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Protecting and improving the nation's health

NFPCG Webinar on Overcoming deconditioning and falls prevention during the COVID-19 pandemic

23rd October 2020, 11.00-12.30

The National Falls Prevention Coordination Group (NFPCG), is hosted by Public Health England

Housekeeping

- Please **stay muted and turn your cameras off** during this webinar.
- Please **use the chat function to ask questions** for the Q&A (**we will not be using the 'hands up' feature or 'unmute')**
- If you have a question for one of our speakers, please **clarify** that when writing your questions in the chat box
- To make this webinar available to those that are unable to join us, **today's webinar will be recorded**. The recording, with both audio and visual will be shared next week.
- We would really appreciate your feedback on this webinar. **Please provide any brief comments in the Chatbox** (eg. WWW, what could we improve?)

Agenda

11:00 – 11:10	**Welcome, introductions, housekeeping, introduction to the NFPCG– (10 mins)** • **Sue Dewhirst (Chair) – Chair of NFPCG, Population Health services Manager, Healthcare Public Health, Public Health England**
11:10 – 11.55 **11.55-12.00**	**Presenters – (10 mins each)** • **Daniel MacIntyre-Public Health Consultant, West Sussex County Council** • **Dawn Skelton, Professor of Ageing and Health, Glasgow Caledonian University** • **Chris Todd, Professor of Primary Care & Community Health, University of Manchester** • **Cathryn James, Association of Ambulance Chief Executives (AACE)** **Followed by 5 minutes quick comfort break / stretch**
12.00 – 12.25	• **Panel discussion, led by Dr Dawne Garrett, and Q&A – (25 mins)**
12.25-12.30	• **Closing remarks. Close by latest 12.30.**

Chair - Sue Dewhirst

Sue is the Chair of the National Falls Prevention Coordination Group (NFPCG), Population Health Services Manager, Healthcare Public Health (HCPH), Public Health England

Sue joined the NFPCG in April 2019. She coordinates the group, facilitates task and finish groups, and leads and supports the development of resources, briefings and publications. Sue worked previously as Programme Manager in PHE's national Older Adults team and in Health Improvement in PHE South East regional office, working on Healthy ageing, Dementia and CVD prevention.

Before joining PHE Sue was a research fellow in the Academic Unit of Primary Care and Population Sciences at University of Southampton and became a Public Health Practitioner, registered with UKPHR.

The speakers:(1) Daniel MacIntyre

Daniel MacIntyre, Consultant in Public Health
West Sussex County Council

Daniel has worked at West Sussex County Council as a Consultant in Public Health since 2018. He leads on older people and mental health and is currently joint Consultant lead for the West Sussex COVID-19 response.

Between 2014 and 2018 Daniel worked in the Healthcare Public Health Team at Public Health England where he was the organisation's policy / technical lead for falls and fracture prevention.

At PHE Daniel was involved in setting up the National Falls Prevention Coordination Group and Chaired the group from 2016 to 2020. During this time he worked with group members on drafting the 'Falls and fracture consensus statement'.

The speakers:(2) Dawn Skelton

Professor Dawn Skelton, Glasgow Caledonian University

Professor Dawn Skelton, an exercise physiologist, is Professor in Ageing and Health at Glasgow Caledonian University and a member of the National Falls Prevention Coordination Group (NFPCG).

Dawn chaired the Royal Osteoporosis Society's Statement on Exercise and Osteoporosis (2018) and the Older People panel for the UK's update of the Physical Activity for Health Guidelines (2019). She is currently Chair of the British Geriatrics Society Rehabilitation Group. Her research focuses on implementation of falls prevention exercise, reduction of sedentary behaviour in older adults and she is a renowned speaker on these topics.

The speakers:(3) Chris Todd

Professor Chris Todd, Professor of Primary Care and Community Health, University of Manchester

Chris leads the Healthy Ageing Research Group at the University of Manchester, a research group comprising some 38 staff and postgraduates. He is Director of the National Institute for Health Research (NIHR) Policy Research Unit Older People and Frailty, and Lead for Healthy Ageing, NIHR Applied Research Collaboration-Greater Manchester and NIHR Senior Investigator and Fellow of the Royal College of Physicians of Edinburgh. Chris's work is broadly Health Services Research related to fall prevention, frailty and activity promotion amongst older people, including the use of technologies. Chris led the EC funded projects: ProFaNE Prevention of Falls Network Europe; and ProFouND Prevention of Falls Network for Dissemination.

Citation and publication lists: publons | Google Scholar | Orcid | Scopus
https://www.research.manchester.ac.uk/portal/chris.todd.html
http://www.opfpru.nihr.ac.uk

The speakers:(4) Cathryn James

Cathryn James, Clinical Support to the Association of Ambulance Chief Executives (AACE) and Clinical Pathways Manager, Yorkshire Ambulance Service (YAS)

Cathryn started working for Yorkshire Ambulance Service (YAS) in 1981, originally as an ambulance cadet and becoming a qualified Paramedic in 1987. She is seconded from YAS to AACE four days per week, clinically supporting the work of AACE, the National Ambulance Medical Directors Group (NASMeD) and the ongoing development of the UK Ambulance Services Clinical Practice Guidelines (JRCALC).

Panel Member: Dawne Garrett

Dr Dawne Garrett, Professional Lead - Older people and dementia care- Royal College of Nursing (RCN)

Dawne has committed her nursing career to working with older people through a variety of clinical, academic and entrepreneurial roles. Her experience has spanned acute hospital care, community nursing, integrated services and academic roles. Dawne also undertook a variety of early advanced practice and lecturer practitioner posts working with academic institutions including the University of Hull and Bournemouth University developing clinical practice, lecturing students and undertaking research. Dawne completed a PhD as a Florence Nightingale Scholar, researching older people's experiences of sexual intimacy. She has been the United Kingdom professional lead older people and dementia care for the Royal College of Nursing for the last three years and maintains a clinical role and publishes widely.

Panel Member: Julie Windsor

Julie Windsor, NHS England & Improvement National Patient Safety Team.
Job title: Patient Safety Clinical Lead – Medical Specialties/Older People

Roles & responsibilities: Provide specialist clinical advice and safety insight. National (& international) policy/ clinical interventions & guidance. Identify, engage stakeholders and develop national safety alerts/ responses. National audits. Publications. Briefings. Speaking engagements.

Skills: Registered General Nurse. MSc Gerontological Practice.
Co-designer of FallSafe and CareFall projects, member of the NICE 161 (Falls) Clinical Guideline Development Group. Member of the National Falls and Fracture Audit Programme (Inpatient Falls) and National Falls Prevention Coordination Group. Clinical advisor to several falls studies and a clinical reviewer for the National Institute for Health Research. My particular research interest is the built environment and patient safety technologies.
About me: I live on the south coast, drive a rusty camper van and the besotted owner of a Cockerpoo called Betty.

Panel Member: Julie Whitney

Julie Whitney, Consultant Practitioner in Gerontology & Gerontology RDU Lead, NIHR CRN Ageing Lead (South London), Kings College Hospital

Julie is a lecturer in the Academic Department of Physiotherapy at King's College London and a consultant practitioner at King's College Hospital. Clinically, she is involved in assessment of older people presenting to the emergency department as part of the "frailty pathway". Her research interests include fall risk assessment, the effects of ageing and associated conditions on mobility as well as evaluating physical activity and exercise interventions. She teaches on the BSc and MSc physiotherapy courses at King's College London. She is also the clinical lead for the National Audit of Inpatient Falls and the South London CRN lead for Ageing.

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Sue Dewhirst

Population Health Services Manager,
Healthcare Public Health, Public Health England

NFPCG

National Falls Prevention Coordination Group (NFPCG)

- Set up in 2016
- Over 35 member organisations
- Brings together representatives from national organisations, NHSE/ I, academia, 3rd sector
- Hosted by Public Health England
- Main group meets 3 times a year, ‘task and finish’ groups focus on specific topics
- Provides leadership, enables dissemination of good practice, supports data collection, informs skills development, influences policy, facilitates task and finish groups

Taking action….

The National Falls Prevention Coordination Group published the
Falls and fracture consensus statement and resource pack (2017)

This advocates a whole system approach to falls and fractures prevention:

Link
https://www.gov.uk/government/publications/falls-and-fractures-consensus-statement

More recently:
The NFPCG launched a survey to evaluate the effect of the COVID-19 pandemic on local falls services (launched 29th September 2020)
Link to NFPCG survey

COVID-19 new resources

1) **Blog: Are you ready for the Autumn and Winter? Key questions for people providing and planning local falls prevention services during the time of COVID-19.**

2) **Later Life training-Promoting physical activity amongst older people: 10-minute online movement classes,** three times a day. Also available as videos)

3) **Supporting safer home environments**: A Home Hazards checklist, available via the British Geriatrics Society website COVID-19 resources page. and at: https://www.westsussex.gov.uk/media/14191/home-environment-checklist-public.pdf

4) Falls FAQ poster and NHS ambulance trusts Falls Response Governance Framework

5) **All Our Health (AOH)- Falls and Fractures e-learning,** March 2020, on the e-Learning for Health Hub

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Daniel MacIntyre

Consultant in Public Health
West Sussex County Council

COVID-19 and falls – context and impact

- Impact on services
- Impact on older people
- Challenges and opportunities

More info here: https://www.bgs.org.uk/blog/are-you-ready-for-the-autumn-and-winter

COVID-19 – impact on services

- NHS focus on building COVID-19 response capacity
- NHS Community Trusts – provide falls care for high risk patients only
- Group exercise no longer possible
- Some remote support provided
- Services slowly start to resume June
- Indoor sports resume end July, but older people still shielding /social distancing
- Need for increased infection prevention and control measures

Impact on older people

- Service provision ceased for older people under care of falls prevention services
- Services unavailable for older people newly needing services
- No leisure service / group exercise provision for older people
- Deconditioning highly likely for particular cohorts e.g. those shielding

Falls emergency admissions

Table 1: Number of emergency hospital admissions for falls among persons aged 65+ in West Sussex by month of admission date (2015 to 2019)

	2015	2016	2017	2018	2019	2020
Jan	365	425	375	405	370	455
Feb	330	350	320	370	400	460
Mar	330	350	355	390	430	360
Apr	360	380	385	400	460	350
May	355	370	410	445	445	430
Jun	325	345	390	455	435	400
Jul	365	395	415	435	430	400
Aug	365	415	405	460	480	-
Sep	365	370	385	430	430	-
Oct	365	390	400	400	495	-
Nov	360	380	410	410	480	-
Dec	430	395	435	465	470	-
	4,315	4,560	4,680	5,065	5,325	-

Accessing services

Healthwatch in Sussex and Sussex NHS Commissioners. ‘Accessing health and care services – findings during the Coronavirus pandemic’.

37.4% [806] chose not to make an appointment during the pandemic despite having a need to access health, social or emotional care. From all those that delayed their appointment, the top three reasons were:

- ‘Felt that my condition wasn’t serious enough’ – 41.5% [396]
- ‘Didn’t want to burden the NHS’ – 37.7% [360]
- ‘Thought I’d wait until the pandemic was over’ – 26.7% [255].

Challenges and opportunities

Challenges

- Meeting increased demand
- Reduced service capacity due to infection prevention and control / social distancing requirements
- Increasing population level physical activity
- Remote therapy provision and physical activity promotion

Opportunity

- Remote therapy provision and physical activity promotion – scale and pace

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Dawn Skelton

Professor Dawn Skelton
Professor of Ageing & Health
Glasgow Caledonian University
@GCUResearch

Declaration of Interest: Director of Later Life Training, not for profit training organisation @LaterLifeTrain

Strength and balance for falls prevention (primary and secondary)

	All fallers (Odds Ratio)	Recurrent Fallers (Odds Ratio)
History of Falls	2.8	3.5
Gait Problems	2.1	2.2
Walking Aids Use	2.2	3.1
Vertigo	1.8	2.3
Parkinson's Disease	2.7	2.8
Antiepileptic Drug Use	1.9	2.7
Physical Disability	1.6	2.4
Disability in Instrumental Activities in Daily Life	1.5	2.0
Fear of Falling	1.6	2.5

Deandrea 2010

Supporting Active Ageing

Risk of falls and recurrent falls **35-40% lower** in those reporting **30+ minutes** of moderate intensity physical activity **per day** compared to those doing less

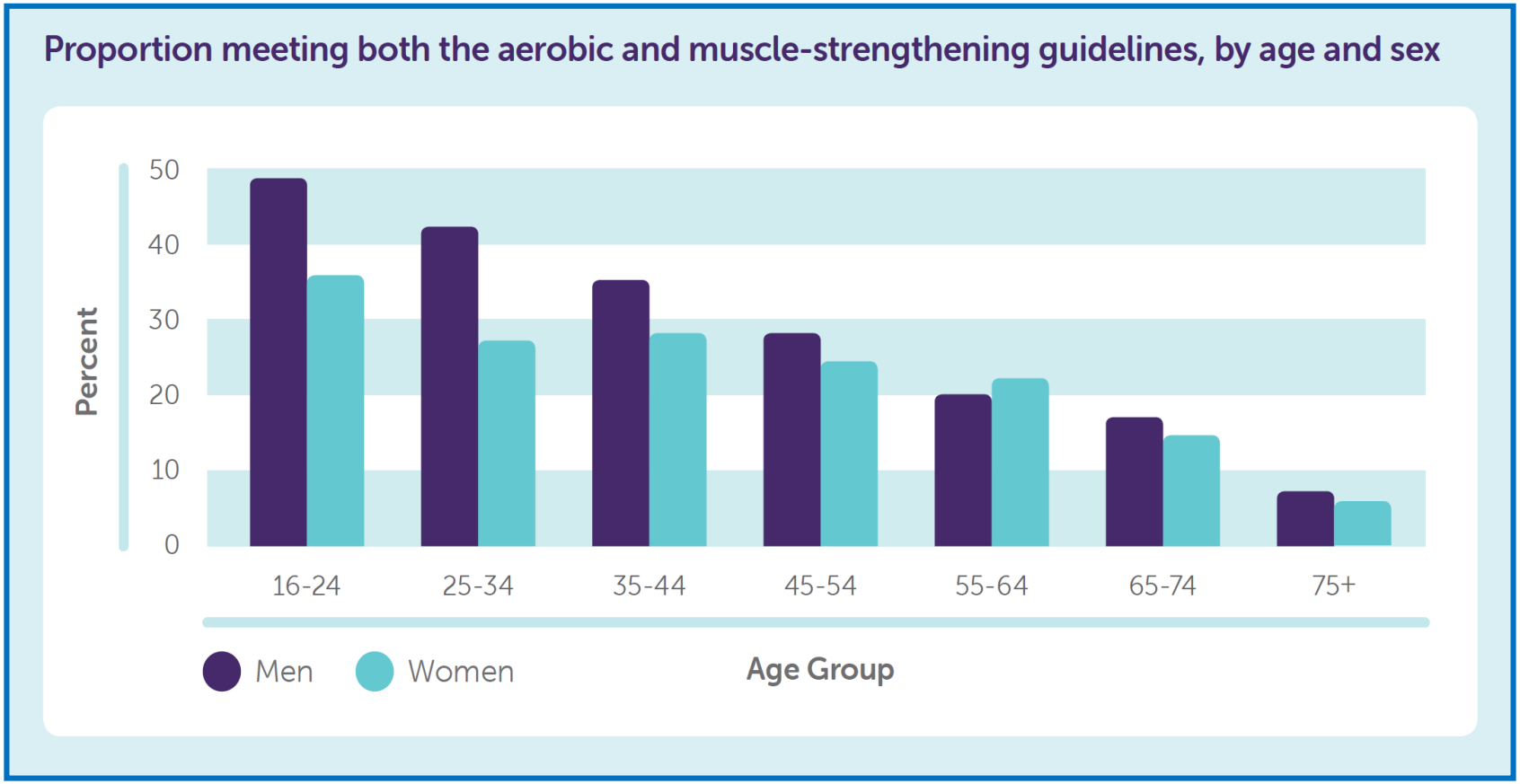
Focus on balance and strength

Focus on reducing sedentary behaviour and interrupting long periods of sitting

UK Chief Medical Officers' Physical Activity Guidelines 2019

Participation remains low

Centre for Ageing Better (2019); Strain 2017



Sport England – Older people, people with LTCs, those on low income and those shielding reported less activity than prior to Covid-19. At Wk 5 only 19% of all adults had performed any strengthening activities.

Sport England- https://indd.adobe.com/view/793b48d5-bbcd-4de3-a50f-11d241a506b3

Covid-19 pandemic & inactivity

On March 23rd the UK Government issued a ‘Stay at home order’ to everyone. Older people shielded and even as some restrictions have been lifted, few activity opportunities available

Activity restriction results in increased fall risk by contributing to deconditioning and functional loss (revolving door!)

We now face a rehabilitation pandemic

Rehabilitation will be needed for those who contracted Covid-19, those who have become deconditioned as a result of movement restrictions, social isolation and inability to access healthcare for pre-existing or new non-Covid-19 illnesses

Most falls services still not up and running with an increasing waiting list

https://www.gov.scot/publications/covid-shielding/
De Biase, Cook, Skelton, Witham, Ten Hove. Age Ageing 2020

What's been happening to their (our!) bodies?

Reduced range of motion and stiffness
Synovial atrophy
Fibrofatty connective tissue infiltration
More symptoms from arthritis
Bone loss / muscle loss
Poor venous return
Increased postural hypotension
Reduced kinesthetic awareness
Depression
Loss of control
Loss of motivation
Feeling of helplessness
Fear of falling

30 weeks of reduced physical and social activity!
Falls programmes halted/altered dramatically
Many new 'fallers' ahead

Secondary prevention – evidence base

THE COCHRANE COLLABORATION®

Multifactorial assessment with multidisciplinary intervention:

- 23% reduction in rate at which people fall
- No difference in the number of people who fall, hospital admissions or medical attention
- Possible reduction in fall related fractures
- Most evidence for home hazard assessment and behavioural interventions, medication review and action, group and home-based strength and balance exercise
- Exercise interventions alone were as effective as multifactorial interventions

Hopewell. Cochrane Library 2018; Gillespie. Cochrane Library 2012

Exercise Interventions for reducing falls

Exercise

- Reduces rate of falls by 23%
- Reduces the number of people who fall by 15%
- Reduces fall related fractures by 27% *
- Reduces falls requiring medical attention by 39% *

But not all exercise is the same! …..

* Evidence not as robust

Key elements of effective exercise:

- Challenging balance
- Progressive strength training
- Functional movements
- Dose of 50+ hours
- 3 x per week

Sherrington. Cochrane Library 2019; Sherrington BJSM 2017

Exercise Interventions for reducing falls

THE COCHRANE COLLABORATION®

Types of exercise

Balance & Functional Exercises

- reduces rate of falls by 24%
- number of people who fall by 13%

Multiple types of exercise (Balance, Functional & resistance exercise)

- reduces rate of falls by 35%
- number of people who fall by 22%

Tai Chi *

- may reduce rate of falls by 19%
- and number of people experiencing falls by 20%

Programmes that are primarily based on resistance exercise, dance or walking have uncertain effects

* Evidence not as robust

Sherrington. Cochrane Library 2019

Cost effective interventions in the UK

Return on Investment

Exercise programmes (50 hrs+ > 6 mths, 3 x p/w)

- Falls Management Exercise (FaME/Postural Stability Instructor Led)
- Otago Exercise Programme (OEP) (*Stage 4 of Up & About Pathway*)
- Tai Chi
- Fidelity to original effective components (dose, frequency, intensity, challenge, resistance, right population)

Quality Markers

- Details of 7 quality markers for strength and balance exercise, suitable for use by local areas as criteria to help them carry out self-audits

Public Health England 2017, 2018, 2019

Falls and fracture consensus statement: supporting commissioning for prevention

Ref: PHE publications gateway number: 2016588
PDF, 890KB, 22 pages

This file may not be suitable for users of assistive technology. Request an accessible format.

Falls and fracture consensus statement: resource pack

Ref: PHE publications gateway number 2017193
PDF, 417KB, 34 pages

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Strength and balance quality markers: supporting improvement through audit

Ref: PHE publications gateway number: GW-531
PDF, 620KB, 19 pages

This file may not be suitable for users of assistive technology.

Request an accessible format.

Otago

Home based programme with support visits and calls over 1 year[1]

RCTs in > 65s living at home, receiving home care and recently discharged from hospital [1-5]

Most effective in over 80s and frailer [1-5]

Group based improves balance and strength faster than home-based [6]

Reduces falls rate and falls risk (home, > 6 months)

Improves physical function and confidence

Reduces fear of falling [6]

Improves cognitive function [7]

No effect on habitual physical activity, potential decrease [8-10]

Cost effective if delivered with fidelity [11]

Lack of effectiveness if poor adherence/no ankle weights or balance progression [8]

[1]Campbell 1997, [2]Robertson 2001; [3]Campbell 2005; [4]Sherrington 2019, [5]Bjerk Age Ageing 2019, [6]Kyrdalen 2013, [7] Liu Ambrose 2008, [8]Iliffe. HTA 2014; [9]Adams. BMC Geriat 2019; [10]Waterman Trials 2016; [11]Public Health England 2017/8;

FaME

RCTs in frequent falling women >60/65yrs[1,2,3]
RCT in sedentary >65s from GP practices[4]
Feasibility in visual impairment[5]
Evaluations in practice[6] and Implementation Study >65s self/GP referral[7]

Reduces falls rate and falls risk (group + home, > 6 months)
Increases habitual physical activity (105-170 mins/wk)
Improves physical function and confidence
Reduces fear of falling [3]
Regains the skill to get up from the floor
Cost effective if delivered with fidelity[8,9]

http://arc-em.nihr.ac.uk/clahrcs-store/falls-management-exercise-fame-implementation-toolkit

[1] Skelton. Age Ageing 2005; [2]Skelton. JFSF 2019; [3]Yeung. PHCR&D 2015; [4]Iliffe. HTA 2014; [5]Adams. BMC Geriat 2019; [6]Hedley. PTP 2010; [7]Carpenter. Inj Prev 2018; [8]Public Health England 2017/8; [9]Gateshead OP Assembly 2017

Primary prevention – improving strength and balance

Not all types of physical activity impact on strength and balance (walking and cycling are not the best activities!)

The ‘actives’ can take part in activities that will help strength and balance

In those not achieving physical activity guidelines and at high risk of a fall (those ‘in transition’ or ‘frailer’) these activities are not achievable and will not reduce future falls risk. A different approach is needed

Type of sport, physical activity or exercise	Improvement in muscle function	Improvement in bone health	Improvement in balance
Running	★	★★	★
Resistance Training	★★★	★★★	★★
Aerobics, circuit training	★★★	★★★	★★
Ball Games	★★	★★★	★★★
Racquet Sports	★★	★★★	★★★
Yoga, Tai Chi	★	★	★
Dance	★	★★	★
Walking	★	★	☆
Nordic Walking	★★	⑦	★★
Cycling	★	★	★

★★★ Strong effect ★★ Medium effect ★ Low effect ☆ No effect ⑦ Not known

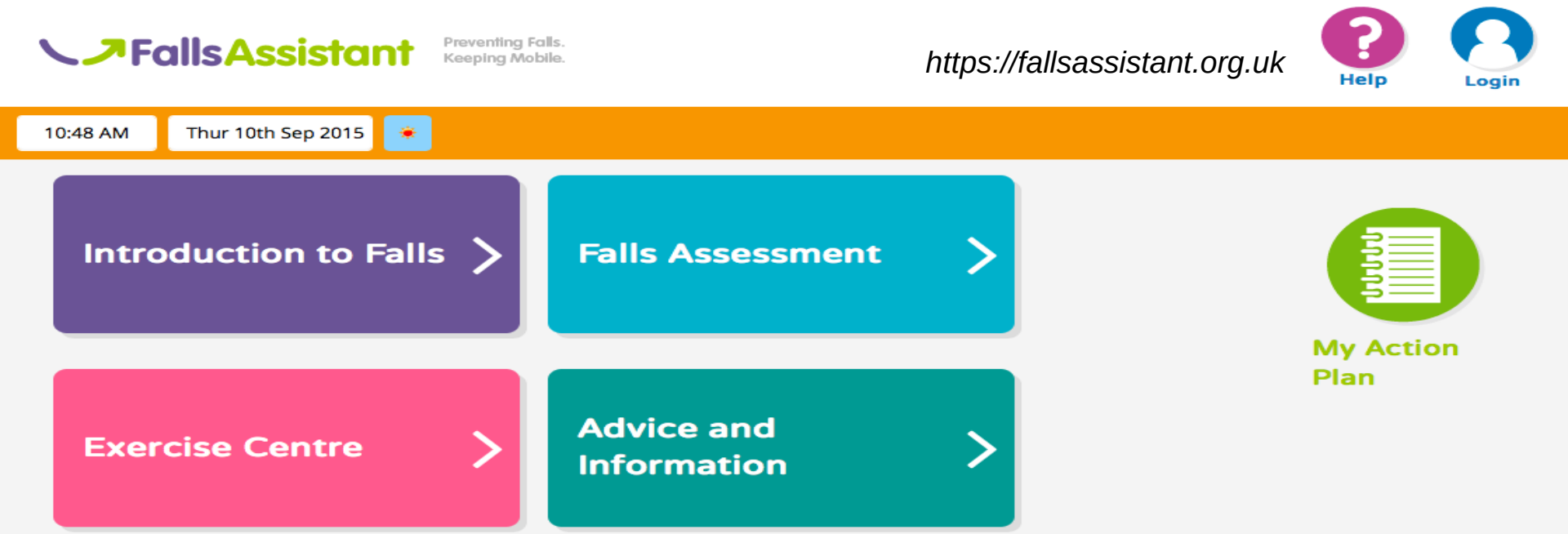
Table 2: Types of activities that can help maintain or improve aerobic capacity, strength, balance and bone health and contribute to meeting the physical activity guidelines (8)

UK Chief Medical Officers' Physical Activity Guidelines 2019; Skelton & Mavroeidi, JFSF 2019

Encouraging physical literacy and falls self efficacy

FallsAssistant Preventing Falls. Keeping Mobile.

https://fallsassistant.org.uk



Sedentary behaviour associated with reduced muscle strength, reduced bone density and increased falls and frailty.

Breaking long periods of sitting maintains/improves physical function.

Copeland 2017; Harvey 2019; Chastin 2014; Harvey 2018

Why does sit less/move more help?

Those who break up their sitting time more (even if sit for similar total time) have:

- Better physical function (they do more sit to stands in a day!)[1]
- Lower frailty levels (independent of MVPA and total sedentary time)[2]

Increased light physical activity (LIPA) is associated with:

- lower risk of obesity, CVD, cancer and all-cause mortality[3]
- better lipid and glucose metabolism[4]
- reduction in unplanned hospital admissions and future prescriptions for health conditions[5] and improved bone health[6]

[1]Harvey et al. JFSF 2018; [2]Kehler. Ex Gerontol. 2018; [3]La Monte JAGS 2018; [4]Füzéki. Sports Med 2017; [5]Simmonds. Plos ONE 2014; [6]Onambele-Pearson. Front. Physiol 2019

Make Movement your Mission

- 23rd March – with 1000+ members (now 3000+), 3 x daily LIVE movement snacks
- Each day at 8am, 12 noon and 4pm - 10-15 minutes
  - 8am – circulation boosts & mobilisers
  - Noon – warm up, functional strength and balance
  - 4pm – warm up, sway/coordination and stretches
- 23rd September – MMYM reaches 6 month anniversary
- 01st October – celebration event for International Day of the Older Person; hourly movement snacks from 8am-4pm

Make Movement Your Mission Facebook link -
https://www.facebook.com/groups/MakeMovementYourMission/
Make Movement your Mission YouTube Clips-
https://www.youtube.com/playlist?list=PLeePVUq4FvWu9uSwUK8YMwZlVjx1CKp8q

I can now get in and out of a chair without using my arms

Found I could raise and lower ankle single legged - really feel stronger

I have to hold on to my walking frame but I am doing the standing one today

Final Thoughts

Consistent messages to ALL older people – sit less, move more
Community exercise should have a focus on strength and balance
Home based exercise/activity needs supporting online (videos) or by phone/paper

Falls Services - Help patients reach effective dose of highly challenging strength and balance exercise to reduce frailty and falls

- Ensure transition on and continued exercise beyond your ‘service’
- Support patients to transition on to self directed exercise
- Support patients who are online to exercise online
- Maintain fidelity (type, intensity, frequency, duration)
- Adherence is key – support needed!

We know what works, just need to implement it!
Different programmes for primary and secondary prevention

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Chris Todd

Professor of Primary Care & Community Health
The University of Manchester

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Falls prevention amongst older people using digital technologies during COVID-19 home isolation and physical distancing

Chris Todd
Professor of Primary Care & Community Health
NIHR Senior Investigator
Health Ageing Research Group
School of Health Sciences

With thanks to Dr Lisa McGarrigle and Dr Lis Boulton

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The University of Manchester

No conflicts of interest

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National Health and Medical Research Council

NHS

SBRI HEALTHCARE

CENTRE FOR AGEING BETTER

HORIZON 2020

FARSEEING

ProFouND
Prevention of Falls Network for Dissemination

PreventIT

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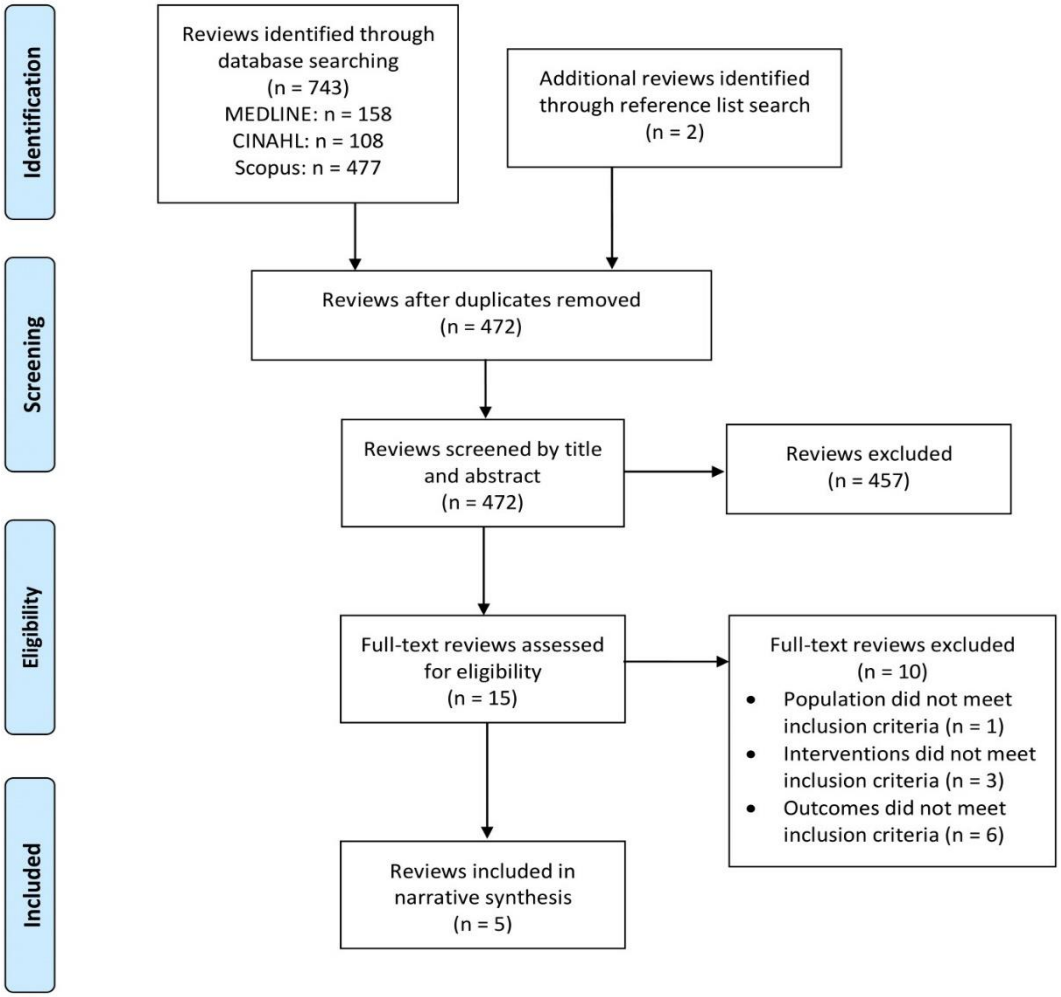
PRU Briefing for DHSC

- **Delivery of strength and balance exercises for falls prevention amongst older people using digital technologies to replace face-to-face contact during COVID-19 home isolation and physical distancing.**
- https://www.opfpru.nihr.ac.uk/covid-19-research/rr7-covid-19-technology-for-strength-and-balance/

- McGarrigle L, Todd C (2020) Promotion of physical activity in older people using mHealth and eHealth technologies: Review of reviews *Journal of Medical Internet Research*
- McGarrigle L, Boulton E, Todd C (2020) Map the Apps: a rapid review of digital approaches to support the engagement of older adults in strength and balance exercises *BMC Geriatrics*

NIHR | Policy Research Unit Older People and Frailty
MANCHESTER 1824 The University of Manchester | Newcastle University | CPEC Care Policy and Evaluation Centre

eHealth mHealth: Review of reviews



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For more information, visit www.prisma-statement.org.

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General evidence for digital exercise promotion to older people

- Mobile/smartphone apps appears to be **acceptable** to older people.
- Older people appear to **adhere** to apps (at least in the short term).
- Apps may be **effective** in decreasing sedentary time, increasing physical activity and physical fitness (over 3 or so months).
- Apps that are **theory-based**, include behaviour change techniques, clear instructions, social and professional support may be more effective
- Apps should provide exercise/activity interventions that fit in with older people's **lifestyles** and **expectations** and offer **tailored** interventions taking account of individual preferences and capabilities.
- **Positive messages** are crucial.
- Older people need to understand and **appreciate the benefits** they will gain and benefits need to be in accord with older people's own lifestyle and aspirations.
- Emphasising **staying independent-** important to many older people.
- When introducing apps to older people the **steep learning curve** must be recognised and support supplied to help them.

App searches

App Store Searches
Nov 2019 - Feb 2020
Records identified (n = 7561)
Google Play Store: n =7000; 250 results were displayed for each keyword search)
Apple App Store: n = 561

Database Search for apps in development
Records identified (n = 174)
MEDLINE: n = 58
EMBASE: n = 116

Apps selected for screening based on title and store description (n = 20)

Records after duplicates removed (n = 137)

Re-run search May 2020

Additional apps selected for screening (n = 4)
Google Play Store: n = 3
Apple App Store: n = 1

Duplicates excluded (n = 1)

Records screened by title and abstract (n = 137)

Records excluded (n = 134)

Apps excluded (n = 11)

- Required specialised equipment (n = 2)
- Not targeting older adults (n = 1)
- Aimed at specific disease groups (n = 2)
- Focus on general fitness (n = 2)
- Cannot be used independently (n = 1)
- Not exercise intervention (n = 2)
- Unavailable in English language (n = 1)

Apps downloaded and assessed for eligibility (n = 23)

Apps sought from developers (n = 3)

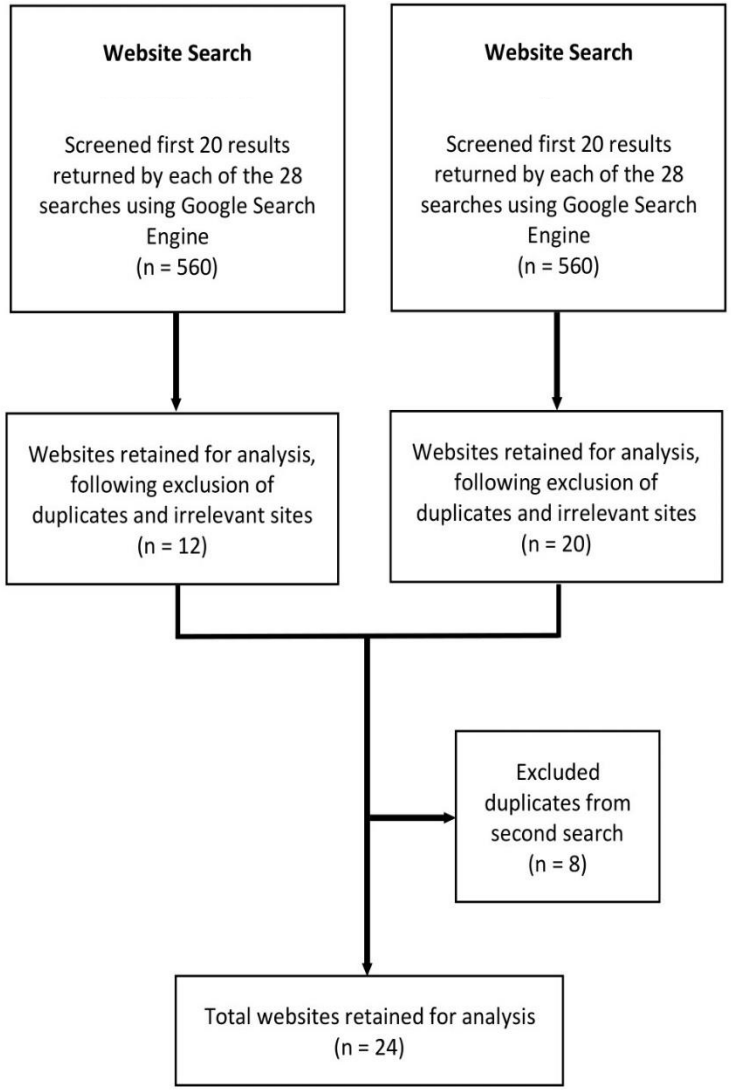
Not possible to acquire app (n = 2)

Apps evaluated (n = 12)

Apps evaluated (n = 1)

Total apps evaluated (n = 13)

Website searches



Apps

- Currently available*
  - Otago Exercise Programme
  - Nymbl Balance[1]
  - Keep On Keep Up

- Under development
  - Standing Tall

Websites

- Currently available**
  - csp.org.uk
  - fallsassistant.org.uk
  - go4life.nia.nih.gov
  - nhs.uk/live-well
  - profound.eu.com
  - betterhealthwhileaging.net
  - caringseniorservice.com
- For resources see also
  - laterlifetraining.co.uk

* Assessed using underlying evidence base, MARS & use of BCTs. **No** RCTs or evidence of effectiveness

[1] USA only

** Assessed using underlying evidence base, HoNCode & use of BCTs. **No** RCTs or evidence of effectiveness

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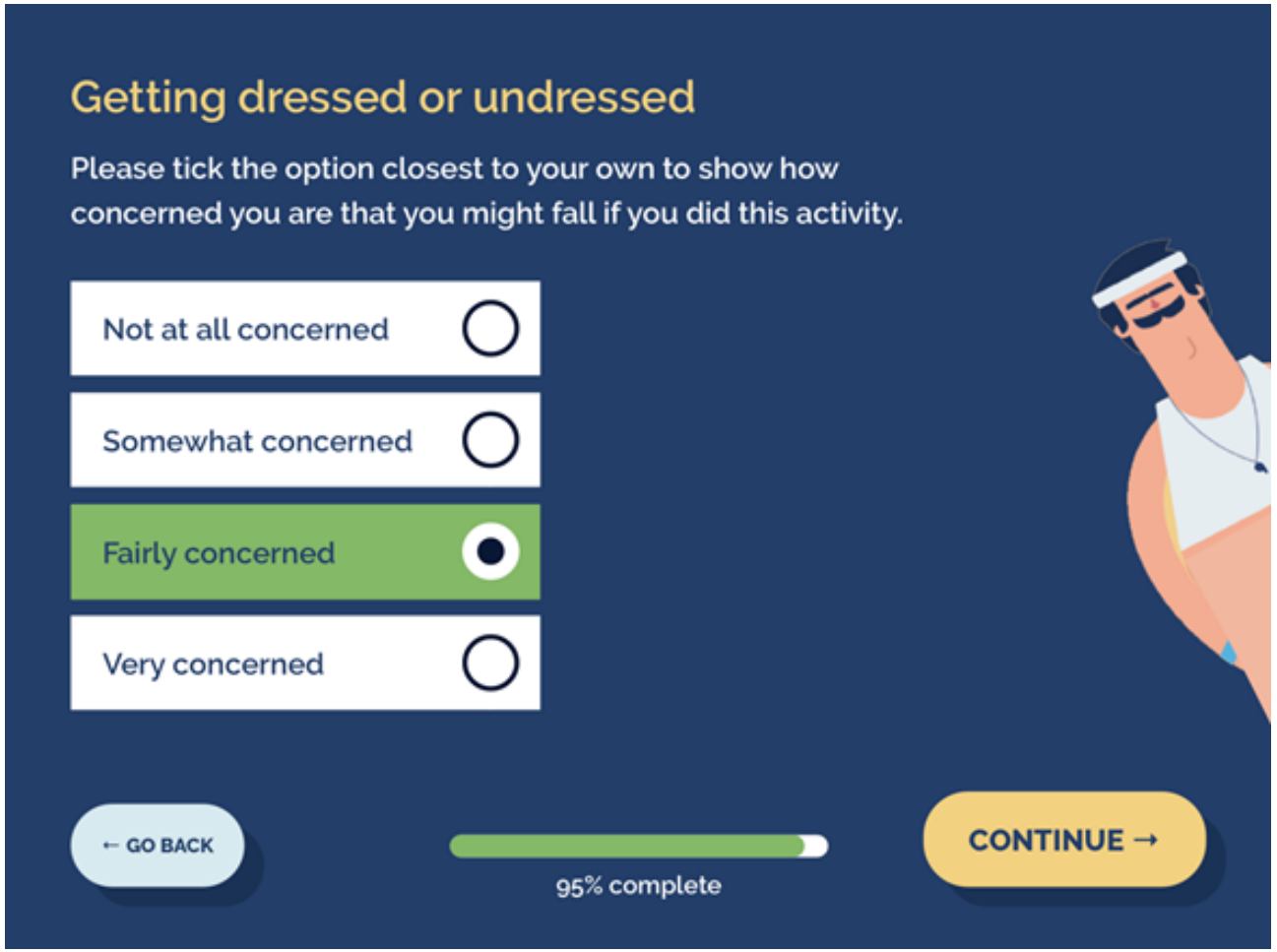
Keep on Keep Up



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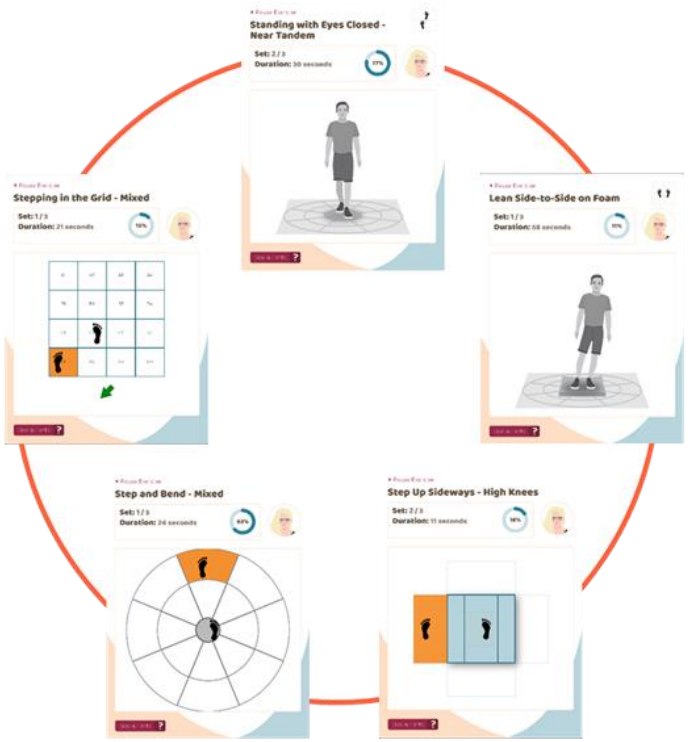
Standing Taller



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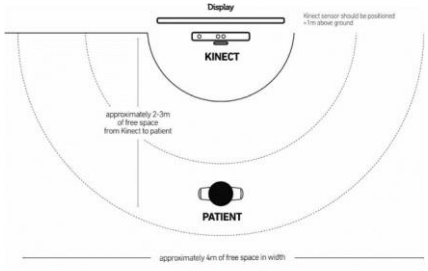
Cluster RCT of Exergame in 18 sheltered housing facilities



Improvement in Exergame group
Falls incident rate ratio **0.31 (95% CI 0.16 to 0.62)**

Balance 6.2 (95% CI 2.4 to 10.0)
Short FES-I −2.7 (95% CI −4.5 to −0.8)
VAS pain scale −12.1 (95% CI −22.3 to −1.8)

Adherence at 12 weeks 87%

Stanmore et al. BMC Medicine (2019) 17:49
https://doi.org/10.1186/s12916-019-1278-9

BMC Medicine

RESEARCH ARTICLE Open Access

The effectiveness and cost-effectiveness of strength and balance Exergames to reduce falls risk for people aged 55 years and older in UK assisted living facilities: a multi-centre, cluster randomised controlled trial

Emma K. Stanmore[1,2,3*], Alexandra Mavroeidi[1,2], Lex D. de Jong[4,5], Dawn A. Skelton[1,2], Chris J. Sutton[3,6], Valerio Benedetto[7], Luke A. Munford[8], Wytske Meekes[9], Vicky Bell[1] and Chris Todd[1,2,3]

https://doi.org/10.1186/s12916-019-1278-9

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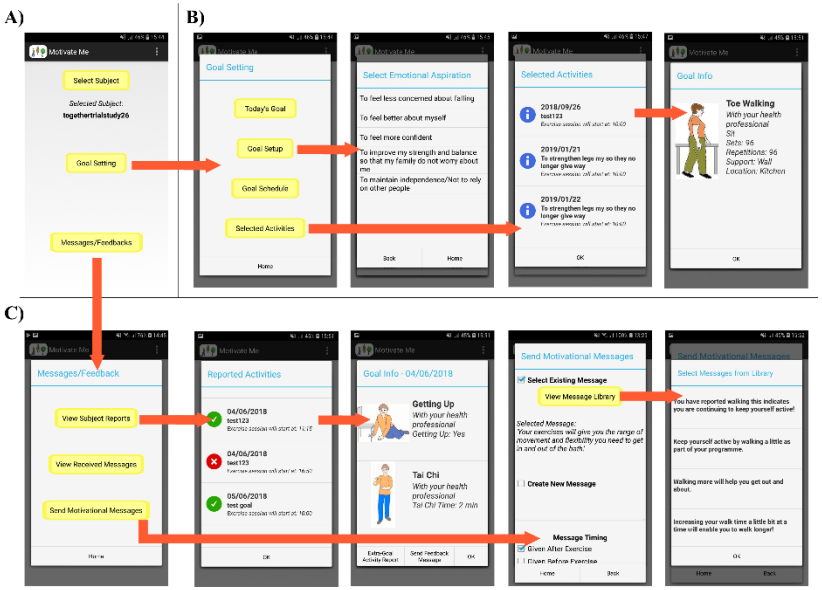
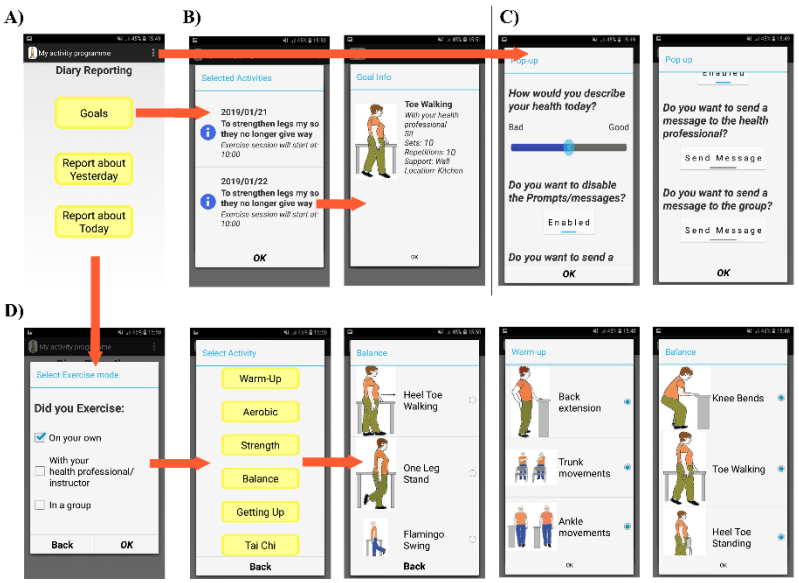
Motivate Me and My Activity apps





helen.hawley-hague@manchester.ac.uk

Conclusions

- Digital delivery better than no delivery
- Rapidly changing area
- In longer term digital could (will) become common, but needs carefully phased roll out
- Ensure co-development work with older people
- For the immediate future focus on
  1. Those already familiar with S&B, assessed and previously receiving face-to-face delivery, and stable health
  2. Relatively healthy and digitally literate capable of remote set-up
  3. Rehabilitation following hospital discharge with set-up done face-to-face in hospital

- **NB Digital exclusion and exacerbation of health inequalities**

  older, female, deprived, BaME, marginalised

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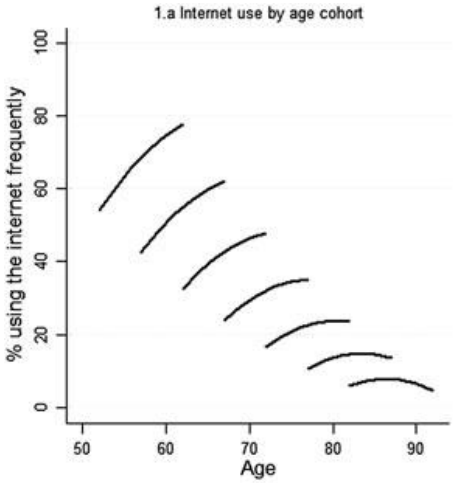
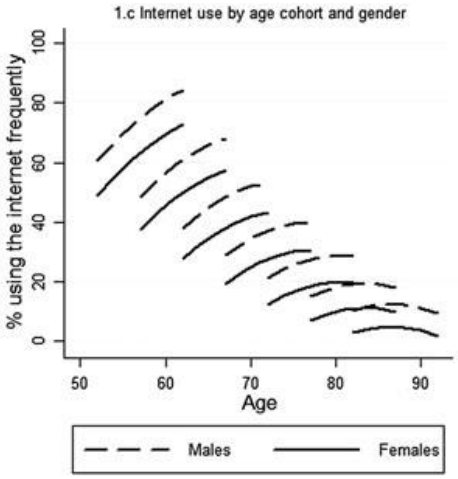
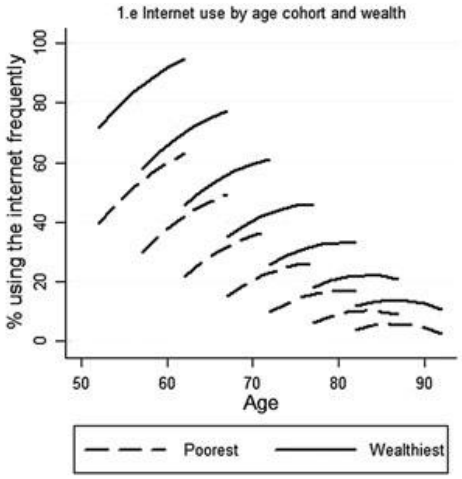
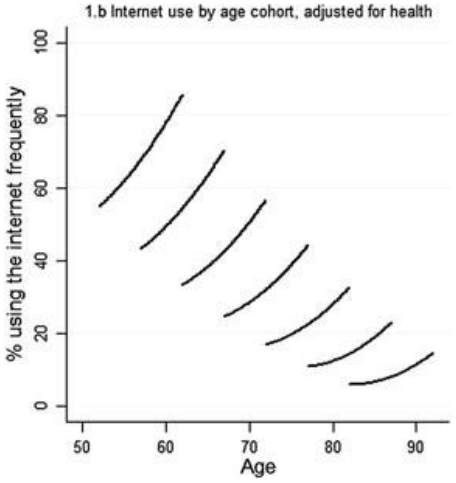
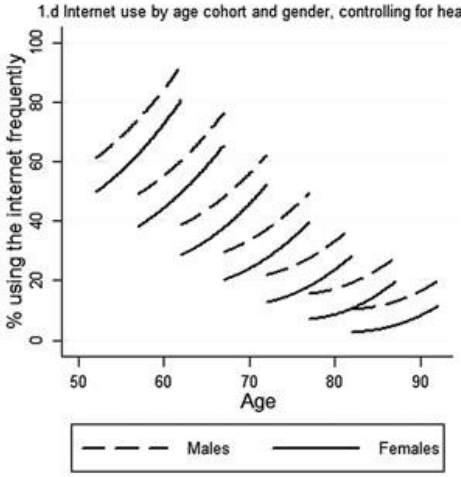
Growth curve models of frequent internet use by age cohort, gender and wealth

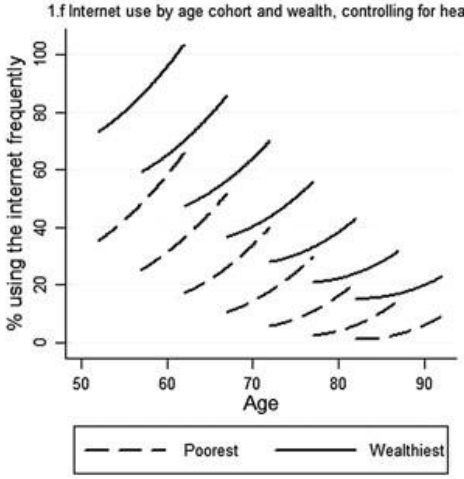












Mathews, Nazroo, Marshall. *Ageing & Society* 2018

Internet use in UK 2017

- 7.8 million people (15%) do not use internet
- 7.4 million people (14%) 'limited users'
- Non- users
  - 64% aged >65
  - 48% have a disability or long standing health issue.
  - 49% in DE social class.
  - 44.5% annual household income <£11,500.
  - 78% left education at 16 or younger

https://www.goodthingsfoundation.org/sites/default/files/research-publications/ofcom_report_v4_links.pdf

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Thank you

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ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

Bringing together skills, expertise and shared knowledge in UK ambulance services

NHS Ambulance Services response to Falls

October 2020

Cathryn James

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

Falls response governance framework for NHS Ambulance Services

The document has been developed with input from NHS ambulance trusts and members of the National Falls Prevention Coordination Group (NFPCG), which is chaired by Public Health England (PHE).

It has been produced as a key output from the NHS England and NHS Improvement Safely Reducing Avoidable Conveyance programme as an initial step in supporting access to appropriate care for people who have fallen.

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

The purpose of the document is to outline a national ambulance service approach in response to people who have fallen to ensure that they receive appropriate care, treatment and access to falls prevention services, and when safe to do so, avoid conveyance to hospital emergency departments (EDs).

FRAMEWORK

1. Articulate how ambulance trusts and partners in the health, social care and the voluntary sector respond to people who have fallen
2. Provide clarity on roles and responsibilities of ambulance trusts in relation to falls and falls prevention
3. Describe how ambulance trusts can have the greatest impact on falls and fractures
4. Support collaboration and interoperability between health systems
5. Meet the needs of people who have fallen using a system wide approach to falls and falls prevention
6. Recognise that a system-wide approach to falls is needed

Bringing together skills, expertise and shared knowledge in UK ambulance services

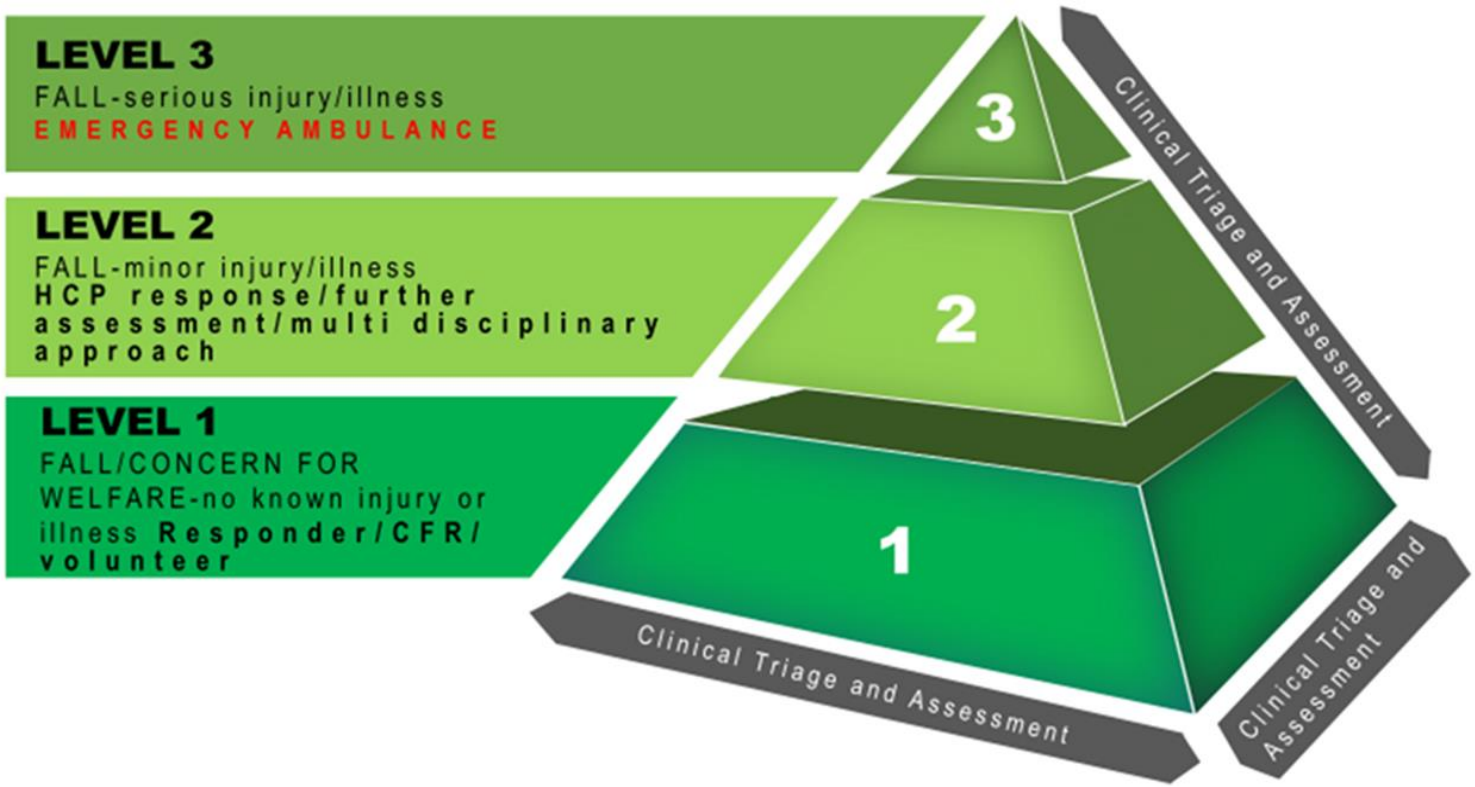
ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

FRAMEWORK

Principles in safe management of falls

The principles on which the document are based cover five domains

Falls response



Managing a fall that may require an ambulance during the COVID-19 pandemic-Falls in care and residential homes poster

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Falls in care and residential homes

- Should we always call 999 first for a resident found on the floor?
- Do residents always need to go to hospital for a check-up after a fall?
- Are we allowed to move a resident before they've been seen by ambulance staff?
- Can we give our resident anything to drink or any painkillers before the ambulance arrives?

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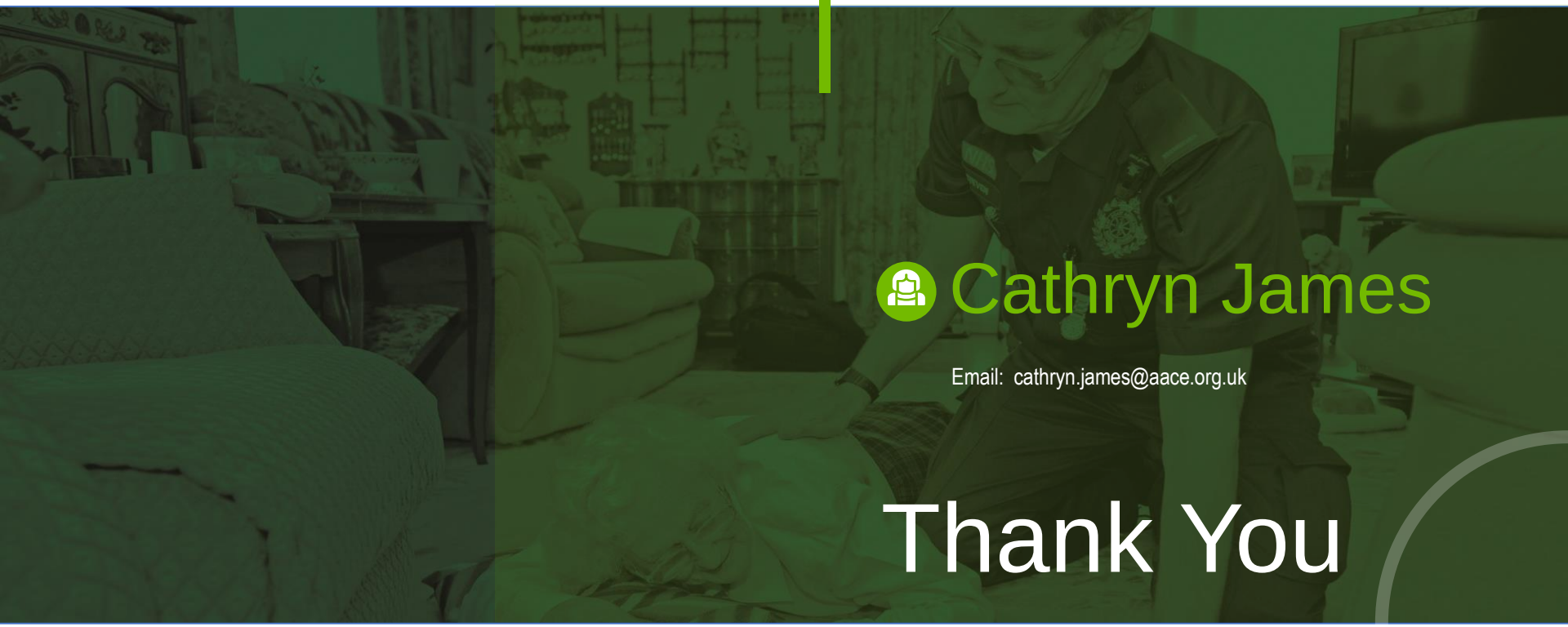
What to do if you fall-advice

- Creating a falls plan
- Getting up from a fall
- How to get up from the floor
- What to do if you can’t get up
- What to do if someone else falls

https://www.nhsinform.scot/healthy-living/preventing-falls/dealing-with-a-fall/creating-a-falls-plan

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

Bringing together skills, expertise and shared knowledge in UK ambulance services



Cathryn James

Email: cathryn.james@aace.org.uk

Thank You

Public Health England

Protecting and improving the nation's health

Dawne Garrett

Professional Lead - Older people and dementia care- Royal College of Nursing (RCN)

Discussion on a national rehabilitation strategy in response to deconditioning.

We recognise there will many implications for citizens post pandemic, for those who experienced a loss of strength and function because they,

- Have survived Covid-19
- Have ‘long Covid’
- Have long term conditions or frailty and could not access exercise
- Did not / could not access timely interventions and now have residual problems, stroke, cardiac issues etc
- Those who are shielding
- Those who could not access there usual exercise

Should we have a national rehabilitation strategy?

What would this look like?

Public Health England

Protecting and improving the nation's health

Q&A Session

National Falls Prevention Coordination Group

Further resources

All Our Health (AOH)-Falls and fractures and AOH e-learning for health module

Are you ready for the Autumn and Winter? Key questions for people providing and planning local falls prevention services during the time of COVID-19. Link is here

Strength and Balance Quality Markers paper (July 2019)

Raising the bar on Strength and Balance. Link is here

Later Life Training, 'Making Movement Your Mission'

Falls FAQs poster and NHS Ambulance Trusts Falls response governance framework

Home hazards checklist
Link to NFPCG survey

Keeping well at home booklet and PHE Exposure blog and Active at home booklet

Further resources

Accessing health and care services – findings during the Coronavirus pandemic: Executive summary and full report

Falls, NHS inform

What to do if you fall, find out what to do if you fall and can or can't get up

LLT Guidance in response to COVID-19 FaME & OEP Delivered as Virtual Exercise Programmes & Home Alone Guidance

React to falls

Further resources

COVID-19 rehabilitation and recovery

Otago Exercise Programme to prevent falls in older adults. A home-based, individually tailored strength and balance retraining programme

Promoting exercise as part of a physiotherapy-led falls pathway service for adults with intellectual disabilities: a service evaluation

The National Falls Prevention Coordination Group: Survey to evaluate the effect of the COVID-19 pandemic on local falls services

Keeping well at home guide, the University of Manchester

Thank you

If you have any questions for the NFPCG please contact us at healthcarepublichealth@phe.gov.uk