

Strength and Balance Programmes - Standard Operating Procedures

Terms:

'**The Councils**' will be used to refer to East Suffolk, Babergh, Mid Suffolk, and Ipswich Borough Councils collectively.

'**The appropriate Council**' refers to the District and Borough Council in which the particular programme is being delivered.

'**Provider**' or '**Deliverer**' refers to the organisation(s) delivering strength and balance on the Councils behalf.

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1. **Scope and purpose**

The Councils will support equity of access to strength and balance programmes to ensure there is a range of evidence-based strength and balance group activity programmes on offer across the urban and rural areas of Ipswich and east Suffolk; and build capacity for programmes through integrated exercise pathways involving health care professionals and other accredited exercise professionals, so that older adults can access the right exercise programme at the right time, in the right place, which is tailored to their capabilities and extent of falls risk.

The Councils will work with local partners to provide sustainable strength and balance exercise programmes and develop exercise pathways which support ongoing physical activity participation and behaviour change, such that older adults are able to maintain the gains they have achieved in the programmes.

By providing a strength and balance programme, the provider will support NICE Clinical Guidelines CG161, that covers assessment of fall risk and interventions to prevent falls in people aged 65 and over. It aims to reduce the risk and incidence of falls and the associated distress, pain, injury, loss of confidence, loss of independence and mortality.

2. **Referral**

2a) **Service Access Criteria**

- Referral by health or social care professionals, VSCE partners or self-referrals

- Adults aged 65+
- Adults registered with an Ipswich and east Suffolk GP only
- Any person who meets the criteria above, who has also had one or more falls or identified at high risk of a fall

2b) Exclusion Criteria

- Participants that are prescribed medication that specifically prohibit them from taking part in any physical activity.
- Participants that have a medical condition or a Long-Term Health Condition that prohibits them from participating in any physical activity. This will be identified through healthcare professional referral notes and through the undertaking of a PAR-Q form. Anyone with a prohibitive medical condition should only take part with a GP sign-off.
- Participants need to be able to understand and perform the activities safely (with carer support if appropriate) to take part.
- Exclusion may apply where there is any other form of major safety issue on the part of the instructor or participant as defined by a healthcare professional or instructor of the programme.

If the deliverer is presented with an individual who fails the assessment deeming suitability to join a strength & balance programme (for example, needs are too complex to be supported effectively), they are able to refer into the Care Coordination Centre for further assessment of needs and commencement onto further support. Details can be found here: [Care Coordination Centre - East Suffolk and North Essex NHS Foundation Trust \(esneft.nhs.uk\)](https://www.esneft.nhs.uk), and calls can be made to 0300 1232425.

2c) Referral Pathways

Healthcare Professional Referrals

The deliverer must ensure they have a robust and secure pathway for receiving referrals from Health Professionals. Examples include the Warm Handover Referral Scheme, a dedicated mailbox, or a designated referral system. The chosen referral pathway(s) should be shared and discussed with the Councils before proceeding.

Most healthcare professional referrals will firstly be submitted into East Suffolk Council's Health and Wellbeing inbox (healthreferrals@eastsoffolk.gov.uk), and the team will send each referral to the most appropriate provider (location and availability in mind). Providers can also accept health professional referrals direct if received.

A standard referral form template will be provided by the Councils for dissemination to providers and referrers and develop referral pathways for different health professionals to access.

The provider should also take a proactive approach to building relationships with Health & Social Care, and VCFSE partners so that the programme and referral process can be explained and promoted within such networks. Example networks include (but are not limited to) INTs, GPs, Social Prescribers and Physiotherapists/Occupational Therapists.

The provider is expected to work closely with alternative local providers delivering under the contract to manage demand and accessibility of the programme for patients referred. The Councils will work closely with providers to establish these connections.

Self-Referrals

Self-referrals can also be accepted onto the programme. It is the provider's responsibility to ensure that appropriate triage is undertaken to ensure participants are suitable to engage in the programme, and if not, alternative provision or activity is discussed.

East Suffolk residents can complete a self-referral online ([Active Suffolk – Strength and Balance \(Falls Prevention\)](#)) or by calling East Suffolk Council's Customer Services team on 0333 016 2000. Alternatively, providers can accept self-referrals directly into their programme without having to come through East Suffolk Council's central Health and Wellbeing team, but they must ensure that they receive sufficient information to progress the referral, and the number of self-referrals received are tracked and recorded. Providers are welcome to use the standard self-referral form template to receive self-referrals if deemed appropriate.

3) Programme Delivery

A variety of providers will deliver strength and balance across the County on behalf of the Councils, following a consistent standard programme template as outlined below.

3a) Pre-programme meeting/triage

The deliverer will speak to the client upon receipt of the referral introducing themselves, the programme and inviting them to the most suitable session. The deliverer will arrange to meet them before the first class starts to complete the initial TUG test and FES questionnaire, discuss any reasonable adjustments that need to be made for the participant to attend sessions and answer any queries the participant may have.

3b) Class Procedure

Strength and balance classes should follow OTAGO/FAME guidelines and session plans, incorporating chair and standing based exercises and the following stages:

- Verbal class screening
- Warm-up
- Strength exercises
- Balance exercises
- Warm-down
- Feedback

Each session should last between 45-60 mins, and the Councils encourage deliverers to provide a 'social' aspect following each session, including refreshments and an area for clients to interact with each other and a practitioner.

3c) Outcome Measures

The following measures will need to be taken by the Practitioner at the following times before and throughout the 12-week programme:

To be provided by the referrer pre-programme where possible:

- Clinical Frailty Score (CFS)

To be taken at baseline (pre-programme) and 12 weeks:

- Falls efficacy score (FES UK – a shortened version of this may be used) – please note this measurement may be optional for some deliverers, this will be decided by the appropriate District and Borough.
- Timed up and go score (TUG)

To be taken at baseline and 12 weeks:

- Falls log (Number of falls)

The above measures will be reported by the deliverer back to the appropriate District & Borough Council on a quarterly basis (see 3h).

A follow-up should be completed by the practitioner 3 months post completion of the strength and balance programme and onward referral to additional support completed where required.

3d) Safeguarding

Prior to delivery commencing, the deliverer will be required to provide evidence to the appropriate Council of meeting the following safeguarding requirements:

- Practitioners/delivery staff to be trained to Level 2 Safeguarding Children and Vulnerable Adults
- Deliverer to provide Safeguarding policy to the appropriate Council
- Appointed Safeguarding Lead to be in post
- Practitioners/delivery staff provided with additional training to ensure awareness of Mental Capacity Act (MCA) and self-neglect.
- Domestic Abuse policy in place and provided to the appropriate Council
- DBS compliance for all client-facing staff

Failure to meet these requirements prior to the start of the programme may result in withdrawal of funding from the appropriate Council.

Deliverers will be required to submit a quarterly safeguarding report to the appropriate Council (template to be provided by the Councils, see 3h)

Deliverers have a duty of care to ensure safeguarding concerns and incidents are reported following the standard procedure in the deliverer's safeguarding policy. The deliverer should complete a risk assessment prior to commencement of the S&B programme to reduce risk to clients.

Relevant medical information should be provided by the referrer upon referral. The Practitioner should take this into consideration to ensure delivery is safe and effective for the client (see section 2b for exclusion criteria).

3e) Programme format

The S&B programme will be delivered for each client across a period of 12-weeks. Sessions will follow the OTAGO and/or FAME training method. The Councils advise the provider to

deliver S&B programmes on a rolling basis as opposed to 12 week 'blocks', enabling clients to commence their programme following referral and reducing waiting times.

3f) Staffing and training

Deliverers must ensure they have sufficient staffing in place to deliver S&B safely and effectively. Practitioners delivering the S&B programme must therefore undertake OTAGO/FAME Programme Leader training. The Councils will work closely with the deliverer to provide supporting funding to upskill the workforce required to deliver S&B.

3g) Equipment

Sturdy and comfortable chairs should be used for S&B classes. The deliverer should ensure each client has space to move freely on and around the chair without obstruction. The following equipment is also suitable for use:

- Ankle Weights
- Resistance Bands
- Step and raisers (if suitable hand rail is available in activity room)

3h) Reporting

A standard reporting template will be provided to the deliverer, to be submitted to the appropriate Council via email within the first 2 weeks following each quarter (i.e. Apr-June data to be submitted by 14th July). Councils should only receive data relating to delivery in that district. Dates for data collection will be provided to the deliverer to ensure information can be submitted in a timely fashion.

Deliverers will also be required to report quarterly on safeguarding requirements as outlined in section 3d, using the reporting template provided by The Council.

The Council will arrange quarterly review meetings with the provider following receipt of the reports to discuss progress and any concerns.

Case Studies

Providers will be required to submit quarterly Case Studies to the Council, including client feedback from the programme and 'success stories'. Please note, case studies should be anonymised, and will be for internal use by Suffolk and North East Essex Integrated Care Board.

3i) Non-attendance

Any client that doesn't complete their 12-week programme or has 2 consecutive non-attendances can continue from the point they paused, but this will be at the discretion of the trainer and managed between the client and the provider/trainer. A new referral will not be needed to re-enter the client into the course.

In the event a client and their carer does not attend, a 'Was not brought' response should be considered (guidelines found here: <https://sbuhb.nhs.wales/files/freedom-of-information->

[disclosure-log-2020/december/20-I-004-was-not-brought-policy/](#)). Any safeguarding concern should be escalated as per the deliverer's safeguarding policy.

Any client that declines commencing the course following a referral can be re-referred, but acceptance will be at the discretion of the trainer and will be assessed on an individual basis.

4) Completion of the 12-week programme

The deliverer should identify 'exit routes' for the client to continue regular physical activity, signposting the client to suitable local physical activity opportunities suitable. The Councils will work closely with the deliverer and partners across the VCSE sector to ensure affordable and accessible opportunities are available.

5) Incidents, Accidents, and PSIRF

The provider should report any incidents or accidents taking place within the Strength and Balance programme resulting in harm to a client to their Council lead contact as soon as practicably possible. Total numbers of incidents and accidents should also be recorded via the quarterly Safeguarding reporting template.

Providers should be aware of 'patient levels of harm' as referenced in the Patient Safety Incident Response Framework (PSIRF). Councils will report any incident of moderate harm or greater to the ICB patient safety team by emailing patient.safety@snee.nhs.uk.

Levels of harm are categorised as following:

Grades of Physical Harm	Grades of Psychological Harm
No physical harm	No psychological harm
Low physical harm	Low psychological harm
Moderate physical harm	Moderate psychological harm
Severe physical harm	Severe psychological harm
Fatal	n/a

For full definitions of each grade, please see <https://www.england.nhs.uk/long-read/policy-guidance-on-recording-patient-safety-events-and-levels-of-harm/>

Where practical, it is good practice to discuss the level of harm with the patient affected and to consider the patient's perspective on the harm definitions.

Following an incident of moderate harm or greater, the Council and the provider will agree a plan of support for the patient and/or the patient's family, and will ensure a Duty of Candour is undertaken (see <https://www.gov.uk/government/publications/nhs-screening-programmes-duty-of-candour/duty-of-candour> for more information).