Northern Excellence in Active and Healthy Ageing Symposium

Tuesday 6th June 2017, Horizon Leeds
## Symposium Agenda

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STEADY On!
Falls prevention in community and residential settings

Yvonne Skellern-Foster - East Lancashire Teaching Hospitals NHS Trust
Sumaiya Sufi – Lancashire County Council
Level 3
(eg. Medical problem/unexplained fall)

Specialist assessment and treatment

Level 2
(eg. Recurrent falls
Single injurious falls
Single fall with abnormal gait and balance)

Multi-factorial assessment, interventions and referral options

Level 1
(eg. Single explained fall with normal gait and balance)

Identification of fallers or those at risk
Early intervention and referral options
Community exercise programmes

Reaction

STeady On! Prevention
What is it?

• Evidence based approach
• Mnemonic incorporating falls risk factors in a way that is memorable to the target audience.
• Multi-factorial assessment
• Encompasses elements as recommended by the PH falls and fractures consensus statement
STEADY On!
check out your
• Slippers, feet & footwear
• Tablets & medicines
• Environment & lighting
• Activity & exercise
• Do you fall & have a falls plan?
  eYe sight & vision

CONTACT YOUR
COMMUNITY
FALLS TEAM
on (01282) 804903

Special thanks to Blackburn with Darwen Borough Council Falls Prevention Programmers for their kind permission to use their marketing materials
Formal Knowledge

Single Access Point Links

Pocket Tools

Other Source of Referral

S
Slippers, Feet & Footwear
Use of local low cost foot care organisations
Local footwear providers

T
Tablets & Medication
Medicines management systems
Community pharmacy medication review
GP medication review

E
Environment & Lighting
Local handyman service
Use of personal alarms
Ferrule check and exchange

A
Activity & Exercise
Local exercise groups
Activity/social groups

D
Do you Fall?
Fast track Community Matron assessment
Specialist services

EY
Eyesight & Vision
Clean glasses
Wearing the right glasses
Sight test at local / home visiting opticians

ACCOMPANYING HEALTH MESSGAES
Findings from Lancashire Data Returns (Oct 2015-Dec 2016)

**Steady On!**

- 6511 contacts made
- 222 community sessions delivered
- 266 education sessions delivered

**Slippers, feet and footwear**

- General info
- Local podiatry providers
- 46 referrals
- Home foot care
- Ferrules changed 1915

**Tablets and Medication**

- 400 individual conversations

**Environment**

- 108 direct referrals (including equipment dispensed)
- From one provider into social services and some referrals were made to the local authority home improvement team.

**Activity**

- 55 potentially benefit from activities to increase physical and/or social activity
- Directed to particular social groups or NHS exercise programmes

**Do you FALL**

- 401 self-care
- STEADY On
- Reporting that they self care

**Eyesight**

- 82% of participants were referred
- Optician at home service

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Lancashire County Council
Before the Fall

STEADY On! in Care homes
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Greater Manchester
Active and Healthy Ageing Reference Site

Paul McGarry
Head, Greater Manchester Ageing Hub,
Greater Manchester Combined Authority

Professor Chris Todd
Prof. of Primary Care & Community Health
University of Manchester

Northern Excellence in Active and Healthy Ageing Symposium
6th June 2017, Horizon Conference Centre, Brewery Wharf, Leeds, LS10 1JR
Greater Manchester
Active and Healthy Ageing Coalition

Our quadruple helix partnership:

“all stakeholders have a common understanding of the organisational, technical and financial challenges facing the region or area within health and active and healthy ageing, and are working collaboratively to define and implement innovative solutions and possibilities for economic growth”
Overview
We are ageing unequally

Working age benefit claimants aged 50 and over by LSOA
February 2015

OECD Ageing in Cities

• Ageing societies are not “a problem” as such. Longevity is the result of socioeconomic development and can provide opportunities for growth.

• Second, ageing societies are not simply societies of “older people”. Cities can be good places for any generation.

• Third, unlike other potential challenges, ageing trends and their impact can be fairly predictable.
GM Ageing Hub: priorities

1. GM will become the first age-friendly city region in the UK

- **Age-friendly design** – to understand how urban environments can work with and for older people; investment in planning to prepare for future patterns of demographic change; and age-friendly homes and communities.
- **Changing the narrative** - building a positive discourse around ageing, demonstrating the valuable contribution that older people can make as entrepreneurs, volunteers, workers and consumers to support growth and resilience.
- **Age-friendly neighbourhoods** - build on the age-friendly neighbourhoods approach to develop age-friendly districts, town centres and regional centre
- **Consider ageing in all policy areas** – to identify the needs of older people in policy areas such as employment and skills, business support, transport, housing, health and spatial planning.
GM Ageing Hub: priorities

2. GM will be a global centre of excellence for ageing, pioneering new research, technology and solutions across the whole range of ageing issues:

- **Evidence and innovation** – to build on existing evidence base and pilot new and innovative solutions to the challenges and opportunities that ageing societies bring.

- **Delivery at scale** - gather best practice and share learning across GM districts, and deliver at a GM level those interventions that will only work at scale.

- **Public engagement** – to test innovative forms of engagement and co-production with older people.

- **National and international partnerships** – to play a leading role in national networks of expertise on ageing.
GM Ageing Hub: priorities

3. GM will increase economic participation amongst the over 50s

- **Tackling inequalities** - to understand and address inequalities that Greater Manchester residents face in later life.

- **Older consumers** - consider the culture and retail offer for older people across GM and help individuals and organisations in GM capitalise on the new and emerging markets for products and services being created by the older consumer.

- **Extended healthy working years** - increasing employment rates among older residents across GM, and wider engagement in the labour market. Also engagement with employers ensuring there are opportunities for older workers in GM.
GM Future of Ageing 2017

Key recommendations include:

• Foster broad-based, dynamic leadership
• Strengthen links between GM’s research expertise, policy powers and resources to seed innovation
• Scale and mainstream successful practice
• Strengthen the voice and role for GM residents
• Create a GM narrative
• Identify transformative change
Mayoral agenda

• Loneliness
• Travel
• Volunteering
• Age-friendly stores
• Housing
• Age-discrimination in work

“Greater Manchester already has a strong reputation for its work on ageing and there are already some great initiatives to help older people contribute to society and enjoy a good quality of life. The Greater Manchester Ageing Hub is leading work to make Greater Manchester the first age-friendly City-Region in the UK. We will build on their excellent work, utilising partnerships in key areas such as health and social care, transport and housing.” Andy Burnham’s manifesto
European Innovation Partnership on Active and Health Ageing

Launched to increase the average healthy lifespan by two years by 2020 and to pursue a Triple win for European citizens.

6 ACTION GROUPS

A1 Adherence to prescription
A2 Falls prevention
A3 Functional decline and frailty
B3 Integrated care
C2 Independent living solutions
D4 Age friendly environments
Falls prevention

• Prevention of falls high on Greater Manchester Agenda
30-40% community dwelling >65yrs fall in year
- 40-60% no injury
- 30-50% minor injury
- 5-6% major injury (excluding fracture)
- 5% fractures
- 1% hip fractures

Falls most serious frequent home accident
50% hospital admissions for injury due to fall
History of falls a major predictor future fall

Masud, Morris Age & Ageing 2001; 30-S4 3-7
Rubenstein. Age & Ageing; 2006; 35-S2; i37-41
Consequences of falls

- Age UK say NHS cost £4.6 million/day (£1.7 billion/year)
- Non-fracture injury
- Peripheral fractures
- Hip fractures
  - Expensive for health services, patients & families
    - Money, morbidity, mortality and suffering
    - 20% die within 90 days
    - 50% survivors do not regain mobility
- Psychological and social consequences
  - Disability
    - Admission to long term care
    - Loss of independence
  - Falling most common fear of older people
    - More common than fear of crime or financial fear
    - Leads to activity restriction, medication use
Falls can be prevented!

Gillespie et al 2012
159 trials
79193 participants

- **Multiple-component group exercise**
  - RRR 0.71 [0.63-0.82] RR 0.85 [0.76-0.96]

- **Multiple-component home-based exercise**
  - RRR 0.68 [0.58-0.80] RR 0.78 [0.64-0.94]

- **Tai Chi**
  - RRR 0.72 [0.52-1.01] RR 0.74 [0.57-0.87]

- **Multifactorial intervention individual risk assessment**
  - RRR 0.76 [0.67-0.86] RR 0.93 [0.86-1.02]

- **Vitamin D**
  - RRR 1.00 [0.90-1.11] RR 0.96 [0.89-1.03] NB low Vit D

- **Home safety interventions by OT**
  - RRR 0.69 [0.55-0.86] RR 0.79 [0.69-0.90]

RR=0.83 (95%CI 0.75-0.91)
(High Dose & Challenging RR=0.58 (95%CI 0.48–0.69)

Sherrington et al JAGS 2008
44 trials  9,603 participants

44 trials     9,603 participants

Good evidence falls can be prevented

www.lancashire.gov.uk
• Prevention programmes are **efficacious**

• **Implementation gap**
  – Falls prevention not a priority
  – Services not available
  – Evidence not used or modified
    • *Training needs to be challenging, progressive & regular (dose)*
    • Programmes often too short term
  – Refusal/non-adherence=50-90%; prevention not effective?
Academic Contribution

• Evidence-based knowledge to support decision-making process

• Key role of networks: ProFouND
  – International comparison
  – Knowledge and practice
  – Publication

• Academic input in H2020 projects on innovative topics
GM Ageing Hub: priorities

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• Delivery at scale - gather best practice and share learning across GM districts, and deliver at a GM level those interventions that will only work at scale.

• Public engagement – to test innovative forms of engagement and co-production with older people.

• National and international partnerships – to play a leading role in national networks of expertise on ageing.
# Falls Prevention Intervention Factsheets

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10. Institutional long-term care (LTC) and fall prevention ............ 23

### What works

### What does not work

### Cautions

### Who can help

### Where to find resources

### Summary of evidence

### Assessment instruments

Last updated 02/2016

[www.profound.eu.com](http://www.profound.eu.com)
Falling is not an inevitable part of ageing!

- Evidence based fall prevention/ strength & balance resources already exist across city but need redesigning
- Many (older) people put off physical activity by labelling it as physical activity/ exercise
- Uptake and maintenance of activities helped when activities are fun/ enjoyable/ sociable
- Co-production of activities using existing strengths/ resources in community
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Round Table Workshop

Key Messages:

• Please stay at your tables
• You will be joined by four topic facilitators for twenty minutes at a time, for the additional twenty minutes please visit the ‘Ideas Cloud’
• Topics for facilitated discussion are Falls Prevention, eFrailty, Musculoskeletal and Cross-Sector/Trans-Regional Collaboration
• Please write any great ideas from your table on the coloured paper and place them in sight
• Help yourselves to tea, coffee and comfort break during the session, we will be going straight into the next
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Some brilliant discussions #AHANorth so not surprising that we're trending!
@AHSN_YandH @GMAgeingHub @NCLAgeing @innovationnwc

### Trends

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<thead>
<tr>
<th>Tag</th>
<th>Change</th>
<th>Tweets</th>
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<td>3,303</td>
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<tr>
<td>#AHANorth</td>
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<tr>
<td>@hakim_yadi, @PRJournoHannahD and 1 more</td>
<td>are Tweeting about this</td>
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<td>#WHdebate</td>
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<td>@bbclaurak</td>
<td>is Tweeting about this</td>
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<td>#TuesdayMotivation</td>
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<tr>
<td>@medtechcentre</td>
<td>is Tweeting about this</td>
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<td>Boris Johnson</td>
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<td>Foreign Secretary gets a rough ride on Radio 4</td>
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<td>#charitytuesday</td>
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Sound bites from today
Back to the beginning
John Farrell, Strategic Advisor to the Reference Site Collaborative Network (RSCN), said: “The Reference Sites in the North of England & UK are among some of the most advanced Reference Sites in Europe.

“Their collaborative approach in engaging health and care providers, government, industry and researchers in the development and adoption of innovative solutions have helped to improve health and care outcomes for patients, and offered new models and approaches that will help transform the way services are delivered.

“This recognition along with the technological and innovative solutions being developed will help to open new commercial markets across Europe and beyond.”
So what have we heard from the roundtable discussion?
Feedback

Northern Excellence in Active and Healthy Ageing

• Falls Prevention
• Frailty
• MSK
• Cross Sectoral / Trans Regional Collaboration
• Ideas Cloud
Falls Prevention

1. When does ‘old’ really start? - Biological age Vs Actual Age
   - De-medicalize ageing
   - Focus on younger audience as well – e.g. Grandchild to grand parents

2. Simple messages in the right locations – Super Markets
   - Ensure you reach isolated populations
   - Digital Literacy must be taken into account
   - Bring technology early into peoples lives and make it person-centric

3. Exemplars, Exemplars, Exemplars
   - Share experience and best practice of community assets
   - Educational and fun technology e.g. Gaming, Exercise to music, Tea-towels - It works we want more of it.

Actions

- Falls needs to be added under QOF
- Increase access to preventative services across the health and social care system
Frailty

1. Pan – Northern collaboration needed (recognize the complexity)
   - Funding for implementation
   - New roles in healthcare for frailty

2. Evidenced based briefings for commissioners
   - More support for primary care but requires a whole system approach
   - Earlier intervention

3. Share exemplars (Supporting locally to test and implement from examples, but ensuring they have ad the appropriate evaluation)
   - Share real-life stories of patients
MSK QOF – Exercise and Movement
Simplify pathways and make it fun

Earlier intervention and stratification, life-course approach making it a habit

Raise awareness through better health literature

Needs do not change overnight when you are older – life course management

Focus on reducing sarcopenia & role of exercise

Motivation and community – healthily life years not expectancy
• Multi disciplinary approach crucial, not just GPs
• Next step to engage Patients and the Public

• AHSNs and NHSA – Needs Buy-In beyond health
• Atlas for the North on AHA best practice

• Trans – Regional ‘Protein Pill from Leeds Beckett’
• CHC Model as a way of collaborating
• Standing Tall Project for the North

What is the Northern Story?
Ideas Cloud

- New ways on engaging (Baked Beans)
- Age friendly cities
- How we lead our lives = how we age
- Better access and use of co-produced technology
- New routes for technology access for the elderly
- Men in sheds
- Need a Broader approach to evaluation e.g. Social impact and third sector

Prepare for prevention

Create vision for later life earlier on in life course
Establishing the Narrative in other disease settings

- Cancer - 1948
- HIV - 1980
- Dementia – G8 2013
What is the narrative for Ageing?
What is the narrative for the North?

Establishing the Narrative in other disease settings

- Cancer - 1948
- HIV - 1980
- Dementia – G8 2013
- Ageing – The time is now
AHA Symposium Closing Remarks

Richard Stubbs, Y&H AHSN, Managing Director
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