It's Never Too Late Conference – notes from the day

Morning plenary: the current landscape

Conference chair – Diana Moran, Broadcaster, Fitness Expert & Author

- Becoming active at a late age can be challenging; Age UK helps people break the barriers.
- Keeping up to date with what the research tells us.
- Looking at people's attitudes in order to develop physical activity programmes.
- Age is just a number, what counts is attitude.

Pam Creaven, Services Director, Age UK

- We want every older person to love later life; we need to be able to target more effectively and how to harness motivation
- Acknowledgement of debt owed to *Fit for the Future* (2007-13) which kick started Age UK's major physical activity work.
- We want every older person to love later life; we need to be able to target more effectively and how to harness motivation.
- Challenges represented by people living for longer – not just surviving but being able to enjoy their later years.
- The links between a healthy brain and physical activity.
- Recognition of volunteers.

Katie Pinnock, Director of UK & Ireland Charitable Partnerships, GlaxoSmithKline

- Challenge – enabling older people to make better lifestyle choices to prevent reliance on statutory services.
- Achievements – decrease in falls, increased confidence, decreased loneliness, benefits to psychological health and wellbeing.
- Main points – Loneliness is not considered by younger people and this leads to a lack of anticipation for changes in later life. The world "becomes smaller" as friends and relatives pass away.
- GSK impact awards - programmes gone national (men in sheds, befriending, singing). Age UK South Lakeland and Cheshire East were recipients of the GSK Impact award.

Lindsay Games, Head of Disability, Sport England

- Sport including active leisure i.e. walking.
- Inspire & Include - inclusive sport with £730k funding which reached 1000+ older disabled people.
- Changes to sport landscape – sport improves health and wellbeing government. Strategy focussed on moving toward an active nation and 5 outcomes including all ages, backgrounds and abilities. Grass roots level sport focussing on broad groups including disadvantaged and marginalised groups with encouraged participation.
- 29% of people over 16 are inactive, one in six deaths caused by inactivity and 70% of disabled people are over 50.
- 45% of over 65s do not take part in any physical activity.
- Future – tackling inactivity launching before end of 2016 Sport England via newsletter /social media.

Dr Mike Brannon, Deputy National Lead for Adult Health and Wellbeing, Public Health England

- Since 1960's adults are 20% less active.
- By 2030 we will be 35% less active
- Huge health issues and economic issues cause inactivity
- What we can do about it: focus on people who are inactive; do things at an industrial scale/ population level, provide opportunity
- Inactivity causes 1 in 6 UK deaths
- Physical activity has benefits beyond physical health.

- Greatest drop in physical activity is among people aged 65+ - inequalities exacerbate this.
- "Something is better than nothing" and gradual increases in physical activity in 10 minute increments, but less is OK.
- Cross sector approach at population scale – active society, not time to slow down.
- Important to create the environment, spaces in communities and cities
- Active environment "healthy towns, cities, villages".
- Active network public and voluntary sector works moving at scale entry level measurable, permanent and consistent.

Panel Q&A – questions from the audience

- Q. Do GPs often prescribe physical activity? A. (MB) Education is key; further education into the importance of physical activity is needed by health professionals.
- Q. Ensuring sustainability of projects? A. (KP) Open dialogue with stakeholders, clear framework from outset, recognition that both parties want what is best for participants
- Q. Volunteering, key insights? A. (PC) Danger of falling numbers of volunteers, recognition that skilled volunteers are the most valuable, retention and support of volunteers is key, but there is a reduction in funding to do this.

Mid-morning plenary: the links between physical activity and healthy ageing

Opening the session, Diana Moran stressed the importance of research on the relationship between physical activity and healthy ageing, encompassing physical, mental and cognitive health.

Dr Afroditi Stathi, Reader (Associate Professor) in Physical Activity, Ageing and Health, University of Bath.

Dr Stathi had two key messages. First, ageing is a process and one that is malleable, so it really is never too late to start living a healthier life. Every step taken inside or outside the home is a step in the right direction. Second, sedentary behaviour dramatically increases health risk in older people, another reason why we need interventions to support older people to be more active, also in and outside the home.

- Statistics show that older people are the least physically active of all age groups.
- Older people experience many different barriers to physical activity. These may be related to motivational, social or health factors.
- Resources are available on 'best bet' techniques for promoting physical activity to older people, and various UK initiatives are tackling the barriers.
- Project ACE, based at the University of Bath, has had positive results from testing peer volunteering as a way of encouraging less active and more isolated older people to take part in local physical and social activities, to an extent that it is being scaled up in Bristol with ambitions to roll out nationally.
- Retirement in ACTion – REACT – is a randomised controlled trial that is assessing the effectiveness of a community-based physical activity intervention to reduce functional decline in older people at high risk of major mobility limitations.
- These programmes demonstrate the importance of engaging community partners, and of focussing on sustainability in the design and running of services.

Promoting physical activity in older adults: A guide for local decision makers. Stathi et al., 2014: http://ageactionalliance.org/wordpress/wp-content/uploads/2014/03/AVONet-report-2014-March.pdf

Project ACE: http://www.bath.ac.uk/health/research/projects/ace

Project REACT: http://www.bath.ac.uk/health/research/projects/retirement-in-action

Dr Alan Gow, Associate Professor, Heriot-Watt University and the Centre for Cognitive Ageing and Cognitive Epidemiology (University of Edinburgh)

Dr Gow highlighted the evidence for the connection between physical activity and better brain function in later life.

- Cognitive ageing refers to change in our thinking skills with age. On average for the general population, some thinking skills are sustained throughout later life, while others steadily decline. Individually, however, there is a great degree of variation, suggesting that many factors influence how thinking skills change with age.

- What's important is to establish which factors are malleable as this opens opportunities to maintain cognitive health and reduce or delay cognitive ageing.
- A wide range of factors is under study with the Lothian Birth Cohort 1936, a group of older people born in 1936, who have been tested comprehensively every three years from age 70, and currently at age 79, including a battery of cognitive and physical tests, lifestyle data collection, brain scanning and much more.
- The research has found that the more physically active cohort members did better on tests of general cognitive ability and speed of thinking. In addition, they had less brain shrinkage, higher volume of grey matter and less damage to their white matter – all features of brain structure that are associated with better thinking skills in later life.
- These findings are consistent with other studies around the world. The Global Council on Brain Health has recently summarised the evidence from a large number of studies on physical activity and brain health, finding a marked consensus that an active lifestyle and regular exercise helps your mind stay fit.

Gow, A. J., et al (2012). Reverse causation in activity-cognitive ability associations: the Lothian Birth Cohort 1936. *Psychology and Aging*, *27*, 250-255.

Gow, A. J., et al (2012). Neuroprotective lifestyles and the aging brain: activity, atrophy and white matter integrity. *Neurology*, *79*, 1802-1808.

Global Council on Brain Health, 2016. The Brain–Body Connection. http://www.ageuk.org.uk/professional-resources-home/research/reports/health-wellbeing/the-brainbody-connection-july-2016/

Professor Adrian Taylor, Professor of Health Services Research, Plymouth University

Professor Taylor described a number of studies that put forward evidence that exercise can improve mental health and well-being, both acutely and chronically.

- Mental health problems are strongly associated with the number of physical conditions that people have. In a vicious cycle, low mood and stress can lead to poor diet, increased risk of alcohol abuse and smoking, and lower physical activity, leading to chronic conditions that lead to low mood and depression.
- There is an inequality issue too. People living in deprived areas are more likely to develop multi-morbidities ten years earlier than those living in affluent areas.
- Research has shown that physical activity is linked to improving anxiety, stress, cognitive decline, self-esteem, substance misuse and depression.

He described three UK randomised controlled trials to support people with a history of or current depression.

- The TREAD project investigated exercise as a treatment for depression in primary care.
- BAcPAc was a pilot trial integrating behavioural activation and physical activity promotion with people with depression.
- E-coachER is a current trial of an augmented exercise referral scheme using web-based behavioural support in people with metabolic and musculoskeletal conditions and a history of depression.

He concluded that we need to find the most acceptable, effective, sustainable, and cost-effective ways to support those with or at risk of depression to increase physical activity to improve mood.

Taylor, A. H. (2014). Multiple behavior change. In R. C. Eklund & G. Tenenbaum (Eds.). *Encyclopedia of Sport and Ex Psych*. Vol 2, pp 492-494. Thousand Oaks, CA: *Sage.*

TREAD project: Anne M. Hasse et al (2010). Rationale and development of the physical activity counselling intervention for a pragmatic TRial of Exercise and Depression in the UK (TREAD-UK). *Mental Health and Physical Activity,* Volume 3, Issue 2, December 2010, Pages 85–91.

BAcPAc project: **Pentecost C, et al** (2015). Combining behavioural activation with physical activity promotion for adults with depression: findings of a parallel-group pilot randomised controlled trial (BAcPAc). *Trials*, *16*(367), 1-15.

Afternoon parallel sessions

1. Service delivery with local health providers

This session focussed on physical activity delivery specifically with health providers. Age UK's Get Going Together project was delivered for older people with long-term conditions and this session will look at examples of where this has been integrated into the local health provision and the impact it has had on activity levels of service users.

Kelly Singh, Consultant, ICF International

- Low level activities, volunteers and non-specialist employees.
- High Level provided by trained staff. Recruitment via self-referrals/partnerships/links with social care.
- Alignment with local health and social care priorities strong key stakeholder support.
- Invest in development of key roles with stakeholders, focus on importance, build on provision, be responsive, plan to sustainability.

Dave Montgomery, Physical Activity Development Officer, Age UK Coventry

- "Ripple" Community respiratory project. Medical staff build rapport with users led by COPD consultant chaplaincy.
- CRT, LAUKs, People Point, Grapevine.
- Low key activities.
- Referrals from Ripple team, exercise prescriptions, 121 at home, "not full of sick people".
- Case Study – Helena: COPD, stroke, husband working carer, 1:1 exercise at home to build mobility, strength and coping strategies. Support and advice, Helena glad to be out, socially included and less lonely.

Richard Porter, Health Improvement Specialist (Older People), Leeds City Council

- 2011 Census 150000 older people in Leeds and over 60s 20% of population,
- By 2021 this set to rise. Mapping of isolation and poverty to address health and health inequalities.
- Richer people tend to have better physical health.
- Leeds City Council focussed on spatial planning Health and Well-Being strategy 2016-21. Seven "breakthough" projects, H&WB champion councillors.
- Aim to make Leeds better city to age in.
- "Time of our lives" priorities, Leeds social value charter.
- Leeds World Health Organisation friendly checklist. Age friendly city. Everybody active every day. Physical activity plan in deprived communities. Fall-proof campaign. Moving at scale. Social Media.

John and Connie Ross-Barnard, *Get Going Together* Participants

- Referred to age UK after doctors' visit.
- Asked to lose weight as a preventative measure.
- Given a pedometer, prescribed exercise.
- Started playing Bowls via *Get Going Together.*
- Enjoyed social aspect with other people with varying levels of ability and conditions.

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2. Physical activity delivery in partnership

Both the government and Sport England's strategies have emphasised the importance of a partnership approach. Through Age UK's Inspire & Include project, a number of exciting partnerships have been formed. In this session, delegates heard about these partnerships, how they were made and how they've helped older disabled adults to become more active.

Dr Rachel Arnold, Lecturer in Sport and Performance Psychology, University of Bath
Dr Jessica Francombe-Webb, Lecturer in Sport and Physical Culture, University of Bath

- Project 'Inspire and Include' (2013-June 2016) – increase the number of older people involved in physical activity, creating sustainable partnership.
- 10 local Age UKs were involved in the project.
- Impact of the partnership – planning, sharing resources, sharing expertise (Sport England, County Sports Partnership, National Governing Body).
- The partnership increased the awareness of the staff and the sustainability issue.
- Sharing the load was a key strength of the partnership.
- Referrals – some could have engaged in doing more referrals.

Karen Kenny, Services Director, Age UK Mid Mersey

- Walking Cricket Partnership – 2015, introducing Walking Cricket.
- The idea was to play it indoors.
- Managed to get a local community venue.
- Had a lot of local interest and got an article appeared in Lancashire Cricket Club Website.
- Rainford Cricket Club helped organize it and provide the rules of the game.

Laura Gleeson, Senior Development Manager, Age UK Blackpool

- Inspire and Include – over 50s Table Tennis session.
- Table Tennis England made the initial contact with Blackpool.
- They trained the Health and Wellbeing staff, they purchased the equipment and helped with promoting the session (promotional material).
- Now it is a self-sustained session (weekly 1,5 h session), new players still come in.
- Walking Football – formed in 2013, for men over 50; now self-sustained and increasingly popular; got a BBC coverage.

John Myatt, Club Secretary, Wakefield Walking Football

- Walking Football – presented himself as a 'Walking Football' addict and a changed man.
- The change from a busy, stressful and unhealthy style of life, that includes the episode of a heart-attack, to discovering Walking Football.
- 40 members registered, 15 attendees at every session.
- Positive partnership with Age UK Wakefield District, West Yorkshire Sport, West Riding FA, Sport Mates.
- The group is self-sustained now.
- Wish to get more referrals in and working with Age UK for that.

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3. Physical activity interventions for people with long-term health conditions

One in five people in England have a long-standing limiting disability or illness and 70% of these are over 50 years old. Prevalence of long-term conditions increases over the age of 50 and this can become and additional barrier to being active. This session considered physical activity programmes designed for older people with specific conditions and how they supported them to become more active.

Sarah Wheatley, Community Development Officer, Age UK Oxfordshire
Sally Bromley, Chair, Parkinson's UK Oxford and District Branch
Lesley Hoare, Clinical Lead Physiotherapist, Oxford Health NHS Foundation Trust

- Sarah, Sally and Lesley talked about the Age UK Oxfordshire and Parkinson's UK *Inspire and Include* funded project.
- Group exercise for people living with Parkinson's disease.
- 12,000 people in Oxfordshire have Parkinson's.
- Initial 6 week course.
- Addressed the need for sustainability in these kinds of projects.
- The course is subsequently growing across Oxfordshire with the help of NHS Oxfordshire – partnerships sharing knowledge and expertise.
- 'Exercise as a medicine'.
    - Regular and high intensity is best.
    - Use of 'big' movements to counteract the small movements caused by the disease.
- What is Parkinson's?
    - The four pillars of treatment – medicine, psychological, lifestyle, exercise.
    - First steps for newly diagnosed people: see a nurse, small classes; focus on living with the disease.

Justin Webb, National Engagement Manager, Macmillan Cancer Support

- There has been an increase in diagnosis but also an improvement in treatment.
- 'Living well' rather than just surviving.
- Being active is key.

- Factors which effect activity include; physical environment, physical symptoms, personal networks.
- Engaging with healthcare professional is key – patients hearing things from these people carries a lot of weight.
- Teaching about the possible improvements brought about by physical activity has positives on people's activity levels.
- Being active at home – people may be uncomfortable doing exercise in public places, small differences e.g. taking the stairs instead of a lift.
- Cancer specific sessions are provided but standard ones are aswell, some people prefer to get away from discussion about their condition.

Hayley Jarvis, Community Programmes Manager (Sport), Mind

- Peer support – using your own experiences to help each other.
- The project has got 75,000 people with mental health problems active.
- Local delivery – working with 8 partners in priority regions.
- Participants have shown increased confidence.
- Not just related to age; addiction charities, other serious mental health problems.
- Participants reported having greater motivation.
- Peer sports navigators – 114 of them, motivated by their own experience of mental health to help out, support is provided to help volunteers as well as participants.
- Online support – Elefriends online community.
- Training and support of volunteers is important, but it is also important not to lose the 'organic' nature of support.

Steve Hudson, *Inspire & Include* participant

- Sailability – Mylor.
- Easy to attend – transport and equipment provided.
- The team won races in the Mylor boat club and participated in the Falmouth Regatta.
- Encouraged everyone to take on challenges outside of their comfort zone.

Closing plenary: going forward

The final session explored barriers that older people face in becoming physically active and practicalities surrounding how service providers can support people to engage in physical activity. It concluded with three messages of hope on ageing and physical activity.

Anastasia Knox, Associate Director of the insight and strategy consultancy BritainThinks

Anastasia described key findings from research that they conducted on behalf of the Richmond Group to develop and test messages around promoting physical activity for older people with long term conditions (LTCs) who rarely or never exercise.

- 61% of the older people with LTCs who participated in the research were unhappy with the amount of physical activity they do and would like to do more.
- The terms "exercise" and "physical activity" had generally negative connotations.
- The strongest barriers to physical activity relate to the symptoms associated with the LTCs.
- For the participants, preventing their conditions from deteriorating and improved mobility were the top reasons for physical activity.
- Successful messages speak to everyone, regardless of ability or demographic variables. They combine positivity with realism, sound credible, recognise limitations and speak to people's aspirations for their own lives.
- Weaker messages are messages that challenge people's own experiences, are patronising or bossy, that imply that people's lives are unsatisfactory in some way or that are based on threat.

David Terrace, Richmond Group Sports and Activity Lead, Age UK

The Richmond Group of Charities is a coalition of 14 of the leading health and social care organisations in the voluntary sector. David described the Group's work, which builds on the Britain Thinks research, to address behaviour change given that older people with LTCs often perceive that factors against taking up physical activity outweigh the factors for. This is despite awareness that physical activity is beneficial and inactivity has risks. A different approach in

supporting older people with LTCs to be active is therefore needed, combining an appropriate behavioural change model with insights from the research.

To this end, the Richmond Group has adopted the COM-B behaviour change model and is using it in a framework that it is developing to achieve consistency among multiple stakeholders in enabling inactive older people to be more active. The stakeholder groups in question are health and care professionals, physical activity providers, individuals and members of individuals' networks (e.g. family, carers)

David's concluding messages were that targeting people who do less will lead to greater benefit than targeting those who are moderately active, and that we must look at the issues from the individual's perspective, working with and not against their symptoms.

Professor James Goodwin, Chief Scientist, Age UK

Professor Goodwin concluded the conference with overarching evidence that it really is never too late to take up physical activity, summarised in three broad points.

1. We can control how we age. Ageing is a process, starting in youth and continuing across the life-course, in which we can take control of factors that modify how well or poorly we age. As 25% of determinants of longevity are genetic and 10% are childhood factors, 65% are lifestyle and environmental factors, some of which are malleable. Dan Buettner has found the five places in the world where people live longest and are the healthiest – 'Blue Zones'. In these communities, people move naturally for long periods daily.

2. Exercise is a silver bullet (almost). Research has shown that physical activity across the life-course improves life expectancy even in the presence of LTCs, ameliorates cognitive decline and improves the management of disease.

3. It's never too late, whether to slow down our rate of ageing or to take up exercise, or increase the amount of exercise taken. You just have to do whatever you can.

In Q&A, we noted that it is very challenging to find and engage with inactive people. This is something which may be overcome through effective messaging, and an understanding of motivations. The physical activity itself may not be the end product, but the means or the by-product of another more social activity.

The question was also raised as to whether to target messaging at individuals or carers? The Britain Thinks research found that people with LTCs may be resistant to the message so it would be important to support the carer to support the individual. GPs are seen as a trusted source to deliver messages. James Goodwin said it was often a temptation to focus upon the message alone, when often the context in which it is delivered is equally important.

Sustainability of grant-funded services is a perennial issue. To improve the sustainability of services into the future will need concerted, partnership effort for system change. Age friendly communities principles and design approaches need to be embedded in infrastructure, to provide environments and that will enable people to do more for themselves and incorporate activity into their daily lives.

Finally, on the issue of GPs selecting pharmaceutical over social prescribing (e.g. prescribing exercise classes), effecting a shift to the latter is likely to be a long-term transition as GPs don't have guidelines for (pharmaceutical) "de-prescribing" and the concept of social prescribing has not yet filtered through to medical education in any widespread way.