

Stand Up Stay Up

Taking the rise out of falls

An evaluation by Merida Associates | April 2019



Acknowledgements

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Front cover: Staying Steady leaflet, Bristol

p.29: fig.6 Kinesis QTUG™

p.33: Blackburn with Darwen SUSU project

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Stand Up Stay Up programme evaluation – executive summary

Introduction

The *Stand Up Stay Up – taking the rise out of falls* programme was funded through an Innovation, Excellence and Strategic Development Fund (IESD) grant from the then Department of Health for 3 years from April 2016 to March 2019.

The objective of Stand Up Stay Up (SUSU) was to deliver a far-reaching falls prevention programme that would support areas across England to develop, test and disseminate best practice in delivering falls prevention on the ground and build on RoSPA's strategic position as a voluntary sector contributor in the field.

The aims of the programme were to:

- deliver a multi-layered approach to reducing falls and raising public awareness with a greater emphasis on preventing the first fall
- reinforce the ethos of making every contact count, including early identification of people who might be at risk of falling
- support the development of falls pathways that start with and invest in prevention in the community
- highlight the key role that voluntary sector organisations can play as partners in preventing falls alongside health and local authority bodies.

A small RoSPA team supported and delivered the Stand Up Stay Up programme and SUSU activities were linked to five key strands of the programme in a multi-layered approach:

Stand up

RoSPA invited partner agencies in all areas of England who are involved in improving health and quality of life for older people to 'stand up' for falls prevention and help raise its profile on the national agenda.

Join up

Organisations who joined the Stand Up Stay Up network were offered discounted places at RoSPA's national Congress in 2017, which focused on falls prevention, and they could attend the free learning exchange events held in 2017 and 2018.

In the final year of the programme, network members were invited to join a pilot scheme to gather a common dataset set of evidence from strength and balance exercise courses delivered in community settings.

Partner up

Over the 3 years of the programme RoSPA supported 10 local project partnerships in their falls prevention work, helping them to put prevention at the heart of their strategic development to deliver long-term change and test out innovative approaches to community interventions to support prevention of the first fall.

Each local partnership in the Partner Up strand of activity had the opportunity to develop ‘test and learn’ approaches to falls prevention supported by annual grants (£5,000 per year for 3 years) to encourage innovation and capture learning from what works.

Speak up

The Home Safety Congress and 2 learning exchange events enabled local partnerships and other agencies in the network to come together and learn from each other. These events facilitated the dissemination of ideas and practical tools to support the promotion of falls prevention. Partners could also share their work in the *Taking the rise out of falls* e-newsletter and tools and documents could be uploaded on to the SUSU pages of the RoSPA website.

Train up

RoSPA provided 2 days free training in its City & Guilds-accredited Older People’s Safety in the Home course to each local partnership project, with 20 places per day to train up any of their staff or volunteers who had day-to-day contact with older people or their families. Network members could access the Older People’s Safety in the Home course at a discounted rate.

Evaluation approach and methodology

The objectives of the evaluation were to:

- Assess to what extent SUSU achieved its programme and organisational goals
- Gather, collate and review evidence against each of the programme outcomes
- Reflect on the role of the SUSU team in supporting delivery against outcomes
- Reflect on the overall impact of the programme

The evaluation took a formative approach by maintaining regular communication with the programme team, providing opportunities for them to reflect on learning and keeping up-to-date with changes in delivery or circumstances which had an impact on the progress of the programme.

The focus of the evaluation was to evaluate the impact of the SUSU programme as a whole in promoting falls prevention nationally and in local areas, and to capture learning from the community interventions funded as part of the programme. The 10 local partnerships conducted their own evaluations of funded activity and their reports were a valuable source of evidence for the programme evaluation.

The research was conducted using a mixed methodology including documentary analysis of the annual reports, presentations and supplementary information generated by local partnerships, to identify common themes and specific examples of interest. Quantitative analysis has been undertaken of programme data, such as training course feedback, and there has been a focus on gathering qualitative primary source material, mostly undertaken during visits to local partnership areas, most of which were visited twice.

Activity of 10 local partnerships

Local authority	Year 1	Year 2	Year 3
Birmingham (Northfield)	<ul style="list-style-type: none"> Frailty improvement scheme Polypharmacy project Move It or Lose It Library resources 	<ul style="list-style-type: none"> Frailty improvement scheme Polypharmacy project Move It or Lose It QTUG pilot 	<ul style="list-style-type: none"> Frailty improvement scheme Polypharmacy project Move It or Lose It with QTUG
Blackburn with Darwen	<ul style="list-style-type: none"> 4 x information events + falls risk assessment Falls prevention tea towel 	<ul style="list-style-type: none"> 2 x 12 week strength and balance training & education sessions / QTUG Promotional events with Balance Assessor 	<ul style="list-style-type: none"> 2 x 16 week strength and balance training & education sessions / QTUG Promotional events with 'age simulation' suit
Brighton & Hove	<ul style="list-style-type: none"> Falls prevention network Strong & Steady flashmob sessions 	<ul style="list-style-type: none"> Falls prevention network Dancing for Health groups Promotional video 	<ul style="list-style-type: none"> Falls prevention network OTAGO training & classes
Bristol	<ul style="list-style-type: none"> Postural Stability Instructor training 	<ul style="list-style-type: none"> Staying Steady classes commissioned Promotional video & leaflet 	<ul style="list-style-type: none"> Staying Steady classes Staying Steady Aqua pilot Home Safety & Modification project
Cumbria	<ul style="list-style-type: none"> Research on falls prevention Multi-agency falls prevention workshop 	<ul style="list-style-type: none"> Up & About campaign Falls Prevention awareness week Falls Prevention workers recruited 	<ul style="list-style-type: none"> Up & About campaign Falls Prevention awareness week Volunteer Falls Champions recruited
London (Hammersmith & Fulham)	<ul style="list-style-type: none"> 4 x events + strength & balance exercise 	<ul style="list-style-type: none"> Training facilitator recruited Exercise classes delivered 	<ul style="list-style-type: none"> Exercise classes at BCH Exercise classes at 6 sheltered housing sites
Hampshire (Rushmoor)	<ul style="list-style-type: none"> STEER courses QTUGs 	<ul style="list-style-type: none"> Falls Friends & Champions developed Stakeholder event 	<ul style="list-style-type: none"> STEER courses Falls Friends Steady & Strong classes
Northamptonshire	<ul style="list-style-type: none"> Awareness raising event Home hazard assessment Online portal 	<ul style="list-style-type: none"> OTAGO network & sessions Pharmacists CPD workshop Care & Repair project 	<ul style="list-style-type: none"> Recruited & trained OTAGO leaders Falls prevention dashboard Opticians CPD workshop
Sandwell	<ul style="list-style-type: none"> Developed falls prevention pathway QTUG training 	<ul style="list-style-type: none"> Network to co-ordinate services QTUG assessments in 3 settings Falls prevention tea towel 	<ul style="list-style-type: none"> QTUG assessments in community settings Strategic integration
Southend on Sea	<ul style="list-style-type: none"> Community falls service 1 x 12 week Dance for Health course 	<ul style="list-style-type: none"> QTUGs trialled in PSI classes & with OT 	<ul style="list-style-type: none"> New marketing material Awareness event with visual impairment glasses

Programme outcomes

Outcome 1: Preventing the first fall embedded as a strategic priority in Local Partnership areas

The evidence shows that in all local partnership areas there was raised awareness of the concept of ‘preventing the first fall’ through Stand Up Stay Up. For some it was a pre-existing strategic priority, in other areas awareness was increased during the programme and, by the end, the concept was more widely recognised and being incorporated into strategic plans.

During SUSU public, private and voluntary sector agencies came to understand that they all had a role to play in primary falls prevention, at strategic and operational levels. Agencies began to map where falls prevention fitted against their own strategic priorities and align relevant services with falls prevention activity in other organisations through collaboration.

Outcome 2: Increased knowledge of safety of older people, including falls prevention, in frontline staff and volunteers

A key element of the SUSU programme was to support an increase in the falls prevention knowledge and skills of frontline workers and volunteers who interact with older people in their homes and communities. There is evidence from local partnership areas that this was achieved across the programme.

More than 300 people attended Older People’s Safety in the Home training in 2017-2019. 22 training sessions were delivered in 14 different local authorities (LAs) of which 15 were in local partnership areas and 6 were offered the SUSU discounted cost.

Figure A Reported outcomes



Survey respondents

Figure B Changes to practice as a result of the course



Trainee feedback & survey responses

In several local partnership areas people received training in the use of strength and balance exercises to improve older people’s postural stability. The levels and intensity of the training varied considerably, depending on whether people would be giving basic advice to someone in their home or teaching classes of older people.

Outcome 3: Raised awareness of preventing the first fall across England

At all levels of the programme, SUSU has been successful in raising awareness of preventing the first fall. At a national level, RoSPA’s involvement in the National Falls Prevention Coordination Group (NFPCG) helped to broaden the scope of the group from a clinical post-fall focus to include a more community-based pre-fall dimension.

For local partnership areas, a key benefit of being involved with SUSU has been the promotion of preventing the first fall, either to reinforce the direction they were already moving in or to enable partners to think creatively about a shift in emphasis in falls prevention in their areas, from post- to pre-fall services.

There is evidence that frontline workers and volunteers have developed a more discerning mindset in supporting older people and are seeing that it is part of their role to look for opportunities to prevent someone from falling.

Feedback from older people has been positive from all areas of the programme.

Figure C Outcomes for older people



People described how they thought more about trip hazards and that learning about how muscle tone decreases with age prompted them to try to do more, once they had gained confidence from attending strength and balance classes. An important difference that affected people’s behaviour was a reduction in the fear of falling as people felt physically stronger.

Outcome 4: A sustainable falls prevention network

SUSU created a network offer that was opened up to individuals and organisations working with older people across the country, and in particular people with an understanding of the need to achieve a step change in how falls prevention was perceived and delivered.

Network membership at the end of the programme (March 2019) stood at 207 individuals from a diverse range of organisations across the country and 47 organisation members.

The Home Safety Congresses and learning events played a big part in sharing ideas and best practice. Partnerships have supported each other to deliver evidence-based strength and balance classes, such as OTAGO, and shared examples of integrated falls pathways. People reported that network membership enabled partners to feel part of a national campaign. It helped people to share information and introduced people to new ways of working.

The extent to which the SUSU network is sustainable now the programme is completed is difficult to assess. The online resources will remain on the RoSPA website and be updated as policy changes and more good practice emerge and falls prevention will continue to be included in RoSPA's Home Safety e-newsletter and the Home Safety Journal.

People from different areas made direct connections with each other and some will continue to exchange information and good practice. Should the common dataset pilot project be extended and funded, there may be opportunities for network members to continue to contribute and learn from that.

Outcome 5: Preventing falls a strategic priority in RoSPA

Preventing the first fall has a strong strategic fit with RoSPA's vision and mission to prevent life-changing accidental injuries. The intention of SUSU was to embed the safety of older adults, in particular falls prevention, as a strategic priority in RoSPA by raising the profile of the organisation as a leader in the field of falls prevention. This outcome has been achieved.

RoSPA is a member of the National Falls Prevention Coordination Group (NFPCG) facilitated by Public Health England (PHE). Through SUSU, RoSPA contributed towards the development of the National Falls and Fractures Consensus Statement and the resource pack that accompanied it. The NFPCG acted as an expert reference group to the National Accident Prevention Strategy Implementation Group and contributed to the Older People's section of *Safe and active at all ages: a national strategy to prevent serious accidental injuries in England (2018)*¹, which was produced by RoSPA in collaboration with other agencies.

¹ <https://www.rospace.com/rospaweb/docs/advice-services/public-health/naps/naps.pdf>

The SUSU programme enabled RoSPA to increase its corporate intelligence and knowledge about the role of falls prevention in keeping older people safe and well. It enabled the charity to strengthen its relationships with other organisations working with older people and build a new alliance around the concept that falls are not an inevitable part of ageing.

Strength and balance common dataset pilot

An additional programme activity, a pilot scheme to collect common data from projects involved with SUSU on the impact of strength and balance exercises, was run for 9 months from April-December 2018. 12 local authority areas signed up to take part in the pilot. Indicative data showed positive results and provided evidence of decreased risk and fear of falling in older people who participated in strength and balance exercise classes.

Summary of learning points

Falls prevention is everybody's business

One of the key learning points that emerged from SUSU is that all agencies have a role to play in falls prevention, at strategic and operational levels. The concept that falls prevention is everybody's business, in public, private, voluntary and community sectors, gained traction over the life of the programme and was clearly articulated by many local partners at the second learning exchange event. This includes the role that older people play in maintaining the own health and wellbeing.

Partnership working

Some local partnership areas had pre-existing falls prevention groups or partnerships and therefore had a foundation of trust to build on during the programme. In other areas, partners came together during SUSU and had to invest time in getting to know each other and learn to work with the different cultures and constraints they each brought to the partnership.

Areas with strong partnerships also recognised the value of having falls prevention champions positioned in key partner agencies to raise awareness and engage colleagues in the programme activities. For instance, in the development of effective falls prevention pathways and referral mechanisms across agencies and public and voluntary sectors.

Workforce development

SUSU has enabled the training of frontline workers and volunteers in skills and knowledge to help prevent falls in the home and community settings. This has also supported broader recognition across public and voluntary sector frontline workforces that falls are everybody's business.

Partners who trained instructors to deliver strength and balance classes in community settings found that creating a network for instructors to support each other also helped to maintain consistency in delivery.

Before and after QTUG™ data provided reassurance that informal classes using evidence-based methods like OTAGO or FABS achieved positive outcomes. Emerging evidence from the common dataset pilot indicates that it does not have to be clinicians who deliver strength and balance or postural stability classes, they can be successfully delivered by people in other roles, with the appropriate training and support.

The introduction of trained non-specialists who deliver elements of a falls prevention service, for instance initial assessment during a home visit, basic armchair exercises and onward referral to a community-based service, has worked well in some areas.

Communicating messages

Local partnerships learnt that raising awareness amongst older people who are at risk of falling, but may not be aware of it, has to take a different approach than to those who have already fallen. It can be time-consuming and challenging to reach people who do not have falls on their radar but may be at risk.

Partners learnt that older people who have not fallen are more interested in staying healthy, strong and independent for as long as possible. Providers found they needed to make activities fun, easy to join and easy to get to in non-clinical community settings to encourage regular attendance. Local partners learnt that simple messaging is effective and how important it is for consistent messages to be shared and repeated across agencies and by frontline workers visiting people in their homes.

Social benefits

A key learning point from local partnerships was to recognise and emphasise that (falls prevention) activities have a strong social aspect and can be fun. The social and peer support element of strength and balance classes and other activities should be built into activity planning and facilitated as part of delivery.

Older people reported going to activities helped to reduce their social isolation and, for this reason, it is important that there are supported links into follow on activity when people finish a strength and balance course.

Assessment & measuring impact

Frontline workers should be trained to use baseline and follow up assessment tools such as QTUGs and i-FESI and given enough time and support to conduct assessments consistently

and effectively. Evidence from SUSU suggests that where non-clinical practitioners have a good understanding of why they are collecting assessment and monitoring information, are confident with employing the data capture tools and are able to interpret the results, then they are more likely to capture information consistently with the added benefits that both they and the older people can see for themselves what they have achieved.

Sustainability

Sustainability of activity initiated during the SUSU programme is most likely where partnership working has facilitated the pooling of resources, people, venues and volunteers across agencies.

There is a positive example of strength and balance classes being independently sustainable as part of a general leisure & fitness offer. Get the message right and people will sign up and pay to take part.

Conclusions

This report has looked at the evidence against the stated outcomes of the Stand Up Stay Up programme and the conclusion is that overall the programme has delivered successfully on its aims within the relatively small budget and staff team resources available.

- SUSU provided an impetus to local partnerships to take positive action on falls prevention in community settings and provided an arena for the voluntary and community sector to emerge as a valued and respected partner in preventing the first fall. The SUSU challenge to be innovative inspired some partnerships to think outside of the box. It enabled some areas to lever in additional funding for falls prevention in times of austerity. The role of the SUSU staff as connectors was an important aspect of strengthening local partnerships.
- Participation in the National Falls Prevention Coordination Group and the production of the new national accident prevention strategy show how RoSPA raised its profile as a leader in falls prevention nationally, and in local areas across the country. The organisation has a firm foundation to continue to support the drive to embedding preventing the first fall and making it everybody's business.
- People from public, private, voluntary and community organisations, clinical and community-based, accessed the SUSU network and used it to share and gather good practice. The exchange of learning has been both practical and supportive as people have tried new ways of working and tested new resources.

- Frontline workers in the public and voluntary sectors, such as officers in Fire and Rescue Services and Care and Repair housing teams and community workers were trained by RoSPA and have become more observant when conducting home visits and more active in looking for falls risks and hazards.

The wider community workforce in local partnership areas, including exercise professionals, pharmacists, opticians, carers and many more roles have increased awareness of the importance of preventing people from falling and greater understanding of how they can contribute to keeping people safe and encouraging them in self-care and prevention.

- The aim of the common dataset pilot scheme to gather primary data that could contribute to an evidence base on the benefits of delivering strength and balance exercise in community settings, fitted well with the ethos and ambition of the SUSU programme. The indicative findings of the scheme are that strength and balance activities delivered by non-specialist practitioners who have received the appropriate training can achieve measurably positive outcomes for the older people who take part in them.
- By re-framing ‘preventing the first fall’ as ‘living a healthy life safely and for longer’, SUSU has challenged the often-prevailing view that falls are an inevitable part of ageing. Evidence from the programme shows falls prevention becoming a shared priority for strategic partners and integrated into wider Health and Wellbeing strategies for supporting people to live well for longer. Instead of falls prevention being viewed in isolation, the structures are emerging in which it can become everybody’s business.

“What the project’s done is brought to the fore in people’s minds the opportunity to intervene even earlier (...), and to appreciate that actually the best outcome for individuals is to not fall in the first place.”

Local partnership lead

I. Introduction

The Royal Society for the Prevention of Accidents (RoSPA) is a leading accident prevention charity nationally and internationally. The charity has delivered advice, information and training on safety of older people for many years and the Stand Up Stay Up programme represented an opportunity to bring a fresh focus to that area of work and to address a pressing issue that would benefit from a higher national profile, namely falls prevention in older people.

Tackling falls requires the commitment of a wide range of services and often these focus on the response when a person has a fall, which may be too late for at least a third of over 65s who never fully recover from that first fall. Falls, and fear of falling, have a significant individual human cost resulting from reduced mobility and social isolation. Fewer than half of older people with a hip fracture return home and, for some, it is the event which forces them to move into residential care. RoSPA's key driver for developing a falls prevention programme was to challenge the assumption that falls are an inevitable part of ageing.

The *Stand Up Stay Up – taking the rise out of falls* programme was funded through an Innovation, Excellence and Strategic Development Fund (IESD) grant from the then Department of Health for 3 years from April 2016 to March 2019.

The objective of Stand Up Stay Up (SUSU) was to deliver a far-reaching falls prevention programme that would support areas across England to develop, test and disseminate best practice in delivering falls prevention on the ground and build on RoSPA's strategic position as a voluntary sector contributor in the field.

The aims of the programme were to:

- deliver a multi-layered approach to reducing falls and raising public awareness with a greater emphasis on preventing the first fall
- reinforce the ethos of making every contact count, including early identification of people who might be at risk of falling
- support the development of falls pathways that start with and invest in prevention in the community
- highlight the key role that voluntary sector organisations can play as partners in preventing falls alongside health and local authority bodies.

This report presents the findings of an external evaluation undertaken by Merida Associates between March 2017 to March 2019.

1.1 Context for Stand Up Stay Up programme

In January 2017, during the delivery period of Stand Up Stay Up, the National Falls Prevention Coordination Group (NFPCG) published a [Falls and Fractures Consensus Statement](#)² which presented the intention of the group to support and encourage local areas towards a collaborative ‘whole system’ approach to commissioning of falls and fracture services by providing information and resources.

NFPCG is made up of 18 national organisations, including RoSPA, who are involved in the prevention of falls, care for falls-related injuries and the promotion of healthy ageing. The Consensus Statement provided an important national context for SUSU and a route for its learning to be shared.

The Consensus Statement encouraged local areas to form partnerships and:

- reach out to find people at risk of a fall and conduct risk assessments
- provide tailored interventions for those at high risk of falls
- provide evidence-based strength and balance programmes for those at low to moderate risk of falls
- provide home hazard assessment and improvement programmes
- have a strategic lead and governance body with oversight and assurance of falls, bone health and related areas including frailty and multimorbidity

These were key elements of the Stand Up Stay Up programme and the Consensus Statement provided a framework for the test and learn community interventions being trialled in SUSU which formed a link between national and local falls prevention activity.

NFPCG produced a [resource pack](#)³ to accompany the Consensus Statement which included a range of documents on commissioning for prevention, clinical guidance and evidence-based interventions, together with an implementation checklist to help local partnerships get started.

Later that year, NHS RightCare published [The Falls and Fragility Fractures Pathway](#)⁴ to provide a national case for change and a set of resources to support local Health economies to concentrate their improvement efforts where there is greatest opportunity to improve population health. Central to the pathway are key elements of the Consensus

² PHE (Jan 2017) Falls and fracture consensus statement Supporting commissioning for prevention Produced with the National Falls Prevention Coordination Group member organisations

³ PHE (July 2017) Falls and fracture consensus statement Resource pack Resources for commissioners and strategic leads with a remit for falls prevention, bone health and healthy ageing

⁴ NHS RightCare; PHE; NOS (Nov 2017) RightCare Pathway: Falls and Fragility Fractures

Statement and resource pack, together with examples of best practice and key messages for commissioners which include:

- focus on falls prevention as a priority for making the best of available resources
- work across the system to deliver:
 - Targeted case-finding for osteoporosis, frailty and falls risk
 - Strength and balance training for those at low to moderate risk of falls
 - Multifactorial intervention for those at higher risk of falls
- use the Falls Prevention Consensus Statement implementation checklist

Together, the Consensus Statement and the RightCare Pathway provide a policy and best practice context for integrated, multi-agency approaches to falls prevention and working differently with older people to support healthy ageing.

Evidence base for interventions in community settings

Key areas of activity for local partnerships within the SUSU programme are strength and balance exercises and home environment risk assessments and adaptations.

The Consensus Statement and a Public Health England (PHE) systematic literature review of muscle and bone strengthening activities (2018)⁵ usefully summarise the growing body of evidence in support of community interventions to reduce the incidence of falls. Both sources identify the interventions that have been shown to achieve positive outcomes for older people. The PHE review notes:

“... increasing evidence on strengthening and balance activities for general health benefits, and suggest that all adults and older adults should “undertake a programme of exercise at least twice per week that includes high intensity resistance training”, some impact exercise (running, jumping, skipping etc.) and balance training. The specific exercises included and the volume of exercise per session should be tailored to individual fitness and physical function.”

A Cochrane Collaboration systematic review of preventing falls in older people found that risk assessment followed by appropriate multifactorial interventions reduced the rate of

⁵ Public Health England (2018) Muscle and bone strengthening and balance activities for general health benefits in adults and older adults Summary of a rapid evidence review for the UK Chief Medical Officers' update of the physical activity guidelines available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721874/MBSBA_evidence_review.pdf

falls by 24%.⁶ NICE guidelines⁷ define a multifactorial intervention as one with several elements designed to meet an individual's falls risk factors that might include:

- strength and balance training
- home hazard assessment and intervention
- vision assessment and referral
- medication review with modification or withdrawal

There is recognised evidence that assessing risks in the home environment and installing adaptations can reduce the risk of falls,⁸ cited in the Consensus Statement and supported in NICE guidelines. The Cochrane Collaboration systematic review found that home hazard assessment and modification reduced the rate of falls by 19% and the risk of falling by 12%.

Wider context

Groundwork for a new approach to falls prevention was laid at the national level with the earlier publication of related consensus statements, such as Improving Health and Wellbeing from NHS England, Public Health England, the Chief Fire Officers Association and others⁹. This encouraged joint strategies for early intervention and prevention; to ensure people with complex needs are able to live full lives, sustain their independence for longer and in doing so reduce preventable hospital admissions and avoidable deaths. It set out the framework for Safe and Well visits delivered by Fire Services nationally, with which several SUSU local partnership areas were able to align their community interventions.

An important driver for change in the last 3 years has been the transformation of public services in response to austerity measures. According to the Local Government Association:

“By 2020, local authorities will have faced a reduction to core funding from the Government of nearly £16 billion over the preceding decade. That means that councils will have lost 60p out of every £1 the Government had provided to spend on local services in the last eight years. Next year [2019], 168 councils will receive no revenue support grant at all¹⁰.”

⁶ Gillespie L.D., Robertson M.C., Gillespie W.J., Sherrington C., Gates S., Clemson L.M., et al. Interventions for preventing falls in older people living in the community. In: Cochrane Database of Systematic Reviews [Internet]. John Wiley & Sons, Ltd; 2012]. Available from: www.onlinelibrary.wiley.com/doi/10.1002/14651858.CD007146.pub3/abstract

⁷ NICE. Falls in older people: assessing risk and prevention | Guidance and guidelines | NICE [Internet]. 2013 [cited 2016 Nov 25]. Available from: www.nice.org.uk/guidance/cg161

⁸ 3 Nicol S, Roys M, Garrett H, BRE. The cost of poor housing to the NHS [Internet]. BRE Trust; 2016 [cited 2016 Nov 25]. Available from: www.bre.co.uk/filelibrary/pdf/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf

⁹ Consensus Statement on Improving Health and Wellbeing between NHS England, Public Health England, Local Government Association Chief Fire Officers Association and Age UK (2015)

¹⁰ Local Government Association “Local government funding Moving the conversation on” LGA June 2018

Local authority spending on adult social care in England fell 8% in real terms between 2009–10 and 2016–17.¹¹ The ageing population is putting additional pressure on adult social care services with predictions that, by 2021–22, local authorities will be spending more on child and adult social care than their total income.¹² Projections by the Personal Social Services Research Unit (PSSRU) suggest that the likely financial ‘burden’ on social care costs will continue to rise post 2021–22¹³.

These trends have a particular pertinence in terms of falls as it is estimated that up to one in three (3.4m) over-65s currently suffer a fall each year, costing the NHS an estimated £4.6 million a day.¹⁴ NICE estimate the total cost of falls to the NHS at £2.3 billion per annum.¹⁵

The Falls Economic Model, developed by the Chartered Society of Physiotherapy, has estimated that if everyone 65+ at risk of falling was referred to physiotherapy, 160,000 falls would be prevented saving the NHS £250 million every year.¹⁶

Further research indicates that for those aged 80 and over, 50% are at risk of falling. In around 5% of cases a fall leads to fracture and hospitalisation, with 255,000 falls-related emergency hospital admissions per year for older people in England and the annual cost of hip fractures alone to the UK estimated at being around £2 billion.¹⁷ In addition:

- unaddressed falls hazards in the home are estimated to cost the NHS in England £435m
- the total cost of fragility fractures in the UK has been estimated at £4.4bn which includes £1.1bn for social care

These figures do not give the full picture as there are inconsistencies in data collection and the figures take no account of the cost to the individual, or carers, of lost confidence, mobility and quality of life. They do indicate the potential cost savings and increased quality of life for older people that could be achieved with the implementation of a systematic approach to falls prevention.

¹¹ Simpson, P. (2017) Public spending on adult social care. London. Institute for Fiscal Studies/Nuffield Foundation

¹² See for example Greater Manchester Council of Voluntary Organisation’s projections;

<https://www.gmcvo.org.uk/graph-doom-and-changing-role-local-government>

¹³ The Personal Social Services Research Unit (PSSRU) data cited in House of Commons Select Community Inquiry into the costs of social care (2018) – available at

<https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/768/76807.htm>

¹⁴ Age UK <https://www.ageuk.org.uk/latest-press/archive/falls-over-65s-cost-nhs/>

¹⁵ See https://improvement.nhs.uk/documents/1471/Falls_report_July2017.v2.pdf

¹⁶ See <https://www.csp.org.uk/professional-clinical/improvement-and-innovation/costing-your-service/cost-falls>

¹⁷ Available at <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/03/falls-fracture.pdf>

Towards the end of the Stand Up Stay Up programme the broader health and social care context shifted further towards prevention and early intervention. The recent NHS Long Term Plan (2019)¹⁸ places a strong emphasis on the development of preventative and early intervention services. It specifically recognises the value and impact of community-based interventions: “*Falls prevention schemes, including exercise classes and strength and balance training, can significantly reduce the likelihood of falls and are cost effective in reducing admissions to hospital.*”

This reinforces provisions in the Care Act (2014)¹⁹ which placed statutory responsibilities on local authorities to ‘*contribute towards preventing or delaying the development by adults in its area of needs for care and support*’.

At primary care level, too, new models of working and policy drivers are creating an environment where falls prevention can be integrated into all primary care roles including GPs, nurses and wider practice teams, pharmacists and opticians. In addition, the introduction of the Frailty register into general practice is pushing falls prevention up the primary care agenda. People assessed as moderately frail are identified as having a falls risk and should be actively signposted to preventative services.

Challenges of the changing context to the programme

- A key challenge to the implementation of SUSU activities was the climate of uncertainty surrounding the reconfiguration of local authorities due to austerity, and to health and social care organisations as new models of working were being introduced. This led to difficulty in securing strategic buy-in to falls prevention strategies and plans in some areas.
- Organisational changes resulted in changes of personnel at different levels in organisations and this had an adverse impact, mostly short term, on the continuity of leadership and commitment to falls prevention as a priority in some local partnership areas. Some lead officers struggled to dedicate time to implementing the SUSU project and others moved to new roles. The SUSU team provided strong support in areas where this happened in order to maintain momentum and engage with new people as they picked up the lead role. In other areas, the commitment and passion of key individuals to take falls prevention forward enabled engagement with SUSU to continue on the ground while new structures were emerging at strategic level.

¹⁸ The NHS Long Term Plan 2019 available at <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/> (p.17)

¹⁹ The Care Act 2014 available at <http://www.legislation.gov.uk/ukpga/2014/23/section/2/enacted>

2. Description of Stand Up Stay Up programme

A small RoSPA team supported and delivered the Stand Up Stay Up programme; a Project Manager and 2 Public Health Project Officers, with additional support from the wider RoSPA team.

SUSU activities were linked to five key strands of the programme in a multi-layered approach:

Stand up

RoSPA invited partner agencies in all areas of England who are involved in improving health and quality of life for older people to 'stand up' for falls prevention and help raise its profile on the national agenda.

The programme offered an opportunity to build a national alliance of all those who work to promote falls prevention in their day-to-day services.

Join up

Organisations who joined the Stand Up Stay Up network were kept up-to-date with programme activities and information on falls prevention via an e-newsletter and updates on the SUSU pages of the [RoSPA website](#). They could contact the SUSU team with queries and link up with falls services commissioners and practitioners across the country.

Network members were offered discounted places at RoSPA's national Congress in 2017, which focused on falls prevention, and they could attend the free learning exchange events held in 2017 and 2018.

In the final year of the programme, network members were invited to join a pilot scheme to gather a common dataset set of evidence from strength and balance exercise courses delivered in community settings. 12 organisations across the network signed up to take part in the pilot scheme (see section 6).

Partner up

Over the 3 years of the programme RoSPA supported 10 local project partnerships in their falls prevention work, helping them to put prevention at the heart of their strategic development to deliver long-term change and test out innovative approaches to community interventions to support prevention of the first fall.

Local partnership applicants were required to meet selection criteria to help identify areas that could both benefit from and contribute to the aims of the programme:

- There had to be a good spread of projects across Government regions
- Data to show evidence of high levels of falls risk in the population
- A focus on preventing the first fall and a willingness to challenge the assumption that falls are an inevitable part of ageing
- Partners were asked to commit to contributing time and resources to work with RoSPA to develop their local projects.

The local partnerships that were selected provided a diverse range of starting points, contexts and ideas to ‘test and learn’.

Blackburn with Darwen were keen to link falls prevention to the wider determinants of health and already had an Accident Prevention Strategy that included falls prevention.

Brighton & Hove had completed a recent needs assessment from which their Falls Prevention Steering Group had created an action plan.

Bristol Public Health had plans to develop a city-wide falls prevention strategy, in conjunction with partners and stakeholders, to be combined with a strategy for frailty and dementia being developed by the Clinical Commissioning Group (CCG).

Northamptonshire was taking a county-wide approach to effect system change in falls prevention; the structures and strategy were in place so engagement with SUSU was timely.

In **Birmingham**, the move to integrated services to reduce falls was identified as a priority within the CCG. They chose to focus on falls prevention policy and practice development in the area of the city with the highest rate of hospital admissions for falls.

RoSPA received 2 applications from **Sandwell**, one from the local authority and one from the Hospital Trust. They encouraged the organisations to submit a joint application for an integrated approach to developing a new falls pathway.

Hampshire identified **Rushmoor** as a hotspot for hospital admissions for falls and took an innovative approach to using QTUG²⁰ technology in community-based delivery with the Fire Service.

Cumbria is a huge county with a rural population which presented different challenges to a strategic approach to falls prevention.

Southend on Sea and Brighton & Hove are coastal areas with high numbers of older people.

In **Hammersmith & Fulham**, London a voluntary sector provider had piloted a replicable model for rehabilitation and social integration of people aged 60+ following a fall or acute illness requiring a hospital stay.

The SUSU team focused on building strong and effective partnership working relationships in the 10 local areas, providing support, information and encouragement during changes in context and personnel. They also signposted practitioners to evidence-based interventions that had a proven track record of preventing falls, improving balance, preserving quality of life and independence.

Figure 1 Local partnership areas



²⁰ QTUG™ Kinesis Health Technologies <https://www.kinesis.ie/qtug/>

Community Interventions annual grants scheme

Each local partnership in the Partner Up strand of activity had the opportunity to develop ‘test and learn’ approaches to falls prevention supported by annual grants (£5,000 per year for 3 years) to encourage innovation and capture learning from what works. The SUSU team supported local partnerships to deliver community interventions which had the potential to influence policy and practice locally and more widely across the national network. Local partnerships were required to present annual reports on what they delivered, what they learnt and how they built on the community interventions in each year of the programme.

Speak up

SUSU encouraged partners to speak up about the community interventions they were testing, to raise local awareness. They could inform local people of the risks of falls and what falls prevention services were available to them and share experiences with other local partnership areas to increase learning and enable best practice across the country.

The Home Safety Congress and 2 learning exchange events enabled local partnerships and other agencies in the network to come together and learn from each other. These events facilitated the dissemination of ideas and practical tools to support the promotion of falls prevention.

Partners could also share their work in the *Taking the rise out of falls* e-newsletter and tools and documents could be uploaded on to the SUSU pages of the RoSPA website.

Train up

As part of the SUSU programme offer, RoSPA provided 2 days free training in its City & Guilds-accredited Older People’s Safety in the Home course to each local partnership project, with 20 places per day to train up any of their staff or volunteers who had day-to-day contact with older people or their families. Network members could access the Older People’s Safety in the Home course at a discounted rate.

Building on RoSPA’s track record of accredited home safety training, the aim was to increase the number and range of people with the skills and knowledge to recognise the main risk factors for falls and provide advice and support to older people, their families and carers.

3. Evaluation approach and methodology

Merida Associates, an established consultancy based in the West Midlands, was appointed as external evaluator to the Stand Up Stay Up programme in March 2017.

The objectives of the evaluation were to:

- Assess to what extent SUSU achieved its programme and organisational goals
- Gather, collate and review evidence against each of the programme outcomes
- Reflect on the role of the SUSU team in supporting delivery against outcomes
- Reflect on the overall impact of the programme

The evaluation took a formative approach by maintaining regular communication with the programme team, providing opportunities for them to reflect on learning and keeping up-to-date with changes in delivery or circumstances which had an impact on the progress of the programme.

The focus of the evaluation was to evaluate the impact of the SUSU programme as a whole in promoting falls prevention nationally and in local areas, and to capture learning from the community interventions funded as part of the programme. The 10 local partnerships conducted their own evaluations of funded activity and their reports were a valuable source of evidence for the programme evaluation.

A team of researchers was deployed to ensure coverage of the local partnerships across Government regions and to enable team members to build links with the project leads and follow their progress over the period of the evaluation research.

The research was conducted using a mixed methodology including documentary analysis of the annual reports, presentations and supplementary information generated by local partnerships, to identify common themes and specific examples of interest. Quantitative analysis has been undertaken of programme data, such as training course feedback, and there has been a focus on gathering qualitative primary source material, mostly undertaken during visits to local partnership areas, most of which were visited twice.

The qualitative research enabled the capture of partners' experiences in implementing new ways of working and testing innovative methods of delivering falls prevention messages in community settings. The aim was to provide space for people to reflect on what worked and where they had encountered barriers. It also enabled collection of feedback from older people who participated in the Stand Up Stay Up-funded interventions to supplement comments gathered by the local partnerships.

Documentary material was gathered by the Project Manager and Public Health Project Officers who collected copies of falls prevention strategies, policies and tools developed during the programme at national level and across the network to create a falls prevention 'hub' of information. Feedback was gathered from everyone who participated in Older People's Safety in the Home training. The SUSU team set up and distributed the data collection mechanisms for the common dataset pilot to participating agencies across the SUSU network and collated the data that was returned before sharing it with the evaluation team.

A Theory of Change was developed with the programme team (see p.14) and an evaluation framework produced that identified indicators against each of the programme outcomes. The findings sections of the report summarise the evidence analysed for each outcome.

Summary of evaluation activity

- Theory of Change workshop
- Reflection meetings with SUSU programme team
- Interviews with RoSPA leaders and strategic stakeholders
- 20+ visits to local partnership sites
 - Interviews with project leads and partners
 - Attendance at local partnership meetings
 - Interviews with frontline practitioners and trainees
 - Attendance at community interventions
 - Discussions with older people participants
- 4 x online surveys (2 x trainees/ 2 x network members)
- Desk research
 - Review of programme management reports and training feedback
 - Review of documentary evidence from local partnerships
 - Literature review to locate findings within the current and developing policy environment
- Ongoing contact with local partners – email, phone
- Learning exchange workshops x 2
- Contribution to pilot common dataset scheme and review of initial collated data

Evaluation constraints

One of the original aims of Stand Up Stay Up was to measure a reduction in falls in the local partnership areas included in the programme. It quickly became apparent that baseline data was not consistently available for each area and that there was a lack of clarity about how the data was collected and measured. An opportunity arose during the programme to pilot data collection for a common dataset on the impact of short-term strength and balance classes and it was agreed that an overview of data collected centrally from this pilot would be added into the evaluation plan.

The evaluation team were successful in engaging all partner areas in the evaluation process but have met challenges due to organisational change and financial uncertainty for local partners. Reorganisation and redeployment resulted in turnover of staff, often with no guarantees of replacement, and this had an impact on both the strategic leadership and practical delivery in most partner areas. This challenged continuity of engagement with the programme and the evaluation in some areas, although overall links were maintained or renewed.

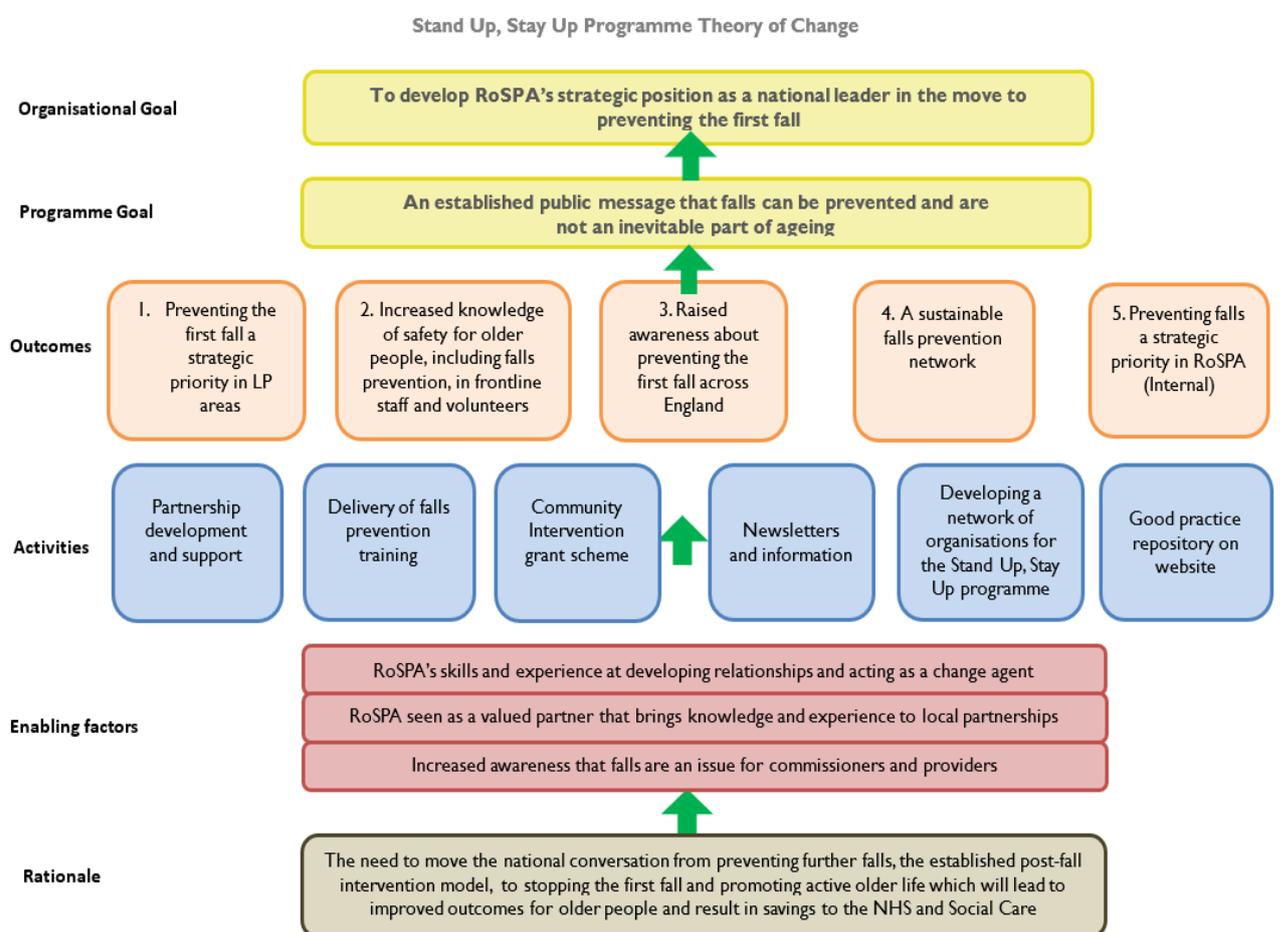
The quality of local evaluations provided by local partnerships was variable, with partners citing the pressures outlined above and lack of time as key factors. Similarly, some partners found it difficult to collect and record data for the common dataset consistently. This resulted in less complete data being available than was anticipated.

3.1 Stand Up Stay Up Theory of Change

The evaluators worked with the SUSU team to create a Theory of Change for the programme. This is a recognised tool for service planning and review that provided a logical mechanism to link the programme’s activities to its goals, by identifying the outcomes achieved through delivery. It enabled the SUSU team to reflect on the evidence base that had informed the decisions about the activities that were chosen to achieve the programme outcomes; and looked at what needed to be in place (enabling factors) for SUSU to be successful. See Appendix I for a narrative that accompanies Figure 1.

The Theory of Change enabled the evaluation team to understand the rationale that underpins the Stand Up Stay Up programme and informed the monitoring of the changing context as the programme was delivered, ensuring recognition of environmental changes that might impact on the outcomes being achieved.

Figure 2



4. Activity of 10 local partnerships

Local authority	Year 1	Year 2	Year 3
Birmingham (Northfield)	<ul style="list-style-type: none"> Frailty improvement scheme Polypharmacy project Move It or Lose It Library resources 	<ul style="list-style-type: none"> Frailty improvement scheme Polypharmacy project Move It or Lose It QTUG pilot 	<ul style="list-style-type: none"> Frailty improvement scheme Polypharmacy project Move It or Lose It with QTUG
Blackburn with Darwen	<ul style="list-style-type: none"> 4 x information events + falls risk assessment Falls prevention tea towel 	<ul style="list-style-type: none"> 2 x 12 week strength and balance training & education sessions / QTUG Promotional events with Balance Assessor 	<ul style="list-style-type: none"> 2 x 16 week strength and balance training & education sessions / QTUG Promotional events with 'age simulation' suit
Brighton & Hove	<ul style="list-style-type: none"> Falls prevention network Strong & Steady flashmob sessions 	<ul style="list-style-type: none"> Falls prevention network Dancing for Health groups Promotional video 	<ul style="list-style-type: none"> Falls prevention network OTAGO training & classes
Bristol	<ul style="list-style-type: none"> Postural Stability Instructor training 	<ul style="list-style-type: none"> Staying Steady classes commissioned Promotional video & leaflet 	<ul style="list-style-type: none"> Staying Steady classes Staying Steady Aqua pilot Home Safety & Modification project
Cumbria	<ul style="list-style-type: none"> Research on falls prevention Multi-agency falls prevention workshop 	<ul style="list-style-type: none"> Up & About campaign Falls Prevention awareness week Falls Prevention workers recruited 	<ul style="list-style-type: none"> Up & About campaign Falls Prevention awareness week Volunteer Falls Champions recruited
London (Hammersmith & Fulham)	<ul style="list-style-type: none"> 4 x events + strength & balance exercise 	<ul style="list-style-type: none"> Training facilitator recruited Exercise classes delivered 	<ul style="list-style-type: none"> Exercise classes at BCH Exercise classes at 6 sheltered housing sites
Hampshire (Rushmoor)	<ul style="list-style-type: none"> STEER courses QTUGs 	<ul style="list-style-type: none"> Falls Friends & Champions developed Stakeholder event 	<ul style="list-style-type: none"> STEER courses Falls Friends Steady & Strong classes
Northamptonshire	<ul style="list-style-type: none"> Awareness raising event Home hazard assessment Online portal 	<ul style="list-style-type: none"> OTAGO network & sessions Pharmacists CPD workshop Care & Repair project 	<ul style="list-style-type: none"> Recruited & trained OTAGO leaders Falls prevention dashboard Opticians CPD workshop

Local authority	Year 1	Year 2	Year 3
Sandwell	<ul style="list-style-type: none"> Developed falls prevention pathway QTUG training 	<ul style="list-style-type: none"> Network to co-ordinate services QTUG assessments in 3 settings Falls prevention tea towel 	<ul style="list-style-type: none"> QTUG assessments in community settings Strategic integration
Southend on Sea	<ul style="list-style-type: none"> Community falls service 1 x 12 week Dance for Health course 	<ul style="list-style-type: none"> QTUGs trialled in PSI classes & with OT 	<ul style="list-style-type: none"> New marketing material Awareness event with visual impairment glasses

Table 2: Local Partnerships community intervention activities

Local Partnership area	RoSPA training	Strength & Balance exercise	Evidence-based training	Q-TUGs	Events /visits	Resources eg films	Meds reviews	Falls risk pathways	Falls Champions/officers	Strategic plans	Home safety scheme
Birmingham (Northfield)	✓	✓	FABS	✓		✓	✓	✓		✓	
Blackburn with Darwen	✓	✓	PSI 4	✓	✓	✓		✓			
Brighton & Hove	✓	✓	Otago			✓		✓			
Bristol		✓	PSI 4			✓		✓			✓
Cumbria	✓	✓	Get Up & Go		✓	✓			✓	✓	
London (Hammersmith & Fulham)	✓	✓	FABS	✓	✓						
Hampshire (Rushmoor)	✓	✓	Otago	✓					✓	✓	
Northamptonshire	✓	✓	Otago	✓	✓	✓		✓	✓	✓	✓
Sandwell	✓			✓	✓			✓		✓	
Southend-on-Sea	✓	✓	Otago/ FAME	✓	✓	✓	✓			✓	

5. Programme outcomes

This section of the report presents the findings of the evaluation research process which were collated and analysed to assess the programme's achievements against its outcomes. The evaluation sought evidence against a number of indicators for each outcome and the findings are presented under each one.

5.1 Outcome 1: Preventing the first fall embedded as a strategic priority in Local Partnership areas

In order for the SUSU programme to have a longer-term impact, one of the agreed outcomes of the programme was for 'preventing the first fall' to become embedded as a strategic priority in the 10 local partnership areas. The indicators for this outcome were:

- Effective local partnerships
- Local falls prevention strategies and plans that reference primary falls prevention
- Cross-agency working to deliver community interventions
- Sign up of key partners to the concept that 'falls are everybody's business'

The local partnership areas chosen to be part of SUSU represented quite different local contexts; some already had established partnerships and were working towards a 'whole system' approach to falls prevention, others were building relationships between partner agencies. It was expected, therefore, that progress against the indicators would vary in pace and level of activity.

The evidence shows that in all local partnership areas there was raised awareness of the concept of 'preventing the first fall' through Stand Up Stay Up. For some it was a pre-existing strategic priority, in other areas awareness was increased during the programme and, by the end, the concept was more widely recognised and being incorporated into strategic plans.

Effective local partnerships

The areas with a pre-existing falls prevention partnership had a structure through which to develop cross agency and sector partnership working and to share the learning from co-ordinated activity. Effective local partnerships had high-level support from key decision makers and influencers which helped those areas to be successful in acquiring resources for falls prevention and in pooling the existing resources of individual agencies to address preventing the first fall.

Partnerships can be effective at strategic or operational levels and both of these can lead to better outcomes for older people through more joined up care pathway and referral routes, and the co-ordinated identification of and reduction in risk factors.

There is evidence that strategic partnerships can be instrumental in positioning first falls prevention within emerging strategic priorities such as frailty. The Sustainability and Transformation Partnership in South East Essex, including Southend on Sea, had a key focus on the development of a Care Co-ordination Service for Frailty. A Falls Project Steering

Group was initiated working in collaboration with key stakeholders on the falls pathway for the area.

Northamptonshire worked through a countywide Implementation Group that developed improved pathways and referral processes and influenced the inclusion of falls prevention in health and social care transformation plans (see p.24). Its strategic whole system approach was informed by the National Falls Prevention Consensus Statement and the updated NICE standards. Brighton & Hove had a Falls Prevention Steering Group that reported to the Health and Wellbeing Board and set up a Working Group to deliver the SUSU project.

With the advent of SUSU, a falls prevention task and finish group was set up in Blackburn with Darwen that established a strong partnership delivery model between Blackburn with Darwen Council, Age UK and Carers Network. Being involved in jointly delivering a project helped partners recognise the complementary strengths and skills they each brought and led to more honest conversations, reduced duplication, aligned resources and ultimately better services and outcomes for older people.

For some local partnerships, SUSU acted as a catalyst to bring people together to think differently about falls prevention. Partners reported how the SUSU staff team supported them to meet and work through some of the more challenging aspects of partnership working. Both the SUSU team and local partnerships needed to be flexible and responsive to changing circumstances on the ground, sometimes coming up with creative changes of direction when avenues of activity closed down.

There has been considerable learning among partners about working with each other's different organisational cultures and political, operational and budgetary constraints. Closer collaboration has enabled the sharing of resources to achieve common goals.

Local strategies and plans

In some local partnership areas, SUSU was a catalyst for changing the mindset of strategic partnerships of agencies and practitioners to understand that falls prevention needs to happen before the first fall.

In others, such as Brighton & Hove which joined SUSU with a cross-agency Falls Prevention Needs Assessment (2016) that supported the *“development of additional evidence based programmes of strength and balance exercise classes, delivered in community settings to prevent first falls in those who are at risk”*, strategic recognition was in place and the programme arrived at the right time for partners to try new ways of working. Similarly, in Blackburn with Darwen, preventing the first fall was already a strategic aim in the Integrated Strategic Needs Assessment (2015). In Cumbria, the Health and Wellbeing strategy (2016-9) provided a firm foundation for involvement with SUSU as it included the intention to enable older people to live independent and healthy lives and included falls prevention as an area for action (see p.21).

The strategic positioning of falls prevention is evolving. Recently in Hampshire, a cross-sector group produced the Hampshire Falls Prevention Strategy for 2019 – 2022 informed by learning from SUSU. The strategy states that *“effective falls prevention requires a whole system approach that combines both universal and targeted actions.”*

Case study: Hampshire

A partnership approach

Hampshire is a large county with a complex strategic structure comprising of 5 CCGs, 3 NHS trusts, 2 ambulance services, 11 borough councils and 3 unitary authorities. The agency boundaries are not coterminous.

Initial needs assessment work identified the borough of Rushmoor as a priority district in Hampshire and SUSU funding has been targeted at this area. Hampshire developed a strong local partnership during the SUSU programme, building on joint falls prevention initiatives that had taken place since 2010. Southern Health NHS Foundation Trust, Hampshire Fire and Rescue Service and Hampshire County Council have worked together to identify people at risk of a fall and signpost them into support services depending on their level of risk. Early adopters of the QTUG falls risk assessment technology, the Hampshire Fire & Rescue Service used it during Safe and Well home visits to identify people who would benefit from their Safety Through Education and Exercise for Resilience (STEER) courses or higher-level Steady and Strong classes.

Hampshire recognised that the services and support for falls prevention span a number of organisations and sectors, and formed a cross-agency Falls Prevention Steering Group in 2018 to develop the falls prevention strategy and oversee its delivery. A falls prevention stakeholder event mapped provision in Hampshire against the recommendations of the 'falls and fracture consensus statement' produced by Public Health England and this informed the priorities in the Hampshire Falls Prevention Strategy 2019 – 2022 that was published at the end of 2018.

“It takes a while to learn and to try things out. Being part of SUSU has given us an impetus to focus on Rushmoor and get it right.”

SUSU partner

There was no local funding allocated to implement the strategy so partners have had to integrate the priorities in the falls prevention strategy into their own agencies' priorities.

Partners in Hampshire have learnt that agencies from different sectors have different approaches, cultures and ways of working. For example, the Fire Service tends to be about action first and reviewing later, whereas Public Health prefers to conduct research and evidence gathering before taking action. Through SUSU, both agencies recognised that cross-agency work was sometimes challenging, but that it resulted in positive outcomes and that they could achieve more by working collaboratively.

“The nature of partnership working does mean that programmes take longer to implement.”

SUSU project lead

The emergence of the Frailty agenda at national level has created an impetus to address falls prevention as a strategic priority. In Northamptonshire, under its 5-year strategic falls prevention framework, a new Falls Prevention Service was recently procured to start in April 2019 and it includes falls prevention interventions as part of the “mild frailty” pathway, to enable reaching people ‘pre-first fall’.

In Birmingham, where previously there was no agreed strategy for falls, being part of the SUSU programme promoted falls prevention as a priority within the CCG, local authorities and Public Health. Birmingham and Solihull CCG built falls assessments into GP contracts and, as of April 2019, into the Primary Care Universal Offer creating clearer pathways to services linked to levels of risk at assessment, e.g. low medium risk ‘diverted’ into community settings rather than clinical/specialist services.

Northamptonshire reported that at a strategic level, they succeeded in Integrating strength and balance sessions into the Physical Activity Action plans of seven District and Borough Councils who are promoting appropriate levels of physical activity to vulnerable population groups in their area.

Collaboration on community interventions

Local partnerships provided evidence of co-ordination in the delivery of falls prevention - clinical partners working with other public and voluntary sector organisations and community groups to support preventing the first fall. All local partnerships achieved against this indicator. One area of interest for the evaluation was where there was a focus on non-clinical, community-based interventions that reached people before they entered the health system due to a fall.

Across the programme there are examples of combinations of professionals working together in community settings. In Hammersmith and Fulham, for instance, physiotherapists deliver strength and balance classes alongside exercise professionals within a voluntary sector organisation. In Birmingham, a private sector provider delivered education and exercise courses in a GP surgery and community libraries, linking with both health and local authority services. Local partnerships targeted the RoSPA Older People’s Safety in the Home training sessions to frontline workers and volunteers from different agencies who visit people in their homes so that they could better identify risk and advise people on falls prevention, providing a consistent approach regardless of which organisation they came from. Further examples are presented throughout the report.

“The NHS only picks up people who’ve already fallen, we want to use people in the community already. Bus drivers, taxi drivers, housing providers, etc. People are more likely to listen to their friends and family.”
SUSU partner in Hampshire

Case study: Cumbria

In Cumbria there was no existing co-ordinated falls prevention programme. The launch of the SUSU programme coincided with the Health and Wellbeing Strategy in Cumbria for 2016 -19 which identified falls prevention as a priority for older people. Cumbria are developing Integrated Care Communities which have a strong preventative focus and aim to keep people out of hospital. They are also appointing frailty coordinators with a falls prevention remit.

There was a focus on attending relevant meetings and ensuring that falls prevention was discussed everywhere, in all key agencies, so that it became everybody's business. As a result, over time in Cumbria there has been a move away from concentrating on supporting people once they had fallen, to preventing the first fall.

A multi-agency group identified that preventing the first fall should be the priority but found there was a limited evidence base for successful interventions. Engagement with the SUSU programme enabled partners to attend the RoSPA falls prevention Congress; link with national experts and PHE; and benefit from input from the Public Health Project Officer. They found that networking with people from other areas helped them to decide the best and most effective approach to take. As a result, Cumbria appointed four falls prevention workers and focused on simple evidence-based strength and balance exercises branded in a positive way as 'Up and About' for people to use in their homes, supported by an annual falls awareness promotion week.

“What the project's done is brought to the fore in people's minds the opportunity to intervene even earlier, and to appreciate that actually the best outcome for individuals is to not fall in the first place”

SUSU partner in Cumbria



Recognition of falls as ‘everybody’s business’

Partly in response to the growing recognition that primary prevention is not just the responsibility of the NHS, Public Health or social care services, across the SUSU programme there was growing awareness that falls prevention is not the domain solely of specialist services. A prevention and early intervention approach determines that falls prevention should become everybody’s business to be effective.

During SUSU public, private and voluntary sector agencies came to understand that they all had a role to play in primary falls prevention, at strategic and operational levels. Agencies began to map where falls prevention fitted against their own strategic priorities and align relevant services with falls prevention activity in other organisations through collaboration.

Professionals such as pharmacists, opticians, housing officers, occupational therapists and exercise instructors, who previously contributed to falls prevention but in isolation, joined up with voluntary organisations and community groups through Stand Up Stay Up. As a consequence, holistic approaches focused around the needs of individual people were developed and feedback from older people who participated suggests that the joined-up approach has better results.

ROSPA’s role and support

National awareness raising by RoSPA of the importance of preventing first falls was combined with practical support from the SUSU team, particularly the two Public Health Project Officers. They signposted local partnership areas to evidence-based interventions and national experts, provided links with other areas and local authorities, and encouraged any reluctant local partners to get involved. Local partnerships appreciated this practical support and found it motivating to be part of a national initiative, rather than working in isolation.

Barriers to embedding preventing the first fall as a strategic priority

Some local partnerships experienced barriers in attempting to embed preventing the first fall as a strategic priority. Structural and organisational changes resulting in changes to key personnel, including project leads, was a challenge in some areas. It led to uncertainty about strategic priorities and to a lack of leadership, especially when a persuasive person left a key role. In Bristol, for example, the consequences of structural uncertainty left one passionate individual within Public Health to do what she could within her sphere of influence to take action on falls prevention. Interventions were successfully achieved, with funding and support from SUSU, despite the lack of a strategic framework.

In areas where there was no partnership or strategy to drive resource allocation, including officer time, it was more difficult to make preventing first falls a priority. Some local partnerships were led by clinicians who were insistent that that only qualified professionals could deliver falls prevention interventions, which limited the scope of what could be undertaken. In those areas, the SUSU team played a useful role in raising awareness of what was being done in other areas and helped to persuade local partners to think and act differently.

“Having a link to such a trusted and well-known national organisation (and) “brand” such as RoSPA has enabled us to sustain working relationships with a wide variety of local stakeholders that might otherwise have risked becoming focused on other local health and wellbeing priorities”

SUSU partner
in Northamptonshire

Case study: Northamptonshire

Developing a system approach

For the countywide Falls Prevention implementation group in Northamptonshire, the advent of the Stand Up Stay Up programme was timely. They had already developed *Standing Up for Ourselves*, a 5-year Strategic Framework to implement a system-wide approach to falls prevention, based on good practice guidelines, signed off by the Health and Wellbeing Board and launched in 2016.

Their aim was to make falls prevention everybody's business and ensure that everyone played their PART:

- Preventing
- Assessing
- Reducing /Referring
- Treating/Undertaking training

They ensured that falls prevention was incorporated in local health and social care transformation plans, especially with regard to maintaining the independence and mobility of people showing even mild signs of frailty. They have also embedded falls prevention into the contract expectations of health and social care commissioned services.

Falls Prevention champions have been identified in all sectors and at all levels across the county. For instance, consultants in Accident and Emergency and the Fracture Liaison Service created a clinical network of prevention champions. Northamptonshire Sport has a common goal to get people aged 50+, and especially people with long-term health conditions, more active. Promoting falls prevention among sport and physical activity providers can raise awareness of the preventative health benefits of getting more active in a non-medical context and also help to deliver on Sport England's national physical activity agenda.²¹

An OTAGO network of trained exercise professionals established across the county receives referrals through a central countywide hub including from the Northamptonshire Falls Prevention Service which was re-designed to include more emphasis on preventing the first fall and re-launched in April 2019.

A CPD accredited falls prevention course was developed for local pharmacists and rolled out nationally. A similar course was then developed for community opticians in partnership with Northants Association for the Blind and delivered early in 2019. An information portal providing guidance and awareness of falls prevention and bone health was established and e-learning training on falls prevention was developed.²²

Northamptonshire have put the structures in place to make preventing falls everybody's business.

²¹ <https://www.northamptonshiresport.org/a-z/falls-prevention#>

²² <https://www3.northamptonshire.gov.uk/councilservices/health/preventing-falls/Pages/falls-prevention-advice-for-professionals.aspx>

5.2 Outcome 2: Increased knowledge of safety of older people, including falls prevention, in frontline staff and volunteers

A key element of the SUSU programme was to support an increase in the falls prevention knowledge and skills of frontline workers and volunteers who interact with older people in their homes and communities. There is evidence from local partnership areas that this was achieved across the programme. Through local partnership working, opportunities were also created to upskill a variety of professionals from different sectors to deliver preventative interventions. Improved cross-sector information sharing, coupled with co-ordinated approaches to identifying people at risk of a fall, enabled smoother signposting into appropriate support and services in some areas.

The indicators for this outcome were:

- Training delivered to people who support older people in their homes
- Number of trainees on RoSPA course that take up accreditation option
- Change in practice and attitude of key frontline workers

Through the programme, RoSPA were able to offer 2 sessions of their Older People's Safety in the Home course free of charge to the 10 local partnerships and sessions at a discounted rate to SUSU network member organisations. This training has provided an element of professional development for frontline workers at a time when training budgets are limited.

The course was refreshed for the SUSU programme to include the most up-to-date falls prevention information and the message to focus on preventing the first fall.

More than 300 people attended Older People's Safety in the Home training in 2017-2019. 22 training sessions were delivered in 14 different local authorities (LAs) of which 15 were in local partnership areas and 6 were offered the SUSU discounted cost. Four of these courses were delivered for RVS staff and volunteers in Cardiff, Edinburgh, Llanrwst and Stoke on Trent. RVS is an organisation that delivers frontline services to older people with whom RoSPA developed a strong partnership during the delivery of SUSU.

298 session evaluations completed by trainees were analysed, plus responses to 2 follow up online surveys for the SUSU evaluation.

A total of 202 organisations were represented at the training sessions. Most of the participants were from voluntary or community organisations (VCOs) or the public sector (44% and 46% respectively), with 7% from private sector organisations and 3% Community Interest Companies (CICs).

Uptake of accreditation

Course participants were offered the opportunity to do an exam after the session based on material covered in the course and leading to City and Guilds accreditation, to embed learning. From available data, 172 out of the 337 people took the exam (51%). The vast majority of these (c.99%) achieved the accreditation.

Table 3: RoSPA training dates, locations and numbers

Local authority	Date	Local Partner? (Y/N)	No. of trainees	Local authority	Date	Local Partner? (Y/N)	No. of trainees
Birmingham	05/02/19	Y	12	London (BCH)	6/9/17	Y	11
Blackburn	07/02/17	Y	18	Northampton	30/3/17	Y	19
Blackburn	08/02/17	Y	17	Northampton	1/2/18	Y	13
Blackburn	12/09/18	Y	14	Omagh	29/11/17	N	20
Brighton	6/3/17	Y	18	Penrith (Cumbria)	12/4/17	Y	16
Brighton	28/3/17	Y	21	Rushmoor (Hants)	19/4/17	Y	15
Brighton	20/2/18	Y	15	Sandwell 1	21/3/18	Y	11
Cardiff	16/1/19	N	14	Sandwell 2	4/03/19	Y	20
Edinburgh	30/1/19	N	12	Stoke	21/1/19	N	18
Kendal (Cumbria)	11/4/17	Y	16	The Tyrells (Southend)	21/4/18	Y	13
Llanrwst	15/1/19	N	8	Waltham F.	18/7/17	N	16
				Totals		Y15, N6	337

Useful content

Feedback on the content of the training was mainly positive, with the most common answer to the question ‘What was most useful?’ being ‘All of it’, and to ‘What was the least useful?’ ‘None of it / All useful’. There was a broad consensus from comments about the most useful features being:

- Being aware of risks / legislation / statistics
- Causes of falls / accidents / prevention and measures
- Risk assessment - identifying hazards, evaluating risks
- Case studies to visualise scenarios + easier to remember
- Being made aware in simple terms of practical risks in the home
- Symptoms of ageing + fall prevention
- Realising how this can affect older people

Figure 3 reported outcomes



Survey responses

The only exceptions were people who said that they were already confident in these areas.

Changes to practice resulting from the training

Trainees were asked what changes they would make to their practice as a result of attending the course. Figure 4 presents the main themes. Overall, people felt they had a clearer understanding of the risk of falls for older people and a raised awareness of hazards in the home. Survey respondents said that they would embed the learning in their everyday work, some specifying that they would improve their awareness of hazards and risk identification when visiting older people in their homes and be able to give better advice and support.

Figure 4 Changes to practice as a result of the course



Trainee feedback & survey responses

Most of the general comments from survey respondents about the course were positive, for example:

- Gives a [sic] understanding of the problems elderly people face at home and ways to deal with them.
- The course was very relevant to my job role as I work to support older people in their homes. I learnt a lot of new information.
- It is essential in a preventative role to promote this.
- Everyone can learn something new and everyone should be aware of the dangers in the home for older people.

Trainees reported increased awareness of the needs of older people and that they were now actively encouraging older people to be more active to help prevent falls. There was a recognition that sometimes, by thinking they are helping people, they could actually be contributing to reducing their mobility. For instance, placing items like the remote control near to an older person's chair means they do not have to get up to reach it. Trainees reported increased awareness of the importance of preventing the first fall specifically, as well as falls prevention in general.

"I now have more of a focus on preventing falls like talking with family members about trip hazards, giving them information, doing the kitchen checks and the most useful thing was to look what they are wearing on their feet."

"While you're on visits you're automatically looking and assessing the home environment and looking at suitability. Which – I will be honest – I didn't really do till the course!... Now we're in a better position to actually notice things that might cause issues... It's almost I've just assimilated it into my daily practice without having to think too much"

RoSPA course trainees

Trainees were asked on the evaluation sheets to select 5 words from a list of 25 to summarise their feelings about the course. The results are presented as a word cloud.

Figure 5



Increased falls-related knowledge and skills in the community

The SUSU programme created other opportunities for training of frontline staff. It brought a focus on falls prevention to local partnership areas and acted as a catalyst in upskilling the wider community workforce in falls awareness and prevention to support the move towards falls prevention becoming everybody's business. Some of the additional training was funded using the small grants provided through SUSU to support community interventions, but in some areas the spotlight of the SUSU programme enabled partnerships to release or lever in other funding to support training costs.

In several local partnership areas people received training in the use of strength and balance exercises to improve older people's postural stability. The levels and intensity of the training varied considerably, depending on whether people would be giving basic advice to someone in their home or teaching classes of older people. The key message to emerge has been that it does not have to be clinicians who deliver strength and balance or postural stability classes, they can be successfully delivered by people in other roles, with the appropriate training and support.

The local partnership in Cumbria, for instance, provided information on the six strength and balance exercises set out in The Chartered Society of Physiotherapy's 'Get up and Go – a guide to staying steady'²³ to Community Falls Prevention Workers who demonstrate them to people in community centres and encourage them to undertake the simple exercises at least three times a week.

Local partnerships in Bristol and Blackburn-with-Darwen have trained exercise professionals as Postural Stability Instructors (up to Level 4) to deliver strength and stability exercises in leisure centres and community buildings. The Brighton and Northamptonshire local partnerships provided accredited Otago strength and balance training to networks of people in community settings. The Brighton network has quarterly meeting to support each other and ensure consistency in the standard of delivery.

In Southend on Sea, Falls Awareness training sessions were provided by the Falls Prevention Service to local volunteers, stakeholders and members of the public in all 3 years of SUSU.

In Hampshire, the local partnership developed a Falls Friends programme, similar to Dementia Friends, where volunteers in any setting can be trained as Falls Champions to provide people with basic information on falls prevention. The partners ensured that information is based on the most up to date evidence. They tested the programme with older people, day centre staff, volunteers, adult services employees, exercise instructors and professional carers before refining and improving the content. This inclusive approach recognised that is it not just professionals but everyone who has a role in preventing falls and that community engagement is needed to prevent the first fall.

In 2018 Northamptonshire worked with the Local Pharmaceutical Committee and the Centre for Postgraduate Pharmacy Education to deliver a Continuing Professional

“There aren't dedicated Falls Prevention practitioners across the city, it's about skilling up people who just are having some contact with residents in their homes, in community settings.”

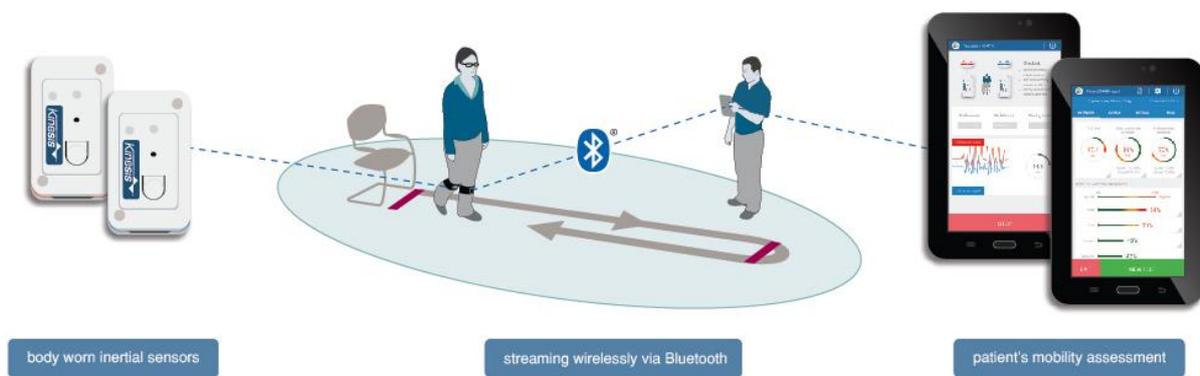
Local partnership lead

²³ <https://www.csp.org.uk/publications/get-and-go-guide-supplement-six-exercises-staying-steady>

Development-accredited (CPD) workshop to educate pharmacists on what they can do to prevent falls. This highlighted medication reviews and undertaking opportune consultations when people visit the pharmacy to signpost to appropriate services. SUSU funding was instrumental in enabling this work to take place. The following year they liaised with the Local Optical Committee and senior local ophthalmologists to set up a similar CPD session for local opticians.

Some local partnerships chose to use QTUG (Quantitative Timed Up and Go) technology to assess people’s mobility before and after an exercise intervention. The QTUG uses body-worn sensors and a mobile software app to assess mobility, falls risk and frailty. It is used during the standard Timed Up and Go (TUG) test.

Figure 6 QTUG process



Each area that used QTUGs received training from the supplier to ensure correct use and data capture. Practitioners were also trained to conduct before and after mobility and stability assessments in community settings. For people in the leisure sector, for example, this was a new process and they needed support to understand the purpose of collecting the information and how to do it consistently, so that useful data was generated. Although some areas, such as Southend on Sea, found this a challenge, in Blackburn-with-Darwen, once the community-based Postural Stability Instructors were familiar with the before and after assessment processes they found it motivating to see, in hard figures, the difference the strength and balance exercises made for older people. They reported it increased their confidence in evaluating the effectiveness of their work.

The training delivered in conjunction with the SUSU programme contributed to raising awareness of older people’s safety, increasing knowledge of ways to prevent falls and supporting behaviour change in people who work directly with older people on a daily basis. Frontline workers reported that they are more vigilant when visiting older people to identify falls risks, they are more confident to advise on prevention measures and refer on where needed, and they are more likely to consider falls prevention an integral part of what they do.

5.3 Outcome 3: Raised awareness of preventing the first fall across England

With the Stand Up Stay Up programme RoSPA sought to stimulate a national conversation about preventing the first fall by taking the key message that falls are not an inevitable part of ageing into local, national and international arenas. To assess achievement against this outcome, evidence was gathered against the following indicators:

- Evidence of activities to promote preventing the first fall
- Media mentions of SUSU programme / key message
- SUSU papers presented at conferences / articles published in professional journals
- Older people report increased awareness and knowledge of prevention measures
- Evidence of people changing behaviour (e.g. participation in activities/use of resources)

At all levels of the programme, SUSU has been successful in raising awareness of preventing the first fall. At a national level, RoSPA's involvement in the National Falls Prevention Coordination Group (NFPCG) helped to broaden the scope of the group from a clinical post-fall focus to include a more community-based pre-fall dimension. Discussions from the learning exchange events fed back into the NFPCG and PHE helped to raise the profile of the innovative approaches to primary falls prevention that were tested through SUSU. This encouraged the interest of national partner agencies with outcomes of the programme.

For local partnership areas, a key benefit of being involved with SUSU has been the promotion of preventing the first fall, either to reinforce the direction they were already moving in or to enable partners to think creatively about a shift in emphasis in falls prevention in their areas, from post- to pre-fall services.

"It almost feels like it's part of everyday practice now and it's always going to be on that mental checklist of people when they're thinking about what's going on in the communities."

Service manager

There is evidence that frontline workers and volunteers have developed a more discerning mindset in supporting older people and are seeing that it is part of their role, whether as a carer, a befriender or a firefighter undertaking a Safe and Well visit, to look for opportunities to prevent someone from falling.

"What the project's done is brought to the fore in people's minds the opportunity to intervene even earlier (...), and to appreciate that actually the best outcome for individuals is to not fall in the first place."

Local partnership lead

The availability of simple falls prevention messages, and activities like the Get Up & Go 6 simple exercises that people can do at home, are accessible resources that everyone who comes in to contact with older people can share. Primary falls prevention is something everybody can do; it is not restricted to specialist, often clinically-based, services in the way secondary falls prevention has been traditionally.

"The secret to it is the simplicity of it and the fact that it can be transferred across workforces."

Local partnership lead

There are new roles being created in health and social care that can benefit from the SUSU learning on preventing the first fall. For instance, in North Cumbria Frailty Co-ordinators are being recruited to work in communities and the local partnership leads are working to ensure they know about the Get Up & Go exercises and access to the falls prevention information used by the Up and About Cumbria project. In Birmingham, the Clinical Commissioning Group sees opportunities for primary falls prevention information to be embedded in the roles of social prescribing link workers who will be attached to all primary care networks from 2019, as part of the rollout of integrated care services.

Local partnerships embraced the challenge of the SUSU programme to raise awareness of falls prevention and preventing the first fall. They devised a range of activities and resources to disseminate key messages and encourage people to think about how they could both keep themselves safe from falls and live more active, socially connected lives for longer.

Events and promotions

Most of the local partnership areas organised events to engage older people, professionals and volunteers in the conversation about falls prevention.

Cumbria reported that the focus on preventing the first fall came about partly through the countywide Falls Prevention Awareness Weeks organised in 2017 and 2018 that provided information and offered health MOTs and slipper exchanges as way to engage older people. They gave out magnets with laminated versions of the 6 strength and balance Top Tips for people to attach to their fridges. The promotion of the Awareness Week events garnered media attention including coverage by Border TV and was supported by the Director of Public Health and the Public Health portfolio holder. Partners felt events were a successful way to raise awareness and get key messages out to the community. There were calls at the second SUSU learning exchange event for a national Falls Prevention Awareness Week to support local initiatives.



Working with the SUSU Public Health Project Officer, BCH in London held a health event which attracted over 200 people, many of whom signed up for exercise classes. They felt the support from falls service providers at the event was due to the involvement of RoSPA as a partner.

In the first year of the programme, Blackburn-with-Darwen held 4 events in community locations to raise awareness. They found, however, that marketing the events as falls prevention, with the offer of a health check, attracted mainly people who were already knowledgeable about risks and who wanted to check they were doing the right things to prevent falls already. In the second year the partnership actively targeted promotion activities in places to reach people who were less likely to be aware of falls risk factors, including two market stalls and 4 'pop up' events, reaching in excess of 100 people.

In Brighton, as part of sustainability planning following SUSU, local partners planned an event to bring frontline staff together to get key messages across and making it everybody's business to prevent the first fall. The key messages for the event were

- Strength and balance is as important as cardio-vascular exercise
- Being proactive
- Making every contact count
- Equipping people with the tools, knowledge and resources to do that

Northamptonshire delivered countywide marketing campaigns, with new branding, a new poster and leaflet produced in 2019. They developed strong links with the Voluntary and Community Sector including the Over 50's Network, Age UK, Healthwatch and the Carers Network. Through SUSU a number of awareness raising events took place to promote falls prevention activities to community-based organisations, including a demonstration of the OTAGO strength and balance exercises. Similar activities happened in Southend on Sea.

Most local partnerships made use of existing falls prevention information, like leaflets and promotional videos, provided by national organisations like RoSPA and Age UK. Some produced their own leaflets linked to local activity, such as [Staying Steady](#) in Bristol. In rural Cumbria, falls prevention community workers part-funded through SUSU made use of local publications like parish magazines and community newsletters to raise awareness of risk factors and the 6 Get Up & Go simple strength and balance exercises, often timed to coincide with the countywide Falls Prevention Week activities.



Several local partnerships achieved media coverage and recognition in the press, on local radio and TV with activities and promotions. For instance, the Staying Steady programme in Bristol gained coverage and was nominated for a local award and the Hampshire Falls Friends project was shortlisted for a Patient Safety Award and their Safety Through Education and Exercise for Resilience (STEER) courses were profiled by local television (see <https://youtu.be/CukGN7mwf6o>).

Films and online resources

Several local partnerships created promotional films. *Standing Up for Ourselves to Prevent Falls* (see www.northamptonshire.gov.uk/falls), was developed with a local older person, aimed at 'someone like me' and shown across health and social care settings and social media to inform people what is available within the county to help people at risk of having a fall.

Northamptonshire also created an information portal providing guidance and awareness of falls prevention and bone health and an e-learning training package on falls prevention to help embed falls prevention as everybody's business.

Bristol produced a video for the launch of the [Staying Steady](#) classes which aimed to encourage a wide range of people to attend classes at community venues and stressed the social benefits of participating. A promotional leaflet is

Brighton produced a fun 'flashmob' video called [Get strong. Stay steady. Feel great](#) promoting the benefits of dance for strength & balance and screened at local cinema with

over 600 local residents. Similarly to Northamptonshire, they commissioned a social marketing insight report to inform a planned citywide awareness campaign.

Local partners are working with the local bus company to make a film and develop some resources, aimed at people who are nervous about using buses linked to fear of falling. The bus company is also providing some free advertising space on the buses for the materials.

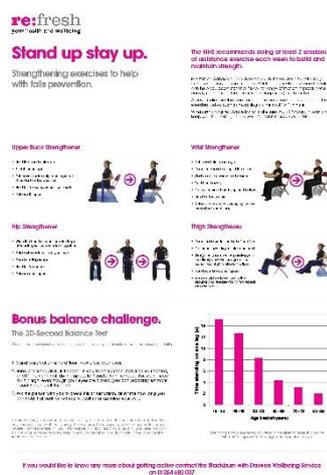
“We are very fortunate to have a brilliant proactive bus company with an Access Officer – unusual.”
Local partner, Brighton

Innovative promotional materials

Most local partnerships developed resources designed either to be attractive to older people, like fridge magnets with the 6 basic Get Up & Go exercises, or to stimulate local discussion on the factors that can contribute to falls.

In Southend on Sea they utilised aids such glasses that simulate visual impairment which they found to be useful at public events and education sessions for highlighting the issue of falls and visual impairment.

Birmingham worked with the local library to provide books, DVDs and resistance bands that accompany their Move It or Lose It physical activity sessions on loan, free of charge, so that people could practice at home.



Blackburn-with-Darwen’s emphasis has been on taking falls prevention into the community in innovative ways. In the first year they produced tea towels of the 6 basic strength and balance exercises, which were later picked up by Sandwell and adapted.

In the second year they developed a Pop Up Balance Assessor which they called [Watch Your Step](#) that uses the simple activity of balancing on one leg to start conversations about strength and balance in non-clinical community settings, such as markets and shopping centres. People with moderate risk of falling were referred to exercise classes while those at higher risk were referred into falls services.

More recently an age simulation suit has been used to help young people understand the effects of ageing and an innovative programme working with youth groups to create ambassadors for falls prevention and cross-generational work is under way. The partners have used social media to support their promotional activities and link them to the wider falls prevention agenda.



Use of language

Northamptonshire conducted a market research exercise that highlighted how important language is in engaging people in health promotion messages. They developed new marketing material, targeted at key audiences, using 'Get Up & Go' to make a stronger association with active ageing (and falls prevention) rather than branding interventions as OTAGO, as they had before, which is the name of the exercise method and might sound clinical to older people.

This learning was discussed by local partnerships at the second SUSU learning exchange event where there was a general consensus to stop using the 'F' word (falls).

"You mention falls to people and they totally turn off. In some areas (community falls prevention workers) have been finding it hard to get into groups – the groups aren't interested."

Local partnership lead

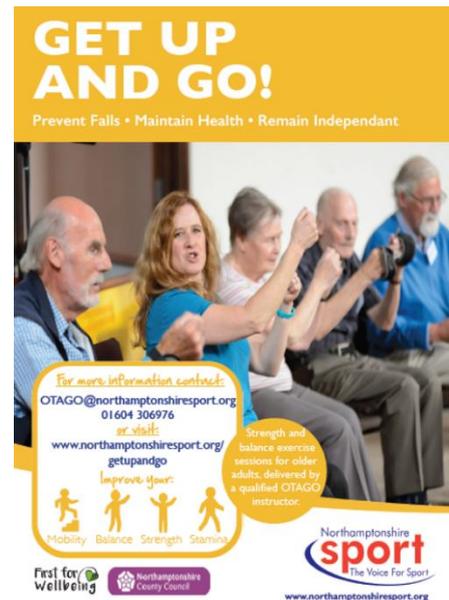
"We tried to keep our logo quite positive... maybe we shouldn't have had the 'falls' in there..."

Local partnership lead

Local partnerships have learnt that raising awareness amongst older people about what they can do for themselves to prevent the first fall is time consuming and challenging. Older people who have not fallen are not in general interested in activities and support that is labelled as falls prevention. They are more interested in staying healthy, strong and independent for as long as possible. What people liked in Birmingham, for instance, was Move It or Lose It because it was not focused on falls prevention but on strength and balance.

A key learning point from local partnerships was to recognise and emphasise that (falls prevention) activities have a strong social aspect and can be fun. The social benefits for many of those who attend exercise classes are as important as maintaining muscle strength and fitness and older people reported going to activities helped to reduce their social isolation. For this reason, it is important that there are supported links into follow on activity when people finish a strength and balance course. Blackburn-with-Darwen, for example, signposted each course member into another activity suited to their interests and needs.

Providers also found they needed to make activities easy to join and easy get to in non-clinical community settings to encourage regular attendance.



Local partners have learnt that simple and consistent messaging is effective and how important it is for consistent messages to be shared and repeated across agencies and by frontline workers visiting people in their homes.

Multifactorial interventions

A number of local partnerships brought together partners who collectively provided multifactorial interventions around individual older people.

For instance, Blackburn-with-Darwen delivered 16 weekly sessions that provided exercise and education on risk factors including trip hazards, the need for regular eye test and medication checks, bringing in the Fire Service, pharmacists and opticians to discuss issues with the group. Participants reported enjoying the mix of exercise, information and discussions, and along with the mobility and wellbeing assessments, felt the whole package met their varied individual needs.

In Bristol, SUSU supported a Home Safety and Modification project where an occupational therapist conducted a home assessment for people at risk of a fall and a handyman installed any necessary adaptations. People could be referred by a health worker, community organisation or directly from a Staying Steady exercise class, for seamless access to falls prevention services. In Northamptonshire, falls prevention practitioners could also refer into a care & repair home safety adaptations project for people with Dementia at risk of a fall. It provided bespoke home hazard assessments, and prevention aids and adaptations, and sought to reduce the risk of people having falls as well as improving confidence and maintaining independence. For some people, minor works meant that they were able to access and enjoy their gardens once again.

The CPD workshops for pharmacists and opticians in Northamptonshire also increase opportunities for joined up multifactorial interventions to address a range of falls risk indicators for individual people, including the side effects of medication and visual impairment. Similarly, in Birmingham clinical developments as a result of the SUSU local partnership include poly-pharmacy assessments to address the risk of falls for those on multiple medications.

Over the longer term, better engagement of all sectors in falls prevention can lead to greater awareness of the simple things people can do to make the lives of themselves and their families safer, reducing falls and staying independent for longer. It would enable them to achieve better self-care and reduce the risk of a fall.

As people become more aware of what is available, increased take up of preventative services, such as eye checks, exercise programmes and handyman services can enable older people to live more independent fall-free lives for longer.

Voices of older people

This section presents feedback from older people, gathered by local partnerships and on evaluation visits to community interventions, that has been collated and synthesised into key points. Overall, feedback has been positive from all areas where it has been collected, older people have demonstrated increased knowledge on falls prevention and better self-care; given examples of how their behaviour changed after completing strength & balance with education classes; and described the social benefits of taking part in community interventions.

“It doesn’t mean old age has to bring inactivity”.

Older person, Northamptonshire

Increased knowledge

Figure 7



One key benefit described by older people in several local partnership areas was being able to get up off the floor by themselves. Learning the simple techniques of ‘bum shuffling’ or rolling onto to all fours, crawling to a chair and pulling themselves up made people feel less vulnerable and more independent. One woman in Bristol could not previously get down to the floor where her mobile phone was plugged in. If it became unplugged, she would usually wait for her son to visit. However, because she learned how to get down to and up from the floor, she was able to plug her phone back in on her own.

People learnt about mobility and stability assessments, taken at the beginning and end of strength and balance courses, and in some cases were motivated to attend classes to improve their scores, it gave them a measurable goal. They could see what difference the classes had made and this could influence them to keep going with exercise, achieving longer term behaviour change. Participants in Blackburn with Darwen were keen for classes to continue and were individually signposted into local activities that would interest them and meet their physical activity needs. A new Tai Chi class was set up in the same venue as the strength and balance classes which some people exited into.

Several areas combined exercise with falls prevention education and older people across the programme described learning about the importance of wearing the right shoes, keeping hydrated, having their eyes and hearing tested and removing trip hazards in their homes. They also learnt about having medication reviews, being aware of standing up too quickly and being careful about how much alcohol they drink. People liked finding out about all the services available to help them reduce their risk of falling.

“If your body is supple, if all your joints are supple, when you slip up, when you have a fall, your body is more prepared to bounce back.”
 Older person, Brighton

Behaviour change

Figure 8



Older people were encouraged to reflect on the difference attending strength and balance classes or awareness raising events, or receiving support from a care and repair team, made to them.

People reflected on their experience of strength and balance classes, whether run by physiotherapists or exercise professionals, and what they were doing differently as a result. They reported changes in activity and attitude, such as refusing lifts from people and choosing to walk instead or thinking about *how* they walk and bearing in mind how important it is to keep moving. Changes in behaviour included catching the bus and gardening. Benefits could be quite small but feel hugely significant to people.

In all areas delivering strength and balance classes, people reported doing the exercises at home as well as in class.

People described how they thought more about trip hazards and what a wakeup call it was to realise how stiff and immobile they had become. Learning about how muscle tone decreases with age prompted people to try to do more, such as carrying shopping or digging in the garden, once they had gained confidence from attending the classes.

An important difference that affected people's behaviour was a reduction in the fear of falling as people felt physically stronger. There were several reports of people not using a walking stick any more, and a few people described using steps to clean their windows at home, which they would not have felt safe to do before the classes.

Many people reported sharing information and exercise and prevention tips with friends and neighbours, including people who could not get out to the classes.

Physical benefits

The physical benefits people reported, and that were measured in some areas doing before and after assessments, included having greater stamina such as being able to walk further for longer.

People described feeling fitter and stronger, with increased flexibility. They said they were able to move around more easily and felt more steady and safer, with more control of their movements.

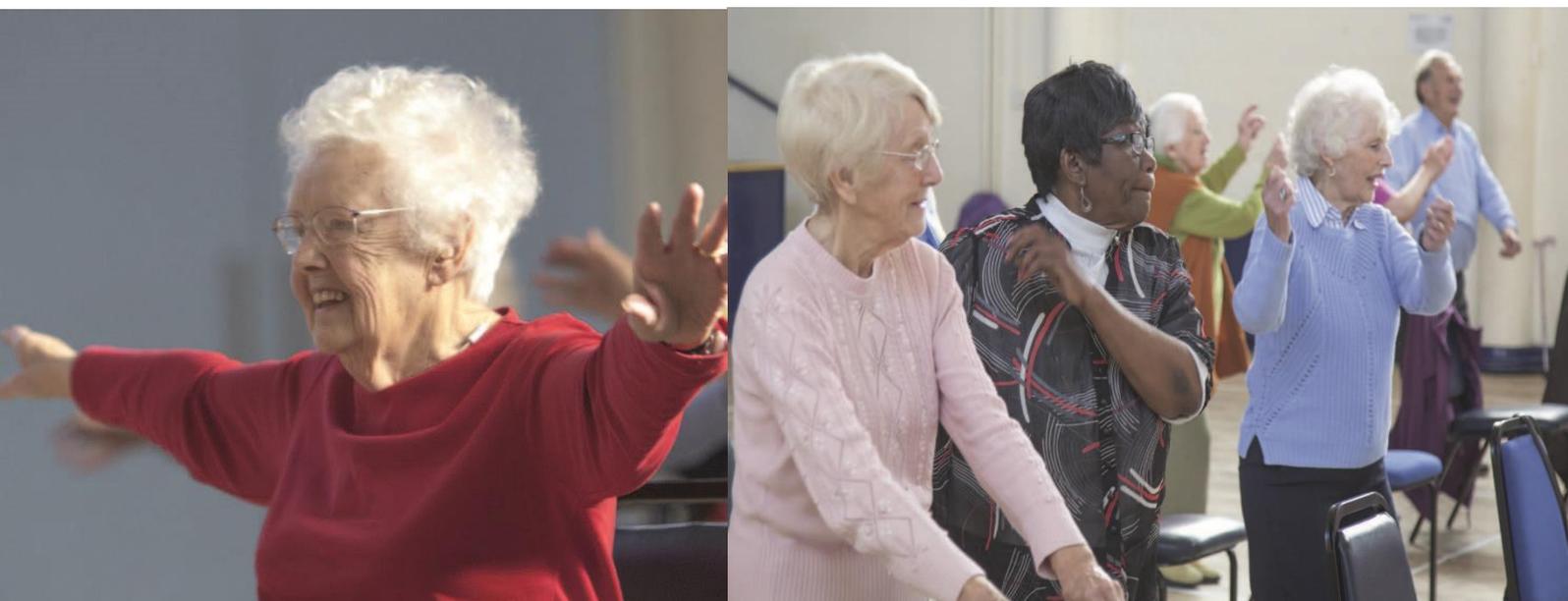
In terms of mental health, people described the physical activity and the social aspect of the classes lifting their mood and helping them to feel less anxious. There was a general reduction in the fear of falling which was measured in areas that took part in the common dataset pilot.

Social benefits

People reported that attending strength and balance activity helped improve their overall health and wellbeing. They enjoyed the sessions, the routine of a weekly class helped to get them out of the house. People made friends, they talked about meeting socially outside the classes. The classes gave people something to look forward to and reduced social isolation.

“And when you do it physically it affects you mentally. Well it does me anyway... That's all to do with balance as well. Mental and physical balance.”
Older person, Brighton

“I find as I get older that it's more and more important for me to connect with people... Because meeting up with friends, as you know, is part of anxiety and depression prevention.”
Older person, Brighton



Case study: Birmingham

Jim is in his early 70s and, up until retirement, had been employed in a job that required strenuous manual labour. J reflected that *'you need more reasons for getting exercise as you get older. Sometimes you lose the reasons for keeping active'*.

Jim had found out about the Move It or Lose it classes at the library and had kept *coming 'because it's a nice group of people'* and he had noticed a difference to his mobility through taking part:

'I really feel more mobile in my joints and I've had orthopaedic problems over the years. It's made me more confident and aware of my upper body strength which you can lose when you stop working'.

Jim uses the Move It or Lose It video every night to do the exercises with his wife every night. Jim commented *'I'll be sorry when the class finishes, but I'll definitely keep doing the exercises with the DVD.'*

* Name has been changed

Six women in late 60s - early 80s joined in a group discussion. All were concerned about their mobility and fear of falling, some had experienced a fall. A common view was:

"I've been a bit stiff and wobbly, a bit unsteady...I'm not like I used to be."

For everyone, Move It or Lose It classes made a difference to their health and wellbeing. The social aspect of classes, and the fact that they were free, were seen as important as *'this keeps you motivated'* One member of the group used the Move It or Lose It video to introduce the exercises to an older people's group at her local church.

The benefits of classes were variously described as:

"I have a real fear of falling but now I'm more aware of how to prevent a fall. It's made me more confident."

"I definitely have fewer aches and pains."

"I'm determined not to fall and not go down on the floor. It's helping. I really want to stay independent."

"I'm coming as I got to the stage where I could hardly walk – and it scared me."

"I like it here because keep fit is usually geared up for younger people. I just wouldn't go. It feels comfortable here."

Everyone was determined to keep up with the exercises after classes finished and would recommend Move It or Lose it to friends and neighbours.

“I like the of motivation of coming here, you know, otherwise I probably wouldn’t exercise so much.”

“I try to do the exercises at home – I can’t always remember them. I do have the book.”

“I can walk upstairs properly (using alternate feet instead of both feet on each step)”

BRIGHTON OTAGO CLASSES

“It’s motivated me to do some exercises at home and it’s given me some ideas of how to strengthen my neck and shoulders which is what I needed.”



“I was sceptical when my GP referred me as I considered myself physically fit. After a course of sessions, I realised that this is the best activity I have experienced in improving my mobility. The instructors are very professional, competent, good humoured and patient. I enjoy every minute”

Man, 89 years

“I can really recommend this class if you have balance issues or stiffness of joints or for general wellbeing. I was reassessed after 12 weeks and have improved on many counts”

Man, 87 years



“I now have confidence to step away from (the) chair without holding on”

BRISTOL STAYING STEADY

5.4 Outcome 4: A sustainable falls prevention network

As part of the SUSU programme, RoSPA aimed to start a national conversation on moving the falls agenda more towards preventing the first fall and to provide opportunities for people to access and share views, information and good practice.

They created a network offer that was opened up to individuals and organisations working with older people across the country, and in particular people with an understanding of the need to achieve a step change in how falls prevention was perceived and delivered.

The indicators for this outcome were:

- Broad cross-sector membership
- Network members access SUSU resources
- Opportunities for network members to get together
- Network members exchange ideas / best practice

Members of the SUSU network could benefit from:

- *Taking the rise out of falls* e-newsletter which disseminated policy updates, examples of good practice from community interventions and other relevant information.
- Access to best practice identified and research, guidance and publications on falls prevention from the Department of Health (and Social Care), PHE, NICE etc. on the SUSU pages of the [RoSPA website](#).
- Discounts on training places for RoSPA's one day City and Guilds-accredited Older People's Safety in the Home course, refreshed with updated falls prevention content and delivered by one of the Public Health Project Officers.
- The opportunity to participate at a discounted rate in RoSPA's national Home Safety Congress in March 2017, which focused on falls prevention, and two SUSU learning exchange events in November 2017 and October 2018.
- The opportunity to promote their services, as well as any sources of information or guidance they found useful, with the wider network.
- Frontline staff working with older people had access to evidence-based good practice to help prevent the first fall, improve balance and postural stability and preserve quality of life and independence.

The IESD funding for the programme did not include an element for digital development or content but RoSPA had invested in re-designing their website and had the capability to set up SUSU programme pages as an online repository for information generated during the programme. The website is well-established and regularly accessed by both the public and professionals seeking information on all aspects of safety.

Evaluators gathered feedback from network members during site visits, interviews, at and after learning exchange events and from an online survey that was conducted twice as part of the evaluation, in 2017 (25 respondents) and 2019 (8 respondents).

Broad cross-sector membership

Across the life of the programme, membership of the SUSU network grew to well over 300 people. Following a process of ‘cleansing’ the list, removing outdated contacts, membership at the end of the programme (March 2019) stood at 207 individuals from a diverse range of organisations across the country, not limited to the 10 local partnership areas, and 47 organisation members. These included universities, the Royal College of Nursing, the Colleges of Occupational Therapists and Paramedics, ambulance trusts, area fire and rescue services, national third sector organisations such as RVS, and National Falls Prevention Coordination Group members.

Individual members’ job roles include falls prevention coordinators, handypersons and housing improvement officers based in local authorities, chief officers of third sector organisations, matrons and consultants in hospital trusts, and CCG commissioners.

In interviews, people expressed that network membership enabled partners to feel part of a national campaign. It helped people to share ideas and information and introduced people to new ways of working.

At least a quarter of network survey respondents reported an increased focus in preventing the first fall and that being part of the SUSU programme had helped advance falls prevention (including preventing the first fall) as part of the wider health and social care agenda.

“An invaluable network providing support and advice, and access to experienced practitioners from across the country.”

Survey respondent

Network members access SUSU resources

The surveys showed that between half and two-thirds of respondents found the e-newsletter an important central access point for information and a way to keep up-to-date on innovative practice.

A real challenge for RoSPA was making sure that the newsletter was cascaded across organisations and did not just sit in one person’s in-box. Interviewees reported that they had not seen it as it was sent to their project lead and they had not signed up as individuals to receive it. On reflection, there could have been a reminder on each edition to ask people to ‘please share this newsletter with colleagues and encourage them to sign up too’ so that the reach of the network could be extended even further.

People who had accessed the online resources on the RoSPA website reported that they had used them both in their own organisations and shared them with partners, and the sharing of resources is one of the ways in which confidence in preventing the first fall has grown.

National policy and guidance documents were uploaded to the SUSU webpages, along with links to all the presentations from the network events held during the programme and examples of best practice.

Feedback suggests that the concept of a virtual network with web-based resources was recognised and welcomed as the most

“Being a partner with ROSPA has enabled us to access the fantastic resources that RoSPA provide, we use the falls awareness film on our portal, it has given us access to their support and enabled us to network with other partner sites.”

Partner interview

efficient way of sharing knowledge and information across a national programme. However, people acknowledged that actually accessing the resources was more often than not limited by their available time and capacity to engage, with them and the wider network. However, the idea that information and resources were easily available online remained useful and appealing, even where people had not yet accessed anything on the SUSU web pages.

Opportunities for network members to get together

Network members provided positive feedback on the Home Safety Congress in March 2017, particularly welcoming the opportunity to meet other falls prevention practitioners and partners from local partnership areas.

The Congress received presentations from Public Health England and falls prevention innovators who were leading the way in strength and balance exercises and the use of QTUGs technology to assess the mobility and stability of people who might be at risk of a fall. Partners joining up to Stand Up Stay Up were inspired by what they saw and heard and incorporated ideas into their planned community interventions.

Network members also had the opportunity to attend the Home Safety Congress in February 2019 where falls prevention was also a significant feature, with an update from PHE, the launch of a Centre for Ageing Better report on strength and balance best practice across the country (including to SUSU areas), launch of the FaME Implementation toolkit and a presentation on housing improvements by Care and Repair England.

There was no provision within the programme budget to provide further opportunities for face-to-face meetings of the network so the SUSU team drew on RoSPA's experience in organising events to achieve a creative solution to members' desire to meet up again. They organised sponsored learning exchange events where people could share experience and hear updates from policymakers and the programme evaluation.

Westfield Health (a Sheffield-based not-for-profit company) hosted learning exchange events in 2017 and 2018. The 2017 event brought together over 60 people from local partnerships, the wider network, commissioners from health and social care, and third sector organisations to hear about the latest developments in primary falls prevention and find out more about what the 10 local partnerships were doing.

A number of network members found it very beneficial that Public Health England contributed to both learning exchange events so that they were able to hear the latest research and recommendations. Similarly, the events provided partners with the opportunity to showcase their work and share new ideas they were testing. Several local partnerships picked up ideas and took them back to their own areas.

The 2018 event showcased each of the local partnership areas whose presentations highlighted many of the learning points described in this report. Moreover, there are strong indications from participants that shared learning at the events helped people and their organisations to focus more strategically on primary prevention and that this focus will be retained and sustained following the SUSU programme.

“I found the ROSPA Stand Up Stay Up learning exchange event very interesting and informative. We heard from other partners organisations about what falls prevention schemes they have been implementing and it was interesting to find out what had been working and what challenges people had been facing in different areas. As well some practical tips on working with this client group.

It was also personally useful for me to learn more about the research and guidance behind falls prevention in the UK, and I was able to take away some useful links and resources to do further reading to develop my knowledge”.

Voluntary sector attendee

“Attending the first conference was useful, particularly hearing Prof Dawn Skelton presenting the 6 strength and balance exercises. The message needs to be simple and not too complicated.”

Local Partnership lead

“It has provided a networking and learning opportunity which has helped with new ideas, what has been done elsewhere and what has worked.”

Learning exchange event attendee

“The ROSPA congress was a great event that allowed us to showcase what we are doing and learn from the other partner sites. It also gave us some national context to benchmark against, and ensure we are delivering as per NICE standards and PHE guidance.”

SUSU partner

“It was quite timely because it really set the scene and (new community falls prevention workers) could see how they were part of a national initiative looking at ways to prevent the first fall.”

Local partnership lead



Network members exchange ideas / best practice

The Congress and learning events played a big part in sharing ideas and best practice, as did the publication of the National Falls Prevention Consensus Statement and resource pack. The SUSU team encouraged partners to learn from each other and facilitated direct connections between local partnerships so that experience and advice could be shared.

Partnerships have supported each other to deliver evidence-based strength and balance classes, such as OTAGO, and shared examples of integrated falls pathways where services that are focused on preventing the first fall refer seamlessly into specialist and clinical services when people are assessed with a higher falls risk.

There is evidence that the take up of QTUGs technology by local partnerships across the programme was because people were inspired by the experience of Hampshire Fire and Rescue Service who were already using them, and because local partnerships were all seeking reliable methods to record before and after assessment data to measure the effectiveness of community interventions.

Case study: Sandwell

Sharing the learning

Lead officers from the Sandwell local partnership attended the 2017 SUSU learning exchange event and found it a useful source of ideas to take back to their Falls Prevention Partnership. One idea was the tea towels that the Blackburn-with-Darwen project had produced printed with simple falls prevention exercises. The officers thought something similar would appeal to older people in Sandwell.

Tea towels were an attractive idea because they were cost effective, practical and something that people could use on a day-to-day basis.

The local partnership used the small grant attached to the SUSU programme for innovative community interventions to fund tea towels printed with the 6 Get Up & Go exercises approved by the Chartered Society of Physiotherapy, which the project team gained permission to use. The exercises are designed for people to do at home to prevent falls.

The tea towels were given to people who had their falls risk assessed using a QTUG and people who attend strength and balance classes to encourage them to exercise at home between classes.

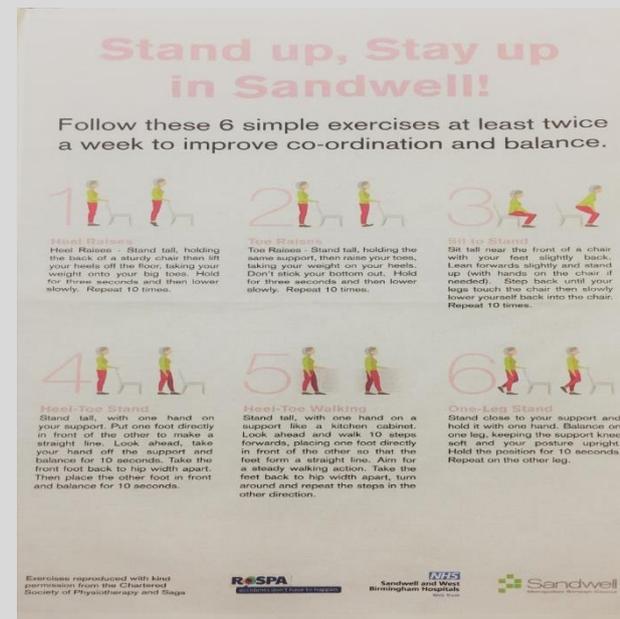
QTUGS were another idea that the Sandwell officers picked up from the RoSPA Congress event that focused on falls prevention.

“The QTUGs have helped raise the profile of falls awareness and falls prevention activities in Sandwell. They have also generated a lot of interest which we have capitalised on with the designing and printing of bespoke tea towels.”

“It’s bizarre how much interest a tea towel can generate that we wouldn’t generate any other way.”

Local partnership lead

The project received requests from the A&E Department of the local Hospital Trust for practitioners to give people one of the tea towels when they were admitted after a fall. Sandwell aimed to distribute 500 tea towels a year and to continue doing so after the SUSU programme had ended. They also aimed to follow up with people who received a tea towel to see if they were being used.



SUSU team support to network members

The role of the SUSU Public Health Project Officers in supporting and maintaining the network was significant. The 2 staff members were instrumental in connecting and networking local partners with other agencies in their areas to facilitate the development of strategic falls prevention groups where they did not already have them. They also provided much of the continuous learning and knowledge exchange across local partnerships as they had a helicopter view across the programme and could link people up where it would be beneficial to them.

For instance, in one local partnership area where SUSU received 2 separate bids to participate in the programme, the SUSU officer worked successfully to bring both agencies together to deliver a joint SUSU project that is likely to be more sustainable as a result.

Partners found that the team provided up-to-date information and new ideas and enabled local partnerships to feel part of something bigger than themselves, which helped to maintain local strategic focus on primary prevention.

“As well as connecting local partners to the national programme they have helped them build better relationships both strategically and operationally at local level.”

“RoSPA has been a catalyst for partnership working.”

Local
partnership leads

Case study: Hammersmith & Fulham, London

Building relationships

In Hammersmith and Fulham, London, the SUSU partnership agency was Bishop Crieghton House (BCH), a centre that provides support to older people in the home and space for community activities. Its goal was to train volunteers in simple strength and balance exercises that could be incorporated into group sessions in the centre with a focus on preventing the first fall and creating wider community awareness of falls prevention.

The centre housed a number of other agencies that provided support to older people, including more specialist falls prevention services, but the agencies were not joined up as a partnership.

The SUSU Public Health Project Officer invested time with BCH and the other agencies in the building to help build relationships between them and enable a partnership approach to tackling falls prevention. Over time, relationships between the agencies in the shared facility improved and partners began to work more closely with BCH as the lead partner to develop a shared view about primary falls prevention and a clearer understanding of how they collectively could support older people attending the centre to stay active and well.

Partners included the Community Independence Service, NHS community falls service, Maskell Biokinetics, a private sector organisation that provides chair-based exercise and who presented at the 2018 SUSU learning exchange event, and Open Age who deliver more intensive Steady and Stable classes. They were supported to join up their complementary falls services to create a range of options to meet the needs of older people within the building.

Agencies began to share resources, such as the SUSU-funded QTUG for assessment and to monitor the improved stability of participants in the various classes. Maskel Biokinetics noted that the QTUG helped contribute to a rise in numbers of people attending their sessions. The improved relationship with BCH enabled the community falls service to access free storage for their equipment and use of the centre's chairs for their exercise group. Previously there was a cost for use of these resources.

The closer partnership working continued after the end of the SUSU programme.

*“I do think that RoSPA SUSU has helped us to work in partnership
which has been very much a good thing...”*

Local partnership lead

5.5 Outcome 5: Preventing falls a strategic priority in RoSPA

Preventing the first fall has a strong strategic fit with RoSPA's vision and mission to prevent life-changing accidental injuries. Before the Stand Up Stay Up programme, the organisation had a successful strategic focus on child safety. SUSU provided an opportunity to apply the learning from previous programmes to falls prevention in older adults. The intention was to embed the safety of older adults, in particular falls prevention, as a strategic priority in RoSPA by raising the profile of the organisation as a leader in the field of falls prevention. This outcome has been achieved.

The indicators for this outcome were:

- SUSU contribution to the National Falls Prevention Coordination Group
- SUSU raises RoSPA's profile on falls prevention nationally and internationally

The IESD funding enabled RoSPA to dedicate time and resources to extend its work on falls prevention, to look more specifically at first fall prevention in older adults and to test out and learn from a range of community interventions undertaken in 10 local partnership areas across the country.

SUSU contribution to the National Falls Prevention Coordination Group

RoSPA is a member of the National Falls Prevention Coordination Group (NFPCG) facilitated by Public Health England (PHE). The Stand Up Stay Up Project Manager represented RoSPA at NFPCG meetings and contributed towards the development of the National Falls and Fractures Consensus Statement and the resource pack that accompanied it.

Most NFPCG members had a clinical falls prevention focus and the Project Manager brought RoSPA's expertise in promoting action on safety in the home and accident prevention measures, including for falls. RoSPA's national role in providing workforce development through accredited training was recognised as an asset and the group were interested in how SUSU contributed to upskilling the wider workforce in falls prevention. NICE standards on falls prevention had expanded from health and care services to all services in contact with older people and the SUSU programme provided an opportunity to provide training to non-specialist community-based staff and volunteers. It was considered that this would be useful in implementing the Consensus Statement on the ground.

Stand Up Stay Up was the only national place-based falls prevention programme during the delivery period and the NFPCG provided a reporting forum for it to inform national policy discussions. The contribution of learning from the SUSU programme into this group helped to broaden its scope to more directly consider community-based measures to prevent the first fall, in addition to its established clinical and post-fall focus. RoSPA disseminated the Falls and Fractures Consensus Statement and resource pack through the SUSU network and to all of the local partnerships who were encouraged to use the implementation checklist in the resource pack. This work helped to raise RoSPA's profile as a leader in falls prevention for older people with influence at a national level.

The NFPCG acted as an expert reference group to the National Accident Prevention Strategy Implementation Group and contributed to the Older People's section of *Safe and*

*active at all ages: a national strategy to prevent serious accidental injuries in England (2018)*²⁴, which was produced by RoSPA in collaboration with other agencies. Recommendation 22 of the strategy calls for local partnerships to implement the recommendations of the Falls and Fractures Consensus Statement, to ensure that primary falls prevention is included alongside robust mechanisms for those who have already fallen.

SUSU raises RoSPA's profile on falls prevention nationally and internationally

The SUSU programme enabled RoSPA to increase its corporate intelligence and knowledge about the role of falls prevention in keeping older people safe and well. It enabled the charity to strengthen its relationships with other organisations working with older people and build a new alliance around the concept that falls are not an inevitable part of ageing.

SUSU supported other work within the organisation to raise the profile of older people's safety as a corporate priority within RoSPA. It was the focus of the RoSPA Congress in 2017, funded separately from the IESD programme, which brought together speakers from PHE, the Centre for Ageing Better, the academic and voluntary sector and falls prevention practitioners. The 2019 Congress showcased presentations on learning from SUSU community interventions.

The Project Manager gave a presentation at the 2017 Eurosafe conference, organised by the European Association for Injury Prevention and Safety Promotion, and will speak at the 2019 conference. He presented a poster at the 2018 PHE conference and gave a presentation at 2018 EU Falls Festival which brings together academic institutions, medical organisations, government and third sector representatives. Abstracts have been submitted for the 2019 PHE conference and EU Falls Festival. Through these activities, learning from SUSU has been disseminated and RoSPA's interest in this field promoted. SUSU was given extensive coverage in the Home Safety Journal and Physiotherapy Journal. Local partnerships achieved media coverage in most regions; press, radio and television and cited RoSPA as a partner in articles and news items.

RoSPA as an influential partner

The power of the RoSPA name to bring partner agencies together was demonstrated within SUSU. People stated that they were proud to be working in partnership with RoSPA and commented that being involved with RoSPA had helped encourage their organisational partners to take preventing the first fall more seriously. They commented that the connection with RoSPA as a trusted name had given weight to the community interventions.

"I'm sure that [RoSPA name] has contributed to our partners in Health thinking 'what do we need to do?'"
Voluntary sector partner

The organisation's status as a recognised leader in accident prevention encouraged public and voluntary sector agencies around the country to engage with the programme and also to contribute to the requirements of the common dataset pilot project. The RoSPA brand gave credibility to the enterprise and confidence to the partners who participated and tried something new. Although established for over 100 years, RoSPA may not always recognise the influential light in which it is perceived by other organisations.

²⁴ <https://www.rosipa.com/rospaweb/docs/advice-services/public-health/naps/naps.pdf>

6. Strength and balance common dataset pilot

Although this activity was not included in the original SUSU programme plan, it contributed to Outcome 3 by providing evidence of decreased risk and fear of falling in older people who participated in strength and balance exercise classes.

Context for pilot scheme

To prevent falls, NICE (2013)²⁵ and NHS RightCare²⁶ recommend the provision of strength and balance exercise programmes for older adults living independently who are at a higher risk of falling. This is supported by the Chief Medical Office (CMO) who recommends that adults aged over 65 undertake exercise to strengthen muscles and improve balance in order to maintain good health.²⁷ There is, however, a lack of national data to provide evidence of the effectiveness of this approach, and this was an issue that Stand Up Stay Up hoped to address during the course of the programme.

Following a discussion at the first SUSU learning exchange event in November 2017, the Chair of the National Falls Prevention Coordination Group from Public Health England suggested a pilot scheme to collect common data from projects involved with SUSU on the impact of strength and balance exercises. RoSPA agreed to support the collection of data from the partners who wished to be involved in the pilot. The SUSU team invested additional time in compiling the tools to be used, producing a briefing pack for practitioners to use with the tools on the ground, and mechanisms to record and collate the data returning from the pilot sites.

Once the pilot project had been agreed with the PHE ethics committee, local partners and local authorities in the wider SUSU network were asked to contribute towards a common dataset. 12 local authority areas signed up to take part in the pilot.

Data collected looked at three measures: Sit to Stand, Timed Up and Go, and The Falls Efficacy Scale – International (FES-I):

- *Sit to Stand (S2S)*: The test involves a person moving from a seated position to an upright position and back to seated and repeating the movement for a period of 30 seconds. It has been used in studies to measure lower body strength.
- *Timed Up and Go (TUG)*: This test measures the time it takes a person to rise from a chair, walk three metres, turn around, walk back and sit down again. A healthy older person should be able to complete this manoeuvre in 10 seconds or less. This test is intended to measure falls risk and frailty.
- *Falls Efficacy Scale (FES-I)*: This is used to evaluate participant confidence to avoid a fall during activities of daily living (ADL).

It was felt that collecting data in this way would provide a sound basis of evidence that strength and balance exercises reduce the risk of falls in older adults.

²⁵ NICE, 2013, National Institute for Health and Care Excellence. Falls in older people: assessing risk and prevention (CG161).

²⁶ NHS RightCare, (2017), Falls and Fragility Fractures Pathway <https://www.england.nhs.uk/rightcare/products/pathways/falls-and-fragility-fractures-pathway/> accessed April 2019.

²⁷ Bull F. C. and the Expert Working Groups, 2010, Physical Activity Guidelines in the UK: Review and Recommendations. School of Sport, Exercise and Health Sciences, Loughborough University

Collection of data

Collecting information for the common dataset proved more complicated than was initially envisaged. One of the main reasons for this was a lack of resources in local areas for the data collection process. This meant that some areas did not take part in the systematic before and after data collection process, although they still felt that they were achieving results for older people in terms of improved strength and balance and a reduced risk of falling.

There were various additional reasons why people did not collect the data systematically in a way that would be comparable across different regions:

- This was not a research project, it has been applied to the existing work of the local authorities, so people were delivering in a range of ways and over different time periods, not under strict research conditions
- Most of the people delivering classes were working in the field of exercise and not trained in data collection
- Participating staff reported that collecting the data from one person could take up to 15 minutes which made it a costly process in staff time
- Although a lot of strength and balance exercise classes were taking place, before and after data was often not collected, and where it was collected it was not consistent
- Some authorities intended to contribute to the common dataset but then pulled out

People did their best to collect data for the pilot scheme in circumstances that were not ideal research conditions and despite these issues with collection, the indicative data that has been collected confirms that strength and balance exercise can be beneficial, have a social impact and achieve positive outcomes for people.

Profile of participants

Data was provided from 11 areas on 471 participants. Not all records were complete. 409 provided age data and 411 provided data on gender. The breakdown is illustrated in the charts below. Age ranges are evenly spread in the categories between 96 and 89. The average age is around 75. Males made up just under a third of participants.

Figure 8 Gender of participants

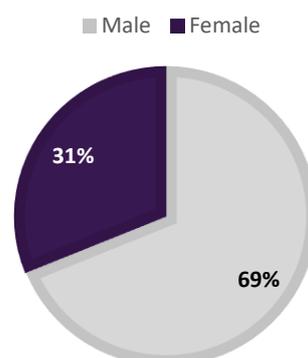
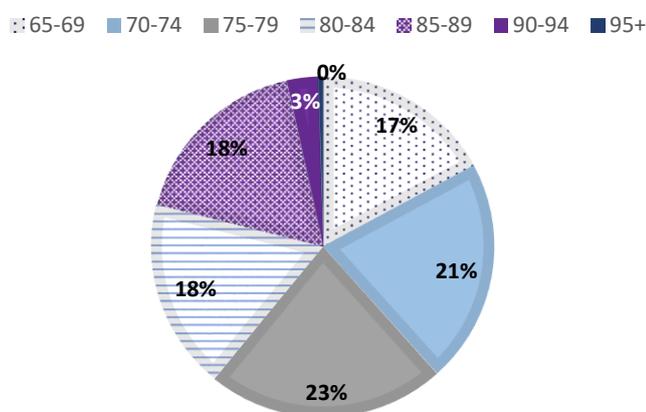


Figure 9 Age of participants



Initial analysis of Timed Up and Go (TUG) tests

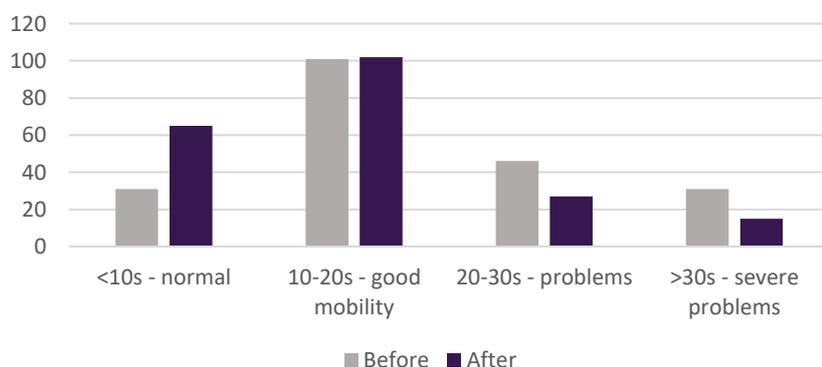
As of 1 April 2019, data was submitted for 471 participants in strength and balance classes. However not all records were complete. There were 209 complete before and after results measured in seconds to complete the Timed Up and Go (TUG) test.

A further 180 results recorded Red Amber Green (RAG) before and after results for TUG tests. As there was no timed information regarding these RAG results the two sets were analysed separately.

Before and After in seconds

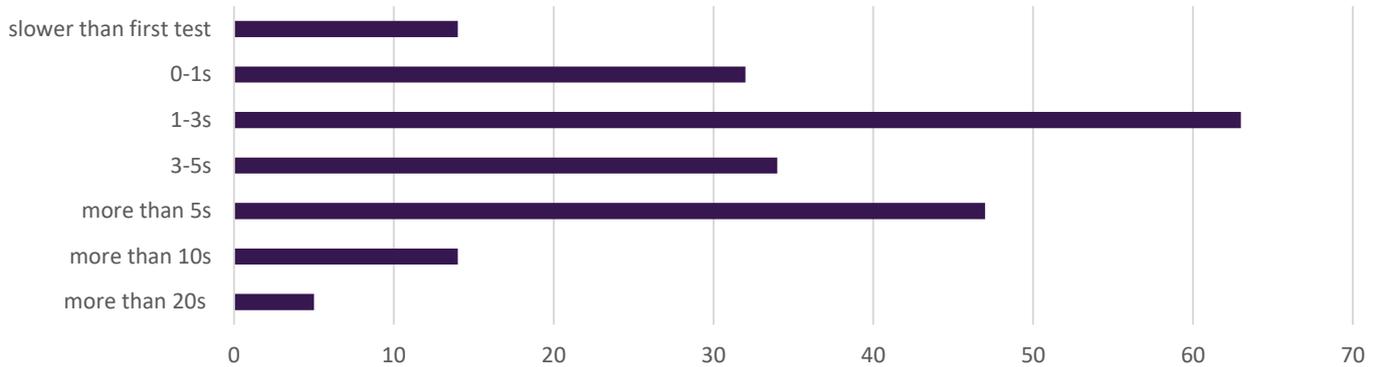
The 209 participants with results measured in seconds showed an increase of more than double numbers of participants completing the exercise in under 10s. Although the numbers in the 10-20s category are about the same, they will include those that have improved from the 20-30s and 30s+ categories. The number of participants in the slowest category reduced by half.

Participants mobility before and after the strength and balance classes



The table below shows the improvement in seconds at the end of the exercise classes. The majority, though not all of participants showed improvement.

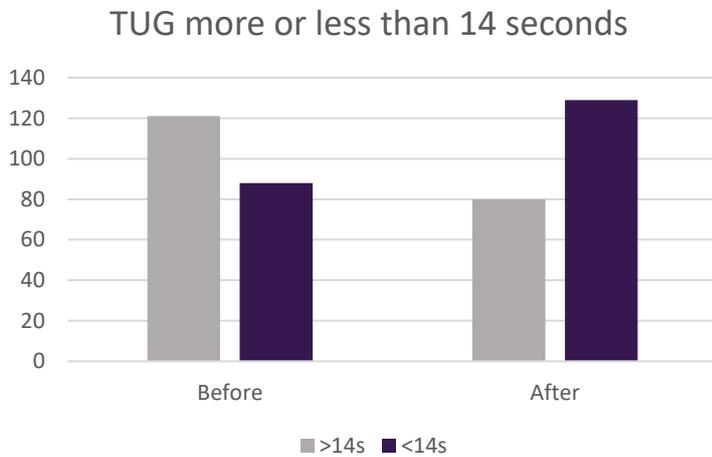
TUG Improvement in seconds after exercise classes



Research suggests that a score of 14 seconds or greater indicates an increased risk of falls. 121 completed the task in more than 14 seconds (the time that has been shown to indicate a greater risk of falls); 88 completed the task in less than 14 seconds.

After the exercise classes these figures were more or less reversed, as can be seen from the table below:

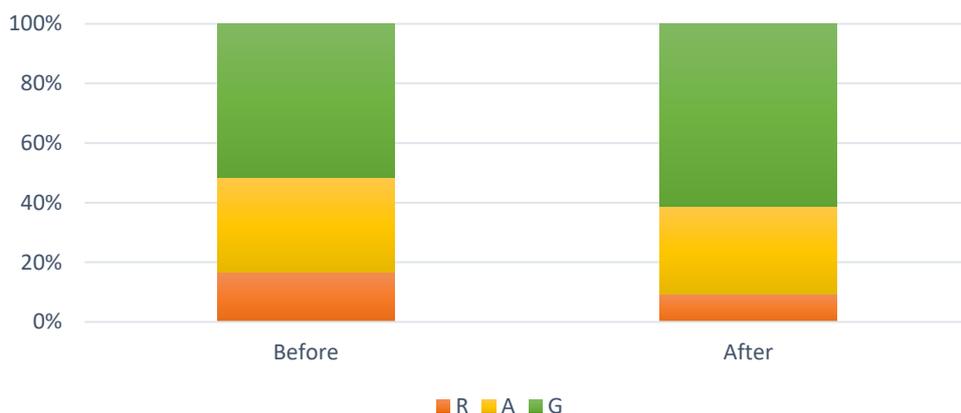
After participating in strength and balance classes 112 out of 121 who originally had times of more than 14 seconds improved their times. 42 of these recorded times of less than 14 seconds.



The average time for the 209 participants reduced from 19.8 to 14.9 seconds; a reduction of around 5 seconds.

The average time for the 121 who had started above 14 seconds reduced from 26.5 to 19.7 seconds; a reduction of nearly 7 seconds.

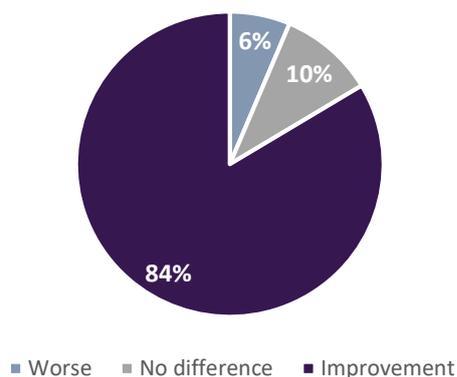
TUG R A G measurements



The 180 participants with complete before and after RAG measurements showed a movement from red to amber and green and amber to green. Whilst the change may appear smaller these records do not provide enough information to demonstrate improvements within each band.

30-second sit-to-stand test

Before and after comparison



Complete data was provided for 299 participants. 250 of these showed an improvement at the end of the exercise intervention. The average number of sit-to-stands rose from 9 at the beginning to 11 at the end of the intervention. The largest improvement was 9. A small number (19) had a poorer result at the end than their starting measure. For most participants however there was an improvement,

This is useful indicative data showing improvement in TUG results among the majority of participants with complete TUG results. It is only an initial analysis and does not take into account the age of the participants, the length and number of sessions or the type of delivery. All of this is for future analysis. For reasons of confidentiality, no data was collected on participants' health at the start or end of the programme and although some information can perhaps be deduced from those who started with very high scores, it is acknowledged that this will be a factor in people's differing responses to the tests. However, the indications are that following attendance at the strength and balance classes there was a general improvement in TUG results for the vast majority of participants.

Data from two local partners

Two of the SUSU local partners collected and shared Q-TUGs data: Blackburn with Darwen (BWD) and Birmingham Northfield (BN). BWD had collected S2S and TUG test data. BN collected and reported on QTUG and FES-I data. Although both partners provided TUG data, it was not possible to compare the two sets as they were in different formats. BWD had given actual numbers of individuals; BN data was expressed in percentages at two different groups, without giving the numbers of members of each group tested. For this reason, the results are given here separately.

Local partner 1: Blackburn with Darwen

BWD provided data on 27 participants who had completed one of two 16-week falls prevention programmes. All participants recorded improvements in S2S and TUG tests.

Sit to stand (S2S) No. of movements in 30 seconds

Local partner	No. of people data supplied on	Activity	Beginning of activity		End of activity	
			Average no.	Range	Average no.	Range
Blackburn with Darwen	27	16-week FP programme	8	4-17	12	7-20

96% could do one or more additional sit-to-stand movements after the programme than they could before. 59% could do three or more additional sit-to-stand movements after the programme.

TUG (No. of seconds to complete the movement)

Local partner	No. of people data supplied on	Activity	Beginning of activity		End of activity	
			Average time (s)	Range	Average time (s)	Range
Blackburn with Darwen	27	16-week FP programme	12	6-25	10	5-21

66% of the participants could complete the walk two or more seconds faster than they could before the programme. One woman halved the time she took to complete the test (from 21 to 10 seconds). Five participants chose not to use their walking aid during the reassessment, showing an increase in confidence.

Local partner 2: Birmingham Northfield

BN provided data on 13 participants who had completed one of two 12-week exercise programmes, combining flexibility, aerobic, balance and strength exercises. Classes lasted 45 minutes and were followed by informal discussions on practical ways to reduce the risk of falls in the home.

TUG (No. of seconds to complete the movement)

Local partner	Location of class	Activity	Beginning of activity	End of activity
			Average time (s)	Average time (s)
Birmingham Northfield	Northfield	12-week FP programme	12.8	10.4
	West Heath		12.8	10.3

The average improvement in TUG time of the Northfield group was 18%, while the West Heath group improved by 20% on average. Q-TUGs calculated a reduction in falls risk of 11% on average in Northfield and 7% in West Heath.

Falls Efficacy Scales – International (FES-I)

The results of the FES-I test suggested that participants' confidence had improved and fear of falling had reduced over the course of the programme. In week 1, just over a third of participants (37% were not concerned about falling during activities of daily living (ADL). By week 12 this figure had risen to more than half the group (56%).

Summary

Although the full common dataset has not yet been compiled, indicative data show positive results. The two SUSU local partners who reported Q-TUGs data also found that the results were promising. The Blackburn-with-Darwen community exercise practitioners reflected that participation in the pilot had increased their data collection skills and enabled them to quantify the positive outcomes that were being achieved by older people. This provided motivation to the team and helped them see the benefit of completing monitoring and evaluation activity efficiently and consistently.

Feedback on use of QTUGs

Most local partnerships that used QTUGs found them useful for assessment and to measure the impact of strength and balance classes, also finding that they provided motivation for some older people to attend classes. Projects in Southend on Sea and Hammersmith & Fulham, however, found completing the QTUG assessments with a class of people too time consuming and it required additional people to do the assessments while the classes were being run. They found it too disruptive and uneconomical to continue with their use.

7. Sustainability and legacy

Strategic influence

RoSPA will continue to be a member of the National Falls Prevention Coordination Group and will be able to contribute to the upcoming review of the Falls and Fractures Consensus Statement and resource pack, feeding in the learning from SUSU.

The recent national accident prevention strategy “*Safe and active at all ages: a national strategy to prevent serious accidental injuries in England*” endorses the work of the NFPCG and highlights preventing the first fall as a priority.

Resources and training

RoSPA will continue to provide Older People’s Safety in the Home training to frontline workers and volunteers. SUSU network members requested additional sessions to reach more people as part of making falls prevention everybody’s business.

Resources were produced as part of the programme that continue to be used to raise awareness and support older people to reduce their own risks of having a fall. These include leaflets, videos, tea towels, fridge magnets, books and DVDs.

SUSU network

The extent to which the SUSU network is sustainable now the programme is completed is difficult to assess as there will not be dedicated staff time to facilitate it. The online resources will remain on the RoSPA website and be updated as policy changes and more good practice emerge. The *Taking the rise out of falls* e-newsletter will be discontinued, however falls prevention will continue to be included in RoSPA’s Home Safety e-newsletter and the Home Safety Journal.

People from different areas made direct connections with each other and some will continue to exchange information and good practice. SUSU partners presented at the RoSPA Home Safety Congress in February 2019 and others attended.

Should the common dataset pilot project be extended and funded, there may be opportunities for network members to continue to contribute and learn from that.

There is no resource for an online network for people to discuss falls prevention so there is a risk that engagement through the SUSU network will lapse. However, if network members continue to raise the profile of falls prevention as everybody’s business and advocate to embed it into their local integrated care systems, there may be opportunities for them to maintain contact through other health and social care mechanisms.

Local partnership areas

In their final annual reports to SUSU, local partnerships identified what they planned to take forward from the programme. These actions contribute to the legacy of Stand Up Stay Up.

Birmingham

Being a member of the SUSU programme has enabled the project to raise falls prevention as a priority within the CCG, local authorities and public health. The Frailty Local Improvement Scheme for GP practices was developed and included falls prevention as this was an area the CCG needed to improve on. A dedicated CCG webpage was developed on falls prevention with general advice and guidance, as a direct result of being in the SUSU programme.

The CCG now has a new lead manager for falls who is looking at providing consistent falls prevention services across Birmingham and Solihull. More specifically, this includes new referral pathways between the home hazard service (within housing), the community falls team and the fire service in Solihull.

Partnerships in Birmingham are building and the CCG has undertaken some mapping of current services and pathways to help support this. This has also been mapped against the NICE quality standards with gaps identified. A Frailty Strategy will also be developed for the CCG which will include falls prevention.

Blackburn with Darwen

A local evaluation report including information on the outcomes for participants was presented to the local Age Well Partnership. The group was asked to endorse the approach tested through SUSU and to focus on targeting people at risk of falling, rather than solely those who have already fallen. It was also shared with Health commissioners for falls services. The local authority has already made changes to its delivery of falls prevention programmes based on learning from SUSU.

Brighton

Falls prevention is high on the local NHS and social care agendas in Brighton and a case will be made for continuation of what is currently fixed term funding. A stakeholder event was planned to help embed falls prevention awareness so that everyone feels it is their business.

There were plans to develop clear pathways to falls prevention support for use by community staff and volunteers and to develop the Otago offer which local partners considered the greatest benefit they had gained from being part of the Stand Up Stay Up programme. Since attending the 2018 Otago course:

- a volunteer included Otago into his Pilates classes, offering five classes a week in seniors housing settings and community centres
- a community outreach worker set up 'pure' Otago classes with a sheltered housing group in a priority neighbourhood
- Instructors delivering walking football to people living with dementia and their carers, are building in half an hour of Otago exercise as a warm up

Bristol

Staying Steady programme

Sustainability was built into the contract negotiation between Bristol City Council and the providers. The council provided initial funding for year one, to enable the providers to

establish the programme, so that by year 2 the programme could be sustained without any recurring funding. Providers charge participants a maximum of £3.50 per class (including assessment sessions) which contributed towards making the programme self-sufficient after contract end. At review meetings in December 2018 all providers confirmed that the programme is self-funding and sustainable.

Cumbria

The Up and About programme continues for another 18 months in Cumbria with local authority funding that was matched with SUSU funding.

In 3 areas of the county, 23 'Living Well Coaches' were recruited to work from GP practices. Part of their role is to work proactively with frail patients. The coaches received a session on the strategic context of falls prevention and a session with one of the Community Falls Prevention Workers. The coaches were provided with the Up and About programme resources and shown the strength and balance exercises.

An 'Every Contact Counts' programme is planned for staff across the sectors, ensuring everyone knows the risk factors and can give advice, share leaflets, exercises etc.

Hampshire

In 2019, another 24 Falls Friends Champions will be trained. An Otago Exercise Leader course was attended by 5 instructors from Rushmoor Healthy Living. Five new classes across the borough will be set up focusing on the areas with the highest emergency hospital admissions for falls.

London – Hammersmith & Fulham

Weekly exercise classes at BCH will continue with the existing providers. A Health Day to be held every year at BCH.

Reductions in funding for the centre meant that Keep Active sessions were lost and reductions in staffing meant the ability to take exercise classes into sheltered housing was reduced.

Northamptonshire

The whole system approach in Northamptonshire embedded falls prevention at all levels. The successful approach was:

- Emphasised that falls prevention is “everybody’s business”
- Built a collaborative approach among partners
- Appointed a dedicated project manager to instigate and embed changes
- Identified “Falls Prevention Champions” in localities and in organisations

Falls prevention activity was aligned to the local “Mild Frailty” pathway that has been developed in the county. This meant that public consultation sessions about the proposed “frailty pathway” and new services included reference to falls prevention.

A data dashboard has been developed to measure the impact of falls prevention activity. It provides monthly updates on recorded falls using multiple data points and will be used to

focus further preventative activity and interventions. To date the indications are that the number of injurious falls has fallen slightly, even though there is an increasing ageing population.

Sandwell

The partners have 5 QTUGs which will be embedded within community settings to raise awareness of falls risk. Use will be extended to people referred to Shopmobility. Work will continue with Kinesis who provide QTUGs with regular updates and feedback on equipment. The Falls Prevention Referral Pathway enabled the referral process to be more standardised and fluid.

The commissioning contract for the Older Adults Pathway was extended to 2 years therefore there will be a sustained falls prevention programme until at least 2021.

Southend on Sea

There were sessions between the falls service and the local health and social care teams, such as the early intervention falls car, the falls clinic at Southend Hospital and the Community Physiotherapy and Occupational Therapy teams, and the third sector to improve pathways and onward referrals.

There were significant changes in the commissioning management with the falls contract, public health management and changes with management of the falls service which impacted on and constrained involvement in the SUSU programme.

Opportunities to transfer learning from SUSU

The drive towards integrated health and social care services is progressing apace with the move from Sustainability and Transformation Plans (STPs) to Integrated Care Systems (ICSs) and health trusts, primary care, local authorities, private and voluntary sector organisations are increasingly working more closely together and finding ways to share information and resources. There is also an impetus towards moving care and support out of clinical settings and into the community wherever appropriate, to improve access.

Northamptonshire for example is committed to continuing to work in partnership with organisations across the voluntary and statutory sector to ensure a whole systems approach to falls prevention. Sandwell and Southend have reviewed falls pathways and in Sandwell in particular there is a strong commitment to ensuring that older people get consistent messages around falls prevention, including preventing the first fall. Cumbria plan to develop an 'Every Contact Counts' approach that would work across all sectors and ensure that all services and agencies older people come into contact with can give information about falls risk factors and can share advice and information around primary prevention.

The new GP contract for England now includes social prescribing where some 1,000 advisers, known as link workers, will be recruited to help patients live fitter, healthier lives and combat anxiety, loneliness and depression, all of which can result from a fall. There are clearly opportunities for learning from SUSU to be shared with this new workforce and wider primary care practitioners as part of embedding falls prevention in the roles of frontline workers to make every contact count with older people.

8. Summary of learning points

This section summarises learning from the Stand Up Stay Up programme.

Falls prevention is everybody's business

One of the key learning points that emerged from SUSU is that all agencies have a role to play in falls prevention, at strategic and operational levels. The concept that falls prevention is everybody's business, in public, private, voluntary and community sectors, gained traction over the life of the programme and was clearly articulated by many local partners at the second learning exchange event. This includes the role that older people play in maintaining the own health and wellbeing.

Partnership working

Some local partnership areas had pre-existing falls prevention groups or partnerships and therefore had a foundation of trust to build on during the programme. In other areas, partners came together during SUSU and had to invest time in getting to know each other and learn to work with the different cultures and constraints they each brought to the partnership.

Partners found regular meetings to be a key factor in keeping projects on track and partners on side. Where meetings broke down, due to staff changes for instance, partnership working became more difficult and progress slowed. Partners reflected that the nature of partnership working does mean that programmes take longer to implement and this should be reflected in project plans.

In the 3 areas where there was no strategic partnership or framework during the period of the SUSU programme, it was more difficult to achieve the buy-in of key agencies. Often projects were left with passionate key individuals to champion and implement the community interventions with varying levels of success. The SUSU team played an important role in supporting those areas to keep things going and make links with other SUSU areas for support.

Areas with strong partnerships also recognised the value of having falls prevention champions positioned in key partner agencies to raise awareness and engage colleagues in the programme activities. For instance, in the development of effective falls prevention pathways and referral mechanisms across agencies and public and voluntary sectors.

Learning exchange events provided opportunities for local partners to take time out together, to build relationships and link with other partnerships to share ideas and good practice.

£5,000 per year for 3 years to support community interventions was a small pot of seed funding partners accessed through SUSU. Some local partners found the annual reporting back to RoSPA onerous, especially where the SUSU project was something they were delivering in addition to their full-time job.

Workforce development

SUSU has enabled the training of frontline workers and volunteers in skills and knowledge to help prevent falls in the home and community settings. This has also supported broader recognition across public and voluntary sector frontline workforces that falls are everybody's business.

Partners have learnt that it is important that frontline workers and volunteers understand the context of the training, the promotion of strength and balance exercises and the value of Timed Up and Go measurements for strong outcomes.

Partners who trained instructors to deliver strength and balances classes in community settings found that creating a network for instructors to support each other also helped to maintain consistency in delivery.

Some local partnerships encountered resistance from specialist falls providers to the delivery of strength and balance classes by non-clinicians. There were concerns that open access classes where people are referred without a clinical input, or self-refer, may not be effective. Before and after QTUG data helped to reassure some local partners that informal classes using evidence-based methods like OTAGO or FABS achieved positive outcomes. Emerging evidence from the common dataset pilot indicates that it does not have to be clinicians who deliver strength and balance or postural stability classes, they can be successfully delivered by people in other roles, with the appropriate training and support.

The introduction of trained non-specialists who deliver elements of a falls prevention service, for instance initial assessment during a home visit, basic armchair exercises and onward referral to a community-based service, has worked well in some areas. Partners would welcome an endorsement from, for example, the Chartered Society of Physiotherapists that trained community workers and volunteers can effectively demonstrate the 6 Get Up and Go exercises to reassure staff and older people.

Communicating messages

Local partnerships learnt that raising awareness amongst older people who are at risk of falling, but may not be aware of it, has to take a different approach than to those who have already fallen. It can be time-consuming and challenging to reach people who do not have falls on their radar but may be at risk.

Partners learnt that older people who have not fallen are more interested in staying healthy, strong and independent for as long as possible. Providers found they needed to make activities fun, easy to join and easy get to in non-clinical community settings to encourage regular attendance.

Local partners have learnt that simple messaging is effective and how important it is for consistent messages to be shared and repeated across agencies and by frontline workers visiting people in their homes and also connecting with the friends, families and carers that support older people to reinforce key messages.

Events such as Falls Prevention Awareness Week were found to be effective in getting key messages out into the community. There were calls at the second SUSU learning exchange event for a national Falls Prevention Awareness Week to support local initiatives.

Social benefits

A key learning point from local partnerships was to recognise and emphasise that (falls prevention) activities have a strong social aspect and can be fun. The social and peer support element of strength and balance classes and other activities should be built into activity planning and facilitated as part of delivery.

The social benefits for many of those who attend exercise classes are as important as maintaining muscle strength and fitness and older people reported going to activities helped to reduce their social isolation. For this reason, it is important that there are supported links into follow on activity when people finish a strength and balance course.

Assessment & measuring impact

Falls prevention activities will need to continue to demonstrate that they are achieving outcomes for older people, if they are to secure ongoing funding, particularly from the NHS. It is not enough to use a NICE recommended exercise programme, commissioners will want to know it is making a positive difference for the people in their areas.

Frontline workers should be trained to use baseline and follow up assessment tools such as QTUGs and i-FESI and given enough time and support to conduct assessments consistently and effectively. Where these conditions were not in place, practitioners found the assessment process too time-consuming and inconsistent data was generated.

Evidence from SUSU suggests that where non-clinical practitioners have a good understanding of why they are collecting assessment and monitoring information, are confident with employing the data capture tools and are able to interpret the results, then they are more likely to capture information consistently with the added benefits that both they and the older people can see for themselves what they have achieved.

This is particularly important if the kind of community-based data collection trialled in the common dataset pilot is to continue.

Sustainability

Sustainability of activity initiated during the SUSU programme is most likely where partnership working has facilitated the pooling of resources, people, venues and volunteers across agencies.

There is a positive example of strength and balance classes being independently sustainable as part of a general leisure & fitness offer. Get the message right and people will sign up and pay to take part.

9. Conclusions

The SUSU programme aimed to stimulate the national debate around falls prevention and move the discussion towards a focus on preventing the first fall. Its key message was that falls are not an inevitable part of ageing and that, with a growing population of older people, more prevention at earlier stages is needed. It aimed to support partners to try new ways to reduce the numbers of people being admitted into hospital as a result of a fall and to align falls prevention with the healthy ageing agenda. This report has looked at the evidence against the stated outcomes of the Stand Up Stay Up programme and the conclusion is that overall the programme has delivered successfully on its aims within the relatively small budget and staff team resources available.

SUSU as catalyst for change

SUSU provided an impetus to local partnerships to take positive action on falls prevention in community settings and provided an arena for the voluntary and community sector to emerge as a valued and respected partner in preventing the first fall. For many local partners the SUSU project was a timely intervention and often helped to confirm local thinking about the direction of travel for falls prevention. It provided a structure and a reporting mechanism that kept people on track and held them to account.

Visits from the SUSU staff team and the evaluators helped to keep falls prevention activity high on the agendas of busy people who had other things to do. SUSU helped partners create time and space to think about what they wanted to do on falls prevention and how they were going to work together to do it.

The small pots of annual funding for community interventions had significant impact in local areas, sometimes in bringing people together, often in encouraging partners to be creative in thinking how to use the money prudently to achieve the biggest effect or make the greatest difference. The SUSU challenge to be innovative inspired some partnerships to think outside of the box. It enabled some areas to lever in additional funding for falls prevention in times of austerity.

All the local partners saw RoSPA as a trusted partner and reported that the connection to a national charity with a high-profile reputation in older people's safety conferred credibility on their projects. It encouraged other agencies to get involved with preventing the first fall. The role of the SUSU staff as connectors was an important aspect of strengthening local partnerships.

Both the SUSU team and local partnerships were flexible and responsive to changing circumstances on the ground, sometimes coming up with creative changes of direction when planned activity could not go ahead. Sometimes this was due to personnel changes, such as the loss of a project lead or other organisational changes that had an impact on partners' ability to prioritise engagement with SUSU. In those circumstances the SUSU team would step in to find someone to pick it up and offer support.

Influence on policy and practice, local and national

Participation in the National Falls Prevention Coordination Group and the production of the new national accident prevention strategy show how RoSPA raised its profile as a leader in falls prevention nationally, and in local areas across the country. The organisation has a firm foundation to continue to support the drive to embedding preventing the first fall and making it everybody's business.

People from public, private, voluntary and community organisations, clinical and community-based, accessed the SUSU network and used it to share and gather good practice. The exchange of learning has been both practical and supportive as people have tried new ways of working and tested new resources.

SUSU brought local partners together and there is good evidence to suggest that working on primary prevention stimulated good interagency working and relationships. For many these relationships will continue beyond SUSU.

SUSU has facilitated the development of falls prevention referral pathways that link community interventions to appropriate levels of specialist intervention, depending on the needs of individual older people through clear referral mechanisms. Learning was shared across local partnerships to inform the development of the pathways and prevent reinventing the wheel.

New falls prevention workforce

Frontline workers in the public and voluntary sectors, such as officers in Fire and Rescue Services and Care and Repair housing teams and community workers were trained by RoSPA and have become more observant when conducting home visits and more active in looking for falls risks and hazards. Trainees reported increased awareness of the needs of older people and that they were now actively encouraging older people to be more active and emphasising the need to prevent the first fall to stay healthy and independent for longer.

The wider community workforce in local partnership areas, including exercise professionals, pharmacists, opticians, carers and many more roles have increased awareness of the importance of preventing people from falling and greater understanding of how they can contribute to keeping people safe and encouraging them in self-care and prevention. There are new roles being created in health and social care, such as social prescribing link workers, that can benefit from the SUSU learning on preventing the first fall.

Contributed to the evidence base for strength and balance exercise in community settings

The late inclusion of the common dataset pilot scheme into the SUSU programme was a welcome opportunity. The aim of gathering primary data that could contribute to an evidence base on the benefits of delivering strength and balance exercise in community settings fitted well with the ethos and ambition of SUSU, although there was no additional resource to facilitate it.

The pilot was run for a short period, and although data capture was inconsistent, the indicative findings of the scheme are that strength and balance activities delivered by non-

specialist practitioners who have received the appropriate training can achieve measurably positive outcomes for the older people who take part in them.

This is helpful because, with the continually growing ageing population, if it was only clinicians who could deliver interventions, there would never be enough classes to meet the need. The pressure on health and social care services due to falls means that preventative activities must be able to be scaled up and therefore the engagement of a broader provider base is necessary. The learning from SUSU has contributed to a growing body of evidence that prevention and early intervention, particularly in community and non-clinical settings, can have a quantifiable impact in reducing falls in older people.

In the process, community-based workers have gained valuable experience of assessing people and monitoring the outcomes of their activities that has added value in increasing worker motivation and encouraging the retention of older people in classes.

New health and social care infrastructure

By re-framing 'preventing the first fall' as 'living a healthy life safely and for longer', SUSU has challenged the often-prevailing view that falls are an inevitable part of ageing. Evidence from the programme shows falls prevention becoming a shared priority for strategic partners and integrated into wider Health and Wellbeing strategies for supporting people to live well for longer. Instead of falls prevention being viewed in isolation, the structures are emerging in which it can become everybody's business.

Appendix I: SUSU Theory of Change narrative

Goal

There was an over-arching organisational goal for the Stand Up, Stay Up programme to help position RoSPA strategically as a national leader in the move towards prioritising the 'preventing the first fall' agenda. The programme goal was to influence the national conversation on falls prevention, to establish a strong public message that falls are not an inevitable part of ageing and to disseminate the message strategically and operationally, at different levels including local partnerships and national awareness-raising platforms.

Rationale

There is a strong and well-recognised evidence base on the social, emotional and economic impact of falls in older people; for people who fall, their families and carers and the on-going cost to the health and social care system of post-fall care and support.

The human cost of falling includes pain, injury and distress; loss of independence and confidence; and possibly death. Falls affect the quality of people's lives and a fall can often be the underlying reason for withdrawal from social and physical activities, as well as having an adverse impact on people's ability to look after themselves. Fear of falling can further limit activity, creating loneliness and social isolation. Falls and fall-related injuries are estimated to cost the NHS more than £2.3 billion per year.²⁸

Falls prevention is about making sure that when people stand up, they stay up, reducing the rising numbers of people requiring hospital attention as a result of a fall. Effective falls prevention requires collaboration and the commitment of a wide range of services.

However, the focus of much falls prevention work remains on preventing a second fall, with services being activated when someone has had a fall. Through Stand Up, Stay Up RoSPA intended to initiate change in the current approach and move the national conversation towards making every contact with older people count in preventing the *first* fall and challenging the perception that falls are an inevitable part of ageing.

Enabling factors

Enabling factors are the conditions that need to be in place to support and enable a project to succeed. These can be internal enablers, such as suitably qualified staff, or external enablers which may be outside organisational control, such as access to older people.

The key enabling factors required for RoSPA to deliver against its ambitions for the Stand Up, Stay Up programme were:

- *RoSPA's ability to act as a change agent*

RoSPA is recognised as a national leader in the promotion of safety and prevention of accidents in all areas of life, working for over 100 years to change attitudes and legislation around accidents. The organisation's approach is to inform public opinion and challenge and

²⁸ See <https://www.nice.org.uk/guidance/cg161/chapter/introduction>

influence policy makers to improve accident prevention and Stand Up, Stay Up forms part of this ongoing work.

- *RoSPA as a valued partner that brings knowledge and experience to local partnerships*

RoSPA has experience of delivering community-based accident prevention programmes and testing innovative approaches to improving safety in the home. They were able to share that knowledge and experience with the 10 local partnerships that were part of Stand Up, Stay Up, and the wider SUSU network.

The organisation's national profile and established position as a champion of home safety brought gravitas and influence to the development of local falls prevention partnerships in the programme.

- *Increased awareness that falls are an issue for commissioners and providers*

RoSPA aimed to extend the leadership of falls prevention beyond small groups of health professionals and in challenging the assumption that falls are an inevitable part of ageing, raise awareness that the burden on the NHS and social isolation caused by falls can be reduced.

The approach was:

- To locate falls prevention in the context of wider societal challenges and drivers such as living a healthier life in older age
- To move beyond joining up services for those who have experienced a fall, to making every contact with older people count towards preventing falls
- To encourage physical activity to maintain strength and stability.

Evidencing impact

RoSPA identified the following outcomes in its IESD application which have been mapped into the Theory of Change:

- Raised awareness about falls and their prevention
- Increased priority given to ensuring that falls prevention is included in key strategies
- Increased take-up of falls prevention training
- A reshaping of RoSPA's falls prevention provision that will support an increasing commitment to tackling this issue across the country
- The development of a network of those working in falls prevention, which will enable RoSPA to ensure that work to address this issue will be sustained beyond the end of the programme

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