

TO: HEALTH COMMITTEE

**RE: SUPPORTING INFORMATION FOR STP FALLS PREVENTION PROGRAMME
PROGRESS REPORT**

DATE: NOVEMBER 8 2018

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1 ISSUE

To provide a progress update on the STP falls prevention programme.

2 BACKGROUND INFORMATION

- The one year STP Falls Prevention Programme business case was approved by the Sustainability and Transformation Programme (STP) in June 2017 and entered the delivery phase on 1 October 2017.
- The aim of the falls business case is to **reduce injurious falls¹ and improve the quality of life and health outcomes of older** by implementing a comprehensive, standardised, and integrated falls prevention pathway across Cambridgeshire and Peterborough. The pathway will include the:
 - Proactive identification of those at risk of falls
 - Comprehensive multifactorial assessment offered to those at risk of falling with appropriate intervention plan to address risks identified
 - Increased provision and improved quality of evidence-based targeted interventions
 - Strengthened system-wide integration and co-ordination.
- The six distinct elements of the programme are described in Appendix 1.
- Gross investment of £261K from the STP and £232K investment from the Public Health Directorate and the Better Care Fund was agreed for year 1 across Cambridgeshire and Peterborough.
- The STP funding was for one year with funding beyond this dependent on meeting a £1 for £1 return on investment (ROI) on the STP System Investment Fund (SIF). Public Health and BCF funding was fixed term for 2 years.
- Reductions to the number of observed emergency admissions for injuries due to falls (65+ years) and a reduction in observed number of fractured neck of femur (50+ years) will be used to calculate the ROI.
- To meet this ROI, the programme aimed to prevent 90 presentations at A&E due to a fall, 84 emergency hospital admissions for injurious fall and 7 admissions for neck of femur fracture in year 1.

3 IMPLEMENTATION – ACHIEVEMENTS TO DATE

- Successful recruitment to the majority of programme posts/uplifts including:
 - a. Falls Clinical Lead (STP funded)
 - b. Senior Partnership Manager – Falls Prevention (Public Health funded)
 - c. Four band 7 Locality Falls Leads (STP funded) (N.B. One now vacant)
 - d. Three band 4 Therapy Assistants (Public Health and BCF funded)

¹ Injurious falls are defined as falls that result in injuries requiring medical attention

- e. Two Falls Prevention Health Trainers (Public Health funded)
- f. Clinical Exercise Specialist uplift (STP funded).

- Staff in all four Cambridgeshire and Peterborough CPFT localities have been trained, are receiving clinical supervision and are delivering high quality assessments
- Comprehensive CPFT IT falls documentation has been adapted and embedded to support the screening and identification of patients on CPFT therapy case-loads who are at risk of falls
- Recruitment, induction and delivery of increased capacity of Everyone Health Falls Prevention Health Trainer service from September 2018
- Agreement of service contract, recruitment, service mobilisation and delivery of Solutions4Health Falls Prevention Health Trainer from May 2018
- Cambridgeshire and Peterborough wide 'Stay Stronger for Longer' strength and balance campaign launched (1st October 2018) complete with marketing materials, communications toolkit(s) and Be Well webpages developed based on academic research and local engagement with older people
- Review of fracture liaison service (FLS) provision across Cambridgeshire and Peterborough
- Specialist support provided to North West Anglia NHS Foundation Trust to develop an FLS business case for submission
- Comprehensive falls metrics dashboard developed and monitored monthly
- Inception of a new Cambridgeshire and Peterborough Falls Prevention Strategy Group with priorities aligned with the Falls and Fragility Fractures Statement (PHE, 2017)
- Gap analysis of services responding to those who have fallen and unable to get up off the floor, such as the Ambulance service and CCC Enhanced Response service, to ensure join up
- Ongoing work to improve and strengthen the falls prevention pathway with CCC adult social care pathways and with the acute sector falls prevention pathway
- Scoping underway of local situation and effective interventions that could be implemented in residential and care homes to provide an evidence based approach to future action.

4 MONITORING AND PERFORMANCE

4.1 Multi-factorial falls risk assessments

4.1.1 Referrals for assessment

- 2831 older people were referred into CPFT for a multi-factorial falls risk assessment between October 2017 and September 2018 as the primary reason for referral
- 237 older people were referred into CPFT for a multi-factorial falls risk assessments between October 2017 and September 2018 as a secondary reason for the referral
- 601 older people were referred into Everyone Health for a multi-factorial falls risk assessment between October 2017 and August 2018 (64.7% higher than the target of 365).

4.1.2 Screening for falls risk (CPFT)

- 8140 older people were screened for falls risk as part of the new falls triage process in CPFT between October 2017 and September 2018 (the figure includes primary and secondary referrals as well as people identified through implementation of the new IT system as part of the phased roll out).

4.1.3 Training and supervision

- 142 therapy staff and 230 nursing staff in 14 Neighbourhood Teams have received training from the Locality Falls Leads between October 2017 and September 2018 to deliver high quality multi-factorial falls risk assessments and intervention plans
- 97 'other' CPFT staff received training between October 2017 and September 2018
- 20 primary care staff received training between October 2017 and September 2018
- 909 face-to-face clinical supervision sessions have been provided to staff by the Locality Falls Leads between April and September 2018 (excludes forms of support such as telephone calls, emails, face to face brief questions and tasks on SystmOne etc).

4.1.4 High quality multi-factorial falls risk assessments completed

- 1838 multi-factorial falls risk assessments have been completed by Neighbourhood Team staff between October 2017 and September 2018 (No target agreed)
- 554 multi-factorial falls risk assessments have been completed by Everyone Health staff between October 2017 and August 2018 (79.1% higher than the target of 309).

4.2 Strength and balance exercise programmes

4.2.1 Referrals

- 219 older people were referred to Everyone Health for a home strength and balance exercise programme between October 2017 and August 2018 (35.6% lower than the target of 340).

4.2.2 Strength and balance programmes set up

- The following numbers of older people were given an individualised home strength and balance exercise programmes:
 - 631 from Everyone Health staff between October 2017 and August 2018 (139.1% higher than the target of 264)
 - 60 from CPFT Therapy Assistants between January 2018 and September 2018 (no target defined)
 - 51 from Solutions4Health between May 2018 and September 2018 (45.7% higher than the target of 35).

4.3 Intervention plans completed

- 185 older people completed their intervention plan containing falls prevention goals with support from Everyone Health between November 2017 and August 2018 (8.8% higher than the target of 170).

5 ISSUES

- Slower increases in levels of activity than expected due to delays in operational elements being in place. All the elements are in place by the end of year 1.
- Monitoring data showed fewer falls assessments being completed than expected by staff in CPFT due to capacity issues and a 3 month lag period after training before staff adopted new, high quality clinical practice at scale
- Lack of activity from nursing staff led to refinement of the delivery model and the discontinuation of training and supervision for nurses in May 2018
- Training and clinical supervision of CPFT staff has taken longer than expected due to competing workload pressures, significant levels of supervision required and practical challenges in providing supervision leading to delays in the phased roll out

- Resignation of one of the four Locality Falls Lead in February 2018 contributed to the 6 month delay to the 'go live' in Peterborough in order to enable existing Locality Falls Leads to support the clinical supervision of staff in previously trained areas
- The CPFT recruitment freeze of STP posts initiated in May 2018 due to insecurity of future funding arrangements stalled the recruitment process of the final fourth Therapy Assistant post in Cambridgeshire. No decision has been made to release this post to date
- A Therapy Assistant is on a period of extended absence and this has negatively impacted on the performance of these posts. The staff member is due back at the beginning of October 2018
- Resignation of one of the Everyone Health Falls Prevention Health Trainers in March 2018 delayed the expected increase in activity in mid-March through the fourth practitioner who took up post in January 2018. An increase in activity is now expected from September 2018 following the successful backfill and commencement of the successor (4 June 2018).
- A delay in increased capacity through the Solutions4Health Falls Prevention Health Trainer service due a prolonged contract negotiation period with Solutions4Health.

6 OUTCOMES AND RETURN ON INVESTMENT

Work is currently being undertaken to understand the outcome of the programme on hospital admissions due to injurious falls and hip fracture and to quantify a return on investment to adult social care. While initial 'falls dashboard' data on the programme indicated a very positive effect in a surprisingly short timescale, further review of the 'do nothing' falls admissions trajectory used in the dashboard indicated that it was overly pessimistic, reflecting a short term 'blip' of increased falls admissions in 2017 – and therefore needed recalibrating.

In addition, due to time taken to recruit, the falls prevention programme was only fully rolled out in the CUHFT (Addenbrookes) area by February 2018 and in the NWAFT (Peterborough and Hinchingsbrooke hospitals) area by September 2018. Therefore the preliminary analysis outlined below focusses only on the February 2018 to June 2018 period in the CUHFT (Addenbrookes) catchment area.

Preliminary analysis of data on falls admissions from February 2018 to June 2018 in the CUHFT (Addenbrookes) area is promising, although not conclusive. When compared with the February-June period in 2017, unplanned admissions for falls for people aged 65+ were 8% lower in 2018, whereas overall unplanned admissions for people aged 65+ were 2% higher. In contrast in the NWAFT catchment area (where the falls prevention programme had not yet been fully rolled out) over the same period, unplanned admissions for falls for people aged 65+ were 5% higher in 2018 and overall unplanned admissions for people aged 65+ were 6% higher.

Over the five month February-June period in the CUH catchment area, this would indicate a reduction of 57 falls in 2018 compared to expected numbers. Using costings from a large Scottish research study on the costs of residential and home care after hospital admission for a fall, this would indicate total estimated savings of approx £870k, of which approx £500k would be realised in the first year after the prevented falls. Making a further assumption that 40% of this cost would be funded by local authority adult social care (rather than self funders/NHS) this would be an indicative saving of approximately £350k in total and £200k in the first year after the prevented falls. The overall cost to

Cambridgeshire County Council (public health and BCF) for five months of the programme is £73k, indicating a significant positive return on investment.

However there are a number of caveats, which mean it is much too early to draw firm conclusions:

- There is a lot of month on month random variation in falls admissions to CUH. More data is needed for a longer period to exclude the possibility that these results are the result of chance variation.
- There are a number of programmes in place in Cambridgeshire which aim to reduce unplanned admissions among older people, which may also have impacted on falls admissions to CUH.
- This level of impact at an early stage of the programme was not predicted and considerably surpassed (relatively conservative) expectations.
- Costs are estimated based on the findings of a health economics research study in another area, rather than using local adult social care costs.

Monitoring of at least a year from both the CUH and NWAFT catchment areas after full roll out of the programme, together with further refinement of the evaluation using local costing data is needed, before robust conclusions can be drawn.

7 IMPLEMENTATION – NEXT STEPS

The **current areas of focus for implementation** and immediate next steps are:

- Continue to evaluate the STP Falls Prevention Programme including quantification of ROI
- Further work to quantify savings specifically to adult social care
- Evaluate the ‘Stronger for Longer’ strength and balance exercise campaign
- Explore opportunities to deliver the vacant Therapy Assistant post or an equivalent in Cambridgeshire using the funding available
- Explore the implementation of other evidence-based interventions shown to be effective at reducing injurious falls and produce a financial return on investment e.g. Home hazard assessment and modification programmes
- Continue to strengthen links with the adult social care, acute trusts, Ambulance trust and care homes.

8 CONCLUSION

Early indications are that the STP falls prevention programme has been successful in preventing injurious falls in Cambridgeshire since its implementation from October 2017. Further robust analysis is currently being undertaken to agree the precise mechanism and contribution of the STP Falls Prevention Programme in achieving the indicated reduction and allow the subsequent calculation of associated savings to a range of sectors including to adult social care.

The STP falls prevention programme has successfully achieved the milestones set out in the plan (with the exception of the FLS now being taken forward as a separate business case by NWAFT), and this has been accompanied by considerable increases in the delivery of evidence based falls prevention activity. Substantial increases in the number of older people receiving high quality multi-factorial falls risk assessment and home based strength and balance exercise programmes has been achieved with the number of falls assessments expected to increase further following the roll out of the programme to Peterborough Neighbourhood Teams in

September 2018. Similarly, the number of home exercise programmes is expected to show an upward trend as the delivery of activity by new practitioners gains momentum, practice is embedded, and other individual and system-level barriers to implementation are overcome.

The future funding of the programme is essential to maintain and build on the high quality foundations established in the implementation of the last year of this integrated and effective falls prevention programme.

9 RECOMMENDATION

- Continue to fund the system-wide implementation of the Falls Prevention Programme to build on existing practice and consolidate cross-agency join-up and action.
- Consider additional investment to increase the scale and depth of the programme.

Appendix 1: Overview of the six elements of the falls prevention programme

To achieve its aim, the current programme of falls prevention activities across Cambridgeshire and Peterborough CCG area will need to be strengthened and expanded by applying the evidence base to the local infrastructure and by utilising existing models. The following projects, programmes and services are proposed across Cambridgeshire and Peterborough:

1. Strengthen Falls Prevention Delivery and Integration in the Community – STP funded (£265,770 forecasted spends in year 1)

Funding for three new CPFT band 7 Locality Falls Leads, a band 8a uplift, band 7 backfill and a band 6 uplift to establish the necessary staff roles, expertise and falls pathways in CPFT to increase the number and quality of multi-factorial falls risk assessments completed by existing therapy and nursing staff in the 14 Neighbourhood Teams.

2. Enhancement of the existing specialist Falls Prevention Health Trainer Service across Cambridgeshire and Peterborough - Joint funded by Public Health (£55,420 total or £27,710/yr) and Better Care Fund funded (£72,000 total or £36,000/yr)

Funding for two additional Falls Prevention Health Trainers - one additional Falls Prevention Health Trainer to add capacity to the Everyone Health Falls Prevention Health Trainer service in Cambridgeshire and a new post to establish a specialist Falls Prevention Health Trainer service in Peterborough to address the inequity in service provision across the CCG area.

3. Enhancement and expansion of strength and balance exercise provision - Joint Public Health funded (£168,756 or £84,378/yr (forecasted)) and BCF funded (£56,254 total, £28,127/yr)

Funding for four CPFT band 4 therapy assistants to increase the number of frailer older people (75+) who successfully complete the recommended 50 hours of strength and balance training.

4. Developing and implementing a falls prevention mass media campaign (£10K, Joint Public Health (£6,890) and BCF funded (£3,110)).

Funding to develop a social marketing campaign targeting those entering retirement and beyond to improve awareness of key falls prevention messages for maintaining and improving strength and balance as we age.

5. System-wide leadership, coordination and integration - Joint Public Health funded (£78,900 total, £39,450/yr) and BCF funded (£32,400 total, £16,200/yr)

Funding for a Band 8 (equivalent) Falls Prevention Co-ordinator to lead, coordinate, monitor and evaluate the implementation of a comprehensive, standardised and integrated preventative programme.

6. Development and implementation of Fracture Liaison Services (FLS) across all acute Trust areas (No funding in year 1)

Funding was requested for year 2 to allow for planning, development and mobilisation of a high quality service in year 1 with the aim of reducing repeat fractures by identifying and treating people at risk.