



What are the challenges associated with commissioning Falls Services?

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Why are we here?

- To ensure we realise the vision for the falls system in North Yorkshire
- To move from talking about falls to delivering improvements for those at-risk
- To prepare for the next local and national commissioning round



National Developments

- Costs of healthcare are rising significantly across the NHS as a whole
- Significant financial pressures on Local Authorities
- Integration of health and social care is being encouraged at a national level
- Better Care Fund is likely to remain in some form in 2016/17
- CCGs are going to be asked to do 5 year Strategic Plans to 2020



What's happened since the last conference?

- Falls co-ordinator taking the work forward
 - Raising awareness
 - Meeting locality groups
 - Information and Training (for staff and public)
 - Identification and Assessment
 - Standards across care settings
 - Multi-factorial interventions



Emerging Vision

- Falls as a clinical system – not a separate ‘falls’ service, including responsibilities within:
 - Prevention
 - Voluntary sector services
 - Primary care
 - Community Services
 - Housing
 - Social care
 - Acute / hospital care
- Falls prevention as a core role for staff
- Falls prevention achieved by organisations working together



What's stopping us?

- Money?
- Expectations that existing falls services will do it all?
- Lack of understanding about what we need to do?
- Permissions?
- Pressure on staff?

What do we need to do?

- **Be clear** about what it is we need to commission
- **Plan new services** to build in falls prevention as a priority
- **Be prepared** to make bold decisions e.g. what should be done within existing resources / what requires new funding
- **Think about** how we support and develop staff with new skills
- **Include quality standards** in contracts for providers, whether acute services or care homes
- **Be clear about the benefits** – cost savings, health improvement, long term outcomes for older people



Difficult questions

- How does current practice differ from what the present services are providing?
- What additional services are required?
- What might need new money?
- How will we work together?
 - E.g. Should all staff be involved in completing the trigger tool?
 - E.g. who should contribute to the multi-factorial falls risk assessment?
 - E.g. should GPs be approached more readily to carry out medication reviews and checks for postural hypotension when someone has fallen?



The rest of today

- Think about whether the products we are developing meet the local need
- Think about how we can take them forward in practice
- Think about what you need to take back to your own area
- Enjoy the workshops!!!

