

# Ageing Better in South Gloucestershire

## Rationale for this project:

The Healthwatch South Gloucestershire work plan for 2019/20 contains a priority around engaging with older people to understand their experiences of ageing and keeping themselves healthy and well. This work follows the successful programme of Healthwatch enter and view visits and follow-up patient interviews carried out during 2018/19 on rehabilitation, recovery and reablement (3Rs services).

During this programme of work it became evident that the majority of patients that we spoke to were receiving treatment through 3Rs services because they had had a fall, some of which had resulted in fractures. This raised questions with Healthwatch's Executive Board and enter and view team as to why so many people are falling and what is being or can be done to tackle the underlying causes. To read the full report of our 3Rs work W: [Final 3Rs report 2018.pdf](#)

The South Gloucestershire Ageing Better Plan 2019/2023 states: 'We want everyone to be active as they grow older and maintain strength and balance. We aim to reduce falls and fall-related injuries in those aged over 65 and ensure effective rehabilitation and treatment for those who do fall.'

Healthwatch is a member of the Ageing Better Group; based on priorities set out in the Plan and intelligence gained through our 3Rs work, the Executive Board agreed to carry out some public engagement to explore older people's experiences of ageing in South Gloucestershire, with a particular focus on staying active and preventing falls.

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## Developing our approach:

At the Healthwatch enter and view planning meeting in November 2018 volunteers were joined by Jackie Strang from Sirona care & health's falls prevention team, who gave an update of the team's work across South Gloucestershire. The falls and balance service provides planned care to residents; they do not provide a rapid response service. They are now providing training for care home staff to undertake falls assessments and lift non-injured residents off of the floor. To read more about the service W: [Falls-balance-service](#)

The enter and view volunteers wanted to reach out to a range of older people's groups through this work, including those operating in rural areas, priority neighbourhoods and for people

with protected characteristics, in order to see if there were any differences in the information and approaches people used to look after themselves.

Using the update from Jackie Strang, alongside feedback from the 3Rs work, the team developed a series of prompts to use with community groups. These were trialled in February before being used through further public engagement during March and April.

A number of groups were contacted to be involved with this project, four replied: Shire Way Senior Citizens' Club, Marshfield Lunch Club, South Gloucestershire Chinese Association Older People's Group and Guys and Dolls in Cadbury Heath.

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## What did people tell us?

Through this work Healthwatch spoke to 84 South Gloucestershire residents (18 men and 66 women), aged 60 - 97 years old.

National statistics suggest that 30% of people aged 65 and over fall every year, this increases to 50% of people aged 80 years plus. Five percent of all falls end in a fracture and hospitalisation.

Healthwatch asked how many people had had a fall in the last 12 months. 25 people (29%) of discussion participants said that they had. Only one individual reported being referred to the falls clinic.

*"I live in fear of falling again"*

*"I just fell over, I don't know why"*

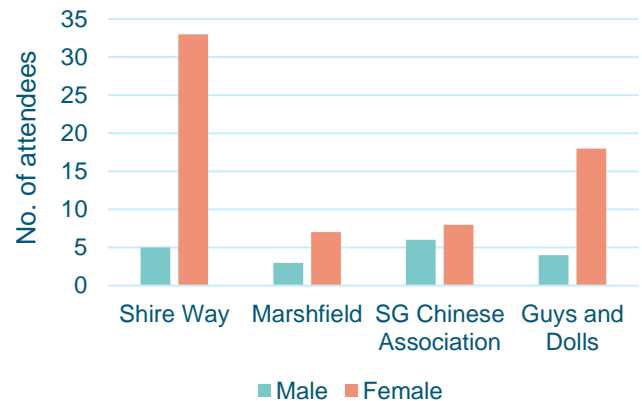
We asked participants why they thought they had fallen over, causes included:

- Musculoskeletal conditions, leading to symptoms such as knees or hips spontaneously giving way
- Loss of balance
- Catching toes on edges, e.g. carpets or rugs
- Uneven pavements
- Unmarked steps
- Falling in the shower
- Feeling dizzy and falling

Healthwatch proceeded to ask participants what the term 'prevention' meant to them, particularly in relation to staying well as they grow older, answers included:

- Having good balance
- Keeping active
- Trying to improve their lifestyle

Discussion participants by gender



■ Looking after themselves

■ Being sensible

*"I can't bend over to do my garden if I do I fall over"*

Healthwatch discussed the principles of prevention and self-care with community groups, and asked how they keep themselves safe in order to reduce the risk of falling. People shared a comprehensive awareness of the need to make sensible choices and take practical steps to reduce the risk of falls in and out of the home. This understanding was common to people who had and hadn't fallen.

### Physical health

Several people reported being on medication that makes them feel dizzy. Discussion participants discussed medications and the need to tell their GP if they start to experience spells of dizziness, fainting or imbalance. Two people highlighted the support they had received from their pharmacists to identify and reduce the negative impact of some combinations of medication.

*"I just fall; I have had two strokes which have affected my balance"*

Several people reported having poor eyesight, or being registered blind. They understood the need to have their eyesight checked, and did this regularly as a precautionary action to reduce falls.

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## Adaptations to the home

Almost all discussion participants had taken steps to make their homes safer - whether they had experienced a fall or not. Some had received support from South Gloucestershire Council to do this, whilst others had asked family members to help them. A great number of adaptations had been made, most common were installation of seats and grab rails in bathrooms, extra bannisters on stairs to provide support on both sides, and security railings in gardens, particularly near garden steps.

Participants discussed removing hazards such as rugs and mats on hard floors and the importance of keeping their homes free from clutter, especially on the stairs.

Discussions also focused on the need for sensible footwear, including the need for well-fitting slippers, and making sure that shoes are kept in good condition, that they support the ankle and provide good grip on the sole.

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## What did we learn?

- 1) **Being connected is vital - “a lifeline”** - but finding out about what is going on in the local area can be difficult. The physical environment can present challenges for people with limited mobility when trying to access activities, this was particularly pertinent for residents in Marshfield. Community groups provide great benefit to local residents, but reliance on volunteers to run them, and reductions in funding from statutory partners, can present uncertainty for their delivery long-term.
- Participants in Cadbury Heath and Yate reported feeling disadvantaged by services only being available via the internet, e.g. local activities and the Patient Participation Group. Where possible Healthwatch shared information about activities available nearby, and promoted the Well Aware signposting service and Freephone number.
- Many participants told Healthwatch about the loneliness and isolation that they feel, and how being able to attend a group, even just once each week, is a lifeline for them. In Marshfield participants discussed the added challenge of having mobility issues in a rural village. Here uneven pavements, a lack of dropped kerbs (impacting on the use of mobility scooters), “bad” street lighting and a lack of disabled access onto public transport were all quoted as adding to the challenge of staying active and engaged with the community. *“We are fortunate that there is a general store, butcher and post office in the village, but there are still items that cannot be sourced”*
- Participants from the Chinese Older People’s group fed back that the Tai Chi and Qui Gong sessions run by South Gloucestershire’s Chinese Association help them with balance, control and flexibility, and were felt to be the reason why so few members had fallen (only two of 12 participants reported having fallen in the last 12 months). The group expressed their hope that that the sessions continue following a reduction in funding from the local authority.
- In Marshfield, six of the 10 participants we spoke to had fallen in the last 12 months. Seven participants reported having mobility issues. Some also attend a weekly 45 minute chair-based exercise club run by the lunch club. This was felt to be an invaluable and *“fun”* activity. One participant said that their mobility issues prevented them being able to access activities outside of the village so without the club they would be stuck.

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**2) Accessing services** - Healthwatch heard that face to face contact with health and social care professionals is generally the preference. Using GP services is still vitally important, but for some, long waits make getting the support they need difficult. On the whole, participants were not aware of South Gloucestershire's specialist falls services.

- Generally participants stated that they prefer face to face contact when dealing with health professionals and wellbeing providers. In many cases this was due to the difficulty of interacting online or over the telephone when you have hearing or sight problems, and the added stress that this brings.
- The majority of participants were unaware that there are specialist falls services in South Gloucestershire. Patients need a referral from their GP to access these services. Only four of the people who had fallen in the last 12 months had visited their GP for a check-up afterwards. Of these, only one participant had been referred for follow-up support - they had fallen three times in 12 months.
- Participants in Cadbury Heath spoke about accessing chiropody services. Five people reported paying pay for chiropody and nail cutting as they could not receive this service anywhere else, e.g. from their GP surgery or paid carers. Prices quoted for private chiropody services ranged from £19 - £25 per session, which for some was prohibitive in them accessing the service as often as they should.

**3) Equipment and adaptations** - participants were open to making adaptations to their homes and were aware of the interventions that could be put in place to reduce the risk of slips, trips and falls. In every group participants reported purchasing mobility equipment or installing safety features themselves. A handful of participants had received support from the Council or other organisation, but on the whole there was a lack of knowledge of services available in the community to support adaptations in the home and the use of appropriate mobility aids.

- Healthwatch was interested to hear that, where participants had purchased walking sticks or other walking aids themselves, e.g. rollators or wheelie-trolleys, they had done so using free catalogues that come through their doors. The majority of participants who had done this had never been assessed to establish what kind of support would be beneficial for them, or to ensure that they were purchasing a walking/ mobility aid that would be appropriate or safe for them to use.
- A small number of participants stated that they had been unable to get adaptations made to their homes as they did not know how or where to find a 'handy person'. In some instances participants reported having relied on family and friends to make small changes, however this is not an option for everyone, and this approach does not allow for larger adaptations, e.g. changes to bathroom furniture to facilitate greater and easier use.

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## Conclusions and next steps:

We understand that conclusions drawn from a cohort of 84 participants may not be statistically significant, however some clear themes emerged from participants' feedback which we feel would benefit from being considered in greater detail:

- **Raising awareness of the specialist clinical and advice services that are available to local residents, in order to reduce the likelihood of repeat falling and potential future admissions to hospital.** Sirona care & health's Falls and Balance service is run for people who have been identified as being at an increased risk of falling or who have had unexplained falls or black-outs. 29% of the 84 people we spoke to through this project had fallen in the last 12 months but only four of those people had visited their GP afterwards. The vast majority of participants in this project were actively taking steps to reduce their risk of falling, but were unaware that by speaking to a health professional they may be able to access specialist advice and support.
- **Promotion of community-based activities and groups to those most in need.** This is an ongoing challenge and one that was repeatedly discussed by participants. Some participants were aware of, and attended, gentle exercise classes in their local community or one of South Gloucestershire's friendship and exercise groups, whilst others were unaware that any groups of this nature existed.

There did not appear to be any commonality in how people had found out about these groups. Participants felt it important that information is shared across a range of platforms, including face to face, online and paper-based methods. They also felt, where possible, that information should be available in a range of accessible formats (for people with sensory impairments, learning disabilities etc.) or for whom English is not their first language.

- **Provision of information to South Gloucestershire residents about equipment and/or mobility services, and support with making adaptations at home.** Almost all 84 participants reported having purchased equipment of some kind to reduce the risk of slips, trips and falls in their homes and gardens, however very few had sought professional advice or were aware that support may be available to help them to pick the right products. Very often participants reported having bought something because *"the price was right"* rather than it being the appropriate item for them.
- **Isolation and loneliness continues to be an issue, even for people who are already accessing services.** Healthwatch would like to discuss how the information gathered through this project can help to inform/ complement the existing work that is being done to tackle social isolation and loneliness. In particular, how we can try to increase awareness of services to those who are most in need (especially older men), and how we can elevate the comments made by rural residents regarding the challenges of wider connectivity, and the physical environment in which they live.

## Next steps:

This report will be shared with South Gloucestershire's Ageing Better Group and the Healthier Together Frailty Review Programme to elevate people's experiences and highlight areas for further consideration as laid out above. Healthwatch will also share the report with the discussion participants to reflect what they told us, and will provide updates as to how we are taking this work forwards. It will be also be shared in the public domain through our website.