



REFERENCE SITE



IA Improvement Academy



**Newcastle
University**

Institute for Ageing

Northern Excellence in Active and Healthy Ageing Symposium

Tuesday 6th June 2017, Horizon Leeds



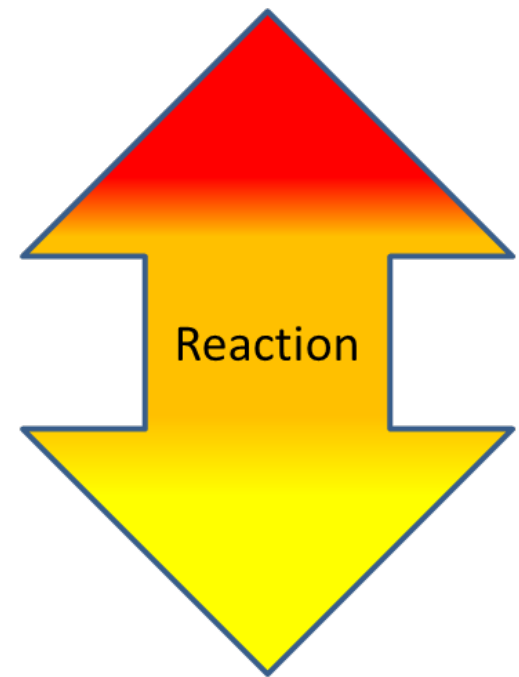
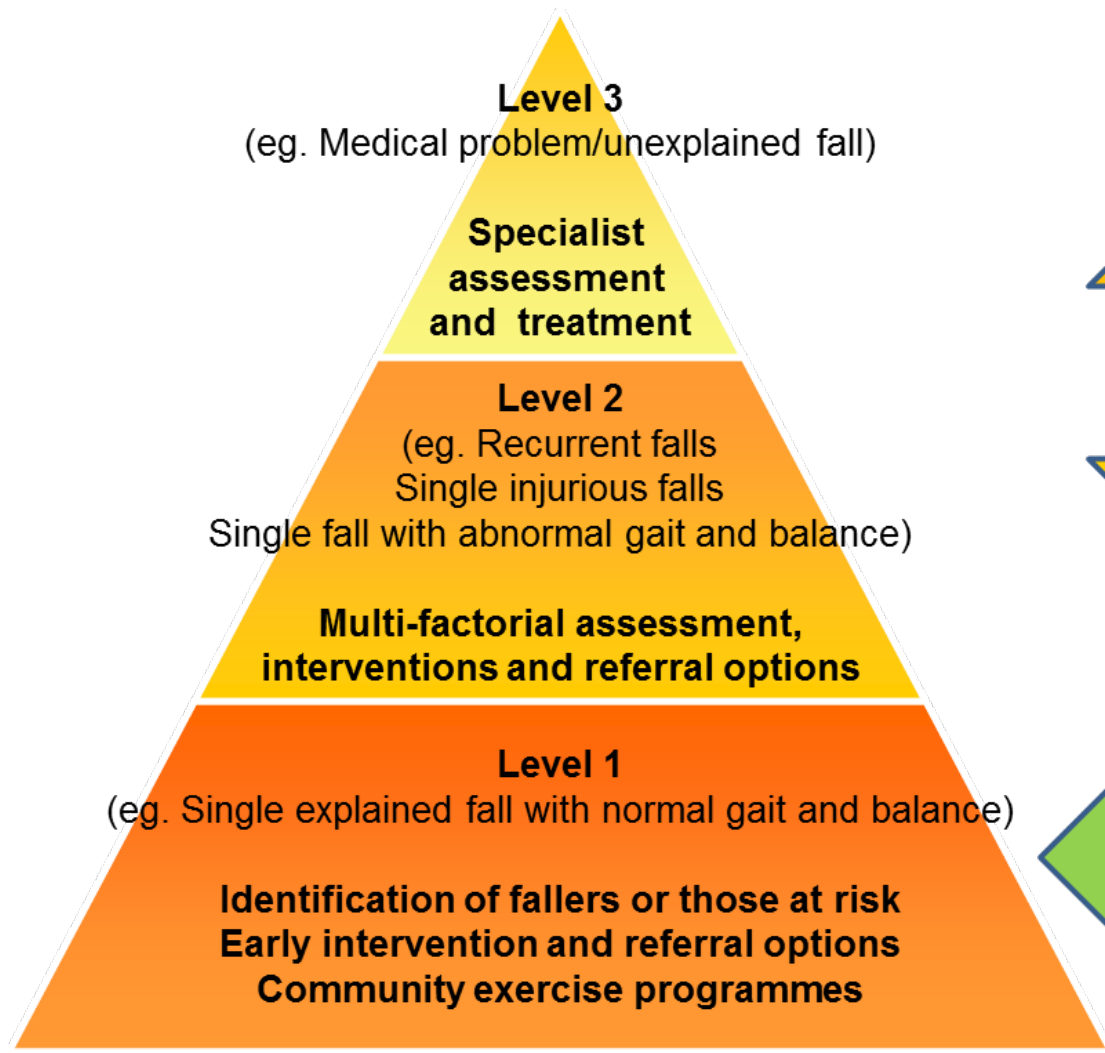
Symposium Agenda

Northern AHA Exemplar Practice – North West Coast	13:00 – 13:15
Northern AHA Exemplar Practice – Greater Manchester	13:15 – 13:30
North West Coast and Greater Manchester Exemplar Q&A	13:30 – 13:40
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‘Take Away’ Messages	15:50 – 16:00
Close	16:00

STEADY On!

Falls prevention in community and residential settings

Yvonne Skellern-Foster - East Lancashire Teaching Hospitals NHS Trust
Sumaiya Sufi – Lancashire County Council



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](#)



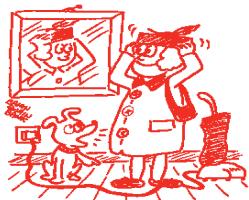
Frayed slippers aren't safe!



Take your time when standing up!



Always have clean glasses!



Flexes can be a hazard!

STEADY On!

check out your

- **S**lippers, feet & footwear
- **T**ablets & medicines
- **E**nvironment & lighting
- **A**ctivity & exercise
- **D**o you fall & have a falls plan?
- eYe** sight & vision



Showertime is a time to be careful



Watch that kerb!

**CONTACT YOUR
COMMUNITY
FALLS TEAM
on (01282) 804903**

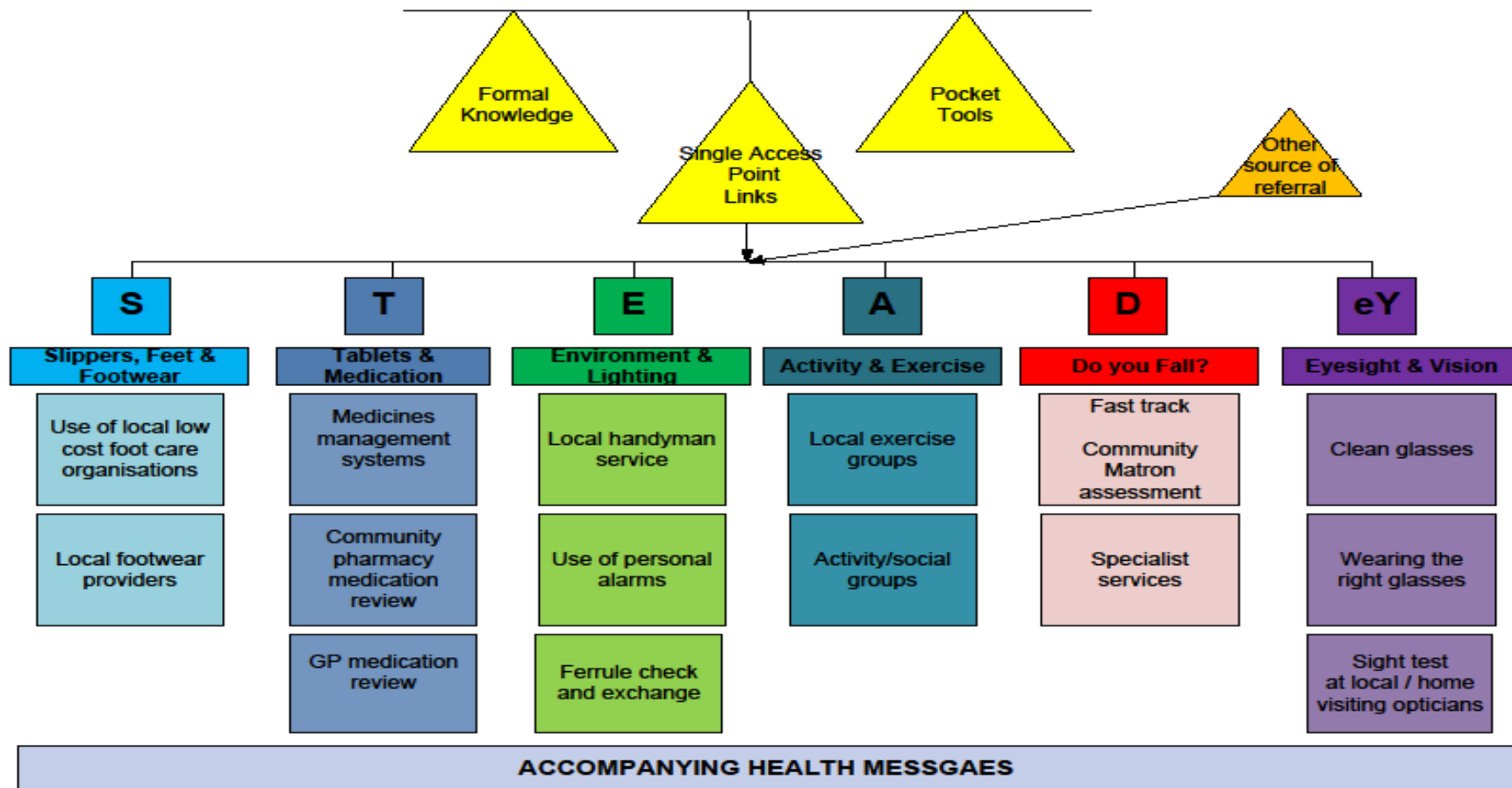


**On a trip to the loo?
Avoid trips - put a light on!**



**Take extra care
when it's icy!**

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



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

STEADY On! Working Together to prevent falls

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

ADVICE

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

SOCIAL

Do you FALL

401 Self-care **STEADY On**
(84 reporting that they self cared)

FALLS PREVENTION

Y **Eyesight** **82%** of participants were referred

OPTICIAN AT HOME SERVICE

Before the Fall.....



STEADY On! in Care homes



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EIP on AHA

REFERENCE SITE



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

EIP on AHA

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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”

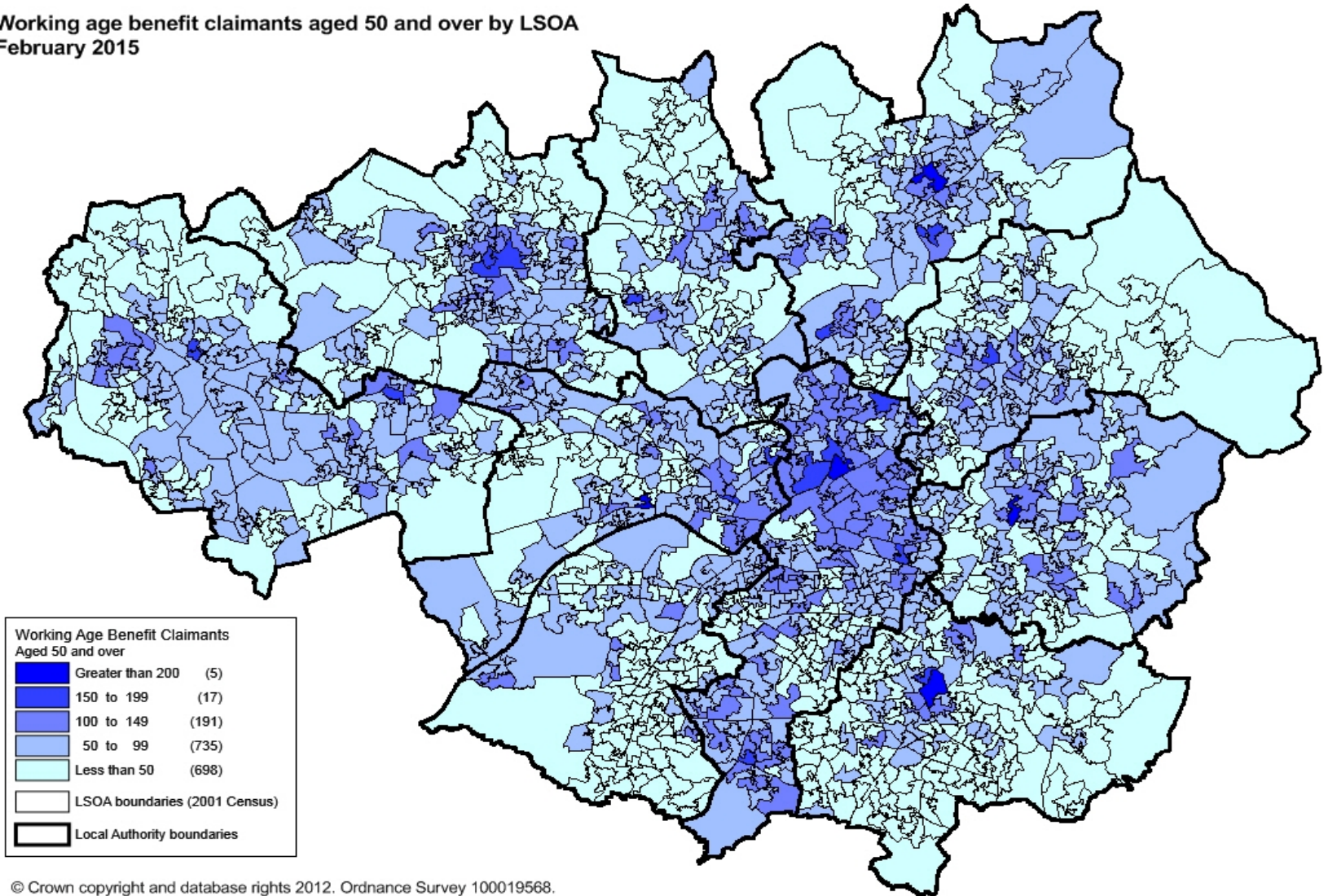


Overview



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.**



Ageing in Cities



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

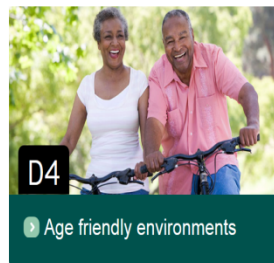
“Greater Manchester already has a strong reputation for its work on ageing and there are already some great initiatives to help older people contribute to society and enjoy a good quality of life. The Greater Manchester Ageing Hub is leading work to make Greater Manchester the first age-friendly City-Region 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



Falls prevention

- Prevention of falls high on Greater Manchester Agenda

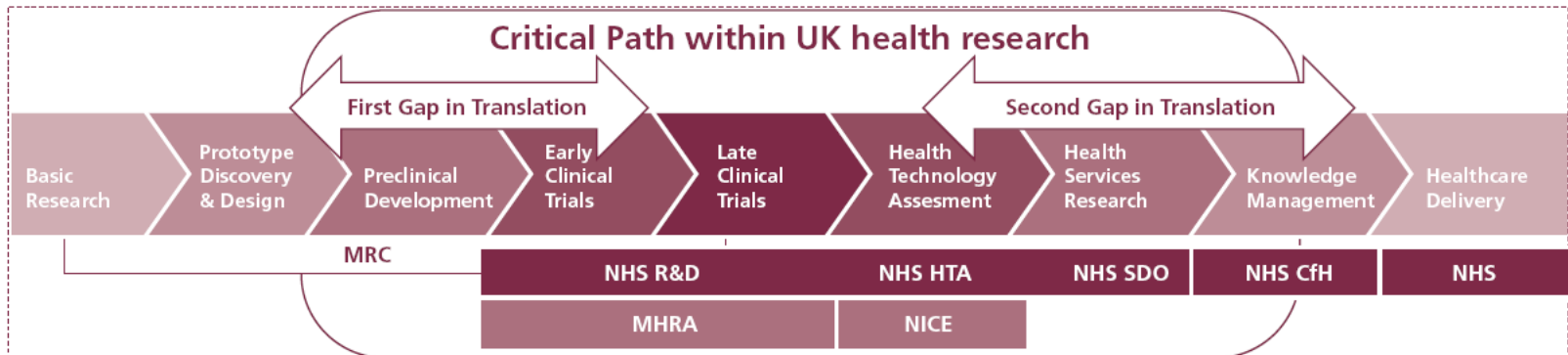
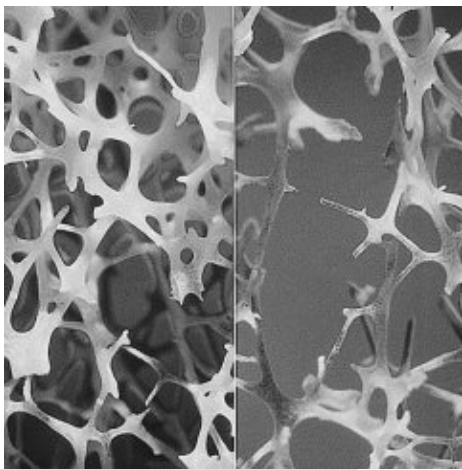


Figure 2: First and Second Translational Gaps (Cooksey Review 2006)



30-40% community dwelling >65yrs fall in year

40-60% no injury

30-50% minor injury

5-6% major injury (excluding fracture)

5% fractures

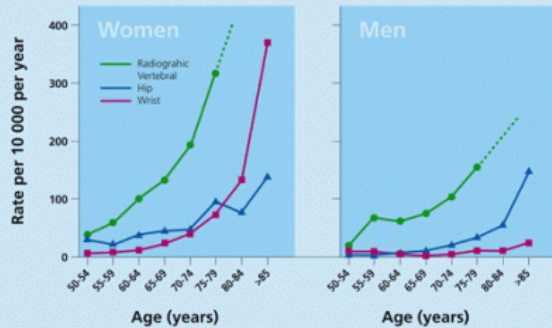
1% hip fractures

Falls most serious frequent home accident

50% hospital admissions for injury due to fall

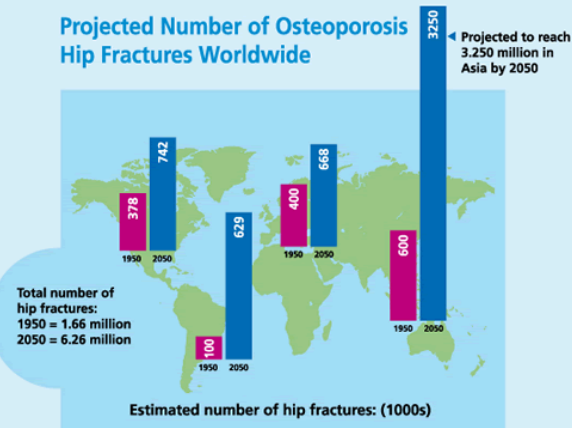
History of falls a major predictor future fall

Age- and gender-specific incidence of vertebral, hip and distal forearm fractures



Adapted with permission of the authors, P. Sambrook and C. Cooper

Projected Number of Osteoporosis Hip Fractures Worldwide



Adapted from C. Cooper et al, Osteoporosis Int 1992; 2:285-9

Consequences of falls

- Age UK say NHS cost **£4.6 million/day** (£1.7billion/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!

Interventions for preventing falls in older people living in the community (Review)

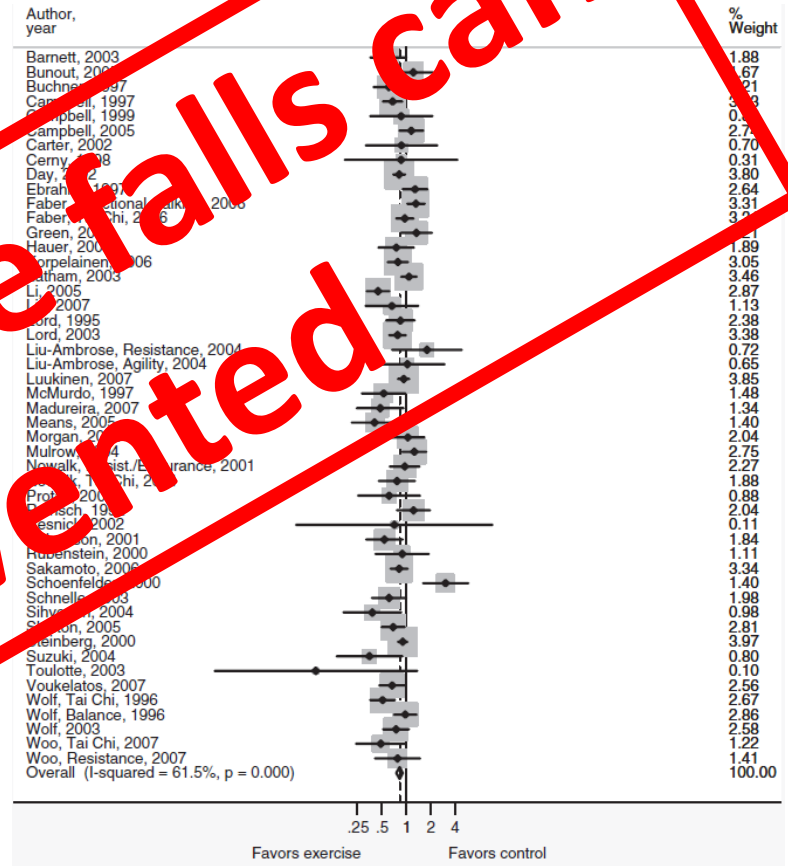
Gilispie LD, Robertson MC, Gillespie WJ, Lamb SE, Gaito S, Cumming RG, Rowe JB

Gillespie et al 2012
159 trials
79193 participants



This is a review of a Cochrane review prepared and submitted by The Cochrane Collaboration and published in The Cochrane Library 2012, Issue 10

- **Multiple-component group exercise**
 - RaR 0.71 [0.63-0.82] RR 0.85 [0.76-0.96]
- **Multiple-component home-based exercise**
 - RaR 0.68 [0.58-0.80] RR 0.78 [0.67-0.94]
- **Tai Chi**
 - RaR 0.72 [0.52-1.00] RR 0.71 [0.57-0.87]
- **Multifactorial intervention individual risk assessment**
 - RR 0.76 [0.67-0.86] RR 0.93 [0.86-1.02]
- **Vitamin D**
 - RaR 1.00 [0.90-1.11] RR 0.96 [0.89-1.03] NB low Vit D
- **Home safety interventions by OT**
 - RaR 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))

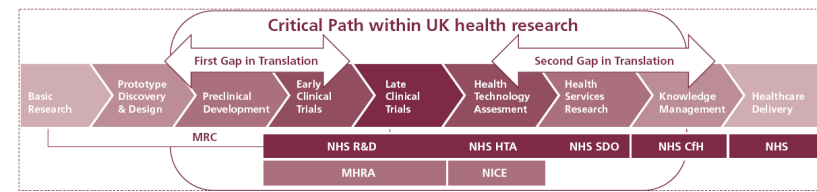


Figure 2: First and Second Translational Gaps (Cooksey Review 2006)

- 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**

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Falls Prevention Intervention Factsheets

1. General guidance.....	3
2. Exercise.....	6
3. Vision.....	9
4. Bone health.....	11
5. Vitamin D.....	13
6. Home & environment.....	15
7. Footwear & protective clothing.....	17
8. Falls detection & prevention technologies.....	19
9. Acute care.....	21
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



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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NHSA @The_NHSA · 2h

Some brilliant discussions [#AHANorth](#) so not surprising that we're trending!
[@AHSN_YandH](#) [@GMAgeingHub](#) [@NCLAgeing](#) [@innovationwc](#)

Trends · Change

#rain

3,303 Tweets

#AHANorth

[@hakim_yadi](#), [@PRJournoSannahD](#) and 1 more
are Tweeting about this

#WHdebate

[@bbclaurak](#) is Tweeting about this

#TuesdayMotivation

[@medtechcentre](#) is Tweeting about this

Boris Johnson

Foreign Secretary gets a rough ride on Radio 4

#charitytuesday

[@medtechcentre](#) is Tweeting about this



Sound bites from today

Health Scalable Wellness Brex
Civic D'azur
Communities AHAN Narrative F-Word
Bottom Europe Ferrule Regional Top Collaborator
Cote Citizen Policy Partnerships
North Vitamin Innovation Ageing
Purdah Prevention Falls
Patient



Back to the beginning



Active & Healthy Ageing

*A European Innovation
Partnership*

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

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

Pan- North

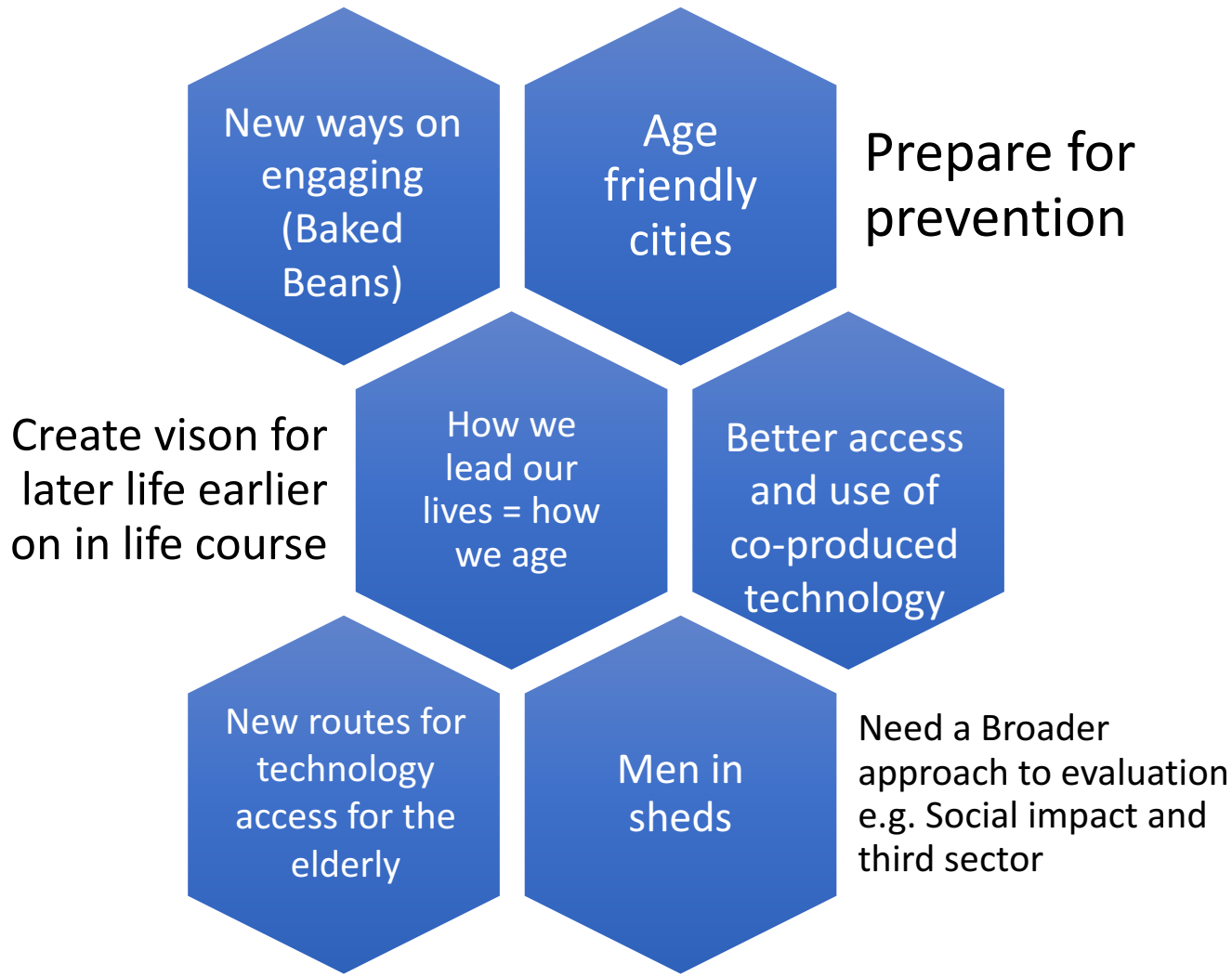
- Multi disciplinary approach crucial, not just GPs
- Next step to engage Patients and the Public

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

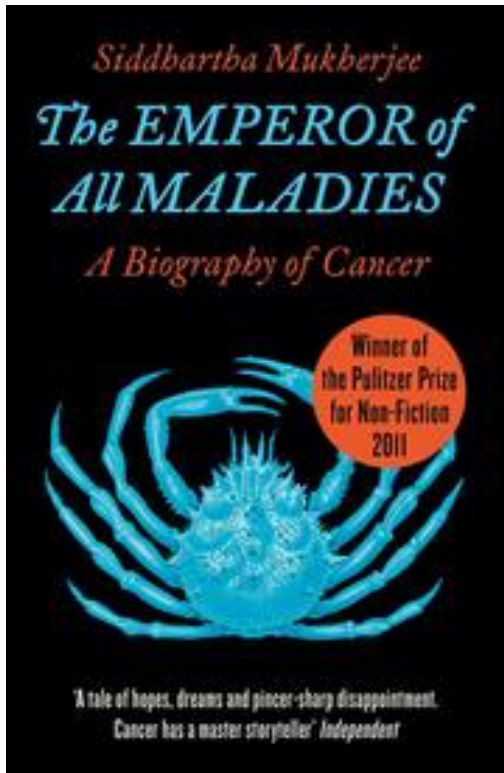
- Trans – Regional ‘Protein Pill from Leeds Beckett’
- CHC Model as a way of collaborating
- Standing Tall Project for the North

What is the Northern Story?

Ideas Cloud

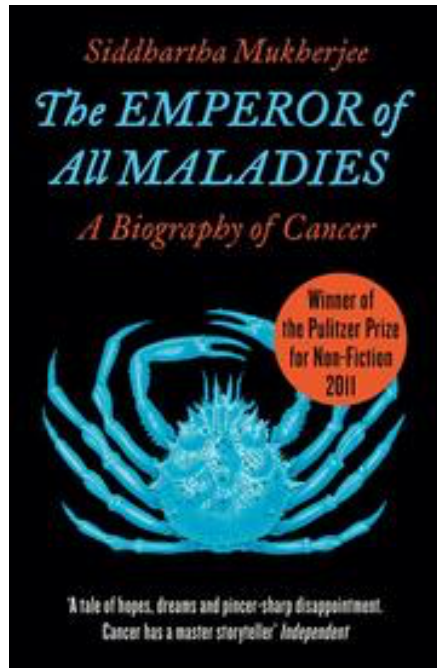






Establishing the Narrative in other disease settings

- Cancer - 1948
- HIV - 1980
- Dementia – G8 2013



Establishing the Narrative in other disease settings

- Cancer - 1948
- HIV - 1980
- Dementia – G8 2013
- Ageing – The time is now

What is the narrative for Ageing?
What is the narrative for the North?



AHA Symposium Closing Remarks

Richard Stubbs, Y&H AHSN, Managing Director



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