

**FALLS PREVENTION PROGRAMME INVESTMENT**

**To:** Cambridgeshire County Council Health Committee

**Meeting Date:** 19<sup>th</sup> September 2019

**From:** Director of Public Health

**Electoral division(s):** All

**Forward Plan ref:** 2019/057      **Key decision:** Yes

**Purpose:**  
To consider the investment and recommended changes in the Falls Prevention Programme.

**Recommendation:**

- a) To approve a three year investment in the Falls Prevention Programme as detailed in paras 2.11 - 2.27;
- b) Consider and approve the geographical area(s) for deployment of an intensive Multi-Factorial Falls Risk Assessment and home adaptations programme, choosing from the two options presented in para 2.32;
- c) Authorise the Director of Public Health in consultation with the Chair and Vice Chair of the Health Committee to enter into a section 75 agreement with Cambridgeshire and Peterborough NHS Foundation Trust to deliver the intensive Multi-Factorial Falls Risk Assessment and home adaptations programme; and
- d) Authorisation of LGSS Law to draft and complete the necessary documentation to enter into the section 75 agreement.

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## **1. BACKGROUND**

- 1.1 A fall is defined as an unplanned descent to the floor with or without injury to the patient. 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 in the UK. The estimated cost of falls and fractures to the health and social care system in Cambridgeshire and Peterborough in 2017 was £85.5M (STP Falls Prevention Business Case, 2017). In addition to the financial costs, the intangible human costs of falling include distress, pain, injury, loss of confidence and loss of independence, as well as the anxiety caused to relatives, carers, and hospital staff.
- 1.2 The existing Falls Prevention Programme commenced a two year project in October 2017, funded in part by the STP and Public Health. Between October 2017 and September 2018 almost 7000 people over the age of 65 were screened for their risk of falls, of which over 4400 people were identified at risk of a fall, and 2430 had an intervention plan put in place.
- 1.3 A preliminary analysis was conducted on the impact of the programme on hospital admissions for falls to Cambridge University NHS Foundation Trust (CUHFT). The analysis indicated there were promising, but not conclusive, reductions in the number of admissions. Comparing the eight month period from February-September 2017 with the same period in 2018, there was a reduction of 50 fall related admissions.
- 1.4 In order to continue to develop these interventions further, an extension and variation to the original programme is required. The amended programme is based on the recommendations from the evaluation of the previous programme and more recent published evidence. The evaluation showed that any future programme should have sufficient scale, power and duration to detect changes in admissions at a population level, and that it should monitor the impact of the programme for each participant. More recent published evidence includes a review of the Occupational Therapy-led Home Hazard Assessment and Improvement Programme with a reported Return on Investment of £3.17 saved for a £1 spend and a reduction in the rate of falls by 31%. The evidence also demonstrates that the Falls Management Exercise (FaME) programme is more effective for all older people, than the existing OTAGO provision which is aimed at people at a high risk of falling. Finally there has been further evidence in support of home and group based strength and balance programmes with each reducing the rate of falls by 29% and 32% respectively.

## **2. MAIN ISSUES**

### **2.1 Programme Overview**

- 2.1.1 The aim of the programme is to prevent any increase in the rate of injurious falls and improve the quality of life and health outcomes. The programme will be integrated within the Adults Positive Challenge and will contribute to the savings target of £3.8M in 2020/21. It is proposed to extend the Falls Prevention Programme by a period of three years and reshape the programme in line with the lessons learnt so far and the evidence base. The aim of the

programme is threefold; 1) to initiate the delivery of integrated Multi-Factorial Falls Risk Assessments (MFFRAs) with Occupational Therapy led home hazard assessments and modifications; 2) to refocus the Falls Prevention Health Trainer service to deliver a programme that is effective in a greater cohort of the population, and; 3) to strengthen and pump prime the strength and balance classes run in the community. Subject to evaluation, the evidence collected from the programme will be used in future service specification with the negotiation of a funding contribution from the NHS. The total annual cost of the programme is £257k, with an additional option for a full economic evaluation of £33k.

## **2.2 Programme Scope**

- 2.21 To extend the number of Multi-Factorial Falls Assessments (MFFRAs) integrated with home hazard assessments and home adaptations/equipment. To expand the team by an additional four Therapy Assistants within the approved area(s). Total cost £148.6k p.a excluding major adaptations which are funded through the Disabled Facilities Grant in agreement with District Councils.
- 2.22 To expand the Falls Prevention Health Trainer Team by one member of staff, and to deliver the Falls Management Exercise (FaME) programme to target a cohort of people at a lower risk of falls. Total cost £51.3k p.a.
- 2.23 To commission a community provider(s) to deliver the FaME programme. Quality assurance of provision through Cambridgeshire and Peterborough Foundation Trust exercise specialists. Total cost £13.4k p.a.
- 2.24 To continue the Forever Active Coordinator post at 3 days per week. The role will support the set up and co-ordination of community based strength and balance classes and new physical activity opportunities for younger older adults (section 2.25). Total cost £20k p.a.
- 2.25 To join-up with existing providers/projects to promote, develop and implement existing and new physical activity opportunities to prevent the age-related decline in muscle strength, bone health and balance for the 50+. To include pump-priming of quality assured level 4 strength and balance classes and activities such as tai chi, resistance training and ball sports. Total cost £20.4k p.a.
- 2.26 Implement a falls communications plan. The proposal is to continue the marketing campaign to target those who may or may not have fallen. Total cost £10k p.a.
- 2.27 Formal evaluation. The proposal details the metrics which will demonstrate the effectiveness of the programme. However, an in-depth and independent evaluation should be commissioned to advise a future programme specification. Estimated total cost £33k.

## **2.3 Programme targeting**

- 2.31 The evaluation of the previous programme demonstrated the need to increase scale in order to demonstrate an effect on the number of hospital admissions. The proposal is to continue a universal programme but to intensify the Multi-Factorial Falls Risk Assessment and home

adaptations in a specific geographical area(s). It is anticipated that such a concentrated programme will reduce or slow the rate of hospital admissions for falls in those areas.

- 2.32 An options framework was developed and ratified at the Falls Prevention Strategy Group to recommend the areas for the intensive programme. The framework took into account rates of falls related hospital admissions and the feasibility of implementation. Two options for deployment are presented. Option 1 targets Cambridge City and South Cambridgeshire to align with the CPFT locality of 'Cambridge' thus supporting feasibility of delivery. Option 2 targets Cambridge City and Fenland and more precisely matches the known local need.

## **2.4 Project management and governance.**

- 2.41 All aspects of the proposal remain the responsibility of the Falls Programme Manager within the Public Health department and will continue to be reviewed on a quarterly basis by the Falls Prevention Strategy Group. The options within the proposal relate to the scale of Home Hazard Assessments, and the recruitment of additional support for the Health Trainer team. The Forever Active Coordinator post and Community Classes would be time extensions of the existing provision, subject to advice from LGSS procurement. Due to the existing partnership arrangements the recommendation is to commission the Multi-factorial falls assessment and home hazard assessment service as a Section 75 agreement with Cambridgeshire and Peterborough NHS Foundation Trust with a full contract specification and monitoring process, and to deliver the additional Health Trainer through a variation to the contract for the current falls health trainer service, subject to advice from LGSS procurement.

## **2.5 Anticipated savings.**

- 2.51 The implementation of the Falls Prevention Programme and reduction in the rate of falls will reduce demand for health and care resources. The prevention of serious falls will reduce the social care demand for long or short term residential care, whilst the prevention of less serious falls will reduce the cohort of people that may become high risk fallers in the future. The group aspects of the programme will help people to maintain independence and improve their quality of life. The rate of falls for the participants has been assumed to be a 24% reduction in participants receiving an integrated Multi-Factorial Falls Risk Assessment (MFFRA) and home adaptations, and the 6 month Falls Management Exercise (FaME) Strength & Balance programme is assumed as a 26% reduction.
- 2.52 The proposed service model for Multi-Factorial Falls Risk Assessments and home adaptations suggests 960 assessments per year, which is anticipated to prevent 230 falls of which 23 will be serious falls. The expected cost savings are £114k for social care with a total system saving of £208k. The reduction of 23 injurious falls is expected to prevent 1.5 admissions to long term care a year, a saving of £87k based on an average length of stay of 27 months (of the total social care cost of £114k).
- 2.53 The proposed service model for delivering the FaME programme is expected to reach 575 participants in total, and anticipated to prevent 104 falls of which 10 will be serious falls. The expected cost savings are as £49.8k for social care with a total system saving of £90k. The reduction of 10 injurious falls is expected to prevent 0.5 admissions to long term care a year,

a saving of £37.8k based on an average length of stay of 27 months (of the total social care cost of £49.8k).

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

#### **3.1 A good quality of life for everyone**

The report above sets out the implications for this priority in **2.51**

#### **3.2 Thriving places for people to live**

The report above sets out the implications for this priority in **2.51**

#### **3.3 The best start for Cambridgeshire's children**

There are no significant implications for this priority.

### **4. SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

The report above sets out details of significant implications in 2.2

#### **4.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

The report above details the procurement implications in para 2.41

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

The following bullet points set out details of significant implications identified by officers:

- Falls resulting in hospital admission have significant health and social care resource implications

#### **4.4 Equality and Diversity Implications**

The following bullet points set out details of significant implications identified by officers:

- The programme is universal in the interventions it offers, communications and engagement will be tailored to the specific communities identified
- The Community (Equality) Impact Assessment is attached as Appendix 2.

#### **4.5 Engagement and Communications Implications**

The following bullet points set out details of significant implications identified by officers:

- A specific resource has been identified and the Falls Prevention Strategy Group can oversee the communications and engagement plans.

#### **4.6 Localism and Local Member Involvement**

The following bullet points set out details of significant implications identified by officers:

- The Falls Prevention Programme will work with individuals and communities across the whole of Cambridgeshire to support their engagement with the programme.
- Any fall can reduce the motivation of an individual to be active members of the local community
- The provision of a community and group based falls programme will help alleviate loneliness

#### 4.7 Public Health Implications

The report above sets out details of significant implications in 1.1.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Officer: Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Name of Officer: Gus De Silva
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Fiona McMillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Liz Robin
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Liz Robin
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Liz Robin

Source Documents	Location
Appendix 1 Falls Prevention Business Case	Attached
Appendix 2 Community Impact Assessment	Attached
Craig J, Murray A, Mitchell S et al. The high cost to health and social care of managing falls in older adults living in the community in Scotland. Scottish Medical Journal 2013;58(4):198-203.	Room 108, Shire Hall, Cambridge Also available at: <a href="http://scm.sagepub.com/content/58/4/198">http://scm.sagepub.com/content/58/4/198</a> .
Public Health England (2018). A Return on Investment Tool for the Assessment of Falls Prevention Programmes for Older People Living in the Community. London: Public Health England. Available at: [Accessed 14 June 2019]	Room 108, Shire Hall, Cambridge Also available at: <a href="https://www.gov.uk/government/publications/falls-prevention-cost-effective-commissioning">https://www.gov.uk/government/publications/falls-prevention-cost-effective-commissioning</a>