

The Greater Manchester Falls Collaborative: Community of Learning, Sharing, and Problem Solving: (12-Month Programme)

Session 2

Wednesday 26th June 2024

10:30-10:35am

Welcome & Overview of the CoLSP Programme
(Beth Mitchell, The Greater Manchester Combined Authority)

10:35-11:15am

Bolton Falls Tableau Dashboard:
Overview demo of how this is currently used in Bolton
(Jason Taylor, Bolton NHS)

11:15-11:55am

Deep Dive into our Falls Prevention Pathway: Bolton
(Niall Bradley, Age UK Bolton)

11:55am-12:00pm

Any actions and close of the session:
Next meeting: July TBC



**GREATER
MANCHESTER**
DOING AGEING DIFFERENTLY

Greater Manchester
Moving > ^ < v

HEALTHY
AGEING
RESEARCH
GROUP

MANCHESTER
1824
The University of Manchester

NHS
Greater Manchester
Integrated Care

#GMFallsCollaborative

#GMFallsPrevention

Mapping Falls Prevention & Support Services Across Bolton

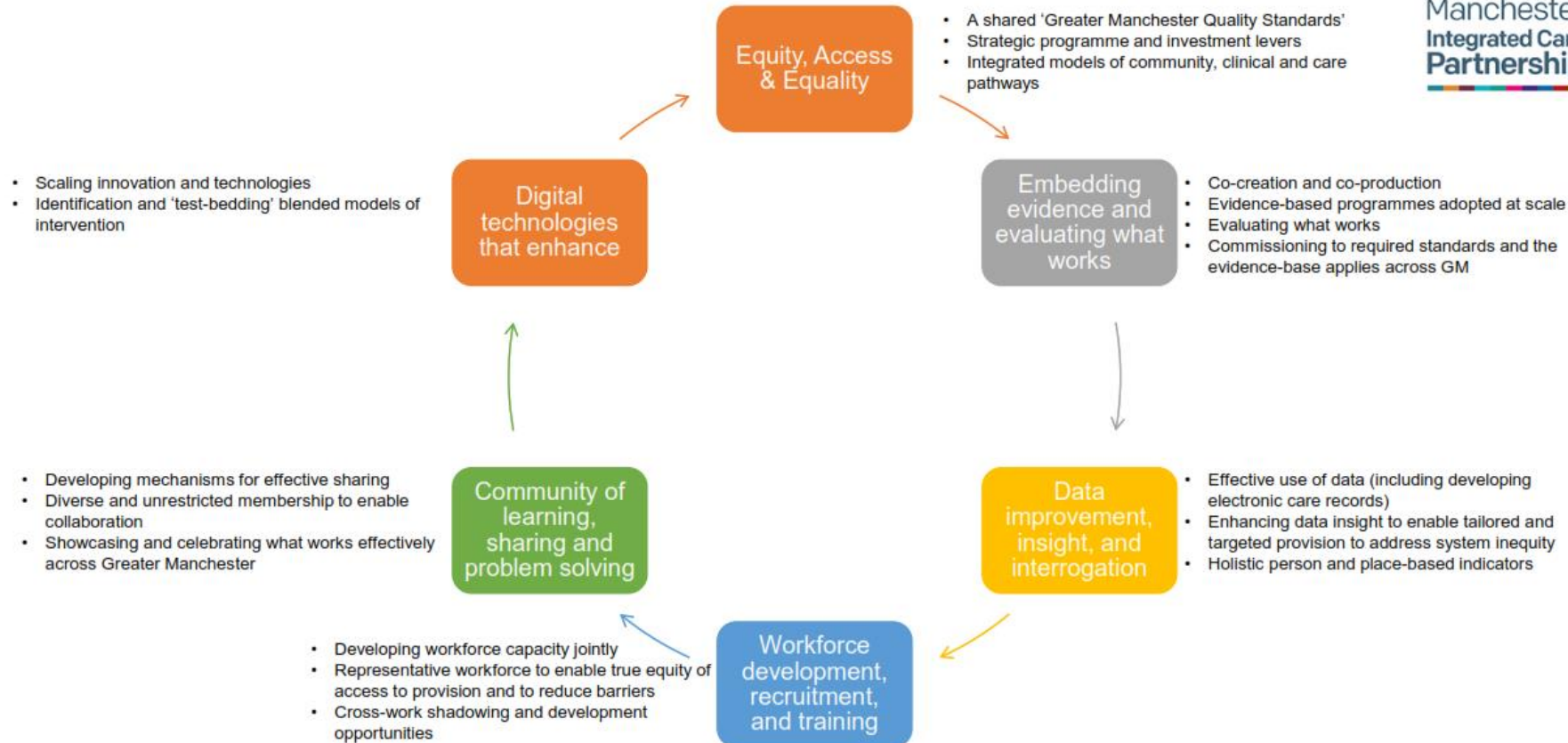


Introduction

- GM presented a GM Falls Prevention Delivery model at the Falls Collaborative Workshop in October 2022, part of the refreshed approach to the GM Age-Friendly Strategy.
- Part of the refresh was to address and meet the needs of the ageing population.
- By 2041, Greater Manchester is projected to have over 900k residents aged 55 and over (17.2% increase), in the same period, residents aged 65 and over are projected to increase by 29.4% to equate to nearly 600k residents.
- The model, when released, will ask the localities to work as Pan GM to understand the shared objective to prevent falls, support reconditioning, build and maintain good strength, bone health and balance throughout mid to later life.
- The evidence based interventions for falls prevention are: Exercise, Core intervention, Home environmental risk assessments, Medical Checks, Medication Reviews, Strength and Balance Training, Mental Health Interventions.

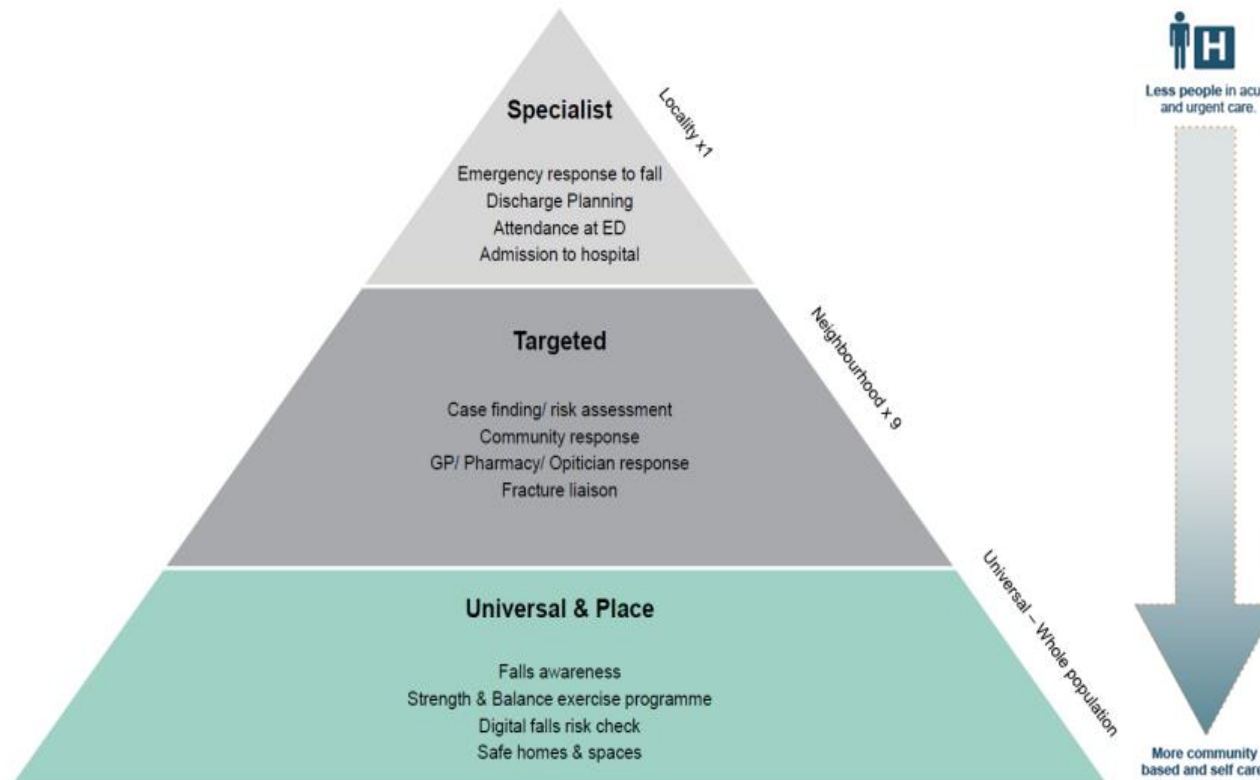
GM Falls Prevention Delivery model

...Purposing that approach to falls prevention



Introduction cont.

In order to meet the proposed GM model objectives, a Bolton mapping document has been developed in terms of what is available across Primary, Secondary, Community/Voluntary and the Local Authority. A joint piece of work was undertaken to understand what the offer is currently, what we can do better to meet the needs of Bolton residents and how can we address the identified gaps and recommendations.



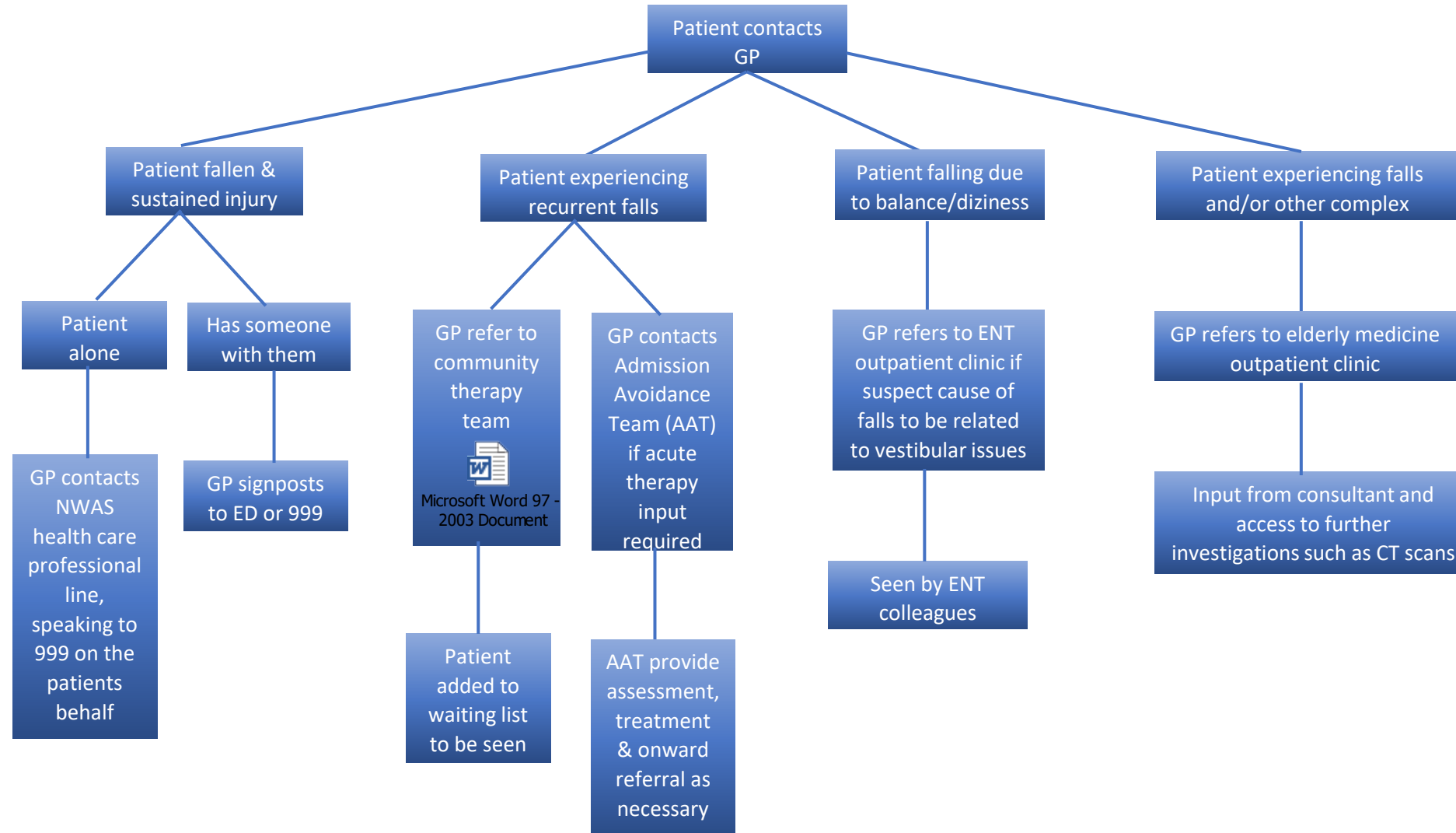
Our aims are:

- Collaboratively share the importance of falls prevention across all our organisations
- Improve the visibility of the services/pathways on offer to other health professionals and how to access them
- Improve how we are targeting the right patients at the right time
- Transforming, redesigning, promoting and sharing the offer that is already available

Primary Care Pathways



Primary Care Falls Pathway



Primary Care Falls Prevention

Falls Prevention	Rationale	KPI																																
<p>Ageing well in BQC Standard 2 in the Bolton Quality Contract</p> <p>The ageing well assessment is designed to spot the most common signs of early morbidity and mortality in the over 65s. A productive ageing well assessment for people aged between 65 and 74 years should include. (? lower the age for these conversations)</p> <p>An ageing well assessment to people between 65-74yrs, every three years.</p> <p>Key areas:</p> <ul style="list-style-type: none"> - Good general health and fitness levels > stopping smoking > Reducing alcohol consumption > Improving diet and maintaining healthy weight > Taking regular exercise - Vaccination > Preventing infections diseases - Screening for dementia > Early identification 	<p>Falls Prevention (Detail)</p> <p>Strength & Balance: In later life there is a slowing down process which affects balance and makes muscles weaker. This increases the risk of falling. Building and maintaining strength and balance can help older people carry on doing the things they enjoy, as well as live independently.</p> <p>Malnutrition and Hydration: Improving Functional Status - Recognition, identification and treatment of malnutrition and poor hydration within the over 65s population should be a routine element of care within GP surgeries. There are a number of causes of malnutrition in older people including socio-economic hardship, lack of knowledge about food choices, use of medications and social isolation.</p> <p>Medication Compliance: Beliefs, attitudes, and understanding of medications - Estimates suggest that approx. 35% of older patients mismanage their medicines. Poor medication taking behaviour in later life is a complex issue that can have significant financial and health related consequences. Studies suggest that poor compliance can be influenced by social, economic and health issues, as well as patient-specific issues such as stress and treatment anxieties. However, properly supporting patients to understand both their condition and their prescriptions has been shown to improve medication compliance.</p> <p>Discussion about independence and resilience and identification of social isolations: Support to be independent and resilient to adversity - Inevitably, as people age, their circle of friends diminishes and loneliness can occur. This can result in reduced wellbeing and a greater risk of mental health problems. this results in significantly increased use of primary care services. prompt referral to social prescribing , when appropriate and available, can help to address these issues.</p>	<p>Practices to achieve 50% (50% of eligible patients within practice list size, receive an ageing well assessment)</p> <table border="1" data-bbox="1684 806 2221 1245"> <thead> <tr> <th colspan="2" data-bbox="1684 806 2221 835">Planned Education Sessions</th> </tr> <tr> <th data-bbox="1684 835 1989 863">Date</th> <th data-bbox="1989 835 2221 863">GP Education</th> </tr> </thead> <tbody> <tr> <td data-bbox="1684 863 1989 892">Jun-23</td> <td data-bbox="1989 863 2221 892">MSK Bone Health</td> </tr> <tr> <td data-bbox="1684 892 1989 921">Feb-24</td> <td data-bbox="1989 892 2221 921">Lifestyle-Medicines</td> </tr> <tr> <th colspan="2" data-bbox="1684 921 2221 949">PN Education</th> </tr> <tr> <td data-bbox="1684 949 1989 978">May-23</td> <td data-bbox="1989 949 2221 978">Bolton Quality Contract</td> </tr> <tr> <td data-bbox="1684 978 1989 1006">Aug-23</td> <td data-bbox="1989 978 2221 1006">Care of the Older Person</td> </tr> <tr> <td data-bbox="1684 1006 1989 1035">Oct-23</td> <td data-bbox="1989 1006 2221 1035">MH/LD</td> </tr> <tr> <td data-bbox="1684 1035 1989 1063">Nov-23</td> <td data-bbox="1989 1035 2221 1063">Lifestyle</td> </tr> <tr> <td data-bbox="1684 1063 1989 1092">Feb-24</td> <td data-bbox="1989 1063 2221 1092">Bone Health</td> </tr> <tr> <th colspan="2" data-bbox="1684 1092 2221 1120">HCA Education</th> </tr> <tr> <td data-bbox="1684 1120 1989 1149">Apr-23</td> <td data-bbox="1989 1120 2221 1149">Dementia</td> </tr> <tr> <td data-bbox="1684 1149 1989 1178">Oct-23</td> <td data-bbox="1989 1149 2221 1178">Lifestyle</td> </tr> <tr> <th colspan="2" data-bbox="1684 1178 2221 1206">External Education Events</th> </tr> <tr> <td data-bbox="1684 1206 1989 1235">Jul-23</td> <td data-bbox="1989 1206 2221 1235">Frailty</td> </tr> <tr> <td data-bbox="1684 1235 1989 1263">Dec-23</td> <td data-bbox="1989 1235 2221 1263">Hypertention</td> </tr> </tbody> </table>	Planned Education Sessions		Date	GP Education	Jun-23	MSK Bone Health	Feb-24	Lifestyle-Medicines	PN Education		May-23	Bolton Quality Contract	Aug-23	Care of the Older Person	Oct-23	MH/LD	Nov-23	Lifestyle	Feb-24	Bone Health	HCA Education		Apr-23	Dementia	Oct-23	Lifestyle	External Education Events		Jul-23	Frailty	Dec-23	Hypertention
Planned Education Sessions																																		
Date	GP Education																																	
Jun-23	MSK Bone Health																																	
Feb-24	Lifestyle-Medicines																																	
PN Education																																		
May-23	Bolton Quality Contract																																	
Aug-23	Care of the Older Person																																	
Oct-23	MH/LD																																	
Nov-23	Lifestyle																																	
Feb-24	Bone Health																																	
HCA Education																																		
Apr-23	Dementia																																	
Oct-23	Lifestyle																																	
External Education Events																																		
Jul-23	Frailty																																	
Dec-23	Hypertention																																	

VCS Prevention



Age UK Provisions & Keep On Keep Up

<u>x14 Volunteer Physical Activity Classes per week:</u>	Tai -chi
	Chair based exercise
	Pilates
	Keep on moving
	Walking netball
	Yoga

<u>x30 Strength & Balance Team Classes per week:</u>	Strength & balance
	Gentle dance
	Pulmonary rehab
	Tai Chi
	Low impact circuit

→ Research publication on effectiveness of dance interventions on falls prevention in older adults has recently been released

- Providers within Bolton are looking to standardise a falls/hazards checklist for use within the area to enable a more joined up approach. The Age UK checklist below will be used as a starting point.



Checklist: Hazards in the Home

Use the checklist over the next two pages to identify areas that you can focus on to try and reduce the risk of slips and trips. By making small changes in your loved one's home, you can ensure they are less likely to suffer an accident and injury when you can't be there with them.

	Hallway/ Porch	Lounge	Dining Room	Kitchen	Bathroom	Bedroom(s)	Stairs
Is there a clear path through the room? Remove all trip hazards from the floor, e.g. shoes, books, magazines, boxes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are mats/rugs/carpets secured to the floor? Use mats/rugs with a non-slip backing or secure them into place with tape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are non-carpeted floors slippery? Consider the use of mats, as detailed above, especially in kitchens and bathrooms where spillages can occur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there enough space to walk around furniture? e.g. Sofas, tables, shoe racks, bed, drawers, etc. If not, consider re-positioning or placing them in another room, especially if items can be easily knocked off onto the floor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any trailing wires? If the wires can't be coiled up or hidden, consider taping/securing them in place. Alternatively, you could consider asking an electrician to fit another socket.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

www.ageukbolton.org.uk



Checklist: Hazards in the Home

	Hallway/ Porch	Lounge	Dining Room	Kitchen	Bathroom	Bedroom(s)	Stairs
Is there good lighting? If natural light is low, consider touch lamps that can be easily switched on (if there is space) or plug-in motion activated lights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are light switches easily accessible? If light switches are not near a doorway, or for example at the top and bottom of the staircase, consider getting an electrician to move current ones or install new ones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there hand rails and grab rails in relevant places? e.g. On the stairs, near the toilet, near the bath/shower, near chairs, near the bed, etc. Install fixed hand rails and grab rails, to ensure they are as sturdy as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are commonly used objects and items easily accessible? e.g. Kitchen utensils, towels, food items, lamps, telephone, etc. Make sure these items are easily accessible, as close to waist height as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You might also like to consider a falls alarm, that can immediately alert you, a carer or an emergency reponse team as soon as your loved one has a fall.

Contact Bolton at Home about their Careline community alarm service on 01204 335733 or via email at careline@boltonathome.org.uk.

www.ageukbolton.org.uk

Community Pathways



Community Pathways



During this mapping exercise the following community falls pathways have been identified:

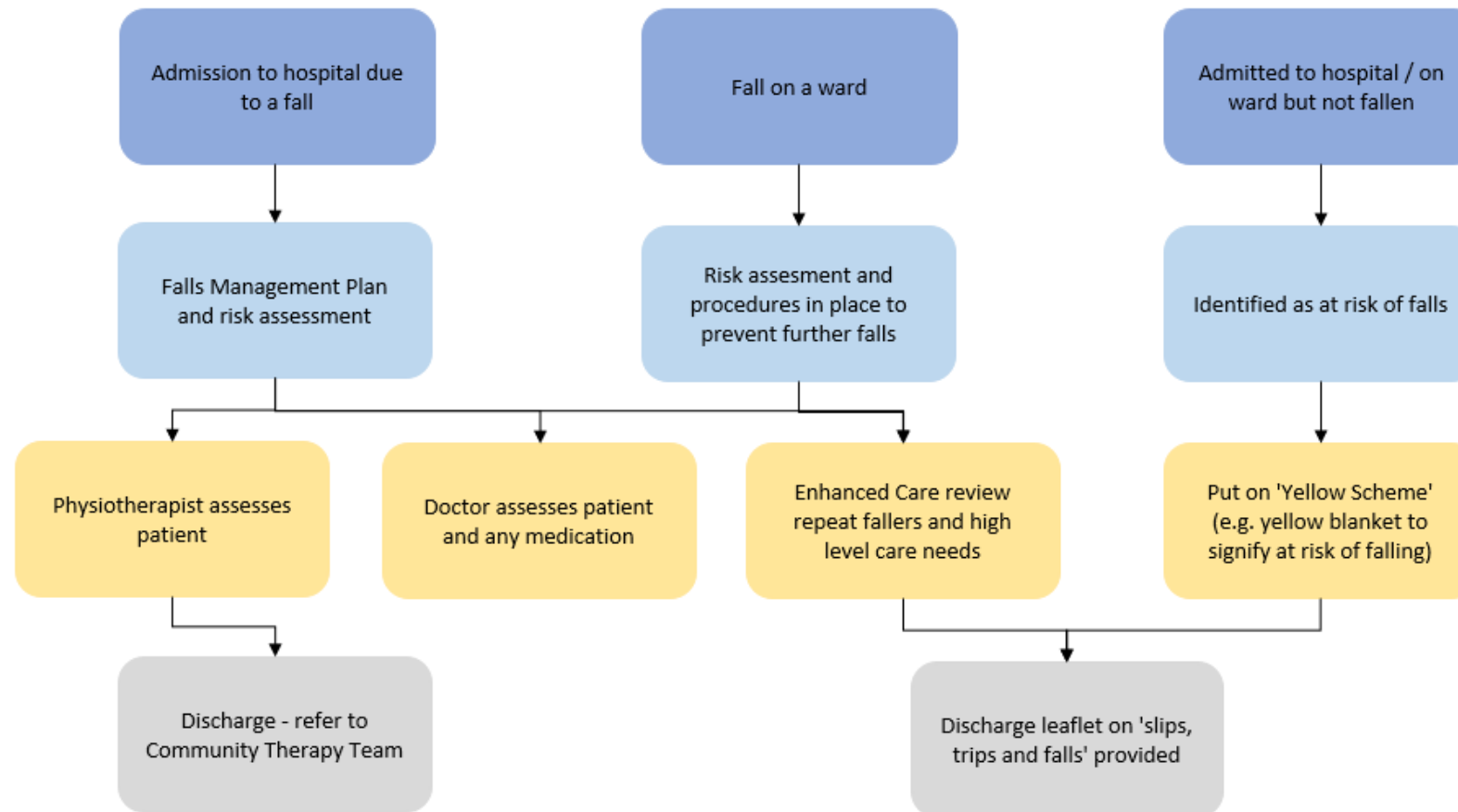
- Admission Avoidance Team (AAT)
- Community Therapy
- Pharmacy
- Independent Living Service (ILS)
- Telecare

**See appendix for full details*

Hospital Pathway

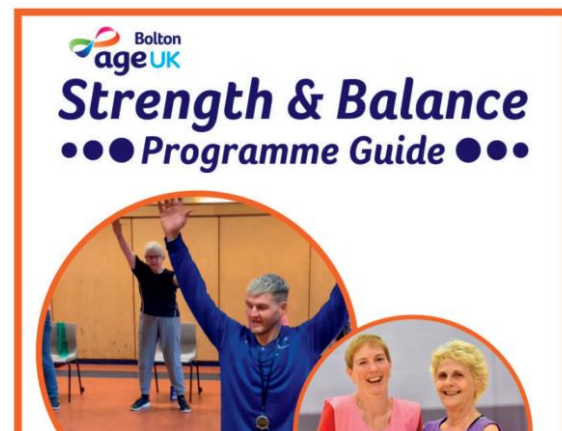


Falls Pathway: Hospital



Key Information

- Community Therapy Team have a discharge leaflet that includes contact details for both CVS and Age UK – to continue supporting the person beyond discharge.
- Improvement work ongoing in the hospital to support falls – e.g. preventative measures such as falls mats to ensure care homes will accept discharges and reduce the risk of falls.
- Hospital teams also use Age UK Strength & Balance Programme & 30 day exercise calendar – Enhanced Care Team give to patients when discharged.



Potential Gaps & Recommendations

Gaps	Recommendations
Falls Clinic / Service in the community	<ul style="list-style-type: none"> ▪ Discuss further with the Specialist Consultant to understand what is offered, where and when ▪ Understand why this service was closed ▪ Option to have ACP lead the clinic instead of a Consultant ▪ Provide falls education as part of this – how to fall ‘correctly/more safely’ and how to get up after a fall ▪ Advice and Guidance – from GP to Consultant on ERS to avoid potentially unnecessary referrals to secondary services
Utilising Falls Pharmacist / clear pathway	<ul style="list-style-type: none"> ▪ Encourage professionals to seek advice from the Pharmacist on falls and increase understanding Falls Pharmacist medication reviews – training for wider teams ▪ Develop a clear pathway for hospital to refer to the Pharmacist – more proactive ▪ Option for Falls Pharmacist to refer directly to CVS and Age UK, instead of through Community Therapy
Falls Conversations	<ul style="list-style-type: none"> ▪ NHS Health Checks could include a question on whether the person has fallen in the last 6 months – to recognise potential fallers early ▪ Wider conversations with NHS England on the possibility of this ▪ Lower the age for conversations about falls within the Bolton Quality Contract

Recognition

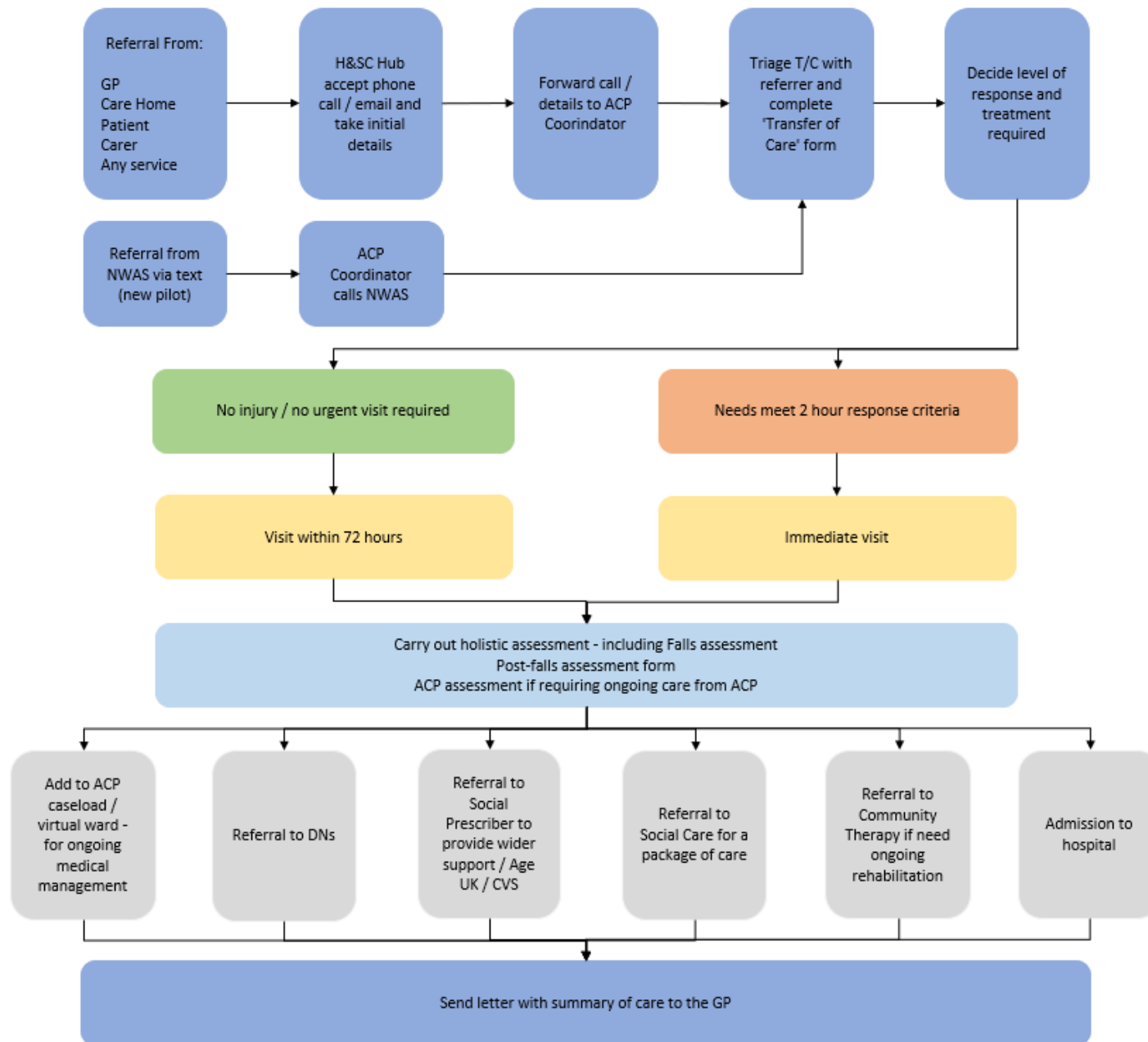


The following people have been involved in ensuring Beth, Abby and Joanne could map falls provision across the system:

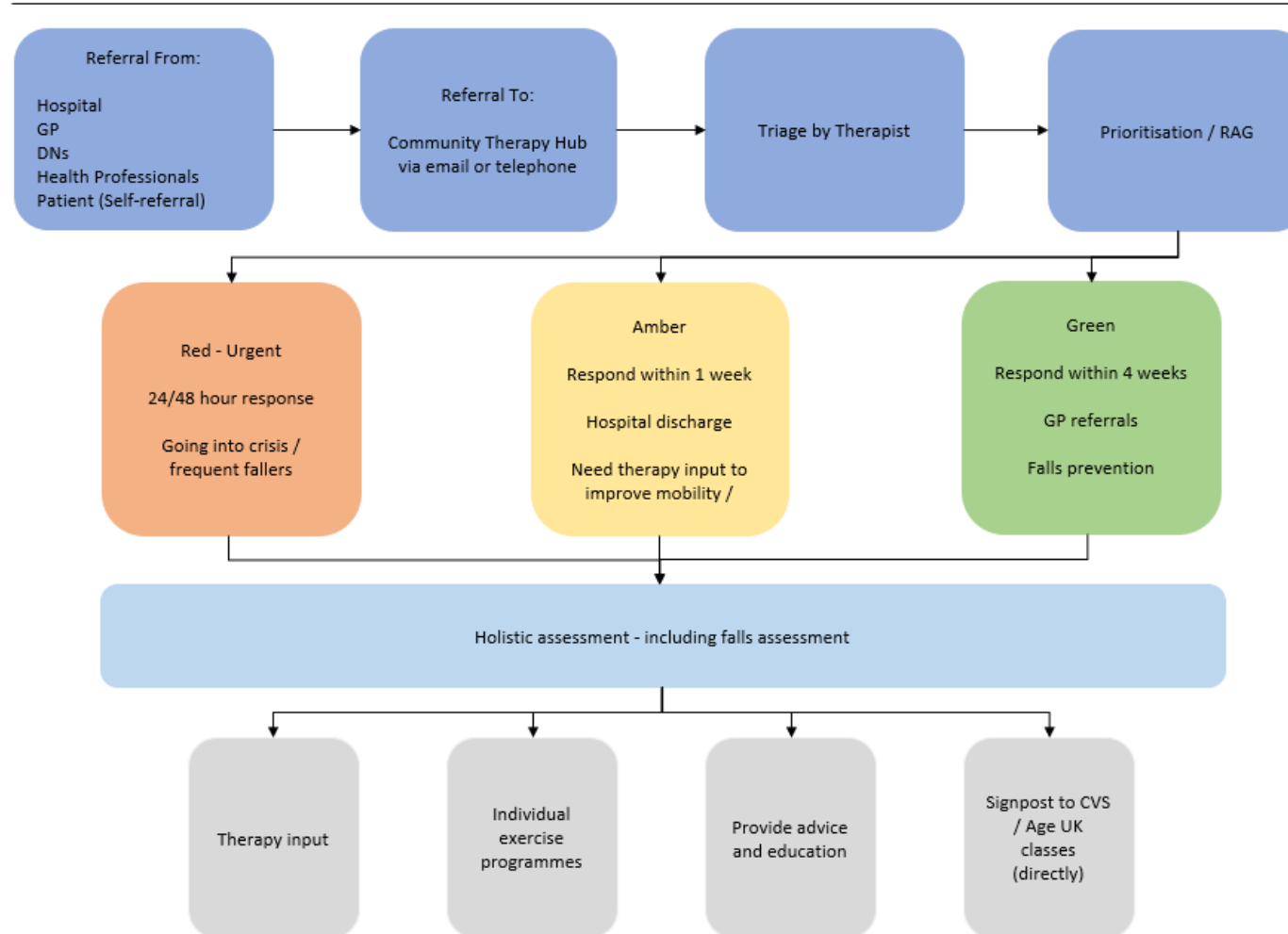
- Primary Care – Primary Care Clinical Leads: Tarek Bakht & Sarah Mcloughlin and the Primary Care Health Improvement Team
- AAT – Helen Arnaud and Duncan Mayoh
- Community Therapy – Richard Bent
- Pharmacy – Sue Cook and Emma Olembe
- ILS – Alison Smith
- Hospital – Martina Kingscott and Joy Redwood

Appendix

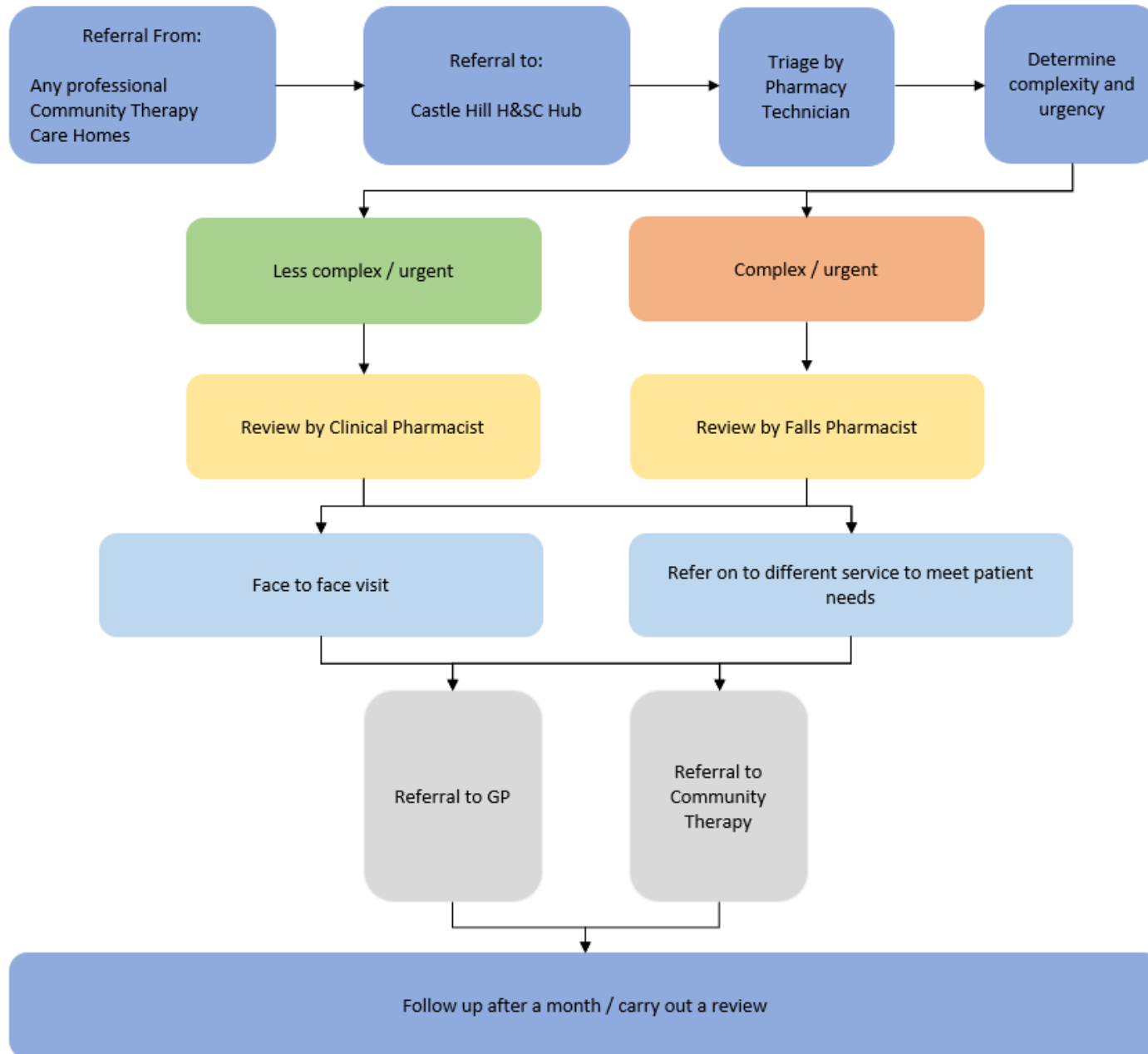
Falls Pathway: AAT



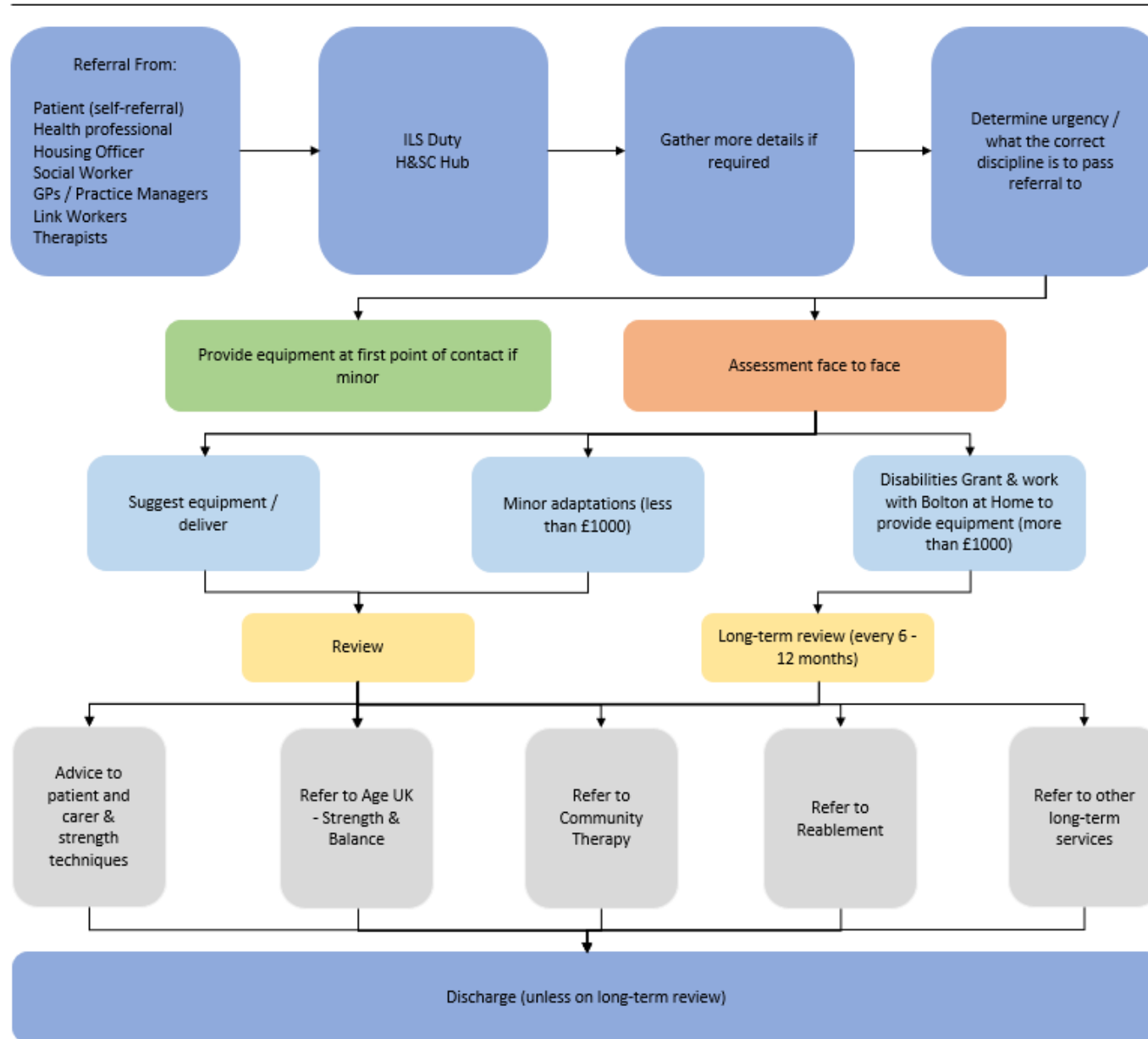
Falls Pathway: Community Therapy



Falls Pathway: Pharmacy



Falls Pathway: ILS



Falls Pathway: Telecare

