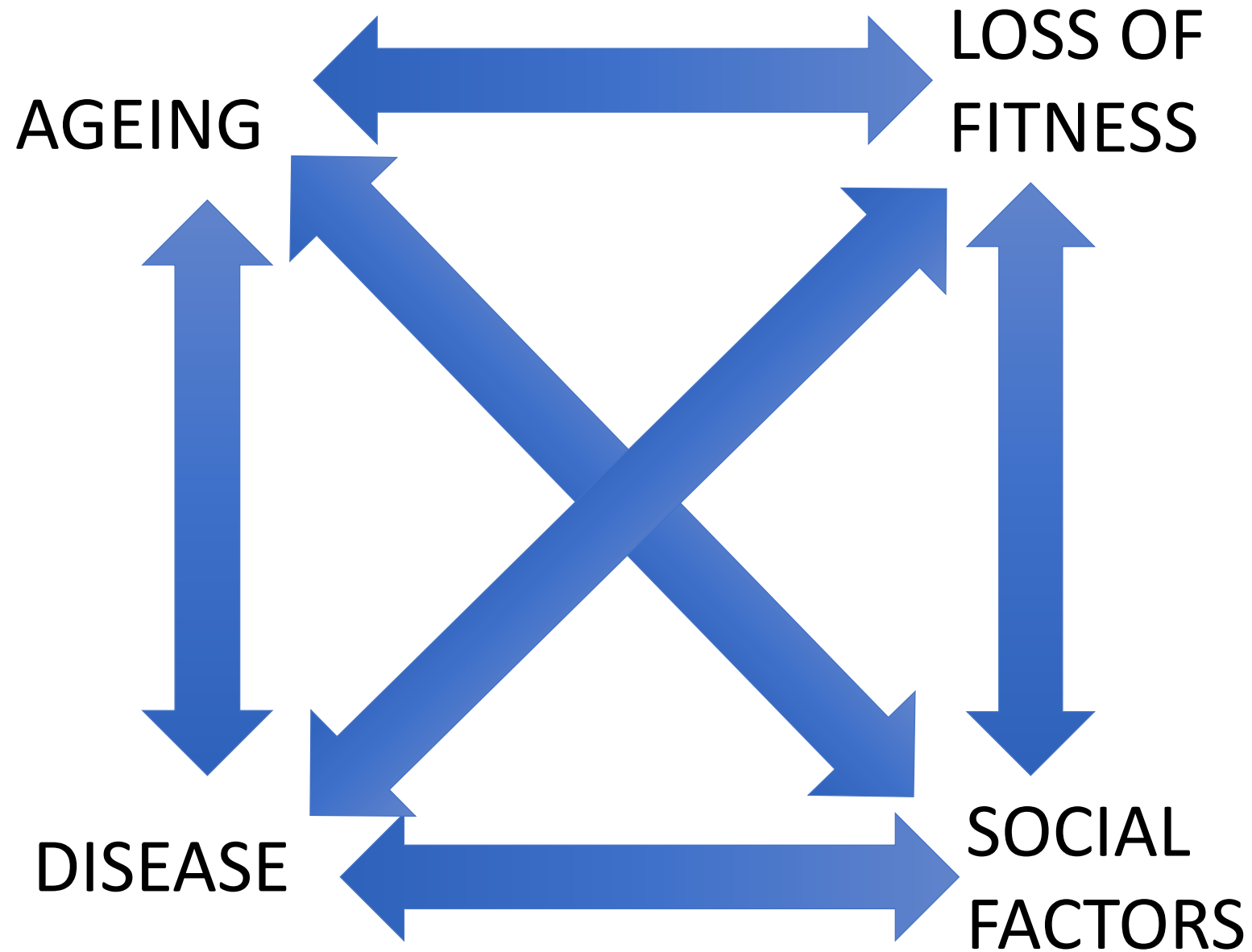


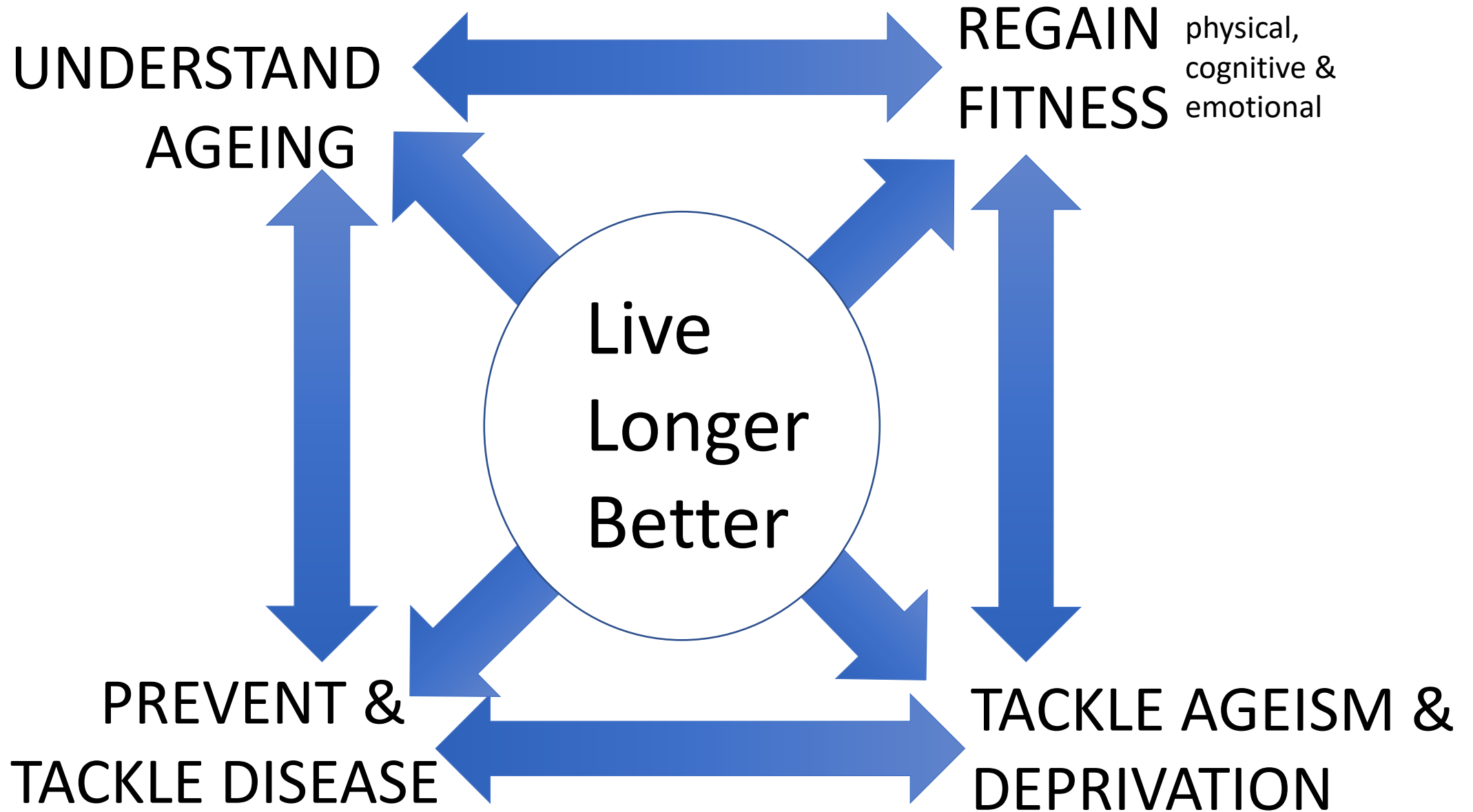


Population ageing is often presented as an oncoming tidal wave of need but it need not be. We can adapt to the challenge not through yet another reorganization but through a revolution - a Cultural Revolution

Live Longer Better

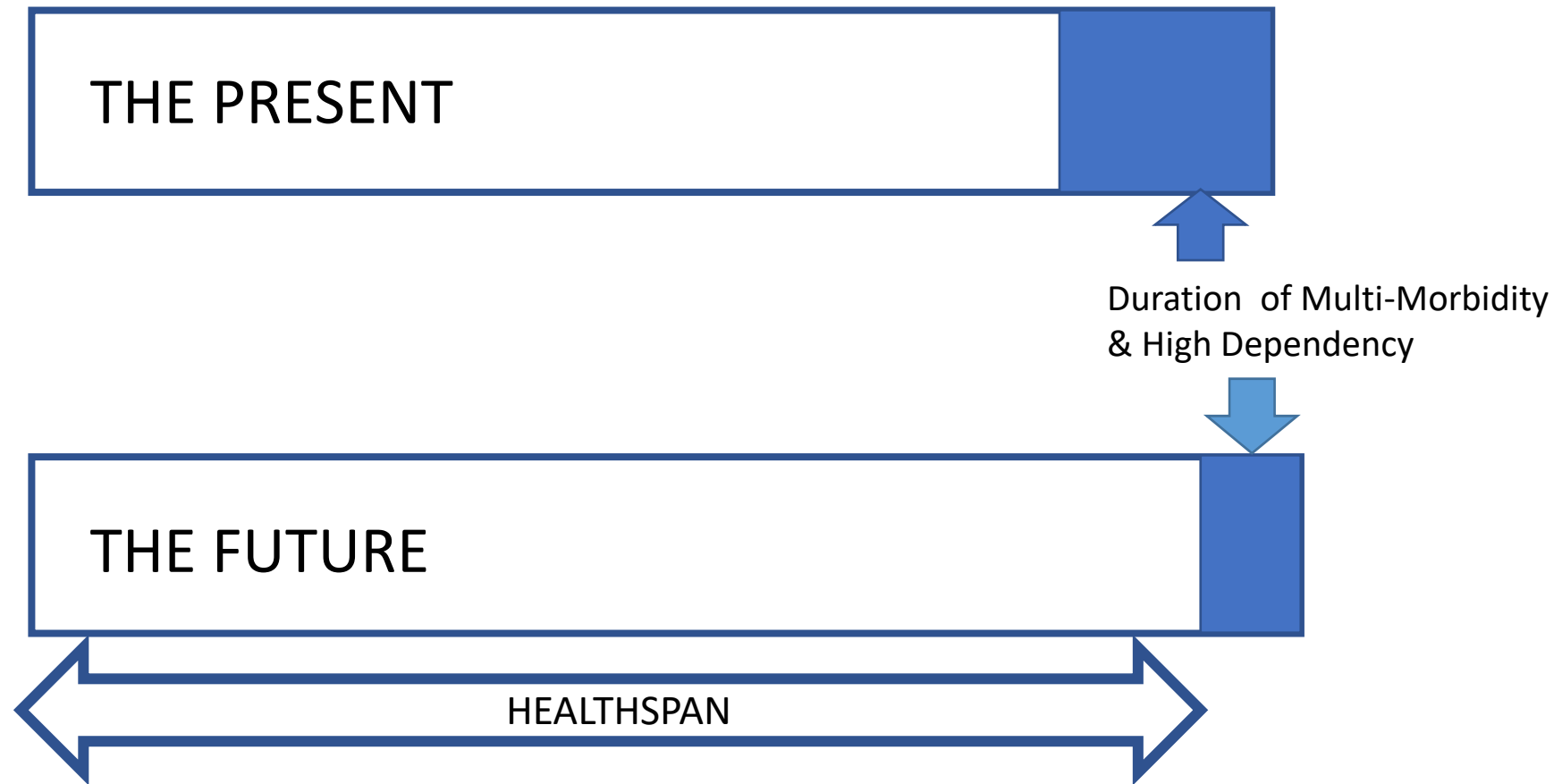


Live Longer Better



Live Longer Better

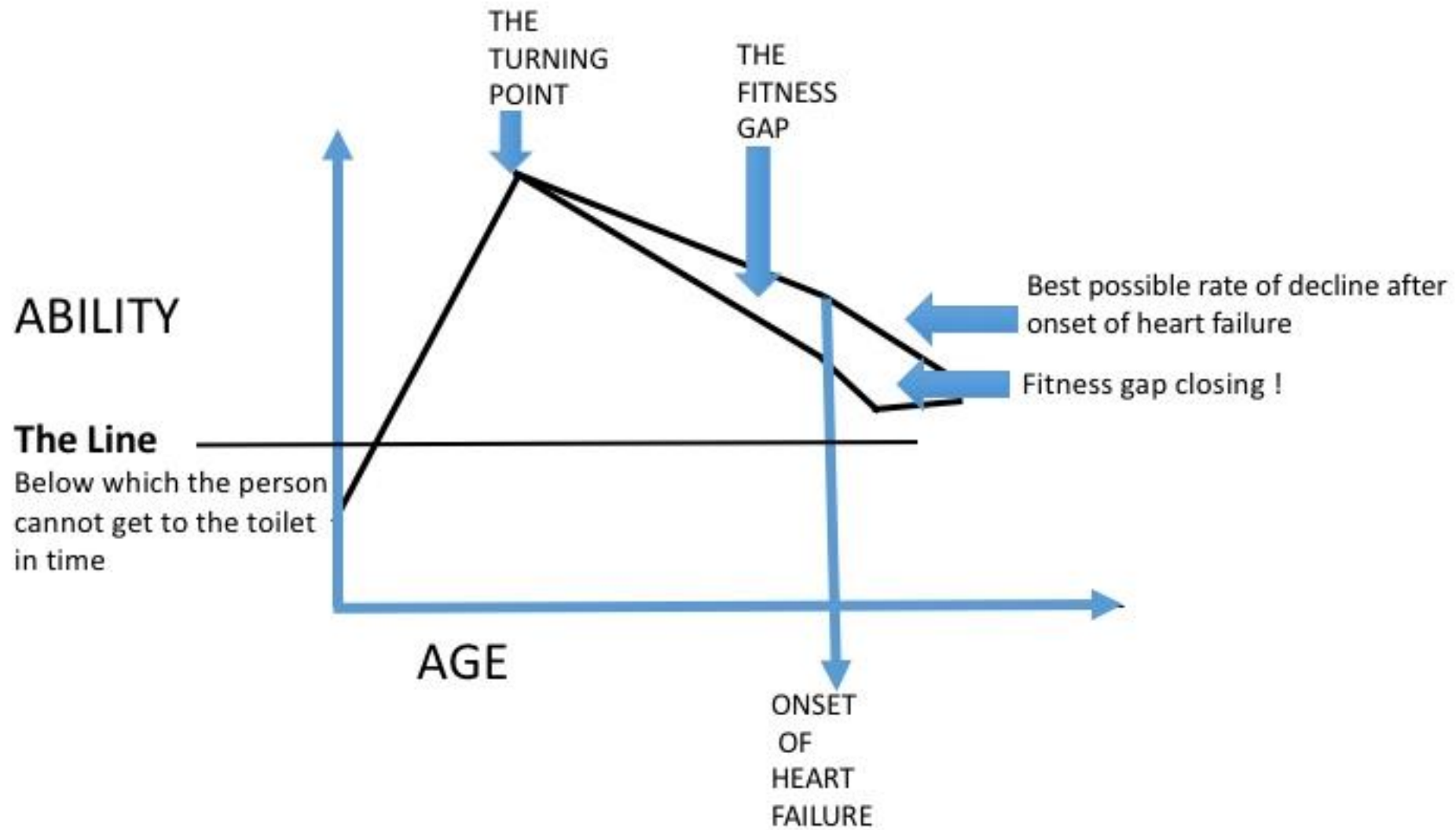
The first aim of the Living Longer Better programme is to increase wellbeing and healthspan & compress the period of dependency.



The second aim is to improve wellbeing - physical, cognitive and emotional - which will:

- *help people feel and function better this year
- *prevent or delay or slow down or reverse the onset of frailty, disability and dementia

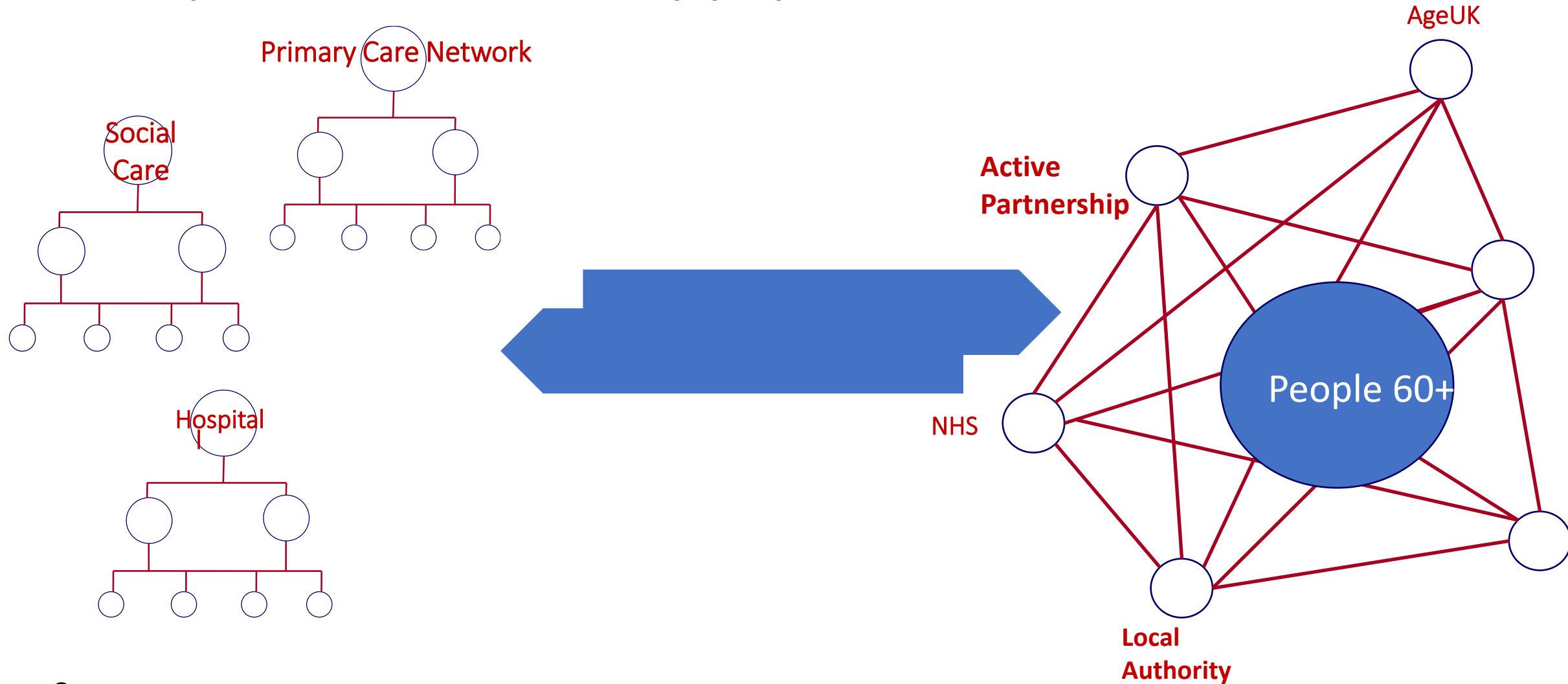
The third aim is to reduce the need for health and social care because a person who increases their strength, stamina, skill and suppleness is able to regain the ability to for example, dress or get to the toilet without help



How will we achieve these aims? Not by yet another reorganization; we need a System for Living Longer Better. A system is a set of activities with an aim and a set of objectives

- To prevent and mitigate isolation
- To increase physical ability, resilience and healthspan and prevent frailty and falls
- To promote knowledge and understanding about living longer better among older people and the wider population to counteract the detrimental effects of ageism
- To create an environment in which people can fulfil their potential
- To enable strengthening of purpose
- To support carers better
- To minimise and mitigate the effects of deprivation
- To reduce the risk of, and delay or prevent dementia
- To prevent and minimise the effects of disease and multimorbidity
- To enable dying well as well as living well

The System is delivered by population based networks



The networks give leadership and the distinguishing characteristic of leadership is to create culture, we need a cultural revolution to create a culture of enablement and coaching rather than a culture of care. To do this we need to change how people think, both professionals and older people

The resources for achieving this include:

- *the development of the new language – eg enabling and purpose
- *a learning programme for
 - *older people and for
 - *those who support them, professionals and volunteers, and for
 - *the leadership of all the organisations involved in the network
- *digital inclusion – getting everyone 60+ online

Living Longer Better 2022:
the year of reconditioning.

We would like to help every Local Authority provide leadership to create a Reconditioning Programme with the NHS, AgeUK and the Activity Partnerships of Sport England



People at the Heart of Care

Adult Social Care Reform White Paper

Presented to Parliament
by the Secretary of State for Health and Social Care
by Command of Her Majesty

December 2021

4.52 Alongside this, we will provide risk-sharing funding to a number of local authorities to mitigate the additional costs arising from system change as well as business development support to care providers to build capacity in the sector. All of this will be underpinned by evaluation, so that we can scale and embed successful models across the sector and learn ‘what works’ to help local systems to implement successful innovations.



Focusing on prevention and health promotion to support people to live healthier lives for longer

4.53 We recognise there is more to be done on preventing the causes of ill health that can increase the demand for adult social care services. The newly formed Office for Health Improvement and Disparities (OHID) gives increased focus on improving the health of the population, working across government departments to co-ordinate efforts and impact. OHID will focus the whole health family on delivering greater action on prevention; and – working with a new cross-government ministerial board on prevention – drive and support the whole of government to go further in improving health and tackling health disparities, address the wider drivers of good health, from employment to housing, education to the environment.

4.54 OHID will tackle the top preventable risk factors for poor health, including obesity, smoking and alcohol. Improving quality of life in the last 5 years of life will enable older people to do what they have

reason to value, for example, work, caring or volunteering, as recommended by the World Health Organization in its Healthy Ageing Strategy.

Maximising Independence of older adults to reduce falls risk

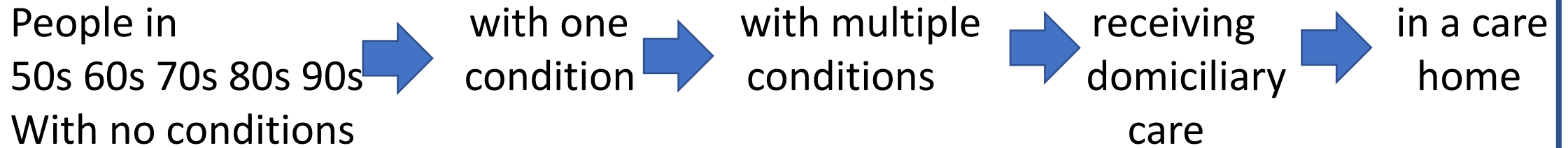
4.55 Levels of physical activity have fallen as a result of the COVID-19 pandemic and the mitigation measures put in place to reduce levels of disease transmission. There has been a particularly large fall in strength and balance activity amongst older adults over 65, which has led to an increase in deconditioning. Deconditioning is a change in physical fitness due to inactivity – including the loss of physical, psychological and functional capacity due to inactivity. It can occur rapidly in older adults and is not straightforward or quick to remedy. It has a range of negative health impacts including falls, depression, type II diabetes, cardiovascular disease and musculoskeletal problems.

4.56 The most immediate outcome of deconditioning is likely to manifest as an increase in falls. Government modelling³⁶ of the expected increase in falls resulting from deconditioning puts the number of additional falls at over 250,000 per year, leading to costs to the health and social care system of £210 million. Based on the usual healthcare pathways for falls, it is plausible that nearly 26,000 of these additional falls will require a GP visit, 30,000 an ambulance call out, over 14,000 an inpatient stay, and over 12,000 a care home package.

4.57 Despite the lifting of restrictions, there is evidence that levels of physical activity have remained low throughout 2021, meaning that many people are likely

³⁶ Public Health England, ‘Wider impacts of COVID-19 on physical activity, deconditioning and falls in older adults’, published August 2021.

There are three principal workstreams



Supplementing NHS Ageing Well

The National Activity Therapy Service activity related to specific diagnoses , supplementing NHS rehabilitation and exercise medicine

The Reconditioning Programme – activity, physical, cognitive and emotional to prevent, delay ,slow down and reverse frailty and dementia and reduce the risk of a fall

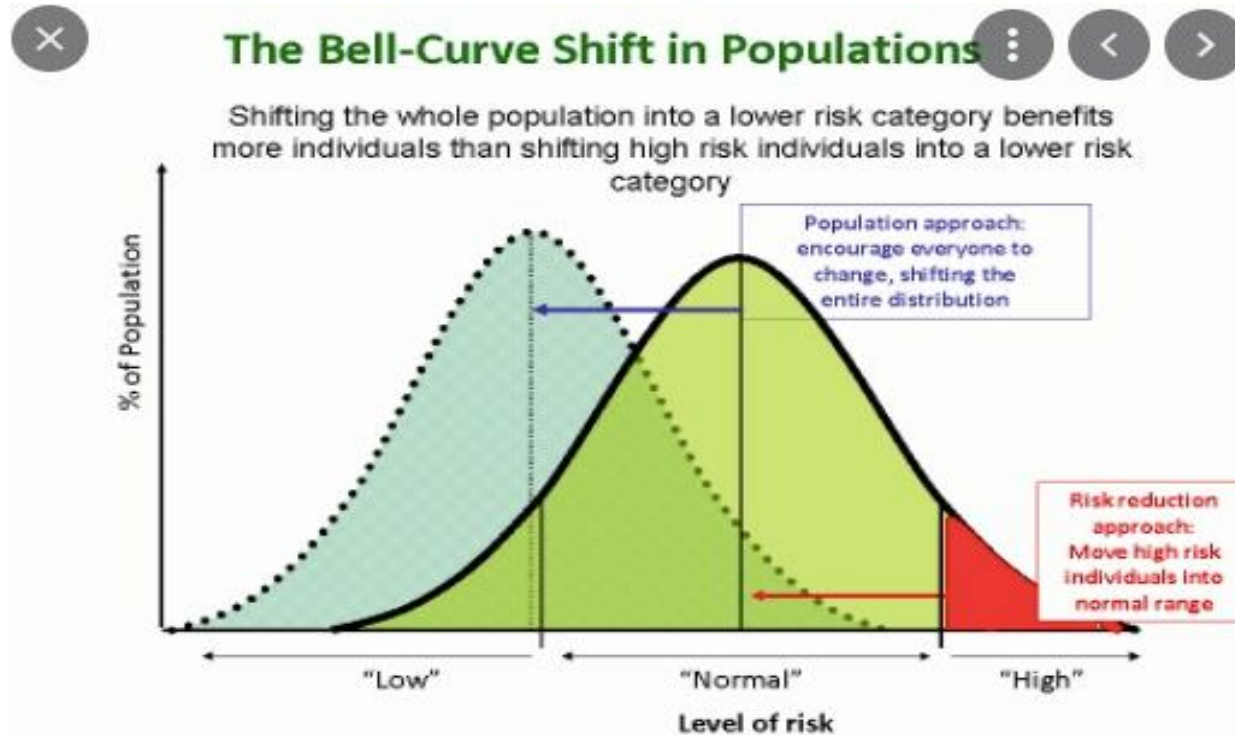
The Reconditioning programme is for everyone
60+ – enabling activity - physical, cognitive and emotional - to
prevent, delay, slow down and reverse frailty and dementia and
reduce the risk of a fall



The National Activity Therapy Service enables activity related to specific diagnoses, supporting NHS rehabilitation, geriatric, exercise and medicine services

Activity Therapy is defined as the promotion and enablement of activity, physical, cognitive and emotional for people with, or at risk of, long term conditions by people qualified as physical trainers, sports scientists or exercise physiologists

The Ageing Well programme focuses on those at highest risk



Source: Rose G. Sick individuals and sick populations. *Int J Epidemiol* 1995; 12:32-38.
260 x 720

So what will it be like?

- *Every older person receiving learning through their GP information system
- *1000 professionals and volunteers in every million will have their brains rewired to think differently and create a new social reality ;librarian services playing leading role
- *every fitness and 'leisure' service playing leading role
- *every care home to have a physical activity professional as stimulant
- *more older people with a mission

SOCIAL CARE ACT 2014

2. Preventing needs for care and support

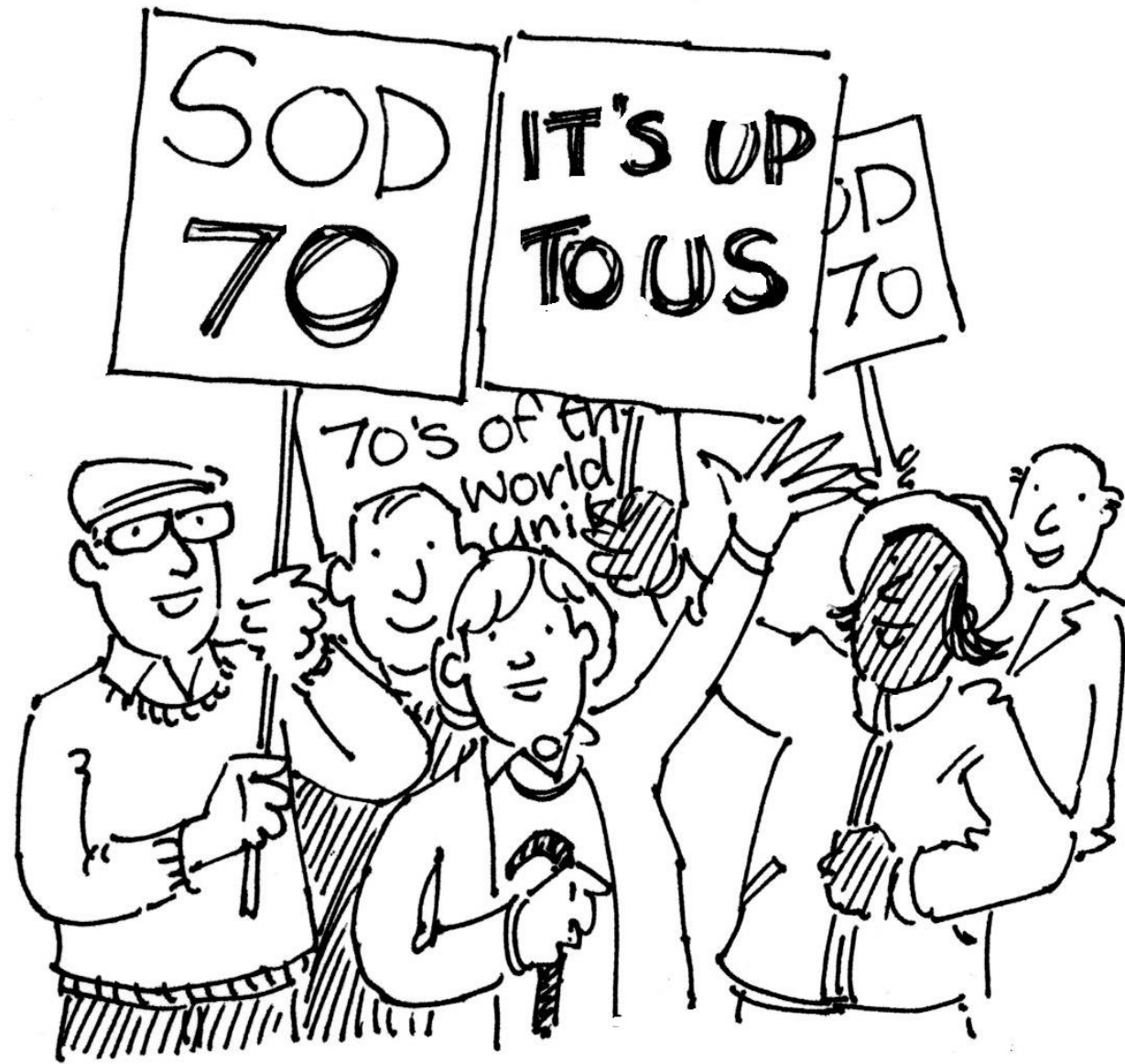
(1) A local authority must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will—

(a) contribute towards preventing or delaying the development by adults in its area of needs for care and support;

(b) contribute towards preventing or delaying the development by carers in its area of needs for support;

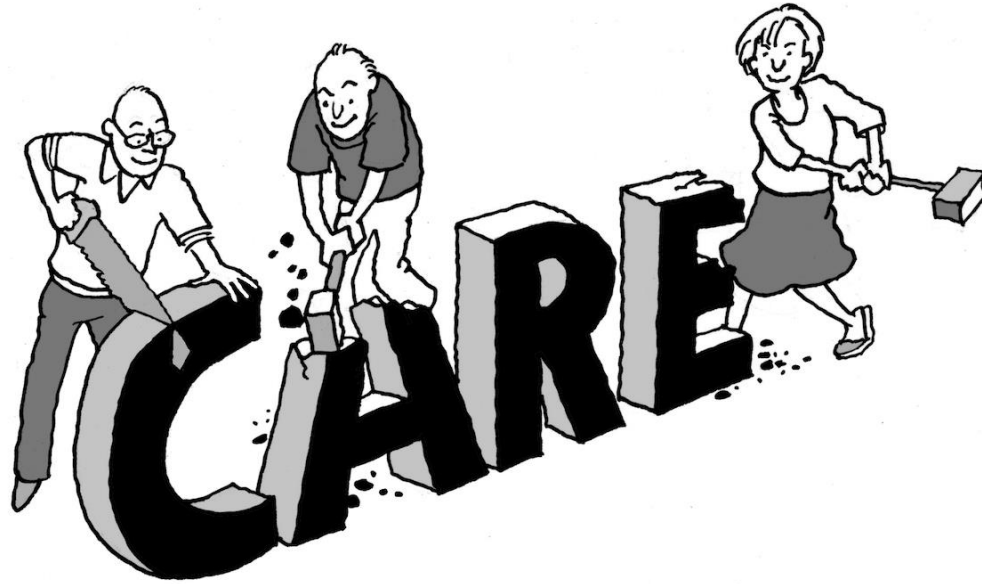
(c) reduce the needs for care and support of adults in its area;

(d) reduce the needs for support of carers in its area.



Live Longer Better

THE NEW LANGUAGE



ENABLING

THE LEARNING OUTCOMES FOR OLDER PEOPLE AND PROFESSIONALS AND VOLUNTEERS ARE CLOSE RELATED , FOR EXAMPLE IN THE MODULE ON IMPROVING PHYSICAL FITNESS

FOR THE PROFESSIONALS AND VOLUNTEERS:

- By the end of this module, you will be able to:
 - define what is meant by physical fitness and describe how it relates to ageing?
 - describe the different dimensions of physical fitness and how they can be improved?
 - understand the social barriers to increased activity and how people overcome these barriers.
 - Relate these concepts to the other two dimensions – cognitive fitness and emotional fitness

■ FOR OLDER PEOPLE THE KEY MESSAGES ARE

**It is almost always a decline in fitness that starts the decline in ability not ageing*

**physical fitness has four dimensions – strength, stamina, suppleness and skill*

**increasing fitness becomes more important every year and with every diagnosis*

There are three important strategies

1. Keep the brain tissue healthy , sleep well , manage stress and be physically active
2. Keep your arteries hto the brain healthy , with the same chnges as to reduce the risk of heart disease
3. Increase engagement, positivity and purpose and keep challenging your brain and mind

