



UK
active

More people
More active
More often

Life Fitness



Moving More, Ageing Well

Delivered by ukactive in
partnership with Life Fitness

November 2017



FOREWORD

Professor Sir Muir Gray

Consultant in Public Health Oxford University Hospitals
& the first Chief Knowledge Officer for the NHS



Ageing is often blamed for many of the problems people in their sixties, seventies and eighties encounter, but unfairly so. Ageing by itself is not a major cause of problems until the nineties and even then, many people affected only by ageing live well. Three other processes are the cause of problems which impair the quality of life, reduce healthy life expectancy and increase the risk of dependency, frailty and dementia.

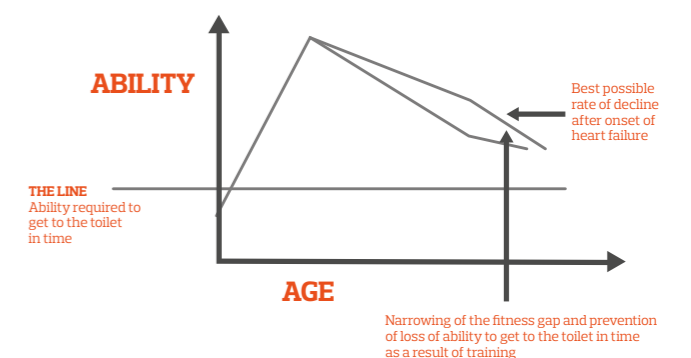
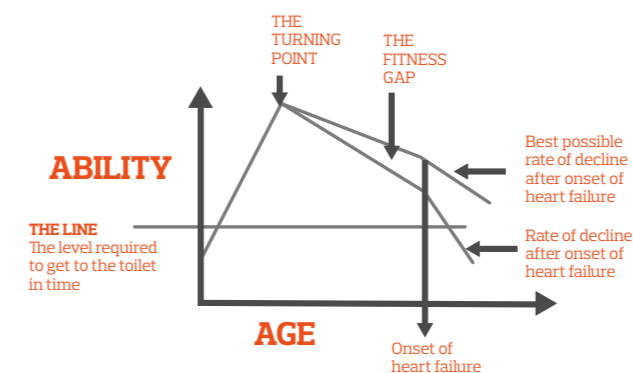
The first process is loss of fitness, which for many people starts in their twenties when they get their first sitting job, but until mid-life loss of fitness is not a significant cause of problems except for people who wish to play sport. However, loss of fitness combined with disease, the second process, has a powerful effect but again it is important to emphasise that ageing is not a major cause of disease. It is true that the incidence of disease increases with age but that is not due to the ageing process, but rather having lived for a long time in a particular environment or lifestyle. A fitness gap opens up between the best possible rate of decline and the actual decline from the early twenties but when a disease such as heart failure strikes the best possible rate of decline accelerates.

The actual rate of decline goes down even more quickly in most people because fitness is lost faster after the onset of disease, not so much because of the effect of disease but because the belief that 'rest' is good for people with long term conditions. Beliefs and attitudes are the fourth process affecting us all and are probably the most powerful and the easiest to influence.

Since the publication of the report titled "Exercise is the Miracle Cure" by the Academy of Medical Royal Colleges in 2015, there is now clear agreement that physical activity is beneficial for people who have one or more long term conditions because there is good evidence that at any age the trajectory of decline can be changed.

Thus, by encouraging, facilitating and supporting people to take part in enjoyable physical activity throughout the lifespan they can be helped to feel better, delay the onset of disability, frailty and dementia and can achieve what most people want to achieve: mainly to have a social life, and to stay in their own homes. In all the publications about the crisis in social care there has been no mention of its preventability but yet the evidence is there.

This report from ukactive, a major health agency in partnership with Life Fitness, sets out a new agenda which will have huge benefits for individuals for the most important group of supporters, friends and family and of course for the professional services of both health and social care. This is the start of a new era.



FOREWORD

Steve Ward
Chief Executive Officer, ukactive



Creating the UK's health and social care system was one of the greatest success stories of the 20th century. Politicians across the ideological spectrum came together to harness our national infrastructure, and purposed it toward improving the health of every man, woman and child, from cradle to grave, increasing our wellbeing and adding years to the end of our life.

But today, both the NHS and social care system face a mounting, soon to be an existential, challenge. Neither are equipped to deal with a population that within a decade will include one in five people aged sixty-five or over.

Now we are supported to live longer than ever before, our focus must turn to supporting people to live and age *well*. Older people are now among the least active in society, and unless this is immediately addressed, as the UK's population continues to age it will be joined by a steep rise in the prevalence of long-term, lifestyle-related health conditions. These can include type 2 diabetes, heart disease, and many cancers, and will place considerable pressure on a health system already facing unprecedented stress.

Physical activity has a hugely positive effect on health at any age, but amongst older people, moving more can have a life-changing impact. From vastly improving their health and resilience, supporting them to maintain their independence for longer, to reducing feelings of loneliness, social isolation, depression and anxiety, physical activity is the 'golden thread' that can solve a huge array of challenges faced by older people and should be promoted at every opportunity.

ukactive welcomes working in partnership with Life Fitness to address this important issue, and together, have set forward a plan to embed physical activity across the health and social care system. Government, local authorities, health practitioners, charities and fitness operators all have a vital role to play – and while pockets of innovative programmes and best practice already exist, delivering the vast and ambitious change required to meaningfully impact on inactivity amongst older people requires a new approach.

It is imperative we come together again – across the political divide – and review every opportunity we can harness across the NHS to move toward a comprehensive, joined-up, national programme for physical activity promotion.

FOREWORD

Danny Oliver
UK Country Manager, Life Fitness



As a nation, we are frequently reminded of the significant impact that diminishing physical levels can, and are, having on society. Sport England reports that 36% of people aged 55+ are currently inactive, compared to 26% of the population – a statistic that may or may not come as a surprise, but one that we as an industry can't ignore.

Our strategic focus throughout 2016–17 has been to utilise our relationship with ukactive on several projects to enrich our insights and solution offering, as the 'active ageing' sector becomes an increasing area of focus for both our customers and the fitness industry as a whole.

As the global leader in commercial fitness equipment, Life Fitness has been dedicated to creating solutions that benefit both facilities and exercisers for more than 45 years. Our mission is to get the world moving, and our strong heritage and growing portfolio of brands illustrates our commitment to delivering the best products for users of all abilities and wide-ranging aims and objectives.

We know that staying active throughout your life has significant benefits as you age, but research over the years has changed the industry's perception of what this means for different groups.

For example, we know now that strength training isn't just for younger exercisers, but that it has a lasting positive impact in the elderly. Consequently, our customers are incorporating extensive strength products – alongside cardiovascular and functional training equipment – from across our Life Fitness, Cybex and Hammer Strength brands, as part of their mainstream offering. The SCIFIT brand also remains central to our work in this sector, as specialists in advanced equipment for recovery and rehabilitation.

It's also not just the physiological benefits, but the psychological and societal advantages that getting – and staying – active creates, as initiatives such as Edinburgh Leisure's Steady Steps Programme proves (page 14).

We know that our job doesn't just stop at providing fitness equipment. Supporting our customers with extensive consultation and training through the Life Fitness Academy, coupled with our digital solutions that maximise a facility's equipment provision and keep exercisers engaged and motivated, are all core services of Life Fitness.

Crucially, we must continue to work with our customers to create opportunities to deliver programmes and initiatives that support the ageing population. We are privileged to work with a growing number of customers and organisations such as ukactive that are doing fantastic work in this sector, and by combining this with encouraging people to age well, we are on the way to achieving our mission of getting the world moving.

Introduction

Maintaining an active lifestyle is vital to both living and ageing well. While taking part in any amount of physical activity, at any stage in life, can have a powerful positive impact on an individual's health – amongst older people, it is key to maintaining a healthy, independent life for longer, and it is crucial in preventing the onset of many lifestyle- and age-related long-term health conditions.

However, the effects of ageing and loss of fitness are commonly confused. Growing older is a natural, biological process, but the drastic decline in health and loss of ability often associated with ageing is more likely to be caused by long-term, often preventable diseases – of which sedentary behaviour and loss of fitness are major contributory factors.¹ Currently, taking part in regular physical activity is a habit that close to half of all older people in the UK (those aged sixty-five and over) struggle, or are unable, to maintain. Fifty-four percent of people aged over sixty-five are classed as 'inactive',² meaning they achieve only half an hour or less of moderate to vigorous physical activity a week, even though it can be broken down into three chunks of ten-minutes.³

This in turn puts their physical, mental and emotional health at risk, and increases the likelihood of developing a range of serious non-communicable long-term conditions, including coronary heart disease, type 2 diabetes, stroke and a number of cancers.

Already, approximately four million older people in the UK, (40% of the over-65 population), live with a limiting long-term condition,⁴ many of which – although not all – are lifestyle-related and may have been preventable. At the same time, the Office of National Statistics estimates that the ageing population and increased prevalence of long-term conditions will require an additional £5 billion annual expenditure in health and social care by 2018.⁵

¹ Scarlett McNally et al, "Focus on physical activity can help avoid unnecessary social care", British Medical Journal, 2017, Vol 359.
² Local Government Association, "Housing Our Ageing Population", September 2017, https://www.local.gov.uk/sites/default/files/documents/5%2017%20-%20Housing%20our%20ageing%20population_06_WEB.PDF
³ Department of Health, "Start Active, Stay Active," 2011, < https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf>

54%
of people aged over 65 are classed as 'inactive'.²

The drastic decline in health and loss of ability often associated with ageing is more likely to be caused by long-term, often preventable diseases – of which sedentary behaviour and loss of fitness are major contributory factors.¹

⁴ The estimate is for the UK, based on Great Britain data from the General Lifestyle Survey 2011, Office for National Statistics, 2013
⁵ Office for National Statistics, Health expectancy at birth and at age 65 in the United Kingdom, 2008-10, 2012.



As the average age of the UK's population continues to climb – one in five of the total UK population will be aged sixty-five or over by 2025, a 22% increase from today⁶ – poor health amongst older people will place a great strain on an NHS and social care system already facing an unprecedented level of pressure.⁷

The *Five Year Forward View*,⁸ a roadmap outlining how the NHS can remain sustainable while still providing for an ageing population, highlighted the need to encourage healthy lifestyles in people of all ages, preventing the development of lifestyle related non-communicable diseases, as well as improving the health and wellbeing of older people and supporting them to continue to perform the activities of daily living required to maintain their independence.

Similarly, this was reiterated in a recent article published in the British Medical Journal, which highlighted that a concerted effort to encourage older people to be active can reduce, or even reverse, a decline in health and save billions across the health and social care system.⁹

Ensuring older people have opportunities and the motivation to be active is therefore paramount to securing the future of the UK's health and social care system. New analysis from official data by ukactive suggests that up to 600,000 long-term

600,000
Up to 600,000 long-term and acute health conditions could be prevented over the next decade¹⁰ – saving the NHS over £12 billion in treatment costs alone – if all older people were supported to reach the Chief Medical Officer's guidelines for physical activity.

One in five of the total UK population will be aged 65 or over by 2025, a 22% increase from today.⁶

and acute health conditions could be prevented over the next decade¹⁰ – saving the NHS over £12 billion in treatment costs alone – if all older people were supported to reach the Chief Medical Officer's guidelines for physical activity.

There are a wide range of perceived and tangible barriers that can prevent older people from being active, which range from a lack of motivation or perceived ability, insufficient local opportunities, or a lack of confidence regarding what activity is appropriate and the positive impact it can have on health.¹¹

However, while significant work is already underway in this area – Sport England has recently invested £10m in projects looking to tackle sedentary behaviour amongst older people, as part of its 'Active Ageing' fund – achieving the vast and ambitious change required to meaningfully impact on inactivity amongst older people requires a new approach. There is a need to move beyond the promotion of individual programmes and best practice, and toward a comprehensive, joined-up, national programme for physical activity, that provides a range of viable opportunities for older people, and harnesses every contact people have with the health and social care system as an opportunity to highlight the importance of an active lifestyle.

This report explores three separate environments – the home, the community and residential care – to identify where existing opportunities can be more effectively utilised to promote physical activity, what promising programmes can be scaled, and what additional infrastructure would be required to deliver such a system.

⁶ National Population Projections for the UK, 2014-based, Office for National Statistics, 2015
⁷ Care Quality Commission, "Most people are getting good, safe care but future quality is precarious", October 2017, <http://www.cqc.org.uk/news/stories/most-people-are-getting-good-safe-care-future-quality-precarious>
⁸ NHS England, "Five Year Forward View", October 2014, <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

⁹ Scarlett McNally et al, "Focus on physical activity can help avoid unnecessary social care",
¹⁰ Type 2 diabetes, coronary heart disease, stroke, breast cancer, colorectal cancer, dementia, depression and hip fractures. Calculated using the Sport England MOVES Tool.
¹¹ Sport England, "Tackling Inactivity: Active Ageing Prospectus", December 2016, <https://www.sportengland.org/media/11386/active-ageing-prospectus.pdf>



Active at Home

The vast majority of older people live at home,¹² with little or no formal care provided by their local authority. Supporting them to maintain their independence, and to continue to live safely at home, can not only hugely impact their emotional wellbeing as they continue to age, but also is one of the most effective ways of reducing the need to invest further in social care.

As people age, the factors which can limit their ability to live ably and independently at home are often strongly impacted by physical activity. Two of the most significant of these, both of which are major precipitants toward moving into residential care, are avoiding serious falls¹³ and carrying out 'activities of daily living' routine, everyday self-care activities such as eating, washing, getting in and out of bed and using the toilet.¹⁴

Managing both these factors can often be achieved by making simple lifestyle changes. This can include doing the housework, walking to the shops instead of taking the car or bus, or limiting the amount of time spent watching television, reading or listening to music.¹⁵ The Chartered Society of Physiotherapy recently produced research highlighting how routine activities such as of carrying shopping, gardening and vacuuming can play an important role in maintaining strength as people age and reducing the risk of a serious fall occurring.¹⁶

Yet while many of these changes themselves can seem small, they can be significant departures from the norm for many of the most inactive older people – particularly those who feel isolated, have little contact with other people, or who live with a disability. Isolation or loneliness by itself can already have a debilitating impact on health – it can be as harmful as smoking as many as fifteen cigarettes a day¹⁷ – but amongst the million older people who often or always feel lonely,¹⁸ or the

50% of disabled people who will be lonely on any given day,¹⁹ the adverse health impact of inactivity can often compound and exacerbate this problem.

As people age, the factors which can limit people's ability to live ably and independently at home are often strongly impacted by physical activity.

Supporting older adults who live alone with opportunities and encouragement to be active should therefore be one of the core focuses of policy-makers, clinical commissioning groups and local authority public health teams. Yet while there are many individual programmes and groups across the UK already attempting to tackle this issue, there is also an opportunity to harness the existing social care infrastructure to deliver and reinforce physical activity messaging and interventions.

In 2015/16, 873,000 individuals received some form of long-term support from their local authority – combined with a further 209,000 who received a short-term intervention to help maximise their independence.²⁰ If each of the health professionals, volunteers and care workers delivering these visits were able to

spend a very short amount of time during their visit to highlight the importance of an active lifestyle, and potentially signpost toward relevant local opportunities, a physical activity intervention could be delivered to over a million older people a year without the need for significant additional resource. Supporting only a small percentage of inactive older people to make minor changes to their lifestyle could over time lead to major improvements to their health, and reduce the need for additional investment in social care.

1m+

A physical activity intervention could be delivered to over a million older people a year without the need for significant additional resource.

POLICY RECOMMENDATION

All local authority commissioned, home-based, independent living services, including initial assessments of need and their ongoing delivery, should include training and guidance for relevant staff to promote awareness of the health benefits of physical activity amongst older people and to signpost them toward local opportunities.

¹² Bardsley M, Georgiou T, Dixon J, "Social care and hospital use at the end of life",

¹³ Department of Health, "Improving outcomes and supporting transparency", 2012

¹⁴ Age UK, How much would it cost to meet the unmet social care needs of older people in England?, 2015, http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Cost_to_meet_the_unmet_social_care_needs.pdf?dtrk=true

¹⁵ Age UK, "Healthy Living for older people", January 2017, <http://www.ageuk.org.uk/health-wellbeing/keeping-your-body-healthy/healthy-living/staying-active/>

¹⁶ Chartered Society of Physiotherapy, "Too many people letting muscle waste as they age, physiotherapists warn", CSP Press Release, September 2017, <http://www.csp.org.uk/press-releases/2017/09/28/too-many-people-letting-muscle-waste-they-age-physiotherapists-warn>

¹⁷ Holt Lunstad, J. et al, Brigham Young University, March, 2015, Perspectives on Psychological Science, found through <http://www.webmd.com/mental-health/news/20150317/could-loneliness-shorten-a-life> 197

¹⁸ TNS Survey for Age UK, June 2016, 3,110 adults 65+

¹⁹ Sense, Five commitments to put disabled people at the heart of the general election, Sense Blog, < <https://blog.sense.org.uk/2017/05/five-commitments-to-put-disabled-people-at-the-heart-of-the-general-election/> >

²⁰ NHS Digital, Community Care Statistics: Social Services Active, England, 2015/16, October 2016, <http://content.digital.nhs.uk/catalogue/PUB21934/comm-care-stat-act-eng-2015-16-rep.pdf>



Active in the Community

The factors which can impact on older people's participation in physical activity vary significantly from person to person – from practical concerns, like a lack of nearby opportunities, to deeply-held attitudes regarding their health, their historic relationship with activity and the role it can still play in their lives.

Similarly, the 'older people' age bracket includes individuals from a number of different generations, across a range of up to 40+ years, and, as such, it is important that any national initiative to tackle physical inactivity amongst older people does not treat them as one homogenous group. Instead it must ensure it facilitates engagement with a broad range of opportunities that are appropriate, whether someone is looking to take their first step toward being more active, are interested in trying something new, meeting new people, or they require specialised support to address an existing health issue.

Community-based programmes

Community-based organisations – from physical activity facility operators, to charities, businesses and health and volunteer groups – therefore have a pivotal role to play in providing varied, engaging and appropriate opportunities for older people to be active in their local area, and many are already routinely and effectively delivered across the country.

The *Get Going Together* programme, delivered by Age UK, ran a range of high-level specialist programmes (including fall prevention and dementia support classes) as well as broader, more general opportunities for older people with less intensive needs, specifically supporting people living with long-term conditions.²¹ Similarly, the *Walking for Health* programme runs 1,800 weekly, short and accessible walking groups across the country, and is delivered in partnership between the Ramblers and Macmillan Cancer Support.

Community-based organisations – from physical activity facility operators, to charities, businesses and health and volunteer groups – therefore have a pivotal role to play in providing varied, engaging and appropriate opportunities for older people to be active in their local area.

Many physical activity and fitness operators also run a number of bespoke classes targeted at older people, including tailored low- and high-intensity aerobic exercise, swimming classes, exercises which focus specifically on strength and balance (including group-based classes, such as Tai Chi, or use of weights and equipment), as well as chair-based activities for older people who initially lack the confidence or capability to take part in other types of exercise.²²

²¹ ICF International, "Evaluation of Get Going Together – final report: Draft report for Age UK", August 2016, <http://www.ageuk.org.uk/Documents/EN-GB/GGT%20Final%20Evaluation%20August%202016.pdf?dtrk=true>

²² BHF National Centre for Physical Activity and Health, Interpreting the UK physical activity guidelines for older adults (65+), July 2012, <http://www.ssehsactive.org.uk/userfiles/Documents/activeolderadults.pdf>



Case study

Edinburgh Leisure and the Steady Steps Programme



Edinburgh Leisure is the biggest physical activity provider in the Scottish capital, with more than 30 venues and 15 fully-equipped gyms. Throughout its longstanding partnership with Life Fitness, which spans over a decade, Edinburgh Leisure has continued to invest in new and existing facilities to support active lifestyles and keep Edinburgh healthy.

As part of its commitment to encouraging active ageing, Edinburgh Leisure launched the Steady Steps programme, funded through Edinburgh's Integrated Joint Board, in 2012. The community-based health referral programme, which has supported over 1,000 people since its launch, is designed to support those who have had, or are at risk of having, a fall, with the aim of preventing future falls or injury.

Participants on the 16-week programme attend one group exercise session each week, which is complemented by at-home exercises adapted to each individual to suit their specific requirements.

Sessions are delivered by a Postural Stability Instructor who specialise in delivering evidence based, effective balance exercise classes; the instructor works closely with each participant to help identify goals and ensure that they exercise in a safe and supported environment. Basic tests and questionnaires are also conducted at the start and end of the programme to help measure the participants' progress.

Scientific evidence has proven that the exercises used in each class help to increase endurance, strength, flexibility and balance. In addition to the physical benefits, the Steady Steps programme offers an inclusive and welcoming environment for participants where social interaction is strongly encouraged, which is proven to contribute towards improved mental and general wellbeing.

Making a positive difference to the health and wellbeing of the people of Edinburgh is at the heart of everything we do at Edinburgh Leisure; and through programmes like Steady Steps we see the impact that physical activity makes to people's lives every day.

Claire Craig
Health and Physical Activity Manager,
Edinburgh Leisure

89% Improvement in balance confidence

96% Improved in physical function

75% Not experienced a subsequent fall

63% Have remained active post-programme



Isa
85 years old
Osteoporosis

Isa suffers from osteoporosis and was experiencing frequent falls, the most recent of which resulted in a fractured wrist.

"My doctor put me in touch with a physiotherapist because I was having a lot of falls. The last one was a bit more serious and I broke my wrist – but he said at your age we can't do anything for you. At this point I just thought I will just try to help myself. Now I come to Steady Steps.

"It's given me confidence and it's helped my balance. I can now walk faster and feel more secure in my abilities. I'm quite a shy person and I always have been, but since coming to Steady Steps I found I can now talk to people more. All my neighbours now wave to me when I'm sitting in the window with my sewing machine – yes, it's given me more confidence."

Norm
75 years old
Serious spinal injury

Norm suffered a serious spinal injury where he was paralysed from the waist down and was told it was extremely unlikely he would ever walk again. After four months of intensive physiotherapy, Norm was left reliant on his wife Nancy and his walker, something that he identified as a hindrance to his quality of life.

When Norm realised he wasn't seeing any improvements, he asked if there was anything else he could try. His OT referred him to the Steady Steps programme.

"I wanted to be able to do things without assistance. At the classes I began with using the chairs, but by the end I didn't need them at all. I really enjoyed getting out of the house and meeting people and my confidence grew with each class."

Norm now doesn't need his walker at home and is able to get dressed and showered independently. He's even felt confident enough to go on holiday abroad and has also enjoyed doing DIY tasks around the house.

"Steady Steps has been life changing for me. It's helped me walk around unaided and given me back my independence."



Leisure centres and gyms may look to more effectively utilise this time by delivering a range of beginner and specialist exercise classes tailored for older people, in line with local health needs and during off-peak hours.

New opportunities and markets

These opportunities are also likely to significantly grow in scope over the coming months. Sport England has recently released funding to twenty organisations across the country for programmes that specifically target inactive older people, and that can demonstrate a tangible impact on their health and wellbeing.²³

However, recent insight produced by the ukactive Research Institute suggests that there is scope for the physical activity sector to review its current offering for older people, and make use of under-utilised capacity across the day to deliver bespoke support during off-peak hours. Over-65s are currently under-represented in the membership bases for leisure centres compared to the population as a whole. *Moving Communities: Active Leisure Trends 2017* highlighted that older people account for only 9% of the membership base, compared to 22% of the overall UK population.²⁴ While this is likely indicative of the broader trend of declining activity levels amongst older people, it also suggests a latent potential for operators to engage this specific cohort.

In particular, the report highlighted that during weekdays, there are two major peaks in leisure centre use throughout the day: 20% of all daily visits take place between 9am – 10am, and 6pm – 7pm, attributed to the post-work rush and individuals who have more time flexibility with employment.²⁵ At the same time, between 11am – 3pm, there is a significant drop in usage, suggesting a level of under-utilised capacity at a time when the entire centre is likely to be fully resourced.

Leisure centres and gyms may look to more effectively utilise this time by delivering a range of beginner and specialist exercise classes tailored for older people, in line with local health needs and during off-peak hours. In particular, previous research conducted by ukactive and Life Fitness found that over half of regular gym-goers, aged over fifty-five, felt that they were more likely to remain a member of their gym or leisure centre if they were offered services, classes and equipment, tailored for older people. This suggests that physical activity operators may be able to potentially attract a new audience to their membership base, and enhance their member retention, if they take steps to cater for this cohort.²⁶

However, it is also crucial to not accommodate for older people exclusively within this period – many older people still have important responsibilities and time commitments, alongside a rising retirement age which will see more older people continue to make up a significant proportion of the workforce.²⁷

POLICY RECOMMENDATION

Physical activity and fitness operators should be supported to collaborate with local health professionals to deliver a range of beginner and specialist activity opportunities tailored for the needs of older people in the local community. Where possible, this should look to effectively utilise latent capacity at off-peak times and upskill existing staff to meet the needs of this important future customer base.

²³ Sport England, "Tackling Inactivity: Active Ageing Prospectus", December 2016, <https://www.sportengland.org/media/11386/active-ageing-prospectus.pdf>
²⁴ ukactive Research Institute, "Moving Communities: Active Leisure Trends 2017 Report", August 2017, http://researchinstitute.ukactive.com/downloads/managed/Moving_Communities_Active_Leisure_Trends_2017.pdf

²⁵ Ibid p. 8.
²⁶ ukactive and Life Fitness, "Active Ageing Data Analysis." Contact ukactive for more information.
²⁷ Sport England, "Tackling Inactivity: Active Ageing Prospectus", December 2016, <https://www.sportengland.org/media/11386/active-ageing-prospectus.pdf>

Embedding activity pathways in the local health system

Widespread provision of appropriate opportunities – while vital – is only one aspect of supporting older people to be more physically active. It is equally important to address any mental or motivational barriers, which in many cases are the most significant factors holding people back from taking part in exercise or activity.²⁸

While many existing programmes already attempt to do this individually, by making each session as appealing as possible, there is also an opportunity to review every single engagement an individual has with their local health and social care system, and identify opportunities where it would be appropriate to highlight the importance of an active lifestyle and signpost them toward a relevant physical activity behaviour intervention.

For example, over -65s see their GP approximately eight times a year, increasing to up to fourteen times a year by the time they are between eighty-five and ninety²⁹ – yet 80% of GPs in England are currently unfamiliar with the Chief Medical Officer's guidelines for physical activity, and fewer than two thirds are confident about discussing activity with their patients.³⁰ Similarly, across the whole of the NHS, approximately five hundred million prescriptions are dispensed per year, alongside five hundred million lab reports – both of which contain vital information for medical professionals but are often inaccessible and unclear to the patient.

²⁸ Ibid.
²⁹ Age UK, Briefing: The Health and Care of Older People in England 2015, October 2015, < <http://www.cpa.org.uk/cpa/docs/AgeUK-Briefing-TheHealthandCareofOlderPeopleinEngland-2015.pdf> >, p. 38
³⁰ R Chatterjee et al, "GPs' knowledge, use, and confidence in national physical activity and health guidelines and tools: a questionnaire-based survey of general practice in England", British Journal of General Practice, August 2017, <http://bjgp.org/content/early/2017/08/14/bjgp17X692513>
³¹ Royal College of General Practitioners, "Physical Activity and Lifestyle announced as a clinical priority by the RCGP", June 2016, <http://www.rcgp.org.uk/news/2016/june/physical-activity-and-lifestyle-announced-as-a-clinical-priority-by-the-rcgp.aspx>

80%
80% of GPs in England are currently unfamiliar with the Chief Medical Officer's guidelines for physical activity, and fewer than two thirds are confident about discussing activity with their patients.³⁰



Each of these represent opportunities to highlight the positive health impact that physical activity can have on an individual, as well as broader lifestyle advice if relevant. The Royal College of General Practitioners has previously named physical activity as one of its clinical priorities for 2016 – 19, and is working to ensure every staff member in the GP Surgery has a practical understanding of the health benefits of physical activity and is able to share them with patients.³¹ This is a positive step, and will likely have a powerful, tangible impact on the ability to signpost individuals towards activity, but can be further complemented if supported by a number of other specific initiatives.

POLICY RECOMMENDATION

All patient engagement opportunities should be formally reviewed to identify where positive lifestyle advice can be effectively dispensed. This should include the GP consultation, prescription notes and lab reports, to make every contact with the health system count.

500m
Across the whole of the NHS, approximately 500 million prescriptions are dispensed per year, alongside five hundred million lab reports – both of which contain vital information for medical professionals but are often inaccessible and unclear to the patient.

POLICY RECOMMENDATION

All health professionals should be supported with relevant guidance and training on the positive physical and mental health benefits associated with regular physical activity. This should include the Chief Medical Officer's Guidelines for Physical Activity, as well as specific advice on age-appropriate activity for older people, including strength training for fall prevention. This should be aligned to Public Health England's Moving Health Professionals Programme.

Single signpost: Exercise & Fitness Opportunity Database

This process would be further streamlined and made more effective if health professionals were able to signpost toward one single, centralised system of appropriate activity opportunities – in contrast to the current approach, where professionals are required to rely on their own understanding of the local landscape.

This approach would convey a number of benefits – firstly, by supporting a uniform approach to physical activity promotion across various STPs (Sustainability and transformation partnerships) and clinical commissioning groups, it creates opportunities for efficiency savings and facilitates the possibility of a marketing campaign to promote the service (in light of evidence suggesting that ‘word of mouth’ is one of the most effective methods of encouraging older people to attend a specialised session³² and following the success of the ‘This Girl Can’ and ‘Change4Life’ physical activity marketing campaigns³³).

Likewise, it would also support current work aligned to health guidance on exercise referral from the National Institute of Clinical Excellence (NICE). While many GP exercise referral programmes are currently delivered across the country – where patients are referred to a scheme of structured & supervised exercise – they often vary in consistency, quality, level of participant retention and impact on an individual’s health outcomes.³⁴ As such, NICE has highlighted the need for further research into exercise referral schemes, and a review of how they can be designed to effectively encourage greater participation in physical activity.

A centralised database of activity opportunities would also facilitate a process of uniform data capture on their effectiveness, providing a framework to fully understand which schemes deliver meaningful results, why they do so, and consequently allow health professionals to signpost individuals toward the most relevant, impactful and appropriate schemes for their needs.

Work has already begun on making this concept a reality. ukactive, in collaboration with ReferAll, have created an online database linked to Refer All’s existing platform where data on exercise referral schemes can be collated, shared and analysed to inform future services. This database already holds data on multiple exercise referral schemes that have served many participants from varying backgrounds.

POLICY RECOMMENDATION

Building on existing resources, a centralised, national database of physical activity and exercise referral opportunities should be fully developed to record the effectiveness and target market of each individual scheme, and to allow local health professionals to identify impactful programmes in their local community and signpost patients toward them.

Utilising behaviour change interventions

Addressing the perceived mental barriers that exist amongst older people to participating in activity is arguably the most important area that any strategy should look to address. Sport England’s recent Active Ageing Prospectus highlighted that the barriers most often cited by inactive older people are related to a lack of knowledge regarding the type and intensity of activity that is appropriate for them, concerns regarding their self-image and previous relationship with activity, or a more general lack of interest.

Yet while these issues can be managed by individual programmes, as well as by regular engagement with GPs and other health professionals, both potentially encounter similar pitfalls faced by traditional exercise referral schemes: inconsistencies in the quality of delivery, which can significantly impact patient participation and retention.

There is an opportunity to underpin each of the recommendations above with a single pathway for social prescription, which includes physical activity, based on the Department of Health’s ‘Let’s Get Moving’ physical activity behavioural intervention. This programme places a physical activity professional, equipped with knowledge of behaviour change techniques, in a GP Surgery to offer bespoke advice and support to patients referred to them on how they can be more active. This includes addressing a variety of lifestyle and motivational factors, as well as the ability to signpost to local relevant activity opportunities. More information on the programme is available on the following page.

There is an opportunity to underpin each of the recommendations above with a single pathway for social prescription, that includes physical activity, based on the Department of Health’s ‘Let’s Get Moving’ physical activity behavioural intervention.

POLICY RECOMMENDATION

There should be a national roll-out of evidence-based social prescription, including physical activity behaviour intervention programmes, based on successful models proven to be effective such as the Let’s Get Moving programme. This should be aligned to the objectives of Health Education England’s Care Navigation Competency Framework.



³² COTA, “How to engage older people in sport and physical activity”, <https://cotavic.org.au/wp-content/uploads/2015/07/20150617-COTA-Vic-How-to-Engage-Older-People-in-Sport-and-Physical-Activity-Resource-Guide-July-2015.pdf>

³³ ukactive’s Blueprint for an Active Britain, November 2015, http://www.ukactive.com/downloads/managed/ukactives_Blueprint_for_an_Active_Britain_-_online.pdf

³⁴ Dr Steven Mann, Dr Sarah Domone, Matthew Wade, Dr Chris Beedie, “Combining supervised exercise and physical activity counselling might increase retention to GP Exercise Referral Programmes”, ACSM 2016, http://researchinstitute.ukactive.com/downloads/managed/Parkwood_Mann_Poster.pdf

Case Study

Let's Get Moving



Let's Get Moving is an evidence-based intervention originally created and tested by the Department of Health and recommended by the National Institute for Health and Care Excellence (NICE). The programme places Exercise Professionals specially trained in motivational interviewing within GP surgeries, so that physical inactivity can be tackled at the heart of primary care.

Proven motivational interviewing techniques employed in 1-2-1 consultations encourage participants to explore their barriers to and motivations for exercise, while empowering them to develop positive lifestyle habits around activity. This counselling-style approach enables participants to identify their personal reasons for leading an active lifestyle and paves the way for sustainable behaviour change.

Motivational group sessions are also delivered by Community Exercise Professionals. The sessions cover a wide range of topics on activity and wellbeing in order to inspire change, create social connections, and re-embed physical activity within the local community.



Pathway

The Community Exercise Professional (CEP) supports, motivates and empowers participants through a 12-week programme, including a mixture of 1-2-1 and weekly group sessions. The 1-2-1 meetings with the CEP identify the personal and emotional barriers to taking part in more physical activity, and utilise a detailed local knowledge of the community to signpost participants to suitable local provision. These are supported by group sessions with other participants to maintain engagement, share experiences and to support the programme to develop into a volunteer-led sustainable state at its culmination.

"LGM is incredibly effective in helping patients to take control of their physical activity. Instead of coming to a class or an exercise referral programme, they are in control of deciding what it is that they do. This makes many of the potential barriers to activity disappear (time, cost, getting there etc).

"Ultimately, everyone knows that they should be doing more exercise, eating healthily, not smoking, not drinking alcohol, but all of these lifestyle factors become habitual. It's important that LGM is based on behaviour change theory, as making positive lifestyle changes is dependent solely on behaviour change, especially if it's going to be a long term change to behaviour. The behaviour change model has been shown to be very effective in smoking cessation, and it can be as effective in physical activity.

"Simply recommending exercise, such as going to the gym or running, to someone who has just been diagnosed with a lifestyle disease can completely put them off pursuing that avenue. With LGM we can elicit the want to change in patients, which not only improves their mental wellbeing, because they're taking control, but it can have positive health effects, such as weight loss, reduced reliance on medication, reduced blood sugar readings and reduced joint pain. All of these things will lead to fewer visits to the GP and a healthier population as it ages."

Angela Isherwood
Community Exercise Professional

Programme Impact

To date, 35 GP surgeries across Birmingham, Bedfordshire, Kent, and Essex have already hosted the service, with over 20,000 people having been reached. Evaluated by ukactive's Research Institute, it's been found that on average LGM participants increase their activity levels by 89%.

"We have this programme running from one of our branch surgeries and I have received positive feedback from the patients. We have an added advantage that patients get this facility on site so they don't have to travel far and this is one less thing patients need to think about.

"This intervention is provided by a professional who is also trained in motivational interviews, and we know that simply giving advice is not always effective or rewarding. Motivational interview techniques help patients engage and promotes them to take autonomy of their health decision-making, meaning we are more likely to see behaviour change."

Dr Sonica Goel
GP Partner at Abbey Field Medical Centre

Active in Care

As people continue to age, the 'older adult' label, based largely on chronological age, is only of limited value when describing differences in health and physical function. Many people in their late eighties can be as healthy as those in late sixties, and, conversely, many in their early seventies live with the health generally expected in a ninety year old.³⁶

As such, the type and intensity of physical activity that older people will look to take part in will vary significantly – particularly amongst people who are frail, have very low cognitive function, are living with a chronic condition or where their general health is in decline. In many cases, this group of people will live in residential care, which presents a unique set of opportunities and challenges when looking to promote physical activity.

Over 400,000 adults aged sixty-five and over currently live in residential care,³⁷ and, even if they are only able to take part in a small amount, can still benefit from the wide-ranging physical and mental health improvements linked with being active. Amongst the oldest and most frail people, this includes supporting their cognitive function, general mobility, improving the quality of sleep, as well as lowering levels of anxiety and depression and providing opportunities to socialise with others to reduce feelings of isolation and loneliness.³⁸ With appropriate supervision and support, almost all people in this group can increase their activity without risk.

Across the UK, there are already pockets of best practice among individual care homes, which routinely look to utilise the expertise of trained staff, local charities and community groups to provide fun, safe and engaging activity opportunities.

400,000+
Over 400,000 adults aged sixty-five and over currently live in residential care,³⁷ and, even if they are only able to take part in a small amount, can still benefit from the wide-ranging physical and mental health improvements linked with being active.

³⁶ Department of Health, "Start Active, Stay Active," 2011, < https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf >

³⁷ Laing and Buisson, "Care of Older People UK Market Report", 2017

³⁸ Care Inspectorate, BHF National Centre Physical Activity + Health, "Care...about physical activity", 2014

Case Study Oomph!



Oomph! is an award-winning social enterprise dedicated to transforming the mental, physical and emotional wellbeing of older adults. They provide training, support and mentoring to enable anyone working in care settings to deliver regular, fun exercise sessions which are known for their "party atmosphere".

Lorraine Henderson, Activity Co-ordinator and Oomph! trained Instructor at St Margaret's in London, tells the story of May, a 91-year-old resident (pictured). May had never really communicated with other residents or joined in with activities until she was persuaded to join in Oomph! exercise sessions:

"She is a lot calmer, sits with other residents and starts conversations. Her emotional state is better and she is much happier. From coming along to regular Oomph! sessions she has been moving her fingers and legs more too. Her enthusiasm and greater flexibility has spread to other areas of her life. May has arthritis in her fingers and now she is starting to play the piano! It is incredibly rewarding to see May come out of her shell and trust more."

Aiming to help more people like May, Oomph! ensures that older adults have access to varied exercise sessions which not only keep them physically active, but which also encourage social interaction.

The exercise training is part of a wider Wellbeing Leadership programme provided by Oomph! to ensure that older adults live life in full colour, seeing some fantastic results:

- Exercise and activities for those in care and community settings, run by staff trained by Oomph!, have seen 84% of participants experience a significant improvement in mental stimulation, and 85% in social interactions
- 68% of participants doing activity and fitness sessions have seen a positive impact on physical mobility with improved everyday living skills
- In the past 12 months Oomph! trained 1,598 instructors from 59 care providers who delivered 59,575 Oomph! classes, a 56% increase from last year

In an age of increased focus on wellbeing and of opportunities for people of all ages and abilities to follow their true passions in life, Oomph! Is making sure older adults don't get left behind.



Case study

Retirement Living



As the UK's elderly population continues to increase, so does the size and scale of the retirement sector. Villages and communities nationwide that cater for the ageing demographic have an ever-increasing role to play in promoting active lifestyles that not only deliver physiological benefits, but also support mental and social wellbeing.

Part of leading healthcare provider Bupa, Richmond Villages is one of the UK's longstanding providers of retirement living, with eight luxury facilities offering a combination of independent and assisted living to individuals aged over 55.

Residents at each facility have access to an onsite gym, equipped by Life Fitness, and dedicated staff who are specially trained in working with older age groups.

"The health and wellbeing of our residents is of paramount importance, and the gyms

form a huge part of our commitment to this and a real point of difference for our villages," said Laura Hoskin, Operations Project Co-ordinator at Richmond Villages.

"Many of our residents feel intimidated in a traditional gym environment, but in our facilities they're exercising alongside users of a similar age, with similar challenges and goals, and on equipment that has been carefully selected to best meet their requirements. This makes them feel much more comfortable and encouraged to use the gym to stay active."



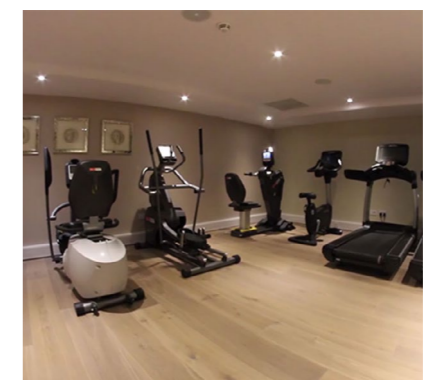
Audley is also a provider of luxury retirement villages, with a portfolio of 15 across the UK. Each of its villages offer residents, known as owners, access to an onsite gym as part of the facilities' health and leisure provision.

Each gym comprises equipment from Life Fitness and its brands Cybex and SCIFIT, who are specialists in inclusive fitness equipment for rehabilitation and active ageing.

"We are focused on raising the awareness of active ageing amongst our owners and encouraging the use of the fitness equipment forms a huge part of this," said Robert Diaper, General Manager at Audley – St. George's Place.

"The SCIFIT equipment in particular is fantastic and we've seen some huge health benefits for our target market."

Mrs Gould is an owner at Audley – St. George's Place and since using the gym, she's reported a significant improvement in her health and wellbeing: "the equipment is very easy to use and with the support of the gym staff, I am happier, fitter and feel much better overall."



However, in Scotland, this is contrasted by a significantly more comprehensive and widespread approach to physical activity promotion in care.

In particular, the Scottish system highlights the positive results that can be achieved when physical activity is considered as a central, integrated strand of health policy, and embedded across the health system rather than promoted in isolation. In 2014, the Scottish Minister for Public Health and Sport commissioned the Care Inspectorate to develop and disseminate a framework for care home staff to promote physical activity amongst their residents.³⁹ 'Care... about Physical Activity' includes an educational booklet and DVD distributed to all Scottish care homes, marketing collateral, advice on what types of activity can be safely encouraged, as well as a range of physical activity and self-assessment tools. It is now being delivered across all care homes in Scotland, and has already demonstrated a significant, positive impact on the activity levels and health of residents.⁴⁰

New research conducted by ukactive also confirms the impact that 'Care...about physical activity' is having. ukactive has submitted Freedom of Information Requests (FOIs) to all local authorities, regarding the publically-owned residential care homes for older people within their local area (which, in total, account for approximately 8% of all care home places⁴¹), to provide a brief snapshot into how and the extent to which they prioritise and promote physical activity. Fifty responses were received from a range of authorities across England, Scotland and Wales.

The Scottish system highlights the widespread, positive results that can be achieved when physical activity is considered as a central, integrated strand of health policy, and embedded across the health system rather than promoted in isolation.

POLICY RECOMMENDATION

National governments should produce a standalone Physical Activity Strategy for older people living in care, setting out ambitious, measurable targets, and providing all care homes with the tools and resources necessary to implement them, based on the successful aspects of the Scottish 'Care...about physical activity' programme.

The data shows a significant disparity between Scotland and the rest of the UK. The key findings are:

53%

Over half (53%) of the local authority respondents in Scotland confirmed their care homes have a **dedicated strategy to support residents reach the Chief Medical Officer's guidelines for physical activity**, compared to only one in five respondents from England and Wales (21% and 22%, respectively).

65%

65% of Scottish local authorities confirm their care homes have a **broader strategy to promote health and wellbeing, which includes specific provisions for physical activity**. This is compared to 38% of English local authorities and 22% of Welsh.

x2

Scottish local authority respondents were more than twice as likely to state their care homes **specifically measure how much physical activity residents take part in**. 65% of Scottish local authorities confirmed this was the case, compared to 25% of English respondents and 11% of Welsh respondents.

94%

Almost all (94%) Scottish respondents confirmed care home staff **are trained regarding the benefits of physical activity**. This is compared to 44% of Welsh respondents and 33% of English.

82%

82% of Scottish respondents confirmed **at least one member of staff is trained to promote physical activity amongst residents**. In contrast, 33% of English local authorities confirmed the same and 67% of Welsh authorities.

This data suggests that, outside of efforts undertaken by individual residential homes, there is scope for a similar national drive to promote physical activity amongst people living in care homes in both England and Wales. This could have a substantial impact on the health and wellbeing of the residential care population, and complement a broader activity strategy which looks to support individuals to be active throughout their old age.

POLICY RECOMMENDATION

All public, private and volunteer-led residential homes should have a dedicated strategy in place to support residents increase the amount of physical activity they take part in, with an ambition to achieve the Chief Medical Officer's Guidelines for physical activity.

POLICY RECOMMENDATION

All needs assessments and person-centred care plans should include a specific reference to physical activity participation and opportunities for it to increase.

³⁹ Ibid.

⁴⁰ Care Inspectorate, 'Evaluation of 'Care... about physical activity'', September 2015, <http://www.careinspectorate.com/images/documents/2735/CAPA%20evaluation%20final.pdf>

⁴¹ House of Commons Library, 'Briefing Paper: The care home market (England)', February 2017, <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7463>

What can we do to address these issues?

Active in the Future: The National Activity Therapy Service

The effective implementation of each of the recommendations throughout this report requires a strategic, joined-up approach to physical activity promotion across the health and social care system, spearheaded by national leadership. As this report highlights, there are multiple examples of innovative solutions and promising programmes across the UK that are tackling physical inactivity amongst older adults. In order to maximise their effectiveness, ukactive proposes a nationally guided, locally owned 'Activity Therapy' service, to provide a clear pathway for all older people receiving health or social care to take part in physical activity.

The effective implementation of each of the recommendations throughout this report requires a strategic, joined-up approach to physical activity promotion across the health and social care system, spearheaded by national leadership.

Specifically, this would include:

- Embedding **physical activity into all care pathways** for the treatment of relevant long-term conditions.
- Upskilling all **health and social care professionals** – across GP surgeries, pharmacies, care workers, independent living services and other local authority professionals – **with knowledge of the benefits of physical activity, and how to deliver brief physical activity interventions to all patients they come into contact with.** This should be aligned to Public Health England's Moving Health Professionals Programme.
- Creating a **national centralised database** of physical activity and exercise referral opportunities, able to record the effectiveness and target market of each individual scheme, and to allow local health professionals to **identify impactful programmes in their local community** and signpost patients toward them.
- Review all patient engagement opportunities (including GP consultations, prescriptions and lab reports) to identify where positive public health and lifestyle advice can be dispensed as standard.
- Scaling up evidence-based social prescribing, to align with Health Education England's Care Navigation Competency Framework, and including physical activity behaviour interventions such as the Let's Get Moving model, to **provide a single referral pathway** for all individuals looking to be more active.
- National governments should produce a **standalone Physical Activity Strategy for older people living in care**, setting out ambitious, measurable targets, and providing all care homes with the tools and resources necessary to implement them.
- All public, private and volunteer-led residential homes should have a dedicated strategy in place to **support residents increase the amount of physical activity they take part in**, with an ambition to achieve the Chief Medical Officer's Guidelines for physical activity.

Over the next twelve months, ukactive will continue to engage all relevant experts and stakeholders in this area, including Public Health England and NHS England, to progress the implementation of these recommendations and toward the development of a National Activity Therapy Service. This will draw on many resources and opportunities that have already been identified to ensure that all older people, regardless of their current activity levels, ability or health, are all supported to be as physically active as possible, and able to continue to live well far into their old age.

For more information, please contact:

Kenny Butler

Health & Wellbeing Lead

ukactive

E kennybutler@ukactive.org.uk

Jon Hulks

Public Affairs Junior Manager

ukactive

E jonhulks@ukactive.org.uk

Craig Cocking

Head of UK Health & Education Sales

Life Fitness

E craig.cocking@lifefitness.com

