Ealing Falls and Frailty - Support Services

2023

North West London Integrated Care System
Working together for better health and care

NHS North West London

Ealing
BOROUGH BASED
PARTNERSHIP

Contents

Ealing Falls Service – Ealing Community Partners (ECP)

Patients are provided with an initial visit by an Occupational Therapist or Physiotherapist to provide a multi- factorial falls risk assessment. This may include: falls prevention interventions, strategies to reduce the fear of falls, encourage activity and provide exercise support, exploring how to get up from the floor and how to call for help.

If assessed by the team to be suitable for a group, the patient is invited to attend a Physiotherapy and Occupational Therapy led MDT advice and exercise group. This runs for eight weeks at Ealing Day Treatment Centre (E.D.T.C.) or other community locations. A consultant at a Falls Clinic is also available to support the patient's medical review.

Referral criteria

- Patients registered with an Ealing GP and live within 1 mile of Ealing borough boundary.
- Patients aged 65yrs and above.
- History of falls/fear of falling.

Referrals are only accepted on the falls service referral form with a completed screening tool.

Who can refer?

- GP Practices
- Health visitor
- School nurse
- Community adult and paediatric services
- Secondary care
- Nursing and residential homes
- Social services
- Hospices
- Other local private and NHS professionals

Current wait time between referral and initial assessment

7 weeks

Current wait time between referral and start of service?

Patients are currently waiting a further 5-7 weeks after assessment to join a group programme. Some patients choose to wait and request to delay until the following month.

Whilst patients are waiting for a group, they are visited at home by a rehab assistant.

Number of people who can access the service each month

Currently 45-50 new patients per month – this is under review.

Number of referrals received per month (average over a 12 month period 2021-22)

Average of 70 per month.

Find out more
Falls service: West London NHS Trust

Email referrals to: ealingcommunity.referrals@nhs.net

Reablement In house homecare team

The reablement in-house homecare team provide a service for up to 6 weeks for people 18+

It is a proactive package of care, so customers need to be able to achieve goals set by the team. This includes goals set by team leaders and occupational therapists. Patients are monitored weekly and discussed & assessed accordingly. Patients may then move into long term care, but not palliative care or support for long term illnesses. This service is suitable for people who have been discharged from hospital or have been identified by a GP, district nurse or fire brigade as needing support. This service works across all teams, including safeguarding, independent living, Occupational Therapy and Mental Health.

Referral criteria

The Advice and Referrals Centre (front door to the council) can refer and there are two other streams available:

- Discharge from hospital
- Wellbeing check (this is when someone has raised concerns and a mini assessment takes place and a package of care is set up or signposting to other relevant services.

Who can refer?

As above and Ealing Community Partners Team and Hospital Assessment Team.

Current wait time between referral and initial assessment

Initial assessment is carried out by the hospital. Once this is carried out, turn around is very quick.

Wait time between referral and start of service

No wait time.

Number of people who can access the service each month

At the moment, 81 people today (26th July).

Number of referrals received per month (average over a 12 month period 2021-22)

During June 2022, there were 137 service users with 1,355 hours of care.

Find out more
Reablement in your own home
020 8825 8000

Careline Service

Careline is a 24/7 telecare alarm monitoring and response service which helps anyone who need support to live independently. Amongst Careline's more than 4,000 customers are people who may have chronic sickness or disabilities and just want the peace of mind that comes from knowing that help is always available.

The service physically assesses people in their own homes, making recommendations on how best the team can help. One option is to install unobtrusive wireless sensors around people's homes which can detect potential problems like smoke, gas, a build-up of heat, flooding, or even if someone has fallen over. GPS devices can monitor people with dementia symptoms, ensuring they can continue going out independently. The team can even remind people to take their medication. Once sensors have alerted them, Careline staff will step in to solve any issues.

The Careline team has achieved industry accreditation every year since 2013, continually improving in terms of quality, safety and customer satisfaction.

Referral criteria

Anyone can be referred either, through a professional, through a GP, through adult social care or you can self refer or refer for someone else who you care for. The service is a paying service unless you have been means tested by Ealing Council and then they will pay any costs.

Who can refer?

Anyone

Current wait time between referral and initial assessment

48 hours

Current wait time between referral and start of service

Careline can respond to emergencies in a very short period of time, for example when someone is leaving hospital and needs support in 24 – 48 hours time. For non emergencies approximately 5 working days

Number of people accessing the service each month

Currently 45-50 new patients per month – this is under review.

Number of referrals received per month (average over a 12 month period 2021-22)

Currently on average 80 per month (This is the number of people we take on) the number of referrals is actually higher.

Contact details

You can subscribe privately, either for yourself or for someone you care for, by emailing ealingcareline@ealing.gov.uk or calling 0300 123 2986, or you can be referred by your doctor or the council's adult social care team.

Find out more at www.ealing.gov.uk/careline

Occupational Therapy Service & Sensory services – with visual or hearing impairment: Two separate services

The Occupational Therapy service supports people with physical and mental health impairment or disabilities. This includes providing equipment or adapting people's environments to help them manage their everyday activities and independence.

The Sensory Service supports people with sensory impairment by adapting their environment and providing mobility training for people with visual impairment. Mobility training for trips to shops, deciding what the best route and providing staff to go with them. Helping people become independent and providing them with support to use equipment and aids.

Patients seen at eye clinics who are assessed as having a visual impairment are issued with a Certificate of Visual Impairment (CVI) which is then sent to the council. The Council then helps people with the final registration to be classified as having a visual impairment.

Staff begin a registration process on MOSAIC, a registration card and pack is then sent to the customer. Sometimes the customer doesn't need any further support or help. But if they do, an interventions is made by a professional and a further assessment made and relevant support provided.

Referral criteria

For the Occupational Therapy service, the customer must have some form of disability (physical or mental health) or frailty and that they are struggling to carry out their everyday activities.

For the Sensory Support Service, the customer has some form of sense loss. They will then be assessed and require a formal diagnosis of their sensory impairment.

Who can refer?

Sensory Support Service – The Certificate of Visual Impairment being sent to the Council is an automatic referral, but referrals can be made by any professional or self referrals can be made too.

Occupational Therapy Service - Anyone, self referrals, GP and any professional.

Current wait time between referral and initial assessment

Occupational Therapy Service - 4 to 6 weeks.

Sensory Support Service - 12 months (only one member of staff on the team at present).

Current wait time between referral and start of service

Provisions made straight after assessment.

Number of people accessing the service each month

Sensory Support Service could potential reach 70 a month with more staff Occupation Therapy Service – referral rate has already increased by 60% since 2020.

Number of referrals received per month (average over a 12 month period 2021-22)

Occupational Therapy Service – 180 – 200 people Sensory Support Service - 20 – 40 people.

Find out more

Occupational therapy

020 8825 8000

Ealing Strength and Balance Programme

The Otago Strength and Balance programme is designed specifically to prevent falls and consists of a set of muscle strengthening and balance retraining exercises. All the exercises are individually prescribed and increase in difficulty. The programme consist of 10 sessions and participants are recommended to attend two classes per week.

Classes at different levels are offered, as adults who have recently fallen will have very different requirements from active older adults whose physical function has only slightly declined.

1. **Better Balance**
   Suitable for individuals who may have recently fallen or feel that they are at high risk of falling. The classes are designed to increase people's confidence and independence through a tailored exercise class based on the OTAGO exercise framework. Education and support is provided to help people better manage their condition.
2. **Strength & Balance - Level 1**
   These classes are designed for people who have either completed *The Better Balance Programme* or are identified as not being at such high risk of falling. Additional strength exercises as well as coordination movements are added to build upon the gains already made. The classes are ongoing so participants can continue to attend post funded intervention.
3. **Strength & Balance - Level 2**
   These classes are also ongoing as it is important that the benefits gained are maintained and further increased. Additional exercises to build cardiovascular fitness as well as more complex and dynamic movements are added to further build upon the progress already made.

Referral criteria

The Strength & Balance Programme is designed to help people improve their functional movement capacity and reduce the risks of falls under the supervision of a qualified professional. It is suitable for adults with a desire to improve Strength and Balance and/or with concerns over poor balance, a loss of confidence with standing activities and a desire to improve their physical health.

The Ealing Strength & Balance Programme is delivered in accordance with NICE guidance and the evidence-based OTAGO programme. Participants should be committed to attend the full programme and aim to take part in Strength & Balance Exercises two days per week.

Who can refer?

GP's, Physios, OT, GP's, Social Prescribers, Community Services and Self Referrals.

Current wait time between referral and start of service

2/3 Weeks. This should reduce as more referrals are made and more classes added. The classes are delivered based upon demand, so the more referrals received, the more classes can be delivered to meet demand.

Number of people accessing the service each month

120 per month +

The programme lasts 5 weeks if done twice a week. So once the programmes are full a waiting list will be in operation and we will endeavour to create more classes.

Ealing Strength and Balance Programme (continued)

Number of referrals received per month (average over a 12 month period 2021-22)? The Strength and Balance Programme wasn't commissioned during this period. But if all the GP's start making referrals then we expect the number of referrals to be 150+.

Where are the classes delivered?

Community classes are running across the Borough and currently there are classes in:

- Acton
- Ealing
- Greenford
- Northolt
- Perivale
- Southall.

There are also online classes available.

All referrals for the Strength and Balance programme should be sent to: strength.balance@nhs.net

We would strongly recommend all participants to try and commit to attending two classes a week over a 5-week duration to give themselves the best chance to make noticeable and ongoing improvements

Ealing Rapid Response Service
(The Urgent Crisis Response Service for Ealing residents)

How does this service work?

- If appropriate the ambulance crew or paramedic on a motorbike will call this service after making an assessment of someone who has had a fall. Rather than taking the patient to A and E, they will call the **Urgent Crisis Response Service**.
- Within 2 hours the Urgent Crisis Response team will attend and using equipment such as Mangar Elks (lifting cushions), the patient will be lifted and further assessed.
- Through the Urgent Crisis Response team, older people who urgently need care, can quickly gain access to a range of health and social care professionals. This includes access to physiotherapy and occupational therapy, medication prescribing and reviews, and help with staying well-fed and hydrated.
- If required the patient will be taken to a local community hospital, this will be through the use of a private ambulance or council transport.
- The Emergency Bed Service may also be contacted (National NHS system to locate a suitable bed)
- The Urgent Crisis Response team have access to care plans including the 'co-ordinate my care' system and can update them digitally. They can also notify the patient's GP and record everything from their visit.

The Urgent Crisis Response service is a pan London Scheme, that can be accessed initially through dialling 999 or 111.

Find out more

NHS England » Urgent community response services

Handyperson Service

The Handyperson Service arranges minor jobs in the home for older, disabled or otherwise vulnerable people.

To qualify for the Handyperson service resident must be either:

- Aged 60 or over (and not in paid employment)
- Disabled
- A carer
- A single parent in receipt of an income-related benefit living with child(ren) under 16.

Please note that property assessments may be carried out at this time by the Handyperson contractor in conjunction with the Fall Safe, Fire Safe projects and Healthy Homes Ealing.

Typical works which can be carried out include:

- Replacing lightbulbs
- Setting thermostats/timers
- Fixing and supplying internal or external grab rails and hand rails (where adequate fixing can be established)
- Fitting smoke/carbon monoxide alarms, (but not supplying them)
- Unblocking or sealing around sink/basin/bath/shower tray
- Unblocking toilets, replacing toilet seats
- Refixing/regrouting small numbers of loose wall tiles
- Fixing down hazardous carpets, rugs, trailing electrical leads etc.
- Advising on energy efficiency and condensation/dampness
- Changing basic door locks, fitting door chains to timber doors.

Please note - a brochure is available on request showing a more comprehensive list of qualifying work for the handyperson service. Email pereirar@ealing.gov.uk for a brochure.

The following conditions/limitations apply:

- Each visit is limited to 90 minutes of work on site.
- Maximum of three (six if the carer is also living at the home) visits in any 12 month period.
- Residents must sign and agree to a brief survey to identify other work/hazards.
- All materials to be supplied or paid for by the client.
- Residents must have the power or duty to carry out the works.

RAS/HIA work in partnership to deliver the following Handyperson Services

- Fire Safety Improvements
- Small Repairs (Through the Handy person Plus Repairs - HPPR)
- Energy Efficiency Measures

- Hospital Discharges
- Trips and Falls Prevention Works
- Home Safety Checks
- Boiler and Heating Repair / Replacement
- Provide safe and secure home security improvements

For more information contact the Repairs and Adaptations Service.

Tel: 020 8825 6070

Email: HandyPersonReferrals@ealing.gov.uk

Healthy Homes Ealing

As fuel prices go up and winter temperatures go down, people have to spend more money to heat their homes. People can save money and make their home more comfortable by making it more energy efficient. There are many measures people can take that will cost nothing.

Healthy Homes Ealing offers free and impartial advice on:

- Energy bills, tariffs and suppliers
- Grants and financial assistance
- Insulating homes
- Upgrading old and inefficient heating systems
- Install first time central heating

Tel: **0800 0832265** www.ealing.gov.uk/HealthyHomesEaling

It is just as important to make sure homes are easy to keep cool during very hot weather. This will also help ensure a healthy home and keep down energy costs if limiting the use of cooling equipment.

You can make a referral for someone else or they can self refer by completing this form

Warmer Homes Service

As part of the COVID-19 response, Green Doctors are now offering free telephone consultations to Ealing residents, instead of home visits.

Their energy advisors will help people save money, stay warm, and improve the energy efficiency and safety of their home.

Visit www.greendoctors-london.org or call **0300 365 5003** to schedule a consultation.

For more information contact the Repairs and Adaptations Service.

Tel: 020 8825 6070

Email: HandyPersonReferrals@ealing.gov.uk