**What matters for people living with frailty – you said / we did**

<table>
<thead>
<tr>
<th>You said (Our recommendations to the commissioning team based on what you said)</th>
<th>We did (What did the commissioning team do?)</th>
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<tbody>
<tr>
<td>1. Be mindful of using the word ‘frailty’ with people who are frail.</td>
<td>Through our ‘better conversations’ work (<a href="http://www.betterconversation.co.uk/">www.betterconversation.co.uk/</a>) we are training staff to avoid talking about frailty and instead talk to people about what is going well for them and how they can make sure those things can continue for as long as possible.</td>
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| 2. Develop a ‘what matters’ tool for people living with frailty that measures people’s:  
  a. Feelings of being socially connected  
  b. Ability to do the things they enjoy  
  c. Experience of using healthcare services, in particular whether they feel they have been listened to and treated with dignity  
  d. Independence  
  e. Access to transport | Following the engagement we look to see if there was an existing validated tool we could use that would capture the things people told us were important to them. We don’t think that there is anything currently available which will capture the things people highlighted as important in our engagement. We are in the process of developing a bespoke tool to measure people’s experiences. This will take some time to achieve and we will continue to involve local people and our partners as we develop the tool. |
| 3. Develop a ‘what matters’ tool for people who care for people with frailty that measures people’s:  
  a. Feelings of being socially connected  
  b. Ability to do the things they enjoy  
  c. Experience of using healthcare services, in particular whether they feel they have been listened to and treated with dignity  
  d. Ability to look after their own needs  
  e. Access to respite  
  f. Access to transport | We are in the process of developing a bespoke tool to measure people’s experiences. This will take some time to achieve and we will continue to involve local people and our partners as we develop the tool. |
| 4. Develop a ‘what matters’ tool for people at end-of-life that measures:  
  a. People’s experience of care  
  b. How people’s wishes are taken in consideration  
  c. Privacy | We are in the process of developing a bespoke tool to measure people’s experiences. This will take some time to achieve and we will continue to involve local people and our partners as we develop the tool. |
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<td>d. Choice in where people die</td>
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<tr>
<td>e. People’s views on the availability and relevance of information provided</td>
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</table>

5. Be mindful of the specific needs of seldom heard groups, in particular about providing accessible information and appointments  
We are continuing to work with our voluntary sector colleagues to ensure that we understand the needs and preferences of seldom heard groups. We are also committed to developing information that meets the requirements of the Accessible information Standard: [www.england.nhs.uk/wp-content/uploads/2017/10/easy-read-accessible-info-standard-overview-2017-18.pdf](http://www.england.nhs.uk/wp-content/uploads/2017/10/easy-read-accessible-info-standard-overview-2017-18.pdf)

6. Be mindful of the value of the third sector in engaging with frail people, people at the end of life and their carers  
The third sector has been a valued member of the Commissioning for Outcomes Framework Reference Group since it began in 2017. We understand that working in partnership with our third sector colleagues is essential if we are to develop person-centred health services in Leeds.