

A large, faint background graphic consisting of several stylized human figures in various colors (purple, orange, green, blue, red) arranged in a circular pattern, overlapping each other.

# A Regional Approach to Ageing Well

## Community of Practice

16 June 2022

# 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/ahsnenc](https://youtube.com/ahsnenc) and click the subscribe button and notification bell, to keep up-to-date on further video content, webinars, workshops and live events.

# Agenda



1. Welcome and introductions
2. Quick update on regional work
  - Useful reads
  - 3 Ageing Well priorities (national requirements)
  - Digital
  - Workforce and research
  - Metrics and outcomes
  - Personalised Care
3. Theme discussion – rehabilitation for those living with dementia, SMI and those experiencing delirium – now, the future and possibilities



# Welcome and Introductions

involve consider assess respond evaluate



# Frailty - what's the latest?

# Useful Reads

- **Centre for Ageing Better**
  - The state of Ageing 2022 - <https://ageing-better.org.uk/publications/summary-report-state-ageing-2022>
    - Ultimately it shows that the experience of being older in England is getting considerably worse for many.
  - Everyone has the right to a good ageing life - <https://ageing-better.org.uk/publications/summary-report-state-ageing-2022>
    - Unless radical action is taken by government, business and others in society, millions of us will have an old age of ill-health, financial insecurity and poor living conditions.
- **GOV.UK**
  - Healthy Ageing: applying all our health - <https://www.gov.uk/government/publications/healthy-ageing/healthy-ageing-applying-all-our-health>
    - A resource for professional to use in everyday work – preventing ill-health and promoting wellbeing.
- **Kings Fund**
  - Equity and endurance - <https://www.kingsfund.org.uk/publications/how-can-we-tackle-health-inequalities>
    - Tackling health inequalities is clear and overwhelming, and yet attempts to do so in recent decades have had mixed success

# Anticipatory Care

- **National**
  - Delay in national release operating model
  - Metrics being developed (including digital maturity dashboard)
  - National Comms – July
- **ICS - Establishing T&F groups:**
- **Finding**
  - PHM tool development!
  - Frailty validation work needed.
  - Testing needed with PCN.
- **Supporting**
  - HIE functionality development for sharing documents. Starting with Deciding Right Documentation
  - Ageing Well data set - all inclusive.
  - MDS for CH lead by Health Foundation for ICS.
  - AC pilot with Year of Care within PCN – expressions of interest from PCN (next few weeks)

# Urgent Community Response



- **National**
  - Metrics being development (Dashboard delay Sep 2022)
- **ICS**
  - Working group established – exploring ‘quality metrics’, falls etc.
  - Reporting via new Matrix into regional NHSEI
  - Enrolling onto CSDS ongoing



# Enhanced Health in Care Homes



## National

- Refresh of the model at end of Summer (e.g. falls, wounds, Palliative and EoL, Dementia and Delirium)
- Establishing Safety Network development
- Wider exploration around deconditioning
- Metrics being developed looking at harms, resources, conveyances
- Funding available for 2years

## ICS

- Scoping out governance or work plan yet from existing programmes of work across NHS and AHSN.

# Digital and Information Technology



## **i-CGA Digital Tool**

- Qualitative evaluation report by end of July
- Exploring 'interoperability' for phase 2

## **Community Health Services Digital**

- National delivery report being finalised to understand scope of work
- Need to map into AW and wider digital strategy e.g. AHSN, Primary Care, Social Care etc.

Website - [www.frailtyicare.org.uk](http://www.frailtyicare.org.uk).

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

# Workforce Projects and Research/ Evidence



## EnCOP

- Progressing apprenticeship options with HEE and Northumbria University
- Continues to grow
- Requesting extension for quantitative evaluation due to COVID delays

## Evaluation and Research

- Framework for Evaluating Frailty Pathways completed; next stage is to plan pilot
- NHSE Hydration: CoPpers meeting national team to potentially tweak bid
- Determining Dementia Needs: evaluation of developed tool underway

# Metrics, Measures and Outcomes update

- Development of Power BI Tool
- NEQOS Mapping Exercise 'Full population approach to the wider Ageing Well arena - Ensuring metrics and reporting are aligned to the NHS LTP Ageing Well priorities of Enhance Health in Care Homes, Anticipatory Care and Urgent Community Response 2022-23'
- Introductory meeting 24 May 2022 to look at a Quality Metric Dashboard for Urgent Community Response
- Sharing/learning with other areas: Urgent Community Response and Quality Metrics meeting on 16 May with Humber, Coast and Vale
- Terms of Reference drafted for Metrics, Measures and Outcome Group
- Alignment to Population Health Management programme, Health Inequalities – proposal submitted for Analyst to join the Ageing Well programme

# Personalised Care

- Working in partnership with AHSN NENC to procure licences for the Patient Activation Measure (PAM) for use across ICS. Aiming for July for roll out.
- Anticipatory Care / Year of Care pilot out to EOI from PCNs – introductory session held 13 June
- Training modules for staff in ARRS roles (Social Prescribing Link Workers, Health and Wellbeing Coaches and Care Co-ordinators) being commissioned by VCSE partners, working in partnership with HEE. Aim is to roll out training in September.
- Continuing with links with other groups and workstreams to support implementation of personalised care components as enablers to service transformation (eg Palliative End of Life Care Network, Long Term Conditions Rehabilitation group, Learning Disability and Autism Network, Health Inequalities Workforce Capacity and Capability Group).
- Personal Health Budgets – low uptake across NENC. Working on establishing what support systems need to increase this

# Rehabilitation for those living with Dementia, SMI and individuals experiencing delirium: now, the future and possibilities

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# Background



UK population  
>65yr 23 million  
(Office of National Statistics,  
2020)



By 2023, in UK  
>1million will have  
Dementia (AgeUK, 2019)

2/3 65yrs> will live with  
multimorbidity's by 2035.  
1/3 will include dementia  
and other mental health  
needs (NIHR, 2018)

People with delirium  
showed lower gains in  
motor function, increased  
length of stay and  
reduced discharges home  
(Bushi, et al, 2019).

# Background continued...



## SEVERE MENTAL ILLNESS (SMI)



551,000 people live with SMI and experience stark inequalities (Good Governance Institute, 2020).

Rehabilitation is; cost-effective, avoids hospitalisation, reduce re-admissions, prevent untimely movement into long term care (Seitz., et al, 2016; Clare, 2017; WHO, 2020).



# MHSOP PHYSIOTHERAPY SERVICE

## Inpatient units x

### 4 + CMHT

1x B7 (1.0)  
2 x B6 1.0  
1x B6 0.6  
1x B6 0.4  
2x B5/6 2.0  
1 x B3 1.0

### CMHT only

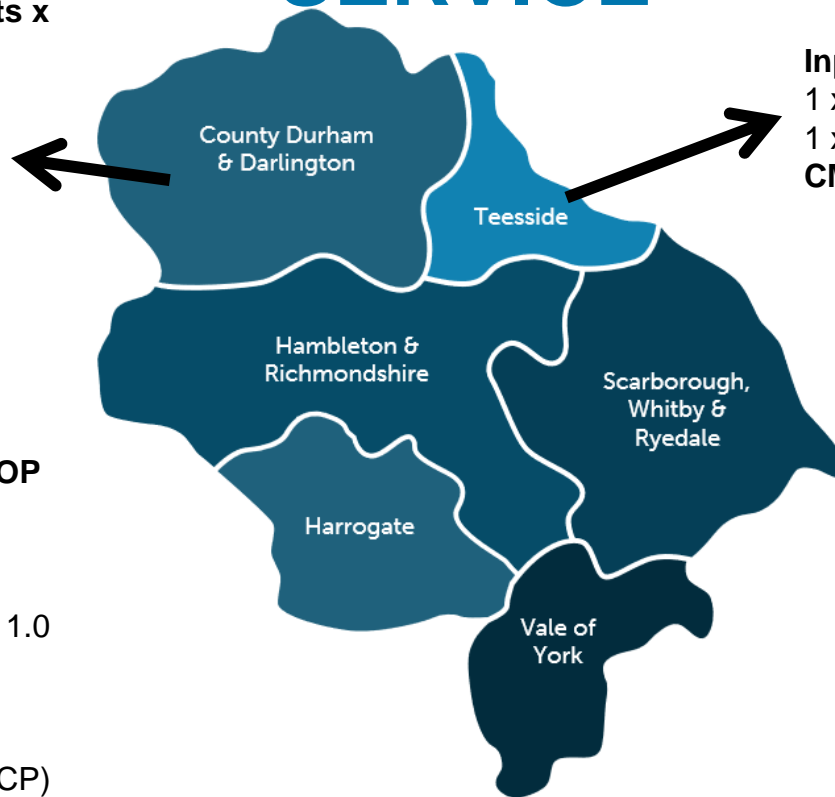
2 x B6 (1.0)

### AHLs + MHSOP crisis

1 x B7 1.0  
1 x B6 1.0  
1x Apprentice 1.0  
1 x B3 1.0

### CHL

B7 0.6wte (tACP)  
B6 1.0 vacancy



## Inpatient units x 2

1 x B6 (1.0)  
1 x B3 (1.0)  
CMHT 2 x B6 (1.0)

# Our Referrals

- Dementia (encompassing Alzheimer's, vascular etc)
- Depression/low mood
- Psychosis
- Anxiety
- Delirium (hypoactive and hyperactive)\*

Presenting as:

- not engaging/difficulty engaging
- not progressing
- unable to follow instructions
- unable to retain information
- unmotivated
- 'no rehab potential'



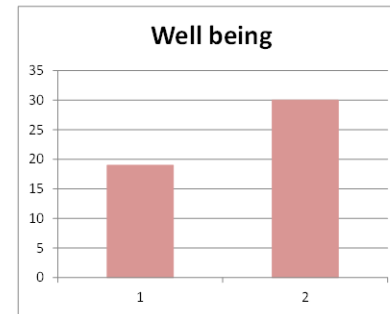
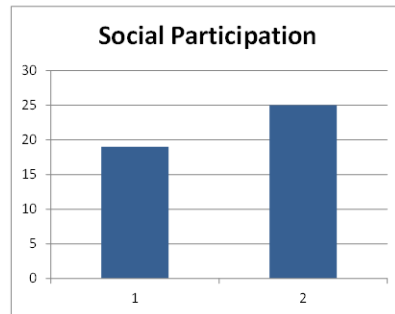
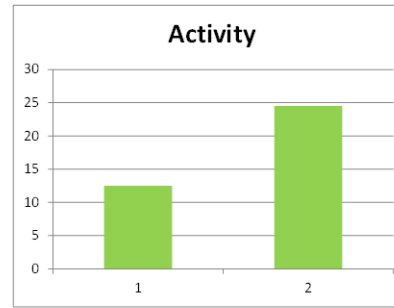
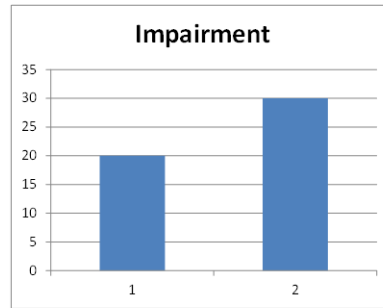
# Mental Health Liaison Physiotherapy

## Referrals

2021-2022 = received 278 referrals – averaging just over 23 per month.\*

2020-2021 = received 262 referrals – averaging just under 22 per month.

# Outcomes: Therapy Outcome Measure (TOMs)



# Case Studies



1: Mental Health Liaison Physio



2: MHSOP CMHT Physio

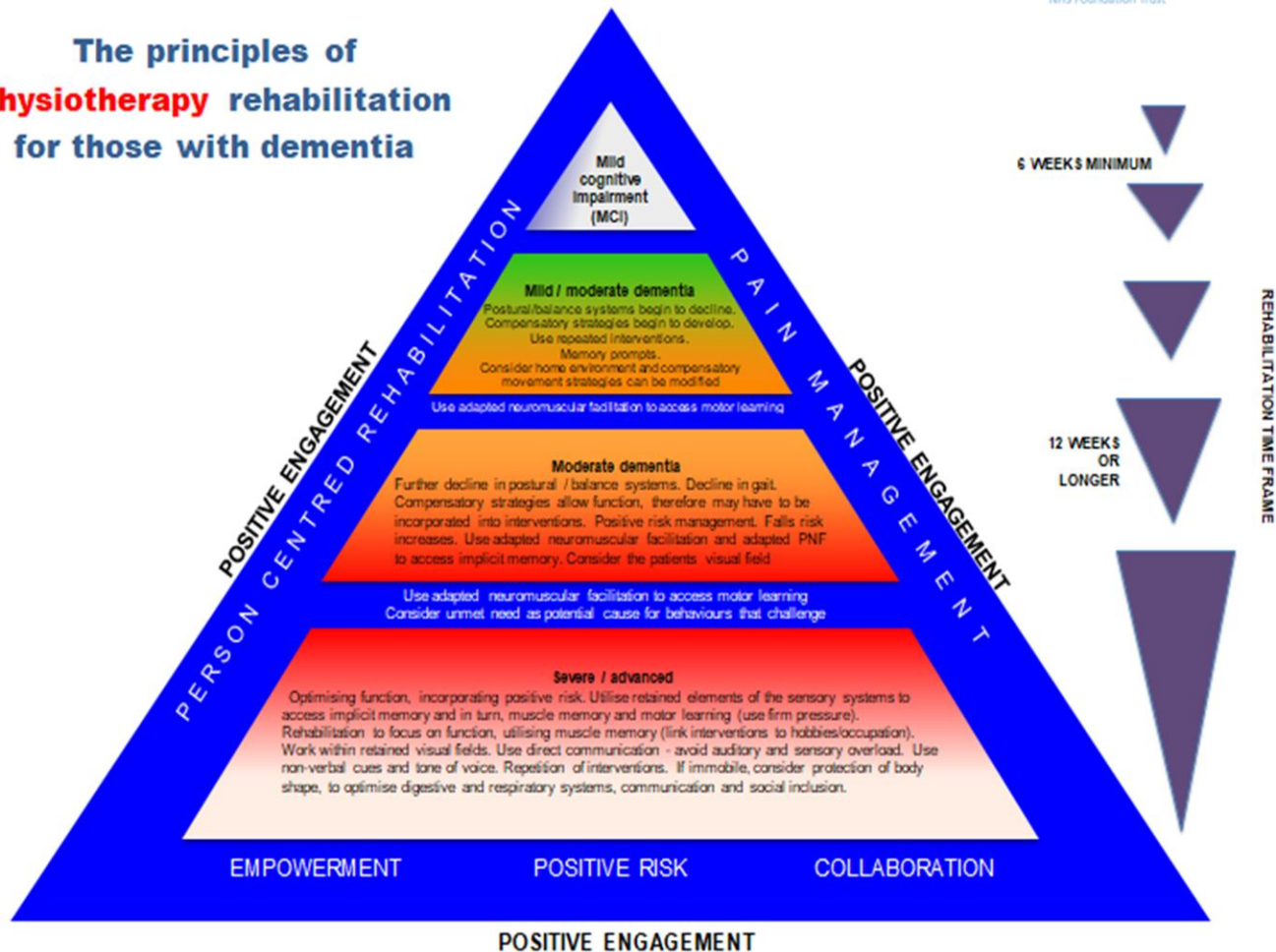


3: Care Home Liaison Hub Physio

# Rehabilitation Principles Training

- Theory and practical
- Pathophysiology of dementia – implications for rehab, senses in particular visual fields
- Pain Assessment
- Unmet need
- Engagement/approach – importance of collateral history, objective functional assessments, basic principles PAC
- Refresh of principles of human movement – motor learning (muscle memory), repetition, postural control (Patterson and Wessel 2002, van Tilborg et al 2007, Manckoundia et al 2014, Enderby 2017, Hall., et al 2013)
- Adapted neurofacilitation techniques (Bobath)
- **Timeframe** (Pomeroy 1994, Manckoundia et al 2014, Patterson and Wessel 2002, Schwent et al 2014, van Tilborg et al 2007, van Tilborg et al 2011, Scherder 2011)

# The principles of physiotherapy rehabilitation for those with dementia



# Rehabilitation as an unmet need



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Increased prevalence of co-morbidities and an ageing population there is an increasing unmet need for rehabilitation (WHO, 2017).

- Rehabilitation for people living with dementia is fragmented and restricted (Resnick., et al 2016; Clare, 2017).

## WHY?

- Lack of prioritisation
- Lack of trained therapist with specific skill set
- Under resourced
- Underutilised pathways/time restricted
- Inequitable access

(PRIME, 2015; WHO, 2020; Seitz., et al 2016; McGilton et al, 2016; Hall, et al, 2017b)



**'No Rehab Potential'** (Resnick., et al 2016; Ries 2018; Hall., et al 2018).



## ‘No Rehab’ clinical rational?

- Clinical skills/knowledge
- Resource pressures/bed pressures
- Rigid referral criteria
- Time restrictions
- Pathways of care
- Positive risk taking

(Goodwin., et al 2019, Hall., et al 2017, Mitchell., et al 2019, Longley. , et al 2018, Burton., et al 2015; Oliver, et al 2022)

## View and Reviews – The BMJ

*“Perhaps when we hear ‘no rehab potential’, ‘unsuitable’, or ‘doesn’t meet the criteria’ we need to challenge it. ...rather than leaving this to... individuals we need better policies, better education, and more investment in rehab as an integral part of clinical care” (Oliver, 2022).*

*David Oliver: Consultant in Geriatrics and Acute Medicine*

<https://www.bmj.com/content/377/bmj.o1263>



**How can we work  
collaboratively to deliver  
person cent  
services? itation**





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# Further References: Rehab Principles for those with Dementia



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Document



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