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

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S1
- Identification of local areas for inclusion (up to 4)
  - *scoping strength and balance provision and local area interest levels*

S2
- Engagement with local areas, information gathering, consultation with key stakeholder groups
  - *understanding the local picture*

S3
- Workshop preparation, delivery and action planning
  - *generating new thinking to increase uptake and provision*

S4
- Action plan sign off, area follow up, insight report, final presentation
  - *a way forward, potential for implementation*
Scoping England for case studies and insight

- Provision varies greatly across England
  - Some localities non-existent
  - Health inequity
- Commissioned by CCG/PH/Both
  - Disparity in funding
- Self employed instructors / private physios

Providers
Age UK brand partners + access to information and advice
Leisure Services + progression to other provision
Private health and leisure + clear delivery targets
Raising Awareness

Fund and develop marketing campaigns
  – Lambeth and Southwark

Tailor messages for target audiences
  – Local programmes, accessible, affordable, welcoming and sociable

Make sessions appealing
  – Linking social activities, refreshments, speakers

Develop peer champions
  – Ambassadors for SnB programmes, Blackburn with Darwen
  – Wigan Reaching out to Men

Work across stakeholder groups
  – Everybody’s business, training and awareness for fire, pharmacy, neighbourhood schemes Leeds
Encouraging uptake

Challenge negative beliefs
  – The myth of ageing and narratives that reinforce this

Person-centred goals to increase motivation
  – Pre-assessments allow for goal setting/asset based approach [Wigan]

Build relationships across pathways
  – Physio, OTs, Community link worker, Instructors

Exercise sessions – something for everyone
  – Choice to meet preferences and suit capacity and functional mobility

Addressing barriers and providing solutions
  – Transport, Money, Venues, Too busy, Family Barriers/Ageist beliefs
Referral pathways that work

Develop referral pathways collaboratively
   – All agencies should be involved

Share pathways throughout local networks
   – Everyone needs to be informed

Provide good assessments for appropriate referrals
   – Self-referral and those in transition (PARQ+2018/NQAF 2001)

A recommendation is not a referral
   – One size does not fit all

Successful exercise referral pathways across England
   – Derbyshire, West Sussex, Lambeth and Southwark, Bristol, Wigan, Cambridgeshire and Peterborough
Cohort: Fear of falling; Challenges with balance of walking; Risk of falling; 1 or more falls in last 12 months

1. Person is interested and motivated to engage in strength and balance exercise?
   - NO: Provide general advice about preventing falls and staying well
   - YES:
     2. Individual can sit to stand from a chair with or without arms AND independently walk around a chair

   - YES:
     - Self referral: Signpost person to Staying Steady programme. www.bristol.gov.uk/stayingsteady
     - Non Health Care Professionals: Person to contact Staying Steady provider of their choice directly: www.bristol.gov.uk/stayingsteady
     - Health Care Professionals: Person will be assessed by Postural Stability Instructor. If the person is deemed more suitable for Tiers 2 or 3 then they will be referred to BCH via briscomhealth.org.uk/our-services/strength-balance-classes/. Otherwise they can continue with Staying Steady for as long as they need with the aim of progressing their strength and balance

   - NO:
     - Self referral: Person to discuss any concerns about falling with GP
     - Non Health Care Professionals: Signpost person to their GP for further advice
     - Health Care Professionals: Refer person to BCH or UHB S&B depending on their criteria: www.briscomhealth.org.uk/our-services/strength-balance-classes/
       - UBH referral criteria: Referrals are via GP letter or UHB referral form

   KEY: Self referral = individuals, family and carers. Non health care professional = Voluntary sector organisations, volunteers, health champions, community navigators, social prescribers, Live Well Bristol Hub, Integrated Healthy Lifestyles Service, Adult Social Care, care direct etc. Health care professionals = GP/Primary care; Community Health - Physio, OT, falls specialist etc, Acute Care, Ambulance service (non-urgent/medically stable falls “see and treats”). BCH = Bristol Community Health; UHB = University Hospitals Bristol

On completion of S&B through BCH or UHB, person may be signposted or referred to Staying Steady programme to continue with S&B exercise
Sticking to the evidence

Provide person-centred assessment
  – Goal setting based on behaviour change theory can keep a person attending a class

Supplementary home exercise for success
  – Leeds: The importance of home exercise

Tailor programmes for individual progress
  – Participants are supported and challenged

Moving onto other programmes / activities
  – Knowing when participants are ready, West Sussex, checking local provision is suitable through assessment

Support instructors to deliver the evidence
  – Communities of Practice (Somerset)
Monitoring for outcomes and improvement

Creating monitoring frameworks
  – PhiSiCAL Study toolkit

What to include to capture success
  – Participation in class, record of progression, measures for improvement, demographics, self-reported changes

Tools for assessment and monitoring progress and recording outcomes
  – TUG, Chair rise, 180 turn, FES-I, Tinetti, Berg balance

Digital tools for monitoring progress and recording outcomes
  – Software platform West Sussex

Make the most of data
  – Leeds Data Model
Report recommendations:

• Commissioners/Directors of Public Health
• Providers of Training
• Instructors
• Healthcare and Allied HealthCare Professionals

"I'm much more independent now, I can do the garden, I can go to town on the bus. Coming to this class has really made a difference to me, I now have much more balance, and I don't use my stick."
Characteristics of local areas working towards success

- Lead person promoting everybody’s business model
- Asset-based approach to maximise opportunities
- Agreed, well-defined pathways which are shared
- Collaborative approach promoting partnership working
- Learning and feedback loops for service improvement
- Older adults as volunteer ambassadors
- Local insight and community consultation to inform programmes
- Ensure the right person, in the right programme at the right time for them
- Well-trained workforces with continued development opportunities

Start with the person
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Raising the Bar on Strength and Balance Report

https://www.ageing-better.org.uk/publications/raising-bar-strength-balance

Resources Pages

https://www.ageing-better.org.uk/strength-balance-resources