



Transcript:

Prevention: Early Intervention

Mavis: I am frightened to fall over, because I have stumbled a couple of times and saved myself, and that is my only fear, is falling over and not being able to get up.

Narrator: Mavis is in her seventies and has always been active. But recently she has become anxious about losing her independence. With the support of her GP she sought help from the local community services team in Cambridgeshire, where social and health care professionals work together to help those at risk from falls or other injury.

Mavis: I had a lot of backache and everything, and my daughter took me to my doctors and they sent me here.

Narrator: The team based here at Doddington Community Hospital hope they can help Mavis stay on her feet and out of hospital. They are part of the countywide Cambridge Falls Prevention Service, an umbrella scheme which embraces similar projects at other settings across the county.

Mavis: Coming here has helped me, they have given me a try that I can put my food on, so I don't have to carry it into the sitting room, I can wheel it in. And they have helped me with my bathroom; stepping into the bath and a seat to sit on when I get in there. And I am having my settee lifted up on a plinth this week, so I can get off my settee properly, because I have a struggle to get off.

Narrator: Cambridgeshire has a long and successful history of cooperation between social care and the local NHS. This includes a pooled budget for community rehabilitation, and the area's occupational therapy services have been fully integrated since 2003.

Mandy Hill: We have, on average, eight hundred referrals for falls alone. We assess another hundred and fifty patients in the rehab and falls units, and that is the complex patients requiring a multi-disciplinary approach. So we are getting through quite a large proportion of our elderly population.

Narrator: Early intervention is not just about falls prevention, but often looks at all aspects of a service users life to reduce risk of injury, or the need for hospital admission.

Mandy Hill: The ideal is that these people can stay living independently at home. So rehabilitation is getting people back on their feet, so that they can be independent, and also we can reduce the costs of care package by

encouraging people to stay at home, and not go into care homes, and they can fulfil their potential.

Try and take this leg past the other one when you step through. That's it.

Narrator: Many schemes like this one aim to identify people at risk by effective case finding. This means that people like Mavis are identified by their GP, through contact with a charity for older people, or through a pattern of hospital admissions.

It was just such a stay in hospital which brought Jean to the attention of this project.

Jean: I broke my hip, I smashed it up completely; it was all zig-zags and everything else when I saw it.

Narrator: Today she starts her programme of early intervention.

Physiotherapist: *Actually it looks much better today, so that's good.*

Jean: *Yeah, yeah.*

I had a fall at home, I fell out of bed, that is where I fell out good style and it just took me off my feet, I couldn't walk or do anything.

Narrator: Other schemes offer home-based intervention, such as Brent's integrated Care Coordination Service. It provides an holistic, person-centred assessment of vulnerable older people.

Physiotherapist: *I just want to go through your goal sheet. So when you came in for your assessment ...*

Narrator: Each service user will work with a care coordinator to identify and implement a range of interventions depending on need. Today in Cambridgeshire, Jean's physiotherapist is reviewing what else needs to be done at home.

Physiotherapist: *So the first problem is that you have got difficulty transporting your food and drinks into the lounge from the kitchen?*

Jean: *Yeah, yeah.*

Physiotherapist: *So the goal is to be able to do that safely, and on your own.*

Jean: *Yeah.*

Physiotherapist: *And how we are going to do that is, we are going to look at getting you a kitchen trolley for home, and then we will come out and have a look at how you are doing.*

Jean: *Yes, yes.*

Physiotherapist: *Alright, so you are happy with that one?*

Jean: *Yeah.*

Narrator: Here the falls intervention programme is part of a wider community rehabilitation service, which has an annual budget of about £7.5 million. This budget is funded jointly through social services and the NHS. Evaluation has shown that the programme does significantly reduce the risk of falls, but details of actual cost savings are not available.

Prof. Julien Forder: I think it is a reasonable generalisation to say that no-one wants to end up in hospital if that is avoidable. So from a service user point of view that is a good thing. From a service point of view it is probably also a good thing because it is going to save money; hospital care is very expensive, and so if you can avoid that, where possible, by using intermediate forms of service, then that is likely to save money.

Mandy Hill: Our model doesn't sit within a hospital boundary. All the staff that I have work in the community as well as in the rehab and falls unit. So their skills are flexible and can be transferred into the community setting. So this model could be set up in a sheltered housing complex, in a GP annexe, in any community hall where we could have access for elderly frail people.

Physiotherapist: *The biggest goal is to become more independent around the house, because obviously you are having the carers four times a day at the moment.*

Jean: *Yeah.*

Physiotherapist: *And they are doing most things for you aren't they. So they might still need to come in, but you can do more for yourself.*

Jean: *Yeah.*

Prof. Julien Forder: It goes back to having people on the ground who are willing to collaborate and see the bigger benefits of doing this. They see actually that if you can get a more seamless relationship between health and social care then that tends to be a good outcome for patients, and ultimately patients are service users, that is what it is about.

Narrator: Jean is at the start of a journey which will see her become physically stronger and her home environment become much safer.

Mandy Hill: People fall for a variety of reasons, or they can't cope for a variety of reasons. And that could be something medical, so looking at whether they are taking their tablets properly, if they have got an illness or if they have got an infection, but also things like uneven flooring at home, simple environmental factors of how they can manage to get up their stairs, how they can go out in the garden – a lot of people fall when they are putting their washing out for instance – so it is about teaching and trying to find easier ways for those functional activities to be achieved.

Physiotherapist: *So what I need you to do now Jean is just to sign on here to say that you are happy with all of those goals, and what we are going to be doing, and then I will sign it to say we have done it together.*

- Jean: I am hoping to get back on my feet and do what I was doing, and that was looking after myself, that is what I am after. Because it will send me crackers if I can't do what I want to do, and go shopping and see my mates and everything, oh yeah.
- Narrator: As well as looking at the home environment, service users like Jean are encouraged to take part in an exercise programme to improve their mobility.
- Mandy Hill: Generally patients will attend twice a week for six weeks, and they will be reviewed at three weeks and then they will be reviewed at the end. That will be lengthened if there is a need, or they have changed their goals and they need a little bit longer, we don't have fixed criteria, and we don't have a fixed timescale either, and I think that is what makes it quite a flexible service.
- Physiotherapist: *Okay Brian you can stop that now, so take your lace down, okay.*
- Narrator: The exercise programme is divided into three groups to cater for varying levels of ability.
- Physiotherapist: *When you take your leg out, hold it there, and then relax back down.*
- The high dependency group is a one on one, so it is one therapist or assistant to a patient. We only have four or five patients in that group where they need constant one on one. Then we have got a strength and balance group, which is for higher level patients, so these are the kind of patients that are mobilising with at most a stick, and can cope with an hour and a half's quite intense work.
- Assistant: *... hip and stretch, keep that foot low to the ground.*
- Physiotherapist: Then you have got our normal, standard mainstream sessions, where they have varying ability really, but they have got to be able to be left to exercise because each member of staff has about four or five patients each at one time, so cognitively and physically they have got to be able to get on with supervision, get on with their exercises.
- Male Speaker: Well I couldn't move this arm when I started, because I fell on that side. Now I can get it up there, I can get it up there now.
- Narrator: The prevention programme does provide home visiting if absolutely necessary, but tries to encourage service users to attend sessions in the community.
- Mandy Hill: It is about getting them to believe in what is achievable. A majority of patients that come through us sit on their own all day every day and don't have any social contact. By coming to a venue like this they can see other people, perhaps that are worse than them, and also that are better than them, and then they can be competitive as well. You can actually see the improvement in their demeanour and their interaction with other people.
- Mavis: Absolutely brilliant, I get to meet a lot of people, I have made a lot of friends, and all of those sorts of things do help me, and I am grateful.

Physiotherapist: *Down to the ground, hold it there if you can.*

The ideal outcome really is that they achieve the goals that were set between us and more. And when they achieve more than you expect them to achieve that is brilliant really, both for our service and for them.

Mavis: I can push my Hoover around now, I couldn't before. I used to do it once a week, now I can do it every other day like I used to do it. And these girls here are absolutely brilliant, they always help me as much as they can, and they are lovely and I love them to bits.

[End of Recording]