



Steady Steps Towards a Solid Future

A report on Medway Resident's Perceptions of Frailty, Frailty Assessments and the Falls Prevention Service.

January 2025

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Background and context

In July 2024, Healthwatch Medway worked in partnership with Medway Community Healthcare (MCH), Medway Foundation Trust (MFT) and Medway Public Health to talk to people about frailty, frailty assessments and the falls prevention service.

The aim of the project was to hear from two cohorts:

Cohort A – People who have used the Falls Team or prevention services, with the aim to gain insight into:

- People's current experience of the falls prevention service.
- The difference a frailty assessment has made to their life.
- People's perceptions around frailty and falls.
- What, with hindsight, people felt they could have done differently to mitigate the impact of their age on their perceived frailty and falls.
- What people feel would be beneficial to support their self-care around frailty and falls.
- Advice they would give to younger generations to mitigate the impact of frailty in the future.

Cohort B – People within the Community

- How the public define frailty.
- To explore what people feel could help mitigate the impact of aging on frailty and falls.
- What are people's attitudes to frailty and falls.
- What are people's attitudes to 'self care' in this area and the longevity of approaches, investing now for the future.

This report will be shared with Medway and Swale Health and Care Partnership frailty priority workstream, Medway Public Health and Ageing Well.

This report will also:

- Provide feedback to MCH Falls Preventions Service and recommendations from people using the service around possible improvements.
- Understand the social value / personal impacts for people who have had a frailty assessment.
- Provide feedback to MFT Frailty Assessment Service and recommendations from people using the service around possible improvements.
- Any statistics available to support having a better understanding of demographics of people using Falls prevention service.

Methodology

Range of engagement methodologies included:

- Semi structured interviews within Frailty services
- Street surveys and opportunistic engagement at community events

A semi structured interview was developed, tested and refined and then used across all cohorts. (Appendix A)

Participants

137 people from a range of areas across Medway shared their experiences and thoughts about falling and frailty, this included 27 carers.

Cohort A, consisted of 30 people. 4 people were waiting for a frailty assessment and 26 had had a frailty assessment, (3 were on a hospital ward at the time of completing the interview). This cohort were engaged through semi structured interviews while accessing frailty clinics, patients in acute health settings and as a random sample of Medway residents who were in the high street areas on the day the surveyors were present.

Cohort B consisted of 107 people who identified that they had not had a frailty assessment. This cohort were engaged through street-based surveys and community group engagement.

Location Profile

Out of the 137 participants,

- 76% (104) gave us their full postcode.
- 13% (18) gave us half of their postcode.
- 11% (15) preferred not to say.

These maps use the 104 full postcodes we were given.

- Map A consists of all participants who gave full postcodes.
- Map B consists of Cohort A's postcodes.
- Map C consists of Cohort B's postcodes.

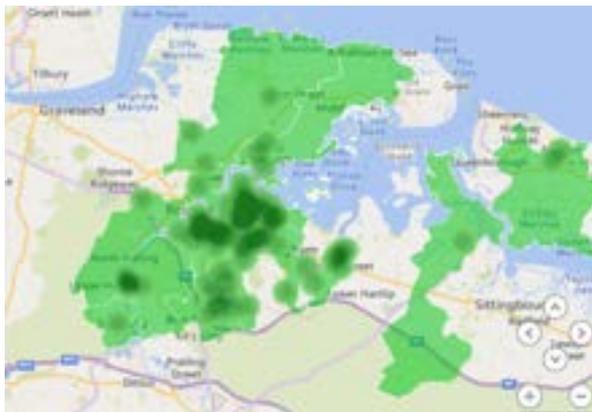
The areas of block colour in the map represent wider areas that were covered by participant feedback. The smaller circular areas show specifically where feedback came from within those areas and the darker locations on the map represent a higher volume of feedback for that area.



Map A - all participants postcodes



Map B - Cohort A postcodes



Map C - Cohort B postcodes

Profile of cohort A

The responses of 30 people were analysed within this cohort.

- 10% (3) identified as homeless and 20% (6) identified that they were in a low-income family.

Age	Number of participants
55-64 years	2
65-74 years	3
75-84 years	18
85-94 years	6
Not stated	1

Of those that had had a frailty assessment:

- 69% (18) identified as female.
- 31% (8) identified as male.

Those waiting for a frailty assessment (4) all identified as female.

- 100% (30) identified as Heterosexual/Straight.
- 87% (26) identified that they had a disability, some people identified that they had more than one disability.

A breakdown of the identified long term health conditions is shown in table.

Self identified disability	Participants who had falls assessment (26)	Participants awaiting assessment (4)
Physical Disability	58% (15)	50% (2)
Mental Health	0	25% (1)
Long Term Health Condition	38% (10) Cholesterol d/Deaf Diabetes Hypertension Kidney Long Covid Lung thrombosis Osteo-arthritis Osteoporosis Polymyalgia Vascular dementia Vestibular dysfunction	50% (2) Respiratory illness
Neurodiverse	4% (1)	25% (1)

- 7% (2) of participants in this cohort stated that English was not their first language. First languages included: Spanish and Indian.
- 10% (3) people identified themselves as a Carer for someone else.

We asked participants in Cohort A which job sector they work/did work in:

- 46% (12) people said that they had worked in office-based roles.
- 17% (5) people reported that they had served in the armed forces.
- 10% (3) people had worked in front line NHS roles.
- 7% (2) people had worked in retail or cleaning roles.
- 3% (1) person had been a long-distance lorry driver.

Profile of cohort B

The responses of 107 people were analysed within this cohort.

- 5% (5) identified as homeless and 35% (37) identified that they were in a low income family.
- 64% (68) identified as female and 36% (38) identified as male.
- 94% (101) identified as Heterosexual/Straight, 4% (4) preferred not to say, 1% (1) identified as bisexual, 1% (1) identified as Gay / Lesbian.
- 82% (88) of participants identified as being from an English, Welsh, Scottish, Northern Irish or British ethnic group
- 8% (9) identified as being from Asian backgrounds
- 5% (6) identified as being from African backgrounds
- 3% (3) identified as being from other white European backgrounds (Bulgarian, Lithuanian)
- 8% (8) of participants in this cohort stated that English was not their first language. First languages included: Bulgarian, Punjabi, Russian Shona Singala, Tamil and Urdu.
- 16% (17) people identified themselves as a Carer for someone else, with 3% (3) identifying as young carers.
- 30% (32) identified that they had a disability, some people identified that they had more than one disability.

Age	Number of participants
0-15 years	4
16-24 years	16
25-34 years	10
35-44 years	11
45-54 years	13
55-64 years	17
65-74 years	18
75-84 years	15
85-94 years	2
Not stated	1

A breakdown of the identified long term health conditions is shown in table.

Self identified disability	Participants who had no contact with falls services (107)
Physical Disability	9% (10)
Mental Health	4% (4)
Long Term Health Condition	21% (20) Angina Arthritis Asthma COPD Diabetes Hemiplegia High Cholesterol Hypertension MS Parkinsons
Neurodiverse	6% (6) ADHD Autism Dyspraxia Dyslexia OCD

Findings from Cohort A

Cohort A are those that have had a frailty assessment. This group consisted of 30 participants, 26 who had had a frailty assessment and 4 people who were waiting for an assessment.

- 58% (15 of 26) reported that they had their frailty assessment at Medway Community Healthcare location or by a member of Medway Community healthcare team at their home.
- 27% (7 of 26) reported that they had their frailty assessment at a GP surgery.
- 12% (3 of 26) did not know or could not remember where their frailty assessment took place.
- 4% (1 of 26) reported that their frailty assessment took place in Medway Maritime Hospital.

Engagement in the acute healthcare setting (Medway Maritime Hospital) proved challenging due to patient presentation. A volunteer on the engagement reported: "The questions were not easily understood by the majority of patients we talked to. You will notice the numbers are very small and, in fact [completing the surveys was] causing staff problems."

Experience of the frailty assessment service

92% (24) people spoke positively about their experience of the frailty assessment, with 6% (2) giving an overall neutral sentiment.

46% (12) of comments were made about the nature of the tests and ranges of movement involved in the falls assessment.

- *It was thorough. They gave me a blood pressure check and made me stand up and turn around and walk around fast to see if my blood pressure dropped. They checked out my specific problems with turning my head.*
- *I was assessed by Joseph at the Delce, he was nice, very thorough. We did various tests, he did the needles in the feet. He didn't leave any exercises, just examined me and then read me the riot act [the interviewee said this in a very jolly tone] about what I can and can't do. It's mainly common sense but can't hurt to hear again.*
- *I thought it was amazing. I was very impressed with him. He made me do things I didn't think I could do and he explained thoroughly. He wasn't rushing either.*
- *Very thorough, very good - felt I was well looked after. I was given some exercises and they were easy to understand / follow. The staff gave me good advice.*

38% (10) of comments were made about feeling 'reassured' by the assessment and how the assessor had explained things thoroughly.

- *I'd fallen over a few times before and he (Joseph) put my mind at rest. I don't think anything could have gone better. He explained everything he was doing and why.*
- *They were really nice, really nice with Mum, very patient as my mum is very repetitive and can't remember much. They made her go up and down stairs, they were very good, extremely good, extremely thorough. I am very pleased with how they were and how it went. She was excellent, lovely, I couldn't fault her. She was very nice and patient especially as Mum can go off on a tangent. It was lovely that she spoke to Mum and then would talk to me too, she was included.*

38% (10) of comments were made about the assessment not feeling rushed and having time with the assessor.

- *They were very helpful. The physiotherapist, he was really encouraging; I was amazed at the time he gave to me.*
- *The gentleman was really lovely, put me at ease, felt more at ease having the assessment at home. He left me with exercises to do - I am doing them now! - and he took me through them, so I knew what to do.*
- *It was very good, but I still have falls and suffer with incontinence. They were here for about half an hour and they were very good, I understood what they were doing and they communicated it well. They came to my home and showed me exercises to do at home as I look after my elderly husband, who is blind; I am his carer and it's difficult for me to go out.*

12% (3) of comments were made about the speed of getting the frailty assessment.

- *I don't think I had to wait a long time for it, you expect that the appointment will come when it comes; in the end, I thought it came rather quick.*
- *I went to Medway Community Healthcare House. The location for me was easy to get to and my appointment was on time. I was impressed, it was a very good experience for me.*

8% (2 comments). One person felt that the assessment was confusing, and another person spoke about difficulties in getting funding for equipment following the assessment.

- *I saw quite a lot of people and they pushed me into where I needed to be. They were very quick with it. It was very helpful. Though when I was seeing all these people, I wasn't sure how they were all connected. It wasn't ideal for me, and it was very confusing, though the NHS as a whole doesn't have much continuity.*

Experience of the Falls Prevention Service

88% (23) people spoke positively about their experience of the falls prevention classes and support, with 7% (2) telling us about support they continued to receive at home and 3% (1) saying that they hadn't been to the classes or had any follow up after the assessment

73% (19) of comments were made about the 'fun' nature of the classes and the social benefits of meeting with others at the classes.

- *It's been excellent! Its a lovely atmosphere and the exercise is good. Before I came here I had covid really bad and couldn't walk at all. We look forward to this group as its full of happy and cheerful people and instructors.*
- *The two nurses who did it are absolutely fantastic. I was at the exercises classes within six weeks, it was quickly done. My experience is definitely positive - it's been absolutely excellent. We arrive at 10am and are straight into the exercises and then at 11am, the session comes to an end - we've discussed the world during that hour too!*
- *It's social as well as physical. You get to compare situations and give advice.*

58% (15) of comments were made about how people felt that they had increased in confidence as a result of attending the classes.

- *I'm trying to manage without my stroller, and now I am walking with sticks. This class has given me confidence and small skills, like walking backwards.*

- *It's been very beneficial to me. I seem to be more confident in not thinking about falling over.*
- *It's been very good... It's the confidence of going out, they've helped with knowing what to do.*

50% (13) of comments were made about how people felt they had improved in their stability and mobility as a result of the classes.

- *I feel that I have improved. I have made improvements, but it's been very slow, but I have definitely improved. The Wisdom Hospice is quite a walk from where you park the car. When I first came, I couldn't do it without a walking frame, but my legs have got stronger and I now can do it without. There's a long way to go, but I am heading in the right direction*
- *It's been brilliant. When I first came here I used a stick at the time. After the first block of sessions here I stopped having to walk with it. This class makes my days even better.*
- *I've enjoyed it. It hasn't been too taxing. I haven't had a bit fall since I started this. Prior to this I fell a few times, but since coming here I'm doing better. They've been really good, I haven't blacked out since coming.*
- *Very positive. I noticed an improvement in my legs. I can walk further distances now without a walker.*

27% (7) of comments were made about how people undertook exercises at home as a result of the falls prevention support

- *The sessions are about the right length of time. The main person sits at the front and tells & shows us what to do. They are easy to follow. Easy to remember to do at home.*
- *The physio sits at the front and we copy what she's doing. She is very easy to follow and understand. You then know what to do at home. They come around and check that you are doing the exercises correctly. I find it beneficial.*

23% (6) of comments were made about the perceived personalised approach taken by those leading the classes

- *I find the exercises do me good and it's good to get out. The two ladies are nice and check we are all doing okay, doing the exercises right.*

19% (5) of comments were made about how they felt more aware of their surroundings inside and outside of the home and how it impacts on their risk of falling.

- *It's helped me slow down and concentrate with doing things*
- *I've enjoyed the exercise element of the classes. It's made me feel a bit better and made me take a bit more care when I'm out and about. It's made me be more aware of my surroundings.*

8% (2) of comments about follow up support at home

- *They do come out to me now and again - someone is coming out again to see me and the support is really quite good. They don't come that regularly, but they are very good when they do. I like that they come to my home and see me in my own environment - that definitely makes me feel more relaxed as I am frail. They are very good. The osteoporosis clinic also try to help.*
- *I am okay doing the exercises at home, happy not to have to go somewhere to do them*

Improving the Falls Prevention Service and the Falls Assessment

39% (10) of people made suggestions as to how the falls assessment and the falls preventions service could be improved.

23% (6) of people said that they would like to be challenged more

- *I could do with being pushed a little more. In a group it has to be for everyone*
- *I'd like to be able to walk more. I'd like to be walked around the place, walking around outside the building.*
- *The only thing I'd say is that I have been coming for quite a while and we just do the same exercises. Maybe they could do something a little different, change them up a bit.*
- *I'm not really sure what the progression is after. I would like to know what else there is.*

15% (4) of people spoke about the classes:

- *We did lose two Mondays due to the Bank Holiday*
- *We are a bit restricted by the venue.*
- *The class could possibly go on a bit longer. They could add more things around coordination*

Cohort A's advice to people in their 40's

81% of the cohort (21 comments) advised people to keep mobile, walk places and maintain doing gentle exercise.

- *Just walk. When my wife died I stopped doing regular walking and now I can feel the difference.*
- *I think get a dog - you end up walking a good couple of miles, it's social and walking is free*
- *The key is to keep moving - use your legs, your body as much as possible as the day will come when you're not as flexible as today you won't be able to do the things you can do relatively easily. Do whatever you can do - do anything that moves your body, do something you enjoy doing.*
- *I still play a bit of golf; I used to play a lot of sports in the Army and then when I retired, I took up squash, badminton; I used to walk the dog as well. There is always something you can do. I like gardening and pottering in the garden. I still get dizzy spells, so I am limited to what I can do, but I listen to my body and don't push it.*



and

62% (16 comments) advised others to focus on a lifelong healthy diet and eating well, avoiding fast food (3 mentions), energy drinks (3 mentions), Alcohol (2 mentions) and smoking (1 mention).

- *Do more around eating sensibly. You never know what's around the corner*
- *Obviously diet, don't eat junk food or have the energy drinks they drink today... look after yourself, take care of yourself*

- *Being a serviceman, I used to drink a lot. I got a warning in 1988 when I retired from the Army - a nurse said to me, "If you keep drinking, you'll be dead!" It did the trick as I stopped, although I still have the odd pint or glass of wine.*

38% (10 comments) advised others of the importance in keeping a positive attitude and not giving up

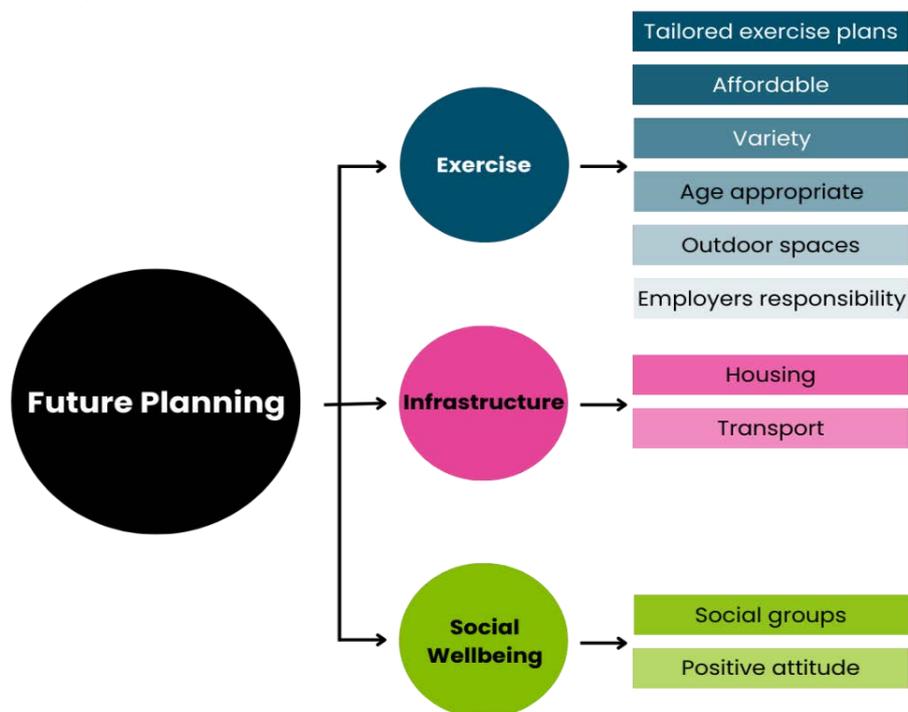
- *Do something and go somewhere tailored to your age and exercise at that pace, so you don't get knocked back - you need to find something for the middle-aged group to keep active and not lose confidence.*

38% (10 comments) talked about the need to start exercise while at school and to build the habit to last a lifetime. This included suggestions that younger people should reduce time in front of technology and employees leave their desks and increase their time outside or moving around.

- *Bring back mandatory sports for kids and teach them how to cook.*
- *Young people spend a lot of time on tech, I need to get out and move. I used to feel a lot safer going out.*
- *Get kids in the habit of a little bit of exercise every day*
- *Don't be tempted to sit in front of the TV when you come back from work, especially if you have been in a car to get to and fro. This is especially true if you have been sat in an office all day and not moved much.*

Cohort A's proposals for health planning for the future

Many of the themes within the advice offered were continued when people were asked, 'if you were in charge of planning frailty preventative services, what would you put in place for 40-60 year olds today?'



Maximising people's levels of daily exercise (28 mentions)

The most frequent responses, were thoughts around maximising people's levels of daily exercise (28 mentions)

However, it is interesting to note the change in tone of responses, with people using more directive language and creating a sense that exercise should be mandated and overseen by health care professionals. (35%, 9 comments)

- *More support through trained professionals - make sure everyone has access to exercise and fitness plans and facilities*
- *Have professionals there to supervise and advise, so you know what to do and what not to do. They can give advice.*
- *GPs need to advise them to do some exercises - make sure they can easily get to places to do exercise, make sure they know what is available, make it affordable*

Ensuring exercise classes and options are affordable for all (27%, 7 comments)

- *Make everything free for over 60's*

Ensuring a range of exercise option are available within the community (19%, 5 comments)

- *All different types of therapies, not just swimming. Dance therapy, Tai Chi, Pilates. Its such a wide area but there's a real lack of funds. You're more likely to do things like this with other people.*

Ensuring a range of age-appropriate exercise options (12%, 3 comments)

- *Make them age appropriate as you don't want to be the only oldie struggling at the back of the class*

Maximising outdoor spaces for exercise and wellbeing (8%, 2 comments)

- *Lots of outside activities for kids to do. More evening places for kids to play and be safe.*

Employers building exercise into the working day for employees (8%, 2 comments)

- *Need to bring exercise more into workplaces.*

Access to education re the importance of keeping fit and not give in to a sedentary life.

Alongside this feedback, it is interesting to note Cohort A's reported job roles, especially with the 46% of Cohort A participants working/ who worked in office-based roles.

- 46% (12) people said that they had worked in office-based roles.
- 17% (5) people reported that they had served in the armed forces.
- 10% (3) people had worked in front line NHS roles.
- 7% (2) people had worked in retail or cleaning roles.
- 3% (1) person had been a long-distance lorry driver.

Infrastructure planning (23%, 6 comments)

- *My mum also can't drive, which restricted the places she could get to - people need to be able to get to different places. When my dad first passed, she would get picked up by Age UK and taken to one of their centres for a meal and activity; they are great as they make sure that you are safely picked up and dropped off home - and the door is locked afterwards. However, it was £60 for a session and if they are picking up ten people en-route, that's an expensive mini-bus ride and not everyone can afford that*
- *It would be helpful if more transport was available to get to places like these. If I didn't drive I would have to get two buses. There should be more community classes like this one.*
- *Should be building houses with downstairs toilets so people can stay at home longer*

Social wellbeing (8%, 2 comments)

- *The groups are also good for mental wellbeing as you can meet people there.*
- *Mum might not have taken part in all the activities, but she is a watcher and enjoyed the noise.*

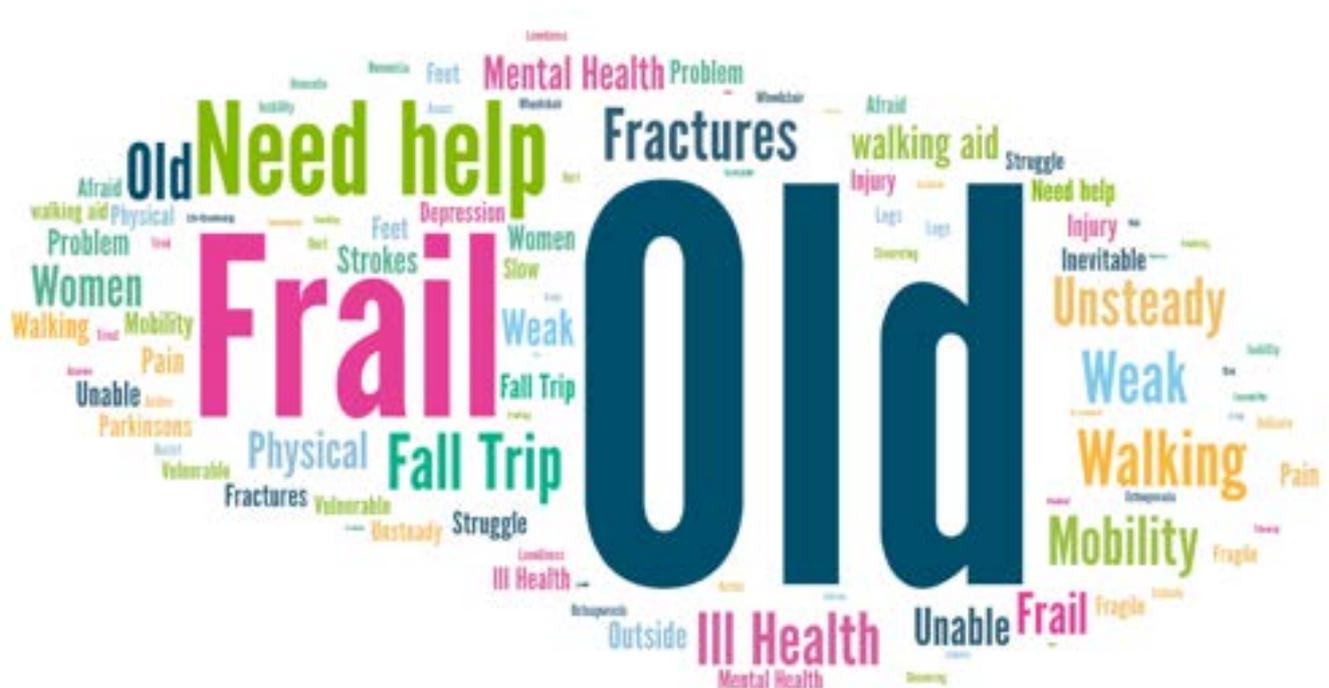
Findings from Cohort B

Cohort B are those that have not had a frailty assessment. This group consisted of 107 participants, who were adults within a target age range of (40-60 years old), randomly sampled in street survey engagement across Medway.

From this random sample 48% (52 people) said that they supported someone who they considered to be frail. This included family members, friends and neighbours.

Defining frailty

A review of words used by participants to describe the term 'Frailty' generated a list of frequently used words that can be seen in the word cloud image.



When these words are themed into clusters the most frequently mentioned clusters were around 'Impact on Physical Health' and 'Impact on Activity', both being mentioned 80 times.

Perceived qualities of people who are frail word cluster (75 mentions)

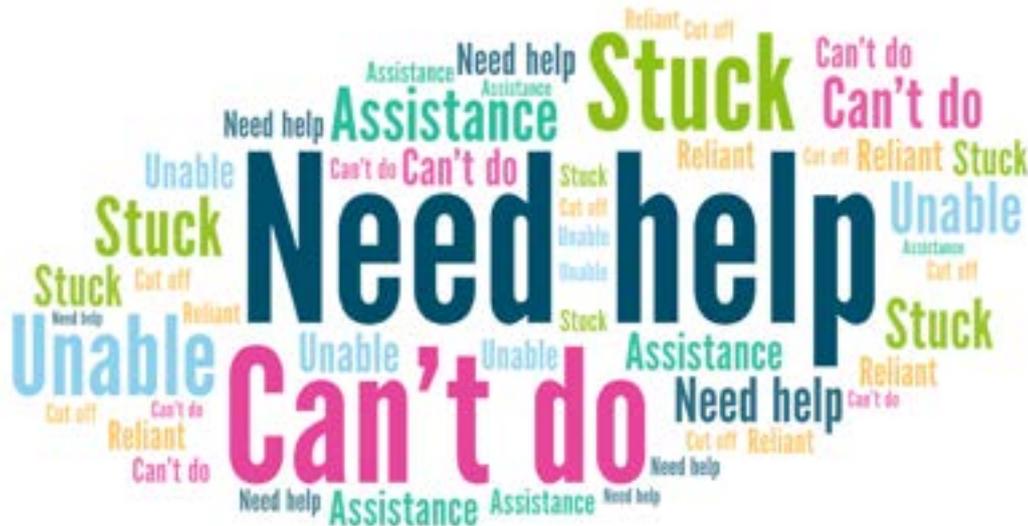


- Being weak, unable to do the things you did before as able bodied people, those needing support.
- President Biden, he is very frail and shouldn't be in the job! He is the epitome of frailty.
- I think it means that you are very tender and weak, that you are very tired.
- Weak and dependent on others.

Age and gender related comments (72 mentions)

- I think its something that tends to affect old people
- Mostly in elderly people and a natural part of life and getting older, but I don't think that frailty is necessarily inevitable. There is a 90-year-old lady that I know that goes swimming very regularly that I wouldn't say is frail."
- I think frailty goes with being old, if children are frail then there's a serious issue.
- It's not completely age related, even a young person close to death may become frail. In young people it seems to be short term and for older people it can be more long term, lack of energy and lack of mobility.
- I would generally think of older people, particularly older women, but anyone could be affected with frailty. But I do generally think it's a condition that affects older women as falls can be more serious for older women.
- Old ladies falling over and breaking hips. Just usually really old people
- Not just age related. If people are frail, they can have vulnerabilities due to illness. It's non-gender specific.

Social Impact word cluster (35 mentions)



- Being

Housebound because of inability to walk far

- My aunt was nervous about going out alone, she didn't like going out without me.
- Unable to do the activities that you would normally want to do.
- Being unable to walk un-aided. Unable to do certain things
- I think it is someone who needs help with everyday life, things like help with the cleaning and cooking. Outside help to enable them to live a normal life

Impact on emotional and mental health word cluster (24 mentions)



- I think physically you are more prone to stumbling and afraid to venture forth, afraid that you might trip up.
- I think it means that you are mentally not quite on the ball. That you are not being rational, a bit like Joe Biden at the moment!
- Probably have poor mental health and may have loneliness
- I think there is mental frailty and physical frailty.
- Mentally frail, take things personally sometimes.
- Being tired, not being able to do anything.
- It can be physical and also mentally. People can be frail in a mental health sense.

Supporting people seen as Frail

37% (40) people said that they help people out with a range of household tasks. These tasks included:

- 15% (16) help with shopping
 - 10% (11) help with household chores
 - 7% (8) help with cleaning and housework
 - 5% (5) help with cooking.
- *I help my dad with his shopping, his washing and his housework*
 - *I make tea for her and get things for her from the shops, things like that*
 - *My dad. He lives with us. He has cancer. I do his washing and cleaning and cooking*
 - *I make her lunch, and I always offer to do housework.*
 - *Over time my sister-in-law has become less and less physically able. I help her out with a bit of shopping, I also do gardening for her, as although she can't get into the garden very easily. She loves to look at it, it gives her so much pleasure.*
 - *We cook her lunch and dinner, and my wife deals with her personal care. We want her to live in her own home for as long as possible*

17% (18) people said that they offered emotional support and gave people confidence to undertake daily activities

- *I hold her hand to stop her from falling over.*
- *I go and visit him, we go to the pub together. If you don't get out it is like physically being in a jail*
- *I take her outside, she doesn't let anyone else take her out.*
- *I bring him outside to play music with me and support him with his quality of life. I try to make him feel worthwhile.*
- *Help them with their wellbeing, supporting education around nutrition, and helping to build strength through mental and physical exercise*

10% (11) people said that they supported people to help reduce loneliness and to maintain social visits

- *I look in on them when they're feeling unwell*
- *I am frail myself, it is difficult to do much to support other people. I do phone calls to support them, especially when you know people are down*
- *I take them to appointments and stuff*

7% (7) people said that they help with aspects of personal care, such as personal washing and nail care.

- *I help wash and feed my grandparents and also help with their medications and little things like cut their nails - they can't manage that anymore.*

5% (5) people said that they help people manage their medication

- *I make sure he eats and takes his tablets*
- *We do her medication, and I drive her around.*

Cohort B's advice to avoid frailty

53% of the cohort (57 comments) felt that exercising was important in avoiding frailty in the future.

- Walk instead of driving where possible.
- Exercise more, get out and about, go to more clubs where you can socialise at the same time, hiking groups seem to be a popular thing or group walks. I really like that gym equipment that they have in parks, that's really great and they should have that in more parks.
- Exercise, if you don't use it you lose it.
- It might sound strange, but I am going to suggest yoga as it stretches every muscle you've got, it makes your body more flexible. I used to do it, but not anymore - life, kids have got in the way.
- Have a daily workout, whether that be a jog, walk or something to help you with your flexibility. It's also important to look after your mental health
- Keep active, don't stop moving and don't sit around in a chair all day. Get out for walks and eat well.



35% (38 comments) talked about a healthy diet and eating well as an important factor in avoiding frailty.

- Eat your vegetables and keep fit, healthy and active.
- Healthy eating, make sure you get your 5-a-day
- Diet plays a part too, what you eat and how you look after your body.

24% (26 comments) mentioned the importance of being active. This has been grouped differently to exercising, as it relates to the value people placed on being sociable (10 comments) and having an active mind (16 comments).

- Get involved in activities. Get engaged with activities everyday
- I think there will need to be lifestyle changes and for me its also about sociability.
- Have a good hobby that gets you out for physical exercise and brain exercise.
- I think it's also important to be mentally stimulated too, not just physically.
- I think relationships with people are really important. I think some of the answer is in communal living, having connections with people. Being with other people is so important.

21% (22 comments) mentioned the need to maintain a positive attitude

- If I don't go out each day and if I were to stay at home, I would suffer straight away, I think it's really important to keep moving. Try and get out of the house everyday, move a bit.
- I think it's important not to give up but to keep on going.
- Mental fitness, keeping active in the ways that give you personal satisfaction. Setting important life goals when you're young.

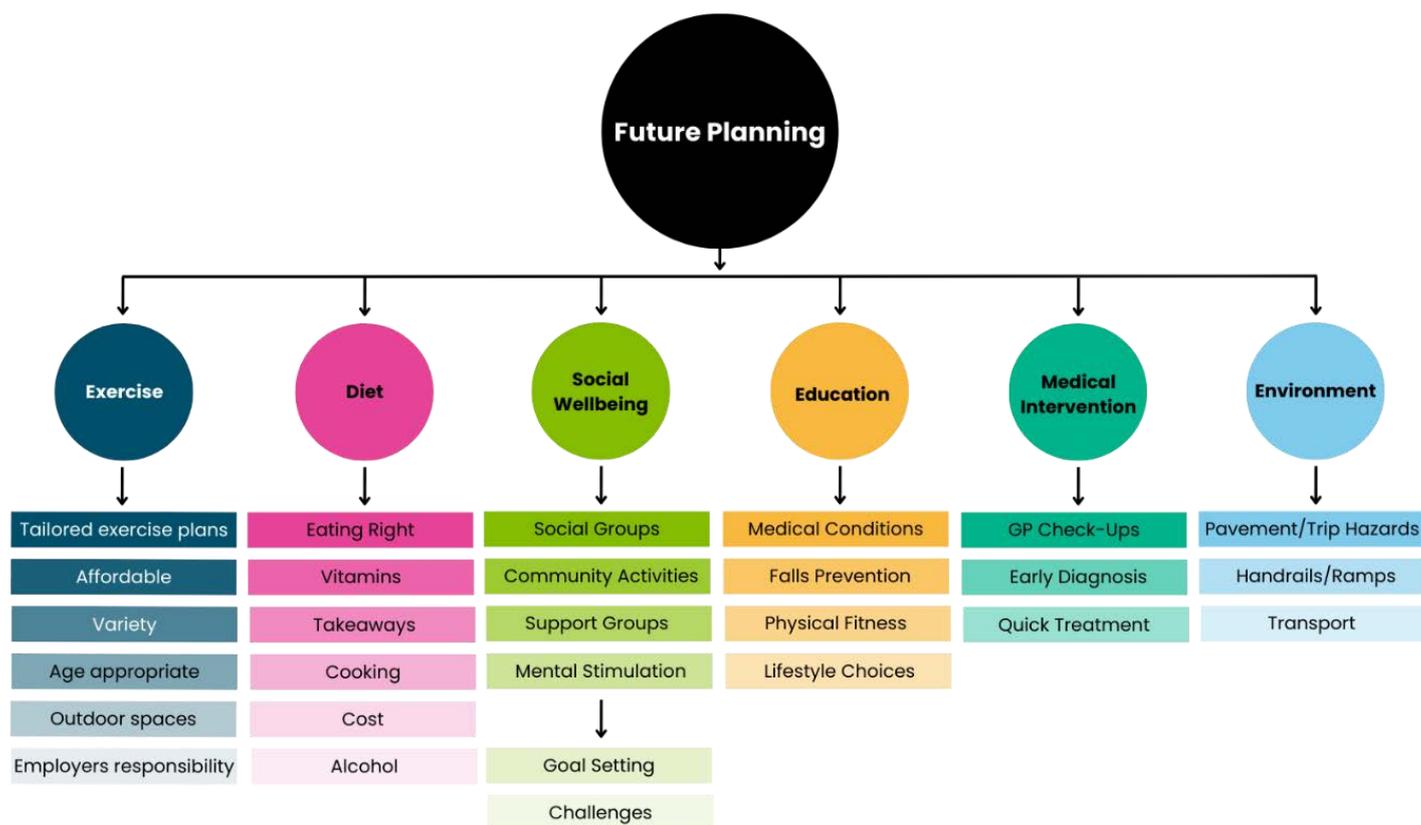
11% (12 comments) highlighted how people felt that following a doctors advice was important in avoiding frailty

- *Depends on the doctors. If they think there's something wrong with my body or my blood, they should tell me and give me advice and I can work on it.*
- *Go to the doctors more often once you get to a certain age, even just for a cold.*

Finally, 10% (11 comments) of people felt that they didn't need to do anything.

- *I don't think too much about consequences. I am aware that I creak more, and I can't do what I used to be able to. I did do a spell of yoga, but I didn't go back.*
- *It comes with age, and it might be a genetic thing so there's nothing that can really be done to stop it.*
- *Nothing can be done to stop it; you get old and get frail and nothing can stop it from happening. Doctors don't do anything, and it is what it is.*

Cohort B's proposals for health planning for the future



Maximising people's levels of daily exercise (80%, 86 mentions).

The most frequent cluster of responses, were thoughts around maximising people's levels of daily exercise (86 mentions).

Like Cohort A there was a sense that exercise should be mandated and overseen by health care professionals. (28%, 30 comments)

- *When you go to the doctor, give people a fitness assessment and if they need it, give them assistance.*
- *Have somewhere you can go to that is not the GP, somewhere you can go or call for signposting. Somewhere they can call if there is an issue as you can't get through to GPs at the moment. Maybe the council could organise a helpline - this could be for friends, family, anyone who needs it - and you don't end up taking up GP time.*
- *It has to be exercise with supervision, so that people are supported and made to do it*
- *It would be good if you could get a weekly prescription to use a gym if you can't afford to go otherwise. That's why I really like the gyms that they have in parks - they're brilliant and make a big difference. I think they should get used more*

Ensuring a range of exercise options are available within the community (26%, 28 comments)

- *Be aware of how you can develop your physical strength and health and wellbeing. Recognise when you've achieved goals and setting realistic goals*
- *groups for all kinds of different activities that people might enjoy and keep them moving*

Ensuring exercise classes and options are affordable for all (14%, 15 comments)

- *Free clubs and community support*
- *Free exercise initiatives aimed at people of that age who may be scared or ashamed to join in*
- *There should be lots of reasonably priced or even free activities on offer.*
- *I would make it free for all over 60s to go swimming, I can't believe they have started charging for that, if they really thought about it think about the long term savings that they would make.*

Ensuring range of age appropriate exercise options (7%, 7 comments)

- *Ensure that younger people have a purpose and are motivated*
- *Exercise classes for older people. I'm a bit too old to go to the gym now, but I do chair-aerobics*
- *Get out, meet people, join a club, get active, go to a club, chat to other people. Walk for an hour a day - your body is like an engine - it seizes up when it stops. Keep mobile - do something, an hour, half an hour a day.*

Maximising outdoor spaces for exercise and wellbeing (6%, 6 comments)

- *More activities for young people, get them when they're young. Avoid anti-social behaviour and put something constructive in place. More outdoor space used for things like this. Healthy outdoor activities that'll continue to be part of their lifestyle, then things for teens after.*

Employers building exercise into the working day for employees (4%, 4 comments)

- *Maybe look at companies introducing a weekly half-an-hour session at work, run by a trained professional, where staff can do a bit of yoga or similar.*

Increase peoples social activity and maintain good mental wellbeing (35%, 37 comments)

The second most frequently mentioned cluster of responses were around ensuring ways to increase peoples ability to be socially active and maintain good mental wellbeing (37 comments). This included having social groups (11%, 12 comments), community activities (9%, 10 comments), mentally stimulating activities (8%, 9 comments) and community support (6%, 6 comments).

- *Create more awareness of what activity groups are available for people, particularly support groups that might help with socialising*
- *If I was a millionaire, I would buy a few mini buses and pick up the old ladies and take them for tea and coffee. They get lonely don't they.*
- *At community level, local groups for people to meet up. A lot of people are isolated. Making sure people are able to engage and chat to people.*

- *You turn 50 and lots of problems occur, your body starts to change. It's not about having a marathon fit body or making big changes, but more about not giving up on yourself and thinking that you won't live well into old age.*
- *Have a mix with other people and hear different opinions. Do mental activities at your level. I do puzzles and quizzes. Music is also good.*
- *Have coffee meetings, crafting groups, film sessions, book clubs. It depends on people's interest.*
- *I would put things in place that help support their mental health, to prevent them feeling low or old. I think this can lead to people feeling frail.*
- *Encourage people to go to the library, get out a book, you can walk there, meet people and have a chat there. Sometimes it's only by doing things like this that you realise how long it's been since you have spoken to someone.*

Diet and healthy eating (20%, 21 comments)

The third cluster of thoughts for reducing frailty in the future were around diet and healthy eating (21 comments), including eating right (8%, 9 comments), Vitamins and supplements (4%, 4 comments) reducing takeaways (3%, 3 comments), developing cooking skills (2%, 2 comments), ensuring food is affordable (2%, 2 comments) and reducing alcohol (1%, 1 comment)

- *Go back to cooking your own food, less take away more health organic food*
- *Take the right supplements and vitamins, eat well.*
- *Better food, less of the junk food, less McDonald's and Burger King and more healthy food / healthy eating facilities*
- *Teach people to eat right and exercise but it has to be things that fit in with their life!*
- *We also need to deal with diet - fast food is the biggest issue, along with the price of healthy, decent food. When I go shopping, I notice how much cheaper it is to buy cake and chocolate than fresh fruit and veg. This needs to change, it's the most important thing*
- *To encourage everyone to live a more plant based diet - eat more salad and just generally eat healthier. Cut out red meat and dairy - there have been research papers that I have read that shows peptides in young people directly from dairy can cause autism. It should be cut out altogether. Less fatty and meat-based diets, cut out dairy and steak and beef. That would absolutely help.*

Early medical intervention (17%, 18 comments)

As well as people feeling that 'professionals' should create tailored exercise plans for people, the fourth cluster of comments highlight how people feel that early medical intervention is a key part to avoiding frailty. This includes (regular GP check ups (10%, 11 comments), quick and accessible treatments (5%, 5 comments) and early diagnosis (2%, 2 comments)

- *Treatment centres closer to home. I understand the need for centres of excellence but follow up appointments should be local.*
- *Good access to quality GP services.*

- *We should be told by the GP who can say 'you should give up smoking or alcohol'. I can't say to you or you to me, we have to wait for the doctor to tell us there's something wrong and then suggest to us what to do.*
- *Assess people as a whole at the doctors, in a holistic manner, as you only ever get 5 minutes and they don't get to the bottom of it in that time, especially if you have more than one issue going on at the same time. You know they're on the clock and 5 minutes is never long enough - and it's difficult to get access to a GP in the first place, to get an appointment.*

Environmental Factors (10%, 11 comments)

- *A cluster of comments focused on environmental factors (11 comments). This included handrails ramps and adaptations in public spaces as well as homes (6%, 6 comments), Pavements and trip hazards being addressed in public spaces (3%, 3 comments) and better transport planning (2%, 2 comments)*
- *I think it would help if the council did something about the uneven flooring/paving, that would help prevent falls. I think they should fix them, I know it's not always easy in historic places like Rochester*
- *Have more hand rails for going upstairs*
- *I want to see awareness raised around trip hazards. I want to see the council coming out looking for hazards, things like fly posting where cable ties are sticking out at eye height, there are trip hazards everywhere that they need to come and fix.*
- *I also think better communication on thing like drop kerbs and mobility access in the towns.*

Education (9%, 9 comments)

- *The final cluster of comments talked about the need for education across all age groups (9 comments). Education about lifestyle choices, physical fitness, and raising peoples understanding about falls and medical conditions.*
- *Keep older people active. Teach them at this age in readiness for getting old*
- *Access to advice about keeping fit and keeping the weight down, and providing outlets for this. Education to make sure people are aware of what good it can do for a person.*
- *Education around keeping physically and mentally fit on the television, in newspapers and magazines, though it's a struggle with click bait.*
- *Well like I just said I would think about having leaflet's or even a centre to help those understand why keeping active is a very important thing and then maybe everyone will learn new ways of keeping fit and healthy.*
- *More early intervention and education early on about how to have a healthy lifestyle.*
- *More learning at secondary school about food nutrition, this should be made compulsory as we do food technology for a couple of years and then it all just stops. Learning about calories and nutrition would be something good.*

Summary and observations

The Health and Care Partnership want to understand how people experience frailty and how these insights can inform prevention approaches for those not yet experiencing frailty.

Summary of feedback about current falls assessment and prevention services

69% of frailty assessments appear to have been undertaken by Medway Community Healthcare and 92% of people spoke positively about the falls assessment process. People felt reassured by the assessment and said that the assessment gave time for individual tests and answering individual questions.

85% of people spoke positively about their experience of the falls prevention classes or the follow up they received at home. People talked about the 'fun' nature of the classes, their increased confidence and improved stability.

23% of participants felt that they would like the classes to challenge them further, or to have a progression route once the classes had finished.

Wider social determinants of health

There is evidence that the two cohorts we spoke to are impacted by wider social determinants, housing and levels of household income.

6% of participants across both cohorts identified that they were homeless, but this was disproportionately weighted to people who have had a falls assessment (Cohort A) in which 10% of participants identified as homeless. The survey didn't explore how people understood the term homeless or the personal circumstances around each case, so it is difficult to draw any further insights from this.

31% of participants identified as being from low-income families. This reflects 20% of people within Cohort A (had a frailty assessment) and 35% of people within Cohort B. Cohort B were randomly selected during high street engagement in Chatham, Gillingham and Rochester.

Perceived impact of Gender on Frailty

69% of those who had completed a frailty assessment were female. Everyone within Cohort B (randomly selected public sample) felt that frailty was something that impacted on physical health and levels of activity. People who are frail were seen to be 'weak', 'fragile' and 'vulnerable'. These characteristics were more frequently suggested in relation to 'old ladies'. This suggests that the public's perception is that frailty affects CIS females more than CIS males.

Unpaid Carers support of Frailty

19% of people in Cohort B (randomly selected public sample) identified as a Carer, 3% of whom were young carers. However, within the interviews 48% of this Cohort said that they played a role in supporting someone who they considered frail. People spoke about helping with range of household tasks, emotional support and social interaction. This suggests that

many of the people in Cohort B (randomly selected public sample) were supporting friends and family in their daily life but didn't see this as being a Carer.

Figures from Carers UK (Dec 2024) propose that 9% of the UK population provide unpaid care for family, friends and neighbours. This would indicate that the number of Carers identified within Cohort B (randomly selected public sample) is more than the national average and that this increased by 153% when seen in the context of supporting someone seen as frail.

Public attitude towards Frailty planning

Cohort A's (had a frailty assessment) main streams of advice to people currently in their 40's shows high levels of awareness of the importance of maintaining mobility and a good diet. These aspects of advice are not surprising, but it is interesting to note that 38% of people in Cohort A talked about the need to start building routine exercise at school and that this should be sustained throughout an adult's working life. There was a change in tone, when people in this Cohort were asked what they would do if they were in charge of planning services for the future. The general advice to remain mobile became more directive with an element of health care professionals needing to mandate exercise plans for people. Those in Cohort B (randomly selected public sample) recognised the importance of exercise and diet, but also talked about the need to remain 'active' mentally and socially. 27% of this cohort talked about the need for healthcare professionals to be more assertive in ensuring people undertook exercise and a further 17% felt that medical intervention would be important in avoiding frailty in the future. This chimes with the insights from Cohort A (had a frailty assessment) around the role of health professionals and mandated exercise. 9% of Cohort B (randomly selected public sample) talked about the role of health education and a further (4%) of people talked about the role of employers in building in regular exercise to the working day for employees to create lifelong pathways for people.

The public's view that schools and employers have a role to play in raising awareness and creating workplaces that enable activity within the working day is strengthened by the fact that 46% of people from Cohort A (has a frailty assessment), had worked in office-based roles.

The focus on workplaces and educational settings aligns with the Health and Care Partnerships long term view for a prevention approach and the importance of including wider partners within a social regeneration approach.

There is potential relevance for future public health planning, as these insights suggest a changing relationship between public health and the public, seeing the role of public health professionals shift towards 'nanny state' decision making and greater public health regulation.

If you would like to get in touch with us regarding this report or any other, you can contact us by:



Online:
www.healthwatchmedway.com



By Telephone:
Healthwatch Medway Freephone
0800 136 656

 @HWMedway



By Email:
enquiries@healthwatchmedway.com



By Text:
Text us on 07525 861 639. By
texting 'NEED BSL', Healthwatch's
British Sign Language interpreter
will make contact

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