A Regional Approach to Ageing Well

Community of Practice

1 December 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.

Agenda

1.	**Welcome and Introductions**	**Dan Cowie, Clinical Lead**
2.	Frailty – What's the latest?	Dan Cowie, Clinical Lead
3.	Presentations:	
	Exploring delirium superimposed on dementia: tools and guidance	Claire Pryor, Northumbria University
4.	Any Other Business	All
5.	Date and Time of Next Meeting - Thursday 2 February 2023 at 14:00-16:00pm	
6.	Close	

Welcome and Introductions

Frailty - what's the latest?

Anticipatory Care

Anticipatory Care – Supporting People Working Group established to oversee projects:

- Case Finding Tool
- Share Care Record /digitising Advance Care Plans
- Ageing Well Data Set
- Year of Care – Anticipatory Care Pilot

- Anticipatory Care Framework published – planning guidance pending

Anticipatory Care will provide proactive and personalised health and care for individuals with multiple long-term conditions (MLTC), delivered through multi-disciplinary teams in local communities.

What are the aims of Anticipatory Care?

Anticipatory Care aims to optimise use of the health and care system for individuals with MLTC, by intervening earlier, proactively, and more holistically, whilst the patient is at home. This should:

- Reduce use of avoidable unplanned care by ensuring patients have access to the planned health and care support they need in the community
- Reduce avoidable exacerbation of ill health, reducing the need for more costly health and care provision downstream

AC will also contribute to the shared Community Care aims of: (1) reducing health inequalities (2) delivering a better patient experience, (3) further developing the evidence base for integrated care and (4) improve staff retention and satisfaction.

Who will be offered it?

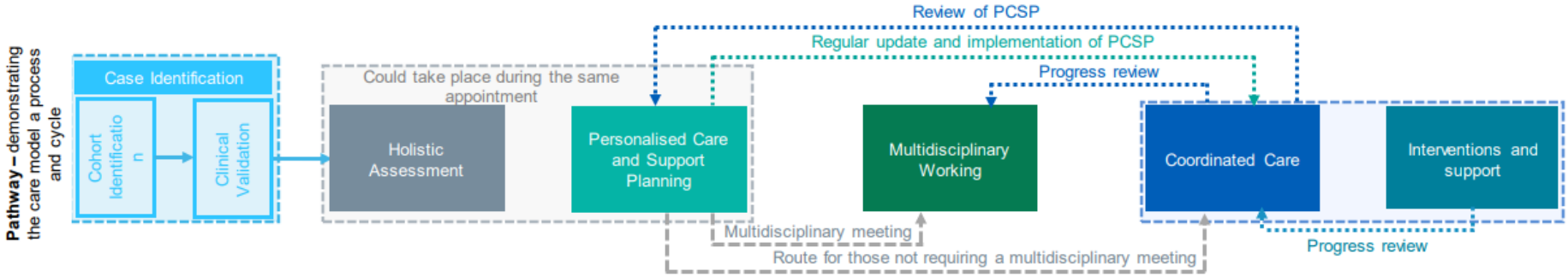
Anticipatory Care targets **individuals living with multiple long-term conditions, who also: (1) live with frailty, (2), experience health inequalities, as defined by Core20PLUS, and (3) are reliant on unplanned care services to meet their routine care needs**.

The people who should be offered Anticipatory Care first are those who are either at risk or admission, or have been admitted twice or more, in the last 12 months. This will allow us to prioritise individuals who are most at risk of adverse health outcomes.

What will their care look like?

Individuals who are prioritised for Anticipatory Care will be offered:

- A **holistic assessment**, to understand their health and care needs which will be documented in a **Personalised Care and Support Plan** which is coproduced to ensure it outlines what matters to them, and their ambitions.
- **Multidisciplinary input** into their care, to reduce treatment burden and duplication of clinical and professional input, with the MDT suggesting appropriate **interventions and support** to help the individual achieve their goals.
- **Care coordination** from a single named contact, ensuring the individual is supported to make decisions about their health and understands their options.



2 Hour Urgent Community Response

- Urgent Community Response (UCR) services are a commitment in the NHS Long Term Plan to provide urgent care to people in their homes if their health or wellbeing suddenly deteriorates.

- Under the NHS planning guidance for 2022/23, UCR providers need to scale up and ensure consistency of service to reach at least 70% of patients referred to them within two hours by December 2022.

General update

- 2-hr UCR Working Group meeting monthly.
- Providers continue to submit a monthly 2-hr UCR self assessment maturity matrix return. This includes RAG rating against KLOEs, nine clinical conditions and wider service improvements.
- Based on the September 2022 primary submission – NENC ICB is meeting the 70% 2-hr UCR standard.
- Month on month growth in referrals visible – in part linked to resolving DQ issues.
- Data validation exercise being repeated using Aug-22 data, to increase confidence in the published data.

Winter Preparedness and System Improvement

National funding (£125k) is being used to support projects aimed at:

- Increasing referrals from Ambulance Trusts
- Developing care home falls response
- Introducing standardised UCR quality metrics across the ICB

Going further on our winter resilience plans

As part of winter planning, there is a further requirement to:

- Introduce a comprehensive community-based falls response from 8.00am to 8.00 pm 7 days a week
- Work collaboratively with care homes to identify ways in which avoidable ambulance attendances can be reduced

Overview of CHS Digital – Priorities for 2022/23

Optimise e-job planning and e-rostering

Ensure CHS providers access Shared Care Record as a priority in 2022/23

(CSDS) Deliver radical improvements in quality and availability against national data requirements and clinical standards e.g., MSK pathways

Work towards achieving a core level of digitisation by March 2025 in line with Frontline Digitalisation

Support delivery of NHS e-Referral Service to become an any-to-any health sector triage, referral and booking system by 2025

Costed three-year investment plans include community sector delivery against WGLL

Community Transformation (Digital), early focus on Ageing Well priorities

What we've done so far

- Networking and joining up contacts (why we're here today)
  - Attendance at the 4 ICP place-based digital groups
  - CIO network

- Benchmarking – types of org and contacts; systems used; CSDS submissions
  - E.g., 3 out of 47 respondents have paper-based care records

- Ageing Well priorities
  - Preparing for AC model – Case Finding Tool, Outcomes Framework and exploring digitalisation of PCSP
  - UCR (CSDS) - onboarding to CSDS and data quality improvements

- Check out – www.frailtyicare.org.uk

Thinking about a strategy – national and regional digital fit!

- Highlighted the National Community Health Services Digital Priorities to What Good Looks Like (WGLL)

- Applied (best fit) the National Community Health Services Digital Priorities to:
  - NENC Digital Strategy – 5 themes
  - NENC GPIT Strategy – 6 themes

Enhanced Health in Care Homes

Currently awaiting expected date for the EHCH refresh

Digital and Information Technology

Digital

- iCGA - pilot completed. Further conversations needed about interoperability solutions
- Ageing Well dataset meeting held 6 October with data/digital colleagues who are involved in the development of templates regarding a minimum dataset. Work is commencing with digital colleagues across the region.

Website - www.frailtyicare.org.uk.

- Updated Workforce section – take a look!

Workforce Projects and Research/ Evidence

EnCOP:

- EnCOP series of webinars linked to the EnCOP Competency Framework ‘A novel post diagnostic support group for caregivers for people with dementia’ held held 18 October 2022.
- Final draft of business case seeking substantive funding for EnCOP completed.
- Pursuing potential ‘home’ organisation for EnCOP.
- Continuing to work with HEE regarding development of an advanced practice award specific to older people.

Evaluation and Research:

- Attendance at launch of the National Hydration Pilots and presentation of the NENC collaborative study including ICB, Northumbria University and Ageing Well Network on 12 October. Will commence January 2023.
- Extension request made to ARC for EnCOP quantitative research evaluation; feedback awaited.

Metrics, Measures and Outcomes update

- Meeting of Metrics, Measures and Outcomes Steering Group held 14 October 2022.
- Power BI Tool in testing/feedback stage of development.

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Exploring delirium superimposed on dementia: tools and guidance

Dr. Claire Pryor claire.pryor@northumbria.ac.uk

What is delirium and DSD?

Latin delirare. Deviate from balks

Syndrome Characteristics:

Acute change in Awareness/attention

Short time frame

Medical condition precipitant

Not better explained by something else established

metabolism
O2 and glucose issues
(ATP cycles)

Neurobiological issues
Neuroinflammation
Brain vascular dysfunction
Metabolism in brain
Neurotransmitter imbalance
Wilson et al (2020)

In vulnerable brains, exaggerated pro-inflammatory response= exacerbate in damaged areas

Alters. Perfusion impaired
Leaky BBB

Medications may impact on neurotransmitter systems (acetylcholine/dopamine etc)

Some one with dementia already has all this on top!

Acute medical/health emergency!

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What does it look like?

Hyperactive

Staff often recognise this type

Hypoactive

Staff often don't recognise this type

Mixed

Depends on most prevalent state

What does it mean for someone with it?

- Higher mortality
- Higher rates of post discharge care needs
- Longer length of stay
- Worsened physical, cognitive and social outcomes
- Increase cost of healthcare

- Fear
- Hallucinations
- Loss of function
- Dignity?
- Isolation
- ? Less attention paid (HYPO)

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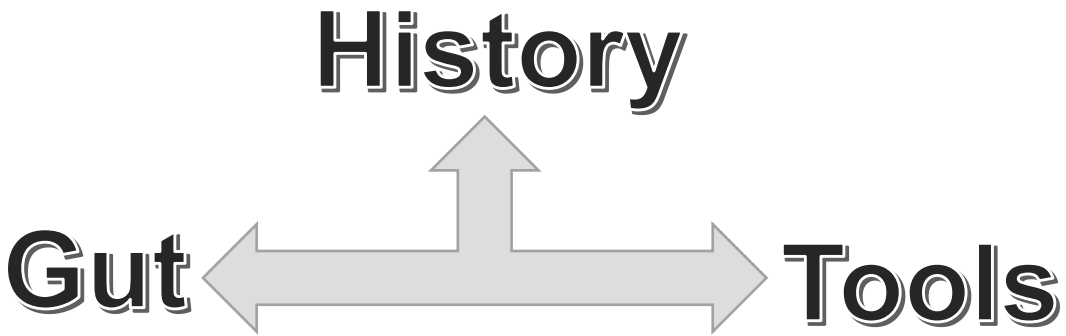
How do we assess?



NICE (2010, ud 2019) Delirium prevention, diagnosis and management https://www.nice.org.uk/guidance/cg103

SIGN (2019) https://www.sign.ac.uk/our-guidelines/risk-reduction-and-management-of-delirium/

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Tools

Confusion Assessment Method (90s) Based on DSM-IV (we are on DSM 5 now…). Non psych trained clinicians.

Includes onset/inattention/disorganised thinking/altered consciousness scores.

4AT Rapid clinical test for delirium (2011) Short, no training, anyone can use! Inc cog testing no “unable to test” UTA element

Includes alertness, orientation, attention, acute change/fluctuation course. Indicated delirium or cognitive impairment

SQID Single Question in Delirium “ is this person more or agitated, and is worse than normal for them”

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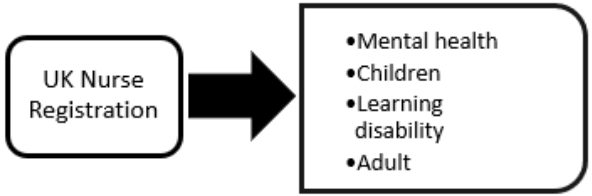
DSD from an RNMH perspectibe.....

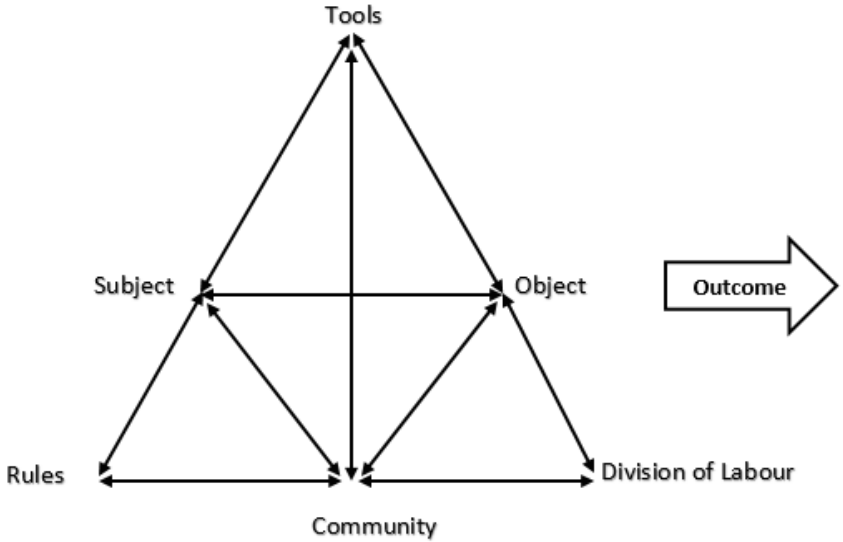
AIMS



1. Illuminate the experiences, views, and perceptions of RNMHs caring for people with DSD within the 24-hour healthcare setting

2. Identify and describe the experience in terms of influencing and impacting factors within the workplace

3. Generate new understanding pertaining to the RNMHs care provision for DSD and explore how this could be used to support the unique care context in terms of understanding influencing factors impacting on care.



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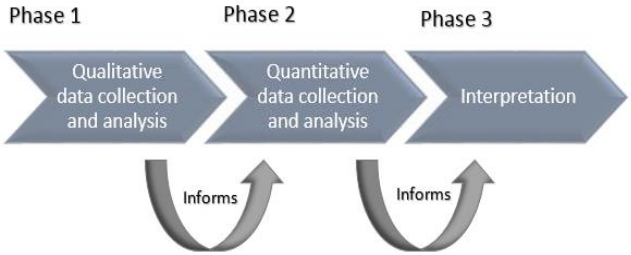
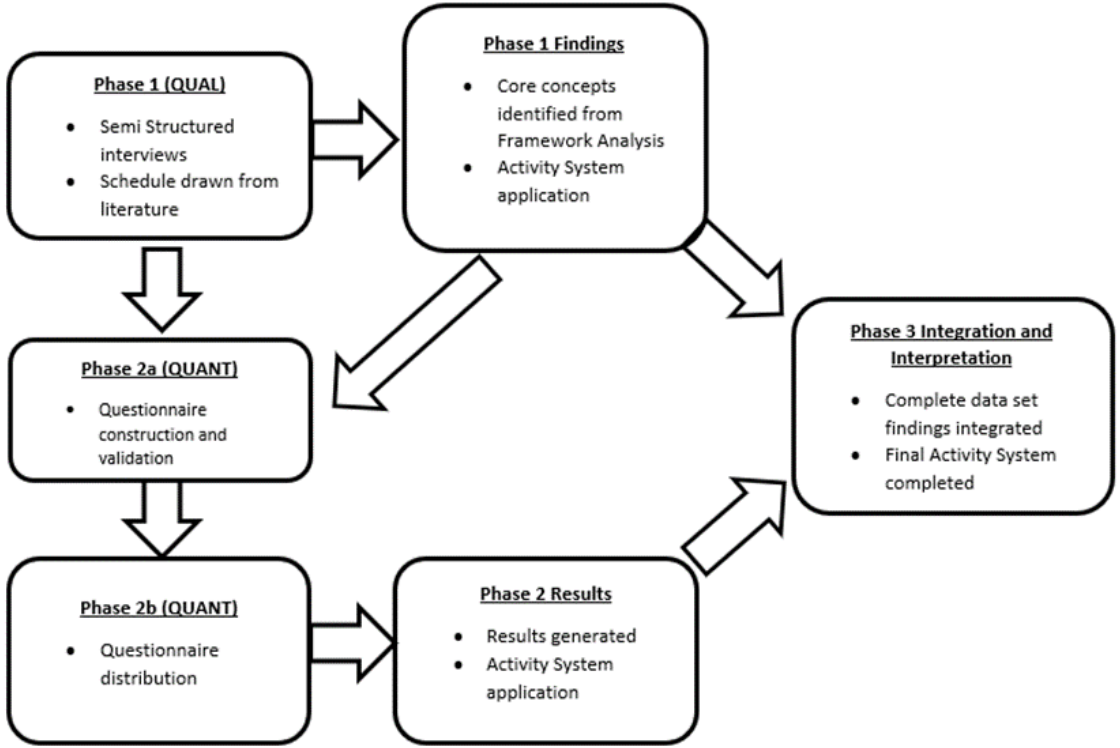
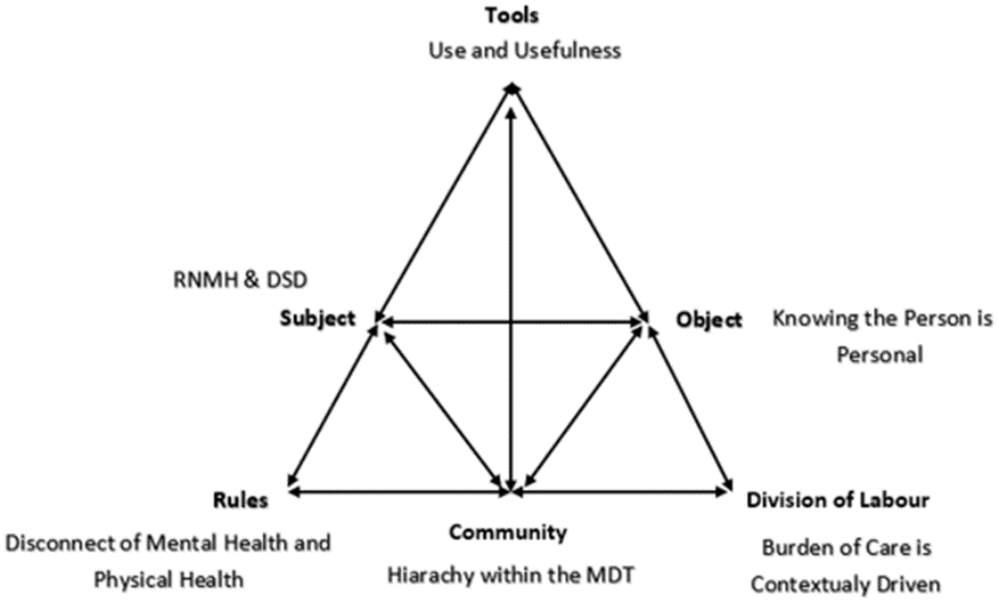


Adapted from Creswell and Plano-Clarke (2011)



Findings in an Activity System



Wazyncki, C (2012) try this: The Confusion Assessment Method (CAM) Available at https://geriatrictoolkit.missouri.edu/cog/Confusion-Assessment-Method-delirium.pdf

Wilson et al (2020) Delirium. Nature reviews disease primers. 6:90

4AT Rapid clinical test for delirium https://www.the4at.com/

involve consider assess respond evaluate

Date and Time of Next Meeting

Thursday 2 February 2023 at 14:00-16:00pm