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Case Study: **Hull Fall First**

Context – why was the project set up?

Hull has a population of approximately 280,000 with a high population of elderly people and a number of socially deprived areas. The British Geriatric Society estimates that around 30% of people 65+ and 40% of people 75+ who are living at home fall each year. In Hull 1016 people were admitted to hospital due to their fall in 2014.

If not attended to quickly, fall's incidents can become serious and lead to long-term complications including pressure ulcers, pneumonia, hypothermia and even death.

Ensuring patients receive fast and appropriate care in the community helps avoid unnecessary hospital visits and helps individuals to remain independent in their own homes.

Aims

The purpose of taking this approach was to provide a holistic response to falls incidents with the aim of:

- Reducing the risk of worsening conditions of injuries through a rapid response to falls incidents.
- Reducing the risk of further falls through the provision of intervention advice and signposting.

Solution

As part of a pilot in October 2015, Hull CCG, Humberside Fire & Rescue, Yorkshire Ambulance Service, Hull City Council and City Health Care Partnership (current community services provider) agreed to work together to carry out a falls Pick Up and Wellbeing Response Service within Hull.

After advertising, a team of 10 firefighters who were shortlisted and selected received clinical training from healthcare experts ranging from paramedics, occupational therapists and physiotherapists. The team received a higher level of safeguarding training and safety awareness.

Hull Falls, Intervention, Response Safety Team (FIRST):

- Falls - Hull area
- Intervention - Provide and install interventions e.g. Hand rails to reduce the risk of further falls.
- Response – Provide a rapid response to falls incidents within the Hull area, reaching patients within a timely manner (1hr response) preventing injuries from falls worsening and becoming long or longer term medical issues which require hospital care.
- Safety – Provide safety advice to help prevent not only the risk of further falls but fire and general safety within the home.
- Team – Service is provided by a team of 10 operational firefighters.

The project has since been commissioned by Hull CCG and involves a number of partners:

- City Health Care Partnership
- Yorkshire Ambulance Service
- Humber NHS Foundation Trust
- Hull City Council

Outcomes – what are the benefits and how were they/will they be measured? (In particular financial benefits, impact data and return on investment)

Due to the success of the trial scheme in October 2015 the team has since been commissioned and is still in operation today.

Clinical data in relation to falls is difficult to extract from the NHS because of the way that falls present at Accident and Emergency, however Hull CCG has reported the following:

- Reduced number of people requiring to attend ED
- Reduced number of admissions avoided from rapid response and not having a long lie.
- Follow up from the therapy falls team,
- Better patient experience (falls).

Historical data identifies the following:

Number of conveyances following ambulance attendance (58%) Number of admissions (54.6% following A&E attendance). The model works on the basis of the following costs – Ambulance £250 per call out, ED Attendance £150 per attendance and Admission averaging at £3,000 with a length of stay at 9 days. It should be noted that the current length of stay averages at 4.5 days therefore the potential savings is halved in real terms.

Lessons learned - what challenges or difficulties have you faced or do you expect to face?

The team initially attended only a small number of falls incidents within the first year approx. 15-20 per month this was mainly due to YAS not recognizing the clinical skills and governance of the team. After a great deal of consultation, changes to governance and closer working between agencies, YAS now recognize the teams skills – in addition to this, different pathways have been set up e.g. lifeline as a result of this call volume is currently at approx. 120 per month.

What's next?

The team were originally only commissioned to provide interventions for people identified as fallers i.e. people who have already fallen.

The future intention is to prevent people from falling in the first place and the team are now working on providing training, advice and interventions for those people at risk from falls.

- A new pathway through the new 'Jean Bishop Integrated Care Centre' has been created and the team aims to identify people that are at risk of falling in the future and providing them with interventions and advice.
- The top 10 (highest fall rate) care homes have been selected and will be receiving tailored training, advice and support with the aim of reducing falls.