The AHSN NENC Frail Elderly Programme aims to improve care for frail older people in our region, whether they are living in a care home or in the wider community. We support the implementation of improvement and innovation initiatives, and the dissemination of best practice. We facilitate stakeholder collaboration to enable the development of better care for frail older people.

Many older people have multiple medical problems and complex health and social care needs. 10% of people aged 65 and over can be considered as 'frail' - rising to at least 25% of those over 85 - and this brings increased risks of falls, disability, need for long term care, and death. Ensuring high quality, person-centred, well co-ordinated health and social care is a major challenge. Whilst there are many examples of excellent care across our region, care can be variable. Divisions between the different parts of the health system -and between health and social care - can make it more difficult to provide care which is integrated around patients' needs. Use of urgent care hospital services is high, yet many admissions are potentially avoidable with better anticipatory community-based care.

Programme overview

The Frail Elderly Programme is divided into four workstreams:

1) Starting in 2014, we have worked with a variety of stakeholders to **support the implementation of nine projects across the region, all featuring innovative approaches to improving the care of frail older people.** These projects include initiatives to train staff working with older people in care homes and in the wider community; to monitor hydration and nutrition status; to improve end of life care; to provide information for dementia sufferers and their carers; and to streamline referrals across health and social care settings.

- Addressing Skills Training Challenges in Care Homes
- Dementia Care Training for Care Home and Primary Care Staff
- End of Life Care Training for Care Home Staff
- Hydration Monitoring Solution for Care Homes
- Health Call Undernutrition Service
- Deployment of Deciding Right across the North East and North Cumbria
- Enhancing the Summary Care Record with End of Life Information
- The Dementia Innovation Hub: RCGP Dementia Roadmap and Sound Doctor Videos
- Resource management/e-referrals with care homes and hospices

Project evaluations are currently in progress. Once these are complete, we will be working to roll-out these projects across the region and beyond.

2) Building on our experience with these projects, we are working with the Telehealth Programme to support the development of an exciting new initiative - the 'Well Connected Care Home'. In this project, care home residents will be monitored across a range of clinical domains, with information recorded on hand-held tablets and transferred directly into care home and GP records. In-built algorithms will guide care home staff as to the appropriate response to changes in a resident's profile, with support from a dedicated specialist nurse team. By identifying signs of deterioration at an early stage, appropriate action can be taken before significant deterioration occurs, hopefully avoiding hospital admission. To facilitate
improved communication between services, the NHS Summary Care Record will be enhanced with clinical and end of life information.

3) New Models of Care. Many areas are radically changing the way they provide care for frail older people, in line with the NHS New Models of Care Programme outlined in the NHS Five Year Forward View. We are working with these areas to support this work, and embed the learning from our projects within these new models of care. Two of the region’s Vanguard sites focus on frail older people (Sunderland - Multispecialty Community Provider and Gateshead - Enhanced Health in Care Homes), and other areas in our region are also redesigning their care models for older people.

4) We are developing mechanisms to collate and disseminate examples of best practice/innovative approaches to improve care for frail older people. Stakeholder events will bring together organisations and individuals involved in the care of older people across the regional health economy. This provides the opportunity to showcase the excellent work going on in our region, and for stakeholders to come together to share ideas about how to improve care.

In addition, we work closely with the other AHSN NENC programmes on initiatives relevant to frail older people - particularly the Mental Health, Telehealth, Medicines Optimisation, Falls and Fractures, and Patient Safety Collaborative programmes.

Why this work is important for the region

In the AHSN NENC region there are currently around 574,400 people aged 65 and over, of whom 71,800 are aged 85 and over. Over the next five years, there will be a 10% increase in the number of people aged 65+ and a 20% increase in the number aged 85+.³

We estimate that currently around 57,400 older people in our region can be considered as ‘frail’, with at least 17,950 frail over 85 year olds.

Older people in our region are more likely (than those in England as a whole) to use urgent care hospital services - with higher rates of A&E attendances, potentially avoidable admissions, and re-admissions within one month. They are also more likely (than those in England as a whole) to die in hospital.⁴ Many of these admissions are potentially avoidable with better anticipatory community-based care.

Overview of the AHSN NENC

The AHSN NENC is committed to improving both the health and economic prosperity of the region through innovation and dissemination of best practice. Key aims for the Network are to improve patient care and population health outcomes and to create wealth and stimulate engagement with industry to promote economic growth. The AHSN NENC health improvement programmes have already delivered the following:

- Investment of over £3m into projects designed to disseminate best practice and make a demonstrable impact on health outcomes.
- Established strategic partnerships with organisations including the North East Quality Observatory Service, the Northern England Strategic Clinical Network and Health Education North East for the successful delivery of the Health Improvement Programmes.
- Successful delivery of the Patient Safety Collaborative with close to £500k invested in projects focused on improving patient safety and leading towards transformational change.
- Secured over £800k matched funding for investments from partner organisations.

Contact us

Further information, including case studies and presentations, can be found on the Frail Elderly Programme pages of the AHSN NENC website: http://ahsn-nenc.org.uk/project_type/elderly-care/

Please get in touch if you'd like to find out more or to share what's happening in your area.

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3. Projecting Older People Population Information. www.poppi.org.uk