A Regional Approach to Frailty Community of Practice Meeting 3

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Welcome and Introductions

Frailty ICARE: *what's the latest?*

1. **System Key Performance Indicators:** ***for the Care Closer to Home Team not the CoPpers***

- % localities signed up to the CoP [31.12.18]
- % actively engaged in being a CoP member [31.03.19]
- % localities with active frailty forums [31.03.19]
- % localities using ICARE metrics to support the setting of local priorities [30.09.19]
- % localities using ICARE to support mapping of local system frailty services [30.06.19]
- % localities [with active frailty forums] with an active frailty delivery plan [30.09.19]
- % localities actively considering workforce development [30.06.19]
- % localities actively considering digital care [30.06.19]
- % CoPpers reporting an understanding of Frailty ICARE [31.03.19]
- % CoPpers reporting feeling supported by the Care Closer to Home Team [31.12.18]
- Identification of outcomes and timeframes for each of the 23 metrics [31.03.19]

Frailty ICARE: *what's the latest?*

2. Bid to ICS Digital work stream for funding to further develop FRAILTY ICARE; including development of apps to support family carers e.g. skin care and prevention of pressure damage as well as self-care for wider preventative measures e.g. optimising mobility [bid submission 04.10.2018]
3. Building FRAILTY ICARE: the vision for now

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.

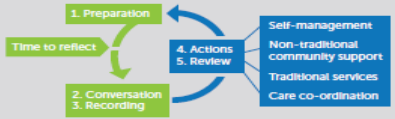
(Toolkit for general practice in supporting older people living with frailty, NHS England; www.england.nhs.uk – with modification)

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)

Classify severity (Clinical Frailty Scale)

- Vunerable (non-frail)
- Mild
- Moderate
- 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).

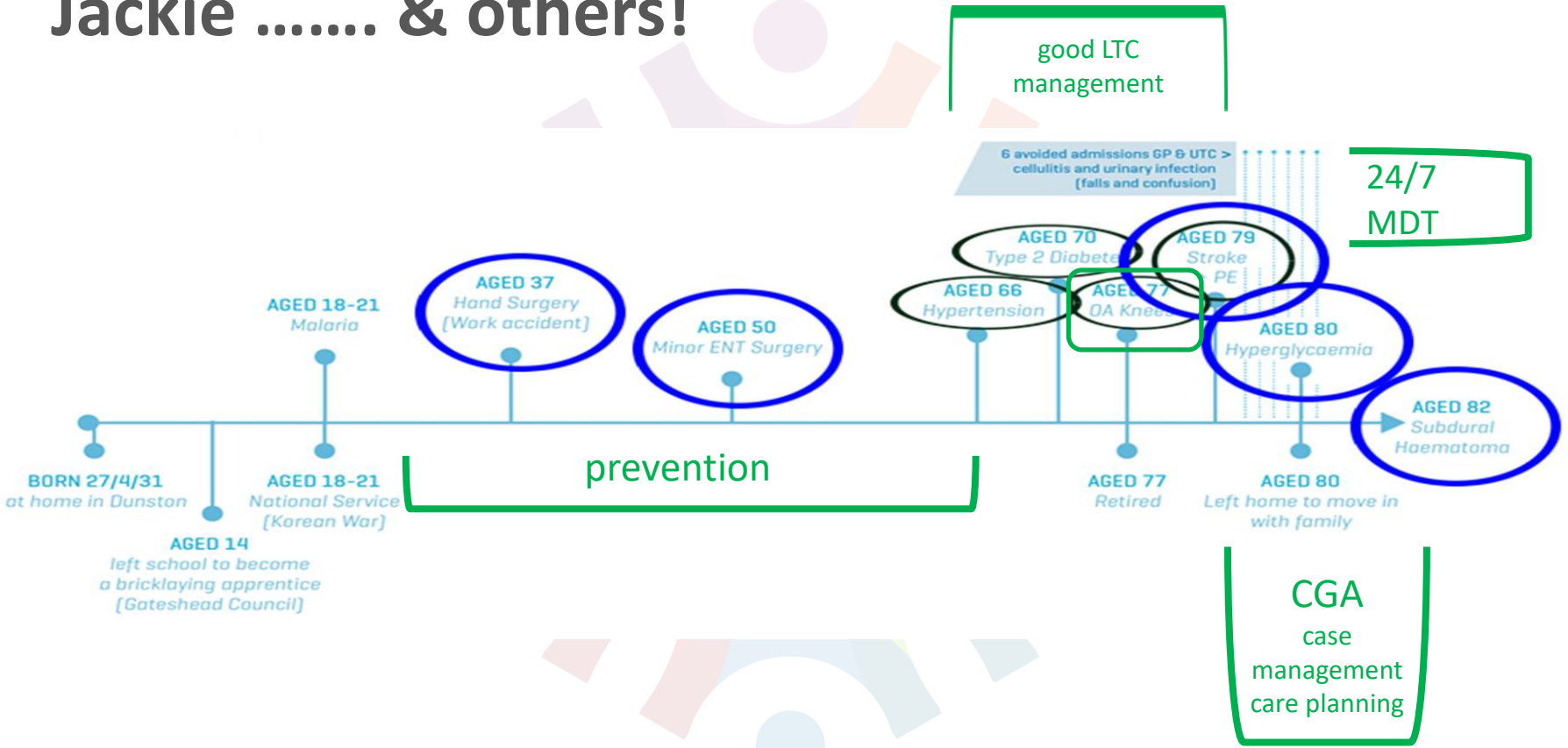
Control over daily life, social contact and loneliness
Social prescribing schemes referrals
Patients on the MH registers
Carer reported quality of life.

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.

Jackie ……. & others!



Workforce

- To fully realise the ***frailty icare*** toolkit, a robust workforce infrastructure is required for people, staff and commissioners that is fit-for-purpose.
- There are two huge challenges facing the care system today; an ageing population and a resource challenge.
- These challenges are compounded by the fact that we have capacity and capability gaps within our existing workforce that cares for older people, not least because traditionally only medicine had speciality focused training.

For more information to aid local delivery see resource links, evidence summaries, local stories and case studies as well as 'top tips' on implementation see Frailty Toolkit document pages 64-65.

Skills for Health, NHS England, and Health education England are developing a core capabilities framework to support development of the workforce caring for older people living with frailty – http://www.skillsforhealth.org.uk/services/item/607-frailty-core-capabilities-framework

Enhanced Health in Care Homes (NHSE) – learning guide on 'workforce development' – https://future.nhs.uk/connect.ti/carehomes/view?objectId=8962320&exp=e1

Fusion48 – http://fusion48.net/frailty

Resources on values based recruitment, Health Education England (2016) – https://hee.nhs.uk/our-work/values-based-recruitment

Nursing times / Care England Microsite

Resources for Older People Nurses – https://www.nursingtimes.net/roles/older-people-nurses

Resources for Learning Disability Nurses – https://www.nursingtimes.net/roles/learning-disability-nurses

Care sector resources – https://www.nursingtimes.net/careengland

Leading Change Adding Value: *nurse ambassadors older people*

OLDER PEOPLE'S NURSE AMBASSADOR

#FUTURENURSING

"she gave me my dad back"

#nodisclaimerneeded

involve consider assess respond evaluate

#FutureNursing

Meet the CoPpers