



Item No: 10

Meeting Date: Wednesday 20th September 2017

Glasgow City Integration Joint Board

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GLASGOW HEALTH AND SOCIAL CARE PARTNERSHIP FALLS STRATEGY 2017 - 2020

Purpose of Report:	To present Glasgow City Health and Social Care Partnership Falls Strategy 2017 – 2020.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none">a) endorse the Glasgow City HSCP Falls Strategy 2017 – 2020; and,b) direct the Council and Health Board to implement the strategy.
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Relevance to Integration Joint Board Strategic Plan:

Early intervention, prevention and harm reduction including promotion of activity and prevention of falls and fractures, particularly in elderly and frail.

Shifting the balance of care including contributing towards the reduction in acute admissions.

Enabling independent living for longer.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	<p>Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.</p> <p>Outcome 2 - People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.</p>
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	Outcome 4 - Health and Social Care services are centred on helping to maintain or improve the quality of life of people who use those services.
Personnel:	Training and awareness sessions: staff will need to have the time to attend and/or complete the e-learning module.
Carers:	Better knowledge and support on preventing and managing falls and information on minimising risk of falling themselves.
Provider Organisations:	Commitment and capacity to allow staff to undertake training. Comply with requirements regarding staff awareness and training to meet when commissioned to provide services.
Equalities:	Although falls are common in frail elderly, there are a range of other groups and ages also at risk including Learning Disability and people with physical disabilities. Vital to ensure that resources and training modules are inclusive of all groups and ages, and that materials and approaches are also appropriate for those groups and individuals with key characteristics, e.g., BME, people with disabilities, LGBT.
Financial:	Reduction in numbers of patients who have fallen and as a consequence are admitted to hospital. This shifts the focus and the balance of care into the community reducing the cost to acute services and requiring capacity and resources from community services. Although data to evidence reductions in falls and admissions are difficult to produce at the moment these will be developed as the strategy is implemented.
Legal:	None
Economic Impact:	None
Sustainability:	N/A
Sustainable Procurement and Article 19:	N/A
Risk Implications:	Potential service pressure as a consequence of implementing the pathways for Scottish Ambulance Service (SAS) patients who are not conveyed to hospital.

Implications for Glasgow City Council:	Potential for higher uptake of responder services.
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Implications for NHS Greater Glasgow & Clyde:	<p>Potential reduction in acute admissions.</p> <p>A review is currently in progress in relation to the Community Falls team's most effective deployment and engagement with HSCPs is anticipated.</p>
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Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	✓

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	200917-10-a
2	Date direction issued by Integration Joint Board	20 September 2017
3	Date from which direction takes effect	20 September 2017
4	Direction to:	Glasgow City Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	All health and social care services
7	Full text of direction	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to implement the Falls Strategy appended to this report
8	Budget allocated by Integration Joint Board to carry out direction	As advised by the Chief Officer: Finance and Resources
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	September 2018

Glasgow Health and Social Care Partnership Falls Strategy 2017- 2020

August 2017

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The Glasgow Falls & Prevention & Management Strategy

1. Introduction

A fall is often a life-changing event for an elderly person. It can result in a loss of confidence and independence and trigger increased dependence on health and social care services.

A significant proportion of the activity of unscheduled care services is as a consequence of falls and fractures among older people. At least 20% of geriatric medical admissions are due to falls. There is evidence to suggest that early identification and access to appropriate interventions can reduce the risk of falls by up to 30%

Recurrent falls are associated with increased mortality, increased rates of hospitalisation, curtailment of daily living activities and higher rates of institutionalisation. This in turn leads to increased dependency and social isolation.

Within Glasgow City Health and Social Care Partnership in 2016, there were 4,383 Accident and Emergency attendances as the result of a fall for individuals aged 65 or over; 3,092 of those (70%) were aged 75 or over.

50% (2,213) of the over 65 A&E attendances as a result of a fall resulted in an acute admission.

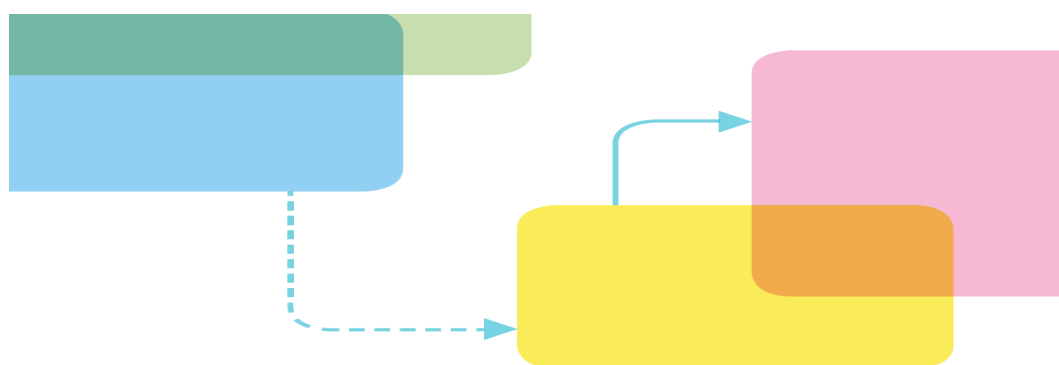
2. Background

In 2013 the Scottish National Falls Programme published “The Prevention and Management of Falls in the Community: A Framework for Action for Scotland 2014/2015”. The framework sets out minimum standards for community health and social care services in relation to community falls prevention and management, and proposes a 15 – 30% reduction in falls through proactive identification and intervention with those at highest risk is achievable.

<http://www.gov.scot/Resource/0044/00448210.pdf>

The “Framework for Action” document builds upon the model for falls prevention & management published within the 2010 NHS Quality Improvement Scotland document, “Up and About, Pathways for the prevention and management of falls and fragility fractures”.

<http://www.healthcareimprovementscotland.org/default.aspx?page=13131>



The Prevention and Management of Falls in the Community
A FRAMEWORK FOR ACTION FOR SCOTLAND 2014/2016



The National Health & Wellbeing Outcomes set out what integrated health and social care partnerships should achieve. <http://www.gov.scot/Resource/0047/00470219.pdf>

By working with individuals and local communities, Integration Authorities will support people to look after and improve their own health and wellbeing while ensuring health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

NHS Greater Glasgow & Clyde (NHSGGC) published “Policy for the Prevention and Management of Falls (For Adults Aged 16 and Over)”, which brought together Acute, Community and Mental Health policies for the first time.

3. Glasgow City Strategy

Glasgow HSCP strategy for the prevention of falls will, working with staff, partners and stakeholders focus on **awareness raising and evidence based practice** and will aim to reduce the number of falls that result in injury by:

- Identify individuals at risk of falls and fragility fractures
- Provide further assessment of, and support to those identified at risk
- Provide targeted, evidence based interventions
- Promote healthy lifestyles and bone health
- Measure and evaluate effectiveness of interventions

4. Governance Structure

The Glasgow Falls Group, is responsible for the planning, implementation, monitoring and evaluation of community falls activity within Glasgow City. The implementation of the strategy will be managed by localities. The Glasgow Falls Group will provide reports to other groups including Older Peoples Core Leadership Group and the Glasgow City Senior Management Team.

Membership of the Glasgow Falls Group includes representation from inpatient and community services, residential care, Cordia, Scottish Ambulance Service (SAS) and independent contractors. The Glasgow Falls Group will continue to engage with a variety of groups including housing providers, third sector, independent sector, Scottish Fire and Rescue and others as necessary. The Locality Falls Groups will provide updates to Glasgow Falls Group.

5. Evidence Base

Current evidence supports a combined approach to falls and fracture prevention. For those with **a low to moderate risk** this includes sustained multicomponent exercise programmes.

For those at **high risk** this includes a tailored multifactorial and interprofessional approach, determined by individual assessment of functional, medical, and social concerns.

The evidence also supports

- Gait training and advice on use of assistive devices
- Medication review
- Balance training exercise programs
- Treatment of postural hypotension
- Treatment of cardiovascular disorders
- Modification of environmental hazards

<https://www.nice.org.uk/guidance/cg161/evidence/falls-full-guidance-190033741>

There is also a range of evidence that supports a focus on activity for all ages

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf

Physical activity benefits for adults and older adults



BENEFITS HEALTH



IMPROVES SLEEP



MAINTAINS HEALTHY WEIGHT



MANAGES STRESS



IMPROVES QUALITY OF LIFE

REDUCES YOUR CHANCE OF

Type II Diabetes **-40%**

Cardiovascular Disease **-35%**

Falls, Depression and Dementia **-30%**

Joint and Back Pain **-25%**

Cancers (Colon and Breast) **-20%**

What should you do?

For a healthy heart and mind

To keep your muscles, bones and joints strong

To reduce your chance of falls

Be Active

Sit Less

Build Strength

Improve Balance

VIGOROUS

MODERATE



RUN



WALK



SPORT



CYCLE



STAIRS



SWIM



TV



SOFA



COMPUTER



GYM



YOGA



CARRY BAGS



DANCE



TAI CHI



BOWLS

MINUTES PER WEEK

75 OR 150

VIGOROUS INTENSITY

(BREATHING FAST
DIFFICULTY TALKING)

MODERATE INTENSITY

(INCREASED BREATHING
ABLE TO TALK)

OR A COMBINATION OF BOTH

BREAK UP SITTING TIME



2 DAYS PER WEEK

Something is better than nothing.

Start small and build up gradually:
just 10 minutes at a time provides benefit.

MAKE A START TODAY: it's never too late!

6. Working with Partner Agencies

The Glasgow Falls Group will continue to link closely with Scottish Ambulance Service, housing providers and the third and independent sector to build on current work to promote community-based approaches to physical activity, independence and well-being including services such as Glasgow Life's 'Good Move' programme.

<http://www.glasgowlife.org.uk/communities/goodmove/pages/default.aspx>

Strong links will continue to develop with community groups, partner agencies and contractors regularly coming into contact with older or vulnerable adults living within the community to promote awareness of the impact of falls and the identification of individuals at risk of falling.

The Glasgow Falls Group will undertake a specific piece of work with Scottish Ambulance Service to create and improve pathways for non-conveyed fallers in line with the National Falls and Frailty Pathways Action Group.

<http://www.knowledge.scot.nhs.uk/fallsandbonehealth/sas-falls-and-frailty-pathways-action-group.aspx>

Links with service users, 3rd Sector groups, Locality Engagement Forums and Community groups have shaped and will continue to influence the delivery of the actions in this strategy.

7. Actions

The activities produced by the Glasgow Falls Group are consistent with the national framework for action and focus on the four main stages of the framework:

- **Stage 1:** Supporting active ageing, health improvement & self-management
- **Stage 2:** Identifying high risk of falls and/or fragility fractures
- **Stage 3:** Responding to an individual who has just fallen and requires immediate assistance
- **Stage 4:** Coordinated management and specialist assessment

As well as developing a co-ordinated response to individuals who have fallen, a range of activity will focus on supporting individuals to self-manage. There will be a focus on promoting preventative activities to reduce the impact of age. There will be a programme of education and awareness at all ages of the impact of falls, identifying individuals at risk and the importance of physical activity, diet and healthy lifestyles.

Partnership work will continue with the HSCP Local Engagement Fora and agencies such as the Glasgow Council for the Voluntary Sector to support engagement events and communication with a range of community groups.

8. The main areas of work promoted by the Glasgow Falls Group will include:

8a. Falls Awareness and Education

- Dissemination of an agreed set of resources to support third and independent sector, partner agencies and HSCP staff to support the reduction of falls and the promotion of safe and healthy lifestyle choices for all ages. These will be used in community, residential care, nursing care and inpatient settings.
- Development of falls awareness and education resources to improve identification of individuals at risk of falls and improve awareness of the pathways of care. These resources will be shared with partners to maximise the effectiveness of falls prevention across the HSCP ensuring reach across the diverse population of Glasgow.
- Identification of opportunities to promote healthy lifestyles, bone health and falls prevention adopting a “preventing falls and promoting good bone health is everyone’s business” approach across community, inpatient and care home settings.



8b. Pathways of Care

- Developing and implementing clear pathways for signposting at risk individuals onto services or groups, which may aid falls prevention through behavioural changes, advice or equipment provision. A standardised 'Level 1' screening tool will be used to identify at risk individuals and ensure they are offered support and advice and/or referred to the right services.
- Implementing agreed responses to people who have fallen in the community, in a ward or within care homes with the aim of keeping them safe and reducing the risk of further falls. Where appropriate, technology based solutions will be used to support this approach. 'Level 2' multifactorial falls assessment will cover the following areas :
 - Falls history
 - Medical history and medication
 - Mobility and balance
 - Transfer and function
 - Environment and equipment
 - Sensory impairment
 - Continence
 - Nutrition
 - Cognition and mood
 - Home hazards
- Following assessment an individualised fall and fracture prevention plan will be agreed with the individual, their families and carers as appropriate. The plan will address risk factors, agreed actions, referrals to other services and evidence based interventions.
- NHS Greater Glasgow and Clyde Osteoporosis Service

The Physiotherapy for Osteoporosis Service is available to anyone of any age diagnosed with osteopenia, osteoporosis, and other bone health conditions (eg Paget's disease).

The service exists to provide specific advice to individuals for the reduction of adverse effects arising from these conditions, the improvement of bone health and the overall reduction of future fracture risk.

The service works in conjunction with the community falls service, which also operates Level 1 strength and balance exercise classes in community venues throughout NHS GG&C.



8c. Other Activity

- The Glasgow Falls Group will continue to work in partnership with Scottish Ambulance Service to develop a pathway for uninjured fallers, with Scottish Ambulance Service crews having a simplified referral process into community services. This will reduce the number of uninjured fallers conveyed to accident & emergency by providing safe, timely and appropriate community support. The Glasgow Falls Group will also work with Scottish Ambulance Patient Transport Services to support the early identification of individuals at risk of falling. Joint training between HSCP staff and SAS staff will build constructive working relationships and focus on sharing knowledge.
- The Glasgow Falls Group will work with Residential Care to develop a falls pathway aimed at providing care for uninjured fallers within the care home, reducing unnecessary conveyance to accident and emergency departments and will collect information to evidence the reduction in hospital admissions.
- Building on the e-learning resource developed by NHS Highland, a range of mediums will be utilised including face to face, falls champions, train the trainer and online modules. These will be promoted for use within all settings including community, inpatient and care homes.



9. Measuring Outcomes

The Glasgow Falls Group will monitor performance using standardised measures where these are available. Reports will be provided to the Glasgow HSCP Senior Management Team and other management groups.

A performance template, including benchmarks and targets is being developed.

Staff Training and Awareness

- The number of HSCP and partner agency staff who have completed the online Falls Awareness and Prevention module
- The number of staff who have attended falls awareness sessions
- The number of staff within partner agencies who have attended falls awareness and prevention sessions
- The number of individuals within partner agencies who have been trained and supported to deliver onward training within their organisation

Falls Pathway

- The number of referrals into community services as a result of Level 1 Screening including rehab and community falls team

Scottish Ambulance Service Pathway

- The number of referrals into community services as a result of the new pathway
- Any movement in the number of uninjured fallers conveyed to hospital
- We will look to benchmark the number of individuals within Glasgow residential homes who are conveyed to hospital as a result of a fall and the impact of any change in the pathway and staff awareness training

Residential Care

- Changes in the number of falls following training and awareness of staff

Inpatients (OPMH)

- The number of falls and fractures in inpatient settings

10. Conclusion

Glasgow HSCP already has in place what the evidence base states is required of an effective falls service namely:

- Access to a multicomponent exercise programme for low risk individuals provided by Community Falls Service, and
- A tailored multifactorial and interprofessional approach determined by individual assessment of functional, medical, and social concerns for those at high risk provided by Community Rehabilitation Services

This strategy sets out the work underway and to improve planned awareness of falls, risks and prevention and the establishment of pathways into and between services.

The strategy also outlines actions to provide training and awareness to Glasgow HSCP staff, third sector and community groups, partner agencies and individuals, and to support the development of pathways to reduce the unnecessary conveyance of uninjured fallers to hospital.

