total overall	£239,448

Management information

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

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

The management information provided information on venues provided free of charge. The value of hiring a venue for one hour was estimated using information on the cost of hiring community spaces in the local areas⁹.

The total value of the in-kind contribution in Oldham was £48,000. The largest component of the in-kind contribution was the cost of volunteers, followed by venues. This perhaps reflects the focus placed on developing models for sustainability of project delivery over the course of GGT, training and utilising volunteers to deliver sessions for participants.

Table 2.7 Average cost per participant

	Number of participants	Total spend (£)	Average spend per participant (£)
Oldham	1108	239,448	216
Programme total	6,229	1,371,560	220

It has not been possible to calculate an average unit cost of activities provided. This is because it has not been possible to consistently and reliably identify the number of activities each individual has attended. However, the number of individuals in Oldham is known, as is the total expenditure in each area. This is presented in Table 2.7. This shows that the cost

⁹ www.hallshire.com

per participant in Oldham is £216, this represents the second highest total across all five localities in the programme.

This mirrors findings from the qualitative fieldwork, suggesting that the Age UK Oldham team has increasingly focused on targeting 'harder to reach' participants such as those within BME communities and those with higher levels of need such as dementia. In light of this, a higher cost per participant would be expected to reflect the greater resource needed to engage each individual.

At a cost of £216 per participant, Age UK Oldham has achieved a number of important outcomes reflected throughout this report. The survey results for participants in Oldham show small increases in SF-36 scores for participants over the course of the programme in a number of domains, including social and physical functioning and pain. However these increases are not statistically significant.

The results of most significance were reported for participants who had filled in follow up surveys up to two years after their baseline survey. **Results reflected a statistically significant increase in energy/fatigue and emotional wellbeing scores for this cohort suggesting that GGT in Oldham has contributed to an improvement in emotional health. A statistically significant increase in emotional wellbeing was also evidenced for participants who completed a follow up survey up to six months after their baseline survey.** This indicates that the GGT project in Oldham has had the greatest impact upon participants' emotional wellbeing. Please see **Error! Reference source not found.** for data.

2.6.2 Cost benefit analysis of falls interventions

An independent cost benefit analysis was undertaken by New Economy on three key services provided by a number of Age UKs in Greater Manchester. One of the services analysed was the Falls Prevention programmes through the Active Ageing service run by Age UK Oldham. The modelling was based upon the Age UK Oldham service because this service has a large amount of data and evidence available to support the modelling. One of the activities included in Age UK Oldham is the range of GGT and falls exercise prevention classes¹⁰.

The cost benefit analysis focused on the Falls Prevention Service. It has a clearly defined group of clients, who are referred to the scheme because they are specifically at risk of falling, and their outcomes are monitored. This service is co-ordinated, managed and monitored by Age UK Oldham. Each class of this type is taught by qualified exercise instructors who are also NVQ 4 Postural Stability Trained. There is additional specialist training for specific conditions including stroke, Parkinson's disease and dementia. Sessions are supported by volunteers¹¹.

The overall benefit-cost ratios for the Falls Prevention service were calculated as:

- the fiscal benefit-cost ratio for the Falls Prevention service is 3.73 which means that for every £1 put into the project, £3.73 of fiscal benefits are estimated to result.
- the public value benefit-cost ratio for the Falls Prevention service is 8.24, which means that for every £1 put into the project, £8.24 of public value benefits are estimated to result¹².

This suggests that the falls prevention classes, which have formed part of GGT in Oldham, are having a significant financial benefit for the wider community¹³.

¹⁰ Age UK Greater Manchester, 2015, *Living Longer, Living Well in Greater Manchester*

¹¹ Ibid

¹² Age UK Greater Manchester, 2015, *Living Longer, Living Well in Greater Manchester*

¹³ Ibid

2.7 Sustainability and future plans

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

- Working to secure economic sustainability –

A small charge has been put in place for some GGT classes to help cover the costs of delivering activities. Feedback from participants who have stopped taking part in activities suggests that cost can be a factor in this decision. The GGT team therefore regularly monitor the prices of classes to ensure a balance is struck between an effective cost model which helps cover outgoings and will help the project be more sustainable with the need to ensure that classes are affordable for older people.

Age UK Oldham's weekly Knit and Natter sessions are also beginning to generate a small income, which can then be reinvested into the project. The team have held four craft fairs to sell goods made by the group such as bracelets, teddies and blankets.

- Working with volunteers –

Age UK Oldham has continued to recruit, support and provide training for a range of volunteers to support the delivery of GGT classes. At the end of quarter 11, 13 volunteers were still involved in the project. The team has worked hard to utilise the skills and interests of their volunteers to ensure that key roles within the project can be filled such as walk leaders and drivers.

A number of training courses have been provided to support volunteers to fulfil their roles effectively including Inclusive Community training to allow more confident engagement with people with disabilities and chair based exercise instructor tuition.

Completion of the YMCA Level 2 Award in Delivering Chair-Based Exercise (QCF) has enabled Age UK Oldham to set up new armchair exercise sessions. Training was delivered to 11 staff and volunteers from a variety of organisations including BME Health Matters, Oldham Community Leisure and Age UK Tameside. This is particularly significant for Age UK Oldham after a period in which it was difficult to find and secure instructors to support low level activity sessions.

The training has not only enabled Age UK Oldham to expand their range of classes within the community, but also supported the sustainability of the project through a trained pool of resource to support classes over the longer term. Initially, those who received the training each delivered 12 free sessions of chair based exercise in return for the cost of the course to be met. Once the 12 sessions had been delivered, the instructors were paid to continue the activity. This has proved to be an effective model as Age UK Oldham has a pool of available instructors to support project delivery while the time over which the free sessions were delivered gave instructors the opportunity to develop and embed their class to increase participation numbers to eventually cover costs.

The aim of this model of delivery is to develop and embed a number of volunteer-led sessions which can exist 'externally' to GGT.

- Developing links with local health and social care organisations –

Over the course of the last three years, Age UK Oldham has developed a number of relationships with key organisations locally. The GGT team has worked successfully with numerous health and social care services in the area to develop referral pathways into activities including Oldham Community Leisure, local day centres and local authority day care, Falls Prevention Team, community physiotherapy and the Stroke Association. A

strong network of relationships has supported both delivery and development of the project.

More recently, Age UK Oldham has been working to develop referral pathways with Making Space, who offer one to one support for people living with dementia to access activities as well as Dr Kershaw's Hospice for older people with cancer.

- Reviewing portfolio of classes –

The team have closely reviewed each individual class, looking at a number of key variables to understand the financial viability and sustainability of each session. The variables analysed include a class' location, model of delivery, frequency, average income, costs, average participation numbers and plans for sustaining it over the longer term.

Detailed analysis of each session has enabled the team to take a measured approach to supporting the sustainability of their portfolio. Each class now has a plan in place to try and ensure its continuation, for example for classes where room hire expenses are needed, the team have worked out the cost per participant to cover this. For others, there are plans to apply for future funding or merge with other classes to increase numbers.

Supporting activities to 'standalone' is vital for ensuring that these groups are sustainable independently of GGT and remain within the local community.

- Utilising remaining funding and looking for other sources -

Throughout the lifetime of the project, Age UK Oldham has spent parts of the GGT funding on equipment needed to sustain the delivery of activities. For example, the purchase of indoor curling sets, which have been used by the Caribbean group as well as in their activities delivered with the Stroke Association.

Alongside effectively utilising remaining funding, Age UK Oldham has been particularly proactive at sourcing and supporting applications for further funding to sustain classes. Numerous classes within GGT have made successful bids for financial support including the Caribbean Group who received money to continue their portfolio of activities, a Walking Football class obtained funding from Age UK Oldham's partner, NW Sports and their Asian Women's group have had funding for delivering sessions of exercise. Age UK Oldham also received cancer champion funding to train staff and volunteers as cancer champions.

To support this, Age UK Oldham has been working closely with a consultant to source funding opportunities. To date, the consultant has identified several potential pots of funding that fit with the rationale and design of the project so the team will be making applications for these as appropriate. In addition, Age UK Oldham's team is working with a local sports development officer and is involved with a development group bringing together key stakeholders to assess current physical activity provision and future opportunities for funding.

A final source of potential funding for the project is through Ambition for Ageing, a cross sector partnership funded by the Big Lottery Fund. The aim of Ambition for Ageing is to put reduce the social isolation of older people, putting them at the heart of their communities, developing existing assets and investments to ensure that communities continue to become age friendly. This has a clear synergy with Get Going Together. Greater Manchester was one of nine areas within England to receive funding and through this, Age UK Oldham has received funding to help create more age friendly communities and find out the best ways in which to tackle social isolation. Age UK Oldham's GGT groups can apply for funding to support the creation and development of age friendly project ideas. To date, GGT has already benefitted from a small project

investment to create accessible and dementia friendly toilets on an allotment, expanding their reach of the Men in Sheds project. Other classes could potentially benefit from this support over the coming years, for example, enabling them to purchase equipment to support the sustainability of an activity. Several of the classes currently delivered under GGT fit directly with the criteria for Ambition for Ageing; activities such as Scenic Strolls and Knit and Natter fill a gap for people who are unable to access mainstream provision yet are at huge risk of social isolation. Stakeholders agreed that this was an area in which GGT had thrived and should continue their focus, *'things like the knit and natter group and strolls where people can just get for a short walk, it gets them [older people] out of the house, its loneliness and social isolation that they are tackling. It also gets people a little bit more active than they would have been otherwise – the over-50s are very sedentary. There are some people in such a position health wise or lifestyle that they won't ever be able to progress onto going to the gym or going to Zumba classes – the benefit socially and mentally for those people is so massive it would be a shame if this were to finish'*

- Adapting to a changing local context -

The Oldham GGT team have worked hard to ensure the project fits in with key strategic priorities locally.

Of late, the team have increased their focus on provision for Black and Minority Ethnic groups within the community, who are traditionally less likely to engage in mainstream activities such as those provided under GGT. Oldham has the second highest BME population in Manchester and so including this community within their portfolio of classes was an aim from the outset. The team have made significant inroads to engaging with the local BME community, for example, visiting local Mosques, completing two BME Dementia Prevention training days and delivering chair based exercise at a Pakistani community centre. The team have plans in place to deliver taster activity sessions including strolls to BME community groups with the hope activities would be taken up.

In addition, recent changes in Greater Manchester have opened up opportunities for Age UK and other third sector organisations. As part of a major transfer of powers and responsibilities from national government to Greater Manchester, the city now controls long-term health and social care spending, with full devolution of a budget of around £6 billion in 2016/17. The GGT team have met with representatives from Greater Manchester DevoManc, who are putting together a portfolio of services on offer within the voluntary sector. Representatives shared feedback that services focusing on prevention such as GGT are of interest and showed an interest in active ageing projects more widely. This could be a potential area of focus for the team going forward opening up another stream of possible revenue to support sustainability.

2.8 Conclusion and recommendations

- Age UK Oldham's GGT project has achieved many successes over the course of the last three years. The team have steadily increased the number and variety of exercise classes offered to older people in their local area, filling a gap in provision which was previously largely unmet. The project has developed and established a number of significant relationships with local health, social and voluntary organisations to support the design and delivery of their classes. In particular, Age UK Oldham has worked closely with local stroke and rehabilitation teams to offer support to those with higher levels of need, including older people with dementia. Their relationships have also been utilised effectively as referral routes into GGT exercise classes. One of the greatest strengths of Age UK Oldham's GGT project is its focus on those traditionally harder to engage. The team has worked hard to involve people with dementia and BME communities in their activities, creating and adapting classes to be suitable for these groups. Age UK Oldham has made significant progress with trying to create provision for

those who are usually forgotten rather than solely targeting those for whom mainstream provision is more readily available. The project has also focused on the importance of reducing social isolation amongst older people creating activities which enable people to get out of the house and meet new people, even if they do not yet feel confident enough to take part in physical activities.

- The older person's perspective highlights the positive outcomes that the project has produced. In particular, the provision that Age UK Oldham offers to those who have had falls; the project is now supporting classes to enable participants to continue to exercise following discharge from the Falls service at the local hospital. Thus filling the gap between mainstream hospital services and the 'drop off' back into the community upon discharge. This can be particularly beneficial for people who have suffered falls who often experience rapid deterioration in their condition again upon discharge from formal support. Evidence from an external cost analysis conducted for Age UK Oldham reports that evidence shows within 4 weeks of finishing the falls classes with Age UK Oldham, an older person can lose all the benefits gained over the nine months of previous exercise.
- The results of the participant survey analysis reflect a significant improvement in the emotional wellbeing of GGT participants, which could be a real area of focus for Age UK Oldham going forward both in terms of sharing results with commissioners and targeting strengths of the project.
- Stakeholders also felt that the project had been successful in delivering a range of physical and social benefits for older people. In particular, the close support given to people who had suffered strokes was considered vital as stakeholders considered that Age UK Oldham had filled a gap in local services and even supported some older people to get back into mainstream provision. However, stakeholders emphasised the importance of being able to evidence social, physical and psychological outcomes for older people when applying for further funding to support the progress made so far. The results of the participant survey showing improvements in emotional wellbeing will assist with this.

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

- Continuing to develop a strong partnership and forging links with the CCG is recommended. Age UK Oldham has started to develop this relationship but this will be key for both ensuring that the project continues to fit with local strategic priorities as well as putting GGT at the forefront for possible future funding.
- Several stakeholders noted that commissioners would be interested in knowing the impact of GGT on more easily measurable indicators of physical and mental wellbeing such as changes in functionality or timed up and go. Age UK Oldham could continue to incorporate such measures in their internal assessments of the progress of older participants, expanding this to be used more consistently and include all participants.
- The participant survey shows that arthritis is the most commonly reported long term condition for Age UK Oldham. Age UK Oldham could review local provision for older people with this condition and consider ways in which it may be able to complement or expand on this, for example offering tailored exercise sessions with specialised support. Age UK Oldham could also develop partnerships with local organisations for people with arthritis, where possible, including Arthritis Research UK and Arthritis Care.
- Transportation has been a significant barrier to participation for older people, particularly those with higher levels of need. Although Age UK Oldham has worked hard to overcome this barrier through the use of volunteer drivers for example, funding to purchase a minibus and secure a permanent driver would be really beneficial. Age UK Oldham has focused on supporting those who often are not able to get out independently and so are reliant on the help of volunteers. Having a permanent driver and form of

transport in place is critical to enable those who can benefit most but are least provided for to continue to access GGT activities.

- Oldham's GGT team should consider increased partnership with nursing homes and day centres. Residents in such places can be poorly served because they cannot attend group exercise classes outside of their accommodation. This often leaves them dependent on their accommodation providers to arrange activities or classes. If the team continue to develop links with residential and day centres, this could provide a regular source of activity for residents as well as a sustainable model for GGT classes to continue; in a residence with no charge and a large pool of participants.
- When developing a project of this kind in future, it is recommended that the team identify key local strategic stakeholders at the outset and develop relationships with them early on. Involving these stakeholders throughout the lifetime of the project, such as in design, and delivery of classes is important for securing 'buy in' locally, which would help the longevity of the project in turn.

Annex 1 Oldham stakeholders interviewed

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

Locality	Name	Role
Oldham	Jackie Hanley	Senior Health and Physical Activity Development Officer, Oldham Community Leisure
Oldham	Barry Cassidy	Oldham Diabetes Voluntary Support Group Chairperson
Oldham	Peter Lane	Making Space
Oldham	Marion Shannon	Freelance tutor
Oldham	Sam Al Shafei	Freelance tutor
Oldham	Julie Eastham	Quality Improvement Nurse, Oldham Clinical Commissioning Group
Oldham	Chris Wilson	Community Development Officer, Oldham Council
Oldham	Dana Murphy	Villages Housing
Oldham	Nicola Martin	The Link Centre, Independent living centre employee
Oldham	Ron Tench	Shaw Wednesday club
Oldham	Nicola Shore	Age UK Oldham
Oldham	Yvonne Lee	Age UK Oldham
Oldham	Volunteer 1	
Oldham	Volunteer 2	
Oldham	Volunteer 3	
Oldham	Volunteer 4	
Oldham	Volunteer 5	
Oldham	Participant 1	
Oldham	Participant 2	
Oldham	Participant 3	
Oldham	Participant 4	
Oldham	Participant 5	

Annex 2 Data¹⁴

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

	Oldham		Oldham		Oldham		Oldham		Oldham	
	Base	3 months	Base	6 months	Base	1 year	Base	2 years	Base	> 2 years
Sample size	33		95		52		23		0	
Physical function	56.73	57.87	60.08	60.34	65.82	66.15	62.38	68.14	-	-
Role limitations due to physical health	46.53	49.89	40.89	35.96	33.48	36.59	33.56	26.28	-	-
Role limitations due to emotional problems	22.2	21.11	25.4	24.79	24.29	26.67	16.53	16.77	-	-
Energy/fatigue	56.16	56.97	56.68	57.34	57.59	59.36	59.55	69.09	-	-
Emotional wellbeing	76.44	73.92	75.08	78.09	74.33	77.72	75.09	84.47	-	-
Social function	75.38	76.58	77.8	81.78	77.91	80.57	85.88	83.78	-	-
Pain	66.98	69.32	69.83	75.01	67.33	72.6	68.48	71.52	-	-
General health	52.14	53.06	53.33	53.21	53.42	53.17	53.55	51.3	-	-

¹⁴ ICF analysis; Cells shaded blue indicate a statistically significant change at a 95% confidence level. The analysis has been conducted using a 5% margin of error and 95% confidence level. The margin of error tells us the size of the error which surrounds the survey findings; the smaller the margin of error is, the greater confidence we can have in the survey results. The confidence level tells us how sure we can be of the margin of error. (Common standards used by researchers are 90%, 95%, 99%).

	Oldham		Oldham		Oldham		Oldham		Oldham	
	Base	3 months	Base	6 months	Base	1 year	Base	2 years	Base	> 2 years
Unplanned GP	0.03	0.09	0.18	0.12	0.23	0.21	0.04	0.04	-	-
Unplanned hospital	0.09	0.03	0.03	0.06	0.02	0.46	0	0.09	-	-
Unplanned other health	0	0.03	0.02	0.04	0.04	0.52	0.04	0.04		

Table A2.2 Falls data collected by Age UK Oldham

	Baseline FOF	Baseline POAM	Baseline TUAG	Follow up FOF	Follow up POAM	Follow up TUAG
Participant 1	7	25	18	15	23	30
Participant 2	21	27	30	19	26	15
Participant 3	15	17	40			
Participant 4	18	23	12			
Participant 5	15	20	35	11	24	40
Participant 6	10	28	12	16	24	16
Participant 7	19	20	17			
Participant 8	20	24	17	18	23	15
Participant 9	17	22	29	19	14	28
Participant 10	10	26	13	10	28	10
Participant 11	19	23	21	11	24	21
Participant 12	10	11	38			
Participant 13	16	21	17	9	28	10.5
Participant 14	7	26	10	12	28	9

Participant 15	11	24	22	9	28	11
Participant 16	19	24	15	11	26	13
Participant 17	15	23	26			
Participant 18	21	14	33			
Participant 19	10	27	44			
Participant 20	12	26	25			
Participant 21	19	21	25			
Participant 22	8	22	22	17	19	27
Participant 23	19	22	26	10	26	14
Participant 24	17	14	21			
Participant 25	18	24	15	13	25	17
Participant 26	14		14			
Participant 27	13	22	25			
Participant 28	21	16	23	9	25	15
Participant 29	25	25	16	14	24	14
Participant 30	19	20	25	9	21	14
Participant 31	19	20	20			
Participant 32	12	23	25	7	26	14
Participant 33	17	19	26	16	19	16
Participant 34	12	24	21	13	19	31
Participant 35	17	18	40			

