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European Innovative Partnership–Active Healthy Ageing, EIP-AHA columns

Maintaining health despite chronic illness in the elderly: A multi-disciplinary study visit to the north of England region

"The number of people in England aged 65 or older is expected to be around 16 million in 2030 and an ageing population means large increases in consultations for older people. In the ten years up to 2009, there was a 95 per cent growth in the consultation rate for those aged between 85 to 89 years and this number is set to rise [1].
The number of those with multiple long term conditions is set to grow to 2.9 million in 2018 and the number of older people likely to require care is predicted to rise by over 60 per cent by 2030 [2]. Set against this backdrop, growing dissatisfaction with access to services, increasing pressure on budgets and challenges with recruitment, retention and inequity in the distribution of the workforce means general practice and wider primary care must change."

Dr. Mike Bewick, Deputy National Medical Director, NHS England, 2013.

1. Introduction

Within Europe, local and regional public authorities are very often responsible for the financial planning, organisation, and ultimate delivery of healthcare and public health services. Even within EU member states where health and public health services are heavily centralised, services which constitute the wider determinants of health – including spatial planning, social policy, rural affairs and economic development are invariably, to some degree, the responsibility for local and regional jurisdictions.

Despite the wide differences in governance models across the EU for health and health-affecting services, a number of challenges are to be found in common, namely demographic change, increasing prevalence of long-term conditions and complex multiple-morbidities and restricted financial resources for public services. At the same time, health services are required to sustain high quality and provide demonstrable value for money

Just as the challenges are shared, the policy responses required to address these issues have much in common: the desire to integrate health and social services; integration of secondary care with primary care, transitioning from a hospital-centric model to a community-based approach; greater use of ICT and innovative technologies to improve service delivery and transfer research into practice; and building effective care pathways for patients, supporting patients to act as the co-producer of their care.

In addition, what is also commonly found across Europe is that clusters of innovation, bringing together research institutes, SMEs (including non-profit enterprises) and public authorities, are situated at the local and regional level.

Consequently, harnessing the potential of Europe as a 'living lab' offers important opportunities to share approaches and experiences; learn what has worked and what mistakes to avoid; and pool resources to invest in delivering high quality and equitable services for the best value possible.

As an illustration of what is possible, in 2010 the European Commission set up the European Innovation Partnership for Active and Healthy Ageing [3]. The EIP aims to bring together a wide array of stakeholders to work in a collaborative way on shared interests and projects geared towards achieving common goals and promoting successful technological, social and organizational innovation. More information about the Partnership was provided during the study visit by Mr. Wojciech Dziworski, who attended representing the European Commission, Directorate for Health and Consumers, and his observations on the study visit aspirations and activity can be found in Section 3.

Collaboration at the European level is therefore an efficient and increasingly necessary objective for local and regional health actors seeking to deploy innovation in their localities for economic and social growth.

Set against this backdrop, on the 18th and 19th February 2014; doctors, nurses, physiotherapists, commissioners, public health practitioners, academics, engineers and colleagues representing EUREGHA and Eurohealthnet convened in Newcastle at the invitation of NHS England's deputy national medical director ready to share ideas and projects that are taking shape within regions across Europe specifically designed to tackle older people's health improvement.

The current paper reviews the activities of the site visit and it is published as part of the EIP on AHA columns of European Geriatric Medicine [3–5].

2. Overview of activity

Participants were invited to time their arrival in Newcastle for late afternoon of the 17th February so that, at the invitation of Prof. Jean Bousquet, (Professor of pulmonary medicine, university of Montpellier), they could also attend a reception being held in the delegation hotel to launch the Integrated Care Pathways for Airways Diseases (Airways ICPs) initiative (EIP on Active and Healthy Ageing, Action Plan B3) on the evening before the study visit commenced [6]. The Airways ICPs is the first initiative within the Action Area of Care Pathways of the B3 Group of Integrated Care of the European Innovation Partnership for Active and Healthy Ageing (EIP-AHA B3). The aim of the Airways ICPs is to create multi-sectorial integrated care pathways for respiratory diseases that can be applied across Europe, as part of the European

☆ 18th and 19th February 2014, Newcastle upon Tyne, England.

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Innovation Partnership for Active and Healthy Ageing (Area 5 of the Action Plan B3 of EIP on AHA, DG Sanco, DG CNECT) and to scale up globally with WHO GARD (GARD demonstration research project) [7] (Table 1).

> "Respiratory diseases are very common amongst our ageing population, have significant impact on mortality and morbidity and often co-exist with other long term conditions. As part of the meeting NHS England North supported the launch of Airways Integrated Care Pathways. Future work will focus on the development of a data repository where examples of best practice and innovation from across Europe can be shard to rapidly improve outcomes for older people with airways disease."
>
> June Roberts, Consultant Nurse, Salford Royal NHS Foundation Trust, Advancing Quality COPD Clinical Lead.

The study visit took place over a day and a half and was split into three sessions:

- session one: 18th February 2014, 09.30–12.30, "Promoting Mental Wellbeing in the Ageing Population";
- session two: 18th February 2014, 13.45–16.45, "Advancing Active and Healthy Ageing with ICT: early risk detection and intervention";
- session three: 19th February 2014, 09.30–12.30, "Understanding Health, Ageing and Disease: systems medicine".

The sessions were purposefully designed to assist participants, share and identify expertise and synergies from across Europe whilst also building collaborative relationships for future European project participation within these themes (i.e. Horizon 2020 Health, Demographic Change and Wellbeing; Public Health Work Programme; Employment and Social Innovation Programme).

Prior to session one commencing, the study visit host, Dr. Mike Bewick (Deputy National Medical Director, NHS England) gave an opening address. By giving an illustrative context of the size of the problem for England, Dr. Bewick provided participants with his rationale for the theme of the study visit. Participants had been asked to identify prior to the study visit which of the sessions they would prefer to present in – according to regional or organisational activity priority. As a result, each session comprised of three or four regional or organisational presentations. Key points of discussion within each session were as follows:

- session one provided the participants with an overview of:
  - excellence in ageing and health research at Newcastle Institute for Ageing and Health (strong translational research emphasis, cross-disciplinary programmes underpinned by major NIHR and Research Council investment, ability to recruit patient cohorts, world-class facilities and a strong emphasis on training),
  - falls prevention strategies in Languedoc Roussillon (falls prevention clinics across the region, mapping clinics to clinical networks and providing information, education and prevention management to patients and carers),
  - the collaborative model for health and social care in Catalonia (creating an integrated health and social care approach, use of joint case load/assessments/intervention plans, converting institutional care into community care settings, stratification to include social data and integrated/shared health records [ICT]);
- session two provided an overview of:
  - the North East and North Cumbria AHSN (background context, structure, remit, work programmes and stakeholder involvement),
  - risk stratification in anticipatory care in Catalonia (context, health plan 2011–2015, utilisation of stratification and clinical risk groups),
  - Swedish national quality register for preventative care of the elderly (implementation, targets, prevention aims, multi-disciplinary approach and use of ICT to follow the work programmes),
  - use of www.helbredsprofilen.dk web based patient support tool for chronic conditions (how the date is used, its purpose, benefits to the patient/relatives/physician and better management of COPD as an illustrative example of use of the site);
- session three provided an overview of:
  - Eurohealthnet's vision for Healthy Ageing (healthy lifestyles, age friendly environments, an overview of the European Partnership for improving health, equity and well-being, the drivers of healthy ageing and Eurohealthnet actions),
  - fighting chronic disease for active and healthy ageing in Languedoc Roussillon (pathways of active and healthy ageing across the life cycle, impact of co-morbidities/socio-economic status, life time risk of chronic disease, genomics as a predictor),
  - Salford Integrated Care Programme (an examination and programme of care for older people who are independent/need support/need home care/need 24 hour home care, principles of the ICP, enablers of the ICP, signposting and multi-disciplinary workforce).

Within each of the three sessions time was available for general discussion relating to the presentations, to build relationships between participants and to identify actions and next steps arising from the study visit activity.

Table 1
Goals of AIRWAYS ICPs.

AIRWAYS-ICPs has strategic relevance to the European Union Health Strategy and the WHO NCD Action Plan (2013–2020) adding value to existing public health knowledge
Proposing a common framework of care pathways for chronic respiratory diseases which will facilitate comparability and trans-national initiatives
Proposing plans targeted to all populations according to culture, health systems and income
Developing a strategy based on WHO PEN and the essential list of drugs for low and middle income countries
Informing cost-effective policy development, in particular strengthening those on smoking and environment exposure
Aiding risk stratification in chronic disease patients with a common strategy
Building a sentinel network for allergic diseases and asthma
Having a significant impact on the health of citizens in the short-term (reduction of morbidity, improvement of education in children and of work in adults) and the long-term (healthy ageing)
Tackling chronic diseases across the life cycle
Defining active and healthy ageing
And ultimately reducing the healthcare burden (emergency visits, avoidable hospitalizations, disability and costs) while improving quality of life and promoting active and healthy ageing. In the longer term, the incidence of disease may be reduced by innovative prevention strategies

3. EIP AHA representative comments on the study visit

EIP AHA is an initiative developed in cooperation with member states, regions and other stakeholders. Its role is to support member states in their effort to redesign the organisation and delivery of health and care services. It aims at achieving that by aligning health, innovation and funding priorities at European level; concentrating activities in the areas of biggest concern;