Introducing ICARE
A Regional Approach to Frailty

Lesley Bainbridge
Clinical Lead

Aim and Objectives

Aim:

- Provide clarity about the ICS structure and Frailty ICARE; what works and what doesn't

Objectives:

- Understand and describe Frailty ICARE in relation to the regional ICS
- Understand and describe Frailty ICARE in relation to Care Closer to Home

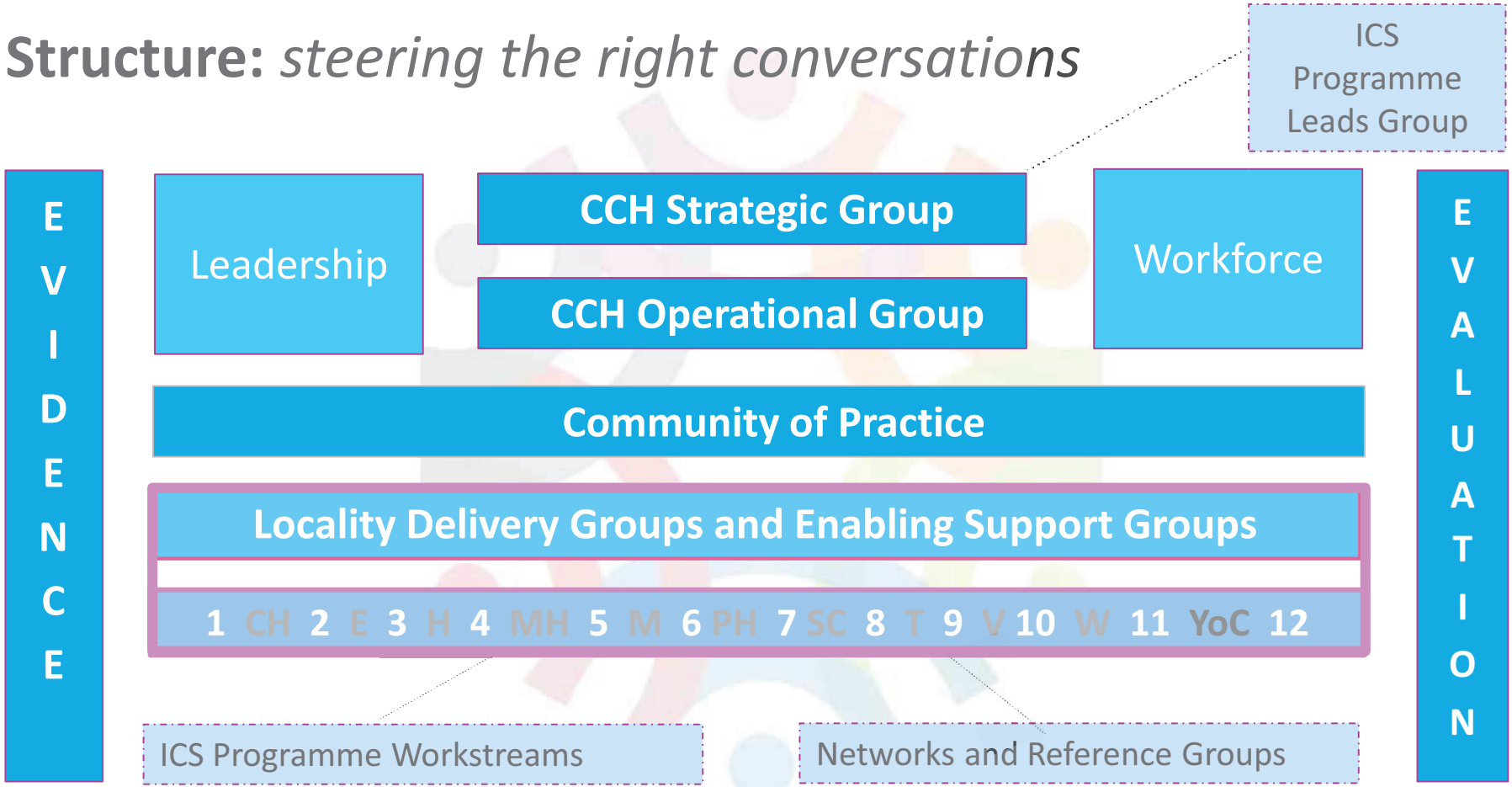
  structure, approach, vision
- Articulate early thoughts what it means to you

  people, places, way of doing things

Structure: *ICS programme work streams*

1. Communication & Engagement
2. Digital
3. Demand Management
4. Estates
5. Workforce
6. Transport
7. System Development
8. Optimising Acute Services
9. Care Closer to Home
10. Prevention
11. Mental Health
12. Learning Disabilities
13. Cancer
14. Urgent & Emergency Care
15. CHC

Structure: *steering the right conversations*



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Frailty icare at a glance

www.frailtyicare.org.uk

frailty icare

Preventing frailty and supporting older people, carers, families and communities living with frailty

INVOLVE

Enhance the voice of older people, carers and families to tackle the frailty challenge together at a community and individual level

MAKING IT HAPPEN
(through local delivery and pathways)

COMMUNITY OF PRACTICE | WORKFORCE | DIGITAL

CONSIDER

Groups with high frailty prevalence:

- People housebound, living in care homes, sheltered housing, assisted living units
- People known to community nurses or social care services
- People with dementia
- People on 10 medications
- People aged over 65 who have experienced frailty syndromes
- People aged 65 or above with 4 or more long term conditions
- People aged over 85.

(Toolkit for general practice in supporting older people living with frailty, NHS England; www.england.nhs.uk – with modification)

Frailty screening Tools:

- Electronic frailty index
- Clinical Frailty Scale, Prisma 7, Gait speed, timed up and go test, Edmonton Frailty Scale

CARE & SUPPORT PLANNING

Solution focused conversations with care professionals based on what matters to people

ASSESS

Verify frailty (Clinical Judgement/ Clinical Frailty Scale)

Vunerable (non-frail)

Mild

Moderate

Classify severity (Clinical Frailty Scale)

Severe

RESPOND

Healthy Ageing and Optimum Caring

Community connectivity

Specific, tailored support for Long Term Conditions

Specialist access for Comprehensive Geriatric Assessment and Case Management

Crisis response and recovery services

Frailty focused transport

Timely transfers of care

Frailty-based hospital care

EVALUATE

Frailty assessment + category
Recorded falls risk ,10 or more medications and dementia
Written care plan
Flu immunisation rate (65+ years).

Control over daily life, social contact and loneliness
Social prescribing schemes referrals
Patients on the MH registers
Carer reported quality of life.

A&E attendance/conversion rates and hospital unplanned admission / readmission rates (65+)
Stranded patient: LOS.

91 days after discharge into rehab
Admission to care homes
Death in usual place of residence.

Hospital activity in last year of life
Composite hospital quality bundle.

Approach: involve

- 1 2 Localities
- Care Homes
- Evaluation
- Housing
- Mental Health
- Metrics
- Public Health
- Social Care
- Transport
- Voluntary Sector
- Workforce
- Year of Care

INDIVIDUALS
COMMUNITIES

wellness and illness
existing forums
families having difficult conversations
those difficult to communicate with

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Approach: consider

Oh Anne!

Approach: consider

10 days in a hospital bed leads to
10 years' worth of lost muscle mass
in people over age 80

Approach: consider

Mean Age Rising
Existing Problems

#EndPJparalysis

- The blood clotting in his veins
- The lime draining from his bones
- The scybola stacking up in his colon
- The flesh rotting from his seat
- The urine leaking from his distended bladder
- The spirit evaporating from his soul
- Teach us to live that we may dread unnecessary time in bed
- Get people up and we may save patients from an early grave

Dr Richard Asher, 1942

Approach: assess

many older people are admitted to hospital several times in their last year of life

- One hospital
- One day

- 97.6% occupancy
- 451 patients

- 71.4% aged 65+
- 322 patients

Average Age 81.3

17% | 27% | 22% | 31% | 3%

older people can live with several health conditions and a gradual decline may be missed until a crisis occurs

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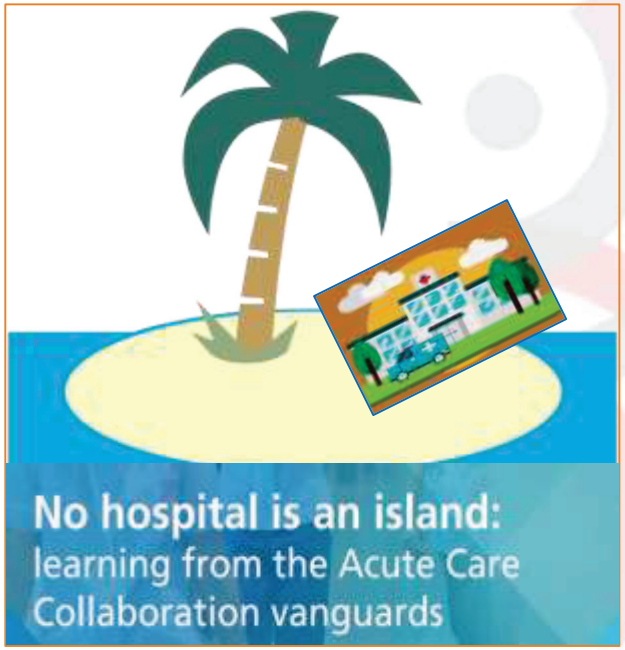
Nurse Ambassadors Older People
Lynne Shaw, Angela Fraser

Approach: consider



TRIBES

Evidence:

- CGA
- MDT
- Nutrition
- Hydration
- Exercise

Approach: assess

COTE Bangor introduces

The First Law of Admission Avoidance

The effort required to overcome the hospital's gravitational pull is inversely related to the distance the patient is from hospital when you assess them

- Acute Frailty Network
- Acute care interface teams
- Community support services

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www.COTEBangor.org

Approach: respond

The role of a Practice Frailty Nurse :

- Significant experience in the care of older people
- Highly skilled in comprehensive assessment, problem identification and care planning
- Order and act upon diagnostic tests
- Make and receive referrals
- Make decisions about admitting an discharging from hospital and intermediate care units
- Coordinate and chair multidisciplinary team meetings
- Case management
- Building of meaningful and caring relationships with patients and their families

North of England Commissioning Support, Business Intelligence
Karen Storey, Paul Vaughan NHSE Nursing Directorate

Approach: respond

Cathy & Billy

Peter & Belle

Joan, Sonia, Alfie & Leah

- Lack of recognition that hospice and palliative care is appropriate
- Researching this vulnerable group is challenging but is essential
- Family carers are the backbone of the care system

"it is much more powerful to tell the patient story with the data"

Karen Hayllar, Senior Analyst, NHSI

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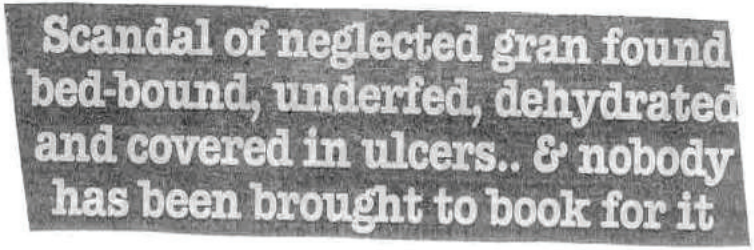
Approach: respond


GWEN, 91, LEFT TO DIE IN AGONY.. IN CARE HOME


Scandal of neglected gran found bed-bound, underfed, dehydrated and covered in ulcers.. & nobody has been brought to book for it

- Care home partnership
- Link practice
- Lead GP
- Ward round
- Nurse Specialists
- Virtual ward

SAVINGS	
Reduction Emergency Admissions Bed Days	£8,942,731
Investment	£ 1897,268
Net Savings	**£7, 045, 463**

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Andrew McCarthy, Joanne Gray,
Health and Life Sciences, Northumbria University

Approach: evaluate

Approach: evaluate

- Society generally holds a negative view of ageing
- Loss of functional abilities increases vulnerability
- Differences in manifestations of ageing reflect differences in genes and environment

Q: does the concept of frailty need to be distinguished from normal ageing?

Approach: evaluate

- Workforce
- Data
- Academia

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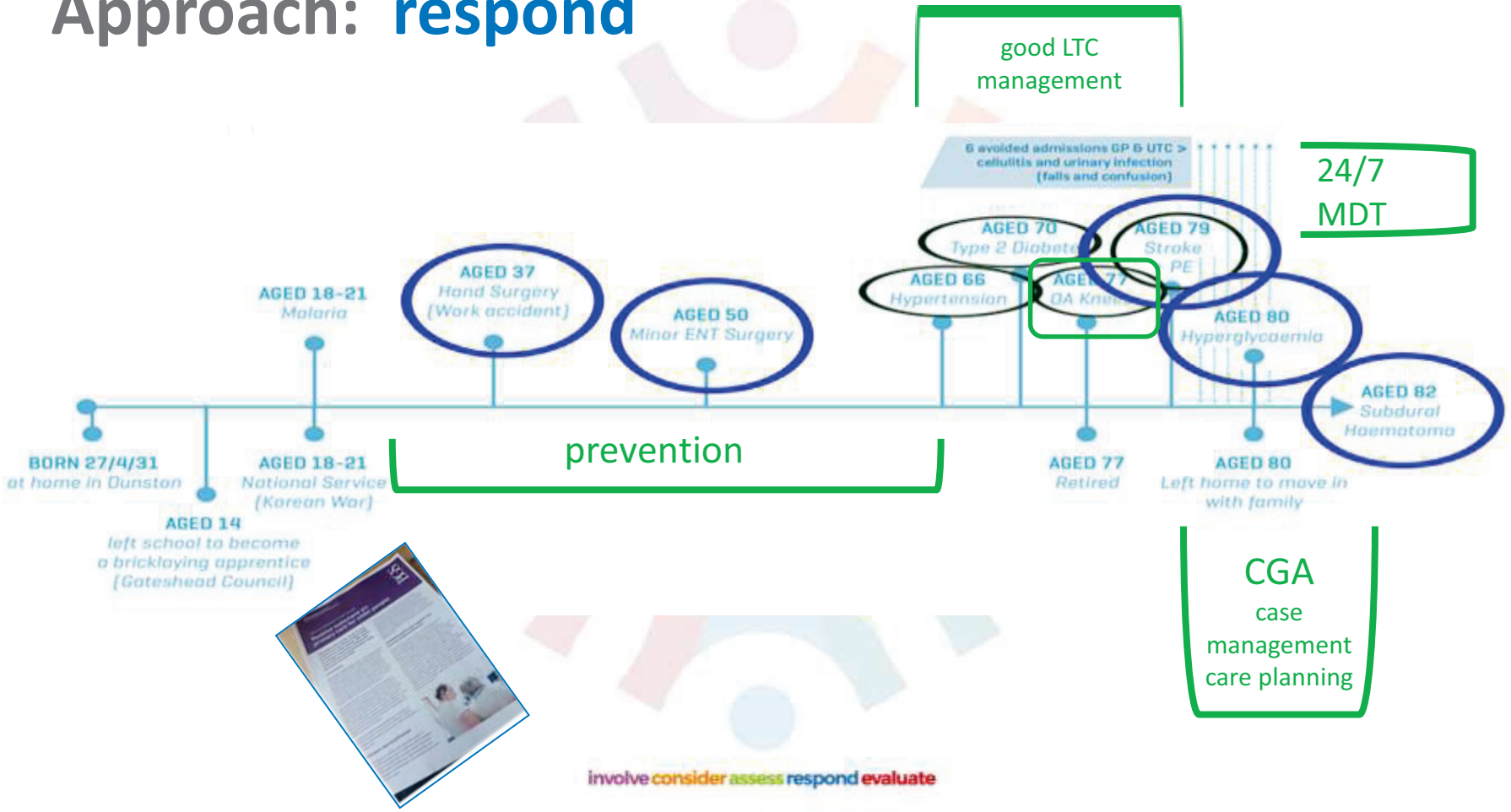
Approach: respond



Approach: evaluate

Challenge Dichotomy Ambivalence

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Leading Change Adding Value: *nurse ambassadors older people*

#nodisclaimerneeded

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#FutureNursing

Vision: involve

The Vision is simple:

- *work together [with everyone]*
- *improve out of hospital care and services*
- *region wide acceptance [what works]*
- *local system understanding [for delivery]*

Vision: involve

- Find your engagement superstars
- Be serious about leadership
- Sign up and shape the system
- Fail fast through sharing
- Innovate and embed change [sustain]
- Grow the evidence base