

Written evidence submitted by the Optimal Ageing Programme (OHS0009)

WHY WE NEED THE COMMITTEE'S SCRUTINY

- There is new scientific understanding about what happens as we live longer and strong evidence about how problems can be prevented
- Prevention now could reduce pressure on the NHS in the winter of 2023
- There has been too little response to the APPG report on Longevity
- Cross-Government leadership is needed

The All Party Parliamentary Group on Longevity 2020 report stated that *'government policy' is "for everyone to have five extra years of healthy, independent life by 2035 and to narrow the gap between the richest and poorest"*

The activities described in this submission are designed to achieve this goal and will also reduce the need for acute care by the winter of 2023 because increased fitness, ability and resilience will

- Reduce the number of acute admissions
- Shorten duration of stay
- Increase the proportion of people who return home

The science is now clear. The normal biological ageing process by itself does not cause major problems until the late nineties and we now know that there are three inter-related causes of the problems that occur as people live longer,

*Loss of fitness, physical and mental

*Disease, much of which is preventable, and the disability that results is usually complicated by accelerated loss of fitness

*Social factors such as deprivation and ageism - negative beliefs and pessimistic attitudes based on confusion and ignorance

There is strong evidence that to live better for longer from any age we need to focus on

*Enabling people to become fitter, both physically and mentally

*Working with the NHS to ensure the effective prevention and management of disease, and preventing deconditioning, the accelerated loss of fitness that often follows the onset of disease

*Enabling people from 55 onwards, and all professionals, to understand what is happening so that they can be more positive and believe that action can reduce the problems which most people think are the effect of the biological process of ageing.

The evidence is strong that we can prevent and delay dementia, disability, and frailty and the means of doing this are by promoting activity - physical, cognitive and emotional. We obviously need to help housebound people get out of their homes more often but the Internet allows us to support group activity when people are on their own. In addition to the traditional risk factors of midlife people with limited mobility due to multimorbidity develop a new set of risk factors – lack of purpose, depression, isolation and loneliness. What is needed is for everyone to become more active and for

- activity to be done in groups for increased emotional wellbeing, in a green environment where possible

- the groups to have a social purpose wherever possible, for example to raise money for Cancer Research or to promote tree planting by the Woodland Trust to mitigate climate change and
- for the groups to compete with one another and
- for the groups to encourage inter-generational learning

The NHS and Local Government has not the capacity to do all that is required and other forces need to be brought together in a single integrated health improvement system including ukactive, AgeUK, Sport England Active Partnerships, key charities the professions and business.

We need

- The delivery of a new digital health service to provide encouragement, learning and knowledge based on research and on the experience of other older people. This will be accessed directly and through GP systems and digital exclusion will be reduced.
- The engagement of the 40,000 exercise professionals in prevention of dementia and frailty and as enablers of reconditioning and reablement working in partnership with NHS rehabilitation. They should be classified as an Allied Health Profession
- Primary Care Networks should be enabled to switch resources from prescribing to activities that promote physical, cognitive and emotional activity. The need for this is described in the 2022 DHSC report - *Good for You, Good for Us, Good for Everybody* – which states that “*at least 10% of the total number of prescription items in primary care need not have been issued*” and that 20% of hospital admissions in the over 65’s are “*caused by the adverse effects of medicines*”

The evidence is clear, people can live longer better, increase healthspan, compress the period of dependency and reduce the need for both acute and long term health and social services

Sir Muir Gray CBE MD
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