

# Public Involvement Workshop

Frailty

Wednesday 11 Jan 2023 2:30 – 4:30



# Recording

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We are recording this session so that we can share the discussion with people who are unable to attend the meeting.

It will be available shortly on the Leeds Health and Care Partnership Website





# Welcome and Introductions

## Chris Mills

GP and Chair of the Frailty Population Board



## Helen Smith

Head of Pathway Integration (Frailty, Dementia and End of Life Care) NHS West Yorkshire Integrated Care Board (ICB) in Leeds



## Caroline Mackay

Community Relations and Involvement Manager  
NHS West Yorkshire ICB in Leeds

# Aim and objectives

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## Aim

To help develop our approach to public involvement in the work of the frailty population board

## Objectives

- Introduce the population health approach and the frailty board
- Review the findings of the insight report
- Review and agree the draft outcomes for the board
- Consider gaps in our findings and begin to think about addressing those
- Agree how people's voice is represented at the board and provide public assurance



# Outcomes of the workshop

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By the end of the workshop participants should have had an opportunity to:

- Understand the role of the frailty population board
- Discuss the findings of the draft insight report
- Influence the draft insight report
- Discuss gaps in our findings
- Suggest other areas of focus
- Discuss the draft outcomes for the frailty board
- Explore ways we can provide assurance that people's voices are heard at the board
- Influence our approach to public representation and assurance on the board

# Agenda

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- 1. Population health** - What are population boards and what is their role?
- 2. Experience of frailty** - What do we already know about the experiences of people living with frailty and their families and carers? (insight)
- 3. Population outcomes** - How do we want things to be different for people living with frailty and their families and carers? (outcomes)
- 4. Public representation and assurance** – What does public representation look like on the board and how can we be assured that it's working?
- 5. Next steps** - What happens next?

# Ground rules

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- Stick to the agenda
- Stay on mute unless you're speaking
- Make space for everyone to speak
- Have your say – use the hand signal or chat box to ask questions or share comments
- Respect confidentiality
- Enjoy the session!

# Population health

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As an approach, population health moves away from 'traditional' thinking about commissioning (planning and paying for) and providing health and care services.

It focuses less on organisations and pathways and more on the needs of the people, or populations, who use them.

It looks at:

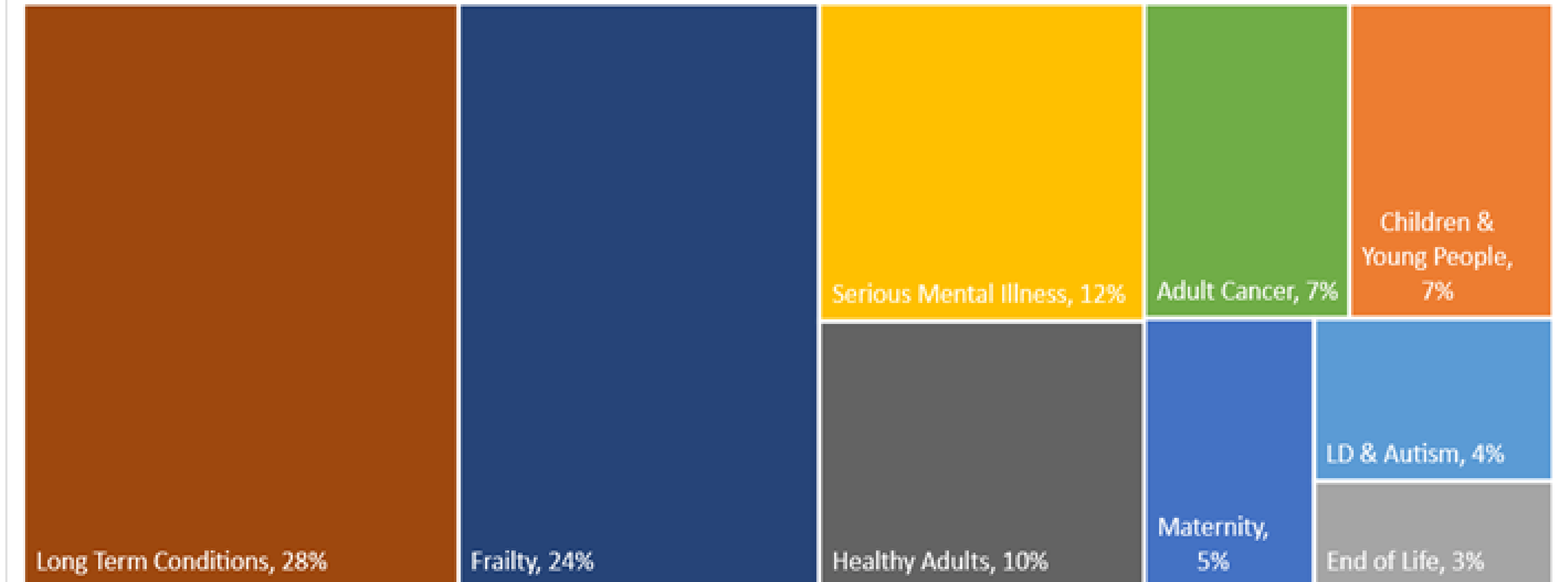
- The needs of people – what matters most to populations of people
- Prevention – helping people stay healthy and well
- Outcomes – the positive differences health care services and support can make
- Reducing health inequalities
- Working together in partnership rather than as individual organisations (system working)
- The 'wider determinants of health' such as housing and transport



# Population health

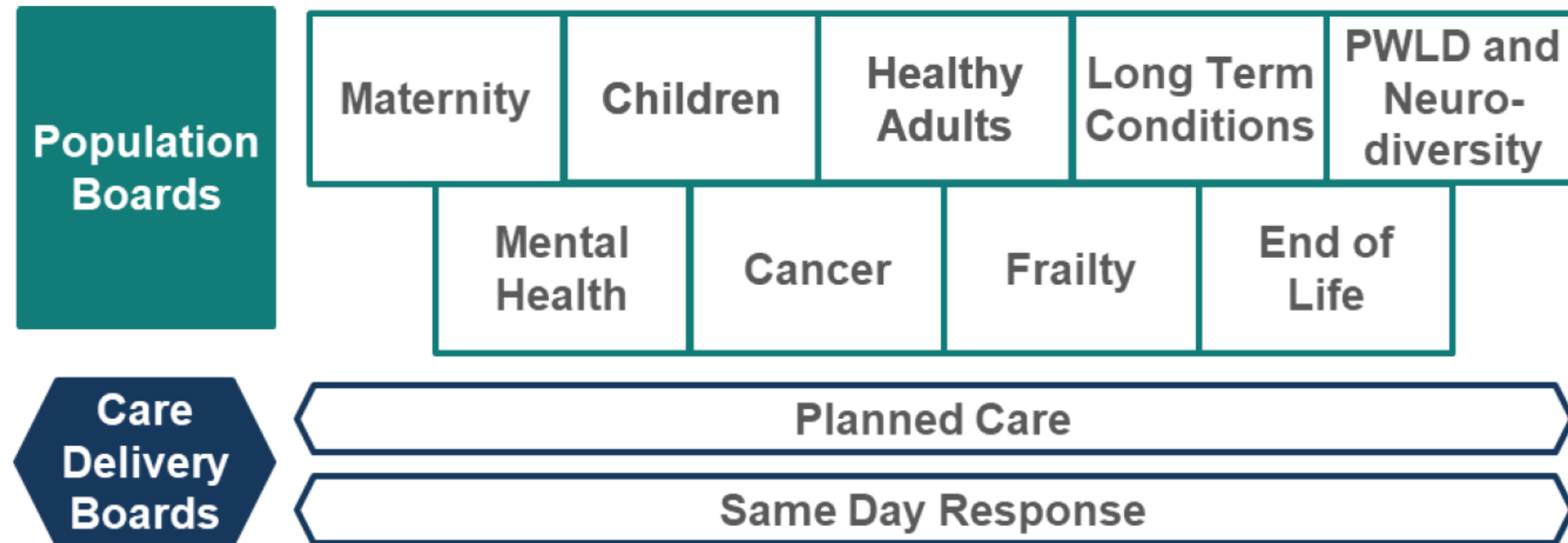
How the Leeds population would look if we divided it across our nine population boards, showing the level of need and percentage of resource for each.

Population Segement % Utilisation of ICB Resource



# Population health

We aim to address these needs through a framework of nine population and two care delivery boards:



These boards are responsible for improving (or driving improvements in) the outcomes, experience, and the value of the NHS spend, for their respective population. They work across organisations and sectors with a clear focus on their population's particular needs.

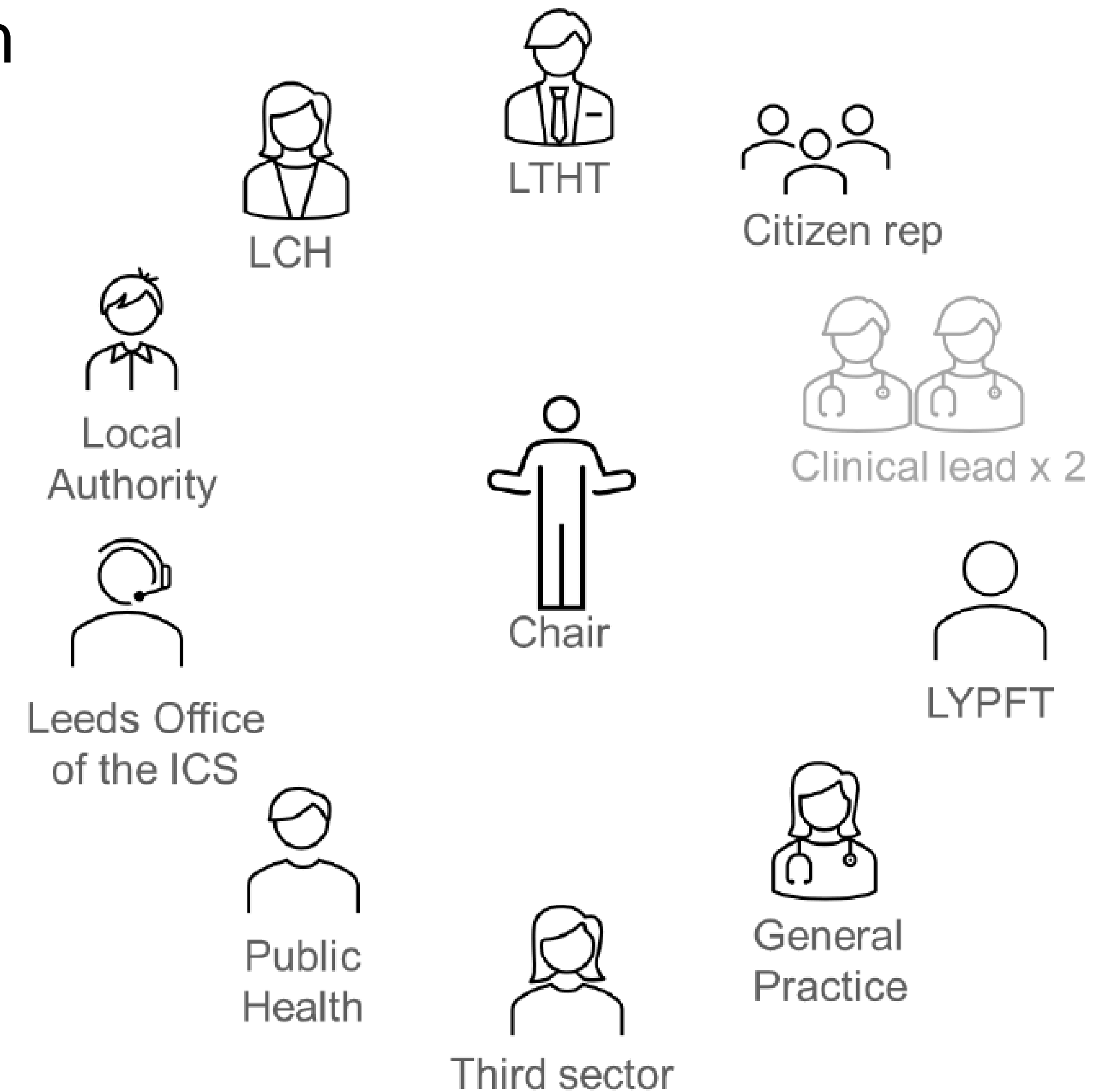
# Population health

Boards are made up of senior representatives from across the health and care partnership including representatives from the third sector and from Healthwatch Leeds.

There is also space for 'citizen' or people's voice representation, which we are thinking about today.

The boards are:

- **Broad enough** (to represent all partners)
- **Senior enough** (to take critical decisions)
- **Small enough** (to make these decisions)





## The Frailty Population Board

Frailty is a term used by professionals to describe the loss of body resilience. This means that in the case of a physical or mental illness, an accident or other stressful event, people living with frailty will not bounce back quickly.

People living with frailty experience greater disability, hospitalisation, care home admission and mortality than patients who are not identified as frail.

Frailty is related to the ageing process, but not all older people are frail and not all individuals living with frailty are older. More about frailty can be found on NHS England's website:

[www.england.nhs.uk/ourwork/ltc-op-eolc/older-people/frailty/](http://www.england.nhs.uk/ourwork/ltc-op-eolc/older-people/frailty/)

The Leeds frailty population board brings together partners from across the city to improve care, design more joined-up and sustainable frailty services and support, and make better use of public resources.

Webpage: [www.healthandcareleeds.org/have-your-say/shape-the-future/populations/frailty/](http://www.healthandcareleeds.org/have-your-say/shape-the-future/populations/frailty/)

What sort of decisions are the boards making?

- Where to allocate funding
- When to make changes to services
- What the priorities are and how best to achieve the outcomes
- What can be done to address health inequalities
- How best to work with other boards and wider partners to avoid silo-working
- How best to deliver value (value for money)

It is essential that local people's views are included in these decision-making processes.

This workshop builds on what we have learned so far about people's experiences of living with frailty in Leeds, and gives us an opportunity to begin to think about what how we can involve people more moving forward.

# Population health

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In Leeds we are aiming to commission (plan and pay for) and provide healthcare for populations of people, and their families and carers, that is:

- Safe
- Sustainable
- Equitable and fair for all
- Patient-centred
- Value for money

We cannot do this without understanding the needs, preferences and experiences of people in each of the population segments.

We are committed to 'starting with what we know' about people's experiences, listening to what matters most to our population, and engaging on the gaps in our knowledge and understanding.



# Experience of frailty

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The board is working with partners to establish what we already know (by carrying out an insight review) about the experiences of local people living with frailty, their families and their carers.

Our findings to date have been collected into an insight report which will be used by the board as a developing evidence base, to learn more about the needs of this population and to make more informed decisions as a result.

The insight report:

- Outlines what we already know about people's needs, preferences and experiences of living with frailty in Leeds
- Identifies key themes (the things people often tell us about their care)
- Highlights gaps in our knowledge (e.g. the areas or communities whose experiences we know least about)

# Experience of frailty

## Our insight review for frailty suggests the following themes:

- Compared with other populations, those living with frailty were less likely to receive **person centred** coordinated care.
- Compared with other populations people living with frailty were more likely to feel that they were only sometimes able to discuss what was important to them in managing their own health and wellbeing (**involvement in care**).
- Those living with frailty were more likely to report instances where they were required to repeat information within and between services (**Communication/joint working**).
- People had mixed views on the word 'frailty'. Carers generally found the word helpful but many people living with frailty told us that the word had negative connotations
- Data suggests that the frailty population currently does not receive enough support or **information** to help them manage their own health and wellbeing, such as diet and up-to-date health information.
- Older people (who are more likely to experience frailty) tell us that **wider determinants** such as **housing and access to social activities and exercise** have a significant impact on their health and well-being.
- Accessible and safe **travel and transport** is seen as important by people living with frailty and their carers. (**Health inequality – age**).

# Experience of frailty

## Themes continued:

- The proportion of people living with frailty is three times higher in the most deprived areas of Leeds than least deprived (**health inequality – deprivation**).
- Living at home for as long as possible and living with dignity and independence is seen as very important by people living with frailty (**Choice and support**).
- People living with frailty report the importance of having services that work well together but take collective accountability (**Joint working**).
- Older people value a **workforce** that has a good understanding of the needs and preferences of older people.
- Fear of falling significantly impacts on people living with frailty. They value support with this (**environment/resources**).
- Support for visual impairments is important to people living with frailty, in particular support accessing visual aids, good physical access and understanding staff (**Health inequality – disability and workforce**).
- **COVID-19** had a significant impact on people with frailty including an impact on confidence and isolation.
- **Health inequality (race and deprivation)** - People from diverse ethnic communities in the most deprived areas become frail 11 years younger than white people in the least deprived areas
- **Resources** - Carers told us that independence for them meant being in control of their life. Access to respite care was seen as important by many of the carers we spoke to.



# Experience of frailty

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Our insight review for frailty suggest the following gaps:

- Feedback from staff working with people living with frailty

Additional gaps and considerations identified by stakeholders:

- ????

# Experience of frailty

## Discussion

- Do you agree with the main themes we have found?
- What about gaps... where else should we be looking, or who should we be talking to?
- How do we prioritise and plan involvement work on the gaps?
- What matters most to people living with frailty, their families and carers?



# Population outcomes

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Over the last year we have been working with our partners to agree a set of outcomes for our frailty work in Leeds. These outcomes explain what we as a board, and as a health and care partnership, want to achieve to improve the experiences of people living with frailty and their carers, families and friends.

The outcomes have been developed with healthcare service providers and voluntary sector organisations that work alongside people using frailty services and support. The outcomes were shaped using patient, carer, family and staff feedback from various surveys and involvement activities.

## Draft outcomes for frailty in Leeds

1. Live and age well, defined by ‘what matters to me’.
2. Identifying and supporting all people in this population group, and assessing their needs and their assets, as an individual and as a carer.
3. Reducing avoidable disruption to people’s lives as a result of contact with services.



# Population outcomes

Outcomes are linked to the Healthy Leeds Plan (which sets out how we will work together as a city to improve outcomes for everyone in Leeds).

Each one has a set of measures which will help us to see if we are on track to achieving our outcomes.

Links to the Healthy Leeds Plan Strategic Indicators			
Health Outcome Ambitions		System Activity Metrics	Quality Experience measures
<ul style="list-style-type: none"> <li>Healthy life expectancy</li> <li>Increase the % of people who experience a good death</li> </ul>		<ul style="list-style-type: none"> <li>Increase the proportion of people being cared for in Primary Care and the Community</li> <li>Reduce the rate of growth in non elective bed days and A&amp;E attendances</li> <li>Increase expenditure on 3rd sector</li> </ul>	<ul style="list-style-type: none"> <li>Experience of primary care</li> <li>Experience of community services</li> <li>Improve patient centred coordinated care experience</li> </ul>
Outcome	Outcome statement	Outcome Measure	Interim Outcome Measure (process measure)
Outcome 1	Living and ageing well defined by ' <i>what matters to me</i> '.	<ul style="list-style-type: none"> <li>Data from the PROMIS GH and the P3CEQ (a measure of person centred coordinated care)</li> </ul>	
Outcome 2	Identifying and supporting all people in this population group and assessing their needs and assets, as an individual and as a carer	<ul style="list-style-type: none"> <li>% of the population who have mild, moderate and severe frailty</li> <li>Length of time people spend with mild frailty (rather than progressing to moderate or severe)</li> <li>Number of medications people are taking (moderate and severe frailty)</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of people living with frailty who have had a Collaborative Care and Support Plan review / and advance care plan in place</li> <li>Number of people living with frailty who are identified on the system as carers and have evidence of a health check review in their own right as carers</li> <li>% of people who have had a medication review (moderate and severe frailty)</li> </ul>
Outcome 3	Reducing avoidable disruption to peoples lives as a result of contact with services	<ul style="list-style-type: none"> <li>Number of days people have contact with acute services:</li> <li>Overall</li> <li>Planned,</li> <li>Unplanned</li> </ul>	<ul style="list-style-type: none"> <li>Falls resulting in admission</li> <li>Average LOS (planned, unplanned, MH)</li> <li>% planned and unplanned admissions</li> <li>% of people living with Frailty going to A&amp;E</li> <li>Readmissions within 21 days (physical and mental health)</li> <li>2 hour community response target</li> <li>Measure focused on deconditioning</li> </ul>

# Population outcomes

## Discussion

- Do these outcomes make sense to you?
- Do they reflect what matters to you/your family/the people you represent?
- How would you like us to demonstrate improvements against these outcomes?



# Public representation and assurance

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As an organisation, we have a legal and a moral duty to involve people in the plans and decisions we make about the provision of healthcare in Leeds.

It's important that patients, carers and the wider public are aware, and assured, that we are working to ensure that people's voices and experiences are at the heart of our decision-making, and that people feel that their voices and experiences are being properly represented.

We need to be able to show that this is happening so that people can be assured that their input and feedback is helping shape and improve local services and support.

We call this providing 'public assurance'.



# Public representation and assurance

For members of the public to feel assured we need to demonstrate we have:

**Listened**

We have listened to people by using existing insight or carrying out involvement activities

**Acted**

We have acted on feedback and are using it to shape local services and plans.

**Fed back**

We have fed back to people and have proactively let people know how we have used their feedback

**Transparent &  
accountable**



# Public representation and assurance

There are various ways people's voice and experience can be taken into account by the board:

- By an individual
- By a sub-group which runs parallel to the board
- By links with a particular group or organisation
- By increasing feedback to services directly

Our work to strengthen public assurance is ongoing – today we are keen to hear your thoughts on how the voices and experiences of people living with frailty and their families and carers would be best represented at the board.



## Discussion

- What do you think of the ways we are already involving people (insight reviews/workshops)?
- What would good public representation look like for you?
- What would make you feel confident that we are listening, acting and feeding back?



# Next steps

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- Add a copy of this recording to the frailty webpage:  
[Frailty - Leeds Health and Care Partnership \(healthandcareleeds.org\)](https://healthandcareleeds.org)
  - Send out slides and an evaluation survey of the session
  - Update the insight report based on today's feedback
  - Use today's feedback to help develop our approach to representation
  - Begin looking at the gaps in our knowledge and think about involving people to help us learn more. Please send any additional insight or comments to [chris.bridle@nhs.net](mailto:chris.bridle@nhs.net)
  - Organise a follow-up meeting?
  - Thank you for joining our session – it is very much appreciated!

# Thank you!

