

Improving Identification and Management of Frailty in the Digital Age: A Person – Centred Approach

Event Supporter



Event Supporter



Welcome & introductions

Joanne Matthews

Associate Director of Improvement and Safety,
Healthcare Improvement Scotland



Session aims

After this session delegates will :

Have an understanding of the current policy, service context and activity underway to support improving outcomes for those at risk of or living with frailty.

Be able to describe the key components of an integrated frailty service and consider these within your own context.

Have the opportunity to take a deep dive into one of the core components of care co-ordination by considering the collaborative care architecture work and how this may be applied to your own context.

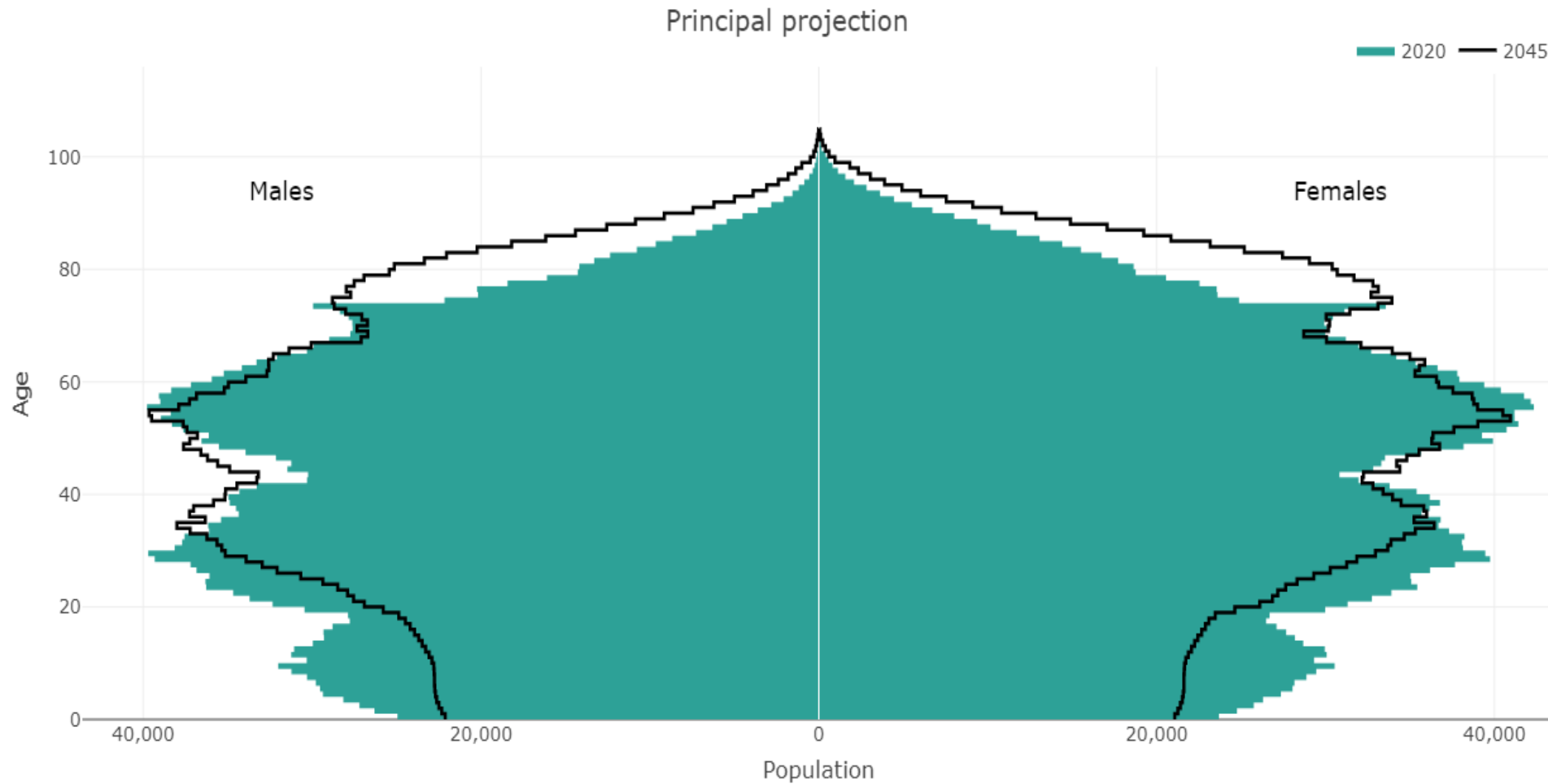
Scotland's ambition

Our ambition is to make Scotland the **best place in the world to grow old**. We want to achieve this through safe, integrated, person centred health and social care.

Everyone should be able to **live independently and drive the decisions about their health and wellbeing**; with their **human rights respected** and their **dignity protected**.

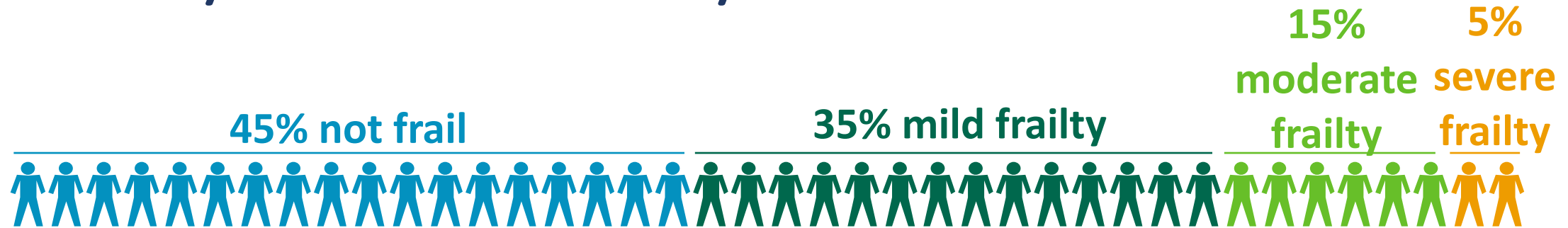
In order to achieve this, **our health and social care systems must work together** to support everyone as they age to live as independently as possible, **whatever their needs and no matter where they live**.

The reality



[Source: National Registers of Scotland, 2022](#)

Why focus on frailty



Average length of stay per unplanned admission	13.5	23.4	36.4
Average days lost to delayed discharge per admission	1.2	3.3	3.7
Average GP appointments in a year	10	14	18
Average number of individually prescribed items per year	9	12	15

Supporting improvements in frailty

Older People in
Acute Care
THINK Delirium
Anticipatory Care
Planning

Living Well in the
Community
Frailty at the Front
Door
6 Essential Actions
Unscheduled Care
Collaborative

Hospital @ Home
Learning System
90 Day Cycle

Annual Delivery
Plan
GIRFE
Frailty Improvement
Programme
Care of Older
People's Standards

Agenda

Time	Topic Area	Lead
11:15 – 11:20	Welcome and introductions Scotland's Frailty Context	Joanne Matthews, Healthcare Improvement Scotland
11:20 – 11:25	What does frailty mean to you?	Joanne Matthews, Healthcare Improvement Scotland
11:25 – 11:40	Focus on Frailty Improvement Programme	Dr Lara Mitchell, Healthcare Improvement Scotland
11:40 – 11:55	Digitally Supporting Circles of Care in Frailty Care	Matthew Curl, Midlothian Health and Social Care Partnership Chaloner Chute, Digital Health and Social Care Innovation Centre
11:55 – 12:25	Group Exercise: Making care coordination a reality	All
12:25– 12:30	Summary	Joanne Matthews, Healthcare Improvement Scotland
12:30	Thank you and close	Joanne Matthews, Healthcare Improvement Scotland

What does frailty mean to you?

Take a moment to consider what frailty means to you

Discuss your thoughts with the person sitting next to you



Focus on Frailty Improvement Programme

Dr Lara Mitchell

Welcome & introduction

Dr Lara Mitchell

National Clinical Lead for Acute (Frailty),
Healthcare Improvement Scotland



What is frailty?

Frailty is a form of complexity, associated with developing multiple long-term conditions over time, leading to low resilience to physical and emotional crisis and functional loss, leading to gradual dependence



What it's not

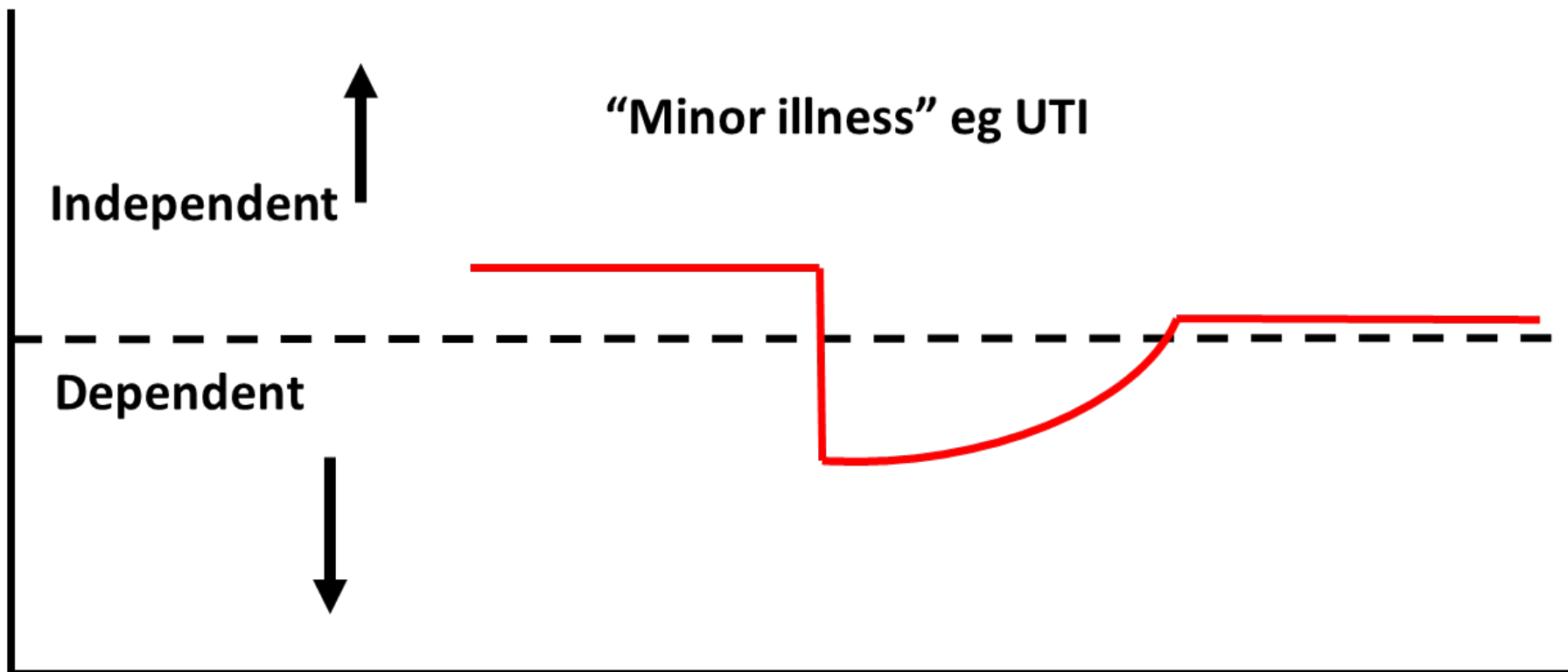
Age

Disability



Frailty

FUNCTIONAL ABILITIES



Falls
Immobility
Delirium
Incontinence
Medication
related harm

Frailty in elderly people. Clegg, Young, Rockwood. Lancet 2013

Why focus on frailty



50% of population over 85
are frail

Costs UK health care
system 5.8 billion a year

60% of hospital in-patients
are aged 65 and frail

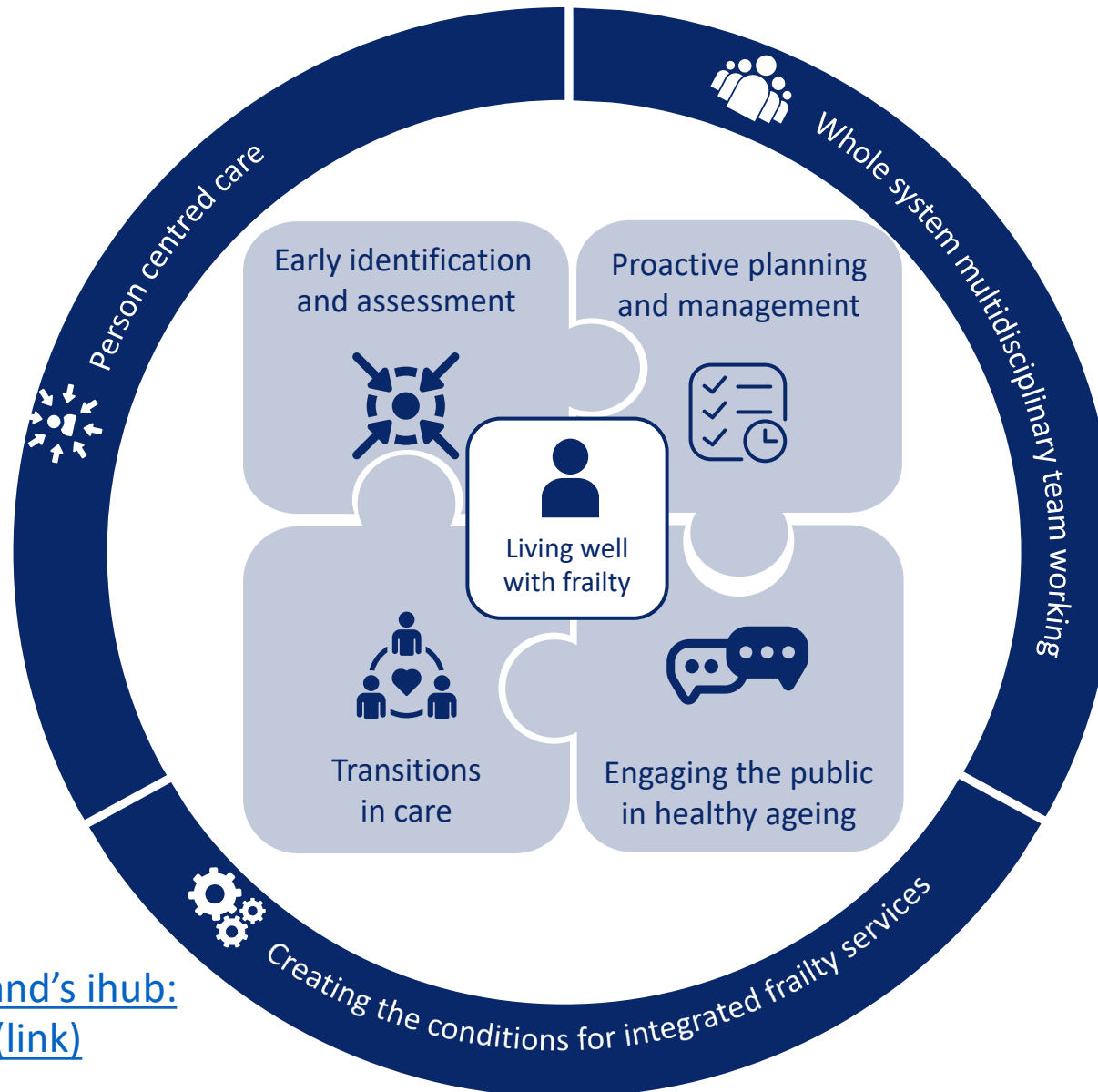
[Joining the Dots: A blueprint for preventing and managing frailty in older people |
British Geriatrics Society \(bgs.org.uk\)](#)

It's not inevitable..




Integrated frailty system: key components

Key components constructed from a range of conversations and a scan of published literature.



[Healthcare Improvement Scotland's ihub: 90 day learning cycle on frailty \(link\)](#)

Focus on Frailty Programme

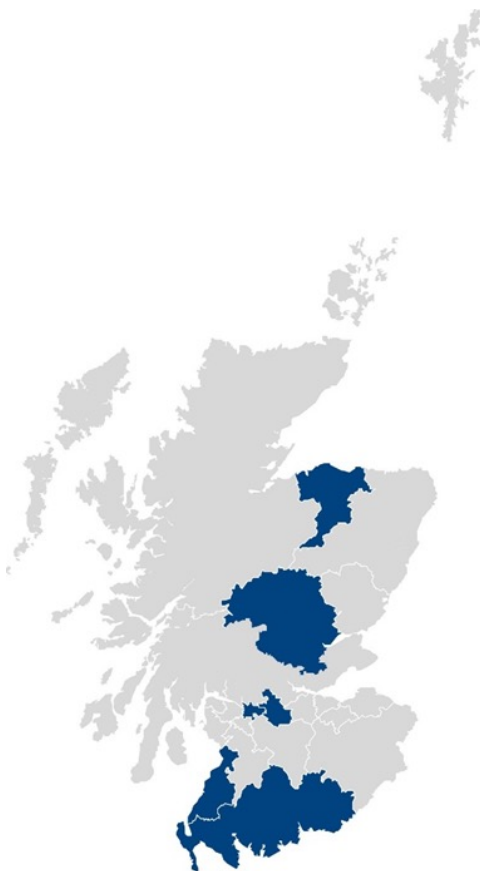

ihub

Focus on Frailty

ihub Frailty Improvement and Implementation Programme

Application form

Open for applications between 13 March and 28 April 2023



Change Ideas



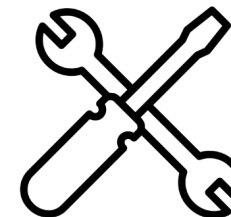
Created by Barracuda from the Noun Project

Measures



Created by Andrew Was from the Noun Project

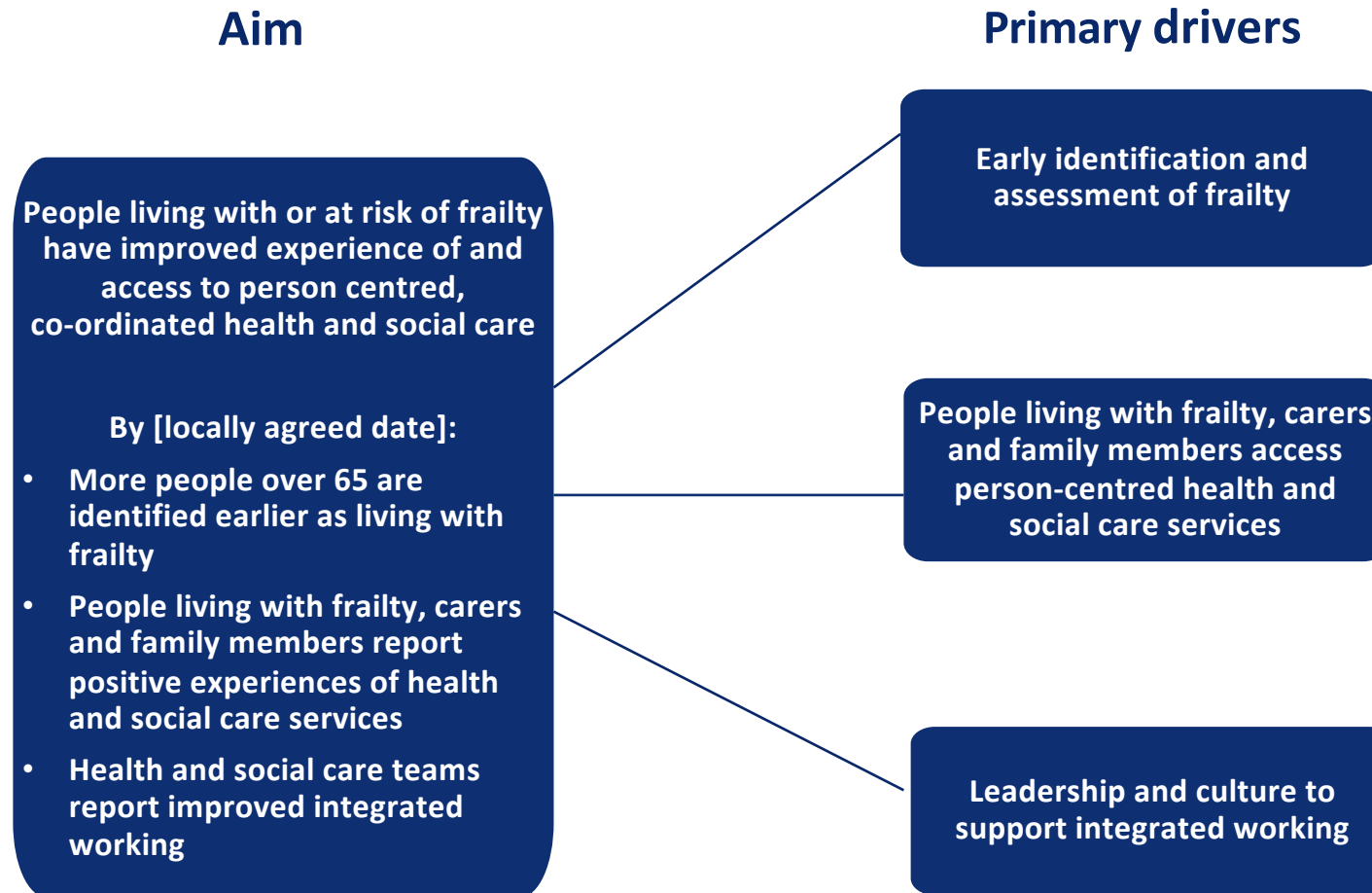
Evidence



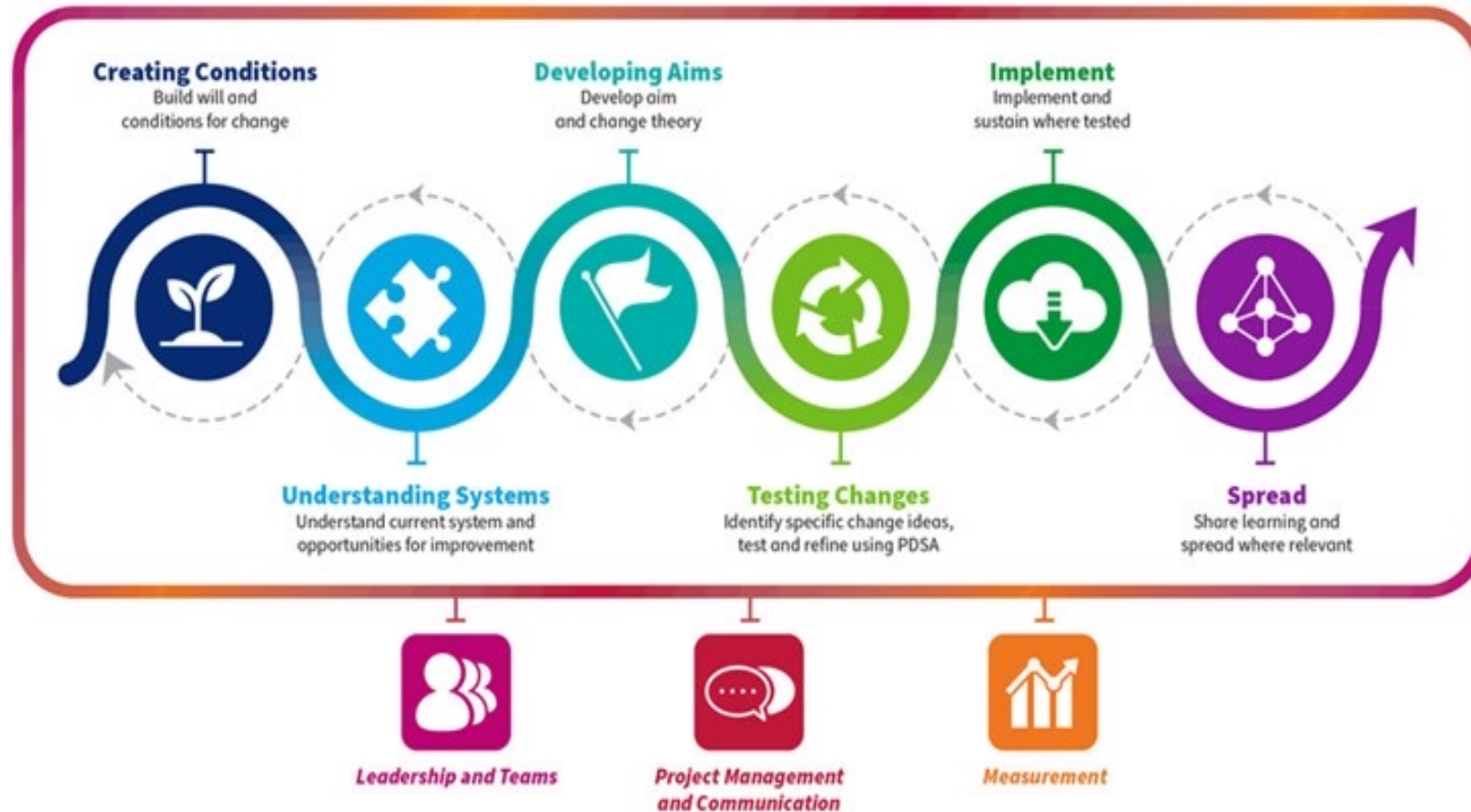
Created by Postcat Studio from the Noun Project

Tools & resources

ihub frailty driver diagram



Improvement Journey



Multidisciplinary approach – ihub expertise

Strategic planning

Service design

Programme and project management

Clinical and professional leads

People with lived and living experience

Quality improvement

Data and measurement

Commissioning

Research, knowledge and evaluation

Involvement and engagement



HIS frailty tools & resources

[Frailty Screening and Assessment Tool Comparator](#)

[THINK Frailty assessment tool](#)

[Frailty and the Electronic Frailty Index](#)

[eFI read codes guide](#)

[Living Well in Communities with Frailty: evidence for what works](#)

[Frailty and falls assessment and intervention tool](#)

[Multi Disciplinary Team \(MDT\) Guidance](#)

[Delirium toolkit](#)

[Dementia in hospitals improvement toolkit](#)

[Post diagnostic support quality improvement framework](#)

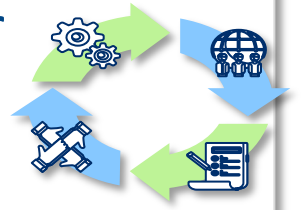
[12 critical success factors for dementia care coordination](#)

[Frailty and dementia evidence summary](#)

[Anticipatory Care Planning toolkit](#)

Learning System

The **Frailty learning system** is a key element of our work and underpins all our activities. It aims to accelerate sharing of learning and improvement work through a range of engagement and learning opportunities.



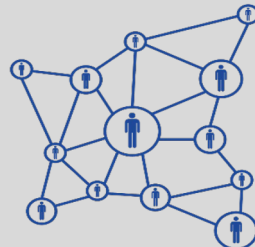
Learning events
and webinars



Sharing data,
supporting
measurement
and evaluation



Supporting
Networks

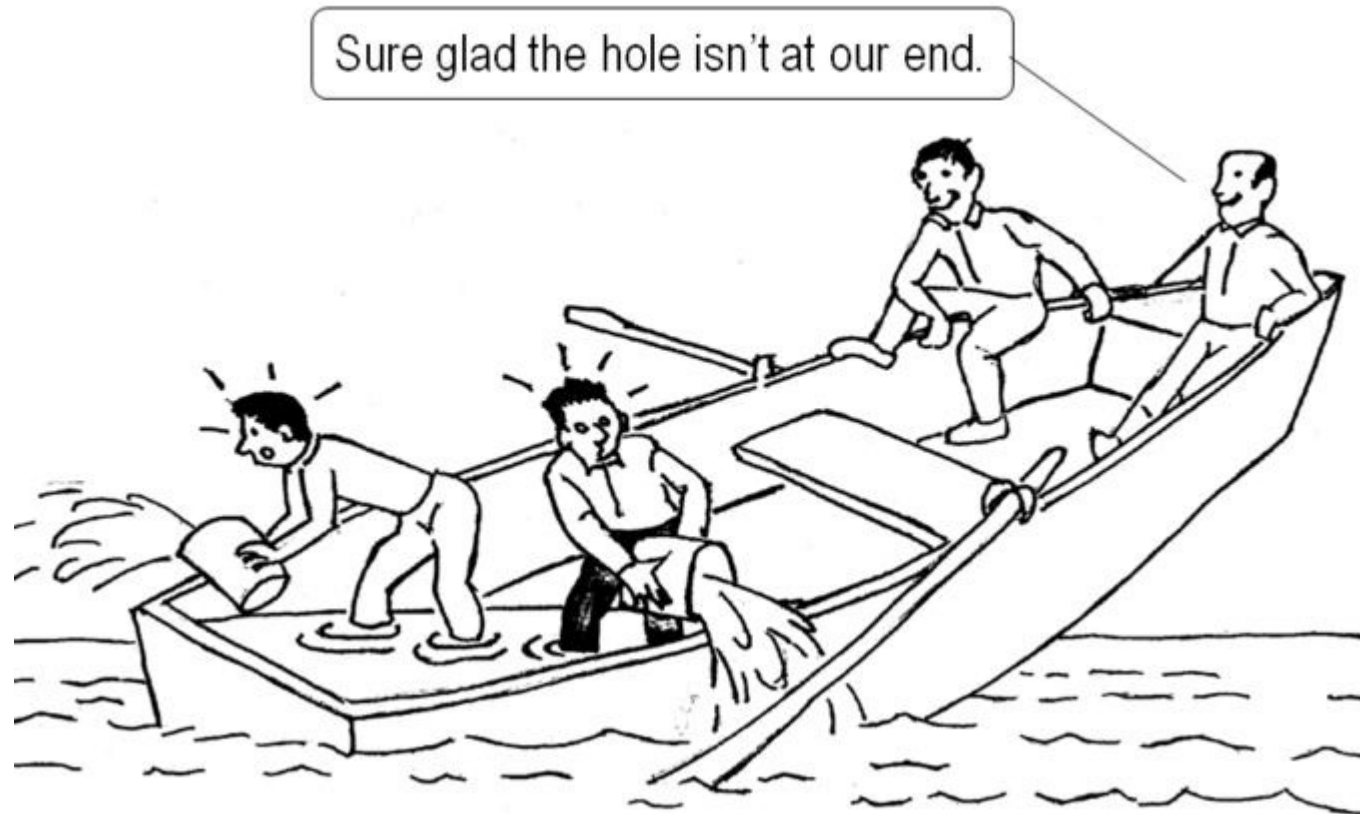


Producing
evidence
summaries and
case studies



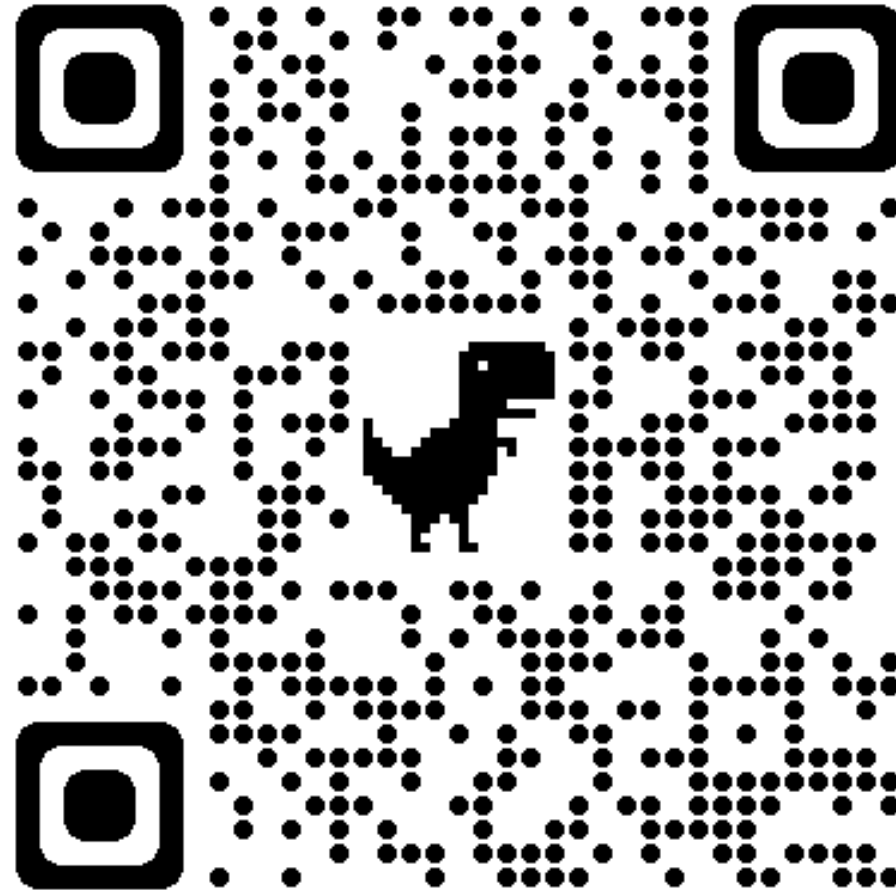


Move away from this



Frailty is everyone's business

HIS Frailty Resources



Contact and website details



- @ihubscot



- www.ihub.scot

- Focus on Frailty
Programme



- his.frailty@nhs.scot

Digitally Supporting Circles of Care in Frailty Care

Matthew Curl
Chaloner Chute

Welcome & introduction



Matthew Curl

Digital Programme Manager,
Midlothian Health and Social Care
Partnership



Chaloner Chute

Chief Technology Officer,
Digital Health & Social Care Innovation
Centre

Objectives of the National Transforming Local Systems “*Pathfinder*” Programme

To facilitate transformation of local health, housing and social care services using digital technology to shift local delivery upstream to prevention and self-management. With a focus on:

Person

Developed with and for citizens, users of services and carers

Place

Particular localities or self-identified communities

Partnership

Equally including the housing, independent and third sectors

Personal outcomes

Improving personal outcomes and key national indicators

Initial Problems & Goal

Effort and data are siloed, with no readily available method to resolve this

Our current operating model 'puts' the citizen at the centre but is not patient centred

Governance constraints limit systems integration

No means of integrating effort and information across our care system



A Pathfinder Project Developed by:



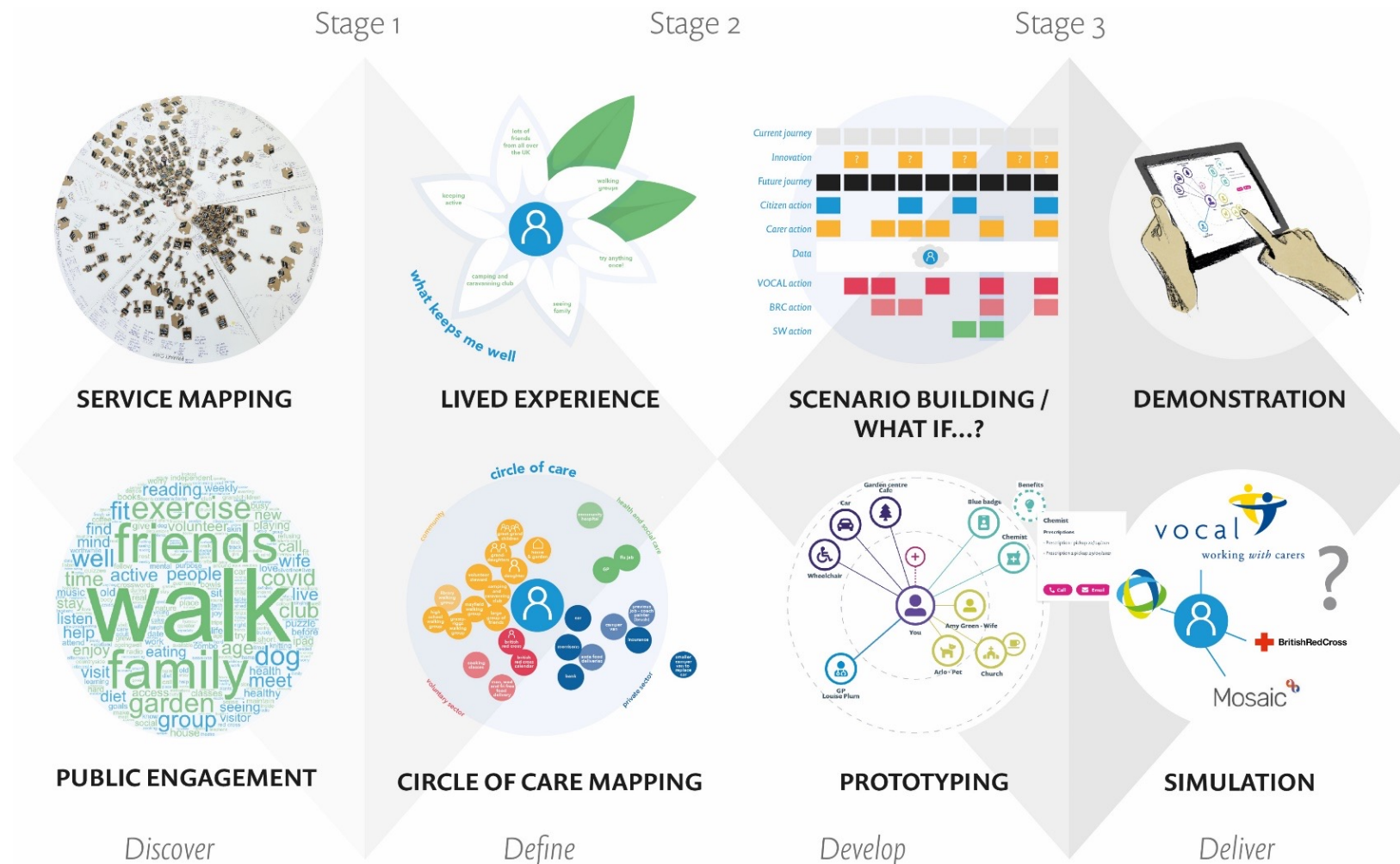
“The Midway” focuses on:

- Beliefs and Values: Our staff are facilitators not fixers. They recognise the person is an expert in their own life.
- Good Conversations: Our staff shift power to the person. They support self-management, building on coping, and hopes.
- Understanding Trauma: Our staff understand trauma. They recognise and respond to the impact of trauma.
- Addressing Inequality: Our staff recognise inequality. They address unfair disadvantages people face.

“Person-Centred Data Sharing” focuses on trust, empowerment, integrated care, and sustainability.

- Design with people as team members and assets who can co-manage care and the data that supports care.
- More structured data created at the point of care and kept independent from products and services.
- Make the person, not organisations, the point of integration.
- Default to dynamic consent to share personal data.

Scottish Approach to Service Design



End of Discover/Define

How might we support people...

1...to have good conversations that are asset-based, empowering and enabling

2...to support connection and meaningful activity within the community

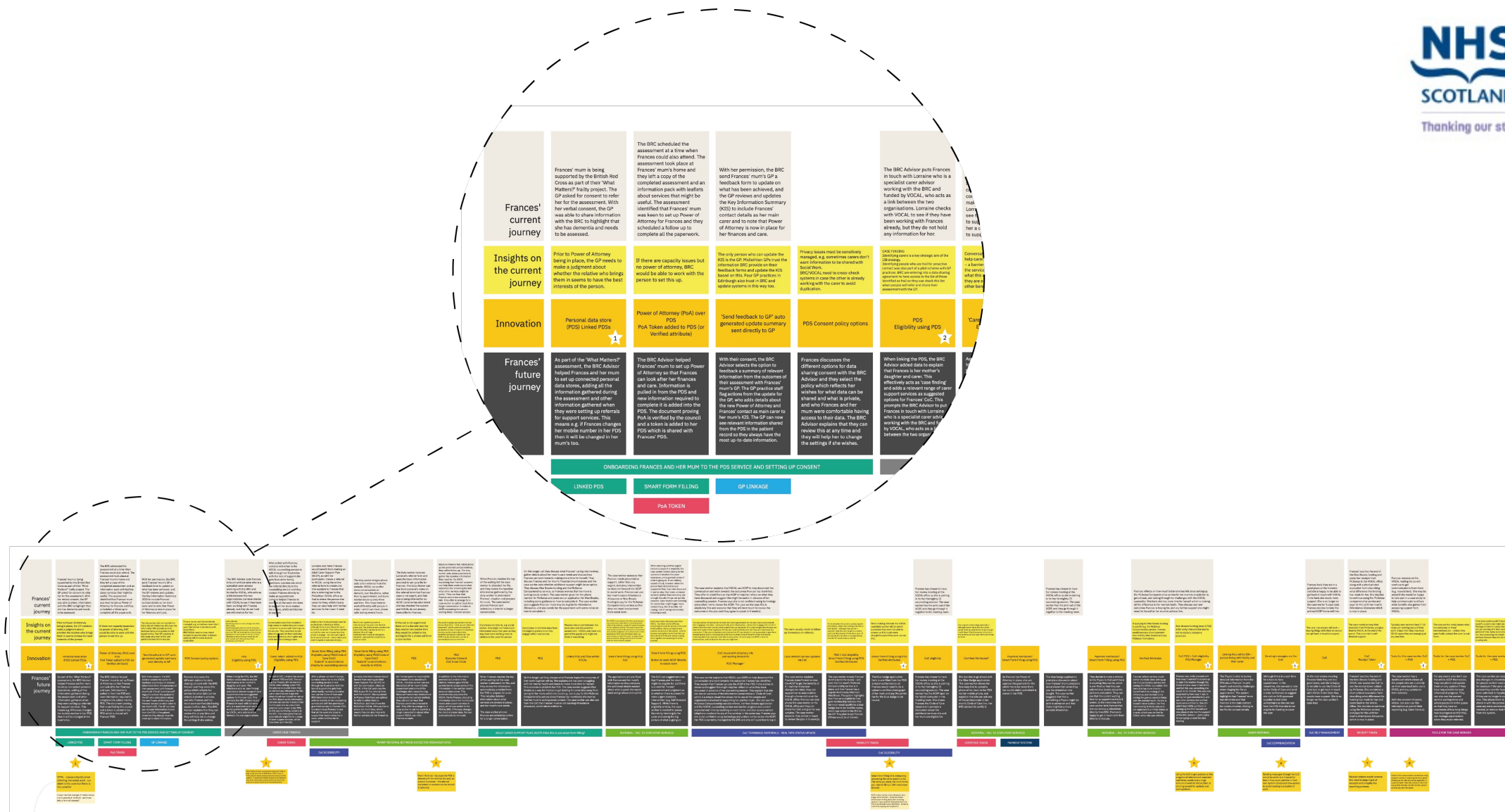
3...to see all the people involved in supporting the person living with frailty

4...to collaborate with (other) professionals

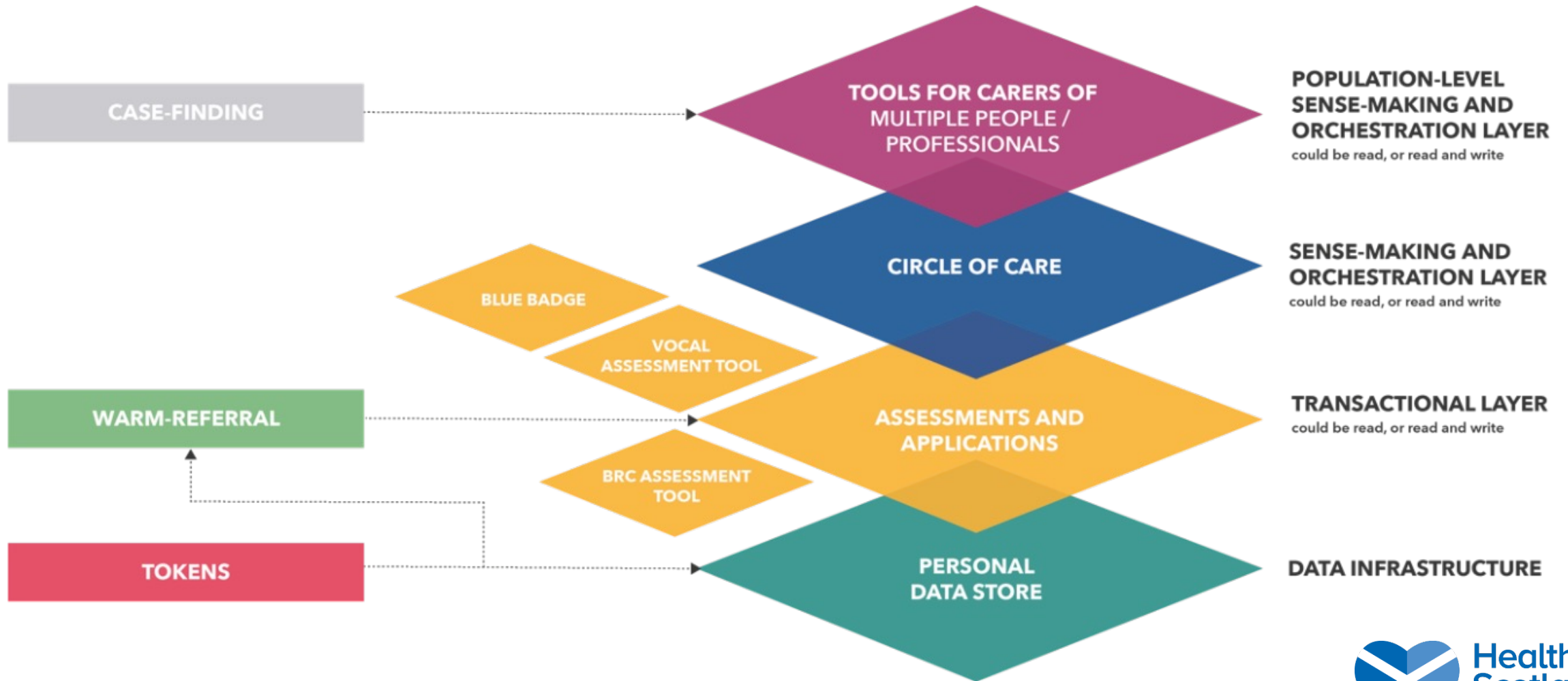
5...to share information and communicate across the system

6...to access up to date info about what support is available, wait times, eligibility and how to access support

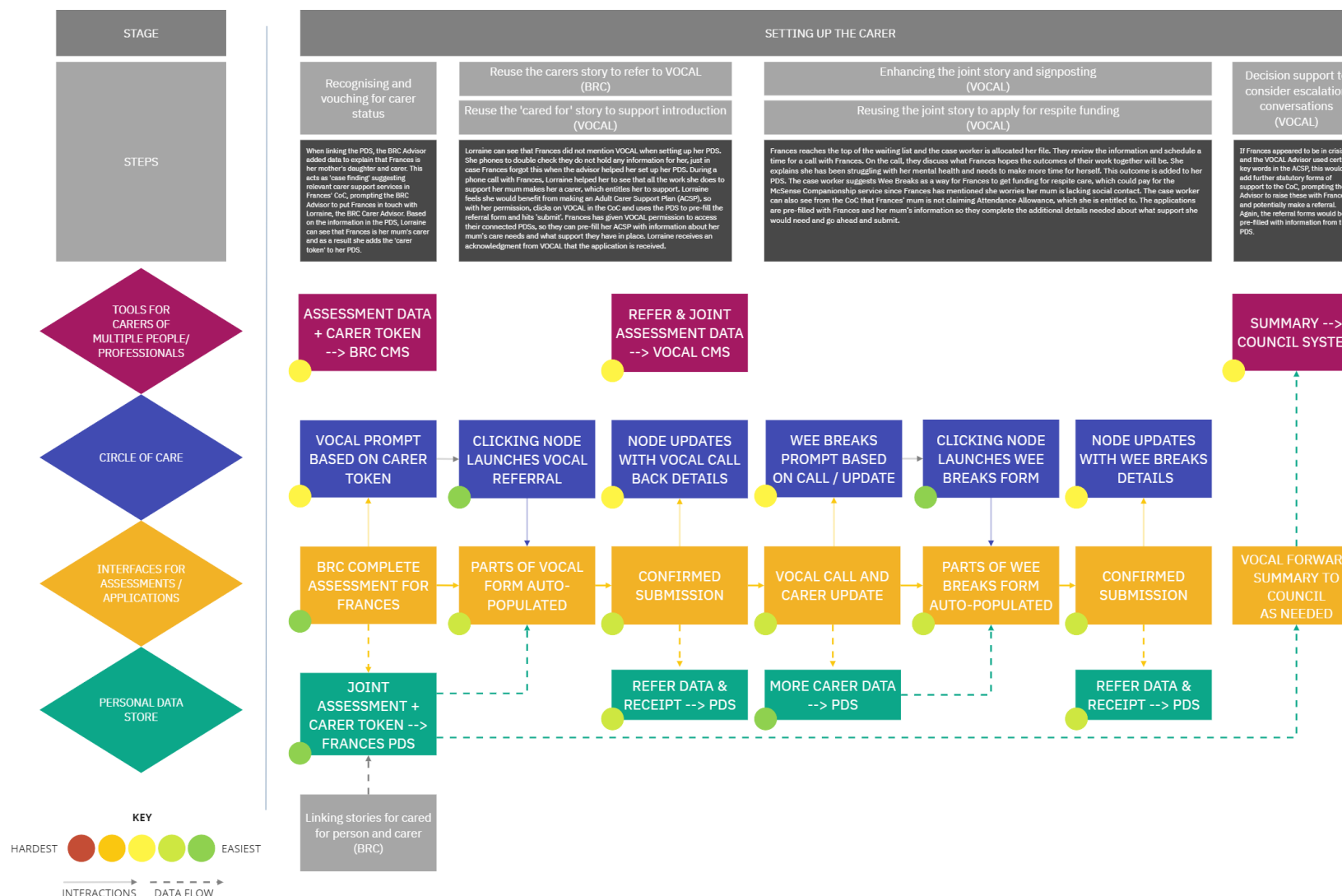
7...to make referrals and applications and follow up on progress



Collaborative Care Architecture



Future State Blueprint





Prototype – Conversation Tool

BritishRedCross					
CASE LOAD					
	Patient Name	Staff #	Priority	Change	Data
	Andy Green	1	Medium	> Admitted to hospital May 9th 2017 (Dr Grays, Nurse J. Holmes)	Self-managed 
	Esme Lime	2	High	> Referred to Physio (GP, Dr. Black) > Appointment scheduled for May 26th 2017	Self-Managed + Assisted 
	Joan 01584 82957 joan@gmail.com	1	Medium	> First meeting scheduled for Joan - June 6th 2017 - arranged over the phone by Brian with Frances (daughter - main contact ID'd by GP) who will also attend	None <input type="button" value="Setup"/> 
	Jen Pink	1	Low	> Husband has been admitted to hospital (Jen Pink, May 24th 2017)	Assisted 
	Jules Damson	2	Medium	> Tonsillitis (GP, Br. Brown) > Antibiotics prescribed (GP, Dr. Brown, May 24th 2017)	Self-managed 







Information sharing and permissions



You are confirming that **Frances** can do the following:

Information ☒

Use on my behalf ☐

Confirm

Data you are sharing with Frances

Full Name ☐

Circle of Care ☐

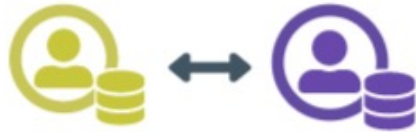
Upcoming appointments ☐

Referrals ☐

Eligible services ☐

Confirm

Information sharing and permissions



Frances

Joan

You are confirming that **Frances**
can do the following:

Information ☒

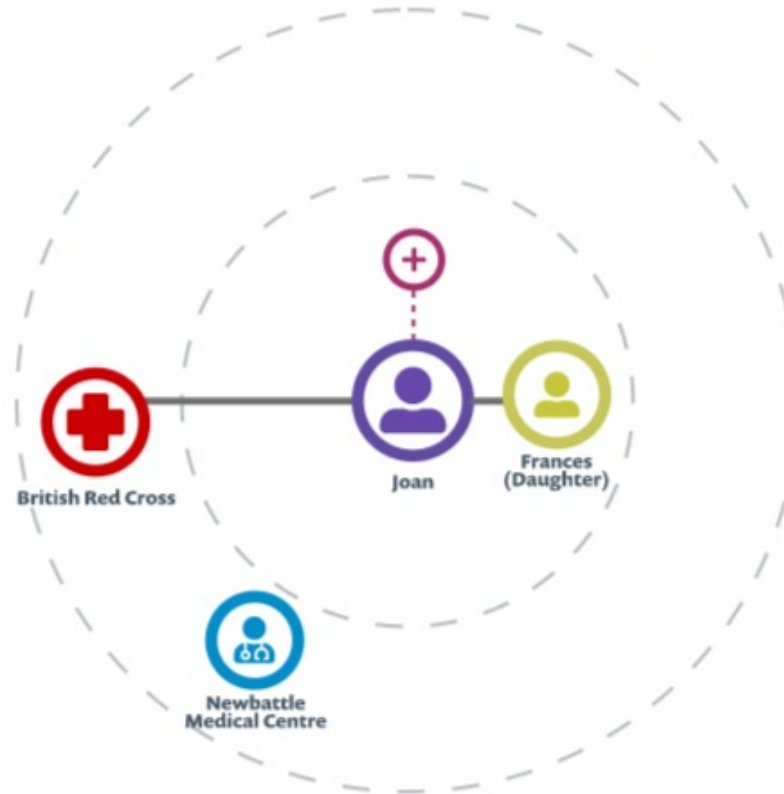
Use on my behalf ☐

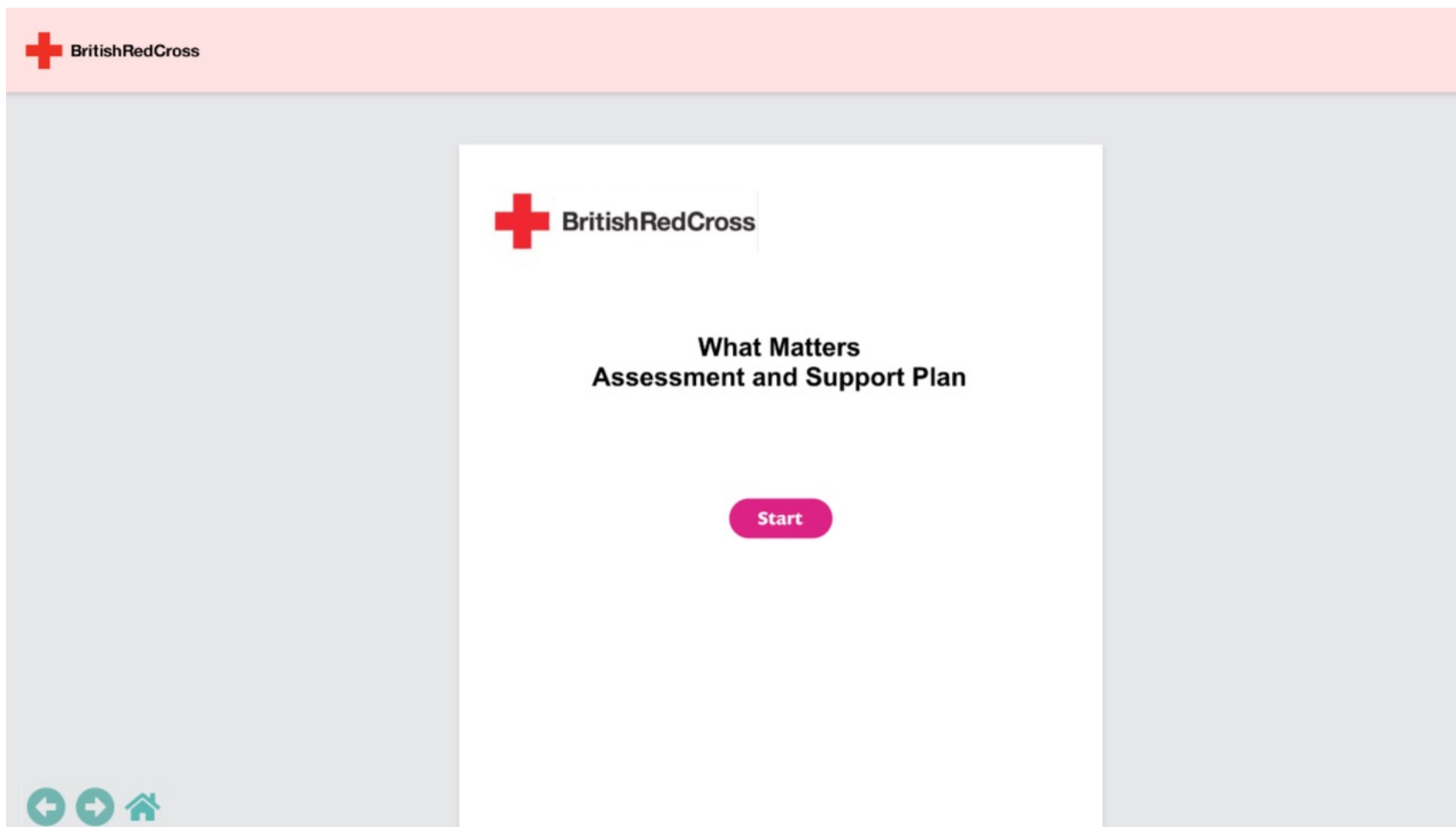
Confirm

Are you sure?

Frances will be able to use information of your
behalf. For example to apply for a benefit.

Confirm





Suggestions



Power of attorney




McSense
Companionship
Service

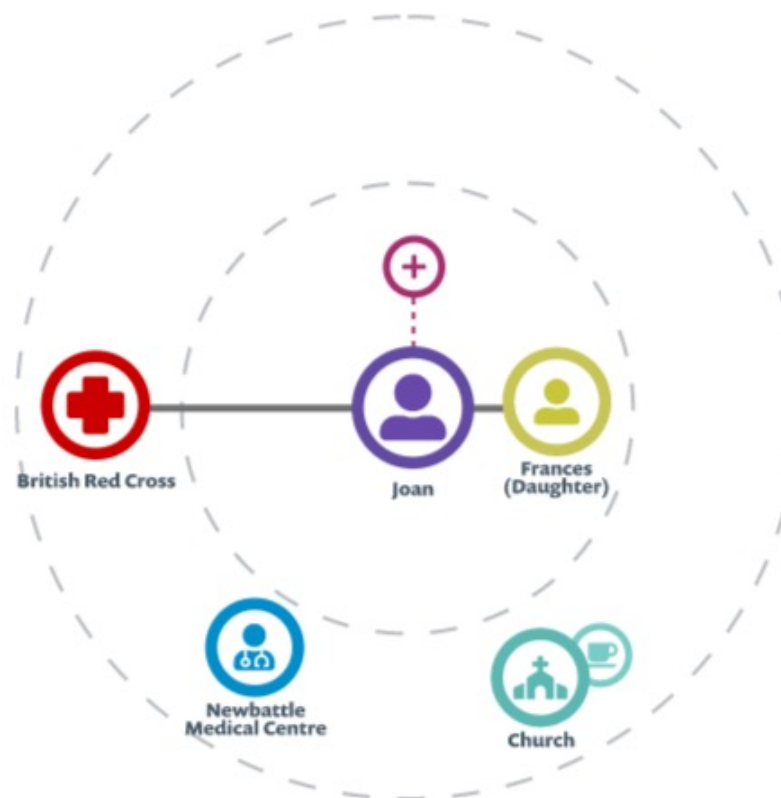


Blue Badge



Attendance
allowance

 Find more



Power of attorney (PoA)

Suggest

A power of attorney is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions.

Start now

Power of

72%


McS
Companionship
Service

64%

Blue Badge

50%

Attendance
allowance

 Find more



British Red Cross



Joan



Frances
(Daughter)



Newbattle
Medical Centre



Church

Suggestions



Power of attorney




McSense
Companionship
Service



Blue Badge



Attendance
allowance

 Find more

Power of Attorney - granter information

The information below pertains to you, **the granter**.

Granter (Joan) information

Name

Joan

Address

145, Duke Street, G3 1 4FS, Glasgow

Phone number

014187433245

Email

joan@gmail.com

Confirm

Suggestions



Power of attorney




McSense
Companionship
Service



Blue Badge



Attendance
allowance

 Find more

Power of Attorney - attorney information

Please select who you would like to grant **power of attorney** to.

Select attorney

List of contacts



Frances



British Red Cross

Name

Frances

Address

84, Armadale Street, G31 9HD, Glasgow

Phone number

014189348723

Email

frances@gmail.com

Confirm




Frances



Joan

Suggestions



 Find more

Power of Attorney - review

Please review the information you entered.

Granter



Joan
145, Duke Street, G31 4FS, Glasgow
014187433245
joan@gmail.com

Attorney



Frances
84, Armadale Street, G31 9HD, Glasgow
014189348723
frances@gmail.com

Relative

TYPE OF POWER

- Continuing ☐
Welfare ☐
Both ☐

Confirm

Suggestions



Power of attorney




McSense
Companionship
Service



Blue Badge



Attendance
allowance

 Find more

Next steps

Download or send your application form

Download PDF Registration Form



Download

|
OR
|

Enter solicitor's email address

Email

Email text

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nunc eros libero, luctus ut mi eget, blandit ornare velit. Quisque elementum tempor ipsum, at suscipit lacus sollicitudin eu. Maecenas purus tellus, laoreet vel nunc a, volutpat tincidunt nisl. In pellentesque urna eget vulputate lacinia. Sed tincidunt iaculis viverra.

Send

|
OR
|

[Leave for later](#)

Suggestions




McSense
Companionship
Service



Blue Badge



Attendance
allowance

 Find more



Suggestions




McSense
Companionship
Service



Blue Badge



Attendance
allowance

 Find more



Power of attorney (PoA)

You submitted this introduction on:

05/02/2023

Normal waiting time is:

3 days

GRANTER

Joan

ATTORNEY

Frances

STATUS

Pending

ACTIONS

[Download PDF form](#)

[Email form to solicitor](#)


Suggestions



McSense
Companionship
Service

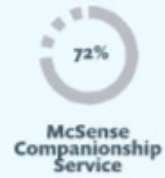



Attendance
allowance

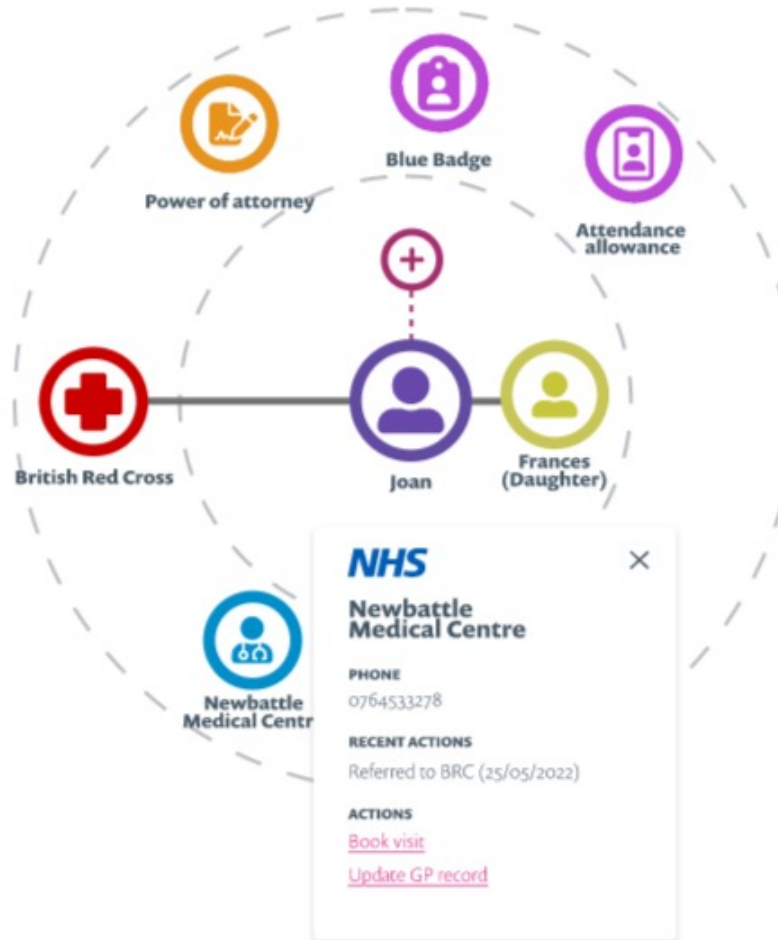
 Find more



Suggestions

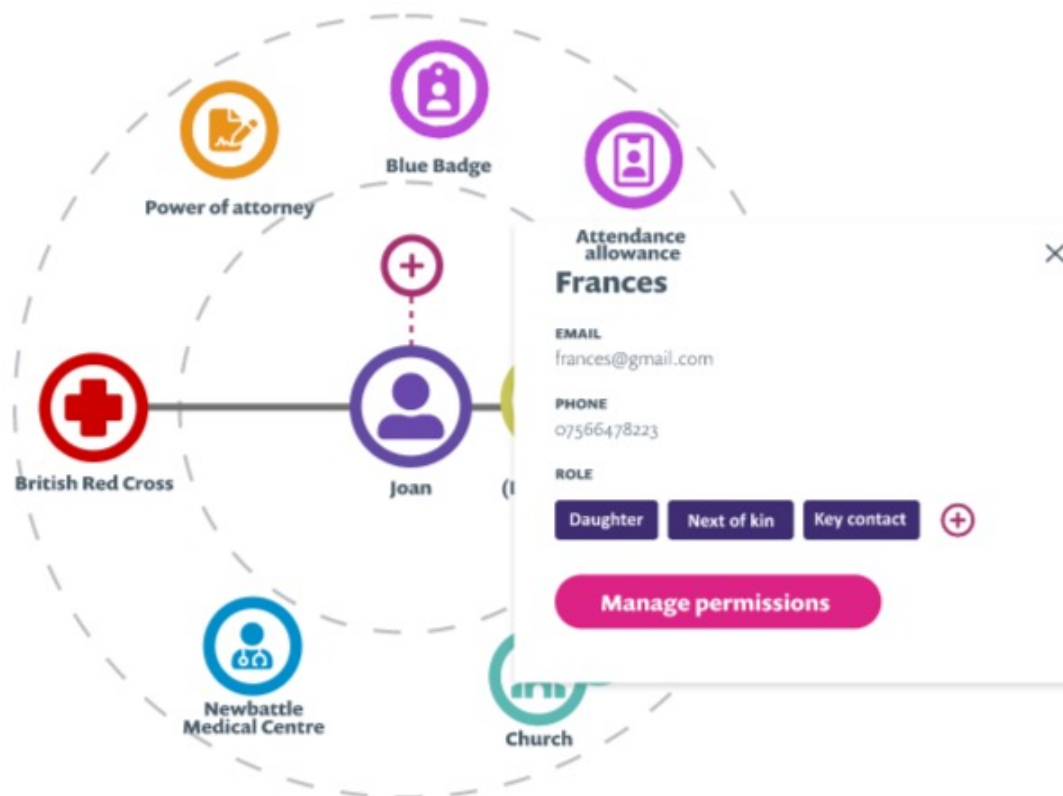



 Find more



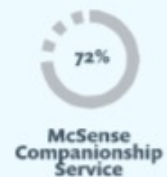
72%

**McSense
Companionship
Service**

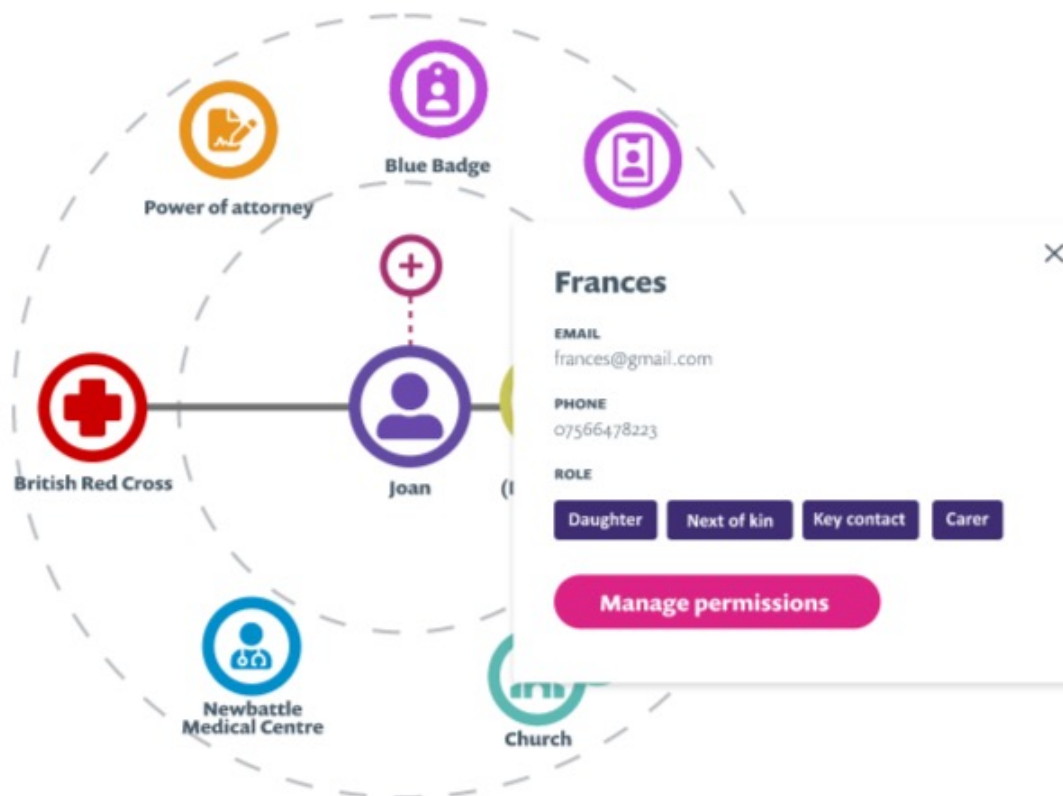


 [Find more](#)

Suggestions



 Find more



Suggestions



VOCAL



Wee Breaks

 Find more




Suggestions



VOCAL



Wee Breaks

 Find more

VOCAL

Please verify the information below is accurate

YOUR DETAILS

Name

Frances

Address

145, Duke Street, G3 1 4FS, Glasgow

Phone number

014187433245

Email

frances@gmail.com

Continue


Suggestions



VOCAL



Wee Breaks

 Find more

VOCAL

Please verify the information below is accurate

CARED FOR DETAILS



Relationship

Daughter

Gender

F

Age

82

Conditions

Frailty

Additional information

Continue


Suggestions



VOCAL



Wee Breaks

 Find more

VOCAL

Please verify the information below is accurate

SELECT REFERRING PROFESSIONAL

List of contacts



Iona - British Red Cross



Lorraine - British Red Cross



Brian - British Red Cross

Submit

Suggestions



Wee Breaks




VOCAL



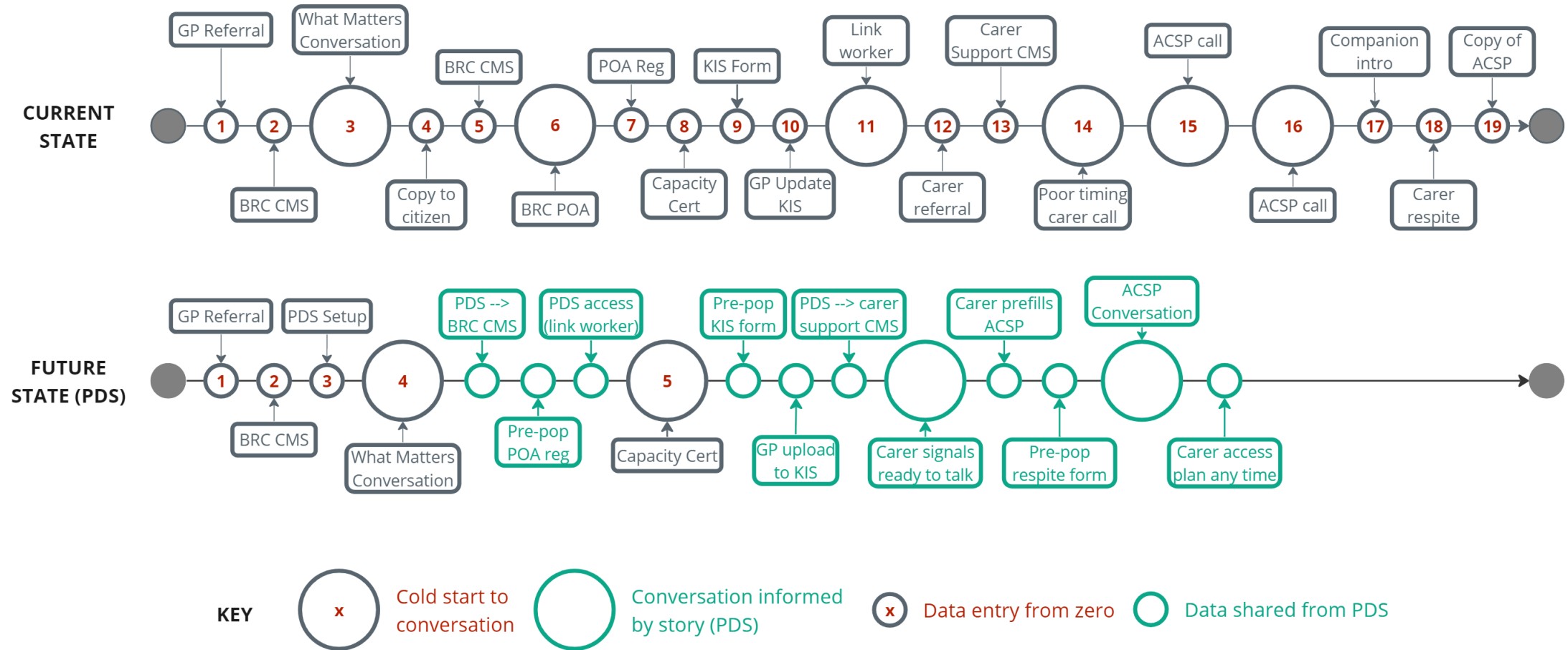
Frances



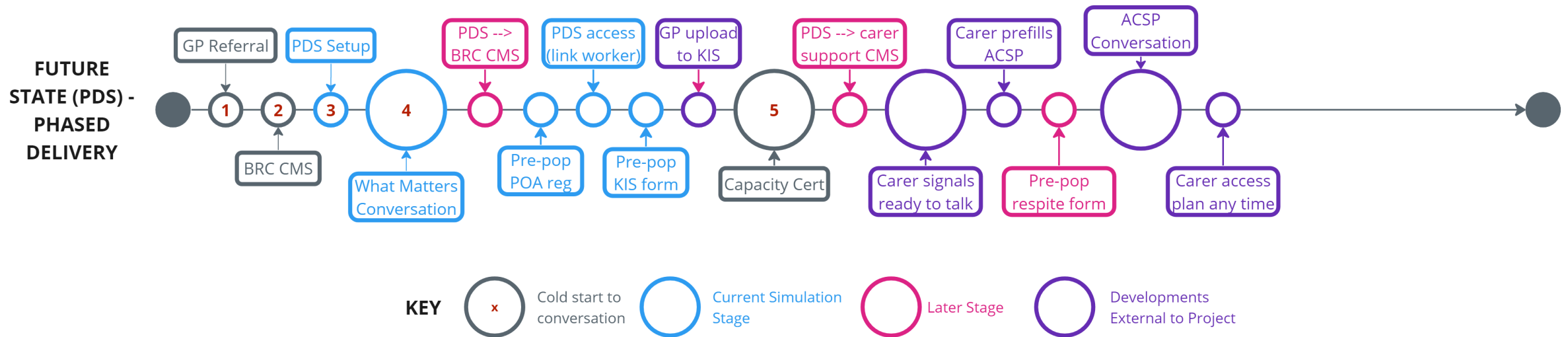
Joan
(Mother)

 Find more

Current and Future Data Journeys



Staged Future State Development





Find Out More



First Diamond
Story and
Outputs



DHI Project Page

Making care coordination a reality

This is not a data collection exercise

Within your context and reflecting on what you have heard, in your groups

- Consider the person in the middle of the diagram (a person at the early stages of living with frailty)
- What does it look like now?
- What could it look like in the future?

Scotland's ambition

Our ambition is to make Scotland the **best place in the world to grow old**. We want to achieve this through safe, integrated, person centred health and social care.

Everyone should be able to **live independently and drive the decisions about their health and wellbeing**; with their **human rights respected** and their **dignity protected**.

In order to achieve this, **our health and social care systems must work together** to support everyone as they age to live as independently as possible, **whatever their needs and no matter where they live**.