

Insight Report: **Frailty**

Understanding the experiences, needs and preferences of people experiencing frailty, their carers / family / friends, and staff

August 2023 V2.2

1. What is the purpose of this report?

This paper summarises what we know about the frailty population in Leeds. This includes the experiences, needs and preferences of:

- People experiencing frailty
- Their carers, family, and friends
- Staff working with people experiencing frailty

Specifically, this report:

- Sets out sources of insight that relates to this population
- Summarises the key experience themes for this population
- Highlights gaps in understanding and areas for development
- Outlines next steps

This report is written by the [Leeds Health and Care Partnership](#) with the support of the [Leeds People's Voices Partnership](#). We have worked together (co-produced) with the key partners outlined in [Appendix A](#). It is intended to support organisations in Leeds to put people's voice at the heart of decision-making. It is a public document that will be of interest to third sector organisations, care services and people with experience of frailty. The paper is a review of existing insight and is not an academic research study.

2. What do we mean by frailty?

Frailty is a term used by health care professionals to describe the loss of body resilience, which 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 (Hale et al, 2019).

Frailty is related to the ageing process; 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/

3. Outcomes for frailty in Leeds

Over the last year, people planning health and care services in Leeds have worked with providers and the third sector to produce a set of draft outcomes for frailty. These outcomes explain what we want to achieve to improve the lives of people experiencing frailty and their carers, family, and friends.

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

Each outcome has a number of ‘measurables’, these are ways we check that we are achieving our outcomes. The full framework can be seen in [Appendix B](#).

4. What are the key themes identified by the report?

The insight review highlights a number of key themes:

- People living with frailty tell us that they often do not receive care that is tailored to their individual needs (**Person-centred**)
- People living with frailty tell us that they often don’t have enough time in GP appointments to discuss their multiple health conditions (**timely care**)
- People living with frailty and their carers tell us that they sometimes are not involved in decisions about care planning (**involvement in care**)
- People living with frailty say that they often have to repeat their story several times to different professionals. (**communication/joint working**)
- People living with frailty had mixed views about being described as ‘frail’, whereas carers generally found this term useful in describing their condition. (**communication**)
- People living with frailty and their carers often do not receive enough support (**resources**) and up to date **information** for them to manage their health and wellbeing. This included information about eating a healthy diet.
- 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. Data suggests that people over 65 are less likely than younger people to have access to a frequent bus within 400 metres (**Health inequality – age**).
- 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 with frailty (**Choice and support**).
- People living with frailty tell us that it is important that services work well together and all take responsibility for people’s outcomes (the goals or aims of their treatment) (**Joint working**).
- Older people value staff that have a good understanding of the needs and preferences of older people. (**workforce**)

- People with frailty tell us that fear of falling has a significant impact on their ability to live well. They value support around 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. People told us that it made them feel less confident and isolated. (**wider determinants**)
- **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. People told us that this included having flexibility and freedom and being able to meet the needs of their pets and family while fulfilling their role as a carer. Access to respite care was seen as important by many of the carers we spoke to.

This insight should be considered alongside city-wide cross-cutting themes available on the Leeds Health and Care Partnership website. It is important to note that the quality of the insight in Leeds is variable. While we work as a city to address this variation, we will include relevant national and international data on people's experience of frailty.

5. Insight review

We are committed to starting with what we already know about people’s experience, needs and preferences. This section of the report outlines insight work undertaken over the last four years and highlights key themes as identified in [Appendix C](#).

Source	Publication	No of participants and demographics	Date	Key themes relating to frailty experience
IPSOS	Measuring Person Centred Outcomes - Nicola Moss, Vicky Mullis (Report available on request)	Random sample of 9,358 addresses completed by 1,608 adults aged 18+ years People living with frailty – excluding end of life population	2022	<p>Responses from people who are experiencing frailty showed higher levels of poor physical and mental health than people with long-term conditions and the healthy population. People living with frailty were also more likely to be dissatisfied with social activities and relationships. People living with frailty are high users of health and care services, often accessing three or more different services.</p> <ul style="list-style-type: none"> • Person-centred - Compared with other populations, those living with frailty were less likely to receive person centred coordinated care • Involvement in care - Compared with other populations they 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 • Person-centred - The living with frailty population were also more likely to report that they were only sometimes considered as a whole person in relation to their care. • Communication - Focusing on communication, between health professionals and individuals as well as between services, those living with frailty were more likely to report instances where they were required to repeat information • Communication/information - Communication, information and support was particularly important for this population as a significant proportion reported feeling less confident about managing their own health and wellbeing

				<p>Information - the data suggests that the living with frailty population currently does not receive enough support or information to help them manage their own health and wellbeing.</p>
<p>QA Research</p>	<p>State of Ageing in Leeds: Qualitative Engagement</p> <p>https://ageing-better.org.uk/sites/default/files/2022-03/State_of_Ageing_in_Leeds_Report_qual.pdf</p>	<p>44 participants</p> <ul style="list-style-type: none"> • 11 were aged 50-60, 15 aged 60-70, and 18 aged 71+ • 30 women and 14 men took part • 39 of the participants were of White ethnic background while the remaining 5 were of varied Black, Asian and minority ethnic backgrounds 	<p>2022</p>	<p>The engagement focussed on aging generally but highlighted a number of issues directly related to living with frailty. People told us that the following are important to them</p> <ul style="list-style-type: none"> • Wider determinants (housing) <ul style="list-style-type: none"> ○ To stay in their own home and live independently as long as possible ○ To feel confident and supported about housing options (including finances) when the time comes to leave home ○ To have enough affordable age friendly housing available - new, old and specialist • Transport and travel <ul style="list-style-type: none"> ○ For safe and easily navigated road travel to be available for those who need it for mobility and independence ○ For bus and train services to have consistently age friendly facilities, features, fares and staff so they can be seen as a viable alternative to driving ○ To maintain and expand community bus and transport services ○ For older people's mobility and access needs to be considered and provided for when planning active travel or pedestrian zone • Health Inequalities (deprivation) - Proportion of people living with frailty is three times higher in the most deprived area of Leeds than least deprived
<p>National Institute for Health Research (NIHR) – Yorkshire and Humberside</p>	<p>What are the top 10 priorities of older people living with frailty?</p>	<p>The survey was sent to 141 participants with moderate or severe frailty. The response was very good - 87</p>	<p>2022</p>	<p>Top priorities for people with moderate to severe frailty:</p> <ul style="list-style-type: none"> • Choice - Staying in my own home - living in my own home for as long as I can, with support if I need it • Wider determinants (independence and social activities) Staying independent - being able to undertake daily and social activities

<p>Applied Research Collaboration</p>	<p>https://www.arc-yh.nihr.ac.uk/news-events-and-media/blogs/priorities-of-older-people-living-with-frailty</p>	<p>surveys (62% of those sent) were completed and returned.</p>		<ul style="list-style-type: none"> • Involvement in care - Making decisions with family or friends, carers and health professionals about any care or support I might need in the future - so everyone, including me, is involved in decisions about my future care • Wider determinants (housing) Having a range of housing choices, where help is provided if I need it - for example, my own home, sheltered housing, shared living, a care home • Joint working - Having more joined up care - so that all my health and care needs are considered together, and I can get the right help at the right time from the right person • Workforce - Health and care professionals having a better understanding of the experiences and needs of older people - for example, GPs, hospital doctors, nurses having a better understanding of my health conditions(s) and symptoms - this might include physical or mental health conditions • Information - Having more information about my health condition(s) and symptoms - this might include physical or mental health conditions • Information - Having more information about what I can do to manage my health or symptoms - for example, having the right diet, staying active • Environment/resources - Worrying less about falling - for example, having aids to stop me from falling (such as a walking frame), or addressing a fear of falling • Wider determinants (exercise) - Doing more exercise / physical activity - knowing what I can safely do; having more opportunities to be active • Resources/health inequality (disability) - Having better support for vision loss or impaired vision - for example, help to get the right glasses, better layout of places I visit to make it easier to get around, more understanding from other people.
<p>Public Health Leeds</p>	<p>Insight into older people's experiences during the</p>	<p>Insight from various sources</p>	<p>2021</p>	<p>Key themes specifically related to frailty:</p> <ul style="list-style-type: none"> • Covid-19/Wider determinants (housing): Concerns about people falling and not contacting anyone, people 'slowing down' and becoming short of

	<p>COVID-19 pandemic in Leeds</p> <p>Report available on request</p>			<p>breath more easily. Impact on physical and mental health, independence, and ability to recover and return to normal routine.</p>
<p>Centre for Better Aging</p>	<p>The State of Ageing in Leeds</p> <p>the-state-of-ageing-leeds.pdf (ageing-better.org.uk)</p>	<p>Various sources</p>	<p>2021</p>	<p>Experience related to frailty:</p> <ul style="list-style-type: none"> • Health inequality (deprivation) - There is a clear link between deprivation and frailty. The proportion of people living with frailty within the most deprived 10% of neighbourhoods in Leeds is almost three times higher (22.1%) than those who live in the least deprived area (7.8%) • Health inequality (race) - People from diverse ethnic communities in the most deprived areas become frail 11 years younger than white people in the least deprived areas • Health inequality (age/gender) data suggests that people over 65 are less likely than younger people to have access to a frequent bus within 400 metres: only 8% live within this range. This may be particularly important for women – who are more likely to be living with frailty than men
<p>NHS Leeds CCG</p>	<p>Evaluation of the Supporting Wellbeing and Independence for Frailty (SWIFt) Service Highlight Report</p> <p>Evaluation of the Supporting Wellbeing and Independence for</p>	<p>345 contacts 37% from deprived backgrounds 13% from an ethnic minority</p>	<p>2021</p>	<p>This document does not outline the needs, preferences and experiences of people with frailty but provides some useful context.</p>

	Frailty (SWIFt) Service Highlight Report – Leeds Older People’s Forum (opforum.org.uk)			
Leeds City Council	<p>Leeds Joint Strategic Needs Assessment 2021</p> <p>https://www.leeds.th.nhs.uk/assets/Board-Meetings/27-01-2022/Supporting-Documents/95d238b3c4/13.2i-Appendix-1-JointStrategicAssesment.pdf</p>	The JSA provides a holistic and reliable source of data and analysis about key demographic, socioeconomic and health trends in Leeds	2021	Information to be added
Friends, Families and Travellers	Reducing Health Inequalities for People Living with Frailty: A resource for commissioners, service providers and health, care and support staff	International scoping exercise and eight focus groups.	2020	<p>The conditions in which we work and live, known as the “social determinants of health”, affect our health outcomes and life expectancy.¹⁵ All of the groups included in this project experience exclusion or inequalities across the social determinants of health. Summary of feedback:</p> <ul style="list-style-type: none"> • Health inequality/resources/wider determinants - A significant number of people from disadvantaged groups report feeling that a lack of support for non-clinical needs makes it difficult to recover when unwell

	<p>https://www.collecriveoice.org.uk/wp-content/uploads/2020/10/HWA-frailty-Report-FINAL.pdf</p>			<ul style="list-style-type: none"> • Health inequality/workforce - Participants described being turned away from health and care services, feeling stigmatised, or not being taken seriously, leading to low expectations and a lack of trust in services • Health inequality/communication/information - Participants stated that issues around communication, including a lack of accessible information or access to interpreting services, made it difficult to engage with care • Health inequality/transport and travel - Many of the project participants reported practical difficulties in accessing services, including lack of transport and long travel times to services • Health inequality/joint working - Participants report that they may have to re-explain their story to multiple professionals and that their needs can fall through gaps between services due to a lack of clear accountability • Health inequalities/patient centred - People experiencing multimorbidity report that limited time with GPs means they have to prioritise between issues, and are left unsure of how to manage conditions long-term
<p>Time to Shine</p>	<p>Supporting Wellbeing and Independence for Frailty (SWIFt) Time to Shine report</p> <p>Supporting Wellbeing and Independence for Frailty (SWIFt) – Leeds Older People’s Forum (opforum.org.uk)</p>	<p>169 people completed the self reported questionnaire</p>	<p>2019</p>	<p>This document does not outline the needs, preferences and experiences of people with Frailty but provides some useful context.</p>

<p>NHS Leeds CCG</p>	<p>Frailty - Engagement was to understand what matters to people living with frailty, those at end of life and their carers</p> <p>https://www.leedsccg.nhs.uk/get-involved/your-views/frailty-what-matters/</p>	<p>134 people, of which 96 were people living with frailty, and 38 were carers.</p> <p>Demographics available in link</p>	<p>2018</p>	<ul style="list-style-type: none"> • Communication – 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 • Wider determinants – people told us it was important to socially connected and maintain hobbies and interests. People living with frailty told us that being physically active and healthy was important to them. Being mobile and being able to go for a walk, play golf and go dancing was very important to people. Both people living with frailty and their carers told us that access to transport was important to them. People said that poor access to transport had a big impact on other areas of their life that mattered to them. • Person-centred – people told us it was important to them to be treated with dignity and respect and that they had a good relationship with people delivering their care. People living with frailty told us that independence was very important for them. They told us that being able to do everyday activities such as maintaining their personal care, going to the shops and looking after their home was very important to them. • Information - Another important aspect of good healthcare for both people living with frailty and their carers was receiving good quality, up-to-date and accurate health information. • Involvement in care - Carers told us that it was very important to them to be recognised as care-givers by professionals and to be involved in the planning of care. People living with frailty told us that feeling rushed during consultations made them feel less respected, listened to and less involved in their care. • Resources - Carers also talked about the importance of independence. They told us that independence for them meant being in control of their life. People told us that this included having flexibility and freedom and being able to meet the needs of their pets and family while fulfilling their role as a carer. Carers also told us that it was important that they had time to look after their
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own needs. Access to respite care was seen as important by many of the carers we spoke to.

Feedback from people with protected characteristics:

- **Health inequalities - Age** - The majority of people (74%) involved in the engagement were over 60 years old and their feedback reflects the view of the wider population. 26% of responses came from younger people whose answers also reflected the wider views.
- **Health inequalities - Disability** - The majority of people involved in the engagement had disabilities and their views were consistent with the wider population.
- **Health inequalities – Ethnicity** - 13% of the people we spoke to were from diverse ethnic communities. Their feedback was consistent with the views of the wider population. Some people from this community told us that:
 - it can be a struggle to book appointments with GP for people who do not speak English
 - they would like for GP consultations to be longer for frail older people
 - it is important to them to be able to speak in their own language.
- **Health inequalities – Gender** - The majority of people (61%) involved in the engagement were female. Their views were consistent with the views of the wider population.
- **Health inequalities – Deprivation** - Only 50% of the responders shared with us their post code. Out of which 24% were from deprived areas. Their views were consistent with the wider population.

6. Inequalities Review

We are committed to tackling health inequalities in Leeds. Understanding the experiences, needs and preferences of people with protected characteristics is essential in our work. This section of the report outlines our understanding of how frailty is experienced by people with protected characteristics (as outlined in the Equality Act 2010 – [Appendix D](#))

Protected Characteristic	Insight
Age	<ul style="list-style-type: none"> the average age of people with frailty gradually increases from the most to the least deprived areas (Centre for Better Ageing, 2021)
Disability	<ul style="list-style-type: none"> Having better support for vision loss or impaired vision - for example, help to get the right glasses, better layout of places I visit to make it easier to get around, more understanding from other people. (NIHR, 2022) Low employment levels among people with learning disabilities contributes to poor mental and physical health (Friends, families and Travellers, 2020)
Gender (sex)	We have been unable to source any local evidence relating to the experience of people by gender
Gender reassignment	We have been unable to source any local evidence relating to the experience of people by gender reassignment
Marriage and civil partnership	We have been unable to source any local evidence relating to the experience of people who have different marital statuses
Pregnancy and maternity	We have been unable to source any local evidence relating to the experience of people who are pregnant or have recently had a baby.
Race	<ul style="list-style-type: none"> People from Black and Minority Ethnic backgrounds in the most deprived areas become frail 11 years younger than White people in the least deprived areas (Centre for Better Ageing, 2021) Some people whose first language is not English told us that: <ul style="list-style-type: none"> it can be a struggle to book appointments with GP for people who do not speak English they would like for GP consultations to be longer for frail older people it is important to them to be able to speak in their own language. (NHS Leeds CCG, 2018) Gypsy and traveller communities report a range of experiences which impact on frailty care. These include being turned away from services, a lack of trust in services, difficulties with communication and transport difficulties. (Friends, families and Travellers, 2020) Disproportionate location of Gypsy and Traveller sites by motorways and sewage works contributes to high rates of respiratory problems and long-term illness (Friends, families and Travellers, 2020)
Religion or belief	We have been unable to source any local evidence relating to the experience of people who have different religions or beliefs

Sexual orientation	We have been unable to source any local evidence relating to the experience of people with different sexual orientations
Homelessness	<ul style="list-style-type: none"> Recent research has demonstrated that people experiencing homelessness living in a hostel, with an average age of 55.7 (aged between 38-74) had frailty levels equivalent to people in their late 80's. In addition, there were a wide range of unmet needs and high rates of older age syndromes including cognitive impairment, falls, mobility impairment and multimorbidity (Friends, families and Travellers, 2020)
Deprivation	<ul style="list-style-type: none"> Proportion of people living with frailty is 3x higher in the most deprived area of Leeds than least deprived There is a clear link between deprivation and frailty. The proportion of people living with frailty within the most deprived 10% of neighbourhoods in Leeds is almost three times higher (22.1%) than those who live in the least deprived decile (7.8%) (Centre for Better Ageing, 2021)
Carers	<ul style="list-style-type: none"> Carers told us that it was very important to them to be recognised as care-givers by professionals and to be involved in the planning of care. Another important aspect of good healthcare for both people living with frailty and their carers was receiving good quality, up-to-date and accurate health information. Carers also talked about the importance of independence. They told us that independence for them meant being in control of their life. People told us that this included having flexibility and freedom and being able to meet the needs of their pets and family while fulfilling their role as a carer. Carers also told us that it was important that they had time to look after their own needs. Access to respite care was seen as important by many of the carers we spoke to. Both people living with frailty and their carers told us that access to transport was important to them. People said that poor access to transport had a big impact on other areas of their life that mattered to them. Carers also talked about the importance of independence. They told us that independence for them meant being in control of their life. People told us that this included having flexibility and freedom and being able to meet the needs of their pets and family while fulfilling their role as a carer. Carers also told us that it was important that they had time to look after their own needs. Access to respite care was seen as important by many of the carers we spoke to. (NHS Leeds CCG, 2018)
Access to digital	We have been unable to source any local evidence relating to the experience of people who struggle to access digital services
Served in the forces	We have been unable to source any local evidence relating to the experience of people who have served in the forces

7. Gaps and considerations – are there any gaps in our evidence or things we need to consider?

This section explores gaps in our insight and suggests areas that may require further investigation.

Gaps identified in the report:

- Feedback about services from staff working with people who experience frailty and their friends and families.

Additional gaps and considerations identified by stakeholders

8. Next steps – What happens next?

We would like to outline our next steps to demonstrate how this insight report will be used to improve people's experience of frailty care in Leeds.

a. Add the report to the Leeds Health and Care Partnership website

We will add the report to our website and use this platform to demonstrate how we are responding to the findings in the report.

b. Hold a workshop with key partners in spring 2023

We will meet with key frailty stakeholders in the spring to:

- Describe our frailty work in Leeds
- Outline and agree the findings of this report
- Sense check the draft outcomes
- Identify and agree additional gaps
- Plan involvement work to understand the gaps in our knowledge
- Coproduce an approach to involving the public in shaping frailty services in Leeds

c. Explore how we feedback our response to this report

We will work with partners to feedback to the public on how this insight is helping to shape local services.

Appendix A: Key partners

It is essential that we work with key partners when we produce insight reports. This helps us capture a true reflection of people's experience and assures us that our approach to insight is robust. To create this insight report on frailty care, we are working with the following key stakeholders:

Board members

Name	Organisation
Chris Mills	GP (board chair)
Sam Prince	Leeds Community Healthcare NHS Trust
Megan Rowlands	Leeds Community Healthcare NHS Trust
Eve Townsley	Leeds and York Partnership NHS Foundation Trust
Elizabeth Cashman	Leeds and York Partnership NHS Foundation Trust
Joanne Wood	Leeds Teaching Hospitals NHS Trust
Iain MacBairdy	Leeds Teaching Hospitals NHS Trust
Cath Roff	Leeds City Council - Adults and Health
Shona McFarlane	Leeds City Council - Adults and Health
Lucy Jackson	Public health
Helen Smith	NHS Integrated Care Board in Leeds
Jenny Baines	NHS Integrated Care Board in Leeds
Jo Volpe	Older People's Forum (Third sector rep)
Hillary Wadsworth	Older People's Forum (Third sector rep)
Hannah Davies	Healthwatch Leeds
James Worsfold	Provider clinician

Third sector and public representatives

Name	Organisations
Sharon Brooks	Care & Repair Leeds
Claire Turner	Carers Leeds
Iain Anderson	Age UK Leeds
Karl Witty, Pip Goff, Jo Volpe	Forum Central
Amy Rebane	NIHR Leeds Biomedical Research Centre
Rachel Ainscough, Kim Adams	Local Care Partnerships Development Team
Stuart Emsley @ ICB (Nursing) Mark Phillott @ LCC (Residential)	Care homes
Geraldine Montgomerie	Swan Song
Kate Daly	Leeds Neighbourhood Networks Schemes
Donna Waldron	RHEA (Richmond Hill Elderly Action)
John O'Dwyer and Valerie	Caring Together in Woodhouse and Little London
Jo Horsfall	Cross Gates & District Good Neighbours Scheme
Pat McGreever	Health For All
	MHS Communities Horsforth
Maxine Gregory	Burmantofts Senior Action

Karen Woloszczak	Action for Gipton Elderly
Carol Lockwood	Seacroft Friends and Neighbours
Dawn Newsome	Armley Helping Hands
Debanni Gosh	Association of Blind Asians
Ant Hanlon	Leeds Irish Health and Homes
Julia Edmunds	Moor Allerton Elderly Care (MAE Care)
Mandy	NET Garforth
Corrina Lawrence	Feel Good Factor
Ailsa Rhodes	Older People's Actions in the Locality (OPAL).
Steve Hoey	Turning Lives Around
Jo Volpe	Leeds Older People's Forum

Networks and partnerships

Contact	Group
Hannah Davies	Leeds People's Voices Partnership
Francesca Wood	Leeds Health and Care Partnership Third Sector Reference Group
Individual organisations	Leeds Oak Alliance (Carers Leeds, Age UK Leeds, Care and Repair, Wheatfields Hospice and St Gemma's Hospice)

Appendix B: Frailty Draft Outcomes Framework

Links to the Healthy Leeds Plan Strategic Indicators			
Health Outcome Ambitions		System Activity Metrics	Quality Experience measures
<ul style="list-style-type: none"> • Healthy life expectancy • Increase the % of people who experience a good death 		<ul style="list-style-type: none"> • Increase the proportion of people being cared for in Primary Care and the Community • Reduce the rate of growth in non elective bed days and A&E attendances • Increase expenditure on 3rd sector 	<ul style="list-style-type: none"> • Experience of primary care • Experience of community services • Improve patient centred coordinated care experience
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"> • Data from the PROMIS GH and the P3CEQ (a measure of person centred coordinated care) 	
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"> • % of the population who have mild, moderate and severe frailty • Length of time people spend with mild frailty (rather than progressing to moderate or severe) • Number of medications people are taking (moderate and severe frailty) 	<ul style="list-style-type: none"> • Proportion of people living with frailty who have had a Collaborative Care and Support Plan review / and advance care plan in place • 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 • % of people who have had a medication review (moderate and severe frailty)
Outcome 3	Reducing avoidable disruption to peoples lives as a result of contact with services	<ul style="list-style-type: none"> • Number of days people have contact with acute services: • Overall • Planned, • Unplanned 	<ul style="list-style-type: none"> • Falls resulting in admission • Average LOS (planned, unplanned, MH) • % planned and unplanned admissions • % of people living with Frailty going to A&E • Readmissions within 21 days (physical and mental health) • 2 hour community response target • Measure focused on deconditioning

Link to Healthy Leeds Plan strategic indicators:

- **Health outcome ambitions**
 - Healthy life expectancy
 - Increase the % of people who experience a good death
- **System activity metrics**
 - Increase expenditure on the third sector
 - Increase the proportion of people being cared for in primary and community services
 - Reduce the rate of growth in non-elective bed days and A&E attendances.
- **Quality experiences measures**
 - Experience of primary care
 - Experience of community services
 - Improve patient centred coordinated care experience

Outcome	Outcome measure	Process measure
1. Living and ageing well defined by 'what matters to me'.	<ul style="list-style-type: none"> • Data from the PROMS GH and the P3CEQ (a measure of person-centred coordinated care) 	
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"> • % of the population who have mild, moderate and severe frailty. • Length of time people spend with mild frailty (rather than progressing to moderate or severe). • Number of medication people are taking (moderate and severe frailty) 	<ul style="list-style-type: none"> • Proportion of people living with frailty who have had a collaborative care and support plan review / and advance care plan in place. • 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. • % of people who have had a medication review (moderate and severe frailty)
3. Reducing avoidable disruption to people's lives as a result of contact with services	<ul style="list-style-type: none"> • Number of days people have contact with acute services: <ul style="list-style-type: none"> ○ Overall ○ Planned ○ Unplanned 	<ul style="list-style-type: none"> • Falls resulting in admission • Average LOS (planned, unplanned, MH) • % planned and unplanned admissions • % of people living with frailty going to A&E • Readmissions within 21 days (physical and mental health) • 2-hour community response target • Measured focused on deconditioning.

Appendix C: Involvement themes

The table below outlines key themes used in our involvement and insight work. The list is not exhaustive and additional themes may be identified in specific populations.

Theme	Description	Examples
Choice	Being able to choose how, where and when people access care. Being able to choose whether to access services in person or digitally	People report wanting to access the service as a walk-in patient. People report not being able to see the GP of their choice
Clinical treatment	Services provide high quality clinical care	People told us their pain was managed well
Communication	Clear communication and discussion between professionals and patients/ carers about services, conditions and treatment. Two-way communication	People report that their treatment was explained in a way that they understood and they could ask questions about the information they were given
Covid-19	Services that are mindful of the impact of Covid-19	People report the service not being accessible during the pandemic
Environment	Services are provided in a place that is easy to access, private, clean and safe and is a way that is environmentally friendly and reduces pollution	People report that the waiting area was dirty
Health inequality	Services are provided in a way that meet the needs of communities who experience the greatest health inequalities.	Older people report not being able to access the service digitally
Information	Provision of accessible information about conditions and services (leaflets, posters, digital). One-way communication.	People report that the leaflet about their service was complicated and used terms they did not understand.
Involvement in care	Involvement of people in individual care planning and decision-making.	People told us they were not asked about their needs and preferences
Involvement in service development	Involvement of people in service development. Having the opportunity to share views about services and staff.	People told us that they were given an opportunity to feedback about the service using the friends and family test

Joint working	Care is coordinated and delivered within and between services in a seamless and integrated way	People report that their GP was not aware that they had been admitted to hospital
Person centred	Receiving individual care that doesn't make assumptions about people's needs. Being treated with dignity, respect, care, empathy and compassion. Respecting people's choices, views and decisions	People report that their relative died in the place they wanted
Resources	Staff, patients and their carers/family/friends have the resources and support they need	Family reported that adaptations to the house took a long time to be made
Satisfaction	Services are generally satisfactory	Most people told us that they were very happy with the service.
Timely care	Provision of care and appointments in a timely manner	People report waiting a long time to get an appointment
Workforce	Confidence that there are enough of the right staff to deliver high quality, timely care	People raised concerns that the ward was busy because there were not enough staff
Transport and travel	Services are provided in a place that is easy to access by car and public transport. Services are located in a place where it is easy to park.	People report poor local transport links People report good access to parking
Wider determinants	Services and professionals are sensitive to the wider determinants of health such as housing	People told us that their housing had a negative impact on their breathing

Appendix D: Protected characteristics (Equality and Human Rights Commission 2016)

1. **Age** - Where this is referred to, it refers to a person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).
2. **Disability** - A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
3. **Gender (Sex)** - A man or a woman.
4. **Gender reassignment** - The process of transitioning from one gender to another.
5. **Marriage and civil partnership** - Marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. [1] Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).
6. **Pregnancy and maternity** - Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
7. **Race** - Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
8. **Religion or belief** - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
9. **Sexual orientation** - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Other characteristics

Other protected characteristics identified by the ICB in Leeds include:

- **Homelessness** – anyone without their own home
- **Deprivation** – anyone lacking material benefits considered to be basic necessities in a society
- **Carers** - anyone who cares, unpaid, for a family member or friend who due to illness, disability, a mental health problem or an addiction
- **Access to digital** – anyone lacking the digital access and skills which are essential to enabling people to fully participate in an increasingly digital society
- **Served in the forces** – anyone who has served in the UK armed forces