

INSTITUTE OF AGEING & HEALTH E-NEWSLETTER SUMMER 2023



Welcome to this edition of our Newsletter

Welcome to the July 2023 IAH newsletter, although we have been quite over the past year, we have been working hard behind the scenes. There are three important pieces of IAH business I wish to share with you, which will be followed by a decision on the Integrated Care System for Birmingham and Solihull by Dr Peter Mayer and an update on the Listening Project at University Hospital Birmingham by Margaret Harries.

Professor Joanne Rybacka-Brooke

Chair Institute of Ageing & Health-West Midlands

Director of Centre for Social Care, Health and Related Research

Chair of Health, Education and Life Sciences Ethics Committee

Director of International Dementia and Culture Collaborative

IAH Website

You may have noticed our IAH website has been taken down, we are in the process of renewing our pages and moving to a new domain. Our aim is the development and implementation of an interactive and continuously updated webpages, sharing contemporary information on the work of IAH, opportunities to apply for seed funding to support the development of innovative research studies, and updates from our Trustees and Members. Our new domain will be active from the Monday 3rd July at: www.iah-wm.co.uk

IAH Annual General Meeting

Our next AGM will be on Tuesday 5th September at 3.30 pm, but prior to the business part of the meeting, we aim to deliver a conference free for our members, students and people living with dementia, otherwise £10, entitled:

Seeing the Person: How our services can support people living with dementia in all settings

10 am – 3pm

Birmingham City University (BCU)

The conference is open to all those who support, work with people with dementia, and of course people with dementia themselves. I encourage you all to join us in person at BCU for a fascinating and insightful conference, we will provide a certificate for attendance from IAH and BCU. Further information will be provided as the conference develops, although the day will include interesting talks on providing care and support for people with dementia within acute hospital settings, care homes, and within prisons. Please do book your place on: <https://www.eventbrite.com/e/seeing-the-person-how-our-services-can-support-people-living-with-dementia-tickets-666386167967?aff=oddtcreator>

Research Grant

We have an open call for our members to apply for up to £5,000 seed funding to support the development of innovative research studies, which support the aim of IAH, West Midlands. The deadline for submissions is the 1st of October 2023 and awards will be announced on 1st of November 2023. Please contact me for further information (joanne.brooke@bcu.ac.uk) and I will provide you with all the necessary information and forms.

Publications

An Integrated Care System for Birmingham and Solihull a 10-year strategy: A bolder and healthier future.... Author: Dr Peter Mayer

The NHS long term plan (2019) proposed that England should be covered by 42 Integrated Care Systems (ICSs) by April 2021. ICSs became statutory NHS bodies on the 1st of July 2022 through the Health and Care Act (2022). The aim of each ICS was to work closely with other system partners, such as local authorities, voluntary services, and social enterprises in their local area through Integrated Care Partnerships (ICPs), on which I am one of five citizen representatives.

The Birmingham and Solihull NHS integrated Care Board (BSol ICB) in line with the strategy developed with the ICP to commission local health and care services in their geographical areas. On the 1st of July 2022 they replaced clinical commissioning groups in England.

A five-year strategy, 2022 to 2027, identified some of the key inequalities, which challenged the ICS for Birmingham and Solihull including:

- the largest proportion of citizens living in poverty in England, 40% of Birmingham and 12% of Solihull residents live in the bottom decile on the index of multiple deprivation.
- 40% of Birmingham and 11% of Solihull residents are from black and ethnic minority backgrounds.
- A 17-year gap between the poorest and wealthiest areas for healthy life expectancy, and a 9-year gap for life expectancy.
- Cardiovascular disease, respiratory disease, and cancer account for most of the gap, with diabetes also significant in BSol ICB.

The ICS strategy (2022-2023) notes that: *research has demonstrated that about 20% of health is directly a result of access to care and treatment, 40% to behaviours such as smoking, alcohol, inactivity and diet, and 40% to the wider determinants of health such as employment, education and the built environment.*

Over the course of the next 10 years, we in Birmingham and Solihull want to ensure that we:

- Increase life expectancy at birth and at 65-years, to be on par with the average across West Midlands by 2033.
- Increase healthy (disability-free) life expectancy, to be on a par with the West Midlands average by 2033.
- Reduce gaps in life expectancy between the least and most deprived and between different ethnic groups.

We aim to achieve this through making every contact count for prevention, getting the basics right, learning from our mistakes and good practice, with clinical priorities on cardiovascular disease, infant mortality, respiratory disease, cancer, mental health, and reducing obesity in children and adults.

Further Reading:

Integrated care: organisations, partnerships and systems. Parliament.uk. 11 June 2018

The Integrated Care Boards (Establishment) Order 2022. NHS England. 27 June 2022.

A Bolder, Healthier Future for the People of Birmingham and Solihull ---Strategy for Health and Care 2023 - 2033

Creating a Bolder Healthier City Strategy for Birmingham, Solihull's Health and Well-being Strategy 2019-22.

The Listening Project. Author: Margaret Harries

The Listening Project was an opportunity to hear the voices of patients, carers, family members, and staff on healthcare provision on an older people's ward, within University Hospital Birmingham. The six phases of the project included:

1. Listening to patients, family members, and carers by analysing 61 complaints and Patient Advice and Liaison Service (PALS) contacts and the exploration of key themes.
2. Listening to 62 ward staff through interviews, which explored what was good about working on the ward, what they were proud of, if they had any concerns, and how could these be addressed. During the process staff could identify what good practice had been lost and reimagine what good care for older people could look like.
3. Listening to 50 ward patients through a questionnaire developed by the PALS.
4. A staff teamwork questionnaire.
5. Analysis of data through appreciative enquiry, to explore if people notice good things that occur at work, can people talk about how they feel at work, does the entrance and reception to the ward tell patients and visitors that they are welcome.
6. Triangulation of data through student surveys, observations of care, ward dashboard.

The outputs from this work included anonymised soundbites from staff data, which was made into posters and displayed on the ward. Any concerns raised were addressed through 'you said: we did' posters, which was further supported by a detailed on going and regularly updated action plan.

The outcomes from this work included both staff and patients felt heard, and their concerns addressed, regular one-to-one and ward meetings for staff were reintroduced, vacancies were reduced by 75%, increased numbers of staff attending specialist training, complaints and contact with PALS was reduced by 57%, and positive feedback from a recent Care Quality Commission visit. The Listening Project is still ongoing on the original ward, but due to the success of this approach has been expanded to three further wards

We are always looking for articles that present views and perspectives from a wide variety of disciplines related to health and ageing. The content of our journal depends on our members and colleagues being willing to write, so why don't you consider something from your own field of expertise?

The deadline for articles for our next journal is September. Articles in the first instance should be sent to bernie.keenan@bcu.ac.uk and/or joanne.brooke@bcu.ac.uk. Guidelines for authors can be found on our website or email jeanette.lane1@nhs.net for details