PAPER D2

Rutland County Council

Business Case

Scheme ID LTC1 **Falls Prevention and Management of Falls**

10.2.15

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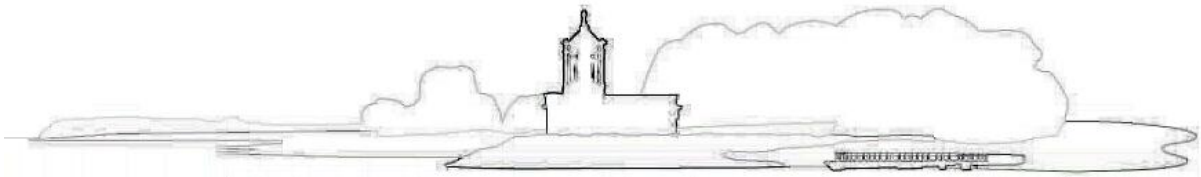


DOCUMENT CONTROL

Change

Control History

Version	Change Summary	Change author	Date
0.1	Initial document production	Julia Eames	10.2.15
0.2	Revisions from Liz Orton	Julia Eames	11.3.15

How to briefly describe this scheme to a Service User

The aim of this scheme is to prevent people having falls and to ensure that if someone does have a fall they don't get taken to hospital if that isn't necessary. This is because having a fall and going into hospital can have serious consequences (especially for older people) including physical and psychological damage resulting in loss of independence and may lead to increased death rates.

Falls are responsible for significant demands on limited resources, including the ambulance service, the acute hospitals, reablement services and longer term health and social care services.

The scheme is split into actions for preventing falls amongst the wider population and targeting resources at those at greatest risk of falls. It is also to ensure that if someone does have a fall the correct options are used for managing the consequence of the fall and help prevent a further fall from happening.

It is recognised that by having a focus on falls prevention there will be other benefits to the general health and wellbeing of the population through the promotion of a more healthy lifestyle.

1 Description of Scheme

Indicate business need including strategic/national local contexts and current organisational approach

Nationally, falls and fall-related injuries are a common and serious problem for older people. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 years and 50% of people older than 80 years falling at least once a year (Kings Fund). With the elderly population increasing, there is a need to develop strategies to reduce the likelihood of falls and ensure that people who attend or are admitted to hospital following a fall are enabled to return to their usual residence and fewer of them are conveyed or attend Emergency Departments in the first place. Evidence shows that there is a direct correlation between recovery and how long people lie on the floor following a fall.

East Midlands Ambulance Service reports that Falls are their highest activity category for Rutland (19% of all activity). Figures below between Feb 2014 to Jan 2015 indicate an average of 1.8 calls per day, 55 per month.

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
50	**87**	**52**	**49**	**52**	**70**	**45**	**57**	**52**	**48**	**53**	**45**	**660**

Of these 660 calls the following information is identified regarding the seriousness. 50% of calls are not conveyed to hospital.

Serious	9
Less serious	386
Not emergency	174
Time critical	85
Life threatening	6

Of these 660 calls 46 calls were from Care Homes (6.81%) of which 32 were deemed less serious. 84 falls were by a Warden Controlled Unit (12.72%)

468 (70.45%) of these 660 were people over the age of 65 years, 401 (60.53%) were over the age of 75 years.

Clearly not all falls are reported or result in a call to 999. Some people are falling and sustaining injuries and rely on family or friends to apply 'first aid', some of these people may go on to have subsequent falls. Some people report to Emergency Departments using own transport or report to GP practices, Walk-in Centres/Minor Injury Units etc. The EMAS data does not indicate which of these calls are to people falling for the first time and needing an ambulance, which are repeat fallers needing an ambulance for the first time and how many calls are to the same person who has repeated falls.

Figures from the Public Health Outcome Framework shows for 2013/4 there were 171 people with a Rutland GP admitted to hospital with an injury due to a fall.

There is a Better Care Together (BCT) task group, linked to the Frail Older Person's Work book, aiming to establish an integrated approach to Falls across Leicester, Leicestershire and Rutland. The initial phase of this project is to ensure clear and appropriate referral routes and has focused on proactive GP care plans, training for paramedics and development of the Single Point of Access(SPA) for Community Health Service referrals. The second phase commencing is to develop a co-ordinated strategy for prevention, based on national evidence and best practise. Particular emphasis has been given to Care Homes as it is identified this is where there are particular groups of people at a high risk. Local Falls Services will be reviewed as part of this work.

The LLR work is utilising the Scotland Framework for Action (February 2014) which builds on the model presented in the Up and About or Falling Short resource, and focuses on falls prevention and management

and fracture prevention for older people living in the community. The Framework is underpinned by evidence from research and draws on knowledge and experience gained by the falls prevention community in Scotland over the last four years. It identifies and describes key actions for health and social care services at each of the four stages of the pathway. These actions represent the *minimum* standard of care an older person should expect to receive, regardless of where and when they present to services.

Nice Guidance regarding falls assessments and prevention is shown in the presentation by Elizabeth Orton, Consultant and Associate Professor in Public Health (appendix A). This includes evidence about specific therapeutic exercises to improve strength and balance and interventions that will and won't have an impact.

There are already many services that already contribute to preventing falls across health, social care, housing and the voluntary and independent sector. The purpose of this scheme is to ensure all of these services are delivering the maximum impact they can and identify where information and advice and specific interventions can be better targeted and delivered in a more integrated and consistent way, as evidence indicates this is likely to result in a greater reduction of falls related injuries and consequences.

It is recognised that by having a focus on falls prevention there will be other benefits to the general health and wellbeing of the population through the promotion of a more healthy lifestyle.

1.1 Scheme Objectives

List scheme objectives

- Reduce the likelihood of people falling;
- Reduced emergency admissions and readmissions as a result of a fall;
- Ensure that following a fall people will be referred to the most appropriate pathway with timely intervention to reduce the likelihood of further falls;
- Provide a positive experience for those who are at risk of falling or have fallen and their carers;
- Ability to deliver joint interventions between health, social care and voluntary sector care improving outcomes for patients to prevent falls or manage people who have fallen;
- Increased awareness within Care Homes of how to prevent falls and manage fallers

1.2 Key Deliverables

Include key deliverables for the scheme lifecycle

Scheme Deliverable	**Delivery targets**
Reduce the number of people admitted to hospital with an injury caused by having a fall.	BCF metric achieved.
People locally will have referral routes to manage falls that provide alternatives to hospital admissions where appropriate.	Actions from BCT group will be translated into local actions to ensure approach is consistent.
There will be information promoted locally that supports people to reduce their risk of falls based on evidence of effective therapeutic exercises .	Evidence that Individuals and their families have accessed information and services and found this beneficial. Clear information available through the online service directory

Scheme Deliverable	Delivery targets
	(accessible to both staff, partners and the public to make best use of)
Review of the Exercise Referral scheme to incorporate evidence based approaches to preventing falls	Appropriate referrals will be made and outcomes evaluated.
Relevant front line services will be able to deliver consistent falls prevention advice and referrals.	Training plan developed and implemented. Audit of referrals made.
Review of the current processes used for auditing Care Home activity related to falls and develop methods for sharing information regarding best practice and ensuring delivery.	Care Homes will follow agreed activities and pathways resulting in reduced number of falls, calls to 999 and conveyance to hospital.
Connectivity to other Better Care Fund schemes including clear links and partnership working, particularly with: • Assistive Technology Service • Reablement Service • Community Agent Service • Integrated Care Coordinator • Integrated Crisis Response (ICRS)	Increased referrals to Assistive Technology, ICRS, Falls prevention advice and Reablement as a result of this initiative

1.3 Scheme Milestones

Identify the significant milestones (phases, stages, Attach the work stream Plan. This should outline the main stages of the work stream, milestones and any interdependencies

Activity	Milestone	Dependency	Responsible	Start Date	End Date
Clarify data to establish baseline to be used	Identify data sources. Consider how can obtain information that identifies if it is a first fall or a repeated fall.	Support from EMAS, Public Health and GEM to provide localised data	Caroline Kirkpatrick	March 2015	
Map out current services that contribute to preventing falls locally and review outcomes being achieved and identify gaps	Needs to be multi-agency, including Housing, Voluntary sector etc Possibly arrange a 'Falls Summit'	Availability of robust outcome information Availability of clear national evidence	3 Project leads	April 2015	June 2015

Activity	Milestone	Dependency	Responsible	Start Date	End Date
based on what evidence says works.					
Review current processes used for auditing Care Home activity related to falls	Link to LLR Task Group work	Engagement from all Care homes	Head of Service for Adults and Contracts Team	Jan 2015	
Develop proposals for which services need to be developed based on which have potential to deliver the most impact.	Invite bids from agencies to deliver aspects of the plan. Report to H&WBB to agree which bids to be taken forward.			23 June 2015	
Develop information in various formats and plan and undertake awareness raising campaigns.	Identify successful bidder for undertaking this work linked to RCC Website	Funding Establishing evidence based information. Branding to be linked to LLR Task group.	3 Project leads	April 2015	
Develop and implement a relevant local training plan for frontline staff. Including training in multifactorial assessments and the use of the Guide to action (evidence based).	Need to establish what training needs to be provided to whom and by whom. Appoint trainer to undertake training	Funding Releasing staff to attend training.	Project leads	July 2015	November 2015
Evaluate impact of activities	Audits of different services Formal evaluation co-ordinated by Public Health	Maintaining outcomes information and data collection systems as go		Aug 2015	March 2016

Activity	Milestone	Dependency	Responsible	Start Date	End Date
	linked to LLR work and other BCF schemes evaluation.	along.			

1.4 Exclusions

EMAS training, SPA developments, Falls services provided by other contracts e.g. with University Hospitals Leicester(UHL) and Leicestershire Partnership Trust(LPT) and Lincolnshire CCG. Things that relate specifically to other BCF schemes e.g. Assisted Technology provision, Delivery of adaptations, Integrated Care Co-ordinator, to prevent double counting but need to recognise dependencies and inter-relationships.

2 Approach

Indicate what impact the proposed work will have on business as usual. E.g. will it fit naturally with an existing service? Will an existing service need to change in order to accommodate the maintenance or on-going delivery of the products or services? Does this work stream fall within the Better Care Together work stream?

2.1 Operational Readiness

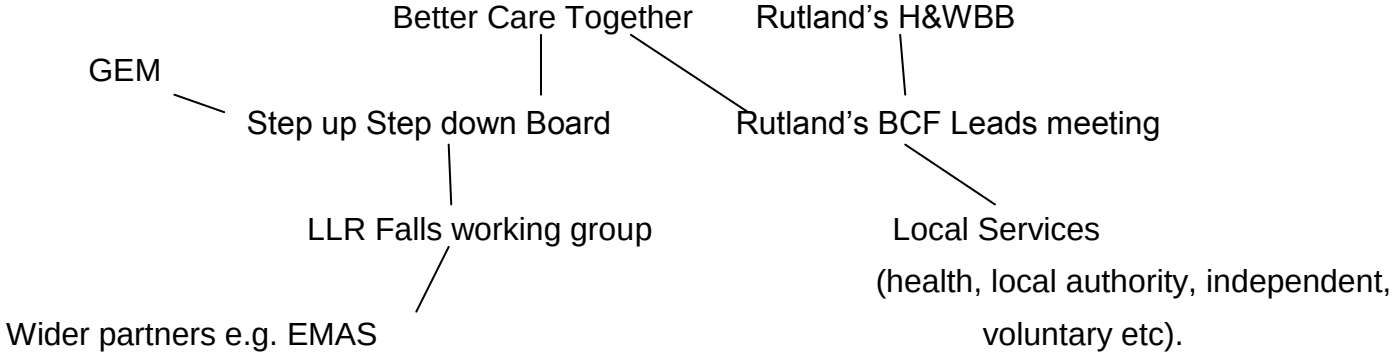
How far has work progressed? What is to be done? Milestones

This work can build on the work already in place locally and that being developed by the Better Care Together Task Group.

2.2 Work stream structure

Consider key Business areas such as procurement, IT, workforce and delivery into Service.

Provide a diagram of the proposed scheme structure and brief details of the governance approach



2.3 Work stream metrics

BCF Metric	Description of Impact as set out in BCF Significant/moderate/other
Reducing emergency admissions from injuries due to falls in over 65's	2015/16 to reduce from 171 in 2013/14 to 151 in 2015/16
Reducing avoidable emergency admissions which can be influenced by effective collaboration across the health an care system	Significant contribution
Increase in positive patient response to question" Do care and support services help you to have a better quality of life?"	Moderate contribution
Increasing number of older people still at home 91 days after hospital discharge into reablement	Significant contribution
Reducing inappropriate admissions of older people into residential care	Significant contribution

2.4 Work stream metrics recording

Information being collected	At what stage in the patient pathway is the information being collected?	Information collected by whom	Database on which information is collected / captured/ stored
Admissions to hospitals due to falls	Point of admission	GEM	Linked to BCT Task Group outcomes
Calls to EMAS due to Falls and outcomes	Receipt of call	EMAS	Linked to BCT Task Group Outcomes
Referral to Integrated Crisis Response service (ICRS) related to a fall	Point of referral	REACH	Spreadsheet
Referrals to Intensive Community Support (ICS) related to a fall	Point of Referral	TBC	
Referral to Reablement related to a fall	Point of referral	REACH	
Referrals to and outcomes from attendance at Falls Clinics at RMH		TBC	
Collation of falls related information in Care Homes	Quarterly returns	RCC Contracts Team	

Information being collected	At what stage in the patient pathway is the information being collected?	Information collected by whom	Database on which information is collected / captured/ stored
Referrals to Exercise referral scheme to prevent a fall			Currently no falls specific info
Attendance and outcomes from specific Falls awareness / Ageing Well Workshops (TBA)			T
Access to Falls information on Website	Available to the whole population with information regarding services across the pathway	Reliant on RCC, CCG and Public Health Leads providing the information. Information input by the Information Development Officer, RCC	Rutland Information Service Directory (Open Objects software)
Referrals for lifelines and other assistive technology aimed to prevent falls following reablement			Not currently collected – random audit to be undertaken
Equipment and adaptations provided to reduce the risk of falls and use of 'Handyperson services'			Not currently collected – random audit to be undertaken
Collation of Falls related information in Supported Living Schemes		Spire Homes	

2.5 Work stream performance reporting against metrics

Type of report being prepared (e.g. SITREPS/ RAISE)	**By whom**	**Reporting dates**	**Reporting timeframes**
Business Case ratified by the Integration Executive	Julia Eames and Caroline Kirkpatrick	March 2015	
Business Case Approval by the Health and Wellbeing Board	Julia Eames and Caroline	March 2015	

	Kirkpatrick		
Report to Integration Executive and H&WBB	Julia Eames AND Caroline Kirkpatrick		Quarterly

3 Communication and Engagement

3.1 Stakeholder Analysis

Stakeholder Name	How they will impact on the scheme	How they will be impacted by the scheme	Communication requirements/methods
Anyone who could be at potential risk of falls and impact on their families and carers.	Engagement with preventative services on offer. Feedback on what has a positive outcome for them.	Accessing universal preventative information and following advice provided or opportunities e.g. to maintain strength and balance, which prevents them having a fall and sustaining an injury or loss of confidence and independence	Self help information in various formats and places. Information provided in a consistent way to provide reinforcement of key messages. Campaigns e.g. top tips Review and promotion of Active Rutland web-based directory of services for both formal and informal exercise activities such as Tai-chi, dancing, gardening (recommended by NICE guidelines for providing sustained strength and balance exercise activities)
Older people identified as being at a higher risk of falls	Engagement with preventative services on offer. Providing feedback on effectiveness of services. Acting on advice and opportunities provided to reduce their risk on	Less likely to have a fall resulting in an injury and/or loss of independence or admission to hospital.	“Making every contact count” – training for relevant front line staff so can provide falls prevention assessments and reliable evidence based advice or making referrals to relevant services.

Stakeholder Name	How they will impact on the scheme	How they will be impacted by the scheme	Communication requirements/methods
	falls and need for more intensive/costly health and social care services		
EMAS and Acute Hospitals, Out of Hours GP's, 111 service, Urgent Care Centres	Provision of data and information about inappropriate/avoidable use of their services. Making referrals to alternative services such as ICRS	Reduce demand on their services. Transfer of resources.	Agree pathways through BCT and share with non LLR hospitals/ Units.
GP's	Proactive Care Plans will identify pathways for people at risk of falls to prevent falls and should a fall occur. Signposting and making referrals to preventative services.	Reduce demand on their service by people who have fallen.	Ensure have directory and knowledge of services.
Care Homes	Using appropriate preventative tools and strategies. Following identified pathways. When someone does fall. Data provision	Support with training and keeping focus on falls prevention within their service and helping to promote best practice. Monitoring of activity Fewer people having falls leading to less dependent residents, reduced paperwork, less anxiety by individuals, families and care staff.	Local Care Provider Forums EMCare link through BCT
Various local services including community health services, social care services, universal local authority services e.g. Keep Rutland Active, Independent domiciliary care	"Making every contact count" to promote falls prevention, provide falls prevention assessments, provide reliable evidence based advice or making referrals to relevant services.	Will enhance current roles and enable to provide positive outcomes for people working with.	Training.

Stakeholder Name	How they will impact on the scheme	How they will be impacted by the scheme	Communication requirements/methods
providers, Housing services, voluntary services etc			
RCC staff and elected members	Raise awareness of the service	Improve experience for clients they are working with	Staff newsletter Portfolio Holder briefing

3.2 Scheme Reporting and Communication

Type of communication	Communication Schedule	Communication Mechanism	Initiator	Recipient
e.g. Status report	*Every other Tuesday*	*Transformation Board meeting*	*Work stream Lead*	*Transformation Team*
Update report	Quarterly	Public Health meeting - verbal	JE	Public Health Group
Update report	Monthly	Report – verbal or written	JE/CK	BCF leads meeting/ Integration Executive/H&WBB/ Transformation Board
Update report	Exception	Report –verbal or written	JE/CK	SUSD Board/BCT Urgent Care and Frail Older people Work streams

4 Risks

3.1 Key Risks

Risk No.	Date Opened	Risk Owner	Risk Description	Probability (High, Med, Low)	Impact (High, Med, Low)
1	11.2.15	Project leads	Winter conditions could increase the risk of falls skewing data	low	low
2	11.2.15	Project leads	Ownership of the project delivery sits with a number of services and operational leads who will need to have	High	High

Risk No.	Date Opened	Risk Owner	Risk Description	Probability (High, Med, Low)	Impact (High, Med, Low)
			the ability to ensure effective implementation.		
3	11.2.15	Project Leads	Difficulty obtaining evidence to demonstrate which elements of service having the impact	med	med
4	12.2.15	Mark Andrews	Funding is only secured for one year, if funding was removed in future years all the initial efforts to prevent falls might be lost due to sustainable service	Med	Med

5 Costs

5.1 Scheme Costs

Include all direct and indirect costs

Description	2014/5(£)	2015/6(£)	Total (£)
Falls Summit to map out current services and provide an opportunity for awareness raising and information sharing and action planning for relevant agencies.		£1,000	£1,000
Employee's time to gather and analyse baseline data, undertake mapping, research evidence, undertake audits and evaluation activities, including 'near misses' and identify proposals e.g. 20 days employee time		£10,000	£10,000
Development of self-help educational resources and promotional campaigns e.g. • Develop self-help information for falls prevention, including a falls checklist in different formats for individuals and their families to make use of and useful advice and information. Use of Falls App • Campaigns, awareness raising, e.g. top 10 tips • Review and promote Active Rutland web-based directory of services for both formal and informal exercise classes and activities such as Tai			

Description	2014/5(£)	2015/6(£)	Total (£)
chi, dancing, gardening (recommended by Nice guidelines for providing sustained strength and balance exercise activities to reduce risk of falls). • Review and promote Exercise Referral Scheme in relation to Falls prevention. Potentially arrange transport and a peer supporter to assist attendance if required (possibly linked to community agents). 20 days worker time + £2,000 for printing		£12,000	£12,000
External Training e.g. 20 days worker time • Education and training for a wider set of frontline staff regarding falls issues and pathways. • Falls training for relevant frontline practitioners across local health and local authority statutory agencies, including housing support services, domiciliary care providers and voluntary agencies, ensuring that we are able to give patients the right information first time. Identify what training and qualifications are required for front line practitioners who can provide primary falls prevention assessments and advice e.g. taking a falls history, undertaking a home safety or hazard assessment and delivering specific relevant intervention and ensure providing reliable information and advice to patient and carer(s) ▪ Develop (self) audit tools for relevant services to ensure their service is being utilised for screening people who are at risk of falls and provide appropriate interventions including ensuring achieving specific outcomes e.g. people are able to get up off the floor in a safe way, be as active as they possibly can at the end of reablement, have a reduce fear of falling, making appropriate referrals to secondary falls prevention		£10,000	£10,000

Description	2014/5(£)	2015/6(£)	Total (£)
services. ▪ Ongoing support and monitoring of outcomes for identified providers and third sector agencies identified as delivering primary falls prevention as part of contracts.			
Falls awareness / Ageing Well Workshops • Deliver Age Well groups – staying healthy – eyesight, hearing, looking after feet, continence management, managing medicines, looking after bones (osteoporosis risks), what to do if fall etc • Free Ferrule replacement scheme • Age UK videos – available from the library, on-line links • Promote increased use of Community alarms and other assistive technology • Develop Handyperson schemes to be able to offer services that will prevent falls and e.g. good lighting, level floors/paths, warm homes, don't climb – we'll fix it for you etc • Promotion of low level equipment and adaptations that can help prevent falls and ensure accessibility through private purchase and referrals to relevant services.		£10,000	£10,000
Possible further investment in development of /promotion of Exercise Referral Scheme or Falls Clinics.		£10,000	£10,000
Development work in Care Homes and Supported Living schemes . 1. Utilise the 'Guide to Action (published/evidence based methods) toolkit to enable leadership in care homes that ensures policies, procedures, training, a culture, that delivers falls prevention. This may include advice on attention to the design of communal spaces and furniture, identification of hazards and risk factors, use of assistive technologies and other equipment, promotion of meaningful activity,			

Description	2014/5(£)	2015/6(£)	Total (£)
medication management, foot care and footwear, correct use of walking aids, referral to appropriate services that assess, advise and offer support to people that will reduce their risk of falls, (COT toolkit – living well through activity in care homes, could be used or adapted). 2. Develop methods for ongoing sharing of information regarding best practice with care homes, on a regular basis, to promote good practice. e.g. 20 days therapist time		£10,000	£10,000
Other – to be determined following mapping work to understand where gaps in delivery are		£7,000	£7,000
Better Care Together Learning Disability work stream contribution		£4,000	£4,000
Advice/lead from Public Health to support an Evaluation		£10,000	£10,000
Total (indicative amounts)		£84,000	£84,000

5.2 Funding

Include detail of any potential, or definite, sources of funding. Indicate whether this is likely to come from inside or outside of the BCF approved allocation for this work stream. If external, identify the proposed source.

Funding Source (External - name/Internal)	Confidence rating of funding being provided (H/M/L)	2014/15 (£)	2015/16 (£)	2016/17+ (£)	Totals (£)
BCF funding (LTC10)			£84,000		£84,000
Total Funding			£84,000		£84,000

6 Exit Strategy

Describe how this work stream will be sustained e.g. post 31st March 2016[1]

Things to consider:

Will this work stream be transferred to business as usual activity? If so, how? Who will be responsible for this area of work in the long term?

Will some existing services be replaced by the introduction of this service?

What will be the impact (both to the council, health service and to residents) if this service was to cease?

By inviting bids to be involved in delivering this plan it is hoped to build a market to deliver a sustained impact.

Some of this work would only need doing once, such as the mapping, research and developing resources. It would then be the responsibility of individual organisations to take forward this work to update information and provide refresher training of its own staff.

If workshops and Exercise referral schemes are well evaluated it may be possible for them to be income generating/self- funding going forward and these options need to be explored as part of the schemes evaluation.

Further resourcing from Public Health may also be an option.

[1] As at September 2014 the government has only indicated funding for 2014/15 and 2015/16