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*SUNFRAIL: Reference Sites Network for Prevention and Care of Frailty and Chronic Conditions in Community Dwelling Persons of EU countries*  
(Project number: 664291)

Work Package 2-Dissemination of the project

**May 2015 – February 2018**

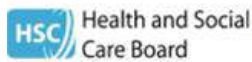
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## D 6.2: Sunfrail Tools for the Identification of Frailty and Multimorbidity

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### 1. FINAL CONFERENCE AGENDA

On 7th of February, the 30-months SUNFRAIL Project was concluded by its Final Conference in Bologna, Emilia-Romagna Region, Italy. The conference gathered high-level European and international speakers, national, regional and local health authorities and stakeholders and SUNFRAIL project partners to present and discuss the SUNFRAIL project's result and opportunities for future adoption and replicability.

The programme of the conference and details on key note speakers and facilitators are detailed in the Agenda below.

# sunfrail

## final conference

Bologna (Italy), February 7 | 7 febbraio 2018

Terza Torre Regione Emilia-Romagna  
Room | Sala 20 maggio 2012  
viale della Fiera 8, Bologna



Co-funded by  
the Health Programme  
of the European Union

The SUNFRAIL project (no. 664291)  
has received funding from the European  
Union's Health Programme (2014-2020).

Sunfrail is a project funded by the EU Health Programme 2014-2020 and brings together 11 partners from 6 EU Member States. It is aimed at improving the identification, prevention and management of frailty and care of multimorbidity in community dwelling persons (over 65) in subnational settings of EU countries.

*Sunfrail final conference* is dedicated to present the main *results* obtained during the 30 months of the project and to propose *recommendations* for the replicability and sustainability of the *model* and of the *tools* identified.

Sunfrail è un progetto cofinanziato dal Terzo programma Salute 2014-2020 della Commissione europea. Con il coinvolgimento di 11 partner provenienti da 6 Stati membri, il progetto è finalizzato a identificare, prevenire e gestire la fragilità e le multimorbilità nelle persone di età superiore ai 65 anni nel contesto delle cure primarie e della comunità.

La *conferenza finale di Sunfrail* è dedicata a presentare i principali *risultati* ottenuti nei 30 mesi di progetto e a formulare *raccomandazioni* per la replicabilità e la sostenibilità del *modello* e degli *strumenti* identificati.

## SUNFRAIL PARTNERS



## AFFILIATED ENTITIES



# AGENDA

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## morning session

8.30 *Registration of participants*

9.00 Welcome and opening remarks - SERGIO VENTURI

## Policies and programs on frailty and multimorbidity

Chairperson: MARIA LUISA MORO

9.15 Health Programs actions on frailty and multimorbidity - MARC VANDENBROECK

9.35 Italian policies on ageing and frailty - RENATO BOTTI

9.55 The Ministry of Health's support to Italian partnerships in EU projects - GIOVANNI NICOLETTI

## Initiatives to address frailty and multimorbidity

Chairperson: MADDALENA ILLARIO

10.10 The network of Italian Regions - Pro.M.I.S. PROgramma Mattone Internazionale Salute  
ANTONIO MARITATI

10.25 Joint Action AdvantAGE - LEOCADIO RODRÍGUEZ MAÑAS

10.45 Preventing and managing frailty in Europe  
STEFANIA MAGGI

11.00 Questions and answers

11.15 *Coffee break*

## Sunfrail Project's results and opportunities

Chairperson: NICK BATEY

11.30 A regional model to predict, identify and manage multimorbidity and frailty

ANTONIO BRAMBILLA, IMMACOLATA CACCIAPUOTI

11.50 Sunfrail Project's results

MIRCA BARBOLINI, MARCELLO MAGGIO

12.30 Panel and plenary discussion - The replicability of the Model and the Tool

JEAN BOUSQUET, THOMAS KOSTKA, STEFANIA MAGGI,  
MARCELLO MAGGIO, LEOCADIO RODRÍGUEZ MAÑAS,  
SANDRINE SOURDET, ALBERTO PILOTTO

13.30 *Lunch break*

## afternoon session

14.30 Drafting some recommendations

NICK BATEY, MARIA LUISA MORO

## Sunfrail Project's results and opportunities

Chairpersons: ROBERT GOBBENS, PAOLA OBBIA

14.50 Sunfrail Tool for human resources:  
a multidisciplinary approach to frailty  
VALERIA ROMANO

15.10 Addressing frailty according to beneficiaries  
recommendations  
SOO HUN

15.25 Panel and plenary discussion - A multidisciplinary  
training model; beneficiaries involvement  
NICK BATEY, SOO HUN, MADDALENA ILLARIO,  
ERNESTO PALUMMERI, VALERIA ROMANO, RITA STARA

16.20 Drafting some recommendations  
ROBERT GOBBENS, PAOLA OBBIA

16.50 Closing remarks - MARIA LUISA MORO

## CHAIRPERSONS AND SPEAKERS

MIRCA BARBOLINI	Regional Agency for Health and Social care, Emilia-Romagna Region (IT)
NICK BATEY	European Regional and Local Health Authorities network (Euregha)
RENATO BOTTI	Coordinator, Health Commission of Italian Regions and Autonomous provinces - Piedmont Region (IT)
JEAN BOUSQUET	Centre Hospitalier Universitaire de Montpellier (FR)
ANTONIO BRAMBILLA	Head, Primary Health Care Department, Emilia-Romagna Region (IT)
IMMACOLATA CACCIAPUOTI	Primary Health Care Department, Emilia-Romagna Region (IT)
ROBERT GOBBENS	Inholland University of Applied Sciences, Amsterdam (NL)
SOO HUN	Health and Social Care Board of Northern Ireland (UK)
MADDALENA ILLARIO	Federico II University-Hospital Trust, Regione Campania (IT)
TOMASZ KOSTKA	Uniwrsytet Medyczny w Lodzi (PL)
STEFANIA MAGGI	European Union Geriatric Medicine Society - EUGMS
MARCELLO MAGGIO	University of Parma and University-Hospital Trust of Parma (IT)

LEOCADIO RODRÍGUEZ MAÑAS	Hospital Universitario de Getafe (ES)
ANTONIO MARITATI	Pro.M.I.S. PROgramma Mattone Internazionale Salute (IT)
MARIA LUISA MORO	Director, Regional Agency for Health and Social care, Emilia-Romagna Region (IT)
GIOVANNI NICOLETTI	Office of the Secretary General, Italian Ministry of Health (IT)
PAOLA OBBIA	ASLCN1, Piedmont Region (IT)
ERNESTO PALUMMERI	Liguria Region (IT)
ALBERTO PILOTTO	Geriatric Department, Ente ospedaliero Ospedali Galliera, Liguria Region (IT)
VALERIA ROMANO	IRES Institute for Economic and Social Research, Piedmont Region (IT)
SANDRINE SOURDET	Centre Hospitalier Universitaire of Toulouse (Gerontopole) (FR)
RITA STARA	Federation of Patients with Diabetes Emilia-Romagna (FeDER), Emilia-Romagna Region (IT)
MARC VANDENBROECK	Scientific Project Officer, European Commission Consumers, Health, Agriculture and Food Executive Agency (Chafea)
SERGIO VENTURI	Regional Health Minister, Emilia-Romagna Region (IT)

## ONLINE PRE-REGISTRATION AND OTHER INFORMATION

It is necessary to pre-register to the event from the page <http://assr.regione.emilia-romagna.it/it/eventi/2018/sunfrail/>  
Simultaneous translations will be provided into Italian and English.

È necessario pre-iscrivere sul sito dell'Agenzia sanitaria e sociale regionale <http://assr.regione.emilia-romagna.it/it/eventi/2018/sunfrail/>  
Per l'evento è stato richiesto l'accreditamento ECM.  
È previsto il servizio di traduzione simultanea.

**FOR MORE INFORMATION / PER INFORMAZIONI** [www.sunfrail.eu](http://www.sunfrail.eu) - [sunfrail@regione.emilia-romagna.it](mailto:sunfrail@regione.emilia-romagna.it)



### 2. SUNFRAIL FINAL CONFERENCE METHODOLOGY

The Final Conference was organized through 5 specific sessions:

The first session "Policy and programs on frailty and multimorbidity", aimed to provide an overview of the main health policies and programs supporting frailty and multimorbidity at European and Italian level. To this extent, international and Italian key stakeholders and experts have been invited. The presentations have been followed by debates and questions and answers with the public.

The main objective of the second session "Initiatives to address frailty and multimorbidity" was to highlight the important role of networks and EU initiatives in providing integrated and coordinated strategies at international, national and subnational level. International and Italian key stakeholders and experts have been invited. The presentations have been followed by debates and questions and answers with the public.

In the third and fifth sessions, "Sunfrail Project's results and opportunities", the main results achieved during the 30 months project have been described, with a specific focus on the Sunfrail Model and Tools to identify and manage frailty, the multidisciplinary tool for human resources and processes to promote beneficiaries involvement.

In the fourth and sixth Sessions, two interactive Panel and plenary discussions have been implemented, involving both panellists and the public, to propose recommendations on the replicability and sustainability of the Sunfrail Model and the Tools identified by the project:

- Panel and plenary discussion on the replicability of the Model and the Tool;

- Panel and plenary discussion on the multidisciplinary training model and beneficiaries involvement.

The methodology has foreseen participative and interactive rounds of questions posed to the panellists, followed by an open plenary discussion and a final round of comments by the panellists. The main aim was to reach a consensus and provide inputs to draft some recommendations of EU added value. More details on the methodology of each Panel and Plenary discussions are described below.

#### 2.1. - Session: The replicability of the Model and the Tools

With its ACTION PLAN on 'Prevention and early diagnosis of frailty and functional decline, both physical and cognitive, in older people', the European Commission Innovation Partnership on Active and Healthy Ageing indicates the need for a better understanding and measuring risk factors for frailty as a prerequisite for implementing programmes for early detection, prevention

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and management to reduce future demand, improve outcomes and enhance vitality and quality of life.

To address these challenges, the EU Sunfrail Project objectives aimed to improve the identification, prevention and management of frailty and care of multimorbidity in community dwelling persons (over 65) in subnational settings of EU countries, through the following steps:

- Designing an innovative, integrated model for the prevention and management of frailty and care of multimorbidity;
- Validating the model on the basis of existing systems and services;
- Assessing the potential for the adoption/replication of the model in different European organisational contexts;
- Promoting the dissemination of the results with a focus on strategic decision-makers at regional, national and EU level to support the adoption of effective policies for the prevention and management of frailty and care of multimorbidity.

Following a process of literature review and in-depth discussions with international key stakeholders, the Sunfrail Project has defined frailty as a reversible condition, according to the bio-psycho social paradigm (Gobbens R. et al, 2010) integrating physical, psychological, social and economic dimensions.

An assessment was conducted in Reference Sites' Health and Social Systems and Services to map good practices and analyze beneficiaries' perceptions of frailty, awareness of risk factors and barriers to care. It allowed obtaining an overall view on the available models of care, leading to the design of the Sunfrail Model of Care and of the Sunfrail tool.

The Sunfrail Final Conference was dedicated to present the main results obtained during the 30 months of the project and to propose recommendations for the replicability and sustainability of the model and the tools identified.

In the Session "Sunfrail Project's Results and Opportunities", the interactive "**Panel and Plenary discussion - The replicability of the Model and the Tools**" has been organized, involving both panellists and the public, aiming to discuss about lessons learnt, challenges and advices on the applicability and replicability of the Model and the Tools.

The expected outcome was to reach a consensus and to provide inputs to draft some recommendations of EU added value.

To this extent, two rounds of questions have been posed to the panellists, followed by an open plenary discussion with the public, and a final round of comments by the panellists.

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Short answers (maximum three minutes each) were strongly recommended, in order to promote interactivity and participation.

### **Timing of the Panel and Plenary discussion:**

**12.30 – 13.00**

### **Introduction by the Chairperson (N.Batey) and questions/answers with panellists**

First question (three interventions, of maximum 3 minutes each):

- *What are the challenges and advices to address frailty and multimorbidity with an intersectoral and preventive approach?*

Second question (four interventions, of maximum 3 minutes each):

- *What could be your suggestions for the application and replication of the Sunfrail Model and the Tools in other European Countries?*

**13.00-13.30**

### **Open plenary discussion with the public and final round of comments by the panellists.**

## **2.2 - Session: A Multidisciplinary training model; Beneficiaries involvement**

With its ACTION PLAN on 'Prevention and early diagnosis of frailty and functional decline, both physical and cognitive, in older people', the European Commission Innovation Partnership on Active and Healthy Ageing indicates the need for a better understanding and measuring risk factors for frailty as a prerequisite for implementing programmes for early detection, prevention and management to reduce future demand, improve outcomes and enhance vitality and quality of life.

To address these challenges, the EU Sunfrail Project objectives aimed to improve the identification, prevention and management of frailty and care of multimorbidity in community dwelling persons (over 65) in subnational settings of EU countries, through the following steps:

- Designing an innovative, integrated model for the prevention and management of frailty and care of multimorbidity;
- Validating the model on the basis of existing systems and services;
- Assessing the potential for the adoption/replication of the model in different European organisational contexts;

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- Promoting the dissemination of the results with a focus on strategic decision-makers at regional, national and EU level to support the adoption of effective policies for the prevention and management of frailty and care of multimorbidity.

Following a process of literature review and in-depth discussions with international key stakeholders, the Sunfrail Project has defined frailty as a reversible condition, according to the bio-psycho social paradigm (Gobbens R. et al, 2010) integrating physical, psychological, social and economic dimensions.

An assessment was conducted in Reference Sites' Health and Social Systems and Services to map good practices and analyze beneficiaries' perceptions of frailty, awareness of risk factors and barriers to care. It allowed to obtain an overall view on the available models of care, leading to the design of the Sunfrail Model of Care and of the Sunfrail tool. In particular, the assessment highlighted the need to work on strategies and tools to bridge the gap between beneficiaries' needs and services provision, and to promote human resources' capacity to address these challenges through a multi-professional and integrated approach.

The Sunfrail Final Conference was dedicated to present the main results obtained during the 30 months of the project and to propose recommendations for the replicability and sustainability of the model and the tools identified.

In the Session "Sunfrail Project's Results and Opportunities", the interactive **"Panel and Plenary discussion – A Multidisciplinary training model; Beneficiaries involvement"** has been organized, involving both panellists and the public, aiming to discuss about lessons learnt, challenges and advices on the applicability and replicability of the Educational Model and Tool and on how to strengthen beneficiaries involvement.

To this extent, two rounds of questions have been posed to the panellists, followed by an open plenary discussion with the public, and a final round of comments by the panellists.

Short answers (maximum three minutes each) were strongly recommended, in order to promote interactivity and participation.

### **Timing of the Panel and Plenary discussion:**

**15.25 – 15.55**

### **Introduction by the Chairpersons (Gobbens R; Obbia P) and questions/answers with panellists**

First question (three interventions, of maximum 3 minutes each):

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- *What are the challenges and advices for the application and replication of the Sunfrail training model and tool in other European Countries?*

Second question (three interventions, of maximum 3 minutes each):

- *Which strategies could we suggest to further bridge the gap between beneficiaries needs and services provided on frailty and multimorbidity?*

**15.55-16.20**

**Open plenary discussion with the public and final round of comments by the panellists.**

### 3. FINAL CONFERENCE MINUTES

	<p><b>SUNFRAIL FINAL CONFERENCE</b></p> <p>7<sup>th</sup> February 2018</p> <p><i>Bologna, Italy</i></p> <p><b>MINUTES</b></p>
<p><b>Opening &amp; Welcome</b></p>	<p><b>Ms Elisabetta Gualmini</b>, Minister of Welfare Policies in Region Emilia-Romagna, opened the SUNFRAIL Final conference by addressing the demographic change challenge. Ms Gualmini also stressed the importance of early detection of frailty, made possible by the SUNFRAIL model and tools. She continued by stating that frailty and ageing is one of the priority areas for the Emilia-Romagna region, and informed about that a new plan for health and social policies for the next 3-years recently got approved by the regional government, where prevention is a key priority with special attention to multimorbidity in the aim of avoiding hospitalization.</p> <p>Emilia-Romagna region is also working on homecare and social activities in the framework of active and healthy ageing as a strategy to prevent isolation. The region has over 1 million people in the age over 65 years.</p>
<p><b>Session 1:</b></p> <p><b>Health Programs actions on frailty and multimorbidity</b></p>	<p><b>Mr Marc Vandebroeck</b>, Scientific Project Officer, CHAFEA, opened the session on “Policies and programs on frailty and multimorbidity” chaired by <b>Maria Luisa Moro</b>, Director, Regional Agency for Health and Social Care, Emilia-Romagna Region.</p> <p>Mr Vandebroeck presented the 3<sup>rd</sup> Health Programme, which is a tool for 1) spending smarter in sustainable health systems, 2) investing in people’s health, particularly through health-promotions programmes, 3) investing in health coverage as a way of reducing inequalities and tackling social exclusion. He also emphasized the four main objectives of the 3<sup>rd</sup> Health Programme:</p>

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	<ul style="list-style-type: none"> <li>• Promote health, prevent diseases and foster supportive environments for healthy lifestyles</li> <li>• Protect citizens from serious cross-border health threats</li> <li>• Contribute to innovative, efficient and sustainable health systems</li> <li>• Facilitate access to better and safer healthcare for Union citizens</li> </ul> <p>Mr Vandebroeck continued by addressing the annual work programme for 2018, including 62 million euros open for projects and tenders, whereas 3 million euros is for sharing of best practices and scaling up of integrated care projects. Deadline for submission of proposals is <b>26 of April 2018</b>.</p> <p>The second presentation in the session was held by <b>Mr Giovanni Nicoletti, Office of the Secretary General, Italian Ministry of Health</b>. Mr Nicoletti presented the Ministry of Health's support to Italian partnership in EU projects which includes: information to the public, assisting in project designs and stewardship in application processes. The Ministry of Health currently have a national plan on chronicity where a steering committee is in place, and a national prevention plan concerning the areas of health promotion, healthy lifestyles and healthy ageing. Mr Nicoletti emphasized their national public health fund (Ccm – National Center for Disease Prevention and Control), which is a collaborative network and coordinating body between the Ministry of Health and the regions for activities of prevention. He also addressed the participation of Italy in Joint Actions, such as Chrodis and Chrodis plus, as well as Advantage JA.</p>
<p><b>Session 2:</b></p> <p><b>Initiatives to address frailty and multimorbidity</b></p>	<p>Session 2 was chaired by <b>Maddalena Illario, Federico II University-Hospital Trust, Region Campania</b>, who stressed that SUNFRAIL Project is an example of a triple win: <i>"How innovation can be born through European collaboration between regions"</i>.</p> <p>The first presentation in session 2 was held by <b>Nicola Scomparin, the network of Italian regions Pro.M.I.S. (PROgramma Mattone Internazionale Salute)</b>. The network started in 2011, as a permanent structure to support the regions and provinces in their internationalization processes in the field of health. The network aims to:</p>

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	<ul style="list-style-type: none"> <li>• Support the Italian regions to receive funding from and participating in EU and international projects</li> <li>• Promote dissemination of regional and local community policies / sharing and exchanging best practices</li> <li>• Promoting international research initiatives in the field of public health</li> <li>• Stimulating the participation of Italian regions in the health policies of the World Health Organization and other international agencies</li> <li>• Stimulating international comparison to enhance awareness, experience and management efficiency of national health and social structures</li> <li>• Organize coordinated and competitive participation in European Calls</li> <li>• Supporting the integration of different policies from a European/International perspective</li> </ul> <p>Pro.M.I.S is organizing activities such as information days and thematic workshops to support the regions participation in European cooperation's and is providing lists of European calls, website, Pro.M.I.S News and a European project database to enhance and ease regional participation.</p> <p>The second presentation in session 2 was held by <b>Prof. Leocadio Rodriguez Manas, Hospital Universitario de Getafe (ES)</b> who presented the <b>Joint Action AdvantAGE</b>, which receives funding under the 3<sup>rd</sup> EU Health Programme. The Joint Action is gathering 22 Member States and 35 organizations, in the aim of summarizing the current State of the Art of the different components of frailty and its management, both at a personal and population level and increase the knowledge in the field of frailty to build a common understanding on frailty to be used by the Member States. Mr Rodriguez Manas emphasize that AdvantAGE is the first Joint Action on the prevention of frailty. He continues by explaining that the identification of the core components of frailty and its management should promote the needed changes in the health organization and their implementation in the Health and Social systems to provide those models of care that, stemming from the particular health profile of each Member State, will allow them to face the challenge of frailty within a common framework. The Join Action is now in phase 2, where they are developing and testing a common European model</p>
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	<p>to approach frailty.</p> <p>Mr Rodriguez Manas presents the third transition in health where we go from:</p> <ul style="list-style-type: none"> <li>• Cure – Care</li> <li>• Disease – Function</li> <li>• Survival – Quality of life</li> <li>• To do – Risk to benefit ratio</li> <li>• Long-term – Timely interventions</li> <li>• React – Prevent</li> <li>• Episodes – Integrated/continued care</li> </ul> <p>Q&amp;A session:</p> <p><i>Question to Mr Rodriguez Manas:</i> When should the Sunfrail model and tool be applied? Frailty is easier to detect the older you are, but it's important with early detection to reverse the condition and prevent frailty. At which age and to which people are we implementing the tools to detect frailty?</p> <p><i>Answer:</i> Social conditions is a good determinant to know to whom to implement the Sunfrail tool. Important to take advantage of ICT tools to detect the conditions, exchange of data across regional borders is crucial. Primarily, we have to determine what we are measuring, using the ICT tools as help, and then decide spectrums of ages/populations.</p>
<p><b>Session 3:</b></p> <p><b>SUNFRAIL Project's results and opportunities</b></p>	<p>This session was chaired by <b>Nick Batey, Chair of EUREGHA (European Regional and Local Health Authorities)</b>.</p> <p>The first presentation of this session was held by <b>Andrea Donatini</b>, standing in for <b>Immacolata Cacciapuoti, Primary Health Care Department, Emilia-Romagna Region</b>. Mr Donatini presented their regional model to predict, identify and manage multimorbidity and frailty. He opened the presentation by describing the region's health system, which includes 8 local health units, 5 hospital trusts, 4 research hospitals, 3000 general practitioners, 4944 doctors, 26 154 nurses, 18 community hospitals and 102 community health centers' (Case della Salute). The community health centers is a single point of access for citizens, and provides a continuity of primary care. The Emilia-</p>

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	<p>Romagna Region has a big administrative database, where all the data are linked to be easily accessed over the region. A patient risk profile, created by the tool RISK-ER, is available to help detect frailty early in primary care. According to the regional predictive model, 3.3 % are very high-risk patients in the region.</p> <p>The second presentation of the third session was held by <b>Mirca Barbolini, Coordinator SUNFRAIL Project from the Regional Agency for Health and Social Care, Emilia-Romagna Region</b>, together with <b>Marcello Maggio, University of Parma and University-Hospital Trust of Parma (IT)</b>. Ms Barbolini started by presenting the Sunfrail project and aim, which is to detect frailty in order to avoid and prevent disability. Once the disability is there, we cannot reverse the condition, which motives us to work on detecting frailty at an early stage and to prevent a more severe stage of frailty and multimorbidity. Mr Maggio continued by addressing the elements of success regarding the SUNFRAIL Tool:</p> <ul style="list-style-type: none"><li>• Understandable by professionals and beneficiaries</li><li>• Easy to use by professionals and community actors</li><li>• Empowering beneficiaries (awareness – access)</li><li>• Connecting services (health, social, community care)</li><li>• Multidisciplinary approach to frailty for HR development (Human resources course)</li></ul> <p>Regarding the applicability, replicability and sustainability of the SUNFRAIL model and tool, Mr Maggio stressed that the tool has been requested in Italian regions for adoption, and collaboration with EU Joint Action AdvantAGE is established.</p> <p><b>Panel and plenary discussion:</b></p> <p><i>Jean Bousquet, Thomas Kostka, Marcello Maggio, Leocadio Rodriguez Manas, Alberto Pilotto, Sandrine Sourdet</i></p> <p><b>Nick Batey:</b> Is the language we use (frail) a barrier to the management of frailty? A barrier to what we want to achieve? People does not want to define themselves as frail, which might make our language a barrier to detecting frailty.</p> <p><b>Marcello Maggio:</b> We need to improve the perception of frailty among citizens and professionals to ease early identification of the condition. The</p>
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	<p>key goal is to “create alerts” on frailty and multimorbidity to be able to detect early signs of the condition.</p> <p><b>Alberto Pilotto:</b> SUNFRAIL project confirmed that frailty is a multidimensional concept, this concept has to be shared with the public. Frailty has a relevant social and economic impact as well, which can be used to motivate policy makers and professionals in using the tool.</p> <p><b>Mirca Barbolini:</b> SUNFRAIL has provided a change of mindset when it comes to frailty, and has been raising awareness of what frailty is and potential ways to prevent the condition. The tool was a catalyser to see what services are available and how to connect them. This is the starting point and now we can work further on linking information obtained by the tool.</p> <p><b>Thomas Kostka:</b> How can we get the actual findings from the project to be implemented? The Sunfrail instrument now should go through validation processes, and after these assessments we can see if the tool can be larger spread.</p>
<p><b>Session 4: Drafting some recommendations – the replicability of the Model and the Tool</b></p>	<p><b>Nick Batey and Maria Luisa Moro</b></p> <ul style="list-style-type: none"> <li>• Reinforce the message to policy makers across Europe that frailty is a reversible condition and needs to be addressed through its main dimensions and early identification of risk factors, to orient proactive and preventive strategies.</li> <li>• It is important to adopt a more holistic approach to frailty that considers its biological, neuro-psychological and socio-economical dimensions.</li> <li>• Frailty risk factors can be identified especially in community and primary care settings, targeting a population that may be unknown by services.</li> <li>• To address frailty in a sustainable way requires broad interdisciplinary approaches and integrated strategies connecting existent health, social and community services. This should be embedded in activities aimed at joint planning and funding forecasts involving relevant stakeholders from the national, regional and local level.</li> <li>• It is essential to train primary care professionals to adopt an innovative approach based on a multidisciplinary and multisectoral interventions.</li> <li>• It's important not to underestimate the challenge of implementation. Use the evidence to create a compelling local story and use existing structures to drive adoption where possible by local authorities.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Use existing structures to accelerate good practices exchange, such as EU networks and national agencies.</li> <li>• Addressing reversible frailty is an issue relevant to an increasing proportion of European population. It will be greater added value in addressing this at EU level through international cooperation.</li> </ul>
<p><b>Session 5:</b></p> <p><b>SUNFRAIL Project's results and opportunities</b></p>	<p>This session was chaired by <b>Robbert Gobbens, Inholland University of Applied Sciences, Amsterdam (NL)</b>, together with <b>Paola Obbia, ASLCN1, Piedmont Region (IT)</b>.</p> <p>The first presentation of the session was held by <b>Valeria Romano, IRES Institute for Economic and Social Research, Piedmont Region (IT)</b>, on the SUNFRAIL tool for human resources. Valeria describe the method used when implementing the human resources tool in the course provided to health professionals. She emphasized the importance of the multi-professional approach in the course, gathering a wide range of caretakers and health professionals that could cooperate to better manage frailty in their systems. Ms Romano also presented the evaluations of the course participants, how their knowledge had improved by participating in it and how the human resources tool can be used to further develop the identification, prevention and management of frailty.</p> <p>The second presentation of the session was held by <b>Soo Hun, Health and Social Care Board of Northern Ireland (UK)</b>, on beneficiaries' approach to frailty. Ms Hun introduced by showing a video on older people's own perspective on frailty, by Age UK. <a href="#">The video can be found here.</a></p> <p>The video shows that beneficiaries tend to not define themselves as frail, since the perspective of frail means weak or vulnerable. This definition is important to have in mind while working with frailty.</p>
<p><b>Session 6: Drafting some recommendations - A multidisciplinary training model; beneficiaries involvement</b></p>	<p><b>Robbert Gobbens</b> presented the following recommendations after session:</p> <ul style="list-style-type: none"> <li>• The SUNFRAIL tool may be used for early screening of multidimensional frailty and to assess whether an older person needs both a more comprehensive and integral geriatric multidimensional assessment as well as a care-needs assessment. This can be followed by tailor-made, personalized interventions with the aim to prevent avoidable deterioration of the situation leading to adverse outcomes.</li> <li>• Frailty can be understood as the ability (resilience) of the individual</li> </ul>

## D 6.2: Sunfrail Tools for the Identification of Frailty and Multimorbidity

	<p>to adapt accordingly to the changing of their conditions, both in physical, emotional and environmental perspectives. Current frailty screening (e.g. screening with an instrument like the SUNFRAIL tool) could be used as complementary by screening of the strengths of frail older people or it could develop towards an assessment of the frailty balance, referring to the balance between losses and deficits on one side and support and autonomy of older people on the other side.</p> <ul style="list-style-type: none"><li>• There is a progressive tendency to adopt a person-centred approach that encourages the autonomy and empowerment of the elderly and frail person. Even when vulnerable people lose control or are unable to influence their surroundings, they still strive to manage their frailty and remain committed to the community.</li></ul> <p><b>Maria Luisa Moro</b> closed the conference by giving closing remarks on the sessions being held during the conference.</p> <p><b>Presentations will be available on the <a href="#">SUNFRAIL Website</a>.</b></p>
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### 4. SUNFRAIL FINAL CONFERENCE PRESS RELEASE

On 7th of February, the 30-months SUNFRAIL Project was concluded by its Final Conference in Bologna, Emilia-Romagna Region, Italy. The final conference gathered high-level European and international speakers, national, regional and local health authorities and stakeholders and SUNFRAIL project partners to present and discuss the SUNFRAIL project's result and opportunities for future adoption and replicability.

The SUNFRAIL Project was invited by the Committee on Environment, Public Health and Food Safety of the European Parliament on the 22<sup>nd</sup> of November 2017 as a success project of the Third Health programme. Coordinator Mirca Barbolini, Emilia Romagna Region ASSR, presented the SUNFRAIL Project and its outcomes at the workshop.

Among its major achievements are the SUNFRAIL Model for frailty and multimorbidity, the SUNFRAIL tool for early detection of these conditions and the SUNFRAIL human resources tool for training of health professionals with an interdisciplinary approach.

Ms Elisabetta Gualmini, Minister of Welfare Policies in Region Emilia-Romagna, opened the SUNFRAIL Final conference by addressing the demographic change challenge and the importance of early detection of frailty.

Following, during the session of *"Policies and programs on frailty and multimorbidity"*, Mr Giovanni Nicoletti, Office of the Secretary General, Italian Ministry of Health, presented the Ministry of Health's support to Italian partnership in EU projects. The Ministry of Health currently have a national plan on chronicity where a steering committee is in place, and a national prevention plan concerning the areas of health promotion, healthy lifestyles and healthy ageing.

In the session of *"Initiatives to address frailty and multimorbidity"* existing networks and actions to address frailty were presented to participants, such as the network of Italian regions Pro.M.I.S (PROgramma Mattone Internazionale Salute) and the European Commission Funded Joint Action on Frailty AdvantAGE by Prof. Leocadio R. Manas. Ms Mirca Barbolini, Coordinator of the SUNFRAIL Project from the Regional Agency for Health and Social Care of Emilia-Romagna Region, presented the project results and outcomes by addressing the elements of success regarding the SUNFRAIL Model and related tools. Particularly, the results of the testing of the Sunfrail tool in different settings indicates that the tool is especially suitable to identify frailty risk factors in community and primary care settings and to support selection of proactive interventions aimed to prevent disabling conditions.

Overall, the tool has proven to be 1) Understandable, 2) Easy to use by professionals, and community actors, 3) Empowering beneficiaries 4) Connecting services (health, social, community care), 5) Supporting a multidisciplinary approach to frailty.

## D 6.2: Sunfrail Tools for the Identification of Frailty and Multimorbidity

*Final recommendations regarding opportunities and replicability of the SUNFRAIL projects outputs were drafted by participants and panel during the conference as follows:*

Concerning the overarching policies and strategies on frailty

- Frailty can be understood as the ability (resilience) of the individual to adapt accordingly to the changing of their conditions, both in physical, emotional and environmental perspectives.
- Addressing reversible frailty is an issue relevant to an increasing proportion of European population and should be tackled at EU-level to ensure greater added value.
- It is recommended to reinforce the message to policy makers across Europe that frailty is a reversible condition to be considered through its main dimensions and early identification of risk factors, to orient proactive and preventive strategies, especially in community and primary care settings.
- Equity and affordability of preventive services need to be carefully addressed by policy makers and services planners.
- To address frailty in a sustainable way requires broad interdisciplinary approaches and integrated strategies connecting existent health, social and community services.
- This should be embedded in activities aimed at joint planning and funding forecasts involving relevant stakeholders from the international, national and subnational level.

Regarding the operational point of view

- It is important to adopt a more holistic approach to frailty that considers its biological, neuro-psychological and socio-economical dimensions.
- Frailty risk factors can be identified especially in community and primary care settings, targeting a population that may be unknown by services.
- It is recommended to adopt a multiple entry door system to health and care services, facilitating access and early detection of frailty.
- It is essential to train primary care professionals to adopt an innovative approach based on a multidisciplinary and multi-sectoral interventions.
- It's important not to underestimate the challenge of implementation. Use available evidences, building on local strengths and good practices to drive adoption where possible.
- Use existing structures to accelerate good practices exchange such as EU networks and national agencies.
- The SUNFRAIL tool may be used for early screening of multidimensional frailty and to assess whether an older person needs both a more comprehensive and integral geriatric multidimensional assessment as well as a care-needs assessment. This can be followed by tailor-made, personalized interventions with the aim to prevent avoidable deterioration of the situation leading to adverse outcomes.
- Current frailty screening (e.g. screening with an instrument like the SUNFRAIL tool) could be used as complementary by screening of the strengths of frail older people or it could develop towards an assessment of the frailty balance, referring to the balance

## D 6.2: Sunfrail Tools for the Identification of Frailty and Multimorbidity

between losses and deficits on one side and support and autonomy of older people on the other side.

- Concerning interventions to frailty there is a progressive tendency to adopt a person-centred approach. The ultimate goal is to promote elderly persons independence while ageing, encouraging their autonomy, empowerment and commitment to the community.



## D 6.2: Sunfrail Tools for the Identification of Frailty and Multimorbidity

### 5. SUNFRAIL SHOPPER



## 6. SUNFRAIL BROCHURE



the project at the end  
challenges, synergies, outcomes  
and tools



## THE CHALLENGE

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Population ageing is accelerating rapidly worldwide, from 461 million people older than 65 years in 2004 to an estimated 2 billion people by 2050, which has profound implications for the planning and delivery of health and social care. Two of the most problematic expressions of population ageing are the conditions of frailty and multimorbidity.

Frailty is generally a condition characterized by increased vulnerability and sensitivity to physical, psychological and social stressors. The current operationalized definitions are mostly based on physical and clinical or multidomain (physical, cognitive and social) models. However, all these approaches have not generally translated in easy-to-use instruments nor in subsequent proactive care pathways and interventions.

## WHAT IS SUNFRAIL?

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Sunfrail (Reference Sites Network for Prevention and Care of Frailty and Chronic Conditions in community dwelling persons of EU Countries) is a European project with a duration of 30 months, which started in May 2015. The project is funded by the EU Health Programme 2014-2020 and brings together 11 partners from 6 EU Member States.

The project aimed at improving the identification, prevention and management of frailty and care of multimorbidity in community dwelling persons (over 65) in subnational settings of EU countries, through the following steps:

- Designing an innovative, integrated model for the prevention and management of frailty and care of multimorbidity;
- Validating the model on the basis of existing systems and services;
- Assessing the potential for the adoption/replication of the model in different European organisational contexts;
- Promoting the dissemination of the results with a focus on strategic decision-makers at regional, national and EU level to support the adoption of effective policies for the prevention and management of frailty and care of multimorbidity.

# SUNFRAIL EU SYNERGIES

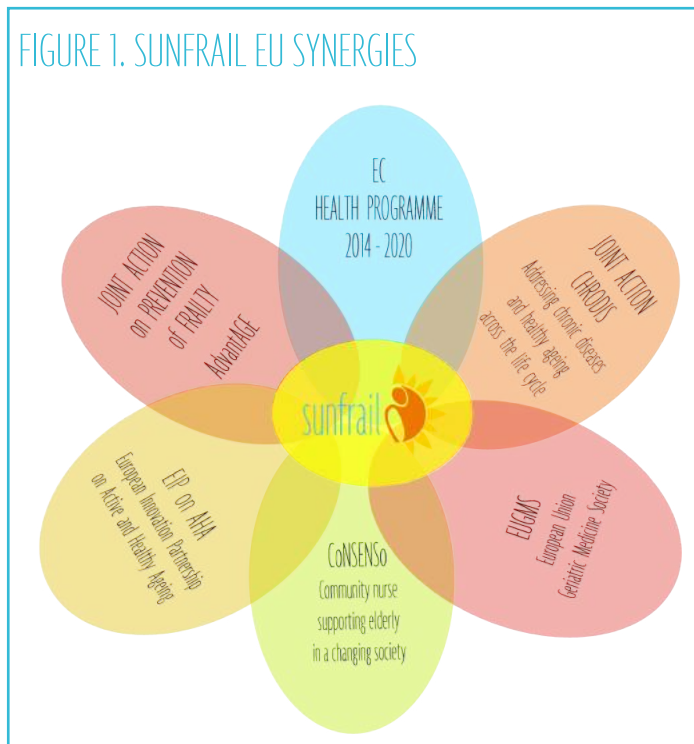
Sunfrail has constantly involved the **EIP-AHA network** (A3 and B3 action groups), and the **European Union Geriatric Medicine Society (EUGMS)** working group on “Frailty in older persons” in each step of the project, thus ensuring full synergy with ongoing EC initiatives and full support from the scientific community.

Part of the Sunfrail project partners are also Affiliated Entities of the **Joint Action on Prevention of Frailty (AdvantAGE)**. The two initiatives show a great potential for synergies, due to the similarity of objectives and expected results. Sunfrail works also in close contact with the **Joint Action on Chronic Diseases (Chrodis)**.

The project collaborates also with other European Projects, as the **EU CoSENSo project (COMMUNITY Nurse Supporting Elderly in a changing Society)**, especially in primary care and community settings.

At **national level**, the Italian Reference Sites participating in Sunfrail are also involved in **PRO.M.I.S.** - Programma Mattone Internazionale Salute, a program co-funded by the Italian Government that gathers all Italian Regions. PRO.M.I.S. represents a good synergy practice with a great potential in terms of dissemination and adoption of the results at national level.

FIGURE 1. SUNFRAIL EU SYNERGIES



# SUNFRAIL OUTCOMES

**Frailty** has been defined according to the bio-psycho social paradigm, considering the physical, psychological, social and economic dimensions. This definition was developed through a process of literature review and in-depth discussions with major stakeholders from the scientific community, policy makers and services providers.

Frailty is a reversible condition.

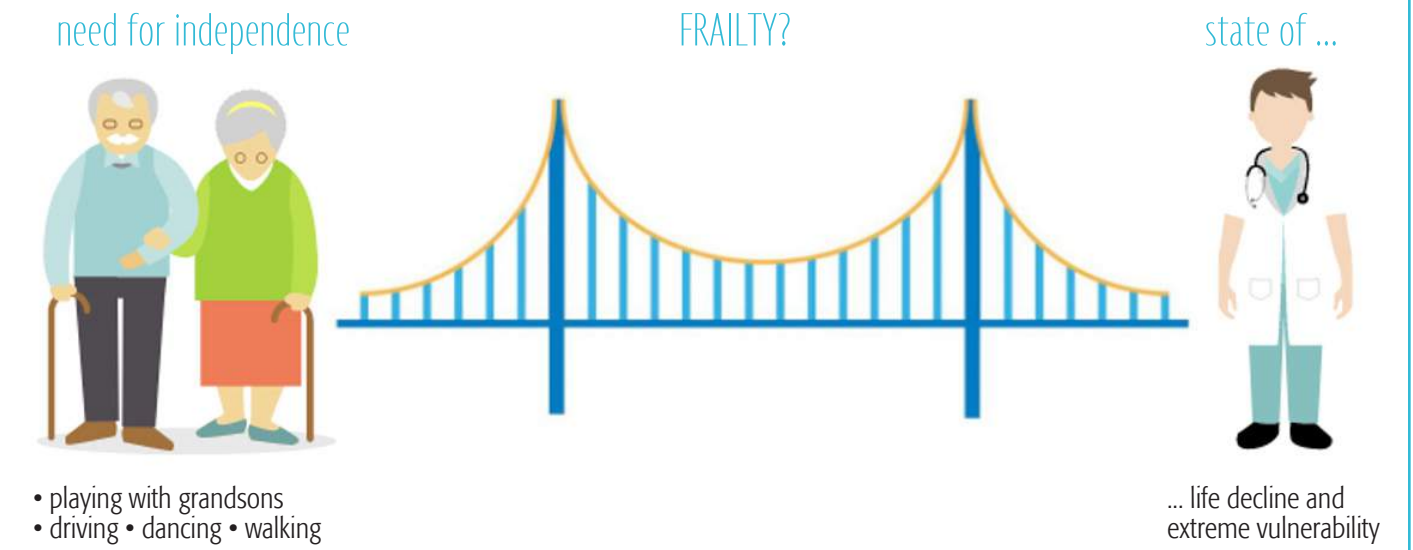
An assessment was conducted in Reference Sites' Health and Social Systems and Services to map good

practices and analyze beneficiaries' perceptions of frailty, awareness of risk factors and barriers to care. It allowed to obtain an overall view on the available models of care, leading to the design of the **Sunfrail Model of Care**.

In particular, the assessment highlighted the need to work on strategies and tools to bridge the gap between beneficiaries' needs and services provision (Figure 2).

The review of Reference Sites pointed out that a systematic assessment of frailty risk factors as well as the availability of specific tools for its early identification are missing, especially in primary care and community settings.

FIGURE 2. PERCEPTION OF FRAILTY AND BARRIERS TO CARE: BRIDGING THE GAP



During the 30 months of project implementation, the following achievements were reached:

- Mapping of good practices
- Design of Sunfrail Model of Care
- Design of Sunfrail Tool Conceptual Frame
- Development of the Sunfrail Tool for the early identification of frailty and multimorbidity
- Design of the Sunfrail Tool for Human Resources.

Thirty-three EU *good practices* were identified. ★

A further assessment on good practices focusing on population risk's stratification (eg. Risk-ER) allowed to identify the population at high and very high risk for hospitalization and disability, and the management of

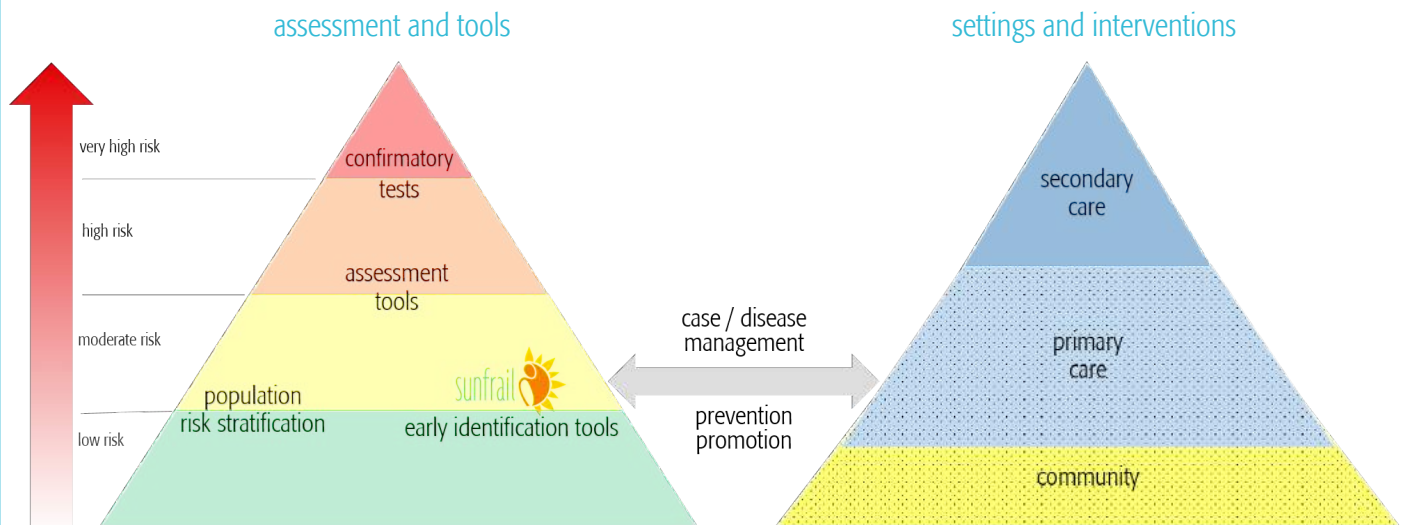
those cases in primary care settings. Sunfrail model promotes the overall replicability of European good practices.

The *Sunfrail Model of Care* integrates the biological, neuro-psychological and socio-economical dimensions of frailty and multimorbidity (Figure 3). It focuses on frailty early identification, especially in primary care and community-based settings, allowing proactive and preventive responses.

Sunfrail good practices and tools allow to identify the population risk for hospitalization and disability.

The integration between different levels of care, health, social and community services enhances intersectoral collaboration and sustainability.

FIGURE 3. SUNFRAIL MODEL OF CARE

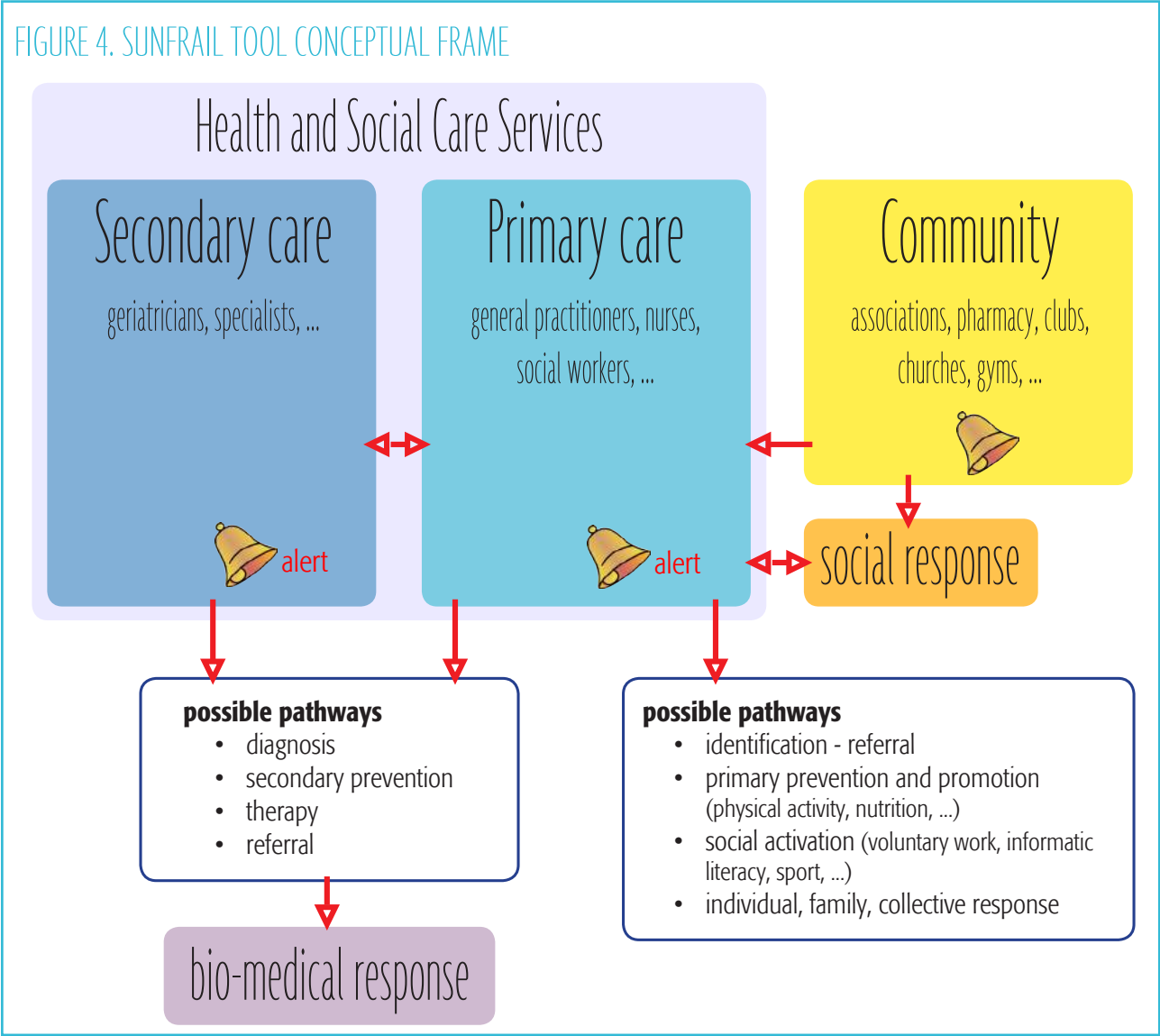




The *Sunfrail Tool Conceptual Frame* (Figure 4) implies that the early identification of frailty and its risk factors can be done through a “multiple entry door system”, in which professionals and community actors

may trigger an initial “alert” for further professional/ specialist and diagnostic investigation, or for activation of care pathways within the health, social and community-informal systems.

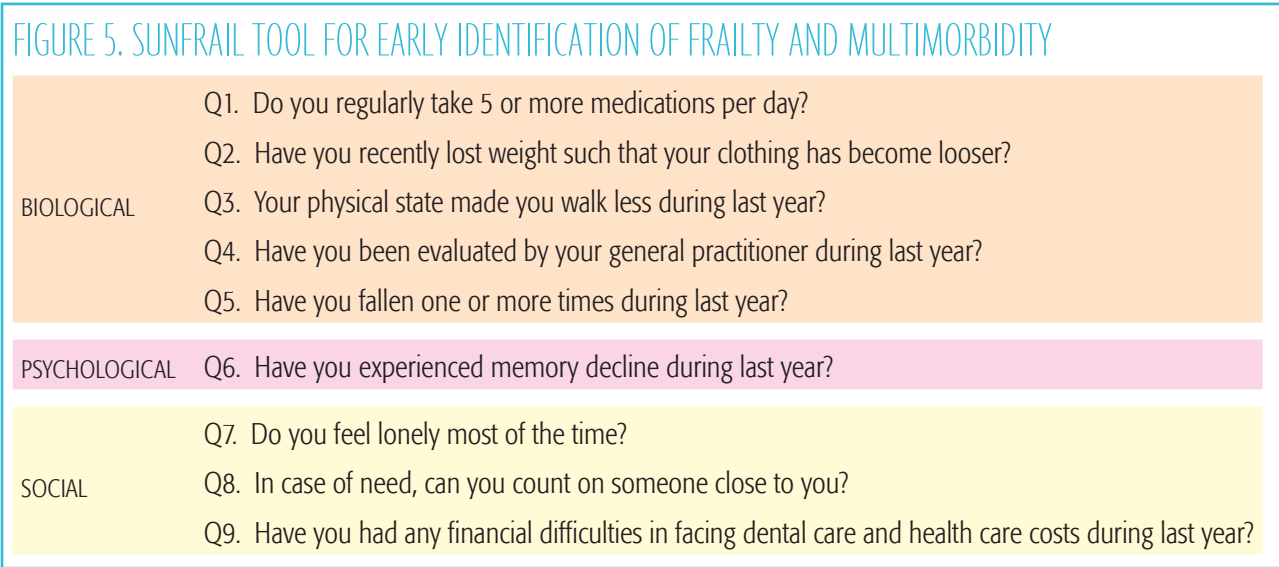
FIGURE 4. SUNFRAIL TOOL CONCEPTUAL FRAME





The *Sunfrail Tool for early identification of frailty and multimorbidity* (Figure 5) has been designed by a multidisciplinary team of experts. It includes nine questions selected from evidence based tools already adopted in health services in the European Union and in the US, to identity frailty according to the bio (physical), psycho (cognitive and psychological) and social domains.

The Project has also designed a *Tool for Human Resources Development* (Figure 6): it is a short, multidisciplinary training programme on frailty and multimorbidity, enabling social and health care professionals to apply the Sunfrail Tool according to the bio-psychosocial model.

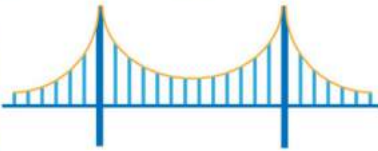


## the challenge

need for independence

FRAILTY?

state of...



- playing with grandchildren
- driving • dancing • walking

Life decline and extreme vulnerability

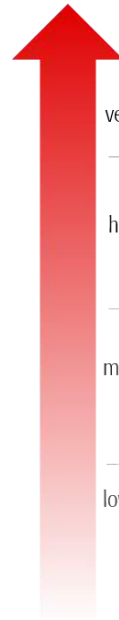
The Sunfrail Model facilitates the integration between Referer... It will allow bridging the gap between beneficiaries' needs and community settings. This can be reached by enhancing beneficiaries' and by connecting services.

## assessment and tools



33 EU good practices

on frailty and multimorbidity identified by the Project

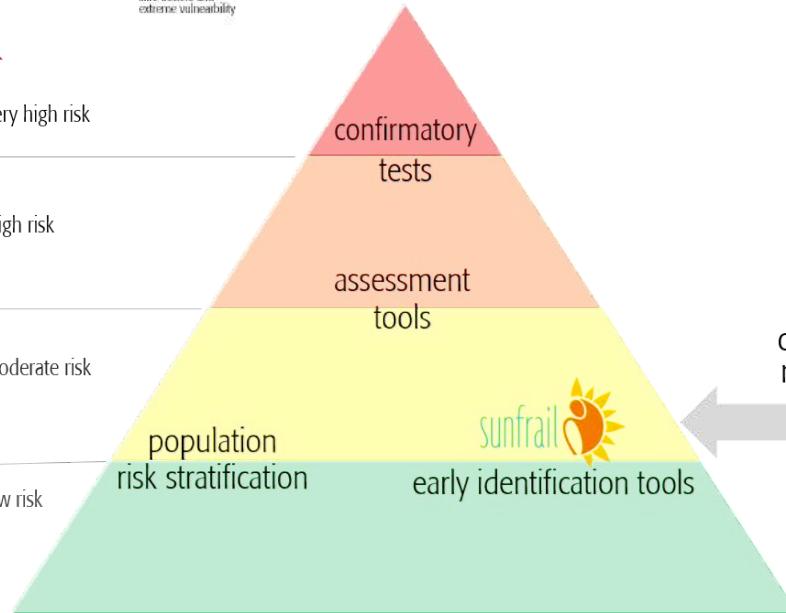


very high risk

high risk

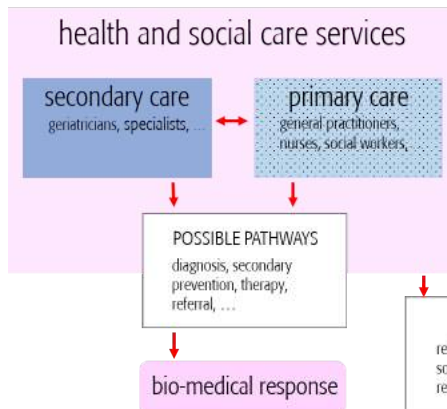
moderate risk

low risk

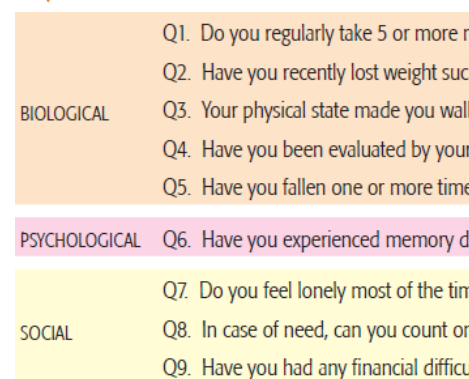
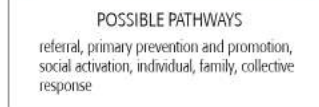


case / disease management

prevention promotion

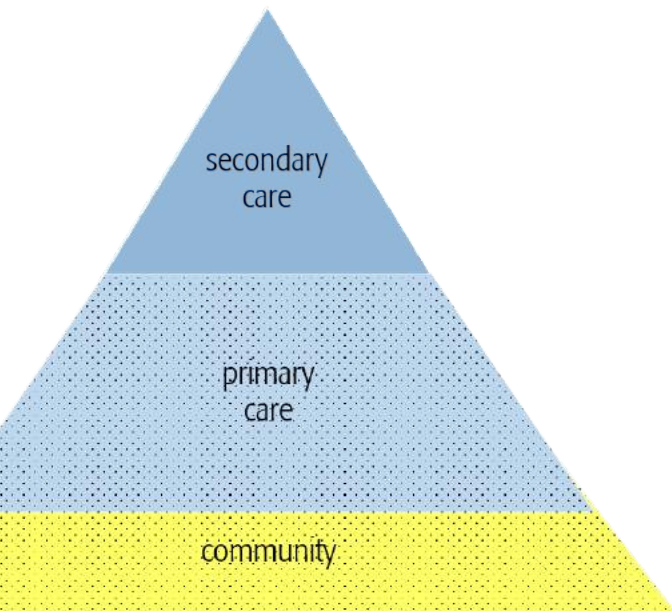


social response



nce Sites' strategies and good practices.  
 and services' provision especially in primary care and  
 beneficiaries' involvement and professionals' capacities

## settings and interventions



medications per day?  
 h that your clothing has become looser?  
 k less during last year?  
 r general practitioner during last year?  
 es during last year?  
 edine during last year?  
 ne?  
 n someone close to you?  
 lties in facing dental care and health care costs during last year?

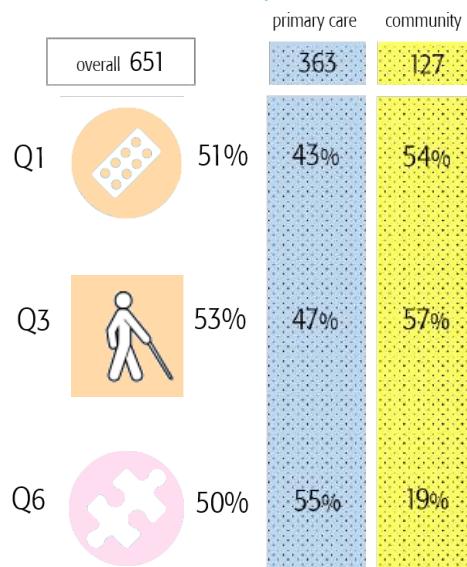


Sunfrail tool  
 for human resources  
 a multiprofessional short  
 training programme

The Sunfrail Tool allows to identify frailty risk in the population over 65:

- 651 beneficiaries detected in community/primary and secondary care settings
- A higher proportion of frailty alerts for polypharmacy, functional and cognitive decline
- Frailty alerts in community - primary care settings in population without clear signs of disability or not known by services
- Citizens with lower education level and financial difficulties have a higher prevalence of frailty alerts
- Frailty alerts to some Sunfrail Tool items are confirmed by specialists's tests

## answers to the questionnaire



# SUNFRAIL APPLICABILITY AND REPLICABILITY

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An *assessment on professionals' and community actors' opinion* on the application of the Sunfrail Tool showed that:

- The tool is user-friendly and easy to apply. It is non-invasive and suitable for everyday practice
- It can help identifying early frailty conditions, promoting further interventions by connecting existing services
- The tool can improve beneficiaries' awareness, encouraging them to move from a "disease"-oriented vision to a proactive and preventive approach.

The *Sunfrail Tool is applied* in other EU countries/Regions through the EU CoNSENSo project, confirming its adaptability and replicability, especially in primary care settings.

Requests for adoption of the Sunfrail Tool were made from Italian general practitioners and Local Health Trusts and from European Partners of the EIP-AHA. Further pilot studies on the application of the Sunfrail Tool are currently ongoing, in the Netherlands and in Emilia-Romagna Region (Italy).

The collaboration with the Joint Action on Frailty (AdvantAGE) promotes a further adoption and replication of model and tools in other EU countries.

# KEY RECOMMENDATIONS

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- Frailty is a reversible condition, and needs to be addressed through its main dimensions and early identification of risk factors, to orient proactive and preventive strategies.
- Frailty alerts can be identified especially in community and primary care settings, targeting a population that may be unknown by services.
- Frailty risk factors are found especially in citizens with lower educational level; this may influence their access to care. Equity and affordability of preventive services need to be carefully addressed by policy makers and services planners.
- Frailty requires operational multi-professional and integrated strategies connecting existent health, social and community services. This will help to provide more efficient and cost-effective responses across services and sectors, bridging the gap between peoples' needs and services provision.

# SUNFRAIL PARTNERS



REGIONE LIGURIA



Universidad de Deusto  
University of Deusto

**Deusto**



# AFFILIATED ENTITIES



## WEBSITE

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More information on the project, the partners and the concept and dimensions of frailty is available at:

[www.sunfrail.eu](http://www.sunfrail.eu)



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