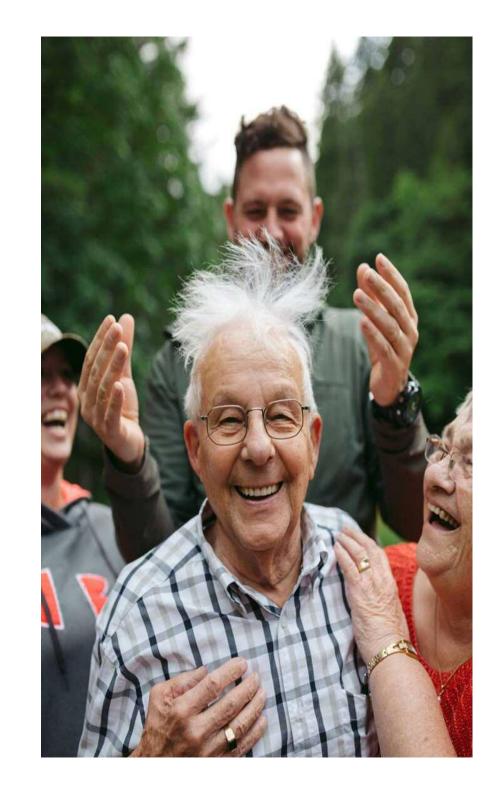


Jane McDermott
Healthy Ageing Research Group
Policy Research Unit Older People
Applied Research Collaboration GM
University of Manchester

j.mcdermott@manchester.ac.uk
@janemcdermott26









# What other research units are affiliated to the Healthy Ageing Research Group?

University of Manchester Healthy Ageing Research Group Manchester Institute for Collaborative Research on Ageing (MICRA)

National Institute for Health Research - Applied Research Collaboration (Healthy Ageing theme)



National Institute for Health Research - Older People and Frailty Policy Research Unit









## The Healthy Ageing Research Group has a large area of expertise:

- falls and falls prevention;
- physical activity and exercise promotion (strength and balance);
- nutrition and diet;
- rehabilitation and musculoskeletal conditions;
- development and evaluation of novel m-health and e-health technologies;
- health behaviour change;
- health literacy





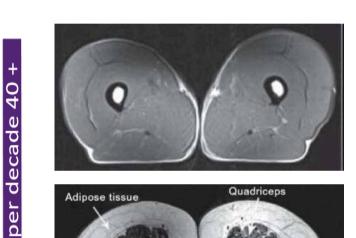


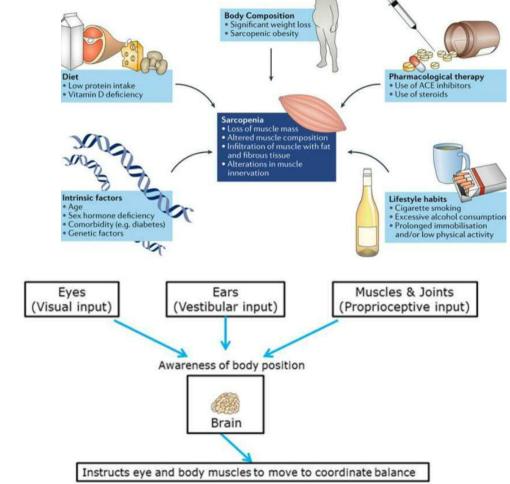
%

 $\infty$ 



# The evidence – why muscle strength, bone health and balance matter

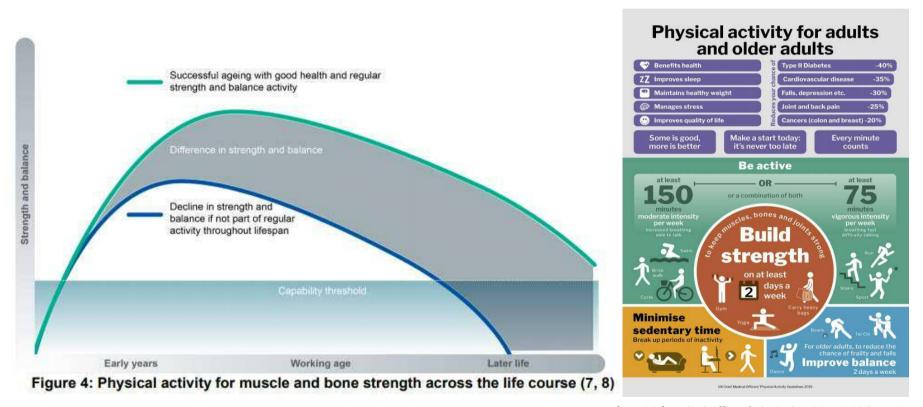








# The evidence - why muscle strength, bone health and balance matters



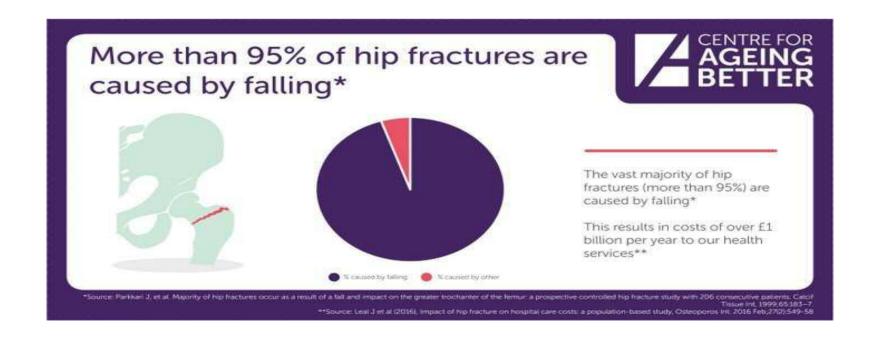
\*UK Chief Medical Officers' Physical Activity Guidelines 2019





### The Falls Facts

- In the two years to 2016, 28% of adults over the age of 60 and 38% adults over the age of 80 reported a fall (Banks et al 2018)
- About **5-10%** of such fallers will sustain a **serious injury** (McClure et al, 2008)
- Each year there are over **210,000 falls-related emergency hospital admissions 65+**, estimated that falls cost the NHS around **£1billion a year** (Leal, J et al, 2016)







**GM Emergency Admissions 2019/2020** 

England 2,222/100,000 Northwest 2,437/100,000 (GM 2,425/100,000)

Bolton 2,098/100,000 Bury 2,151/100.000

Manchester 2,784

**Oldham 2,663** 

Rochdale Salford 2

Stockport 2

Tameside 2,0 100,000

Trafford 2,102/100,000

Wigan 2,864/100,000

Falls are not an inevitable part of ageing and can be prevented!

(https://fingertips.phe.org.uk/profile/healthy-ageing/supportinginformation/falls)





## Population health /Life course approach

#### Population group High and stable Declining Significant loss capacity capacity of capacity Declining capacity due Low physical or cognitive Already active but could benefit from increasing to inactivity. This group function, disease or ageing represents the largest process, requiring therapeutic physical activity or approaches and falls addressing specific population subgroup aspects of fitness. with the greatest to gain. prevention. To achieve falls prevention Activity Sports: swim, cycle, run, Programmes should outcomes, individuals should types walk, group exercise, include a pre-exercise gym programmes. assessment due to take part in evidenced-based potential co-morbidities falls prevention programmes requiring liaison with GP. requiring pre-exercise Participants may need to assessment and agreed speak to their GP before referral pathways.

participating in exercise

programmes.



Raising the bar on strength and balance: the importance of community provision

Other programmes exist for outcomes relating to reducing isolation and promoting physical activity for example.







#### **Evidence based interventions**

# The Falls Management Exercies (FaME) Programme

- led by Postural Stability Instructors (PSI),
- evidenced to prevent both primary and secondary falls
- appropriate for all older adults, including those at high risk.
- also increases physical activity levels, improves confidence and reduces fear of falling

# Otago Exercise Programme (OEP) is led by trained OEP leaders.

- OEP has a strong evidence base for secondary falls prevention for people at high risk of falls
- delivered as home based programme of pre-set exercises with progression guidance.
- OEP can be delivered in groups in community settings as a primary prevention programme which aims to improve strength and balance as a falls risk reduction intervention





# Types of physical activities that are most effective at improving muscle function, bone health and balance

Type of sport,		0	(common )
physical activity or exercise	Improvement in muscle function	Improvement in bone health	Improvement in balance
	muscle function	in bone neattr	in batance
Running	*	**	*
Resistance Training	***	***	**
Aerobics, circuit training	***	***	**
Ball Games	**	***	***
Racquet Sports	**	***	***
Yoga, Tai Chi	*	*	*
Dance	*	**	*
Walking	*	*	₩
Nordic Walking	**	•	**
Cycling	*	*	*
★★ Strong effect ★	★ Medium effect ★ Low	effect ☆ No effect ②	Not known



Source: Foster, C. and Armstong, M. (2018) 'what types of physical activities are effective in developing muscle and bone strength and balance?', Journal of Frailty, Sarcopenia & Falls, Vol. 3(No.2), pp. 58-65.







## **Covid-19 and physical deconditioning**

- Longer periods at home and increase in sedentariness will lead to a loss of muscle mass, stiffening of joints, loss of bone density (musculoskeletal deconditioning) and decreases in aerobic fitness (cardiovascular deconditioning).
- Association with risk of falls and loss of functional ability, directly impacting on our independence and ability to do activities of daily living
- Deconditioning overall can impact on wellbeing.
- Deconditioning is associated with a greater need for future healthcare and support.
- Sport England (June 2020) women, older people, people on low incomes, people living alone, people without children in the household, people with a longstanding condition or illness have found it harder to be active during pandemic

https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2020-06/Covid 19%20insight%20pack.pdf?\_6NuZas7gBc1ZWfioqtvwuBCU0C9ppxK





## Why muscle strength, bone health and balance matter

# Comments Thoughts Questions?



# Falls Prevention Mapping across GM

What we offered to the system...

- Map the GM system for falls prevention, both clinical and community based pathways to include where possible: stakeholder interviews; short survey; desk research; data gathering
- Deliver a report, highlighting the strengths and challenges of the falls pathway systems and practice, identification of gaps, opportunities to build upon and take forward.
- Explore the appetite for a GM level Falls Collaborative to include, understanding of what GM wants/needs from this group (terms of reference), who should be present around the table (membership).
- Explore options for additional support/capacity and financial requirement beyond this initial mapping phase to accelerate and grow the GM Falls Collaborative priorities and activities over the coming 2-3 years.









# **GM Falls Prevention Mapping – Feedback Session**

What we have done and next steps

- ✓ Held informal interviews with 30+ 'falls prevention' stakeholders from across 10 GM localities including: Health Care Practitioners; Strategy/Policy Leads,
- √ Commissioners; Voluntary and Community Sector representatives
- ✓ Presented at GM Ageing Hub including representatives from the GMOPN
- ✓ Drafted initial report / slide deck and identified a series of recommendations

#### **Next steps**

Sense checking findings with interviewees/stakeholders

Preparing final report and take forward recommendations to **GM level falls** collaborative that sits within the **Age-Friendly GM Strategy Theme – Ageing** Well











# **GM Falls Prevention Mapping – Feedback Session**

What are the challenges and opportunities post-covid...

- Lack of insight into the potential impact of Covid-19 on physical and mental deconditioning of all ages
- The pandemic has shone a **spotlight on inequalities** across the system for those who are excluded/under-served and who experience worse health outcomes
- Pre-falls prevention (exercise and leisure services) furloughed or reduced/online service support
- Clinical post-fall services have been reduced significantly or withdrawn during past 12-15 months

#### **Regional and National Influencers**

- Ageing Well Strategy, Integrated Care Systems, Inequalities Commission Report, Marmot Review (due)
- PHE national report in relation to deconditioning during Covid-19 lockdown (due June 2021)
- The World Health Organisation Step Safely on falls prevention across the lifecourse









# **GM Falls Prevention Mapping – Feedback Session Initial Findings...**

- Overwhelming support for more collaborative work and information sharing across GM to improve health outcomes and linked to ageing well priorities
- Confirmation that falls prevention is a priority, recognised and shared service challenges pre and post Covid-19
- Some excellence in provision, practice and innovation including a broad range of approaches, pathways and focus both across and within localities
- Opportunities around diversity of GM population for 'testbedding' as well as for blended services in future.











# **GM Falls Prevention Mapping – Feedback Session Initial Findings...**

- Emphasis on services and resources biased to clinical/rehabilitation rather than primary prevention
- Challenge of negative/medicalised messaging and language around falls, frailty, fractures vs more
  positive gain messaging maintaining independence, strength and balance
- General Covid-19 concerns re increased physical (and mental) deconditioning of all ages but especially older people and those excluded and under-served who experience worse health outcomes
- Existing inequalities exacerbated by the pandemic and service reduction as well as by digital default offer
- Concerns and challenges in restarting falls prevention services and meeting increased reconditioning needs with workforce capacity and resource
- Little evidence of GM information sharing or leadership around falls prevention agenda
- Limited number of localities are delivering evidence based programmes, specifically Falls Management Exercise Programme or OTAGO









# **GM Falls Prevention Mapping – Feedback Session**

**Draft Recommendations...** 

**Establish a GM Falls Collaborative** working towards shared Framework for Equity and Provision - Potential programme of work to include the following work streams:

- Equity, access and equality set of minimum agreed standards for provision, assessment, monitoring and evaluation founded on joined-up models of community + clinical underpinned by principles of asset based approaches, with co-creation with all stakeholders including older people at the heart.
- Embedding evidence and evaluation based practice supporting adoption and scaling of what works, especially rolling out evidence based practice to ensure evidence based commissioning decisions and potential to develop joint commissioning offer
- Data insight expand on current outcomes for a more inclusive and holistic set of data
- Innovation and technologies maximising on the opportunities of remote delivery and latest intelligence
- Workforce training and development developing workforce capacity and succession planning
- Community of Learning and Practice shared learning, challenges and practice
- Changing the Narrative proactive shift towards positive age-inclusive narrative and gain framing to reduce stigma and pervasive ageism













# **Breakout Room 1 – Discussion**

#### **Questions**

What are your immediate reflections on the recommendations?

## **GM Falls Mapping**

Do the recommendations make sense to you? How can we work with this group to integrate and join up? What if anything is missing?

# Keep On Keep Up



A gamified tablet-based system to increase exercise and prevent falls in older people.









# 'Keep On Keep



Developed *with* older people *for* older people

#### 1. Reduces falls

by 1/3 through proven strength & balance exercises, home hazard and bone health awareness

#### 2. Increases engagement

through personalised & progressive exercise plan & gamification (feedback, progression, rewards) plus data feedback

#### 3. Advantages

No need for clinicians – self management tool; Scalable, accessible, affordable and user friendly



#### **Onboarding**



Four simple questions help us tailor the platform to the user and collect statistics on use based on demographics. First, their first name, so we can refer to them personallly as they progress through.



We ask for a birth date to help choose exercised more suited We ask for gender, again to tailor to their specific needs. to the user's age and potential capabilities.





Finally, we ask users about their perceived existing fitness and mobility levels.



Users click to choose the sentence that best describes their current mobility level.

#### Walkthrough



Before the main screen loads, we walk the user through the main features of the platform, including how to navigate the tabs on the home screen...



the daily activities that will be displayed when users open the



and what a typical exercise activity looks like. A short demonstration video follows.



After a user finishes an exercise, they will be asked to enter the number of repetitions they were able to complete, so a record can be made to track improvements over time.



At the end of the walkthrough, the user will be taken to the Today screen to view current exercises.

#### Exercises



Each exercise screen describes the type of exercise, what actions need to be taken and how it contributes to their overall health



Before they start each exercise, the user is provided with key safety advice to minimise the risks of falling.



Each exercise screen describes the method in three ways: text description, an animation and a voiceover. The user chooses when to end the exercise.



After completing all daily exercises, a user is presented with a "congratulations" screen summarising their activity.



A user can check their progress from the Home screen, so they can keep up with their daily routine and progress to the next, more challenging programme of exercises.

#### Home & Games



The Today's activites screen displays exercises for the day yet to be completed. Completed exercises are greyed out and cannot be selected. Users can enter any other section of the app from the coloured tabs at the top.



The Exercises screen lets a user choose their own exercises from a list of all those available, based on health benefit, so they can build their own exercise regime.



games to to increase understanding about how to improve bone health, nutrition and hydration, and to improve awareness of trip hazards in the home.

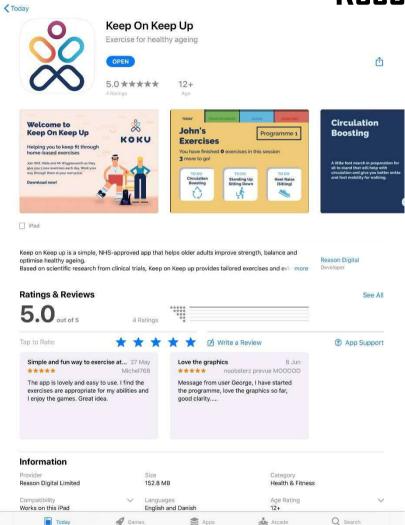


The Bedroom & Bathroom game encourages users to spot trip hazards, to learn why they may be hazardous and how to



The Bone Health game lets users select food from the fridge that can either increase or decrease Hilda's bone strengths. Users select individual items, are informed why they were right or wrong and the benefits of each type of healthy food.

# Resources



◀ Safari 14:53 Tue 28 Jul



# **KOKU Quick Instruction guide**



# 'Keep On Keep Up'



Made possible with funding from





https://youtu.be/7g6zKIvj9I0

#### Collaborators:







## **Breakout Rooms - Discussion**

#### IMAGINE A WORLD WHERE WE ARE ALL DIGITALLY CONNECTED

## Keep on Keep Up

How can we adapt so more people can access and use the app? e.g. should we adapt the app for other communities? What if anything is missing / could be included in future versions?





# Thank you!

## Jane McDermott

Healthy Ageing Research Group Policy Research Unit Older People Applied Research Collaboration GM University of Manchester



#nothingaboutuswithoutus