A Regional Approach to Ageing Well Community of Practice

7 April 2022

Academic Health Science Network North East and North Cumbria

National Innovation Centre for Ageing

involve consider assess respond evaluate

ICS Integrated Care System North East & North Cumbria

House Keeping

During the session

We will keep participants muted whilst we are presenting. This avoids distracting our speakers and reduces sensory stimulation which is important for some people. However, if you wish to ask a question you can do this by adding it to the chatbox. We will address as we go or follow up afterwards.

Please feel free to turn your camera on and off as you need to. If you need it off the whole time, that is totally fine.

If you need a break at any time during the session, then please leave the meeting and re-join again when you feel ready.

Accessibility

Information on accessibility features in Teams can be found here: https://support.microsoft.com/en-us/office/accessibility-support-for-microsoft-teams-d12ee53f-d15f-445e-be8d-f0ba2c5ee68f and you can contact us with any other accessibility questions.

After the event

Presentations will be circulated following the event

The webinar is being recorded and will be available after this session. Head over to the AHSN NENC's YouTube channel at: youtube.com/ahsnnenc and click the subscribe button and notification bell, to keep up-to-date on further video content, webinars, workshops and live events.

Welcome and Introductions

Agenda

1. Welcome and introductions
2. Presentations
3. Quick update on regional work
    - 3 Ageing Well priorities (national requirements)
    - Digital (including AC and UCR)
    - Workforce and research
    - Metrics and outcomes

Enhancing Care for Older People

Goodnight whoever you are

Person Centred Care for People with Dementia

Dr Jane Murray

jane.murray@northumbria.ac.uk

Northumbria University
NEWCASTLE

Kitwood's definition of personhood:

"It is a standing or status that is bestowed on one human being, by others, in the context of relationship and social being"

(Kitwood, 1997)

Northumbria University NEWCASTLE

Person centred care

"Person Centred care is care which has the core goal of maintaining the personhood of people with dementia"

(Kelly, 2010)

Northumbria University
NEWCASTLE

Person centred care

"Person-centred services also promote independence, offering flexibility and reliability to service users"

(Innes, Macpherson and McCabe 2006)

Northumbria University
NEWCASTLE

Person Centred Care

- Choice and control
- Setting goals
- The importance of relationships
- Listening
- Information
- A positive approach
- Learning
- Flexibility

Joseph Rowntree Foundation 2008

Northumbria University NEWCASTLE

Barriers to Person Centred Care

- People thinking they know what patients want
- Inflexibility
- Lack of information
- Limited resources
- Staff time
- Staff approach
- Poor communication
- Culture and language
- Institutionalisation
- Previous negative service user experience
- Not involving family
- Lack of individualised care

Joseph Rowntree Foundation 2008

Northumbria University NEWCASTLE

How do we do it?

This is me

Care passports

Forget Me Knot

Northumbria University
NEWCASTLE

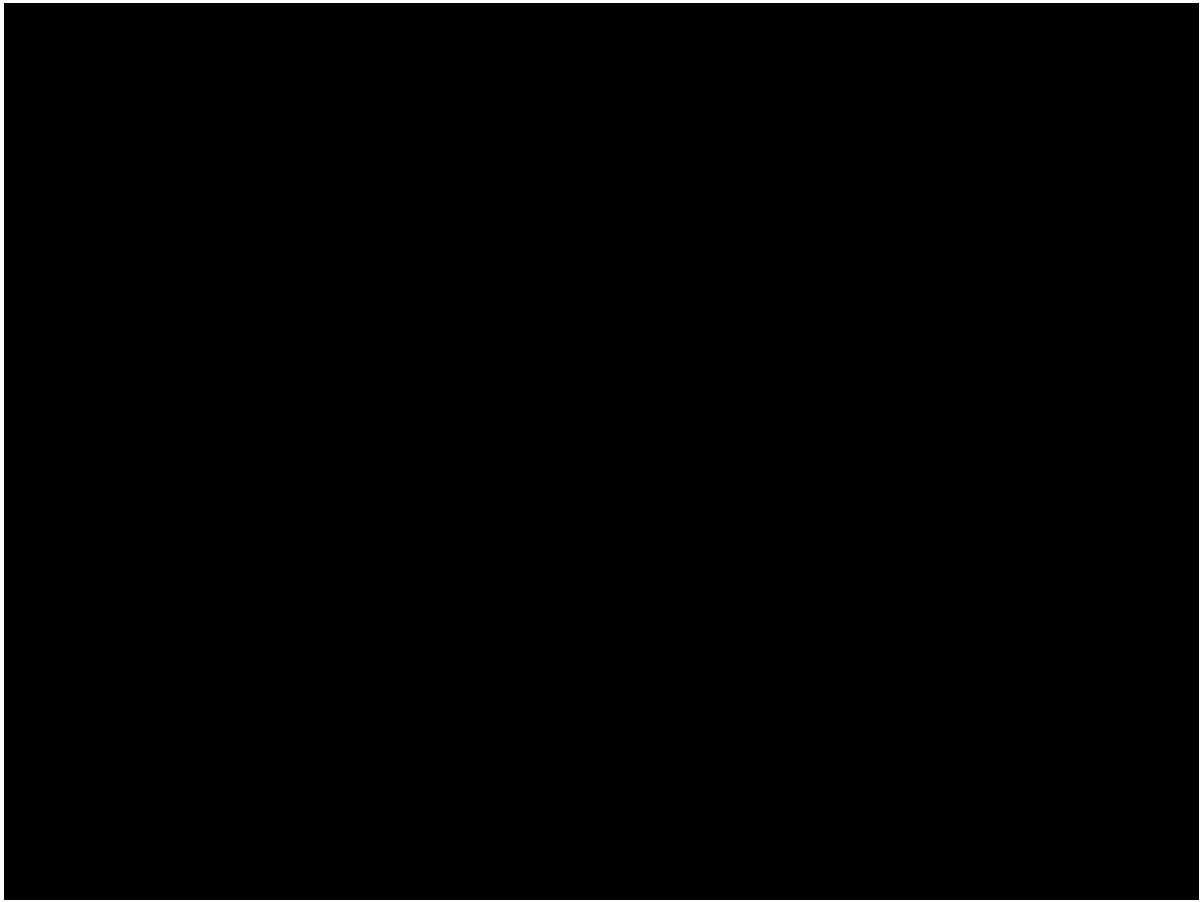
The Bookcase

Northumbria University
NEWCASTLE


Dementia Friends
Champion Jo explains
how dementia might
affect someone...

Gladys Wilson

Northumbria University
NEWCASTLE



V.I.P.S.

- V – A value base that asserts the absolute value of all human lives regardless of age or cognitive ability
- I – An individualised approach, recognising uniqueness
- P – Understanding the world from the perspective of the service user
- S – Providing a social environment that supports psychological needs.

Northumbria University NEWCASTLE

Relationship Centred Care

Northumbria University
NEWCASTLE

Kitwood's definition of personhood:

"It is a standing or status that is bestowed on one human being, by others, in the context of relationship and social being"

(Kitwood, 1997)

Northumbria University NEWCASTLE

Mrs. Barbara Dow

The Importance of Person Centred Care for people living with dementia and their carers

The Importance of Person Centred Care for people living with dementia and their carers

- Mrs Barbara Dow
- Dr. Jane Murray

This is me®

This leaflet will help you support me in an unfamiliar place.

My full name is

_____

Please attach a favourite photo of yourself here.

You can also attach a recent photo of yourself on the next page.

- See the notes on page 4 to help you complete **This is me**, including examples of the kind of information to include.
- Keep this leaflet with you and put it in a suitable place so that all the people caring for you can see and refer to it easily.

In partnership with

Royal College of Nursing

Alzheimer's Society
United Against Dementia

Barbara's Key Messages

- Communication, Compassion, Kindness, Dignity
- Know the person who has dementia, their life story, their likes dislikes
- It is important to consider if the person has any other illnesses for Al this was prostrate cancer
- Never argue with a person with dementia
- You need to have patience and remember that everything you say its like the first time the person has heard it
- Don't tell the person things too early as they forget.
- Importance of keeping the person
- Importance of having a care manager who can be a point of contact for advice and signposting for additional support
- Please remember the carer, and that they are experts with their loved ones and for them to be involved in the care if they want to

Barbara's Key Messages

- Carers work 24 hours day 365 days a year and have their own needs, they may not have anyone to support them, please make sure you ask how they are
- Carers need some time away from caring and need an interest outside their caring role and meet other people for Barbara this was playing bowls and painting
- Support from people, like a dementia support worker
- Listening to people with dementia and their carers to **learn what matters to them**

Barbara's Key Messages

- All the training and competence in the world means nothing if care is not given with the right attitude, care, compassion, dignity and kindness

Barbara's Key Messages

- Long after a patient or carer leaves, the kindnesses shown will be remembered with gratitude, but lack of courtesy, lack of information and inadequate procedures will leave scars that will never heal.

Any Questions?

Thank You

Northumbria University
NEWCASTLE

News and Updates

Ageing Well - national requirements (2022/23)

Urgent Community Response	Anticipatory Care	EHCH

• Increasing referrals from 111/999/UEC. DoS - clinical pathway and visible to clinicians
• Develop post UCR discharge pathways and re-referral routes. Improve capacity in post urgent community response. Nationally the metrics will be pulled from referrals etc from the UCR Dashboard. Consider local measures - case studies, health improvement metrics, feedback, accessibility etc.
• Evaluate the service and identify any gaps in existing pathways, skill mix for the workforce and trajectories for further expansion or development.
• Show how health equality has been considered - getting the right referrals for your areas. For example, are services will be capturing data around age, ethnicity, gender, but how do you know that you are targeting the right audience (health inequalities and meeting population needs
• Develop falls response models linking closely with Care Homes
• Increasing capacity and responsiveness of each 2 hour response to 70% by Q3. The CSDS/ UCR national Dashboard will be used to measure this alongside the metric around first contact and referral in. Develop plans from Q1 on your trajectory is to achieve this
• Workforce - expectation that projected WTE will increase in 22/23 to support increase capacity, activity, flow and improve data quality. Also have to do a workforce plan. A multidisciplinary approach is critical.
	• June 2022 Operating Model – 'how to guide' for AC - best practice example, data collection, infrastructure required and Governance and leadership
	• Establish an ICS system plan for AC with system partners for by Q3 2022 for delivery in 2023 via the PCN DES:
	  • Identifying any current models
	  • Developing a stakeholder network to gather feedback
	  • Patient and family carers engagement
	  • Analysing relevant health inequalities data
	  • Ensuring data sharing and digital infrastructure is in place
	• Population group – MM with frailty following lens can be chosen for YEAR ONE:
	  • Health Inequalities Core - 20plus
	  • High Intensity Users of unplanned care
	  • Chronic ACSC being admitted to secondary care
	  • Frail Mod and severe - older people
	  • Excludes those supported by specialist services - CH residents, Mental Health(without physical problems), Specialist palliative Care and Children/Young people
		• EHCH framework refresh / publication
		• Activity & Impact Dashboard (AID) phase 2
		  • Oversee the delivery of an experience evaluation
		• Care Learning Platform (CLP):
		  • publishing new materials to plug gaps in 1st 4 clinical priorities;
		  • delivering phase 2 for further clinical priorities
		• Leadership and development programme – Clinical lead role and Social Care staff
		  • Quarterly bulletin to support clinical lead role
		  • 4 x webinars focusing on workforce supporting EHCH
		• "New Models" workstream, to develop enhanced health support offer for people in other housing settings
		• Digital support for care homes
		  • Map of activity across NHSEI, NHSx and NHSD
		  • Proposal for project to support digital enablement of EHCH
		• Joint working programme with the National Patient Safety Improvement Collaborative (year 2):
		  • Building on soft signs training and care home network development
		  • Evaluation of soft signs training from FY 2021/22
		  • Roll out soft signs training to all remaining homes
		  • Evaluation report for MDT
		  • Scope/develop a falls programme for care homes

Digital and Information Technology

i-CGA (CHA) Digital Tool

- Pilot started in January (PCNs in Gateshead)
- Process + Feasibility evaluation study proposal (first draft of report)
- Exploring 'interoperability' for phase 2

Community Health Services Digital

- Strategy focus – 'finding, supporting and measuring what matters' to support AW and Anticipatory Care
- Urgent Community Response – CSDS onboarding phases towards April (via T&F group) including work on falls and UCR, data quality and measuring whether you are making a difference

Website - www.frailtyicare.org.uk.

- Updated - take a look!
- Place-holding agreed for Ageing Well on new NE&NC ICS website.

Jackie's story

- Completed (www.jackiestory.co.uk).
- Launch tools developed

Workforce Projects and Research/ Evidence

EnCOP

- Currently exploring making EnCOP substantive; research competent, clinically expert, educationally linked and skilled in practice development
- Continues to grow; North Cumbria LA and care homes latest sign ups

Evidence and Research

- Framework for Evaluating Frailty Pathways: concluded and will be made available on the frailty iCARE website soon; next phase it to test it and plenty members of the 'expert panel' keen to do so
- NHSEI Hydration: CoPpers Hydration bid selected as one of two to go forward from ICS to national team

Metrics and outcomes update

Continued conversations with NECS and NEQOS colleagues to:

- Update frailty metrics (aligned with national outcomes)
- Updating of the functionality of frailty framework (platform)
- Alignment to Population Health Management programme, Health Inequalities – proposal submitted for Analyst to join the Ageing Well programme

involve consider assess respond evaluate

involve consider assess respond evaluate