

**West Kent Health & Wellbeing Board Meeting 18 April 2017**  
**Notes of the Workshop Session**  
**Frail and Elderly People**  
**Towards a Whole Systems Approach to Falls Prevention**  
**From Current State to Ideal Status**

Roundtable Discussion – Question (1)	Responses
<p><b>How can we increase the number of people at risk of falling getting access to prevention?</b></p>	<ul style="list-style-type: none"> <li>• Identify who is at Risk of Falling - Be clear about what the data tells us – are the clients falling known to other services; what's their age; are they risk takers; who are they and how do we find them? Identify patients/residents who should be flagged up automatically in the system</li> <li>• Assemble Clear Facts - Are there opportunities for the profile of falls/falling to be raised by wider discussion/portrayal of issues more widely?</li> <li>• Enable the Targeting of resources in a 'joined up' way</li> <li>• Change the way the services are promoted/advertised (needs more 'popular appeal' to encourage the relevant segments of the target 'population group' who are often reluctant to ask for help)</li> <li>• Needs greater awareness of 'self-care', to encourage understanding of the potential for falling</li> <li>• Need wider and earlier education</li> <li>• Explore the opportunity for using private sector providers (who the population group might trust) to distribute prevention materials e.g., booklet or apps</li> <li>• Engagement needs to be meaningful and properly targeted - Care Navigators, Fire Service as a 'trusted brand' could be considered</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Duration of the Postural Stability sessions are not adequate and they are likely 'not' offered in the most appropriate locations. Locally available services need to meet the needs of the local population (eg is transport adequate – can difficulties of the location be overcome?)</li> <li>• There's a need to take messages about falls out to people in places where they meet and in a wide range of settings</li> <li>• Primary/Secondary interventions –different approaches needed (consider more flexibility in the existing programmes)</li> <li>• Need more education around 'staying active' as a prevention measure for later life for the <i>general</i> population (General Wellbeing Messages – need to highlight the Risk Of Falls)</li> <li>• Do we know enough about the kinds of Wellbeing Messages around Falling we need to</li> </ul>

	<p>develop that will have greater impact and spread better awareness</p> <ul style="list-style-type: none"> <li>• Identification of those at Risk; look at who can help identify those who might benefit, KFRS; Housing; Community Wardens; Voluntary Sector – particularly where contacts may be being made with those residents/clients and 'sign posting' might benefit</li> <li>• Need to explore the reasons for/responses to people's resistance to accepting support/help</li> <li>• Make 'staying active' something we embed in people's lives and a natural part of getting older and offer activities and opportunities to engage people and promote 'age-friendly' activities</li> </ul>
	<ul style="list-style-type: none"> <li>• Falls branding is likely 'off putting', - consideration to be given to what actions required if a client refuses a referral, what next, are there other strategies in place to help?</li> <li>• Recognition that a 'Falls Programme' is not for everyone – what about a DIY Falls Programme – Wii, yoga, Pilates?</li> <li>• Need to look at local housing conditions in a more systematic way (to address potential for slips, trips and falls), how are we managing accommodation risk assessment, might potential responses include a routine referral for a home safety audit by KFRS be established as an integral part of the Falls Pathway, or a general offer to residents over a certain age?</li> <li>• Consider whether there is a role for the Homes Improvement Agency (HIA)/Disabled Facilities Grants mechanism (DFG) and Community Wardens etc?</li> <li>• Do we know why people Drop Out of the Prevention Programmes?</li> </ul>
	<ul style="list-style-type: none"> <li>• Whole Community approach needed / One Size 'doesn't fit all' must be recognised and we must have different ways of reaching people</li> <li>• Can Health Checks highlight Risk Factors?</li> <li>• Generic messages – lighting; Rugs/carpets; Slow down/think; Pharmacists, Opticians, Hearing Centres, GP, Leisure Centres, Social Prescribing (Walking Football; Health Walks; (Grey Pound, doesn't need to be free....)</li> </ul>
	<ul style="list-style-type: none"> <li>• Consider promoting ways to stay active and happy by fun means, dancing; the arts</li> <li>• Could we have local hubs for addressing Falls, how might the Devolution discussions assist?</li> <li>• Develop better appreciation of what's available locally so we can offer via sign posting and ensure those accessing existing services and others are informed</li> <li>• Agree a strong Self-Care message and how we will share it to create Behaviour Change - Can we use 'younger people/children' to pass on the message and/or think of how to overcome the family/life-style challenges (much like messages around stopping smoking)?</li> </ul>
	<ul style="list-style-type: none"> <li>• Education &amp; Awareness - Need clearer pathways and innovative approaches - Use Council Tax Bills to spread simple health messages/mobilise existing communications strategies and arrangements?</li> </ul>

	<ul style="list-style-type: none"> <li>• Services need to get out into the community/outreaching</li> <li>• Can the community, voluntary sector (CVS) help create better awareness?</li> <li>• Key areas – marketing should include engagement of older people in the design of messages</li> <li>• Link with and offer older people a whole range of activity programmes with a more holistic approach – Build in a programme of fun, social activities and exercise</li> <li>• Increase access to prevention</li> <li>• Robust falls risk assessment tool</li> <li>• Consider re-marketing of the services</li> <li>• ? Need for better education of the benefits?</li> </ul>
<p><b>Roundtable Discussion – Question (2)</b></p>	
<p><b>How can we make falling risk be part of Making Every Contact Count (MECC)</b></p>	<ul style="list-style-type: none"> <li>• MECC too prescriptive and the 'ask' of professionals is too rigid, needs to be done at the right time by the right people with the right skills. The training is too broad.</li> <li>• Locally available services needed to help needs to be met – as a result, careful consideration to be given to transport matters and ensure current difficulties of some of the service location issues be overcome?</li> <li>• Should the approach be about referring into the West Kent/other Lifestyle services/other professional services</li> <li>• Belief that older people may not be fully ready for discharge into community, there's often still the burden of acute illness at play (Do we know what proportion of the people who fall are ill/have no diagnosis?)</li> <li>• Client perceptions are crucial – often they are not fully aware of the risks and therefore we must ensure prevention messages and conversations are 'acceptable'</li> <li>• Remove Professional boundaries – help people be confident to hold MECC style conversations.</li> </ul>
<p><b>Other Points for Commissioners to Consider</b></p>	<ul style="list-style-type: none"> <li>• KCC are commissioning an 'Older Person's Offer' – this work fits into an 'early intervention' agenda/prevention agenda that they are seeking to procure – THERE MUST BE JOINING UP</li> <li>• There needs to be more 'joining up' across services and organisations including 'data sharing'</li> <li>• Data requirements - must be West Kent specific</li> <li>• Housing Design needs to take account of dwellings which suit a broader range of mobility needs including better access for all so there are fewer challenges for people with mobility issues</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Need to consider developing 'frailty friendly' communities</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Needs better investment in services</li> <li>• Holistic approach – different range of activities should be 'on offer and welcoming'</li> <li>• Commission Kent Sport Pilot – Indoor bowls and walking football</li> </ul>

### **Summary of suggestions for actions which might strengthen the holistic falls pathway:**

- Early action to help identify people at risk of falls e.g., by drawing on the role of a wider range of professionals and agencies
- Consider schemes which pro-actively targets specific vulnerable population groups (e.g., people on the Local Authority Sensory Impairment Register) for a home safety audit by the Fire Service
- Boost Effectiveness of the messages about Prevention, Staying Active, Proactive Planning for Older Age and Retirement
- Better appreciation of what an effective, integrated falls service looks like, fully integrated across agency/sectors
- Better understanding of the reasons for hospital attendances due to falls (e.g., trips; slips; medicines effects; self-neglect/hoarding and action to pre-empt these and tackle root causes)
- Commit to a joined up and fully integrated commissioning across the health, social and council care systems and services that reflects interventions which are complementary to the STP approach
- Develop a broad-based area – wide promotional campaign to highlight falls prevention where appropriate, linked to the 'One You' Campaign and a commitment to promote active citizenship and boost 'civil society'