Healthy Ageing

Active Lives Project report

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PURPOSE

This report provides an internal summary on the collaborative working of the Wessex AHSN (Academic Health Science Network) Healthy Ageing team, with the University of Southampton CCCAHP (Centre for Clinical and Community Application of Health Psychology) research team lead Dr Katherine Bradbury, on the Active Lives project between April 2020 – end March 2021.

Dr Katherine Bradbury will continue to develop and enhance the implementation work started on Active Lives in Wessex as part of the portfolio of the NIHR ARC Wessex, Ageing and Dementia theme [1](July 2021).

EXECUTIVE SUMMARY

During this novel project implementation phase (October 2020 – April 2021), and considering organisations the project engaged with, early indicators showed the most effective way to reach the greatest numbers of individuals was signposting by healthcare professionals. It is recommended that organisations explore all health and social care pathways. From our work, it is evident that no one formula will suit all, thus the development of an implementation toolbox of options, allowing organisations to utilise promotional tools most suited to their own needs and pathways, together with identifying champions to lead the signposting, will be key in optimising spread and uptake.

[1] https://www.arc-wx.nihr.ac.uk/

CONTENTS

1. An Introduction to Active Lives

1.1 Why is being active so important for those over 65?

There are many references that align to the importance of physical activity in later life. Some examples are shown below:

"The importance of physical activity (PA) for health is well documented. There is strong evidence that PA in later life reduces the risk of disease, helps manage existing conditions, and develops and maintains physical and mental function."[2]

"Many older adults are physically inactive and experience health problems which could be prevented/improved if they were to increase their activity. These problems are costly to individuals, the NHS and social care services. An effective support for increasing physical activity which is easy and cheap to deliver at scale is needed. Older adults are the fastest growing group using the web, so a digital tool could be a solution."[3]

"Physical activity and exercise can help you stay healthy, energetic and independent as you get older. Many older adults aged 65 and over, spend on average, 10 hours or more each day sitting or lying down, making them the most sedentary age group. They're paying a high price for their inactivity with higher rates of falls, obesity, heart disease and early death compared to the general population." [4]

Strikingly, during the Covid-19 pandemic of 2020 / 2021, advice for those 65+ has been to "stay home and stay indoors". However, there is a risk that this more sedentary, socially isolated way of living has caused further loss of strength and balance to individuals who may have already been living with some degree of frailty or had low physical activity levels. "Rehabilitation will be needed for those who have become deconditioned due to movement restrictions, social isolation, and inability to access healthcare for pre-existing or new non COVID-19 illnesses"[5]

1.2 Finding a digital solution to promote physical activity in older adults in Wessex

In a report on physical inactivity published by the UK government in 2019[6] data showed people became more physically inactive the older they were – 15% of people aged 16 to 24 years were physically inactive, compared with 29% of those aged 65 to 74 years. People aged 75 years and over had the highest percentage of physically inactivity at 52%.

To meet the needs of adults as we age, a variety of approaches to promote physical activity is needed, with an offer of exercise initiatives and digital solutions to meet all needs. Innovations are needed providing an effective, evidence based, cheap to deliver at scale solution.

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[2] https://eurapa.biomedcentral.com/articles/10.1186/s11556-020-00249-3

[3] Research proposal 'Implementing a Digital physical Activity intervention for older adults (IDA)' Dr Katherine Bradbury, University of Southampton CCAHP research team lead

[4] https://www.nhs.uk/live-well/exercise/exercise-as-you-get-older/#:~:text=There's%20strong%20evidence%20that%20people,re%20advised%20to%20keep%20moving

[5] https://academic.oup.com/ageing/article/49/5/696/5848215

[6] https://www.ethnicity-facts-figures.service.gov.uk/health/diet-and-exercise/physical-inactivity/latest#:~:text=age%20group%20Summary-,This%20data%20shows%20that%3A,aged%2065%20to%2074%20years

The solution needs to address concerns older adults may have about insufficient perceived capability/ fear of injury and be engaging to this age group. Older adults are the fastest growing group using the web, so an easy-to-use digital tool could be a solution.

Active Lives is an easy to use, low cost, evidence based digital intervention, shown to be effective and safe for use with older adults in modifying behaviour and promoting increased physical activity levels. In a trial conducted with 360 older adults, Dr Katherine Bradbury, University of Southampton research team lead, found that Active Lives overcomes problems other digital interventions not specifically designed for older adults have, for example, being too intensive and likely to cause harm.

Before the collaboration with the Wessex AHSN, sixty older adults were interviewed who had low physical activity levels, long-term conditions and in many cases, mild cognitive impairment. These interviews found Active Lives is acceptable feasible and motivating. At 12 months, compared to the control group (usual care plus brief advice leaflet), those who used Active Lives increased strength training (54 minutes per week), moderate activity (173 minutes per week, 26 minutes of which was walking) and vigorous activity (54 minutes per week) when compared to the control group. Active Lives was well used and caused no harm. Dr Katherine Bradbury requested Wessex AHSN support to deliver a project with the aim of learning which were the most effective pathways resulting in the use of the Active, when signposting individuals in real world settings to Active Lives.

1.3 What has been the approach and who was involved?

Development of the intervention and implementation pathways:

Developed from a suite of tested interventions called Active Brains

- The University of Southampton research team tested Active Brains on 360 people 65+ with low physical activity levels, long term condtions and in many cases with mild cognitive impairment

Active Lives created

- A stand-alone intervention to promote physical activity in older adults
- Including additional integrated quantifiable questions, allowing the research team to analyse, monitor and learn lessons about early spread and adoption of the intervention

Wessex AHSN support

- Funding to aid the decoupling of Active Lives from Active Brains
- 0.4 WTE project management support to facilitate early implementation of Active Lives in Wessex, helping identify best implementation routes
- Coordinating a stakeholder group, production of materials to support (leaflets, information sheets for referrers etc.), identification of potential partners, and recording of barriers, facilitators and success stories (Wessex AHSN in collaboration with the University of Southampton research team)

University of Southampton research team

- Understand whether the intervention is effective in reaching and promoting increased physical activity levels in those 65+in a real-world setting

DEVELOPMENT OF A STAKEHOLDER GROUP TO INFORM AND TEST EARLY IMPLEMENTATION ROUTES:

Wessex AHSN set up and facilitated a stakeholder group to help inform and test early implementation pathway design. The group included clinical champions from physiotherapy services in West Dorset and Salisbury, social prescribers in Hampshire and representatives from charitable organisations in Hampshire/ Isle of Wight and Southampton. This group supported efforts to learn from and integrate Active Lives into their service signposting pathways promoting physical activity in older adults. Wessex AHSN held regular meetings throughout the duration of the project both with the research team lead at the University of Southampton and the stakeholder group, to gain rapid insight into learning.

DEVELOPMENT OF PROMOTIONAL MATERIALS TO SUPPORT THE IMPLEMENTATION APPROACH:

A set of promotional posters, designed together with PPI (Patient and Public Involvement University of Southampton PPI group), were developed during June - July 2020, to help disseminate key messages about Active Lives accurately to both collaborators signposting others to Active Lives, and to participants directly (including a guide on how to access the website).

These materials were reviewed within the first 3 months of project initiation and updated in areas where feedback showed messages had been misunderstood (e.g. confusion between preview link for collaborators and link for participants). Two separate links and sets of promotional materials were developed, **(Appendix 1)**. One set for those signposting to Active Lives with NHS clinical backgrounds and a second set for those with non-clinical backgrounds, in line with ethical considerations on the University of Southampton research proposal.

A promotional pack of resources including a video **(Appendix 2)** , have also been developed in collaboration with the University of Southampton CCAHP team research lead on the project, Dr Katherine Bradbury, as a resource to support spread and adoption of Active Lives. Resources are freely available and can be downloaded from Wessex AHSN website till September 2021 and then from the dedicated Active Lives website. They will be promoted via social media campaigns and within the Wessex AHSN Heathy Ageing community of practice. One organisation plans to use the video resource within their training packages to GP's and social prescribers. The resource pack will also be available for other AHSN networks and wider national organisations promoting Active Lives within their regions via the Wessex AHSN website.

2.THE DETAIL OF IMPLEMENTATION ROUTES EXPLORED WITHIN WESSEX

2.1 EARLY IMPLEMENTATION PATHWAYS EXPLORED

Utilising and building on existing Wessex AHSN partnership working relationships, provided a basis on which to introduce the innovative approach. **TABLE 1** describes the initial three implementation pathways set up July 2020-December 2020 and highlights key enablers and barriers identified within these services.

"*There is no singular formula for successful spread. But shining a light on some of the factors that support it can help us think more deeply about the different possible approaches and the wider system conditions needed to ensure transformative change reaches more patients.*"[7]

[7] https://www.innovationunit.org/wp-content/uploads/Against-the-Odds-Innovation-Unit-Health-Foundation.pdf#page=22

TABLE 1

Key Stakeholders	Pathway design	Key enablers	Key Barriers
1. Physiotherapy teams from West Dorset, South Wiltshire and Hampshire (Dorset County Hospital, Salisbury Hospital and Southern Health NHS Foundation Trust)	Utilising existing collaborative relationships between Wessex AHSN and physiotherapy team leads from acute and community musculoskeletal teams, leads were invited to: • Design a signposting pathway for Active Lives within their service, with promotional materials and tailored paragraphs provided to add to their service letters/ bulletins • Join a stakeholder shared learning group, attending monthly meetings	• Engaged Team leaders joined the stakeholder group or nominated a clinical champion to join the group • Implementation pathway through a tailored paragraph added to physiotherapy waiting list letter, signposting service users to Active Lives • Use of promotional materials to support signposting when a service user was seen on a 1:1 basis • Personalised virtual meetings with individual service leads, helped identify clinical champions, and formed a collaborative network of support through the stakeholder group and within the challenges of the Covid-19 pandemic	• Some services unable to identify a clinical champion to lead on the project and disseminate learning • Covid-19 pandemic: - The unpredictable, sustained and changing nature of a global pandemic created increased work pressure and demands on health, care, and research services, on a scale not experienced before - Pressure on services to adopt new ways of working, guidance, and projects simultaneously and pressure to respond to new demands placed on services by Covid-19 - There has been a risk information about Active Lives within bulletins and newsletters is lost amongst the large volume of other new concurrent information
2. Charitable organisations in Southampton and Portsmouth (Communicare, SAINTS Foundation, and Unity)	Utilising existing partnership working relationships between Wessex AHSN and charitable organisations, leads were invited to: • Design a signposting pathway for Active Lives within their services with promotional materials and tailored paragraphs provided • Join a stakeholder shared learning group, attending monthly meetings	• Engaged leaders willing to join a stakeholder group • Leaders willing to trial postal campaigns and signposting through websites	• Digital support options not the usual form of support for some charities (primary support through telephone calls, postal letters, and, prior to Covid-19 restrictions, luncheon clubs / groups and group exercise classes) • Some charitable organisations dependent on CCG / lottery funding or other financial gain from adopting innovative approaches (e.g. Lottery funding for a charity to provide exercises for older adults via a radio programme was prioritized above Active Lives promotion not perceived to offer income generation for the charity) • Promotion via websites and bulletins without clinical champions to support showed very limited uptake • Growth of digital literacy support programmes (e.g. Barclays digital eagles programme) still developing at the time of early implementation

Key Stakeholders	Pathway design	Key enablers	Key Barriers
3. Social prescribing networks in Hampshire and Isle of Wight	Utilising existing partnership working relationships with Wessex AHSN, leads from social prescribing networks helped: • Inform social prescribing networks about Active Lives • Promote Active Lives via news bulletins and webinars, helping identify clinical champions	• Engaged clinical champions willing to join a stakeholder group	• Limited reach when individual social prescribers working on 1:1 basis with referrals signposting individuals as appropriate • Additional demands on social prescribing networks prioritizing their role in Covid-19 vaccine roll out programmes from December 2020 – March 2021 over other work streams

A key enabler to this work has been the Covid-19 pandemic creating an increased requirement for interventions to address the deconditioning pandemic. "The coronavirus disease 2019 (COVID-19) pandemic and the response to the pandemic are combining to produce a tidal wave of need for rehabilitation. Rehabilitation will be needed for survivors of COVID-19, many of whom are older, with underlying health problems."[8]

2.2 Outputs from implementation pathways:

"This is a low effort great return solution for physiotherapy teams. A solution that allows those on our physiotherapy waiting list to stay active whilst waiting to see a physiotherapist. All physiotherapy teams should follow suit." ***Clinical champion Dorset County Hospital, Chris Brooks***

At the time of writing this report:

- 119 people have actively engaged and used Active Lives
- 133 potential collaborators have reviewed the Active Lives collaborators preview link
- Of those actively engaged (119) using Active Lives 51% were female, 21% were male and 28% chose not to report their gender
- Early observations of the data indicate participants continue using Active Lives after initially engaging with the intervention. Data relating to how long participants continue to engage with the approach was outside of the scope of this report.

Table 2 provides a breakdown of what we can learn about how older people came to hear about Active Lives. When logging in to Active Lives for the first time, participants are asked to complete an optional question, "How did you find out about Active Lives?".

Table 2: How people heard about the website

n=98 (82% of 119 respondents who answered the question)

Route specified	% Reported from this route (of 98 people)
From a friend/relative/colleague	10%
Health/social care worker	39% gave this answer, some of these people also specified a practitioner who treated them

[8] https://academic.oup.com/ageing/article/49/5/696/5848215

	- 25% Physiotherapist - 3% Social Prescriber - 1% Occupational Therapist - 1% Radiographer - 1% Consultant Geriatrician - 8% Primary Care staff - 1% Therapy Centre (unspecified)
Community group/charity	10%
Place of work	21%
Other	20% (most of these people specified a practitioner who treated them, so should have answered 'health and social care worker')

All main implementation routes explored showed some return on effort, however where a health/ social care worker referred an individual greatest uptake was shown. Mailshots by trusted organisations received some uptake of advice by recipients but had minimal impact.

It is recommended, that a larger sample of data is required to draw firmer conclusions.

Dr Katherine Bradbury (University of Southampton CCCAHP research team) working collaboratively with Cherish Boxall (NIHR pre-doctoral fellow), plan to conduct qualitative interviews (funding decision pending June 2021) with Active Lives champions (those who have attended and contributed to the stakeholder group July 2020 – December 2020), adding to and substantiating quantitative data in the above tables during the summer/ autumn of 2021.

3. Other implementation routes and reach beyond Wessex

Other implementation, spread and adoption routes explored and facilitated by the AHSN included:

- **Active partnership networks in Hampshire (Energise Me), Dorset (Active Dorset) and Oxfordshire (Active Oxfordshire)** There are 43 Active Partnerships across England who work collaboratively with local partners to create the conditions for an active nation using the power of sport and physical activity to transform lives. It is hoped that successful engagement with Active Lives in one region can then be shared across the network nationally. Three Active partnerships actively engaged with Active Lives during Wessex implementation, with Energise ME and Active Dorset attending some initial stakeholder group meetings. Promotion of physical activity is integral to the core values of these organisations, networking/ training other organisations and services in their regions on the importance of physical activity and promoting physical activity initiatives

- **Public Health England (PHE) local and national representatives** PHE already supports several projects to promote physical activity. Conversations initiated by Wessex AHSN helped determine whether Active Lives could form part of the PHE local promotion work in campaigns such as the Live Longer Better campaign, and publishing of Active at Home booklets. At the time of engagement no clear route to market was discovered. To ensure dissemination and growth on a larger scale, commitment and a perception of need from strategic leads and within PHE health promotion pathways, will be required together with additional funding and staffing to resource national spread and adoption

- **Versus Arthritis –** Limited interest by the national lead at time of engagement as other initiatives such as 'Let's move with Leon' had already been initiated during the Covid-19 pandemic. Suggest this is explored further.

Other AHSN networks (**Oxford AHSN** and **Health Innovation Network (HIN)**, were interested in further involvement with the Active Lives project following initial Wessex implementation learning. Active Oxfordshire engaged and was willing to look at developing signposting to Active Lives within their physical activity pathway during 2021.

4. SUSTAINABILITY, FUTURE GROWTH AND FURTHER CONSIDERATIONS

To further spread awareness of Active Lives:

- Development of the Active Lives website and branding with supported PPI involvement
- Targeted media campaigns using promotional materials developed
- Promotion of the academic publication (once published) are needed.

Below are some further considerations being considered by the **University of Southampton research team** in 2021:

- **GP texting services** to enable the dissemination of Active Lives through GP practices
- **Consider and act on existing strategic partnership organisation priorities – How can Active Lives fit within these contexts?** Muir Gray and the Live Longer Better project with national partnership engagement including; Hampshire County Council Public Health England Senior Lead; Hampshire and Isle of Wight Strategic transformation partnership (STP) priority to help people live in good health, Dorset Integrated Care system priority to improve prevention and support people to live independently, PHE National Falls network with a priority in falls prevention
- **Continued development and updating of promotional materials pack resulting from any further learning** to suit individual service design pathways, ensuring those already engaged have any new updates being disseminated
- **Continue to build on and engage with Physiotherapy leads across Wessex** to consider how Active Lives can be incorporated into Physiotherapy waiting list letters across Wessex as a suggestion (building on work initiated with the DCH implementation pathway, shown to be the most effective implementation route to date).
- To connect bigger strategic partners and other AHSN networks with early implementation learning and engage the early majority, **consider how the National AHSN network can be engaged**
- **Further qualitative interviews with the early stakeholder group** are planned in the summer/ autumn of 2021 (pending funding agreement June 2021 from the University of Southampton) to add to learning from quantitative data and stakeholder group meetings. Once assimilated, learning will be shared with Wessex AHSN and a wider audience via an academic publication, media/ social media channels and press releases.

5. CONCLUSION

It is recommended that the **key enablers to a successful implementation** of Active Lives digital solution for the older population could include:

- Engaging team leaders able to nominate clinical champions to help design and implement signposting pathways in their services

- Recommendation of the solution by professionals and champions promoting physical activity as part of their role e.g. physiotherapists and social prescribing link workers
- Establishing wider scale spread, commitment and a perception of need from strategic leads in clinical leadership positions within health and care and Public Health services
- Signposting Active Lives by a trusted professional or within the guidance given by trusted professionals
- Engaging with key contacts from trusted partnership working relationships able to identify clinical champions who can lead the signposting and help design implementation pathways
- During the pilot testing of implementation routes, forming a stakeholder group to ensure rapid learning and share insight was invaluable.

Consideration of potential barriers to implementation:

Below is a summary of the barriers encountered as part of the implementation approach that should be considered as part of wider spread:

- Implementing a solution when pressure on services to adopt new ways of working, guidance, and projects simultaneously whilst responding to new demands and changes placed on them during the Covid -19 pandemic
- Utilising bulletins, newsletters and noticeboards as a sole method of signposting without identifying clinical champions to lead the change
- There is limited reach when signposting on a 1:1 basis within services by lone champions
- Charitable services dependent on securing an income from disseminating a solution to maintain their service delivery

Key learning:

This project examined the optimal implementation pathways, identifying barriers and enablers to implementing a promising evidence based digital solution to promote physical activity in older adults (Active Lives) during a small implementation pilot in Wessex. Valuable lessons have been learnt, with learning gained distilled into a promotional pack (appendix 2) to help colleagues spread and adopt Active Lives in other areas across Wessex and nationally.

APPENDICES

Appendix 1	**Promotional materials NHS services collaborators** • **NHS Collaborators Information sheet Active Lives** • **NHS Participant poster Active Lives**
	Promotional materials NON-NHS services / organisations collaborators • **NON- NHS Collaborators Information sheet Active Lives** • **NON-NHS Participant poster Active Lives**
Appendix 2	**Promotional pack (includes link to video)**