

12.0 Appendices

Appendix 1. TIDieR (Template for Intervention Description and Replication; Campbell et al., 2018; Hoffmann et al., 2014) descriptions of each of the 8 MBCs Active Ageing programmes

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Bolton

Item number	Item	Description
1	BRIEF NAME Provide the name or a phrase that describes the intervention	The Greater Manchester Active Ageing Programme (Bolton) Activation Bolton
2	WHY Describe the logic, mechanisms, or rationale of the intervention, clearly linking intervention elements to the expected effects on immediate or longer term outcomes (or both)	<u>Bolton – the rationale behind the project:</u> For the first time Britain’s over 65s outnumber people under the age of 16. By 2020 the Office of National Statistics predicts that people aged over 50 will account for almost a third (32%) of the workforce and nearly half (47%) of the adult population, with 15.5 million people aged 65 and over. The strategic need/demographic trends and the resulting impact on public finance in Bolton are unprecedented. The implications of an ageing society affect all of us, across generations, and will touch every part of our lives, presenting challenges for individuals, families, communities, employers, service providers and government. Responding to the needs of people in later life is one of society’s most crucial and growing issues. Partners in Bolton see active ageing as a key element of ageing well and the creation and development of age-friendly neighbourhoods. Bolton welcomed this opportunity to inform and focus work to embed active ageing opportunities and promote increased physical activity in the daily lives of the town’s residents who are 55 and over, whatever their capabilities. Bolton has around 50 % of adults completing the recommended level of physical activity. Into old age and the drop off in activity levels continues with women experiencing a drop in

activity levels earlier than men of the same age reaching collectively at 75% inactive at 85 years plus. (Public Health Intelligence team 2016)

Bolton presents an interesting set of statistics when compared to Greater Manchester. Bolton have significantly more people active between 55-65 years, and significantly less active from 65+ years when compared with all boroughs in Greater Manchester, with inactivity levels rising by 24% in this age group. (Active Lives 2017) . This correlates with Age UK Bolton's own findings which suggest a significant drop-off at 75 years.

An additional concern is that there is a gap between actual behaviour and recorded behaviour leading to an overly optimistic snapshot of activity levels.

The most concentrated older populations aged 50-65 years can be found on the edges of the locality. A similar pattern can be seen at aged 65 + years and at 85 + years.

Bolton's neighbourhoods with the highest populations of 55+ are Heaton Lostock and Bradshaw, this correlates closely with hip fractures, prediction of dementia, but not for deprivation. (Public health, 2017)

However when we start to look at those aged 65+ years and living alone, and those reporting limited activity due to health problems; we find these in our areas of greatest deprivation. This also corresponds with highest concentrations of the BAME population Bolton also has a significant BAME population, there is a close correlation with deprivation scores and with 'day to day activities limited due to health conditions or disability'. This is supported by Strategy for Change which notes that ageing minority populations are more likely to be affected by poverty, and who will also report more life limiting illness. Bolton in particular is set to double its 75+ BAME community by 2036 (Strategy for change, 2017)

Warburton DER.; Bredin SSD. (2017). Health benefits of physical activity: a systematic review of current systematic reviews. Current Opinion in Cardiology. 32(5):541-556.

Abstract:

Purpose of review: The health benefits of physical activity and exercise are clear; virtually everyone can benefit from becoming more physically active. Most international guidelines recommend a goal of 150 min/week of moderate-to-vigorous intensity physical activity. Many agencies have translated these recommendations to indicate that this volume of activity is the minimum required for health benefits. However, recent evidence has challenged this threshold-centered messaging as it may not be evidence-based and may create an unnecessary barrier to those who might benefit greatly from simply becoming more active. This systematic review evaluates recent systematic reviews that have examined the relationship between physical activity and health status.

Recent findings: Systematic reviews and/or meta-analyses (based largely on epidemiological studies consisting of large cohorts) have demonstrated a dose-response relationship between physical activity and premature mortality and the primary and secondary prevention of several chronic medical conditions. The relationships between physical activity and health outcomes are generally curvilinear such that marked health benefits are observed with relatively minor volumes of physical activity.

Summary: These findings challenge current threshold-based messaging related to physical activity and health. They emphasize that clinically relevant health benefits can be accrued by simply becoming more physically active.

Warburton DER, Whitney Nicol C, Bredin SSD. (2006). Health benefits of physical activity: the evidence, *CAMJ*, 174(6): 801–809.

Abstract:

The primary purpose of this narrative review was to evaluate the current literature and to provide further insight into the role physical inactivity plays in the development of chronic disease and premature death. We confirm that there is irrefutable evidence of the effectiveness of regular physical activity in the primary and secondary prevention of several chronic diseases (e.g., cardiovascular disease, diabetes, cancer, hypertension, obesity, depression and osteoporosis) and premature death. We also reveal that the current Health

Canada physical activity guidelines are sufficient to elicit health benefits, especially in previously sedentary people. There appears to be a linear relation between physical activity and health status, such that a further increase in physical activity and fitness will lead to additional improvements in health status.

Bolton has a rate of under 75 mortality from cardiovascular disease considered preventable that is statistically significantly higher than both England and the North West, at 61.0 per 100,000 (Public health Outcomes framework)

This data helps focus our attention in specific areas and we see twin priorities focussed on the key lifestyle transition point of retirement:

- 1) To understand and address the drop off at 65 among those previously active and
- 2) to encourage the inactive groups 55-65 to become more active both with a preventative approach, engaging as many as possible
- 3) BAME will be a specific priority for us

The first priority was to address the drop off by focusing on inactive populations aged between 55-65. Considering the retirement point as a key lifestyle transition point but addressing in advance with a preventive approach, engaging as many as possible in sufficient and sustained physical activity.

As with many localities; the data varies hugely across Bolton, so one approach even within Bolton will not suit all of those they seek to reach. This has led them to adopt a real localised approach to our work.

Age UK Bolton planned to use partners old and some new to assist in reaching this audience and to adopt a headline measure of reducing the drop off in activity levels post 65 years. In turn we will hope to see increases in activity levels post 75 years.

Bolton's approach recommends that they build on work that has already progressed for example mapping of physical activity for older people so we understand and can build on what they have in their community.

Expected Outcomes:

Outcomes will include:

- People in later life feel more confident and able to try something new, or re-engage with former interests.
- People in later life have increased physical and emotional wellbeing through becoming more active or engaged in their community.
- People in later life feel better enabled to take steps to participate in everyday informal and community based interaction.
- An increase in reciprocal skills, and knowledge sharing between people in later life and communities.
- People in later life feel their skills, knowledge and experience is recognised and valued.

3

WHAT MATERIALS

Describe any materials used in the intervention (including online appendices or URLs for further details). For example:

- informational materials (may include those provided to recipients of the intervention or in training of intervention providers)
- nature and value of any benefit provided (eg, cash, voucher, meal)
- any physical resources or infrastructure provided as part of the intervention

Materials:

- Behavioural insight report (detailed below) – used to inform the “Activation Briefs”.
- Activations Briefs - The Activation Briefs outline how organisations or social entrepreneurs could use the insight report and research to create solutions. Age UK Bolton created 4 briefs that focus on different areas of the research.
 - First Steps to an Active Future – breaking down barriers and motivating older people to take the first steps towards an active life.
 - Life Trigger and Transitions – recognising that significant life events can be an opportunity to encourage and promote physical activity.
 - Making Sessions Active – transforming inactive settings and groups into places where physical activity happens.
 - Making Active Achievements – using the desire to be competitive and achieve to promote physical activities.
- Activation Investment Form – required applicants of the Activation investments to provide information such as “Describe what you will do”, “Purpose” (How will this project help people over 55 get physical active), “Need (Which brief does this respond to and how does this project respond to the brief)”, “Visions” (How do you plan to continue the project after the investment has finished), “Timeline” and “Budget Breakdown”

Training

Training and Conferences

Active Ageing co-ordinator and programme manager:

- Attended SOMO behavioural insight workshop

- Dementia and physical activity training by later life
- Peer Mentoring Training by later life
- European Falls Conference

Nature and value of any benefit provided:

Commissioned Investment Funds

- Successful Activation applications for physical activity opportunities awarded up to £1000 each

4 WHAT AND HOW

Describe how the intervention was planned, established, and intended to be delivered.

Depending on the type of intervention, it may be useful to consider:

- how sources of funding for the intervention and the service providers were obtained, how users were enrolled and the service delivered
- how any payments were made or benefits delivered, how qualifying conditions were implemented

How was the intervention planned?

Behavioural Change and Insight Work

- Bolton commissioned SOMO, behavioural insight researchers, to deliver a report on the barriers and motivations of over 55s accessing physical activity. Bolton focused this report on 55-70 age group looking at the retirement journey. This is due to Bolton's sharp drop in over 65s taking part in physical activity.
- Key stakeholders, professionals and participants over 55 were interviewed to contribute to the research. One to one interviews were conducted to avoid group biases that are often found in the more traditional focus group method.
- This report formed the basis of the Activation Bolton briefs for local people and organisations to develop ideas against and apply for the Active Ageing small investment funds.

- the entity being regulated, the scope of the regulation, permitted level of use; procedures for monitoring or enforcing compliance, and any sanctions for non-compliance
- how people were exposed to the intervention, whether it was provided to individuals or larger populations
- any underpinning legislation including name, date passed, and legislative body

Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group

Over 50s People Platform

- The 'Ambition for Ageing' Programme (which was delivered by Age UK Bolton, across Bolton) initiated the Over 50s People's Platform – an open forum where over 50s were able to contribute towards shaping future local services, through sharing their views. This forum was used as part of the research phase of the Activation Bolton Programme.

Partnerships

- Age UK Bolton made key partnerships with Staying Well team, which are part of the council who invited them to attend events with them to recruit participants for the behavioural insight research as well as talking to our researchers about their experiences working with over 55+
- Other key links with Bolton at Home, CVS, Health Improvement Practitioners, Public Health, Bolton Council's Older Peoples Activity Lead, Bolton Wonders, ESOL Community Learning Ambassadors,
- Connected with multiple BAME groups such as BCOM, Asian Elders and women's group at Hindu Age Inspiration who also spoke with the SOMO researchers
- Worked closely with Ambition for Ageing, learning from their approach and looking at ways they can support each other's projects to maximise capacity

What is the intervention?

- Behavioural insight report was used to inform a series of insight commissioned investment funds. These investment focused on working with local organisations, people and social entrepreneurs to create sustainable solutions for older people to get active.

What was commissioned? Successful Activation Bolton groups:

- Greenway Over 50's –Social Tea Dances, led by a professional dance teacher, at the community centre within a Bolton at Home Sheltered Housing Scheme. Exercise in the form of sequence dancing, line dancing, and jive dancing.
- Grange Lea Residential Home – purchase of stationary hand/pedal cycle, for residents and staff to use and the funding of staff time to facilitate and support a group of residents to participate in the sessions.
- SELOC (South East Lancashire Orienteering Club) “Orienteering: Not a walk in the Park” – a course of 9 Orienteering walks based around 3 local parks in Bolton.
- Age UK Bolton - Zumba Gold, dance sessions designed to be lower impact for Over 55's.
- Boo Consulting – ‘Little Bolton Wander’, a gentle, fact-filled walk around the most historic bit of Bolton town centre.
- Bolton Arena – weekly cycling sessions around Bolton Arena’s outdoor athletics track’ for adults over 55.
- Alex Youngman: Kept Fit – Group circuit sessions aimed at older adults held in a supportive and team focussed environment. Focussed on working in partnerships or teams of 3.
- Helen Swan: Toddler Yoga – yoga sessions originally aimed at parents and their toddler/preschool age children, adapted to encourage grandparents with caring responsibilities to take part in intergenerational yoga sessions, built around children’s story books.

- Cate Blinkhorn – Fitsteps dance classes aimed at over 55's. Low impact traditional ball room dance routines, adapted to be performed as solo sequence moves.
- Daisy Hill – Intergenerational Multi-Sports Sessions, delivered by the Pre-School Staff team and volunteers to enable grandparents and carers of the children attending pre-school, to share intergenerational sports sessions at the end of the pre-school day.

5 WHO PROVIDED

Describe the provider of the intervention, including legal status and powers, field organisations and staff responsible for planning, implementation, monitoring and enforcement. Where relevant, describe intervention provider expertise and training (general or specific to the intervention)

Lead provider: Age UK Bolton

Other organisations: Bolton Arena and Public Health Bolton and SERCO.

Programme Co-Ordinator/Lead: Deborah Drinkall (Age UK Bolton) – Previously Anna Horton & Helen Darlington of Age UK Bolton

The Activation Investment fund groups are led by various individuals such as Helen Swan (Toddler Yoga) who is a trained yoga instructor specialising in yoga for toddlers to organisations such as Bolton Cycling Arena.

6 WHERE

Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features

Describe the type of location (eg, school, community centre) and the geographical scope

- Greenway Over 50's – Dancing sessions at Sheltered Housing Community Group –
- Grangelea Residential Home
- SELOC (South East Lancashire Orienteering Club) – Moss Bank Park; Queens Park and Leverhulme Park.
- Age UK Bolton Zumba – Learning and Activities Centre, Farnworth.

of the intervention (eg, national, regional, city-wide). Where relevant, describe the historical, cultural, socioeconomic, or political background to the intervention

7 WHEN and HOW OFTEN

Describe when the intervention was implemented, how long it remained in place, and, if applicable, the number, duration, and scheduling of occasions

- Boo Consulting – route is based between the historic area of Little Bolton and the Town Hall of Bolton, on Victoria Square.
- Boo Consulting – route is based between Little Bolton and Bolton Town Hall.
- Bolton Arena – based at outdoor athletics track at Bolton Arena.
- Alex Youngman: Kept Fit – based at the Kept Fit Gym in Dunscar.
- Helen Swan: Toddler Yoga – based at Brazley Community Centre, Horwich.
- Cate Blinkhorn – based at Blackrod Community Centre.
- Daisy Hill – based at Daisy Hill Pre School.
- Greenway Over 50's – sessions took place 1 x per month. This began formally in August 2019 and was scheduled to continue until July 2020.
- Grange Lea Residential Home – sessions take place on a weekly basis with some residents participating 2 x times per week. Sessions began in September 2019 and are due to continue for as long as the group of residents are fit and well and able to do so.
- SELOC (South East Lancashire Orienteering Club) – formal sessions took place weekly over a 9 week course. Ongoing sessions organised by the club take place fortnightly.
- Age UK Bolton Zumba – sessions took place weekly during academic term time. These began in November 2019 and were due to continue until October 2021.
- Boo Consulting – a course of 4 weekly walks then ad-hoc thereafter. This began in January and are due to continue on an ongoing basis; the map and history of the walk due to be made available on Boo Consulting's website as a tool which could be downloaded.
- Bolton Arena – weekly sessions during Autumn (until wet weather and winter made it unsafe to operate) sessions due to resume in February/March 2020 and continue until Autumn. These sessions are due to become a permanent feature at Bolton Arena, for as long as there is demand.

- Alex Youngman: Kept Fit – sessions took place 2 x times per week over a course of 9 weeks. Sessions began in January and were due to continue until Mid-March 2020 with a number of the group committed to continuing self-funding the sessions.
- Helen Swan: Toddler Yoga – weekly sessions over a 15 week course. Sessions began in October 2019 and continued until February 2020. The community centre (where the sessions took place) provided an additional 4 weeks of funding, which was still available (at the point of the centre closing due to the Covid-19 outbreak) and grandparents were also being directed to take up places on the parent/child course if they wished.
- Cate Blinkhorn – weekly sessions to mirror academic term times. Sessions began in January 2020.
- Daisy Hill – Sessions began in February 2020 and were due to continue weekly as part of the pre-school curriculum during all sessions delivered across each academic term.

8.1 PLANNED VARIATION

Describe and provide the reason for any variation or tailoring that was planned or allowed for in the design of the intervention. Examples include differences between locations, geographical areas, population subgroups, or over time

Bolton Arena – planned to pause their delivery over the winter due to a lack of drainage on the athletics track. This would be a regular feature of the sessions, if they continue on a rolling basis.

SELOC – planned just 9 weeks of delivery of the introductory courses as means to encourage those who had not tried Orienteering previously (or who previously tried it but had not continued) to take part. They then planned to invite those who had taken part in the introductory courses the opportunity to take part in a number of local and regional Orienteering events organised by both the club and neighbouring clubs. They also planned to provide a list of permanent Orienteering courses in local parks in Greater Manchester to encourage people to take part on a more informal basis and ad-hoc.

Daisy Hill – over time they are planning to invite parents and other members of the community (for example other carers of a child) who fit into the age demographic (bearing in mind safeguarding assessments and requirements) this group are very interested in the

wider positive social outcomes that could come about as a result of encouraging carers who reside in a deprived area, to become involved in physical activity.

8.2* **UNPLANNED VARIATION**

Describe and provide the reason for any unplanned variation or modifications in the intervention (eg, between different locations, geographical areas, population subgroups, or over time) that were made after the intervention commenced

Greenway Over 50's – moved sessions from a Wednesday afternoon to a Thursday afternoon with the aim of improving attendance and participation.

Grange Lea – the Residential Home Manager, originally intended to work with a Primary School to encourage local 'competition' among the residents and pupils, this fitting the 'Making Active Achievements' brief. Unfortunately the relationship with the school did not continue beyond the first session (the reason for this was not disclosed) so this element of the investment did not continue. Line dancing sessions (which were also talked about during the interview where the Home Manager met with the Activation Bolton Panel) also did not take place, due to lack of capacity within the staff team. However, the cycling sessions were due to take place 1 x per week and in general they have taken place with many of the group, more often than originally planned, 2 x times per week.

Bolton Arena - were due to start up their cycling sessions again in February 2020, however this did not happen as planned because the Cycling Tutor who had been leading the sessions left the position due to relocation and at the time of the Arena closing due to the Covid-19 outbreak, they had not been successful in recruiting a replacement Tutor.

9.1 **HOW WELL**

Describe any strategies used or actions taken to maintain fidelity of the intervention (ie, to

Deb Drinkall worked with each of the groups in a supportive capacity to help ensure that each intervention was delivered as intended. This included maintain regular contact via e-mail and over the phone and attending sessions where able/appropriate.

ensure that the intervention was delivered as intended)

Some groups encouraged this support (Helen Swan Toddler Yoga) and actively asked for feedback and ways to improve delivery. Other groups were more difficult to engage with (Grange Lea Residential Home) and did not make it easy to collect updates, attend sessions or generally manage/oversee the intervention. In this situation a change of approach was adopted (reminding the project of the terms and conditions of the investment, and being a little more heavy handed in approach) Interestingly, Greenway Over 50's were a group who were easy to engage with initially. Over time they became disappointed with their attendance figures but failed to make any changes, despite Deb Drinkall making lots of suggestions to ways in which they could alter their approach. They subsequently became very difficult to engage with and did not respond to a range of communication attempts and requests for evaluation data.

9.2* **HOW WELL**

Describe the fidelity of the intervention (ie, the extent to which the intervention was delivered as intended)

Bury

Item Number	Item	Description
1	BRIEF NAME Provide the name or a phrase that describes the intervention	The Greater Manchester Active Ageing Programme (Bury) Active Ageing Bury
2	WHY Describe the logic, mechanisms, or rationale of the intervention, clearly linking intervention elements to the expected effects on immediate or longer term outcomes (or both)	The target audience for this project (Active Ageing Bury) are residents who live in the Bury Township of Whitefield and Unsworth who are 65+ with (targeted offer) and without (universal offer) long term conditions

Brief Overview:

The aim of the project is to get inactive people aged 55+ active through the provision of physical activity. The project also encourages participants to engage in natural social interaction with other participants. The project is a place based pilot which targets Whitefield and Unsworth (and has recently branched out to bordering towns where there has been a demand for more physical activity sessions for the target audience). The project will run until July 2020 where during that time data is collected from all participating groups and participants by Manchester University. At the end of the data collection, the university will compose a research document surrounding the effects that the project has had within Greater Manchester. The project targets are to get 800 inactive older adults aged 55+, active in Whitefield and Unsworth.

Rationale of the programme in Bury

Who your target audience is and why:

The target audience for this project are residents who live in the Bury Township of Whitefield and Unsworth who are 65+ with (targeted offer) and without (universal offer) long term conditions.

The population of Bury is 187,884 with 33,413 (18%) making up the 65+ demographic. This project will focus on Whitefield & Unsworth which is one of the 6 townships in Bury. This township has a relatively high proportion of people aged 65 and over, compared to the Borough as a whole. The population in this township is 29,979 and 6019 (20%) make up the 65+ demographic. 9.5% of the population is BME. 15.5% of people in Whitefield & Unsworth are retired which is higher than the Bury average of 14.5%.

People in Whitefield & Unsworth are more likely to have general health very bad (1.4%), general health bad or very bad (6%), limiting long term illness or disability (19.2%) which are higher when compared to the whole of Bury and England (ONS Census, 2011). There is also a higher incidence of pensioners living alone which is 33.2% which is significantly worse than the England average (ONS Census 2011). 11.8% of the population provide unpaid care (compared to 10.8% Bury & 10.2% England). It is also known that emergency admissions for all

causes are significantly worse than the England Average and for individual conditions including CHD (Public Health England, 2017) and CHD deaths in Whitefield & Unsworth are also significantly worse than the England Average.

Whitefield & Unsworth includes some of the most deprived areas in the borough including LSOAs Elms North, Moss Lane/Ribble Drive & Mersey Drive which have an IMD National Decile score of 1. Mode hill/Ribble Drive IMD3, Thatch Leach Lane. Higher Lane/Bury New Road IMD4 and Elms South IMD5.

In addition to the statistical data there is a transformational agenda to achieve a whole system shift towards promoting a wellbeing and the prevention of both physical & mental ill-health and reducing health inequalities. The aims of Keeping Bury Well programme which underpins the agenda includes:

1. Scale up, Find & Treat
2. Workplace Health
3. Supporting Health Related Behaviour Change
4. Falls & Fragility Prevention & Management

Within this Active Ageing project we will be looking to support the Scale Up, Find and Treat and the Supporting Health Related Behaviour Change. We plan to do this by working with health professionals to signpost into the programme and provide physical activity for those making behaviour changes.

The project will have an offer for all the residents of Whitefield & Unsworth however the routes into the offer will be different. As a universal offer anyone will be able to attend classes but as we know it will be more difficult to engage with inactive people we will also use the system to refer into the programme. The system in this instance will include GM Healthy Living Pharmacies, Dentists and Optometrist which has been identified through the Transformational Agenda.

What the ideas are for supporting people to be more active to address the issue outlined above, referencing any behaviour change support you are considering:

- Providing a universal place based approach for 65+ population in Whitefield & Unsworth through a range of activities ensuring it is available within the local area. Community settings such as community rooms, church halls and parks are being identified.
- Providing a targeted offer for those with long term conditions in Whitefield & Unsworth 65+ who are not eligible or do not engage with the current provision (such as BEATS GP Referral) ensuring it is hyper local.
- Using champions to influence behaviour change including buddies, (e.g. self led walking buddies), activity champions, social champions (to attend events as ambassadors for the programme & provide case studies used to promote the programme), driver champions to provide transport to and from the activity).

- Targeting those in sheltered accommodation and care homes through housing partners to provide opportunities for their residents to become more active which is likely to follow a chair based programme.

How physical activity will be embedded in approaches to support older people in a place

○

This is an element we haven't discussed a lot as yet however it is likely to link to:

- Scale up, find & treat programme linked to the transformational agenda
- Keeping Bury Well programme
- One commissioning organisation which was introduced in April 2017 and is underpinned by a locality care organisation.
- Integrated into the Wellness model for Bury

Ideas you have for engaging with that community

We will use the systems that are already in place to get to the intended audience of inactive people

-
- Initial scoping has started with the Scale up, Find & Treat model which aims to increase diagnosis of the 6 long term health conditions in the transformational agenda. As part of this work professionals will be encouraged to promote the Active Ageing Programme to clients. Professionals taking part in this work include GP practices but also Healthy Pharmacies, Healthy Opticians and Healthy Dentists as part of the wider GM programme.
- We plan to use the network of Healthy Opticians, Dentists and Pharmacists and their monthly campaigns to target people within Whitefield and Unsworth with or without LTC's
- Neighbourhood working through the Community Engagement team who run community consultation events on a quarterly basis and have a
- Champions will be recruited from the area by

The approach is likely to be different for the universal offer and targeted offer. For the targeted offer we plan to use the systems already set up which include the Scale up, find & treat programme for the 6 key long term conditions which are linked to the transformational agenda. It will also be offered through GP surgeries

and other teams such as lifestyle advisors. For the universal offer there will be targeted community work through partnership working with the neighbourhood team, local community groups (some have already been consulted through the consultation events we have attended), housing providers such as Six Town Housing, Bury Directory and champions for the programme.

3

WHAT MATERIALS

Describe any materials used in the intervention (including online appendices or URLs for further details). For example:

- informational materials (may include those provided to recipients of the intervention or in training of intervention providers)
- nature and value of any benefit provided (eg, cash, voucher, meal)
- any physical resources or infrastructure provided as part of the intervention

Training

There have been a small pool of instructors trained up in chair based exercise and OTAGO in order to be able to deliver these sessions (which were shown as a demand). Other training such as chair based yoga has been requested by the instructor of the Bay Horse as the participants have asked to extend their current sessions). Two instructors from BEATS are due to attend PSI training in order to be able to set up more sessions for BEATs clients who get referred into the active ageing programme.

Any materials provided to participants:

Materials such as resistance bands, ankle weights, and light dumbbells are provided to the instructors/group as a whole but these are for session use only. The equipment is normally kept at the session location and used on a weekly basis.

Money provided to gardening group to buy equipment:

Money was provided to the gardening group in order for them to purchase more equipment (spades, secateurs, shovels ect) in order to be able to extend the numbers of the groups. They also purchased items such as bulbs, plants and trees in order to plant in the local area.

4

WHAT AND HOW

Planning – consultation

Describe how the intervention was planned, established, and intended to be delivered. Depending on the type of intervention, it may be useful to consider:

- how sources of funding for the intervention and the service providers were obtained, how users were enrolled and the service delivered
- how any payments were made or benefits delivered, how qualifying conditions were implemented
- the entity being regulated, the scope of the regulation, permitted level of use; procedures for monitoring or enforcing compliance, and any sanctions for non-compliance
- how people were exposed to the intervention, whether it was provided to individuals or larger populations
- any underpinning legislation including name, date passed, and legislative body

Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group

- Coffee mornings are established after the process of approaching local community groups/community locations/gp's/ BEATS clients and setting up the chance to get them together to have a tea and a chat about what they would like to participate in their local area. Participants will complete a short questionnaire that will help to identify the barriers that prevent them from participating and establish what activity they would like to get involved in.
- The findings showed that participants wanted to participate hyper local, so they can walk to the activity and there is normally a unanimous desire for one activity (normally something chair based). From there I select a suitable location for the session to be held from and then identify an instructor who would be best suited to the session. From there I will establish a session start date and then contact participants to inform them of the start date.

Referral into programme (Social Prescribing Model)

Many of the Active Ageing participants are referred to the sessions by exercise referral officers who see clients directly in a number of different areas within Bury. Any new session in the Whitefield and Unsworth area is advertised out through leaflets and the different GP surgeries are informed. Most of the surgeries display the leaflets from the different sessions which are easy to see when entering the surgeries.

Delivery of Programme:

Gardening groups

There are now 3 gardening groups linked to Active Ageing in Bury – two were already established and are now being supported by the Active Ageing fund.

Hollins Village Green Gang: a weekly gardening group with focus on conservation set up as part of programme.

Eden Gardening Group: already an established weekly gardening group that was boosted by Active Ageing funding (e.g. purchasing new equipment, recruitment of new participants)

Over Christmas period the group put on a Wreath Making Event to attract participants to the programme.

New-Top of fields Whitefield (six town housing): a small gardening group offered to the residents of top of fields that wouldn't usually venture out to other groups and surrounding residents. Active Aging provided a small grant to provide gardening equipment. This is a new group in its infancy, so we will have measurable data in the coming weeks.

Chair based exercise groups

There are 5 chair based exercise classes developed as part of the programme.

The **Bay Horse** Chair Based Exercise Class is a popular class held at the Bay Horse pub, Ran by our Active Aging Activator Beverley (BSV Fitness). Due to popularity, a beginner's class was set up at The Longfield Suite Prestwich.

Prestwich and **Radcliffe** Chair Based Exercise Class also run weekly and are delivered by the same instructor as the Bay Horse group (BSV).

Stand Chapel is delivered by Ruth Brooks who is an exercise referral officer for BEATS. The session is a chair based exercise class and attracts a hard to reach Jewish population.

New-Top of Fields Whitefield (six town housing) Ran by Active Aging Activator Beverley (BSV Fitness) as part of the role. However a small grant was provided so they can sustain this class going forward. This class will reach out to six town housing residents that would not

usually venture into other classes and groups and is also open to local residents.

Walking football

A walking football group was set up as part of the programme. This is being ran by Dan at Love-football and was due to start 24th March at Unsworth Academy and will take place each Tuesday at 8pm. Unsworth Medical centre have been very pro-active in promoting this class with their patients and interest is high. We will be able to measure data and participation in April.

Table Tennis

A weekly table tennis group that meets at St Michael's Hall. This session runs alongside the Hollins Green Gang Conservation Group and when the weather is too bad to garden on a Thursday, they offer this activity out to participants as an alternative.

Bowls

A beginner's bowl group has been set up as part of programme, meeting weekly at Whitefield bowling green. New participants are coached by existing members of the group. This is a seasonal activity and begins again in April.

Running group

Led by volunteer a weekly running group (Couch to 5k style, low impact). Funding has been provided to this group so they can train up run leaders that can support older participants (Active Ageing catchment)_the funding also covered the purchase of high vis vests so all participants can be seen and kept safe during the winter months.

Health Walking groups

A small grant for leaflets and advertising and walk leader training provided. Training to begin in April for new walk leader to provide walk leaders in Whitefield and Unsworth. We aim to engage the medical centres through our INT and provide this to patients and local residents. We will be encouraging participants to join in this year's walking festival and trail and rail event to encourage participation in other Active Aging activities.

Pulse Roll and Chair Yoga

This new innovative class incorporates the new pulse roll equipment with chair based yoga. Pulse roll vibrational devices encourage

circulation, injury recovery and pain management and will be used during the cool down following yoga. This class is ran by Jessica Sweeny, known as the Zumba queen of the north, she has several established Zumba, yoga and Pilates classes in the surrounding areas and will encourage participants into physical activities. This class will be ran beginning of April from The Queen Anne pub function room in Unsworth, this informal setting was popular with the target audience of 55 plus.

2 New classes- Yoga and strength/cardio **Fit and Well Group**

Yoga — for strength and flexibility

Stretch and Tone/Cardio/Bums and Tums – for strength/cardio vascular fitness and to target specific muscle areas which support joints. To take place from April at Unsworth Academy, Unsworth. We provided a grant to cover instructor fees and start up equipment.

Tai Chi

This new class will begin in April from The Queen Anne pub function room in Unsworth and was requested by the residents of Unsworth through the Bay Horse class participants. The instructor Ivan is highly experienced in running classes for over 55s and Social tea and coffee will be provided after class.

5

WHO PROVIDED

Describe the provider of the intervention, including legal status and powers, field organisations and staff responsible for planning, implementation, monitoring and enforcement. Where relevant, describe intervention provider expertise and training (general or specific to the intervention)

Zumba Gold classes

There are 3 new Zumba gold classes to be ran in various locations in Whitefield and Unsworth. Fitcamp Whitefield a ladies only gym in Whitfield, Zumba international at Sunnybank open to all and Trust house Whitefield a community ran project. We have collected some data in for Fitcamp and Zumba international already, just awaiting Trust house.

Gardening groups

Self-facilitated. No instructor providing the activity.

Chair based exercise groups

Most instructors are BEATS exercise referral officers, personal trainers/trained fitness instructors.

Walking football

There will be a coach for a period of time until a natural leader(s) emerges from the group and they will be offered training to run the group if this is what they desire.

Table Tennis

Self-facilitated.

Bowls

Self-facilitated

Running group

Self-facilitated

Health Walks

Self-Facilitated, assisted by medical centres, training provided by
Active travel Bury Council

Zumba Gold classes

Qualified Instructor ran, class sustained after funding via participation
fee

Tai Chi

Qualified Instructor ran, class sustained after funding via participation fee

Yoga and strength/cardio **Fit and Well Group**

Qualified Instructor ran, class sustained after funding via participation fee

Pulse Roll and Chair Yoga

Qualified Instructor ran, class sustained after funding via participation fee

6

WHERE

Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features

Describe the type of location (eg, school, community centre) and the geographical scope of the intervention (eg, national, regional,

The activities take place in various locations.

Gardening groups

Hollins Village Green Gang: the group meets at the Hollins Bowling Green/Hollins Primary school The session takes place on the fields at the back of the primary school, they help to maintain the rainbow

city-wide). Where relevant, describe the historical, cultural, socioeconomic, or political background to the intervention

garden and the forest school area as well as keeping fences fixed, trees trimmed ect.

Eden Gardening Group: St Michael's Allotments

Chair based exercise groups

The chair based group locations varies: Bay Horse is located in a pub function room. Stand Chapel, Prestwich Longfield suite and Radcliffe Leisure centre.

Table Tennis

St Michael's Hall (Church Hall)

Bowls

Whitefield bowling green.

Running group

Running around Whitefield Park. A variety of different routes are set out for all abilities. All the routes start from Whitefield park but venture outside of the park.

Yoga and pulse roll & Tai Chi

Ran from the function room at The Queen Anne pub in Unsworth, prime location for Unsworth residents and informal setting has proven popular with our participants.

Yoga and strength/cardio **Fit and Well Group**

Unsworth Academy, Unsworth.

Zumba Gold classes

Fitcamp gym Whitefield, Sunnybank community centre Unsworth and Trust house community centre Whitefield.

Walking football

Unsworth Academy.

7

WHEN and HOW OFTEN

All of the groups provide 1 weekly physical activity group/class per week.

Describe when the intervention was implemented, how long it remained in place, and, if applicable, the number, duration, and scheduling of occasions

8.1 PLANNED VARIATION

Describe and provide the reason for any variation or tailoring that was planned or allowed for in the design of the intervention. Examples include differences between locations, geographical areas, population subgroups, or over time

8.2* UNPLANNED VARIATION

Describe and provide the reason for any unplanned variation or modifications in the intervention (eg, between different locations, geographical areas, population subgroups, or over time) that were made after the intervention commenced

All have agreed for a committed 12 weeks minimal delivery in exchange for the grants and most have sustained these long after the 12 weeks and are self-sustained.

All of the AA sessions were designed and planned with the participants needs in mind, all participants are told to work to their own abilities during the sessions. As the project is progressing we are seeing lots of progression from participants which is creating a demand for beginners and advanced sessions in order to keep pushing those who have progressed but not out beginners off too much.

Beginners group at Bay Horse Pub developing as the class is currently full and participants have advanced in their abilities. Suited to new participants at beginners level chair based exercise.

Top of the Fields

This is another chair based exercise class which is awaiting a suitable instructor. This session is based within a residential independent living community. The session runs from their community room and is easily accessible by all. This class began last December but due to the instructor letting them down, it ceased. However, during recent communication with the centre's community lead, I discovered that the group still gathered and ran their own casual chair based exercise class. Now provided through the Active Aging role holder who is also a trained chair based instructor

9.1 HOW WELL

Describe any strategies used or actions taken to maintain fidelity of the intervention (ie, to ensure that the intervention was delivered as intended)

Observational measures have taken place by the Active Aging Activator Beverley over the past few months and all providers have been visited face to face to ensure suitability.

9.2* HOW WELL

Describe the fidelity of the intervention (ie, the extent to which the intervention was delivered as intended)

Manchester

Item Number	Item	Description
1	BRIEF NAME Provide the name or a phrase that describes the intervention	The Greater Manchester Active Ageing Programme (Manchester) Active Ageing Manchester
2	WHY Describe the logic, mechanisms, or rationale of the intervention, clearly linking intervention elements to the expected effects on immediate or longer term outcomes (or both)	<u>Manchester – the rationale behind the project:</u> Manchester is one of the 20% most deprived authorities in England with a population of 530,292 of which 7.6% are adults aged 55 to 64 years and 9.4% are aged 65 and over; we have a lower proportion of older adults than the England average, however Manchester has high levels of inactive older people with both the 55 years and 65 years age groups at 55% inactive. In addition our BAME older population, 75 years plus is expected to double over the next 20 years. The Age-Friendly Manchester (AFM) programme has been an integral part of the Manchester public health system for over 12 years, supporting older people to play a full part in the community and to remain healthy and active for longer. Taking the learning from AFM programmes the aim of Manchester’s Active Ageing project is to develop new ways of working to increase older people’s activity levels. i) <u>Engage with AFM social groups:</u>

Through AFM we have been made aware that there are many inactive older residents who are socially engaged and accessing weekly activities in the community. However, the bulk of these activities are sedentary e.g. coffee mornings, film clubs, arts and crafts etc. The participants are not reaching the Chief Medical Officer's guidelines for physical activity and are inactive, albeit that they are socially engaged. Local discussions have fed back that these residents could be encouraged to increase their physical activity levels within these settings, with other older adults who are in a similar position. This target audience is likely to be aged 65 years and over.

- ii) “Destination” place-based offer - Debdale area; adults aged over 55 years, economically inactive:
The Debdale area sits in the Gorton South* ward, neighbouring with the Gorton North* ward in Central Manchester. Facilities in the ward include Debdale Park and Debdale Outdoor Centre (DOC) with access to the Fallowfield Cycle Loop and Heritage Trails, close to the district centre. There is a strong, established, Friends of Debdale Park group and other active community groups in the area, although none that offers regular opportunities to be physically active. Debdale does not have an activity offer for older people, despite it offering a flexible space as a meeting point to socialise and to offer a range of physical activity sessions (in an interesting environmental setting with access to green and blue space). It has the potential to offer activities which are not widely on offer elsewhere

in the city, but have not yet been tested with older people. Exploring opportunities with older people to utilise the green, blue and indoor space at Debdale is an exciting possibility of the project.

The 2016 mid-year population estimate by ward shows a population of 21,700 in Gorton South and 18,100 in Gorton North. Key demographics (2011) for the ward include:

- 40.7% of older people live in deprivation
- 41% of pensioners live alone

**NOTE: Proposed boundary changes mean these wards will become known as 'Gorton and Abbey Hey' from May 2018.*

The training offer would support 10 – 12 people in Year One, with an additional 10 – 12 people in Year Two. This is likely to support up a minimum of 5 community groups each year (including one at Debdale). However, the volunteers trained up to lead the AFM groups will be encouraged, if they wish so, to deliver additional sessions at other locations of their choice, potentially using a charging mechanism to make sessions sustainable.

Expected Outcomes:

Excluding Debdale, the training for volunteer leaders and peer mentors would support a minimum one weekly session in 4 groups across the

city, with 10 visits at each session (total of 40 visits per week), engaging between 40 – 60 individuals per year.

In addition at Debdale, there could be multiple offers across the site – so in Year One two or three activities could operate at the same time with different participants, to suit different interests, with them using the same communal area to socialise before or after the activities. This offer could reach 30 – 50 individuals in Year One.

Outcomes will be fully worked up, in consultation with a range of stakeholders, to ensure they are appropriate and achievable. We anticipate that some of the outcomes will be:

- Increased physical activity levels (30 minutes + per week)
- Reduction in sedentary behaviour
- Increased confidence to undertake physical activity
- Improved mental wellbeing
- Increased number of people volunteering/ volunteer hours in physical activity
- Increased confidence levels and sense of purpose and belonging for volunteers and peer mentors
- Increased access to outdoor space and connectivity to the environment
- Increased socialisation around physical activity

3

WHAT MATERIALS

Describe any materials used in the intervention (including online appendices or URLs for further details). For example:

- informational materials (may include those provided to recipients of the intervention or in training of intervention providers)
- nature and value of any benefit provided (eg, cash, voucher, meal)
- any physical resources or infrastructure provided as part of the intervention

Materials:

Debdale:

- Indoor equipment for activities such as Table Tennis, Indoor Bowls, Darts, Indoor Curling
- Outdoor equipment including equipment for Archery

Social Paddle

- Equipment/materials for accessing the water – life jackets, boating equipment, health and safety briefing

PALS

Each participant received a folder which contained content for the ten modules covered on the training course.

A small amount of equipment is provided such as resistance bands, stop watch and draw string bag.

Newton Heath

- Indoor equipment for activities such as board games, table tennis, indoor bowls and curling, outside games.

Training

- Fit for Life training – 20 hours of classes to provide participants with skills and confidence to deliver their own classes, teach them

suitable exercises and how to adapt them to different levels (delivered by an older adult volunteer who will then support participants to deliver to facilitate their first class and provide on-going telephone support). These volunteers and this part of the programme are called PALS – Physical Activity Leaders

- Post-training support was provided by Rosemary Mallace for those participants who requested this which involved telephone support and visits to observe a trained Leader delivering their session.

Nature and value of any benefit provided:

Lunch and refreshments provided during the training course.

Physical resources/infrastructure:

- Debdale area (including Debdale Park and Debdale Outdoor Centre, with access to Fallowfield Cycle Loop and Heritage Trails) – place-based approach to increasing physical activity.
- Water activities on Debdale Lake
- Stirling Centre, Newton Heath (PALS delivered here)
- Various venues for PALS courses
 - Victoria Square Community Centre
 - Heathfield Hall
 - Hulme Garden Centre

4

WHAT AND HOW

Describe how the intervention was planned, established, and intended to be delivered. Depending on the type of intervention, it may be useful to consider:

- how sources of funding for the intervention and the service providers were obtained, how users were enrolled and the service delivered
- how any payments were made or benefits delivered, how qualifying conditions were implemented
- the entity being regulated, the scope of the regulation, permitted level of use; procedures for monitoring or enforcing compliance, and any sanctions for non-compliance
- how people were exposed to the intervention, whether it was provided to individuals or larger populations
- any underpinning legislation including name, date passed, and legislative body

How was the intervention planned?

Debdale

2nd taster/ consultation day

16 attendees attended on the 16th May and took part in consultation and activity tasters, the majority were female. The consultation showed there is a real appetite for walking and cycling activities, to get out on the water and try different things weekly. Friday mornings are the preferred choice of day/ time for the majority, there is some interest in accessing evening activities. Those attending were keen to have the opportunity to socialise. Simon has produced a report summarising the feedback.

6 week taster sessions

Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group

Following the feedback, taster sessions were put on for 6 weeks trying a range of activities including orienteering, cycling, walking and water activities.

Following this there was a further discussion with the participants about what activities they had enjoyed and why? Which activities were less interesting and why? At this session we talked about an Autumn/Winter programme and due to changes in weather the likelihood of bringing activities indoors and discussed what activities were of interest.

FitForLife Training – PALS

'Fit for Life'

This will provide training to those who organise social activities so they are able to deliver physical activity sessions as part of their social activity.

- 10 sessions, approx. 2 hours per session
- Developed through a focus group with potential participants to discuss training. A focus group was held with approx. 8 potential participants to explain the content and what skills completing the course would provide. There was a discussion about how the course could be delivered and from this the preference was to group modules together to deliver the 20 hours one day per week over 4-5 weeks.

What is the intervention?

Debdale place-based approach

- A place-based approach to physical activity delivery based around Debdale Outdoor Centre. The group meets weekly and is now generally not instructor led as the group fed back they preferred this way of self-sustained delivery (going for walks around the park, making use of the community centre facilities). Some activities require an instructor, specifically going out on the lake in the park, so plans are in place to train one of the participants to qualify them to lead the water sessions.
- During winter period or when weather is bad there are facilities for indoor activities (indoor bowling, curling, table tennis, some instructor-led activities Tai Chi, Yoga, Keep Fit etc).
- Participants have started to take ownership of the sessions with certain individuals taking on informal peer mentor roles – some have knowledge about the area so will lead on the walks, others organise the tea/coffee and keeping the kitchen in good condition, others support new participants in joining in

5

WHO PROVIDED

Describe the provider of the intervention, including legal status and powers, field organisations and staff responsible for planning, implementation, monitoring and enforcement. Where relevant, describe intervention provider expertise and training (general or specific to the intervention)

FitForLife Training - PALS

- A training course developed by Rosemary Mallace – a personal trainer who is an older adult herself. Participants are trained to deliver chair-based exercise sessions as part of their sedentary social groups
- Participants who are trained are volunteers and the course comes at no cost to them as part of the programme

Newton Heath

- New sessions developed following success of Debdale pilot – similar model however focus on social eating

Lead provider: MCR Active

Other organisations: Age Friendly Manchester & Age UK Manchester

Programme Manager & Co-Ordinator: Angela Martin & Simon Morrissey (MCR Active)

Trainer for course: Rosemary Mallace – Personal Trainer

PALS volunteers across various Age Friendly groups

- Debdale area – park and outdoor centre with access to lakes
- Stirling Centre in Newton Heath (community centre)
- PALS - Various locations across Manchester where groups meet

Debdale – weekly sessions approx. 2 hrs, a daytime session and evening session was developed

Social paddle weekly 6-8PM (seasonal offer)

Newton Heath – weekly, 3hrs, day time session

PALS – generally weekly sessions, dependant on social group set up and scheduling. Some PA is delivered on ad-hoc basis, whilst others every week.

6 WHERE

Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features

Describe the type of location (eg, school, community centre) and the geographical scope of the intervention (eg, national, regional, city-wide). Where relevant, describe the historical, cultural, socioeconomic, or political background to the intervention

7 WHEN and HOW OFTEN

Describe when the intervention was implemented, how long it remained in place, and, if applicable, the number, duration, and scheduling of occasions

8.1 PLANNED VARIATION

Describe and provide the reason for any variation or tailoring that was planned or allowed for in the design of the intervention. Examples include differences between locations, geographical areas, population subgroups, or over time

8.2* UNPLANNED VARIATION

Describe and provide the reason for any unplanned variation or modifications in the intervention (eg, between different locations, geographical areas, population subgroups, or over time) that were made after the intervention commenced

Debdale

- Evening session- From the taster/ consultation days held at start of programme, there was feedback that an evening offer would be ideal for those who are still in employment and/ or have caring responsibility during the daytime.
- A new evening session “Social Paddle” was also developed based on feedback, weekly sessions 6:00 – 8:00pm offering water activities only.

Debdale

- Additions to Debdale due to cold weather over Winter months: A dart board was purchased -although does not provide moderate intensity activity it provides another indoor activity, making use of the small meeting room which wasn't previously used and provides a social hook to attract people. Participants could have a game of darts and take part in another activity.

Newton Heath – New Session

- A new Active Ageing session starting at the Stirling Centre, Newton Heath aimed at Over 50s. The insight and research shows us that health is poor in the area and social isolation is high for this age group. 4CT are an organisation supporting the voluntary run Stirling Centre and were

interested in the place based approach we have taken at Debdale.

- With agreement from Greater Sport, funds from the Manchester project were used to support the purchase of equipment, promotion and taster sessions to support the co-design of a suitable programme with residents.
- A range of indoor equipment was purchased and participants take part in table tennis, outdoor games and board games. The participants are socially isolated and welcome the social side of the session; lunch is provided for a small fee. There is a young volunteer/ school leaver who is supporting the session.
- There is a charge at the session (£3.50) this also provides a hot lunch and the aim is to encourage residents to attend to socialise have lunch and engage in physical activity whilst they are there.
- Session started 1st May 2019, 11:00am – 2:00pm, weekly session.
- Constant feedback from participants that influenced development of session and addition of evening sessions
- Feedback/focus groups with older adults to ensure PALS course was acceptable and appropriate

9.1 HOW WELL

Describe any strategies used or actions taken to maintain fidelity of the intervention (ie, to ensure that the intervention was delivered as intended)

9.2* HOW WELL

Describe the fidelity of the intervention (ie, the extent to which the intervention was delivered as intended)

Peer mentoring

- Natural role of peer mentoring – not formalised as initially planned however participants had naturally taken ownership of the Debdale pilot, with some participants taking one

leadership roles and taking on a sort of peer mentor role without formal training or recognition.

PALS

- Not all those trained went on to deliver – A couple of participant's who accessed the training were not associated to any age friendly social groups but wanted to learn new skills.
 - As these are volunteers it is difficult to track participants once they have completed the training course.
-

Rochdale

Item Number	Item	Description
1	BRIEF NAME Provide the name or a phrase that describes the intervention	The Greater Manchester Active Ageing Programme (Rochdale) Fit4Life
2	WHY Describe the logic, mechanisms, or rationale of the intervention, clearly linking intervention elements to the expected effects on immediate or longer term outcomes (or both)	The Greater Manchester Active Ageing programme is funded by Sport England and involves a collaborative approach to increasing physical activity across 8 Metropolitan Borough Councils (MBCs) in Greater Manchester (Bury, Manchester, Rochdale, Trafford, Tameside, Bolton, Stockport, Salford). The programme will involve 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 will be a focus on innovative methods such as co-design, and place-based and whole-system 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.

Rochdale – the rationale behind the project:

The focus of the Active Ageing project in Rochdale is to work with inactive Adult Carers or adults with caring responsibilities aged over 50 years old to increase their physical activity levels.

Carers make up 11% of the adult population (census 1991) of the Borough, although this is recognised as likely to be an underestimate. There are estimated to be between 23,000 and 31,000 Carers in the Borough, although many do not identify themselves as Carers but have varying degrees of caring responsibilities. This group has been identified as being inactive or having very low and irregular levels of physical activity and are twice as likely to suffer from poor health as general adult population.

Carers are most likely to be female and 58% are of working age but 48% are not in employment. (Rochdale Borough JSNA)

Insight work indicated that activity levels in Rochdale Borough for those aged 65+ are in line with GM average, reflecting priority delivery over the last 5 years. However, Rochdale remained significantly worse in terms of participation for those in the 55-64 age category. This age category is therefore the primary target group for this programme and there may be a correlation between the high numbers of adults with caring responsibilities of working age who may be struggling with conflicting needs of caring, work and their own age related health needs and inactivity.

Events organised by Active Ageing Partnerships took place in Rochdale and Middleton. 150 Carers and partners attended in Rochdale, and 120 in Middleton. The events were used as an opportunity to consult on what people's views were and what they would like to take part in, when, their motivations and preferred communication methods.

Consultation was carried out (prior to the project starting) throughout the borough via various organisations (Link4Life, Circle, Carers Hub Rochdale). Responses were collated from 174 Older adult Carers with the following results:

- 42% want Keep Fit
- 36% want dance activities (including Line Dancing, Zumba, Country Dancing and 60's Jive)
- 16% want Table Tennis
- 14% want Walking Netball
- 14% want Badminton Basic
- 6% want Walking Football
- 6% want Walking programmes
- 4% want Swimming/Aqua Fit

52% are happy to communicate via email and their main requirement for activities is fun (60%), social (54%) and to get fit (20%). This data was used to inform and develop the programmes.

Expected outcomes of the programme:

Physical Wellbeing

1. Increase the number of inactive older adult carers in the Rochdale Borough achieving 30mins of aerobic and strength related exercise.
2. Increase the numbers of older adults achieving 150mins of physical activity per week.
3. Improve the overall health and wellbeing of older adults in the Rochdale Borough.

Achieved through regular sessions which offer a wide range of activity (resistance, aerobic, weight bearing). Also introducing physical activity as part of a wider healthy lifestyle (e.g. in relation to diet, weight management).

Mental Wellbeing

1. Ensure sessions are enjoyable and help to reduce anxiety, stress or depression.
2. Improve self-esteem, confidence and social engagement.
3. Improved mental wellbeing and ability to cope with caring role.
4. Signpost to other services on identified need.

Some sessions followed by social refreshments for the group to encourage social interaction. Trained staff and support to ensure all programmes are person-centred with a range of activities to improve cognitive functions. Use the Carers Outcome Star to identify additional needs, signpost to other support services as required to help with the caring role. Using this holistic approach will help to increase wellbeing and coping strategies and longer term adherence to exercise.

Individual Development

1. Older adults achieving their exercise goals and improving their confidence with the support of motivated qualified instructors.
2. Promote volunteering opportunities within the programme using “local champions”
3. Increased self-efficacy.

Trained qualified instructors with experienced within the target age range, who will encourage each person to continue their journey towards a more active lifestyle. Training Courses to up-skill volunteers from community groups and individual participant opportunities. Support participants to do additional activity in green spaces and in and around the home.

Social and Community Development

1. Create a sustainable asset based programme which uses a whole system approach in its design.
2. Use local venues to increase capacity and sustainability.
3. Reduce social isolation amongst older adults in the Rochdale Borough.
4. Bring people from diverse backgrounds together.

Deliver this by providing interventions that bring older together and connects them socially people, facilitating the right type of interaction between older people of different backgrounds. The sessions are fun, friendly and social for all abilities – “do what you can”.

3

WHAT MATERIALS

Describe any materials used in the intervention (including online appendices or URLs for further details). For example:

- informational materials (may include those provided to recipients of the intervention or in training of intervention providers)
- nature and value of any benefit provided (eg, cash, voucher, meal)
- any physical resources or infrastructure provided as part of the intervention

Case studies were an important part of capturing the impact and outcomes of programmes for individuals.

Materials:

Carers Outcome Star

- Monitoring the impact of the carers outcome star
- The Carers Outcome Star is used to assess wellbeing in terms that are meaningful to Carers. It is used to assess quality of life in terms of health, caring role, managing at home, time for yourself, how you feel, finances and work. It allows a baseline assessment to be carried out and identifies areas of concern, which will be identified at early engagement & allow signposting to other partner services for additional support.

Case studies & reports

Videos/photos for social media

Training

Programme deliverers and instructors have been upskilled in assistive technology for carers so they can advise them on overall support to make it easier for them to attend sessions and have time for themselves being active. Other training included: training in the Carers

Outcome Star, Walk Leader training, “Someone Like Me”, strength based conversation training, Supporting Carers and dementia training.

Also, staff support, listening and signposting available for people going through difficult times, a life-changing event, bereavement etc.

Buddy-up scheme for those who are going through or have been through difficult times in their lives or feeling isolated.

Nature and value of any benefit provided:

The Carers Hub Rochdale worked in partnership with Link4Life to provide a Short Break Voucher Scheme.

Eligible Carers could be provided with up to £100 of vouchers which they could share with their cared for, to access the range of activities and events that Link4Life have on offer.

Other vouchers were issued via additional partnership work including first class free, bring a friend for free voucher incentives

Physical resources/infrastructure:

- Nature Walks – Hollingworth Lake Country Park and Alkrington Woods
- The Best of the 50's & 60's - Stanycliffe Social Club and St Martin's Church
- Fun Dance – Heywood Civic Centre

- Walking Netball – Heywood Sports Village and Kingsway Park Sports Village
- Swimming and Aqua Relax- Rochdale Leisure Centre, Middleton Arena, Heywood Sports Village
- Table Tennis and Short Tennis – Heywood Sports Village
- Fun Dance – Heywood Civic Centre
- Gentle Exercise – Smallbridge Library and Yew Court
- Zumba Basic - Apna Ghar

4 WHAT AND HOW

Describe how the intervention was planned, established, and intended to be delivered. Depending on the type of intervention, it may be useful to consider:

- how sources of funding for the intervention and the service providers were obtained, how users were enrolled and the service delivered
- how any payments were made or benefits delivered, how qualifying conditions were implemented
- the entity being regulated, the scope of the regulation, permitted level of use; procedures for monitoring or enforcing compliance, and any sanctions for non-compliance
- how people were exposed to the intervention, whether it was provided to individuals or larger populations
- any underpinning legislation including name, date passed, and legislative body

How was the intervention planned?

- Consultation working with local partner organisations (N-Compass, HMR Circle) and local residents in order to determine the most popular activities amongst the target cohort (carers over 50)

What is the intervention?

Fit4Life is a project developed by Link4Life in Rochdale. It focuses on offering low cost, pay-as-you-go, non-membership fitness and sports sessions for Carers aged 55+. Those entitled to the Carers Hub Rochdale vouchers can also access these activities.

Fit4Life Activity sessions:

Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group

Activity sessions for Over 50's aimed at supporting people who have caring responsibilities for an adult or child

Walking Netball

- Slowed down Netball at a steady pace for those involved
- £2.50 per session
- Weekly sessions

Walking

- £1 per session, including refreshments
- Easy, Moderate, Mindfulness
- Nature walks over summer and winter months
- Morning/Evening walks

Fun Dance sessions

- Low impact exercise class with music and easy to follow movements

Zumba Basic

- Zumba at a slower intensity and low impact

"Best of the 50's and 60's"

- Fitness class with music from the 50's and 60's eras

- Option for chair based session

Over 50's Sport & Fun

- Table Tennis
- Short Tennis
- Swimming

Aqua Relax

- Dementia Friendly swimming
- Aimed at those living with dementia or living with LTHCs
- Supported staff at the session

Adult Swim Sessions

- Identified a quiet time for carers to access sessions in a more relaxed and peaceful environment
- £2.50 per session

Short Tennis/Table Tennis

- Chance to try out these two sports in a relaxed and friendly environment
- £2.50 per session

5

WHO PROVIDED

Describe the provider of the intervention, including legal status and powers, field organisations and staff responsible for planning, implementation, monitoring and enforcement. Where relevant, describe intervention provider expertise and training (general or specific to the intervention)

Activity sessions participants are linked to (already running, not set up through Sport England funding):

- Approx 50 existing sessions participants could be signposted to
- Zumba Basic, Pilates, Couch to 5k, LBT Beginners, Walking Football, Over 50s Sport & Fun, Tai Chi, Yoga, Pilates & other more active sessions

Local Champions

- Active champions are identified and asked to 'bring along an inactive friend'.
- Using local champions to find out about local needs, feedback and to help spread the word of new activities starting etc.
- Chain of champions e.g. 1x active person brings a friend, brings husband, friend, sister etc all inactive (mainly walk sessions)

Lead provider: Link4Life

Programme Manager: Sarah Shard – Adult Participation Manager

Link4Life instructors and training received:

- Assistive Technology – Sarah, Catherine and 3 instructors
- Walk Leader – Sarah and 2 x volunteers
- Someone Like You – Sarah, Catherine
- Carers Outcome Star – Sarah, Catherine, Shirley & 3 instructors

6 **WHERE**

Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features

Describe the type of location (eg, school, community centre) and the geographical scope of the intervention (eg, national, regional, city-wide). Where relevant, describe the historical, cultural, socioeconomic, or political background to the intervention

7 **WHEN and HOW OFTEN**

Describe when the intervention was implemented, how long it remained in place, and, if applicable, the number, duration, and scheduling of occasions

8.1 **PLANNED VARIATION**

Describe and provide the reason for any variation or tailoring that was planned or allowed for in the design of the intervention. Examples include differences between locations, geographical areas, population subgroups, or over time

- Strength Conversations – Sarah and 1 instructor
- Dementia – Sarah and 5 instructors
- 50's & 60's Training – 2 instructors

- Yew Court Sheltered Accommodation
- Hollingworth Lake
- Alkington Woods
- Smallbridge Library
- Stanycliffe Social Club
- St Martins Church
- Heywood Civic Centre
- Heywood Sports Village
- Middleton Arena
- Rochdale Leisure Centre
- Kingsway Park Sports Centre
- Rochdale Unitarian Church
- Apna Ghar

Weekly sessions approx. 1 hr each, mostly daytime, some later sessions dependant on consultation/feedback for new sessions, existing sessions fixed timetable.

8.2* **UNPLANNED VARIATION**

Describe and provide the reason for any unplanned variation or modifications in the intervention (eg, between different locations, geographical areas, population subgroups, or over time) that were made after the intervention commenced

9.1 **HOW WELL**

Describe any strategies used or actions taken to maintain fidelity of the intervention (ie, to ensure that the intervention was delivered as intended)

Consultation, champions, social media, Q&As, motivational interviewing, needs & demands – requests in specific areas, regular feedback, reflection

9.2* **HOW WELL**

Describe the fidelity of the intervention (ie, the extent to which the intervention was delivered as intended)

Salford

Item Number	Item	Description
1	BRIEF NAME Provide the name or a phrase that describes the intervention	The Greater Manchester Active Ageing Programme (Salford) Move and Improve
2	WHY Describe the logic, mechanisms, or rationale of the intervention, clearly linking intervention elements to the expected effects on immediate or longer term outcomes (or both)	The Greater Manchester Active Ageing programme is funded by Sport England and involves a collaborative approach to increasing physical activity across 8 Metropolitan Borough Councils (MBCs) in Greater Manchester (Bury, Manchester, Rochdale, Trafford, Tameside, Bolton, Stockport, Salford). The programme will involve 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 will be a focus on innovative methods such as co-design, and place-based and whole-system 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.

Salford – the rationale behind the project:

A mapping of 55+ population in areas of the city of Salford against areas of deprivation, have been used to inform decision about the target area; Swinton.

The target audience for the awareness raising campaign for this programme is over 55's who are currently inactive or not meeting the 30 minutes moderately active a week across Salford. In terms of the specific targeted activities which will be determined by local people though small investments, the focus will be for over 55s living or socialising in the Swinton area of Salford.

It is known that many over 55s are inactive and have Long Term Conditions which could benefit from physical activity. The Swinton neighbourhood is being targeted as it is one of the areas with a higher population percentage of older people that is not covered by Ambition for Ageing (A4A) funding. It is therefore the intention that this programme will supplement the A4A programme, working towards a similar proven model of delivery; targeting a new area and with a clear focus on increasing physical activity.

The Active Ageing initiative fits strategically with the World Health Organisations Age Friendly Cities programme of which Salford is a member. Age-friendliness is split in to eight key areas including outdoor spaces, social participation and social inclusion, increasing people's physical activity fit well with the delivery of these.

Expected Outcomes:

The ONS population estimate for 2016 gives a figure of 60,845 for people aged 55 and over in Salford, with 10,132 55+ in Swinton.

Specific KPI's included;

- Through the awareness raising we would expect to realistically reach 20% of the target population across Salford, and will track engagement through website views, twitter interactions and uptake of incentives, etc
- Increase in activity levels of those taking part, initially inactive older people engaged into programme through a Big Listen consultation survey (20% of target population, approximately 2000 people, to attract into activity; activity levels measured at appropriate intervals throughout the programme, and following initial intervention, depending on what they are engaged in doing
- 400 inactive Older People in Swinton supported in to activity, from the targeted population in Swinton, tracked through the small investments and other increased uptake in existing appropriate activity
- Investment in at least 15 projects per year through the small investments pot
- Develop 1 case study per project, and 2-3 more in depth studies of the impact per year
- 25% of participants completing well being plans at beginning of their engagement

The Sport England focus is on older adults attaining at least 30 minutes moderate intensity activity, and for this programme will be older

people who have the potential to participate in sustained activity at moderate intensity. NICE guidance suggests;

“Physical activity programmes for older people should include mixed exercise of moderate intensity (e.g. dance, walking, swimming); strength and resistance exercises, especially for older people living with frailty; toning and stretching exercises”.

The GM insight developed as part of the Active Ageing programmes suggests that across Greater Manchester, the challenge for take up of physical activity is 65+. In Salford the target should be 55+ whole population focus, with emphasis on greater take up of physical activity from this age. The messages developed will also be designed so that friends and family of those being targeted can use the messages to promote behaviour change, so the reach will include all people.

Key outcomes for the programme as stated in the attached logic model are;

- Encouraging inactive to become physically active, increasing levels of physical activity within the target group (including incorporating “moving more” in everyday lives)
- Improved awareness of opportunities and of the benefits of physical activities to health and well being (physical and mental)
- Increased uptake of physical activity opportunities in a variety of environments including parks and open spaces
- Improved accessibility of opportunities – making more age appropriate to reduce barriers

- Increased capacity and skills (staff and volunteers) to deliver activities and encourage uptake of age appropriate activities and to affect behaviour change for health benefits
- Improved health and wellbeing

3 WHAT MATERIALS

Describe any materials used in the intervention (including online appendices or URLs for further details). For example:

- informational materials (may include those provided to recipients of the intervention or in training of intervention providers)
- nature and value of any benefit provided (eg, cash, voucher, meal)
- any physical resources or infrastructure provided as part of the intervention

Materials:

Consultation with older people to develop the marketing element of the project – Move and Improve decided on by older people

Flyer used to promote the project

Application process for applying for funding

Scoring sheet for members of project team to agree funding for project

Training

Development Worker attended training sessions provided by Greater Sport during the project, the training sessions were -

Peer Mentor training

Engaging Older Adults

Later Life Training

Workforce Training

Adult Safeguarding – provided by Salford CVS

Investment funded groups were provided with 1-1 discussion on keeping activity and the move and improve messages through conversations with the development worker. Development worker met regularly with all the groups funded

Nature and value of any benefit provided:

The project offered small investment opportunities to local groups this was either paid to them via bank transfer or CVS would support and purchase items they needed out of the grant

Physical resources/infrastructure:

Through the small investment funding groups were able to fund: Venue hire, activity workers such as Tia Chi and yoga instructors, and equipment

How was the intervention planned?

In the first stages of the project focus groups were held with older people groups around Salford to establish what keeping active meant to them. This was how the move and improve model was developed.

4 WHAT AND HOW

Describe how the intervention was planned, established, and intended to be delivered. Depending on the type of intervention, it may be useful to consider:

- how sources of funding for the intervention and the service providers were obtained, how users were enrolled and the service delivered
- how any payments were made or benefits delivered, how qualifying conditions were implemented
- the entity being regulated, the scope of the regulation, permitted level of use; procedures for monitoring or enforcing compliance, and any sanctions for non-compliance
- how people were exposed to the intervention, whether it was provided to individuals or larger populations
- any underpinning legislation including name, date passed, and legislative body

Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group

Through the conversations within the community the development worker was able to identify projects which could be funded to increase physical activity offer for older people in the neighbourhood of Swinton.

Time was spent with individuals and groups to develop projects and write the application for small scale funding. All applications were approved via a panel of public health and Salford Community Leisure. Once approved applications were sent to Salford CVS and contracts were issued to groups and funding allocated

Once funding had been secured regular face to face contact was maintained with the groups by the development worker to ensure activities were taking place and groups completed the required monitoring forms

A steering group was established made up of key partners> Age Uk Salford (lead for ambition for ageing), Salford City Council Public Health (lead for age well), Salford community Leisure (lead for sport and physical activity within Salford), Salford CVS (administrators of the investment fund) and Inspiring Communities Together (led for Age Friendly Salford and delivery of the move and improve project)

What is the intervention?

PROJECT OVERVIEW

There are 2 parts to this programme;

- 1) An awareness raising Campaign.
- 2) Small investment opportunities – small pots of up to £2k per organisation/group to either provide access to existing activity offers, or to help to develop and establish new tailored activities where demand is identified.

Awareness raising Campaign

The awareness raising campaign sought to provide social norms of physical activity through positive images and messages which challenge ageist attitudes; and also increased self-awareness, belief and confidence from being encouraged by peers to take part, thereby normalising the behaviours. Very often it is the case that target group is unaware of the offer, or that they are not considering 'being active' in that way i.e. they may wish to dance for the enjoyment rather than

because it's a form of physical activity, or they believe that the activity is "not for them".

Based on discussion with older residents in Salford the slogan "Still got it" was used, Citywide, raising awareness of being physically active for 30 minutes a week in the wider 55+ population.

Local activities: A programme of activities will be planned in public spaces for people to actually see rather than just hear about... The development of local activities will also help to connect older people to place/ environment as well as recognising valuable community assets available to the local community



Leaflets were distributed in Swinton into supermarkets, cafes, hairdressers Swinton Gateway and through visits to groups.

This generated interest from groups such as a group of men and women that go to Agnes Hopkins for lunch one a week would like to have a gardening group and a tai chi teacher at the centre.

Small Investment Opportunities

Small investments were made available for local groups to develop activities. Established a system for approving the small investments, supporting groups to write the bids and building the capacity of groups to deliver their ideas as well as completed the required monitoring and evaluation forms.

As stated above these physical activity offers were targeted in the Swinton area. Ideas were developed in consultation with residents and local partners. Local activities in Swinton should be in less intimidating environments than a leisure centre, so a community centre etc, tapping into things people used to do like dance or walking football or just going for a walk.

Groups were supported to access the funding through the active ageing development worker who worked with the Ambition for Ageing development team, within Inspiring Communities Together. The allocation and management of the funding was overseen through Salford CVS who already administered the AfA small scale investments. The development worker would support local people to complete the application form and this would then be sent to partners in the project for approval. Once the application was approved the development

worker would send the form to CVS to process the payments to the local groups that were successful

The funded groups are listed below:

Walking Rugby – adapted version of rugby involves participants walking instead of running

Kurling – Indoor Kurling, adapted with a frame to help less able members of the group participate

Yoga (your yoga journey) – yoga sessions for older adults, funding commissions the instructor to take sessions into carehomes

Keep Fit – Keep fit classes for women over 55

Cycling – Cycling sessions in Blackleach Country Park for older people using adapted bikes for people with disabilities

Nordic walking – walking sessions in which participants use walking poles

Active Potters – gardening group

Running Group - couch 2 5k sessions for all abilities

Canal-a-size – Walking and litter-picking along the canal. Equipment purchased such as weights to add to the walks.

Fit Gym (Victoria Park) – led sessions using the outdoor gym equipment

Thornton Court activity sessions – yoga sessions for older adults, funding commissions the instructor to take sessions into carehomes

Alderwood activity sessions – yoga sessions for older adults, funding commissions the instructor to take sessions into carehomes

5 WHO PROVIDED

Describe the provider of the intervention, including legal status and powers, field organisations and staff responsible for planning, implementation, monitoring and enforcement. Where relevant, describe intervention provider expertise and training (general or specific to the intervention)

The partnership

Inspiring Communities Together are working in Partnership with:

- Age Uk Salford - <https://www.ageuk.org.uk/salford/>
- Salford Community Leisure - <http://www.salfordcommunityleisure.co.uk/>
- Salford CVS - <https://www.salfordcvs.co.uk/>
- Salford City Council - <https://www.salford.gov.uk/your-council/council-departments/public-health/>

6 WHERE

Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features

Awareness raising campaign

Describe the type of location (eg, school, community centre) and the geographical scope of the intervention (eg, national, regional, city-wide). Where relevant, describe the historical, cultural, socioeconomic, or political background to the intervention

The project held an introduction to Tai Chi class in Critchley Café to raise awareness of the project

This included 18 local older people participating

Marketing was used with the flyers created and also pull up banners placed outside so people walking past could see we had a lot of people stop and ask what the project was about

Small investment opportunities

Walking Rugby – Salford Sports Village

Kurling – Pendlebury Social

Yoga (your yoga journey) – Thornton Lodge and Alderwood carehome

Keep Fit – St Marks Church

Cycling – Blackleach Country Park

Nordic walking – Clifton Marina

Active Potters – Agnes Hopkins Centre

Running Group - Victoria Park

Canal-a-size – Different walking routes around Country parks in Swinton such as Clifton, Blackleach and the Livia site

Awareness raising campaign

To raise awareness, we had a group activity of Tai Chi and visited a number of places to promote the project this including friends of Victoria park, Clifton marina café, care homes and sheltered housing this awareness raising was continued weekly throughout the project to engage older people into participating in the different groups we had running. We also used social media to promote activities each week.

Describe when the intervention was implemented, how long it remained in place, and, if applicable, the number, duration, and scheduling of occasions

Small investment opportunities

All sessions run once a week approx. 1-2 hours

Active Ageing
Move and Improve
What's on Guide



Tuesday	Wednesday	Thursday	Friday	Saturday
Yoga Swinton Contact Emma 07723041727	Walking Rugby Salford Sports Village 10am – 12pm Contact Neil 0161 604 7600	Active Potters Agnes Hopkins Centre 12pm – 2pm Contact Carole 0161 727 8162	Cycling Club Menton Greenway	Nordic Walking Clifton Marina
Kudling Pendlebury Social 1-2pm Contact Brenda 0161 794 6214	Keep Fit class St Marks Church 11am – 12pm Contact Jackie 0161 794 1099	Running Club Victoria Park	Yoga Swinton Contact Emma 07723041727	Outdoor Gym Victoria Park Contact Lisa 0161 743 3625
		Yoga Swinton Contact Emma 07723041727		

8.1 PLANNED VARIATION

Describe and provide the reason for any variation or tailoring that was planned or allowed for in the design of the intervention.

Found that some of the activities worked best at different times of the day than when they first started

Examples include differences between locations, geographical areas, population subgroups, or over time

8.2*

UNPLANNED VARIATION

Describe and provide the reason for any unplanned variation or modifications in the intervention (eg, between different locations, geographical areas, population subgroups, or over time) that were made after the intervention commenced

Due to Covid 19 we have had to stop the groups continuing to meet due to the age range of our participants falling into the vulnerable category

Cycling held 2 sessions

Fit Gym held the introduction session

Running held 5 sessions

Canal a size held 5 sessions

Due to these newer groups being unable to continue for the health and safety of participants this has impacted the target figures for the project

9.1

HOW WELL

Describe any strategies used or actions taken to maintain fidelity of the intervention (ie, to ensure that the intervention was delivered as intended)

Continued support was offered to groups through the development worker paying weekly visits and maintaining the relationship with the groups also offering them training where needed to develop skills and confidence for them to sustain the activity when the project ended

9.2*

HOW WELL

Describe the fidelity of the intervention (ie, the extent to which the intervention was delivered as intended)

The intervention was delivered as intended and worked well with supporting groups

Stockport

Item Number	Item	Description
1	BRIEF NAME Provide the name or a phrase that describes the intervention	The Greater Manchester Active Ageing Programme (Stockport)
2	WHY Describe the logic, mechanisms, or rationale of the intervention, clearly linking intervention elements to the expected effects on immediate or longer term outcomes (or both)	<p>The Greater Manchester Active Ageing programme is funded by Sport England and involves a collaborative approach to increasing physical activity across 8 Metropolitan Borough Councils (MBCs) in Greater Manchester (Bury, Manchester, Rochdale, Trafford, Tameside, Bolton, Stockport, Salford). The programme will involve 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 will be a focus on innovative methods such as co-design, and place-based and whole-system 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.</p> <p>Stockport are targeting inactive older people across the whole Borough aged 55+ who have experienced a life event as set out within NICE guidance on wellbeing and independence in older people. Evidence shows that older people most at risk of decline have often</p>

experienced a life event

(<https://www.nice.org.uk/guidance/ng32/chapter/Recommendations>).

Rationale of Active Ageing programme in Stockport:

1. Across GM, we know that 'the pattern of physical inactivity increases as people age' and that, 'proportionally, Stockport, Wigan and Tameside have the highest 50-64 year-old populations. For the 65+ age group, it is Wigan and Stockport '(Greater Sport Active People Survey Analysis).
2. Stockport has 25% of the most populated wards with 55+ years people in GM (New Economy Feb 2017)
3. The APS profile for Stockport suggests that there should be a whole population focus on take-up and maintenance of physical activity

Stockport has also developed an analysis of the motivations and enablers of physical activity, generalised to the whole population (not solely, but including older adults). This contains a lot of detail on the wide range of factors that influence individual participation in physical activity grouped into changing circumstances, social and reward motivators and enablers including choice, removing barriers, cost, support and technology. This conceptualisation is especially useful when considering whole system approaches to promoting physical activity.

An audit of physical activity provision within Stockport identified that there were plenty of local opportunities available to those who were over 55 and currently inactive. These are not only being delivered by a series of providers such as Life Leisure, public health and social housing organisations, but also

individuals who are delivering opportunities in church halls and community venues. Knowing this, the project aims to better connect people aged 55+ who have had a life changing event to the existing activities through a stronger infrastructure, whilst utilising the insight gained through engagement, to identify where the true gaps lie in activity provision for this cohort & ensure that provision is extended to meet the increased demand.

The focus of Stockport's intervention is the engagement and support into existing PA provision, and employs a peer mentor model. "Active Ageing in Stockport" is a programme to help individuals aged 55+ who have experienced life changes by supporting them to become more physically active as part of a healthy lifestyle. The programme begins with a 12-week peer mentor scheme with the aim of encouraging and supporting local people to access appropriate social and inclusive physical activity. Other key aspects of Stockport's intervention are the new sessions led by Stockport Homes and the Faces of the Campaign.

Expected outcomes:

- More older people will become both 'partially' and 'fully' active (as defined within the Chief Medical Officer's guidance)
- More older people will take up regular cycling and improve cardiovascular fitness levels
- More older people who are "reluctant cyclists" will make use of the pool bike scheme or purchase a bike to take part in organised rides

- More older people will take part in walking, increasing cardiovascular fitness and social interaction
- More older people will improve core strength and balance, reducing the number of falls
- More older people will have improved social networks, mental health and attitudes to physical activity
- Fewer older people will feel isolated and lonely (participants and volunteers)
- Further increased knowledge of the barriers to participation and ideas of how to address these barriers
- Increased knowledge of when, how & who to most effectively engage inactive older people in physical activity following a life event
- Increased awareness of the likelihood of individuals level of engagement within the identified behaviour change model
- Individuals from the target cohort are engaged and positively inspired to change through peer promoters

3

WHAT MATERIALS

Describe any materials used in the intervention (including online appendices or URLs for further details). For example:

- informational materials (may include those provided to recipients of the intervention or in training of intervention providers)
 - nature and value of any benefit provided (eg, cash, voucher, meal)
 - any physical resources or infrastructure provided as part of the intervention
- Peer mentor training via Age UK Stockport
 - Peer mentors attend training day which includes training around the process and their role as a mentor, safeguarding training and data protection
 - As part of client pack peer mentor provides client with timetable of activities (current PA provision in Stockport – supported by Life Leisure) and the client receives vouchers for 4 of sessions (maximum cost £3)
 - Client pack includes ...
 - Clock – determine time of day client is free
 - What's local – within 10 min walk, within 10 min bus ride, within 10 min car journey
 - Activity timetable
 - Action Plan
 - Activity log
 - Referral pathway materials:
 - Developed a toolkit for external organisations to assist with referring participants who may benefit from peer mentor programme
 - EAZY RIDERS: Purchase 3 normal and 2 electric bikes plus bike locks. Bike loan scheme tested at each of 10 sheltered housing schemes plus Community centres. Note: Bike loan scheme was amended due to lack of secure areas at sheltered housing schemes/community centres for training sessions and storage, all bikes are stored and maintained at CERAcycloan, all bike ability level 1 training sessions took place at CERAcycloan premises.
 - Smile sessions: Sessions were provided by Life leisure at the sheltered housing schemes. As uptake was lower than originally expected sessions were held at one location only and amount of sessions were

extended to provide regular physical activity over a longer period of time to further benefit the participants.

4 WHAT AND HOW

Describe how the intervention was planned, established, and intended to be delivered. Depending on the type of intervention, it may be useful to consider:

- how sources of funding for the intervention and the service providers were obtained, how users were enrolled and the service delivered
- how any payments were made or benefits delivered, how qualifying conditions were implemented
- the entity being regulated, the scope of the regulation, permitted level of use; procedures for monitoring or enforcing compliance, and any sanctions for non-compliance
- how people were exposed to the intervention, whether it was provided to individuals or larger populations
- any underpinning legislation including name, date passed, and legislative body

Active Ageing Stockport - Peer mentor programme

Active Ageing in Stockport is a programme to help individuals aged 55+ who have experienced a significant life event by supporting them to become more physically active as part of a healthy lifestyle. The programme begins with a 12 week peer mentor scheme with the aim of encouraging and supporting local people to access social and inclusive physical activity.

Clients are referred via Age UK, Life Leisure, Stockport Homes, External organisations (e.g. GP's, Physios, etc), Self Referral (e.g. Campaign website, facebook etc)

- 12 week support scheme
- Week 1: Initial meeting → Action plan
- Weeks 2 – 4: Follow up on actions → Establish how client is getting on, offer support & information, discuss 8 weeks contact time

Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group

- Weeks 5-12: Client contacts for further information and support (via phone?)
- Week 12: Evaluation takes place over phone
- 6 month follow-up

Expenses covered for Peer Mentors

Referral pathway – when Peer Mentor support is declined:

- Not all referrals choose to take up Peer Mentor scheme
- Instead these individuals will be provided information about existing physical activity provision in the borough

Stockport Homes

Stockport Homes was formed in 2005 to manage housing stock across Stockport on behalf of Stockport Council. As a limited company we operate as an ALMO which is an 'Arms Length Management Organisation'. So whilst the company is owned by the Council, we operate independently on day to day matters and delivering services to customers.

Stockport Homes is registered with the Homes and Communities Agency as a Registered Provider of Social Housing.

Stockport Homes mission is “One Team, Transforming lives”. SH do this in many ways, one way is the support SH provide to people in local neighbourhoods and community groups who want to make a difference.

SH work in teams which involve staff and customer volunteers in projects. We support many friends of parks groups, volunteer groups who use community buildings as well as the range of different older persons groups based in sheltered housing schemes as well as the wider community.

In addition, Stockport Homes staff work with the Social Events Activities Group or “SEA”. SEA is a group of older volunteers who as the name suggests organise events for Stockport’s older community. Anyone 50 years and upwards may join SEA or get involved in the events they organise. SH proposed to develop SEA into a friends of friends network and explore their potential to become older Peer Mentors

SH projects comprise the following:

- Eazy Riders

- SMILE (Via Life Leisure)
- iCAN

EAZY RIDERS:

- Purchase 3 normal and 2 electric bikes plus bike locks. Bike loan scheme tested at each of 10 sheltered housing schemes plus Community centres.
- Running for one day each month for ten months until CERA will deliver 10 sessions with 4 people at each of bike-ability level one training
- EASY Riders Sunday Ride club with CERA to provide a pathway for people who have taken up cycling again.

iCAN

Each ican programme is made up of 5 sessions. Four iCANs will take place in these locations:

- Edinburgh Close
- Torkington House
- Russell Gardens
- Birch Court

The five sessions are:

- iplay – online games and wii projects
- irelax – relaxation techniques
- icook – locate recipes online and group cooking project
- ilocate – go online to identify local walking routes and places of interest
- iwalk – linked to ilocate a walking group

The project will include the purchase of ingredients; and a cookery group. Provision is also include for travel expenses.

SMILE

Commissioned Life Leisure to deliver 4 sessions of SMILE in one sheltered scheme and 4 sessions in another sheltered location. Life Leisure already deliver SMILE in other sheltered housing locations for Stockport Homes.

Locations for SMILE are:

- Russell Gardens
- Bridgehall Community Centre

Marketing method: Social media – faces of the campaign

Activities:

- Health walks

- iCan
 - *As above*
- E-azy Riders
 - *As above*
- Swimming (via Life Leisure)
- SMILE
 - SMILE (Simple Movements Improve Life Everyday) is a new low impact and gentle exercise concept that offers a consistent activity and an effective preventative tool to increase levels of physical activity in older adults. The project aims to help create positive habits for older adults, to tackle social isolation and loneliness in the local community by not only providing physical activity to improve physical health but to deliver provision which is social, fun and beneficial for helping to improve the health and emotional well-being of older adults.
 - SMILE is adaptable and pays close attention to detail with its delivery when it comes to the music being played, the equipment being used and adapting the session to the participants needs. Adults can exercise at their own pace, feel comfortable exercising seated or standing, improve balance and mobility and after the sessions people will be encouraged to stay afterwards with the hope of developing a social network for socially isolated and lonely people.
 - In partnership with Adult Social care, Life Leisure ran a pilot of SMILE taster sessions between September and December 2016 through a variety of organisations. This consisted of 20 tasters at facilities more accessible for older adults such as care homes, residential homes, church halls,

community centres and venues where groups are being ran. Life Leisure provided the provision for 125 different people with 160 visits to the tasters, aged 55 and older in the various settings.

- Life Leisure collected feedback from the participants (65 forms in total) regarding the content and its delivery aspects. Their evaluation shows that 93% of the participants would attend a SMILE session again with 89% stating they would recommend it to a family or friend.
- The co-productive outcomes of the project are strongly supported through partnership working with local organisations and local people. The pilot sessions delivered at the end of 2016 helped to better understand the differences in perceptions, experiences, motivations and capabilities to tackle inactivity. By tackling such differences this will improve the quality of the sessions being held to maximise the engagement with the participants
- IWIT (I Wish I'd Tried)
 - Wish I'd Tried (IWIT) engages previously inactive adults in welcoming, sociable and engaging sport and physical activity opportunities across Stockport. Since its conception, it has been responsible for improving lives and developing hubs of activities for hard to reach individuals who without the initiative would have remained inactive and isolated. Emphasis is placed on marketing to inactive individuals and focuses on providing fun, non-intimidating activities in a comfortable environment. The coaches and instructors are at the forefront of influencing new people to

begin enjoying the activities which have numerous physical and mental health benefits.

- The project has engaged participants with and without disabilities and long-term health conditions, those in areas of higher deprivation and to those from BME communities. The diverse programme includes activities such as Walking Football, “Bat and Chat” Table Tennis and fitness sessions like Introductory Pilates and Boxercise. Life Leisure have helped create welcoming social groups to provide for people who just want to play without the pressure of competition and allow for the continuous integration of new participants.
- Stay steady
- More activities available through Life Leisure provision – see: <https://www.lifeleisure.net/>

Faces of the Campaign

A key part of the programme was the development of a marketing campaign which involved working with and highlighting the stories of local older adults who had experienced a life change event and found that being physically active had helped them improve their quality of life – physically, mentally and socially. The first planning phase of Active Ageing in Stockport was directed towards identifying the faces of the programme in order to make this programme relatable to the audience. These are individuals (aged over 55 and have experienced a life change event) that have inspirational and powerful stories that could be shared with relatable people in the community. Sharing their significant life events through the videos

5

WHO PROVIDED

Describe the provider of the intervention, including legal status and powers, field organisations and staff responsible for planning, implementation, monitoring and enforcement. Where relevant, describe intervention provider expertise and training (general or specific to the intervention)

attracted a lot of interest to not only older adults but to family members, friends and health professionals. The videos incorporated a lighter angle to their story which has shown ways in which to take part in beneficial social activity.

Peer mentor programme

The provider of the intervention is Age UK Stockport, responsible for the recruitment, training and supporting of the Peer Mentors.

Peer Mentors are supported by the Active Ageing Coordinator who ensures that their training and development needs are met, and are provides ongoing support as needed.

The role of a Peer Mentor is:

- To discuss with and identify the participants needs
- To support and encourage them to take steps towards a healthier lifestyle
- Where necessary, to provide support and encouragement on a one-to-one basis, to enable individuals to make choices to improve their own health and well-being
- Explore ways for participants to meet new people
- To keep records as required
- To attend training sessions
- To attend regular support group meetings and individual support meetings

- To promote the concept of a healthy lifestyle

What knowledge does a Peer Mentor need?

As Peer Mentor, it would be beneficial (but not essential) for you to:

- Have first-hand experience of transitional life events e.g. retirement, divorce
- Understand how life events can impact on physical and mental health and / or wellbeing
- Be willing to find out about local services and activities and how to support individuals to use them

Peer Mentor Training (via Age UK Stockport):

- Peer mentors are required to attend training before beginning role.
- One session approx. 3 hours.
- This will cover areas such as having a good conversation, what is physical activity, the benefits of physical activity and ageing, the barriers to participation and more.
- As this service involves home visiting, volunteers will be required to be engaged with specific training and procedures around personal safety and safe home visiting.
- As some recording is required also training around recording and confidentiality.

Stockport Homes sessions

- SMILE sessions delivered by Life Leisure instructors

6

WHERE

Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features

Describe the type of location (eg, school, community centre) and the geographical scope of the intervention (eg, national, regional, city-wide). Where relevant, describe the historical, cultural, socioeconomic, or political background to the intervention

7

WHEN and HOW OFTEN

Describe when the intervention was implemented, how long it remained in place, and, if applicable, the number, duration, and scheduling of occasions

- iCan delivered by Start Point at 4 x sheltered housing schemes
- Eazy Riders bike ability level 1 and level 2 training sessions and bike loan scheme delivered by CERAcycloan.

Peer mentor programme

- Home visits with clients week 1-4
- Various locations for activities in Stockport – local to client (e.g. 10 min walk, 10 min bus ride, 10 min car ride)#

Stockport Homes sessions

- Edinburgh Close
- Torkington House
- Russell Gardens
- Birch Court

Locations of Life Leisure activities

- Clients referred to number of existing sessions

Peer mentor programme

12 week programme

Weekly visits week 1-4

Stockport Homes sessions

ICan: 5 x weekly sessions at 4 different locations 20 sessions in total.

SMILE: weekly at one location

Eazy Riders: One training session combining level 1 & level 2 bike ability training (9am – 4pm) for each participant. Bike loan scheme available 9am – 4pm daily as requested, led bike rides weekly 9am – 4pm

Intention of programme is to encourage people into physical activity eventually continuing independently following the peer mentor support

8.1 PLANNED VARIATION

Describe and provide the reason for any variation or tailoring that was planned or allowed for in the design of the intervention. Examples include differences between locations, geographical areas, population subgroups, or over time

One of the key aspects of learning to come out of Active Ageing in Stockport is that the reasons that people most often give for not engaging with physical activity ie lack of time, too expensive and nothing to do near me, are often not the real reason and used as excuses. Through this piece of work, it became clear that for older people (and by extrapolation will apply to a proportion of younger adults) the 'excuse' given masked the underlying lack of self-confidence to take the first step into activity. The peer mentor scheme helped particularly in that initial 'hand holding' into activity – both from a physical presence but also psychologically (somebody to support, encourage and console if needed). Once the initial stages into participation have been overcome, sustained and intrinsically driven participation is more likely

8.2*

UNPLANNED VARIATION

Describe and provide the reason for any unplanned variation or modifications in the intervention (eg, between different locations, geographical areas, population subgroups, or over time) that were made after the intervention commenced

Eazy riders

We found that the original planned locations of the level 1 and level 2 bike ability sessions would not be secure or easily accessible to many people therefore we decided to change the location to the CERAcycloan workshop as they have a private, traffic free area in which to carry out the sessions. The bikes would be maintained by CERA and securely stored in the workshop and this would eliminate the need to transport the bikes to different locations. We combined the level 1 and level 2 bike ability sessions into one full day training session instead of the original separate sessions for the following reasons: this would be more convenient for participants, the sessions were dependent upon weather, which could have prevented the 2nd session from taking place, the participant may not have wanted to return for the level 2 session.

Peer mentor programme

Extended the home visit period: Initially 1-4 weeks but this has now increased due to participants not attending sessions initially. Identified the need for more time focusing on that initial confidence building and potentially having the mentor attend the initial sessions with the individual.

SMILE sessions

Due to the limited amount of uptake it was decided that the SMILE sessions would be held at one location only and the amount of sessions extended to provide maximum benefit to the participants PA.

ICan sessions

We changed the location of the ICan sessions due to the limited amount of uptake in certain geographical areas. The ICan sessions took place in Brereton Court, Smithy Green, Edinburgh Close and Oak Tree Court.

Development of Walk and Talk sessions

Creation of a one to one Walk and Talk programme and a networking/social Walk and Talk offer - within the structure of AUKS, it has been possible to support the creation of a new mentoring programme called Walk and Talk. Between Active Ageing, Befriending and Social Isolation & Engagement the need for a service has been identified which can provide more tailored 1-1 support and actively help people to regain their confidence by assisting them to become more “active” whilst restoring independence. The current services on offer are designed around connecting people to community groups/sessions. Walk & Talk is a service for individuals who may ask for a “traditional” befriender but still have the potential to get out and about.

In addition, during Age Friendly week, a Walk and Talk session around the town centre was provided in partnership with Public Health and finished with hot refreshments - an ideal opportunity to promote Active Ageing and further services.

Describe any strategies used or actions taken to maintain fidelity of the intervention (ie, to ensure that the intervention was delivered as intended)

marketing campaign and social media marketing campaigns were used

9.2*

HOW WELL

Describe the fidelity of the intervention (ie, the extent to which the intervention was delivered as intended)

Tameside

Item Number	Item	Description
1	BRIEF NAME Provide the name or a phrase that describes the intervention	The Greater Manchester Active Ageing Programme (Tameside)
2	WHY Describe the logic, mechanisms, or rationale of the intervention, clearly linking intervention elements to the expected effects on immediate or longer term outcomes (or both)	The Greater Manchester Active Ageing programme is funded by Sport England and involves a collaborative approach to increasing physical activity across 8 Metropolitan Borough Councils (MBCs) in Greater Manchester (Bury, Manchester, Rochdale, Trafford, Tameside, Bolton, Stockport, Salford). The programme will involve 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 will be a focus on innovative methods such as co-design, and place-based and whole-system 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.

Tameside – the rationale behind the project:

The focus of the Active Ageing project in Tameside is to introduce sessions in the areas of Ashton and Stalybridge targeting those at pre-retirement age (55-65 years old).

This project will work with older people aged 55-65 yrs (pre-retirement) to seek out and address barriers to adopting healthier behaviours and to test a range of engagement methods in order to increase physical activity and increase healthy life expectancy and reduced premature mortality from cardiovascular disease.

Being physically active is inextricably linked to increases in independent living however we know in Tameside there is a high proportion of older adults who are subsequently unemployed, or in low skill jobs, have poor levels of personal resilience and a reduced ability to self-care. Currently large postwar baby-boomer generations are retiring or approaching retirement from the labour market, or are starting to experience long term chronic health conditions. The ages of 55-65 and transition to retirement are considered as a major life event which may change people's daily routines and affect health behaviours, including daily physical activity. Physical activity is one of the key components of active and healthy ageing but it remains unclear how entering this 'pre-retirement' age may shape physical activity behaviours.

A recent health needs assessment into the causes of premature mortality (under 75) due to cardiovascular disease in Tameside, have shown that inequalities in life expectancy compared with the England average still exists in life expectancy at birth but this narrows significantly in the age groups of 65 years and older. What this tells us is that the real challenge lies with inequalities in life expectancy of adults 45-65yrs.

Healthy life expectancy at birth is currently 56.4 years for males in Tameside and 58.8 years for females. Deaths from Cardiovascular disease in 2014/16 show that 594 people (104.1/100,000) in Tameside died prematurely, higher than the England average (73.5/100,000). Tameside is 148 out of 150 authorities for premature death from heart disease and stroke.

We understand with this demographic a one size fits all approach will not work and interventions need to take into consideration and address the different socio-economic factors present with the target population. Compared to England Tameside has more than double the population living in the most deprived quintiles.

Using the analysis we have undertaken, we are proposing to deliver the programme in Stalybridge North Ward (Tame St/Bayley St,

Portland Place/Cocker Hill, Ridge Hill) and Ashton St Peters (Trafalger Sq, West Park) in the LSOAs in Quintile 1 for deprivation.

The project will have two phases over a two year period. The first phase will be a fact finding, engagement and co-design phase. The second phase will be an implementation phase delivering the programme created by local people in phase 1. The overarching aim of our project is to create a system transformation that makes physical activity the preferred easy option in our target neighbourhoods for older people aged 55-65, achieved through the development of a four component multidisciplinary action learning approach (listed below) to significantly decrease inactivity and improve healthy life expectancy.

1. **Optimising the supply of opportunities** – we will start by undertaking an audit and consultation phase before adopting Asset Based Community Development (ABCD) approaches to broaden the range and increase the number of sustainable physical activity opportunities for 55-65yr old residents within the identified neighbourhoods. We will carry out a number of community engagement events, using direct invitation methods using primary care registers in each of our target wards. We will identify through appreciative enquiry methodology. Using this we can also identify what works well, analyse why it's working well and try and provide more of it. With this in mind we will co-produce a menu of physical activity opportunities suitable for the 55-65 'pre-retirement' group.
2. **Stimulating the demand to participate** – we will use innovative social prescribing and behaviour change techniques supported by new technologies, to engage and address current

issues into physical activity from the identified target cohort. This will include providing a combination of advice, coaching, motivational interviewing and practical support to address multiple needs at individual and group level, including socio economic and cultural issues that are known barriers to participation. We intend to look at some of the barriers of participation for this group, in particular deprivation, to provide navigation around social issues including financial resilience, work and health, fuel poverty etc.

3. **Providing specialist support to enable participation** – we will identify via risk stratification and local data older people aged 55-65 in our target neighbourhoods requiring specific specialist / evidenced based support necessary to allow them to take up and maintain physical activity. We intend to focus on a ‘social prescribing’ maximising our new neighbourhood based programme. We will give intensive support using motivational interviewing to those who need it.
4. **Generating a social movement** – we will use the resources of the partners and local neighbourhood assets to grow and sustain an older people’s social movement to stimulate population scale demand for older people’s physical activities linking to national and regional campaigns. This will include the creation of a specific brand identity for the Tameside Age Well programme that is synonymous with quality and trust, and associated with Tameside and its neighbourhoods as unique places.

Expected outcomes of the programme:

Using our initial analysis there are 1116 people aged 55-65rs in our target neighbourhoods. If we assume 32.6% of adults are recorded as engaging in less than 30 minutes of activity per week we would aim to engage 358 inactive people over the two years of the project.

Our target would be to get 70% or 250 inactive 55-65yr olds in our target neighbourhoods doing at least 30 minutes physical sustained activity a week.

Although these numbers are not large, we know the biggest gains and the best value for public investment is found in addressing the people who are least active – these LSOAs are our areas of biggest health challenge in Tameside and our aim would be to reduce the stark inequalities in physical activity opportunities that exist for these residents.

The outcomes we would aim to deliver would be:

- Increase in % people engaged in 30 minute Physical activity
- More inactive 55-65yr olds utilising outdoor space for sport/exercise
- Increase in volunteering and community activity
- Increase in social activities related to physical activity in target communities
- Reduced isolation
- Improved feelings of control and involvement in participants

- Improved Healthy Life Expectancy

Reduced premature mortality – CVD

3

WHAT MATERIALS

Describe any materials used in the intervention (including online appendices or URLs for further details). For example:

- informational materials (may include those provided to recipients of the intervention or in training of intervention providers)
- nature and value of any benefit provided (eg, cash, voucher, meal)
- any physical resources or infrastructure provided as part of the intervention

Materials:

Indoor kurling sets. Resistance bands, Pilates balls, Activity packs. Home workout guides. Refreshments provided at some sessions.

The live Active team helps support clients with long term health conditions to improve health and mental wellbeing

Training

Tai Chi sessions.

Walk leader training

Nature and value of any benefit provided:

Provided some free gym and swim vouchers which acted as taster sessions for these activities.

4

WHAT AND HOW

Describe how the intervention was planned, established, and intended to be delivered. Depending on the type of intervention, it may be useful to consider:

- how sources of funding for the intervention and the service providers were obtained, how users were enrolled and the service delivered
- how any payments were made or benefits delivered, how qualifying conditions were implemented
- the entity being regulated, the scope of the regulation, permitted level of use; procedures for monitoring or enforcing compliance, and any sanctions for non-compliance
- how people were exposed to the intervention, whether it was provided to individuals or larger populations
- any underpinning legislation including name, date passed, and legislative body

Physical resources/infrastructure:

- Outdoor sessions – Park walks in targeted areas
- Indoor sessions – Active Tameside facilities, community centres,

How was the intervention planned?

Stalybridge:

Our afternoon tea event with over 90 people in attendance. The session was a mixture of having a relaxed afternoon tea with an invite from their GP.

Ashton (St Peters):

The focus groups in Ashton provided wider range of feedback. Key themes emerged around the fact people really were not aware of what was already going on in their area and also around the fear of going and taking part in some activities. The levels of social isolation came across as being high here, especially with the BAME ladies.

On the back of this we a second session of focus groups to feedback findings and to establish “introductory sessions” to help introduce

Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group

them to the sessions which are already in the area and to invite them to new sessions, some of which are being led by themselves.

In this area, because of the fear factor there has been more of a hand holding experience: ie developed introductions to existing assets, sessions and meet and greets with other groups.

Closely linked into a local BAME group and helping to support a new local sports club become established. The group include a number of volunteers who have been identified as peer mentors and will be working closely with them to help train them and increase their confidence in delivery.

What is the intervention?

Active Tameside have been working to engage with those 55-64 living in St Peters and Stalybridge. After a successful consultation period working with GP's identifying those at risk, around 80 individuals attending an afternoon tea to discuss how they might like to become active within their areas. Examples of sessions which have been developed within local communities are Tai Chi, Walk and Talk and targeted sessions working with Diversity Matters support the BAME communities to become active.

Ashton activity sessions:

- Tai Chi (£2)
- Zumba Gold
- Kurling – can be done chair based & with launcher poles (no bending down needed) (£2 including refreshments)
- Walk & Talk – gentle 30 min walk with a trained walk leader planning routes – **all walks free**
- Coffee Morning – Tea & Toast – **Free Session**
- Walking Football

Stalybridge

- Intergenerational Tai Chi
- Active Session – gentle exercise opportunities and social element with tea & Coffee (activities vary between sites; includes dementia friendly session) - £3 (including refreshments)

Specialist sessions (referred by Live Active Officer)

- The specialist classes are sessions participants should expect to attend for a period of 12 to 24 weeks before alternative sessions will be recommended.
- It will be down to the instructor's discretion as and when participants are ready to move out of the specialist classes either onto maintenance sessions or possibly those on the mainstream timetable if appropriate.

- These sessions are gym-based or circuit classes for those who couldn't attend mainstream sessions due to health issues

5 WHO PROVIDED

Describe the provider of the intervention, including legal status and powers, field organisations and staff responsible for planning, implementation, monitoring and enforcement. Where relevant, describe intervention provider expertise and training (general or specific to the intervention)

Lead provider: Active Tameside

Programme Manager: Peter Makin (previously Kimberley Roberts & Nayereh Kelley)

Peer mentors

- 1 delivering Intergenerational Tai Chi
- 2 others trained but chose not to continue

6 WHERE

Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features

Describe the type of location (eg, school, community centre) and the geographical scope of the intervention (eg, national, regional, city-wide). Where relevant, describe the historical, cultural, socioeconomic, or political background to the intervention

Ashton

- Active Oxford Park – Active Tameside owned Community Sports Centre
- Active Ashton - Active Tameside owned Community Sports Centre
- Ashton Richmond Street athletic track

Stalybridge

7

WHEN and HOW OFTEN

Describe when the intervention was implemented, how long it remained in place, and, if applicable, the number, duration, and scheduling of occasions

- Intergenerational Tai Chi – Silver Springs Primary Academy
- Active Session – Active Copley & Active Medlock
- Walk and Talk session in Stamford Park

Ashton activity sessions:

- Tai Chi – Mondays (11:30-12:15 PM) & Fridays (12:30 – 1:15 PM)
- Zumba Gold – Wednesdays (10:00 -11:00 AM)
- Kurling – Wednesdays (11:00-12:00 PM)
- Walk & Talk – Wednesdays (10:00-10:30 AM)
- Coffee Morning – Tea & Toast – Last Wednesday of Month (10:00 – 12:00 PM)
- Walking Football – Fridays (10:00-10:30AM)
- Couch to 5K

Stalybridge activity sessions:

- Intergenerational Tai Chi – Thursdays; term time (5:30-6:30PM)
- Active Session – Thursdays (11:00-12:30PM) & Wednesdays (1:00-3:00PM)
- Walk and talk – Friday (10.00-11.00AM)

8.1

PLANNED VARIATION

Describe and provide the reason for any variation or tailoring that was planned or allowed for in the design of the intervention. Examples include differences between locations, geographical areas, population subgroups, or over time

8.2* **UNPLANNED VARIATION**

Describe and provide the reason for any unplanned variation or modifications in the intervention (eg, between different locations, geographical areas, population subgroups, or over time) that were made after the intervention commenced

There was no continuing relationship with BAME group after Active Ageing Co-Ordinator left.

9.1 **HOW WELL**

Describe any strategies used or actions taken to maintain fidelity of the intervention (ie, to ensure that the intervention was delivered as intended)

9.2* **HOW WELL**

Describe the fidelity of the intervention (ie, the extent to which the intervention was delivered as intended)

- Initially trained up 3 peer mentors the area ready for leading within their own communities, one had already started to engage and the plan is to work in partnership with the local school to setup an intergeneration tai chi session.
 - Also aimed to work with the local bowling group to open up a 'learn to bowl' program when the weather improves in spring.
 - 2 of whom have not continued. One of the peer mentors is teaching an intergenerational Tai Chi at the local primary school which has seen consistent numbers since it commenced.
-

Trafford

Item Number	Item	Description
1	BRIEF NAME Provide the name or a phrase that describes the intervention	The Greater Manchester Active Ageing Programme (Trafford)
2	WHY Describe the logic, mechanisms, or rationale of the intervention, clearly linking intervention elements to the expected effects on immediate or longer term outcomes (or both)	The Greater Manchester Active Ageing programme is funded by Sport England and involves a collaborative approach to increasing physical activity across 8 Metropolitan Borough Councils (MBCs) in Greater Manchester (Bury, Manchester, Rochdale, Trafford, Tameside, Bolton, Stockport, Salford). The programme will involve 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 will be a focus on innovative methods such as co-design, and place-based and whole-system 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.

Trafford – the rationale behind the project:

This project aims to engage inactive people aged 55+ in the West Locality of Trafford. This area has high concentration of residents, aged 55+ (16,477) and covers the wards below,

-Urmston

-Flixton

-Davyhulme East

-Davyhulme West

-Bucklow St Martins (Partington)

Trafford's population of older people is set to grow; by 2030 there will be 10,000 more residents aged over 65 and 3000 over 85, inactivity is more acute and costly with this age group, which can have life-threatening and life-limiting consequences for older people who are inactive for example '...falls are the most common cause of injury related deaths in people aged over 75', which can have a detrimental effect on health and also confidence and behaviour.

In Trafford, the rates of falls are high in Davyhulme. The cost of fall related admissions and care in Trafford was £637,588 for under 75's and £3,262,852 for the over 75's (Age UK, 2015). Without intervention, this and other aged relatable conditions will place a significant burden

on health and social care in Trafford. The ONS have indicated that ageing populations increased prevalence of long term conditions will cost health and social care an additional £5billion annually by 2018 (UK Active, 2017).

The project will be inclusive of BAME groups and recognise gender specific issues and include adults over 55 with dementia. In doing so the project will aim to embed physical activity interventions across broader selection of inactive individuals.

The project area also covers areas of differing socio-economic need, which correlates with health inequalities in Trafford, as there are stark differences in life-expectancy in older adults between Bucklow St Martins and the other identified wards. The project design and delivery will allow us to compare and contrast take-up between these areas and key groups which will deliver insights that can inform future interventions borough-wide.

Expected Outcomes

Our outcome is that people in the West aged 55-65 are active (building to 30 minutes of moderate intensity a week) and have improved well-being.

Over the course of the 1st year of the project we intend to engage 500 (3%) inactive adults aged 55 in regular activity, and by the conclusion of year two for this to be closer to 10% of the population of the West locality aged 55+.

In achieving the above outcome we intend to use the following KPI's;

KPI1: No of inactive older people engaged in Active Ageing Hub (West)

KPI2: No of inactive people aged 55-65 engaging activities via the hub

KPI3: No of referrals into Active Ageing Hub/ Activity Referral Scheme and Health Walks

We will also record data in-line with the following PHOF indicators 2.3i
2.3ii

Actual Outcomes

Whilst the programme remained focused on the West of the Borough there were changes in terms of planned activity and actual activity. In our initial programme we had anticipated to spend a significant proportion of the budget developing a detailed and extensive

3

WHAT MATERIALS

Describe any materials used in the intervention (including online appendices or URLs for further details). For example:

- informational materials (may include those provided to recipients of the intervention or in training of intervention providers)
- nature and value of any benefit provided (eg, cash, voucher, meal)
- any physical resources or infrastructure provided as part of the intervention

marketing approach. However, we still felt it was important to maintain the market research aspect as this would give us greater insight into the audience and enable us to better plan interventions. It also became apparent that focusing on the KPIs alone would not enable us to achieve KPIs prescribed in the programme.

Materials:

Advertising leaflets were purchased for the walking for health groups and also resistance bands were purchased for the Let's Stay Active group at St Matthew's Church.

Two Motitech bikes will also be purchased.

Training

Age Well Champions – The Someone Like Me training is planning to be rolled out to upskill volunteers to share the key messages regarding physical activity.

Physical resources/infrastructure:

- Walking Cricket – GH Carnall Leisure Centre
- Walk for Health - Local parks and greenspaces (Stretford/Partington)
- Citizen Forester – Urmston Meadows

4

WHAT AND HOW

Describe how the intervention was planned, established, and intended to be delivered. Depending on the type of intervention, it may be useful to consider:

- how sources of funding for the intervention and the service providers were obtained, how users were enrolled and the service delivered
- how any payments were made or benefits delivered, how qualifying conditions were implemented
- the entity being regulated, the scope of the regulation, permitted level of use; procedures for monitoring or enforcing compliance, and any sanctions for non-compliance
- how people were exposed to the intervention, whether it was provided to individuals or larger populations
- any underpinning legislation including name, date passed, and legislative body

Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group

- POP Group – Partington
- Let's Stay Active – St Matthews Church
- Nifty 50s - Urmston
- Motitech bikes – will be placed in 2x care homes
- Age Well Champions – still undergoing process of recruitment plans for Dementia Café at Flixton Girls School led by an Age Well Champion.

How was the intervention planned?

Trafford commissioned Mustard, a market research agency and Mike Pye Marketing, a marketing consultant, to underpin their approach and help to design what the physical activity offer will look like. Focus groups were also held with older adults and those attending Age UK Trafford sessions to determine need.

What is the intervention?

Each programme has been identified on the basis that it is underpinned by the findings of the market research and either complements the existing walking programme delivery or is a priority for the Borough's Age Well Board.

There are six strands to the delivery of the programme which are detailed below:

- Walking Cricket – walking cricket gives the opportunity for people to play a format of the game that is more accessible.
- Citizen Forester – opportunity for residents to participate in practical greenspace management events
- Social Physical Activity – i.e. Let’s Stay Active, POP Group and Nifty 50s – programmes of activity taken out to community social gatherings
- Walk for Health – walks around Partington and Stretford parks led by Walk for Health walk leaders
- Age Well Champions - recruit of champions to drive advocacy work
- Motitech – purchase of two bikes and Motiview licences
- Training - bring ‘Someone Like Me’ training to Trafford to embed a sustainable legacy from the programme.

5 WHO PROVIDED

Describe the provider of the intervention, including legal status and powers, field organisations and staff responsible for planning, implementation, monitoring and enforcement. Where relevant, describe intervention provider expertise and training (general or specific to the intervention)

Lead provider: Trafford Council

Programme Manager: Louise Wright

Peer mentors

Senior (volunteer) peer mentoring is a well-established mechanism for engaging older people in health promotion programmes. Senior Peer Mentors can be used in a number of community settings to engage, motivate, buddy and support other older people into physical activity

participation and have been used in falls prevention, mental health, befriending and a range of active ageing programmes.

Trafford Council has engaged Later Life Training (LLT) to deliver its Someone Like Me training which is designed to promote the use of older volunteers as Senior Peer Mentors to initiate and support physical activity participation amongst their peers. The proposal is that peer mentors will be volunteers from organisations such as Age UK Trafford as well as newly recruited Age Well Champions.

Please see Appendix A for details on lead partners.

6 WHERE

Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features

Describe the type of location (eg, school, community centre) and the geographical scope of the intervention (eg, national, regional, city-wide). Where relevant, describe the historical, cultural, socioeconomic, or political background to the intervention

- Walking Cricket – GH Carnell Leisure Centre
- Walk for Health - Local parks and green (Stretford/Partington)
- Citizen Forester – Urmston Meadows
- POP Groups – Partington
- Motitech bikes – One bike will be at Ascot House which is an assessment centre for older adults. It also provides rehabilitation and the second will be at Bowfell House.
- Age Well Champions – still undergoing process of recruitment plans for Dementia Café in a school led by one volunteer, confirm location of school

7 WHEN and HOW OFTEN

- Walking Cricket – GH Carnell Leisure Centre, every Wednesday 12.00-1.20pm

Describe when the intervention was implemented, how long it remained in place, and, if applicable, the number, duration, and scheduling of occasions

- Walk for Health - Local parks and green (Stretford (from St Matthew's Church, Fridays at 10am) / Partington (from Partington Methodist Church, Wednesday 10am))
- Citizen Forester –various greenspace locations in West Trafford every Wednesday 10am-2pm
- POP Groups – Partington Health and Wellbeing Centre, Thursday 12.30pm
- Nifty Over 50s – Humphrey Park Community Centre, Tuesday 10am
- Let's Stay Active – St Matthews Church, Thursdays 10.30am
- Motitech bikes – One bike will be at Ascot House which is an assessment centre for older adults. It also provides rehabilitation and the second will be at Bowfell House.

Age Well Champions – still undergoing process of recruitment plans for Dementia Café in a school led by one volunteer, confirm location of school.

8.1 PLANNED VARIATION

Describe and provide the reason for any variation or tailoring that was planned or allowed for in the design of the intervention. Examples include differences between locations, geographical areas, population subgroups, or over time

There were proposals for the programme to deploy a significant proportion of the budget to deliver a MarComms Strategy but this was not going to enable the KPIs to be achieved in sufficient numbers and the programme required more active delivery in order to achieve the numbers required.

This modification may have resulted in a more short term view and not deliver whole systems change. However, it was felt that the programme needed to achieve greater numbers

8.2* UNPLANNED VARIATION

Describe and provide the reason for any unplanned variation or modifications in the intervention (eg, between different locations, geographical areas, population subgroups, or over time) that were made after the intervention commenced

One of the main variations on the programme was the initial expectation that Age UK Trafford would be a key partner driving forward this work. Unfortunately, however, it became apparent that the organisation did not have the capacity to take on this work. This led to further delays in the programme.

As cited above the extent of the MarComms Strategy which was proposed was not delivered to the full extent as it was deemed it would not satisfy the KPIs set out for the programme.

9.1 HOW WELL

Describe any strategies used or actions taken to maintain fidelity of the intervention (ie, to ensure that the intervention was delivered as intended)

In many respects due to the challenges cited above the programme wasn't delivered as intended. Firstly, due to capacity issues of proposed partners. Secondly, the emphasis on the MarComms Strategy was not going to deliver the outcomes required for the programme.

To maintain the integrity of the programme re-design was required to bring new partners into the programme and to re-address the balance of budget alignment to the MarComms Strategy.

9.2*

HOW WELL

Describe the fidelity of the intervention (ie, the extent to which the intervention was delivered as intended)

* these items are not relevant to the protocol and cannot be described until the study is complete.

References

Campbell, M., Katikireddi, S. V., Hoffmann, T., Armstrong, R., Waters, E., & Craig, P. (2018). TIDieR-PHP: a reporting guideline for population health and policy interventions. *BMJ*, *361*, 1079. <https://doi.org/10.1136/bmj.k1079>

Hoffmann, T. C., Glasziou, P. P., Boutron, I., Milne, R., Perera, R., Moher, D., ... Michie, S. (2014). Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. *BMJ (Clinical Research Ed.)*, *348*, g1687. <https://doi.org/10.1136/BMJ.G1687>

Appendix 2. Outcome measures at baseline, 3 months and 6 months

Outcome measure	Items	Response options
Physical activity - Short Active Lives Survey (9 items: continuous walk lasting at least 10 minutes, cycling, sport fitness activity), including addition of gardening (3 items)	In the past 7 days, have you [Activity]?	Yes/No
	a) In the past 7 days, on how many days did you do [Activity]? Please circle	0, 1, 2, 3, 4, 5, 6, 7
	b) How much time did you usually spend [Name of Activity] on each day that you did the activity?	_____ hours and _____ minutes per day
	c) Was the effort you put into [Name of Activity] usually enough to raise your breathing	Yes/No
Subjective wellbeing (4 items: Life Satisfaction, Happiness, Feeling your life is worthwhile, Anxiety)	How satisfied are you with life nowadays?	Likert scale: 0 = not at all satisfied, 10 = completely satisfied, Don't know, Prefer not to say
	How happy did you feel yesterday?	Likert scale: 0 = not at all happy, 10 = completely happy, Don't know, Prefer not to say
	To what extent are the things you do in your life worthwhile?	Likert scale: 0 = not at all worthwhile, 10 = completely worthwhile, Don't know, Prefer not to say
	I can achieve most of the goals I set myself.	Likert scale: 0 = not at all anxious, 10 = completely anxious, Don't know, Prefer not to say
Individual development (1 item: Goal setting)	To what extent do you agree with the statement 'I can achieve most of the goals I set myself'?	Strongly agree = 5, Strongly disagree = 1, Don't know, Prefer not to say
Social & community development (1 item: Social trust)	To what extent do you agree or disagree that most people in your local area can be trusted?	Strongly agree = 5, Strongly disagree = 1, Don't know, Prefer not to say

In order to measure changes in physical activity using the Short Active Lives Survey, the respondent's final score was calculated by summing all activities that were sufficient to raise breathing rate, as follows: (Days of walking * usual minutes of walking IF sufficient to raise breathing rate) + (Days of

cycling * usual minutes of cycling IF sufficient to raise breathing rate) + (days of sport, fitness or dance * usual minutes of sport, fitness or dance IF sufficient to raise breathing rate).

Any activities that were not identified as sufficient to increase breathing rate by the respondent were excluded from the calculation. 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'.

In order to control for outliers in the data, the evaluation team determined exclusion rules for implausible values within the physical activity data. The rules used to determine whether the physical activity levels were implausible were (a) two or more hours of moderate intensity physical activity every day of the week or (b) over four hours of moderate intensity physical activity between four and six days a week. On the basis of these rules 14 participants were excluded from the analyses.

Based on Sport England's guidance on cleaning SALS data¹ we excluded participants from the analysis who failed to enter number of days but not duration (or vice versa). When respondents did not indicate an intensity for an activity they did we applied an "assumed" intensity based on the common intensity for the activity from the rest of the sample. The total number of participants that did not report duration or number of days and therefore excluded from the physical activity analysis was 27

¹ The Short Active Lives Survey: what it is and how to use it. Sport England.
<https://evaluationframework.sportengland.org/media/1357/short-active-lives-survey-what-it-is-and-how-to-use-it-1.pdf>

