Ageing Well Better

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North East and North Cumbria Ageing Well Network
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Ageing Well Programme - Overview

Ageing Well National Priorities

ICB Priorities, as per the Ageing Well Thematic Plan

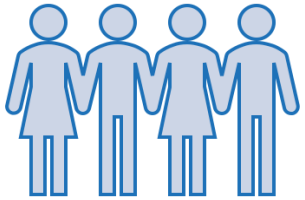
Urgent Community Response	Proactive Care	Enhanced Health in Care Homes	Community Health Services Digitalisation	Workforce Development
1. Increase the number of people accessing timely UCR services within 2-hours 2. Increase the number of UCR referrals from all key routes, including step-down recovery (when needed) 3. Increase the number of UCR services that offer all 9 clinical conditions/needs including a 24/7 falls offer 4. Improve patient access (equitable), safety, experience, and staff satisfaction within UCR services	1. Improve support for Integrated Neighbourhood Teams (INTs) to implement the national Proactive Care model	1. Improve support for Integrated Neighbourhood Teams (INTs) to implement the national EHiCH model 2. Reduce variation in EHiCH outcomes across the ICB	1. Improve the use and quality of data within the Community Service Data Set (CSDS) 2. Increase the number of community providers utilising the Great North Care Record (GNCR) / Shared Care Record 3. Increase learning and sharing of digitally enabled community care and support across the ICB	1. Increase the uptake and utilisation of EnCOP, as a workforce development programme across the ICB

Measures, Metrics & Outcomes
Development of Ageing Well Outcomes Framework/Power BI Tool

Ageing Well Community of Practice
CoP brings together experts, experienced and those with an interest, from across the systems, who are willing to learn, share and push the boundaries of knowledge about older people their lives, wants and care needs

Frailty-iCare Website
https://frailtyicare.org.uk/

Older Person ‘Snap Shot’ across North East and North Cumbria



Between 2020 and 2040, the number of people aged ≥ 65 in the North East is projected to increase by 31%, equating to an extra 168,000 people

Between 2009-11 and 2018-20, healthy life expectancy at birth for males and females declined by 7-months

18.2% of people aged ≥18 have two or more Long-Term Conditions recorded

22% of people aged ≥ 65 have a diagnosis of frailty recorded

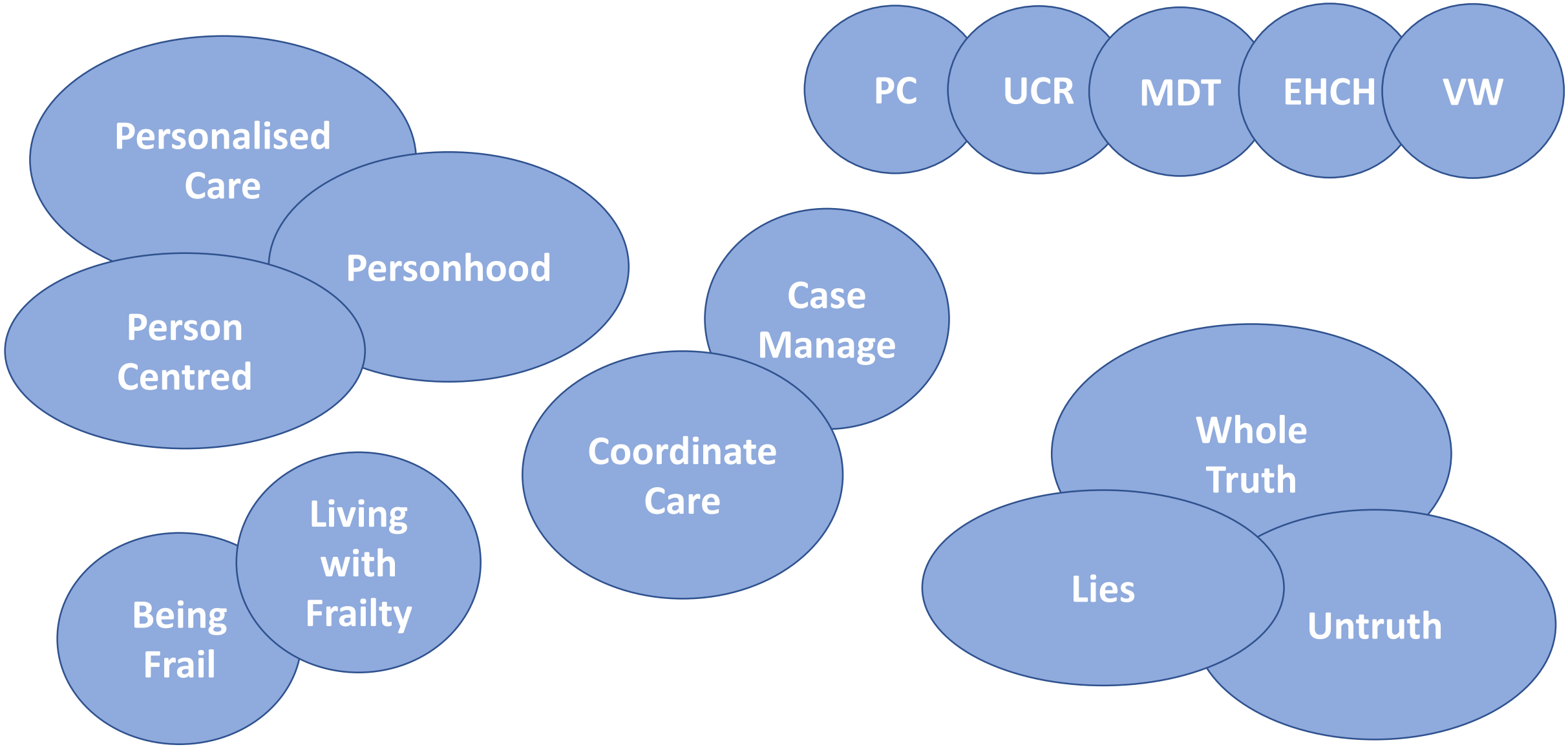
Only 36.7% of people on a palliative care register were recorded as dying in their preferred place

23,000 people live in care home (Aug-22)

Only 30% had a Personal Care and Support Plan recorded (Aug-22)

Jackie's Story 

Are we talking about the same thing?



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Wholetruth, Untruths and Lies: the journey from PhD to changing practice.

Dr Jane Murray

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The PhD – before the VIVA

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Realisation – after the VIVA

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The real mountains are to come!

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Planning is key

- What do you want to change?
- What do you need to do?
- Who can help you?
- Stick with it.

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The grass is as green as you make it

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Any Questions?

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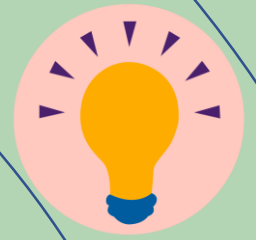
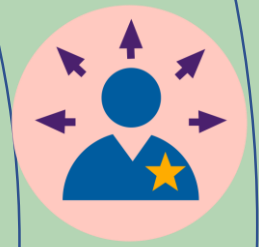





Workforce Development
From Research to Education to Workforce

Claire Pryor, Assistant Professor, Northumbria University
Lesley Bainbridge, Clinical Lead, Northeast North Cumbria Ageing Well Network

frailty icare

NHS North East and North Cumbria

Academic Health Science Network North East and North Cumbria

Northumbria University NEWCASTLE

EnCOP
Enhanced Care for Older People

Why?

Biggest consumers of care.

Most likely to receive substandard care.

In an ageing population world we need to 'geriatrise the workforce'
Rockwood

EnCOP
Enhanced Care for Older People

From vanguards to beyond!

Study 1: 2016
Exploring experiences and competencies to inform workforce development for delivery of the model:

- Uni-professional focus groups (45 staff; 8 groups)
- 2 x Multi-disciplinary workshop (28 staff)

Determined:
- Competency framework that is agreed across the whole system
- Agreement across the whole system of who can assess competency
- Assessors are adequately prepared and regularly updated
- Assessment processes are valid and reliable and accepted by all organisations involved

Study 2: 2016
Development of the draft framework

Study 3: 2017
Pilot of NHS and CH staff working in 2 care homes:

- Only geriatricians achieved all advanced competencies
- GPs were not working at an advanced level and in some cases, not at specialist level
- OPSNs band 7 achieved all specialist competencies, require programmes to become advanced; band 6 achieved few specialist competencies
- CH staff were ‘better than they thought they were’ i.e. they under-estimated themselves when self assessing
- No standard way of developing/assessing competence
- No cross- sector support
- Too much reliance on online/training/education not relevant, not meaningful, not easy to access and may not determine competence

EnCOP
Enhanced Care for Older People

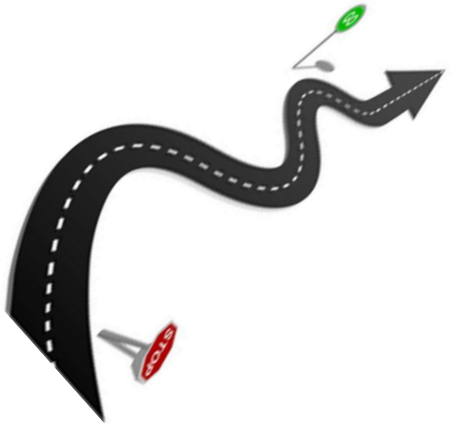
2019: ageing well network

Recommendation 2018:

- Agreement across all sectors to adopt standard approach
- Develop the infrastructure for practice-based learning and assessment that is accessible to all

System Working and Funding 2019:

- Funding investment and resources
- Evaluate outcomes



EnCOP
Enhanced Care for Older People

2019: ageing well network

£ strategic leads

Study 4
impact on staff

Study 5
health indicators

EnCOP
Enhanced Care for Older People

2023: GRADUATION!

50 "EnCOPpers"

X essential
X specialist
X towards Advanced

X Organisations

X Disciplines

Need + Research + Workforce = Success!

An Individual

Relationship

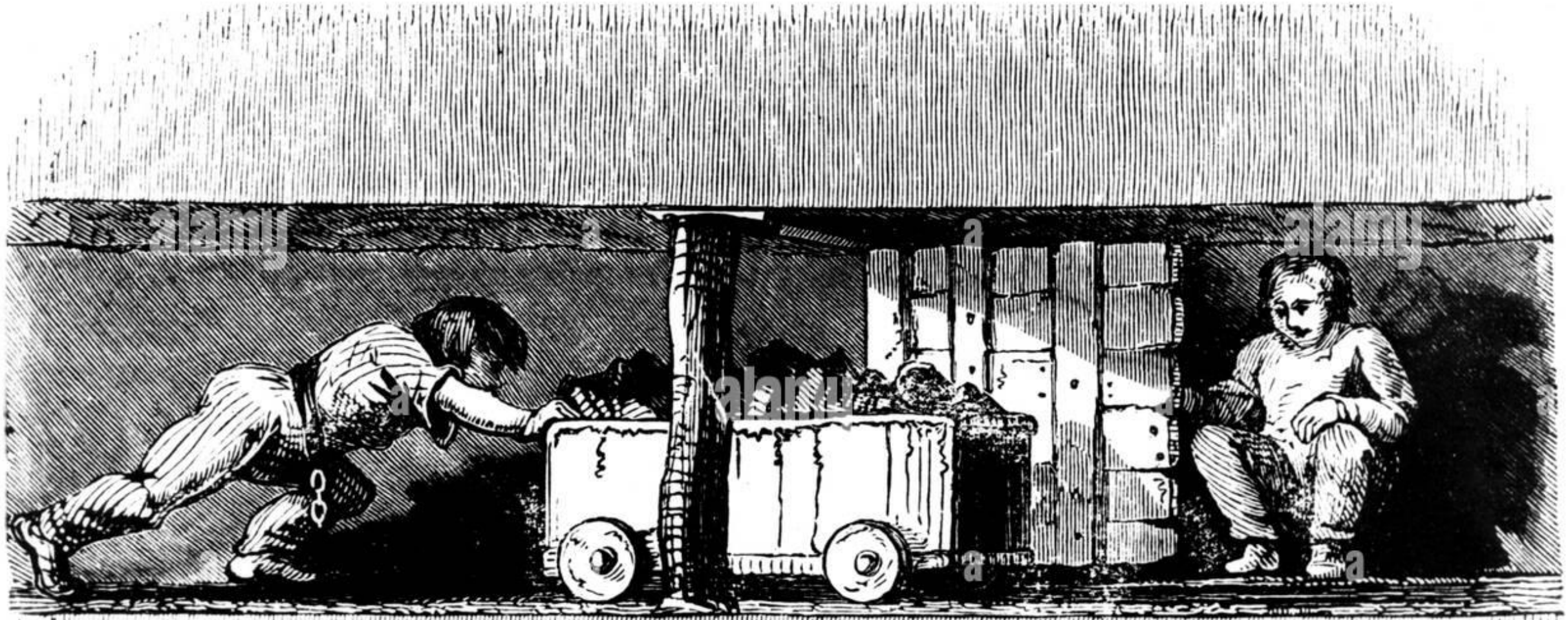
One Workforce

One System

Education

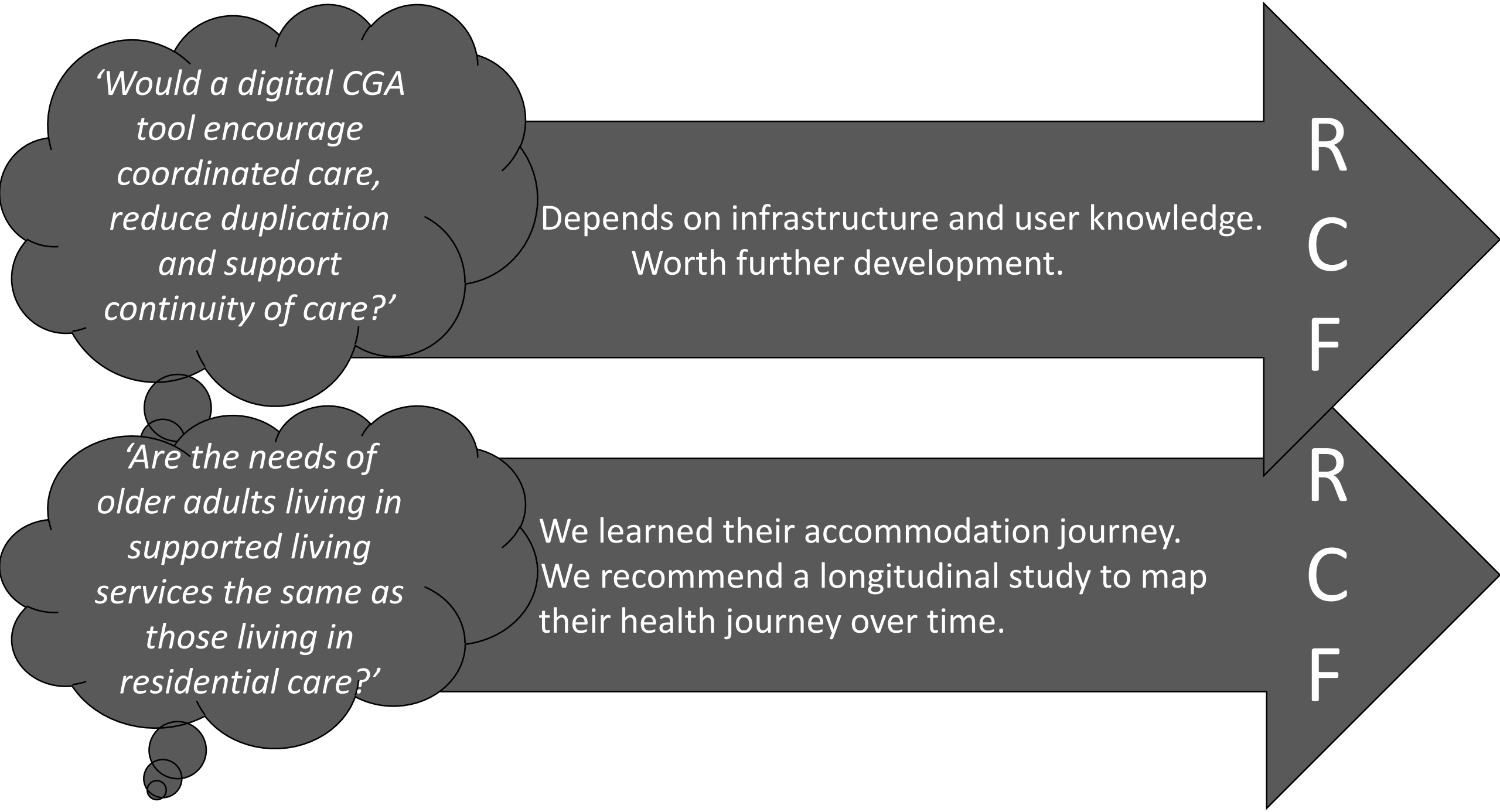
Innovation

Inclusion



What else and what next?

Lesley Bainbridge, Clinical Lead, NENC, Ageing Well Network


'Would a digital CGA tool encourage coordinated care, reduce duplication and support continuity of care?'
Depends on infrastructure and user knowledge. Worth further development.
RCF
'Are the needs of older adults living in supported living services the same as those living in residential care?'
We learned their accommodation journey. We recommend a longitudinal study to map their health journey over time.
RCF

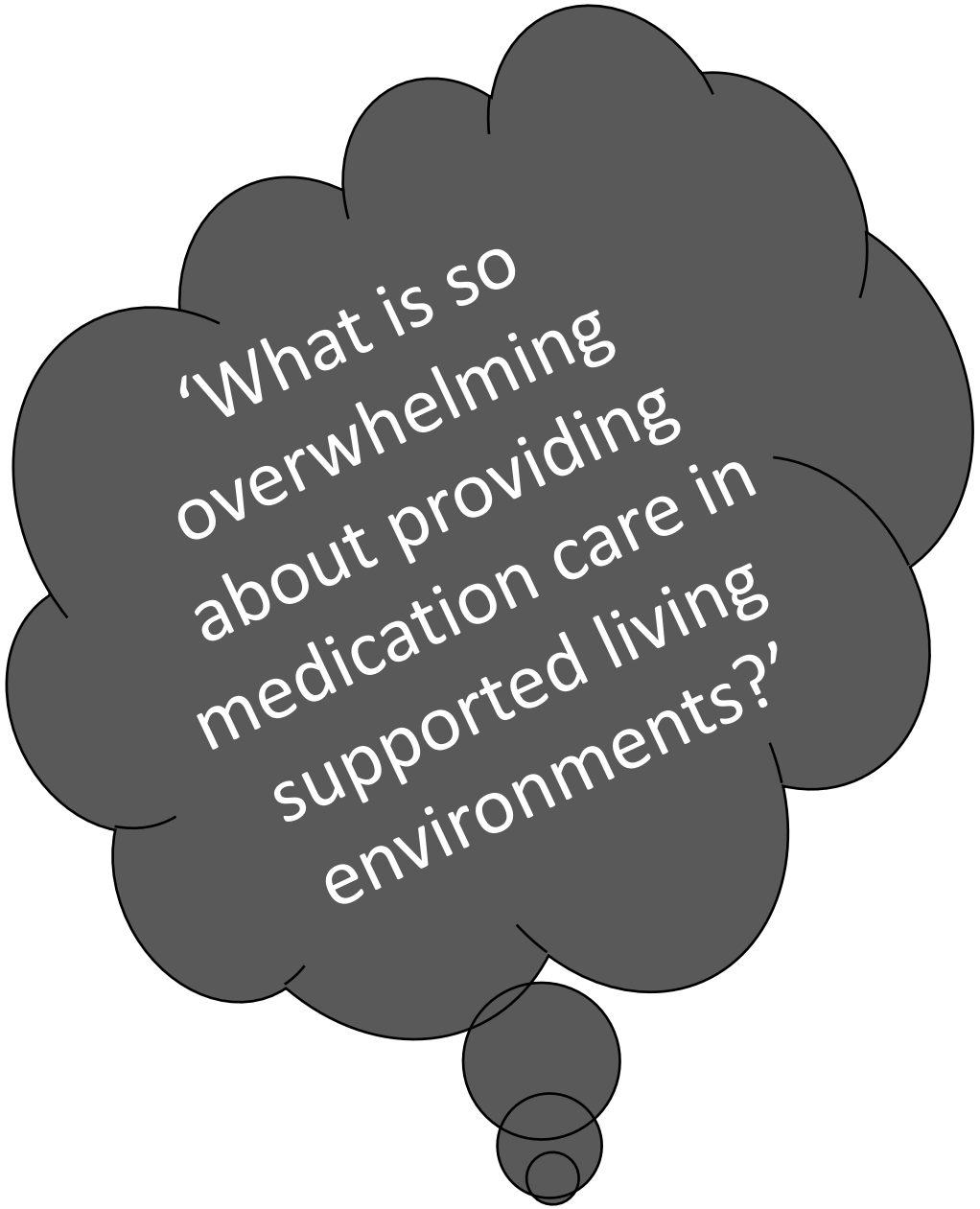
'What is the best way to evaluate and compare frailty pathways?'

There is a strong evidence base for evaluating some elements of care.

Evaluation and comparison of pathways is challenging due to weaknesses and differences in evaluation.

It is essential to include consideration of process, determinate and implementation of pathway.

A
R
C


‘What is so overwhelming about providing medication care in supported living environments?’


‘How will a digital case finding tool improve care and experiences?’

"There is no power for change greater than a community discovering what it cares about."