

12 week Falls Prevention and Management pilot in Gedling – A summary

MAY 23

Think local, Act Global – local connections to promote; choose local safe and trusted venues; share knowledge of other activities in the local area

Sara Davies, Instructor

The Approach

- Keep to the **evidence based approach** of 60 minutes exercise, 30 minutes social (as important as the actual exercise), encourage 2 home exercise sessions per week;
- **Facilitate a feeling of belonging**: be interested in the participants; tailor exercises; to the participants, the locality and their life experiences; bring them together as a team
- Plan for it to be **ongoing** : being clear on cost to the participants;

Key outcomes

- **97% of participants have a better understanding of how to get up from the floor**
- at the end of 12 weeks, **69.5% report an increase in strength and 70% in balance**
- 91% who completed 12 weeks have continued onto the Maintenance classes or joined other exercise classes
- 75% **self referred themselves**

Key Learnings

- people are happy to pay £3 per class initially and then to pay a bit more (£5) after the initial 12 weeks
- Potential referrers in Health and Social Care aren't referring as much as envisaged. And there are a number of reasons. But residents are happy to self-refer

£2,300 Estimated cost of setting up a single 12 week pilot class - with the right systems, connections and partners in place.

'I've just got down to the floor and back up again – I haven't done this for 9 years since my knee replacement.'

Participant



MAKING OUR MOVE

Background to the work

Introduction

We know that people's physical and mental health deteriorated during the pandemic. Falls Prevention and Management (FaME) classes led by a Postural Stability Instructor are proven to help people at risk of falling (usually over 65's) increase and maintain their strength and balance and improve their understanding of how to get up from the floor. They also help participants to increase their social activity.

**MAKING
OUR MOVE**

Why the work happened?

Gedling Borough Council accessed £6,970.60 of Health and Social Care's Ageing Well funding to pilot 3 FaME classes in the community. The pandemic was a key driver for partners to work together on this and find funding.

The FaME course design is known to work and involves one hour of evidence based strength and balance exercises, followed by a 30 minute social setting. Participants are also encouraged to undertake exercises from a Home Exercise booklet at least twice a week in between the group classes.

Going through life knowing you can't walk to the shop, get out of a chair, get up from the floor or walk up the stairs is not a nice place to be. The impact of a fall in one of these situations is not only dangerous but it can also destroy a persons confidence for life, resulting in further deconditioning. "The total cost of fragility fractures to the UK is estimated at £4.4 Billion... Hip fractures account for around £2 Billion" (Gov.uk, Feb 22)

Who made it happen?

Gedling Borough Council's Health Development Officer, the Arrow and Synergy Primary Care Network Development Manager, a local Postural Stability Instructor, and Active Notts partnered together.

They harnessed the power of their local knowledge, connections and networks across Gedling to:

- Identify the areas of need
- Set up classes in 3 local community venues
- Promote the classes to local referrers and residents
- Use a continuous learning approach and apply this along the way



The 12 week pilot took place between September and December 2022.

The classes were held in 3 local community venues in Arnold, Carlton Hill and Mapperley.



12 week pilot **The Key Facts**



65 people took part
aged between 46-92
75% of these
were self-referrals

100% of these were contacted
within 5 days of their initial enquiry

98% were offered a place within
6 weeks of their referral

95% of these started the classes



49% of attendees **70-79 years old**
38% of attendees **80-89 years old**

WE ARE SOCIAL BEINGS
People commit to coming every week
because of the social connectedness
and the independence it brings

Safe, accessible and trusted venues

After much consideration the classes were held in 3 local community venues – Arnold, Carlton Hill and Mapperley.

The criteria was identified

- Known places within the community
- Ideally community hubs hosting other activities
- Easily accessible by walking (flat terrain), bus and car (including parking and taxi drop off points)

Evidenced based FaME class structure

- 60 minutes of strength and balance exercises
- 30 minutes of social session
- 2 sessions of home exercises encouraged per week

£3 per week, per participant



Results

- **67%** of participants completed **75%** of the classes
- **70%** reported improvement in their strength and balance
- **69%** reported a decrease in their fear of falling.
- **97%** reported an increased knowledge of how to get up from the floor
- **91%** of those that completed are continuing onto Maintenance/other exercise classes

What we've heard from participants

'I've felt really left on the sidelines and now I've got something to look forward to, something that will help me.'

'I've joined a walking group and a singing group now.'

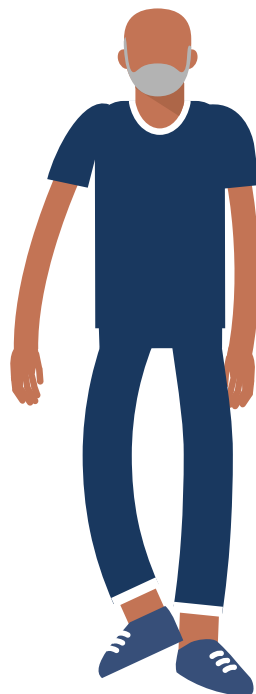
'It's really good to see someone demonstrating what to do with the exercises rather than having a piece of paper or someone telling you over the phone.' 'It's much easier to do in a group.'

'I was able to decorate my Christmas Tree on my own standing up yesterday – I haven't been able to do that for years.'

These classes are really helping. The exercises are making me work I haven't had a fall since I've been coming here. You've changed my life. Thank you.'

'I learn more about what's going on in the area from coming here. I pass it onto my friends.'

'I can bend down now and put my socks on by myself.' 'I can do so much more around the house than before.'

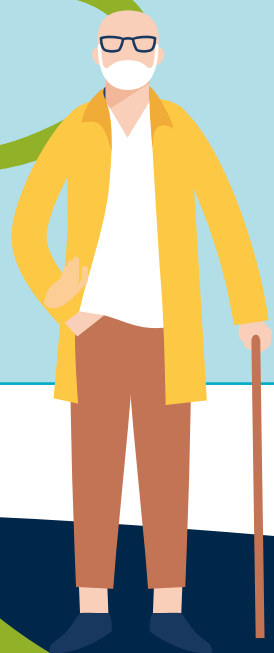
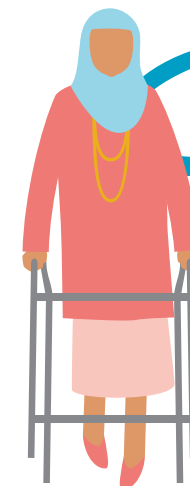


What did we learn?

If participants come for 12 weeks and do exercises at home in between the group classes their strength and balance improves – they start to have more **independent lives**, and can do more for themselves e.g. tie their own shoelaces, put their socks on, and do their housework. They **feel stronger**, they know they can get down to and up from the floor on their own and won't necessarily need an ambulance call. This **saves long lies** and any physical and mental repercussions of these, particularly relevant in the current climate of NHS pressure, particularly around ambulance call outs and hospital stays. They are also enjoying the social interaction, meeting new people, having a new focus in their lives, going to new activities, which has a **positive impact on their mental health**, as well as physical.

The majority want to keep coming and the ongoing nature of the classes means that they can do so. There will always be a percentage of people who can't keep coming - illness, operations, issues with their partners/family members, moving home etc. There will also be participants who feel **strong enough** to move onto other forms of exercise. So there will always be scope to integrate new people onto the classes on a rolling basis as is happening in Calverton and Netherfield.

- **People are happy to pay £3 per class initially and then to pay a bit more (£5) after the initial 12 weeks**
- **Potential referrers in Health and Social Care aren't referring as much as we'd envisaged; there are a number of reasons for this**
- **Residents are happy to self-refer**



Specifically, what worked well and why?



Facilities/Resources

- **Trusted venues:** that people know and are close to where they live
- **Flat terrain:** car parking, near bus stops and safe taxi/car drop off points
- **Using Community Hubs:** so participants can learn about other support and services in the area, aiding those social connections for example, some have joined coffee mornings, lunches and friendship clubs
- **Change Community transport schemes:** helping some participants get to the classes, including Gedling Voluntary Transport Scheme and Community Transport 4 Nottingham

'I really like the classes, I just don't want them to stop, I've made some good friends, I'm coming to the lunches now as well, my family are really pleased for me.'
Participant

Participants

- **Self-referring:** participants taking the initiative to call up and enquire as they were struggling to see a doctor for physio
- **Coming with people they know:** easier walking into a place for the first time with someone you know whether it's a friend, neighbour or social worker. Word of mouth helped, and is still helping, to promote the classes
- **Participants bonding:** supporting each other, giving each other lifts, telling each other about other activities, places to go in the area, accompanying them to these activities
- **Participants like to help out where possible:** making teas and coffees, washing up, moving furniture. The classes bring a sense of belonging and purpose into their lives
- **Low cost for class:** encourages commitment
- **Word of mouth:** helped throughout pilot to promote the class



The Instructor

- **Personal touch:** the instructor's name/phone number is on the posters so they can speak to for more information (eg type of people who usually attend, what exercises they do in the classes etc) and to go through their Health Assessment and then meet up with on the first day. Also helps the referrers – they know they're not referring into a 'system' but to a person who they trust.
- **Passionate instructor:** goes the extra mile in terms of promoting, following up with participants, sending reminder letters, including relevant things in the classes that will appeal to participants
- **Local area knowledge:** and local connections aids appeal and relatability



Connections

- **County Falls Group:** Linking with Integrated Care System's Falls reduction and management group helped to learn about the funding opportunity and help with promoting the classes
- **Finding venues:** Colleagues from the PCN and Borough Council helped collectively decide where to set up classes and how and where to promote them. For example, sharing through the Gedling Seniors Council helped connect with established older adult groups such as the U3A and Churches Together
- **Accessing resources:** Connections with Adult Social Care helped to obtain the 'Get Up and Go' booklets, that are handed out to participants
- **Think Local:** Instructor previously worked in the local community so had connections with local Social Care team, SPLW team, community physio, nursing team and local community venues. They had a presence in local networks. These local connections helped set up the Arnold Library Taster Day adverts and share on local Facebook groups



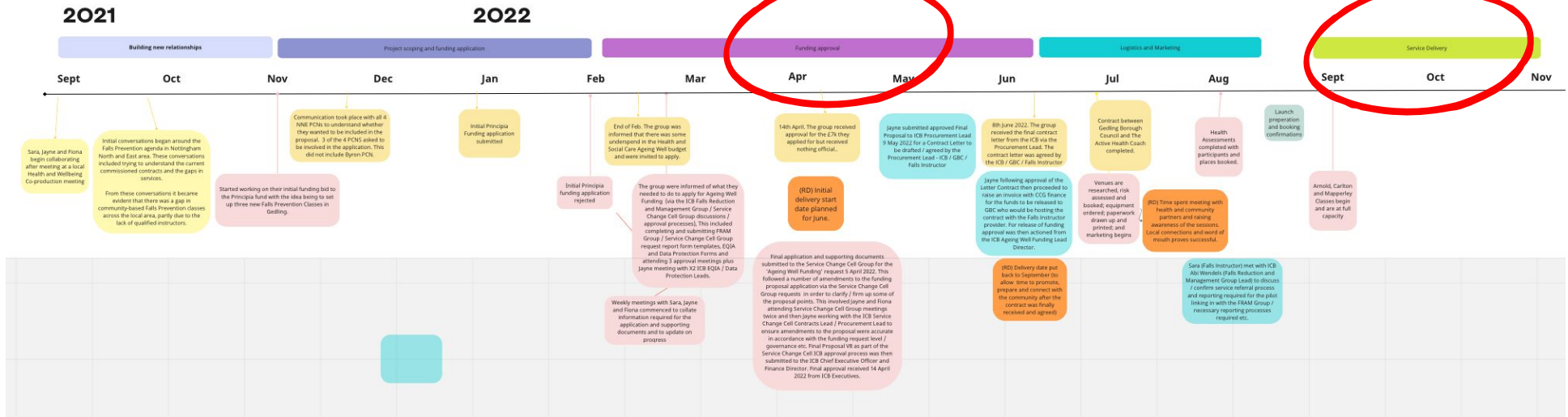


What didn't work so well and why?

The funding process

- A lengthy process to obtain the funding meant a lot of the money awarded was spent compiling the bid paperwork, attending the meetings and subsequent review meetings.
- The timeline below shows what proportion of time was actually spent on the class delivery, which is what the instructor is paid for - this is shown in the green bar. It also shows how much time was spent navigating the funding approval processes (purple bar).

Link to a better view of this board is [here](#)



- Also more time was spent on promoting the classes particularly to Healthcare than initially envisaged trying to increase the number of GP referrals.
- Extremely difficult getting an NHS email set up – this still hasn't been resolved.
- Worst retention in the Arnold venue, greatest retention in Carlton and Mapperley – is this because Arnold is a central location in the Town, whereas the Carlton and Mapperley venues are at the heart of local communities?

Participants

- **Personal choice:** Participants should want to come rather than being told that it's good for them – if they're not keen they will put barriers up eg illness, transport, and cost etc...
- **Age Range:** Arnold venue had worst retention - possibly due to big age range (46-92) that could have affected social connectedness

Instructor

- **Lone working:** The leader can feel exposed, working with so many vulnerable people all at once, especially in a community venue where there aren't any other activities going on.
- **Multiple roles:** Acts as first point of contact, carries out health assessments, confirmation letters, booking venues, preparing for and instructing the classes, completing the monitoring and paperwork, dealing with participant communication; providing and clearing away refreshments; setting up and clearing away the room. this is a part of the job, that is not accredited, compensated or recognised within the funding delivery costs, but is an essential part of the course offer.

Connections

- **Referral pathway:** Health and Social care not working as well as envisaged, more time was spent on promoting to the audiences than planned
- **Is this the right focus for referrals?** for example there is not enough time in the GP appointment to cover local initiatives for this group of people.

Sustainability

- **It's not really financially sustainable for the Instructor:** two hours are needed per session to include all elements of the evidence based FaME course plus set up and take down. Working alone you can only really have 12-15 people so you can't stack the room full of people to make up the money. You can't charge them too much because they're pensioners and we're in a cost of living crisis. Plus the things that make the session good (the personal touch, and the social session) also make it time consuming outside the class
- **These classes are now breaking even:** (following the investment), meaning the Instructor is limited with gaining an income.



True Cost Analysis

Prevention

£2,300 to set up a 12 week pilot course includes

- **Venue hire/refreshments/equipment** inc therabands, home exercise booklets, hand sanitiser, tissues, and first aid kit
- **Instructor's time** (pre course Health Assessment and letter; weeks 1 and 12 functional assessments; setting up and taking down the venue, instructing the class)
- **Application process:** Completing the funding applications, information governance and equality forms; attending review meetings; presenting at funding and referrer meetings; (A lot of this is down to bureaucracy and could be more effectively resourced)
- **Admin** (researching and risk assessing the venue; inputting participant data, completing end of course report; responding to participant phone calls; contribution to running costs eg insurance, ICO registration, DBS, CPD)
- **Marketing and promotion:** Designing, printing and distributing marketing materials

To continue classes after the initial 12 weeks you would need to charge

- £120 per 12 week block ie **£10 per person**, per session, without any financial subsidiary.

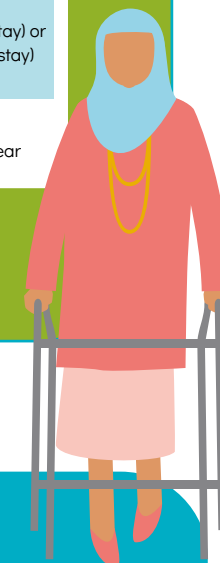


Treatment

These costs are taken from the 2021 report - *Responding to Falls in Care Homes report*, by Hawker and Rea, which has a focus on Falls in care homes but the costs can be translated. That report estimates the costs of someone falling, and also accounts for the likelihood that after lying sedentary for a long period post fall, they are 60% more likely to experience further falls.

Event	Resource	Unit cost	Total cost saved
Primary fall and long lie	Ambulance service see, treat, and convey	£263.00	£263,000.00
	Emergency department attendance without admission	£106.00	£106,000.00
	Follow-up online consultation	£49.20	£49,200.00
Secondary fall and long lie (60%)	Ambulance service see, treat, and convey	£263	£157,800.00
	Emergency department attendance with admission	£147.00	£88,200.00
	Non-elective admission	£602.00 (short stay) or £3,366.00 (long stay)	£361,200.00 (short stay) or £2,019,600.00 (long stay)
	Follow-up outpatient attendance	£135.00	£81,000.00
Total			£553,200.00 to £1,382,400.00 per year
Cost savings for 1,000 residents who experience a long lie over a two-year period			

The multi-system saving of preventing a long lie per person is between **£553.20** and **£1,382.40**



Recommendations

Health and Social care long-term financial commitments that recognise and reward the benefits of this preventative approach by investing in:-

- **TRAINING** more instructors to deliver the **FaME** programme
- **SEED FUNDING** to set up new classes so they become embedded in communities
- **LONG-TERM SUBSIDY** of classes to help instructors gain an income whilst working in targeted low-income communities