



Public Health
England



YORKSHIRE & HUMBER
ACADEMIC HEALTH SCIENCE NETWORK

Report from the
North of England
Care Homes Falls
Summit

North of England Care Homes Falls Summit

13th March 2018

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1 BACKGROUND

This report provides a summary of the **North of England Falls in Care Homes Summit** which took place in Harrogate on the 13th March 2018.

The event was co-created with colleagues from all four northern Academic Science Health Networks (AHSNs), Public Health England, NHSE North Independent Care Sector Board, the Care Quality Commission, the Care Homes Association and the independent care sector providers.

The event was extremely popular with 170 delegates attending from across the North of England representing the public sector, independent care sector and academia.

The summit brought together people involved in preventing and managing falls and those working in care homes to hear from national and regional colleagues on the context and direction of falls work and to find out more about best practice taking place across the region as well as to learn from the success of large scale falls programmes such as the one in Scotland.

The afternoon brought delegates together in regional workshops to work on identifying the needs and priorities of their regions and to contribute to the development of an action plan for the falls programme going forwards.

It was a day filled with discussions, sharing and planning and gave a much needed opportunity for the care home sector to meet with health and social care colleagues and collaborate on how they can work together to bring about improvements to reducing falls in care homes.

Please look up the hashtag **#fallsincarehomes** to see what was tweeted about the day



Protecting and improving the nation's health

North of England Care Homes Falls Summit

Harrogate

13 March 2018

- 10:10 - 10:15** **Welcome and introduction**
Ruth Holt, Director of Nursing, Independent Care Sector Lead, NHS England, Dawn Lawson, Chief Operating Officer, Yorkshire & Humber Academic Health Science Network
- 10:15 - 10:30** **Public Health England: National overview**
Daniel MacIntyre, Chair of the National Falls Prevention Group
- 10:30 - 10:45** **Care Quality Commission**
Caroline Bairstow, Inspector, Care Quality Commission, Sophie Cawdry, Inspector, Care Quality Commission, Naison Chaparadza, Inspector North West, Care Quality Commission, Rosalind Sanderson, Head of Inspections, North East and Coast
- 10:45 - 11:15** **The Scottish National Falls Programme**
Lianne McInally, Falls Advanced Occupational Therapist, Lanarkshire Falls Service
- 11:45 - 12:15** **Sheffield: using co-design and technology to deliver person-centred care**
Pippa Hedley-Takhar, Test Bed Programme Manager, Digital Care Home, Perfect Patient Pathway Test Bed (NHS England Test Bed – Sheffield City Region)
- 12:15 - 12:45** **Implementing Safety Huddles in West Yorkshire Care Homes**
Alison O'Halloran, Quality Manager, Roche Healthcare, Kirsty Smith, Senior Team Leader, Roche Healthcare
- 13:45 - 15:45** **Locality based workshops**
Ann Burrows, Regional Lead for NHS England North, Public Health England, Ruth Holt, Director of Nursing, Independent Care Sector Lead, NHS England, Dawn Lawson, Chief Operating Officer, Yorkshire & Humber Academic Health Science Network, Helen Kleiser, Falls Coordinator, Clinical Educator, Gateshead Health NHS Trust
- 15:45 - 16:00** **Closing Comments**
Ruth Holt, Director of Nursing, Independent Care Sector Lead, Dawn Lawson, Chief Operating Officer, YHAHSN, Daniel MacIntyre, Chair, National Falls Prevention Group

3 SUMMARY OF THE PRESENTATIONS

Daniel MacIntrye – Chair of the National falls Prevention Group

Daniel gave the opening presentation providing a national perspective on falls work from PHE. He gave an introduction to the **Falls and Fracture Consensus document** developed by the National Falls Prevention Coordination group. This is a commissioner focused document but is useful to all and consists of a consensus statement pack with resources and tools to help prevent falls.

A broad overview of falls and the need for a whole system approach which includes the involvement of all key individuals involved in a person's life as well as key interventions. For improvements in falls to happen Daniel highlighted the need for evidence based interventions, data, quality improvements, effective governance and importantly making falls everyone's business.

Caroline Bairstow & Sophie Cawdry – Care Quality Commission

The CQC shared their current model of regulation with information on how they monitor and inspect and rate services along with best practice in falls management and the use of multifactorial assessment and assessing risk and prevention

The focus was on the need for a collective effort to reduce falls in which families, staff, providers, commissioners, funders and the regulators are working together. Lessons from outstanding care homes showed the following;

- People were at the centre
- Good leadership extended to all staff
- There was a transparent open culture with strong links with the community
- Creative and innovative combined with a can do will do attitude
- Safe care actively promoted and a focus on people and not the regulator.

Lianne McInally - Scottish National Falls Programme

Lianne introduced the work of the Scottish falls programme that had the aim to to reduce falls in participating care homes by 50% by the end of 2015. The programme aimed to improve systems for collecting and analysing data, increase staff knowledge and skills, develop better integrated working and developed a number of resources and tools for education, information and advice on the management of falls and fractures.

Lianne introduced the concept of being a good falls detective which involves making falls everyone's business, using the falls resource for improvement, making education mandatory, collecting and analysis falls data and implementing Multifactorial Assessment on all admissions with regular reviews and a daily staff huddle.

Those care homes that took part saw dramatic reductions in falls. For more information follow the link...

Pippa Hedley – Takhar - Sheffield: using co-design and technology to deliver person-centred care

As the lead for one of 7 national NHS test beds Pippa shared the work in Sheffield which aimed to develop a sustainable model of testing, developing and spreading innovation across Sheffield, redesign pathways to bring together technologies and people, support a culture of transformation and support coordinated decision making across health and care organisations informed by real time data.

The digital care home is an early warning system that highlights changes in health as early as possible by sharing information digitally so that it is accessible to local health care professionals and integrated teams can work in partnership to respond to resident's health needs. The evaluation focuses on the quality of residents lives, any reduction of A&E attendances &/ or admissions to hospital, impact on workforce and costs to emergency care system.

The Strength and balance falls prevention project uses a Quantitative Timed Up and Go (QTUG) a medical device for assessment of falls risk and frailty, this gives primary care practitioners the ability to assess gait without requiring an expert so they can then make appropriate clinical decisions and referrals based on the information obtained.

The next steps for Sheffield include learning from all the NHS England Test Beds from June 2018 with an opportunity for Sheffield care homes to join the project in summer 2018.

Any other organisations wanting to be a partner in a Wave 2 Test Bed need to go to the following site;

<https://www.england.nhs.uk/ourwork/innovation/test-beds/>

Alison O'Halloran & Kirsty Smith, Roche Healthcare and Emily Cooper, Improvement Academy – Implementing Safety Huddles

Shared with the audience the journey of the safety huddles starting in 2013 to the present where over 180 frontline teams now huddle daily. They shared the steps on how to start a huddle and how to select priorities. The key characteristics of a safety huddle include using QI tools and feedback, having a daily focused meeting with agreed actions attended by the MDT with senior leadership where milestones are recognized and celebrated.

Fieldhead Court which has implemented huddles has shown a reduced number of falls and celebrates success with achievement certificates – Kirsty shared the experience of implementing huddles from the frontline and how they involved residents in their safety huddles.

Nicola Adkin Nottingham – Purple Poster designer

Nicola Adkin shared with delegates the Purple poster developed as an aid for care homes when considering the actions needed for residents with more than one fall. This simple but effective poster is being considered for application across the North of England as part of the falls programme and delegates were asked for their views and comments to enable us to work with Nicola and Nottingham NHS Trust to develop the poster to meet the needs of our region.



4 OUTPUTS OF THE LOCALITY BASED WORKSHOPS

The afternoon session brought delegates together in locality based groups to work together to **discover** what is already working well in their regions, to **dream** about what would make a difference to reducing falls and what have they heard about today that would make a difference, to **design** what a successful falls programme would look like along with the challenges and then to **deliver** actions of what is needed to make a falls programme happen and share the top 5 priorities for each region.

The regions were as follows;

1. North East and North West - Durham, Darlington and Tees, Hambleton, Richmondshire, Whitby, Northumberland, Tyne and Wear and West North and East Cumbria
2. Lancashire, South Cumbria & Greater Manchester
3. Cheshire, Merseyside, Warrington and Wirral
4. Yorkshire and the Humber, coast and vale

4A DISCOVER WHAT IS WORKING WELL IN THE REGIONS

There were numerous examples of what is working well to reduce falls across the regions, below are just a few of the examples given;

- The use of falls prevention teams
- Apps for iPads that are used for training staff
- The 'Steady on' programme in Lancashire
- Greater Manchester's work on falls and frailty
- The use of the 'safety cross' in care homes
- Community Admiral Nurses who provide training and dissemination regarding falls
- The AHSN bone screening programme for reducing fractures
- Doncaster have developed their own version of the Purple Poster and care homes like having the contact details of agencies/individuals.
- Ashley care home has a weekly GP ward round which has resulted in reduced hospital admissions
- Safety huddles in care homes
- The use of falls diaries
- Risk assessments carried out by a registered clinician from the NHS
- Local pharmacists working with GP's to carry out medication reviews which might be the cause of falls

4B DREAM ABOUT WHAT WOULD MAKE A DIFFERENCE

Delegates thought about what would make a difference to reducing falls in their organisations or regions and what they learned about at the summit that could be applied to make a difference.

The following themes emerged as shared across all localities;

- Developing partnerships with the care home sector
- Having consistency in documentation, language, training, pathways, guidance in relation to falls
- Sharing what works across a region
- Equality of access for those in care homes
- Having a directory of services
- Having a map or resource of care home providers with key contacts
- Having falls champions to support falls improvements in care homes
- Implementing safety huddles
- Using the Scottish falls model
- Having a falls portal to enable data collection
- Having support and resources to make it happen
- Being more proactive – not reactive to a fall
- CPD for care home staff and recognize the value of care home staff
- Involving residents
- Use new technology like the two devices in the Sheffield test bed model
- Premiums – CQUIN defined by care home

4 C DESIGN- WHAT A SUCCESSFUL PROGRAMME WOULD LOOK LIKE

To support the development and implementation of a falls action plan delegates shared the key design elements needed for a successful falls programme, there were many considerations but the following are ...

- Develop one assessment tool – sharing records, care plans shared into system
- Ensure the engagement of everyone and have strong leadership
- Bringing people together and engage the unengaged
- Acknowledge the workforce challenge in care homes
- Understand the finance challenge
- Engagement with care homes via falls leads or other champions
- Education on falls is for everyone – this needs to be considered
- Care homes to have ownership and work with other agencies
- There is a need to involve a range of organisations and health professionals including; Care homes, GP's, commissioners, ambulance services, 3rd sector, NHS organisations, local authorities, specialist services, telehealth, telecare, digital partners and people who can influence care homes such as clinical governance leads.
- CQC need to be supportive of a falls programme
- Staff need to feel that are free to be innovative – tend to be risk averse
- There is a need good data collection, consider the use of a dashboard
- Programmes and interventions need a cost benefit analysis
- Consider incentives e.g. an award's event
- Learn from other areas e.g. Wales who have developed a consistent approach with paperwork/documentation

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- Inclusion of domiciliary care not just care homes

4D DELIVER—WHAT NEEDS TO HAPPEN AND WHAT ARE THE PRIORITIES

All regions identified their top 5 priority areas for the falls programme going forward, these have been consolidated into a **single list of the top priorities** based on the shared views of the groups;

1. **Develop an approved standardised tool/pathway/guidance document** for falls prevention and for post falls guidance across the region/nationally linked to standardised falls training for all staff using the Scottish model as a framework. Make this part of the service spec to be contracted.
2. **Develop a regional falls in care homes strategy** which connects into existing regional and national work streams.
3. **Develop a web based tool and portal and repository for best practice and resources** with an evidence cost effectiveness base.
4. **Develop mechanisms for collecting data on falls from care homes** across the region to develop a baseline of understanding and for monitoring improvements.
5. **Ensure joint working across agencies** and STP's/ACO with NHSE/CQC/CCG/LA as representative bodies supporting the falls work.
6. **Recognise and value the care home workforce** – support workforce development to encourage the retention of staff that in turn allows programmes to be supported more effectively.

The top priorities should be under pinned by the following principles:

1. **Involve** residents and families in improving falls
2. Where ever possible **share and roll out best practice** and evidence based approaches
3. **Bring people together** from all organisations to ensure a genuine cross organisation approach to falls
4. **Value care home staff** and recognize the expertise they bring – care homes to have ownership based on their needs
5. **Do not be risk averse** and encourage innovation and 'doing things differently' to make a difference, make falls every bodies business and **be positive**.

5 NEXT STEPS

The summit will be the start point for the of the development of a North of England falls in care homes programme.

The information gathered from the summit workshops will form the basis of a plan of action for a falls programme which will build on existing falls work in each region and will aim to provide the following;

- Support the roll out of existing best practice across the region
- Connect the programme into other associated national and regional workstreams such as the NHSE 'Hospital to home' programme and the North of England bone health programme

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- Develop a consistent and standardised approach using shared evidence based tools, resources and training
 - Develop a regional strategy that creates a single approach whilst taking into account existing regional plans
 - Consider the use of effective existing models such as the Scottish falls programme

The plan will be scoped up and shared with delegates and we will be seeking support from those who wish to become involved in the work or who may have organisations /localities who wish to act as pilot sites for elements of the programme.

The slides and the video's from the summit will be shared on the YHAHSN website and a link will be sent to all delegates.

We thank you for making the summit such a successful day and for contributing to the North of England falls programme and we look forward to having further contact with you in the future as we take the falls in care homes programme forward.