

Response ID ANON-628R-KC8Z-J

Submitted to **Falls and Fracture Prevention Strategy for Scotland, 2019-2024**

Submitted on **2019-08-12 13:09:54**

Questions

1 Do you agree the Strategy will improve services for those who experience Falls?

Yes

If not, what improvements do you suggest?:

There are a number of elements within the strategy which if implemented meaningfully have the potential to improve services for people who experience, or are at risk of experiencing, falls. It is very welcome to see that the strategy recognises that preventing falls is not just about reducing physical harm but also about combating the negative effects falls can have on a person's mental health and overall wellbeing. The RCN is pleased to see that the strategy has a strong focus on the importance of enabling people and that the relationship between falls and confidence is reflected. Making links between reducing falls and supporting people to remain socially engaged has the potential to improve services for people in an integrated way, however this will require meaningful action if true positive impact is to be experienced by the people most vulnerable to falls.

The RCN welcomes the strategy's emphasis on prevention and is pleased to see the importance of physical activity, nutrition and avoiding smoking highlighted.

The RCN agrees with the strategy's point about the importance of language and is pleased to see the strategy focus on positive messages around active lifestyles and healthy aging.

2 Do you agree with the outcomes in the Strategy?

Yes

If not, why not?:

The outcomes are high level and person centred. This is welcome but the RCN is keen to see meaningful work undertaken within each of these areas to ensure that the people for whom this strategy matters most, experience the benefits.

As an example, while it is welcome that the strategy recognises the importance of care at the time of transition between settings i.e. hospital to community, and ensuring that people have the right support when they return home – real action needs to be taken to ensure that the right care is available at the right time, in the right place from the right person. In the scenario of moving from hospital back home, district nurses will play a key role within the multidisciplinary team in enabling good recovery. However we know that currently, district nursing teams are under considerable pressure due to mounting workloads and workforce issues. As of March 2019, the ISD vacancy rate for district nursing in Scotland was 6.6% - combined with an aging workforce, the RCN has serious concerns about the current and future capacity of these teams to provide the type of high quality, person centred care required by people in community settings. As part of meaningfully implementing this strategy, urgent work should be undertaken to ensure that the health and social care workforce has the staff, resources and time it needs to best support people who are at risk of falls.

3 Do you have any comments or additions on topics which are not covered in the Strategy?

Please be specific in your reasons and include any resources or references we should consider.:

See answer to question 4

4 Are there any key areas missing or any general amendments you would suggest?

Please explain your views.:

While the strategy mentions Excellence in Care, the RCN would like to recommend that this section is expanded and a further discussion of how fall rates will be incorporated into this care assurance framework is included. If falls are to be used as an indicator of the quality of nursing care, more discussion as to how this will be measured at the same time as positive risk taking is promoted would be welcome. It is entirely right for people receiving care to be supported to achieve outcomes that matter to them and to have their safety supported while taking positive risks, however this needs to be contextualised within the use of EIC as a quality assurance framework.

No matter where people are receiving care, they deserve and have a right to expect care that is high quality, safe and appropriate for their needs. The RCN believes that the strategy does not go far enough in addressing the specific setting of care homes for older people. More discussion of how the strategy can specifically support residents of care homes would be welcome with recognition of the interplay between clinical need and receiving the right level of support from the right person with the right skills and expertise. A key component of supporting care home residents to age well, and to be independent and equal members of society, will be managing clinical conditions effectively, at the same time as promptly responding to new symptoms. Scottish Care has recognised that, "high quality nursing staff [are] a crucial component of health and social care... [without them] we will not improve outcomes for those who require care and support services and we will be unable to promote choice, personalisation and innovation in our care services" (Scottish Care, 2016).

The strategy includes numerous mentions of the role for the workforce in delivering better falls outcomes for people, from their role in promoting key messages to promoting and enabling physical activity. While it is completely true that the health and social care workforce should fulfil these roles while delivering care and support, the strategy falls short of saying what specific action will be taken to support the workforce to be able to fulfil these vital roles. Beyond mentioning some guidelines and guidance, the strategy does not explore the type of training that may be of benefit to health and social care staff in supporting people who experience, or are at risk of, experiencing falls. Additionally, at a time when we know many parts of the multidisciplinary team are experiencing considerable workforce and resource pressures, more detail of the type of support that will be given to staff so that they are able to deliver the high quality, person centred care

necessary for meaningfully delivering this strategy would be welcome.

5 Please comment your thought on how best to support the implementation of the Strategy.

Please explain your views.:

Ensuring that health and social care staff have the right resources, the appropriate staffing and adequate time to implement best practice as outlined by this strategy are crucial if meaningful implementation is to occur. While we are still awaiting the publication of the integrated workforce plan, multidisciplinary teams are continuing to experience considerable resource and staffing issues which will inevitably have a knock on effect on the quality of care people receive. As the RCN has previously said in our response to this strategy, while the messages are good, meaningful action is required if the people who are most vulnerable to harm from falls are to be supported in the right way. Nursing teams in particular settings such as care homes, general practice and community, need to have the right time, training and staff to be able to implement this strategy in a meaningful way. Further to this, data modelling of the clinical need experienced in these settings is vital to ensuring that the workforce is able to effectively plan so that they are able to meet the needs of an aging population who are living longer with increased multi morbidities.

6 Do you have any further general comments on the Falls and Fragility Fracture Prevention Scotland Strategy?

Please explain your views.:

Nursing teams work in almost every stage and setting of care, and as such they have an important role in supporting people at every stage of life to achieve good health outcomes and enjoy a good quality of life. Nurses are among the most trusted professions in Scotland as such are well placed to have important conversations with people about their health and how they can age well. Nursing teams often reach people who may not engage with other services and as such, have a key role in sharing key public health messages and information such as how to reduce their likelihood of falling. Nurses working in community settings are likely to be among the first professionals to work with people experiencing significant life events including nurses who work in health visiting, family nurse partnerships, and district nursing as well as specialist nurses who work with people experiencing life-changing diagnoses. As such nurses, when given the right support and resources, have the potential to play a key role within the multi-disciplinary team to meaningfully deliver many of the outcomes of this strategy.

About you

What is your name?

Name:

Lorna Greene

What is your email address?

Email:

lorna.greene@rcn.org.uk

Are you responding as an individual or an organisation?

Organisation

What is your organisation?

Organisation:

Royal College of Nursing Scotland

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response only (without name)

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

Please enter comments here.:

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:

Please enter comments here.: