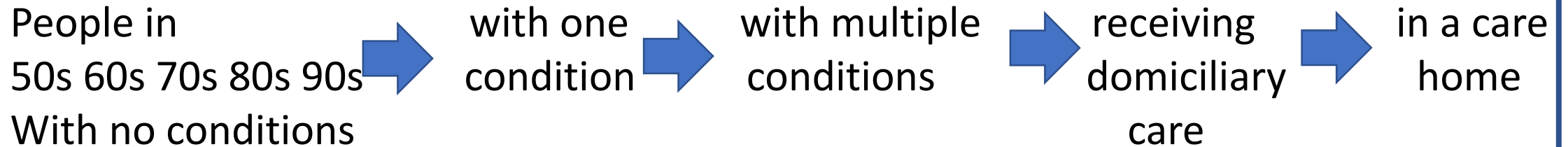


Living Longer Better 2022
increasing Healthy Longevity

There are three principal workstreams

The Reconditioning Programme, the National Activity Therapy Service and Ageing Well



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

Reconditioning in the Repair Shop



2021—the year of reconditioning



2020 will go down in history as the year of COVID-19. This virus will also dominate our lives in 2021, but now it is also necessary to face up to what has been called the second pandemic—the deconditioning pandemic.^{1,2}

The term deconditioning was introduced to describe the negative effect of inactivity on a person's functional ability, which is a risk for patients left in bed after the acute phase of illness is under control and busy ward staff have necessarily turned their attention to the next wave of admissions.³ The same effect occurs if people are inactive at home. It is surprising that it has taken the medical profession so long to appreciate that many of the changes previously blamed on disease or ageing are in fact due to inactivity and a loss of fitness, both physical and mental, even though the evidence is strong. Also strong is the case for prescribing exercise every time doctors prescribe medication for a long term condition; the UK Academy of Medical Royal Colleges even went so far as to call their report on the benefits: Exercise—the miracle cure.⁴

Obviously, people who have survived COVID-19 need reconditioning, particularly if they have so-called long COVID, but the term second pandemic is used because deconditioning is also a consequence of lockdown even for people who never had COVID-19. In the UK, two reports highlight the effect of lockdown on conditioning. An Age UK report⁵ highlighted that one of four older people are unable to walk as far as before the lockdown and one in five people feel less steady on their feet. Reports from the Centre for Ageing Better highlight the adverse effects of isolation resulting from lockdown, especially if aggravated by poverty, and the need for a national COVID-19 resilience programme.^{6,7}

Deconditioning increases the risk of disability, frailty, and dementia, and therefore increases the need for health and social care. Reconditioning requires people not only to be informed about the benefits of physical and mental activity, but also to receive the encouragement and enablement to take action. To enable reconditioning requires a clearly defined system designed to help individuals and populations, which needs to include a set of activities with a common aim (ie, regaining ability), and a shared set of objectives to help to achieve this goal. Such a system must be delivered by networks of all the organisations serving

each population—including, of course, older people from all sectors of society, including those affected by deprivation. The set of objectives for the system specification used by the first phase of networks in England, which covers about 20 million people, is shown in the [panel](#).

However, for this system to succeed in achieving its objectives, it also requires a change in culture, certainly in Europe where the culture of care assumes that what older people need when they lose the ability to do a task is to have things done for them. The evidence is that people of any age, with any number of conditions, can relearn and regain lost ability but require a new culture of enablement to do so.

Every country needs a reconditioning programme. Countries starting to vaccinate older people also need to help them to recapture lost ability, whereas countries that do not yet have a vaccination scheme need to take action to prevent deconditioning, which the UK has signally failed to do.

What is needed is a single system with an agreed set of criteria covering structure, processes, and outcomes, and the development of population-based networks that use the same set of objectives to measure progress or the absence of it. These networks working together form a community of practice that can compare progress and obstacles and learn from one another through their annual reports. However, network members are not being directed or required to work in the same way as each other, because there are 19 populations in the first phase of England's community of practice, and each network needs to consider local

Panel: Objectives of the initial England network system to help people to live longer better

- To prevent and mitigate isolation
- To increase physical ability and resilience and increase healthspan
- 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 to delay or prevent dementia
- To prevent and minimise the effects of disease and multimorbidity
- To reduce the risk of a bad death

The Reconditioning programme is for everyone

50+ – enabling activity - physical, cognitive and emotional - to prevent, delay, slow down and reverse frailty and dementia and reduce the risk of a fall



key partners – OHID; Age Uk , Local Authorities, the Centre for Ageing Better, activity organisations like [MoveItorLoselt](#), ukactive and the fitness and wellbeing industry; independent trainers and teachers , Active Partnerships, GP information systems and the W:ISH programme and social prescribing

The Reconditioning Programme –
April – spring back into good health

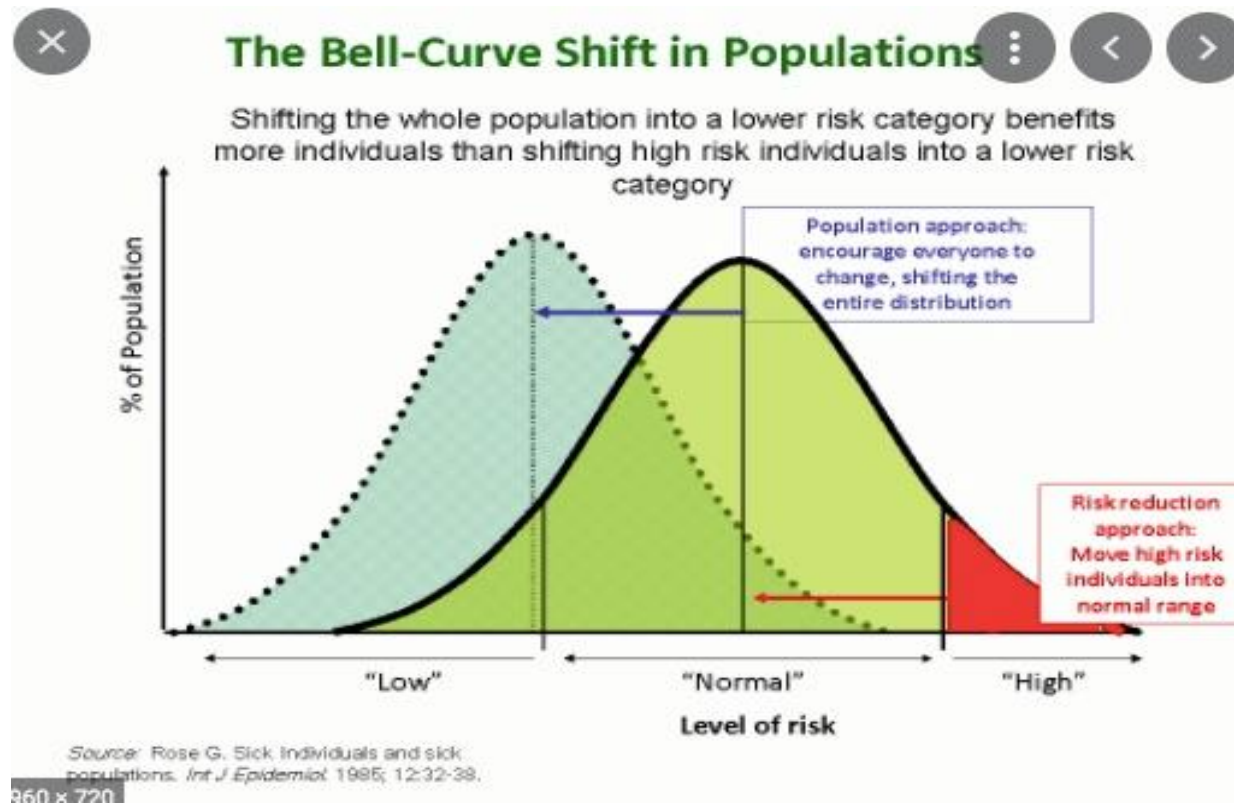
prompts, nudges through GP systems with W:ISH
nature
the arts
mission – raising money for a good cause eg
nature and young musicians
walking

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

key partners –ukactive and the fitness and wellbeing industry, Local Authorities independent trainers and teachers , Active Partnerships, GP information systems and the W:ISH programme; social prescribing; NHS England rehabilitation; the FSEM and CIMPSPAH

Supplementing NHS Ageing Well



Ageing Well programme is an anticipatory care programme focused on people at highest risk of frailty and inappropriate admission. The Reconditioning Programme will support Ageing Well working with people at all degrees of frailty while also working with the whole population to shift the curve and prevent frailty and dementia

Bring on the Reconditioning Revolution

from negative to positive

from ageing to longevity

from deconditioning to reconditioning