

AGENDA ITEM

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Title/Subject: Community Falls Improvement Work – Update
Meeting: Integration Joint Board
Date: 1 February 2019
Submitted By: Director of Nursing
Action: For Noting

1. INTRODUCTION

- 1.1. This paper provides Falkirk IJB with a brief update on current falls activity in Forth Valley. The Forth Valley Bone Health and Falls Strategy is now out of date and a pragmatic decision has been taken to wait for the publication of the National Falls Strategy from Scottish Government due to be published this year before this is refreshed. In the meantime Partners are continuing to deliver on both inpatient and community falls work that is already underway.

2. RECOMMENDATION

The Integration Joint Board is asked to:

- 2.1. note the current status of multiagency falls work in Forth Valley and the continuation of workstreams
- 2.2. note the refresh of Forth Valley Falls work will be completed in line with the National Falls Strategy when it is published later in 2019.

3. BACKGROUND

- 3.1. Falls among older people are a major and growing concern. A fall can be a marker for the onset of frailty, the indication of a new or worsening health problem and / or can represent the tipping point in a person's life triggering a downward decline in independence. It has been said that effective falls prevention and management can make a significant contribution to supporting people to look after and improve their own health and well being, to live in good health for longer, live independently at home and maintain or improve quality of their lives has had a significant focus.
- 3.2. Within Forth Valley, there has been a structured focus on falls for many years, with improvement programmes focusing on two main components: inpatient falls and community falls.

4. CURRENT POSITION

4.1. Inpatient falls

It is known that older people admitted to hospital are at greater risk of falling and falls are more likely to result in some degree of harm. The prevalence of falls increases with age – from 35% in older adults aged over 65 years to 45 to 50% in adults aged over 80 years of age.

4.2. Reducing falls and falls with harm has been a key strategic priority for NHS Forth Valley for a number of years and information is reported as part of the Boards Balanced Score Card and Quality report. Reducing falls is part of the Scottish Patient Safety Programme and front line teams, supported by a range of staff use the model for improvement to test and spread a range of actions as part of our improvement plan. The work is also supported by ongoing engagement and support from managers, clinical leads and front line staff. The approach taken is to adopt a person centred approach that involves patients and their families in plans to reduce risk.

4.3. In NHS Forth Valley we have continued to adapt and refine our improvement plan. In February 2018 we implemented a new approach focused on working with 8 key wards in a local collaborative using the learning and impact of the implementation of other strands of the Scottish Patient Safety Programme. The wards were selected following analysis of data and reflect those areas caring for patients who are most at risk of falls.

4.4. The approach includes

- Risk assessment/re-assessment and individualised patient centred care planning
- Communicating risks at handovers and safety briefs
- Reducing late transfers of vulnerable patients
- Review and learning from falls
- Use of high, low beds
- Provision of slippers
- Meaningful activities
- Education for staff
- Falls champions
- Improvement support
- Information for patients and families.

4.5. The work is ongoing and data is reviewed on a monthly basis to monitor improvements (or otherwise) and to identify and share learning.

4.6. Community Falls

Community Falls work incorporates three key workstreams, National Falls Scottish Ambulance Service (SAS) pathway improvement work (part of National AILP- *Active and Independent Living Programme*), Community Falls Group and Falls

Implementation Group. These have been brought together under one multiagency group (whose membership includes colleagues from three local authorities (in particular MECS services), Scottish Ambulance Service, Scottish Fire and Rescue, Falkirk Community Trust, Care Homes and NHS Forth Valley). This group has met once and have a draft Terms of Reference, yet to be signed off.

- 4.7. The key aim of the group is to use quality improvement methodology to improve the experience and outcomes for people who have fallen or at risk of falling by implementing an integrated falls pathway. Specifically its objectives are to:
- prevent falls by encouraging more self management, ensuring provision of accessible, appropriate and timely information and ensuring people have access to falls prevention resources within the community.
 - implement the agreed SAS falls pathway by ensuring the pathway is well communicated and accessible, and is being used appropriately and ensuring that education and training is provided and accessible to a wide range of people who contribute to the falls work.
- 4.8. Community Falls [pathway](#) (see link to video and appendix 1) is a collaboration between SAS, MECS services, Closer to Home and ReACH where uninjured and or unwell ‘fallers’ can be left at home with confidence that a response will be provided timeously. For those unwell and uninjured fallers left by SAS, the response times for Closer to Home are 2 hours and for those referred for MECS in Falkirk they will join MECS within 24 hours.
- 4.9. In addition, district nurses and night nurses know to contact MECS to assist people who have fallen to get back on their feet.
- 4.10. Falls clinic – this new development is collaboration between the Department of Ageing and Health and ReACH. It will be an important addition to the falls pathway, offering quick access to diagnostics and decision making. The falls clinic will be run by A&H Consultant within FVRH in the first instance with rapid access to ReACH or other Multi Disciplinary Team (MDT) responses following clinic as required. The intention is to commence in February 2019 initially one session a week testing out the concept, with people accessing the clinic from the front door, FVRH, ReACH, SAS or GP. The clinic should see 6 new patients per week.

5. CONCLUSIONS

- 5.1. Ensuring that older people who are at risk of falling or who have fallen, have access to evidence based falls pathway remains a priority for many services in Forth Valley. For many years this work has benefitted from an integrated multiagency approach with colleagues from across health, social care, SAS, Police, Fire and Rescue Service, Third sector and community based organisations.

- 5.2. The falls improvement work has made inroads into ensuring appropriate pathways are in place and are accessible. There is more work to be done to communicate pathways more widely and also to ensure that all partners involved in falls work have appropriate knowledge and skills.
- 5.3. While it is acknowledged that there is a need to refresh local priorities around falls and bone health, this has been postponed until the national falls strategy is launched later this year.

Resource Implications

There is no resource implications associated with this report

Impact on IJB Outcomes and Priorities

Effective falls prevention and management makes a significant contribution to achieving IJB national outcomes and priorities.

Legal & Risk Implications

There are no legal & risk implication associated with this report

Consultation

There are no consultation requirements associated with this report

Equalities Assessment

This is not required for the report; however an equalities assessment will be completed as part of the work to refresh the Forth Valley strategy.

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Date: 22 January 2019

List of Background Papers: The papers that may be referred to within the report or previous papers on the same or related subjects.



Scottish Ambulance Service Pathway for Fallers in Forth Valley

