Scrutiny

Improving public services

Hip fractures and falls prevention

Task and Finish Group established by the People and Families Policy and Scrutiny Committee in partnership with the Health Overview Policy and Scrutiny Committee

25 May 2018

Essex County Council

CONTENTS

Foreword

This report is a combination of a three-month review by members of the Task and Finish Group looking at the incidence of hip fractures and falls prevention initiatives in Essex. The fundamentals of this report are primarily about falls in the elderly population of Essex. The report before you will set the scene as to why we embarked on this piece of work, our journey to help us to carry out our research and finally our conclusions which leads you to why we make our recommendations.

As a group and in some cases, as individuals, we have travelled the county of Essex meeting staff, our commissioning staff, volunteers and residents and family members (many of them in the setting of our Essex County Council care homes).

It quickly became apparent that there was a project that we could research further to understand the benefits it is bringing to help resolve falls in older people: that project is called PROSPER which is used in many (not all) Essex County Council owned care homes. PROSPER is a simple document management system designed to be picked up and used by care home staff to ensure that every opportunity is explored to reduce falls. The PROSPER framework is both flexible and adaptable to suit the needs of each individual care home user and setting and has been designed to train and develop staff, volunteers and residents to ensure a greater focus on the prevention of falls rather than the treatment of falls. PROSPER encourages staff, volunteers and residents to find solutions to further improve safety in care homes.

Members of the Group at a recent the Community of Practice event.

The PROSPER framework chimes with the recommendations of the Sir Tom Hughes Hallet “Who Will Care” Report insofar as it is encouraging staff, volunteers, family, friends and residents to work together to provide services. PROSPER has the potential for a greater reach into services for young people, mental health and other social services.

The review was prompted by data showing Essex was an outlier for its rate of hip fractures; we are pleased to note that the latest data (which became available during the review) shows Essex is now in line with the national average (see page 22).

My thanks again to the dedicated team of Officers, Members, Staff and care home residents that have made the journey in bringing this report to you possible.

COUNCILLOR JO BEAVIS
Lead Member - May 2018

Recommendations

Recommendation 1 (Page 9):

That the People and Families Policy and Scrutiny Committee should consider seeking further information on waiting times for occupational therapist assessments and completing adaptations to ascertain if delays could be contributing to a higher incidence of falls.
Responsibility: Chairman of People and Families Policy, Scrutiny Committee

Recommendation 2 (Page 10)

That County Councillors be encouraged to visit their local care home(s) on an informal basis from time to time to build up a rapport with staff and residents so that they can also see the democratically accountable side of the county council and have an alternative way of raising issues if they so wish.
Responsibility: TBC

Recommendation 3 (Page 12):

That an annual awards event emphasising quality and improvement in the care sector and highlighting good practice in both service and staff should be supported.
Responsibility: TBC

Recommendation 4 (Page 18):

That the Group feels there needs to be sustainability and certainty of future funding to enable planning a stable team to consolidate and further expand the reach of PROSPER into other settings.
Responsibility: TBC

Recommendation 5 (Page 19):

That, whilst participation in PROSPER is not mandatory in the Integrated Residential and Nursing Contract, there should be a requirement to indicate what falls prevention and quality improvements are pursued by the provider (citing participation in PROSPER as an example)
Responsibility: TBC

Recommendation 6 (Page 20):

(i) That further work should be done to investigate extending PROSPER principles and methodology (adapted as necessary) into other community settings, utilising social prescribing and Community Agents where appropriate.

(ii) **That work be undertaken to explore the viability of disseminating information on falls prevention via media outlets, social media and the already established Live Well and Living Well websites.**

Responsibility: TBC

Recommendation 7 (Page 21):

That the potential to work jointly with the NHS on future PROSPER work be investigated.
Responsibility: TBC

Recommendation 8 (Page 22):

That the Health Overview Policy and Scrutiny Committee should lead in receiving a regular update on the rates of hip fractures in Essex, prior year comparisons and identifying ongoing trends.
Responsibility: TBC

Background

Preparatory briefings

During an initial briefing on Public Health issues for new members after the 2017 County Council elections, the People and Families Policy and Scrutiny Committee and the Essex Health Overview Policy and Scrutiny Committee were advised of the high incidence of hip fractures for over 65s in Essex. A further specific briefing on the issue was provided for both committees in joint session and thereafter a Task and Finish Group led by the People and Families Policy and Scrutiny Committee was established drawing membership from both committees to look at the issue further ('the Group') and the Group conducted its review between February and April 2018.

Membership

County Councillor Joanne Beavis (Lead Member),
County Councillor Dave Harris
County Councillor June Lumley
Maldon District Councillor Neil Pudney
County Councillor Pat Reid
County Councillor Clive Souter

County Councillor Malcolm Maddocks, Chairman of the People and Families Policy and Scrutiny Committee, also attended meetings in an ex-officio role.

Acknowledgements

A list of witnesses who informed the review through either oral and/or written evidence is listed in Appendix x and the Group would like to thank them all for their co-operation and time in assisting them during the review. The Group would also wish to thank the two care homes visited as part of the review for their hospitality and willingness to take an active part in this scrutiny exercise.

The Group also wish to express particular thanks to Maggie Pacini, Public Health Consultant, Lesley Cruickshank, Quality Innovation Manager, Rod Manning, Quality Improvement Officer, and Karen Williams, Placement Co-ordinator, who have supported the Group throughout the review, facilitating engagement at off site events and/or accompanied members on their visits to care homes.

Findings and evidence

Context

National picture

Falls are a major cause of disability and the leading cause of mortality due to injury in older people aged over 75 in the UK. Over 400,000 older people in England attend A&E Departments following an accident and up to 14,000 people a year die in the UK as a result of an osteoporotic hip fracture.

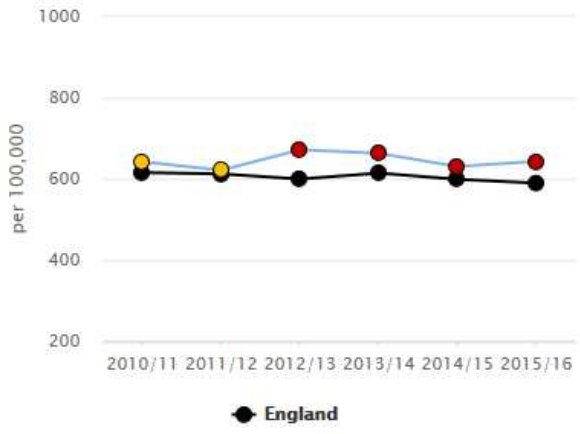
Osteoporosis, a condition characterised by a reduction in bone mass and density increases the risk of fracture when an older person falls. Fractures occur most commonly in the hip, spine and wrist. One in three women, and one in twelve men, aged over 50 are affected by osteoporosis and almost half of all women experience an osteoporotic fracture by the time they reach the age of 70.

Hip fracture is the most common serious injury related to falls in older people, resulting in an annual cost to the NHS of around £1.7 billion for England. Of this, 45% of the cost is for acute care, 50% for social care and long-term hospitalisation and 5% for drugs and follow up. Half of those suffering an osteoporotic fracture can no longer live independently.

Risk factors for hip fractures:

- Increasing age
- Being female (relates to lower bone density in women)
- Chronic medical conditions (for example osteoporosis – low bone density – or Parkinsons or stroke which increases falls risk)
- Certain medications (for example steroids which weaken bone mass, or poli-pharmacy which increases falls risk)
- Nutritional problems (including adequate hydration)
- Physical inactivity
- Tobacco and alcohol use
- Previous history of fracture

Essex



Essex hip fracture rates, time trends

Source PHE profiles

Allowing for the specific demographics in Essex and a higher concentration and incidence of elderly people in parts of Essex, the rate of fractures for over 65- year-olds in Essex has been an outlier to national averages.

As part of the Group's initial investigations, the information sought was broadened out to also include information on falls as it was intrinsically linked to fractures. Data was presented with a breakdown by district, sex and age, and time trends; the data was not suggestive of a single consistent factor for why Essex was an outlier. Information was presented on risk factors for fractures and falls; whilst there was little data to show the distribution of these risk factors (other than age and sex), the variability of excess fracture rates across districts across time could not be explained by changes in prevalence of risk factors as these do not change drastically year by year and so do not present clear reasons for the variation by geography by year. The report also included a description of local falls prevention services and that there is no direct relationship between the level of specific provision of such a service and the local fracture rates. The full report can be found as Appendix 1 to this report.

Scoping and final focus

Four possible key areas of focus were considered by the Group:

(i) looking at support in place for daily living in residential homes and other settings;
(ii) looking at the provision of disabled facilities grants and housing adaptations;
(iii) looking at the collection of more on-scene data collection (primarily through the ambulance service); and
(iv) through hospitals, gain greater local understanding of fractures mapping against geographical wards and areas of deprivation.

As part of its deliberations the Group were conscious that their time for the review was limited and needed to be conducted quickly and that this would have some bearing on the final focus for their review.

The first two options were based on speaking to key informants. The latter two were considered more around data collection exercises which would also have implications for timings. In turn each option was discussed and evaluated for potential to influence change and drive improvement, feasibility, availability of support and information, and appropriateness of timing a review at the current time.

Looking at the provision of disabled facilities grants and housing adaptations the Group were conscious that this could be a significant piece of work, initially ascertaining with partners the current waiting times for assessment by occupational therapists and then, whether there was any indication that any delays were having an identifiable impact on the incidence of falls (and consequently in some cases, hip fractures) and look at any opportunities for further streamlining of the process. However, the Group feel that this is an area of investigation that should be pursued.

Recommendation 1: that the People and Families Policy and Scrutiny Committee should consider seeking further information on waiting times for occupational therapist assessments and completing adaptations to ascertain if delays could be contributing to a higher incidence of falls.

Significant literature already describes the circumstances of falls. It was felt that the only gap could be around actual data collection on the circumstances of outside falls where perhaps less was known. It was reported that the Ambulance Service may just capture the postcode of where people fall but do not routinely collect anything extra which might help explain the cause of the fall. However, the Group had reservations about specifically working on collecting such further data and whether it would really provide anything extra that was not already known or expected and what actual actions could lead from conducting such an exercise. In addition, the Ambulance Service had moved to a new electronic data system so the timing would not be ideal if the Group wanted them to provide resource to assist the review at this time. However, it was noted that some further enquiries on data collection could be pursued by the Health Overview Policy and Scrutiny Committee when it next engages with the Ambulance Service in late summer or Autumn 2018.

Similarly, pursuing a project asking hospitals to map data onto addresses to smaller areas (e.g. geographical wards) and against areas of deprivation would be more of a data collection/data analysis nature rather than pursuing particular lines of enquiry. Whilst it could have the potential of being able to target potentially higher risk areas and, perhaps, proactively offer home hazard assessments. However, it was known that Rochford District Council and Rochford community and voluntary sector were already doing something similar by piloting door knocking in some target housing areas and some CCGs were mining their data and concentrating on offering advice to the top 2% homes with elderly people so a further update on this could be requested by one of the committees at a later date.

The agreed key focus of the Group:

With evidence indicating that most falls happen at the time and location where people spend most of their time (i.e. both private homes and residential care homes) the Group concluded that it would look at the support in place in residential care homes. Such a focus would also give an opportunity for some 'self-focussing' on the support that the County Council specifically provides, how it is embedding the right quality improvement ethos in the care homes where it is making placements and to what extent it is pan-Essex or can become pan-Essex. In addition, whether such a quality improvement ethos could be extended into other settings.

As part of its initial investigations the Group became aware of the PROSPER project (Promoting Safer Provision of Care for Elderly Residents and subsequently renamed promoting Safer Provision of Care for Every Resident) and agreed that it would focus on the effectiveness and future potential of that programme as the core component of its tightly focussed review.

Limitations of the review

The Group is content that it has received a range of views and collected evidence from a number of key witnesses. This has enabled it to come to some reasonable evidence-backed conclusions. However, the Group also acknowledge that, due to time and resource constraints, they have only just 'dipped below the surface' on many of the issues highlighted.

There were further investigations that could have been made and other witnesses with whom the Group could have consulted. Whilst members visited two care homes, the Group acknowledges the limitations of not visiting more homes in drawing up conclusions but feels that the two visits gave a taste of what care homes who practiced the PROSPER methodology thought of it. There is an opportunity for further work to be undertaken to specifically look at care homes who have chosen not to practise PROSPER and whether they are using other methodology and practices that could be as effective as PROSPER.

The Group have not spoken directly with providers of falls services nor any of the agencies involved with supporting those that have fallen.

The Group did not look at the links between certain physical or mental conditions and tendency to fall although there is significant evidence to indicate such links, for example, with medication, obesity, health conditions and poor balance.

The residential care market in Essex

At the time of writing this report, Essex had 272 Older People Residential and Nursing Homes with the County Council commissioning placements at 249 of them.

Total number of beds – 11,502

Total number of ECC placements – 4260

The County Council also commission packages of care from the 85 Residential Providers in Essex registered for Adults with Disabilities.

Through commissioning such numbers of care placements the County Council has significant leverage to influence cultures and attitudes in care homes. At the same time there is also an opportunity for county councillors to build relationships with their local homes and demonstrate a wider support for the caring culture being developed.

Recommendation 2:

> ***That County Councillors be encouraged to visit their local care home(s) on an informal basis from time to time to build up a rapport with staff and residents so that they can also see the democratically accountable side of the county council and have an alternative way of raising issues if they so wish.***

The PROSPER Programme

The PROSPER project (originally Promoting Safer Provision of Care for Elderly Residents – now renamed Promoting Safer Provision of Care for Every Resident) is a toolkit and training programme that empowers care home staff to identify and make improvements to how they provide care and to create good practice. The programme has been running for four years and started as a collaboration between care homes, Essex County Council, the health sector, UCL Partners (an academic health science partnership) and Anglia Ruskin Health Partnership. Rather than being based around handing out a document to passively read, which often does not work, the programme instead facilitates inspiration, vision and leadership within care homes for them to drive their own identified changes and this is the core ethos of the PROSPER.

PROSPER seeks to introduce systemic approaches to improving quality into care homes and reduce the incidence of three of the most common safety issues in care homes and the three most common reasons for ambulance call-out:

(i) falls;
(ii) urinary tract infections; and
(iii) pressure ulcers.

The published literature suggests that the risk of falling is particularly high in persons in communal establishments such as residential and nursing care homes. NICE (2004) suggests that the incidence of falls in nursing homes and hospitals is 2-3 times greater than the incidence in the community. Furthermore, complication rates as a result of a fall are also significantly higher. This is unsurprising since those persons requiring residential, nursing or hospital care are most likely to be those that are frail as a result of physical health problems or with cognitive impairment.

The programme provides some introductory training about quality improvement but focusses on how it can be applied in practice rather than theory. It then encourages care home staff to be creative in their thinking and provides a framework and some suggested measurement tools to guide improvements. PDSA (Plan, Do, Study, Act) methodology is used to empower carers to be in-charge of change and encourage the idea that even small changes can lead to big improvements. The programme seeks to change behaviours and instigate long-term culture change. It can also be the opportunity for further professional development for care home staff.

It is important to stress that PROSPER is not imposed on care home staff who are free to adopt as little or as much of PROSPER methodology as they wish and to adapt measurement tools for their own local circumstances. Instead the programme supports a change in behaviour by empowering care staff to think creatively and act differently, creating Prosper Champions and investing in the development of those Champions with Study Days, newsletters and community of practice events.

The evaluation report identified key success factors for the programme including:

- Providing opportunities for homes to share ideas and learn from each other worked well, including having regular get-togethers for managers and carers with a 'taught' component but also ample opportunity to share learning
- Having ways to engage a wider range of care home staff, rather than solely managers, was crucial to success. PROSPER 'champions' included carers and domestic staff.
- It is important to allocate enough capacity and capability in the implementation team to provide regular proactive support to homes.

Above: Members of the Group visited Mundy House Care Home in Basildon and the Haven Care Home in Colchester to help inform their review. Councillors Pat Reid, Dave Harris and Jo Beavis attended both visits whilst Councillor Lumley attended the Basildon care home.

> "*Provide opportunities for Care Homes to develop a sense of identity and pride in the health and social care system.*"
>
> Improving resident safety in care homes - Learning from the PROSPER programme in Essex (November 2016)

The Champions Days are important to care home staff as they provide an opportunity not only to share experiences but drive further improvement. The Group feel that it is important to encourage and recognise innovative improvement and, therefore, supports an annual awards event for care homes.

Recommendation 3:

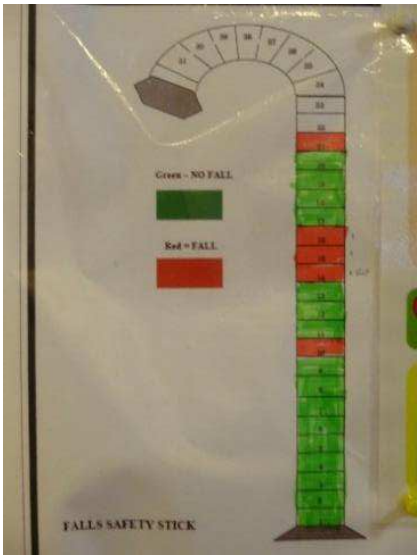
That an annual awards event emphasising quality and improvement in the care sector and highlighting good practice in both service and staff should be supported.

Through talking to care home staff in their work environment, and at a Community in Practice and Champions Days events (where care home staff can meet staff from other homes and share ideas, knowledge and experience), the Group have been impressed by the enthusiasm and sense of self-empowerment that the programme

gives to care home staff. By attending recent PROSPER events the Group heard care home staff clearly having those discussions where they felt that certain approaches and measures just did not work or that they needed to be adapted for their local circumstances. The Group viewed this as a positive that there was the flexibility to adapt or reject the methodology as part of keeping participants engaged.

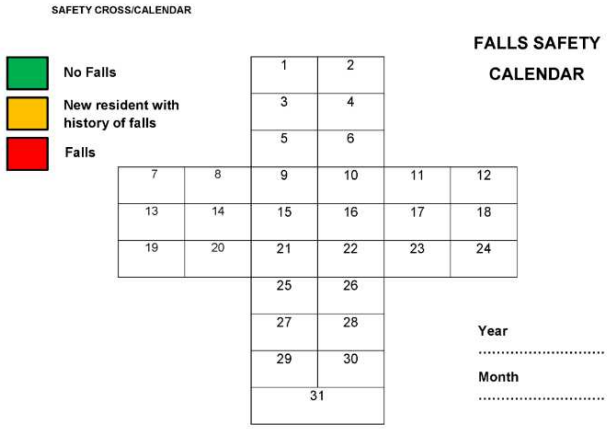
Right: The Community of Practice event promotes the PROSPER programme and enables care home staff from different homes to share ideas, knowledge and experience. Members of the Group spoke with participants at the event held in February 2018 at the Essex County Cricket Ground.

What is working well?

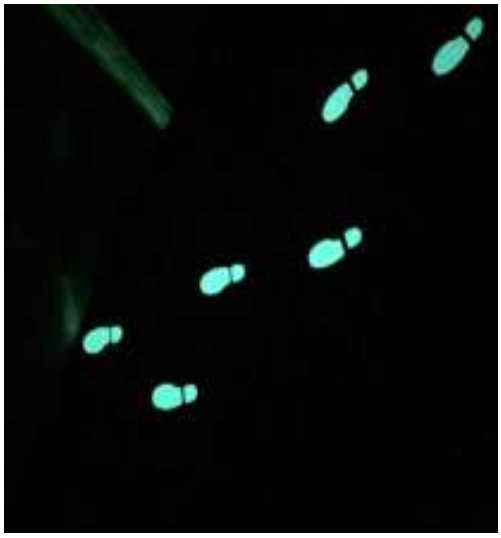


The PROSPER programme is changing the culture of safety in care homes by encouraging more proactive prevention strategies. Using simple tools help care home staff make data collection a core part of everyone's role and interpret it easily to inform improvement. Examples of this are graphs showing monthly incident rates and the Falls Safety Stick (see left) and Safety Cross (see below) which are coloured red or green each day depending on whether there have been any falls or not and which some homes have since further adapted by splitting it into three to record falls at different times of day and to map where falls actually happen within a care home.

Right: The Safety Cross template competed by many homes to help identify if there are higher risk times during the month. This has been further adapted by some homes to illustrate the time of day of the falls as well.



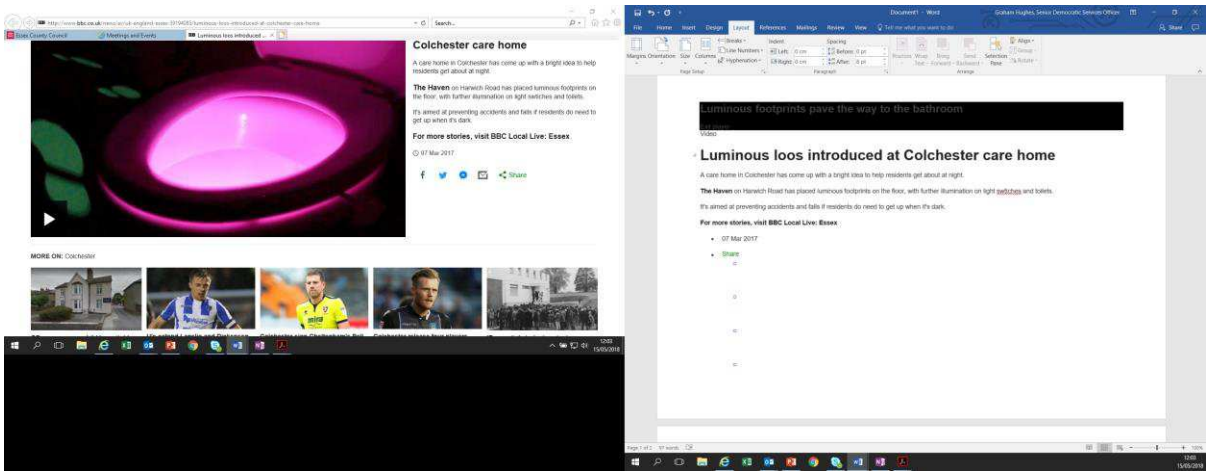
Other initiatives that address underlying falls and fracture risks have originated from care home staff as a result of using the PROSPER methodology are now becoming more widely practiced within the programme. For example, a person's mobility, strength, gait and balance contribute to their risk of falling and the most likely location for falls include managing stairs or steps, or transfers from bed or chair, or from slips and trips hazards. Most falls occur during the day when people are most active yet a proportion of falls occur at night when people get up to go to the bathroom which may be due to continence urgency, change in blood pressure and fainting or vision or cognitive impairment affecting gait and balance.



Above left: Decorated walking frames for people living with Dementia to help them identify with their own equipment (i.e. the one set at the right height etc)

Above right: Luminous footprints leading to the bathroom, luminous paint around door frames and light switches, and lights on walking frames and toilet seat

Below: some innovation coming out of PROSPER has received national coverage such as the BBC coverage above highlighting the luminous toilet seats assisting elderly and infirm residents at night.



Left: The GERT age simulation suit. Essex County Council also offers further specific training such as on age simulation to raise the awareness of care home staff of the mental, physical and social challenges faced by older people

Common complications associated with dehydration include low blood pressure, weakness and dizziness which can increase risk of falls. Ensuring that residents remain hydrated can also be a key part of helping residents maintain their balance and minimise falls and care homes can provide specific training for staff. Residents and relatives to highlight the importance of keeping hydrated. Care Homes have taken innovative actions to promote hydration such as the wearing of badges, lights on beakers or coloured doily's to remind residents to drink, as well as activity sessions to encourage (non-alcoholic) drinking and rehydration including the consumption of jellies!

The Group have also been impressed at how SMART technology is being embraced by many care homes with Apps being developed so resident care can be tracked remotely by family and friends. This appetite for more instant monitoring data should be encouraged as it is illustrative of a heightened awareness by care homes that family and friends want to be kept informed about the care of their loved ones. However, it is recognised that there can be a cost to providing such technology and that there may be other ways to also keep friends and family updated.

Where is there still a challenge?

The PROSPER programme encourages care homes to use a monthly mapping data collection tool to include number of residents, number of falls, number of different residents falling (otherwise could just be the same person regularly falling), and hospital admissions and these are anonymised and consolidated for county wide analysis. However, getting homes to complete the anonymised monthly mapping data can be a problem. Homes do not always see that it is a crucial methodology tool for them and that it is their data to collect, present and use as they see fit.

However, PROSPER argue though that it can be good evidence to show the Care Quality Commission when they are conducting an inspection of a Care Home. PROSPER has offered a monthly mapping training session to show how the recording and paperwork is done but to date this has not been well attended. It is an important aspect of the programme that care homes feel they have control and are self-empowered to apply the methodology as they see fit for their local circumstances so care should be taken not to add pressure to complete something that the care homes do not feel that they need to dedicate time to do. It is important that PROSPER continues to be seen as a helpful framework and not an inspection regime. A balance needs to be found in seeking data that encourages incentivisation and continued improvement and innovation but does not feel that it is going to lead to any judgement.

> *Homes reported that being able to **compare** themselves with other homes was motivating, such as through anonymised 'average' incident rates and monthly newsletters. However, any perceived judgements about differences in performance were not welcomed.*
>
> Improving resident safety in care homes - Learning from the PROSPER programme in Essex (November 2016)

PROSPER reach

Approximately 160 care homes have had the PROSPER methodology training with about 100 actively involved. A breakdown of the reasons given by homes that have chosen not to participate at all is below:

Prosper homes not engaging	
Number of Homes	Reason
3	Contract terminated/closed

12	Home feels they already have systems/processes in place and would not benefit.
3	Overarching organisation wants to be associated with Prosper when Prosper received national recognition but individual homes not committed.
7	Managers left – although the home is still on Prosper but having to build up momentum again.
5	Homes lack commitment and difficult to book visits with manager/staff
3	Safeguarding issues
33	

127 homes, having received PROSPER Methodology training, are still engaging and benefiting from PROSPER although at different levels of engagement. Officers have now been revisiting homes that were in the original cohort four years ago to re-enforce the message to continue to drive improvement. However, some homes can lose focus – especially through change of management and staffing.

PROSPER framework

The initial intention of the PROSPER project was for the Quality Improvement team (8 Officers) to provide support to the homes, however at the time the team was aligned to Adult Safeguards and this work took precedence over PROSPER, there were also issues with officers having to wear two hats one supportive the other regulatory and made it difficult to gain the homes trust. This meant initially support to homes was sporadic and not consistent.

From cohort 2 onwards support was provided by one dedicated PROSPER Officer and a Project Manager, although capacity was limited it provided guaranteed support.

> "*Having members of the implementation team visit regularly was useful. Care homes that received regular visits reported more changes in culture and processes than those that were visited infrequently. Care homes visited more frequently were also more favourable about PROSPER overall.*"
>
> Improving resident safety in care homes - Learning from the PROSPER programme in Essex (November 2016)

From September 2015 to October 2017 PROSPER had been staffed by 2 support officers who worked countywide. These roles are very important to the success of, and acceptance by care homes, of the programme with them undertaking personal visits to homes, providing advice and help in formulating and collating data.

From November 2017, with additional funding from the Integrated Better Care Fund, the PROSPER team has had 3.5 full time equivalents permanent Officer posts working with Older People residential care homes and 1 officer and 1 assistant fixed term officer until 31st March 2019 working with the Adults with Disabilities sector.

The wider Quality Innovation Team includes 5 Officers and 3 Assistants working with the domiciliary care market and Dementia/End of Life Care specific projects which are fixed term until 31st March 2019.

The initial pilot phase of PROSPER was evaluated for change in care process and safety culture as well as resident outcomes such as a reduction in falls. Two-thirds of care homes reported changing some of their care processes as a result of PROSPER and two-thirds of homes reported changes in safety culture. The initial findings were suggestive of a significant reduction in the number of falls after PROSPER was introduced.

Table 2.1. Number of events and event rates among the 64 care homes

	No of events	No of residents	Rate of events	p value
Falls				
pre	3058	12884	23.7%	<0.01
post	4714	22564	20.9%	

The study identified that falls related hospital admissions did rise over the study period (non-statistical increase). The study identified some savings due to falls reductions yet also hospitalisation cost pressures to set alongside the costs of the programme. There were, however, a number of caveats around the study methodology – which may both over and under estimate the impact – which limits the strength of the findings.

The Group feel that it is important to allocate enough capacity and capability in the PROSPER implementation team to maximise the programme's potential. This involves providing regular proactive support to homes including the development of educational programmes and tools all of which requires considerable resource.

However, the Group views that committing support to the PROSPER programme is not solely about making a monetary investment but also about changing mindsets and culture through empowering people in the community to find their own solutions.

Recommendation 4:

> ***That the Group feels there needs to be sustainability and certainty of future funding to enable planning a stable team to consolidate and further expand the reach of PROSPER into other settings.***

Residential care market

The current Integrated Residential and Nursing contract which is the ECC framework for preferred suppliers, currently has a key performance indicator (KPI) on the number of falls. However, the KPI this has a number of contributing factors including the size of home, complexity of residents (i.e Dementia/Parkinson's/ medication) and whether it involves one person or multiple people. Therefore, the KPI is currently being reviewed in favour of requesting for management information around falls and processes in place. The PROSPER project and its monthly data mapping tool could be used as a way of demonstrating the home has a process in place to monitor and record falls in-order to establish patterns and trends, using the quality improvement methodology to introduce preventative measures. If PROSPER was made a mandatory requirement of the contract there is a danger it becomes a tick box exercise and is not properly implemented as the home does not buy into the concept or fully understand the benefits. However, there could be value in emphasising that a PROSPER, or similar approach, to quality of care would be well received by the Care Quality Commission when conducting their inspections rather than as a strict contractual obligation.

Recommendation 5:

That, whilst participation in PROSPER is not mandatory in the Integrated Residential and Nursing Contract, there should be a requirement to indicate what falls prevention and quality improvements are pursued by the provider (citing participation in PROSPER as an example)

PROSPER in other sectors

PROSPER is now being piloted in the adults with disability sector including learning disabilities and autism. The first cohort of homes has just commenced their Quality Improvement Methodology training and this will have a focus on falls, diet and digestion and dementia. This will use the same model as PROSPER for Older People in Residential Care and Nursing Homes, utilising a starter toolkit, community of practice events, PROSPER Champion Study days and support visits.

The PROSPER team have looked at how the programme could be transferred to the Domiciliary Care market and tested out elements such as the Champion Study days and Community of Practice events. However, the workforce in the domiciliary care sector is more transient, with acute recruitment and retention issues exacerbated by a more prominent part time workforce meaning that attempts to run whole day study days with this sector are not supported and do not work. After consulting with domiciliary care providers, the PROSPER team have concluded that a 'Train the Trainer' model would be more suitable, enabling in house trainers or senior carers to cascade learning as part of routine in-house training or induction. Community of practice events for the trainers and managers have been successful to date and

Domiciliary Care providers have welcomed the opportunity to network with other organisations and to be able to contribute to how future support could be delivered.

The PROSPER team have also run health and wellbeing sessions with residents in 5 sheltered accommodation schemes in the Rayleigh and Rochford area, focusing on falls and nutrition/hydration. These events have adapted some of the sessions and tools used with care home staff such as the falls game whereby participants are given objects relating to falls such as medication boxes, worn ferrules and old slippers, and have to say what the link is to falls and how you can prevent them; hydration facts such as the fluid content of different foods are also provided as an additional way of increasing awareness of hydration and the effects of dehydration on the body. The PROSPER Team consider that the Quality Improvement methodology of PDSA cycles (small tests of change), root cause analysis and Safety crosses, along with an educational programme for both care staff and residents, could be suitable for the scheme managers to use and could be transferrable to this sector.

The Group support these initiatives to extend the reach of PROSPER into other sectors.

Opportunities to further expand the spread of PROSPER

The Group also suggest that there is potential for the methodology and tools used in Prosper to be used in further settings such as Day Centres and Sheltered accommodation, with customised study sessions and Community of Practice events provided not only for staff but for people living in the community**.**

Prosper has already run sessions for local scout groups and college students to raise awareness using the GERT Age simulation experience, nutrition/hydration awareness and a falls game. These could be rolled out to schools and then further into the community**.**

The Group feel that it is important to capture the general learning about falls prevention from the PROSPER programme and explore ways to further disseminate that advice and information in both other formal settings and in less formal settings as well: this could be disseminated in a similar manner as some of the current social prescribing and Community Agents' initiatives where they use combinations of direct training and Train the Trainer, keeping in touch, networking and sharing of good practice, rewards and awards:

(i) An information sharing session could be created using the Dementia Friends model of cascade, creating champions in the community to share the information with a focus on falls, nutrition/hydration and other contributing factors - champions could include community groups and statutory partners.

(ii) Bite size information on falls prevention could be drip fed via a media campaign with short messages.

(iii) Explore the potential for falls prevention information to be included on the Livewell and Living Well websites possibly through adding a gallery of ideas etc [reference to Rally Round http://health2works.com/rally-round/

Recommendation 6

(i) That further work should be done to investigate extending PROSPER principles and methodology (adapted as necessary) into other community settings, utilising social prescribing and Community Agents where appropriate; and

(ii) That work be undertaken to explore the viability of disseminating information on falls prevention via media outlets, social media and the already established Live Well and Living Well websites

In the above initiatives it may be in someone's job description, their whole job, or part of a job; they may be geographically dispersed under an umbrella organisation or drawn from a multitude of organisations. Such dissemination requires tailored approaches to engage staff and keep them motivated across different settings with different goals and has to be underpinned by an infrastructure to support the work 'on the ground'.

Partnership working

It is suggested that in future PROSPER could be jointly branded as a local authority and NHS initiative. One NHS organisation has been considering funding PROSPER in their area. NHS teams have been providing some falls prevention training to complement the PROSPER programme. Frontline NHS teams could play a more active role in delivering training and following-up on improvement progress with a jointly branded initiative. For instance, a falls team or community nurses may be able to monitor the extent to which care homes implement changes following training, providing further accreditation for those who achieve certain milestones.

The Group understands that NHS stakeholders have had some ideas about ways they could work more collaboratively and add further value if the initiative was run jointly. However, there was variation across Essex, due to the number of different commissioners and NHS provider organisations in place.

Recommendation 7:

That the potential to work jointly with the NHS on future PROSPER work be investigated.

*There is benefit from having a **wider support team** to input ideas, including care home staff, members from elsewhere in the Council, healthcare professionals and improvement experts from the evaluation team. Joint working with NHS colleagues has been important in offering a wide range of substantive training. Joint ownership by the local authority and NHS could be worthwhile in the future.*

Improving resident safety in care homes - Learning from the PROSPER programme in Essex (November 2016)

Future monitoring

The investigation of this issue has highlighted to the Group that there is no consistent process of monitoring key health indicators by scrutiny committees and to what extent there should be. The Group are conscious that scrutiny committees should not be 'bogged-down' with excessive and routine key performance data (expecting that commissioners would provide the initial challenge on contractual under-performance) but that they could extract key measures that it felt required regular review due to recent trends and make the issue more transparent.

Recommendation 8:

> ***That the Health Overview Policy and Scrutiny Committee should lead in receiving a regular update on the rates of hip fractures in Essex, prior year comparisons and identifying ongoing trends (involving the People and Families Policy and Scrutiny Committee as appropriate).***

Conclusion

The PROSPER project is looked at nationally as an exemplar and has won several national awards with the most recent being the national **Patient Safety Award for 'Changing Culture to improve Patient Safety'**

"There was an authentic approach taken to the project, which is visibly improving the lives of their patients. This is gold standard with huge potential for impact across the country"

Judges – Patient Safety Award for 'Changing Culture to Improve Patient Safety'

The Task and Finish Group also regard the PROSPER programme as an example of outstanding practice using well organised training, encouraging collaborative working and sharing of experiences and getting the participants fully engaged, maintaining their enthusiasm, delivering simple messages with a practical implementation.

As noted in the Foreword, the rate of hip fractures in now in line with national averages based on latest national data. Just as it was difficult to explain the reasons for being an outlier it remains difficult to explain the improvement. The Group understands that the County Council will continue to work with its partners in minimising the risk factors for fractures and falls with PROSPER an example of a prevention programme that is working well.

Glossary

Anglia Ruskin Health Partnership	Partnership between five Essex NHS bodies, Essex County Council and Anglia Ruskin University to enhance the quality of health and social care by collaboration in service delivery through innovation, research and education. AR Health Partnership
Care Quality Commission	Independent regulator of all health and social care services in England. It monitors, inspects and regulates hospitals, care homes, GP surgeries, dental practices and other care services to make sure they meet fundamental standards of quality and safety - www.cqc.org.uk
Clinical Commissioning Groups	Clinically-led statutory NHS bodies responsible for the planning and commissioning of most health care services in their local area. Their governing body is made up of GPs, other clinicians including a nurse and a secondary care consultant, and lay members;
County Council	An upper tier local authority which will provide county wide services such as education, social services, transport, strategic planning, police, fire services and, since 2013, Public Health.
Day Centres	A service managed by the local council, NHS or voluntary or private body, where people who are socially isolated can attend during the day to meet other people, have meals and take part in activities. some basic personal care may be available
Dementia Friends	An Alzheimer's Society programme to change people's perceptions of dementia. It aims to transform the way the nation thinks, acts and talks about the condition using both face-to-face Information Sessions and online material. https://www.dementiafriends.org.uk/
Domiciliary care	Care that is provided to people who still live in their own homes but who require additional support with daily activities and household tasks, personal care or any other activity that allows them to maintain their independence and quality of life
GERT	The GERontologic Test suit. It is an age simulation suit offering the opportunity to experience the impairments of older people such as reduced visibility, hearing loss, and reduced coordination skills.
Health Overview Policy and Scrutiny Committee (HOSC)	An Essex County Council Scrutiny Committee with its membership comprising elected Councillors. Meeting agendas and papers
IBCF/ Integrated Better Care Fund	A pooled budget made up of health and social care funding to be spent on meeting adult social care needs, reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready, and ensuring that the local social care provider market is supported
Integrated Residential and Nursing Contract	Essex County Council agreement with care providers who wish to receive care placements from the County Council. It covers care in a residential setting for social

	care placements, for older people (aged 65+) and adults with non-complex mental health needs.
Live Well	The Livewell campaign is designed to engage communities, families and individuals with the aim of providing information about all that is on offer in Essex to improve health and wellbeing. for people across Essex. https://www.livewellcampaign.co.uk/
NICE	The National Institute for Health and Care Excellence (NICE) provides national guidance and advice for health, public health and social care practitioners. https://www.nice.org.uk/about
People and Families Policy and Scrutiny Committee	An Essex County Council Scrutiny Committee with its membership comprising elected Councillors. Meeting agendas and papers
PROSPER	Originally standing for Promoting Safer Provision of Care for Elderly Residents. 'Elderly' has subsequently been changed to 'Every' to reflect expansion into other social settings.
Public Health	The team within County Councils and unitary councils which commissions preventative health services such as health checks, weight management programmes, and other healthy lifestyle programmes.
Quality Improvement Team/ Quality Innovation Team	Internal Essex County Council teams tasked with driving improvement in the quality of care services commissioned by the County Council.
Residential care (home)	Long-term care given to adults or children who stay in a residential setting rather than in their own home or family home. It includes access to on-site personal care (help with washing, dressing and medication). Some care homes are registered to meet a specific care need (e.g. dementia, learning disabilities).
Sheltered accommodation/housing	These are generally owned, run and maintained as social housing by a local authority or housing association.These are usually independent, self-contained homes with their own front doors and the tenants are usually able to look after themselves. Many schemes also have communal areas where tenants can socialise. Many schemes will also have their own on-site 'manager' or 'warden'.
SMART technology	Usually electronic gadgets that are able to connect, share and interact with its user and other similar devices, that understand simple commands sent by users and help in daily activities. While many smart devices are small, portable personal electronics, they are in fact defined by their ability to connect to a network to share and interact remotely.
Train the trainer	Train the trainer is a learning technique that teaches students to be teachers themselves.
UCL Partners	UCLPartners is an academic health science partnership of more than 40 partners from the NHS, social care and academia, supporting improvements in discovery science, innovation into practice and population health - https://uclpartners.com/who-we-are/

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Published – May 2018.