

1**Background**

During the 2020 Coronavirus Pandemic, the UK Government(s) introduced protective measures for communities, identifying groups who were thought to be 'vulnerable', including those over 70 or of any age with a long term health condition, and 'extremely vulnerable', including those with respiratory disease, immune suppressed or having treatment for cancer. These lockdowns brought an abrupt end to exercise classes, walking, sports, outdoor activities for many, social isolation, limited access to social networks and formal and informal support systems.

2**Why it matters**

Although restrictive measures were necessary during the pandemic, individuals have experienced a decline in their physical and mental health. Upon easing of the lockdown, effects could be comparable to hospital associated deconditioning as well as increased frailty, vulnerability, under nourishment and more. This could result in people in need of additional or altered health and social care needs. As restrictions continue to ease professionals have warned that a 'deconditioning pandemic' could leave us more vulnerable to further waves of coronavirus. (Briguglio et al, 2020)

3**Information**

Deconditioning is a complex process of physiological change following a period of inactivity, isolation, bedrest or sedentary lifestyle. Up to 65 per cent of older patients experience decline in function during a period of hospitalisation. Months of isolation and reduced levels of activity at home will have a significant deconditioning effect on a multitude of people. It could result in functional losses in such areas as physical and mental health, cognition, and

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ability to accomplish activities of daily living. The most predictable effects of deconditioning can include diminished muscle mass, decreased muscle strength, reduction in leg strength that can affect mobility, reduced lung function and more. This could potentially lead to an increase in slips, trips and falls, the impact of such on older adults could be significant and potentially life changing. Orthopaedic hospitals that recorded

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a halving of traumatic admissions during lockdown are anticipating a surge in accesses for traumas amid lockdown easing (Briguglio et al, 2020). Lack of social contact could be equally damaging with some people experiencing loss of cognitive function as a result of not talking or interacting with others and the possibility of anxiety and depression either developing or returning. Locality Hubs have been set up in each district of Lancashire to help support the people who need it most during the Covid 19 Pandemic.

6**What to do**

Help people to stay active and mobile in their homes or care settings. Ask what support they have available. These resources from PHE '[Active at Home](#)' and the [British Geriatric Society](#) are available for download to provide practical guidance to older adults on home-based activities to maintain their strength and balance. Contact a [Locality Hub](#) to see what help may be available.

7**Questions to consider**

Is the person experiencing harm from social distancing physically and emotionally? Is this impacting on their wellbeing? Is this a safeguarding concern? The Care Act 2014 is clear that the care and support systems actively promote wellbeing and independence, and we do not wait to respond only when people reach crisis. Preventing all aspects of harm must include person-centred care and support that helps people manage risks and prevent crisis.

