

# **Crawley Community Falls Prevention Programme 2008/9 (pilot)**

**ZestPeople**

*The Health Strategy Specialists*

## **Interim Report**

for

### **‘Feeling Good and Balanced’ Classes**

as part of...

- West Sussex ‘Care Closer to Home’ Programme
- PCT Falls Prevention Programme
- Crawley Wellbeing Programme

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# Introduction

## Purpose of Interim Report

- i) To report progress up to March 2009 to share information with all partner organisations working to promote falls prevention in Crawley.
- ii) To show how this particular programme can develop as a resource for patients and health and social care practitioners.
- iii) To highlight the need to adapt and mainstream the programme to maximise future potential and economies.

This report has been reviewed by the new multi-agency Crawley Falls Prevention Steering Group. There is general agreement that a Community Falls Prevention Programme is an important Phase 3 component of a local whole system falls prevention programme and integrated care pathway for Crawley.

It is anticipated that there will be a major increase in demand for community falls prevention as the NHS service becomes established and more people are identified as being at risk of a serious fall. This type of programme is needed as an intervention/resource for both the NHS service, primary and community care and the lower level Community Partnership Team.

## Objective

To set-up, deliver and evaluate a Falls Prevention programme of classes combining physical activity, information and education for older people, usually 65 years+, who are at risk of falling, across 3 community based sites in Crawley from Mid-October 2008.

The 'Feeling Good and Balanced' (FG&B) programme aims to prevent falls in the elderly population by progressively improving strength, balance, coordination and confidence, whilst also offering educational and social benefits to improve all round wellbeing also linking people with appropriate local services.

This interim report highlights the main findings to date over the period of 16 weeks since "FG&BP" started on 10<sup>th</sup> November 2008. The initial pilot is due to end on 15<sup>th</sup> June 2009.

The programme has been developed using a multi-disciplinary approach. Rachel Stokes, a Strategic Project Manager and Postural Stability Instructor from Zest People (ZP) was commissioned to set-up and deliver the programme with other key health professionals. Also to evaluate the pilot on behalf of the partners involved: - Crawley Borough Council (CBC), Crawley Wellbeing (CW), West Sussex Primary Care Trust (WSPCT) and West Sussex Adults Services Care Closer to Home Programme.

The shared underlying objective for the partner agencies is to reduce emergency admissions to East Surrey and Crawley Hospitals as a result of falls to support the Local Area Agreement Target to reduce emergency bed days.

## Goals

The pilot programme was implemented for 3 key reasons:

- To assist with the prevention of falls and to enable older people to remain mobile and continue exercising, either by referral after completion of the Crawley Hospital Balance class, or via referral direct from local practitioners or self-referral.
- To establish a preventative programme to expand on the single current balance class run at Crawley Hospital, promoting healthy lifestyle education to link frail and vulnerable people into nutrition advice; coping skills for independent living, benefits of being active and mobile in addition to physical activity to improve balance, mobility, coordination and strength.
- To pilot the programme run on a 12-week basis at 3 identified sites in Crawley. Each participant to be encouraged to complete the full 12-week course at a locality most convenient with easy access to transport to and from the site.
- To monitor and evaluate the 6-month programme across 3 key elements:
  - Physical – changes in balance, strength and co-ordination, reduction in slips, trips and falls, ability to carry out everyday tasks.
  - Mental – changes to confidence, self-esteem
  - Social – changes to social interaction

## Partnership working

FG&BP is a key local delivery element of the West Sussex Care Closer to Home Programme, the PCT Falls Programme and part of the new CW Programme launched in January 2008.

WSPCT Falls Prevention Coordinator, Claire Maybury worked with Rachel Stokes on the referral criteria during the set up period. Information was communicated to the appropriate referring partners in the local community using agreed publicity.

CW Programme Manager, Daniel Cheesman and his team have also been instrumental in the set up and promotion of the FG&BP to local community partners and the general public.

## Set Up

Set up commenced on 15<sup>th</sup> September 2008. Set-up was 8 weeks with the programme of classes commencing on 10<sup>th</sup> November 2008. Rachel Stokes of ZP completed the following:

- Development of a referrers information pack working with Claire Maybury on the referral form and criteria. Other key health professionals were involved - in the main Physios and OT's at Crawley Hospital responsible for treating the target client group in the acute and out patient setting.
- Development of a recommenders information pack and recommendation form.
- Initially the organisation of two suitable venues, with the assistance of Daniel Cheesman. A third venue was agreed in February 2009.

- Organisation of two training sessions for healthcare and community professionals, in order to promote the programme to all relevant parties.
- Distribution of the referrer's information pack to all suitable referrers/recommenders and responding to further questions.

### Ongoing activities

- ZP currently screens and process completed referral/recommendation forms, contact the appropriate older person by phone and book them into the next available session. A follow up letter is sent as confirmation.
- Management of the programme, week-to-week communications and delivery of the FG&BP classes.
- Organisation of class cover and fully briefing the instructor where necessary. All referral information is passed on to the instructor/s in a private and confidential manner.
- Classes were not held over the Christmas/New Year period and there was one cancellation during exceptional weather conditions.

## Progress report

### Proposed schedule/actual

<b>Task</b>	<b>Schedule</b>	<b>Actual</b>
Set-up of project, including communication and meetings with Claire Maybury, Daniel Cheesman and relevant key staff, local organisations, development and production of referrers/recommenders pack, co-ordination of educational sessions, distribution of materials.	Commence September 08	15th September 08
Programme to commence at two sites	Mid-October – Mid January 08	10th November 08
Programme to commence at third site	January 09	Maidenbower Day Centre (MDC) course completed on 23rd February 09.  Maidenbower (Schaffer House) commenced 2 x courses on 16th March 09
Data analysis and preparation of interim report issued and Core Group meet.	February 09	March 08  (Meeting postponed)
CBC decision on continuation for 2009/10	April 09	t.b.c.

<b>Task</b>	<b>Schedule</b>	<b>Actual</b>
Analysis of data and creation of final report	End May 09	Anticipated end June 09

### **Access**

It was initially proposed that access would be limited to the start of the 12-week course i.e. commencing on a set date. However, it became clear that this approach would make it difficult to reach the projected target outputs for the pilot (60). Access methods have therefore been:-

- i) limited to the start of the course (give or take 1 or 2 weeks) at 2 sites
- ii) continuous access at 1 site (places permitting)

### **Classes**

Kathy Fraser, Chartered Physiotherapist, Osteoporosis, Falls Prevention Specialist and PSI, and Rachel Stokes, PSI deliver classes weekly. Employing two instructors at each session means the pre-and-post assessments can be conducted and each participant can discuss their medical history, limitations, aims and objectives for attendance, on a one-to-one basis with the PSI.

This also allows the PSIs to address any concerns they may have regarding suitability for the programme and contact the individual's GP or Consultant prior to commencement if the need arises.

### **Participants**

The maximum recommended number per class = 12. Occasionally attendance reaches 15. It is difficult to anticipate attendance rates for each class, however if attendance is higher than 12 it is felt it remains safe with a maximum of 15. If a participant's health causes concern prior to or during a class they are asked to rest and observe on that occasion.

56 people have received an offer to date, either by referral, recommendation or self-referral route (please see the project proposal version 4 for further information).

At mid-point in the programme (up to 16th March 2009) 49 (88%) of the 56 participants started classes with the target being 60 individuals at the end of the pilot.

82% of the target output has therefore been achieved. Due to a growing interest in the programme and a short waiting list of 3-4 weeks it is considered that the target of 60 is achievable and may be exceeded.

### **Benefits**

All 49 participants have experienced either one or more of the following signs/symptoms prior to commencing the programme:-

- unsteadiness on their feet
- keen to improve their balance
- experienced one or more falls and/or have a fear of falling.

All were interested in attending because they found either;-

- the specific exercises and support from Crawley Hospital Physiotherapy team beneficial, are keen to continue to improve confidence levels and functional ability for improved quality of life (referral route)

or

- feel they need/will benefit from the programme for the confidence and functional ability reasons mentioned (recommendation or self-referral route)

### **Social Inclusion**

There is a very strong social element to the programme, addressing some of the social inclusion needs for older, potentially isolated people in Crawley.

### **Outcomes and Methods of Evaluation**

Participant Assessments are made at the start (Pre) and the end (Post) of 12 classes.

Data only focuses on participants who completed a pre-intervention set of results and a post-intervention set of results.

The study uses four outcome measures:

1. **Visual Analogue Scale (VAS)** – participants own perception of how anxious they felt about falling over and sustaining an injury;
2. **Confidence in Maintaining Balance Questionnaire (ConfBal)** – participants rate themselves on their confidence levels while performing activities without assistance from another person.
3. **Falls Efficacy Scale International (FES-I)** – clients' perception of how concerned they are about the possibility of falling.
4. **A Functional Assessment (Timed Up and Go)** – to distinguish abnormal from normal movement and access improvements in functional ability.

Alongside this, the clients self-report any personal comments they wish to express about the programme.

### **Results up to Week 16 (16<sup>th</sup> March mid-point)**

Total attendances to date = 243

As the number of participants completing both pre and post assessments (n=8) is low, no test for significance can be offered. This information will be available in the final report.

- **Sources of referral** - a combination of Crawley Hospital Physio Department (main source) and Horsham Hospital Prevention of Falls Department, including Virtual Wards. No referrals have been received from East Surrey Hospital Physio or OT Departments or direct from GPs, although referrers packs have been provided to the appropriate teams. Initially, the programme was not available for GP surgery direct referral of patients. It was agreed the pilot should run with a smaller number of referral sources to gather local evidence and make necessary adjustments from post-pilot. Moving forward, GP referrals could be included in the roll out of the programme, as and when additional funding for the management of the project is available.

- **Sources of recommendation** - from the Crawley Community Partnership Team.
- **Sources of self-referral** - from promotion by WRVS Community Centre and Crawley Wellbeing.

Total number of referrals, recommendations and self-referrals with a breakdown of data for completed pre-and-post evaluation will be available in the final report.

### **Participant Feedback**

The following positive qualitative statements were witnessed and recorded from a number of clients:

- *“ I have enjoyed the course very much and feel more confident about walking outside.”*
- *“ I feel I’ve benefited by the exercises. My blood count was lower after doing the exercises. Thank you Kathy and Rachel for all your help.”*
- *“I am now able to stand up from a chair more easily and I use my walking stick less around the house.”*
- *“I was out walking the other day when I nearly tripped but I was able to stop myself from falling. I remembered some of the exercise from the class and this helped me to correct myself”.*

### **Key Points for Discussion**

**Set Up:** -

- FG&BP was set up and commenced within a short time (8 weeks). Given this, the multi-disciplinary programme approach where engaging with health and community professionals is key to uptake and success, it has gone well and comparatively smoothly.
- Positive feedback suggests the programme has been well received and is much needed in the local community of Crawley.

**Referral Criteria:** appears to be working well although communication between referring/recommending partners and ZP highlights the need for a further short training session to ensure correct use. Participants are not always accessing the FG&BP at the appropriate level of ability.

However this is being identified at the time of referral/recommendation during the initial phone call or assessment made by FG&B staff.

### **Challenges**

- Location of Venue** – finding suitable venues across Crawley is a challenge. Location is key to take-up of the programme. For example, MDC has only been popular with people who attend the day centre on a regular basis and on the day of the class.

People offered the option to attend MDC who did not live in the area were unwilling to make the journey, even using Dial-a-Ride. This is understandable given the nature of the client group.

As a result only 1 x 12-week course has been held at MDC although participants and staff were keen to continue. To ensure new throughput

of participants another venue had to be sourced by Rachel Stokes to attain the outputs required.

**Both MDC and WRVS Community Centre staff (WRVS CC)** are very positive about accommodating the programme and assisting with promotion and uptake.

- ii) **Transport** – no funding was allocated for the pilot. Most participants either access transport provided from the day centre, are able to travel by bus, live on the premises or use Dial-a-Ride. To date, for the majority lack of transport has not hindered access to the programme.
- iii) **Promotion** – ZP has made considerable effort to promote the programme with two training sessions delivered for health and community professionals and distribution of operational manuals and marketing materials. The move of Claire Maybury from WSPCT to the Western Area of Sussex also hindered local promotion.
- iv) **Participants** – people attending MDC on the day of the class all suffered with memory impairment/dementia conditions. All participants were older and frailer adults. For some participants balance was not necessarily an issue. Following assessments carried out by Kathy Fraser and Rachel Stokes it was clear that all participants were capable of following instructions and it was safe to go ahead with the course.

**MDC** participants responded extremely well to the exercises and even though they were unable to remember why they were there each week or for what reason, most participants improved their balance and functional ability. The social interaction was fantastic and improved week by week. Positive feedback from participants (page 5) illustrates some qualitative outcomes.

The planned qualitative assessments were inappropriate for this client group at MDC and would have shown no significance due to the memory impairment/dementia conditions experienced by most of the participants.

Participants at the WRVS CC all suffer with multiple medical conditions. All are attending to improve their balance, strength and coordination and have varying levels of ability.

- v) **Educational element** – at MDC it was found it would be of little benefit to deliver the educational element to this particular group of participants. However a small number of sessions at WRVS CC have taken place now attendance has increased and there is a viable number to deliver the information to.
- vi) **Time Management** – for ZP, management of the programme within the agreed funding (1/2 day fortnightly) poses a real challenge in ensuring efficient delivery of an effective partnership programme,
- vii) **Peer Mentoring** – responses are being collected and will be available in the final report.
- viii) **Evaluation** – ensuring all assessments are complete and medical history is collected/reviewed for self-referrals is a challenge given the client group and limited time available. However, this has been achieved with two PSIs delivering the programme.

- ix) **Resourcing the Programme** - in order to extend the programme further, it will be necessary to train up more PSIs or Physio Assistants.

### **Costing Outcomes**

Table 1 below illustrates average costs for FG&B

**Table 1: Average costs for FG&B Programme**

<b>Average cost per 12 week course *</b>	<b>Average total cost per session</b>	<b>Average cost per person per session</b>	<b>Average cost per person per 12 week course</b>
£3,380	£282	£28	£336

Table 1 figures are based on the total cost of the FG&B pilot = £16,900, inclusive of set-up, management and evaluation, with an average attendance of 10 people per session (up to Week 16).

Bearing in mind the cost per emergency bed days = £341/average cost per stay = £4,659<sup>1</sup> further comparison cost saving figures will be available at the end of this pilot.

No charges are made for participants' attendance, except 60p to cover the cost of refreshments.

### **Interim Recommendations**

The recommendations that have arisen from the interim evaluation are shown in Table 2, which can be found on page 10. It is important to note that at the time of writing this report, Zest People's recommendations are to be discussed and the way forward agreed by the Falls Prevention Steering Group.

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<sup>1</sup> Data provided by West Sussex Hospitals

**Table 2: Recommendations for 2009**

<b>Recommendation</b>	<b>Detail</b>	<b>Action</b>
<b>1. Community Access</b>	Continuation of FG&B at 3 localities within Crawley in the current format of 12 sessions via both access methods  i) limited to the start of a course or ii) continuous access.	ZP to continue to manage the programme, including organisation of a 3 <sup>rd</sup> site.
<b>2. Sustaining Individual Impact</b>	Set up of 3 Exit Route classes at the same sites, using either Extend Instructors or REPs Level 3 Older Population instructors, offering at a lower cost per session whilst enabling participants continued benefit.  ZP to provide additional training for instructors, using a set group of exercises specific to falls prevention.  Participants will be required to complete a 12-week course prior to accessing an exit route class, which will then be available for a further 24 weeks <sup>2</sup> .  Explore feasibility of an affordable participant charge.	ZP to set-up and manage the classes, including instructor recruitment, support and management.
<b>3. GP Referral Pathway</b>	The introduction of a small pilot group of GP surgeries (8-10) within the WRVS Community Centre (continuous access class).  Includes communication with surgeries, initial training if required and service level agreements.  With a view to rolling out to all surgeries Crawley wide post March 2010 and the integration of the complete programme to Active Life Exercise Referral Scheme and Active Crawley/Crawley Wellbeing older peoples programmes.	ZP to set-up, manage and feedback to participating surgeries.  PCT & CBC/WSCC to propose bid to run 2 programmes targeting 4 practices in early autumn 2009 as additional pilot.
<b>4. Programme Outcomes</b>	Monitoring and Evaluation to ensure data collected supports demonstration of effectiveness and aligns with PCT requirements for evidence-based outcomes, specifically for .fracture neck of femur	ZP - Data collection, analysis and production of evaluation report.
<b>5. Integration</b>	Steering Group Meeting attendance	ZP - As and when required.
<b>6. Costs</b>	Cost of sustaining programme as a mainstream NHS and Social Care resource will need to be confirmed.	ZP, CBC, PCT, WSCC - prepare Business Case(s) by September 2009

<sup>2</sup> 2005. SKELTON DA, DINAN SM, CAMPBELL MC and RUTHERFORD OM Tailored group exercise (Falls Management Exercise — FaME) reduces falls in community-dwelling older frequent fallers (an RCT) *Age & Ageing*, Oxford Journals Vol 34, No.6 Pp 636-639 (Online)  
<http://ageing.oxfordjournals.org/cgi/content/full/34/6/636?ijkey=IPlwsVKrDZ4BLHv&keytype=ref>

<b>7. Dementia Care Pathway</b>	Test feasibility of classes for people with dementia as part of implementation of dementia care strategy.	CBC & PCT to include as part of Dementia Strategy development.
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There is good evidence that suitable exercise improves postural stability and reduces other risk factors for falls and injurious injuries including osteoporotic fracture. This pilot project, although has limitations should be used in tandem with other documented evidence (see footnote 1 below) to support the need and development of community-based falls prevention services in Crawley.

### **Final Evaluation**

Zest People look forward to drafting the final evaluation report in due course for ratification by the Steering Group and PCT/WSCC Commissioners.

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#### **Circulation**

##### **Joint Commissioning/Crawley Borough Council**

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##### **Crawley Wellbeing**

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##### **West Sussex Health**

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##### **PCT Commissioning**

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##### **PCT Unscheduled Care Programme**

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