KIRKLEES HEALTH & WELLBEING BOARD

MEETING DATE: 21/11/2019

TITLE OF PAPER: Kirklees Frailty Strategy

1. Purpose of paper

The purpose of the paper is to present the draft Kirklees Frailty Strategy to the Health and Wellbeing Board for discussion and support/approval.

2. Background

Local Focus:

Frailty is one of the key priorities in the delivery of the Kirklees Health and Wellbeing Plan and a focus for our local integration work between Health and Social Care (North Kirklees CCG, Greater Huddersfield CCG and Kirklees Council.)

Across the Kirklees footprint, a joint Health and Social Care Frailty strategy is currently in draft form and has been developed in collaboration with a number of partners and stakeholders within the system. These partners include CCG colleagues, Primary Care, the two Acute Trust's (MYHT and CHFT,) Kirklees Council, Public Health, Kirkwood Hospice, Locala, Age UK, SWYPFT, Community Plus, HealthWatch and various other voluntary and 3rd sector agencies.

The purpose of the strategy is to outline how quality of life and outcomes for the Kirklees population will be improved by preventing Frailty and improving the identification and care of those who are frail. This will be achieved through taking a life course approach and focusing on primary, secondary and tertiary prevention alongside maximising independence through early recognition and ongoing management. A collaborative and systemic approach will be taken, working across all health, social care, and voluntary and 3rd sector partners.

In order to develop a collaborative approach a system wide Frailty Summit took place in June 2019. A key aim of the event was to bring together all areas of the frailty work across the system in order to take forward an integrated approach. The event was successful, generated positive discussions, and engaged stakeholders from across the Kirklees system. It was an opportunity to share the draft strategy wider and there was an agreement that this clearly outlined the future direction of travel that each organisation was signed up to work towards and aim to deliver. Group work took place which helped to identify a high level action plan around future opportunities with each organisation taking a lead on some of the identified actions.

National Focus:

Frailty is part of the national agenda, with NHS England producing a range of resources for commissioners and professionals around ageing well and supporting people living with frailty. The resources describe how population-level frailty identification and stratification can help plan for future health and social care demand, manage and best structure resources to optimise equity and outcomes whilst also targeting ways to help people age well.

Frailty is also cited in the NHS Long Term Plan which articulates that extending independence as we age requires a targeted and personalised approach, enabled by digital health records, population health management and shared health management tools. Promoting the

prevention, early identification and self-care agendas enables people to look after their health and wellbeing, prevent, delay and minimise the severity and impact of frailty, and maximise outcomes.

Health Education England and NHS England have also commissioned the development of a Frailty Core Capabilities Framework[1] to improve the effectiveness and capability of services for people living with frailty. One of the aims of this framework is to empower people living with frailty, as well as their family, friends and carers, to understand the condition, make the most of available support and to plan effectively for their own current and future care needs.

NHS RightCare has also developed a Frailty Toolkit which aims to support systems to understand the priorities in frailty care and key actions to take. It provides a way to assess and benchmark current systems to find opportunities for improvement. It highlights the below as system priorities which are all covered within the the draft Kirklees Frailty strategy:

3. Proposal

The overall proposal is for the system's stakeholders to work together to deliver the Kirklees Frailty strategy and improve the outcomes for the population of Kirklees. The "ask" is that we work together to break down organisational boundaries and take forward a joint approach in the delivery of the strategy.

Why Focus on Frailty:

Frailty is now nationally recognised as a long term condition which affects people's ability to recover when challenged by sudden, unexpected life changes. Frailty can lead to a rapid decline in health and well-being leading to crisis situations. For people at risk of developing frailty there are potentially preventable or modifiable risk factors or conditions. Promoting healthy ageing offers a chance to avoid or postpone the onset of frailty. Through early identification of frailty and management, health, social care and third sector/voluntary professionals are able to improve their awareness of who is more at risk of developing frailty, effectively support people to maintain independence and self-care and achieve better holistic outcomes (as described through the seven Kirklees Outcomes detailed in the Health and Well Being Plan.)

[1] http://www.skillsforhealth.org.uk/services/item/607-frailty-core-capabilities-framework

Kirklees Frailty Strategy:

The Kirklees Frailty Strategy builds on the existing North Kirklees Frailty strategy. The existing strategy has been reviewed, updated and developed collaboratively with stakeholders. The main changes ensure that:

- The focus and vision is Kirklees Wide
- It is relevant to ALL age groups and takes a life course approach
- It is holistic and has a strong focus on both Health and Social Care elements to support people to live as independently as possible
- It is in line with recently published national documentation and guidance including the RightCare Toolkit, Core Capability Frailty Framework, NHS 10 Year Plan, and updated GP Contract.
- Meets the priorities outlined in the Kirklees Health and Wellbeing Plan including tackling the underlying causes, improving outcomes and experience and using our assets to the best effect.

Aim:

The key aim is that the population of Kirklees receives a more personalised approach tailored to support their needs. The focus will be on prevention and early identification. This approach will embed shared decision making in our working practice which is fundamental to changing the relationship with patients and ensuring they feel more empowered to take control of their care. This will also include outcome-focused care planning with a strengths-based approach. This will ensure that the frail population of Kirklees are supported to live as independently as possible for as long as possible in their chosen place of residence. This will be underpinned by the ethos of providing the right care in the right place at the right time, first time; with a focus on quality, patient outcomes and effective use of financial resources. Care and support will be designed in a co-ordinated way that will support patients to be successful in achieving the outcomes that matter most to them

Domains

The strategy has been split into 5 key Domains which supports delivery of the 7 Kirklees Outcomes and the priorities outlined in the health and wellbeing plan:

1. Prevention
2. Healthy and Safe Environment
3. Supportive Networks
4. Seamless Integrated System
5. High Quality, Person Centred and Personalised Care

Each domain has a plan on a page within the strategy which outlines the principles, how the domain will be embedded locally, the outcomes and the potential measures.

The key domains and principles describe the support available to help prevent frailty through enabling people to promote their own wellbeing that enables people to self-care effectively. Alongside this, the system will focus on prevention, promoting support and maintaining independence for the Kirklees frail population through developing high quality, personalised services that are flexible, responsive and enable frail people (of all age groups) choice and control over how their health needs, care and support are provided.

Previous considerations:

The draft strategy has been discussed at the following forums and supported:

- Integrated Commissioning Board in April 2019

The board were supportive of the strategy being shared at the Frailty summit and ensuring all stakeholders had further opportunities following the summit to comment and shape further

- Kirklees Frailty Summit in June 2019
  The strategy was shared and discussed at the summit with partners agreeing this outlined the direction of travel clearly and where signed up to support delivery.
- Additional 1:1 meetings with partners/stakeholders following the summit (between June – September 2019) to further develop content within the strategy. This included meetings with Public Health to strengthen the prevention agenda, SWYPFT to ensure mental health priorities where cited and Kirkwood Hospice around End of Life care.
- Integrated Provider Board in September 2019
  The board received an update on the wider Frailty programme plan as well as the draft Frailty strategy. Members where in support of the strategy but the senior leaders in attendance from SWYPFT and Kirkwood Hospice asked for 1:1 meetings (as above) to ensure certain elements around Dementia and Advance Care Planning were covered. These meetings have taken place and the strategy was further refined with partners.

Governance to support delivery of the strategy:

There are a number of workstreams/task and finish groups already in existence that contribute towards the delivery of the Frailty Strategy. These include:

- Loneliness and Isolation
- Falls prevention
- Making every contact count
- Care closer to home
- Intermediate care and re-ablement
- CHFT Frailty project group
- MYHT Frailty project group

On top of this, a Frailty Steering Group is being developed across the Calderdale, Kirklees and Wakefield (CKW) footprint. Across CKW, a number of workstreams have been developed with a Frailty focus aiming to improve the quality of life and outcomes for the local population. Therefore the purpose of the steering group is to bring together all areas of the frailty work across the system in order to take an integrated approach forward.

The aim of the steering group will be to:

- Build on the outcomes of the Kirklees Frailty summit that was held in June 2019
- Support delivery of the Kirklees Frailty Strategy
- Further develop collaborative working
- Share learning across the Calderdale, Kirklees and Wakefield system to promote a cohesive approach and reduce variation where possible.
- Make the best use of resource by doing things once across a large footprint (where possible and where this is of benefit.)
- Keep stakeholders up to date with local progress
- Work through national guidance and documentation and agree how this can be embedded locally (including the RightCare Frailty Toolkit and Frailty Core Capability Framework)
- Pathway development

Regular reports (where required) will then be presented to the Integrated Commissioning Board (ICB,) Integrated Provider Board (IPB) and the Health and Wellbeing Board (HWB)

4. Financial Implications

No financial implications have been identified currently. However if through a gap analysis there are improvement opportunities that have financial implications attached, these will be taken through the appropriate governance routes for discussion.

5. Sign off

Carol McKenna and David Kelly (8th November 2019)

6. Next Steps

If the paper is approved, the final copy will be circulated to all stakeholders and delivery of the strategy will be discussed and monitored at the Frailty Steering Group meetings.

7. Recommendations

The recommendation is that the board approve the joint Health and Social Care Frailty Strategy and support the delivery of the strategy locally.

8. Contact Officer

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