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

Session 9

Wednesday 26th February 2025

10:30-10:35
Welcome & Overview of the CoLSP Programme
(Beth Mitchell, The Greater Manchester Combined Authority)

10:35-10:50
GMCA Digital to Analogue Switchover
(Lily Fairbairn, The Greater Manchester Combined Authority)

10:50-11:05
'Community of Learning, Sharing & Problem Solving': Survey Feedback
(Beth Mitchell, The Greater Manchester Combined Authority)

11:05-11:55
Deep Dive into our Falls Prevention Pathway: Trafford
(Trafford Team)

11:45-12:00
Any actions and close of the session:
Next meeting: Thursday 20th March, 10:30am-12pm

GREATER MANCHESTER DOING AGEING DIFFERENTLY

Greater Manchester Moving

HEALTHY AGEING RESEARCH GROUP

MANCHESTER 1824 The University of Manchester

NHS Greater Manchester Integrated Care

#GMFallsCollaborative

#GMFallsPrevention

The Greater Manchester Falls Collaborative

Impact Survey Results

Beth Mitchell

Ageing Well Programme Manager

GM Ageing Hub

GMCA

GREATER MANCHESTER DOING AGEING DIFFERENTLY

GREATERSPORT

Greater Manchester Moving

HEALTHY AGEING RESEARCH GROUP

MANCHESTER 1824 The University of Manchester

NHS Greater Manchester Integrated Care

#GMFallsPrevention

Impact Survey: Range of responses from across GM

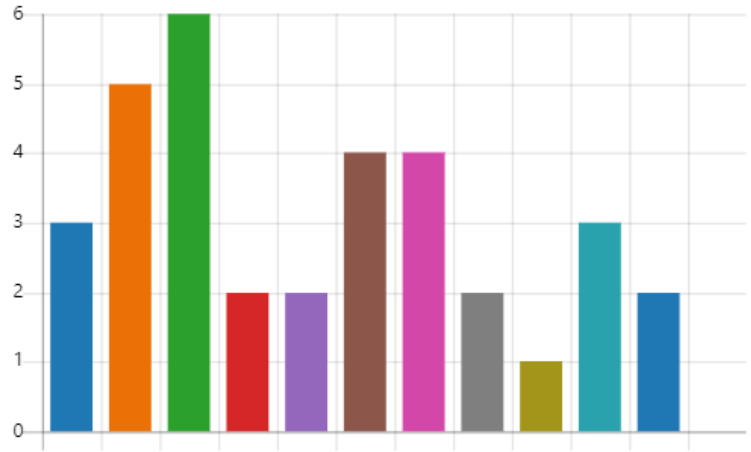
- We wanted to **evaluate the CoLSP impact** by developing a survey of **13 questions** was distributed to the collaborative members.

- We received **34 responses (16% response rate)** from Local Government (6), regional government (1), NHS (10), social care (3), housing (1), voluntary/community sectors (3),research (2), leisure (4), and charities (4).

- **All 10** Greater Manchester Combined Authority localities were represented.

1. Which locality are you based in?

Bolton	3
Bury	5
Manchester	6
Oldham	2
Rochdale	2
Salford	4
Stockport	4
Tameside	2
Trafford	1
Wigan	3
Greater Manchester (re...	2
Other	0



Quotes from the survey….

In what ways has being a member of the GM Falls Collaborative influenced decisions and/or changed policy, practice and/or commissioning in your locality?

'I feel it's been a great opportunity for our trust to stop and take stock, of what services we have, are they effective? How are we measuring our response. where are our Gaps & what improvements can we make with out re inventing the wheel, learning from other localities.'

'It's enabled us to support the Neighbourhood priorities.'

'Shared practice invaluable, improving and standardising city-wide provision.'

'We have continuously developed our service based on learning and developments to ensure best practise and enable us to help as many people as possible with limited workforce.'

'The GM Falls collaborative has added to the evidence base of what should be happening at a local level which has been useful to help us transform our local offer.'

'Sharing learning, best practice and all what is discussed can in some way be implemented and support integration of all service that can support a preventive approach to fall prevention.'

'We have better networking with rest of the city, and we are working more collaboratively, we know what is available and where.'

What did we find out?

Key headlines:-

- The collaborative membership has **influenced decision-making and driven policy, evidence-based practice, and commissioning.**
- Respondents also shared barriers to implementing falls prevention initiatives and suggested future priorities, which include **sustaining collaboration, enhancing equitable approaches, and addressing systemic challenges.**

Conclusion & next steps:-

- Future work will incorporate the survey's priority areas to **strengthen integration and promote innovative, community-informed solutions for falls prevention.**

Safe, Steady, Strong - Trafford's Approach to Falls Prevention

TRAFFORD COUNCIL

Zoe Ball – Public Health Programme Manager

Falls Prevention in Trafford

- Falls Prevention Partnership
- Data – Trafford headlines
- Community Rehab, STAMP and Care Home reviews – Trafford Local Care Organisation
- Community Falls Prevention Service – Age UK Trafford
- Priority areas for development
- Any questions/reflections

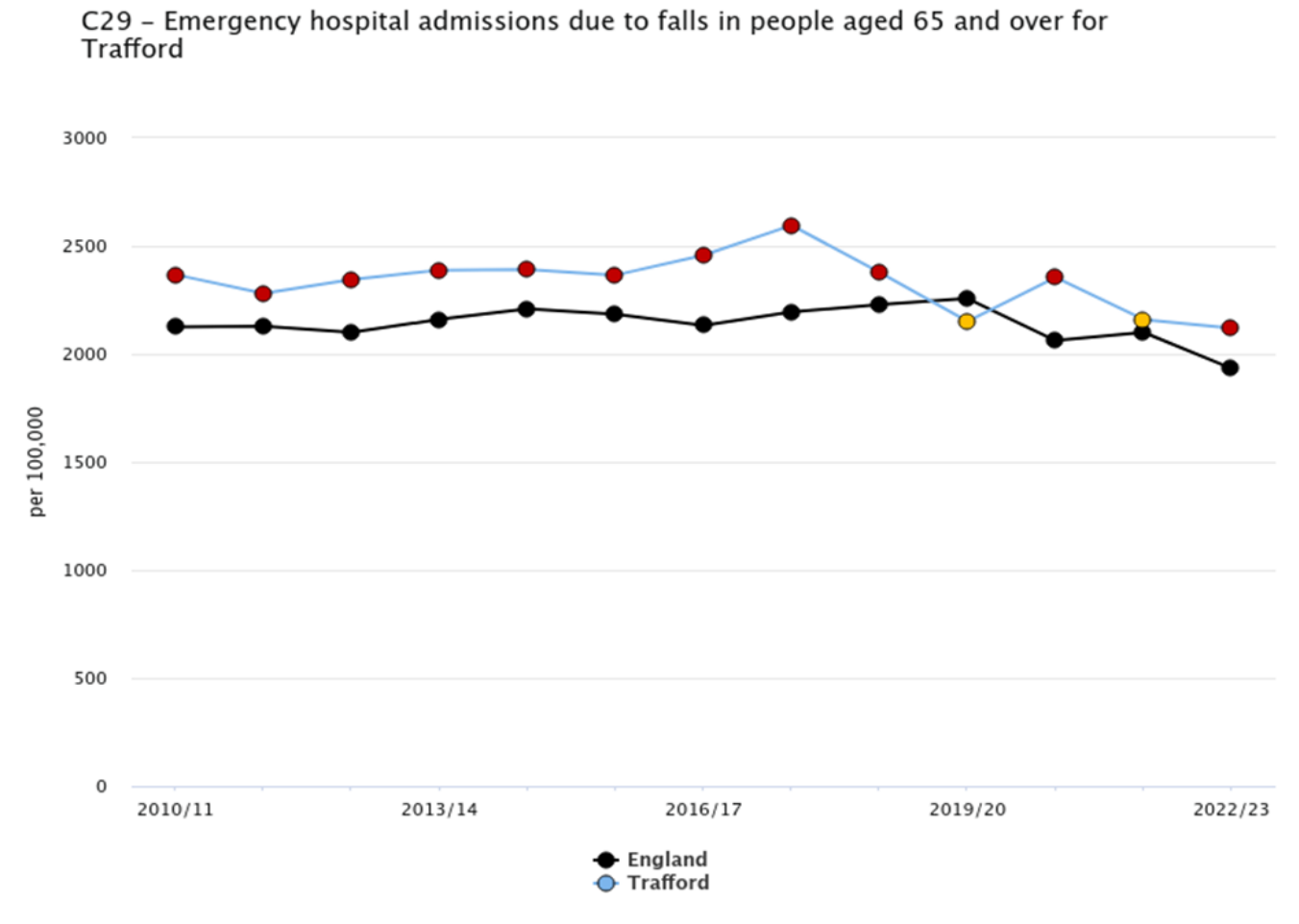
Falls Prevention Partnership

To provide a focussed approach to reducing falls in Trafford by working collaboratively to deliver on the priorities identified in the Safe, Steady, Strong Strategy.

Objectives

- To make best use of data and ensure an integrated approach to information and data sharing.
- To map and review falls prevention pathways.
- To ensure appropriate links to wider relevant work programmes.
- To ensure robust measurement and evaluation of action.
- To ensure wider engagement and co-production with Trafford residents through partners and networks.
- To provide challenge into the system when action is not implemented.

Data – Trafford headlines



- Fractured neck of femur in people aged 65+, Trafford age standardised rate - 635 per 100,000 statistically significantly higher than the England average - 558 per 100,000.
- It is projected that by 2035 the number of Trafford residents predicted to have a fall will increase by 2,400 or 20%.
- Inequality - deprived wards without high concentrations of care homes have high rates of emergency admissions due to falls.

TRAFFORD COUNCIL

Priority areas for development

Priority 1: Promoting awareness of falls prevention to our residents, carers and key partners

Raise awareness among residents & carers about reducing falls risk and promote local services and trusted resources

Develop links with VCFSE sector, community hubs, social prescribers/ housing to engage with residents and share information

Review training/education for key partners

Raise awareness of telecare and assistive technology to support people who are at risk of falling

Priority 2: Prevent falls in key settings – Care Homes & ASC settings

Info

Review training and access to information on local services and resources

Assessment

Review assessment and referral processes and reporting of falls concerns

Network

Set up a Falls Champion network – for rapid dissemination of information, sharing of good practice

Telecare/Tech

Raise awareness of telecare and assistive technology to support people who are at risk of falling

Meds

Work with pharmacists to develop and deliver a programme of structured medication reviews in the community & care homes.

Priority 3: Review and Revise the Trafford Falls Pathway

Holistic pathway	Including preventative, clinical and community provision
Telecare/Tech	Ensure that residents accessing telecare and enhanced technologies are embedded in the pathway
FCP	Review First Contact Physio role within MSK pathway
NWAS	Review NWAS Falls non-transported patient pathway & link to Rapid Response team
Bone Health	Review links to Bone Health & Osteoporosis pathway
Proactive	Work with GM on their falls delivery programme model which includes proactive identification of people at risk.

Thanks for listening

Any questions/reflections?

Community rehab and falls in Trafford

Therapy services that will see patient's who fall in Trafford

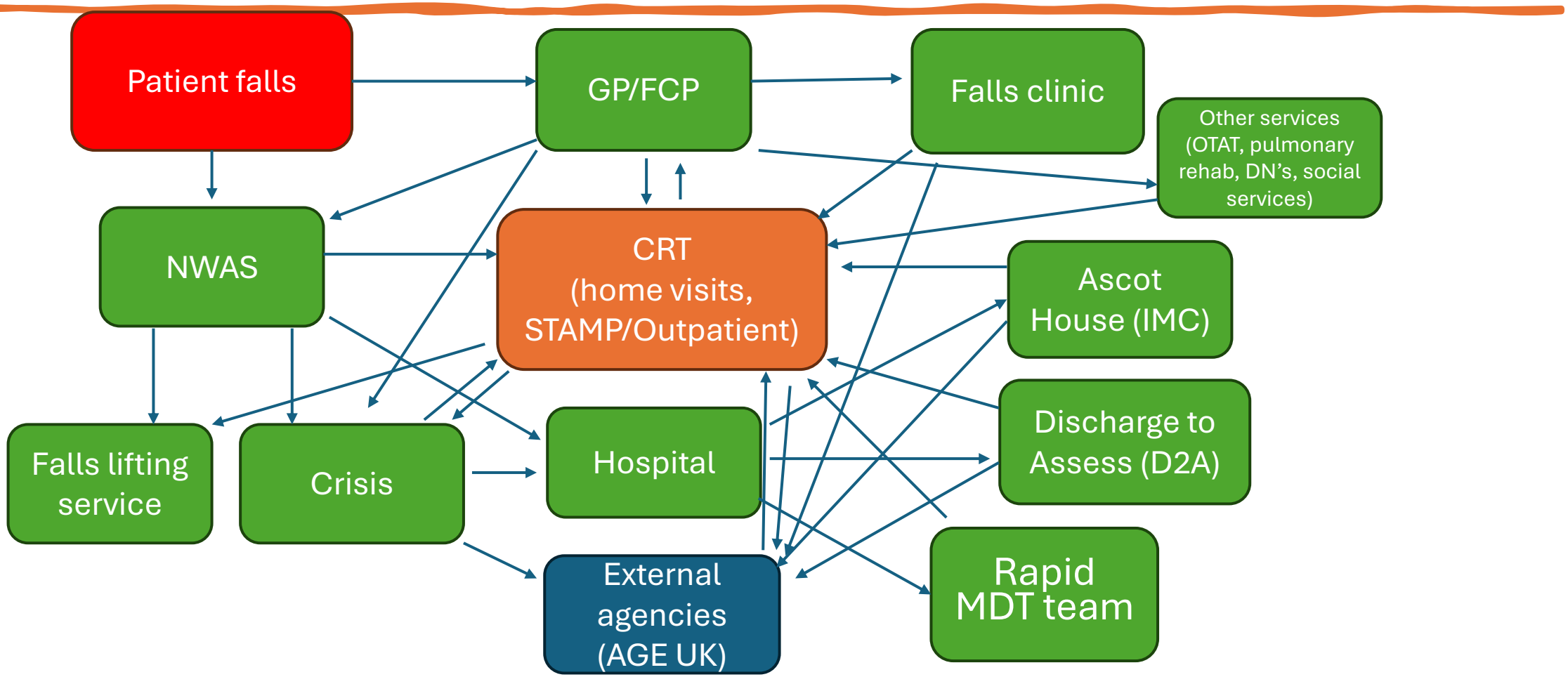
Crisis Team – at risk of hospital admission in the next 2 hours. Occupational therapy and Physio, support workers, advanced care practitioner

Discharge to assess team – discharges from hospital, 6 week input. Occupational therapy, Physio, nurse, pharmacist

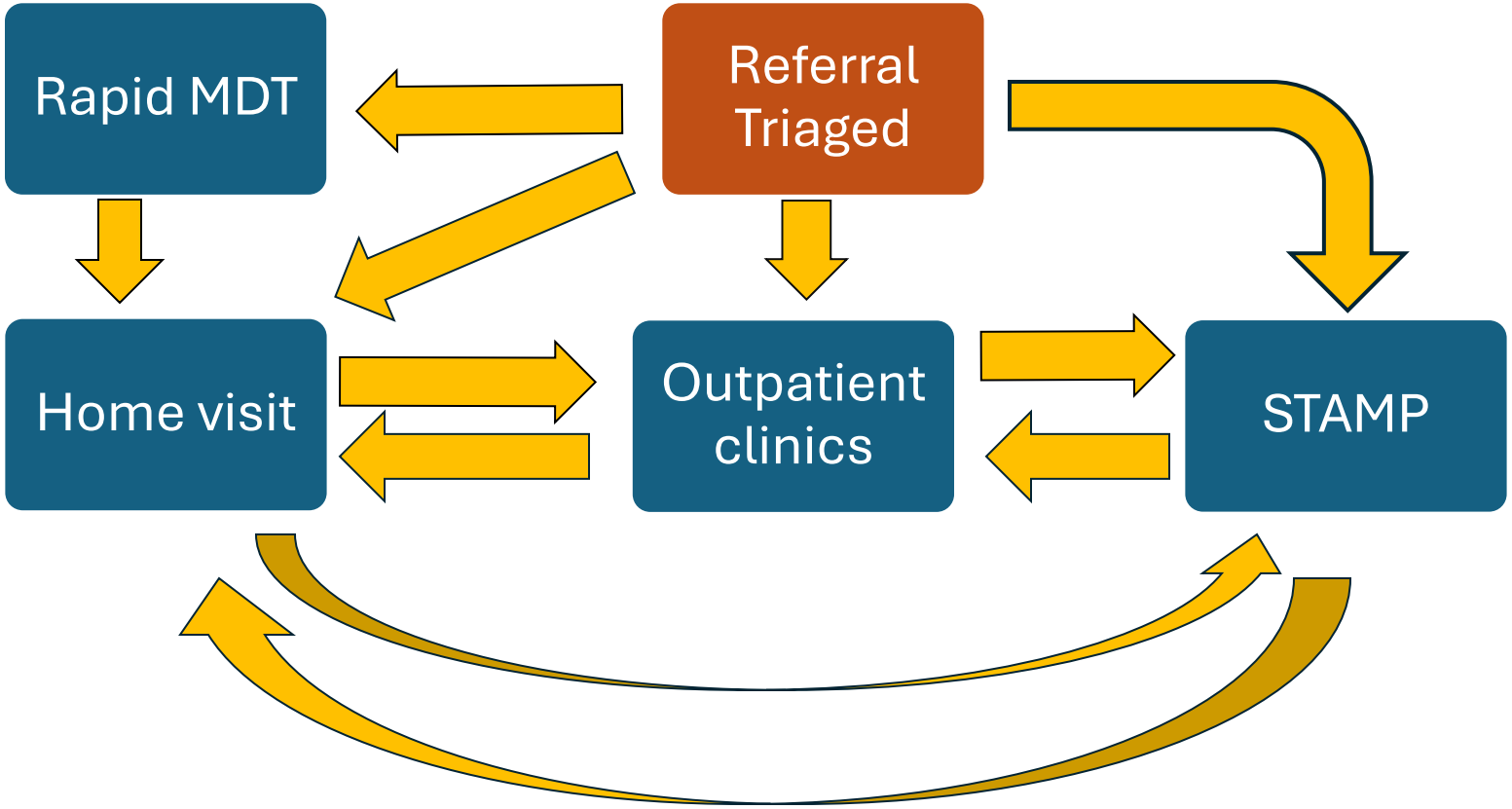
Community Rehab – referrals from GP's and all community services. Home visits, outpatient clinics, STAMP falls prevention group. OT and Physio, support workers

Rapid MDT service – sit under CRT but separate team currently seeing patient's in care homes (Sara to update)

Pathways


Patient falls
GP/FCP
Falls clinic
Other services (OTAT, pulmonary rehab, DN's, social services)
NWAS
CRT (home visits, STAMP/Outpatient)
Ascot House (IMC)
Falls lifting service
Crisis
Hospital
Discharge to Assess (D2A)
External agencies (AGE UK)
Rapid MDT team

Community Rehab pathways



What we offer

Home visits – Holistic therapy assessment (social history, medical history, drug history, activities of daily living, care needs, reason for falling - pattern)

Physiotherapy assessment – range of movement, strength, balance, outcome measures, gait, walking aid, falls risk/environment, transfers, footwear/clothing, hearing/eyesight, medication, hydration and nutrition, continence, lying and standing BP

Occupational therapy assessment – home environment, transfers, equipment needs, fear of falling, activities of daily living, access, cognitive assessment.

Interventions – strength and balance programme, walking aid provision, gait re-education, transfer practise, equipment provision, adapting environment, fear of falling work, outdoor mobility, ADL practise, joint working between OT/PT and care agencies

Referrals on – telecare/pendant alarm, social services, care navigators, podiatry, GP to review medication, orthotics, bladder and bowel, district nurses, STAMP/outpatient clinic, falls clinic, Age UK

Outpatient clinics

- All patients have an initial therapy assessment completed by either Physiotherapist or Occupational therapist as per patients in the community.
- Physiotherapy assessment and outcome measures completed in clinic setting
- Occupational therapy assessment completed in clinic if cognitive assessment or interventions but often completed at the patient's home
- Will refer onto STAMP group, AGE UK, external agencies if appropriate
- If not suitable for outpatient clinics, will be transferred onto the home visit pathway
- Currently a 3 month pilot, forever changing and developing!

STAMP

- Two locations in Trafford – One at Be Active Urmston every Tuesday morning, One at Fiona Gardens in Sale every Wednesday morning
- Physiotherapy led
- 8 week programme – need to attend all 8
- Need to be able to travel, well enough/fit enough to complete an exercise session
- Cognitively be able to follow exercises with minimal support
- Education booklet
- OTAGO based
- Education sessions
- Access to OT/home visits if needed
- Outcome measures pre/post class – great feedback!
- Referred onto AGE UK/Trafford Leisure/Be Active Urmston/local groups.

Care home falls review 2024/25

Sara Cassidy-Occupational Therapist

Heather Kerr- Physiotherapist

Why was it requested?

- High number of falls reported to Trafford council.
- Two care homes identified to participate in a therapy falls review of their care home within Trafford.
- Advise the care homes of any possible changes they could implement to help manage the falls in the care homes.

Method

- Face to face meeting arranged with each care home to discuss their processes and review their current facilities.
- Reviewed residents in each care home who had experienced a fall to understand how processes were implemented.
- Completed the falls proforma and a summary of the recommendations.
- Reports sent to each care home and a teams meeting was arranged to discuss the recommendations.

Care home proforma: Falls management

- Processes in place for residents on admission to the care home.
- Risk assessments: (multifactorial risk assessment)
- Medical management and medication management. Restore 2 used.
- Monitoring of footcare, medical episodes, hypotension, fluid intake, mobility/balance, mental health and well being, continence.
- Action taken after a resident falls, what processes are followed
- Staffing: training offered to staff to help manage residents who fall.
- Environment; individual rooms and communal areas.
- Equipment available for staff

Outcome of recommendations discussed care home 1

- Care home managed has implemented numerous changes
- All staff aware of the process for requesting sensor equipment.
- Rolling program set up to teach staff how to set up sensors in residents' rooms
- Additional chairs purchased for rest areas along the corridors
- Communal areas rearranged to allow staff to monitor residents
- All bedrooms to be checked to ensure residents can safely manoeuvre the walking aids around the end of the bed to access the chair.
- Support in referring directly into dementia crisis and community rehab services.
- Timely referrals to MDT
- All walking aids have been labelled
- Handrails along the corridors to be reviewed and changed if agreed by the company
- New signage for bathrooms/toilets/dining rooms to be requested to help direct residents

Outcome of recommendations discussed care home 2.

- Trafford LCO to support in identifying support with medication reviews current pharmacist on maternity leave
- Referral into community rehab services as needed.
- Advised care home that they were able to refer into the bladder and bowels service referral form to be sent by Trafford LCO.
- Renovation of bathrooms planned to change tiled flooring to a wet room floor.

Numerous other recommendations were discussed with the care home, but they stated that they felt there was no issue and changes in some areas could not be made due to brand standards.

Next steps

- Linking with other services
- Looking at what ongoing support/guidance can be offered to the care homes.

Jenny Burton, Healthy Living Manager

Falls Prevention Service

- Brief intervention (8 weeks), evidence based Postural Stability sessions
- Attendance via referral & initial assessment
- Referral agents include

GP's	Pulmonary Rehab
Community rehab	Physiotherapy
Social Prescribing	Self referral

- ELIGIBILITY CRITERIA

Trafford based / GP	Had a fall / history of falling
At risk of falling	Fearful of falling

Falls Prevention Service

- 8 week maintenance programme after completion of Postural Stability sessions
- Sessions timetabled Mon – Fri, Trafford wide
- Nominal charge for maintenance sessions
- Online option
- Home exercise guides provided at start of programme
- Tailored exit routes discussed at end of maintenance programme

Falls Prevention Service

- 100 referrals in the last quarter
- 82% attendees have fallen 8 weeks before course commencement
- 38% attendees have fallen by end of 8 the week programme
- 75% attendees have improved their mobility and confidence ratings by end of programme
- 60% have continued physical activity 12 months after programme completion
- Did not attend rate 16%