

11 December 2017

Agenda Item: 9

REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE

EXTENSION OF FALLS PREVENTION PROJECT

Purpose of the Report

1. The purpose of this report is to provide an update of the current Better Care Fund (BCF) falls prevention project and its impact in the first nine months of implementation (January – October 2017).
2. The report also seeks approval for the extension of the falls prevention project for two further years beyond 31st March 2018 with an allocation of £150,000 funding from Public Health Grant to ensure further targeted prevention work, focussed on reducing falls risk for Nottinghamshire residents and thereby reducing falls related residential care admissions and social care interventions.

Information and Advice

3. According to NICE (National Institute for Care Excellence) Guidance CG161, one in three people aged over 80 years fall at least once a year. Falls are the commonest cause of death from injury in the over 65s, and many falls result in fractures. The annual cost to the NHS alone is estimated at £2.3billion a year.
4. Research by the *Institute of Public Care* (IPC) identified falls as a key factor that both leads to admission into residential care and sets older people on a pathway to increasing social care support needs. Internal investigations by the Council in 2013, as part of the Living at Home Project, highlighted that 20% of a sample of 100 people were admitted to a care home in Nottinghamshire following a fall. If this rate is projected onto the 969 social care funded admissions into long term care in 2015/16, then an estimated 203 placements could be related to a fall. A much larger number of people would receive a care package at home. Therefore, falls are a significant issue for social care in Nottinghamshire. With the number of people aged 65 years and over expected to rise by 10% over the next five years, to over 175,000 in 2020, costs are set to rise further.
5. Based upon the 5,500 residents aged 65+ in Council funded Adult Social Care in September 2017, this number is estimated to increase by 500 to 6,000 in 2020. The cost of this increase would be approximately £14.9 million per annum. The projected return on investment from implementing this project is detailed at **paragraph 30** of this report.

6. There is a strong evidence base around falls prevention, with a variety of evidence based interventions available which can significantly reduce an individual's risk of falling, and also of injuring themselves when they fall. These interventions include home hazard assessments, strength and balance programmes, and promotion of self-care and self-recovery. Implementing these interventions consistently across Nottinghamshire will have a significant impact on both the number of people falling and the number of people injuring themselves due to a fall. Pro-active falls prevention work in partnership with other agencies, will help citizens to remain more independent and live healthily in their own homes for longer, contributing towards greater financial savings for the Council.
7. Key goals of healthy ageing with a good quality of life for older people include being able to remain mobile, continue to learn, to develop and maintain relationships, interests and contribute to society. These can all be supported by proactive falls and fracture prevention initiatives. It is important that preventative activity is targeted at those most likely to benefit and is carried out in a way that is meaningful and appropriate. There is also a need for greater general awareness that falls are not an inevitable aspect of older age.
8. Reduction in falls has been recognised as a local priority across the system and has been put forward for consideration as a key indicator within the updated Sustainability and Transformation Partnership (STP). Strategic partners in the 6 Clinical Commissioning Groups (CCGs) have also committed to a renewed focus on falls prevention through implementation of targeted falls reduction action plans in Bassetlaw, Mid Nottinghamshire and Greater Nottingham.

Progress to date – Current Falls Prevention Project - 9 month update:

9. In September 2016, Adult Social Care & Health (ASCH) Committee approved a 12 month BCF Falls Prevention project, funding a worker and a small amount of development money. Since January 2017, a Commissioning Officer has been working with Public Health and a broad range of public and voluntary sector partners (including Extra Care Homes, the Council's Occupational Therapists, the Council's third sector contract holders, Clinical Commissioning Groups, Nottinghamshire Fire and Rescue Service, and Sport & Leisure providers) to raise awareness of the impact of falls and the evidence based interventions and self-care that can be put into place to prevent them.
10. To date, the falls prevention project has focussed primarily upon creating and promoting resources specifically for prevention and early intervention services. This meets with Adult Social Care Strategy's principles of enabling people to live independently, reducing demand for institutional care and the need for long term care in the community and promoting individual health and independence through joint and collaborative working. This work has entailed:
 - a) **Multi-channel Communications:** using a variety of mediums to promote a comprehensive guide developed by the Chartered Society of Physiotherapy (CSP) entitled '*Get Up and Go*' and promoting the benefits of physical activity and home safety in reducing the falls risk.
 - 25 *Get Up & Go* Events were implemented to coincide with Older Peoples Day - 750 attendees, TV coverage, 4 new 'Strength & Balance' classes in care homes

- In excess of 18,000 *Get Up & Go* Guides have been disseminated to individuals in Nottinghamshire (via GP surgeries, libraries, leisure centres and supermarkets)
 - The Council's falls webpage (including an e-version of the guide) has received in excess of 4,150 web page views in the past nine months, a substantial increase of over 300%
 - This has aimed for a consistent, evidence based Nottinghamshire wide approach and messages for our citizens to support them to self-care to prevent falls.
- b) **Embedding & Educating**: training front line staff (both class-based and online have been devised and implemented) to identify people at risk of a fall and offering advice on supporting them and signposting to appropriate guidance. e.g. The Nottinghamshire Falls '*Guide to Action*' tool.
- The outcome will be 250 class based training attendees, County wide by the end of year one (50 to date following pilot)
 - An online 'Falls Prevention' training module has also been developed.
- c) **Collaborative working**: building the strength of preventative approaches within the falls pathway and the links between primary and secondary prevention.
- A new physical activity programme for older adults is being developed, in partnership with Public Health, which will ensure that older adults have the opportunity to access appropriate evidence based physical activities that will reduce their risk of falling.
 - This includes training 12 exercise instructors to deliver the evidence based OTAGO, which delivers leg muscle strengthening and balance retraining exercises designed specifically to prevent falls.

Moving Forwards: The proposed Nottinghamshire Falls Business Case: 2018-20

11. If extended, the Nottinghamshire falls prevention project will continue to embed these preventative messages and tools across agencies and communities in Nottinghamshire, targeting both professionals and citizens.
12. This paper makes the case for a two year extension to the current project from 1st April 2018 – 31st March 2020. This extension will build upon the outcomes and tools developed in the initial nine months of the project, adding value by embedding these in a sustainable way in more organisations. This will include:
 - (a) Embedding core falls prevention messages of *Get Up & Go*.
 - (b) Developing the falls prevention Community Exercise offer
 - (c) Ensuring falls prevention is embedded in the hospital discharge process.
13. Without an extension to the project the County Council will not get the full potential benefit out of one year of investment. The project has exceeded the anticipated expectations of the first year. Close working with Public Health has enabled a joined up approach across many areas of falls that has opened up further strategic opportunities.

(a) Get Up & Go – Embedding Falls prevention core messages

14. The extended Nottinghamshire Falls prevention project will seek to sustain and embed the core falls prevention messages through a number of mechanisms that will support people to maintain their well-being and independence within their local community. These include:
- **Very Brief Intervention:** A very brief intervention has a duration of 30 seconds to a few minutes. It provides citizens with targeted information, or signposts them where to go for further help. It may also include other activities such as raising awareness of risks, or providing encouragement and support for change. This is likely to comprise of disseminating the *Get Up and Go* guide, prompting the person to do home or class based exercises and potentially informing other relevant support services e.g. Handy Persons Adaptation Scheme (HPAS) / Notts Help Yourself.
 - **Brief Intervention:** A brief intervention involves oral discussion, negotiation or encouragement, with or without a follow-up. It may also involve a referral for further interventions, directing people to other options, or more intensive support. Brief interventions are often opportunistic and typically take no more than five minutes for basic advice. This is likely to encompass better understanding a citizens issues and guiding them to appropriate advice.
 - **Extended Intervention:** An extended intervention is similar in content to a brief intervention but usually lasts more than 30 minutes and consists of an individually-focused discussion. This is likely to entail the completion of a falls assessment such as the Falls *Guide to Action* which includes assessing individuals risk and putting in place actions to reduce this risk. There is potential that this could include direct referral into NHS provision.
15. Adult Social Care already commissions or directly provides a range of services which can support falls prevention as part of their day to day work. **Table 1** below highlights some of the examples of interventions that would be explored for implementation via the two year extended falls prevention project.

Service Provision	Type of Intervention	Mechanism	Project Role	Embedding change
Homecare	Very brief and brief interventions on physical activity, home hazards and intrinsic factors.	Contract mechanism	Falls training provision delivered through the project.	Monitored through contract processes
Home Care Rapid Response	Very Brief Intervention for prevention plus planning for a fall and post falls provision.	Contract mechanism supported by work from the 3 area falls groups – CCG led.	Falls training provision delivered through project.	Monitored through contract processes
Handy Persons Adaptation Scheme (HPAS)	Extended intervention – delivering Home Hazard reduction	Facet of the discharge process	Falls prevention training / GUGO guide	Monitored via hospital discharge rates

Connect short term prevention service	Very brief, brief and extended interventions	Commissioning processes supported by training provision delivered through project.	Falls prevention training / GUGO guide dissemination	Monitored through contract processes
County Enterprise Foods (Meals on Wheels)	Very brief and brief interventions	Discussions with CEF management	Falls prevention training / GUGO guide dissemination	Quarterly performance updates
Extra Care – falls prevention Exercise Classes to be delivered in suitable venues.	Very brief and brief interventions	Discussions with Extra Care Managers / Officers	Exercise class brokerage & promotion	Numbers attending tailored strength and balance classes
START Re-ablement Service	Very brief, brief and extended interventions	Embedded into START development action plan	Advice to START development project	Numbers receiving and potential follow up of impact
Customer Service Call Centre (CSC)	Brief Intervention – referral to HPAS or OTs for adaptations, electronic access to 'Get Up and Go Guide' and signposting to Everyone Health for a physical activity intervention.	Discussions with CSC Team Leaders	Get Up & Go Guide, web page signposting, falls online training, Informing TL's	Number of falls related enquiries and signposting advice provided.
Notts Fire & Rescue Service	Extended intervention via 'Safe & Well' home visits	<i>'Fire as a heat asset'</i>	Get Up & Go & Training & events	Quarterly Safe & Well monitoring

(b) Developing the falls prevention Community Exercise offer

16. To underpin the three modes of intervention detailed in paragraph 12, Nottinghamshire citizens require a robust and progressive community based exercise offer, which they can be reliably signposted into (or self-serve via appropriate webpages), to reduce the levels of falls.
17. Currently, Nottinghamshire residents have extremely limited access to evidence based tailored exercise to reduce falls. However, NICE Guidance states that such programmes can reduce falls by between 35 & 54%. The Council is now investing in a new three tier physical activity programme that will develop local provision to ensure that citizens have access to these interventions to support better self-care in falls prevention. This programme is due to start in 2018.

18. The strength and balance programme commissioned by Public Health and co-ordinated by Everyone Health Ltd will support the establishment of a three tier physical activity programme for strength and balance comprising of chair based exercise, Otago and Tai Chi classes. These will be progressive, suited to the ability of the individual and sustainable as they will be self-funded.
19. An extended falls prevention programme would focus on facilitating the relationship between the Public Health commissioned provider, Everyone Health Ltd, and Council commissioned services including voluntary sector contracts, Extra Care Homes and Care Homes. This would ensure that the pathways and procedures were in place to ensure that these evidence based interventions were offered consistently to citizens as part of a comprehensive falls prevention offer.
20. **Year 1** 20 Care Homes or Extra Care facilities are delivering Strength and Balance programmes as part of a new 3 tier physical activity programme and 100 individuals identified at high risk of falling attending strength and balance programmes.
21. **Year 2** 40 Care Homes or Extra Care facilities are delivering Strength and Balance programmes as part of a new 3 tier physical activity programme and 200 individuals identified at high risk of falling attending strength and balance programmes.

c) Ensuring falls prevention is embedded in the hospital discharge process

22. A recent requirement and need has recently been identified for the falls prevention work to be aligned with the Hospital Discharge process. A pilot could indeed be implemented at a suitable (to be agreed) hospital.
23. The cost of falls and fractures for social care are significant, but are not precisely known. The King's Fund Study [‘Exploring the system-wide costs of falls in older people in Torbay’](#) shows a 40% increase in social care costs for individuals in the 12 months following an admission to hospital.
24. This project will focus on ensuring that those who are discharged with ‘deconditioned’ muscle tone have access to the right tailored strength and balance program, have access to timely home adaptations that will support falls prevention (working with district council housing providers) and have access to assistive technology providers who understand how to support those who are experiencing (potentially for the first time) non-injurious falls. Over 65s who have spent extended periods in hospital care are at higher risk of experiencing a fall due to deconditioning, these interventions will support them to recover to their previous condition and mobility levels whilst at the same time ensuring that the falls hazards in their home environment are reduced.
25. The extended falls prevention project will ensure falls prevention is consistently applied across all Nottinghamshire discharge processes. This will include working with district council housing providers to create ‘Safer Homes’ via HPAS and hospital discharge programmes, ensuring timely offer of access to the strength and balance programme for recovery, and facilitating access to other providers such as Connect provision and Nottinghamshire Fire and Rescue service who offer provision which will reduce falls risk and support the transition towards independence.

26. **Year 1** 60% (tbc) adults aged 65+ to be supported with falls prevention advice as part of hospital discharge. Plus evaluation to follow up on numbers of people who fall post intervention against a baseline, with an expected reduction in rate.
27. **Year 2** 75% (tbc) adults aged 65+ to be supported around falls prevention advice as part of the hospital discharge. Plus evaluation to follow up on numbers of people who fall post intervention against a baseline.

Return on Investment (ROI)

28. The direct cost of falls (in terms of community health care interventions, unplanned hospital admissions, increased demand for home care services and falls-related entries to residential care) are high, with around 70,000 hip fracture nationally each year and 1 in 10 people who fall losing the confidence to leave the house. The average weekly cost of funded residential care in Nottinghamshire is £548 per week and the Council's current commitments in respect of caring for older adults include £45m on residential care costs, £16m on home care and £18m on direct payments.
29. Evidence from studies in the UK and overseas suggests that falls can be reduced by 35-54% through tailored exercise programmes alone. Nottinghamshire is developing a proactive approach to engaging staff in a holistic approach to identifying people at risk and combining home hazard assessment, self-care advice and support to become more physically active.
30. If, as a result, just one person per district is prevented from needing residential care, the annual saving would be approximately £200,000. This proposal seeks a two year investment totalling £150,000.

Other Options Considered

31. The falls project could be ceased or only extended for one year. It is clear, however, that falls prevention is a complex agenda with numerous stakeholders and inter-dependencies. Establishing a programme of one year and then reviewing extension would create a lull in the project and not enable full potential to be delivered.

Reason/s for Recommendation/s

32. In order to make a discernible impact to the falls prevention agenda across Nottinghamshire, the existing post requires a two year extension. This will roll out and embed the project work and tools developed in year 1 across a range of services, with the aim of embedding it in day-to-day practice by the end of year 2. Ending the funding after the initial year would mean that the full potential benefit and impact of rolling out the work completed to-date are not realised.

Statutory and Policy Implications

33. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability

and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

34. The costs associated with the extension of the project are as follows:

Temporary 1 x FTE Commissioning Officer (Band C) contract is extended for 2 years up to 31st March 2020.

Costs	Staffing (inc on costs)	Project costs*
Year 1 extension	£55,000	£20,000
Year 2 extension	£55,000	£20,000
<i>Subtotal</i>	<i>£110,000</i>	<i>£40,000</i>
Total	£150,000	

*** Project costs:**

- 25,000 CSP 'Get Up and Go Guides' and physical activity supplements
- Later Life Training courses (OTAGO / PSI) for exercise instructors
- Room hire for training
- Promotional events
- Marketing design
- Contingency costs @ 10%.

35. These costs will be funded from the Public Health Grant.

Human Resources Implications

36. The existing 1 FTE Commissioning Officer role is agreed to 31st March 2018. If approved, this post will be extended to 31st March 2020.

RECOMMENDATION/S

That:

- 1) the falls prevention project is extended for a further two years from 1st April 2018 to 31st March 2020, utilising Public Health Grant
- 2) the 1 FTE temporary Commissioning Officer (Falls Prevention) post at Band C is extended from 1st April 2018 to 31st March 2020 in order to deliver the outlined project.

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Constitutional Comments (SMG 29/11/17)

37. The proposals outlined in this report fall within the remit of this Committee.
38. The Employment Procedure Rules provide that the report to Committee include the required advice and HR comments and that the recognised trade unions be consulted on all proposed changes to staffing structures (and any views given should be fully considered prior to a decision being made).

Financial Comments (KAS 20/11/17)

39. The financial implications are contained within paragraph 34 & 35 of the report.

HR Comments (SJJ 24/11/2017)

40. The HR Implications are contained within the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

[Better Care Fund - Proposed Allocation of Care Act Funding](#) – report to Adult Social Care and Health Committee on 12 September 2016

Electoral Division(s) and Member(s) Affected

All.

ASCPH511