

Changing the Physical Activity Landscape



County Durham Sport and

NHS County Durham

End of Year Progress Report: 2010/2011

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The logo features a stylized red 'H' composed of three overlapping, slightly offset shapes. Below this, the word 'Helmepark' is written in a large, black, sans-serif font. Underneath the name, the tagline 'people, partnerships, performance' is written in a smaller, black, sans-serif font.

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people, partnerships, performance

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| Contents | Page |
|---|-------------|
| Executive Summary | 3 |
| 1. Introduction | 5 |
| 2. Overview of projects | 7 |
| 3. Monitoring and evaluation | 8 |
| 4. Key targets and current progress | 9 |
| 5. Marketing | 13 |
| 6. Project impact and economic value | 14 |
| 7. Key strengths and issues | 17 |
| 8. Conclusions and recommendations | 19 |
| | |
| Appendices | |
| 1. Individual project progress | 22 |
| 2. Economic impact – job creation from CPAL | 26 |
| 3. Examples of participant feedback | 27 |
| 4. Phase 1 projects | 29 |

Executive Summary

This report provides a progress evaluation of the Changing the Physical Activity Landscape (CPAL) project which is being delivered in County Durham until September 2012, and covers the period to the 31 March 2011.

- CPAL marks a large scale investment in an outcomes driven programme, which places a particular emphasis on encouraging adults aged 40 to 74 years of age, with an estimated or actual risk of CVD greater than 20%, to increase their levels of physical activity and consequently reduce their CVD risk.
- It has a clear focus on just three groups of participants: this **CVD group**, their associated **family** members and a slightly broader **other** group and detailed targets have been set for all three groups.
- Participants from all three groups are being tracked using an established health sector tool, the Stanford 7 day recall. The success of the project is dependent not just on recruiting and retaining individuals, but on seeing **an improvement in exercise levels after six months**, based on this measure, for a substantial proportion of those taking part. Where participants cease attending for any reason before the end of the initial six month period, contact is maintained wherever possible to continue to capture 7 day recall data.
- **Against the key measures the assessment in this evaluation is that CPAL is currently well on track in terms of progress against the core targets, having put a wide range of new approaches and procedures in place and overcome a number of significant challenges.**
- These challenges are explored in more detail in the report, but include: health checks processes delivered by others not feeding as many people as expected into the CPAL programme; the current difficult economic and operational environment, which has impacted significantly on the ability of many of the projects to implement CPAL; and, for many projects, a significant shift in record keeping and reporting driven by the 7 day recall process.
- Against this backdrop it is encouraging to report that progress towards the core targets for the project is on track or ahead of schedule for the majority of the main headings, as summarised below.

Progress towards the CPAL core targets

| Group | Target to date | Actual to date |
|--|----------------|----------------|
| CVD group recruited | 1122 | 1191 |
| CVD group increasing exercise at six months | 325 | 304 |
| Family group recruited | 195 | 76 |
| Family group increasing exercise at six months | 57 | 34 |
| Other group recruited | 375 | 1357 |
| Other group increasing exercise at six months | 109 | 507 |
| Total | 1692 | 2624 |
| Total increasing exercise at six months | 491 | 845 |

- In addition, although as indicated there have been issues with the health check process, at least 370 individuals have nevertheless been referred to CPAL from formal referral routes.

Referral routes to CPAL

| Group | Actual to date |
|--|----------------|
| Number of participants in CVD group referred by their GP | 208 |
| Number of participants referred by health trainers, pharmacists, exercise referral or other health providers | 162 |
| Total | 370 |

- Moving on to consider more general principles, the importance of good strategic planning in establishing the need for the project and the underpinning use of a health sector protocol to track individual progress are identified as key factors in the anticipated longer term success of the project.
- In particular, basing the data capture on the Stanford 7 day recall is expected to pay clear dividends by enabling the project to demonstrate impact and establish economic return, and an economic model currently under development suggests that CPAL will more than return the level of investment being made in it.
- The role of a small core team hosted by County Durham Sport is also identified as having played a key role in the success of the project to date, as has the receptive way that many of the individual projects have adapted to the approaches, data capture and reporting requirements required for CPAL.
- There is however no room for complacency at this stage in the delivery cycle and a number of issues are identified in the report which will need to be addressed or kept under close review. Of these arguably the most critical at the time of writing is that one large project, which has yet to make any serious delivery inroads, has the potential to place the overall project at risk. This is most significant in terms of the CVD group, which is the key driver for CPAL and from which the greatest economic benefits are expected to arise.
- This does not however alter the positive conclusions which are drawn about the overall progress of the project to date, as progress towards targets is not seen as the only measure of success. Specifically, the rigour with which the approach is being applied and the level of data which is being built up are expected to contribute towards a robust overall assessment of impact and value, and ensure that important learning points of wider application will be identified.

1. Introduction

This report provides a progress evaluation of the Changing the Physical Activity Landscape (CPAL) project which is being delivered in County Durham, and which is scheduled to be completed by September 2012. The document covers the period to the 31 March 2011 and updates the information where appropriate from the previous progress report covering the period to the 30 June 2010.

CPAL is a £4.5m project funded by County Durham Primary Care Trust and managed by County Durham Sport, focused around the principle that increasing levels of long term physical activity can bring health benefits and reduce an individual's risk of cardiovascular disease (CVD). A small amount of funding has also been provided directly from the Department of Health.

The funding is being used to support a wide range of individual projects which deliver the core activities for participants on the ground, a small central team and a number of management and support services which are provided or sourced externally by County Durham Sport (CDS). This includes an external support and evaluation resource provided by HelmePark, who have prepared this report.

The funding was secured in 2009 on the basis of a detailed research phase which identified that significant numbers of adults aged 40 to 74 years of age, with an estimated or actual risk of CVD greater than 20%, were not taking part in physical activity at a sufficient frequency or intensity to reduce their levels of CVD risk. This group was therefore identified as the key focus for the project and is referred to as the **CVD group** in this report.

At the design stage for CPAL it was envisaged that formal health checks undertaken by GP practices, and other health professionals, would identify significant numbers of people in this CVD group who would be signposted to projects. This was expected to involve CPAL working centrally at a strategic level with health service colleagues leading the development and roll out of this process and individual projects liaising at a more local level with, for example, GP practices and health trainers.

The project as a whole was intended to be promoted to those delivering health checks as a menu of opportunities, allowing individuals to select the activities that most interested them. Individuals would then receive support from the CPAL project they joined and would also receive periodic follow up support via the health check process, resulting in a joint approach to encourage and support individuals to keep exercising.

In addition to the CVD group, it was identified that there was additional value in working with **family members** of some of those in this category. Although having a less immediate link in terms of CVD risk reduction, these family members were seen as an important related target audience.

At an early stage it was identified that in order to engage with this CVD group that the project would potentially need to be opened up beyond the traditional network of mainstream and large scale service providers. A third participant category of **others** was therefore also identified to provide some flexibility to recruit beyond the CVD and family groups. This might include, for example, people over 40 who do not have a CVD risk of greater than 20% or younger participants.

Evidence of success for all three groups was identified as not simply being about recruiting people to the project, but about supporting and encouraging them to increase their levels of physical activity over a six month period. At this point, evidence suggests that changes in

behaviour are more likely to become self sustaining and long term health benefits, including reductions in CVD risk, will accrue.

The commissioning process was used to ensure that the overall blend of approved CPAL projects would have a geographical spread across the County, offer a wide range of opportunities and provide as much variety and choice as possible. It was also used to ensure delivery in a number of identified target areas where levels of physical activity were known to be low, typically associated with high deprivation indices.

The level of match funding that projects could bring to CPAL was also considered, in order to maximise the value of the core investment, although no fixed threshold requirement was set. This meant that projects with little or no match funding could still be taken forward, subject to demonstrating other strengths in their submissions.

In order to capture the progress of individuals, the well established Stanford 7 day recall methodology was identified as providing a suitable and robust tool for the monitoring and measurement of physical activity levels. This is based on participants providing a baseline figure, with guidance, for their levels of defined low, medium and high intensity activity by reflecting on a typical week prior to joining CPAL. This process is then repeated on a regular basis for at least six months to enable trends to be identified and an overall assessment made on whether an individual has reduced, sustained or increased their level of physical activity over the period as a whole.

This approach marked a significant shift for many of the projects working under the CPAL banner, which were generally not used to following a structured protocol of this type, nor of systematically recording and updating the consequent individual and summary data.

In addition, to be effective, the 7 day recall process needs to be completed regularly even if an individual does not attend for a period or chooses to stop attending completely, as they may still be exercising on a personal basis. This required projects to put systems in place for contacting people outside sessions, which for many was again a new departure.

In overall terms therefore CPAL marks a large scale investment in a programme which has a number of significant differences from previous physical activity programmes:

- It is an outcomes driven programme, with a particular focus on encouraging adults aged 40 to 74 years of age, with an estimated or actual risk of CVD greater than 20%, to increase their levels of physical activity and consequently reduce their CVD risk
- It has a clear focus on just three groups of participants: the **CVD group**, their associated **family members** and a slightly broader **other** group and detailed targets have been set for all three groups (section 3)
- Participants from all three groups are being tracked using an established health sector tool, the Stanford 7 day recall
- The success of the project is dependent not just on recruiting and retaining individuals, but on seeing an improvement in exercise levels after six months for a substantial proportion of those taking part
- Where participants do not attend for a period, or drop out completely, wherever possible contact is maintained in order to continue to capture 7 day recall data.

The combination of these factors will allow CPAL to be able to demonstrate clearly if the intended outcomes have been delivered and provide valuable learning locally and nationally on the effectiveness of the delivery mechanism adopted.

2. Overview of projects

In order to manage the scale of the overall programme, and allow any early learning to begin to be applied within the overall programme period, the project commissioning and delivery approach has been split into three distinct phases:

- A phase 1 open commissioning process, leading to 20 projects receiving funding agreements in the early and mid part of 2010 (of which one was subsequently rolled forward to phase 2)
- A phase 2 invited commissioning process, leading to a further seven new or continuation projects receiving funding agreements in the latter part of 2010 and early 2011, together with the project rolled forward from stage 1
- A phase 3 process, through which funding will be provided to successful projects for additional delivery. CPAL is currently moving into this phase and one project has been approved to date (a follow on Derwentside Community Tennis Partnership project).

Table 1 below sets out an overview of the phase 2 projects, and a summary of the phase 1 projects which have been described in the previous reports is included for reference as Appendix 4. Taken together these provide a clear indication of the scale of the overall programme and the reach and variety of opportunities on offer. The total match funding to date committed to CPAL by individual projects is also substantial at £1,576,355, representing £988,658 for phase 1 and £587,697 for phase 2.

Table 1 Overview of projects commissioned in Phase 2

| Organisation/ project name | Project outline phase 2 | Funding classification and project value | | |
|--|--|--|--------------|---------------|
| | | Size | CPAL funding | Match funding |
| Nouveau Fitness CIC - DanceFit | The DanceFit programme aims to engage adults (50+ years) with low activity levels into fun and social dance activity in Easington and Sedgfield. <i>Extension of successful Phase 1 project.</i> | Medium | £69,408 | £7,774 |
| Platinum Physiotherapy and Personal Training Ltd | Cardi-Back 2 will provide specialist support and exercise delivery to groups with low back pain issues which have led to a decrease in physical activity participation. <i>Extension of successful Phase 1 project</i> | Medium | £37,270 | - |
| Amateur Swimming Association - SwimActive | Use of aquatic activities, outreach and community-based sports development processes, and encouraging a change in culture in facility operations and programming, to engage and retain participants. Project will contribute to an increase in overall adult participation, through a primary aquatics focus | Large | £121,835 | £60,000 |
| Durham University – Strengthening Hearts in the North East (SHINE) | The project will involve a multidimensional, client-centric approach. The university is able to offer a diverse range of traditional physical activity interventions including walking, cycling and swimming. These will be used to introduce and engage participants to activities they are more likely to sustain. Complementary physical activities such as golf, bowls and other appropriate sports will be used to facilitate the inclusion of further family-based interventions | Medium | £79,660 | £23,230 |

/continued

| Organisation/ project name | Project outline phase 2 | Funding classification and project value | | |
|---|---|--|--------------|---------------|
| | | Size | CPAL funding | Match funding |
| Leisureworks – Health Improvement Through Sport | HITS is an over 40’s sports development project, focussing on encouraging participation in social members, parents/family members and developing competition structures | Medium | £71,099 | £12,165 |
| Pioneering Care Partnership – Active Choices | Qualified health trainers with a physical activity focus providing individual behaviour change support and motivation, delivering a menu of existing physical activities & new activities delivered by freelance tutors on demand | Medium | £75,055 | £36,028 |
| The Ramblers Association – Get Walking Keep Walking | Delivery of the Get Walking Keep Walking project. Delivering introductory walk programmes from GP practices in selected locations | Large | £119,336 | £23,205 |
| Women’s Running Network – Run in County Durham | Community-based running groups, led by qualified and insured leaders. Beginners running groups focusing on fun and fitness. Improvers running groups for those wishing to improve distance and/or speed. Regular social running events. Sharing with others to reinforce fun, health and behavioural changes. | Small | £37,921 | £10,720 |
| Newcastle University – Movement as Medicine | Funded following discussions from Phase 1, the project is aimed at directly challenging issues associated with professional development/ delivery around ‘movement as medicine’ and provide a practical, deliverable and accountable physical activity solution for those working in clinical care | Large | £447,897 | £414,575 |

3. Monitoring and evaluation

As this document is a progress report, this section provides an outline of some of the key aspects which have been put in place in terms of monitoring and evaluation, rather than seeking to cover every part of the process.

As described in section 1, at the heart of the CPAL programme is the requirement to recruit people to one of the three target groups and to then track and record the 7 day recall progress of each individual over a six month period. The primary responsibility for collecting this data rests with the individual projects.

Targets were agreed with each project as part of the commissioning process and they report against these on a quarterly basis to CDS and to HelmePark. In addition each project provides wider feedback under a range of other headings which are reviewed over time, for example they were initially asked to describe the management structures for their project, and more recently to comment on the local approaches being used to recruit participants. They also have a standing opportunity to identify any challenges or barriers which may have arisen locally, including issues of both local and generic concern.

The projects are also periodically asked to provide case studies or other feedback from client consultation and they additionally report on progress against a series of project specific supporting outcomes developed and agreed during the commissioning stage.

This is a substantial reporting requirement for the projects but, given the diverse nature of CPAL and the number of projects involved, it was felt that this was an effective mechanism

to ensure that the necessary overall data for a programme of this value could be reliably captured and recorded.

To reflect the need for an external perspective on the project CDS worked closely with HelmePark in devising the commissioning, monitoring and evaluation processes. The two organisations then jointly rolled out these processes to the projects, which were required to go through a rigorous selection process during the commissioning stage, and both bodies continue to provide a range of appropriate support to the projects on an ongoing basis. This ranges from individual meetings and discussions through to group workshops and support, and section 4 describes the area of marketing where a substantial commitment has been made to support the projects.

The primary monitoring data from projects is returned on a quarterly basis to CDS, in parallel to HelmePark as the project evaluators. HelmePark collate the data, and undertake an appropriate element of validation, before presenting summary statements to CDS. As an example of the validation process, spot checks are periodically undertaken with projects to ensure the figures on monitoring forms tally with the figures on project summary sheets and the total number of individual record sheets, and remedial actions are implemented where this is not the case. Over the life of the programme, each project will be inspected on at least one occasion, in addition to their normal quarterly reporting.

In January 2011 a small telephone sample audit of 20 participants was also undertaken, based on a random selection of five projects and a random selection of four participants from within each of these projects. This was used to confirm that reporting processes were operating correctly and the opportunity was also taken to obtain some high level feedback under a number of headings, the findings from which are summarised in Appendix 3.

Financial reports are returned directly to CDS by the projects and payments are then released, subject to satisfactory performance.

HelmePark is also responsible for producing a series of interim evaluation statements, of which this is the third (please see www.countydurhamsport.com for the previous reports), and will be responsible for an overall end of project evaluation. These reports will be based principally on an analysis of the data and information provided by the projects, supported by some additional direct consultation with participants, projects and stakeholders undertaken by the evaluation team. Case study 2 in Appendix 3 provides some high level feedback from an early focus group which was delivered in January 2011, with the support of the relevant project.

4. Key targets and current progress

As previously indicated CPAL is a substantial programme and captures a large range of quantitative and qualitative performance information. This is then used in the day to day management of the project and key measures are presented to the management board and other audiences. It will also ultimately form the basis for the overall evaluation of the programme.

This section of this interim evaluation therefore focuses on a number of key headings where progress is critical if the project is to be ultimately successful, i.e. how the programme as a whole is performing in terms of recruiting people from the CVD, family and other groups; to what extent this is translating into increased exercise levels at six months; and the extent to which individual projects are progressing.

This is not to say that other headings are not important, but these are the key areas in terms of the agreed outcomes for which CPAL has been funded, and in terms of the three

participants groups, a set of **core targets** for the project as a whole were agreed between CDS and NHS County Durham as the funder at the start of the programme period as follows¹:

- **3300** people recruited in the **CVD group**, with a target for **1914** people from this group (58%) to have increased their exercise levels six months after their first contact with an individual project
- **1500** people recruited in the **family group**, with **870** increasing their exercise levels
- **1000** people recruited to the **other group**, with **580** increasing their exercise level

During the funding application process, individual projects were then asked to set targets for the recruitment and retention (increased exercise at six months) of participants, which were used to compare the value of each project during the bid assessment stage. The overall contribution of projects exceeds the core targets and reduces the overall risk to CPAL should one or more of the individual projects fail to deliver.

These **added value targets** then form the basis of individual service level agreements with CDS, and the distinction between the core and added value targets is important when considering progress.

Table 2 sets out the overall progress of CPAL to date towards the **core targets**, against the overall target for each heading and an approximate target to date.

Table 2 Current progress towards core targets

| Group | Overall project target | Approximate target to date | Actual to date (31 Mar 2011) |
|--|------------------------|----------------------------|------------------------------|
| CVD group recruited | 3300 | 1122 | 1191 |
| CVD group increasing exercise at six months | 1914 | 325 | 304 |
| Family group recruited | 1500 | 195 | 76 |
| Family group increasing exercise at six months | 870 | 57 | 34 |
| Other group recruited | 1000 | 375 | 1357 |
| Other group increasing exercise at six months | 580 | 109 | 507 |
| Total | 5800 | 1692 | 2624 |
| Total increasing exercise at six months | 3364 | 491 | 845 |

Green = on track or ahead of target
 Amber = good progress towards target
 Red = limited progress towards target

This shows that the project is well ahead of expected recruitment to the other group, is slightly ahead in terms of recruitment to the CVD group, but is currently behind schedule in

¹ Please note that these targets were originally set on the basis of a £5m project, which was subsequently reduced but without revision to these figures.

terms of the family group. Recruitment is also more than on track overall if the three groups are added together, and the table has been broadly colour coded on a Red, Amber and Green (RAG) basis to summarise the current position².

Turning to retention (i.e. increased exercise at six months) this is currently well ahead of target for the project as a whole and the other group, although slightly behind for the CVD and family groups.

Although relatively early in the process this currently represents an overall retention rate of some 63%. This would put the project ahead of the 58% target if maintained, although at this point the CVD rate is only around 51%. This shortfall in the retention rate for the CVD group would therefore become a concern if it was continued, as would the relative lack of progress in recruitment and retention for the family group. However, there are a number of factors which can be expected to reduce these effects as time goes on:

- The expected health check process has not operated as expected, which has led to CPAL developing a robust internal process to allow projects to determine which individuals should be allocated to the CVD group, using a series of trigger questions.

This process has taken time to introduce and the other group has effectively been used as a 'holding area' by several projects until this was in place. Some individuals have then been transferred from this group to the CVD group on the basis of the trigger questions, and this is a process which is not yet fully completed.

- Although not expected to have a significant impact, a small number of projects known to have recruited individuals over six months ago have yet to declare any six month data.
- There has been an initial focus during phase 1 on the CVD and other group, with the family group being addressed more directly through phase 2 projects which are only now coming on stream.

Taking these factors into account it is therefore reasonable to draw an extremely positive conclusion at this stage in terms of progress towards the core targets, although both the evaluation and core teams will continue to keep this under close review and take remedial action as required.

Table 3 (overleaf) then sets out a summary showing the overall progress by the projects towards their **added value targets** under each of these key headings, which has also been impacted by the factors above.

As a result progress towards these stretch targets is currently behind track under most headings, and it not possible to draw a clear working conclusion at this point about whether or not this can be fully recovered. A RAG rating has not therefore been attempted.

This does not however alter the positive conclusions drawn in terms of current progress towards the core targets, which remain the fundamental drivers for the project and the basis for the overall funding commitment to the project by the PCT and DoH.

² The evaluation team is still working with a number of projects to finalise their most recent returns and the **actual** figure may be subject to some minor revision as a result; the **target to date** figures include an allowance for the start up period and the six month lag time before the progress of individuals can be directly assessed and are not therefore linear over the duration of the project.

Table 3 Current progress towards added value targets³

| Group | Overall project target | Approximate target to date | Actual to date |
|--|------------------------|----------------------------|----------------|
| CVD group recruited | 6548 | 2239 | 1191 |
| CVD group increasing exercise at six months | 3798 | 649 | 304 |
| Family group recruited | 1669 | 218 | 76 |
| Family group increasing exercise at six months | 988 | 63 | 34 |
| Other group recruited | 4681 | 1783 | 1357 |
| Other group increasing exercise at six months | 2903 | 517 | 507 |
| Total | 12898 | 4240 | 2624 |
| Total increasing exercise at six months | 7740 | 1229 | 845 |

A breakdown is also set out in Appendix 1 which provides some additional information on the progress of projects towards their individual targets. However, considerable care should be taken in drawing any project by project comparisons from this information at this stage as start dates, even within each phase, have been very variable. In addition, in some cases the evaluation team is still working with individual projects to finalise their most recent figures.

It should nevertheless be noted that there are a small number of projects where there are some specific delivery and/or reporting concerns and these are currently being addressed on a confidential nature with the projects concerned. Where appropriate this may result in amendments being made to original funding offers, including the possibility of withdrawing all funding from an individual project, although the phased release of funds makes it unlikely that any money would be reclaimed.

In addition to these recruitment and retention KPIs, projects also report the referral routes by which people have been recruited to CPAL and this information is summarised in Table 4 below.

Table 4 Referral routes to CPAL

| Group | Actual to date |
|--|----------------|
| Number of participants in CVD group referred by their GP | 208 |
| Number of participants referred by health trainers, pharmacists, exercise referral or other health providers | 162 |
| Number of participants self referred | 2001 |
| Number of participants reporting a completed health check | 219 |

³ Please note the actual to date figure used in Tables 3 and 4 is the same in both cases and it is the targets which are different, **core targets** in Table 3 and **stretch targets** in Table 4.

Please note that in the context of the wider health check debate no targets have been shown in this table, and discussion is also taking place with a number of projects who have yet to provide reliable data under these headings. The information does however suggest that, even in the current format, formal referrals have provided a route into CPAL for at least 370 of the current participants.

5. Marketing

Individual projects have their own budget and are responsible for the marketing of their own projects towards recruiting and sustaining participants. County Durham Sport is responsible for overall brand awareness of CPAL, and carries out a range of marketing activities to assist in signposting people and professionals towards the projects. Direct marketing activity to date has included:

- The development of dedicated web pages on County Durham Sport website for each project, see: www.countydurhamsport.com/cpal-projects
- Locality based leaflets which have been distributed to all Health Check leads in GP Practices across County Durham. The leaflets include basic information on projects and contact details for each, they are also distributed to members of the public in response to press releases, website or Facebook page content:
 - Round 1 distribution (Sept 2010) – x4,000
 - Round 2 distribution (Feb 2011) – x5,000
- Locality based posters have also been distributed to Health Check leads in GP Practices across the County, with similar content as the leaflets.
 - 2 posters distributed per GP practice (Feb 2011)
- 2 generic CPAL pop-up banners are available for projects to use (i.e. at launch events, etc)
- All projects have been provided with guidance around marketing procedures through a single 'Marketing guidance document' agreed as part of a joint communications strategy with NHS County Durham in relation to CPAL
- A pilot 'Life Channel' campaign was developed and delivered between Sept – Dec 2010. This campaign was aimed at patients of GP Practices and directed people to the CDS web pages and the leaflets distributed to practices at that time.
 - For the full duration of the Life Channel campaign, there were 751 pageviews of the CPAL sections of the CDS website – an average of 187 per month.
- Following agreement to proceed with a social media strategy with NHS County Durham, a Facebook page was developed on the 26th January 2011 for CPAL. CDS launched an advertising campaign through Facebook which ran for one month between 9 Feb – 11 Mar 2011.
 - The advert was intended as a pilot, to measure effectiveness, demand and impact. A lifetime budget of £250 was set, which lasted from 9 Feb -11 March 2011.
 - The advert was able to be limited only to those who lived within 25 miles of Durham and were exactly between the ages of 40 and 64 inclusive (Facebook age bands stop at 64+)
 - The advert was delivered directly to those not already connected to the CPAL page which gave a potential target audience of 98,240 users of Facebook.

- During its running time, the advert had 690,774 total impressions (how many times the advert was seen by Facebook users). The advert was clicked 559 times, resulting in a cost per click of £0.45.
- During the same time, visits to the CPAL pages of the County Durham Sport website saw an increase of 23.35% with a 59.49% in unique pageviews.
- During the Facebook advert's one month time span, there were 243 pageviews (see comparisons with Life Channel campaign) During the same time period, there was a 276% increase in click throughs to the County Durham Sport website from Facebook demonstrating the campaigns ability to generate an interest in the target age group.
- The Facebook page currently has 76 fans and over 600 monthly active users.
- Support from Marketwise Strategies Ltd

In April 2010, County Durham Sport commissioned Marketwise Strategies Ltd to provide social marketing and research support to the individual CPAL projects. This support was intended to:

- Maximise service utilisation by ensuring that projects were appropriately prepared for recruiting, welcoming, retaining and supporting service users (participants)
- Equip projects (through training and the development of a marketing toolkit resource) with the skills to:
 - conduct their own, small-scale research projects, among participants, potential participants, intermediaries and the wider community
 - prepare good quality promotional materials, to attract new users and encourage referrals, and therefore to make the most effective use of their marketing budgets
 - Instil understanding of a social marketing approach as opposed to simply 'conventional' marketing techniques
 - Enable a small number of projects that had the most exacting targets - particularly those with relatively short timescales – to maximise their opportunities to recruit and retain sufficient numbers of participants within the period for which they were funded through one to one bespoke support.

A separate report has been produced outlining the specific benefits of this support, available at <http://www.countydurhamsport.com/changing-the-physical-activity-landscape/resources>

6. Project impact and economic value

At the current time the project is still at an early stage in terms of presenting any meaningful assessment of overall impact and economic value. This is due to a combination of the necessary planning, decision making and start up work which was needed before any delivery could take place, important for all projects but perhaps even more so for CPAL given the new approach being taken, and the inbuilt programme lag between the recruitment of participants and any reporting on increased levels of exercise at six months.

To date therefore the focus for County Durham Sport, and for the support being provided by HelmePark, has been to ensure that delivery of this new programme has been able to get underway successfully. A considerable emphasis has been placed on ensuring that projects started to collect, collate and return the necessary data to ensure that there will be a robust audit trail in place to underpin the impact and value ultimately reported by the project.

It is however appropriate to set out the expected framework for the impact reporting and economic assessment which will take place, and to set out some emerging findings. These should though be treated with caution as unit costs can be expected to improve (i.e. reduce) as the programme continues and the effect of the start up costs become more evenly spread out. There is also evidence of a significant pick up in recruitment rates in recent months, as phase 1 projects have settled in and phase 2 starts to come on stream, which has yet to work through to people having been on the programme for six months.

The framework for reporting on impact and value is therefore currently expected to consist of the following:

- An assessment of progress against targets, and section 4 of this report provides a current position statement
- An assessment of feedback gathered from participants (for example by way of surveys, focus groups and case studies) and of progress towards supporting outcomes, and some early examples are included in this report
- The economic impact of the project based on:
 - An assessment of the economic value of the project in terms of job creation (or retention), and any secondary spending effects from this
 - An assessment of the economic return on the overall financial investment being made in the project.

The rationale behind considering the first of these economic headings is that this is an area which has traditionally not tended to be reported by projects, but which is arguably well worth capturing and celebrating in its own right – and particularly so in the current economic climate.

Appendix 2 sets out an assessment of the current position, which shows that the project is expected to provide peak employment for 17 people on a full time basis and 29 people on a part time basis. This then has a knock on effect, where the spend by these individuals creates a small second tier of employment (the multiplier effect) bringing the total numbers employed or supported by the project to 19 full time equivalents and 32 part time equivalents. This will be achieved at a cost of some £2.4m, representing just over 50% of the total cost of CPAL. Although all of a fixed term basis, ranging in contract length up to three years, this is nevertheless a significant level of employment and added value benefit from the programme.

It is however only a secondary economic consideration by comparison with coming to a judgement on whether or not the project represents a sound economic return for the investment being made.

The approach which is being advocated for this, but which has yet to be formally signed off by the project management team, is therefore based around using many of the key principles of Social Return on Investment (SROI). This is being suggested as the preferred approach to calculating the main economic value of the project as:

- It provides a detailed framework, developed from previous Treasury Green Book approaches
- The process ensures that all sources of data are attributed and that all assumptions are captured

- It ultimately leads to a simple, defensible investment ratio i.e. £1 in = £x out over a stated period.

It does though require considerable debate and agreement, which has yet to be completed, in developing the model - for example in terms of:

- Agreeing the economic outcomes to be used, which need to be clearly linked to the CPAL outcomes
- Identifying a series of financial proxies for these outcomes, based on credible and defensible data
- Debating and agreeing any assumptions which have had to be made
- Considering the timescales over which the financial effects will be felt.

This debate is currently focused on the CVD group, as this is the heading where the greatest returns are expected to be generated. A detailed table is being built up, as required by the SROI methodology, drawing on a range of widely respected evidence to set out the case that increased exercise by individuals will lead over time to a reduction in direct public healthcare costs. It also leads to associated benefits in terms of some of these individuals remaining in work, and hence continuing to contribute to society through taxation and spending and by not requiring informal care to be delivered by members of their family.

The model then goes on to identify the likely value of each of these benefits, and the extent to which CPAL can lay claim to these. As previously indicated the approach is not yet finalised and agreed, but in the current format it would suggest that the economic return from the project may already be of the order of £680,000. This is based on 304 people to date from the CVD group increasing their levels of exercise after six months, and the savings and benefits this can be expected to bring over a five year period. This can then be compared with the project expenditure to date of £1,287,717 which represents a return of £0.53 for every £1 invested so far.

In SROI terms this currently represents a return of less than one, but there a number of important factors to consider before drawing any immediate conclusions at this stage:

- The unit costs of delivery can be expected to fall as the start up costs become more evenly spread, and based on people already known to be in the system but not yet at six months
- The model has erred on the side of caution in any assumptions and has only considered the CVD group to date. Although the benefits will be smaller from the family and other groups, these can be expected to have a positive effect
- Even if, as seems unlikely, an ultimate return of less than £1 was achieved for each £1 invested this might still be acceptable to funders - subject to the importance they place on other outcomes including the learning points which are already emerging from the programme and qualitative benefits being reported by participants.

It is also possible to make some very early predictions of the potential value of the overall project by applying the three year target figures, noting the various qualifications which have been set out. Based on this, if the projects recruit to the core target of 3300 in the CVD group, and 58% of this group (1914 people) increase their levels of participation, this could potentially give a return of approximately £1 of benefits for each £1 invested.

By contrast if it reaches the added value targets for some 6600 people to be recruited to the CVD group, and 58% increase their levels of physical activity, this would potentially give a

return of £2 of benefits for every £1 invested – still while only looking at the CVD group at this stage.

Although as indicated this is still work in progress, consideration is also being given to how this might be used to benchmark CPAL against other projects, and a detailed study of swimming has been identified which may provide a useful basis for this⁴. Although this claims some benefits from reducing Type 2 diabetes, which the CPAL model currently does not consider, it places a strong emphasis on CVD and sets out a return on investment figure of £1.50 of benefits for each £1 invested.

It also needs to be emphasised that any SROI model also needs to be considered as part of the overall assessment of the programme, not in isolation, alongside a range of other factors including:

- Progress against targets.
- Feedback from participants via surveys, focus groups and case studies etc.
- Factors such as the additional employment economic effect
- Important wider learning emerging from the programme, as a consequence of the clear focus and structured monitoring and evaluation approach.

It is currently anticipated that a separate report on the SROI model for CPAL will be published in Autumn 2011, once the current detailed development work has been completed.

7. Key strengths and issues

As emphasised throughout this report, the focus of efforts to date has been heavily weighted on ensuring that CPAL can get underway on a broad front. This has included developing and delivering the commissioning process, providing as much support as resources allow to individual projects and ensuring that robust quantitative and qualitative data capture approaches are in place and are being implemented correctly.

This will ultimately pay dividends in terms of the overall evaluation process but even at this stage there are a number of emerging strengths and issues which can be reported, all of which will inform the end of project learning and several of which will usefully inform the remainder of the programme period:

- The substantial level of strategic planning that went into the project prior to any delivery appears already to be proving a particular strength. This included detailed research and mapping to identify need and was almost certainly a key factor in the original £4.5m investment committed to the project. A further sum of the order of £1.6m has also already been committed to CPAL as match funding by individual projects.
- Having a clear focus on a relatively small number of high level outcomes as a result of this planning can be expected to be extremely beneficial when it comes to reporting on the overall impact of the project and drawing conclusions in terms of overall effectiveness.
- The underpinning of the programme as a whole in the use of an established health sector protocol, the Stanford 7 day recall, will play a key part in this by providing a robust methodology to link physical activity delivery to health outcomes.

⁴ An estimate of the economic value and cost effectiveness of swimming in the community, Fordham Dr R, for the ASA, July 2010.

- Benefits are clearly being felt by those taking part, and a substantial evidence base for this is being built up. This report includes some examples of short case studies to provide a flavour of this in Appendix 3.
- The commissioning and implementation approaches adopted by CDS and its partners have been extremely thorough, even though many of the systems and procedures have had to be developed from scratch.
- A substantial number of projects appear to have signed up to the expected benefits of this approach, and to welcome the opportunity for capturing and demonstrating impact more systematically.
- A distinctive feature of the commissioning process (described in detail in the previous progress report) was to include a number of current practitioners in the selection panels when scoring applications against a series of agreed criteria. The initial process was oversubscribed, as might be expected, requiring difficult choices to be made and this contributed to ensuring the transparency of the decisions which were taken.
- The support provided for projects includes a central team with detailed knowledge of the sector and high level strategic planning and operational skills and experience. This includes a lead postholder whose role is dedicated solely to the delivery of CPAL and supporting individual projects. The attention to detail of this central team is extremely high and this should provide valuable reassurance for partners in the context of the significant value of the project as a whole.
- A substantial level of support is provided by the CDS and evaluation teams and where needs are identified which cannot be met directly additional input has been sought, for example in term of the marketing capacity building work described in section 5.

In terms of some of the issues to date, there are two factors which are outside the control of the project but which have had a major impact on delivery to date:

- The difficulties reported with the health check process, requiring an additional protocol to be developed based on a series of trigger questions so that individual projects could reliably allocate people to the CVD group.
- The current economic and operational environment has impacted significantly on the speed of decision making within many of the projects, for example in terms of getting approval to recruit to CPAL funded posts, and projects are generally finding it is taking longer than usual to be in a position to begin delivery. This has arguably presented one of the greatest risks to the project in terms of meeting its overall targets, particularly for the CVD group, as it has tended to impact most on a number of the largest projects – the majority of which are in the public sector. At the time of writing one large project has still to make any serious inroads to delivery, and detailed discussions are taking place as a consequence.

In terms of a series of largely operational factors internal to CPAL which have been identified to date these include the following:

- Concerns continue to be expressed by a number of projects that commissioning and reporting requirements have become more complex as they have been rolled out and that inconsistent messages on occasions have been given out.

- While the evaluation team would agree there were early examples of this, some of which was perhaps inevitable given the developing nature of the project, actions were introduced as a result of recommendations in the previous progress reports.
- As a result phase 2 projects appeared to find fewer difficulties with the commissioning process, which was fully defined by the time they took part. In addition, reporting requirements have now been largely unchanged for the last three quarterly periods and considerable efforts have been made to ensure consistency in any messages. Substantial levels of individual support and guidance have also been provided.
- Despite this a number of projects, of all sizes, are still not reporting to the necessary quality and some of this can no longer be attributed purely to CPAL structures, systems and communication. Discussions are therefore taking place with a number of projects to identify what steps they will take internally in order to meet the requirements.
- Some of the smaller projects commented that they felt the commissioning approach was a rather 'one size fits all' model, more applicable to large projects, and that they would have welcomed a scaled down version for smaller budget submissions.
- A number of projects also reported that they felt under unreasonable external pressure to get delivery underway. Although understanding the project timescales, many of the projects would have valued more time in order to introduce new ways of working as a result of CPAL and to build up contact and trust with new individuals - a Community Development type approach, as one project put it. This was further exacerbated by the health check process not operating as expected, as a key recruitment route for the CVD group.
- As a final issue, at a strategic rather than an operational level, this evaluation has argued that the clear focus of the project is a distinct strength of CPAL. It has however noted some minor debates opening up which could potentially take the project into new areas. Without seeking to overstate this issue, any changes should clearly only take place following careful debate and with the full agreement of partners.

8. Conclusions and recommendations

Conclusions

- This progress evaluation of CPAL focuses heavily on the performance of the programme to date against the core targets for recruiting people to the CVD, family and other groups and assessing progress towards 58% of these individuals increasing their physical activity at six months.
- Against these key measures, the assessment is that the project is broadly on track at this point in terms of progress against the **core targets**, having put a wide range of new approaches and procedures in place and overcome a number of significant challenges.
- There is however no room for complacency at this time and one large project in particular, which has yet to make any serious delivery inroads, has the potential to place the overall project at risk, particularly in the CVD group.
- The impact of a number of the larger projects is also having a disproportionate effect in terms of the **added value targets**, where progress is currently falling short of the expected levels.

- This does not however alter the positive conclusion drawn in terms of current progress towards the core targets, which remain the fundamental drivers for the project and the basis for the overall funding commitment to the project by the PCT and DoH.
- The project benefits from having a clear focus, built on a detailed planning and research period undertaken before any delivery was considered, and a professional and knowledgeable central team hosted by County Durham Sport. This has ensured a rigorous commissioning process took place and robust monitoring and evaluation approaches have been introduced, supported by external professional input as appropriate.
- The basing of the data capture on an established health sector protocol, the Stanford 7 day recall, is expected to pay clear dividends by enabling the project to demonstrate impact and establish economic return, and a model currently under development suggests that CPAL will more than return the level of investment being made in it. It is however important that CPAL does not allow any involuntary mission drift, if it is to be able to reliably capture and report on its impact under the agreed headings.
- It is also important that the return on investment figure is not taken in isolation in coming to a overall judgement on the project, but is considered alongside other factors including progress against targets; feedback from participants and wider learning from the approach which is being developed.
- The individual projects have generally shown themselves to be very receptive to the new approaches, data capture and reporting required and a number of them are in regular contact with each other behind the scenes. This provides a layer of networking and support in addition to that which can be centrally provided, and presents a potentially useful opportunity to further encourage partnership and networking approaches to working. This could prove particularly beneficial as the health check debate continues and the process moves forward.
- There are however a number of projects which are currently not returning data to the required standard, typically attributing this to the complexity of the CPAL processes. The reporting requirements have however remained largely unchanged for the last three consecutive quarters, and some of the difficulties reported by projects cannot continue to be attributed simply to CPAL. There would therefore appear to be a requirement for a number of organisations to look critically at their own management and organisational approaches.
- There is additionally a case for reviewing if any of the reporting density can be reduced, without losing the current integrity of the programme. Although perhaps too late for CPAL, there may also be an argument in the future for a developing a parallel reduced scale commissioning process which might be used with smaller projects and potentially a similarly scaled down reporting approach.
- Taken overall the projects have adapted well to what for many of them is a new way of working, which represents a step change for many of the smaller projects, and credit needs to go to them for this. They have however said that they would generally have welcomed a slightly longer delivery timetable, given this backdrop. There would seem to be a valid argument for this, in this type of programme, where the learning from the approach is arguably at least as valuable as the actual delivery which is achieved.

Recommendations

- The current delivery approaches, which have led to CPAL currently being on track to deliver against the core targets, should be maintained, although care should be taken to avoid any risk of involuntary mission drift setting in.
- The potentially programme critical issue of the remaining large scale phase 1 project which has yet to show any meaningful delivery should however be addressed as a priority.
- A rapid review of the monitoring and reporting requirements should be undertaken to see if there is any scope for reducing the density of any of this, without losing reporting integrity.
- A central event should then be held to reinforce the monitoring and reporting requirements with the projects, in the interests of removing any remaining lack of clarity. This could also form the platform for other networking and events and approaches.
- In addition, individual projects should review their own organisational and management approaches where they continue to find difficulty in meeting the reporting requirements.
- The economic model outlined in this report should be further considered and tested in order to enable it to be signed off as the agreed approach for CPAL.
- Consideration could be given to extending the programme timescales within existing resources for individual projects or for CPAL as a whole, where this might be appropriate in maximising the value of the learning being gained from the programme.

Appendix 1: Individual project progress

The following three charts give a representation of the progress of individual Phase 1 funded projects against their individual (added value) targets. Interpretation should be based on the assumption that projects had 12 months remaining to reach their targets for recruitment at this stage, being March 2011.

Charts show progress for Large, Medium and Small projects, relating to the level of funding committed to each.

Each project is split into three sections relating to targets for 'CVD', 'Family members of the CVD group' and 'Others', starting clockwise within each section of the chart.* The purple coloured sections indicate individual recruitment targets, dark pink sections indicate progress on recruitment, light pink indicates progress on sustaining an increase in participation in participants recruited to projects.

Phase 2 projects by March 2011 were in only very early stages of delivery therefore no charts were created for this group at this stage but will be produced for future reports.

**Note: Not all projects have targets for all three target groups.*

Figure 1 – Large projects

Showing (clockwise):

- Durham County Council's 'Community Lifestyles' project
- Leisureworks 'Enhanced Exercise Referral' project
- County Durham & Darlington Foundation Trust Health Improvement Service's 'Get Active Get Cycling' project
- Age UK County Durham's 'Healthy Horizons' project
- Durham County Council's 'Wellness on Wheels' project

To view this figure in a larger format please go to:
www.countydurhamsport.com/report-figures/pngformat

Further queries should be directed to County Durham Sport, tel: 0191 3729114

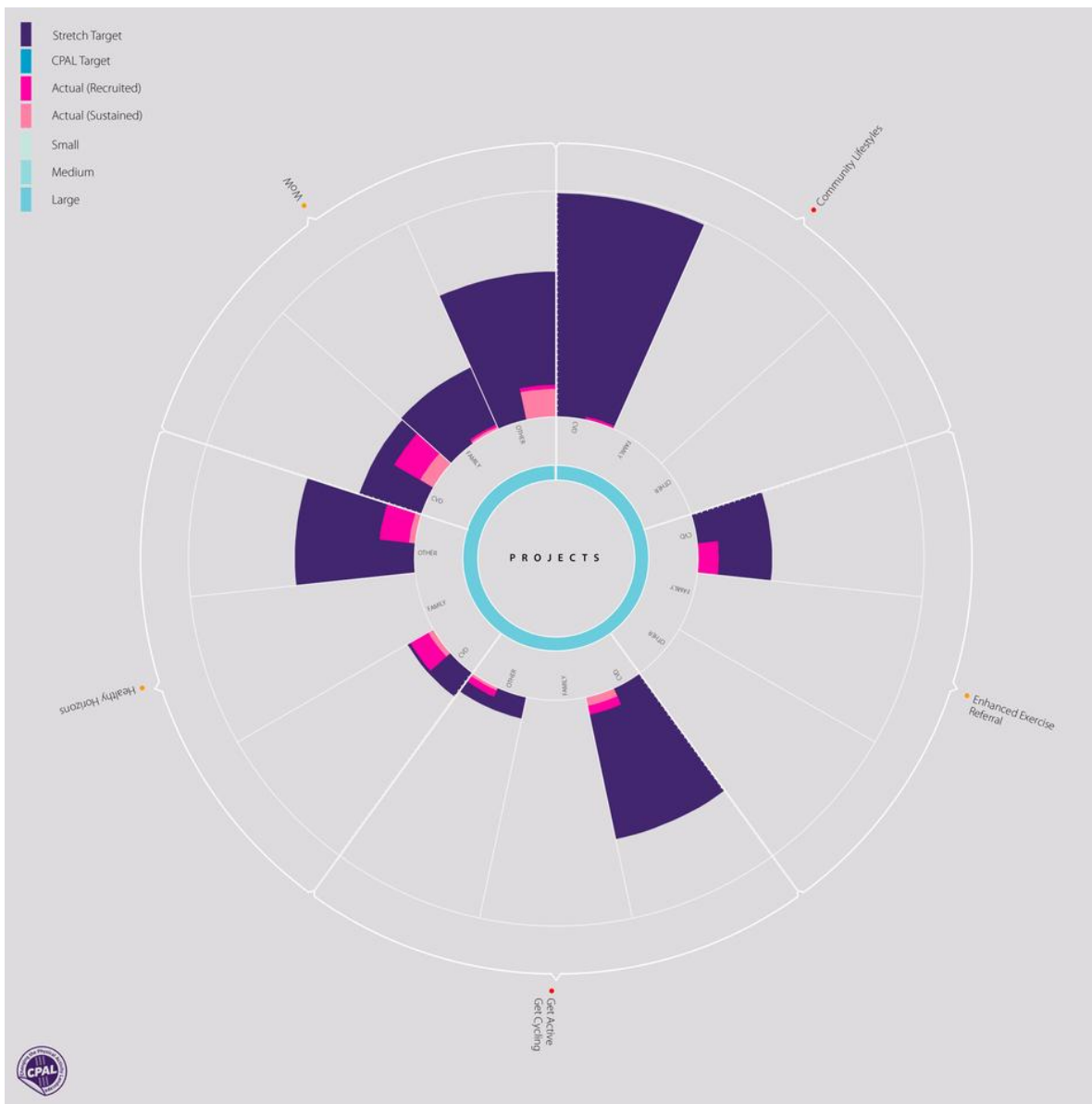


Figure 2 – Medium projects

Showing (clockwise):

- Platinum Physiotherapy and Personal Training Ltd's 'Cardi-back' project
- Community Gems' 'Strictly Dancing' project (*discontinued*)
- Durham Amateur Rowing Club's 'Explore Rowing' project
- The Rugby Football Union's 'Fit to Officiate' project
- County Durham & Darlington Foundation Trust Health Improvement Service's 'Get Active Community Engagement' project
- Durham Wildcats' 'Get Durham Playing Basketball' project
- Nouveau Fitness' 'Dance-Fit' project
- Peterlee Town Council's 'PACES' project
- Tantobie Association for Sport and the Community's 'Enhanced Physical Activity' project
- Gateshead Thunder's 'Unemployment Project'

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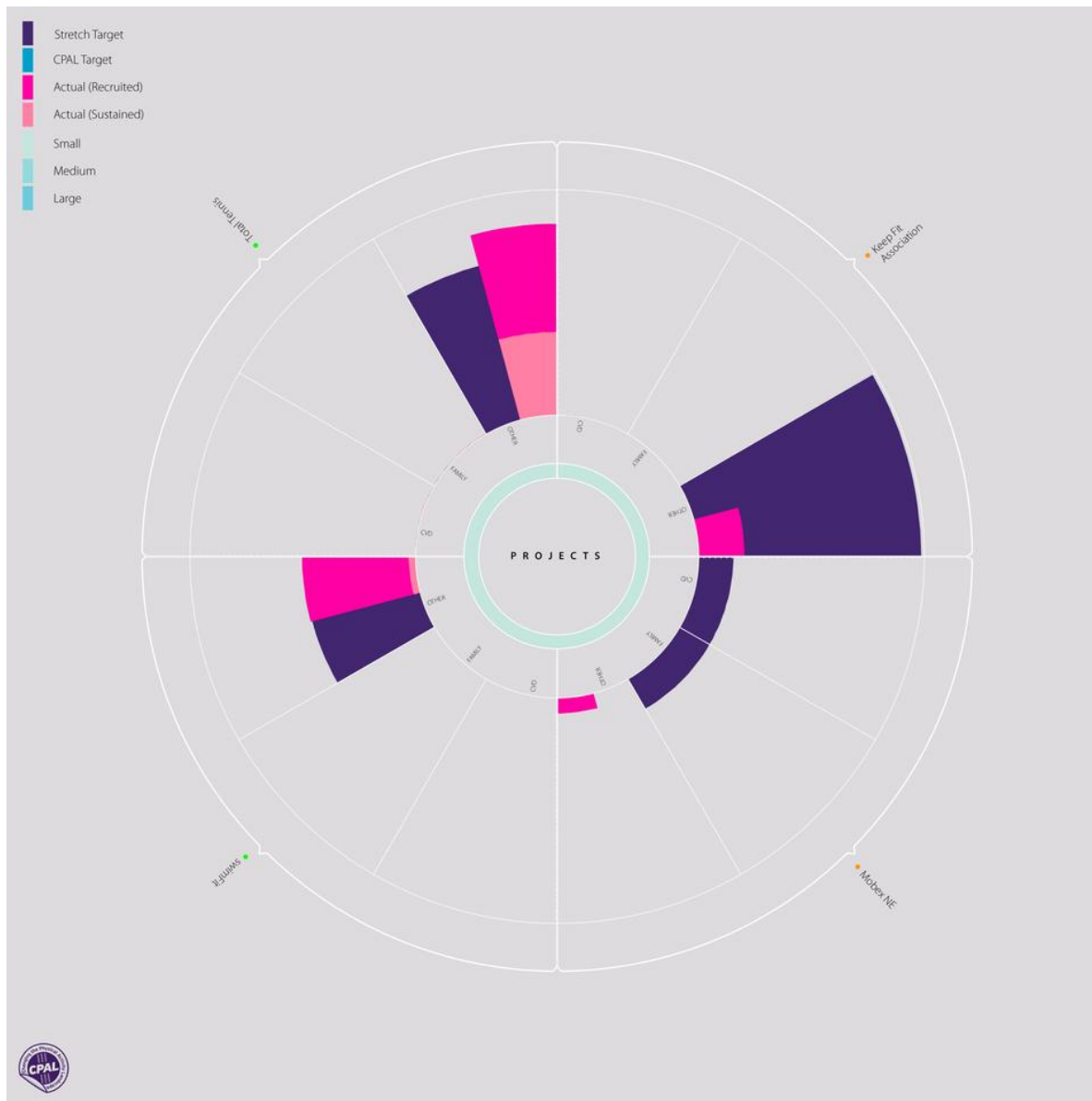
Figure 3 – Small projects

Showing (clockwise):

- The North East Keep Fit Association’s ‘Workforce’ project
- Mobex North East Ltd’s ‘Adventurous Activity’ project
- Sedgefield 75 Swimming Club’s ‘SwimFit’ project
- Derwentside Community Tennis Partnership’s ‘Total Tennis’ project

To view this figure in a larger format please go to:
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Appendix 2: Economic Impact

Peak job creation from CPAL

| Project | FTE posts (> 35 hrs) | PTE posts (< 35 hrs) | Size | Notes | | |
|---------------------------------|----------------------|----------------------|-----------------------|------------------------------|----------------------------|----------------------------|
| County Durham Sport | 1 | 5 | | | | |
| Healthy Horizons | 1 | 3 | L A R G E | 3 addn FTEs possible 04/2011 | | |
| Community Lifestyles | 6 | 0 | | | | |
| Get Active Get Cycling | 1 | 1 | | | | |
| Enhanced Exercise Referral | 1 | 3 | | | | |
| WoW | 0 | 4 | | | | |
| swimActive | 1 | 0 | | | | |
| Get Walking Keep Walking | 1 | 1 | | | | |
| Movement as Medicine | 3 | 0 | | | | |
| Get Active Community engagement | 0 | 0 | | | | |
| Cardi Back (Phase 1 & 2) | 0 | 2 | | | M E D I U M | Newcastle University based |
| Explore Rowing | 0 | 1 | | | | |
| Thunder Unemployment project | 0 | 1 | | | | |
| PACES | 0 | 1 | | | | |
| Get Aycliffe Playing Basketball | 0 | 0 | | | | |
| Fit to Officiate | 0 | 1 | | | | |
| Tantobie CA | 0 | 1 | | | | |
| Run in Durham | 0 | 1 | | | | |
| SHINE | 1 | 0 | | | | |
| Active Choices | 0 | 2 | | | | |
| HITS | 1 | 0 | S M A L L | Post holder not CD based | | |
| Community Gems | 0 | 0 | | | | |
| Nouveau dance (Phase 1 & 2) | 0 | 2 | | | | |
| Mobex NE | 0 | 0 | | | | |
| swimFit | 0 | 0 | | | | |
| Total Tennis | 0 | 0 | | | | |
| Keep Fit Association | 0 | 0 | | | | |
| Total | 17 | 29 | | | | |
| Multiplier effect | 1.11 | 1.11 | | | | |
| Total | 19 fte | 32 pte | | | | |

Notes

In addition to the direct jobs created or supported in the local area by direct expenditure, additional employment will be generated by a multiplier effect, by supporting other jobs in turn, and the effect of any secondary spend. These multiplier jobs are typically spread across a wide range of sectors including retail, catering and transport and public service jobs such as education, health and local government.

The degree of any multiplier effect will depend on the nature of the local economy, since the number of higher level services tends to be located in larger urban centres. National studies suggest an average local multiplier ratio ranging from 1:1.05 in rural locations to 1:1.18 in more urban locations¹. Additional multiplier effects will also arise outside the local area in the wider region as a result of further expenditure.

By applying a mean multiplier figure of 1:1.11 an estimate can be made of the total employment impact of the project, excluding the impact of any secondary spend, i.e. still potentially understating its true employment impact.

¹e.g. *The Effect of Inward Investment on the London Economy, Think London, 2004; The Economic Impact of Visits Influenced by the Liverpool European Capital of Culture in 2008, Impacts 08, 2010*.

Appendix 3: Examples of participant feedback

Case study 1: Individual case study

- Carol is 61 and has lived in the North East since getting married 17 years ago. She was the first member of a seated aerobics class, supported by CPAL, and identified as part of the CVD group based on the use of the trigger questions.
- She was motivated to join the class as she suffered from high blood pressure and cholesterol as well as arthritis and the type of exercise allowed a gradual improvement in her all round health and fitness. Carol really wanted to go horse riding again as it had been 20 years since she had ridden and the exercise has allowed it to happen.
- She really enjoys the classes because everyone has a laugh and a giggle which means they do not always notice the gradual increase in the level of exercise. She says the instructor is excellent making everyone in the class feel special and part of a team whilst letting them work to their own limit.
- Carol has recommended the classes to friends who now attend and the group now also enjoy regular lunches. By attending the classes Carol has become involved in a voluntary capacity helping the local community centre.
- CPAL has been able to track increases in Carol's exercise levels using the 7 day recall. Carol herself cites the benefits as the reduction in her blood pressure and cholesterol levels and a big difference in her all round health and fitness. She can now partake in a pastime that she last did 20 years ago, and puts this down to the classes improving her lifestyle through health in a friendly environment.

Case Study 2: Project focus group

- A focus group was organised with 14 people, from both genders, aged from their mid 30s to their mid 60s, who had been successfully attracted back to tennis by a CPAL funded project. This project was focused on the other group and has tended to attract individuals who do not have pre-existing medical conditions. The group did however describe themselves as generally aware of the benefits of physical activity, even if they were not always acting on this.
- Several individuals had then gone on to club membership, league tennis and in one case coaching despite typically not having taken part in tennis for over 20 years (although some had taken part in other sports or physical activity).
- The focus group members described themselves as having been recruited principally via word of mouth, peer encouragement and young people encouraging parents to take part, rather than marketing led recruitment approaches. They were however aware of the CPAL brand, and the purpose behind the requirement to regularly track their physical activity levels using the 7 day recall.
- The group attributed the success of the project to the skills and enthusiasm of the individual leading the programme; receiving early support, which built on each individual's skill level and: developing a fun/social aspect to the activities, which encouraged the build up of a self supporting peer network.
- For the majority of the group, their overall levels of physical activity had increased by the extent of the weekly tennis programme, but not necessarily significantly between times. There was however widespread reporting of how important this had become for individuals, and of improved physical condition as an outcome. One individual also reported that they had started to train for tennis, through jogging between times, and one that they had been fitter before undergoing an unexpected operation - which their doctor described as a positive factor in helping them to get through this and recover quickly.

Sample audit and high level participant feedback, January 2011

In January 2011 a small sample audit was undertaken by the evaluation team contacting a number of participants on the programme by telephone. The primary purpose of this was to check that they were actually taking part in the individual project that had claimed their recruitment and attendance. Five projects were selected on a random basis and four individuals claimed as participants selected randomly from within each of these projects to form the sample group.

18 out of 20 of these individuals were successfully contacted within the telephone research period, all of whom confirmed that they were taking part on the identified project. Although only representing a small sample, the primary audit purpose of this research was therefore assessed as having been reliably achieved.

In addition, the opportunity was also taken during this telephone interview process to seek some initial qualitative feedback on the CPAL programme and each individual, with their agreement, was taken through six main questions as follows:

1. The project is part of a larger programme called Changing the Physical Activity Landscape (CPAL). Please could you tell me if you had heard of this programme before today?
2. Please could you tell me how you first got involved in the activity?
3. How satisfied would you say you were with the activity itself?
4. How satisfied would you say you were with the quality of the individuals delivering the sessions and the organisation of the sessions in general?
5. Would you recommend the activity to others?
6. What sort of impact do you consider this is having on your levels of physical activity, if any?

The results from this are summarised below:

- Seven of the respondents confirmed that they had heard of the overall CPAL programme, with ten individuals indicating that they had not, and one person stating that they were unsure.
- Eleven of those interviewed had first got involved in the activity through word of mouth recommendation, six from seeing some form of leaflet or notice about the activity and one person via an NHS health check.
- All 18 people variously expressed high or very high levels of satisfaction with the specific activity they were taking part in, and comments included *'it was terrific'* and *'allowed everyone to work within their own limits without too much pressure'*.
- All 18 respondents indicated that they felt the quality of the individuals delivering the sessions and the organisation of the sessions was good or very good: *'staff were very approachable'*; *'sessions always started on time'*; *'it was clear in advance what we were going to do'*; *'I got a training schedule to work to'*.
- All 18 people said they would recommend the activity to others: *'definitely I already have'*; *'yes I am trying to get people to come along'*; *'most definitely'*.
- Seven individuals assessed their exercise levels as having increased, ten as being unchanged and one person as decreasing.

Appendix 4: Phase 1 projects

| Organisation name | Project outline phase 1 | Funding classification and project value | | |
|---|---|--|--------------|---------------|
| | | Size | CPAL Funding | Match Funding |
| Durham Amateur Rowing Club | Delivery of an 'Explore Rowing' programme, provision of learn to row courses, mentoring and ongoing participation in rowing. | Medium | £48,234 | £27,966 |
| Durham County Council | Community outreach exercise referral support and delivery, incorporating the provision of motivational interviewing and development of physical activity opportunities in target SOA areas, delivered in partnership with NHS Darlington – links to Leisureworks project below. | Large | £489,320 | £80,651 |
| Leisureworks | Targeted community outreach exercise referral provision covering the Derwentside area only. | Medium | £143,852 | £40,635 |
| Durham County | Expansion of the DCC Wellness on Wheels project incorporating the development of legacy gyms in target delivery areas. | Large | £467,492 | £395,318 |
| Mobex North East | Delivery of adventurous activity, introducing outdoor physical activity in local areas, combining low and medium challenge outdoor and arts activity e.g. walking, biking, scrambling, flag walks and creative adventures. | Small | £17,616 | - |
| Gateshead Thunder Rugby Football League Club | Development Officer and Player delivery and support of 'Thunder walks' progression to fitness activities through to touch rugby aimed at unemployed target groups. | Medium | £44,000 | £9,000 |
| Rugby Football Union | Encouraging community involvement in Rugby officiating, provision of qualifications and fitness conditioning sessions for those who demonstrate an interest. | Medium | £37,500 | £22,000 |
| Tantobie Community Association | Extension of community based activity programme specifically focussed on Tantobie. | Medium | £27,574 | £42,506 |
| County Durham and Darlington Health Improvement Service | County-wide expansion of the Get Active Get Cycling, developing supported community cycling opportunities and independent cycle clubs in the long term. | Large | £343,382 | £123,161 |
| County Durham and Darlington Health Improvement Service | An extension of the Get Active Exercise Referral Programme with community based exercise sessions being developed for participants exiting the referral programme. | Medium | £43,130 | £45,150 |
| Age Concern Durham County | Extension of the over 50's community exercise programme delivered in partnership with Durham County Council and Leisureworks to be re-focussed around CVD risk target groups. | Large | £390,170 | £151,084 |
| Nouveau Dance CIC | The DanceFit programme aims to engage adults (50+ years) with low activity levels into fun and social dance activity. | Small | £11,896 | - |
| Platinum Physiotherapy and Personal Training | Specialist support and exercise delivery to groups with low back pain issues that have resulted in a decrease in physical activity participation. | Medium | £76,750 | £17,197 |

| Organisation name | Project outline phase 1 continued | Funding classification and project value | | |
|--|---|--|--------------|---------------|
| | | Size | CPAL Funding | Match Funding |
| Community Gems CIC | Extension of the 'Strictly Dancing' project to deliver sixty dancing and fitness taster sessions over a 5 week period, culminating in eight week courses leading toward an annual dancing and fitness festival each summer. | Medium | £55,425 | £16,020 |
| Peterlee Town Council | Delivery of social physical activity sessions from the Pavillion sport and community facility in Peterlee. Mixing physical activity sessions with social activities in the form of bingo, quizzes, pool, darts etc. | Medium | £61,499 | - |
| Durham Wildcats Basketball Club | Workplace physical activity programme, developing five-a-side style basketball coaching and leagues with workplaces in Aycliffe Business Park. | Medium | £24,610 | £4,350 |
| Derwentside Community Tennis Partnership | Tennis based activity to change the behaviour and skills of people aged 40 to 60 and their families at Shotley and Benfieldside Tennis Club. | Small | £8,120 | £2,540 |
| North East Keep Fit Association | Development of an increased KFA trained workforce to deliver sustainable community fitness sessions in target areas. | Medium | £14,560 | £6,000 |
| Sedgefield 75 Swim Club | Structured and semi-structured lightweight coaching aimed at supporting adults to reach a standard of swimming competency to encourage take up of the current free swimming initiative in County Durham. | Small | £5,732 | £5,080 |