

Derbyshire Falls and Bone Health Implementation Plan against Strategic Objectives 2013/14

	Issue	Action since Dec 2012	Action still required	Resource/ financial implications	Timescale									
Tier 1: Hip Fracture Care	Need for lead commissioners to review, and improve hip fracture care with the Acute trusts	SDCCG commenced activity to negotiate data sharing of hip fracture care information with Royal Derbyshire	Negotiations to secure improvements with : <table border="1" style="margin-left: 20px;"> <tr> <td>Burton Hosp</td> <td>Chesterfield Royal</td> <td>DMC</td> </tr> <tr> <td>Stepping Hill</td> <td>Kings Mill</td> <td>Macclesfield</td> </tr> <tr> <td>Sheffield Hospital</td> <td>DMHT</td> <td></td> </tr> </table> And continue improvements with <ul style="list-style-type: none"> • Royal Derby To secure improvements <i>(SDCCG, NDCCG, HCCG and ECCG)</i>	Burton Hosp	Chesterfield Royal	DMC	Stepping Hill	Kings Mill	Macclesfield	Sheffield Hospital	DMHT		Staff time CCG staff capacity to review level of adherence to NICE guidance required and implement documentation Financial Cost to CCG's for pathway improvements outside of current contract specification	<ol style="list-style-type: none"> 1. Review of existing contract against NICE requirement's September 2013 2. Securing of any additional resource to improvements to pathways March 2014 3. Effecting care pathway improvement's through contracts/quality schedules and specifications March 2014.
Burton Hosp	Chesterfield Royal	DMC												
Stepping Hill	Kings Mill	Macclesfield												
Sheffield Hospital	DMHT													
Tier 2 : Fragility fracture patients ;prevent second fracture	Need for lead commissioners to review, and improve care of fragility fracture patients with Acute trusts and community service providers.	SDCCG introduced service specification for Fracture Liaison Service (FLS) in Derby Royal but require audit of community follow up NDCCG awaiting audit report on Chesterfield Royal fracture liaison service provision	Clinical commissioners to secure effective FLS for all patients in acutes' with provision for follow up in community with acute or primary care <i>(SDCCG, NDCCG HCCG and ECCG with public health support)</i>	Staff time CCG staff capacity to <ul style="list-style-type: none"> • Establish capacity and effectiveness of existing services • implement contract/specification documentation Financial Cost to CCG's to ensure adequate capacity of services and follow up care	<ol style="list-style-type: none"> 1. Review of existing service effectiveness and capacity September 2013 2. Securing of any additional financial resource to achieve adequate capacity March 2014 3. Effecting FLS pathway improvement's through contracts/quality schedules and specifications' March 2014 									

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Tier 3: People at high risk first fracture	<p>Need for lead commissioners to review, and improve care of people at high risk of first fracture or injurious fall with Acute trusts and community service providers.</p>	<p>Review of consultant led specialist falls service at Royal Derby to assess against need for equitable provision for Derbyshire patients accessing other acute trusts</p>	<p>Clinical commissioners to:</p> <ul style="list-style-type: none"> • effective care pathways into community falls prevention services • review consultant led specialist falls service at Royal Derby to assess against need for equitable provision for Derbyshire patients accessing other acute trusts <p><i>(SDCCG, NDCCG HCCG and ECCG with public health support)</i></p> <p>Falls Business group to be re-established to monitor outcomes <i>(SDCCG, NDCCG HCCG and ECCG with public health support)</i></p> <p>Audit and review of falls recovery service to ensure quality for service user and cost effectiveness for commissioner <i>(Adult social care DCC)</i></p>	<p>Staff time CCG staff capacity to :</p> <ul style="list-style-type: none"> • Establish capacity and effectiveness of existing services • implement contract/specification documentation <p>Financial Cost to CCG's to ensure adequate capacity of services and follow up care</p> <p>Financial Cost to Adult care /CCG's to ensure adequate capacity of services and follow up care</p>	<ol style="list-style-type: none"> 1. Review of existing service effectiveness and capacity December 2013 2. Securing of any additional financial resource to achieve adequate capacity March 2014 3. Effecting FLS pathway improvement's through contracts/quality schedules and specifications' March 2014 4. Review of existing recovery service July 2013 5. Securing of additional financial resource March 2014 6. Effecting improvement's through contracts/quality schedules and specifications' March 2014
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Tier 4 Older People Primary falls Prevention	Need for lead commissioners to secure effective primary falls prevention services with appropriate community providers	Public health programme review in April 2013 with a recommendation for investment of additional £250k, subject to cabinet approval for <ul style="list-style-type: none"> • Transport provision • Expansion of Strictly No Falling community exercise provision • Development of falls exercise interventions for care home population 	Implementation of public health programme review recommendations (Public Health DCC) Development of increased capacity of sustainable social enterprise provision for footcare (Adult social care DCC) Use of personalised budgets to access falls and bone health primary prevention services for social care clients (Adult social care DCC) Involvement of housing providers and district councils in the falls and bone pathway (Public Health DCC)	Financial Cabinet recommendation for £250K investment from public health Financial Cost to Adult care /CCG's to ensure adequate capacity of services and follow up care	<ol style="list-style-type: none"> 1. Programme of implementation during 2013/14 2. Securing of additional financial resource August 2013 3. Programme of implementation during 2013/14
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