

REPORT HIGHLIGHTS POSTCODE LOTTERY IN STRENGTH AND BALANCE PROGRAMMES WHICH HELP PEOPLE AT RISK OF FALLS

- **Boosting people's strength and balance through exercise improves their health and wellbeing, reduces the risk of early death and prevents the avoidable hospital admissions caused by falls.**
- **By not prioritising these programmes, local authorities and the NHS are missing the opportunity to ease pressure on A&E departments and reduce demand for social care. Falls are a main cause of hip fractures, which cost the NHS around £1bn per year.**
- **The Centre for Ageing Better's project with the University of Manchester's Healthy Ageing Research Group shows a need for sustained, targeted funding for such programmes, with affordable, accessible and proven options available for everyone.**

Exercise programmes designed to boost the muscle strength and balance of people at risk of falls and injury – such as resistance training, aerobics classes and yoga groups – are not being prioritised by the NHS and local authority commissioners.

A new report argues NHS falls rehabilitation services often don't have the funding or ability to themselves provide strength and balance programmes for more than a few hours over just 6-8 weeks, much less than the 50+ hours over six months needed to make a difference to a person's ability to do everyday activities.

The issue can be exacerbated by referral pathways from the NHS to community-led programmes being unclear, with Clinical Commissioning Groups, local authorities and charities failing to join up with one another. A lack of consistent provision can limit the opportunities for people to take up strength and balance training and exercise programmes which will have a real impact on their wellbeing.

Muscle weakness and poor balance are the two most common modifiable risk factors for falls, which can lead to injuries such as hip fractures and make people more likely to end up in hospital or need social care. Hip fractures alone cost the NHS around £1bn per year. Strength and balance activity can mitigate these risks and can lower the chance of suffering a fall, improve energy levels, mood and sleeping patterns and reduce the risk of early death.

The report shows that, for adults with declining mobility and those experiencing a loss of muscle and bone strength or balance, there can be a corresponding decline in their ability to manage everyday activities like eating, bathing and getting dressed on their own.

The report recommends that NHS and local authorities support evidence-based programmes, making sure that the most effective approaches to improving strength and balance are accessible and affordable for everyone. Making people aware of the benefit of strength and balance exercises should be a priority, and commissioners must work together to reinforce the information given to patients. There also needs to be improved collaboration between those referring people to programmes and those delivering them.

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Louise Ansari, Director of Communications and Influencing, Centre for Ageing Better, said:

“Improving and retaining strength and balance is vital for our wider health. Despite common misconceptions, falls are not an inevitable part of ageing and can be prevented. Evidence tells us that strength and balance programmes reduce the risk of falls, but lack of communication and effective referral pathways can mean poor or non-existent provision.

“If we can enable and encourage more people to take up activities to boost their strength and balance, there is significant potential to make savings to health and social care services and help people stay healthy and keep on doing everyday activities for longer.”

Professor Chris Todd, Professor of Primary Care and Community Health, School of Health Sciences, University of Manchester said:

“Making people aware of the benefit of strength and balance exercises should be a priority. Prevention is absolutely central to the NHS Long Term Plan, which emphasises a move away from simply treating disease to a system that helps to keep people healthy for longer.

“Our project shows that if the Long Term Plan’s ambition is to be realised, there needs to be a step change in the way strength and balance training is organised so that it is implemented effectively across the NHS in partnership with local government and the third sector.”

Ends

Notes to Editors, key statistics and recommendations are included overleaf.

Notes to Editors

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- The **Centre for Ageing Better** is a charity, funded by an endowment from The National Lottery Community Fund, working to create a society where everyone enjoys a good later life. We want more people to be in fulfilling work, in good health, living in safe, accessible homes and connected communities. By focusing on those approaching later life and at risk of missing out, we will create lasting change in society. We are bold and innovative in our approach to improving later lives. We work in partnership with a diverse range of organisations. As a part of the What Works network, we are grounded in evidence.
- Visit us at ageing-better.org.uk or follow us on Twitter [@Ageing Better](https://twitter.com/Ageing_Better).
- The **Healthy Ageing Research Group** is based in the School of Health Sciences at the University of Manchester and linked to the Manchester Institute for Collaborative Research on Ageing (MICRA). Its research revolves around falls and falls prevention, activity and exercise promotion, musculoskeletal conditions and chronic pain management, use of novel technologies, social and residential care, and access to services and treatments. Find out more at <https://www.bmh.manchester.ac.uk/research/nursing-groups/healthy-ageing/>
- The Centre for Ageing Better commissioned the University of Manchester to bridge the gap between evidence and practice and to work directly with communities to better understand their local challenges and to identify practical examples of doing things differently. This report presents the models of delivery, issues, barriers and innovative solutions. It focusses on community-based strength and balance programmes targeting all older adult groups and includes evidence-based programmes to reduce falls. The findings have been organised into five themes. The report is available [here](#).
- Physical activity guidelines issued by the UK's Chief Medical Office recommend that adults aged 65-or-older carry out activities which improve muscle strength on at least two days a week. Those at risk of falls should carry out activities which improve balance and co-ordination on at least two days a week. The guidelines can be found [here](#).
- The NHS Long Term Plan states that primary care networks will from 2020/21 assess local people by their risk of poor health outcomes. They will then work with community services to make the appropriate support available, including falls prevention schemes. The plan can be found [here](#).

Key statistics

- From the age of 40, adults lose 8% of their muscle mass per decade. Once over the age of 70, this increases to 15% per decade.
- In the two years to 2016, more than a quarter (28%) of adults over the age of 60 and nearly four in ten (38%) adults over the age of 80 reported a fall.
- More than 95% of hip fractures are caused by falling. Hip fractures cost our health services over £1 billion per year.
- Hip fracture is the most common serious injury in older people. It is also the most common reason for older people to need emergency anaesthesia and surgery and the commonest cause of death following an accident.
- In 2017, nearly 67,000 people aged 60 and over presented to hospitals in England, Wales and Northern Ireland with hip fractures.
- Only 31% of men and 23% of women over 16 meet both the aerobic and muscle strengthening CMO guidelines. There is a steady decline after the age of 55, and by age 65, just 12% of adults meet both the aerobic and muscle strengthening CMO guidelines.

Recommendations:

Commissioners/Directors of Public Health

- Understand that strength and balance exercise programmes are cost-effective and will help achieve good outcomes with local populations
- Design and support services that enable/encourage evidence-based approaches to be followed
- Include funding for education and awareness raising campaigns to form part of a wider strategy for preventing falls
- Include funding for assessment time and for conversations around behaviour change and motivations
- Develop a collaborative referral pathway with a supporting decision-making tool and share it with referrers
- Embed quality assurance and evaluation into all programmes
- Embed strength and balance messages in local programmes and map the activities that are available locally

Providers of strength and balance training

- Identify suitable levels of training for the workforce
- Offer ongoing training, support and CPD opportunities for staff
- Facilitate instructor meetings for shared learning to standardise delivery across a locality, inform how to deliver classes and to further staff development
- Embed messages about strength and balance across all exercise class provision (e.g. walking, sports and dance classes)
- Foster good communication pathways between referrers and across professions
- Allow time for pre and ongoing assessment in programmes
- Quality assure sessions to support workforce and deliver in line with the evidence base
- Ensure health and safety, plus risk assessments including emergency plans, are in place

Instructors delivering strength and balance training

- Understand and respect the scope of practice that your training provides. Ensure that it is informed by evidence
- Provide clear inclusion criteria to referrers to support appropriate referrals.
- Include conversations about goal setting and motivation as part of all start, mid and end point assessments
- To achieve the required amount of exercise needed, ensure your programme includes supplementary home exercise as an integral part of your programme and ask participants about completion
- Refer those who progress quickly onto exit programmes as soon as they are ready.
- Be aware that not all participants will be ready for an exit programme at the end of the programme timeframe

Healthcare and allied healthcare professionals

- Collaborate on creating and developing referral pathways and documentation to inform processes and build relationships
- Observe the community session you are potentially referring into
- Ask exercise instructors about the qualifications they hold – it is your responsibility to understand what programmes you are referring into
- Ensure healthcare and allied healthcare professionals understand the difference between formal referrals and informal recommendations
- Include/embed onward referral information as part of physiotherapy interventions to better support and prepare people for longer term gains
- Include information that strength and balance gains made during physiotherapy will not be sustained unless exercise is continued