



HEALTH OVERVIEW AND SCRUTINY COMMITTEE:
2ND NOVEMBER 2016

REPORT OF THE DIRECTOR OF HEALTH AND SOCIAL CARE
INTEGRATION

LEICESTERSHIRE'S APPROACH TO FALLS

Purpose of report

1. The purpose of this report is to inform the Health Overview and Scrutiny Committee of the work being undertaken to develop a consistent approach to the prevention and treatment of falls in residents over the age of 65 across Leicestershire.

Policy Framework and Previous Decisions

2. At the meeting of the Health Overview and Scrutiny Committee on 14 September 2016, Mr Sharp CC asked a question regarding the response to falls, with particular emphasis on the East Midlands Ambulance Service. As a supplementary question, Mr Sharp asked the Committee, with support from EMAS, to consider how falls are responded to in the County including ambulance response times.
3. A consistent approach to the prevention and treatment of falls in the over 65 age group has been the local target for the Better Care Fund in Leicestershire since 2014. This programme is being developed between health and care partners across Leicester, Leicestershire and Rutland.

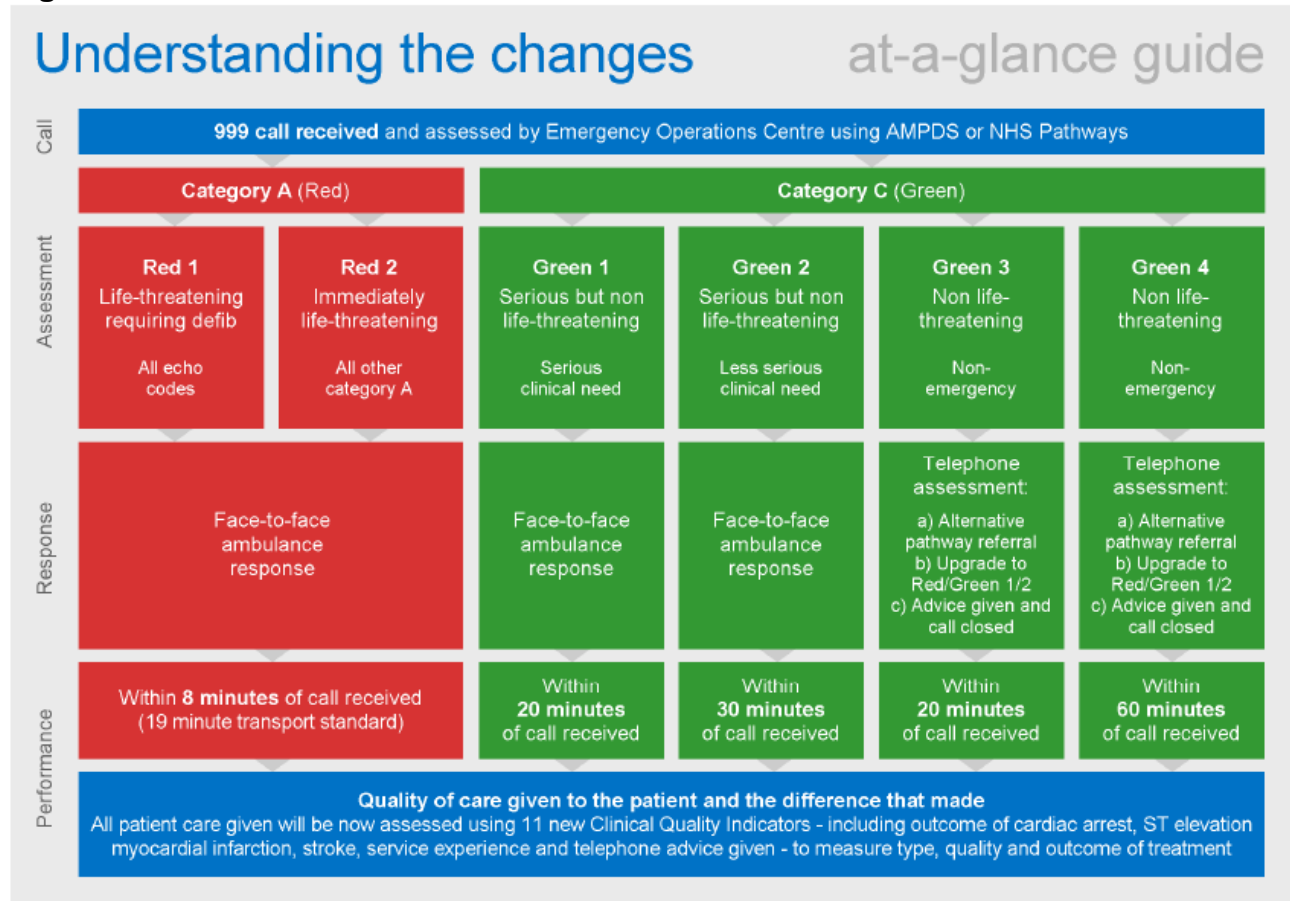
Background

Falls

4. Falls in older people cause distress, loss of independence and increased pressure on the health and care system both locally and nationally. Falls in people aged over 65 represent one of the top three reasons for an EMAS call every year. In the initial four months of this financial year there have been 406 falls in the over 65 age group presenting to UHL A&E.
5. Evidence shows us that by the time a fall is significant enough to require the patient to be conveyed to hospital, the patient will have fallen an average of 4 or 5 times, many of which are never officially reported. These incidents result in reduced mobility through fear of falling, social isolation, loss of independence and reduced strength and balance increasing the risk of further falls as a result. The impact of each subsequent fall is therefore more severe, both physically and mentally.

6. Every year 35% of people aged over 65 will fall at least once every year, and this rises to over 45% when over the age of 80. Of those people that are over 65 and experience a major fall requiring treatment, less than 50% will currently return to their previous level of independence.
7. Calls to 999 are prioritised according to information given by the caller, and assessed by qualified paramedics as to level of priority which is illustrated in Figure 1 below:

Figure 1:



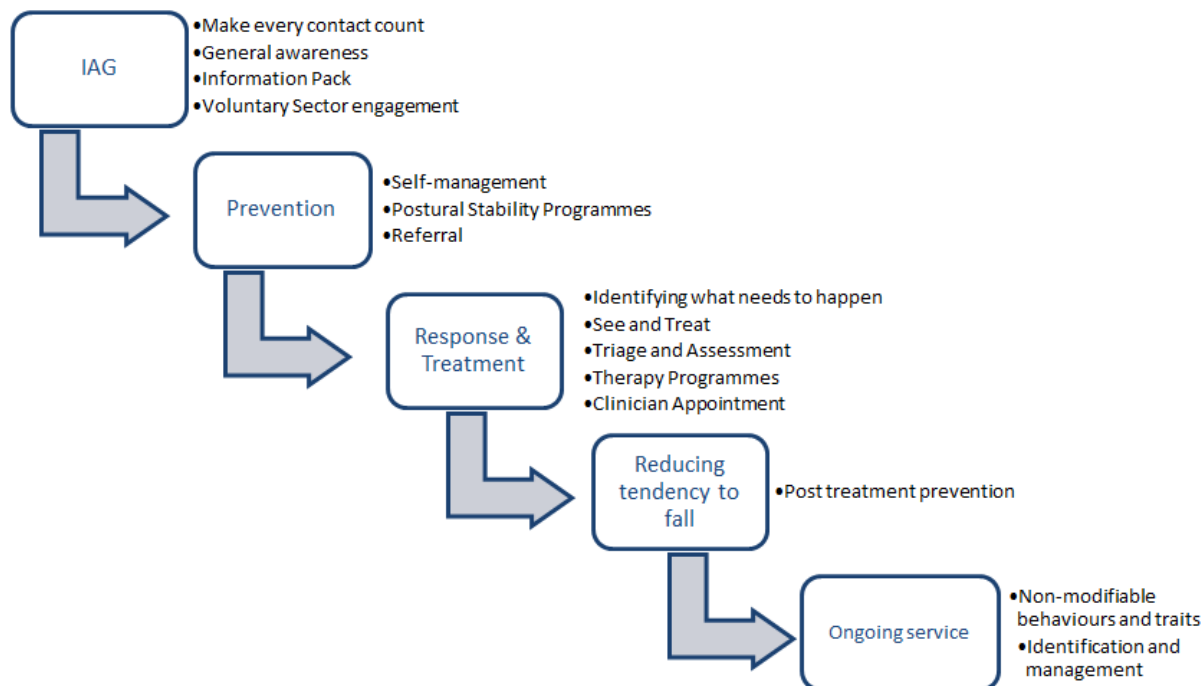
8. Nationally, ambulance services only have to report on the Category A target, and response times can vary according to demand and nature of calls. Calls can also be reprioritised according to subsequent calls received and the information provided at the time of the call.
9. A number of initiatives have already been put in place to reduce the impact of falls and associated delays within the system, these include:
 - A paper based Falls Risk Assessment Tool (FRAT) to support paramedics in determining whether a patient is at further risk of falling when immediate conveyance to hospital is not required.
 - A dedicated EMAS line into the Leicestershire Partnership Trust (LPT) Single Point of Access (SPA) to enable direct referral for community health service action where immediate conveyance is not required. Patients will have been seen, assessed and treated prior to this referral, with the paramedic ensuring that they are comfortable and will not need further medical treatment in the intervening period.

- A review of the treatment pathway to identify where delays in treatment currently occur, such as waiting for an outpatient clinic appointment before being able to access therapy programmes leading to further risk of falling and resultant serious injury.
- Receipt of appropriate services can also be delayed because of the lack of accessible prevention services resulting in no action being taken until a serious fall has occurred. Trialling postural stability training (to improve strength and balance) and improving the Information, Advice and Guidance (IAG) to assist residents in helping themselves to avoid falls. An initial evaluation of this trial is due December once the course has completed.

Draft Shared Vision

8. The draft pathway has been designed within the LLR Falls Steering Group which consists of partners from across the Health and Social Care organisations. Currently each stage of the pathway is being developed into an agreed level of service that will form part of the BCF LLR Falls Prevention and Treatment Strategy, which will go live in April 2017.
9. The LLR Falls Steering Group has developed a vision for the prevention and treatment of falls, and this is illustrated in Figure 2. This forms part of the overall Strategy and Business Case which is being developed for implementation in April 2017. This work is governed through the BCF Operations Group, Frail Older People Integrated Pathway Redesign Group and the Frail Older Persons and Dementia Programme Board.
10. The vision for falls is to offer a single falls prevention and treatment system across the Leicester, Leicestershire and Rutland region. By focussing on preventing falls, and increasing the information available, we will reduce the pressure on emergency and health services to respond to serious incidents.
11. The aim is to provide a level of service that all residents can expect, which is based on the latest NICE guidelines: Information and access to postural stability instruction that will help them maintain their independence; rapid response in the event of a fall; the most appropriate treatment following a fall as soon as possible; information to help them prevent further falls.
12. The new pathway has been designed to help prevent falls in older people, educate people in ways they can help themselves, provide resources to aid prevention, enable a swifter, more appropriate response and treatment in the event of a fall, and ensure that patients return as far as possible to the previous ability and level of independence they enjoyed prior to the fall. This is illustrated in Figure 1:

Figure 2



Progress to date

13. With regard to the urgent response needed once a patient has fallen, the following has been achieved so far:-
- The paper based FRAT, when 86% of Leicestershire Paramedics were trained, initially showed a reduction in conveyance rates to hospital by 35%, but due to a high level of staff turnover, this began to fall. Being paper based also meant that there was no audit trail of use and completion relied on a copy being available during a call.
 - In partnership with the De Montfort University Hackathon team, an eFRAT (app-based FRAT for use on paramedic smartphones) was developed (See Appendix). This will be constantly available on every falls response, and supports a paramedic to assess the risk to a falls patient where immediate conveyance to hospital is not indicated. The app allows an in-app call direct to the dedicated EMAS call line in LPT SPA, where a patient referral for further medical treatment can be made. This allows:
 - Paramedics to highlight the need for further non-acute medical treatment.
 - A quicker “see and treat” response time for paramedics, and avoiding delays and admission at hospital where acute emergency treatment is not necessary. Not only does this reduce pressure on the system, but allows patients to remain at home, where evidence shows they are more likely to return to previous level of independence.

- iii. A telephone assessment will be carried out within two hours of this referral, with further action being one of the following:
 - 1. Immediate response by medical staff within four hours of initial referral.
 - 2. Response within eight hours for less urgent cases.
 - 3. Telephone follow up after twenty-four hours where medical treatment not deemed necessary.
 - iv. The second phase of the eFRAT is to record details of use of the app, including job reference number, falls risk score, and referral to SPA. This will enable reporting and clinical audit to take place.
 - v. The third phase will enable referrals to be made to other preventative services such as First Contact Plus, the Lightbulb Programme and Leicestershire Fire and Rescue Service where needs are identified. Access will also be rolled out to voluntary sector, care homes and possible the general public at this stage.
 - c. A rapid cycle test was undertaken in August 2016 for a new triage and assessment process. Under the current system, where a patient falls or is identified as at risk of falling, their GP will refer them to the Falls Service, and this requires a clinical outpatients appointment first. Currently waiting times for these appointments can be as long as five months, during which time further, more significant falls can occur. The aim of the testing was to review the referral and divert the patient directly to therapy where clinical input was not necessary.
 - i. During the two week trial, 88 referrals were reviewed
 - ii. Of these, 55% were assessed as not requiring clinical intervention, resulting in a reduction in waiting time of up to five months.
 - iii. A further 8% were assessed as not being appropriate referrals, and these were signposted to other preventative activities and information.
 - iv. Of the 55% requiring therapy only, home visits were undertaken where indicated, with assessment and low level therapeutic activity given to mobilise prior to therapy programme sessions.
14. Progress to date in preventing falls is as follows:-
- a. NICE Guidelines recommend postural stability instruction as one of the key aspects of a good falls prevention programme, with estimates of net system savings of just over £9,000 per person attending over the remainder of their lifetime. The region has been fortunate to benefit from external funding that has allowed two separate trials to run:
 - i. A 26 week postural stability course, known as FaME (Falls Management through Exercise) has been piloted through matched public health/ Collaboration for Leadership in Applied Health Research and Care (CLARHC) funding.
 - ii. The Royal Voluntary Service (RVS) secured Big Lottery Funding in Leicestershire to offer a chair based postural stability instruction pilot, this is being run at Armada Court in Hinckley.
 - b. Key Falls prevention messages are regularly communicated through social media accounts covering:
 - i. Look after your feet
 - ii. Stay Well (eat regularly, take medications on time, stay hydrated, observe changing weather conditions)
 - iii. Look after your eyes (sight checks are free for the over 65's)
 - iv. Stay active, stay steady

- v. Look after your home (worn floor coverings, trip hazards, poor lighting etc.)
- c. First Contact Plus and Local Area Coordinators offer information and advice on falls prevention to residents making contact or referred to them. Comments from residents accessing information in this way have been very positive, and in some instances have led to more in depth group advisory work.

Conclusions

- 15. The falls prevention and treatment pathway has made good progress towards improving the urgent response to, and prevention of, falls. Plans for pilot activity targeted at each stage of the proposed new pathway are in place for the remainder of 2016/17, with the new service being offered from April 2017.

Resource Implications

- 16. An interim programme manager is currently funded through the Better Care Fund until the end of March 2017. The approach described in the draft strategy will be implemented by the integrated locality teams once they have been established, with an interim delivery plan being developed. It is anticipated that there may be some transitional costs during implementation while current backlogs are cleared.

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Relevant Impact Assessments

Equality and Human Rights Implications

- 21. Developments within the BCF Plan, such as falls, are subject to equality impact assessment and the evidence base supporting the BCF Plan has been tested with respect to Leicestershire Joint Strategic Needs Assessment. An EHRIA will be undertaken for the new strategy.

Partnership Working and associated issues

- 22. The delivery of the BCF Plan, including the emerging model for falls, is dependent on close collaborative working form Health and Wellbeing Board partners.
- 23. The delivery of the Leicestershire BCF ensures that a number of key integrated services are in place and contributing to the system wide changes being implemented through the 5 year plan to transform health and care in Leicestershire, known as Better Care Together.