

Live Longer Better:
Ageing well creates living longer better

Sir Muir Gray

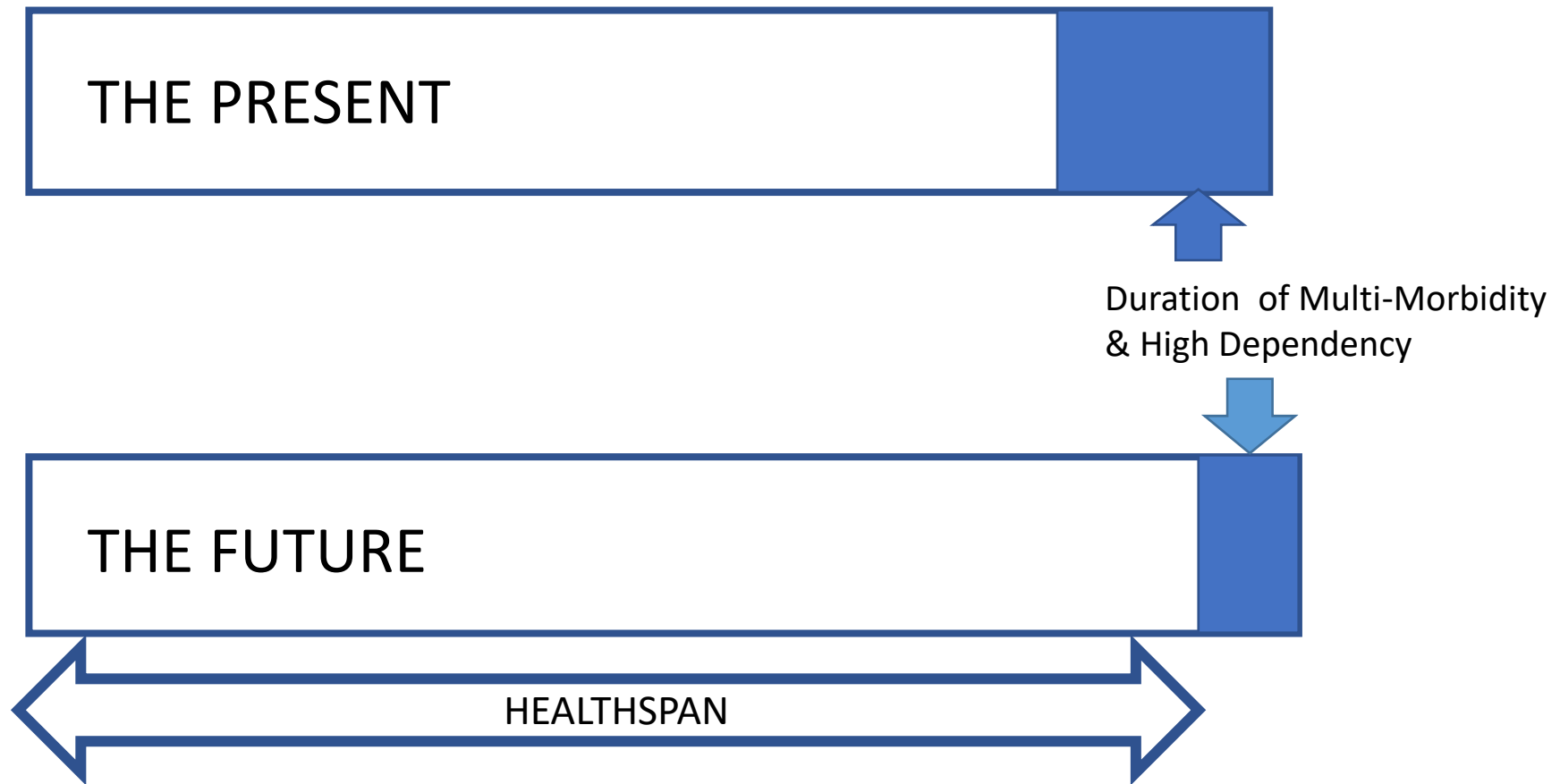
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The number of people aged over 80 will double in the next decade. This is often described as a tidal wave of need about which nothing can be done because it is due to 'ageing', but it is not. We now understand the science of what is happening to us as we live longer.



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Living Longer Better programme is designed to achieve three things – the first is to increase wellbeing and healthspan & compress the period of dependency.

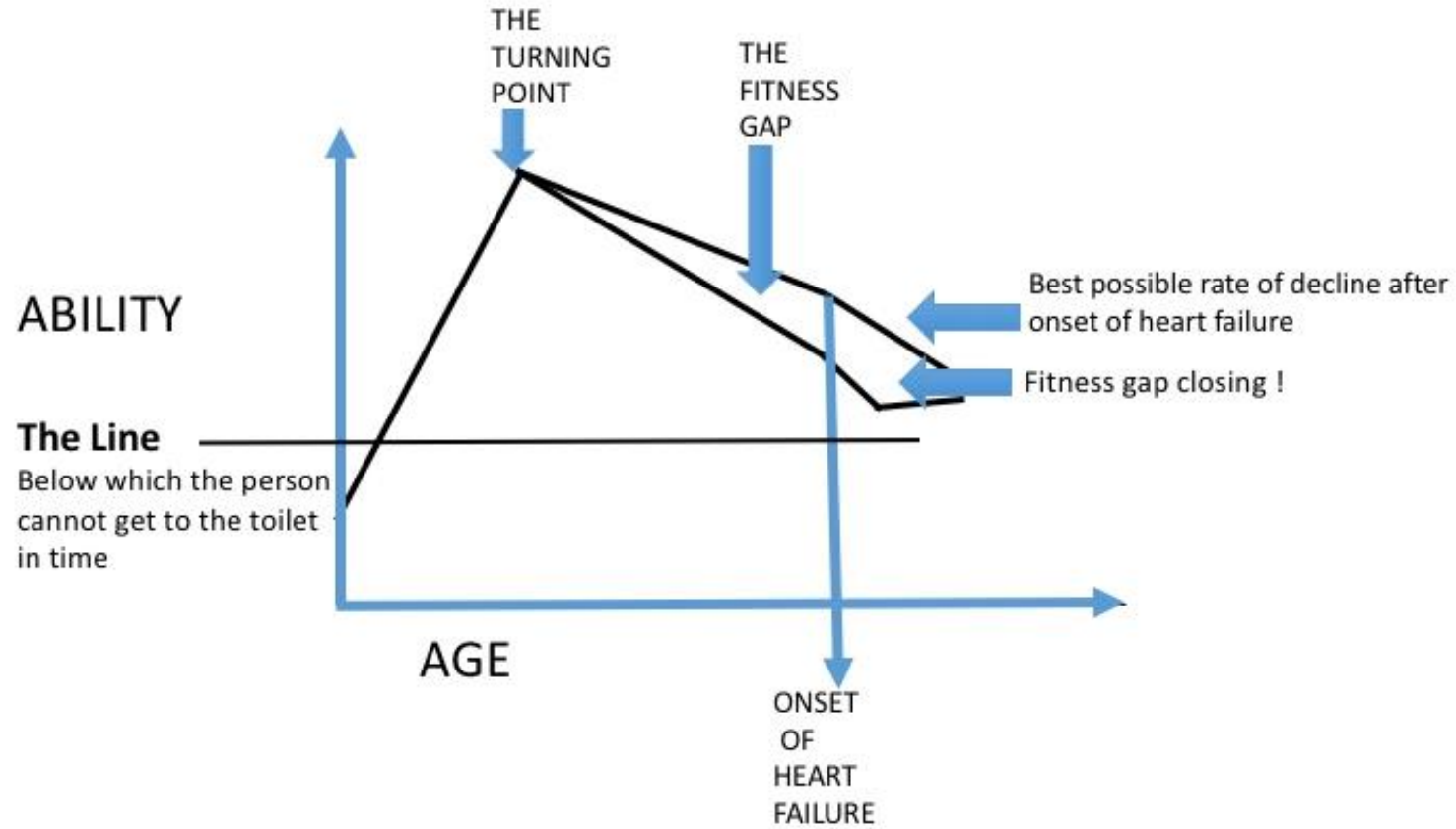


The second is to improve wellbeing, physical, cognitive and emotional, which will:

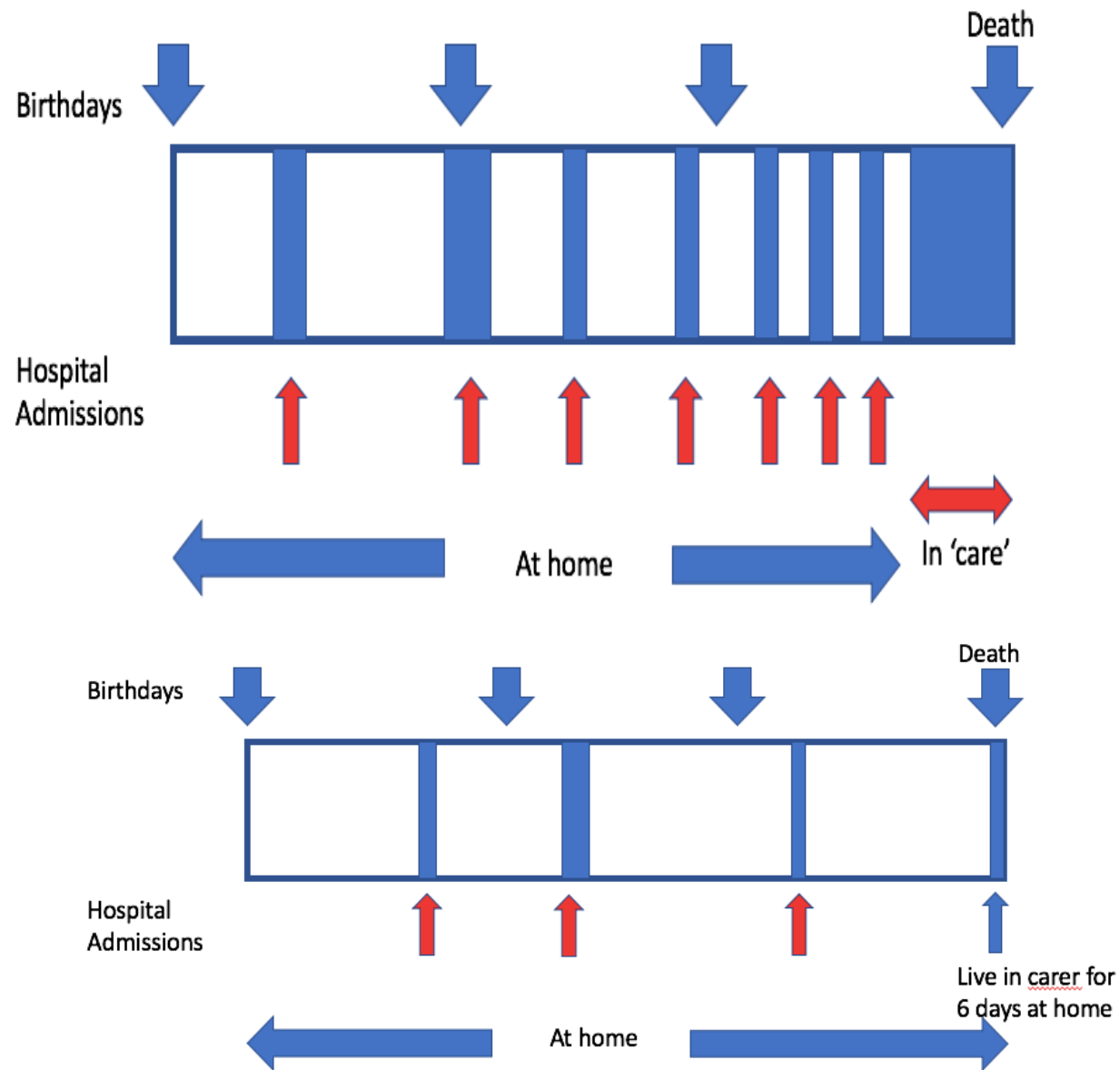
- *help people feel and function better this year,
- *prevent or delay the onset of dementia, disability and frailty
- *reduce the need for health and social **care in the short term** because a person who increases their strength, stamina, skill and suppleness is able to regain the ability to for example, dress or get to the toilet without help

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The third is to reduce the need for health and social care

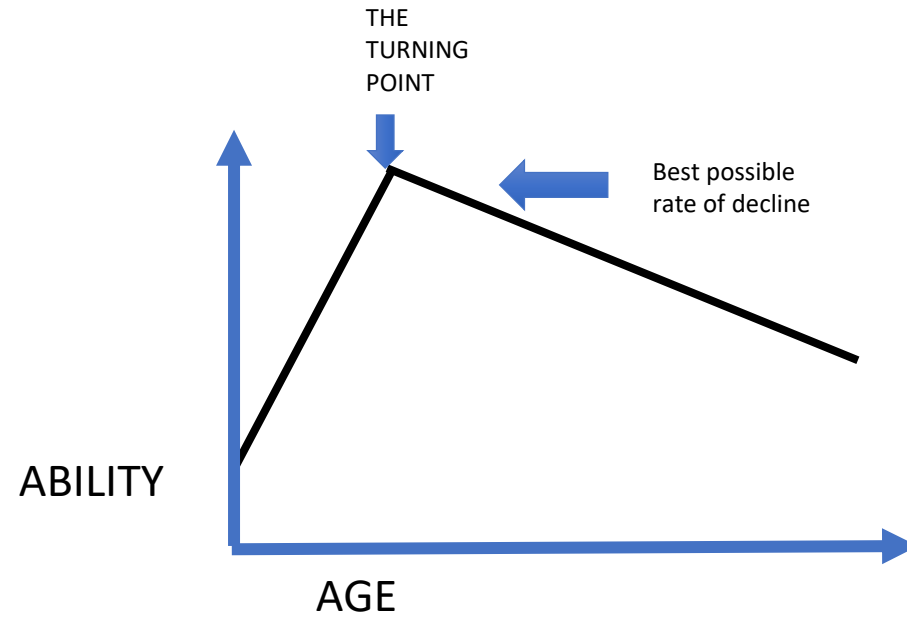


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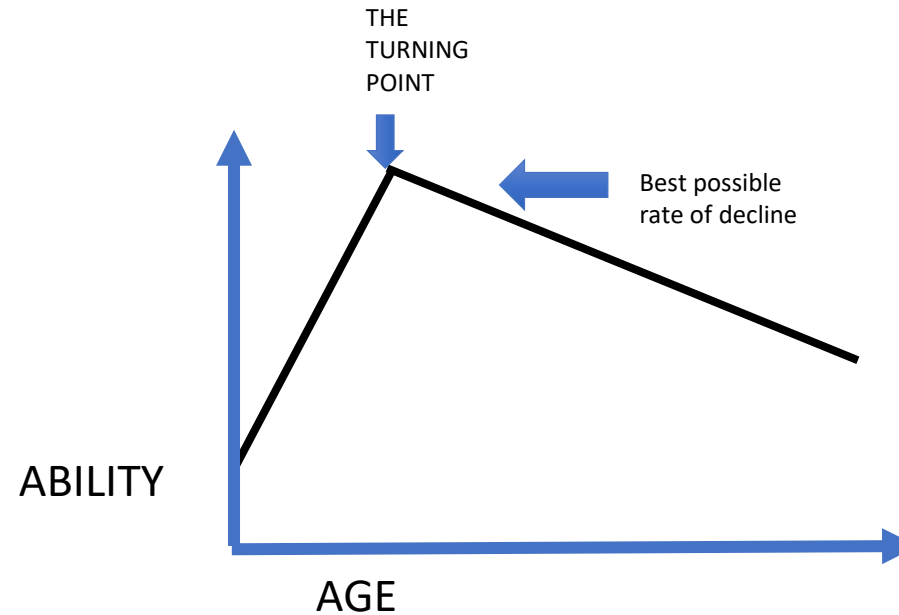
Reducing the need for health care

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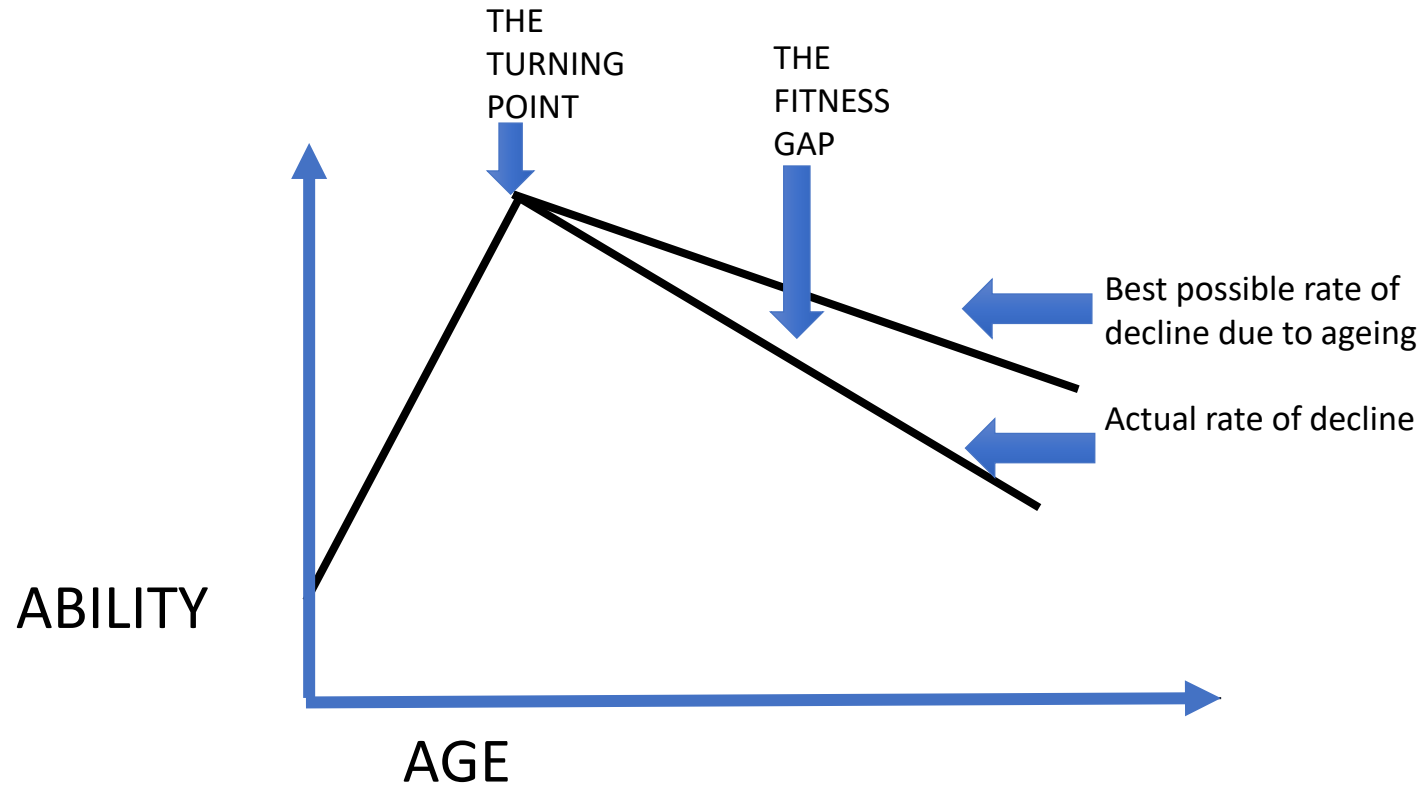
What is the evidence that we can achieve these aims?

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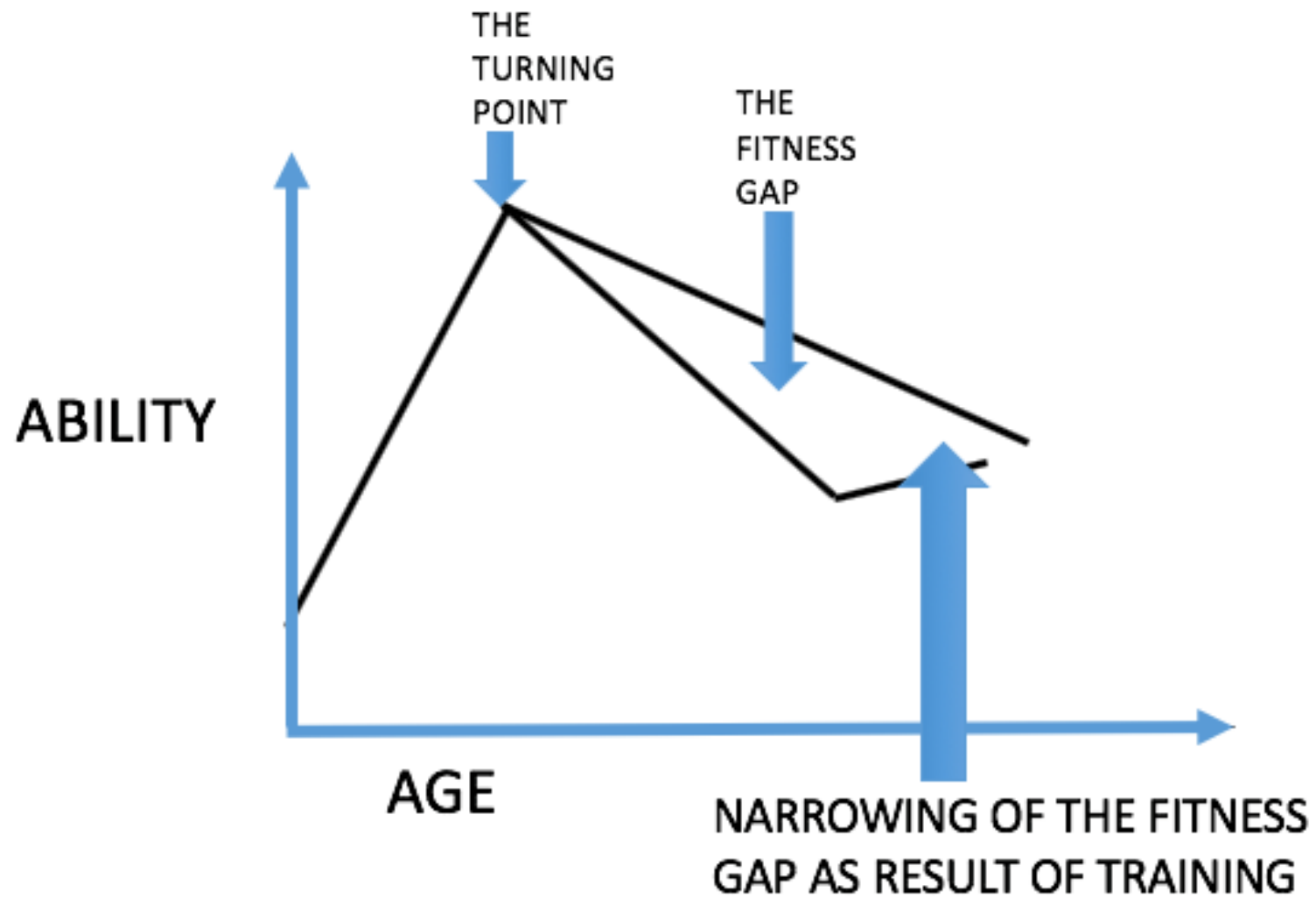
The Living Longer Better programme is based on a clear scientific understanding of what is happening to us as we live longer better, which is assumed to be downhill all the way due to the ageing process.

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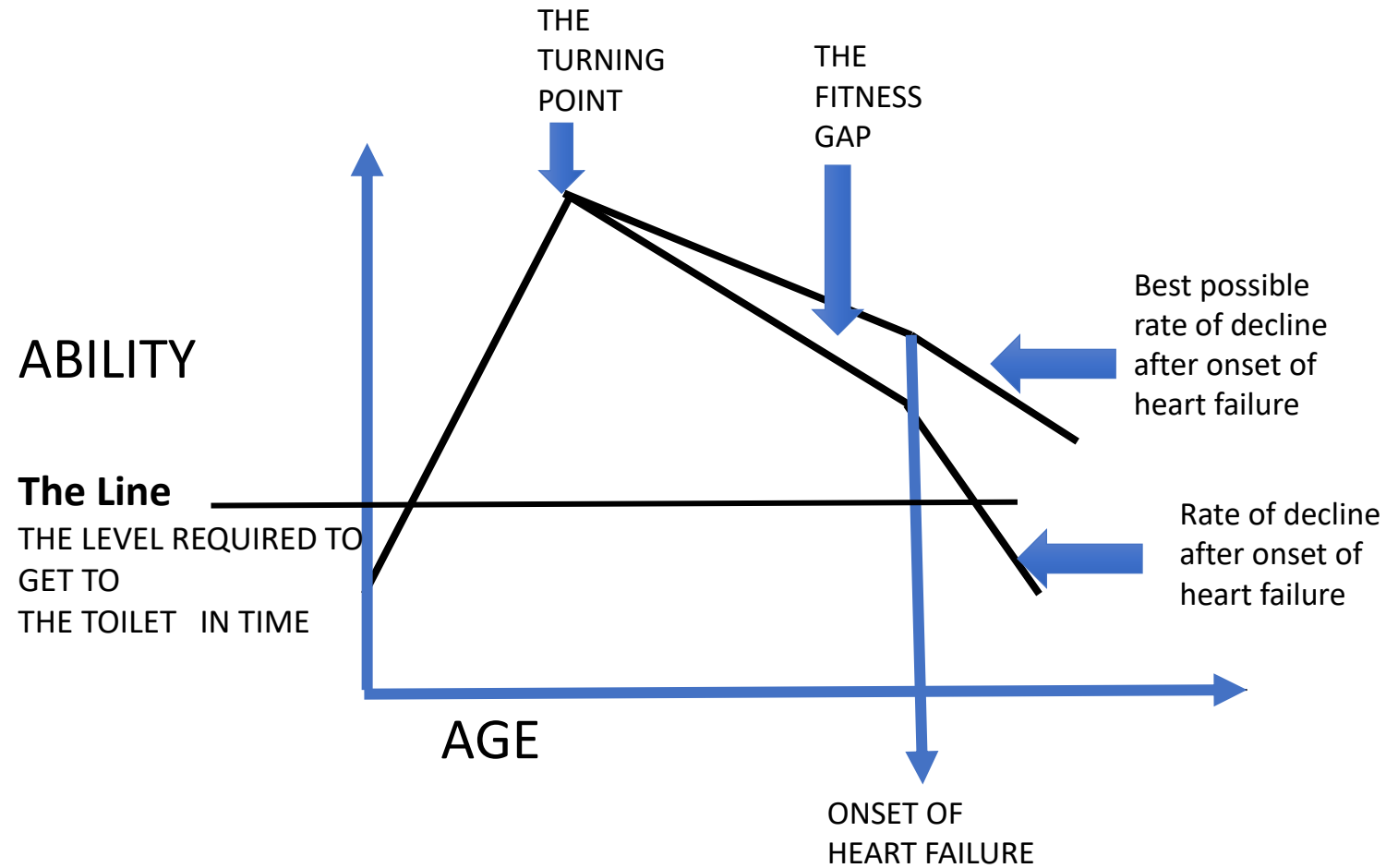


But there are three other processes, the first of which is loss of fitness

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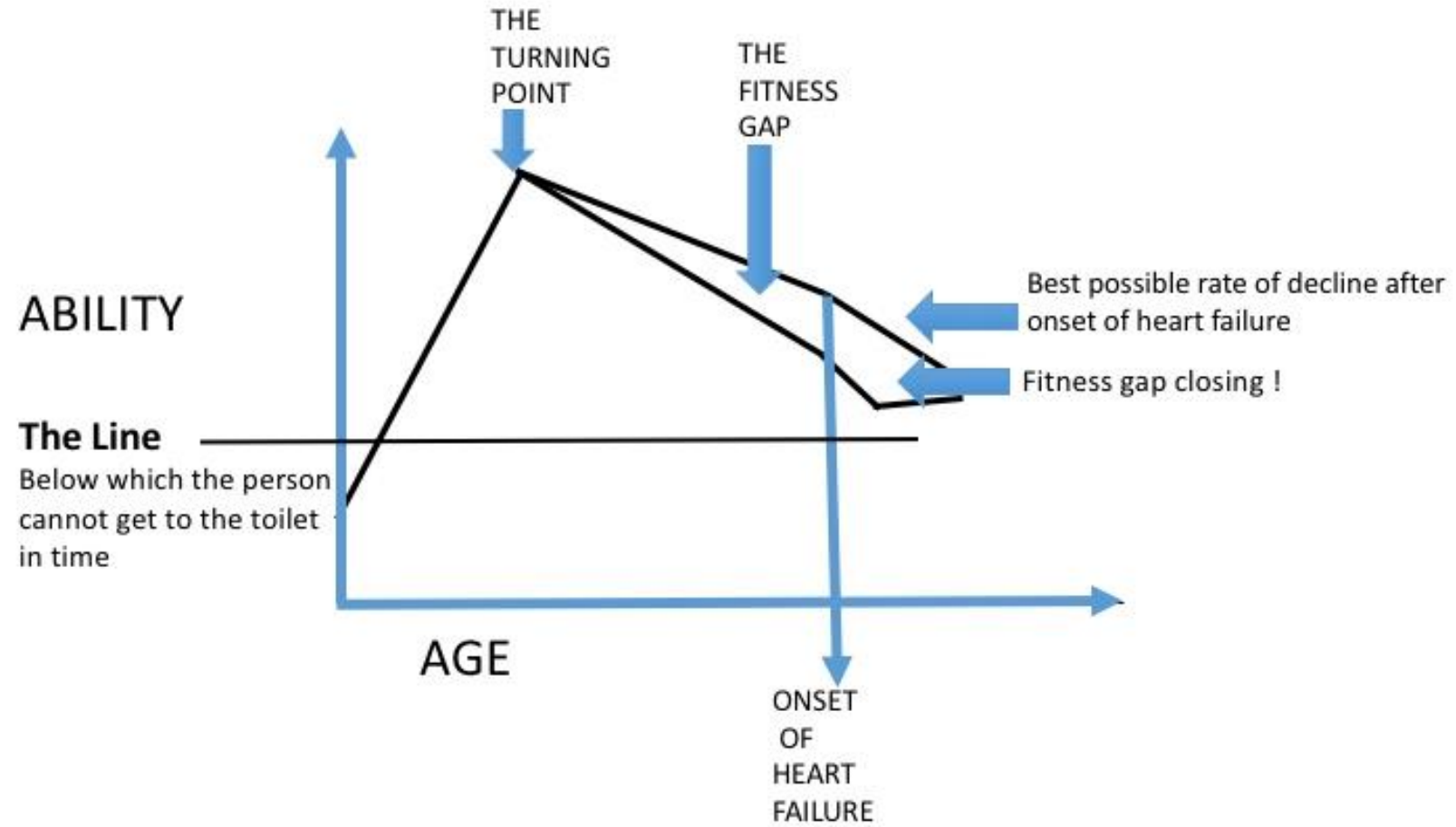


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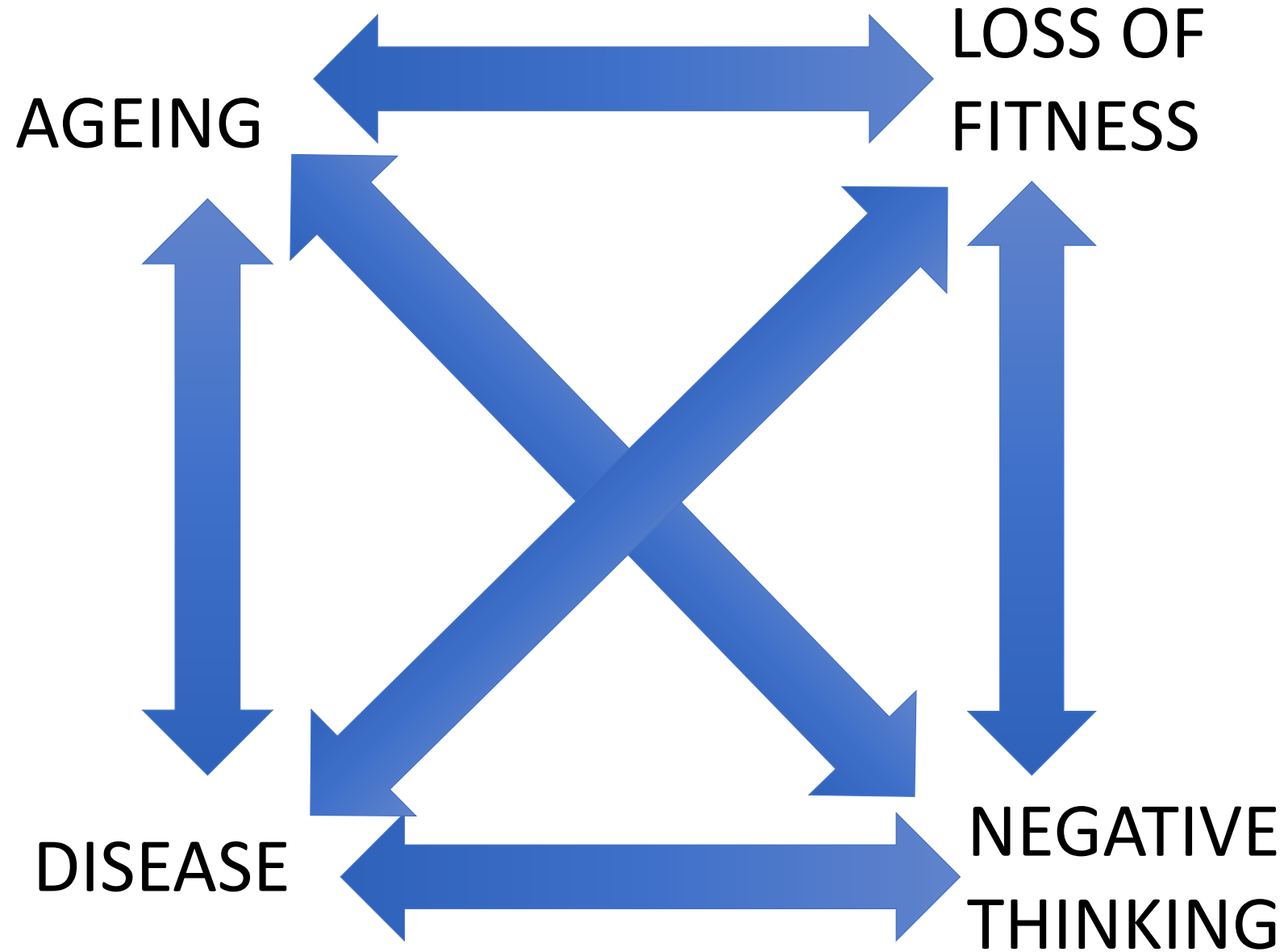


The second process is disease

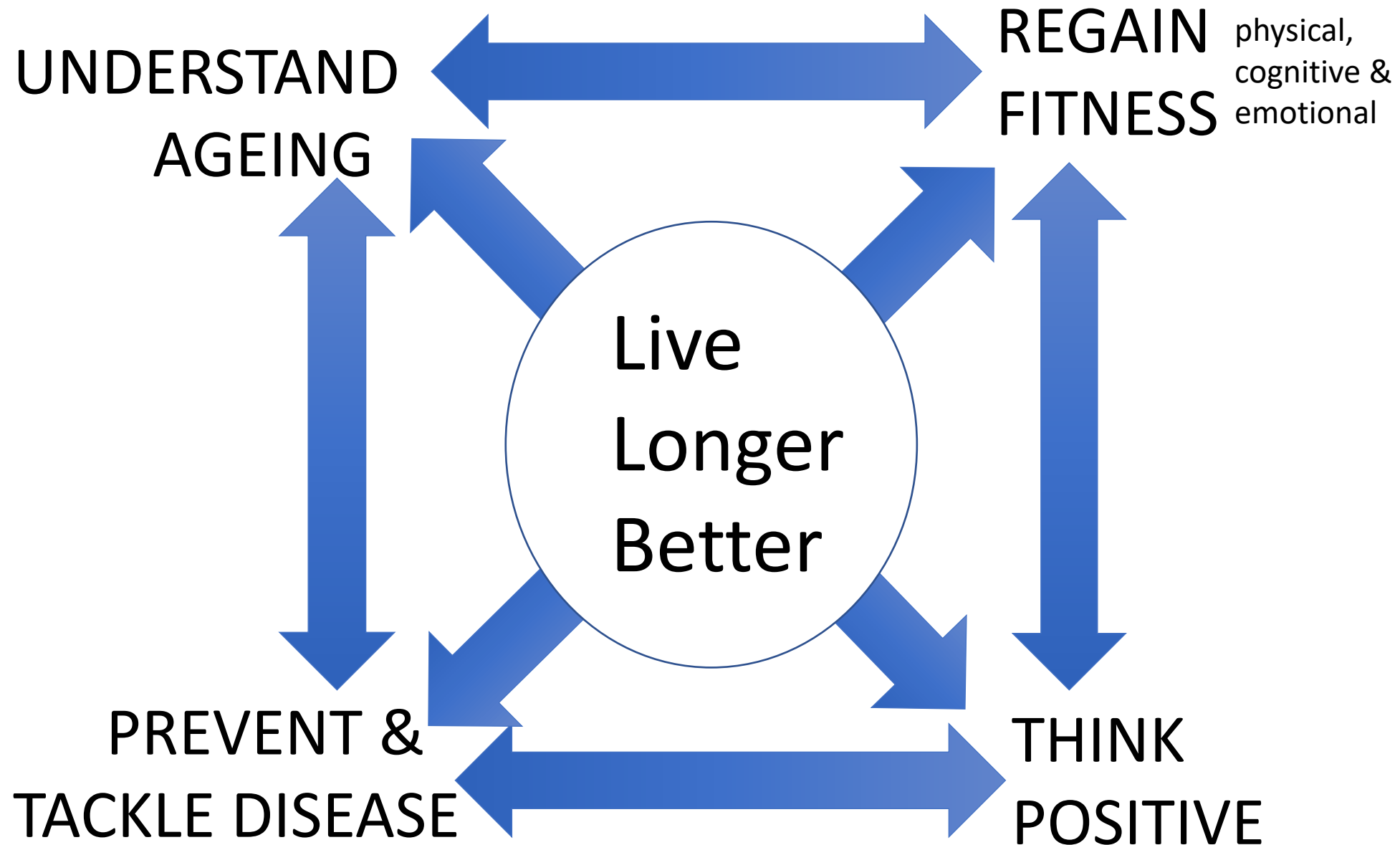
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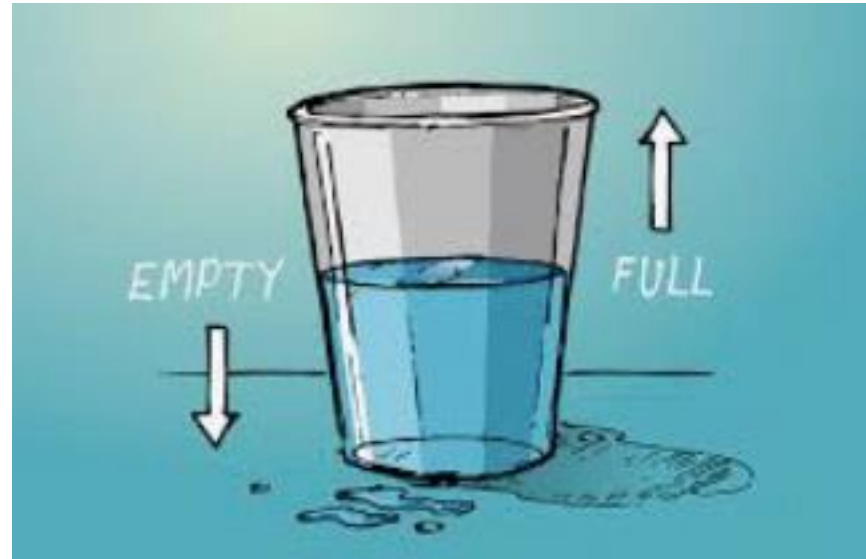


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The third process is negative thinking – ageism, a culture that is pessimistic and negative based on the assumption that everything is due to ageing which cannot be influenced but there is strong evidence that we can influence the three other factors



What is the evidence that we can achieve these aims?

NICE National Institute for
Health and Care Excellence



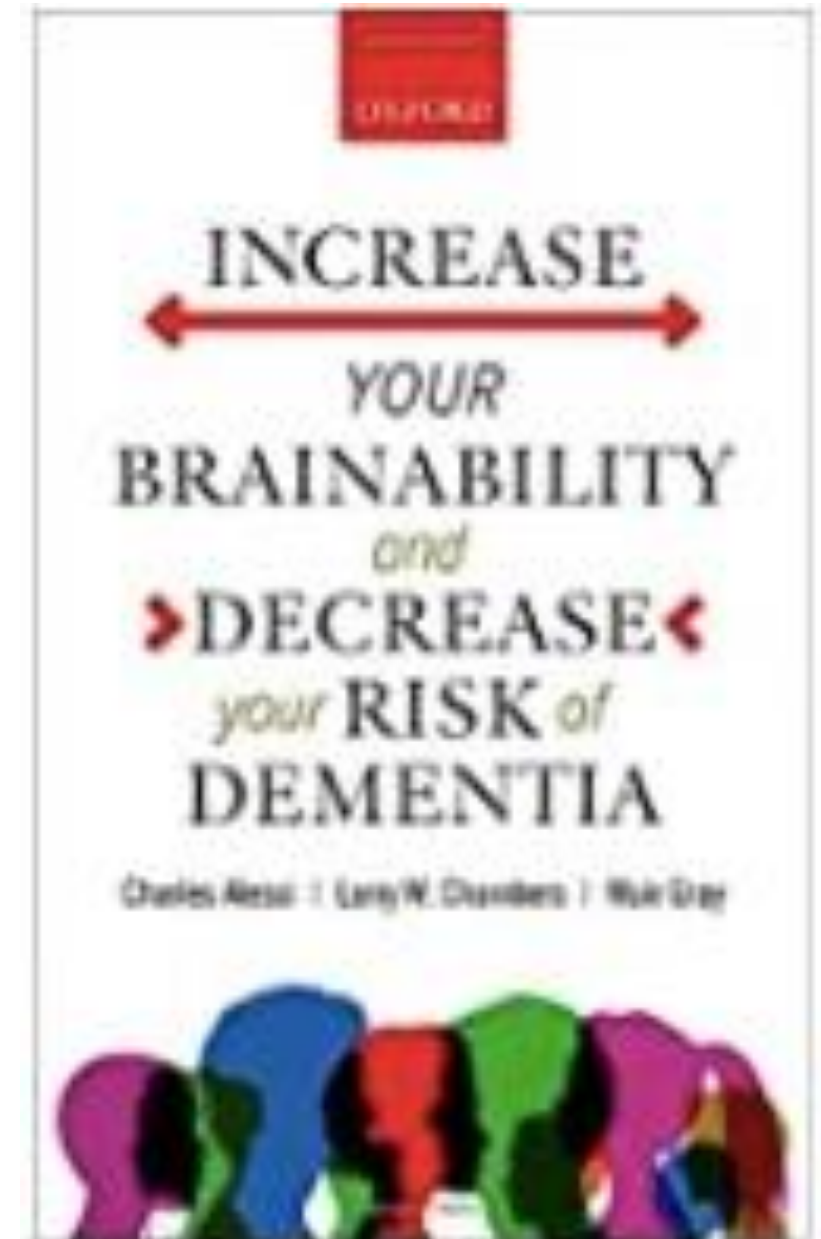
Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset

NICE guideline
Published: 20 October 2015
[nice.org.uk/guidance/ng16](https://www.nice.org.uk/guidance/ng16)

What is the evidence that we can achieve these aims?

There are three important strategies to reduce the risk of dementia

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



What is the evidence that we can achieve these aims?

ACADEMY OF
MEDICAL ROYAL
COLLEGES

Exercise:
The miracle cure and
the role of the doctor
in promoting it

February 2015

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So how will we achieve increased wellbeing, a longer healthspan and reduced need for health and social care ?

Not by yet another reorganisation; we need a **System for Living Longer Better**

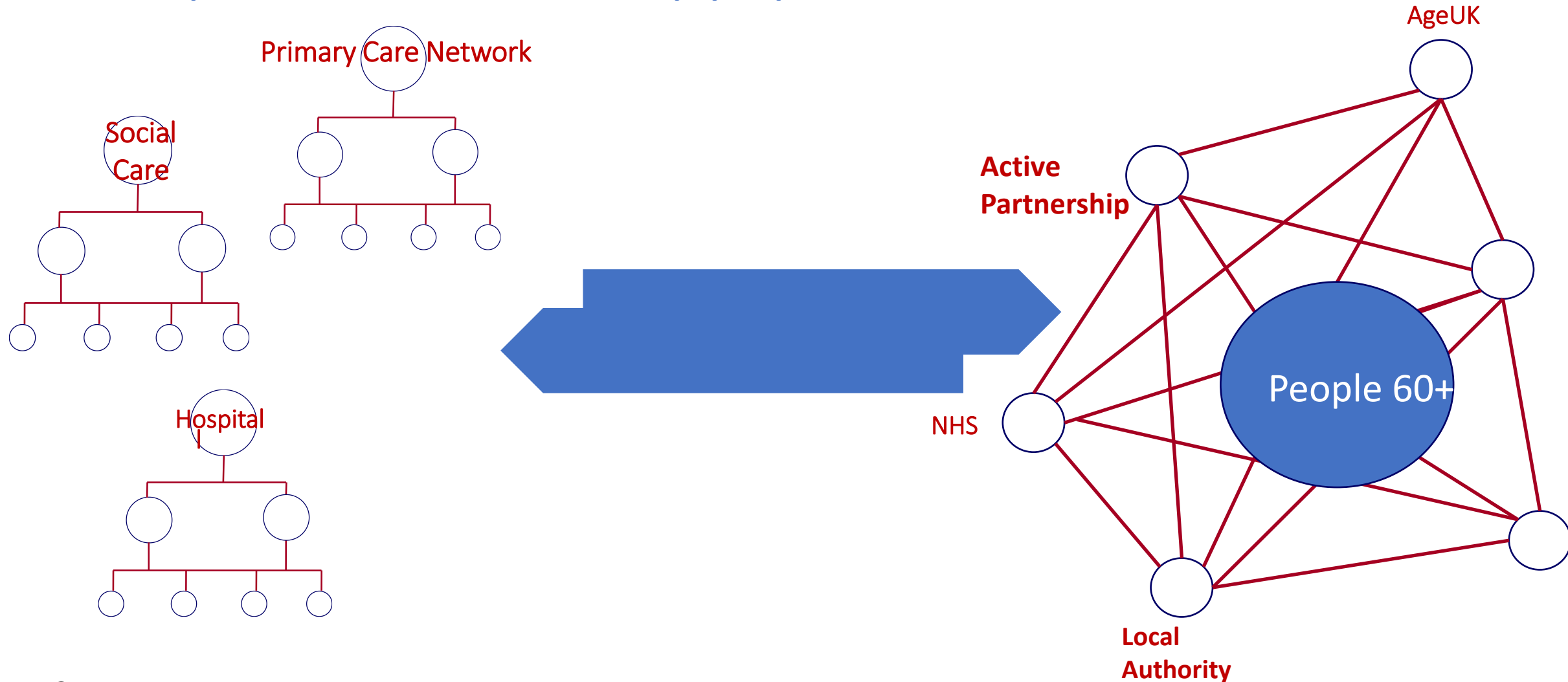
A system is a set of activities with an aim and a set of objectives

The aim is to enable people to increase activity, physical, cognitive and emotional

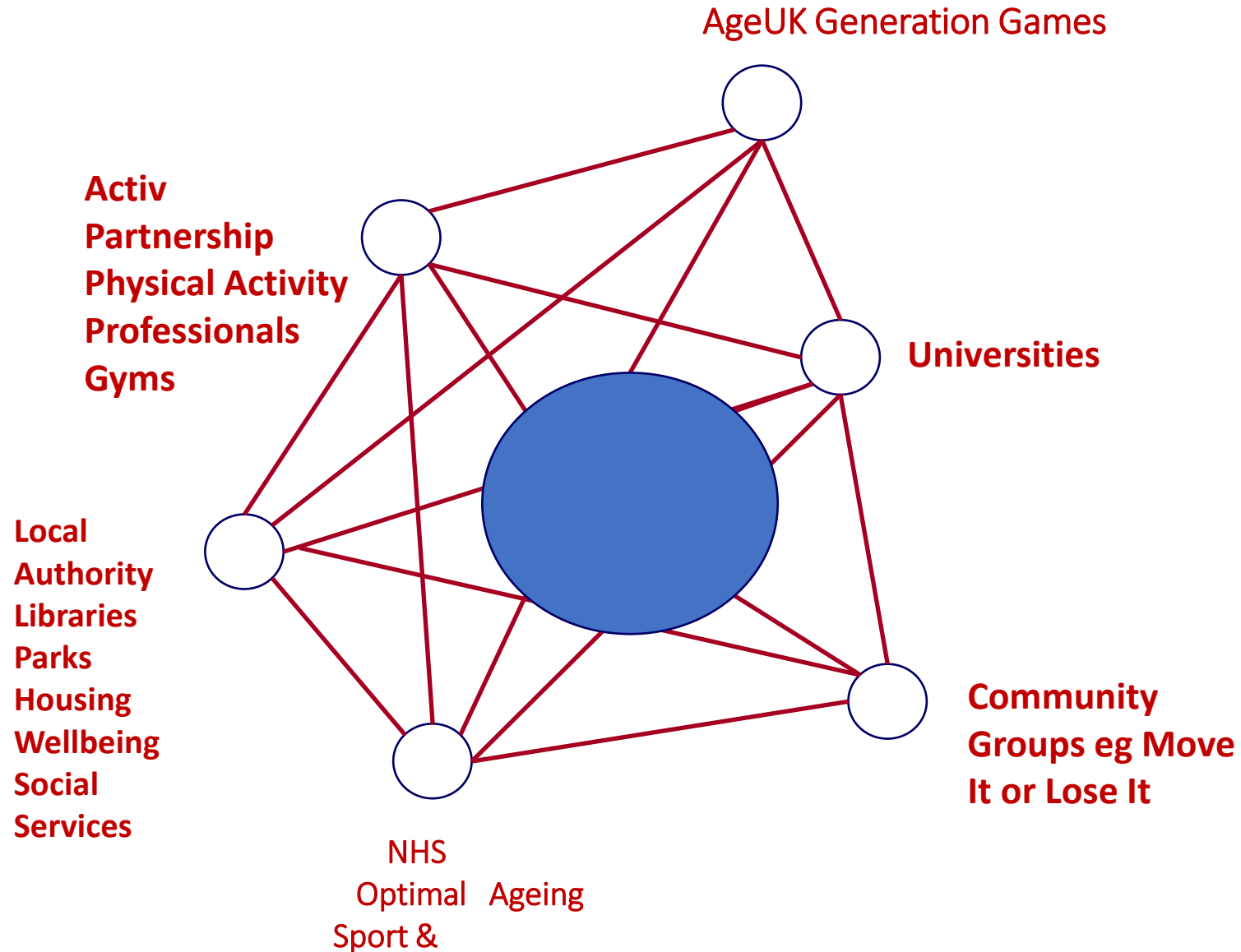
The Objectives are

- To prevent and mitigate isolation
- To increase physical ability, resilience and healthspan prevent frailty
- 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 activate people and 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



Probably two networks are needed in H&W



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 – e.g., 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

So, we need a revolution, the Living Longer Better Revolution

