

Development of Integrated Care Models for Barnsley Patients












Definition of Frailty

A syndrome of physiological decline characterised by a marked vulnerability to adverse health outcomes. Frail older adults are less able to adapt to stressors such as acute illness (UTI, chest infection) or trauma (fall) than younger or non-frail older adults.

Frail persons have poor reserves and minimal capacity to cope with minor change.

Old age in itself does not define frailty. Some patients remain vigorous, despite advanced age, while others have gradual yet unrelenting functional decline in the absence of apparent disease states, or failure to fully recuperate following illness or hospitalisation.

Please calculate Rockwood score according to baseline function

	1	Very fit People are robust, active, energetic and motivated. They exercise regularly. Among fittest for age.
	2	Well People who have <i>no active disease symptoms</i> but are less fit than level 1. They exercise or are active occasionally.
	3	Managing well People whose medical problems are <i>well controlled</i> but are <i>not regularly active</i> beyond routine walking.
	4	Vulnerable While <i>not dependent</i> on others for help, often <i>symptoms limit activities</i> . Complain of being 'slowed up,' or being tired during the day.
	5	Mildly frail People have more evident slowing and need help in <i>higher order IALDs</i> (e.g. finances, transport, medications)
	6	Moderately frail People need help with <i>all outside activities</i> and house keeping. Inside they need , <i>bathing</i> and may need minimal assistance (cuing)with dressing
	7	Severely frail <i>Completely dependent for personal care</i> , from whatever cause (physical or cognitive.) However not considered high risk of dying within 6 months
	8	Very severely frail Completely dependent, approaching end of life. Typically would not recover from minor illness.
	9	Terminally ill Approaching end of life. Life expectancy <6 months who are not otherwise evidently frail

Why is this a priority?

- Between 2015 and 2025 the number of people in the UK aged over 65 will increase by 19%
- For people who are frail and in hospital for 3 to 5 weeks the percentage decrease in muscle strength is 50%
- In 2015/16 in Barnsley the percentage of 999 calls that were made for those over 65 years old who had fallen was 85%
- 17,000 people in Barnsley aged over 65 live alone
- The total secondary care spend for Barnsley residents in 2017/18 for total fractures for over 65's was £3.1million (931 fractures) with fractured neck of femur accounting for 260 of these at a cost of £1.7million.
- Out of the total fractures count of 931 fractures 193 of these came from care homes with a spend of £1million. 117 of these fractures are #NOF at a cost of £800k

Challenges

- Inequalities
- **Competing Priorities**
- Volume/Growth
- Multiplicity of providers- the jigsaw
- Accessibility i.e. knowing who to help
- Information/shared record

Work to Date

- **Whole system approach:** gathering shared intelligence e.g. 5 workstreams, 2 system workshops including showcasing, Acute Frailty Network
- **Identification:** frailty template, eFI, Rockwood Tool, eCGA, common approach to grading Frailty,
- **Advance Planning:** Okay to Stay
- **Care Homes** – SKYPE – Dearne first
- Opportunities to raise awareness

Next Steps

- Developing culture, approach and mind set e.g. #thinkfrailty
- Overall awareness including you
- Delivering on actions and measuring outcomes