

Local Government response to an ageing society – call for evidence

Evidence submitted by the Chartered Society of Physiotherapy

To: Local Government Association and Centre for Policy on Ageing
By email evidence@cpa.org.uk

The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK's 52,000 chartered physiotherapists, physiotherapy students and support workers. CSP members work in the NHS, voluntary and private sectors.

Physiotherapy enables people to maximise their quality of life, optimise their health and wellbeing and increases their ability to live independently and participate fully within their communities, countering the risk of social isolation

The CSP welcomes the opportunity to submit evidence of how local authorities can respond to an aging society in relation to health, social care and public health and how the physiotherapy profession can support this. We would be pleased to supply additional information on any of the points raised.

1. Summary

- 1.1 Local authorities have a vital role to play in supporting people to live longer and live well through its responsibility for public health, social care and health scrutiny.
- 1.2 Key areas for action at the local level are preventing falls, maximising recovery of health and independence through rehabilitation and increasing levels of physical activity among older people. These support positive outcomes for health, social care and public health. These are all areas where physiotherapy can help councils improve outcomes and save money.
- 1.4 The CSP has produced a Falls Prevention Economic Model, which is free to use and allows local authorities to accurately assess local need, predict need in the future, and quantify the numbers of falls that can be reduced and money saved in their locality. In England we could prevent 200 000 falls each year by referring those at risk to physiotherapy, saving £275m to the NHS and considerable savings in social care. <http://www.csp.org.uk/documents/falls-prevention-economic-model>
- 1.5 After people have an acute episode like a serious fall or a stroke, physiotherapy reverses deterioration, getting people back to their previous activity and independence level.
- 1.6 Local authorities could be utilising the expertise of physiotherapists to plan for and design health and care services that support older people to live well and independently.

2. Local action to reduce falls

- 2.1 Local authorities need to ensure that their areas Joint Strategic Needs Assessments includes data on people at risk of falling and Health and Wellbeing Strategies need to include an action plan to reduce falls.
- 2.2 The CSP has developed a [Falls Prevention Economic Model](#)¹ with West and South Yorkshire and Bassetlaw Commissioning Support Unit. This modeling tool enables local authorities and Health and Wellbeing Boards to accurately assess levels of falls in their area, predict need in the future, and quantify the numbers of falls that can be reduced and money saved in their locality.
- 2.3 Each year almost 1 million² older people in England will have a serious fall that results in them attending A and E. The prevalence of falls and the impact on people's lives as a result mean that it needs to be a public health priority, as well as one for health and social care.
- 2.4 12.4 per cent of serious falls can be defined as 'major'³. These are life changing, resulting in long term disability, residential care or even death⁴.
- 2.5 For nearly a quarter (23.04%) of people who have a serious fall the direct result is being admitted to a care home. In England 28, 306 people were in that situation this year. Because of demographic change, by 2020 if action on falls isn't taken the numbers will increase by 19 per cent.⁵
- 2.6 Major falls commonly cause fractures. One-third of people who suffer a hip fracture die within a year and fifty per cent are left with a long term disability⁶. Increasing numbers of expensive care packages as a direct result of a serious fall will increase if action isn't taken to reduce falls.
- 2.5 Not surprisingly falling can undermine mental wellbeing and increase the risk of social isolation. A third of people who have a hip fracture following a fall with no history of depression have significant depressive symptoms six weeks post after their fracture.⁷
- 2.6 Those at risk of falling can be easily identified through simple tests, such as the timed up and go test. This can be carried out by any health and care professional.
- 2.8 All older people at risk of falling need access to falls prevention services - physiotherapists, other health professionals and voluntary run support services all have a role to play in signposting and delivering these services.

¹ <http://www.csp.org.uk/documents/falls-prevention-economic-model>

² 992, 799 older people aged 65+ CSP Falls Prevention Economic Model October 2014

³ CSP Falls Prevention Economic Model October 2014

⁴ CSP Falls Prevention Economic Model October 2014

⁵ CSP Falls Prevention Economic Model October 2014

⁶ Later Life in the United Kingdom, Age UK November 2014

⁷ Phillips AC UJ, Duggal NA, Carroll D. Depression following hip fracture is associated with increased physical frailty in older adults: the role of the cortisol:dehydroepiandrosterone sulphate ratio. BMC Geriatrics. 2013;13 <http://www.biomedcentral.com/1471-2318/13/60>

- 2.9 If everyone who struggled with a timed get up and go test was referred to a physiotherapist the number of falls in England would reduce by 200 000. For the NHS this creates savings of £275 million, a return of £1.50 for every £1 spent on physiotherapy. In addition it would deliver substantial savings in social care through preventing, minimizing and delaying the need for care⁸.

3. Rehabilitation and reablement - integrating health and social care around the needs of the individual

- 3.1 Increasing care needs are not inevitable. Physiotherapy can prevent people from experiencing acute health episodes, through effective rehabilitation and early intervention. It has a unique contribution to rehabilitation and reablement following a crisis in delivering reversal of deterioration. Unlike a traditional reablement model, which often focuses on the provision of equipment, physiotherapy and rehabilitation is aimed at getting people back to their activity and independence level before their acute episode.
- 3.2 Local authorities are well placed to extend the benefits of physiotherapy for social care as they work with health partners to integrate services. Physiotherapists have been key to successful integration initiatives. For example the Integration Pioneer at Greenwich, rightly highlighted by the LGA as an example of good practice with local authorities coming together with local NHS and voluntary sector organisations to develop integrated services. One of these services is the Eltham pilot, set up in January 2014. This wraps health and social care teams around GP practices to manage complex cases. Each patient has a shared action plan agreed by the patient and the different professionals identified as being relevant to their care pathway. Two physiotherapists (a falls lead and a neurology specialist) are part of the service and attend monthly multi-professional meetings at each surgery to discuss patient progress. The physiotherapists involved report that services are more responsive to patient needs and use resources more efficiently to improve outcomes for patients⁹.
- 3.3 Another example of integrated care in practice is the Bradford Enablement Support Team. This is a multi-disciplinary service that enables older people to remain living independently in the community. 91 year old Mr A lives alone and is normally independent. He's a passionate cook who enjoys socialising. While dog-walking he suffered a stroke, a fall and a broken hip. He had hip replacement surgery but the stroke left him with a slight left-sided weakness and problems with concentration and executing tasks. Mr A was transferred to a community hospital for rehabilitation where the therapy team, including physiotherapists and occupational therapists, facilitated recovery of mobility and balance: climbing stairs, independence with personal care and kitchen tasks. He was discharged with four care visits daily. Joint physiotherapy and occupational therapy sessions facilitated improvements in hip strength and independent mobility, ensuring safety and independence in the home and community. Goals were set in partnership with Mr A. Six weeks later Mr A had regained such mobility and independence that all support could be withdrawn and he returned to his usual active and social life¹⁰.

⁸ CSP Falls Prevention Economic Model October 2014

⁹ <http://www.csp.org.uk/frontline/article/green-light-greenwich-integration-older-peoples-care>

¹⁰ Physiotherapy Works for Social Care, CSP 2014, reprinted in Care Act 2014 statutory guidance 2014

4. Ensuring public health initiatives benefit older people

- 4.1 As the experts in movement and working across **sectors** and settings, the physiotherapy workforce has a key role to play in the public health agenda. Physiotherapists provide preventative and early advice and interventions to enable independence and self management and maximize quality of life and wellbeing.
- 4.2 As well as falls prevention and rehabilitation in the community they also work with local authorities to reduce obesity and increase levels of physical activity, both significant risk factors for many of the co-morbidities that lead to increasing health and social care costs in older age.
- 4.3 In Liverpool the local authority took the decision to fund the Aintree Liverpool Obesity Support Service (Aintree LOSS)¹¹. This is a community service that built out of a successful and established hospital based NHS weight management service at Aintree University Hospital NHS Foundation Trust. LOSS works with people with BMI≥40 or BMI≥35 with one or more co-morbidities through GP referral. Following a physiotherapy assessment, patients are offered a treatment plan based on their current activity levels and any barriers they have to increased activity. The team use motivational interviewing techniques and behavioural therapy approaches, delivered by physiotherapists and dieticians with support from clinical psychologists. By adapting a well established model at a hospital to a community environment the service has strengthened links with community health initiatives and communications on health weight and lifestyles. Outcomes of the project included 31 per cent patients have lost five per cent of their start weight after six months, and significant improvements in self-reported physical, emotional and social symptoms related to weight. While the LOSS service isn't specifically aimed at older people, it is a good example of health and local authority collaboration and the sorts of services in the community that need to be accessible to older people.

5. Making the most of local expertise and assets

- 5.1 The CSP looks forward to hearing through the LGA/CPA review innovative work that local authorities are involved in to support people to live longer and live well. The CSP and our members at the local level can help with this by sharing good practice and learning, so that examples like Greenwich can become the norm.
- 5.2 Currently local decision making structures for health and care underutilize the expertise of physiotherapists and other allied health professionals to plan for and design health and care services that support older people to live well and independently. The CSP would be pleased to work with local authorities to facilitate this engagement.
- 5.3 Local councils, professional bodies and charities should work together to promote access to health and wellbeing support and advice available and signpost service-users to these. The CSP has a range of advice publications and online resources, which speak to older people¹².

¹¹ <http://www.bhfactive.org.uk/userfiles/Documents/AintreeLOSS.pdf> This case study will be published in a forthcoming Physiotherapy Works briefing on obesity. Please contact the CSP for more information.

¹² <http://www.csp.org.uk/your-health/live-long-live-well>

- 5.4 Older people and patient are experts in their own health and wellbeing and know where the gaps are in health and care services that prevent social care needs and health issues developing and support people to manage their own health. Building resilience among older people, including those with long term conditions is core to the physiotherapy.
- 5.5 Local authorities interested in co-design of planning and services with older people and professionals would benefit from involving physiotherapists and utilizing the skills and experience they offer. The CSP can help facilitate this.

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For further information on anything contained in this response contact

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