



VCSE Falls Collaborative

Update and
next steps



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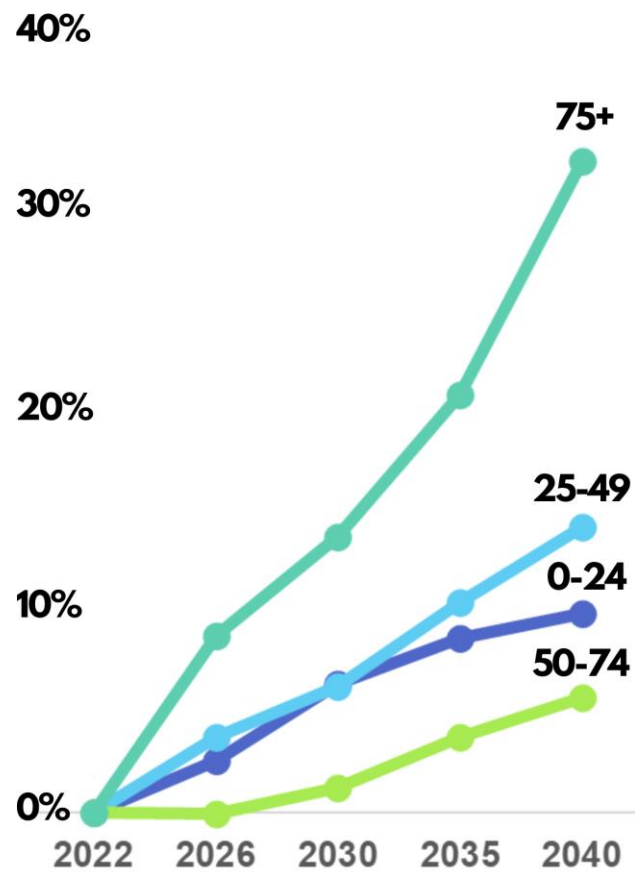
Agenda

- ▶ 10.00 Welcome (Steve Nelson, CEO Wesport)
- ▶ 10.05 Overview and Feedback from Jan Event
- ▶ 10.20 Role of Physical Activity / Strength and Balance
- ▶ 10.30 Suggested network approach
- ▶ 10.40 Discussion

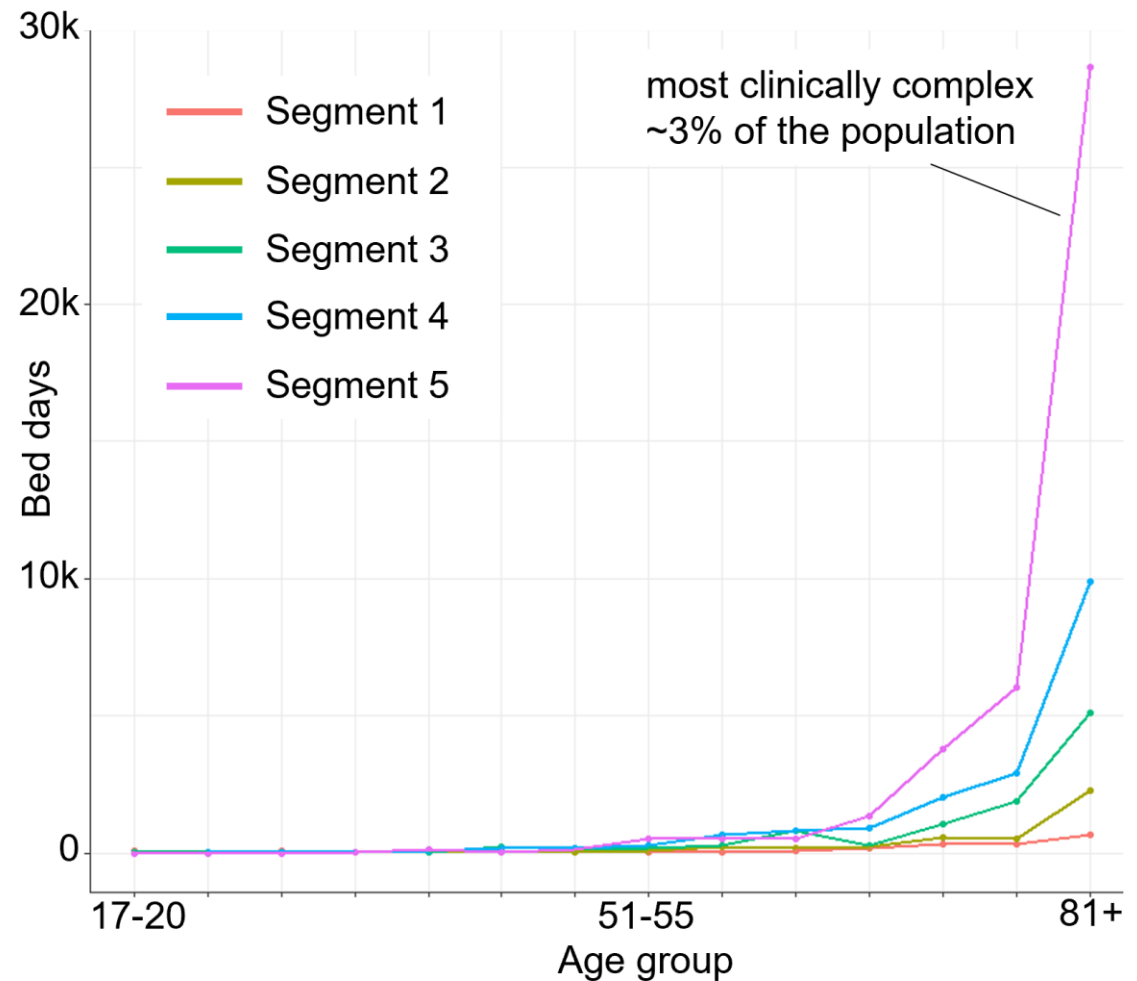


Context: The population health problem

BNSSG population projections

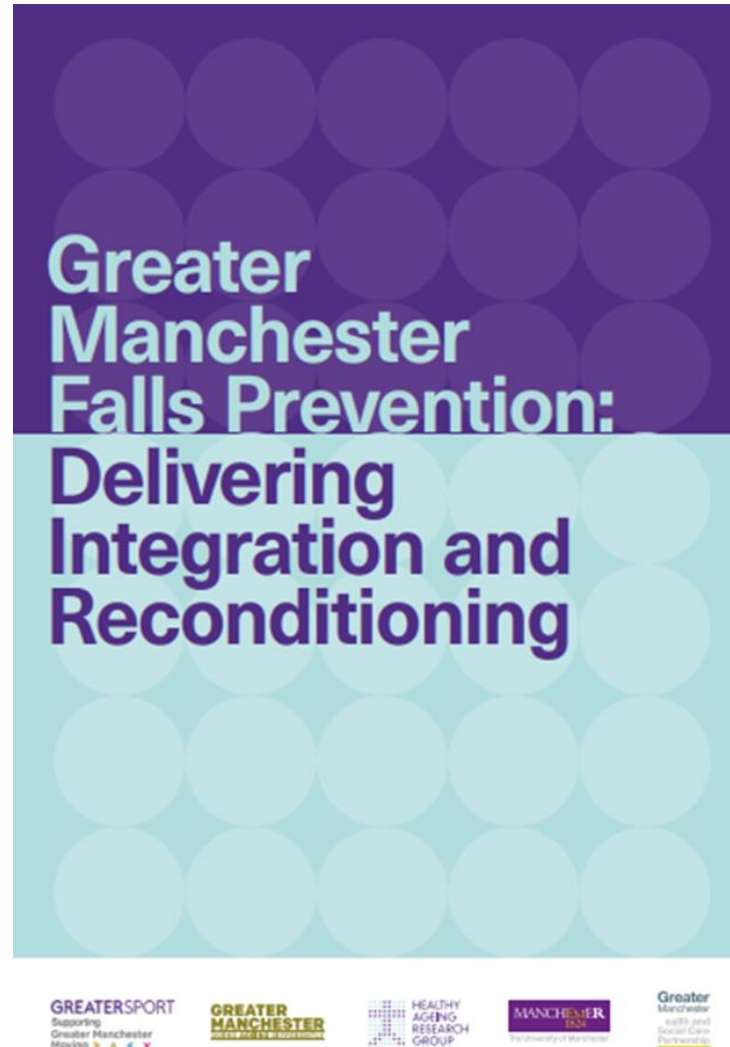


Annual bed days due to falls by age and segment

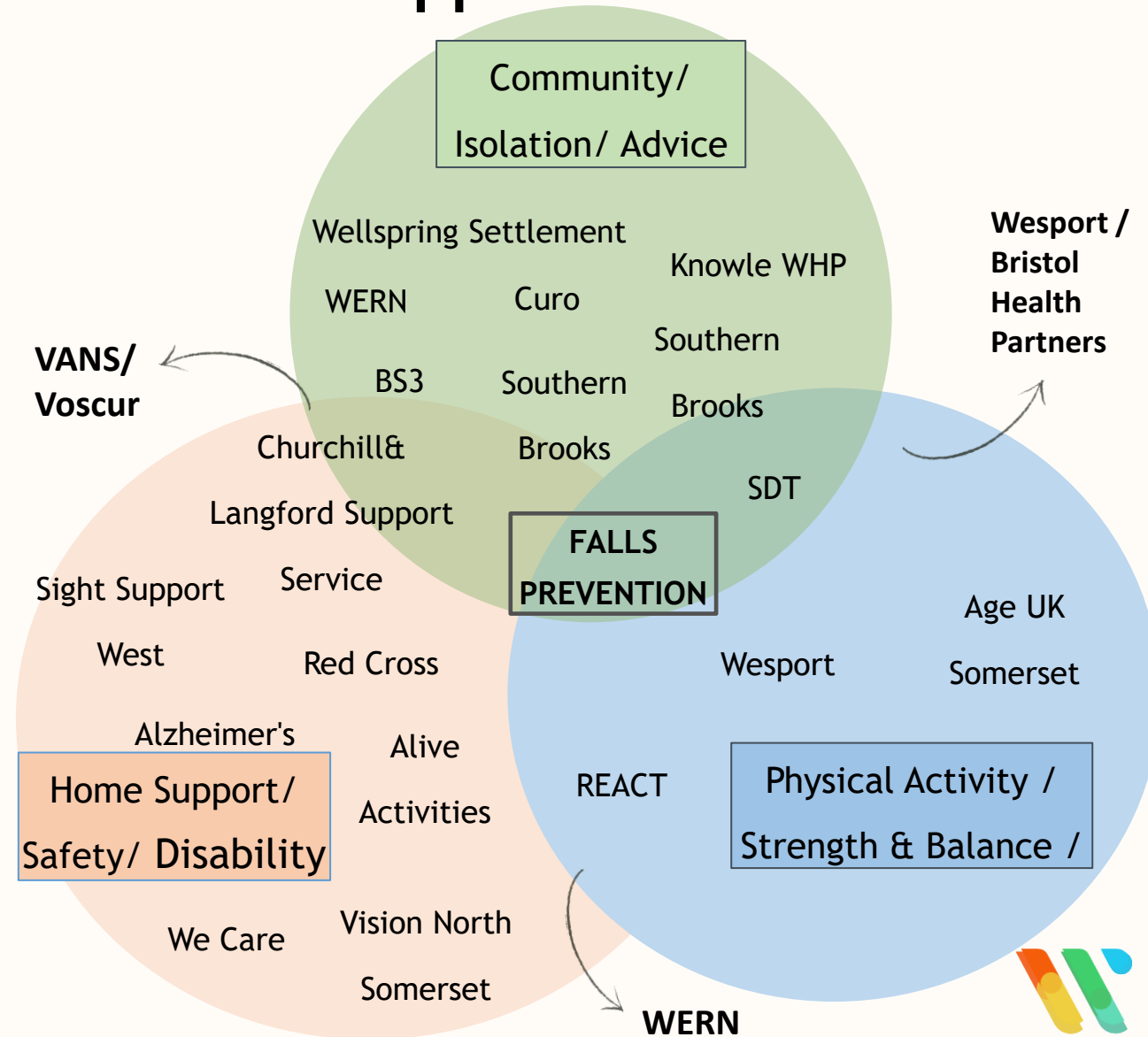


Context: learning from Manchester Falls Prevention, single voice in supporting health system

- ▶ Six key recommendations:
- ▶ Establish a strategic and operational Falls Collaborative
- ▶ Increase provision of community evidence-based S&B programmes
- ▶ Adopt a system approach towards falls prevention
- ▶ Ensure falls prevention in early years be a priority anticipatory care within GM
- ▶ Embrace opportunity of GM ICS to deliver joint commissioning
- ▶ Enable a proactive shift towards delivering positive age-inclusive narratives, delivering a population prevention agenda for all



What is your service offer to support this area of work?



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What is already offered by VCSE sector? What is missing? (feedback)

VCSE front door - *are already seeing through volunteers, face-to-face, befriending services*

- ▶ Complex interchangeable issues, need to be person centred, placed based, wellbeing passport and robust tirage through VCSE front door.

Working with Primary care

- Stronger link between PCN and voluntary sector
- ▶ More GP involvement, not one size fits all, work specifically with LTHC conditions,
- ▶ Targeted appropriate to cohort: sight aid and hearing loss, diversity.

Learning from Dementia

- ▶ Truly integrated service, how to we apply this approach to falls
- ▶ post-code lottery, learning from Dementia integrated model

VCSE sector picking up pressure and underfunding in statutory sector

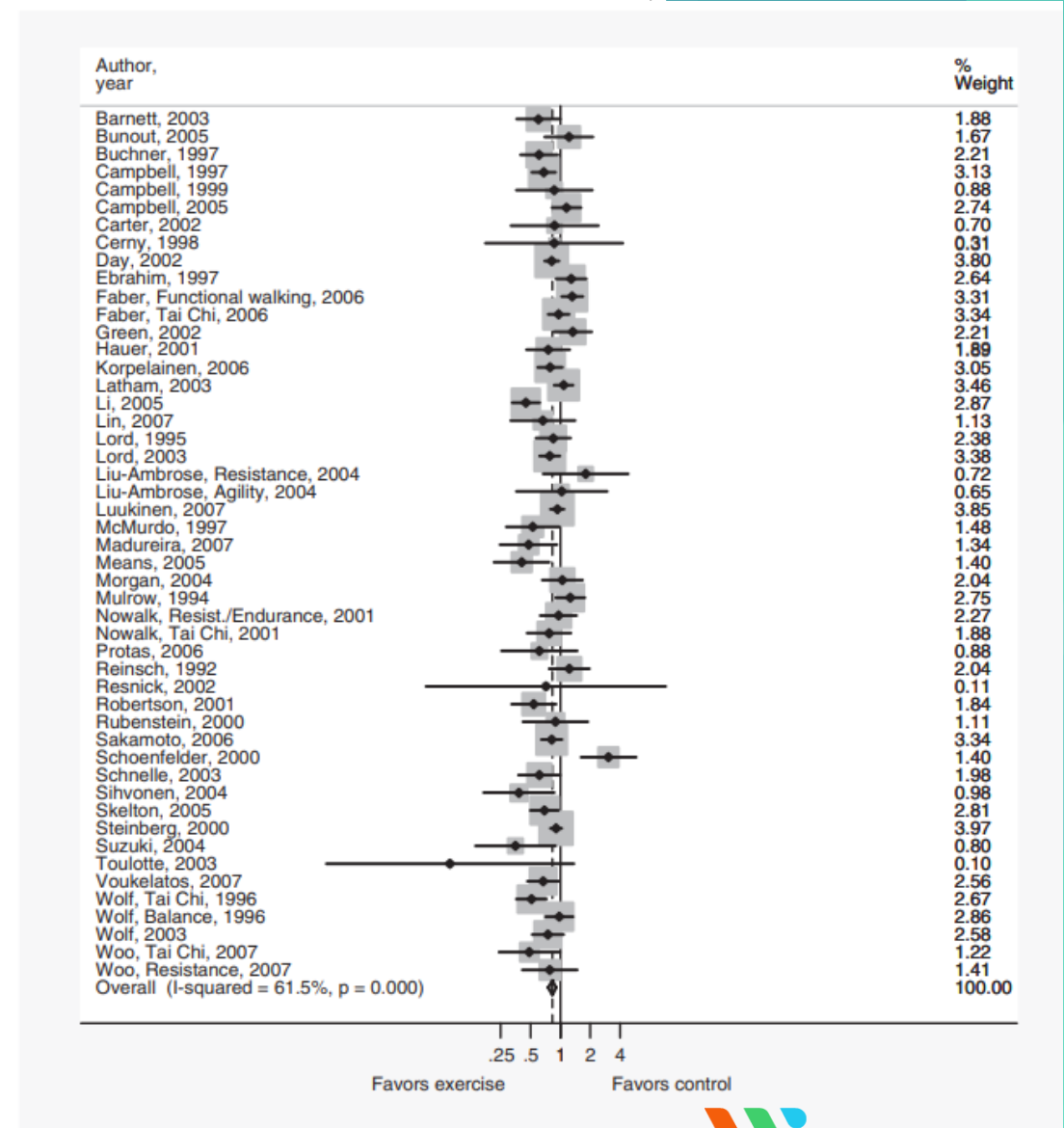
- ▶ Cost of living, patients unable to get GP appointments, mental health, lack of social care



Role of Physical Activity

Cochrane Review and Systemic Review metanalysis on interventions which reduce a risk of falling:

- ▶ Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination at least twice a week.
- ▶ Strength and Balance exercise as a standalone intervention reduces, falls risk, falls rate, fractures, hospital admissions, medical attention, QoL
- ▶ Exercise Key component in any FP programme across the whole range of people who have a lower risk and higher risk - exercise is the one thing you can be prescribed.
- ▶ Benefits are lost when people stop programme.



(Exercise and Falls Prevention in older people living in community- Sherington C et al Feb 2019)

Level of risk



Once someone has fallen and been admitted – rehab in the community



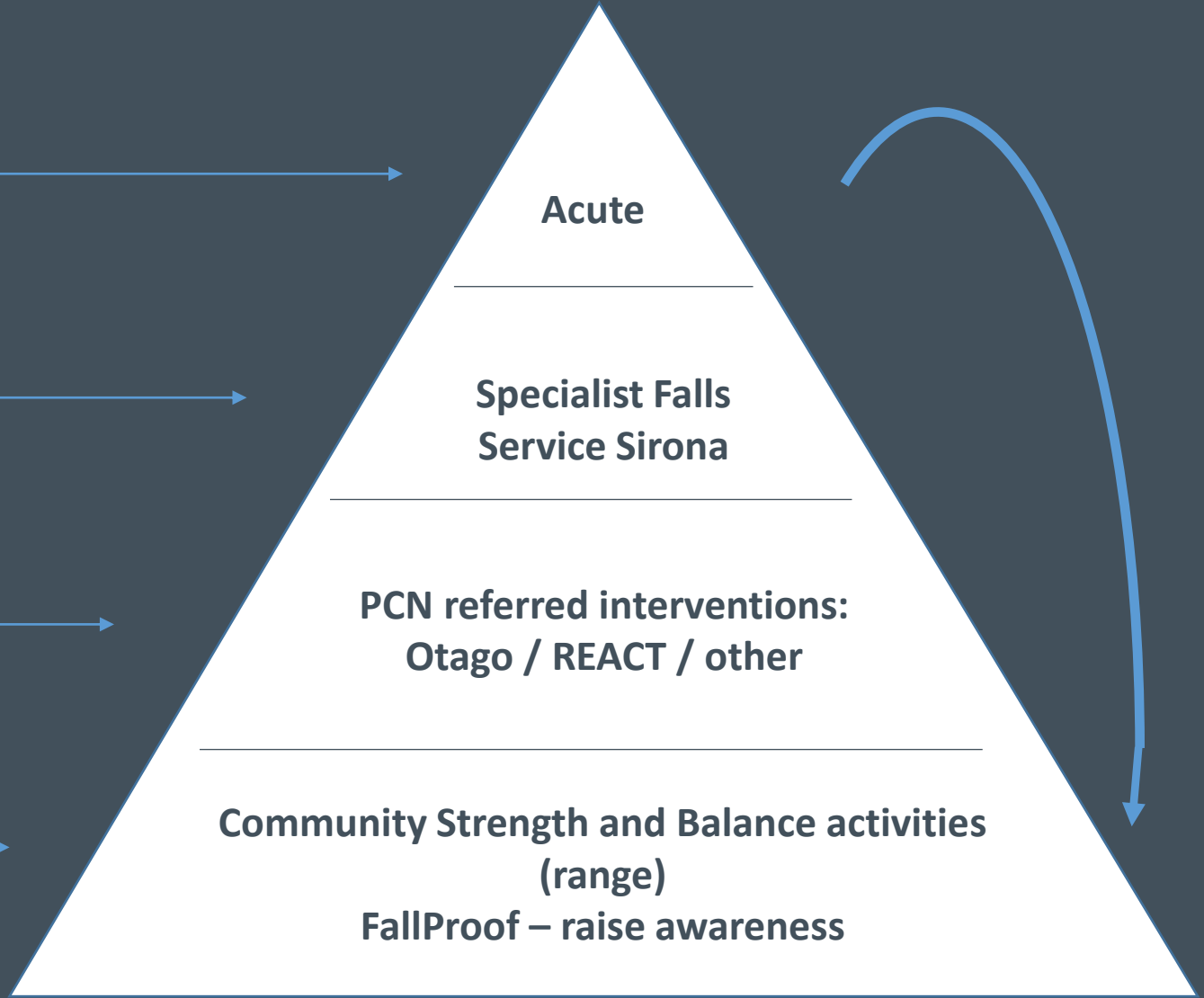
Referred support for those who have fallen



Direct referral for those at risk of falling



Open to ALL older adults with support



Falls Prevention Offer

How do we coordinate a collective approach back to the ICB? (feedback)

Come together collectively

- ▶ Clear offer of coordinated services to system from VCSE sector
- ▶ Feed into one central point, a BNSSG-wide collaborative group
- ▶ Use Live Longer Better model - Compassionate ageism/ strength based approach.
- ▶ Build on work and connections made through Ageing Well funded pilot projects

Evidence

- ▶ Data research, more robust measures and impact

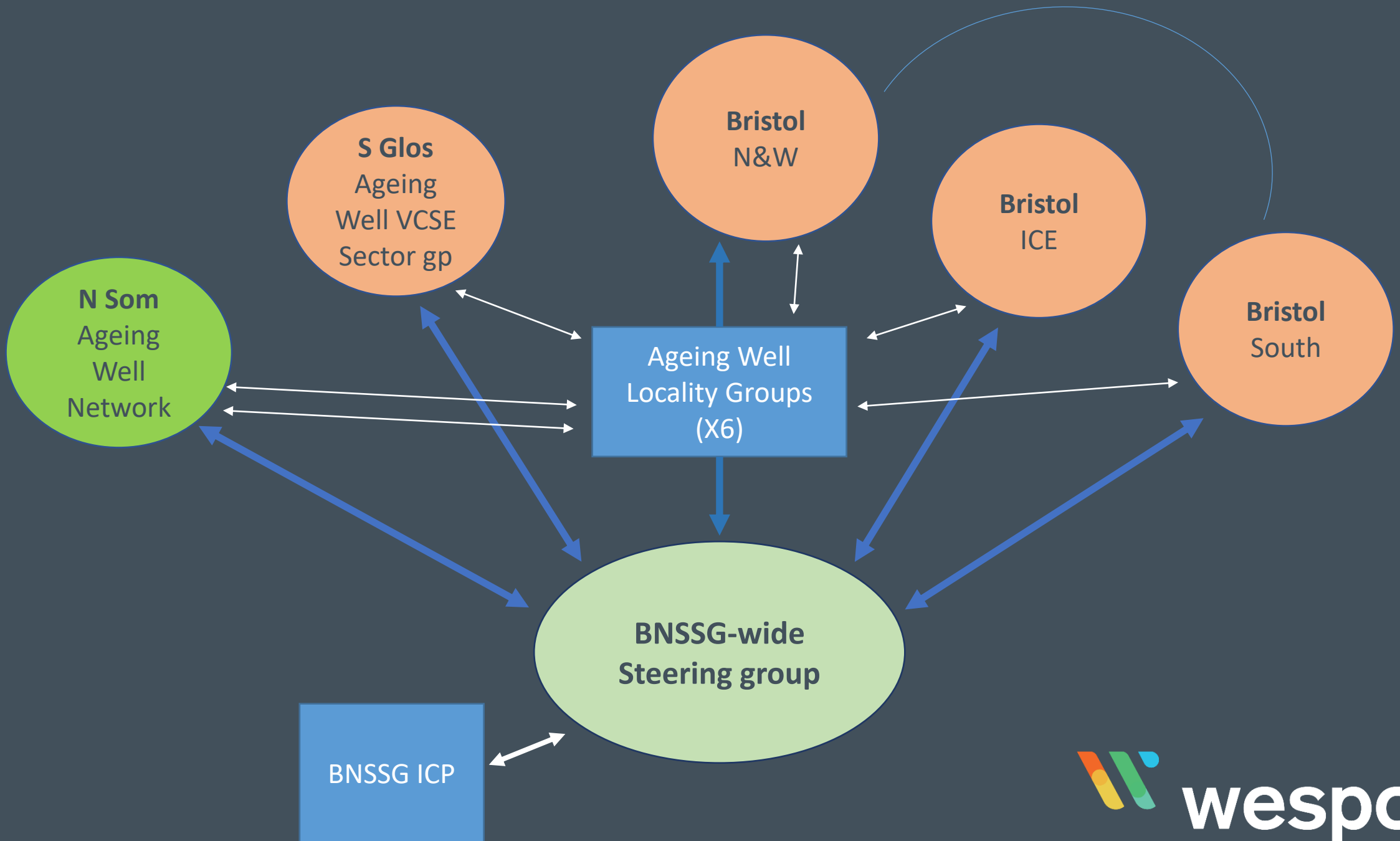
Working Place' based

- ▶ Clear mapping of services.
- ▶ Acknowledge variation in offer
- ▶ Bridging the gap between VCSE and Health

Funding

- ▶ Long-term thinking, capacity/sustained funding





Discussion

- ▶ Open discussion.
- ▶ Use chat function to give feedback/ comments.



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