

**BUSINESS CASE FOR FALLS PREVENTION**

*To:* **Health Committee**

*Meeting Date:* **15 January 2015**

*From:* **Director of Public Health**

*Electoral division(s):* **All**

*Forward Plan ref:* **Key decision: No**

*Purpose:* **To update the Committee on the outcome of the delegation made to the Director of Public Health in consultation with the Chair and Vice Chair at the December Health Committee meeting, to confirm recommendations on the use of public health funding for falls prevention in response to the request made at the General Purposes Committee meeting on 2 December.**

*Recommendation:* **The Committee is asked to:**

- a) Note the outcome of the delegation by the Committee to the Director of Public Health in consultation with the Chair and Vice Chair, to confirm recommendations on the use of public health funding for falls prevention in response to the request made at the General Purposes Committee meeting on 2 December.**
- b) Comment on how the Health Committee would like to be updated on falls prevention work in future.**

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## **1. BACKGROUND**

- 1.1 The paper 'Overview of Business Planning Proposals' brought to Health Committee on 11th December 2014, described a proposed investment in falls prevention services of £100k recurrent funding starting in 2015/16, together with £200k non- recurrent funding annually for two years. The Committee was generally supportive, but concluded that it was not in a position to agree the recommendation to approve the use of public health funding for falls prevention because of the lack of a detailed business case. Issues raised included the need to demonstrate that the proposed investment would represent value for money, and that any future report should include information on what was already being done in relation to falls prevention by UnitingCare Partnership and district local health partnerships.
- 1.2 In the light of these concerns the Committee agreed to delegate to the Director of Public Health, in consultation with the Chairman and Vice-Chairman, authority to confirm recommendations on the use of public health funding for falls prevention in response to the request made at the General Purposes Committee meeting on 2 December. This delegation was necessary, due to the paper for General Purposes Committee proposing the 2015/16 Business Plan to full Council, being required before the next meeting of the Health Committee.
- 1.3 It was further agreed that the Director of Public Health would circulate the detailed business case to Health Committee members before delegated authority was exercised, so that Committee members' comments could be fully taken into account, and this was done on December 31<sup>st</sup> 2014. The draft business case is attached as Annex A.

## **2. MAIN ISSUES**

- 2.1 The detailed draft business case is attached as Annex A. It was developed following discussions with colleagues from the Children, Families and Adults directorate, and from Cambridgeshire Community Services NHS Trust (CCS) - currently the main provider of falls prevention services in Cambridgeshire. One key factor identified was that referrals often come into the CCS falls prevention service at a very late stage – when an individual has already reached a level of frailty and complex needs at which some preventive interventions may not be effective.
- 2.2 The business case provides details on the numbers of falls and related hospital admissions experienced by older people in Cambridgeshire, demonstrating the high rate of falls amongst people aged 80+. The business case also outlines local work on triggers for admission to social care in Cambridgeshire – which estimated that 12.5% of people came into the service in 2012/13 as a direct result of a fall. It highlights future demographic pressures, with a forecast increase in the number of Cambridgeshire residents aged 75+ of 59% by 2028, indicating that falls related service and cost pressures are likely to increase in future.
- 2.3 The business case provides a model for the costs to health and social care services associated with falls amongst the older population, based on a detailed Scottish study, applied to the Cambridgeshire population. The model

predicts the total annual cost to health and social care services of falls and the consequences of falls in Cambridgeshire as being over £57M. However we believe this includes the costs paid by self-funders for their care and residential placements, as well as the cost to local authority adult social care.

- 2.4 Evidence is provided from a population based falls prevention service in Greater Glasgow and Clyde with an emphasis on lifestyle changes and physical activity, which has been running for ten years. An academic research study of the service demonstrated a reduction in falls in the home of 32%, a reduction of falls in residential institutions of 27% and a reduction of falls in the street of almost 40%, which realised overall savings. Recognising that some falls prevention services are already in place in Cambridgeshire, the savings achievable from a more modest reduction in falls locally of 10% or 15% is modelled in the business case.
- 2.5 The picture of falls prevention services across the county is complex with many different organisations involved – and the business case recommends that further detailed mapping and quality assurance of services is carried out, working with service providers and Local Health Partnerships. The aim of this work would be to provide the necessary information to support development of a multi-agency, evidence based strategy for falls prevention across the county – developing integrated pathways across different services which are sensitive to local needs.
- 2.6 A proposed service model is provided on page 9. The model combines a community engagement approach to primary prevention, with targeted secondary prevention services for older people at highest risk of falls. The primary prevention service has a dual purpose of both promoting physical activity and falls prevention among the wider population of older people, as in the successful Glasgow model, and identifying older people at high risk of falls for onward referral. The secondary prevention service includes multi-factorial assessment and falls specific interventions, and builds on services already delivered by various organisations in different parts of the county.
- 2.7 The key elements of the investment proposed in 2015/16 and 2016/17 are as follows:
  - a) Mapping, gap analysis, and quality assurance of services across different organisations, to inform a joint county-wide strategy for falls prevention. This work needs to fully involve the district local health partnerships, some of which have already identified falls prevention as a priority and hold information at a local level.
  - b) Increasing the remit of the county-wide health trainer service to specifically include primary falls prevention work for older people, together with identification and referral of older people who are most at risk to specialist falls prevention services. This would include appointment of health trainer ‘falls prevention champion’ posts with a focus on people aged 75+. The health trainer service is already embedded in GP practices and communities in the more deprived areas of the county, and provides behaviour change interventions to promote healthier lifestyles. It will be delivered county-wide from April 2015.
  - c) Providing a thorough programme of basic falls prevention training and awareness raising among the wider workforce in contact with older people,

including social and health care staff, voluntary sector organisations, local advocacy groups, and housing professionals. This will increase understanding of the risk factors for falls, and give confidence to make appropriate referrals to health trainers, home adaptations services, and specialist falls prevention services.

- d) Evaluation of the impact of this investment and the wider falls prevention service model, to inform understanding of the value for money of the service, the savings to health and social care services achieved, and the key points for future service planning.
- e) Reserving non-recurrent funding (i) to pump prime surge capacity for falls prevention services, to ensure that they can meet demand when referrals increase as a result of the staff training and health trainer programmes outlined above (ii) to pump prime development of new integrated services, where gaps have been identified through the mapping and gap analysis process outlined under (a). It is important that decisions on funding of falls prevention services are taken on a multi-agency basis, achieving best value in the longer term from working across organisations to pool resources.

2.8 The proposed investment in 2015/16 and 2016/17 is outlined on pages 10-15 of the business case and summarised in the table below.

Component	Year 1 £	Year 2 £	Total £
<i>Mapping, gap analysis and Quality Assurance</i>	£50,000		£50,000
<i>Health trainers - primary falls prevention</i>	£75,000	£75,000	£150,000
<i>Training and awareness raising with professionals</i>	£25,000	£25,000	£50,000
<i>Evaluation</i>		£50,000	£50,000
	TOTAL ALLOCATED		£300,000
<i>Pump priming of falls prevention services to meet demand from increased referrals and address identified gaps in service</i>	£150,000	£150,000	£300,000
	<b>BUDGET TOTAL</b>		<b>£600,000</b>

Funding:
non-recurrent

### Further work required

- 2.9 Feedback on the business case from Members queried whether more could be done to prioritise maintenance of pavements and footpaths, as uneven surfaces could result in falls, and may also discourage older people from walking and remaining physically active. The public health team will look for further research evidence on what proportion of falls amongst older people are outside the home, and the potential impact of improved footway maintenance.
- 2.10 Further discussions are needed with the Children, Families and Adults directorate, to ensure that the business case is targeted appropriately to older people who are most vulnerable to escalating social care needs following a fall, and will therefore generate savings at the scale required.

### **3. ALIGNMENT WITH CORPORATE PRIORITIES**

#### **3.1 Developing the local economy for the benefit of all**

Effective falls prevention services can reduce health and social care costs.

#### **3.2 Helping people live healthy and independent lives**

Falls prevention services will support older people to stay healthy and maintain their independence.

#### **3.3 Supporting and protecting vulnerable people**

Further development of falls prevention services should make an important contribution to the wellbeing of frail older people.

### **4. SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

The resource implications of this proposal are outlined in paras 2.2, 2.3 and 2.7.

#### **4.2 Statutory, Risk and Legal Implications**

The proposed investment is from the public health ring-fenced grant and therefore must meet the conditions of the grant, including the requirement for services to be free at the point of delivery.

#### **4.3 Equality and Diversity Implications**

Please see community impact assessment attached at Annex B.

#### **4.4 Engagement and Consultation Implications**

The proposal includes development of a county-wide falls prevention strategy, which will require consultation with stakeholders and service users.

#### **4.5 Localism and Local Member Involvement**

Local health partnerships will need to be fully involved in mapping and gap analysis work, and in ensuring that falls prevention pathways are sensitive to local needs.

#### **4.6 Public Health Implications**

The national public health outcomes framework includes rates of hospital admissions for falls and for hip fractures among older people. Implementation of this proposal should improve these outcomes for Cambridgeshire residents.

<b>Source Documents</b>	<b>Location</b>
Paper to Health Committee 11 <sup>th</sup> December 2014 'Overview of Business Planning Proposals'.	<a href="http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Agendaltem.aspx?agendaItemID=10815">http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Agendaltem.aspx?agendaItemID=10815</a>