

## Cabinet – 18 March 2020

### Falls Prevention Services Review

**Portfolio:** Councillor Craddock, Health and wellbeing

**Service area:** Public Health

**Wards:** All

**Key decision:** Yes

**Forward plan:** Yes

#### 1. Aim

The aim of falls prevention is to reduce harm to older people at risk of injury and to support them to remain independent. The review of the falls prevention services provides a future option to address falls in those at risk.

#### 2. Summary

2.1 This report follows Cabinet's decision in February 2019 to

*Remove the £295k from the public health budget; continue to provide the service for 12 months pending a detailed review of the service with partners; seek partner contributions to fund the service for the next 12 months, with the balance to be funded from council reserves.*

2.2. The review of the falls prevention service has been completed and discussions held between public health and adult social care with the current service provider, Walsall Healthcare Trust (WHT) and with Walsall Clinical Commissioning Group (CCG) on the potential future service need, model and commissioning arrangements.

2.3 This report provides details of the outcomes of the review and proposes a service model and funding arrangements for the future.

2.4 This is a key decision as the services affect residents in all wards. The contract value is over £250,000.

2.5 The falls prevention services contribute to the Council's corporate priority for people to have increased independence, improved health and can positively contribute to their communities.

### **3. Recommendations**

3.1 That Cabinet approves the proposal to continue a remodelled falls prevention services (described at 4.10).

3.2 That Cabinet approves the proposed budget contribution of £137,000 from the Council for the falls prevention services for a period of 12 months from 1 April 2020 with continued funding under review, subject to any changes associated with the Public Health grant conditions for 2021/22 and beyond.

3.3 That Cabinet delegates authority to the Executive Director, Economy and Environment or their nominated officer to enter into fixed price contracts for the delivery of falls prevention services.

### **4. Report detail - Know**

#### **4.1 Background**

4.1.1 1 in 3 adults aged over 65 years will fall every year; this rises to 1 in 2 adults aged over 80 years. For those people who are resident in the community, 5% of those who fall each year will experience either a fracture or an admission to hospital.

4.1.2 Falls impact on both mental and physical health, and can lead to isolation amongst older adults. A proportion of these will be referred to social care for support.

4.1.3 In Walsall, these figures translate to around 17,000 adults aged over 65 years falling annually, of which around 7,000 are aged over 80 years. In 2017-18, 895 adults aged over 65 years were admitted to hospital following a fall in Walsall, whilst 322 adults suffered a hip fracture.

4.1.4 Around 900 older adults are admitted to hospital because of a fall each year in Walsall. In 2017 the estimated cost of falls in Walsall was approximately £13.5 million. This can be broken down into:

- NHS costs of £10.7 million and
- Social Care cost of £2.8 million.

4.1.5 National guidance recommends that older people who present with a fall or who report recurrent falls in the past year should be offered a multifactorial falls risk assessment. This should be performed by an appropriately skilled professional and lead to a tailored suite of interventions. The guidance states that common components of successful programmes include: strength and balance training, home hazard assessment and intervention, vision assessment and referral and medication review.

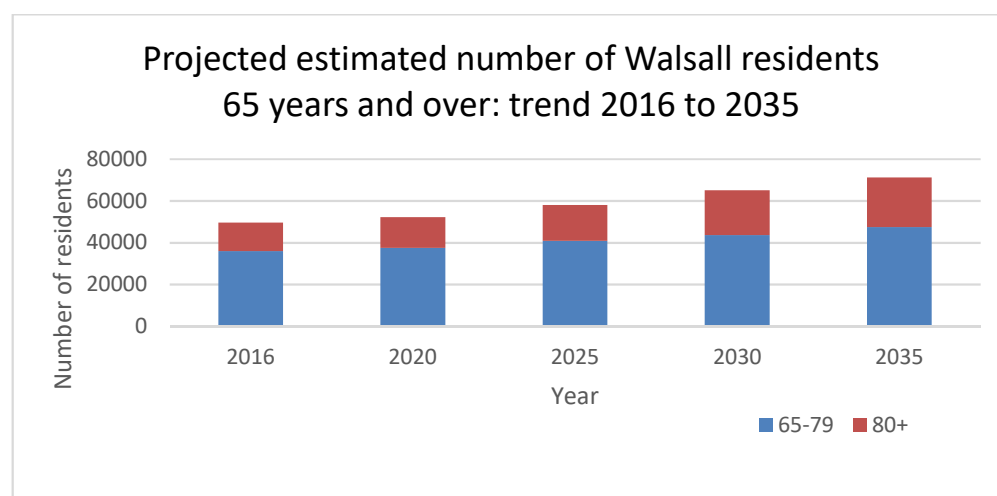
- 4.1.6 The Council's Cabinet savings for 2019-20 proposed a reduction of £295,000 in the funding of falls prevention services, which would lead to a cessation in the provision of specialist and community falls services within Walsall. A Cabinet report on 28<sup>th</sup> October 2018 summarised the results of a consultation and Equality Impact Assessment (EqIA) on the proposals; there was no support for the proposals within the consultation responses, which were from residents, patients and professionals. The proposal scored D on the EqIA ("Stop and think again"), due to its potential adverse impact on older residents in Walsall.
- 4.1.7 As a result, it was agreed that the service would continue for a further 12 months, until March 2020, with a review of the services and potential future options. Funding for this extension came from both the Council, WHT and the CCG.
- 4.1.8 The review has taken place in a wider context of change: currently, the health and care services in Walsall are undergoing a substantial period of transformation, focussed around the Walsall Together programme. This represents a new way of working between agencies including the Council, the CCG, and WHT with an aim to improve health outcomes and service experience for patients whilst making the local health and care system more sustainable. As part of this transformation programme, Walsall is moving towards a locality-based approach, with teams based around four localities within Walsall.
- 4.1.9 The review covered the following elements:
- An analysis of current population and local demographic trends that could impact on the need for a falls service;
  - A review of the current evidence base for falls prevention services;
  - A review of the evidence for return on investment in falls prevention
  - An overview of the current services in Walsall including outputs and outcomes and a comparison with other boroughs of service costs
  - Engagement with health and social care professionals on areas for improvement and potential remodelling for the future
  - Engagement with residents, carers of older people and clients who have used the services on areas for improvement and potential remodelling for the future
  - Updated Equality Impact Assessment;
  - Potential future options for falls prevention services in Walsall.
  - Exploration of possible contribution from partners to any potential future service
  - Information was gathered by interviews, literature reviews, workshops, focus groups and discussions with service providers across the country.

## 4.2 Population needs

- 4.2.1 Anyone can fall but this is a particularly damaging event for older people. A fall can lead to fractures, pain, distress, loss of confidence, loss of independence and death. Older women fall more often than men and are far more likely to incur fractures when they fall.

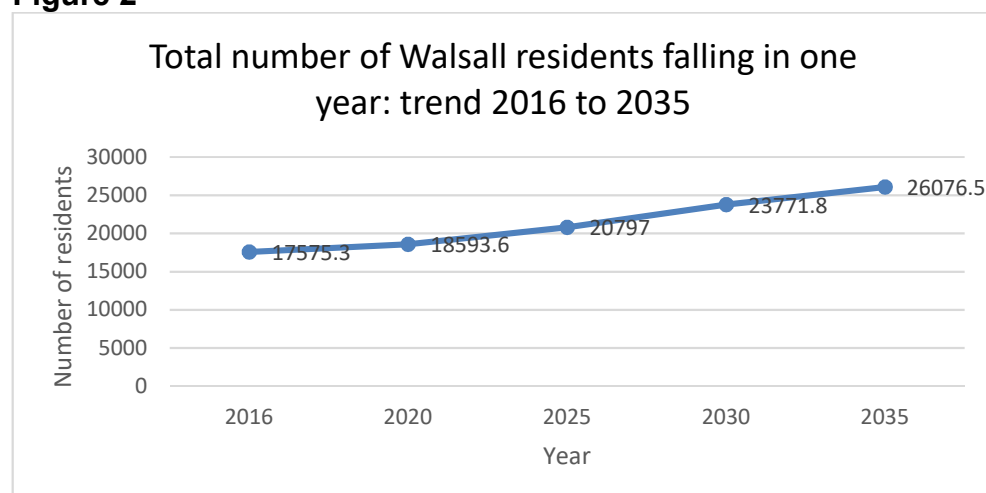
- 4.2.2 Falls are the most common cause of death from injury in the over 65 population.  
The risk of falling rises with age, with thirty percent of people aged 65 and over falling annually (50% of those over 80 years old). This equates to 17,000 Walsall residents falling at least once each year.
- 4.2.3 Figure 1 below shows the projected steep increase in the number of older people in Walsall from 50,000 in 2017 to 58,000 in 2025. The impact on falls in Walsall of this population change (illustrated at **Figure 2** below) is an extra 3,200 falls per year in 2025 for those aged over 65.

**Figure 1**



The projected increased number of older people, will lead to approximately 450 extra residents falling per year for those aged 65 and over.

**Figure 2**



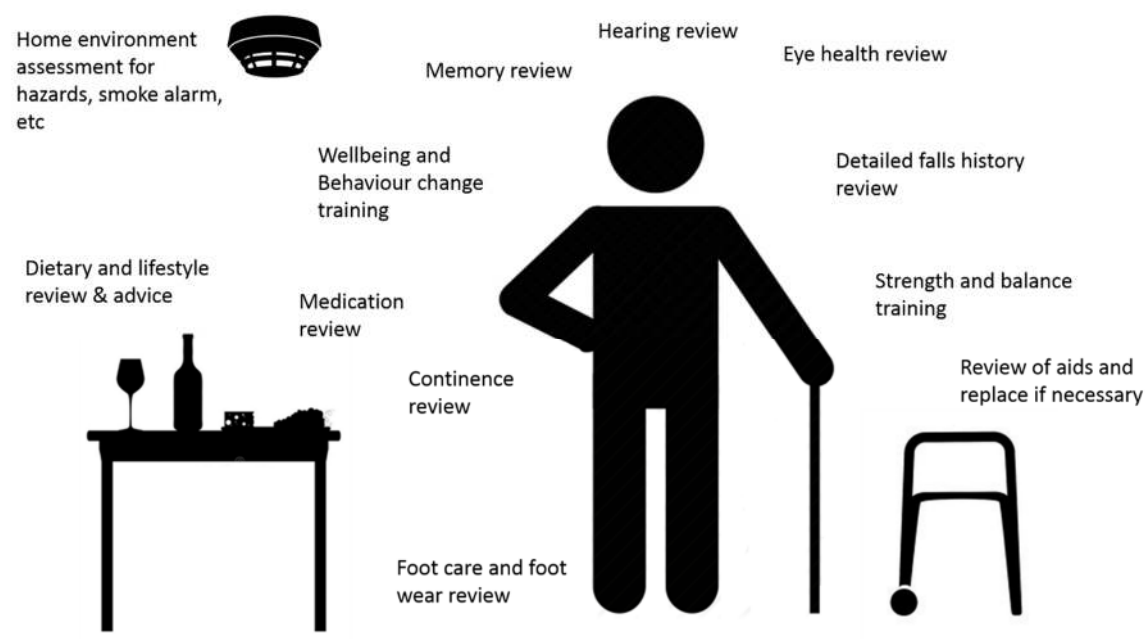
### 4.3 Current evidence base for falls prevention services

- 4.3.1 There is a wealth of published evidence on the effectiveness of falls prevention services in reducing the risk and frequency of falling, harm from falls and

improving confidence in those who participate in the programmes. The programme needs to be multifactorial (see **Figure 3**) to address the range of factors which can lead to falls and should include strength and balance programmes, ideally for 46 weeks.

4.3.2 The Falls Management Exercise (FaME) programme is a community based group programme delivered by a postural stability instructor (PSI). FaME improves balance, walking speed and reduces fear of falling in participants. The programme consists of weekly classes lasting between 45 and 75 minutes with additional home exercises lasting at least 6 months.

**Figure 3**



4.4 Evidence for return on investment (ROI) for falls prevention services

When implemented in line with national best practice, falls prevention services can be expected to deliver the financial ROI outlined below (**Figure 4** below). In addition, a range of other benefits, can be achieved. These include reducing the impact on carers, increasing confidence of older people and maintaining independence, reducing fear and social isolation, all important quality of life measures. It is clear that the benefits exceed the costs as for every £1 invested in falls prevention programmes, benefits equivalent to £2.20, indicating there is a positive return of £1.20.

**Figure 4**

Intervention		
	Societal ROI	Financial ROI

Otago – (Home based strength & balance)	£2.20 : £1.00	£0.95 : £1.00
FaME	£2.28 : £1.00	£0.99 : £1.00
Home assessment and Modification	£7.34 : £1.00	£3.17 : £1.00

From PHE: *A Return on Investment Tool for the Assessment of Falls Prevention Programmes for Older People Living in the Community* (2018) York Health Economics Consortium impact of Otago

#### 4.5 Overview of current falls prevention services

4.5.1 The Walsall Falls Prevention Service provides a comprehensive assessment and case management for people over 65 years to reduce their risks of falling and harm. Services are provided for residents who are at moderate or high risk of falls. Referrals come from a range of professionals (GPs, social workers, care home staff, physiotherapists) via a single point of access and are directed into the appropriate level intervention.

4.5.2 The Specialist Falls prevention, provided by WHT community services, is for high risk patients and is led by specialist falls prevention nurses, supported by physiotherapists, rehab support worker and input from occupational health and other services. Clients receive a full multifactorial assessment (see **Figure 3** above), an individualised care plan and enter a 10 week strength and balance programme specifically designed for high-risk individuals. For those who are unable to leave their home due to frailty or lack of confidence, an initial 6-week home-based programme is provided.

4.5.3 The Community Falls Prevention element provided by the Council's Sports & Leisure team, is for moderate risk patients and is led by trained physical instructors with support from specialist services, and other professionals. Clients receive a multifactorial assessment and enter a 12-week strength and balance programme, with training on exercising safely at home and other actions to reduce their falls risk e.g. medication review.

4.5.4 A separate population level voluntary sector falls prevention service, provided by *Walsall Accord - Age Matters* offers advice and guidance on self-assessment of falls risk and promotes self-help for low risk adults from age 50 years. Funding for this team is outside the scope of the budget savings.

4.5.5 The number of residents supported each year is approximately 950 through the specialist team and 550 through the community (Council's Sports & Leisure) team. The majority of clients are aged over 75 years and two fifths are male.

#### 4.6 Service outcomes

4.6.1 Since 2016, the specialist falls service has collected data on whether patients who have been through their service are subsequently admitted to hospital due

to falling in the 12 months after the programme. This shows that 2.5% of patients who have been through the service are admitted to hospital (WHT) with a fall in the year after leaving the service. The expected rate of falls admissions for this group is estimated to be at least 4.1%. This suggests that the service is effective at preventing further harm from falls.

- 4.6.2 The community falls service collects data on patients' fear of falling, which is a known risk factor for falls, and confidence in preventing a fall; this data demonstrates a clear reduction in patients' fear of falling and increase in confidence after completing the classes.

#### 4.7 Comparison of Walsall Falls Prevention Service costs with other boroughs

- 4.7.1 The specialist services in Walsall support approximately 950 clients per annum and the community programme sees 550 residents. The total cost for these services together is £318,000. Dudley services support 800 clients per annum, at a total cost of £349,000, (£209,000 for the specialist element and £140,000 for the community service). Wolverhampton services see approximately 1000 patients per annum and spend £370,000 each year on the specialist and community services.
- 4.7.2 In Sandwell, the Older Person Physical Activity Programme (The *Find and Refer* service) spend is £70,000 whilst costs of the specialist and community falls prevention services are embedded in the Sandwell & West Birmingham CCG costs for elderly care, covering fracture liaison and frailty services. Nationally other local authorities seeing 1000 clients per annum spend approximately £250,000 for the specialist falls prevention and £60,000 for the community.

#### 4.8 Engagement Findings

- 4.8.1 The engagement activities for the review were all face-to-face, undertaken as a mixture of focus groups (public) and workshops (professionals). In total 184 members of the public took part across 9 events and over 50 professionals participated in a series of workshops. Questions covered the positive and negative aspects of the falls prevention services, areas for improvement, the level of importance given to the services and actions that individuals would take if the services were not continued. The professionals were also asked which elements of the pathway should be prioritised if some level of reduced funding was available.

- 4.8.2 The main findings were:

- There is limited knowledge amongst the public of how to access the falls prevention service. Further work is required to promote awareness of any future service. Transport is also difficult for many residents who cannot walk far.
- If the falls prevention offer was reduced, the anticipated impact would be more calls to GPs and social care for help to stay safe in the home and for someone to check during the day. People would also go to A&E for help.
- There is potential to increase the number in the community programme and to contact those completing the programmes to encourage them to continue their exercise programme once they exit the services. This approach would give longer term benefits.
- Professionals within the Social Care teams expressed concern that the workforce is not skilled to deliver falls prevention and could not pick up an increase in referrals for their services without additional investment.
- The falls prevention services deliver an effective service which prevents people from deteriorating and losing their independence.
- More technology could be used by the services as all that we have now is the DVD developed by the community service for use at home in between classes. More could be done to provide mobile phone apps for clients and their families to refer to for advice on reducing falls risk. This is important for those who are not free to accompany their older relative to classes.
- Community nursing and therapy staff also suggested that there was no capacity to support the current number of referrals (900) nor the projected increase. No services are configured to support clients for the programme, offering 2 hours per week for 12 weeks, to get the anticipated benefits of a falls prevention programme.
- In the event of no Falls Prevention Service in Walsall, practice managers and GPs report they could not deliver evidenced based falls prevention currently delivered by the service.
- The public recognised that with a reduced or no Falls Prevention Service, the onus would be on them for greater degree of self-care i.e. to have annual eye checks and medication reviews alongside being responsible for other aspects of care such as having correct footwear and walking aids.
- An absence of falls prevention will impact on other services and not investing will cost more. The falls service is one of the few services that provides important prevention across health and care.



- Services could improve access with more promotion and provide more support for carers, more training for care home staff and other health and care staff to assess basic risks.
- Commissioners at the Joint Commissioning Committee (JCC) strongly advised that the vehicle of Walsall Together, rather than a standalone service should be the focus for any potential future service. The model of embedding the falls prevention services within each locality team was identified as the most efficient and would support joined up delivery with other community health and social care teams. There is a need to have both the specialist and community elements, and to promote more voluntary and community exercise class providers for those at lower risk to continue exercise after finishing the community programme.
- Managers and clinical leads at the CCG Policy Committee considered the potential options for addressing the need of the population and agreed that local falls prevention services were required. The committee endorsed the locality based model (within Walsall Together).
- Subsequent discussions at the CCG have concluded that a contribution to a future falls prevention service could be supported, as long as the local authority was also making a contribution.
- Recognising that staff were leaving the services in the absence of a clear agreement for the future and to allow time for each organisation's budget setting and prioritisation, all partners have agreed a three month extension to the current contracts on the same shared funding basis as has been used in 2019-20.

4.9 In summary, the review found that the services perform well against national criteria and should continue but that they require updating in terms of access, digital offer, more alignment with other community and voluntary services, training for the wider care workforce and enhancing links with clinical pathways such as fracture liaison clinics. Short-term joint funding has been agreed between all partner agencies to allow further discussion on budgets and prioritisation.

#### 4.10 The Proposed future service model

4.10.1 The most effective and sustainable approach concluded is to utilise the specialist skills of existing community matrons in the locality teams to conduct the multifactorial assessment and care plans and to embed physiotherapy and support workers within each locality to deliver the strength and balance elements of service for the 10-12 weeks required. The arrangements with the Council's sports and leisure services would continue. The anticipated S75 partnership arrangement between the Council and WHT could include the falls prevention services.

4.10.2 A detailed analysis and critique of service costs and the potential efficiencies from alignment with Walsall Together has identified a potential saving by

removing payment for management and administrator costs and embedding these functions into the wider locality team management. This could release up to £44,000 and still provide current access numbers. However, this would not be able to address the expected increase in numbers of residents requiring the services in future years.

- 4.10.3 Training in the wider workforce e.g. housing staff, to be ambassadors for falls prevention, as well as securing commitments from a range of employers to promote pre-retirement advice and self-assessments on falls risk would also be better supported. Digital materials for training and for information will be developed.
- 4.10.4 Additional proposed changes include holding further discussions with other providers e.g. University physiotherapy departments, who are potentially available to deliver strength and balance programmes, if commissioned, once multi-factorial assessment is complete. As the service would have trained professionals supported by senior students, there may be an opportunity for efficiencies.
- 4.10.5 The falls prevention services would also be encouraged to explore the potential for the fire and rescue services to deliver a higher percentage of home environment hazard assessments than at present. This could free up staff time in the community falls prevention service.
- 4.10.6 The specialist and community elements of the falls prevention services would be expected to provide more advice and guidance for carers.

#### 4.11 Proposed funding arrangements for the future services

- 4.11.1 Agreement has been reached with senior managers in the Council, CCG and WHT for a 3 month extension (to 30<sup>th</sup> June 2020) of the current contract with WHT on a shared basis. This allows time for each organisation's budget setting and prioritisation processes to conclude.
- 4.11.2 The CCG has given support in principle to making a budget contribution to a future falls prevention service with the proviso that the Council also makes a contribution.
- 4.11.3 Any Council funding for the service will be identified from the Public Health grant for 2020/21, with continued funding under review, subject to any changes associated with the Public Health grant conditions for 2021/22 and beyond.

### **Council Corporate Plan Priorities**

- 4.12 The proposed services has the most impact on the Council's corporate priority 'People have increased independence, improved health, and can positively contribute to their communities.' The outcomes linked to this are:

- Enhancing quality of life for people with care and support needs and those with long term conditions. Clients going through the falls prevention services receive a programme which addresses their falls risk and there are numerous case studies where significant changes in quality of life have been made as a result of the services.
- Delaying and reducing the need for care and support; Services can demonstrate their impact on the need for hospital admission in the year after completing the falls prevention programme.
- Helping people to recover from episodes of ill health or injury;
- The most vulnerable are protected from avoidable harm; a significant proportion of those in these services are frail older people.

## **Risks**

- 4.13 If the proposal for continuing the falls prevention services is accepted, this will significantly reduce the risks to the population and to services across the borough including:
- An increase in the number of falls and hospital admissions
  - An increased demand for packages of care required from social care.
  - An increase in social isolation to Walsall residents
  - An increase in injuries and mortality from falls
  - An increase in pressure on carers.
- 4.14 The proposal is for the costs of the re-modelled falls prevention services to be shared between the Council, WHT and the CCG. Agreement has been given in principle from the two other organisations to contribute to the costs of the services, with £44,000 from WHT, £137,000 expected from the CCG and £137,000 from the Council.
- 4.15 The risk remains that staff may leave the services in search of longer term contracts. The proposed embedding of the falls prevention services within the locality teams should provide reassurance of a more sustainable model of service provision.

## **Financial Implications**

- 4.16 Any Council funding for the service will be identified from the Public Health grant for 2020/21, with continued funding under review, subject to any changes associated with the Public Health grant conditions for 2021/22 and beyond. Financial monitoring will be conducted in line with corporate systems to ensure the safe and robust transfer of relevant budgets.

## **Legal Implications**

- 4.17 The current contractual arrangements for the falls prevention services are in a form approved by the Council's legal services. The Council has plans for the formation of a S75 NHS Act (2006) framework partnership agreement with

WHT for some adult social care services and it is anticipated that at some point, some of the public health commissioned services may be included in this agreement. If the falls prevention services are added to the partnership agreement, this would be done with the input from the Council's legal services.

### **Procurement Implications/Social Value**

- 4.18 The suggested vehicle for procuring the falls prevention services is a Section 75 provider agreement through the Walsall Alliance model, this is subject to Cabinet approval for the overarching S75 agreement for the Council.
- 4.19 Procurement advice has been sought relating to the S75 agreement and will be provided to ensure that the Council complies with Public Contract Regulations 2015 as well as the Council's Contract Rules.
- 4.20 The Procurement and Contracts team will also ensure that any variation to the service will be carried out in accordance with Regulation 72 of the Public Contract Regulations which sets out a range of conditions which need to be satisfied in order to modify contracts, which include ensuring that contracting authorities are not materially modifying the scope or scale of any existing contracts.
- 4.21 The current provider (WHT) has a strong record of volunteering offers and delivery across the borough and this is expected to continue.

### **Property Implications**

- 4.22 There are no property implications.

### **Health and Wellbeing Implications**

- 4.23 These services directly support the objectives to:
- Strengthen the role and impact of ill-health prevention, by reducing the risk of harm from falling and addressing the causes of falling
  - Enable all children, young people and adults to maximise their capabilities and have control over their lives by developing the health and wellbeing of service users to reduce their risk of falls and improve their confidence.
  - Create and develop healthy and sustainable communities. The method of delivery of the falls prevention programmes encourages social networking and once the programme is complete, clear pathways exist for clients, who are able, to continue strength and balance training in community settings.

### **Staffing Implications**

- 4.24 There are no staffing implications.

## **Reducing Inequalities**

- 4.25 The majority of clients accessing the falls prevention services are older with moderate frailty scores. Most are aged over 75 years and two fifths of clients are male. Only 6% of participants are from black and minority ethnic groups. The method of delivery of the falls prevention programmes is borough-wide and the proposed localities based delivery will support greater access for older people at risk of falls.

## **Consultation**

- 4.26 The review has included wide engagement with residents, clients and professionals from the statutory and voluntary sectors (**Appendix A**). The majority of public and professional respondents recognised the importance of the falls prevention services and recommended a future service be commissioned.

## **5. Decide**

- 5.1 On the basis of the detailed review of the falls prevention services, the proposed future service model and funding arrangements have been identified as the most appropriate to meet the population need and is in line with corporate priorities. Cabinet is requested to consider the content of this report and to agree the recommendations as outlined at section 3.

## **6. Respond**

- 6.1 The revised service specification and mobilisation of the locality arrangements for the proposed service model will be put in place.

## **7. Review**

- 7.1 Quarterly contract monitoring of the services will continue to ensure the aims are met. Oversight will be provided by the Joint Commissioning Committee.

## **Author**

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Simon Neilson  
Executive Director

28 February 2020



Stephen Gunther  
Director of Public Health

28 February 2020



Councillor Bird  
Leader of the Council

10 March 2020

## APPENDIX A – Engagement

### Public engagement

Group	Date	Venue	Attendance
Over 50s Forum	28-Aug-2019	Walsall Council, Town centre	8
Falls and balance class: Oak Park	29-Aug-2019	Active Living Centre, Walsall Wood	5
Healthy eating group	03-Sep-2019	Pelsall Village Centre, Pelsall	11
Disability Forum	12-Sep-2019	Disability Hub, Town centre	16
MyTime Active Meeting for 50 - 85 year olds	16-Sep-2019	St Johns, Bloxwich,	104
Falls and balance class: Pelsall Village Centre	17-Sep-2019	Pelsall Village Centre, Pelsall	4
Dementia Café Walsall	18-Sep-2019	Park View centre, Brownhill	11
Walsall Pensioners' Convention - Ladies meeting	27-Sep-2019	Walsall Leather Museum, Town centre	10
The Fellowship Group	26-Sep-2019	St Anne's Church, Willenhall,	15
	Total	9 events	184

### Professionals' engagement

Date	Location	Organisations/professional groups represented
16 <sup>th</sup> July 2019	Walsall College  Over 35 professionals attended	Walsall Council Adult and Social Care including Commissioners, Managers, Team Leaders, Physiotherapists, Occupational Therapists.  Primary Care including Practice Managers and GPs.  CCG including commissioning managers.  Walsall Healthcare Trust Specialist Falls Prevention Team (Management and Nursing)  Community Falls Prevention  Accord Population Based Falls Prevention Service  Physiotherapists

		<p>Walsall Health Care Trust</p> <p>Academics from University of Wolverhampton</p> <p>Patient Voice</p> <p>Allied Health Professionals</p>
8 <sup>th</sup> October 2019	Walsall Council	Pharmacy Leads across CCG and Walsall Council
9 <sup>th</sup> October 2019	Walsall Housing Group	Walsall Housing Group Response
21 <sup>st</sup> October 2019	West Midlands Fire Service Black Country North (Walsall)	Combined response from Partnership Teams Manager and Local Station Commander.
22 <sup>nd</sup> October 2019	Adult and Social Care	Group of Commissioning Adult and Social Care Managers.
23 <sup>rd</sup> October 2019		GPs
23 <sup>rd</sup> October 2019	Walsall Healthcare Trust	Community Nurses
23 <sup>rd</sup> October 2019		Community Physiotherapists



## Equality Impact Assessment (EqIA) for Policies, Procedures and Services

<b>Proposal name</b>	<b>Review of the Falls Prevention Service</b>		
<b>Directorate</b>	Economy and Environment		
<b>Service</b>	Public Health		
<b>Responsible Officer</b>	Stephen Gunther, Dr Paulette Myers and Amanda Henry		
<b>Proposal planning start</b>	01/04/18	<b>Proposal start date (due or actual date)</b>	01/04/2020
<b>Updated Version</b>	February 2020.		01/04/2020

<b>1</b>	<b>What is the purpose of the proposal?</b>	<b>Yes / No</b>	<b>New / revision</b>
	Policy	<b>Yes</b>	<b>New</b>
	Procedure	<b>No</b>	
	Guidance	<b>No</b>	
	Is this a service to customers/staff/public?	<b>Yes</b>	
	If yes, is it contracted or commissioned?	<b>Commissioned</b>	
	Other - give details		
<b>2</b>	<b>What is the business case for this proposal? Please provide the main purpose of the service, intended outcomes and reasons for change?</b> <p>Following a reduction of £295,000 in the budget for the falls prevention services, as part of the Council's 4 year savings plan (2016/17-2019/20, this new proposal is to continue the specialist and community falls prevention service from April 2020 for 12 months with funding for 2021/22 to be agreed. The services would be remodelled to address the areas for improvement identified in the review. These include embedding the falls prevention services into the locality teams of health and social care professionals, increased use of digital technology for referrals, training and advice and education; more advice for carers, involving other organisations such as Housing Associations and the Fire services in general falls prevention promotional activities.</p> <p>To identify the need for the service, synergies with other services and potential service model and improvements, information and insights potential mitigations for the impact of this loss of service, we have gathered information and insights from the most likely affected residents in Walsall and from other stakeholders. The information is summarised in this report.</p>		
<b>3</b>	<b>Who is the proposal likely to affect?</b>		
	<b>People in Walsall</b>	<b>Yes / No</b>	<b>Detail</b>
	<b>All</b>	N	This is a universal service for all older people across the borough. The risk of falling (and sustaining injury) increases with age. Older people over 65 years of age are at a higher risk of falling.
	<b>Specific group/s</b>	Y	
	<b>Council employees</b>	N	
	<b>Other (identify)</b>	N	



**4 Please provide service data relating to this proposal on your customer's protected characteristics.**

1 in 3 adults aged over 65 years will fall every year; this rises to 1 in 2 adults aged over 80 years <sup>[1]</sup>. For those people who are resident in the community, 5% of those who fall each year will experience either a fracture or an admission to hospital. <sup>[2]</sup>

Falls impact on both mental and physical health, and can lead to isolation amongst older adults <sup>[4]</sup>. A proportion of these will be referred to social care for support.

In Walsall, these figures translate to around 17,000 adults aged over 65 years falling annually, of which around 7,000 are aged over 80 years. In 2017-18, 895 adults aged over 65 years were admitted to hospital following a fall in Walsall, whilst 322 adults suffered a hip fracture <sup>[5]</sup>.

Around 900 older adults are admitted to hospital because of a fall each year in Walsall.<sup>1</sup> In 2017 the estimated cost of falls in Walsall was approximately £13.5 million. This can be broken down into:

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National guidance recommends that older people who present with a fall or who report recurrent falls in the past year should be offered a multifactorial falls risk assessment. This should be performed by an appropriately skilled professional and lead to a tailored suite of interventions <sup>[1]</sup>. The guidance states that common components of successful programmes include: strength and balance training, home hazard assessment and intervention, vision assessment and referral and medication review <sup>[1]</sup>.

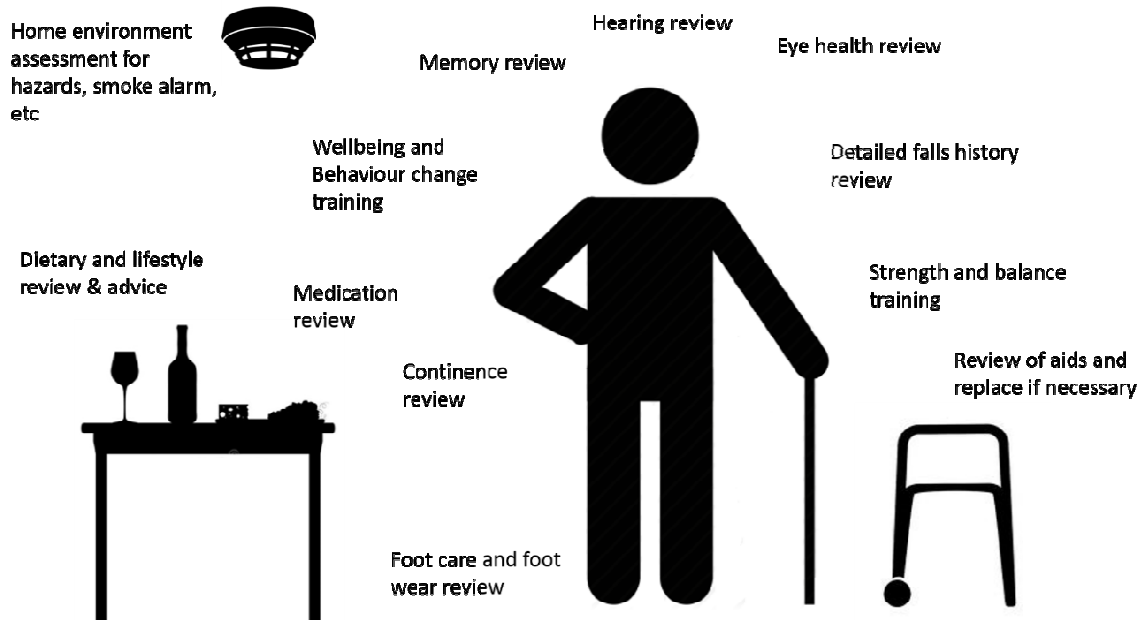
Walsall Council's Cabinet savings for 2019-20 proposed a reduction of £295,000 in the funding of falls prevention services, which would lead to a cessation in the provision of specialist and community falls services within Walsall. A Cabinet report on 28<sup>th</sup> October 2018 summarised the results of a consultation and Equality Impact Assessment (EqIA) on the proposals; there was no support for the proposals within the consultation responses, which were from residents, patients and professionals. The proposal scored D on the EqIA ("Stop and think again"), due to its potential adverse impact on older residents in Walsall.

As a result, it was agreed that the service would continue for a further 12 months, until March 2020, with a review of the services and potential future options. Funding for this extension came from both the Council and partner agencies.

The review has taken place in a wider context of change: currently, the health and care services in Walsall are undergoing a substantial period of transformation, focussed around the Walsall Together programme. This represents a new way of working between agencies including Walsall Council, Walsall CCG, and Walsall Healthcare NHS Trust with an aim to improve health outcomes and service experience for patients whilst making the local health and care system more sustainable. As part of this transformation programme, Walsall is moving towards a locality-based approach, with teams based around four localities within Walsall.

As part of the overall assessment each service user has a full assessment, which looks at all potential causes of falling, and then a tailored suite of actions is put in place to reduce their risk of falling and harm.

The diagram below describes the range of reviews and actions:



The proposal aims to ensure a continued service but with a remodelled delivery, with a focus on a locality model. The most effective and sustainable approach was to utilise the specialist skills of existing community matrons in the locality teams to conduct the multifactorial assessment and care plans and to embed physiotherapy and support workers within each locality to deliver the strength and balance elements of service for the 10-12 weeks required.

A detailed analysis and critique of service costs and the potential efficiencies from alignment with Walsall Together has identified a potential saving by removing payment for management and administrator costs and embedding these functions in the wider locality team management. This could release up to £44k and still provide current access numbers.

This proposal cover the immediate need but may not be able to address the expected increase in numbers of residents requiring services in future years.

#### References

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4. Parry SW, Bamford C, Deary V, Finch TL, Gray J, MacDonald C, et al. Cognitive-behavioural therapy-based intervention to reduce fear of falling in older people: therapy development and randomised controlled trial - the Strategies for Increasing Independence, Confidence and Energy (STRIDE) study. Health Technol Assess Winch Engl. 2016 Jul;20(56):1–206
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**5 Please provide details of all engagement and consultation undertaken for this proposal. (Please use a separate box for each engagement/consultation).**

**Engagement with residents and service users**

A series of meetings were held with residents and with service users to gather their views on the current falls prevention services and to seek any ideas on areas for improvement and potential other actions to reduce falls.

The responses from the formal Cabinet budget consultation in 2018 were taken into account as part of the review. 200 people had provided responses, and the vast majority did not support the proposal to withdraw the funding for the services. Likewise, professionals and partner organisations provided written submissions, stressing the importance of the service.

**Public engagement**

Group	Date	Venue	Attendance
Over 50s Forum	28-Aug-2019	Walsall Council, Town centre	8
Falls and balance class: Oak Park	29-Aug-2019	Active Living Centre, Walsall Wood	5
Healthy eating group	03-Sep-2019	Pelsall Village Centre, Pelsall	11
Disability Forum	12-Sep-2019	Disability Hub, Town centre	16
MyTime Active Meeting for 50 - 85 year olds	16-Sep-2019	St Johns, Bloxwich,	104
Falls and balance class: Pelsall Village Centre	17-Sep-2019	Pelsall Village Centre, Pelsall	4

Dementia Café Walsall	18-Sep-2019	Park View centre, Brownhill	11
Walsall Pensioners' Convention - Ladies meeting	27-Sep-2019	Walsall Leather Museum, Town centre	10
The Fellowship Group	26-Sep-2019	St Anne's Church, Willenhall,	15
	Total	9 events	184

### Professionals' engagement

Date	Location	Organisations/professional groups represented
16 <sup>th</sup> July 2019	Walsall College  Over 35 professionals attended	Walsall Council Adult and Social Care including Commissioners, Managers, Team Leaders, Physiotherapists, Occupational Therapists.  Primary Care including Practice Managers and GPs.  CCG including commissioning managers.  Walsall Healthcare Trust Specialist Falls Prevention Team (Management and Nursing)  Community Falls Prevention  Accord Population Based Falls Prevention Service  Physiotherapists  Walsall Health Care Trust  Academics from University of Wolverhampton  Patient Voice  Allied Health Professionals
8 <sup>th</sup> October 2019	Walsall Council	Pharmacy Leads across CCG and Walsall Council
9 <sup>th</sup> October 2019	Walsall Housing Group	Walsall Housing Group Response
21 <sup>st</sup> October 2019	West Midlands Fire Service Black Country North (Walsall)	Combined response from Partnership Teams Manager and Local Station Commander.
22 <sup>nd</sup> October 2019	Adult and Social Care	Group of Commissioning Adult and Social Care Managers.
23 <sup>rd</sup> October 2019		GPs
23 <sup>rd</sup> October 2019	Walsall Healthcare Trust	Community Nurses
23 <sup>rd</sup> October 2019		Community Physiotherapists

## 6 Concise overview of all evidence, engagement and consultation

The feedback from all consultees was that the vast majority (92%) of participants do not support the removal of the budget for the Falls Prevention Services.

The themes that have emerged from the data identify overarching themes of Access to services for the people of Walsall, Impact on other services, Unfairly targeting older people and Need for the services.

### **Access to services for the people of Walsall**

If the services are not continued then already vulnerable people would be left at risk

- Services to aid independent living are important
- Where would people access help and support to prevent falls?

### **Impact on other services**

Overwhelming concern from the majority across all the professionals groups is that Adult and Social Care will have increased referrals. In addition, Adult and Social Care would not have the capacity to triage the referrals for support for Falls Prevention.

Professionals in Adult and Social Care were concerned there would be increased workload of other services i.e. Adult and Social Care and no extra resources.

Professionals suggested that if there was no Falls Prevention Service hospital discharges will be delayed and GPs may need to do more medical assessments.

In the event of no service, there is concern also that GPs would be expected to see more patients and primary care does not have the facilities or staff to provide specialist falls prevention or falls and balance programmes. Also concern that district nurses would have more patients to manage.

### **Impact on vulnerable groups**

- Reduced service for the elderly i.e. community alarms no longer provided by the Council. This theme came up several times throughout the engagement.
- Engagement found services for people with disabilities needs protected and enhanced.
- People with dementia rely on the Falls Prevention Services.
- People who are classified as frail use the Falls Prevention Service.

### **Need for the Service**

- High level of Walsall residents meeting criteria for and accessing Walsall Falls Prevention Service; especially the Specialist Falls Prevention Service.
- Following access to Specialist Falls Prevention Service patients have more confidence to live independently reducing need for care.

More Strength and Balance Classes requested by members of the public.

Projecting Older People Population Information shows that the population in Walsall is set to rise with a related increase in the number of people falling. Residents acknowledge that a wider promotion of the Falls Prevention Service is needed to allow more people to have access to this service.

The service is needed

- To meet future needs of an ageing population
- The falls service is one of the few services is one of the few services that crosses

areas of health and wellbeing and provides important prevention.

- It would be detrimental to health (if no service).
- That people anticipate the service will be needed by them in the future

Patients who use the Specialist Falls Prevention Services emphasise it is a life line, saving lives and doing more than getting people back on the feet, enabling them to regain confidence and independence.

Patients who have attended the Strength and Balance Classes have stressed the importance of having group activity delivered by a qualified instructor, which is risk assessed to complete exercises specifically designed to improve muscle strength and stability and reduce risk of falling. Patients report being more confident and have more ability to reduce their risk of falls after completing the classes.

Members of the general population who have attended groups run by a Falls Advisor on Falls Prevention; value access to information on how to reduce risk of falling from advice on aids and adaptations to the offer of Falls and Balance Class and Safe and Well Check by the Fire Service.

Unfairly targets older people

- Impact on already minimal services currently provided for older people
- Older people are already affected by cuts in the disability living centre and community alarms.

**Other responses on improving the services are shown below.**

### **Training and Development**

Professionals expressed the need for more training for frontline Adult and Social Care staff on Falls Prevention Training for Make Every Contact Count and more detailed training where required. Several professionals also identified training for colleagues in partner organisations such as residential care home staff and pharmacy staff. The suggestion of online training/e-learning for Falls Prevention was suggested. Professionals also recommended residential care home staff should be trained to look for patterns of training.

### **Promotion of Falls Prevention Services**

There was a recognised need for increased promotion of the Falls Prevention Service, including pharmacist signposting public to Falls Prevention Services. The opportunities discussed include online information services on Falls Prevention for the public and e-learning training on falls prevention for professionals.

### **Partnership working**

Professionals also highlighted the need continue to work in partnership and ensure falls prevention was everyone's responsibility whilst acknowledging the central role the Falls Prevention Service has in improving the outcomes for patients. Also highlighted was the need to continue to engage with existing networks and groups such as Faith groups and Housing Associations to promote Falls Prevention.

### **Alternative Pathways**

It was also suggested that train the trainer model could be used for professionals in falls



prevention, with improved working within the locality team in Walsall Together. Housing Associations shared the work they do to support falls prevention through community officers and West Midland Fire Service Officers through safe and well checks; currently, these services signpost residents to the Falls Prevention service and if there was no Falls Prevention Service they would refer residents to the GP and or Social Care.

Several professionals suggested social prescribing and also working more with the voluntary sector to offer access to physical activity for the elderly. There were a few comments about training professionals to deliver physical activity in care homes including chair exercises. In addition, there is an opportunity for GPs to prescribe physical activity for elderly patients, especially with the recent NHS England emphasis on social prescribing.

There is potential to increase the number in the community programme and to contact those completing the programmes to encourage them to continue their exercise programme once they exit the services. This approach would give longer term benefits

### **Impact on patients**

Patients who use the Specialist Falls Prevention Services emphasise it is a life line, saving lives and doing more than getting people back on the feet, enabling them to regain confidence and independence.

Patients who have attended the Strength and Balance Classes have stressed the importance of having group activity delivered by a qualified instructor, which is risk assessed to complete exercises specifically designed to improve muscle strength and stability and reduce risk of falling. Patients report being more confident and have more ability to reduce their risk of falls after completing the classes.

Members of the population who have attended groups run by a Falls Advisor on Falls Prevention; value access to information on how to reduce risk of falling from advice on aids and adaptations to the offer of Falls and Balance Class and Safe and Well Check by the Fire Service.

## **Update to EqIA scoring 28/02/2020**

### **Overview of funding**

There has been a Finance update circulated to Walsall Public Health on Friday 28<sup>th</sup> February 2020 which confirms that any Council funding for the Falls Prevention Service (Specialist and Community) will come out of the PH grant budget for the next 12 months initially 2020/2021, with continued funding under review, subject to any changes associated with the Public Health grant conditions for 2021/22 and beyond. Financial monitoring will be conducted in line with Corporate systems to ensure the safe and robust transfer of relevant budgets.

### **Implications for the additional 12 months of funding:**

- The falls prevention services will not come to an abrupt end on 31<sup>st</sup> March 2020.



- There will be access to services for the population in Walsall for an additional 12 months.
- Continued funding for the Falls Prevention Services beyond 2020/2021 is still under review.

**Age** The Falls Prevention Services are targeted towards population over 65 years.

Having 12 months of service rather than ceasing the service would have a positive impact.

**Disability** The Falls Prevention Services offers support to the population over the age of 65 years old with disabilities.

Having 12 months of service rather than ceasing the service is a positive impact.

**Gender reassignment** There is no adverse impact.

**Marriage and civil partnership** There is no adverse impact.

**Pregnancy and maternity** There is no adverse impact.

**Race** Neutral. Although falls risk and the risk of injury varies across ethnic groups, maintaining the falls prevention services in all localities, ensures appropriate access for those who be more adversely affected.

**Religion or belief** There is no adverse impact.

**Sex** Neutral Evidence suggests that although falls risk and the risk of injury varies across ethnic groups (e.g. older white women) maintaining the falls prevention services in all localities, ensures appropriate access for those who may have a higher risk of harm from falls.

**Sexual orientation** No adverse impact.

**Other (give detail)**

**Further information**

8	<b>Does your proposal link with other proposals to have a cumulative effect on particular equality groups? If yes, give details.</b>	
	There is some overlap between the client group for falls prevention services and those who utilise the community alarms service. The Social Care and Health Overview and Scrutiny Committee has discussed this during the previous Cabinet budget consultation process.	
9	<b>Which justifiable action does the evidence, engagement and consultation feedback suggest you take?</b>	
	A	No major change required
	B	Adjustments needed to remove barriers or to better promote equality
	C ✓	<b>Continue despite possible adverse impact</b> Based on the update, the funding is time sensitive and there is still impact in spite of the funding.
	D	Stop and rethink your proposal.
<b>Action and monitoring plan</b>		
<b>Action Date</b>	<b>Action</b>	

## Contact us

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