SUMMARY OF REPORT:

A holistic approach to identifying people’s psychological, social and biological needs is required if GM residents are to live as well as possible for as long as possible in their preferred environment. This will involve patients, health & social care stakeholders, local government, the third sector and other agencies. One piece of the jigsaw which needs to be in place to achieve this is the approach to addressing clinical frailty, a long-term condition identified by the NHS and others as “a distinctive health state related to the ageing process in which multiple body systems gradually lose their in-built reserves diminishing the ability to carry out important practical and social activities.” In line with GM values and principles, we want to adopt an asset-based approach to supporting people diagnosed with clinical frailty that places the emphasis on what people can do, rather than what they can’t do, and that maximises their independence and continued societal contribution.

KEY MESSAGES:

*Resilience & Independent Living*, attached, has been produced by the Greater Manchester Frailty Collaborative, a wide-ranging group of healthcare stakeholders established by the Health & Social Care Partnership under the leadership of Jackie Bene, CEO of the Bolton NHS Foundation Trust. It sets out the Collaborative’s view of clinical best practice in relation to identification, care planning, interventions and standards to improve resilience and support independent living.

During development, consultation took place with many stakeholders including the GM Combined Authority’s Ageing Hub, the GM older peoples’ network, Directors of
Commissioning, primary and secondary care clinicians, the healthcare Provider Federation Board and through a large public engagement event.

**PURPOSE OF REPORT:**

There are different approaches around GM to providing services for people living with clinical frailty but there is a great deal of good practice. The purpose of the GM Frailty Collaborative was to collate this good practice experience, along with that from other areas, to develop a framework to support service improvement as local care organisations (LCOs) develop. *Resilience & Independent Living* is designed to allow LCOs and service commissioners to decide whether they wish to review or realign services to meet the needs of their population.

The framework also proposes the development of a clinical frailty network to support future conversations within and between localities as to how this may happen. The Network would bring together key stakeholders and those invited to participate would include, but not be limited to:

- Patient representative groups
- GM Older Peoples’ Network
- GM Ageing Hub
- Local Care Organisations
- Healthwatch
- Provider Federation Board
- Directors of Commissioning
- LCO Network
- Primary Care Advisory Group
- GM Health & Social Care partnership

**RECOMMENDATIONS:**

The Greater Manchester Health and Care Board is asked to note:
• **Resilience & Independent Living** as a best practice model for improving experience and outcomes for people living with clinical frailty in Greater Manchester.

• The proposed development of the GM Clinical Frailty Network as a vehicle for supporting localities to work with local to improve services.

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