## **SCHEDULE 2 – THE SERVICES**

# A. Service Specifications (Full Length Contract)

| Service Specification No. | 11J/0210  |
|---------------------------|---|
| Service                   | Frailty Project - funded by Health Education Wessex (HEW) |
| Commissioner Lead         | Dorset CCG Service delivery - ICS                         |
| Provider Lead             | DHUFT   |
| Period                    | 1 October 2016 – 30 September 2017                        |
| Date of Review            | 1 April 2017 (6 month update on progress)                 |

#### 1. Population Needs

### 1.1 National/local context and evidence base

### **Project background**

Frailty 'a distinctive health state related to the ageing process in which multiple body systems gradually lose their inbuilt reserves' (British Geriatric Society definition)

There is evidence that in individuals with frailty, a person-centred, goal-orientated comprehensive approach reduces poor outcomes and may reduce hospital admission.

Dorset CCG with Weymouth and Portland locality have been awarded funding by the Health Education Wessex Development Programme to help with the process of evaluating a number of good initiatives already in place for frailty care in the Weymouth & Portland area and other Localities with a view to ensuring consistency pan Dorset. This is a 12 month project commencing in October 2016 and is an opportunity to explore models and good practice and develop an educational training package to roll out the Frailty Framework to multiple agencies across Dorset.

The overall aim of the project is to create a framework for frailty in the locality (Weymouth and Portland) trialling across the hub and care home residents. The goal is to create a training model from this which can be rolled out to other localities.

Older people living with frailty are at risk of adverse outcomes such as dramatic changes in their physical and mental wellbeing after an apparently minor event which challenges their health, such as an infection or new medication. Frailty should be identified with a view to improving outcomes and avoiding unnecessary harm.

### 2. Outcomes

## 2.1 NHS Outcomes Framework Domains & Indicators

| Domain 1 | Preventing people from dying prematurely                 | Х |
|----------|--|---|
| Domain 2 | Enhancing quality of life for people with long-term      |   |
|          | conditions   |   |
| Domain 3 | Helping people to recover from episodes of ill-health or | Х |
|          | following injury   |   |
| Domain 4 | Ensuring people have a positive experience of care       | Х |
| Domain 5 | Treating and caring for people in safe environment and   | Х |
|          | protecting them from avoidable harm                      |   |

### 2.2 Local defined outcomes

Define a frailty model to be implemented Pan Dorset.

Provide training and education to support roll out of the agreed model to all localities.

Report progress and outcomes to HEW as required.

### 3. Scope

## 3.1 Aims and objectives of service

A project to agree a frailty framework for Dorset and develop a training and education package to enable this to be consistently delivered across Dorset.

## 3.2 Service description/care pathway

Project team to be developed to evaluate current frailty models and define a future model and training programme to support spread Pan Dorset

# 3.3 Population Covered

Primary Care and DHUFT workforce Pan Dorset will be offered development in regards to the recommended frailty model.

# 3.4 Any acceptance and exclusion criteria.

Project to be consistent with the scope of HEW Frailty Fellowship

# 3.5 Interdependence with other services/providers

DHUFT, Primary care, acute trusts, local authority, third/voluntary sector – will all be involved in developing the model as required by the project lead.

### 4. Applicable Service Standards

- 4.1 Applicable national standards (eg NICE)
- 4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)
- 4.3 Applicable local standards

### 5. Applicable quality requirements and CQUIN goals

- 5.1 Applicable quality requirements (See Schedule 4 Parts A-D)
- 5.2 Applicable CQUIN goals (See Schedule 4 Part E)

| 6. Location of Provider Premises        |  |
|---|--|
|   |  |
| The Provider's Premises are located at: |  |
|   |  |
|   |  |
| 7. Individual Service User Placement    |  |
|   |  |
|   |  |
|   |  |