



Active and Healthy Ageing

22 October 2026



Active ageing when frailty is already present

Learning from the Jean Bishop Integrated Care Centre, Hull

The starting point changes. The goal doesn't.

Dr Andrew Noble

GP with an Extended Role in Older People's Health

City Health Care Partnership CIC

Sharing the Learning: Active and Healthy Ageing





A QUESTION TO START

What does active ageing mean when leaving the house is itself an achievement?

The starting point changes

For some people who come to the Jean Bishop Centre, the journey to their appointment is the first time they have left the house in a year.

Healthy ageing: what people can be and do

How the WHO defines healthy ageing

“The process of developing and **maintaining** the functional ability that enables wellbeing in older age.”

World Health Organization, World Report on Ageing and Health, 2015



Lifespan Living longer



Health span Living longer in good health



Function Keeping the confidence, independence and ability to do what matters

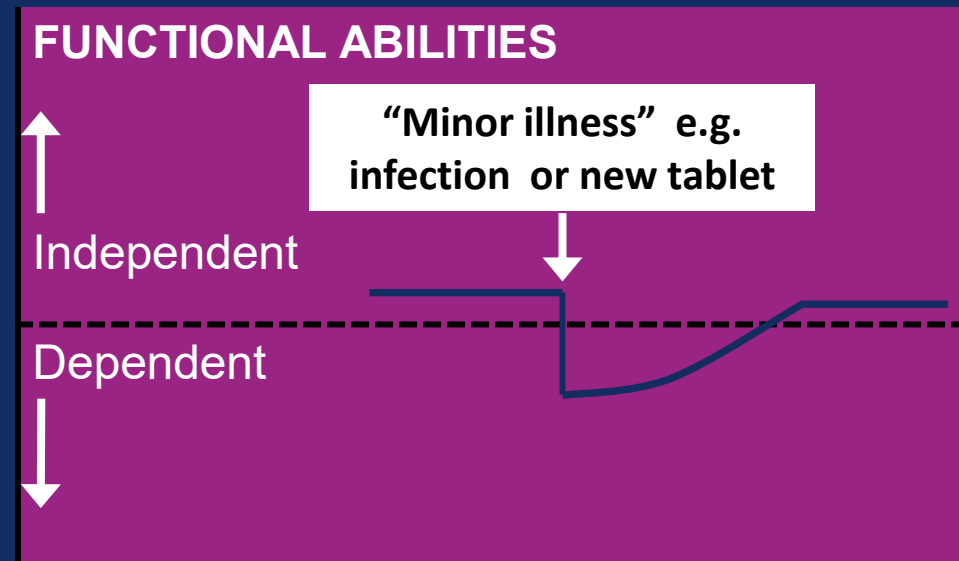
“Disease and disability prevention are important, but we can and should strive to promote and support healthy lives even after they have occurred.”

Gichu & Harwood, Measurement of healthy ageing, Age and Ageing 2023; 52(Suppl 4): iv3–iv5

Frailty is about reserve, not age

A minor stressor can cause a major loss of function

Frailty presenting in crisis as sudden loss of mobility/independence



Not the same as old age

Can change over time – up and down

Some causes are preventable or reversible

The Jean Bishop Centre: more than a building



Named after Jean Bishop

Why it was created

- Hull has high levels of deprivation – and frailty tends to arrive earlier
- Care was often reactive, hospital-based and disjointed
- Specialists in older people's care chose to step out of hospital into the community

From...

A label: 'the frail elderly'

Found late, in a crisis

Hospital-based and episodic

Separate services

To...

A long-term condition: living with frailty

Identified early, planned ahead

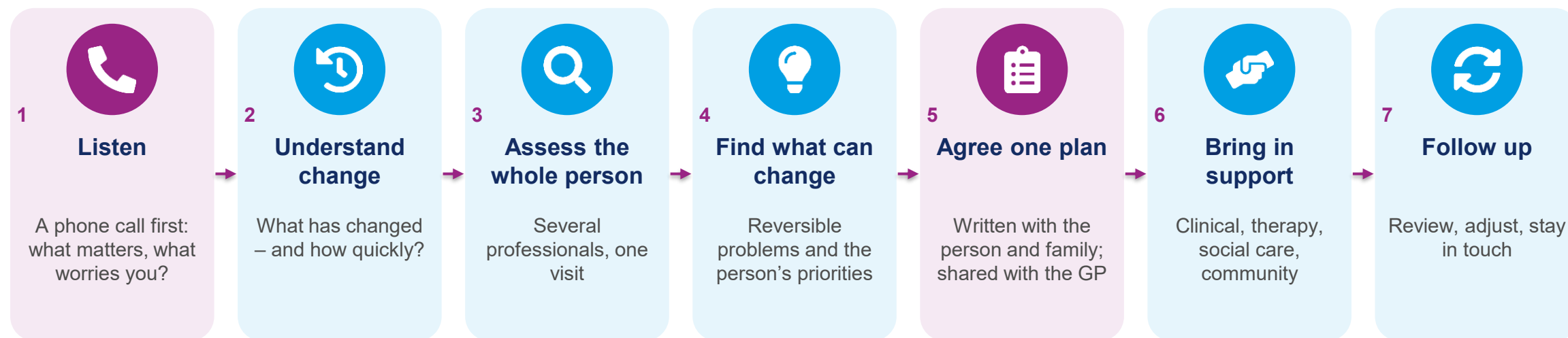
Community-based and continuous

Health, social care, mental health and voluntary sector together

The building helped start a new culture of care. **The model is the way of working.**



A visit to the Centre, step by step

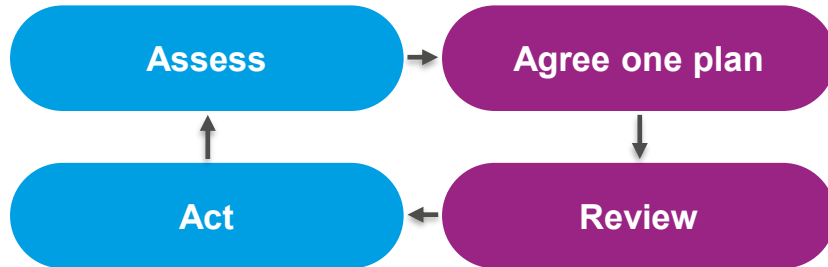


Transport is often provided, relatives are welcome – and the day can include lunch in the café.



CGA without the jargon

A structured way for different professionals to **understand the whole person** and agree **one coordinated plan**.



It is not a form. It is assessment followed by action – and review.



Medical

Health problems and symptoms



Medicines

What helps – and what may harm



Function and mobility

Walking, balance, daily tasks



Mood and memory

Wellbeing, thinking, confidence



Social

Family, carers, loneliness, money



Environment

Home, stairs, getting out



Personal goals

What matters to me



Future planning

Wishes if health changes



Follow-up

Who checks – and when

Movement: part of the plan, not an add-on



People living with moderate or severe frailty named **“worrying less about falling”** and **“doing more exercise and physical activity”** among their priorities.

NIHR ARC Yorkshire and Humber, 2022

Movement can contribute to...



Strength



Balance



Confidence



Fewer falls



Everyday activities



Recovery after illness



Social connection



Mood and wellbeing



Doing valued things



Staying at home

...when it is

Personalised

Realistic

Meaningful

Matched to reserve and risk

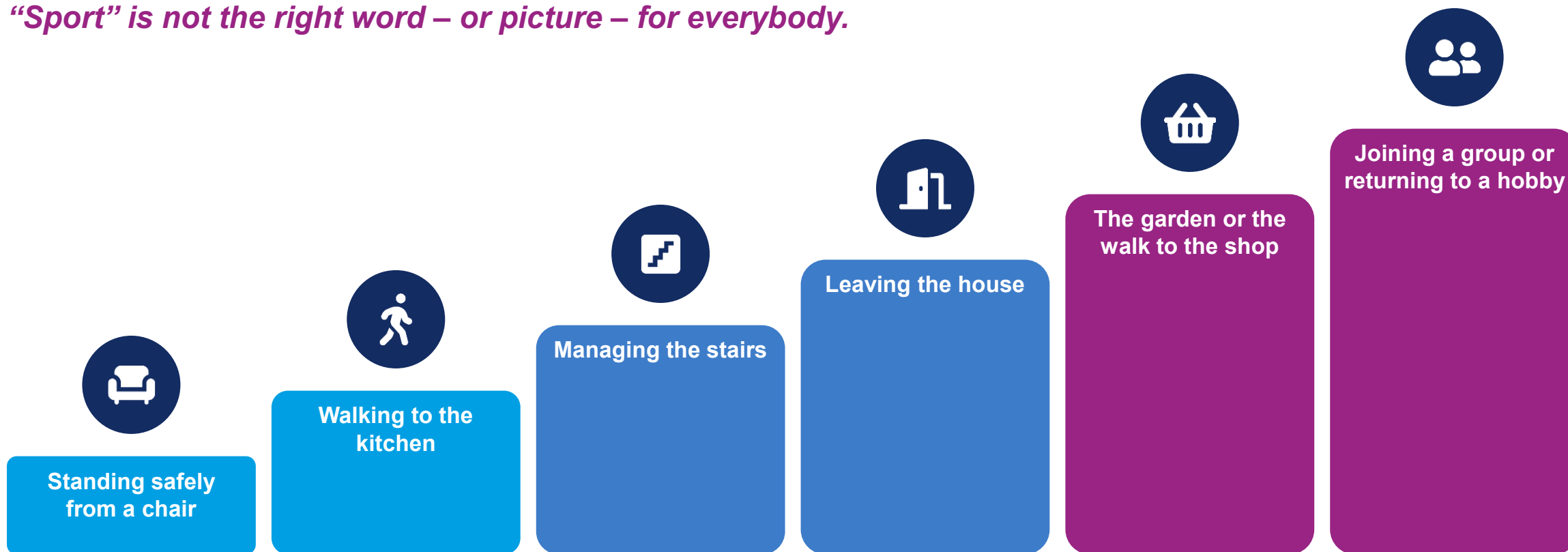
Linked to the person's goals

Supported, not just prescribed



Activity starts where the person is

“Sport” is not the right word – or picture – for everybody.



Every step up is a real outcome. For someone whose health is declining, holding a step for longer matters too.

Why “just be more active” is rarely enough



Body

- Pain
- Breathlessness
- Medicine side effects
- Poor nutrition



Mind

- Fear of falling
- Low confidence
- Low mood
- Memory or thinking problems



Daily life

- Caring for someone else
- Cost
- Transport
- Not being online



Places and opportunities

- Hard-to-use buildings and streets
- Nothing suitable nearby
- Bad past experiences of exercise or sport

Capacity is not the same as capability.

Someone may have the strength to walk to the shops – but without a safe path or transport, they still can't go.

Adapted from Venkatapuram & Amuthavalli Thiyagarajan, Age and Ageing 2023



CGA helps work out which barriers matter for this person – and in what order.

Meet Margaret, 82

FICTIONAL CASE



Lives alone since her husband died; her daughter lives an hour away

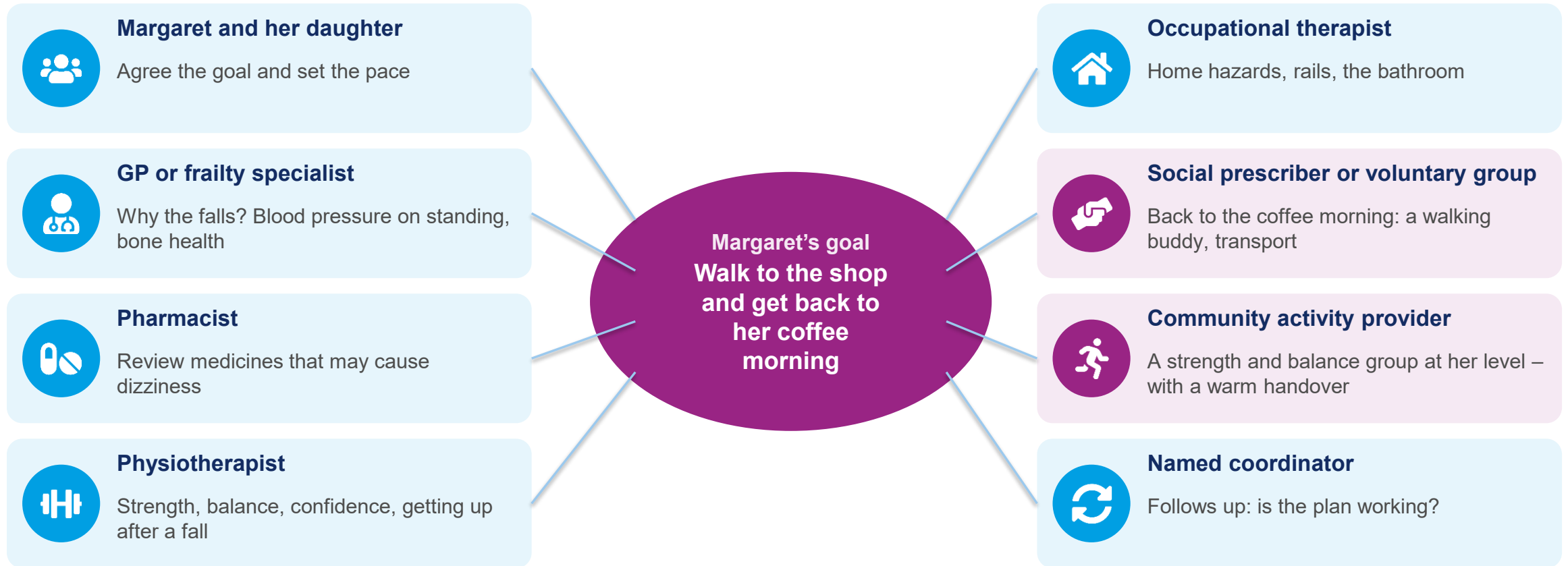
- Two falls since the winter – now rarely goes out
- Takes ten medicines; feels dizzy when she stands up
- Has stopped going to her Thursday coffee morning
- Says she is “not one for exercise”

Her goal: *“I want to walk to the corner shop again – and get back to my coffee morning.”*

Talk to your neighbour 2 minutes

- 1 What matters to Margaret?
- 2 What might be stopping her from moving more?
- 3 What needs clinical or therapy assessment first?
- 4 What could community and activity partners offer?
- 5 Who follows up?

One person, one plan, several partners



Not everyone needs everyone. The right expertise, around one shared goal and one plan.



Evidence: what we can – and can't – say

Published research

In hospital: CGA reduces deaths and helps more older people still be living at home, compared with usual care

In the community: individualised care planning + medicines optimisation + regular follow-up is the combination most likely to sustain independence

Cochrane review of CGA (hospital); Crocker et al, BMJ 2024 (network meta-analysis)

Local study

PACE study: wellbeing and quality of life improved, sustained at 10–14 weeks

Psychological wellbeing improved more than physical wellbeing

Murtagh et al, BMC Geriatrics 2023. Non-randomised controlled study – groups were not randomly allocated

Local service data

>10% fewer GP appointments

>10% fewer emergency department attendances and emergency admissions

CHCP service evaluation after community CGA. Before-and-after data: an association, not proof of cause

*“I was able to discuss my concerns and how I was feeling. **I felt heard.**” – patient feedback, CHCP frailty service*

What this could mean for your work



Design

- Start with what matters to the person
- Offer activity for different levels of reserve
- Design for inequality from the start
- Create routes back after illness, a hospital stay or a fall



Connect

- Warm handovers, not a leaflet or directory
- Make it easy for clinical teams to know what is suitable and accessible
- Build relationships before launching programmes



Feed back

- Tell the clinical team whether the plan worked
- Count small functional gains as real outcomes



What health services can learn from you

Reaching people where they live · making movement sociable and enjoyable · trusted local relationships · knowing what is actually available nearby



Five things to take home

- 1 Frailty is about reduced reserve, not chronological age
- 2 Active ageing still matters when frailty is present – perhaps more than ever
- 3 Movement works best when it is built around what matters to the person
- 4 Clinical care, rehabilitation and community support work best as one connected pathway
- 5 The Jean Bishop Centre is not simply a building – it is a model of proactive, person-centred, coordinated care

The starting point changes. The goal doesn't.





QUESTIONS AND DISCUSSION

What could health, care and physical-activity partners connect, simplify or test together?

Thank you

Dr Andrew Noble

Jean Bishop Integrated Care Centre · City Health Care Partnership CIC

andrewnoble@nhs.net

References

1. World Health Organization. World Report on Ageing and Health. Geneva: WHO; 2015.
2. Gichu M, Harwood RH. Measurement of healthy ageing. Age Ageing 2023;52(Suppl 4):iv3–iv5. doi:10.1093/ageing/afad118
3. Venkatapuram S, Amuthavalli Thiyagarajan J. The Capability Approach and the WHO healthy ageing framework (for the UN Decade of Healthy Ageing). Age Ageing 2023;52(Suppl 4):iv6–iv9. doi:10.1093/ageing/afad126
4. Clegg A, et al. 2013 – frailty prevalence (as cited in CHCP frailty teaching slides).
5. Dent E, et al. European Journal of Internal Medicine 2016;31:3 – contributing factors in frailty.
6. NIHR Applied Research Collaboration Yorkshire and Humber (2022). Priorities of older people living with frailty. arc-yh.nihr.ac.uk
7. Rubenstein LZ, Siu AL, Wieland D. Comprehensive geriatric assessment: toward understanding its efficacy. Aging Clin Exp Res 1989;1:87–98.
8. British Geriatrics Society. Comprehensive Geriatric Assessment toolkit for primary care practitioners. bgs.org.uk
9. Cochrane review: Comprehensive geriatric assessment for older adults admitted to hospital (as cited in CHCP frailty teaching slides).
10. Crocker TF, et al. BMJ 2024 – community-based complex interventions to sustain independence in older people: systematic review and network meta-analysis.
11. Ho et al. Age and Ageing 2023 – complex interventions for older people living with frailty in the community.
12. Murtagh et al. BMC Geriatrics 2023 – PACE study: non-randomised controlled study of a proactive multidisciplinary intervention for older people living with frailty.
13. City Health Care Partnership CIC. Community CGA service evaluation, Jean Bishop Integrated Care Centre (CHCP frailty teaching slides, 2024–2026).
14. NHS England. Proactive care: providing care and support for people living at home with moderate or severe frailty. British Geriatrics Society. Be proactive.
15. Clegg A (HNY ICB Frailty Summit, Oct 2024); Kim D, Rockwood K. NEJM 2024 – matching the response to the level of need.
16. CHCP. Ray's story – Patient experience: The Jean Bishop Integrated Care Centre, Hull (YouTube).



**North
Yorkshire
Sport.**

Damien Smith

Deputy Chief Executive

Working in frailty

What has really mattered.....



Who are we

North Yorkshire Sport are a charity working across York and North Yorkshire using movement, physical activity and sport as a driver for positive change.

Improving outcomes for people through movement, physical activity & sport – across the life course helping to contribute to stronger, healthier, connected and thriving communities.

Our work is predominately with other organisations (public, private and voluntary) to support them to build movement, physical activity and sport into their thinking or ways or working.



Vision and Mission

Vision:

That York and North Yorkshire is a place where everyone enjoys moving more, leading to healthy and happy lives.

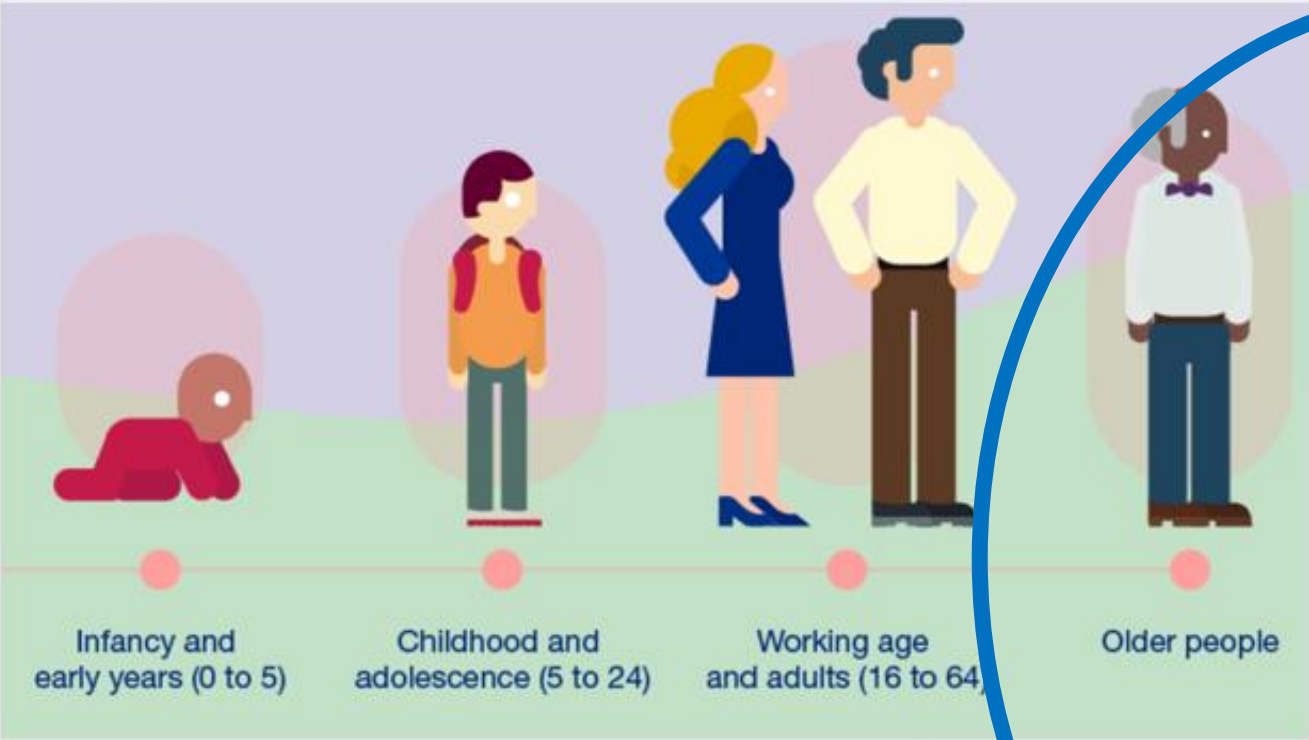


We are on a mission to:

Use Movement, Activity, and Sport as a driver for positive change to enable people to fulfil their potential.



Examples of our work across the life course



Frailty work examples

Strong & Steady

Escape Pain

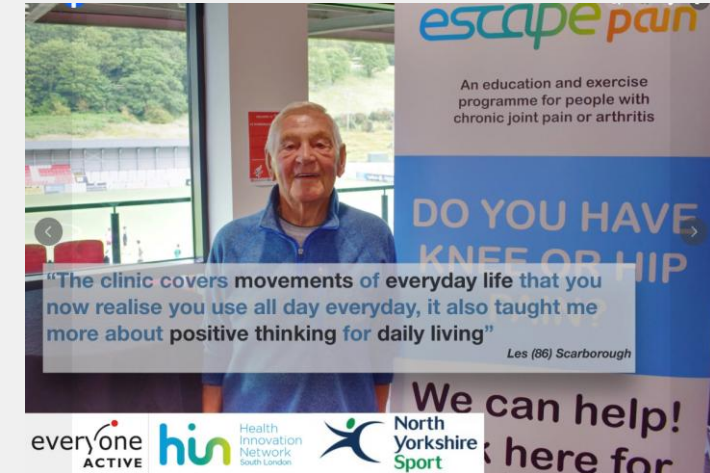
Lockdown Support Programmes

Get Moving

Vale Local Care Partnership Health Inequalities Programme

York Frailty Pathway Pilot

Track record of working in frailty and deconditioning across public and VCSE sectors



**What
Matters?**



Why 'walking the walk' matters.....

Known, Liked & Trusted

- Delivering on what we said we would
- Proving what we do makes a difference to people's lives and improves outcomes (inc participant voice)
- Working in communities for the long term
- Our team & instructors are passionate, knowledgeable, curious and good people!

Knowing when to step in (lead) and when to step back (support)

- Times when we are best placed to lead, times when others are
- Equally bothered about securing resources for frailty work into our partners as we are ourselves
- Work where there is 'market failure'

Why Language Matters.....



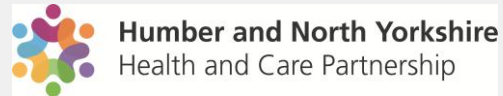
Why language matters.....

Referrals versus signposting

NHS referral = a formal request for another service to assess or support someone.

Signposting = giving someone information about support they can access themselves.

E.G Vale Selby Health Inequalities



Positive messaging always wins – Focus on what matters to other most

Focus on enjoyment, independence, social connection, confidence and quality of life
– rather than 'do it or this will happen'

- Staying active to keep doing the things you love
- Small changes can lead to big benefits
- Celebrate what your body CAN DO!



Why being on the same page matters.....

Rockwood Frailty Scoring

- Putting work into joint language and understanding
- Really helped target people scoring 4 to 6 on the Rockwood Scale (Vulnerable / Mildly Frail / Moderately Frail)
- Bridged the gap between clinicians and our workforce
- Reduced 'wrong referrals' – helps direct people to appropriate healthcare pathways and community / local support.

Being in this together

- Frailty & Deconditioning cant be solved by NHS/Community alone
- Still hesitancy about signposting someone to activity with no NHS 'badge'
- Helped bridge gap/misunderstanding on qualifications of our workforce
- GP's who could see the sessions for themselves became immediate advocates

Clinical Frailty Scale



1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.



3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.



4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being “slowed up”, and/or being tired during the day.



5 Mildly Frail – These people often have more evident slowing, and need help in higher order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.



7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

Why relationships matter.....

When Good People Work with Good People, Great Things Happen

- Simon (Health & Wellbeing Manager) & Rachael (Health & Wellbeing Officer) really captained the boat
- We found, built confidence with, leant on and trusted people in healthcare who wanted to do things differently
- Built relationships that are delivering ongoing impact far outlasting the funding period

The right people make any system work.

- Frailty Scoring & IT
- Delivery focusses on getting things done, systems leadership focusses on changing the conditions that determine whether those things succeed over the long term.



North
Yorkshire
Sport.

**2025 – 2026
Impact Report**



Further information

www.northyorkshiresport.co.uk

**North
Yorkshire
Sport.**

69 Bilton Lane
Harrogate
HG1 3DT

01423 226303

northyorkshiresport.co.uk



Damien Smith

Deputy Chief Executive

Damien@northyorkshiresport.co.uk

01423 637652







THE AGEING & PHYSICAL
ACTIVITY NETWORK

Promoting Physical Activity in Later Life

Dr Trish Jackman

Associate Professor in Sport & Exercise Psychology

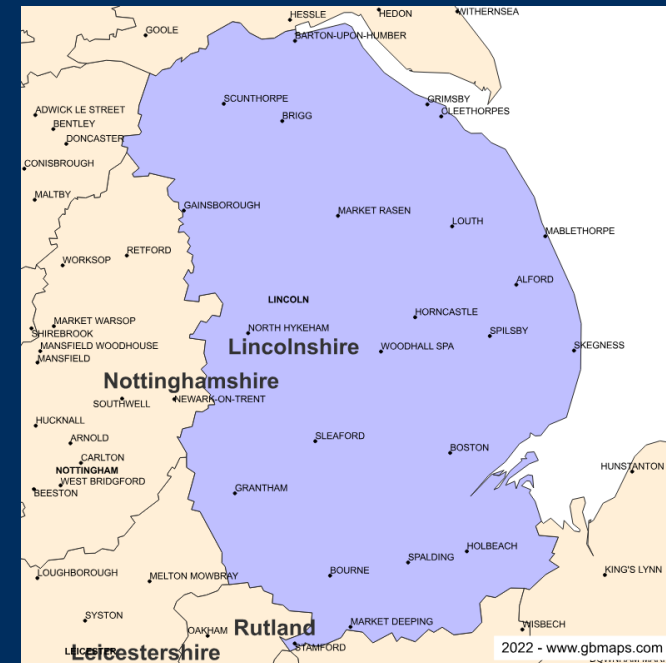
University of Lincoln



THE AGEING & PHYSICAL
ACTIVITY NETWORK

24.15%
of Lincolnshire's
population are aged
65 years or over

Rates of inactivity among
older citizens are higher than
the national average (Sport
England, 2025)



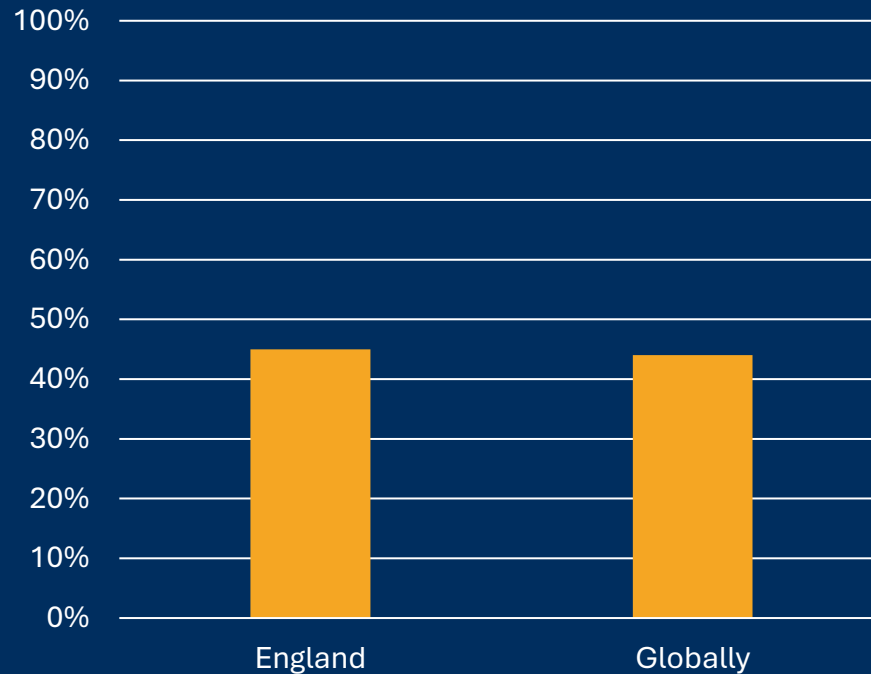


What is Physical Activity?

Movement



Older citizens active for <150 mins/week

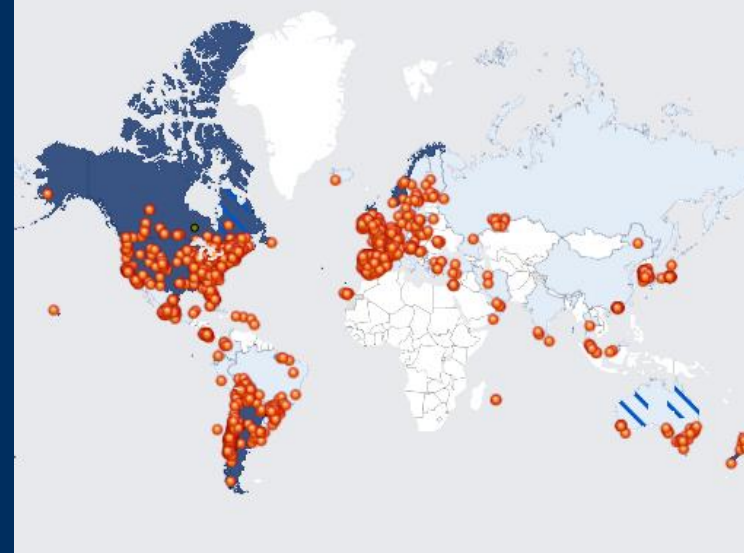


30%

of over 65s active for
< 30 mins/week

Age-Friendly Cities & Communities

- Communities committed to creating environments that help people to age well



SYSTEMATIC REVIEW

Open Access



Physical activity in age-friendly cities and communities: a scoping review with recommendations to support policy and practice

Patricia C. Jackman^{1*} , Emily J. Dargue-Fox^{1,2} , Rebecca M. Hawkins¹ , Niamh Murphy³ , Melanie Clarke⁴ , Christian Swann^{4,5}  and Mo Ray⁶ 

59

peer-reviewed
journal articles

77

Age-friendly
practices



Recommendations for Age-Friendly Domains

Civic Participation & Employment

Support capacity building of older citizens in relation to physical activity

Create opportunities for older citizens to contribute to decision-making regarding physical activity

Support older citizens through leadership and volunteering roles in physical activity



Communication & Information

Ensure accessible, inclusive messaging tailored to all older citizens' needs

Use multiple communication channels including print, digital, and face-to-face

Provide clear information about physical activity opportunities and its wide-ranging benefits



Community Support & Health Services

Integrate physical activity into health services and community life for all older citizens

Train and resource health and care professionals to deliver and promote physical activity among older citizens

Encourage health and care providers to promote physical activity and signpost to local opportunities



Housing

Design accessible housing and neighbourhoods that support active living

Incorporate universal design principles in housing and residential care developments

Consider access to parks, walking paths, and community centres



Respect & Social Inclusion

Develop inclusive, affordable, and autonomy-supportive physical activity opportunities that address the needs and aspirations of older citizens

Celebrate diverse cultural practices and preferences in physical activity programs

Value and recognise the contributions of older citizens in physical activities



Social Participation

Ensure older citizens can access community spaces for physical activity

Offer different physical activity programmes, including those specifically for older citizens and intergenerational activities

Organize group activities that encourage social interaction, connections, and support



Outdoor Spaces & Buildings

Install and maintain adapted physical activity equipment in parks

Provide benches, lighting, and signage to support active use and ensure surroundings are appealing and well-maintained

Consider age-friendly design features in built environments that support physical activity

Maintain footpaths and public spaces for year-round use



Transportation

Build walkable, wheelable infrastructure with safe, accessible pathways

Ensure infrastructure and traffic-calming measures around streets, footpaths and cycle paths facilitates safe active travel

Implement creative solutions to overcome transport barriers to physical activity for older citizens





System-Level Enablers for Age-Friendly Communities

System-Level Enablers



Conclusions

Physical activity for older citizens is everyone's business

All age-friendly domains can play a role in supporting physical activity

Importance of a place-based and whole-system approach to enabling movement



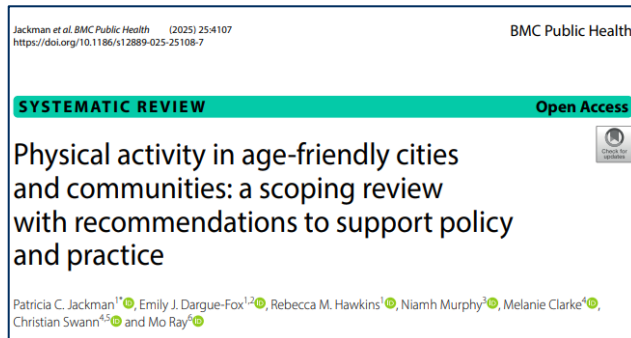
Member Priorities

- Dementia and physical activity
- Ageism and physical activity
- Age-friendly physical activity
- Sectors that can play a role in physical activity but are currently less engaged
- Accessibility and inclusion
- Loneliness and social connectedness
- Rural challenges
- Mobilising research findings and reaching key audiences
- Sharing good practice

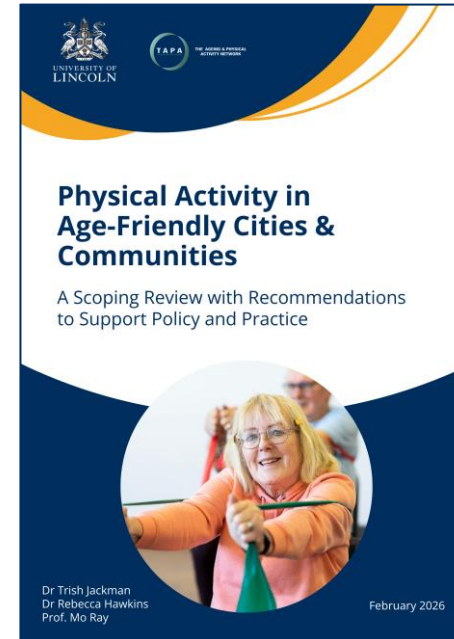
Resources & Further Information

Contact / Join TAPA

Dr Trish Jackman
(pjackman@lincoln.ac.uk)



Access [journal article](#)



Access [policy brief](#)

Cite this research

Jackman, P. C., Dargue-Fox, E. J., Hawkins, R. M., Murphy, N., Clarke, M., Swann, C., & Ray, M. (2025). Physical activity in age-friendly cities and communities: a scoping review with recommendations to support policy and practice. *BMC Public Health*, 25(1), 4107. <https://doi.org/10.1186/s12889-025-25108-7>

Images

Images obtained via the [Centre for Ageing Better Photo Library](#).



THE AGEING & PHYSICAL
ACTIVITY NETWORK

Join TAPA



Contact

Trish Jackman

pjackman@lincoln.ac.uk





Hull &
East Yorkshire

ageUK

We want everyone to be able to love later life



Who are Age UK Hull and East Yorkshire?

Age UK is the country's leading charity dedicated to helping everyone make the most of later life. The Age UK network comprises around 125 local Age UKs reaching most of England.

Age UK Hull and East Yorkshire (HEY) is one of those local Age UKs and runs as an independent local charity supporting people aged over 50 years.

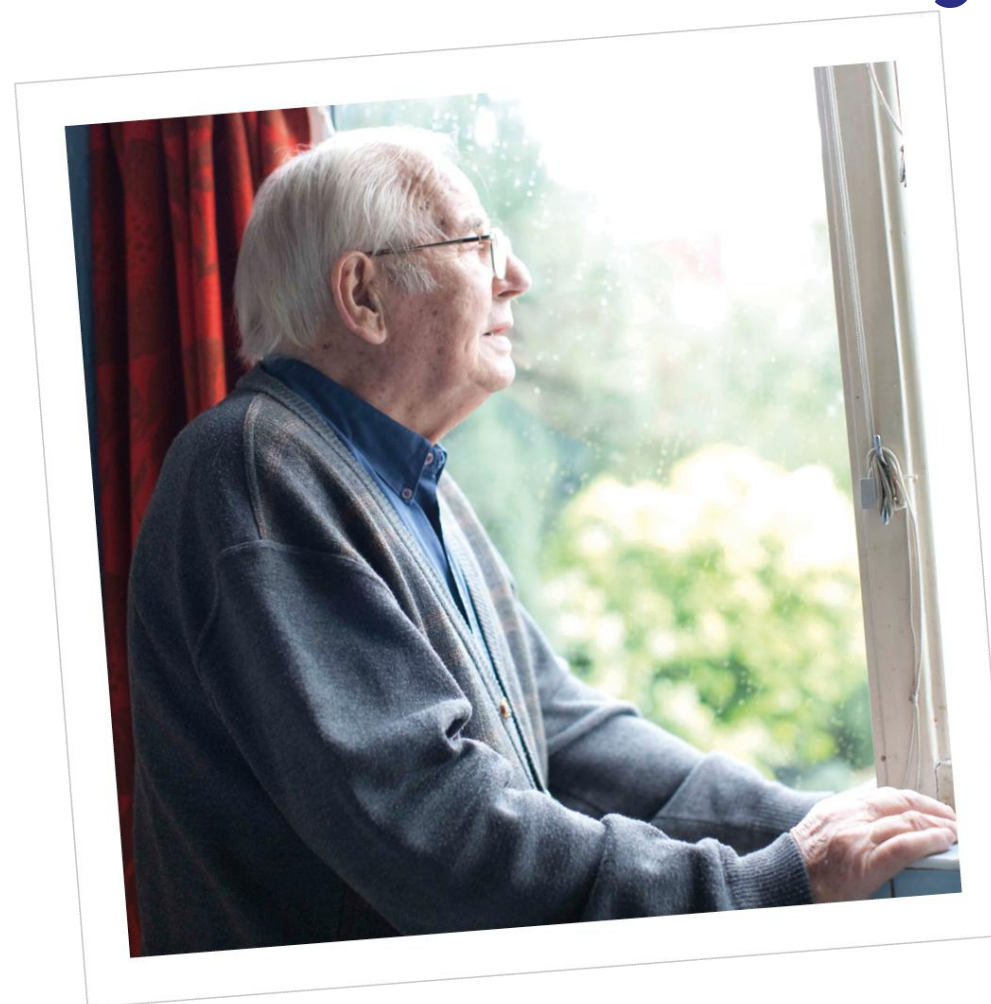
We have been working in the local community to help older people for over 75 years. We have many dedicated staff members and volunteers who help us to deliver our range of services and activities for older people in Hull and East Yorkshire.

We are supported by donations from the public, charitable grants and funding from Local Authorities.



Some of the issues faced by older people

- **Loneliness / Isolation** – withdrawn or low in mood, eager to talk
- **Digital exclusion** – not understanding or being able to access technology
- **Risk of falls** – holding onto household items or holding onto you
- **Health problems** – appear unwell and frail, look in poor health
- **Mobility problems** – sleeping downstairs or using mobility aids
- **Unable to manage everyday activities** – don't leave the home or reliant completely on others/carers
- **Lack of carer support** – family live far away or no living relatives
- **Grief** – from the loss of a spouse or partner/estranged relationships
- **Financial concerns** – no food in the home or utilities not being used
- **Boredom** – frequent calls or looking for things to do or things to help
- **Inappropriate accommodation** – not suitable for their needs such as too big/small/mobility needs/carers
- **Self - Neglect** – poor personal hygiene, malnutrition, unkempt appearance



What do we know?

780

**emergency hospital
admissions due to falls
among Hull residents aged
65+ in 2023/24**

+20%

**Hull's hip-fracture
admission rate was 20%
above England's rate in
2023/24**

1 in 5

**People aged 75+ feel
lonely at least some of
the time**

1 in 6

**People aged 50+ said
they were caring for
someone else**

Healthy ageing is not about one big change. It is a collection of small, realistic choices — made possible by the right support.

What services do we provide?



Befriending – telephone,
penpal and home visiting



Information and Advice –
benefits advice and
information/advice



Positive Activities – Social
Groups, Gift of Friendship,
Walking Football,
Communities in Motion



Falls prevention and Falls
Exercise



Home Support



Basic IT support

Falls Prevention Support



Falls Prevention Support

Falls are a common, but often overlooked, cause of injury. Around one in three adults over 65 who live at home will have at least one fall a year, and about half of these will have more frequent falls.

Most falls don't result in serious injury. However, there's always a risk that a fall could lead to broken bones, and it can cause the person to lose confidence, become withdrawn and feel as if they've lost their independence.

Home Visits

The Age UK Hull and East Yorkshire Falls prevention team can visit you in your home or call and carry out a holistic risk assessment to identify any potential risks in the home as well as offer advice on how to prevent any further falls occurring.

Our Team also go out into the community and offer information and advice to Social groups as well as other professionals working in Health and Social Care. This is a Hull funded service.

Exercise Programme

Working in partnership with CHCP, we provide a 4 week programme for individuals at risk of falling, or who have fallen. In the 4 weekly sessions clients will gather information for medical professionals, complete specific exercises and connect with the others in their group. Available for Hull and ER clients.



Communities in Motion



Communities in Motion

We are providing small and large scale physical activity classes to encourage older people across Hull to get physically active.

These take place either weekly, monthly or ad hoc for anyone aged over 65+ facilitated by a member of the team and will be a FREE programme of support.



Physical Activity Classes

- Walking Football: Haltemprice, East Hull and Costello
- Couch to 1k
- Bereavement Supported Walk Programme
- Grandparents/Grandchildren Mobility Circuit
- Residential Home Chair Based Programme
- Pickle Ball tournament
- Day Disco
- Guided Walks
- And more!

What else can be done?

LOOK AFTER PHYSICAL HEALTH

Regular movement supports heart health, mood and independence.

Stand up during adverts; march gently on the spot while the kettle boils, put the shopping away, or gardening.

LOOK AFTER MENTAL HEALTH

Keep the brain active, Healthy ageing also means supporting memory, thinking skills and emotional wellbeing.

Learn a new skill, access Talking Therapies

LOOK AFTER GENERAL HEALTH

Changes in hearing and vision can affect confidence, communication, balance and willingness to leave home.

Get checked, attend appointments and think preventative!

BE WITH OTHER PEOPLE

Loneliness is not an inevitable part of getting older.

Walk-and-talk, chair-based exercise, dancing or a social group.

Volunteering

Age UK Hull and East Yorkshire relies on volunteers to help us offer vital services in the local community.

Volunteering is a great way to meet new people, learn new skills, and support the work we do in the community. Our volunteers are a key resource to Age UK Hull; without them we could not provide the services we do.

Volunteering supports people:

- To be socially connected
- It encourages physical activity – helping at events / setting up a group / gardening
- Mental Wellbeing – Having a role, purpose, feeling valued, get out the house
- Builds confidence and independence



Any questions?



Contact Us

Call: 01482 324644

Email: hello@ageukhey.org.uk

Volunteer Enquiries: volunteer@ageukhey.org.uk

Website: www.ageuk.org.uk/hulleastyorkshire

Natalie.spikings@ageukhey.org.uk





Q&A Panel Session



Feedback

