An evaluation of the Greater Manchester Active Ageing programme funded by Sport England, commissioned by GreaterSport

Evaluation of the Greater Manchester Active Ageing programme

**FINAL version
30.06.20**

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The Greater Manchester Active Ageing initiative is an innovative approach across eight local authorities (Metropolitan Borough Councils [MBCs]) in the Greater Manchester. It was funded by Sport England for a two-year period, with an explicit emphasis on trying 'new ways' of encouraging physical activity provision, using innovative and experimental approaches that put older people at the heart of efforts, as opposed to more traditional programme development and delivery, conducted without the involvement of community members. Each of the MBCs were given the freedom to design their own programmes or multiple programmes in response to local needs and capacities.

1.2 Main findings
- A highly diverse set of activities were developed, using a variety of approaches to involving older adults in their development. The activities varied in the specific target population, depending on differing local needs identified.
- Overall, the GM Active Ageing programme engaged with 14 566 people to elicit their views on future services. Of these, 2666 people subsequently enrolled in activities.
- The MBCs were successful in engaging people from deprived neighbourhoods. Greater numbers attended activities from these neighbourhoods than from less deprived ones. The MBCs were also successful in recruiting fairly inactive participants. The MBCs were less successful as recruiting men (29%) and people who did not describe themselves as "white" (13%).
- Participants who provided follow-up data showed large increases in self-reported physical activity. For example, at three months, there was a decrease in the frequency of 'Inactive' participants from 70% to 13%. The picture at 6 months showed that these increased physical activity levels were maintained.
- There were increases in several measures of wellbeing from baseline to 3 months, with increases in worthwhile life activities being maintained at 6 months.
- There was a broad consensus amongst MBC leads and people from GM-wide organisations that co-design and co-production brought clear benefits, and that the experience provided by older adults into intervention design and delivery was valuable.
- Those older adults who had roles in delivering activities expressed a need for greater support than was often forthcoming.

1.3 Key implications and recommendations
- The main implication is that the various new ways of working are feasible to be used by MBCs when working with older adults to develop activities to increase physical activity. The overall feedback from the qualitative research was overwhelmingly positive, with all stakeholders seeing benefits from increased co-production and seeing older people as assets
- Various challenges to successfully implementing new ways of working were identified, including timescales of the GM Active Ageing programme, which were tight given the need for learning and development of relationships, and need for training in new approaches.
- To promote genuine partnership working and engage older adults in a meaningful way, funding needs to be on longer funding cycles, to allow these approaches to be properly embedded into usual ways of working.
- It is clear that older adults are a diverse group, and to increase physical activity through programmes like the GM Active Ageing programme would require a diversity of activities to be

offered. However, all activities to be developed should have social elements, and not to be too intense in the first instance. Activities should generally be marketed in terms of social aspects rather than in terms of physical activity.

2.0   Executive summary

2.1 The Greater Manchester Active Ageing initiative

The Greater Manchester Active Ageing initiative is an innovative approach across eight local authorities (Metropolitan Borough Councils [MBCs]) in the Greater Manchester area in England. This initiative was funded by Sport England for a two-year period, with an explicit emphasis on trying 'new ways' of encouraging physical activity provision, using innovative and experimental approaches that put older people at the heart of efforts, as opposed to more traditional programme development and delivery, conducted without the involvement of community members. Each of the MBCs were given the freedom to design their own programmes or multiple programmes in response to local needs and capacities. It required people (usually from public health, ageing or leisure services backgrounds) in each MBC to bid for funds to allow 'new ways of working' to be developed and implemented. The funding allowed each MBC developing physical activity services that are particularly suitable for older people in their areas, and then delivery of these services. In each MBC, there was a focus on innovative methods such as co-design, and place-based approaches to develop those services, with many people engaging in new ways of working (e.g. co-production, strength-based conversations, community champions, increased use of volunteers beyond traditional roles, novel approaches to marketing) to produce new services to increase physical activity in older adults. The new ways of working are defined below:

Co-production	An umbrella term for activities that aim to fully involve end-users in the development of interventions, by viewing their knowledge and experience as core to the success of development.
Co-design	Identification of a problem, and the process of addressing it, rather than the development of interventions per se.
Place-based approaches	Consideration of both local needs and local assets. Participatory approaches are important, as older adults have considerable experiential knowledge of the communities and environments in which they live.
Strength-based conversations	Focussed on what individuals and communities can do for themselves, with the right support from the right people working alongside them.
Community champions	People in the community who take on an issue or project and are commited to raising awareness and support for it.

2.2 Key findings

The present report describes the outcomes of the Greater Manchester Active Ageing initiative, in relation to five indicators.

2.2.1 How did MBCs and other key people in Greater Manchester find the process of setting up projects with new ways of working?

There were teething problems due to unfamiliarity with new ways of working, including challenges around practical and conceptual issues. However, there was a broad consensus amongst MBC leads and people from GM-wide organisations that co-design and co-production brought clear benefits,

and that the experience provided by older adults into intervention design and delivery was valuable. The MBC leads appeared to have developed a clearer understanding around provision that physical activity services may be attractive for reasons other than physical activity. The valuing of older adults was shown by the key people in Greater Manchester seeing older adults as having an important role in the sustainability of services after the Active Ageing project finishes.

2.2.2 What activities were developed?

A highly diverse set of activities were developed, using a variety of approaches to involving older adults in their development. The activities varied in the specific target population, depending on differing local needs identified. Many activities involved older adults as volunteers, champions or in marketing. The MBCs worked with a diverse set of partners, in varied settings, as well as with the more traditional leisure services providers in leisure service venues.

2.2.3 What was the uptake of these new activities, and what was the demographic profile of those who took up these new activities?

Overall, the GM Active Ageing programme engaged with 14 566 people to elicit their views on future services. Of these, 2666 people subsequently enrolled in activities. Based on the 1086 people (41% of the 2666 who enrolled) who provided demographic information, the majority were between the ages of 60 and 79 years. The MBCs were successful in recruiting people from lower socio-economic status (SES) backgrounds, with more people attending activities from deprived neighbourhoods than from less deprived neighbourhoods. The MBCs were also successful in recruiting fairly inactive participants, with 704 people reporting that they had not engaged in any sport or fitness activity in the last 7 days, and 444 people indicated that they had not walked for at least 10 minutes in the last 7 days. The MBCs were less successful as recruiting men (29%) or people who did not describe themselves as "white" (13%).

2.2.4 What effects did the Greater Manchester Active Ageing initiative have on physical activity and wellbeing?

Participants who provided follow-up data showed large increases in self-reported physical activity. For the 347 participants that provided valid data at baseline and at 3 months there was a decrease in the frequency of 'Inactive' participants from 70% to 13%, and a commensurate increase in 'Fairly Active' and 'Active' participants from 30% to 88%. The picture at 6 months showed that these increased physical activity levels were maintained. There were increases in several measures of wellbeing from baseline to 3 months, with increases in worthwhile life activities being maintained at 6 months.

2.2.5 What did people think about these activities (both those delivering activities and those older adults attending activities)?

There was general agreement that older adults' knowledge and input into attracting other older adults into new activities was very helpful, including in getting the tone right for marketing. There was widespread agreement that the new ways of working are helpful for developing new activities, but there was also frustration about the timescales involved: approaches such as co-design were seen as requiring good relationships between various partners. Where these relationships did not already exist, it was seen as difficult to set these up in the timescales required. The older adults who participated in new activities saw many benefits from participating, including social benefits and increased confidence, rather than just benefits of increased physical activity.

Those older adults who had roles in delivering activities expressed a need for greater support than was often forthcoming. Some older adults felt under-valued and would have welcomed greater recognition. There were frustrations with the evaluation requirements, with these being seen as inappropriate or unduly onerous.

2.3 Key implications and recommendations

The key implications for practice are set out below, in relation to the feasibility of new ways of working, challenges in using these approaches, and approaches to evaluation.

2.3.1 New ways of working seem highly promising

The main implication to be drawn from this programme is that the various new ways of working are feasible to be used when working with older adults to develop activities to increase physical activity. The overall feedback from the qualitative research was overwhelmingly positive, with all stakeholders seeing benefits from increased co-production and seeing older people as assets

Not only were the new ways of working seen as feasible, but the diversity of activities developed suggests that they were being used effectively, with a wide variety of approaches to increasing physical activity being produced. Further, the new activities had good uptake, and produce benefits in terms of increased physical activity and improved wellbeing for older adults that maintain participation.

Possibly the most compelling support for the use of these new ways of working came from key stakeholders seeing older adults as key to ensuring sustainability, through providing a variety of insights into what activities would be valued, how to ensure acceptability in terms of access and acceptability, and how it could best be marketed.

2.3.2 Overcoming challenges in new ways of working

There were a number of challenges to successfully implementing new ways of working. A key challenge was an initial lack of knowledge and familiarity with these approaches when MBCs were developing bids and beginning to work in this way. There is now increased capacity within Greater Manchester for these ways of working, although there are still issues with high staff turnover meaning there is a danger such capacity could be lost.

In areas that are unfamiliar with these new ways of working, there would be a need for greater training, especially at earlier stages of working training around co-design, so all stakeholders understand it is more than simply consulting communities with survey.

In the GM Active Ageing programme, there was a limited timescale for the development and implementation of new activities. It would be useful for future programmes to include longer timescales than a two-year funding cycle, to allow relationships to be built with older adults in the community to fully involve them in the programme. Some interviewees felt that these new ways of working were facilitated by working with partners who had existing strong community links and access to groups, whereas other MBC leads who felt there were not strong links to begin with had to take the time to build up a relationship and trust with groups.

Inevitably, funding was an issue for the success of these approaches, and that the funding cycles need to be longer. There was staff turnover at least partly due to temporary contracts drawing to an end. Staff capacity issues were flagged up repeatedly, especially with an abrupt start to the programme meaning many MBCs did not have appropriate staff in place until a later stage. If one is interested in promoting genuine partnership working and engaging older adults in a meaningful way, funding needs to be on longer funding cycles, to allow these approaches to be properly embedded into usual ways of working.

A fundamental issue with some of the approaches taken was the need for support. For those older adults who had roles in delivery of activities, there was a need to feel more valued and supported, in terms of being given time to discuss issues with paid employees, and more resources (e.g. administrative support) to facilitate activities.

It is clear that older adults are a diverse group, and to increase physical activity through programmes like the GM Active Ageing programme would require a diversity of activities to be offered. However, for all activities to be developed should have social elements, and not to be too intense in the first instance. Activities should generally be marketed in terms of social aspects rather than in terms of physical activity. Local provision was nearly always preferred, with those delivering activities having good social skills to promote inclusivity.

In relation to diversity, it is notable that there was under-recruitment from ethnic minority populations, with some exceptions. This highlights the importance of developing interventions with different minority ethnic groups, and the need to foster collaboration with the relevant organisations. Given the success of the work in reaching more deprived areas, the limited contact with minority groups was notable. This suggests the need for greater consideration in future initiatives regarding the way in which information was communicated, the type of exercises, etc.

2.3.3 Evaluation of future initiatives

It is important that for future evaluations the requirements and methods of evaluation are made clear at the start of the programme, and are adequately resourced. The evaluation should be conducted as far as possible by people independent of those delivering, who saw the evaluation as intrusive.

Future evaluations should be wary of using "targets" for such programmes to deliver on, unless the main aim is to see if such activities can be scaled up. These targets were felt to produce a tension with fully using the new ways of working, and setting up genuine involvement with older adults.

The use of questionnaires with only a sample of participants rather than all participants would be sensible. Shorter questionnaires should be used. The use of items that assess sensitive topics, e.g. sexuality appeared particularly inappropriate for surveys with this population, and should be better piloted.

The use of qualitative methods in the evaluation was generally seen as valuable by the people involved, and the majority of the insights were obtained by such methods.

3.0   Background to the Greater Manchester Active Ageing initiative and evaluation

There is strong evidence that physical activity confers a variety of benefits to older people, including improved well-being, and reduced risk of many illnesses, and increased life-expectancy [1]. Despite this, older adults are the least physically active age group and activity declines with advancing age [2]. For example, in England in 2016, only 44% of adults aged 65 years or over engaged in 150 minutes of moderate intensity physical activity in a week, compared with 67% of adults between 19 and 64 years [3]. Further, whereas 16% of people aged 16 to 24 years did fewer than 30 minutes of moderate intensity physical activity in a week, the comparable figure for those 75 years and over was 52% [3].

There have been a number of interventions to promote physical activity in older adults, which aim to enrol them in programmes where they receive instruction and encouragement to increase physical activity. These interventions can be effective in terms of increasing activity up to one year later [4]. However, the increases are generally small, and typically less than are produced by interventions with younger age groups [5]. Further, the increases are typically not maintained beyond one year, in common with many interventions delivered to other age groups. The reasons for this are apparent in a systematic review of qualitative studies with older adults who were taking part in trials of interventions to increase physical activity [6]. These studies consistently show that many older adults take part in such programmes to increase social contact, and to take part in fun activities, rather than through a desire to increase physical fitness [6]. Despite this, many interventions do not aim to meet adults' need for social contact and enjoyment [6]. These findings may explain why increases in physical activity are often not maintained, especially when the intervention is withdrawn.

An even greater problem is that the older adults who take part in studies to increase physical activity are a self-selected group, who often have higher levels of motivation to take part in physical activity than the general population of older people. A systematic review of qualitative studies of older adults who were not taking part in studies to increase physical activity revealed indifference or even hostility to the idea of increasing physical activity for its own sake [7]. Across the studies included in this systematic review, older adults construed physical activity as a by-product of other, more meaningful activities, such as dancing or gardening, rather than as a purposeful activity within itself [7]. In sum, individually delivered interventions to promote physical activity in older adults produce small effects that are usually not maintained, and are of limited interest to the majority of older adults, particularly those who would benefit from them most.

Given these problems with individually-delivered interventions to older adults, there is increasing interest in 'new ways of working' to promote physical activity [8], as opposed to more traditional programme development and delivery, conducted without the involvement of community members. These new ways of working centre around increasing participation of the end users, i.e. older people, in the development of efforts to increase physical activity. Given this core commitment to involving end users, the present research considers various approaches including co-production, co-design, place-based working, and seeing older people as assets. There is a variety of definitions for these approaches that derive from different disciplinary backgrounds [9], leading to frequent areas of disagreement [10,11]. As there is imprecision of definitions, the various new ways of working considered in the present research differ in emphasis in a number of ways.

Co-production is an umbrella term for activities that aim to fully involve end-users in the development of interventions, by viewing the experiential knowledge of these end-users as core to the success of their development [10]. A related concept, co-design, emphasises more on the planning of what problem to address and how to go about the process of addressing it, rather than the development of interventions per se [12]. A place-based approach considers both local needs and local assets [13] – here, participatory approaches are important, as the older adults have considerable experiential knowledge of the communities and environments in which they live. This relates to seeing older people as assets, who can provide insight, as well as potentially becoming involved in intervention organisation or delivery, as champions or as volunteers, beyond their traditional roles.

These various new ways of working therefore have many differences, but share a common aim of engaging older adults at some level in the creation of activities to increase physical activity, with the objective of creating activities that are valued in the locations where they are implemented. These approaches also aim to embed physical activity programmes as a routine part of the neighbourhoods where older adults live, rather than "interventions" that are delivered to older adults for a fixed period of time and then withdrawn.

Despite the promise and growing interest in these new ways of working, there is a limited number of evaluations of their success for any populations [9], including older adults [14]. In particular, a dearth of evaluations where these participatory methods involve service providers and service users, but researchers are not a key group involved as participants in these new ways of working [15]. Examination of these new ways of working in practice is timely, given the ongoing and lively debates about the potential "dark side" [16] of approaches such as co-production, which do require more effort and resources than more traditional "top-down" interventions [10,11]

The present report considers the Greater Manchester Active Ageing initiative, an innovative approach across eight local authorities (Metropolitan Borough Councils [MBCs]) in the Greater Manchester area in England. This initiative was funded by Sport England for £1 million over a two-year period, with a start-date of 1st April 2018. The initiative had an explicit emphasis on trying "new ways" of encouraging physical activity provision, with each of the MBCs given freedom to design their own programmes, or multiple programmes, in response to local needs and capacities. It required people (usually from public health, ageing or leisure services backgrounds) in each MBC to bid for funds to allow new ways of working to be developed and implemented. The funding allowed each MBC to develop physical activity services that would be suitable for older people in their neighbourhoods, and then deliver these services. In each MBC, there was a focus on innovative methods such as co-design, and place-based approaches to develop those services, with many people engaging in methods such as co-production, strength-based conversations, community champions, increased use of volunteers beyond traditional roles, novel approaches to marketing, to produce new services to increase physical activity in older adults.

The present report describes the outcomes of the Greater Manchester Active Ageing initiative, in relation to five indicators. Specifically, this report considers:

1. How did MBCs and other key people in Greater Manchester find the process of bidding and setting up projects with new ways of working?
2. What activities were developed?
3. What was the uptake of these new activities, and what was the demographic profile of those who took up these new activities?

4. What effects did the Greater Manchester Active Ageing initiative have on physical activity and wellbeing?
5. What did people think about these activities (both those delivering activities and those older adults attending activities)?

Based on this evidence, this report draws conclusions regarding the successes and limitations of this initiative, and how this work could inform more widespread implementation of new approaches to working with older adults. Finally, it includes recommendations about how promising interventions could be more widely taken up, and how similar initiatives in the future could learn from the experience in Greater Manchester.

4.0   How did programme leads and others in decision-making roles initially experience the new ways of working?

4.1 Background and aims

The first part of the evaluation was designed to understand key decision-makers found the process of developing the Greater Manchester Active Ageing programme. Interviews took place between 18th December 2018 and 18th May 2019, after each MBC had been notified that they were successful in their bids. In many cases, the interviewees from the MBCs were still developing their plans, and in several cases, had yet to begin delivery of the new GM Active Ageing services. The aim of this interview study was to understand any difficulties in developing their new services, and also to understand what has been helpful to people during the development process.

4.2 Methods: Sample and Analysis

Twenty semi-structured interviews were carried out with participants who were involved in key decision-making roles in the development of Greater Manchester Active Ageing Programme. Participants were identified due to their role within the GM Active Ageing Programme, either as an "MBC Lead" or a "Stakeholder Organisation" participant. We interviewed 13 people who were project leads within their MBC, and who were involved with securing the investment and/ or developing Active Ageing projects within their MBC. Seven interviewees were from GM-wide stakeholder organisations who were involved in the initial bid to Sport England, or had roles in assessing and supporting the MBC applications. Participants were purposively sampled to ensure all MBCs were represented by at least one person who had a lead role, and there was representation from a range of stakeholder organisations (including GreaterSport, Sport England and Greater Manchester Ageing Hub).

Of the 20 people interviewed, all were between 20 and 59 years of age, with half of the interviewees between the ages of 40 and 49 years. All participants self-identified as white, and 16 of the 20 people interviewed were female.

Nineteen of these interviews were face-to-face and one interview was conducted over the phone. The interviews covered topics including experiences of developing the Active Ageing programme, effects of contextual factors on implementation and what constitutes successful provision of PA to older adults.

Interviews ranged from 34 minutes to 113 minutes (mean = 56 minutes). All interviews were transcribed prior to analysis. Inductive thematic analysis was used to generate themes that shed light on the process of development and implementation [17]. The data was organised and structured using the Framework approach [18].

4.3 Findings

Three main themes were identified, that related to: experiences of new ways of working; understanding of acceptability of physical activity programme to older adults; and resources and sustainability.

4.3.1 Experiences of New Ways of Working

Discussions around the experiences of the bidding process arose for most MBC lead participants involved in developing the bid in their locality. Both negative and positive views on the bidding process were discussed. Some thought it was a good structure and felt they received good support from stakeholder organisations. A number of interviewees appreciated the test and learn approach and the autonomy that was granted to see what works for their own locality based on local need and issues. The structure also supported shared learning as it brought localities together right at the start of the bidding process and then throughout implementation:

> *"We were given quite a good structure to work from from GreaterSport I would say at the start. I think the way they processed the whole application I have to say is probably one of the most successful approaches I've seen in a long while, and it wasn't just Greater Sport there were other people but clearly they were the ones obviously driving the process. But what I felt for the first time ever, I just feel that as a GM model we need to do more of that, we need to do more alignment. So I think for the first time it was a real opportunity to bring all of Greater Manchester together to explain what the funding was about right at the start and I think that was really important, and I would say that's probably one of the first times that's happened in Greater Manchester, I think that's been a platform for other successful projects. But to be in the room at the same time, to understand and share knowledge across GM, I think that needs to be considered more because I just think we're probably learning information in [Name of Locality] but where's the opportunity to share that learning with the wider GM landscape? […] So I think that's an important part, that we had the autonomy, we had the structure right at the start from Sport England and Greater Sport, and then the freedom to kind of consider--, because at first I was thinking it could be consistent themes across GM but actually no it's very different and diverse across the whole of Greater Manchester, but I still think there's an opportunity to share our learning and use that platform to share good practice amongst each other really." P7, MBC Lead*

 Others felt there was a lack of clarity in the bidding process – it was apparent that some were unaware it was a competitive process and felt they would have benefitted from understanding the process better. A few participants also felt that more guidance could have been provided around the criteria, and they felt applications were not successful in the first instance due to this lack of clarity and guidance. Some felt a model of providing funding based on demographic information around activity levels and deprivation would have been acceptable. Others felt the competitive process was acceptable but felt more guidance could have been provided as to what to include in their application. Stakeholder interviewees also reflected on the process and considered ways in which it could be improved, in particular clearer guidelines from the outset:

> *"I do think the learning from the Active Ageing process would be to have thought it all through in much more--, see it from different perspectives. We might have still got to the point where we--, with the Active Ageing it was a commitment that was a whole Greater Manchester thing, so we might still have got to the place where it was say, a bidding process or a not everyone, not every borough would get investment, but I think we might*

have put some clearer, you know, guidelines or messages out about that, so that everybody was absolutely clear that it was not a given" P17, Stakeholder Organisation

In relation to developing and implementing their Active Ageing projects, number of MBC participants found these new ways of working to be challenging, due to the greater involvement of older people in the development of new services than was usual practice. MBC participants descriptions of co-designing and co-producing seemed to vary considerably, and this was illustrated in how they would describe their co-design approach. In some instances, the 'co-design' approach might better be described as surveying or gathering opinions rather than having participation as full partners in developing physical activity programmes. In some cases, the greater involvement of older adults in the development of the programme was found to be problematic in terms of operational issues due to unfamiliarity with this approach. For example, one MBC found that involvement of older people in the programme steering group did not work as intended, as the steering group tended to focus on operational issues that perhaps were not always relevant to the older adult involved.

Despite the challenges highlighted by some MBCs, there was a sense that co-design approaches had important benefits such as the older adults contributing valuable ideas and taking ownership of projects:

"People have got strengths, they've got assets and they've got some fantastic ideas, when we've sort of looked at numbers in the past and said, "Well, how would you get more inactive older people to come along?" They've come up with suggestions. They've really sort of taken ownership of the sessions. So, yeah, it's happened very sort of organically". (P15, MBC Lead).

The participants tended to view a place-based approach as looking at how the programme can be embedded in the community, but not necessarily seeking to understand neighbourhoods better. MBC leads considered locations for activity sessions that were not traditionally associated with physical activity, utilising community resources. One MBC lead identified a community centre within a park in a green space setting that was then used as a base for the programme in the locality:

"I think one of the positives has been that it's not a traditional kind of leisure centre setting. It's very much, you know, green space park and then there's an indoor space for people to go and meet and have a cup of tea. And now we're using it, making the best of that indoor space. But it's very kind of open and people feel comfortable there." (P15, MBC Lead).

Throughout the discussion of older adults' involvement in co-design and co-production and when considering a place-based approach, most interviewees seemed to consider older adults themselves as assets. This new way of working also appeared to bring about a new way of thinking and speaking about older adults and physical activity, with participants talking about an ethos of "doing with" rather than "doing to". Interviewees emphasised the need to include older adults in the system and utilise their valuable contributions. Such contributions included useful skills that could be harnessed in the running of activities, and also the connections that people had within their own community such that the reach of programmes could be enhanced:

"Training older people to be trainers themselves is sustaining that model that we are looking to have, older people being assets, doing things for themselves, being in a good position to reach people within their own communities." (P1, Stakeholder Organisation).

In addition to working with older adults as partners, a key expectation within the programme was that MBCs would also work in partnership with other key organisations, such as leisure providers, ageing charities, public health working collaboratively on programme development. Some interviewees viewed collaborative working as integral to the approach taken by the GMAA programme. The views around partnership working from the MBC leads were overwhelmingly positive. Working in collaboration allowed MBCs to draw on a wide range of experience, and this was perceived to improve Active ageing projects:

"I think if you work in partnership, you have all the plusses of the fact that your programme's generally more successful. You design them better because you've got the input of a number of people in like a small steering group. You've got that benefit of actually being able to learn from each other's experience, having those contacts and connections in the community and higher up. " (P13, MBC Lead)

Some participants from the leisure sector seemed to share the perspective that working in collaboration could enhance provision, by providing the understanding of what older adults prefer. Bringing these perspectives together with the provision available in the leisure sector appeared to be considered to be a benefit of the collaborative approach.

There were also challenges that arose around working with partners, for example where expected support from partner organisations did not come to fruition, due to capacity problems and miscommunication with key individuals. A further potential challenge raised was that collaborating organisations could have a need to maximise their income in order to maintain viability, and may at other times be competing with each other for limited financial resources. Despite the challenges, it was clear from most interviewees who discussed partnership working that it was beneficial to facilitating processes such as co-design and place-based working.

4.3.2 Understanding of acceptability of physical activity programme to older adults
When considering acceptability to older adults when developing new services, participants referred to work they had done such as holding consultations with local older adults and asking people what they would like in their area and what would be acceptable in terms of type of activity and timings, and involving older adults in a co-design capacity.

Both MBC and stakeholder participants discussed how important the social element of the activity was for older adults, and these views were generally based on feedback they had received from consultation work or co-designing and co-producing the programme with older adults. One MBC participant suggested that the social element is what people are buying in to, not necessarily the physical activity element: *"You know, we're selling activity but people are buying friendship" (P9, MBC Lead)*. Some participants drew on their observations of what was happening around sessions. One MBC lead noted how participants would meet to socialise either prior to or following the physical activity session itself: *"And the social aspect was really important. So people were turning*

up early to have a brew, as well as staying at the end to have a brew." (P15, MBC Lead, p4, line 148).

Participants also felt there were certain qualities that staff delivering sessions should possess to appeal to older adults and to ensure that sessions were acceptable to the people taking part. The ability to be understanding of the various needs and circumstances of older adults was considered important by many participants. Related to the understanding of the importance of the social element in activity sessions, one stakeholder participant included the need for the person delivering services to understand that this is a social programme rather than simply a physical activity programme, amongst other important characteristics:

> *"They need to be friendly. They need to be approachable. They need to be flexible. They need to be encouraging. Um, they need to work with people where they're at. Um, they need to ensure that, um, older people are getting what they want out of the activity. Um, yeah, they need to be very, I suppose it's seeing it as social not physical activity programme." (P1, Stakeholder Organisation)*

Accessibility was a key consideration in a number of ways. First, there was the recognition that having a venue at a distance from peoples' homes requires some form of transport which has financial implications for the older adults. There are also psychological factors such as lacking confidence to travel if the session required a long walk or would require complicated public transport journeys. Secondly, the importance of social support to help people to overcome concerns related to the physical environment was also highlighted. Interviewees suggested that both having encouragement from family members could be important in facilitating engagement, and also that having a family member who is themselves active may help an older adult to take first steps to engage in activities.

A third element of accessibility, to do with marketing and promotional materials, was an issue raised by most MBC leads. They considered the various barriers and successes when it came to ensuring that older adults in the community could access information about the programme. Some interviewees felt that using social media as a marketing tool would be less successful than other approaches as they were of the view that older adults do not tend to use this medium. Instead they proposed alternative marketing methods based either on existing or developing relationships, or more traditional approaches to publicity:

> *"Yes, so again it's getting that message out to them because the barrier is that a lot of them aren't on social media, they don't know how to access the information, so being in the area and on the ground and being that face of contact and going to where the older people are is a must. […] making relationships with people who are already interacting with these adults, build relationships with them and get them to cascade that information down […] go into the places where you have relationships with and use it and utilise it and help build on that." (P6, MBC Lead,)*

One participant actually found using social media to be quite effective, especially in terms of engaging with younger family members who can then pass on the information to older family

members. This finding fits with the perception that encouragement from family members could be important in helping older adults to engage with physical activity sessions.

Interviewees saw changing how physical activity provision is thought of and spoken about to be central to the GM Active Ageing programme. Some interviewees also felt that it was important to use the GM Active Ageing programme as a way to change the way older adults themselves felt and thought about physical activity by challenging some of the negative perceptions they might have. This was seen as required systemic change, involving challenge long-standing, traditional approaches to physical activity, yet changing existing approaches can be challenging when resources are limited:

> *"And then you're trying to change a system which has got embedded ways of working, which is financially under strain or stress and has a view of what older people are and do, you know. And you don't have to wander around very often, very far, to look at the leaflets, the imagery, so on and so forth, that's commonplace in leisure provision, to see that older people, you know, they're not kind of part of the package at all, you know." (P18, Stakeholder Organisation, p6, line 196).*

4.3.3 Views on Resources and Sustainability

Participants discussed how resource issues including staffing and timescales for programme development had an impact on the development of projects. Sustainability of the programme and how it could be facilitated was also a key issue discussed.

Both stakeholder and MBC Lead interviewees discussed the impact of staff turnover and staff capacity on projects. MBC leads and stakeholder interviewees discussed the impact caused by staff turnover during the development or implementation of the projects. When staff left and new staff joined projects part way through, these new staff sought to develop and deliver projects whilst often feeling they lacked background knowledge and understanding.

Related to staff capacity, time was considered a valuable resource mentioned by most interviewees. Some interviewees discussed the tight timescales to which they had to adhere. A central aspect of the GM Active Ageing programme was the expectation that MBCs would work with older adults and communities when designing and developing projects. However, the timescales of the programme seemed to make co-design and relationship-building activities difficult.

> *"And as much as you kind of think "oh, that should be doable" the reality is people are really busy […] If you're going to do it really true to the spirit of co-production and people and communities, it takes a really long time. And I think we had about three months from start to finish as I remember it. Well, that's not time to engage with new people and communities and understand their lives and get them to help shape the plan. It was almost like the plan was shaped by the professionals in this case, and then retrospectively trying to go back and embed it in the community. I know we want to do it differently, I'm still not sure we're quite there, because we're still shaping outline plans, having engaged with the community, but the community people aren't in the work doing the co-production, still at this stage. So, we've still got a way to go" (P17, Stakeholder Organisation)*

This interviewee focussed on the tight timeline, but it seems likely that such challenges would be exacerbated by staffing challenges over the same period.

An issue linked to resources concerned the sustainability of the programme following the end of the funding period. The tight timescales of the programme were seen as challenging not only for developing and implementing projects, but also for achieving sustainable improvements in physical activity, especially in more deprived neighbourhoods:

> *"It just takes time. Unfortunately we're still in a world where we're on two or three year funding cycles and all of that, we all know that genuine long-term behaviour change takes time and it takes more time in places with less social capital and less, you know, to work with at the beginning. So, there will no doubt be a difference between the places, the more affluent places and the least affluent places in terms of actually impacting, and until we move to a world where we're investing long-term, and we're not on this project by project basis, yeah, it's not ideal" (P17, Stakeholder Organisation)*

How projects might be sustained was a concern for many interviewees. Some locations were already aiming to ensure sustainability of activities by charging a small fee to participants. Working in collaboration with the older adult participants seemed to be providing opportunities for MBCs not only around project design and implementation, but also for maximising sustainability. One interviewee discussed how it was not only the MBC who were thinking about the continuation of the project when funding ceased, but also the participants who attended the session, some of whom were involved in co-designing the project:

> *"The group are already talking about what happens when the funding ends in March 2020, and how they want to carry it on, whether that's that they pay a small fee or they apply for funding. But they still like having that kind of taster session every now and again. But they're starting to think about how they manage that, which is quite interesting, that the interest is there." (P15, MBC Lead)*

This quote suggests that the involvement of older adults to gain feedback and suggestions on the new sessions may also result in the older adult participants being key to generating solutions around sustainability. If these ideas come directly from the older adults themselves, such as suggesting to pay a fee in this case, it would imply that this is a way of sustaining the session that would be acceptable to that particular group of people. This sense that older adults might be viewed as assets in this context was supported by one stakeholder interviewee who perceived older adults within the locality to potentially be more valuable than staff in facilitating sustainability of projects:

> *"If you've got somebody from a similar age […] grown up in the same area, who knows the language, who knows some of the social networks, who knows some of the families who live in the place and what their concerns are […] you're going to have more impact and those people stay in the community, you know. They don't then go and get another job two years later." (P18, Stakeholder Organisation).*

This stakeholder felt that the idea of older adults themselves delivering physical activity was a powerful model because: participants might feel that they could relate to the deliverer; upskilling

older adults from the community may mean the skills and delivery are more likely to stay in the community than if they were delivered by externally commissioned staff; and the individual might be less likely to leave a project on cessation of funding

5.0   Description of new activities developed across the eight localities

5.1 Background and aims

Throughout the evaluation, each MBC was asked to provide details of what new activities they were providing. This information was mapped onto a standard framework for describing services or programmes [19]. The aim of the present chapter is to provide an overview of the activities that were developed across the whole GM Active Ageing programme.

5.2 Activities developed

The eight MBCs used the GM Active Ageing funding to set up a highly diverse set of activities, with each MBC providing a number of different activities. An overview of these activities is provided in Table 5.1, with further details provided in Appendix 1. Activities included more traditional forms of "exercise" such as walking netball/rugby and walking groups, as well as dancing, toddler yoga (an intergenerational activity aimed and grandparents and grandchildren together), gardening, nature walks, and the introduction of physical activity into existing social or craft groups that were not focussed on physical activity.

A number of the MBCs (e.g. Bolton, Tameside, Trafford) used part of the GM Active Ageing funding to conduct research into what activities might be valued by members of their communities. Others used the Active Ageing funding to support marketing, including the use of champions (Bury), co-design in marketing (Manchester), the use of social media (Rochdale), and providing campaign faces (Stockport: local older adults who had experienced a life change event and shared their stories of how physical activity had positively impacted their lives).

Several MBCs (e.g. Bury, Manchester, Stockport) used the funding to support activities that were led by volunteers or champions, including the use of co-design at Debdale (Manchester). Other MBCs (e.g. Bolton, Salford, Trafford) used small investment pots for local organisations to bid to set up new physical activity provision.

The activities developed had a variety of intended users, including older people with caring responsibilities (Rochdale), people experiencing life changes, such as retirement (Stockport), and people in care homes (Trafford).

The MBCs worked with a highly diverse set of partners, including Age UK network members (Bolton and Stockport), Diversity Matters (Tameside) and sheltered accommodation providers, as well as more traditional leisure service providers. Activities were delivered in a variety of venues, including traditional leisure services venues, as well as pubs, churches, parks, community centres, and care homes.

Table 5.1 A brief overview of new approaches and activities developed across the eight localities

Locality	Description of approach	Example activities	Target cohort	Who deliverers	Where
Bolton	Age UK Bolton in partnership with Bolton Council and Bolton Arena worked with local partners to increase activity levels. Following an extensive research piece, creating an Active Ageing brief, small investment pots were advertised through Bolton CVS for organisations/entrepreneurs to see how they could tackle inactivity.	Greenway Over 50's Dancing, Cycling for Over 55's, Orienteering, Toddler Yoga.	Over 55s.	Organisations and social entrepreneurs such as fitness instructors, care homes, local activity clubs.	Various locations across Bolton including care homes, community centres, local parks, cycling arena.
Bury	Aimed to increase take up of PA opportunities by inactive older people aged 55+ in Whitefield and Unsworth, looking at a universal offer focussed on primary prevention, supporting and underpinning an existing therapeutic offer. Also targeted those who are inactive and are living with one or more LTHCs. Used older adults as champions to influence behaviour change and create a social movement for older people to be active.	Examples: Hollins Village Green Gang gardening & The Bay Horse Pub Chair Based Exercise Group.	Over 55s – targeted offer for those with long-term health conditions and universal offers.	Some activities instructor-led others volunteer-led.	Various locations such as a local pub for chair-based group, community gardens, care homes.
Manchester (A) and (B)	(A) Place-based model at an outdoor centre offering activities co-designed and led by participants. The programme expanded into another area to adopt the same approach, revolving around a social eating model to bring people together.	Place-based approach include Kayaking, Walks, Indoor curling, Darts.	Over 55s.	Debdale place-based approach largely self-facilitated by participants.	Place-based models in Debdale Outdoor Centre & Stirling Centre. Debdale based in park.
	(B) Manchester developed PALs (PA Leaders) course, in which older adults volunteer to be take part in training and deliver PA within social groups.	PALS: Chair-based exercise.		PALS delivery by older adult volunteers.	PALS delivered in various community groups e.g. Crafting Group
Rochdale	A programme that targeted those who have caring responsibilities and may find it much more difficult to become and maintain being active. Working in partnership with Rochdale Carer's hub, Link4Life created a programme	Examples of sessions: Hollingsworth Lake Nature Walks, Walking Netball.	Adult Carers or adults with caring responsibilities aged over 50 years old.	Link4Life instructors.	Link4Life facilities, community centres, nature walks around

	developing an insight into the barriers and challenges that carers face in becoming active.				Hollingsworth Lake.
Salford	Inspiring Communities Together, in partnership with Age UK Salford, Salford Council and Salford Community Leisure have developed a "Move and Improve" timetable of session made up of small investment pot opportunities through Salford CVS. The development of the sessions has been supported by the Active Ageing Development worker. An awareness raising campaign also ran to encourage PA uptake in the community.	Examples include gardening groups, walking rugby, yoga, indoor curling.	Local groups/individuals targeted to set up new or develop existing sessions for over 55s.	Groups led by those who applied for funding – ranging from PA instructors to local older adults	Groups meet at various venues/settings – parks, church, sports facilities, care homes
Stockport	Stockport Council in partnership with Age UK Stockport, Life Leisure and Stockport Homes worked together to develop a referral pathway for those that may need additional support after a significant life changing event such as entering retirement, bereavement etc. Age UK Stockport supported the transition into activity delivered by Life Leisure. Peer mentors have been trained to "buddy and support" individuals to sessions.	Cycling, Walk and Talk, SMILE sessions (chair based).	Age 65+, experience of life change event.	Peer mentors are volunteers over 55. Signposted activities are delivered by Life Leisure instructors.	Sheltered accommodation, Life Leisure venues, walks around Stockport.
Tameside	Tameside worked with the population aged 55-64 in two neighbourhoods with high levels of deprivation and physical inactivity (Stalybridge & St Peters). Tameside tested whether the use of asset-based approaches and appreciative enquiry helped older adults in these areas to become more active.	Examples: Tai Chi, Walk and Talk, Zumba Gold.	Ages 55-64 (focus on pre-retirement).	Some volunteer led, others led by Active Tameside instructors.	Locations include local parks, Active Tameside sport facilities, community centres.
Trafford	After an initial market research piece conducted by Mustard, followed by focus groups with inactive older adults, Trafford Council commissioned a number of key partners to deliver and support the inactive to "take the step" into activity across west Trafford, along with the development of age well champions across the borough. The Active Ageing fund also supplied 2 Mot-tech bikes to care homes.	Walking Cricket, greenspace management and walks, local trainer adding PA into existing social groups.	Older adults based in Trafford West (high proportion of older people in area).	Volunteer walk leaders, Lancashire Cricket Club, PA trainer.	Locations included local parks and greenspaces, community spaces and care homes.

CVS – Community and Voluntary Services; LTHC – Long Term Health Conditions; PA – Physical Activity; PALs – Physical activity Leaders

6.0 Baseline description of participants assessed at baseline: Demographic characteristics and physical activity levels

6.1 Background and aims

For any programme to impact on the health of a population in a meaningful way, it has to reach a substantial proportion of that population [20]. Without such reach, even a programme that is highly effective at changing the health of those it contacts will have limited impact on population health. Given this, the Greater Manchester Active Ageing programme was intended to reach a large number of older people. In addition, the Active Ageing programme was designed to engage older adults from more deprived communities. Engagement in physical activity tends to be more common in more privileged groups [3]. This reflects the general pattern of uptake of health and social care services being highest amongst those who need it least [21]. The aim of the present chapter is therefore to describe the extent of engagement of older adults in the GM Active Ageing programme, and to characterise the demographic and physical activity characteristics of those who engaged with the programme.

6.2 Engagement in the Greater Manchester Active Ageing Programme

In total, 14 566 people[1] were engaged through the GM Active Ageing programme. This engagement ranged from providing their views on the nature of future services that GM Active Ageing should develop through to active participation in activities. The older adults who provided their views did so through events such as consultation coffee mornings, focus groups, co-design work, engagement events, workshops and surveys.

Across the eight MBCs, approximately 2666[2] people enrolled in GM Active Ageing activities, which constituted 18% of the total older people who were engaged in any way. Of these 2666 people, demographic information was obtained for 1086 people (41% of attendees) across the eight MBCs (see Table 6.1)

The majority of the people who provided demographic information were in the 60-69 and 70-79 age bands, with 46 people being under 50 years and 81 people aged 80 years or over.

The majority (71%) of those providing demographic information were female. The majority (87%) described their ethnicity as "white".

The MBCs were successful in recruiting people from lower socio-economic status (SES) backgrounds, as assessed by postcode deprivation indices [22]. Of the 1008 people who provided their postcodes, 205 people (20% of sample) lived in the most deprived 10% of English neighbourhoods. A further 147 people (14.6% of sample) lived in the next most deprived 10% of English neighbourhoods.

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[1] Trafford engagement figures estimated from previous monitoring reports
[2] Trafford and Manchester data based on week by week attendance data estimates

The MBCs were also successful in recruiting fairly inactive participants. A total of 704 people (64.9% of sample) indicated that they had not engaged in any sport or fitness activity in the last 7 days, whereas only 320 people (29.5% of sample) indicated they had done so. Further, 444 people (41.0% of sample) indicated that they had not walked for at least 10 minutes in the last 7 days. The proportion of people who had not engaged in sport or fitness activity or walked for at least 10 minutes was higher in the MBCs that recruited people from low SES neighbourhoods (notably Salford and Tameside).

Table 6.1. Demographic Characteristics and Baseline Data of Older Adult Participants by Locality

Characteristic	BOLT	BURY	MANC	ROCH	SALF	STO	TAME	TRAF	Totals	% of Total
					n (%)					
Gender										
Male	14 (20.0)	92 (28.2)	19 (28.4)	3 (5.7)	39 (17.8)	12 (25)	102 (40.0)	13 (27.7)	294	27.1%
Female	55 (78.6)	231 (70.9)	45 (67.2)	45 (84.9)	180 (82.2)	33 (68.8)	150 (59.1)	32 (68.1)	773	71.3%
Prefer not to say	1 (1.4)	3 (0.9)	3 (4.5)	5 (9.4)	0 (0)	3 (6.25)	2 (0.8)	2 (4.3)	19	1.8%
Age										
Under 50	0 (0)	4 (1.2)	1 (1.5)	0 (0)	0 (0)	0 (0)	38 (15)	3 (6.4)	46	4.2%
50-59	9 (12.9)	40 (12.3)	6 (9)	9 (17)	34 (15.5)	0 (0)	99 (39)	5 (10.6)	203	18.7%
60-69	30 (42.9)	127 (39)	17 (25.4)	26 (49.1)	74 (33.8)	12 (25)	62 (24.4)	19 (40.4)	368	33.9%
70-79	15 (21.4)	82 (25.2)	27 (40.3)	11 (20.8)	96 (43.8)	19 (39.6)	42 (16.5)	9 (19.1)	301	27.8%
80-89	4 (5.7)	30 (9.2)	9 (13.4)	0 (0)	12 (5.5)	9 (18.8)	9 (3.5)	1 (2.1)	74	6.8%
90-99	1 (1.4)	0 (0)	0 (0)	0 (0)	2 (0.9)	2 (4.2)	0 (0)	1 (2.1)	6	0.6%
100 or over	1 (1.4)	0 (0)	0 (0)	0(0)	0 (0.0)	0 (0)	0 (0)	0 (0)	1	0.1%
Prefer not to say	10 (14.3)	43 (13.2)	7 (10.4)	7 (13.2)	1 (0.5)	6 (12.5)	4 (1.6)	9 (19.1)	87	8.0%
Ethnicity										
White	67 (95.7)	284 (87.1)	59 (88.1)	40 (75.5)	210 (95.9)	37 (77.1)	204 (80.3)	39 (83)	942	86.9%
Mixed	0 (0)	3 (0.9)	1 (1.5)	0 (0)	1 (0.5)	1 (2.1)	1 (0.4)	2 (4.3)	9	0.8%
Asian or Asian British	2 (2.9)	5 (1.5)	0 (0)	8 (15.1)	0 (0)	1 (2.1)	11 (4.3)	1 (2.1)	28	2.6%
Black or Black British	0 (0)	5 (1.5)	1 (1.5)	0 (0)	3 (1.4)	0 (0)	2 (0.8)	2 (4.3)	13	1.2%
Other Ethnic Group	0 (0)	11 (3.4)	0 (0)	1 (1.9)	4 (1.8)	1 (2.1)	1 (0.4)	0 (0)	18	1.7%
Prefer not to say	1 (1.4)	18 (5.5)	6 (9)	4 (7.5)	1 (0.5)	8 (16.71)	35 (13.8)	3 (6.4)	76	7.0%
Sexual Orientation										
Heterosexual or straight	0 (0)	133 (40.8)	49 (73.1)	42 (79.2)	127 (58)	19 (39.6)	80 (31.5)	40 (85.1)	490	45.2%
Other	0 (0)	0 (0)	1 (1.5)	0 (0)	1 (0.5)	0 (0)	1 (0.4)	1 (2.1)	5	0.5%
Prefer not to say	0 (0)	10 (3.1)	0 (0)	2 (3.8)	47 (21.5)	2 (4.2)	141 (55.5)	3 (6.4)	205	18.9%
Not answered	70 (100)	183 (56.1)	17 (25.4)	9 (17)	44 (20.1)	27 (56.3)	32 (12.6)	2 (4.3)	384	35.4%
Religion										
Christian	0 (0)	232 (71.2)	37 (55.2)	27 (50.9)	106 (48.4)	25 (52.1)	68 (26.8)	34 (72.3)	529	48.9%
Other religion	0 (0)	30 (9.2)	0 (0)	8 (15.1)	4 (1.8)	0 (0)	3 (1.2)	2 (4.2)	47	4.1%
No religion	0 (0)	19 (5.8)	9 (13.4)	6 (11.3)	85 (38.8)	2 (4.2)	7 (2.8)	6 (12.8)	134	12.4%
Don't know	0 (0)	1 (0.3)	0 (0)	0 (0)	2 (0.9)	1 (2.1)	0 (0)	0 (0)	4	0.4%
Prefer not to say	0 (0)	13 (4)	3 (4.5)	2 (3.8)	19 (8.7)	1 (2.1)	144 (56.7)	3 (6.4)	185	17.1%
Not answered	70 (100)	31 (9.5)	17 (25.4)	10 (18.9)	3 (1.4)	18 (37.5)	32 (12.6)	2 (4.3)	183	16.9%
Continuous walking last at least 10 minutes in last 7 days										
Yes	53 (75.7)	239 (73.3)	56 (63.6)	44 (83)	28 (12.8)	40 (83.3)	119 (46.9)	39 (83)	619	57.1%
No	8 (11.4)	83 (25.5)	8 (11.9)	9 (17)	187 (85.4)	8 (16.7)	134 (52.8)	6 (12.8)	444	41.0%
Not Answered	9 (12.9)	4 (1.2)	3 (4.5)	0 (0)	4 (1.8)	0 (0)	1 (0.4)	2 (4.3)	23	2.1%
Sport/fitness activity in last 7 days										
Yes	40 (57.1)	113 (34.7)	25 (37.3)	26 (49.1)	0 (0)	17 (35.4)	72 (28.3)	26 (55.3)	320	29.5%
No	14 (20)	206 (63.2)	37 (55.2)	6 (11.3)	219 (100)	31 (64.6)	175 (68.9)	15 (31.9)	704	64.9%
Not Answered	16 (22.9)	7 (2.1)	5 (7.5)	21 (39.6)	0 (0)	0 (0)	7 (2.8)	6 (12.8)	62	5.7%
Socioeconomic status by Index of Multiple Deprivation Decile										
1 (most deprived)	11 (15.7)	22 (6.7)	27 (40.3)	17 (32.1)	46 (21)	3 (6.3)	73 (28.7)	6 (12.8)	205	18.9%
2	12 (17.1)	12 (3.7)	12 (17.9)	5 (9.4)	49 (22.4)	8 (16.7)	46 (18.1)	3 (6.4)	147	13.6%
3	1 (1.4)	14 (4.3)	3 (4.5)	5 (9.4)	15 (6.8)	5 (10.4)	15 (5.9)	9 (19.1)	67	6.2%
4	5 (7.1)	28 (8.6)	3 (4.5)	2 (3.8)	39 (17.8)	9 (18.8)	14 (5.5)	3 (6.4)	104	9.6%
5	3 (4.3)	20 (6.1)	1 (1.5)	5 (9.4)	12 (5.5)	2 (4.2)	40 (15.7)	3 (6.4)	87	8.0%
6	3 (4.3)	78 (23.9)	9 (13.4)	1 (1.9)	9 (4.1)	1 (2.1)	12 (4.7)	6 (12.8)	119	11.0%
7	6 (8.6)	33 (10.1)	1 (1.5)	5 (9.4)	29 (13.2)	8 (16.7)	15 (5.9)	0 (0)	97	8.9%
8	7 (10.0)	49 (15)	3 (4.5)	6 (11.3)	4 (1.8)	1 (2.1)	11 (4.3)	4 (8.5)	85	7.8%
9	6 (8.6)	49 (15)	1 (1.5)	3 (5.7)	2 (0.9)	6 (12.5)	4 (1.6)	2 (4.3)	73	6.7%
10 (least deprived)	4 (5.7)	4 (1.2)	0 (0)	0 (0)	6 (2.7)	5 (10.4)	4 (1.6)	1 (2.1)	24	2.2%
Not Known	12 (17.1)	17 (5.2)	7 (10.4)	4 (7.5)	8 (3.7)	0 (0)	20 (7.9)	10 (21.3)	78	7.2%
Total number of Participants	70	326	67	53	219	48	254	47	1084	

7.0   Changes in physical activity and wellbeing in older adults engaged in Greater Manchester Active Ageing activities

7.1 Background and aims

A key objective of the Greater Manchester Active Ageing programme was to increase physical activity in those older adults taking up the activities offered. Further objectives were to increase wellbeing in participating older adults. The aim of the present chapter is to evaluate the extent to which older adults attending Greater Manchester Active Ageing programme sessions increased their physical activity levels and wellbeing

7.2 Methods

7.2.1 Procedure

All service providers were required to ask people participating in GM Active Ageing activities to complete a questionnaire at baseline (when attending first activity). Participants were given a brief verbal description of the research, a participant information sheet, and assured that participation in this research was not a requirement of accessing the service. They were asked to complete a form giving informed consent to take part in the research. Participants were asked to complete the questionnaire again at three months and at six months by the service provider upon attendance at the new service.

As ethical clearance for this evaluation was not obtained until July 2018, participants in GM Active Ageing activities before that time were not asked to complete measures. New participants were requested to complete baseline measures for a period of one year, to allow time for follow-up questionnaires to be completed, as part of this evaluation.

7.2.2 Measures

All measures are taken from the standard Sport England question bank, which is being used to evaluate the impact of a range of projects funded by Sport England. The short questionnaire includes a measure of physical activity (the Short Active Lives Survey) [23], four questions relating to well-being and one question each on individual development and social and community development). The items are provided in Appendix 2, and the responses to demographic items are provided in table 6.1.

7.2.3 Data analysis

The total number of minutes of physical activity of at least moderate intensity was calculated using the recommended procedure for the Short Active Lives Survey [23]. Anyone completing a total of less than 30 minutes activity sufficient to increase breathing rate was classified as 'inactive', anyone completing between 30 minutes and 149 minutes was classified as 'fairly active' and anyone completing 150+ minutes was classified as 'active'. Any activities that were not identified as sufficient to increase breathing rate by the respondent were excluded from the calculation.

In addition, a sensitivity analyses was carried out to include gardening where the participant reported gardening that raised breathing rate. Gardening is not considered a form of physical activity using the standard Sport England definition, so was not included in the main analysis. However, gardening sessions were included in some localities as part of their Active Ageing offers, so we report this additional analysis that counted gardening as well as the standard Sport England measures.

7.3 Results

7.3.1 Changes in physical activity

Table 7.1 shows the frequencies of participants whose Short Active Lives Survey scores indicated that they were (a) inactive, (b) fairly inactive, or (c) active. The five columns report the total sample at baseline (N=1084), then the sample that completed measures at baseline and 3 months (n=347), as well as the sample that completed measures at baseline and 6 months (n=228).

The majority of the 1084 participants that completed a questionnaire at baseline at the start of the new sessions scored as 'Inactive' (59%), with a slight decrease of 3.6% if gardening was included in physical activity estimates. This proportion had fallen to 15% of participants who completed a questionnaire at six months.

It was possible that this large fall in the proportions of participants who were inactive was due to those who were inactive dropping out of GM Active Ageing activities. To control for this, the remaining analyses included only those people who completed measures at baseline and at follow up, to allow <u>changes</u> in physical activity to be examined.

Table 7.1. Physical activity levels at baseline, 3m and 6m follow-up

	Total baselined (n= 1084)[a]	Matched baseline to 3m (n=347)	3 months (n=347)	Matched baseline to 6m (n =228)	6 months (n=228)
Outcome measures			n (%)		
Physical activity (no gardening)					
Inactive	621 (59.0)	243 (70)	44 (12.7)	162 (71.1)	33 (14.5)
Fairly active	188 (17.9)	48 (13.8)	165 (47.6)	30 (13.2)	95 (41.9)
Active	244 (23.2)	56 (16.1)	138 (39.8)	36 (15.8)	99 (43.6)
Physical activity (gardening included)					
Inactive	583 (55.4)	237 (68.3)	39 (11.2)	157 (68.9)	31 (13.7)
Fairly active	179 (17)	45 (13)	162 (46.7)	32 (14.0)	92 (40.5)
Active	291 (27.6)	65 (18.7)	146 (42.1)	39 (17.1)	104 (45.8)

[a]Physical activity measures n=1053 due to removed outliers (missing responses or improbable responses)

Of the 347 participants that provided valid data at baseline and at 3 months there was a decrease in the frequency of 'Inactive' participants from 70% to 13%. There was a commensurate increase in the number of 'Fairly Active' participants from 14% to 48%, and in 'Active' participants from a significant increase from 16% to 40% of participants scored as 'Active'. Thus, those participants who continued attending GM Active Ageing activities showed large changes in their activity levels.

A similar pattern was observed for the 228 participants that provided valid data at baseline and at 6 months. There was a decrease in the frequency of 'Inactive' participants from 71% to 15%. There was a commensurate increase in the number of 'Fairly Active' participants from 13% to 42%, and in 'Active' participants there was an increase from 16% to 43% of participants scored as 'Active'. Thus, those participants who continued attending GM Active Ageing activities maintained the large changes in their activity levels for at least 6 months.

Wilcoxon signed-ranks tests were used to compare total minutes of moderate physical activity per week across time. These analyses confirm that the observed changes were statistically reliable (less than one in a thousand chance of observing these differences in physical activity levels due to chance alone). A statistically significant median increase from 0 minutes at baseline to 75 minutes

and 3 month follow-up was observed when gardening was not included in the analysis (z = 11.244, p < .001) and from 0 to 95 minutes when gardening was included in the calculation (z = 11.682, p < .001). When comparing minutes of physical activity per week from baseline to 6 month follow-up, the median increase in minutes of physical activity per week increased from 0 minutes to 90 minutes when gardening was not included in the (z = 9.278, p < .001)and when gardening was included (z = 9.582, p < .001).

The sensitivity analyses that included gardening produces slightly higher levels of physical activity at all time-points, but the results of analyses that included gardening as a form of physical activity were virtually unchanged from those that excluded gardening.

7.3.2 Changes in other measures

Table 7.2. Mental and social wellbeing at baseline, 3m and 6m follow-up

Outcome measures	Total baselined (n= 1084)[a]	Matched baseline to 3m (n=347)	3 months (n=347)	Matched baseline to 6 m (n =228)	6 months (n=227)
			Mean (SD)		
Subjective wellbeing					
Life satisfaction	7.22 (2.02)	7.08 (1.93)	7.24 (1.82)***	7.31 (1.85)	7.09 (2.11)
Happiness	7.18 (2.15)	7.11 (2.05)	7.28 (1.91)***	7.39 (1.96)	7.07 (2.05)
Anxiety	2.54 (2.84)	2.19 (2.87)	2.37 (2.75)	2.09 (2.89)	2.59 (2.78)
Worthwhile life activities	7.14 (2.15)	6.81 (2.1)	7.15 (2.01)***	7.04 (2.09)	6.95 (2.38)*
Individual Development					
Goal setting	3.73 (0.78)	3.78 (0.78)	3.91 (0.59)	3.80 (0.71)	3.93 (0.65)*
Social and community development					
Trust in local people	3.49 (0.75)	3.63 (0.74)	3.73 (0.68)	3.74 (0.57)	3.71 (0.66)

[a]Number of participants excluding cases where data missing, "Do not know" or "Prefer not to say"

In general, participants reported good levels of subjective wellbeing, with mean scores on life satisfaction, happiness and worthwhile life activities all being consistently above 7 on a scale of 0 to 10, and mean anxiety being consistently below 3 on a scale of 0 to 10.

There was some evidence of changes in these measures over time. Life satisfaction, happiness and worthwhile life activities all increased from baseline to 3 months (all p < 0.001), with increases in worthwhile life activities being maintained at 6 months (p = 0.006).

There was a positive change in the item assessing individual development ("I can achieve most of the goals I set myself") from baseline to 3 months (p = 0.001) that was still apparent at 6 months (p=0.031). There was a positive change in the item assessing social and community development "To what extent do you agree or disagree that most people in your local area can be trusted?" at 3 months (p = 0.007) that was not maintained at six months (p = 0.318).

8.0   Experiences of Greater Manchester Active Ageing activities: those delivering activities and older adults attending activities

8.1 Background and aims

To optimise learning from new services, it is widely recognised that qualitative methods as part of a process analysis are most appropriate [24]. In line with this, focus groups and interviews took place with older adults attending activities, and interviews with those people delivering activities

(between September 2019 to March 2020). These interviews and focus groups were timed so that the activities had been running for some time, to allow sufficient time for the strengths and limitations of the approaches taken to be reflected upon. Interviews and focus groups with older adults attending activities, focus groups and interviews covered: what attracted them to the physical activity programme, what they thought about it and about any perceived benefits from the group. For interviews with those delivering activities, the topics included: experiences of working with the physical activity programme, aspects that might affect the success of the project, thoughts about what they might have done differently/recommendations for others, and feedback received from older adult participants. The overall aims were to understand experiences of older adults and service providers with GM Active Ageing activities, and to understand barriers and facilitators to implementing and participating in physical activity opportunities.

8.2 Methods: Sample and analysis

8.2.1 Older adults who participated in sessions:
Four focus groups were conducted with groups running in different MBCs across Greater Manchester. Groups were purposively selected, to produce a range of activities and participant characteristics. We also selected groups using the pragmatic criteria that that they had been running for at least two months before October 2019, and where focus groups could be conducted at or near the activity site, around the time of the activity. Participants in two focus groups took part in walking sports (Site 2, Site 4); the two other focus group members attended chair-based exercise sessions (Site 1, Site 3). Interviews were also conducted with individuals attending co-produced sessions at a community location with outdoor facilities (Site 5).

8.2.2 People delivering activities
Interviews were conducted with people who were involved with delivering GMAA projects. We conducted 1-2 interviews with individuals who worked in each MBC and one interview with an individual with a GM-wide role. We included people with a range of roles: active ageing co-ordinators, instructors, and volunteers. Co-ordinators were involved in the delivery and operational side of project implementation (roles could include supporting instructors and older adult participants, facilitating data collection, managing budgets, carrying out consultation/co-design work. Instructors were individuals commissioned to provide physical activity sessions to older adults, and volunteers were individuals who had an unpaid role in providing or supporting physical activity.

8.2.3 Data Collection & Analysis
Topic guides containing open-ended questions were used to guide the semi-structured interviews and focus groups. Interviews were transcribed verbatim, and identifying information removed.

Twenty-two participants took part in focus groups (Sites 1-4) and 12 Site 5 participants took part in interviews. Focus group participants had a median age 65.5 years (range 53-81); 17 (77%) were female, 5 (23% male); 100% were white. Site 5 interviewees had a median age was 72 (range 57-80). Seven (58%) were female, 5 (42%) male; all were White. Focus groups lasted between 49 minutes and 84 minutes (mean = 67 minutes).

Thirteen deliverers were interviewed. Three were volunteers, four were instructors, and six were Active Ageing co-ordinators. One co-ordinator had previously been interviewed earlier in the programme (see chapter 4). Their median age was 40 (range 26-76), 10 were female, 3 male. Most 12) were white. Interviews lasted between 23 and 72 minutes (mean = 42 minutes).

An inductive approach was taken to analysis: we wished to focus on topics considered important to participants. Data were analysed thematically [17], structured using the Framework approach [18]. Initial coding identified that many similar issues were covered by those delivering and those attending new activities, so a single analysis was conducted.

8.3 Findings

Six themes identified as important during analysis were: 1. Attracting older adults to activities, 2. Activity design, 3. Perceived benefits and attractions of sessions, 4. Accessing activities, 5. Support needs, and 6. Experiences of evaluation.

8.3.1 Attracting Older Adults to Activities

A key challenge for deliverers was determining how to attract older adults in local areas to activities, particularly those who were inactive. Word of mouth seemed to have an important role – particularly where information was shared by a trusted source, or by someone a person could relate to. The concept of relatability was turned into a marketing strategy in one area, where selected older adults' stories were presented in a video, utilising the life experiences of people whom the target audience would be able to relate to.

Older adults could also make valuable suggestions about developing marketing materials and where information could be placed to gain attention; indeed, some older adults took ownership of this aspect of projects, and distributed leaflets themselves

"They've taken leaflets to put in, for example, local chippy […] we gained two or three participants from just picking that stuff up, […] local shops, hairdressers" (P27, Co-ordinator).

In some focus groups, there was a sense that information about activities could be more widely distributed. Suggestions for promotion included advertising through community and medical centres and local shops. There were mixed opinions about social media; some felt people would be reluctant to use it, but others thought it could be useful as other people (friends, family) might use social media and then share the message.

"even if you've got somebody who isn't great with their phone, if one of their friends is good with the phone that information is still getting out to them" (Site 4).

One focus group supported a much greater push for their walking sport activity, suggesting that television programmes such as Sport Relief could be used as a platform to promote activity with older adults.

"they did a thing for, I don't know whether it was Comic Relief or Sport Relief or something, where they got celebrities on. But I think when it's on that type of platform, they could have done, you know, a walking [sport] session there, and that would have triggered off in people's minds sat at home watching, 'Actually, I'd like to do that'" (Site 2)

Some areas sought to develop partnerships with organisations that might have valuable access to the target population, aiming to increase the reach of advertising by working through organisations that knew the population (particularly inactive individuals), and that were known and trusted by older adults. However, developing such partnerships could take time. For example, one deliverer sought to promote activities through health providers, and although they found value in working with such partners, found this challenging:

"I understand that like their capacity is just so stretched […] that where is it that you make that kind of, you know, real connection where suddenly it changes for them and they start referring people through[…] It's difficult to kind of, you know, kind of go through their journey of that. But also difficult for them, and again that's why, I think for us to spend that time is really, really important with those health professionals" (P22, Co-ordinator).

In this quote, the need for flexibility and relationship development was highlighted, and individuals who lacked the capacity to invest time in such activity could well struggle to effectively develop partnerships.

The language used when promoting activities was seen as important. For example, for inactive people, having terms like 'active' in project titles could be off-putting:

'there's a big colour brochure saying Ageing Active [...] And maybe that's the wrong word. Maybe […] we don't use the word active (Site 5).

This issue was also noted by a deliverer who considered how traditional language around physical activity could be off-putting, and other approaches might be needed:

"the word sport, and exercise, and so on and so on, just have these kind of perceived like perceptions of it. So sometimes there's just a different way to go about it to actually like guide that person to something that is going to help them" (P22, Co-ordinator)

It seemed that making sure people accessed information about projects was one aspect of encouraging participation. However, another issue was confidence: whilst some focus group participants seemed very happy to give new activities a try, others lacked confidence to attend for that first time. Some were encouraged to attend by having someone with them for their first session – *"I didn't have the courage to come on me own, so she came with me" (Site 2)*. Volunteers with peer mentor roles could usefully support such individuals – indeed, one volunteer spoke of her experiences in this respect:

"So the idea obviously is to make her independent so that she goes on her own […] so slowly she is sort of gaining back some of her confidence and independence" (P21, Volunteer).

Another suggestion raised in focus groups was to encourage people to come along to watch, so that they would know what to expect. One individual spoke about how at first she watched a class, before developing the confidence to join in:

"I used to do a little bit on the side-lines where I thought no one was watching […] but I joined in last week and I really enjoyed it"

[the interviewer asked why they did not become involved straightaway]

"I felt a bit daft to be honest with you and I thought, "I can't do that" […] I think I might have been a bit shy, you know to join. I mean I know everybody […] but I still felt a little bit shy, joining in" (Site 3).

8.3.2 Activity Design

A key factor in determining whether or not people would attend sessions, seemed to be ensuring that the activity itself would fit the needs of individuals. In some areas, there was consultation and/or co-design with older adults, and this seemed to be valuable in encouraging attendance:

"all the ideas that have come up have been the groups own ideas. I didn't want to put something out there for them and people over fifty-five wouldn't enjoy it" (P29, Co-ordinator).

"like a co-design approach with the participants and also the local residents, to find out what they want and I think that's encouraged local people to come along and take part. And we've seen a number of people from day one attend weekly throughout the last two years" (P27, Co-ordinator).

However, such an approach seems to require significant time investment:

"Before you launch, give yourself enough time to do that. […] getting the correct people to come along to your focus groups, engaging with your target audience, and then going from there, just to steadily build it up. Just don't rush I think is the key (P27, Co-ordinator).

In a location where such time investment was not found to be feasible, this was regretted:

"if we'd had more time, we could have spent more time going out and engaging with older people. […] But we didn't really have the time to do that […] I think we could have got better results from attendances if we'd done that, really. And we could have made more informed choices" [P24, Co-ordinator].

This quote illustrates the challenging situation that some developers experienced, such that they felt under pressure to deliver results within a tight timeline, and as a result felt unable to carry out involvement work with older adults. Yet, being able to carry out such work may have actually improved the results.

Focus group participants highlighted the need for sessions to be appropriate to their needs. Where it was felt that groups were at too high a level, or where they would be pushed to do more than they felt comfortable with, participants' responses were quite negative:

"Well it was embarrassing apart from anything else, as I say, most of the people there seem to be fit, nothing untoward, you know, they can walk miles […] I found it a bit off putting" (Site 5).

In contrast, where people felt that the group was at the right level, or where they felt comfortable to work at their own pace, sessions were more positively received:

"it's not forced on you, you know, if you can't do a certain thing then just do as much as you can. Which is a good thing rather than having to do something and you feel really out of it and a bit embarrassed" (Site 3).

Some instructors and volunteers seemed to be well aware of this need for flexibility, and encouraged people to work within their abilities:

"I think the oldest lady in that class is ninety and she doesn't do all my moves, but she does what she can and that's what it's about, you know" (P23, Instructor).

8.3.3 Perceived Benefits and Attractions of Sessions

One factor that seemed to strongly influence participants' experiences of sessions – and desire to return – was the instructor's personality and approach. All focus group participants spoke very highly of their instructors, with appreciated qualities including their making sessions fun and interesting, having empathy and patience, communicating well, making people feel welcome and not patronised. A walking sport group appreciated that the instructor carried out skill training with them, rather than just leaving them to play - *"I think they've been very good because they've actually taught us things, not just left us to it" (Site 2).* Individuals contrasted these positive experiences with negative experiences elsewhere: *"I feel as though we're getting treated like babies, and I'm not prepared to accept that" (Site 3).*

The social element of activity sessions was clearly highly valued by older adult participants, and recognised by deliverers as being a crucial aspect of delivery. Attending a welcome, friendly group appeared to contribute to enjoyment of sessions; individuals valued meeting new people and having social contact: *"It's very important [the social element of group]. If people didn't talk I probably wouldn't keep on going" (Site 5).*

The walking sports groups seemed to enjoy the camaraderie of playing team sports. Some of these individuals seemed to value the chance to revisit sports and team relationships that they had when they were younger - "*anybody that's played sport, it's the best time of your life" (Site 4).*

Not only did individuals enjoy the social aspect, but they also felt they benefited from the support and encouragement of those around them – whether through having their support to attend initial sessions or encouragement during the class. Individuals also supported each other outside of the class, showing concern for each other's well-being:

because you don't think you're exercising 'cos you're just playing" (Site 2).

For some, participating in sessions had wider impact on their lives, in that individuals noticed increased confidence not only for that specific activity, but for activities outside the session also:

"Well, it's like, there's one, one person missing today […] Now I'm going to send her a note […] you know, you can be a bit concerned […] you think, well, I wonder why she's not turned up" (Site 2).

Enjoyment of the sessions seemed to enable people to do more activity, more easily than they would have expected. For example, hearing music they liked of itself made people want to move: *"But I think it's music isn't it really, music it gets everybody doesn't it?" (Site 1)* – an observation

supported by an instructor: *"the music plays a great big part because if they recognise the music then they'll go 'Oh hasn't that hour gone fast'" (P23, Instructor).* Enjoying the activity meant that individuals were not thinking about the exercise aspect - *"So it's like almost unconscious exercise, because you don't think you're exercising 'cos you're just playing" (Site 2)*.

Individuals noted, and valued, physical benefits they gained from sessions, such as feeling less stiff. For example,

"I've been a lot better joint wise and everything since. But if I do not go, like if I'm on holiday four or five days and that, and I do start seizing up a bit then" (Site 4).]

For some, participating in sessions had wider impact on their lives, in that individuals noticed increased confidence not only for that specific activity, but for activities outside the session also:

"I gained a lot of confidence, I think, 'cos I was ill, I've gained a lot of confidence to go back and do things that I used to do" (Site 2)

Some individuals seemed to feel that the groups gave a sense of purpose – providing a reason to get up and out:

"So again it's the social thing again and it's like 'I'm not feeling like it today', 'No, no, go on. I'm going'. It just gets you out of bed" (Site 4)

Older adult participants spoke about the impact of the activity sessions on their levels of physical activity. Some perceived the groups to increase their overall activity levels. Others perceived no overall change in terms of the time they spent being active, but that the session increased the intensity of their activity:

"For me, it hasn't affected the amount of exercise that I do, but I can tell when I do this in terms of, I do feel better for doing it" (Site 2).

However, there were individuals who were already active such that they did not feel the groups increased their overall activity levels.

8.3.4 Accessing Activities

Many participants spoke of other activities or commitments which could impact on their ability to regularly attend activity sessions. Some were carrying out paid work, and others had caring responsibilities, e.g. caring for grandchildren. Illnesses and health appointments could affect attendance. As a result, individuals appreciated that fees paid to GMAA sessions were on a 'pay as you go' basis, per session, rather than for a block of sessions as it would be expensive to pay for a block of sessions when they might not be able to attend all of them:

"I do like the fact that I don't have to commit myself every week because there are other things to be doing as well" (Site 1).

Travel was also a crucial issue in determining whether or not people could attend. Having provision central to a community seemed to facilitate attendance of people who lived locally – *"this is across the road so I couldn't not could I really" (Site 1)*. Being on well-served bus routes, at times when

people could use their bus pass, was also useful. A number of individuals drove to sessions and valued having free, easy parking available to them. However, as not all individuals are able to drive, ensuring activities are as close as possible to the target population would seem to be important. Having activities near to homes seemed to be useful in terms of overcoming psychological barriers e.g. lack of confidence, as well as practical barriers:

"To have things on offer that are fairly local to them so it feels – although it may feel a bit challenging, doesn't feel like it's too far out of their comfort zone" (P21, Volunteer)".

For some, a barrier to being able to carry out as much activity as they would like seemed to be the availability of sessions that were suitable. Some individuals voiced that if sessions were available more than once a week, then they - or their participants – would be likely to attend:

"If there was another class, on another day, I'd come, to both" (Site 2).

"So, if people enjoy coming to something once a week, then they'd probably do it twice a week as well if it fit into their schedule" (P26, Instructor).

There was also mention of how some individuals had tried to attend other sessions available locally, but sessions were fully booked.

An issue that was highlighted is that the age range targeted by the GMAA programme is very wide – for those aged 55 years and older. There was a sense that many GMAA activities are targeting the older age range, and it is important to also understand how to meet the needs of younger people.

"And I think, predominantly the timing of sessions, you know, has probably led towards more the older end of being an older adult. […] not really touched on sort of fifty-five to sixty-five, those in work. And I think it's basically to do with, 1) the offer and the perceptions of ageing. And that, you know, fifty-five isn't old. […] you perhaps wouldn't perceive yourself in that cohort of people." (P33, Coordinator).

On one hand, as people are retiring later, there is likely to be a need for activities that fit around working hours, and to make sure that younger older adults can access opportunities. On the other hand, some people retire earlier, e.g. due to health conditions, and may not be able to access suitable sessions for them because they are too young

"My legs are shot […] if you want to keep people active they should drop their age, you know . People still want to do things, but you know waiting until seventy to get a reduction on the price" (Site 4).

It seems that it may be useful to provide opportunities for people to maintain activity from retirement at any age (or pre-retirement) rather than to wait before they can access activity provision at a specific age.

8.3.5 Support Needs

Evidence of training and supportive networks around the new ways of working were apparent for some of the development and delivery staff, who worked directly in the programme or were trained via the programme. In one MBC, volunteers were trained to deliver physical activity sessions to

groups, and the high quality of this training was appreciated. Elsewhere, a volunteer spoke about a recent meeting and expressed a desire for more contact like this with their peers:

"You need that kind of support […] social meetings with other people in the scheme so that (a) you don't feel that you are on your own and (b) if there are any other issues regarding perhaps boundaries" (P29, Volunteer).

There seems to be a need to ensure that volunteers feel well supported by activity providers, as there is potential for some to feel isolated in their roles: *"So I fall down and I break my hip, who's going to do it next [activity day]? […] It's just you." (P25, Volunteer).*

As noted by P29 above, the need for training and support on boundary issues was also apparent in some who delivered services. It is not clear whether training or support is in place for all who have delivery roles, but even experienced providers could experience issues:

"Sometimes they do phone you while you're at home" (P23, Instructor).

Empathy and listening skills were recognised as important for activity providers, but using these skills and working closely to understand and support individuals could lead to deliverers learning of additional needs of older adults who could be vulnerable and in need of support. It is important to make sure that all individuals delivering services, including volunteers, have the training and support to appropriately manage such situations.

There was also a sense that some volunteers felt under-valued, and would welcome some recognition of the work they were carrying out. How individuals feel about their volunteer role might depend on both the type of role they are carrying out (i.e. whether they are effectively delivering sessions or supporting a session) and their own situation in life. One deliverer observed that peoples financial and health status might affect how able people are become involved:

"Is it because they, you know, maybe have a better pension, long-term health condition free? Does that allow you to be that older adult champion within a community, against those that might aspire to be or those that are less engaged because it might be that, actually, they are restricted because they have a long-term health condition?" (P33, Co-ordinator)

Involving older adult volunteers in supporting and delivering physical activity sessions may facilitate the sustainability of programmes, especially when funding is scarce. However, it would seem vital to provide a support system to volunteers to ensure that they can access support and feel valued.

8.3.6 Experiences of Evaluation

A common difficulty identified by deliverers was managing the GMAA evaluation process, and there was a sense that this process could of itself impact on the success of activity sessions. Some reported that older adults were not happy about completing the questionnaires, with problems including finding the forms too long or difficult (especially if English was not their first language) and finding some questions sensitive (e.g. questions around well-being for individuals who have recently experienced significant life events). It seemed to be particularly difficult to gain completed questionnaires where sessions were run by volunteers. Gaining completed consent forms and

questionnaires from individuals without negatively impacting the sessions themselves could be challenging.

Deliverers also seemed concerned that the questionnaires were not capturing the information that they felt to be valuable – they did not allow them to learn about what worked and what did not such that they would be able to use the information to improve services, and felt that some impact might be missed (e.g. if someone did go on to increase physical activity, but did so outside of GMAA programmes, or if there were problems collecting questionnaire data). Also, different localities had different challenges – for example, there was recognition that it might be more difficult to make changes in deprived areas, so simple numerical outcomes may not of themselves indicate whether or not a project has been successful:

"I think it's understanding that the numbers that we do get are still a real success" (P30, Coordinator).

It seemed that this approach to evaluation caused some concern to deliverers that the effectiveness of their provision might be under-estimated, as data were not being effectively collected, and also the concern that they were being driven by the need to achieve target numbers of participants. In this programme, MBCs were being asked to develop new ways of working and to try and learn from new ideas. This approach could seem contradictory to the requirement to reach numerical targets:

"I think the main issue is [there is a need] to work and allow for the test and learn. And, you know, we accept things are going to go wrong, not everything's going to work. But then we've sort of been challenging that we need to reach the numbers" (P33, Co-ordinator).

9.0   Conclusions: what worked and why?

9.1 Overview

The present chapter aims to summarise the key conclusions that can be drawn about what worked well and what worked less well in the Greater Manchester Active Ageing programme. It summarises the key findings from the previous five chapters.

9.2 Key quantitative findings

It is clear that the GM Active Ageing programme led to substantial engagement with older adults, with the views of nearly 15 000 people being elicited. The programme provided activities for 2666 people at least once.

A highly diverse set of activities were developed that involved older adults in their development and delivery in a variety of ways. The activities varied in the specific target population, and involved a wide variety of partners.

The MBCs were successful in activities being taken up by people from low SES backgrounds and inactive people. The MBCs were more successful in creating activities taken up by women than men. The activities were mainly taken up by white people.

There is compelling evidence that those adults who attended activities increased their levels of physical activity and wellbeing.

9.3 Key qualitative findings

9.3.1 New ways of working seen as valuable

From an early stage, working in these new ways was generally seen as a positive generally by those with GM-wide roles, MBC leads and those involved in the delivery of services, specifically seeing older adults themselves as assets within co-design and place-based approaches, as well as the benefits of partnership working. Older adults were seen as valuable assets in terms of the skills and knowledge they could bring to the projects such as getting involved in delivery of activities or the marketing of the projects.

Those involved in leading MBCs and those delivering developed a new way of thinking and speaking about older adults and physical activity, with participants talking about an ethos of "doing with" rather than "doing to". Valuing older adults' views and involving them in process brought about ideas and feedback that ensured projects were acceptable and appealing. More than just a physical activity programme with emphasis on social and mental benefits of the new sessions discussed by participants, instead of traditional sport and health-centric language associated with physical activity.

The sustainability of the programme was an important consideration for all stakeholders. Those in GM-wide roles and MBC leads spoke about how important it is to work with and listen to what the older adult participants are saying and suggesting in order to determine how best to sustain the sessions and whether adding a cost would be acceptable to participants. Also, participants highlighted how drawing upon assets already in the community – whether it was the skills of those

in the community or physical assets such as buildings or existing sessions – was a good way to develop a physical activity programme that has the potential to be sustainable going forward. The later interviews also saw the value of a place-based approach. This approach involved should involve a focus on determining what assets already in place and how to build on these assets. Such an approach may produce more sustainable services.

9.3.2 Challenges to new ways of working

A key challenge in this project was that MBC leads were bidding for funds for new ways of working, and felt that their understanding of these new ways were sketchy, particularly when bidding. Although willing to try out new approaches, it was seen by most of those involved as requiring too much knowledge and hence support. All of these factors made developing realistic costs and estimates of participation highly problematic.

In terms of delivery, there were issues around ensuring volunteers feel valued. Even those volunteers who enjoyed intrinsic rewards of helping others may want to feel more valued by MBCs. There was a perceived need for more support, both in terms of time and resources. These issues could be more acute in lower SES neighbourhoods, and possibly for those volunteers that were taking on more responsible roles, e.g. leading groups as opposed to roles involving providing support.

Relatedly, many participants had additional needs, such as need for emotional support and financial issues. It was seen as important by those delivering new activities and those attending that those running activities had ability to develop relationships, understand needs to build trust. The need to make sure that training addressed these issues and maintained appropriate boundaries would seem to be highly important.

The importance of developing activities that older adults enjoy and can access was emphasised. It was clear that a range of activities are needed, given that older adults are a highly diverse group. For example, team sports were enjoyed by some, but others preferred classes where can take things at own pace, whereas others preferred activities involving music or gardening, rather than a focus on exercise aspects. There was a need for a range of intensities, with many older adults wanting activities that were not too daunting. A range of access issues were also identified, with different time slots being preferred by groups with different commitments (e.g. work, childcare), and others wanting activities where they can use bus-passes, whereas others did not want to go out in evenings. All preferred venues within easy travelling distance.

9.3.3 Challenges: timescales

The new ways of working, although perceived positively, did come with some difficulties for MBC leads and stakeholders. The challenges around these ways of working discussed by interviewees were largely relate to timescales. It was felt that a short two-year funding cycle did not fit these new ways of working that required engaging with and building trust with older adults in the community to fully involve them in the programme. Some interviewees felt that these new ways of working were facilitated by working with partners who had existing strong community links and access to groups, whereas other MBC leads who felt there were not strong links to begin with had to take the time to build up a relationship and trust with groups.

Views on the impact of resources – mainly staffing and timescales for programme development – were discussed in relation to the perceived impact these resources had on the development of the projects in the localities. Difficulties due to staff turnover throughout the project lifetime were discussed and how staff capacity issues were linked to the challenges around tight timescales.

The timescales to develop and deliver the programme were brought up as an issue in relation to the new ways of working, and how the tight timescales did not allow for community involvement which requires time to build up relationships with groups. It takes time to build up networks and trust with communities so older adult involvement varied across localities with networks/relationships already in place, or where they worked with partners who had trusted relationships and access to groups.

Expectations of localities to carry out "true co-design" requires time and space to engage with communities, especially where there are no existing trusted relationships. Clear that participants valued the views of older adults to help them better understand motivations and barriers to PA, but training around co-design should form part of programme development so people understand it is more than simply consulting communities with survey.

9.3.4 Problems with evaluation methods
The requirements of evaluation methods were not made clear at the start of the programme, and were not factored into the bids of MBCs. This made it difficult to carry these out, e.g. getting questionnaires completed, as no resource allocated.

The evaluation was also seen as intrusive by those delivering sessions, who were keen to prioritise welcoming people and running sessions, with the evaluation seen as detracting from session quality. There were concerns expressed that the questionnaires did not reflect the learning gained by the project, and the gains made by the project, so the qualitative parts of the evaluation were much better received and engaged with.

The requirement for all participants to complete questionnaires was seen as burdensome by older adults attending sessions, with only 40% of participants completing these at baseline, and with substantial dropout at follow-up. The feedback received was that the older adults wanted to receive new services/ activities, not take part in a research project, and the questionnaires were seen as burdensome.

The questionnaire was disliked and found difficult by many people completing them. Some items in the questionnaire were not well received. The questions around religion and sexuality were dropped halfway through the evaluation, as these caused unhappiness to many participants. Another item that was not well received was "To what extent do you agree or disagree that most people in your local area can be trusted?" This question was resented by many participants, and not well understood by others. This question was not answered by 24% of participants.

10.0 Implications and recommendations

10.1 Overview

The present chapter aims to draw out the implications of what lessons can be learnt from the Greater Manchester Active Ageing programme. It also makes recommendations by the evaluation team about wider rollout of such approaches, and how this might best be done to optimise the chances of this being successful.

10.2 New ways of working seem highly promising

The main implication to be drawn from this programme is that the various new ways of working are feasible to be used when working with older adults to develop activities to increase physical activity. The overall feedback from the qualitative research was overwhelmingly positive, with all stakeholders seeing benefits from increased co-production and seeing older people as assets. The new ways of working seem to have resulted in a more thorough understanding of acceptability of physical activity amongst those involved in developing and delivering activities.

Not only were the new ways of working seen as feasible, but the diversity of activities developed suggests that they were being used effectively, with a wide variety of approaches to increasing physical activity being produced. Further, the new activities had good uptake, and produce benefits in terms of increased physical activity and improved wellbeing for older adults that maintain participation.

Possibly the most compelling support for the use of these new ways of working came when the various stakeholders were considering sustainability. It was clear that older adults were seen as key to ensuring sustainability, through providing a variety of insights into what activities would be valued, how to ensure acceptability in terms of access and acceptability, how it could best be marketed.

10.3 Overcoming challenges in new ways of working

There were a number of challenges to successfully implementing new ways of working. A key challenge was an initial lack of knowledge and familiarity with these approaches when MBCs were developing bids and beginning to work in this way. There is now increased capacity within Greater Manchester for these ways of working, although there are still issues with high staff turnover meaning there is a danger such capacity could be lost.

In areas that are unfamiliar with these new ways of working, there would be a need for greater training, especially at earlier stages of working training around co-design, all stakeholders understand it is more than simply consulting communities with surveys. The Social Care Institute of Excellence suggest the solution to this barrier is to clearly define for professionals on what co-production means through providing information and guidelines, as well as ensuring there is training and support for staff using these methods of working [25].

The Social Care Institute of Excellence also highlight the issues around resources and time pressures often being a barrier to co-production and suggest ensuring there is dedicated time and specific funding for co-production, as well as sharing resources between organisations [25]. This was clearly

an issue in the GM Active Ageing programme, where there was a limited timescale for the development and implementation of new activities. It would be useful for future programmes to include longer timescales than a two-year funding cycle, to allow relationships to be built with older adults in the community to fully involve them in the programme. Some interviewees felt that these new ways of working were facilitated by working with partners who had existing strong community links and access to groups, whereas other MBC leads who felt there were not strong links to begin with had to take the time to build up a relationship and trust with groups. It was notable that those MBCs with less experience of working with diverse partners struggled more to get activities off the ground than MBCs where there was more of history of partnership working.

Inevitably, funding was an issue for the success of these approaches, and that the funding cycles need to be longer. There was staff turnover at least partly due to temporary contracts drawing to an end. Staff capacity issues were flagged up repeatedly, especially with an abrupt start to the programme meaning many MBCs did not have appropriate staff in place until a later stage. A clear implication of the GM Active Ageing programme is that if one is interested in promoting genuine partnership working and engaging older adults in a meaningful way, funding needs to be on longer funding cycles, to allow these approaches to be properly embedded into usual ways of working, instead of being a "project" that is additional to usual work.

A fundamental issue with some of the approaches taken was the need for support. For those older adults who had roles in delivery of activities, the need to feel more valued was expressed. Future activities that involve older adults as volunteers in responsible positions should ensure that there is more support for these older adults, in terms of being given time to discuss issues with paid employees, and more resources (e.g. more training and recognition of value as well as administrative support) to facilitate activities. Other issues that were flagged up as important was the need to ensure that training is in place to consider how to support participants with varied needs, and how to maintain appropriate boundaries was seen as highly important.

It is clear that older adults are a diverse group, and to increase physical activity through programmes like the GM Active Ageing programme would require a diversity of activities to be offered. There are no clear recommendations regarding timing, intensity, nature of activities. Instead, it is clear that there needs to be a variety of approaches developed, to cater for the varying needs and interests of older people.

In relation to diversity, it is notable that there was under-recruitment from ethnic minority populations, with some exceptions. This highlights the importance of developing interventions with different minority ethnic groups, and the need to foster collaboration with the relevant organisations. Given the success of the work in reaching more deprived areas, the limited contact with minority groups was notable. This suggests the need for greater consideration in future initiatives regarding the way in which information was communicated, the type of exercises, etc.

Recommendations for all activities to be developed is that they need to have social elements, and not to be too intense in the first instance. Activities should generally be marketed in terms of social aspects rather than in terms of physical activity. Local provision was nearly always preferred, with those delivering activities having good social skills to promote inclusivity.

10.4 Evaluation of future initiatives

The evaluation of future initiatives should be improved in several regards. First, the requirements of evaluation methods were not made clear at the start of the programme, and adequately resourced. The evaluation should be conducted as far as possible by people independent of those delivering, who saw the evaluation as intrusive.

The MBCs felt pressure to deliver on agreed numbers of people engaging with the GM Active Ageing programme. This was felt to produce a tension with fully using the new ways of working, and from learning how to use these new ways of working and setting up genuine involvement with older adults. Given this, future evaluations should be wary of using "targets" for such programmes to deliver on, unless the main aim is to see if such activities can be scaled up.

The use of questionnaires with only a sample of participants rather than all participants would be sensible. More meaningful results would be obtained by having a smaller sample with a higher response rate. This would also have the advantage of being less intrusive. Shorter questionnaires should be used. The use of items that assess sensitive topics, e.g. sexuality appeared particularly inappropriate for surveys with this population. Many participants struggled to understand what some questions were assessing. In general, the questionnaire items should be piloted with the population that is intended to complete them, and the items refined or dropped.

The use of qualitative methods in the evaluation was generally seen as valuable by the people involved, and the majority of the insights were obtained by such methods.

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