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NHS Innovation Accelerator



Sprint Two Workshop Report:

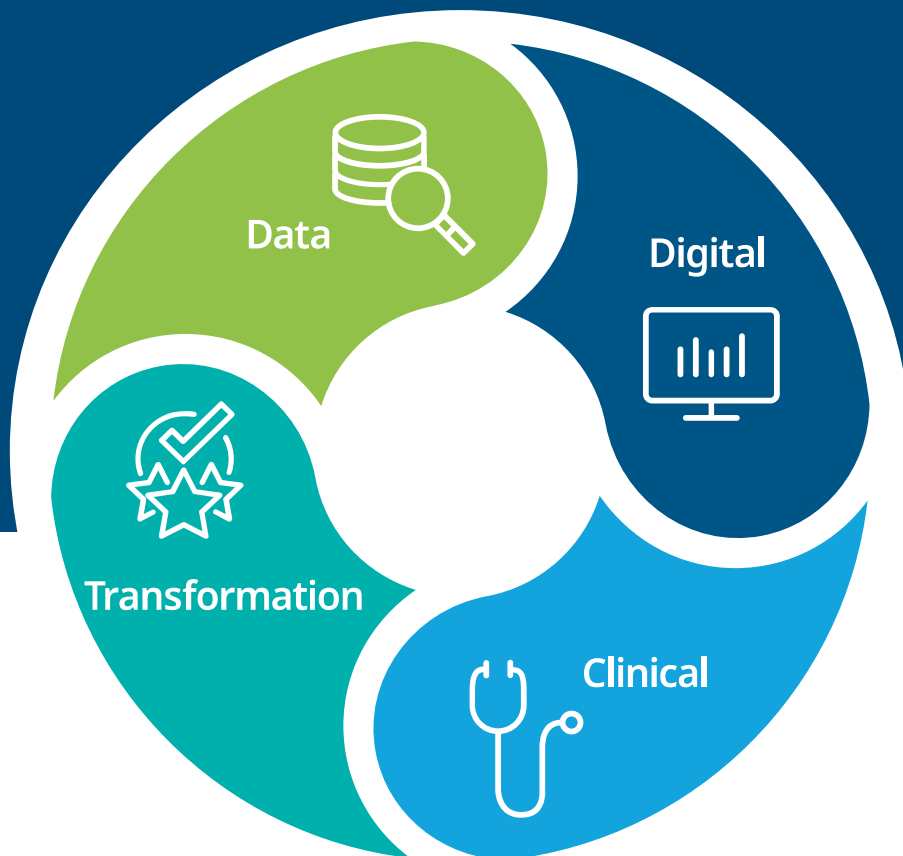
**Reforming Elderly and
Frail Care Pathways,
Including Dementia**

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Foreword

At a time of mounting pressure on the NHS and adult social care services, the second Sprint Workshop of the NHS Innovation Accelerator Conference turned its focus to one of the most urgent and complex challenges facing Integrated Care Systems (ICS): the reform of care pathways for older adults living with frailty, multiple long-term conditions, and dementia.

Against a backdrop of persistent emergency department pressures, delayed discharges, and overstretched community teams, this workshop brought together a wide range of system leaders, frontline clinicians, voluntary sector partners, carers, and innovators. Their goal: to reimagine care for older people in a way that prioritises prevention, personalisation, and cross-sector collaboration.

The session was shaped by real-world experience and grounded in examples of transformation already underway. The discussion built on the growing recognition that reactive models of care are no longer sustainable, and that system resilience depends on fundamentally rethinking how support is delivered to older people – particularly those with frailty and cognitive impairment.

The session also built on work already undertaken by policy institute, Curia in 2024 with NHS Northamptonshire ICS and Northamptonshire Carers. The report, *Enhancing The Dementia Care Pathway*, built on work delivered by the Dementia Commission in 2023 and sought to provide solutions to improve the task that faces NHS commissioners, patients, carers and clinicians

What emerged from the NHS Innovation Accelerator sprint was a powerful consensus: that the future of elderly care must be proactive, community-based, and co-designed with those who use and deliver services. Contributors from Northamptonshire shared compelling evidence that shifting from hospital-led to relationship-based, preventative care models can reduce emergency attendances, improve patient experience, and boost professional morale. In particular, their Urgent and Emergency Care (UEC) Strategy – underpinned by a six-pillar model – has delivered measurable reductions in hospital admissions among over-65s, despite a growing and ageing population.

Participants highlighted the need to move beyond the episodic management of frailty and dementia. Instead, care should be anchored around people's values and what matters to them, with consistent, multi-professional teams supporting individuals before, during, and after a crisis. GPs were given the time and space to lead holistic 45-minute home visits, supported by Age UK, carers' support workers, and community health professionals. These investments not only improved care quality but also reinvigorated primary care teams – some of whom credited the model with restoring their sense of purpose and preventing early retirement.

Equally important was the session's attention to the lived experience of carers and families. Several contributors shared personal and often emotional accounts of navigating a fragmented care system while supporting loved ones with advanced dementia. These stories underscored the critical importance of timely, reliable support for informal carers, and the value of services like Admiral Nurses and dedicated helplines that offer guidance outside traditional working hours. Northamptonshire's approach – co-producing services with a People Advisory Group and embedding dementia support into weekend and urgent care response – was widely applauded.

A recurring theme was the essential role of culture and leadership in sustaining change. Participants spoke candidly about the barriers posed by rigid workforce structures, disconnected IT systems, and fragmented commissioning. Yet they also described how these obstacles could be overcome by fostering trust, empowering staff, and investing in relationships across organisational boundaries. There was strong support for enabling professionals to work beyond traditional job descriptions – deploying dementia and palliative nurses in urgent care, integrating voluntary sector workers into care teams, and embedding general practice into coordination hubs.

Throughout the discussion, technology was acknowledged as both an enabler and a frustration. While many teams are innovating with shared care records, remote monitoring, and digital templates,

others remain trapped by outdated tools and cumbersome procurement. The call was clear: ICSs and national bodies must invest in interoperable, user-friendly technology that supports joined-up care and lightens the administrative burden on already-stretched teams.

This report captures the insights, innovations, and recommendations that emerged from the session. It builds on the momentum generated by the Curia workshop in 2024, reinforcing the message that system transformation requires not only strategic vision but also sustained cultural and operational shifts. The task ahead is to embed these models of care at scale – moving from local pilots to system-wide norms, and from reactive firefighting to preventative, people-centred care.

Sprint Co-Facilitators



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Attendees

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Mindy Simon	Co-Director	NHS Innovation Accelerator
Stuart Watkins	Strategic Business Manager	Crown Commercial Service
Laura Siepker	Associate Director, Head of NHS Strategic Engagement	Interface Clinical Services, an IQVIA business
Eileen Doyle	Chief Operating Officer	NHS Northamptonshire
Victoria McGregor-Riley	Head of Strategic Partnerships	NHS Nottingham and Nottinghamshire
Michelle McManus	Director Place Development & Transformation	Walsall Together c/o Walsall Healthcare NHS Trust
Giles West	Associate Director Urgent & Emergency Care	NHS Northamptonshire ICB
Mark Major	CEO	Northamptonshire Carers
Rozelle Kane	ICS Clinical lead for Digital & Innovation	Cambridgeshire & Peterborough Integrated Care System
Viral Kantaria	Chief Integration Officer, Dementia and Children's and Young People (RYG)	Coventry and Warwickshire ICB and Coventry and Warwickshire NHS Partnership Trust
Daniel Hodgkiss	Managing Deterioration and Martha's Rule Programme	Health Innovation West Midlands
Simon Harlin	Divisional Medical Lead, Community services	Walsall Healthcare NHS Trust
Tracy O'Regan	Professional Officer Clinical Imaging and Research	The Society and College of Radiographers
Beth Loudon	Head of Market Access	BIVDA
Callum Cockburn	Technical Innovation Manager	Synoptix
Dr. Taz Aldawoud	Founder and CEO	Doc Abode Ltd.
Alan Edwards	Deputy Chair	Black Country ICB
Michelle McManus	Director Place Development & Transformation	Walsall Together c/o Walsall Healthcare NHS Trust
Adam Townsend	CEO	Vuit
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