Ref: ACI/D19/3173

Terms of Reference

FRAILTY TASKFORCE

Reports to:	Chief Executive, ACI		
Reporter:	Taskforce Co-Chairs		
Chairpersons:	TBC TBC		
Terms of office:	1 year		
Secretariat:	ACI		
Endorsed by:	ACI Executive	**Date:**	Date
Next review:	NA		
Review process:	NA		
Decision making:	Consensus of Taskforce		

THE AGENCY FOR CLINICAL INNOVATION

The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW. We provide expertise in service redesign and evaluation, specialist advice on healthcare innovation, initiatives including clinical guidelines and models of care, implementation support, knowledge sharing and continuous capability building.

The ACI's Clinical Networks, Taskforces and Institutes provide a unique forum for people to collaborate to develop successful healthcare innovations. The ACI works closely with the Ministry of Health, Bureau of Health Information, Clinical Excellence Commission, Health Education and Training Institute, NSW Ambulance and the Cancer Institute NSW. By bringing together leaders from primary, community and acute care settings the ACI creates an environment and capability for innovation and redesign and promote an integrated health system.

BACKGROUND

- NSW Health aims to shift the focus from volume-based delivery of health care to value-based care.
- In 2017-18, the ACI Acute Care Taskforce set out to explore the issue of low value, inappropriate care in the context of people with frailty. As the work progressed a Frailty Expert Advisory Group was established.

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- Under the guidance of the Advisory Group issues were raised beyond withholding and withdrawal of inappropriate treatment, such as how to reverse frailty with measures that can promote return to strength in a proportion of patients, and how to help patients determine what is appropriate treatment for them as they move back and forward along the frailty clinical spectrum. There was also a desire amongst health professionals and consumers consulted to find a positive frame for frailty and a more comprehensive approach as to what the health system needs to do differently in caring for the frail elderly.

PURPOSE

The Frailty Taskforce will be an initiative concentrating on how to improve care for people having been identified as frail or at risk of becoming frail. This will include strengthening an integrated approach to frailty, ageing well and end of life care.

It is anticipated that the scope of work of the Frailty Taskforce will be focussed on key areas:

1. Identification of frailty
2. Shared care planning including advanced care planning, shared decision making including a process of goal setting
3. Early and ongoing mobilisation
4. Polypharmacy and de-prescribing
5. Nutrition
6. Alternate settings for care

The initial focus will be on the inpatient setting, recognising that all areas, and particularly shared decision making, will stretch beyond the inpatient setting into the community with a relationship to general practice and residential aged care.

REALISTIC CARE

'Realistic medicine' is a term that has been promoted by a range of professional and patient organisations in Scotland[1]. Realistic medicine puts the person receiving care at the centre of decision-making and creates a supported, personalised approach[1]. Realistic medicine takes an approach that the best, high quality care can only be fully achieved by working together and in partnership; understanding and valuing the contribution each person can make for individuals and to the communities of people that require health and social care[1].

Mirroring the approach undertaken in the NHS Scotland, the ACI is extending the term 'realistic care' to help to improve the care and treatment NSW Health offers by focusing on:

- sharing decision making between health professionals and patients
- ensuring patients have understandable information to make an informed choice
- providing a personalised approach to care
- ensuring a more equal partnership between health professional and patient
- reducing harmful and wasteful care
- reducing unwarranted variation in clinical practice

The ACI plans to set up a Realistic Care Community of Practice (CoP) to support the work of the Frailty Taskforce. The Realistic Care CoP will outlive the Frailty Taskforce and inform practice on other issues over time.

[1] https://www.realisticmedicine.scot

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Governance
The Frailty Taskforce will include the following membership:

- Co-Chairs: 2-3 members who provide leadership to the Taskforce.
- Taskforce members: approximately 15 members, representative of the interdisciplinary membership, who oversee the Taskforce activities.

Responsibilities / Functions
Taskforce members:
Taskforce members will be required to attend scheduled meetings and participate in the development of a series of outputs, which may include:

- Providing expert oversight, guidance and support to the development of the thinking for realistic care, including the development of a guidance document for the management of frailty in NSW
- Providing expert oversight, guidance and support to the investigation of new approaches for nutrition with the frail population
- Identifying risks to the achievement of project outcomes and mitigation strategies
- Responding to risks and issues escalated to the Taskforce

Taskforce Co-Chairs:
The responsibilities of the Taskforce Co-Chairs are to:

- Provide leadership and guidance on issues that are raised by Taskforce members
- Liaise regularly with key stakeholders and provide advice on the directions of the Taskforce
- Report and represent the work of the Taskforce as required to the Clinical Executive Director - CATALYST, ACI and the ACI Executive
- Approve the agenda and minutes of the Taskforce before distribution
- Alternate the role of chairing Taskforce meetings

The Chairpersons will report to the Chief Executive of ACI.

Frequency of meetings

- Monthly at ACI. Access will also be available via teleconferencing/videoconferencing (PEXIP/Skype).
- No proxies (except in exceptional circumstances and by prior agreement).
- *Meeting Papers:* The agenda and supporting papers will be circulated to Taskforce members one week prior to each meeting.
- *Secretariat:* Will be rotated by the ACI Clinical Networks within the Frailty Team.

Method of evaluation
The Terms of Reference will be reviewed against the work plan as required.

Quorum
The quorum for the Frailty Taskforce meeting shall be 50% of the membership plus one.

Membership
The Frailty Taskforce will be a collaboration across the Aged Health, Chronic Care and Nutrition Networks of ACI. Additional membership will be drawn from key clinical areas with a mix of rural and metropolitan representation.

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Core membership will be supplemented by time-limited participation of key experts to progress thematic areas of work. Key experts will be invited at the discretion of the Co-Chairs.

Name	Role	Organisation	Representation
			General Practice
			Primary Health Networks
			Ethics
			Emergency Care
			Medical: Geriatrics, General Medicine, Anaesthetics, Surgical
			Nursing
			Allied Health
			Pharmacy
			Consumer/consumer advocate
			NSW Ambulance
			Clinical Excellence Commission

ACI Frailty Team

ACI	Role	Representation
Jenny Caspersonn	Network Manager	Chronic Care Network
Justine Watkins	Network Manager	Aged Health & Palliative Care Networks
Mel Shier	Network Manager	Nutrition Network
Bev Gow-Wilson	Project Officer	CATALYST
Kate Lloyd	Stream Manager	Chronic and Long Term Care

ACI Frailty Executive Sponsors

ACI	Role	Representation
Jean-Frederic Levesque	Chief Executive	Executive Sponsor
Tracey Tay	Clinical Executive Director	Executive Sponsor

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