

Layla Moran MP  
Chair, Health and Social Care Select Committee

7 August 2025

Dear Ms Moran,

### **Healthy Ageing: physical activity in an ageing society**

The British Geriatrics Society (BGS) is pleased to be submitting evidence to this important inquiry into healthy ageing.

#### **1. About the BGS**

- 1.1** The BGS is the membership organisation for all UK healthcare professionals engaged in the treatment and care of older people. Since 1947 our members have been at the forefront of transforming the quality of care available to older people. Our vision is for a society where all older people receive high-quality patient-centred care when and where they need it. We currently have over 5,300 multidisciplinary members including geriatricians, nurses, GPs, allied health professionals and pharmacists working in acute, primary and community care settings.
- 1.2** BGS members are engaged in preventing ill health in later life and ensuring older people are enabled to live healthy, independent lives for as long as possible. Physical activity throughout the life-course and into older age is crucial in supporting the population to age well.

#### **2. What are the opportunities in public health to promote physical activity to prevent physical and mental ill health at a population-level as people begin to age and help them remain healthy into older age? How can this be delivered?**

- 2.1** Regular exercise, particularly strength and balance training, reduces falls and partially reverses or slows the progression of frailty.<sup>1, 2</sup> Evidence suggests that long-term physical activity interventions improve physical performance and may defer deterioration up to twelve months.<sup>3</sup> Older people should aim to be physically active every day and avoid sedentary periods.
- 2.2** Both national and local strategies are needed to promote physical activity at population-level to help people remain healthy into older age. Strategies should focus on a range of settings and health needs. For example, home-based exercises are simple, safe, and widely applicable interventions that may improve the physical health of older people with moderate but not severe frailty<sup>4</sup>, including reducing falls and enhancing health-related quality of life.<sup>5</sup> This should focus on resistance, strength and balance training. Mild-intensity mixed or singular exercises such as walking, or tai-chi are also easy to implement, and evidence shows them to be moderately effective.<sup>6</sup> A combination of strength training and protein supplementation is also proven to be easy to implement in primary care. Programmes should also incorporate behaviour change to help older adults to include physical activity as part of a lifestyle change.
- 2.3** Inspiration can be taken from existing examples of best practice. Locally, place-based approaches are needed that incorporate community and

voluntary sector partners. For example, Good Boost is a social enterprise that works in partnership with community, leisure and health teams to create community-delivered therapeutic exercise and wellbeing programmes tailored to the local community. They co-design and develop technology for personalised therapeutic exercise and rehabilitation. At a system level, the Staffordshire and Stoke-on-Trent Integrated Care System has a Healthy Ageing and Managing Frailty in Older Age Strategy, which includes a large-scale prevention programme aimed at promoting physical activity across the system. Every healthcare system should aim to have a healthy ageing strategy, including a focus on improving physical activity in older adults.

### **3. What are the opportunities for health services to promote physical activity to reduce the impacts of ill health and reduce the development of multimorbidity and/or frailty in older people who already have a long-term health condition? How can this be delivered?**

**3.1** As outlined in the BGS report *Joining the dots: A blueprint for preventing and managing frailty in older people*,<sup>7</sup> physical activity is crucial across all touchpoints of older people's care and should be embedded across every health and care setting, including home, hospital, ambulatory, care homes, and hospices. For those with long term health conditions, **prehabilitation** is an important intervention that aims to lower health risks or prevent rapid deterioration for people waiting to undergo planned treatments. This includes support to be more physically active, to improve nutrition, and provision of emotional and psychological support.

**3.2** **Reablement** is an approach to home-care services for older adults at risk of functional decline, particularly those who use social care. Reablement is often an intensive, time-limited, person-centred approach that promotes independence and wellbeing, especially after illness or injury.<sup>8</sup> Economic modelling by NICE considers home care reablement as being cost-effective and recommends it is offered as a first option for people being considered for home care.<sup>9</sup> Despite this, only 3% of those over 65 receive reablement on discharge from hospital.

**3.3** Most exercise interventions and rehabilitation should be provided in the community. Rehabilitation and exercise at home or in community settings allows a clearer focus on practical, real-life goals than is possible with in-patient rehabilitation. These goals should be based on 'what matter to me' conversations and include the ability to take part in activities that the individual enjoys. This may include individual, group, and outdoor components.

**3.4** Exercise promotion should form an important component of **Intermediate Care** – a range of integrated services that: promote recovery from illness; prevent unnecessary acute hospital admission and premature admissions to long-term care; support timely discharge from hospital; and maximise independent living.<sup>10</sup> For example, the Torbay and South Devon Intermediate Care Service integrates acute and primary care alongside the voluntary sector leading to more older people being treated in the community, improving service efficiency and benefitting patients.<sup>11</sup>

**3.5** Exercise in **acute hospital care** is essential to prevent patients deconditioning from long periods of immobility resulting in loss of muscle mass, functional decline and increased risk of long term care or death. Effective care requires early mobilisation, rapid establishment of rehabilitation goals, and continued rehabilitation input until the individual's condition has stabilised. Comprehensive guidance is set out in the Silver Book II.<sup>12</sup> Active Hospitals aim to change the physical activity culture within hospitals to encourage patients to move more. The 'Sit up, get dressed, keep moving' campaign encourages older people in hospital to be active and supports healthcare professionals to help their patients remain active to support recovery and reduce readmissions. This work complements the #endPjparalysis international campaign.<sup>13</sup>

#### **4. What interventions would have the most impact in reducing the gap in healthy life expectancy between older people living in the most and least deprived regions?**

**4.1** Proactive care aims to reduce or delay negative health outcomes through targeting those at risk of frailty and tailoring health interventions to support them live well for longer. It involves proactively identifying a group of people who may be at risk of frailty due to certain criteria, such as those living in deprived areas with long term health conditions. Through the active identification of people at risk in the most deprived regions, targeted interventions can be put in place to support people to age well. Once a person has been identified, a holistic assessment can identify potential needs, and personalised interventions can be put in place aiming to delay and prevent the onset of frailty. This may include rehabilitation or social prescribing to exercise classes. The British Geriatrics Society (BGS) recommends that proactive care is implemented across the UK to reduce the development of frailty in older adults. We have two publications focused on proactive which we recommend the Health and Social Care Select Committee considers as part of the inquiry. *Be Proactive: Evidence supporting proactive care for older people with frailty*<sup>14</sup> outlines the evidence base behind proactive care and *Be proactive: Delivering proactive care for older people with frailty*<sup>15</sup> outlines how to deliver proactive care in primary and community care settings.

**4.2** NHS England's Core20PLUS5 (adults) outlines an approach to reduce health inequalities at both national and system level. The BGS is concerned that this approach does not adequately address the needs of older people, and therefore, we are working with partners to develop a framework focused on older people. In addition to considering geographical areas of deprivation, this will include a focus on frailty; dementia; falls prevention and management; multiple long-term conditions and polypharmacy; and end of life care. Once developed, we recommend ICSs implement the strategy across England to reduce health inequalities.

#### **5. What are the key barriers to older people increasing their physical activity and how can they be encouraged and supported to do more?**

**5.1** Older people may face a range of health barriers that may prevent them from increasing their activity levels, such as physical limitation and pain; fear of falling or injury; and low self-efficacy and perceived lack of skills. Psychological and social barriers may also come into play, particularly ageist

stereotypes. Therefore, it is important that exercise interventions focus on what matters most to the individual and benefits are clearly communicated. As outlined in BGS's *Reablement, Rehabilitation, Recovery: Everyone's business*,<sup>16</sup> older people are often motivated by a desire to stay autonomous and independent; to improve wellbeing, confidence and choice; and to prevent ill health.

- 5.2** Making exercise enjoyable for older people is an important factor in overcoming barriers of participation, including in hospital settings. For example, group activities in acute wards can help patients maintain independence, wellbeing and positive mental health while in a restricted hospital environment, including bed discos which can be more enjoyable and inclusive compared to traditional exercise interventions. Similarly, staff at Guy's Hospital, London, have offered innovative dance programmes as an alternative to exercise classes for older adults prescribed strength and balance physiotherapy.
- 5.3** Whilst home-based and community interventions are generally the optimal environment for exercise, this may not be possible for older people who have moderate to severe frailty. One key barrier is the lack of physical spaces for rehabilitation, exacerbated by the pandemic and maintenance backlog. In some hospitals, the function of former rehabilitation spaces has changed to accommodate patients with acute medical needs. It is essential that rehabilitation is given the appropriate space, facilities, and IT infrastructure so that older people can stay physically active, regardless of the severity of frailty.

## **6. How can health services work with social care, the third sector, businesses and local government to support older people to be more physically active and address existing health inequalities?**

- 6.1** It is vital that all healthcare disciplines, social care and housing providers, community and third partners work alongside unpaid carers and older people to promote physical activity and address existing inequalities. Integrated workforce planning is needed to meet the growing rehabilitation needs of an ageing population. NHS England suggests that education and training places for allied health professions will need to grow by 25% by 2030 to meet demand.<sup>17</sup> Workforce shortages have a negative impact on the availability of rehabilitation and therapy services that help older people to regain fitness and strength after an illness.
- 6.2** The Collaborate Don't Compete project is an example of an initiative of how different exercise professionals can work together to promote stronger rehabilitation outcomes, including for older people.<sup>18</sup>
- 6.3** In Scotland, the Care Inspectorate's Care About Physical Activity (CAPA) initiative used an improvement approach to help care providers build physical activity and movement into the daily lives of those they support. The initiative was successful and improved key outcomes, including mobility, flexibility and ability to move independently.<sup>19</sup> This approach involved a partnership between Health and Social Care Partnerships; Scottish Care local integration leads; and managers and staff from home carers, sheltered housing, care homes, respite care, very sheltered housing and daycare.

**7. What progress has been made since the 2019 NHS England Long-Term Plan set out its ambitions to support people to age well and how could it be improved in relation to physical activity? In particular, what progress has been made on:**

- a. Early detection and intervention of frailty and other undiagnosed conditions and falls prevention schemes.**
- b. Widening, diversifying and expanding access nationally to social prescribing.**
- c. Supporting people to manage their own health through prevention schemes and personalised care.**

**7.1** The planned budget for NHS England's Ageing Well programme, as outlined in the NHS Long Term Plan, has been cut by £390 million (70%). If the programme had been implemented as intended, it would have been transformative for older people's healthcare in England. Progress has been made on developing urgent response services in the community, supporting care homes and providing hospital level care at home with virtual wards and Hospital at Home services. However, the planned investment in proactive care and rehabilitation services did not materialise, creating inequalities across the UK.

**7.2** In terms of early detection and intervention, the BGS was pleased to see the publication of the NHS England's guidance on proactive care in December 2023. However, this strand of work has been defunded. There are examples of good practice across England which need to be harnessed across the country to transform the system of care for older people. The BGS has collected and published a range of case studies on proactive care and these are available in our 'Be Proactive' series.<sup>20</sup>

**7.3** In order to implement proactive care, it is important to have the tools in place to identify frailty as part of population health management. Tools such as the electronic frailty index (eFI) should be used to identify people living in the community with frailty and then trigger Comprehensive Geriatric Assessment (CGA). Services can then be put in place to support people living with frailty and prevent the onset of ill health and hospitalisation.

**7.4** While hospital care is a crucial part of treatment for many older people, it can cause more harm than good. Deconditioning and hospital-acquired infections are two of the biggest risks of hospital admission for older people. Introduction of services such as front door frailty<sup>21</sup> can help to identify people living with frailty as soon as they arrive at the hospital and, where appropriate, refer them to community-based services that avoid the need for hospital admission.

**8. What should the Government prioritise in funding allocations for delivering services to support older people to become more active?**

**8.1** It is estimated that physical inactivity costs the NHS nearly £1 billion a year.<sup>22</sup> Given older people use NHS services more than any other population group, investment in physical activity for older people makes economic sense for the health and social care sector. Government funding should focus on physical activity services that can help older people to remain healthy and out of hospital. Physical activity for older people must be accessible and available at

different levels to support older people, regardless of the individual's ability. Physical activity should be available to all older people, as close to their homes as possible. In order to achieve this, grass-roots funding must be made available to provide older people with opportunities to be physically active in community centres and village halls across the country. This will help older people to be physically active as well as giving them opportunities to socialise and engage with their community. This will help to reduce hospital admission and, in turn, will save the NHS money.

- 8.2** As detailed above, provision of rehabilitation services for older people recovering from periods of ill health should be prioritised by the Government. This helps older people to regain independence and wellbeing after illness as well as reducing readmissions to hospital.

**9. What could the Government learn from examples of best practice that exist in local authorities, the third sector, NHS Trusts, or internationally?**

- 9.1** BGS has highlighted case studies of rehabilitation services for older people aimed at supporting people to recover from periods of ill health. These case studies highlight that rehabilitation services for older people can be provided in a range of settings including acute hospitals, care homes and in the community. Examples include dance classes provided as outpatients services<sup>23</sup>, inpatient bed-based activities such as a bed disco to encourage movement for patients who cannot get out of bed, and the CAPA programme<sup>19</sup> which aimed to improve physical activity in care homes. These examples show that it is never too late in life to encourage physical activity. Introduction of physical activity, no matter how much or how little, can improve outcomes and quality of life for older people and support them to live independently or recover from ill health.

**a. What needs to happen to scale up the adoption of these examples across the country?**

- 9.2** Provision of sustained funding is crucial to ensuring that physical activity initiatives are able to continue. For example, the dance class mentioned above saw 74% of participants improve their Timed Up and Go (TUAG) assessments and 80% saw an increase in their gait speed. Despite these very clear positive outcomes for patients, this programme is no longer funded and therefore is no longer available to patients.<sup>23</sup> Programmes that provide clear benefits to patients must be supported to continue and to spread.
- 9.3** Many of the initiatives mentioned require staff time more than anything else. However, the health and social care workforce is under extreme pressure and many healthcare professionals are stretched to their limits addressing the healthcare needs of their patients. Many services do not have the capacity to provide additional services such as physical activity within the healthcare system. This is why cross-sectoral working is needed, to bring together the assets and expertise of the NHS, voluntary sector, and health and leisure providers from the private and public sectors. Additional staff are needed to ensure that systems across the country are able to provide services that help people to remain well and to recover from ill health, as well as those aimed at treating illness. Without properly resourcing these services, the Government's shift from illness to prevention will not be achieved.

Thank you for the opportunity to contribute to the first stage of this important inquiry. If you would like to discuss any aspect of our submission or invite one of our expert members to give oral evidence, please contact our Policy Co-ordinator, Lucy Aldridge, to make arrangements ([L.aldridge@bgs.org.uk](mailto:L.aldridge@bgs.org.uk)). We look forward to contributing to further stages of this inquiry in due course.

Yours sincerely,

Dr Ruth Law  
Vice President for Policy  
British Geriatrics Society

---

<sup>1</sup> Theou, O, Stathokostas, L, Roland, KP, Jakobi, JM, Patterson, C, Vandervoort, AA, and Jones, GR, 2011. 'The effectiveness of exercise interventions for the management of frailty: A systematic review.' *Journal of Aging Research*, 569194. doi: 10.4061/2011/56919.

<sup>2</sup> Sherrington, C, Fairhall, NJ, Wallbank, GK, Tiedemann, A, Michaleff, ZA, Howard, K, Clemson, L, Hopewell, S, and Lamb, S, E, 2019. 'Exercise for preventing falls in older people living in the community.' *Cochrane Database of Systematic Reviews*, 1. Doi: [10.1002/14651858.CD012424.pub2/full](https://doi.org/10.1002/14651858.CD012424.pub2/full)

<sup>3</sup> Kidd, T, Mold, F, Jones, C, Ream, E, Grosvenor, W, Sund-Levander, M, Tingström, P, and Carey, N, 2019. 'What are the most effective interventions to improve physical performance in pre-frail and frail adults? A systematic review of randomised control trials.' *BMC Geriatrics*, 11,19,1, 184. Doi: 10.1186/s12877-019-1196-x.

<sup>4</sup> Clegg, AP, Barber, SE, Young, JB, Forster, A, and Iliffe, SJ, 2012. 'Do home-based exercise interventions improve outcomes for frail older people? Findings from a systematic review.' *Reviews in Clinical Gerontology*, 22, 1, 68-78. doi:10.1017/S0959259811000165

<sup>5</sup> Suikkanen, S, Soukkio, P, Aartolahti, E, Kääriä, S, Kautiainen, H, Hupli, MT, Pitkälä, K, Sipilä, S, and Kukkonen-Harjula, K. 'Effect of 12-Month Supervised, Home-Based Physical Exercise on Functioning Among Persons With Signs of Frailty: A Randomized Controlled Trial.' *Archives of Physical Medicine and Rehabilitation*. 102,12, 2283-2290. Doi: 10.1016/j.apmr.2021.06.017.

<sup>6</sup> Travers, J, Romero-Ortuno, R, Bailey, J, and Cooney, MT, 2019. 'Delaying and reversing frailty: a systematic review of primary care interventions.' *British Journal of General Practice*, 69, 678, 61-e69. Doi: 10.3399/bjgp18X700241.

<sup>7</sup> British Geriatrics Society, 2023. Joining the dots: A blueprint for preventing and managing frailty in older people. Available at: <https://www.bgs.org.uk/joining-the-dots-a-blueprint-for-preventing-and-managing-frailty-in-older-people-0> (accessed 31 July 2025)

<sup>8</sup> Fiona Aspinall, Jon Glasby, Tine Rostgaard, Hanne Tuntland, Rudi G. J. Westendorp, New horizons: Reablement - supporting older people towards independence, *Age and Ageing*, Volume 45, Issue 5, September 2016, Pages 574–578, <https://doi.org/10.1093/ageing/afw094>

<sup>9</sup> National Institute for Health and Care Excellence, 2017. NICE guideline 74: Intermediate care including reablement. Available at: <https://www.nice.org.uk/guidance/ng74> (accessed 7 August 2025)

<sup>10</sup> Sezgin, D., O'Caoimh, R., O'Donovan, M.R. et al. Defining the characteristics of intermediate care models including transitional care: an international Delphi study. *Aging Clin Exp Res* 32, 2399–2410 (2020). <https://doi.org/10.1007/s40520-020-01579-z>

<sup>11</sup> Elston J, Gradinger F, Asthana S, Fox M, Dawson L, Butler D, & Byng R. (2022). Impact of 'Enhanced' Intermediate Care Integrating Acute, Primary and Community Care and the Voluntary Sector in Torbay and South Devon, UK. *International Journal of Integrated Care*, 2022; 22(1): 14, 1–17. DOI: <https://doi.org/10.5334/ijic.5665>

<sup>12</sup> British Geriatrics Society, 2021. Silver Book II. Available at: [www.bgs.org.uk/resources/resource-series/silver-book-ii](https://www.bgs.org.uk/resources/resource-series/silver-book-ii) (accessed 7 August 2025)

<sup>13</sup> Dolan, B., 2017. Mindset shift on PJ paralysis. *Nursing Standard* (Royal College of Nursing (Great Britain): 1987), 31(47), pp.32-32.

- 
- <sup>14</sup> British Geriatrics Society, 2024. Be Proactive: Evidence supporting proactive care for older people with frailty. Available at: <https://www.bgs.org.uk/ProactiveCareEvidence> (accessed 31 July 2025)
- <sup>15</sup> British Geriatrics Society, 2024. Be proactive: Delivering proactive care for older people with frailty. Available at: <https://www.bgs.org.uk/be-proactive-delivering-proactive-care-overview> (accessed 31 July 2025)
- <sup>16</sup> British Geriatrics Society, 2024. Reablement, Rehabilitation, Recovery: Everyone's business. Available at: <https://www.bgs.org.uk/reablement-rehabilitation-recovery-everyone%E2%80%99s-business-0> (accessed 31 July 2025)
- <sup>17</sup> NHS England, 2023. Long Term Workforce Plan. Available at: <https://www.england.nhs.uk/long-read/nhs-long-term-workforce-plan-2/> (accessed 7 August 2025)
- <sup>18</sup> Chartered Society of Physiotherapy, undated. Collaborate Don't Compete. Available at: <https://www.csp.org.uk/professional-clinical/improvement-innovation/collaborate-dont-compete> (accessed 7 August 2025)
- <sup>19</sup> Care Inspectorate, FINAL REPORT: CARE ABOUT PHYSICAL ACTIVITY IMPROVEMENT PROGRAMME (CAPA) Available: <https://hub.careinspectorate.com/media/6291/capa-report-2020.pdf> (accessed 25 July 2025)
- <sup>20</sup> British Geriatrics Society, 2024. Be Proactive. Available at: <https://www.bgs.org.uk/be-proactive-proactive-care-for-older-people-with-frailty> (accessed 28 July 2025)
- <sup>21</sup> British Geriatrics Society, 2023. Front door frailty: Advice on setting up services. Available at: <https://www.bgs.org.uk/front-door-frailty-advice-on-setting-up-services> (accessed 31 July 2025)
- <sup>22</sup> Office for Health Improvement and Disparities, 2022. Physical activity: applying All Our Health. Available at: <https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physical-activity-applying-all-our-health> (accessed 28 July 2025)
- <sup>23</sup> Breathe Arts Health Research, undated. Breathe Dance for Strength and Balance. Available at: <https://breatheahr.org/programmes/breathe-dance-for-strength-and-balance/> (accessed 30 July 2025)