Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Healthy Ageing and Frailty: Engagement Report

NHS Shropshire, Telford and Wrekin

Communications and Engagement Team

July 2025

Introduction & engagement approach

Background and context

NHS Shropshire, Telford and Wrekin has developed a draft Healthy Ageing and Frailty Strategy 2025–2028 aimed at supporting people to age well, prevent or manage frailty earlier, and reduce health inequalities.

Scope of the Strategy:

- Covers adults aged 65+, and those over 50 at increased risk of frailty.
- Addresses the full frailty spectrum: prevention, early identification, management, and care.
- Based on five key pillars: Educate – Prevent – Identify – Manage – Care.

- The strategy is in response to growing local need and national priorities around ageing well and managing frailty.
- STW has a higher-than-average population aged 65+, and significant inequalities in healthy life expectancy, especially linked to deprivation and ethnicity.
- There is an urgent need to delay the onset of frailty, improve quality of life for people living with frailty, and reduce unplanned hospital admissions.

Engagement overview

- NHS Shropshire, Telford and Wrekin undertook public and professional engagement to gather the experiences and views of local people, or their families, who live with symptoms of frailty, as well as both professionals and volunteers.
- Feedback from the engagement will shape future services and ensure we meet the diverse needs of the local population.
- The engagement builds on previous feedback and ensure the voices of people over 50 with long term conditions, people living with frailty, their family and carers, volunteers and professionals guide how future frailty prevention and frailty services will be planned and delivered in the future.
- A comprehensive communications and engagement plan was developed to gather views from older adults, carers, professionals, volunteers and stakeholders across our communities.
- The aims of the engagement activity was to:
    - Raise awareness of frailty as a long-term condition that through approaches to Healthy Ageing can be prevented, delayed, and better managed, particularly in its early stages.
    - Explain the current model of frailty care and the vision for healthy ageing through a more proactive, person-centred approach to supporting people living with or at risk of frailty.
    - Understand people's experiences of living with or supporting someone with frailty in Shropshire, Telford and Wrekin.
    - Gather views on how care and support could be improved, including opportunities for more integrated, community-based and preventative models of care.
    - Use feedback to inform the development and delivery of a bold and ambitious Healthy Ageing and Frailty Strategy for the next three years.

Methodology

The NHS STW communications and engagement team undertook a period of extensive engagement over a six-week period from 20 May 2025 to 30 June 2025, to understand the views of our target audience:

- Older people living with frailty or at risk of developing frailty (particularly those aged over 65, and over 50 in higher-risk groups).
- Carers, families, and unpaid supporters of people with frailty.

Our approach included the following:

- **Online public and professional surveys providing opportunity for quantitative and qualitative feedback.**
- **Targeted engagement** including one to one interviews with service users and professionals from key frailty services such as the Care Transfer Hub, and wards at the acute hospital where there are a high prevalence of frail people
- **Targeted community outreach t**o ensure that we heard the voices from those harder to reach / digitally excluded groups we conducted community engagement with targeted groups, organisations and community leaders.
- **Stakeholder listening event** with professionals, the VCSE community and wider stakeholders to share the strategy and gather views.
- **A Mid-point Review** was conducted at 3 weeks to identify which demographics and geographical locations we had reached and to identify any gaps, target audiences or groups we still needed to engage with.

Public survey questions*

- How well do you understand frailty?
- What kinds of support do you think help people age well and stay independent for longer?
- If you or someone close to you experienced symptoms of frailty, who would you contact first?
- How would you rate your involvement in decisions about frailty care or support?
- Have you or the person you care for ever experienced a health or care crisis (not just hospitalisation)? What happened, and what do you think could have helped prevent it?
- How confident are you that frailty is a condition that can be prevented, delayed, or managed?
- What do you think would help people live a happier, healthier and longer life as they age?
- How well do you feel services work together when caring for older frail people (e.g. health, social care, voluntary services)?
- What would make care and support for people with frailty better in your view?
- Do you think current services for older or frail people are fair and accessible for everyone – no matter their background (e.g. ethnicity, disability, income, where they live)?
- What challenges do you, or someone you support, face in staying independent and well?
- How important do you think it is for frail people to be involved in decisions about their own care?
- What matters most to you (or the person you care for) when it comes to staying independent and well in later life?
- How would you prefer to receive information about ageing well and support for frailty?
- How confident are you using digital tools to manage health (e.g. apps, video appointments, online forms)?
- Is there anything else you'd like us to consider as we develop the Healthy Ageing and Frailty Strategy?

**Full survey questions in the appendix*

In-person Targeted Engagement Questions (public)

- What do you understand by the term frailty, and do you identify as frail?
- Have you or someone you care for ever received support related to frailty? *(Probing questions: what organisation and what help received? What worked well?)*
- What would make care and support for people with frailty better in your view?
- How should information and support about ageing well and frailty be communicated to ensure accessibility for all?
- Is there anything else you'd like us to consider as we develop ways to support people with frailty to age well?

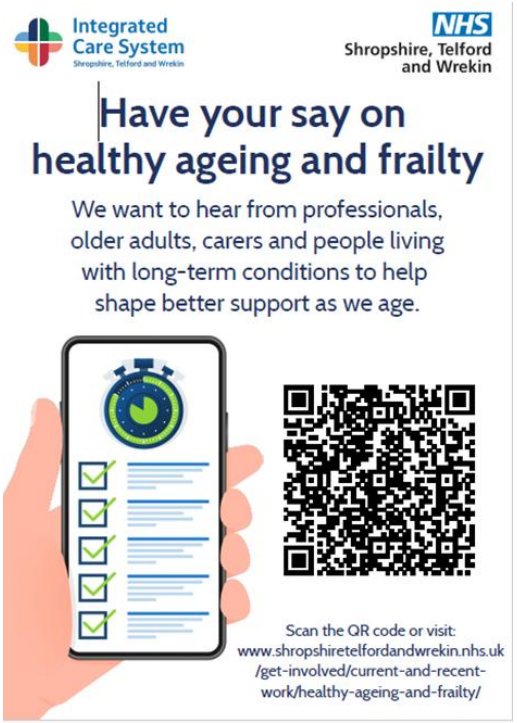
Professional Survey Questions*

- What is your connection to frailty?
- How well do you understand the term frailty? How well do you think the term frailty is understood?
- Have you ever used the frailty assessment scale?
- What do you see as the main gaps in service provision for people living with mild to moderate frailty?
- In what way would the healthy ageing and frailty strategy address your concerns?
- Do you think there are any pillars missing from the strategy?
- For each of the pillars can you share any strengths, weaknesses or opportunities for improvement under each heading?
- How do you see digital tools (such as smartphones, apps, websites, assistive TEC (Technology Enabled Care) or online platforms) supporting people living with or at risk of frailty?
- Do you have any experience of using any digital tools to identify people with frailty?

**Full survey questions in the appendix*

Promotion and distribution

- NHS STW web page was launched: [Healthy Ageing and Frailty - NHS Shropshire, Telford and Wrekin]
- The survey links were shared widely through a stakeholder briefing, a press release to local media, newsletters and social media channels by NHS STW and ICS partners.
- A comms toolkit was distributed to partner organisations (including VCSE) and stakeholders across the health and social care system including the press release, newsletter/website copy, poster/leaflet and social media copy/assets.
- Information and the request to join groups went to our full VSCE distribution list and all Patient Participation Groups.
- Leaflets and information was given out at engagement events and in addition at events including ‘See Hear’ event in Shrewsbury. Lawley coffee morning, Telford Patient First, Shropshire Patient Group, Shropshire Support refugees, Community Connectors Shropshire and Telford, Bridgnorth Community Hospital open day.



Targeted engagement & midpoint review

Targeted engagement was conducted across Shropshire, Telford, and Wrekin to ensure that the voices of people living with frailty and those aged 50+ with long term conditions with protected characteristics were heard.

Frailty Midpoint Review

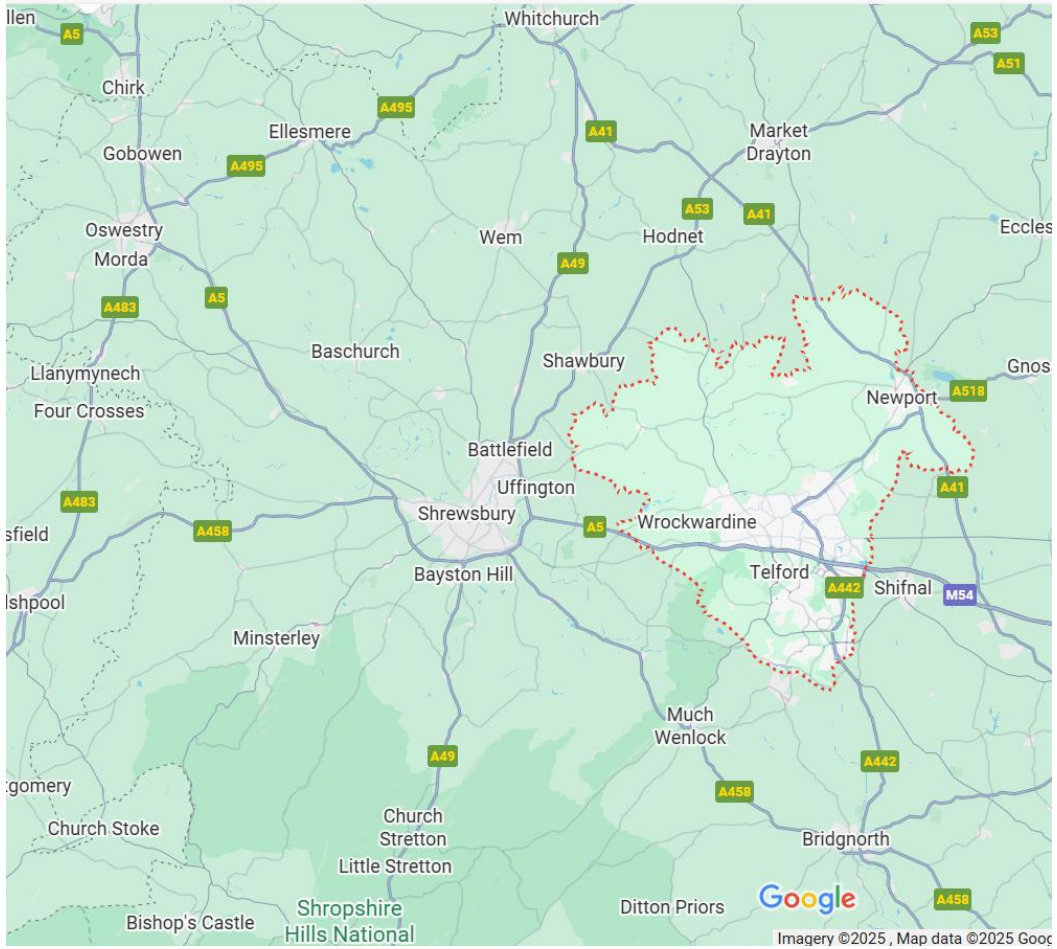
- To address the findings from the Frailty Midpoint Review, we increased engagement with underrepresented groups by developing targeted outreach strategies for Muslim, Hindu, and Sikh communities, and enhanced efforts to gather responses from a broader range of ethnic minority groups.
- We also targeted those individuals who had had a formal frailty assessments by visiting wards at the acute hospital and the care transfer hub.
- While continuing our efforts in Telford, we also increased engagement in Shropshire to balance response rates.
- Leveraging the good response rate from disability groups helped us gather more detailed insights and feedback.
- We ensured the needs and perspectives of the 65-75 age group were well-represented and considered additional strategies to engage younger respondents over 50. Finally, we assessed the effectiveness of current communication channels and adjusted them as needed to improve reach and inclusivity.

These efforts were also informed and aligned with the advice and guidance given from the Health Ageing and Frailty Steering Committee.

Face to Face Engagement
Groups and sites visited

16 groups in Shropshire, including:

- Pontesbury Carers
- Highley Walking Football
- Mayfair CoCo
- Oswestry Carers
- Shrewsbury Hospice
- Bridgnorth Age UK
- Coppice Falls prevention
- Crowmoor Falls prevention (multiple groups)
- Harlescott Falls prevention
- Royal Shrewsbury Hospital:
  - Care Transfer Hub
  - Ward 36
  - Ward 18
- Age UK Albrighton friendship
- Bridgnorth Community Hospital
- North Shropshire Dementia Friendly Churches



17 groups in Telford, including:

- Madeley Walking Group
- Telford Hospice
- Telford diverse community
- Madeley Friendly Faces
- Admaston Health walk
- Shire Homes Wellington
- TAARC Community Garden
- Age UK Hollingswood
- Age UK Newport
- Lawley Community Coffee
- Fit4All Woodside
- Age UK Turnpike
- Age UK Newport
- Fit4All Frizes
- Fit4All Apley Court
- Fit4All Lowe Court
- Fit4All Heywood Lonsdale

Engagement Response Overview

Total number of respondents

We have had a good response to the survey with a total of over 954 respondents.

This is broken down as:

- Public (service users, cares and family members):
  - **Public Online survey:** 526 respondents
  - **Targeted face to face engagement:** 305 respondents
  - **Paper Survey**: 4 respondents
- Professional (health and care professionals and volunteers):
  - **Professional online survey:** 79 respondents
  - **Stakeholder listening event:** 42 respondents

Online Public Survey - Summary

Online Public Survey Respondent Breakdown (Demographics)

In total, 526 people responded to the online public survey. This is broken down as follows:

Age:

Majority (75%) aged 65+, with 4% aged 85+. Only 3% of respondents aged under 50

Demographics:

- Significant majority of respondents were White British (93%), with a further 2% from other White backgrounds, and a small number of responses from other ethnic backgrounds.
- 5% (27) of respondents identified as members of the LGBTQ+ community, whilst 2 responses came from individuals who identify as transgender.
- 57% told us they were not disabled, with most of the remaining respondents telling us they face challenges with mobility, and long-term health conditions.

Postcodes:

- 304 responses were received from residents of Telford and Wrekin, 201 from Shropshire, and 14 from people whose home address is out of area (but may have a connection to the area).

Key Headlines from the Online Public Survey

- **Involvement in Care Decisions:** 99.5% of respondents told us that it is important that frail people are involved in decisions about their care
- **Perception of Frailty:** 69% feel that frailty is a condition that can be prevented, delayed or managed. People associate the word frailty with losing mobility, frequently falling, personal vulnerability, and a reduced ability to complete daily physical tasks.
- **Impact of Support:** When people receive support for frailty from a local health and care organisation, they overwhelmingly feel that it made a difference to their condition (93% responding 'Yes' or 'Somewhat')
- **Accessibility:** Only 6% of respondents told us that current services for older or frail people are fair and accessible for everyone.
  - Respondents told us that poor access to services is a real challenge in rural areas, the increasing cost of non-NHS support services is a challenge to household budgets, and there is a repeated perception of a 'postcode lottery' existing across the area
- **First Point of Contact:** For over half of respondents, they would contact their GP first if they or someone close to them experienced symptoms of frailty. Few others would access other parts of the health and care system, with most respondents choosing to consult family/friends, or wait until experiencing a crisis.
- **Clinical Assessment:** 96% of respondents didn't not believe they had clinically been assessed for frailty.

Respondent Profiling

2. Which of the following best describes your experience of frailty? (select all that apply)

	Answer Choices	Response Percent	Response Total
1	I feel I may be living with frailty (mild, moderate, or severe)	31.67%	159
2	I have a long-term condition (such as dementia or a heart condition) that affects my health, mobility or independence	26.89%	135
3	I care for or support someone living with frailty	26.10%	131
4	Prefer not to say	7.57%	38
5	Other (please specify):	20.92%	105

3. How would you describe your current health or resilience?

	Answer Choices	Response Percent	Response Total
1	I'm very fit and active	29.29%	152
2	I'm well, but not regularly active	16.38%	85
3	I have some health limits but can manage most things	37.57%	195
4	I find it harder to get around, I sometimes need help to walk with walking aids or someone to help me to get out of my home.	15.80%	82
5	I'm quite dependent on others for daily tasks	5.78%	30
6	I'm completely dependent on others for daily tasks and getting out of my home	1.35%	7
7	Not sure/prefer not to say	0.96%	5
		answered	519
		skipped	7

Clinical Approaches to Frailty

4. Have you ever been told you've been assessed for frailty?

	Answer Choices	Response Percent	Response Total
1	Yes	3.27%	17
2	No	93.08%	484
3	Not sure	3.65%	19
		answered	520
		skipped	6

5. Do you have a care plan for frailty or long-term health needs?

	Answer Choices	Response Percent	Response Total
1	Yes	1.75%	9
2	No	96.31%	496
3	Not sure	2.33%	12
		answered	515
		skipped	11

A significant majority of our respondents are not on a formal pathway for frailty or have ever received an assessment. Equally, most do not have a care plan in place which covers frailty.

This pattern was identified at the mid-point review but has persisted despite increased targeted engagement to enhance.

Current Health

3. How would you describe your current health or resilience?			
Answer Choices		**Response Percent**	**Response Total**
1	I'm very fit and active	29.29%	152
2	I'm well, but not regularly active	16.38%	85
3	I have some health limits but can manage most things	37.57%	195
4	I find it harder to get around, I sometimes need help to walk with walking aids or someone to help me to get out of my home.	15.80%	82
5	I'm quite dependent on others for daily tasks	5.78%	30
6	I'm completely dependent on others for daily tasks and getting out of my home	1.35%	7
7	Not sure/prefer not to say	0.96%	5
		answered	519
		skipped	7

Around 55% of respondents acknowledge they have some personal level of limits to their health, which for many can make daily tasks and jobs challenging.

The term “Frailty”

7. How well do you understand the term “frailty”?			
Answer Choices		**Response Percent**	**Response Total**
1	Very well	30.25%	157
2	Somewhat	52.22%	271
3	I’ve heard of it but don’t really understand it	15.61%	81
4	I’ve never heard of it before	1.93%	10
		answered	519
		skipped	7

When looking at the 91 respondents who indicated a lack of knowledge, their suggested definitions showed similar patterns to those who felt more confident in defining them.

How well do you understand the term “frailty”?	What is your age?						
		85 and over	Aged 75-84	Aged 65-74	Aged 50-64	Under 50	Prefer not to say
	Very well	10 45.5%	42 31.1%	69 29.6%	32 28.1%	3 23.1%	0 0.0%
	Somewhat	10 45.5%	74 54.8%	121 51.9%	56 49.1%	9 69.2%	1 50.0%
	I’ve heard of it but don’t really understand it	2 9.1%	18 13.3%	38 16.3%	22 19.3%	1 7.7%	1 50.0%
	I’ve never heard of it before	0 0.0%	1 0.7%	5 2.1%	4 3.5%	0 0.0%	0 0.0%

The older a respondent, the more likely they are to fully understand the phrase “frailty”, with almost twice as many understanding at 85+ compared with those under 50.

What kinds of support do you think help people age well and stay independent for longer?

9. What kinds of support do you think help people age well and stay independent for longer? (Select up to 3)				
Answer Choices			**Response Percent**	**Response Total**
1	Advice on healthy lifestyles (diet, exercise, sleep)		30.71%	160
2	Support for managing long-term health conditions		68.71%	358
3	Opportunities for social connection and friendships		45.11%	235
4	Information and advice about ageing well		28.02%	146
5	Access to local community activities		24.95%	130
6	Home adaptations or equipment		46.07%	240
7	Support for carers and families		23.42%	122
8	Help with finances or housing		8.45%	44
9	Other (please specify):		9.21%	48
			answered	521
			skipped	5

Respondents prioritised proactive management of long-term conditions, and opportunities for social connection and friendships.

This was also reflected in many of the conversations that took place through the targeted engagement.

Participants highly valued being with their peers in a structured environment supporting their mobility (e.g. Fit 4 All).

Support for Frailty

11. Have you (or someone you care for) ever received support related to frailty?

	Answer Choices	Response Percent	Response Total
1	Yes	29.75%	155
2	No	70.25%	366
		answered	521
		skipped	5

13. Did the support or intervention make a difference?

	Answer Choices	Response Percent	Response Total
1	Yes	55.13%	86
2	Somewhat	34.62%	54
3	No	6.41%	10
4	Not applicable	3.85%	6
		answered	156
		skipped	370

Around 30% of respondents have personal experience in dealing with frailty.

However, of those who do, around **90%** felt that the support they had been offered by local organisations made a difference.

Support for Frailty cont/...

When focusing on those who told us support made a difference, respondents emphasised the importance of enabling the patient to **stay in their own homes** for longer and the **support offered for family and loved ones**.

Multiple responses highlight the value of the **support received at the end-of-life phase.** They appreciated how **external support helped in signposting** and coordinating services, alleviating worries for elderly or vulnerable people individuals.

"My husband is 92 and has Alzheimer's. Thanks to the help we have had he is able to lead a fuller life. He goes into the Beacon Day Centre at Mayfair three times a week using Ring and Ride, which gives him a feeling of independence. Whilst he is there he has a happy and relaxed time playing games or just sitting reading the newspaper with lots of fun and laughter. He feels recognised and valued as a person and has gained much of his previous self confidence, which he lost as he lost his memory."

What do you think would help people live a happier, healthier and longer life as they age?

When considering what respondents felt would help people live a happier, healthier and longer life as they age, whilst most prioritised different factors in a consistent way across cohorts, there were differences when viewed against a respondent's current health/resilience.

- **Poorer health:** Respondent's with poorer health prioritised **better access** to local health services and receiving **clearer information** about frailty (likely due to age and poor eyesight).
- **Better health:** Those with better health, likely in the earlier stages of frailty, placed far greater priority on **support with staying physically active.**

18. What do you think would help people live a happier, healthier and longer life as they age? (Select up to 3)

	Answer Choices	Response Percent	Response Total
1	Better access to local health services	62.07%	324
2	More local services like a frailty clinic near home or advice clinics that link with your GP.	55.75%	291
3	Support with staying physically active	56.51%	295
4	Help with nutrition and hydration	15.90%	83
5	Support for carers and families	25.29%	132
6	Clearer information about frailty	14.18%	74
7	Social connection and loneliness support	41.76%	218
8	Other (please specify):	6.70%	35
		answered	522
		skipped	4

What do you think would help people live a happier, healthier and longer life as they age? (Select up to ...	How would you describe your current health or resilience?							
		I'm very fit and active	I'm well, but not regularly active	I have some health limits but can manage most things	I find it harder to get around, I sometimes need help to walk with walking aids or someone to help me to get out of my home.	I'm quite dependent on others for daily tasks	I'm completely dependent on others for daily tasks and getting out of my home	Not sure/prefer not to say
	Better access to local health services	86 20.0%	45 18.7%	138 26.1%	47 20.5%	23 26.4%	5 23.8%	5 45.5%
	More local services like a frailty clinic near hom	74 17.2%	49 20.3%	113 21.4%	52 22.7%	19 21.8%	4 19.0%	0 0.0%
	Support with staying physically active	104 24.2%	45 18.7%	108 20.4%	41 17.9%	12 13.8%	1 4.8%	3 27.3%
	Help with nutrition and hydration	37 8.6%	9 3.7%	23 4.3%	9 3.9%	5 5.7%	3 14.3%	0 0.0%
	Support for carers and families	36 8.4%	28 11.6%	44 8.3%	22 9.6%	9 10.3%	2 9.5%	1 9.1%
	Clearer information about frailty	16 3.7%	12 5.0%	22 4.2%	20 8.7%	8 9.2%	3 14.3%	0 0.0%
	Social connection and loneliness support	65 15.2%	47 19.5%	70 13.2%	35 15.3%	7 8.0%	3 14.3%	2 18.2%
	Other (please specify):	11 2.6%	6 2.5%	11 2.1%	3 1.3%	4 4.6%	0 0.0%	0 0.0%

System Performance

Local services so that travel is at a minimum. More home visits rather than attending clinics. More resources for OT and Physiotherapy locally. More day centres.

More and better understanding and trust of services that voluntary organisations can provide along with funding and an easier contracting route for voluntary sector services to deliver home from hospital & preventative services.

Seeing the same GP, having the same carers and social support so that they are familiar with and to the frail person

Better joined up services. Better listening skills by NHS. Faster diagnosis. Less reliance on long term opiates and other drugs which result from delays

19. How well do you feel services work together when caring for older frail people (e.g. health, social care, voluntary services)?

	Answer Choices	Response Percent	Response Total
1	Very well	1.72%	9
2	Quite well	13.22%	69
3	Not very well	38.70%	202
4	Not at all well	24.71%	129
5	Don't know	21.65%	113
		answered	522
		skipped	4

The majority of respondent's (64%) felt that services don't work very well together caring for older frail people.

In the long term better preventative support in those areas of frailty that it is suited to (e.g. falls prevention). In the short-term ensuring a level of social contact with others in a similar situation. Mutual support is a motivating factor for improved mental health and for continued physical activity.

Improved up to date GP records. People cannot get appointments and therefore struggle on because there is no follow up or joined up information, and they do not get diagnosed with a condition by their GP surgery so nothing is on their record

As a society we don't treat older people well. We leave them alone with numerous medications but little preventative care or support. A healthy society starts young and carries on through different ages. People are living longer not because we are healthier but have medication to prolong life but without the care or quality for a good older age.

What matters most to you (or the person you care for) when it comes to staying independent and well in later life

Key themes which emerge from this question include:

Financial Concerns

- Financial Challenges brought on by the cost of funding private care
- Paying for mobility sessions and activities to help slow down the onset of frailty
- Perceived inequity between those who must privately fund care, and those who receive state support

Travel and Access

- Rurality, and poor public transport links
- Centralisation of services in larger towns

Social Interaction

- Maintaining active social links, and reducing a feeling of isolation
- Notably relevant for those without children, many have concerns around who will be there when they age

Access to GP Appointments

- Being able to access their GP promptly and reliably, and have confidence that the doctor they see will understand their conditions and medical history

Financial challenges to buy the equipment and services I need to be independent. I do receive Attendance Allowance which is a great help, but it doesn't cover the full cost.

Access to pain management and physio services in a reasonable timescale. Current experience of Shropshire pain management has been if they can't intervene, ie ablation, they are not interested in teaching management techniques.

A lot of people over 70 are single and live on their own, the social side is as important as the physical wellbeing side.

Speed of referrals and being seen to discuss ways forward. Waiting for months and years can worsen a condition considerably

I couldn't have children, so I will have no one to help me as I get older and I have a degenerative disease which will only get worse, so at some point I will need to move to sheltered accommodation. However, unless you are on benefits, which I'm not, there are very few opportunities to move to suitable accommodation.

I'm already quite active but need to travel to most activities by car. Socialising is very important but some activities cannot provide this and there is a cost involved. Groups like the U3A, WI etc aim to bring people together but the Integrated Health opportunities need to be better advertised.

Digital Tools

Considering the average age of respondents**, the survey shows a high level of confidence compared to others.** 79% of respondents are either ‘very’ or ‘somewhat’ confident, with only 9% choosing the bottom two options.

However, **confidence levels vary significantly by age.** For those aged under 50, 67% tell us they are very confident, however for those aged 75+, this drops to below 32%.

Within the free text comments, there is a **high degree of general hesitancy towards technology replacing human interaction**, particularly from the older age groups. Equally respondents reference **poor broadband reliability in rural areas, the lack of a single system for all records and appointments, and unclear access to reliable information.**

26. How confident are you using digital tools to manage health (e.g. apps, video appointments, online forms)?

Answer Choices		Response Percent	Response Total
1	Very confident	42.88%	223
2	Somewhat confident	35.77%	186
3	Not very confident	12.50%	65
4	Not confident at all	5.77%	30
5	I do not use digital tools	3.08%	16
		answered	520
		skipped	6

How confident are you using digital tools to manage health (e.g. apps, video appointments, online forms)?	What is your age?						
		85 and over	Aged 75-84	Aged 65-74	Aged 50-64	Under 50	Prefer not to say
	Very confident	2 9.5%	44 32.1%	109 46.8%	58 50.4%	8 66.7%	1 50.0%
	Somewhat confident	5 23.8%	52 38.0%	85 36.5%	40 34.8%	4 33.3%	1 50.0%
	Not very confident	10 47.6%	24 17.5%	21 9.0%	10 8.7%	0 0.0%	0 0.0%
	Not confident at all	1 4.8%	12 8.8%	12 5.2%	5 4.3%	0 0.0%	0 0.0%
	I do not use digital tools	3 14.3%	5 3.6%	6 2.6%	2 1.7%	0 0.0%	0 0.0%

Targeted Engagement - Summary

Targeted Face to Face Engagement Respondent Breakdown (Demographics)

Total shared experiences: 305

- Age ranges 50 to 90+, with the majority in their 70s or 80s.
- The gender ratio is approximately 3 females to 1 male (no one identified as transgender)

Postcodes for locations of engagement

- Telford and Wrekin: 17
- Shropshire: 16 (including WV postcodes inside our border)

(Some groups had a mix of Shropshire, Telford, and Wrekin residents; 1 person was from Wales)

Demographics:

- **Ethnicity:** White British 287, Asian 2, Afro-Caribbean (Jamaican) 14, Romanian 1.

Group characteristics

- Carers, long-term health conditions, old age, frailty (as defined by the strategy), digitally excluded, rural, urban, diverse community, and economically deprived backgrounds.

Key Headlines from Face-to-Face Engagement

Question 1: What do you understand by the term frailty, and do you identify as frail?

- People associate the word frailty with losing mobility (particularly associated with falls), old age, personal vulnerability, physical or mental frailty, and a reduced ability to complete daily physical tasks. It was seen as a negative word and, for some in the Jamaican community, particularly offensive. The majority of people did not see themselves as frail, as they could still do things for themselves and maintained a positive mindset of '***keeping going***.' Where people accepted, they were frail, it was because of specific conversations with health professionals or falls.

'I've been told I am too frail for surgery if they find I have bowel cancer. So, I must be frail, but at 87, what can you expect? I can still do things for myself and walk here to this group and the Albrighton surgery, so I'm not too frail yet but I have come to terms with my health.'

- Several younger people felt they had periods of being frail during treatment, a flare-up or hospital admission, but in general didn't consider themselves frail.
- Healthy Ageing was not seen as the absence of health-related issues but rather continuing to be involved in community life and retaining independence. It should be noted that these comments came from the more physically able.

Key Headlines from Face-to-Face Engagement

Question 2: Have you or someone you care for ever received support related to frailty?

- Most individuals were not able to identify specific frailty services but described experiences with general practice, hospital outpatient/inpatient/emergency department services, falls clinics/falls prevention classes, exercise/social groups, carer (paid and unpaid), and provision of equipment.
- **General Practice** – positive comments focused on the care and treatment when seeing a healthcare professional. Some practices were named as excellent. Negative comments were around the difficulty in making an appointment, continuity of care, and transport to appointments, particularly for more urban practices. The majority of people aged 78 and above were not able to use online booking services or the NHS App. They relied heavily on younger family members to make appointments for them or to phone the surgery themselves and reported considerable delays in receiving treatment.
- **Acute Hospitals –** positive comments were focused on the care and treatment received as outpatients. Negative comments were generally about ambulance wait times, emergency departments, and some inpatient care for older people and those with dementia, lack of respect for older people, and transport issues. START support on the Rehabilitation ward was named as excellent (Shropshire Community Trust).
- **Community groups** were considered very positive in maintaining levels of fitness and social connection. Negative comments were around difficulties getting to groups for non-drivers and those with poor mobility. Falls prevention classes were seen as effective. Hospice care and support groups were reported as excellent. The Black and Asian community members reported generally seeking help from within their community, family, or faith group.
- **Areas of concern** –negative experiences had prevented some from seeking help, either because of a fear of hospital admission or difficulty making an appointment. Those without younger family/friends, digitally excluded, from diverse communities, with poor health literacy, and without transport were worst affected.

Key Headlines from Face-to-Face Engagement

Question 3: What would make care and support for people with frailty better in your view?

Answers to this question were diverse depending on an individual's experience, background, and location.

Common themes were:

- Physical access – availability of transport to appointments, including GP and community groups
- Access to book appointments –simplified, person-based, not online
- Timely help
- Simplify forms and information
- Attitude of staff – respect for older people and knowledge of frailty
- Home visits –general practice professionals doing home visits for housebound
- Carers - increased provision in rural areas
- Taking responsibility for oneself and planning ahead
- Annual in-person checks for all older people
- Supported living and care homes having visits from GPs, and other health professionals regularly
- Advocates and health professionals from diverse communities
- Care plans and one person to co-ordinate care and a single point of access for all health needs

Key Headlines from Face-to-Face Engagement

Question 4: How should information and support about ageing well and frailty be communicated to ensure accessibility for all?

Very few people we spoke to were confident online. Most people's preferred communication by:

- Written format via local newsletters/magazines, leaflets and posters
- From known trusted sources such as community groups, health and social care professionals, libraries, friends/ family, and peer groups.
- Those who were online often used Facebook, Email and Googled topics.
- Work with diverse communities 'grassroots' initiatives to combine health information with community events.
- Radio and black radio stations
- Information in lots of different formats, including braille, spoken, large print and written

Key Headlines from Face-to-Face Engagement

Question 5: Is there anything else you would like to consider?

- Access to health and care services was the most frequent additional issue to consider – this related to difficulty using online access and physical barriers to access such as distance and transport (for example general practice and acute hospitals).
- Social connection was repeated often as something important to consider. This includes family connections and social networks in community.
- The relationship of confidence and motivation with frailty came up at various times
- A number of people gave feedback about the health and wellbeing needs of unpaid family carers
- Other feedback included the benefit of exercise, timing of services, frailty amongst working age population and differing cultural attitudes to ageing

**Many people used this question as an opportunity to emphasise points that had been raised already*

Key Headlines from Paper Survey

- From the 150 paper surveys distributed, only 4 responses were received.
- The questions on the paper survey were the same as those used in the Face-to-Face Engagement.
- As a result, the themes identified from the paper survey responses aligned with those from the face-to-face engagement and have therefore been included with the Face-to-Face qualitative analysis.

Demographics:

- 3 female, 1 male
- 2 White British 2 no answer provided
- Ages 61, 81, 81, 85
- 3 Shropshire SY2,3,7, 1 Telford TF7

Professional Survey Online - Summary

Online Professional Survey Respondent Breakdown (Demographics)

In total, 79 professionals responded to the online professional survey. This breaks down as follows:

Organisation	Number of Responses
Community Care Organisation	16
VCSE Organisation	11
Shropshire Community Health NHS Trust	9
MPUFT	8
Shropshire Council	7
GP Practice	5
Telford & Wrekin Council	4
Age UK	3
The Robert Jones and Agnes Hunt Orthopaedic Hospital	2
Keele University	1
NHS Shropshire, Telford and Wrekin	1
Severn Valley Railway	1
The Shrewsbury and Telford Hospital NHS Trust	1
VISS Sign Language Interpreting Service (Shropshire) Ltd.	1

Postcode Area	Number of Responses
Telford (including Wolverhampton)	26
Shropshire	39
Out of Area	6

Key Headlines

Total Responses: 79. Largely split between local professionals working in health or social care (55%) and local VCSE professionals or volunteers (34%).

Understanding of 'Frailty':

- 97% of local professionals have a strong understanding of the term ‘very well’ or ‘somewhat’.
- The general public often misunderstand the term, associating it with negative connotations, and is not something that can be influenced. Many responses reference a sentiment that frailty is an inevitable part of aging and directly associated with old age.

Frailty Assessment:

- 28% of respondents had used a frailty assessment scale previously.
- Around two thirds of these respondents had received formal training.

Opportunities for Improvement:

- Early identification of frailty is challenging as a result of perceived under-investment and a lack of resource in the community.
- Improved training for staff and increased awareness of frailty and local support services are needed for those working with mild to moderate frailty patients.

Digital Tools:

- Digital tools are valuable but should compliment, not replace, the personal care.
- Implementation should be inclusive, considering those with who lack digital skills, do not speak English as a primary language, or are BSL speakers

What do you see as the main gaps in service provision for people living with mild to moderate frailty?

Key Themes include:

Lack of Early Identification & Prevention

- Recognition of frailty and symptoms of within primary and community care can be poor, which prohibits the early identification and intervention.
- Frailty is still largely associated with old age, leading to reduced awareness within younger adults.

Insufficient Preventative Services

- Many services and groups are located in larger towns, leading to inequality for those living in rural areas.
- Community based falls prevention services are felt to be under-resourced, and an overall sentiment that services are reactive, rather than proactive.

Fragmented and Complex Service Navigation

- Services are disconnected, and there is a lack of overall care coordination.
- Patients lack a single point of contact, which leads to a lack of continuity of care and disconnected services.

Workforce & Resource Shortages

- There is an overall feeling that there is a disconnect between ambitions for care, and the reality of what is deliverable within the existing and proposed financial envelope.
- The county has a shortage of professional health and care staff, which prohibits staff delivering care to the best of their ability.

Barriers to Accessing Services

- Poor public transport networks across the rural areas of the county are a significant barrier
- There is a risk that those who are not IT literate face exclusion from being able to easily access services.

Mental Health and Dementia Support Gaps

- Mental health conditions within older people are not well understood, and support is under-resourced.

Social Isolation & Community Disconnection

- Particularly within rural communities, there are limited opportunities for social interaction amongst the older and potentially frail age groups, which leads to isolation and loneliness.

Key Quotes

I think people assume that frailty is just weakness as we age and to be expected in our latter years as part of normal ageing, rather than the resilience to bounce back from minor ill health to extend living life as healthy as possible.

I am part of a service that focuses on frailty between mild to moderate levels so I would like to believe that I understand frailty well in all health-related contexts. The general public might have less understanding and refer to a frailty as either a single condition (e.g. dementia) or it is inevitable in the journey of an individual's life.

Supported living for people who may have mild to moderate frailty are often stretched for resources. The spaces can be taken by people who may be more severly frail instead, in places that are not suitable for them. This has a domino effect - those with mild frailty may be overlooked.

One significant gap is the underinvestment in community-based falls prevention programmes. There is a clear need for these services to be delivered by appropriately trained specialist instructors with a thorough understanding of frailty. At present, some exercise sessions are marketed as suitable for older adults but are not tailored to the specific needs of those living with frailty, posing a risk of harm rather than benefit.

It is the overall holistic approach on a national scale that is lacking. So much of our resources are understandably being put towards the acute and reactionary nature of healthcare including A&E departments etc. However, if a wide variety of health professionals were pooled together to form hubs that cover their patches across the country like our service then I would like to think frailty as a condition would be better managed.

At present there is a reliance on family, neighbours and voluntary services to provide support. As our population ages demand is increasing and the resource to support is not there. It is key to engage with individuals at stage 3 who may not be presenting at their GP or other health professional before they become vulnerable.

It is good to see an increased focus on prevention and education - the reality of the proposals within current and future funding is debatable

This strategy would ensure that individuals presenting as 'frail' would primarily be addressed as people, not numbers or just problems. Patients are more likely to get on board with our recommendations and advice if they feel like they are being listened to. If our patients are on board with this, it will reduce the dependency on other specialist teams in the community and reduce the pressure on acute trusts and A&E departments.

Listening Event Feedback (Professional) – 11 July

Vision for the future

We asked: Considering the vision for the future ...

What don't you like?

- Negative word – Frailty
- Mental health isn't visible and need an outcome for it
- Too focused on the older adult
- Target age – Is 50yrs old too high or too young?
- Cost of preventative interventions/funding for public

What do you like about it?

- Talks about inequalities
- Neighborhood /place-based aspect
- Public and workforce understanding (The education piece)
- General feel is that it all sounds positive
- Universal offer being 50+ and not an older starting age
- Importance of education
- System approach
- Care co-ordination – Single point of access
- Early intervention
- Patient engagement development

What would you change?

- Addition of reversal of sever/med frailty to lower or less
  - How does it refer to it being person centered / holistic approach with joined up services. (This includes digital aspects across services)
  - Does it need objectives around how services interact and ensure patients are accessing appropriate services at the correct time
  - Educate – Make it fun
  - Peer support with real examples and real people
  - More focus on prevention, 50-70 age chart
  - IG to be resolved to allow services to work together
  - Education on triggers, i.e losing work, retirement, bereavement, becoming a carer, having an injury/operation
  - Individuals' acceptance of frailty
  - Who does the education and how?
  - More assertive outreach to underserved communities
  - Digital tools / Shared care record

The Future - 2028

People are living and aging well, and those who experience frailty are still able to live with safety, dignity and autonomy. What did we do to get there?

Universal access and equity in services

- A consistent directory of services available in both digital and hard copy.
- Every practice and area having access to the same level of service provision.
- Self-referral options and timely access to the right interventions.
- Tackling inequalities through **equity of access**, not just equality

Impact :

A fairer system where no one is left behind due to geography, age, or digital exclusion.

Integrated, person-centred care systems

- One point of contact for individuals.
- Seamless transitions (e.g., hospital to home).
- Shared care records and digital connectivity.
- A single referral system staffed by professionals trained in both health and social care.

- **Impact**

People experience smoother, more coordinated care journeys, reducing stress and improving outcomes.

Prevention First and community-based approaches

- Community health hubs and peer support groups.
- Affordable or free access to preventative services.
- Public health campaigns promoting healthy lifestyles.
- Use of wearable tech and AI to monitor and support wellbeing.

- **Impact**

Empowered individuals to take control of their health and reduced the burden on acute services.

Education and culture change

- Awareness of frailty and ageing as a normal part of life.
- Health coaching and lifestyle education from a young age.
- Changing perceptions and language around ageing and frailty.
- Building trust with diverse communities and cultural leaders.

- **Impact**

A more informed and compassionate society, where ageing is seen as positively and support is proactive.

Sustainable investment and co-production

- 5–10 year funding models to allow services to grow and innovate.
- Co-production with people with lived experience.
- Strong partnerships across voluntary, community, and statutory sectors.
- A shared charter or pledge to drive accountability and continuous improvement.

- **Impact**

Stability, innovation, and trust in the system, ensuring it could evolve with community needs.

Summary

Key themes /areas to review / change within the strategy

Theme	Key Findings
Understanding of Frailty	Many public respondents associate frailty with old age, falls, and vulnerability. Most face-to-face participants did not identify as frail, even when they met clinical criteria. Professionals noted that the term is misunderstood and often seen as inevitable or negative.
Access and Equity	Survey respondents highlighted poor access in rural areas, digital exclusion, and a postcode lottery in service provision. Face-to-face participants cited transport and digital barriers. Listening event attendees stressed the need for equity, not just equality, in access.
Involvement in Care	99.5% of survey respondents said it's important for frail people to be involved in care decisions. However, many reported not being assessed for frailty or having a care plan. Face-to-face feedback showed people often rely on family or wait until crisis to seek help.
Service Gaps	Professionals identified lack of early identification, under-resourced preventative services, and fragmented care. Public feedback echoed this, with many unaware of frailty services and reporting poor coordination and lack of a single point of contact.
Carer and Social Support	Both surveys and engagement sessions highlighted the importance of social connection and the role of unpaid carers. Many carers feel unsupported. Social groups were praised for maintaining wellbeing, but access was limited for non-drivers or isolated individuals.
Digital Tools and Communication	Survey showed digital confidence declines with age (only 32% of 75+ very confident). Face-to-face participants preferred printed materials and trusted sources like community groups. Listening event feedback stressed digital tools must not replace human interaction.
Professional Insights	Professionals called for better training, more community resources, and inclusive digital solutions. They noted that frailty is often not recognised early enough and that services are reactive rather than proactive.

We will

Year 1

- We will develop ways to reliably identify those at risk, or with, frailty.
- We will try different approaches to test ways of changing the way we organise and join up services to support healthy aging, this includes co-production and our workforce. We will evaluate these projects to make sure we use our resources well and meet the needs of our residents with good results.
- We will look at the opportunities that digital services can offer to our workforce and our residents and how we might use these, especially to plan care. We will be aware that not all residents are confident with digital tools and plan for this too.
- We will develop our Information Governance, and how we measure improvement to lay the foundations for the strategy. This will include developing a set of achievement to ensure we meet our aims and objectives.
- We will understand the population needs at place and neighbourhood levels which will help us plan for the different needs of our residents.
- We will develop an education and training programme.

Year 2

- We will be using assessment tools to assess those residents who are at risk or living with frailty consistently.
- We will be using proactive care pathways which are being evaluated to ensure they are effective
- We will co-ordinating the care of our residents.
- We will have increased awareness and educational interventions to support the workforce.
- We will understand some of the improvements identified in year 1 and how to scale them up.
- We will have interventions in place at neighbourhood level aimed at our rural communities and those communities where there is deprivation, or where there a need to level up health services for those at risk or with frailty.
- We will have implemented relevant digital tools.
- Provide a universal prevention offer including a proactive invitation to those at risk of frailty and mildly frail adults over 50 to access an online health education resource; signpost to local statutory and VCSE offers for supported self-management of frailty risk factors.

Year 3

- We will continue the work of year 1 and 2 to continue to drive improvement in services and outcomes of our population.
- We will have evaluated our progress and be able to describe the outcomes of the interventions to educate, prevent, identify, manage and care for those at risk of or living with frailty. This will be including the experiences of residents, their carers, and the workforce.

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Thank you

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Acknowledgements

NHS Shropshire, Telford and Wrekin ICB would like to express thanks to the colleagues and partners for their support in the engagement exercise.

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Appendix

Key Links

Full survey questions

- Public Survey Questions
- Professional Survey Questions

Other strategies that are relevant to this piece of work:

- Draft Healthy Ageing and Frailty Strategy for 2025 to 2028
- Telford & Wrekin Council, Ageing Well Partnership Board. Co-produced by residents, Age UK, NHS, Healthwatch, and other partners, following an engagement survey (July–Sept 2022) with >2,800 responses the 2023–33 *Ageing Well Strategy*
- *JSNA data*
  - Telford & Wrekin Council | Joint Strategic Needs Assessment (JSNA) population headlines
  - JSNA - Joint Strategic Needs Assessment | Shropshire Council
- Shropshire, Telford and Wrekin's Joint Forward Plan
- 10 Year Health Plan for England: fit for the future - GOV.UK