

UPDATE ON FALLS PREVENTION PROGRAMME

To: **Adults Committee**

Meeting Date: **7 July 2016**

From: **Angelique Mavrodaris, Public Health Consultant**

Electoral division(s): **All**

Forward Plan ref: **Not applicable** *Key decision:* **No**

Purpose: **To update Adults Committee on the Cambridgeshire Falls Prevention Programme**

Recommendation: **Adults Committee are asked to note and comment on the contents of this report**

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1.0 BACKGROUND

- 1.1 Falls are the commonest cause of accidental injury in older people and the commonest cause of accidental death in the population aged 75 and over. A significant number of falls result in death or severe or moderate injury, with high cost impact for health and social care services locally. Up to 90% of older patients who fracture their hip fail to recover their previous level of mobility or independence. In addition, the intangible human costs of falling includes distress, pain, loss of confidence and loss of independence, as well as the anxiety caused to family and carers.

2.0 CAMBRIDGESHIRE FALLS PREVENTION PROGRAMME

- 2.1 The Cambridgeshire Falls Prevention Programme was set up to ensure an effective approach to falls prevention across Cambridgeshire, which can only be achieved at the scale required if all the relevant organisations work together and pool resources. The main funding for falls prevention services sits with Cambridgeshire and Peterborough Clinical commissioning Group (CCG), but some funding has been made available from County Council Public Health budget and Children, Families and Adults (CFA) reserves. The project is steered by the Falls Prevention Working Group, which is led by Public Health and includes membership from the County Council, District Councils, CCG, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and third sector organisations. This group feeds into the Better Care Fund Healthy Ageing and Prevention Work stream. To date the Falls Prevention Programme has:
- Completed an overview of current falls prevention work in Cambridgeshire through mapping to identify what provision there is across the County and areas of good and/or strong practice in order to a) Establish current quality and effectiveness of falls prevention interventions in relation to national guidelines and standards; b) Identify gaps in services to inform commissioning and investment decisions across the health and care system; c) Ensure provision of services that are responsive to local needs and equitable across the County. This work has been carried out by existing staff (not externally commissioned as originally planned).
 - Completed analysis of data relating to falls prevention in Cambridgeshire and nationally to inform targeting of provision, including a particular focus on targeting individuals 75 years and over (by in house staff).
 - Developed an Integrated Falls Prevention Framework and Pathway of evidence based interventions for reducing falls and fall related admissions which span the system and define local roles, responsibilities and integration across sectors (Appendix 1). Implementation of the multiagency pathway is currently underway - local delivery is being taken forward by district level teams, reporting to and coordinated by the Falls Prevention Steering Group.
 - Developed a pilot implementation plan based on the Integrated Framework comprising:
 - a) Proactive identification of patients at risk of falling;
 - b) Comprehensive multifactorial assessment of those at greatest risk of falling;
 - c) Increased provision and improved quality of targeted interventions in a primary care context which will function as a proof of concept project that will inform countywide implementation. The pilot is currently being implemented in St Ives, funded jointly by the CCG's Unplanned and

Emergency Care Vanguard programme and Better Care Fund.

- Included falls prevention in the NHS System Transformation Prevention Plan.

3.0 USE OF PUBLIC HEALTH AND CFA FUNDING TO DATE

3.1 For the 2015/16 Business Plan, £100k recurrent revenue funding from the Public Health grant was allocated to falls prevention, together with an earmarked reserve of £400k non-recurrent public health grant funds for service mapping/planning and pump-priming.

- Recurrent public health funding of £78k has been invested in 3.0 WTE Health Trainers employed by 'Everyone Health,' responsible for screening and identifying clients at risk of falls, providing interventions and motivational support for behavioural change, and appropriate referrals to specialist therapy services. Development of this service has been in collaboration with colleagues from NHS falls prevention services to ensure clarity of roles and referral pathways.
- CFA have used reserves to provide £36k to fund the roll out of a programme delivered by social enterprise 'Forever Active', who deliver a successful model of physical activity for over 50s in Cambridge City. The service specification has been agreed with them for roll out across the county, primarily focussing on Fenland, East Cambridgeshire and South Cambridgeshire where there is limited current provision of community classes.
- A public awareness campaign of measures to prevent falls for winter 2015/16 was delivered within existing resources. Falls prevention postcards were included in the 40,000 winter health packs distributed through flu clinics, pharmacies, and VCS organisations across Cambridgeshire.

4.0 A SYSTEM-WIDE FALLS PREVENTION APPROACH

4.1 The integrated framework and pathway provides a sound basis for identifying key developments that are required for a system-wide approach. Further information has also been gleaned from examples of falls prevention services delivered elsewhere in the UK. 'Gold standard' falls preventions packages typically include strong pathways between the relevant agencies and the following key components:

- Single point of referral in each locality for triage and onward referral
- Multi-factorial falls assessments (all assessments in the home)
- Data recording of patients using the service
- Programme of exercise classes run in community centres by trained specialist therapists (held immediately after rehabilitation classes)
- Integration: Close partnership-working between the NHS and local council
- Falls service widely promoted in GP practices, libraries, and other public settings

4.2 Reducing fall rates and the resultant harm is complex. Important opportunities to deliver cost effective interventions at scale with indications of cost saving and effective opportunities for action have been identified. Additional actions include:

- Recognising that potential savings may require delivery of preventative approaches at much wider scale than current provision – a system wide emphasis on falls prevention is advocated
- Collaboration across sectors to agree which combination of clinical and population health and care interventions are needed locally to achieve population reductions in the incidence and consequences of falls – which

- would serve to consolidate the mix of interventions required
- Ensuring delivery of evidence based interventions, for example strength and balance exercise targeted at people with heightened risk of falling, are delivered at appropriate scale and quality
- Having a system wide approach to ensure that the breadth of professionals, services and settings engaging with and representing older people, are as effective as possible and working together through a consistent, comprehensive and integrated falls prevention pathway
- Integrated and high quality reporting of falls and outcomes linked to falls is fundamental to understanding where improvements can be made to reduce harm and cost
- Building on powerful strategic opportunities locally to ensure leadership, integration and sustainability.

5.0 ALIGNMENT WITH CORPORATE PRIORITIES

5.1 Developing the local economy for the benefit of all

- 5.1.1 The development of a range of interventions to prevent falls will offer opportunities to local organisations and individuals in the health and care market to specialise in the area of falls prevention and enhance career opportunities in the care, health and voluntary sector.

5.2 Helping people live healthy and independent lives

- 5.2.1 The falls prevention approach has a direct impact on the health and independence of older people across Cambridgeshire and will have the potential to improve the negative outcomes set out below:
- Up to 90% of older patients who fracture their hip fail to recover their previous level of mobility or independence
 - Only 46% of older people with a fractured neck of femur return to their usual residence on discharge from hospital
 - One in three sufferers of hip fracture move into long term care.

5.3 Supporting and protecting vulnerable people

- 5.3.1 The falls prevention approach is focused on older people, specifically those who may be more vulnerable to falling. It has the potential to increase mobility, reduce the incidence of falls and maintain independence.

6.0 SIGNIFICANT IMPLICATIONS

6.1 Resource Implications

- 6.1.1 The following points set out details of significant implications identified by officers:
- The demographic growth of older people and the financial impact of falls on the local health and social care system is set out below. The work of the falls prevention programme will establish a range of effective interventions that will have the potential to reduce the number of falls and reduce some of the costs associated with responding after a person falls.
 - The number of older people aged 65 and over is forecast to increase significantly across Cambridgeshire, with an increase of 48% by 2031. In Cambridgeshire, amongst the oldest, the number of people aged 90 years and over is forecast to nearly double in the next 15 years. In addition, a more

than doubling of numbers in the 75-84 year age band who have an increased risk of injurious falls is anticipated.

- There are around 2,300 hospital admissions for falls and an additional 680 hospital admissions for hip fracture per year in Cambridgeshire in people over 65 years of age.
- Health economics evidence indicates that 34% of people aged 65 years and over living in the community fall at least once a year, of which 20% will contact a medical service for assistance. Applying the results from this study to local population figures for Cambridgeshire and Peterborough CCG, it is estimated that in 2016, falls will result in over 5,500 GP attendances, over 8,700 ambulance call outs, and more than 6,300 A&E attendances resulting in over 3,000 inpatient admissions across the CCG (numbers per year). The associated costs are high and estimated to be over £83 million. Costs at discharge (over £45 million) are predominantly associated with social care costs (patients requiring both short and long-term residential care and support).

6.2 Statutory, Risk and Legal Implications

- 6.2.1 The following bullet point set out details of significant implications identified by officers:
- Under the Care Act 2014, the Council and its partners are expected to work collaboratively together to prevent, delay and reduce the need for care and support. The multi-agency approach to falls prevention supports this agenda.

6.3 Equality and Diversity Implications

- 6.3.1 The following bullet points set out details of significant implications identified by officers:
- Older people are a vulnerable and often stigmatised population group with particular inequalities in health and access to health and care services and often subjected to poor care.
 - As highlighted in the above report and mapping work, evidence-based falls prevention and care service provision is currently fragmented and variable in quality across the County.
 - The falls prevention programme aims to deliver a more consistent and equitable range of services to prevent falls across Cambridgeshire.

6.4 Engagement and Consultation Implications

- 6.4.1 The following bullet points set out details of significant implications identified by officers:
- The multi-agency approach to the fall prevention programme provides the framework for collaboration and integrated working to develop a more comprehensive approach to falls prevention across Cambridgeshire.

6.5 Localism and Local Member Involvement

- 6.5.1 The following bullet points set out details of significant implications identified by officers:
- Local member involvement would provide support, advocacy and direction necessary to address the system-wide actions needed to deliver change and improve outcomes.

6.6 Public Health Implications

6.6.1 The report throughout sets out the significant public health implications for this priority.

Source Documents	Location
None	