

## For publication

### Falls prevention pilot and health intervention programmes

---

Meeting: Community, Customer and Organisational Scrutiny Committee

Date: 28 November, 2019

Cabinet portfolio: Health and Wellbeing

Report by: Assistant Director, Health and Wellbeing

---

#### For publication

---

<b>Purpose of reviewing the topic</b>	To review the pilot of the Falls Prevention work being undertaken within the borough and its contribution to the Council Plan objective of: <ul style="list-style-type: none"><li>• 'Help our communities to improve their health and wellbeing'</li></ul>
<b>Objectives of the review</b>	<ul style="list-style-type: none"><li>• To review the pilot of the Falls Prevention work being undertaken within the borough</li><li>• To assess the impact of the Falls Prevention work in improving the health and wellbeing of communities and how this could be evaluated</li><li>• To consider whether and how the pilot could be applied more widely given the range of stakeholders engaged.</li></ul>
<b>Key Issues for Review</b>	<ul style="list-style-type: none"><li>• How the pilot of the Falls Prevention work will be undertaken<ul style="list-style-type: none"><li>• Who will be included in the pilot?</li><li>• Who will conduct the pilot?</li><li>• What are the objectives of the pilot?</li></ul></li></ul>

	<ul style="list-style-type: none"> <li>• What activities / information will be undertaken / provided?</li> <li>• How the impact of the pilot will be monitored / assessed</li> <li>• How the Council will be involved and its potential influence</li> <li>• How lessons from the pilot could be applied more widely</li> </ul>
--	---

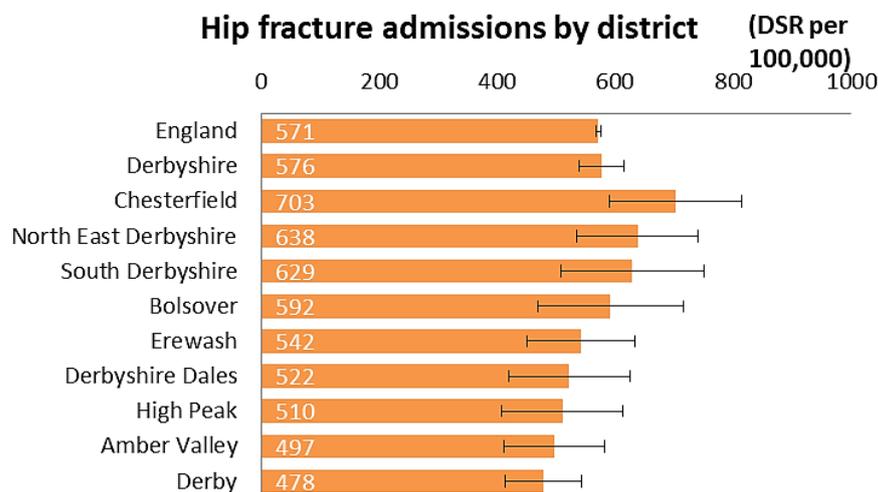
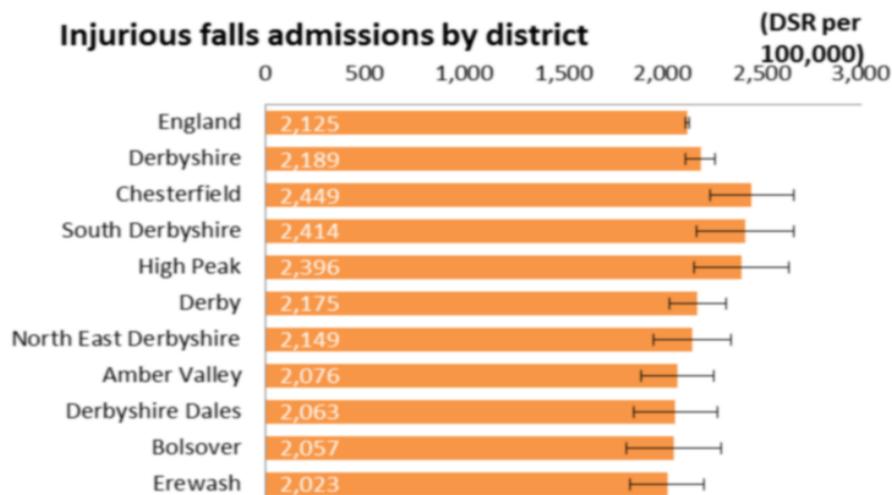
## 1.0 **Background**

1.1 Falls involving older people has been identified as one of the main issues for STP Places to focus upon to take a pro-active approach to reducing demand for health and social care services.

1.2 Analysis of epidemiological data shows that falls are one of the largest causes of emergency hospital admissions for older people and create a significant demand for ambulance services. Around one third of older people (70,100) will fall each year and consequently there are around 11,000 ambulance call outs. In Derby and Derbyshire around 60% of fallers are conveyed to hospital. In 2014/15 there were 6,000 hospital admissions due to falls and approximately 6% (4500) were coded as injurious (broadly in line with the published evidence).

1.3 The data shows that the risk of injurious falls increases with age and females are at greater risk than males. Across the City and County around 1100 older people sustain a hip fracture as a result of falls.

1.4 The two graphs below indicate, both injurious falls which resulted in hospitalisation and hip fractures were highest in Chesterfield, High Peak and South Derbyshire.



1.5 The Falls Joint Strategic Needs Assessment (2017) outlined several priority actions to take forward to develop a better integrated falls pathway that emphasised prevention and early intervention. The falls pilot is as a result of this work

## 2.0 Current position and key milestones

2.1 The Falls pilot project is now live and has started to engage with the target groups as outlined in the previous scrutiny report, utilising the following pathway;

- 2.2 Information and awareness raising about falls risks and falls prevention both amongst older people (OP) and professionals (health care and non-health care in regular contact with older people including practice staff, pharmacists, community nurses, housing wardens etc.).
- 2.3 For older people the project will provide information (posters, leaflets etc.) at places that older people regularly use (GP Practices, Pharmacies, Libraries etc.) and use other opportunities to raise awareness e.g. District Council newspaper. Train a group of 'Falls Champions' who would seek to engage older people using a settings-based approach – churches, luncheon clubs, other OP groups to raise awareness. As part of this work we would seek to encourage OP to seek to reduce their risk by joining Strictly No Falling, getting vision checked, home modifications, etc.)
- 2.4 For healthcare and non-healthcare professionals the project will provide guidance and a short training session on falls risks and prevention.
- 2.5 The revised GP contract from July 2017 requires GP's to identify individuals who are severely and moderately frail, and for those who are identified as severe, consider their falls risk.
- 2.6 We propose to extend this to those individuals identified as moderately frail, non-conveyed fallers attended by EMAS/Falls Alarm Response Service who are identified as being at higher risk of falling.
- 2.7 Chesterfields pilot will consider the following approaches; Information and Awareness plus multi factorial risk assessment and appropriate interventions.

- 2.8 To support the implementation of the project within each Place additional funding would be provided from Public Health.
- 2.9 The pilot project is structured in such a way that it will utilise the following resources / approach;
- An Occupational Therapist (OT) will be employed on a whole time equivalent (wte) of 0.6
  - A Support Worker will be employed on a wte of 0.4
  - Administration support will wte of 0.2
  - Given the nature of the project the programme will be under constant review, especially during the initial roll out phase of the project.
  - Initially the OT will be recruited on a 12-month contract with the option to extend for an additional 6 months whilst the programme uptake is being determined.
  - The programme will run for a maximum of 18 months and can be ended after 12 months should the sustainability of the programme not be determined.
  - The maximum number of contacts the OT can undertake each week is 12.
  - The maximum number of contacts the support worker can undertake each week is 8.
  - It is estimated that 360 people will be able to participate in the programme which will result in 1,080 contacts over the 18months.

- Currently only Wheatbridge surgery is aligned to delivering the project, however the GP collaboration sits across all of the GP practices in Chesterfield and there are a number of GP practices that are interested in getting on board with the project, should we have a low uptake of the letters and/or we contact all of the patients at Wheatbridge we will engage with additional practice.

- 2.10 Due to the way the evaluation is structured relative to where the programme is at the moment in its delivery, we do not have much in the way of outcomes data yet.
- 2.11 Follow up assessments are being undertaken currently with those who have engaged with the service, which will allow for more informed reporting in the future.
- 2.12 Given the very early stages of the pilot therefore at this stage the data that is available and can be reported upon is that, in total 252 letters have been sent out to individuals who were identified as in need of this intervention. This has resulted in a 20% uptake rate which is in line with the initial expectation of the project.
- 2.13 This in effect means that circa 50 individuals have taken the opportunity to have a personalised information and awareness plus a multi factorial risk assessment and appropriate interventions.

### 3.0 **Barriers/obstacles**

- 3.1 At this stage the only barrier that would appear to present itself is that of individuals choosing to not accept the offer of support and help. However, a key element of this pilot project is to better understand barriers and

therefore how clinical and social service can support individuals accordingly.

#### 4.0 **Future plans**

4.1 The pilot will continue as outlined above to gain further insight and information as to the issues, barriers, benefits and successes of this type of targeted work.

4.2 The pilot project is seeking to test a multi-disciplined approach to addressing the challenges of frailty and those at risk of falling. It is through the pilot that opportunities will be developed to address identified issues.

4.3 A range of partners are involved in the pilot to ensure that as far as is reasonably practicable where issues are raised, partners are in a good position to make the required changes.

#### 5.0 **Conclusion**

5.1 Whilst the project is in the very early stages of delivery, it is positive to note that 252 people have been engaged with and as a result circa 50 people have taken the opportunity to have a personalised intervention.

5.2 Further monitoring and evaluation is taking place which will be reported on in due course which will help to reinforce the relative success of the pilot at the same time as identifying areas for improvement.

#### 6.0 **Suggested scrutiny activity**

6.1 No further areas identified at this stage.

## Document information

Report author	Contact number/email
Ian Waller	<a href="mailto:ian.waller@chesterfield.co.uk">ian.waller@chesterfield.co.uk</a> ext. 5337
<b>Background documents</b>	
These are unpublished works which have been relied on to a material extent when the report was prepared.	
<i>This must be made available to the public for up to 4 years.</i>	