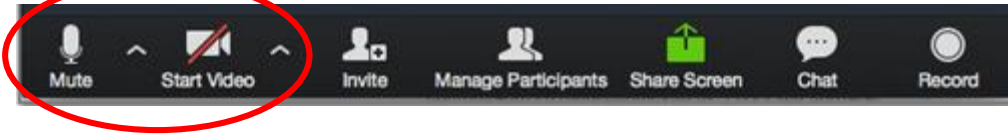


GREATERSPORT

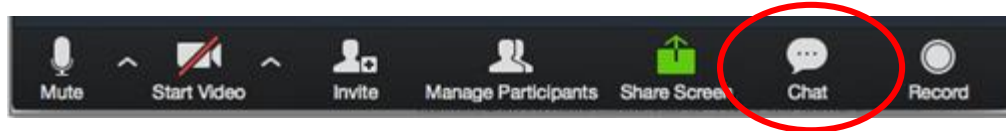
**The Greater Manchester Active Ageing
Programme: Evaluation Workshop**

HOUSE KEEPING

- **Please mute your microphone** to help keep background noise to a minimum, make sure you mute your microphone when you are not speaking.



- **Please use the chat function** throughout the workshop to ask any questions.



- Please don't share your screen at any point throughout the workshop.
- Any questions you may have please post them in the chat throughout the workshop (**Q&A sheet will be shared with the notes from the workshop**).



AGENDA

Purpose: To share the key learnings of the GM Active Ageing programme along with the future direction of Active Ageing for Greater Manchester.

- **BREAKOUT ROOM (5 Minutes)**
- **GM Age-Friendly Strategy and Recovery Plan & The Centre for Ageing Better's priority goal on Healthy Ageing**
Nicola Waterworth (GM Partnership Manager, Centre for Ageing Better)
- **Overview of Active Ageing programme – Objectives and approach**
New Sport England Strategy: a 10-year approach and focus on tackling inequalities
Tom Burton (National Partnerships Lead-Health & Inactivity, Sport England)
- **GM Active Ageing Evaluation**
Prof David French (Professor of Health Psychology, UoM) & Amy Davies (Research Assistant, UoM)
- **BREAKOUT ROOM (30 Minutes)**
- **Case Studies from Programme (Manchester & Stockport)**
Angela Martin (MCRactive), Ross McGuigan (Life Leisure) & Gareth Ball (Age UK Stockport)
- **What is the future of Active Ageing in GM?**
Beth Mitchell (Active Ageing Lead, GreaterSport)

Greater Manchester Ageing Hub

- Greater Manchester Ageing Hub in 2016 to coordinate a strategic response to the **opportunities and challenges of an ageing population**
- Ageing is one of ten **Mayoral priorities**, Greater Manchester Strategy
- 2018: UK's first **age-friendly city region**, World Health Organization
- **Strategic Partnership with the Centre for Ageing Better** since 2016
- **53 Age Friendly Neighbourhoods** across all 10 boroughs
- **Age-Friendly Strategy:**
 - Changing the narrative
 - Employment and financial security
 - Ageing Well
 - Increasing supply of homes
 - Ageing in Place
 - Longevity dividend



Age-friendly
Greater Manchester:

**The place
to grow older**



Age-Friendly GM & response to Covid-19

- Weekly age-friendly “team” meetings
- Rapid escalation issues to GM response infrastructure
- Keeping Well at Home – [WHO case study](#)
- Creative Care Kits
- Research, analysis & insight
- Key pieces of research and analysis
- New guidance and practice
- UK Network of Age-Friendly Communities, European and International networks

- Continued focus on strategic objectives
- Thinking about age-friendly recovery and “build back better”



Age-Friendly Recovery & Ageing Well

Connect more people with their communities and the things they love doing to promote Ageing Well with social connection and healthier lives

- Strategic Partnership with Ageing Better – tackling health inequalities, focused on physical activity
- GM Strength & Balance/Falls prevention collaborative
- Over 50s Active Travel working group
- NHS & ASC Physical Activity Working Group
- Ageing in Place
- What works, sharing the evidence base, scaling up, system change

10. An age-friendly Greater Manchester

We're pioneering an approach to become the UK's first age-friendly city-region. To help more people to stay well and live at home for as long as possible, we're improving health services, tackling loneliness and social isolation and strengthening community connections. We're making sure our policies identify and respond to the needs of all our communities. We're pioneering a positive vision of ageing, demonstrating the valuable contribution older people make to the city-region and providing more opportunities for them to work, socialise and enjoy culture and leisure.



Centre for Ageing Better: About

- Change in policy and practice informed by evidence
- Employment, housing, health and communities
- Strategic partners: GM, Leeds, Lincolnshire
- Healthy Ageing:

Our goal is for people to have **five more years free of preventable disability**

And To reduce the gap between the richest and poorest people in disability-free life expectancy by 2035.

- Physical inactivity in mid and later life



Our priority routes to change for addressing physical inactivity in mid to later life:

- **Fitness and leisure sector**

- **Partnership with ukactive** to work with the sector to adopt more age-positive and inclusive practices with a view to increasing the number of users in mid to later life.
- **Research project** to better the experiences of physically inactive people in mid-life (to be completed in summer 2021)

- **Active travel**

- **Research project** to summarise the existing evidence base around active travel among 50-70 year olds, to fill some of the gaps identified in the literature through primary research, and to inform development of future active travel projects (to be completed summer 2021)

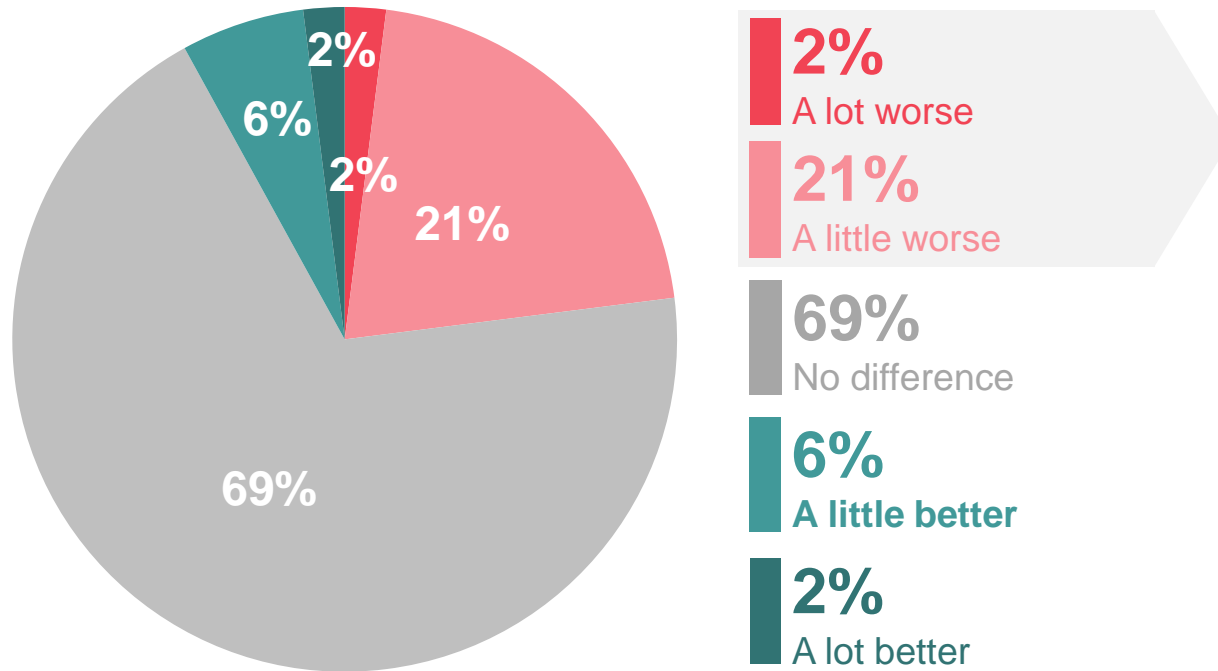
Covid-19 and healthy ageing

- **Risk** of developing severe Covid-19 **increases as we get older** – disease has had a massive impact on people in later life.
- Pandemic has highlighted the **poor underlying health status** of our population and our **collective failure** to address healthy ageing and health inequalities.



One in five have seen their physical health deteriorate

Has your physical health been affected at all as a result of the Coronavirus pandemic (not necessarily that you caught the virus)?



Significantly worse if...	
Mental health has deteriorated	43%
Existing poor health	42%
Home does not meet needs	38%
Pessimistic about finances	29%
Out of work	27%

Base: All responding excluding don't know (981) : Fieldwork dates: 15th-18th May 2020

Over half have had a medical or dental appointment delayed or cancelled during lockdown



54% overall have had an appointment cancelled or delayed



36% dental appointment



20% routine hospital appointment



13% GP appointment



5% operation/surgery



1% preventative services

Base: All responding (1000) : Fieldwork dates: 15th-18th May 2020

Covid-19 and healthy ageing: what needs to change?

- Address wider determinants and causes of health inequalities
- Tackling behavioural risk factors: smoking, alcohol, obesity
- Promote physical activity, including strength and balance
- Active travel to support walking and cycling
- Design of places to ensure walkability for people of all ages and abilities
- Fitness and active leisure sector to be more inclusive



A photograph of two women walking along a path outdoors. The woman on the left has blonde hair and is wearing a green and black striped sweater. The woman on the right has dark hair, wears glasses, and a yellow cardigan. They are both smiling. In the background, there is a green metal fence and trees.

GM Active Ageing Workshop

16 November 2020

Tom Burton

National Partnerships Lead (Health & Inactivity)

Levels of activity

Age



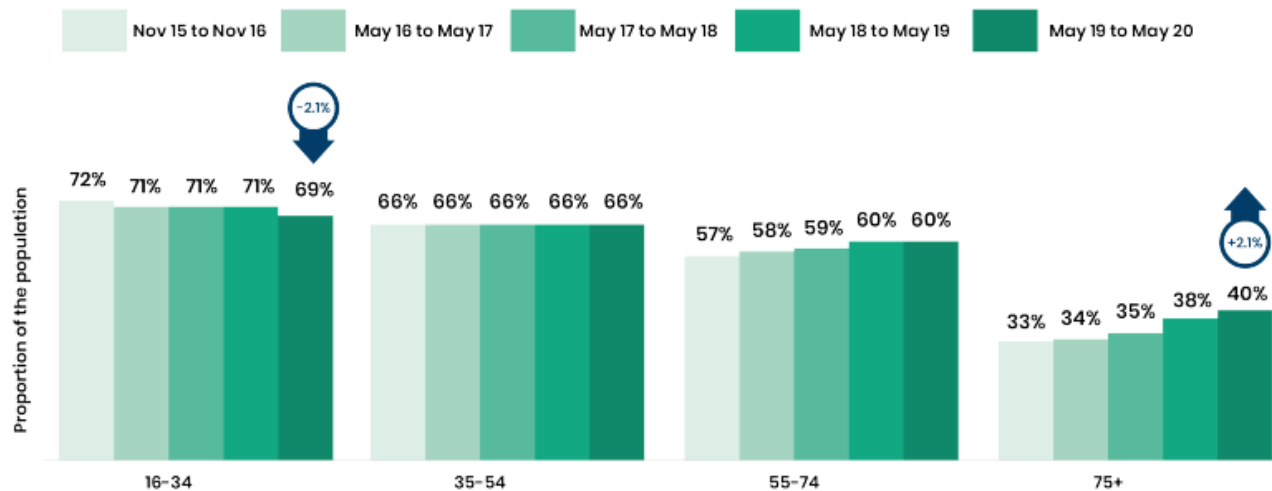
Arrows show change in the percentage on 12 months ago. No arrows indicate no change

There's continued strong growth in activity levels amongst the 75+ age group and we've seen an increase of just over 130,000 (2.1%) in those who are active compared to this time last year.

However, a large drop as a result of the coronavirus pandemic across mid-March to mid-May indicates some of these gains could be lost.

The 16-34 age group has seen a decline with those who are active, falling by 2.1%, or more than 300,000 people compared to 12 months ago. This decline was increased by the pandemic, but continues a downward trend that already existed.

Active



Demographic variation

Ages 55+ mid-Mar to mid-May



Not surprisingly, given those aged 70+ were advised to shield during the early phase of lockdown, the drop for the 75+ age group (of over a quarter of a million, -6.6%) was proportionately greater than all other age groups.

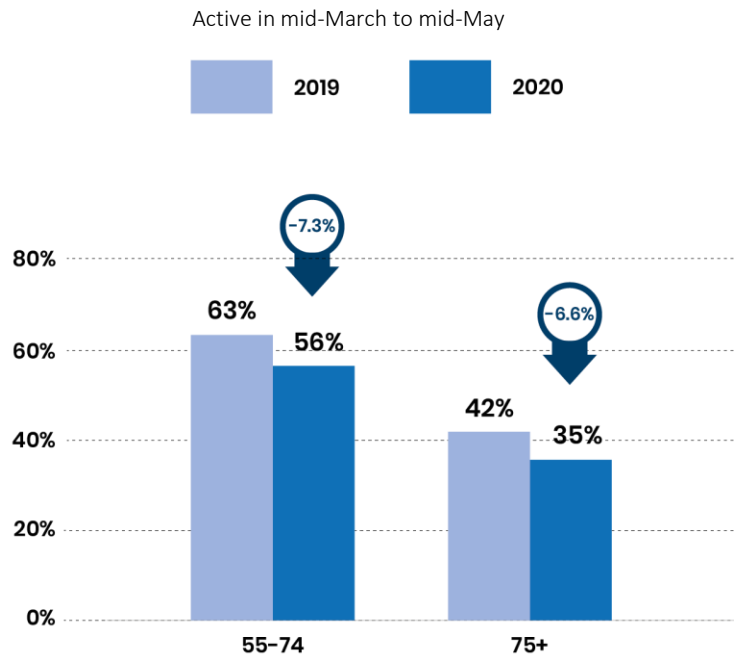
As a result, just a third of all adults in this age group were active during this period. Alongside this, the proportion now classified as inactive has risen above 50%.

There is, however, a mixed story of capability, opportunity and motivation that sits below this:

- Perceived ability increased for those aged 75+ (+3.7%) – this may be linked to increased prevalence of digital products aimed at this age group.
- Perceived opportunity dropped for both age groups, but particularly for the 55-74 age group (-3.1%).
- Enjoyment (+3.2%) and guilt (+2.5%) increased amongst the 75+ age group.

This suggests a lack of opportunity has been the biggest contributor towards the reduced activity levels seen here.

 Arrows show change in the percentage on 12 months ago. No arrows indicate no change

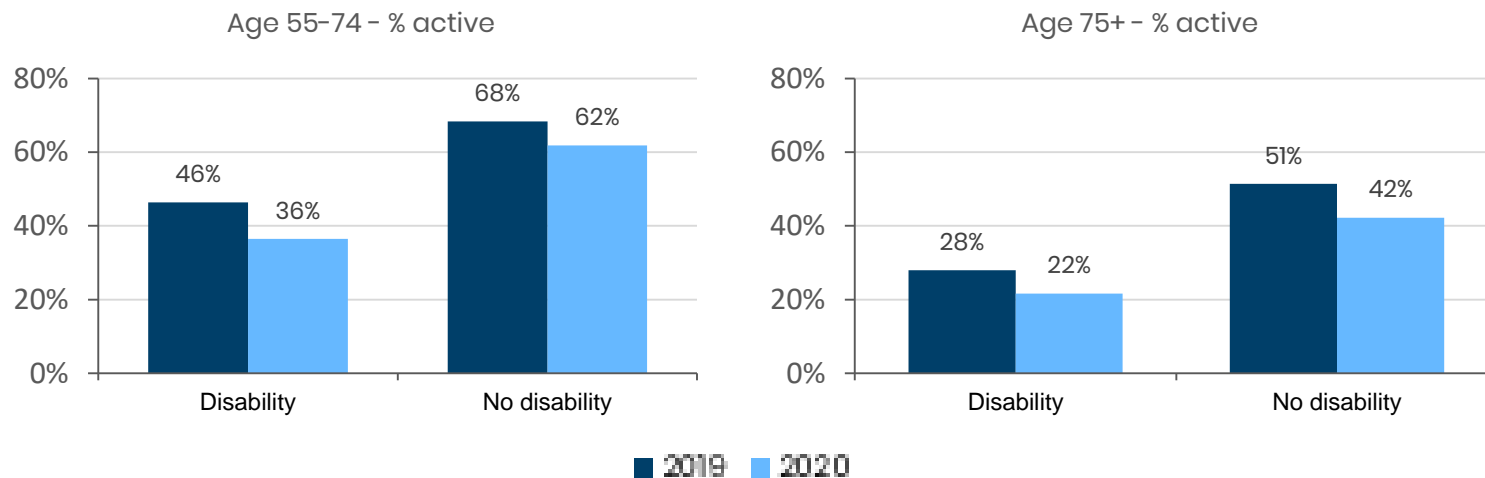


For those 55+ with a disability/LTHC, it's the 55-74 who show the largest fall

Those with a disability aged 55+ show the greatest proportional fall in activity. Within this age group, it's specifically the 55-74 who show a greater fall.

This suggests that having a disability or long-term health condition for those 55-74 had a negative impact on activity levels during Mid March to Mid May.

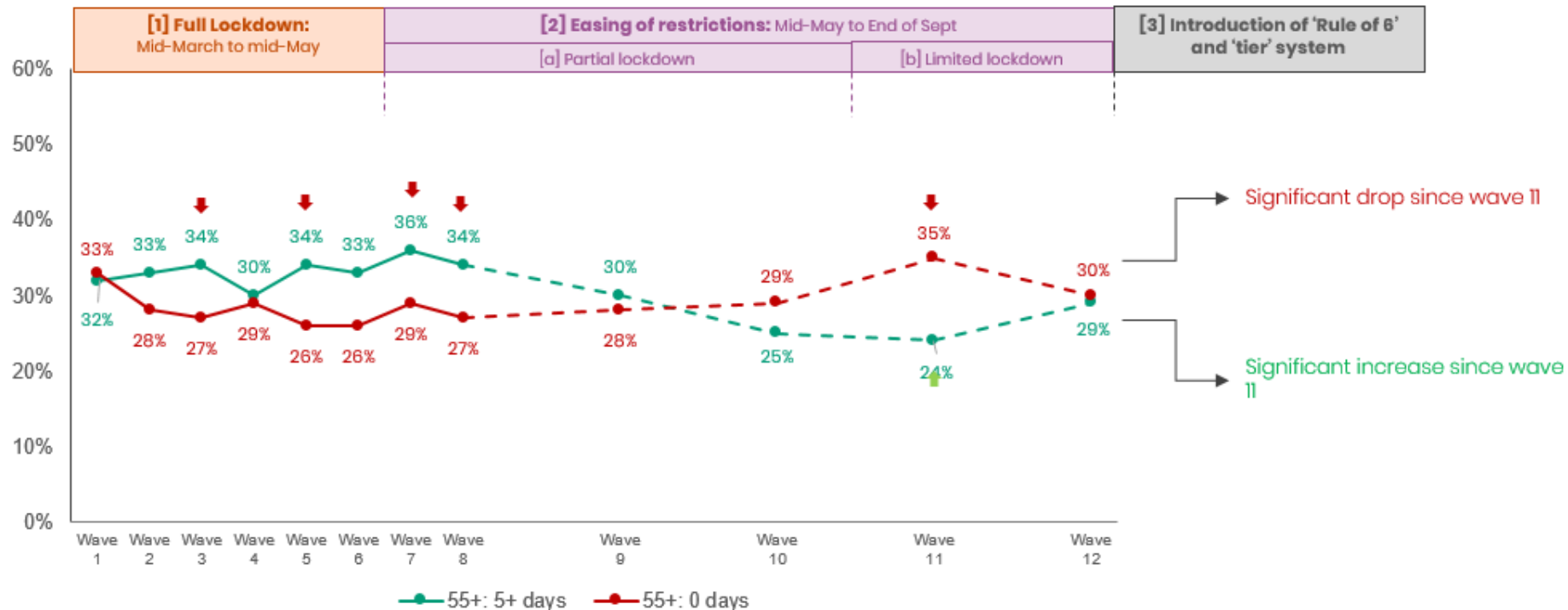
Conversely the drops for those aged 75+ are reversed (with those without a disability showing a larger fall), suggesting age is the greater factor behind the decline than disability status.



Physical activity levels over the pandemic: 55+ years

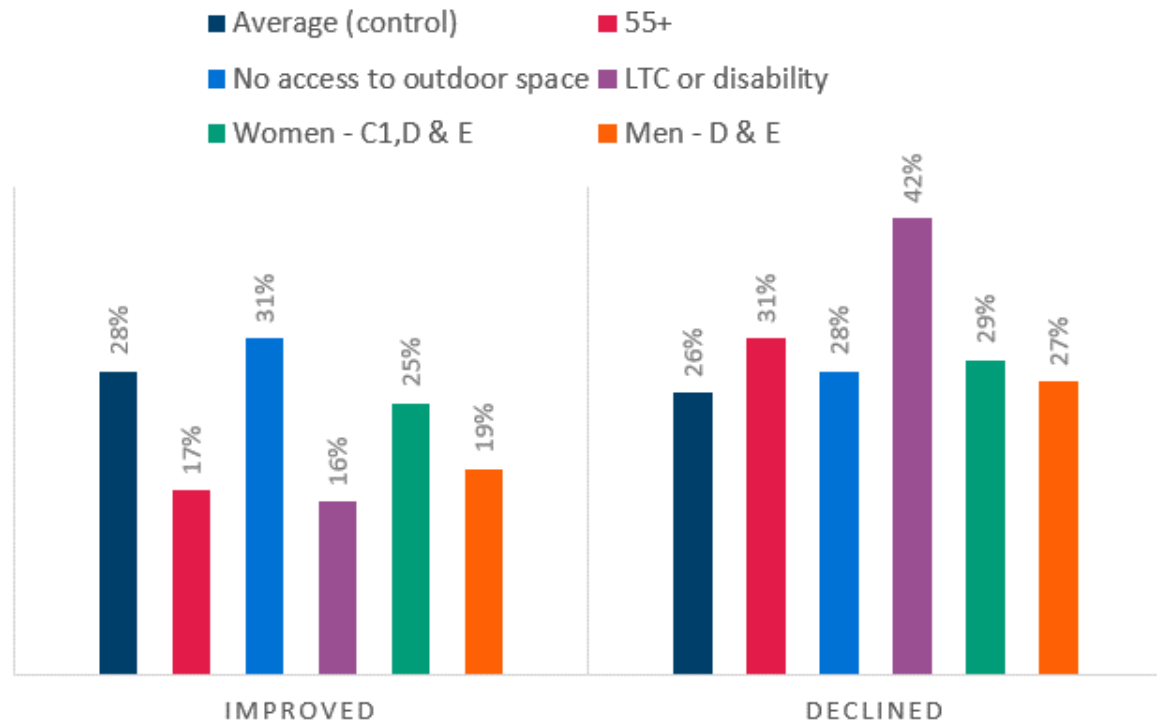
30 minutes or more physical activity in the last week: **5+ days** / **0 days**

In the past week, on how many days have you done a total of 30 mins or more of physical activity, which was enough to raise your breathing rate?



Strength based activities

Thinking about when you do everyday activities that work your muscles such as carrying shopping, climbing stairs or gardening, how, if at all, do you think your general strength has changed since the Covid-19 outbreak?



People with LTCs / disabilities, those aged 55+ & C1, D & E women are more likely to have declined

People with LTCs/Disabilities, 55+ and DE men are less likely to agree that strength based activities have decreased.

It is worth noting that when C1 women are removed the percentage reduces to 20% - with this in mind DE women are less likely to agree.

Active Ageing programme – overview

- £11m investment - Open Fund
- 2017-2022
- 23 person-centred partnerships supporting older adults to get active in ways that are relevant, practical and enjoyable for them
- Focus on tackling inactivity – understand the building blocks to support older adults out of inactivity and sustain that behaviour change
- Workplaces: football and gymnastics clubs; parks, canals and water-based activities; in your own home via local radio broadcasts; community centres and care homes.....and many more

Active Ageing programme - overview



Active Ageing programme – engagement to date

- >26k inactive older adults engaged (Nov 19); c.10k supported out of inactivity with sustained behaviour change at 3/6 months

- | | |
|-------------------|-----|
| 55 – 65 years old | 28% |
| 65 – 74 years old | 26% |
| 75 – 84 years old | 25% |
| 85 – 94 years old | 19% |
| 95 + years old | 2% |

- Gender: 70% female / 30% male participants
- Indices of multiple deprivation: 23% of participants from 20% most deprived areas (i.e. our priority LSEG audience)
- Employment: 53% retired, 16% employed or looking for work, 31% prefer not to say

Active Ageing programme – learning to date

We're seeing/finding:

- The importance of **changing how we talk** about and provide opportunities to get active for this audience
- That many people just **need the right opportunity** (fun, engaging and relevant) and **support to feel capable** to do more activity
- That moving more is improving **physical function, mental wellbeing** and **quality of life** and helping to restore **independence**, build new **friendships** and counter **loneliness** – all entrenched societal issues
- The course that ageing takes is **not pre-determined** – how we age is shaped by our experiences and the way we live our lives – and this portfolio of national projects is starting to demonstrate this, challenging existing societal norms about ageing

What next?

New Sport England Strategy:

- Publication in January 2021
- 10 year transformational strategy, built on collaboration
- More overt focus on Tackling Inequalities
- Five 'Big Issues' to be addressed (terminology being finalised):
 - Stronger Communities
 - Recover and Reinvent
 - Positive experiences for children and young people
 - Active Environments
 - An active life for a healthy life
- Consultation throughout November:
<https://strategyconsultation.sportengland.org/en/>

Thank you

Greater Manchester Active Ageing Programme Evaluation: Findings and Implications

Prof David French, Amy Davies,

Dr Angela Devereaux-Fitzgerald, Dr Elisabeth Boulton,

Prof Chris Todd, Prof Christopher Phillipson,

Dr Laura McGowan & Dr Rachael Powell

GREATERSPORT



**SPORT
ENGLAND**



“New Ways of Working”

Older people as ASSETS	Older people can provide insight, as well as potentially becoming involved in intervention organisation or delivery, as champions or as volunteers, beyond their traditional roles.
Co-production	An umbrella term for activities that aim to fully involve end-users in the development of interventions, by viewing their knowledge and experience as core to the success of development.
Co-design	Identification of a problem, and the process of addressing it, rather than the development of interventions per se.
Place-based approaches	Consideration of both local needs and local assets. Participatory approaches are important, as older adults have considerable experiential knowledge of the communities and environments in which they live.
Community champions	People in the community who take on an issue or project and are committed to raising awareness and support for it.

GM Active Ageing Programme: Evaluation Aims & Objectives

OVERALL AIM – What were the effects of trying out “new ways of working” in the Greater Manchester Active Ageing programme?

KEY OBJECTIVES:

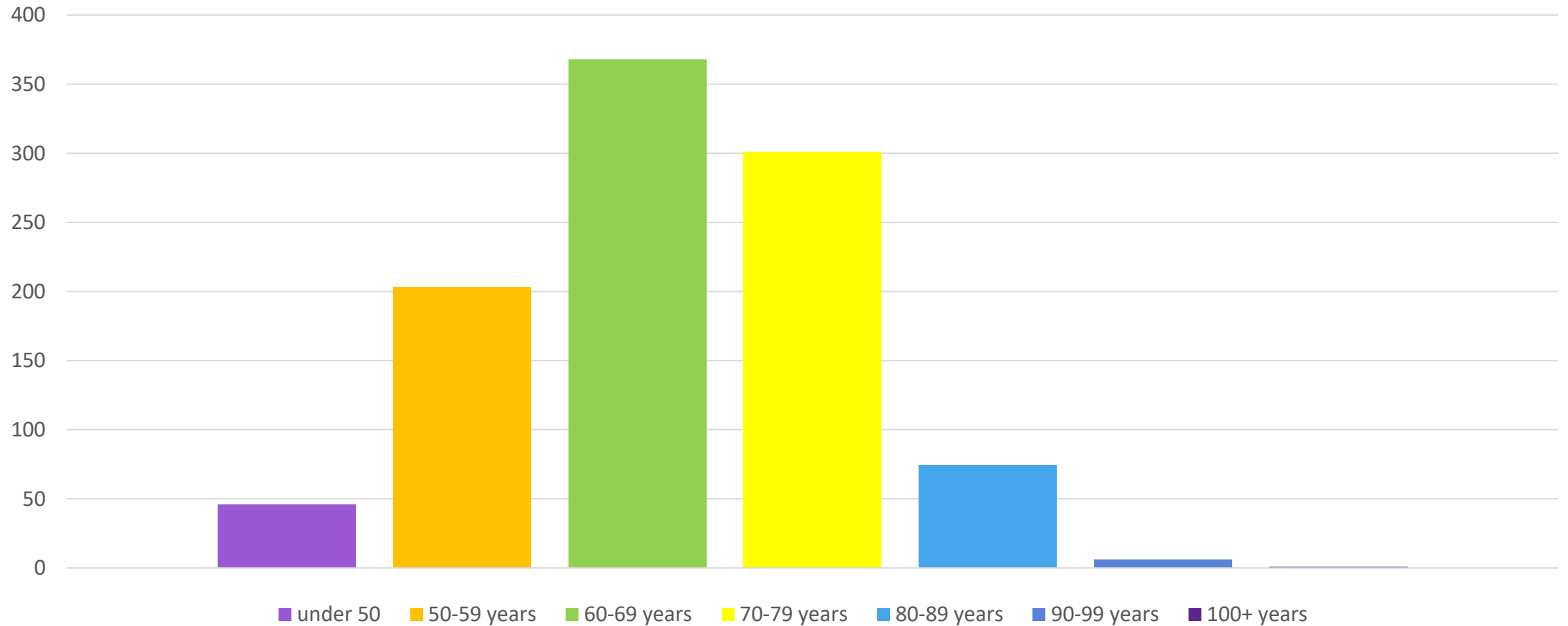
1. What activities were developed?
2. What was the uptake of these new activities, and what was the demographic profile of those who took up these new activities?
3. What effects did the Greater Manchester Active Ageing initiative have on physical activity and wellbeing?
4. How did MBCs and other key people in Greater Manchester find the process of bidding and setting up projects with new ways of working?
5. What did people think about these activities (both those delivering activities and those older adults attending activities)?



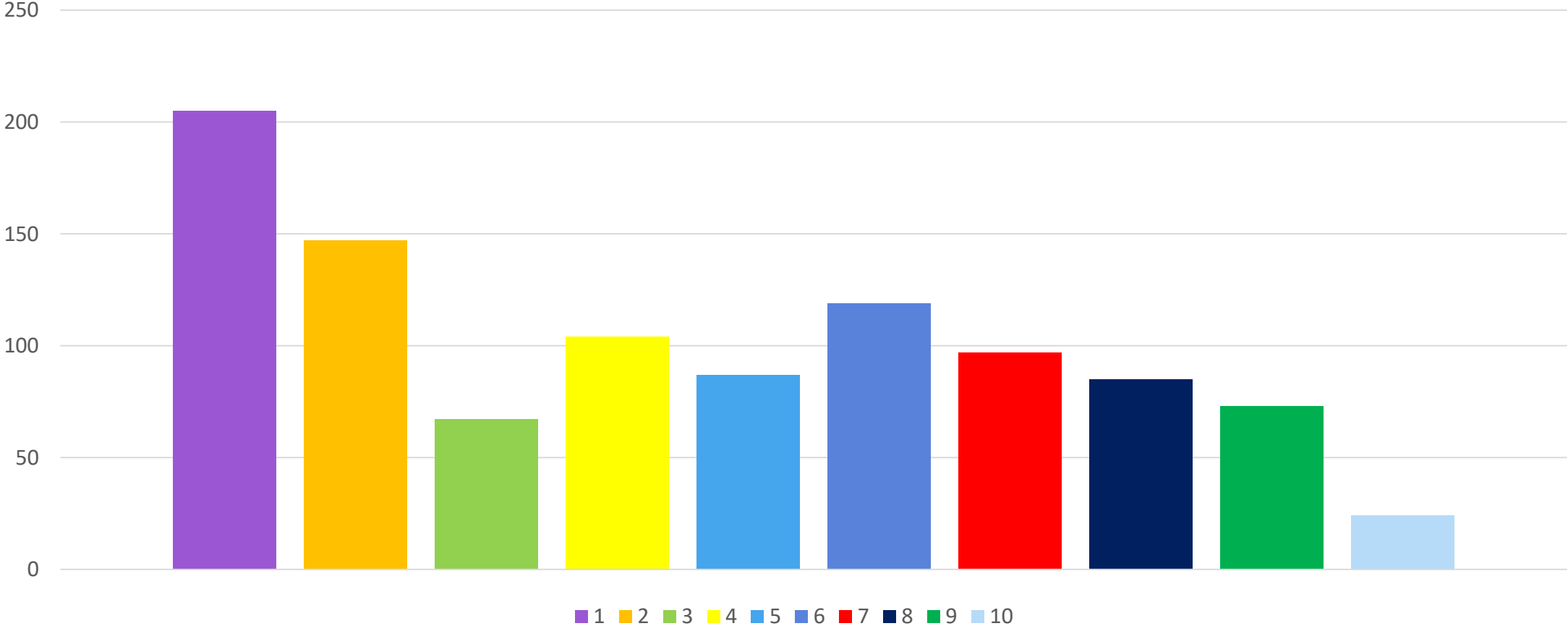
GM Active Ageing Programme: REACH

- Highly diverse activities developed and offered in each of 8 MBCs – range of “new ways of working”
- 14 566 people were engaged through the GM Active Ageing programme in various ways
- Approximately 2666 people enrolled in GM Active Ageing activities, (18% of the total older people who were engaged in any way).
- Of these 2666 people, demographic information was obtained for 1086 people (41% of attendees) across the eight MBCs

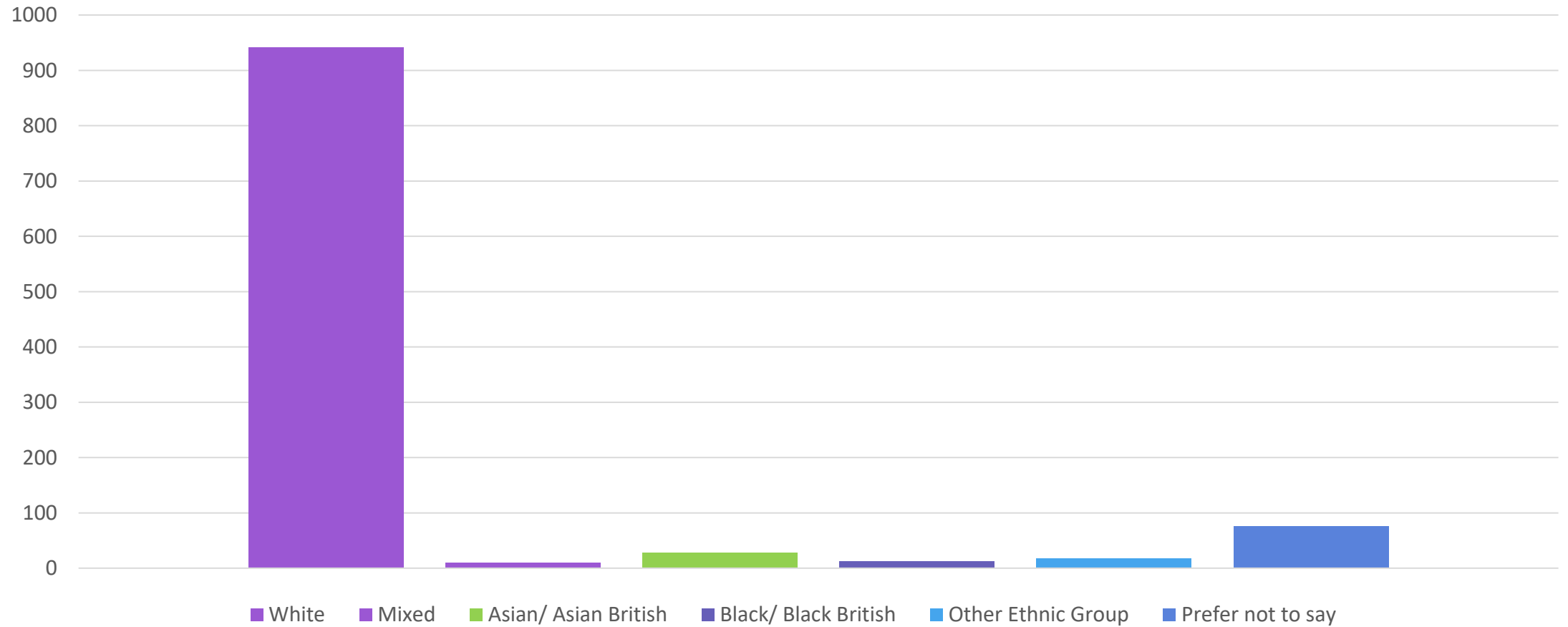
Baseline age groups of participants



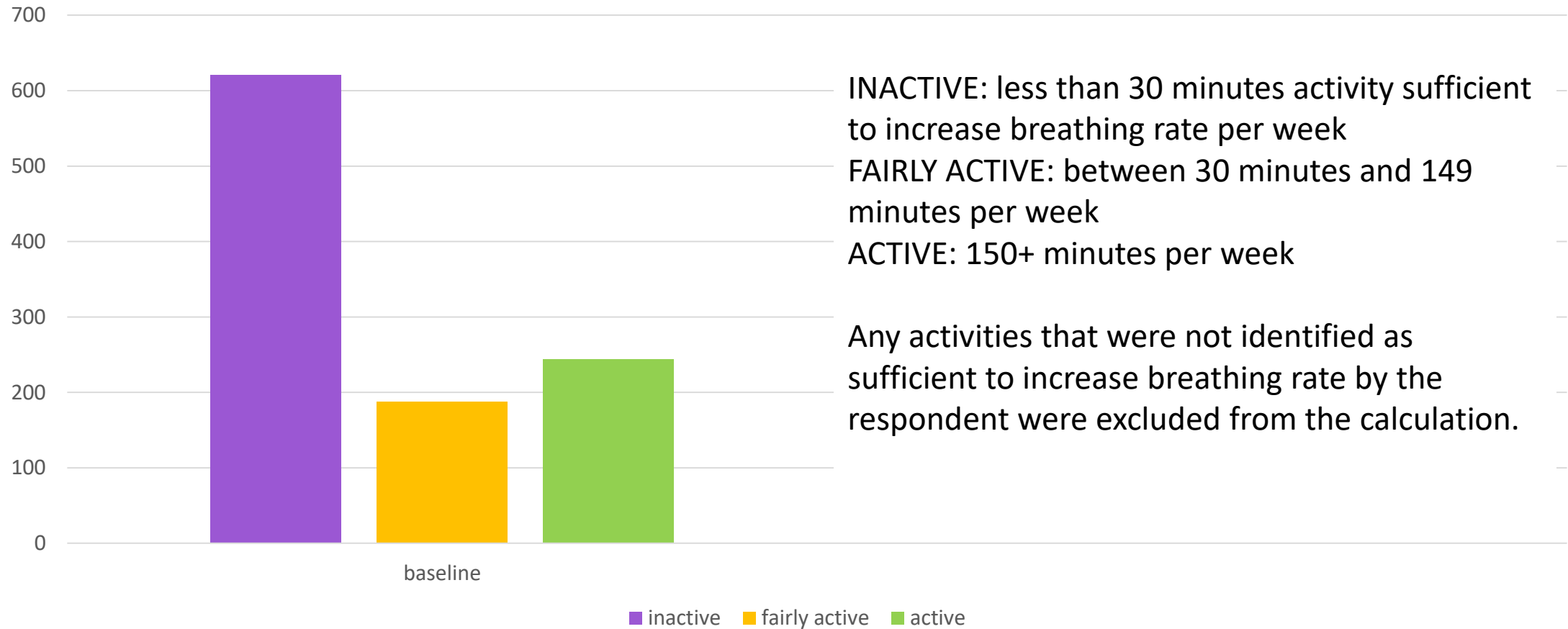
Deprivation: baseline levels (Indices Multiple Deprivation)



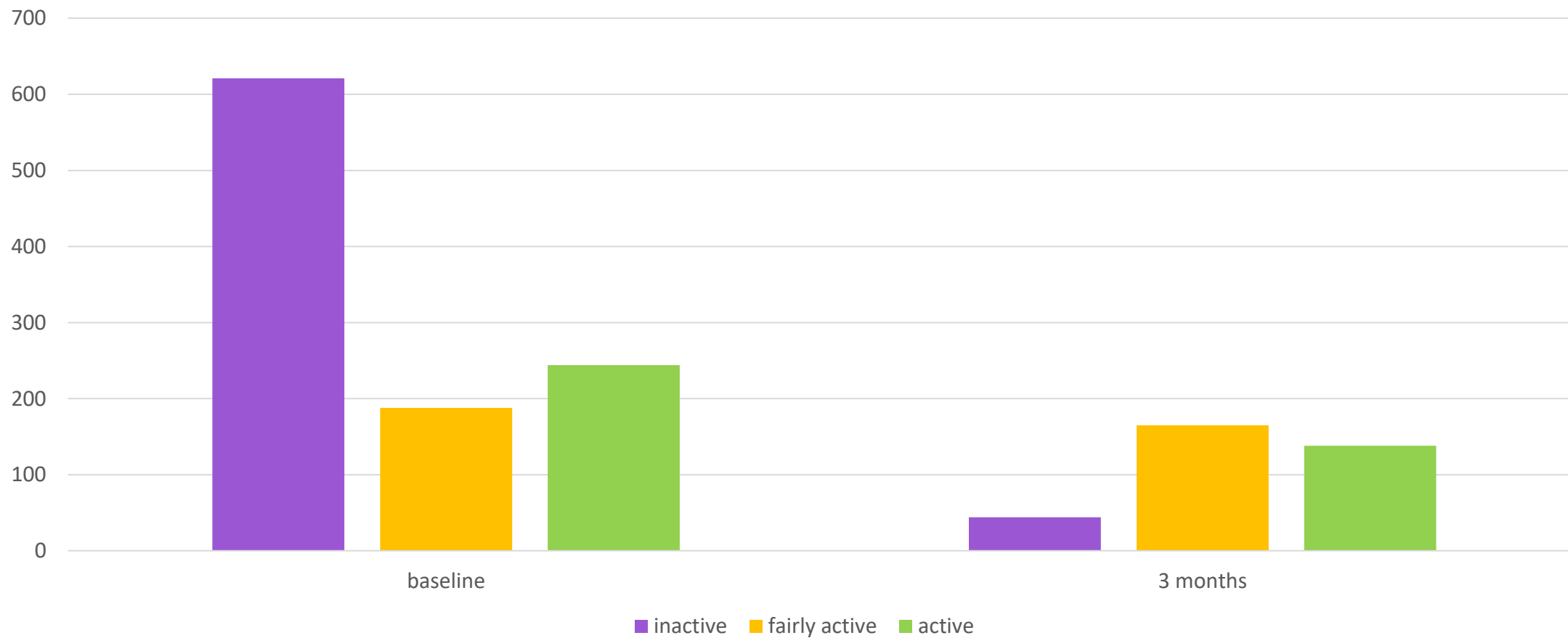
Ethnicity of participants



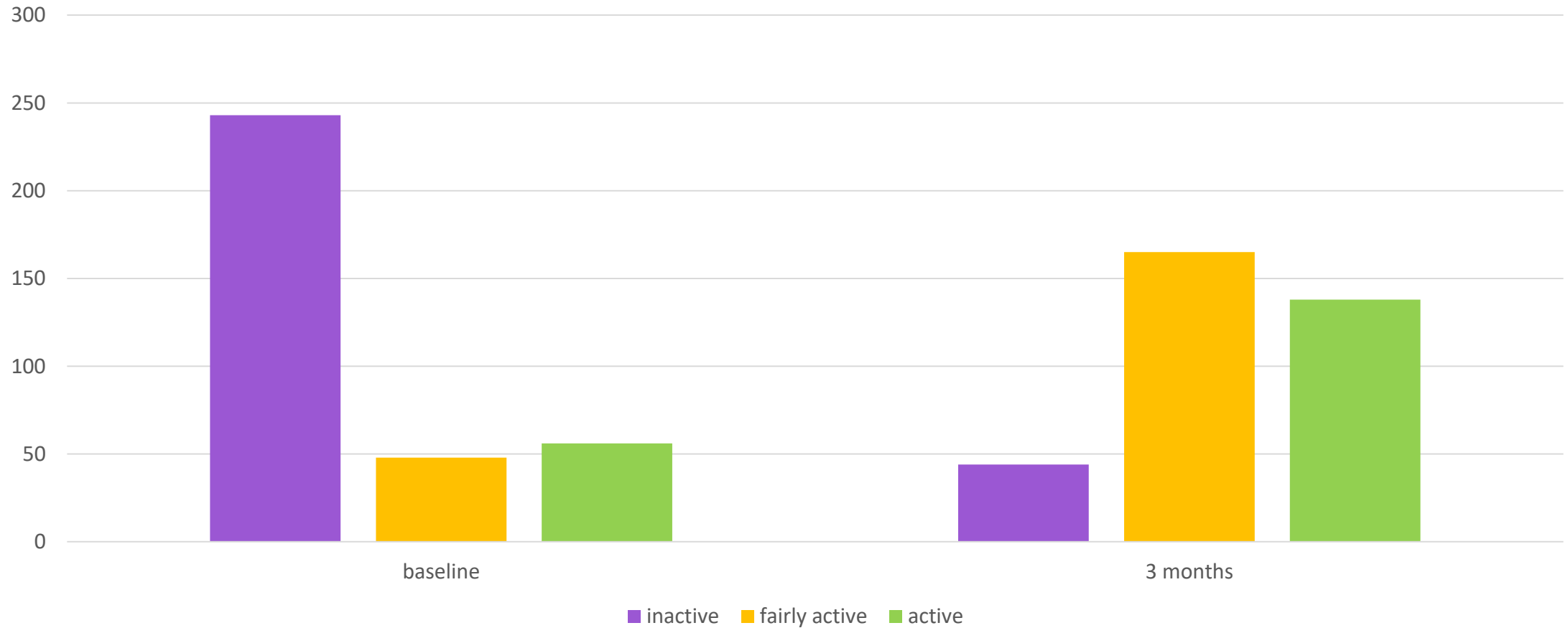
Physical activity: baseline levels (Short Active Lives Survey)



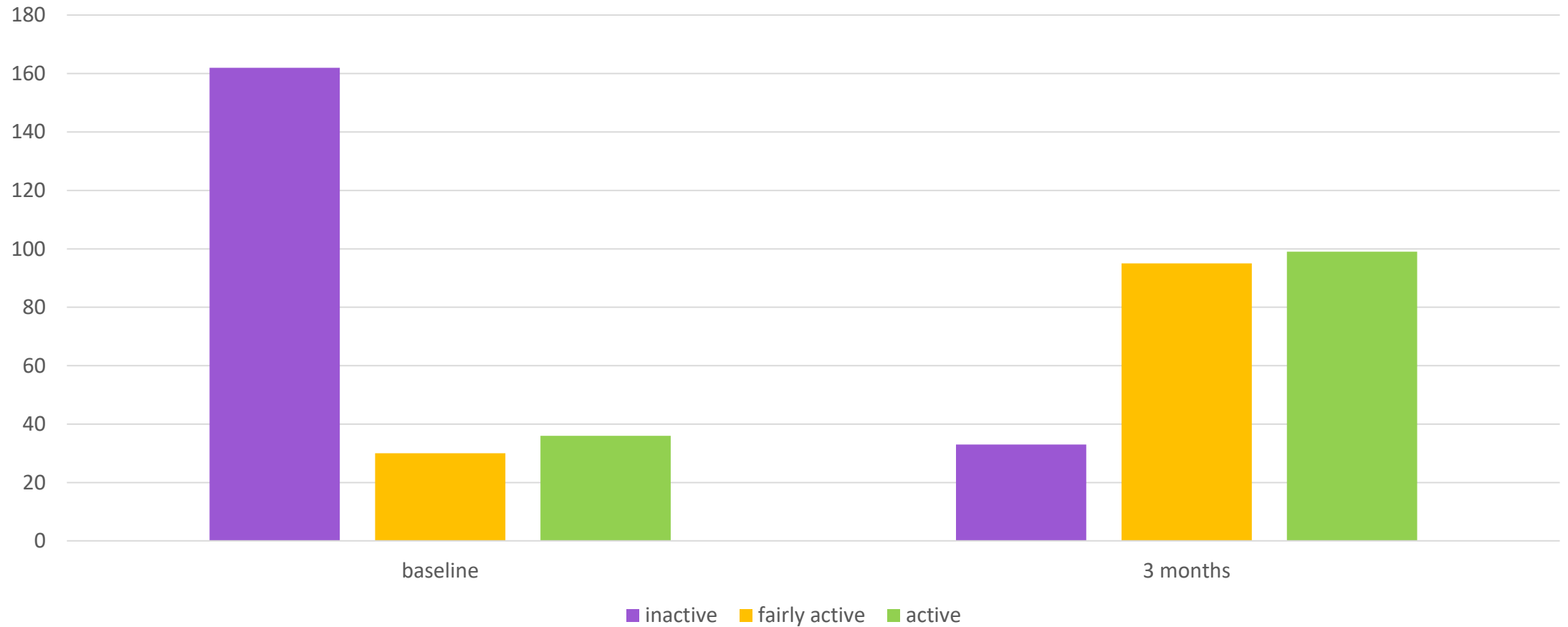
Physical activity: baseline to 3 months



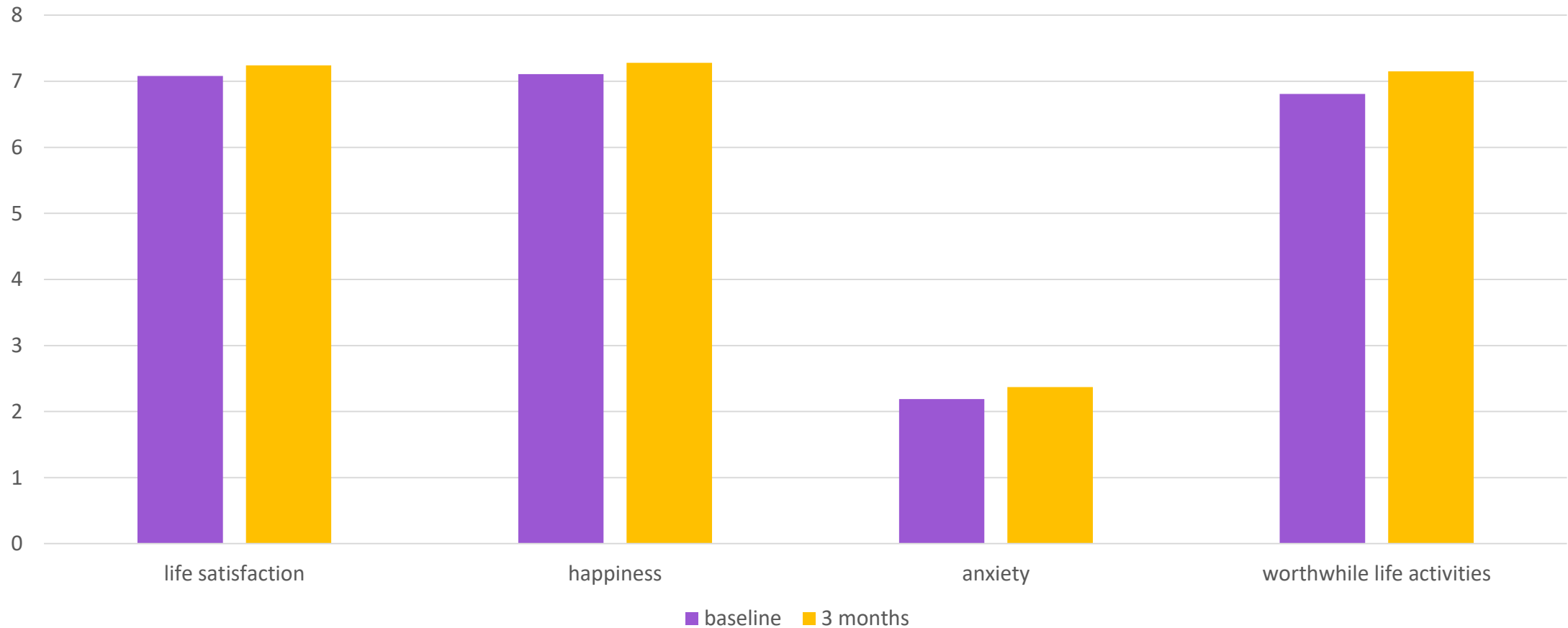
Physical activity: baseline to 3 months (matched samples)



Physical activity: baseline to 6 months (matched samples)



Wellbeing measures: baseline to 3m (matched samples)



Summary of quantitative findings

- A **large number** of **highly diverse** set of activities were developed, using a variety of approaches to involving older adults in their development. The activities varied in the specific target population, depending on differing local needs identified.
- Overall, the GM Active Ageing programme **engaged with 14 566 people** to elicit their views on future services.
- Approximately **2666 people** subsequently enrolled in activities.
- The MBCs were successful in engaging people from **deprived neighbourhoods**. The MBCs were also successful in recruiting **fairly inactive participants**. The MBCs were less successful as recruiting men (29%) and people who did not describe themselves as “white” (13%).
- Participants who provided follow-up data showed **large increases in self-reported physical activity**.

Study 1: How did programme leads and others in decision-making roles initially experience the new ways of working?

Aims:

- To understand how key decision-makers found the process of developing the Greater Manchester Active Ageing programme
- To understand any difficulties in developing their new services, and also to understand what has been helpful to people during the development process.

Study 1: Methods

- 20 interview participants - involved in development of GMAA programme
 - 13 MBC leads
 - 7 from stakeholder organisations involved at GM-wide level
 - Topics included: volunteer peer mentors, co-design and co-production, sustainability of the projects

Theme 1: Experiences of New Ways of Working

- Co-design approaches: viewed positively and seen as valuable
- Place-based approaches: a way to embed programme in community
- Older adults were seen as **assets**
- Collaboration with partners was key

Theme 2: Understanding of acceptability of physical activity programme to older adults

- Social element of programme key
- *“You know, we’re selling activity but people are buying friendship” (P9, MBC Lead).*
- Qualities of staff delivering – understanding of needs, related to importance of social element, approachable
- **Accessibility** key consideration in number of ways
- Changing way older adults felt and thought about physical activity – challenging negative perceptions

Theme 3: Views on Resources and Sustainability

- Programme was fixed term for 2 years
- Impact of staff turnover and staff capacity on projects
- Tight timescales – led to challenges in co-design and relationship-building activities
- Sustainability concerns when funding ceased
- Some areas turned to older adults for ideas around sustainability

Study 2: Experiences of GMAA activities: those delivering activities and older adults attending activities

Aims:

- To understand experiences of older adults and service providers with GM Active Ageing activities, and to understand barriers and facilitators to implementing and participating in physical activity opportunities

Study 2: Methods

- Older adults participating in sessions:
 - Focus groups with groups across GM (Sites 1-4) with 22 participants
 - 12 participants interviewed (Site 5)
- People delivering activities:
 - 13 participants interviewed
 - 3 volunteers, 4 instructors and 6 Active Ageing co-ordinators

Theme 1: Attracting Older Adults to Activities

Accessing information about activities

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

Consideration of language used

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

Support for those who lack confidence

“I didn’t have the courage to come on me own, so she came with me” (Site 2).

Theme 2: Activity Design

Co-design to ensure sessions meet needs of older adults

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

Co-design takes time

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

Activities must be at right level

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

Theme 3: Perceived benefits and attractions of sessions

Instructor characteristics

"I think they've been very good because they've actually taught us things, not just left us to it" (Site 2).

Social element was important

"It's very important [the social element of group]. If people didn't talk I probably wouldn't keep on going" (Site 5).

Enjoyment of sessions is key

"So it's like almost unconscious exercise, because you don't think you're exercising 'cos you're just playing" (Site 2).

Noticeable physical benefits

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

Theme 4: Accessing activities

Location is important

“this is across the road so I couldn't not could I really” (Site 1).

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

Flexibility important – many had other commitments

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

Theme 5: Support Needs: Volunteers delivering sessions & experiences of evaluation

Ensuring volunteers feel supported and valued

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

“So I fall down and I break my hip, who’s going to do it next [activity day]? [...] It’s just you.” (P25, Volunteer).

Support with programme evaluation

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

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

Implications for Active Ageing and future new ways of working

- New ways of working seen positively – ensure time & resources provided
- Collaborative and partnership working with organisations with strong community links
- Older person's voice is at heart of new approaches – doing **with** rather than doing **to**
- Sustainability is key consideration
- Evaluation of programme is important – certain methods may be more acceptable and feasible

Recommendations #1

- The various new ways of working **are feasible** to be used by MBCs when working with older adults to develop activities to increase physical activity.
- It is clear that older adults are a diverse group, and to increase physical activity requires a **diversity of activities** to be offered.
- All activities to be developed should have **social elements** and be **local to target audience**. Activities should generally be marketed in terms of **social aspects rather than in terms of physical activity**.

Recommendations #2

- Various **challenges** were identified, including short timescales for developing collaboration.
- There is now greater capacity, but threatened by **staff turnover** – so need for ongoing training/ investment
- Short timescales unhelpful when **building partnerships (other organisations and older adults)**, and where there is felt to be pressure to deliver numbers
- Longer timescales would allow **greater inclusion** of groups that are often excluded
- Older adults who are volunteers need more support
- Future **evaluations** of these kinds of initiatives should be **more flexible/ less intrusive**

Thank you

david.french@manchester.ac.uk

@davidfrenchx



BBC Sign in News Sport Weather iPlayer TV Radio More...

WEATHER

Manchester
13:00
☀️ 22°C
6 →

Mon	Tue	Wed	Thu	Fri
☀️	☀️	☀️	☀️	☀️
25°C 15°C	24°C 15°C	24°C 14°C	26°C 18°C	27°C 15°C

Manchester – Active Ageing



Overview and approach:

i) Place based (Debdale)

ii) Volunteering - PALs



“I thought I was active, but I’m not... I can’t remember the last time I was out of breath”

(participant at co-design/ taster session)



Physical Activity Leaders: planning session



What did you want to learn from your approach?

Placed-based offer, Debdale

- Is an outdoor activity offer linked to the environment an attract offer
- Using a co-design approach, what kind of physical activity offer could be created

Physical Activity Leaders

- Does peer-led delivery of physical activity engage older adults
- Could we create sustainable sessions through peer-led activity (via volunteers)

Successes and challenges



Future approach

A brew....



...and something to do!



Thank you

Angela Martin
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activeAGEING

IN STOCKPORT



www.ageuk.org.uk/stockport

Sport England - Active Ageing in Stockport



GREATERSPORT



Greater Manchester
Moving > ^ < v



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Overview

- Partnership made up of Life Leisure, Age UK Stockport, Stockport Council and Stockport Homes group
- Peer Mentor support
- FREE Activity passes
- An inclusive activity timetable
- On-going support and advice
- Marketing campaign and strategy

What we wanted to learn

A group of approximately 15 people, mostly older adults, are seated in a circle on a wooden floor in a well-lit room. They appear to be engaged in a discussion or a meeting. The room has large windows and framed pictures on the walls. The overall atmosphere is professional and collaborative.

- Explore new ways of working and outreach
- Partnerships - E.g. Pharmacies/Schools
- Learning around engagement
- Learning around significant life events
- How simple promotion is a small aspect of spreading the message
- The importance of the faces of the campaign

Main Successes and Challenges

- Embedded within the Active Communities Strategy
- Creation of a support process to help individuals into social and physical activity to meet their needs
- Creation of a one to one Walk and Talk programme and a networking/social Walk and Talk offer
- Not only increasing physical activity but encouraging people to become more physically active

Challenges:

- Sustainability of the administration of the programme (volunteering coordination)
- Administration requirements from individuals

Future approach

- Embed into the local community
- Create a sustainable programme and referral pathway into social activity
- Sustain partnerships with other local organisations
- Walk and Talk developments through Age UK Stockport and Life Leisure
- Experiences through COVID-19 and restrictions



Meet Carol



Meet Lucy

Sept 2019 Active Ageing video - <https://youtu.be/Vtff0pqU7as>



Meet Ron and Mel



Meet Fred and Rob

WHAT IS THE FUTURE OF ACTIVE AGEING?





WHAT ARE OUR KEY PRIORITIES?

- 1 Linking to the GM Age-Friendly Strategy
- 2 GM Ageing in Place Programme
- 3 Communications-Narrative of Ageing
- 4 Integration of the learnings from the GM Active Ageing Programme
- 5 Influencing the GM Health and Social Care Partnership
- 6 Active Travel & Over 50's
- 7 Falls Prevention for GM

PROGRAMME REPORTS

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

Evaluation of the Greater Manchester Active Ageing programme

FINAL version
30.06.20

Authors: Prof David French, Ms Amy Davies, Dr Rachael Powell, Dr Angela Devereux-Fitzgerald, Dr Elisabeth Boulton, Prof Chris Phillipson, Dr Laura McGowan, Prof Chris Todd

The University of Manchester

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GREATERSPORT

THE GREATER MANCHESTER ACTIVE AGEING PROGRAMME Learning report



THE PROGRAMME

The Greater Manchester (GM) Active Ageing programme was a £1-million initiative, funded by Sport England for a two-year period and commissioned by GreaterSport. It explored new ways to encourage physical activity amongst older adults (over-55s) in the GM region.

The programme needed to explore healthy ageing to tackle inequalities and the psychosocial barriers to physical activity amongst older adults: a broad term for the over-55s age group that covers a huge range of active abilities.

The reasons behind activity drop-off rates needed to be understood in order to prevent them. Crucially, older adults' views and feelings were wanted to ensure the programme delivered a diverse range of activities to suit varied needs, so activities could be developed with mental wellbeing as well as physical benefits in mind.

Individual Metropolitan Borough Councils (MBCs) in GM designed their own activity programmes with local older people. They developed a series of pilots across eight of the ten GM localities: Bolton, Bury, Manchester, Rochdale, Salford, Stockport, Tameside, and Trafford. This approach was important. It allowed each MBC to respond to local needs and capacities, but with a shared goal for all of GM in mind.

GM Active Ageing programme learning report

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www.greatersport.co.uk/what-we-do/live-age-well/active-ageing-programme



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Thank you for joining us today!