

Tom Wright, CBE

Group Chief Executive, Age UK and Age International



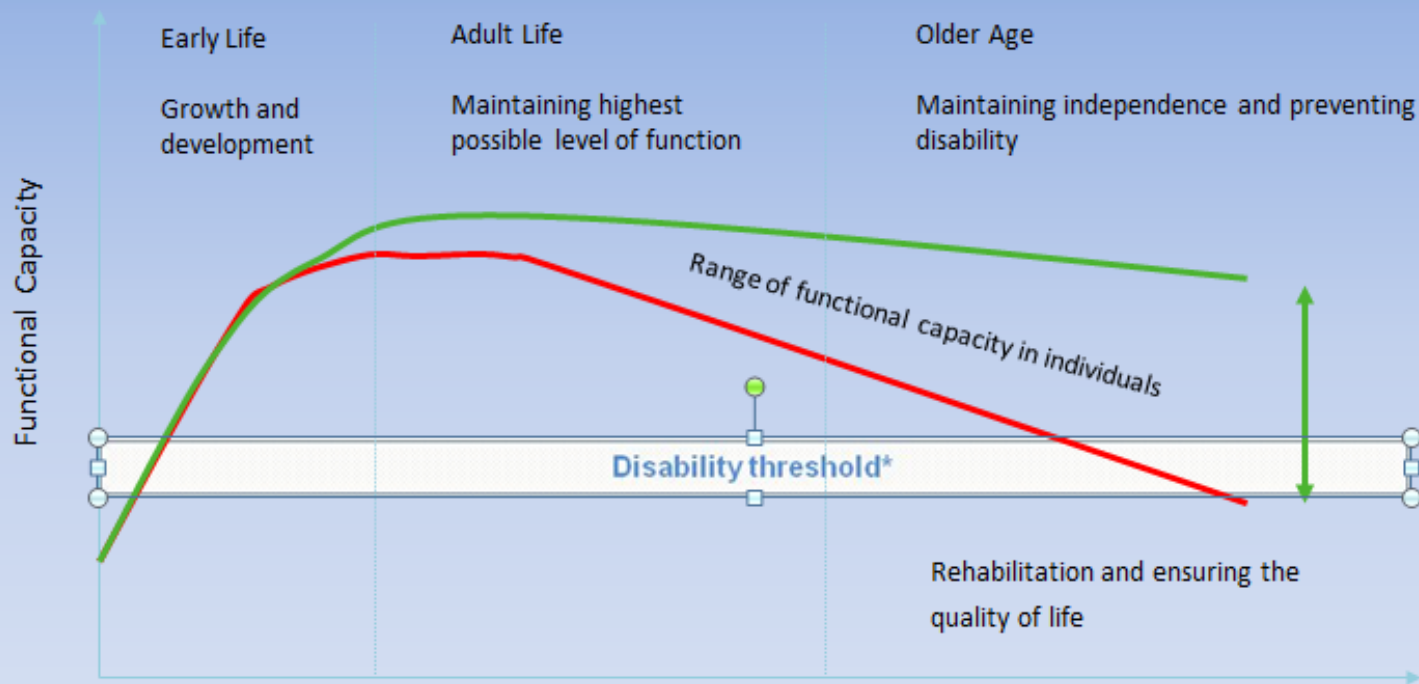
New models of healthcare for dementia and co-morbidities

- The Age UK approach – life long cognitive ageing
- Dementia and co-morbidity
- New models of integrated care – including technology



The Age UK approach – life long health and wellbeing

MAINTAINING FUNCTIONAL CAPACITY OVER THE LIFE COURSE

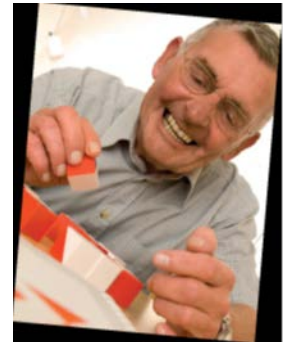


* Changes in the environment can lower the disability threshold, thus decreasing the number of disabled people in a given community.

The Disconnected Mind



- Longitudinal cohort study on cognitive ageing
- Location: University of Edinburgh
- Aim: Determine factors and mechanisms that influence cognitive ageing during the life-course *and* during ageing itself
- Unique study using cohort of 1,000 people in their 70's
 - access to validated IQ data age 11
 - assessments at age 70, 73 and 76
 - World's most advanced brain imaging protocols

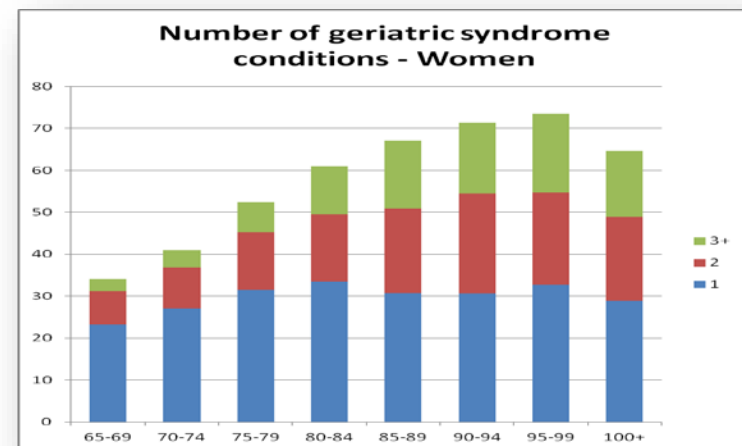
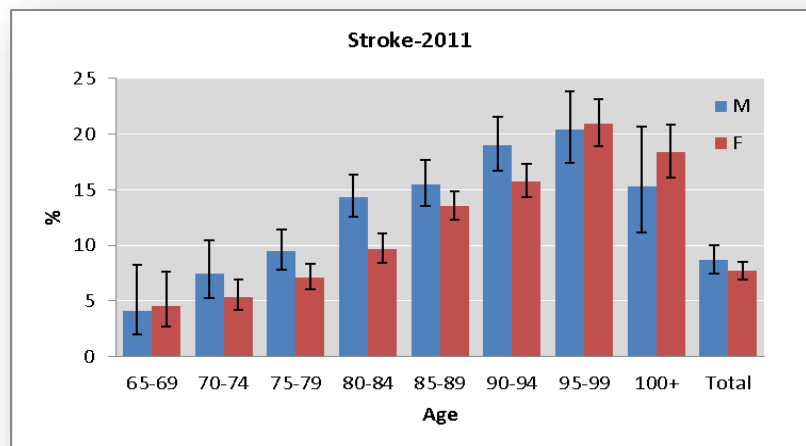
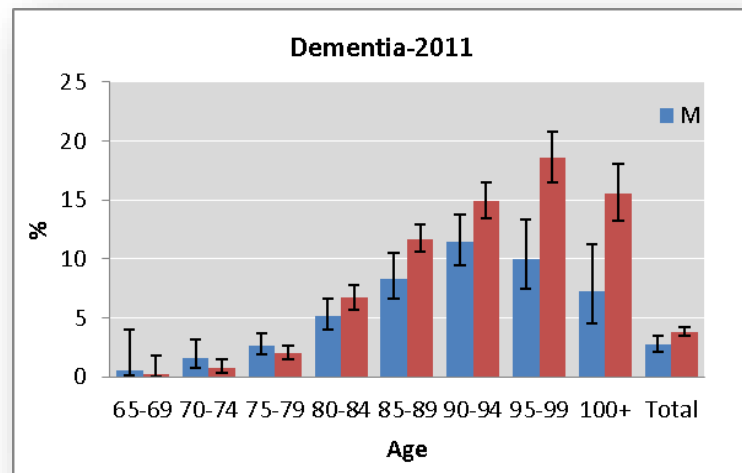
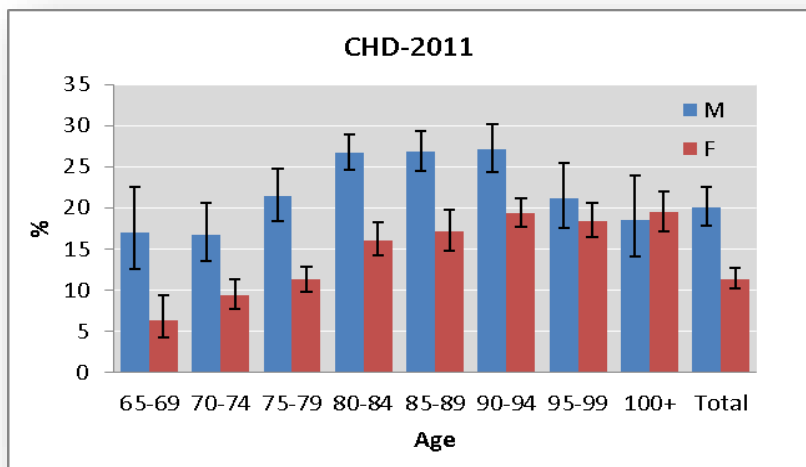


- Global importance: “....one of the most important scientific projects in the world at the present time.” Professor Timothy Salthouse, Brown - Forman Professor of Psychology, University of Virginia
- Prestigious publications: Science 346, 6209, 568-571 (2014); Nature 482, 7384, 212-215



Dementia and co-morbidity

(Diagnoses in primary care, UK 2011)



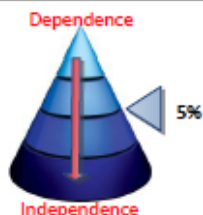
Only 15% of those diagnosed with dementia have no other condition

Age UK Model of Integrated Care

Whole system change: Local voluntary organisation
at centre of person's health outcomes

Cohort identification

Referrals via GP, Age UK or self referral for those at risk of developing multiple long term conditions including dementia



Disease management
Supported self-care

Team designs person-centred care management plan

Focus on self-management and putting older person in control

Referral routes



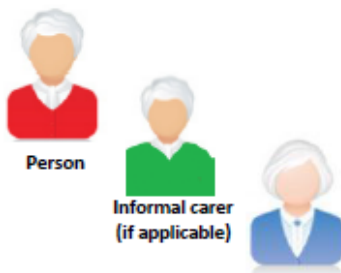
GP referral

Self referral



Through local Age UK services

Care co-ordination and guided conversations

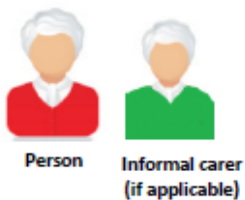


Person

Informal carer
(if applicable)

Age UK volunteer

Care co-ordination and guided conversations



Person

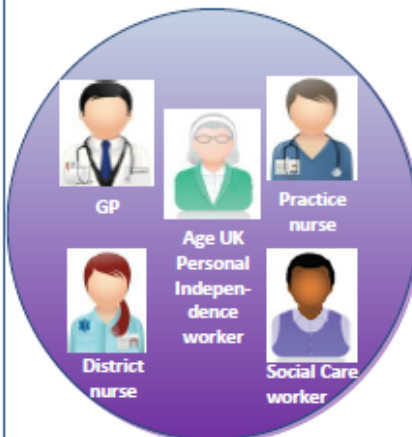
Informal carer
(if applicable)



Age UK Personal Independence worker

Age UK volunteer

Fully integrated multidisciplinary support team



GP

Practice nurse

Age UK Personal Independence worker

District nurse

Social Care worker

Wrap-around local support

Tailored package of low-level dementia aware community support and services



Tools and Outcomes

One to one support

Care management plans



Escalation plans



Anticipatory care plans



Self care strategies



Peer support network



Motivational interviewing / shared decision making



Improve Quality of Life



Reduce avoidable hospital admissions



Increase Social Capital

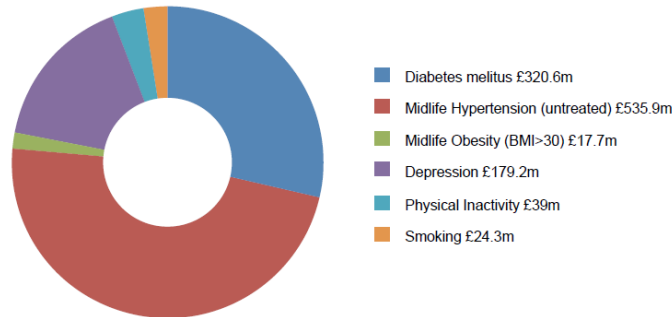


Case Management

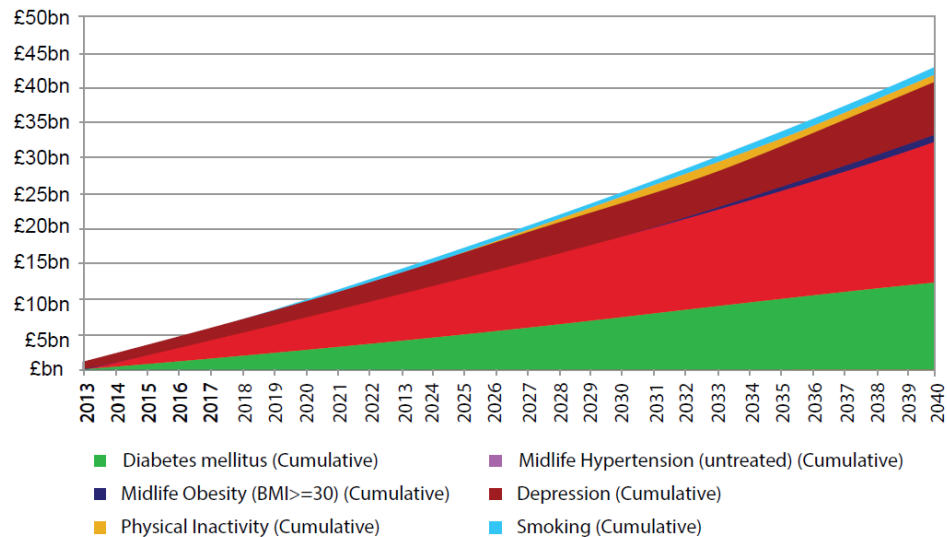
Savings to the state

If each risk factor were reduced by an amount equivalent to the best practice intervention the state would save £1.12bn a year in 2013, increasing to £1.95bn by 2040⁵¹.

Potential Savings for the state in 2013 of risk factor reduction scenarios



If the reduction were maintained the state would save **£42.9bn** between now and 2040.



Note: graph assumes that programmes are implemented uniformly during the period shown

Thank you for listening

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