Extending Frailty Care Programme

Grant information and criteria; hospice enabled frailty care models

What is the programme?
Frailty is a leading cause of death in older people, and those with frailty are likely to form the largest proportion of people with palliative care need. Yet people with frailty are often underserved at end of life. Hospices are uniquely placed to support a system change enabling better quality of life for older people with advancing frailty; we have a history of responding to the voice of individuals, working creatively to deliver and support care across the care continuum. This programme invites hospices to think differently and creatively to support high quality care for older people with frailty at end of life.

Increasing numbers of older people with frailty will live and die in the community and most end of life support will be provided by domiciliary and care home workers, and family members in partnership with health care services. Frailty often brings complex care needs which will require partnership working with acute and community frailty services, mental health, and social care services. Hospices are uniquely placed to work in partnership with other services to enable care coordination and care closer to home. This is a unique opportunity to embed the hospice philosophy and approach into the care of people with advancing frailty. We can develop a shared understanding of goals of care, who the person is and their needs wherever that person is cared for across services and the care continuum.

The programme will fund c10 innovative and emerging/developing frailty service delivery models led by hospices across the UK – models that demonstrate and share effective ways of caring for, and working with, older people with frailty.

The programme will utilise Project ECHO™ (Extension of Community Health Outcomes) to facilitate the exchange of expert information, specialist knowledge and ongoing support for participating hospices. Project ECHO™ is an evaluated methodology developed by the University of New Mexico in 2002 and currently used in 34 countries worldwide.
Definition
For the purpose of this grant programme, we have defined frailty as a distinctive health state related to the ageing process, in which multiple body systems gradually lose their in-built reserves (Clegg at al, 2013). People living with frailty often have additional multiple health problems including cognitive decline. End of life care for older adults living with frailty is different from dying with one disease. The trajectory towards death is more uncertain with episodes of acute illness and periods of full or partial recovery. This programme will focus on care for people who are aged 65 years and over and projects will be expected to focus on advancing frailty as the major end of life need.

Grants
Grants of up to £50,000 will be available to support projects running over a period of 18 months. This allows for up to 3 months set-up phase and 12 months project delivery – with a further 3 months to cover any unforeseen delays mid project.

The grants will enable hospices to initiate or build on programmes of work that will support hospice enabled frailty care at end of life. We would hope that applicants would have considered the following or have taken advantage of local/national intelligence to:

- Pilot their project based on a robust needs assessment
- Apply the recommendations or findings from an organisational or local scoping exercise
- Apply the recommendations or respond to peer reviewed research or national policy
- Consider adapting existing, nascent activities to amplify the impact achieved through new roles and approaches

Available funding
Total available funding in this grant round is £500,000. We expect to award between ten and fifteen grants in this round.

Deadline
The deadline for applications is **17:00 on 5 December 2022**. Applicants will be informed whether or not they have been successful end January 2023.

Eligibility criteria
Eligible organisations must be adult independent member hospices of Hospice UK and based in the UK.

Only one application can be considered from each hospice

Financial situation
If we receive more applications than we can fund and the project has been assessed and is strong enough to be in contention for a grant then, hospices’ free reserve levels may be considered.

For this grant programme:
The proposed work

Living and dying well with frailty and palliative care needs; since the passing of the Health and Social Care Act 2022 everyone, irrespective of condition or geography is entitled to palliative care in England. People with frailty can experience difficulty in receiving palliative care on their individual and personal journeys. It is a priority to support them with the benefits of palliative care in navigating uncertainty, problem solving and planning where appropriate. Additionally, we know there is a group of people that do not care to focus on the future, or perceive palliative care as something that they could benefit from as they get older, so we are also keen to support people with frailty to live well “in the day.”

We welcome projects from all settings where hospices are working in partnership with other providers for example, hospital; community; care home, voluntary sector and social networks including family. Examples of potential projects to improve care for people with frailty and palliative care needs could include, but are not limited to, the funding of a post, service model or education programme. Additionally, we encourage applications that broaden access to hospice services to improve equality and diversity in hospice care.

Potential projects will test innovative models of care and ways of working to improve the lives of older people with frailty. These could include, but are not exclusively limited to, aspects of the following:

- **Identification and management of frailty** for patients who have palliative care needs and/or are approaching end of life regardless of whether the level of complexity is low or high, or whether the person has cognitive and physical frailty

- **New models of working**, such as establishment of virtual wards or information sharing strategies so that patient data flows between hospice; hospital; community; care homes, voluntary sector and social networks including family members

- **Education** - upskilling of staff to support caring for people with frailty such as training hospice and domiciliary/residential care staff around difficult conversations and the management of slow decline in the context of frailty

- **Working in partnership** across health care settings, to support people, both before and after a crisis, to avoid unwarranted hospital admission or other place changes due to an underlying, unaddressed palliative care concern

- **Improving the patient and service users journey** to make navigating the health and social care system easier, by reducing the number of ‘touch points’ or creating contact models such as single point of access

- **Enhance Palliative rehabilitation** and strengths-based approaches.
• **Mitigating risk** by working in partnership with patient and service users, for example by considering in advance interventions such as de-prescribing and/or environmental factors such as those related to falls

• Support for people with advancing frailty who are **reluctant to engage with palliative care**

• Working in partnership with **volunteers** in a Compassionate Communities approach to develop frailty awareness which will support people with advancing frailty in their personal environments and communities e.g. social clubs, combatting loneliness and isolation, navigating complex family dynamics related to palliation, improving relationships with old age services such as utilities/DIY services to support practical autonomy and independence at home

• Working in partnership with **domiciliary and residential services** providing end of life care. This might include provision of responsive and practical expertise such as a 24-hour response service, when patients are approaching a phase of clinical transition or unpredicted or rapid deterioration that requires medical intervention

It is expected that projects will combine several of these aims in one project. Of particular interest will be well thought through project plans considering sustainability once funding has ended.

**Partnership working**

We anticipate projects to be developed and implemented in partnership with others, e.g. internal colleagues/departments, hospitals, community groups, local councils or other organisations, in order that they complement existing provision and are truly integrated in systemic plans to reach more people.

Where a project is a collaboration between a hospice and another provider (e.g. NHS or social care) the lead applicant must be an adult independent member hospice of Hospice UK.

**Patient and Public Involvement and Engagement**

We expect projects to include evidence of involvement and consultation with current and future service users at all stages of the project design, delivery, and evaluation. It is critical that the voice of elderly people living with frailty has been incorporated into your project plan.

**Organisational support**

We anticipate that the project lead is likely to need dedicated time to undertake the proposed work and full support from the organisation to execute the necessary change to culture and practice around people living with frailty.

The organisation will need to demonstrate how the developments will continue beyond the end of the grant period. The chief executive or equivalent at the hospice will be required to write and sign a statement of support on hospice headed paper.
Eligible costs

For this grant programme, we consider a ‘project’ to be a discrete range of activities with a clear purpose, designed to bring about change. These activities would normally incur costs over a variety of items, which could include:

- Staff salary. Funding can cover full-time or part-time staffing, or a combination of both
- Equipment - marketing/publicity material and resources
- Travel
- Staff/volunteer training

It is expected that most of the grant would go towards implementation costs of the service. However, a range of different items should be budgeted for, and all must be directly relevant to the project.

What is not eligible?

Non-eligible pieces of work include:

- activities such as undertaking a needs analysis or mapping exercise
- a continuation of an existing service – unless this application is to build on or adapt the service
- work that has already started before April 2023 – although if a clearly identified pilot phase was run before this date, this is not precluded from making an application to develop it further
- isolated pieces of equipment not related to the proposed work. Additionally, we are not able to fund the costs of implementing Project ECHO™ within your organisation.
- direct salary costs for tasks not related to the project – the aim is to release the applicant from some of their duties to undertake the proposed work
- projects where Future Care Planning is the primary focus
- costs towards purchasing or implementing patient record systems such as EMIS or System One

Application process

We encourage all potential applicants, after reading the application materials, to contact the Grants and Clinical Teams to informally discuss your proposal. This enables us to establish whether your planned work fits within the general requirements of the programme and offers you an opportunity to find out more about what the grant funder is looking for.

Only one application per grant round will be considered from each hospice

Full applications can be made on the online forms available on our website: www.hospiceuk.org/grants

Assessment

Applications will undergo a two-stage assessment process:

1. By Programme Staff
To check the application meets the basic eligibility criteria. If further information is required at this stage, a member of the programme staff would request it.
2. By the Major Grants Committee
During the second stage all applications would be considered by the Major Grants Committee, which comprises of senior hospice personnel as well as staff from Hospice UK and independent representatives.

Criteria
Applications will be assessed against the following criteria:

- Be able to evidence the high likelihood of a direct impact on the experience of people living with advancing frailty, and their family / informal carers. We will be looking for what evidence base you have used.

- Include a robust evidenced based frailty assessment process to ensure timely identification of patients who have frailty.

- Address a previously identified unmet need, backed up by robust local evidence or published research.

- Have high-level organisational buy-in i.e. evidence that this is in line with the strategic direction of your organisation.

- Demonstrate partnership working with other agencies. Collaboration and joined-up working are critical elements of the future plan to support our aging population and will reduce the risk of patients experiencing crises.
  - We will ask for signed letters of support from any significant partner organisations that you propose to work with.

- Planned use of reliable outcome measures to demonstrate the difference that the project makes to older people living with frailty and their families.

- Demonstrate involvement and consultation with current and future service users at all stages of the project.

- Be sustainable once grant funding has ended, cognisant of the culture change this programme is encouraging and the cross-sector education that may be required.

- In addition, value for money and the feasibility of the proposed work will be considered.

It is important that you address each point in your application. These are not listed in order of importance.

The Grants Committee will prioritise innovative projects they feel would most likely contribute to national learning with the possibility of scaling and replicating your model in other settings. To support this, your application should demonstrate how your project would build on established practice, could be nationally relevant and address a clear need.
It may also be necessary in choosing projects of comparable worth to take account of the funder’s commitment to support work from as wide a geographic spread and project type as possible across the UK.

It is likely that we will receive more applications than the amount of funding available, so the success of your application, even after all the work of completing it, cannot be guaranteed, which we know may cause disappointment. We will, however, endeavour to ensure that the assessment process is as fair and as transparent as possible. The committee’s decision is final.

Supporting documentation
You can submit supporting documentation to strengthen your bid. Examples of documentation you might consider include:

- evidence for why the activity proposed will have the impact that you are anticipating
- evidence of need for your proposed work in your locality
- information about partners and collaboration that will have an impact on the success of your project.

What happens if successful?
If your application for a grant is successful then we will send an Award Letter, together with an Acceptance Form, to the Chief Executive at the hospice. We may contact the application sponsor personally to confirm support of your application.

The Acceptance Form must be signed by the application Chief Executive and a Trustee of the applicant organisation, agreeing to the conditions of the grant. We will ask you to confirm when the project will start and when you expect to complete it.

The project should start within three months and finish within 18 months of the date that the grant was awarded. We reserve the right to withdraw funding after 18 months from the award date if it is not claimed, so it is important that you keep us up to date with progress.

Payments will be made on the submission of a grant claim form together with evidence of expenditure such as copies of paid receipts and invoices in relation to the grant.

All successful applications will need to provide an evaluation of their project at the end of the funding period.

External Evaluation
Hospice UK, together with our funding partners, are keen to see how our grants make a real difference to the work of hospices and to learn how funded projects have improved the experience for patients, and their families. To that end, we have commissioned Whole Systems Partnership (WSP) as evaluation partners for this programme. All successful applicants will be required to engage with WSP throughout the life of the grant. For example, WSP will produce an overall logic model for the programme, in additional to this each funded project will be asked to develop their own individual logic model.

In simple terms this is to be clear about the Inputs, Activities, Outputs and Impact that your project will make in the context of the goals of the programme. For info, a link to the ‘art and science’ of logic models can be viewed here. We will not be testing your expertise in logic models, but it is expected that your project will reflect the four elements
noted above. This will enable WSP to deploy a streamlined approach to evaluation as we proceed but, please do not be constrained by this.

Through the life of your grant
In addition to the programme evaluation, you will be expected to contribute to other programme monitoring and learning activities, which will include:

- submitting regular progress reports (every 3 months) after your grant has been awarded
- site visits by staff from Hospice UK to evaluate progress
- access to ongoing support from the Grants Team and Clinical Team to ensure that your project goes as smoothly as possible and to offer facilitation to help resolve any issues as they arise
- sharing of ideas and knowledge and peer support through a variety of media and via attendance at Project ECHO™ network meetings, at project lead days, and related events
- Contribution of data and outcomes to project evaluation framework
- Share the learning from your project either in a peer reviewed journal, national event or publication e.g. presentation or poster
- Short updates (a template will be provided) 12 months post grant period, where appropriate, case studies.

Once your project is complete
As a condition of your grant, you will be required to send us a final report at the end of the grant funded period of your project. You will be asked for further information about what you have achieved and what impact the work has had on the experience for patients and their families.

Timetable
An outline timetable for the programme is given below.

- 5 December 2022 - Deadline for submission of applications 17:00
- Early January 2023 - Major Grants Committee meet to allocate funding
- End January - all applicants to be notified of decisions
- End April - First progress report due from grantees
- End April - Project Lead Day (TBC)

Acknowledgements
Hospice UK is the national charity working for those experiencing dying, death and bereavement. We work for the benefit of people affected by death and dying, collaborating with our hospice members and other partners who work in end of life care.

Further information
Please visit our website or contact the Grants team if you have any questions or if you need further information:

E-mail: Grants@hospiceuk.org
Website: www.hospiceuk.org/grants
Telephone: 020 7520 8219
Address: Grants Team, Hospice UK, 34–44 Britannia Street, London, WC1X 9JG