

Report to: **Adult Social Care and Community Safety Scrutiny Committee**
 Date: **7 March 2013**
 By: **Director of Adult Social Care**
 Title of report: **Falls Prevention and Fracture Liaison Programme Update**
 Purpose of report: **To advise the committee on the development of the services outlined in the Falls and Fracture Liaison Service Development Business Case.**

Recommendation: **The Scrutiny Committee is recommended to consider and comment on progress of the above programme**

1. Financial Appraisal

1.1 The Joint Commissioning Board has approved the allocation of £1m, from the 2012/13 Reablement budget of £3m, for the pump-priming of a revised Falls Prevention and Fracture Liaison Service over a 2 year period.

2. Background and Supporting Information

2.1. Information on the prevalence and causes of falls, together with analysis of local needs and services is set out in appendix 1 (extracts from the Falls and Fracture Liaison Service Development Business Case)

2.2. In September 2012 the Joint Commissioning Board approved the Falls and Fracture Liaison Service Development Business Case. This document outlined the proposed re-development of the existing Community Falls Prevention Service, the introduction of a Fracture Liaison Service and the creation of a network of falls prevention focussed exercise classes delivered across the county. Following the approval of the business case, a commissioning project manager has been assigned and a project steering group formed. This group includes representation from ESHT Community Falls Service, Public Health, Primary Care (GP's), Adult Social Care Commissioning, Clinical Commissioning Groups, Primary Care Trust service development, and community and acute physiotherapy.

3. Plans

3.1. Fracture Liaison Service development

The aim of the Fracture Liaison Service (FLS) is to liaise with hospital sites both in and around the county in order to follow up with any East Sussex resident who sustains a suspected fragility fracture. They will work with the identified patients to establish a diagnosis of osteoporosis, to plan onward treatment, and pass recommendations for further treatment and monitoring to the relevant General Practitioner. They may well be referring patients into the Falls Service and the Exercise Programme as many of their patients are likely to have sustained their fracture by falling.

3.2. Falls Service re-structure

The Community Falls Prevention Service will be redesigned and will no longer deliver the group exercise classes that form a large part of their current work. They will continue to receive and assess referrals for patients who have fallen, providing specialist physiotherapy and occupational therapy when appropriate. They will also refer on to the Exercise Programme, arrange necessary equipment (ICES service) and provide advice guidance and signposting to other services (eg dietetics, podiatry, optometry etc). The basic financial value of this contract is not changing and the objective of the redesign is to ensure the best possible return on this investment. This will be measured in terms of the volume of clients/patients receiving a service, the quality of the interventions provided, and the effect on falls related injury rates and hospital admissions amongst residents.

3.3. Strength and Balance Exercise Programme

A programme of exercise classes will be commissioned to be delivered across the county by suitably qualified providers. These will be group sessions delivered in community settings.

Geographical locations of the groups will have to reflect the need to balance demand in local areas with the associated transport costs and convenience to attendees travelling further from their homes to reach venues. The providers will need to set up onward classes and encourage attendees to continue into these fee-paying classes once they reach the end of their funded course (likely to be 16 weeks)

4. Progress to date

4.1. Fracture Liaison Service

The Service Specification has been produced and agreed by the Joint Commissioning Board. The Board also decided that the service should be put out to open tender and this process is now underway. The service is still planned to be fully staffed and operational within the first quarter of the coming financial year (ie by the end of June 2013).

4.2. Falls Service

Work is underway to redesign the service with the principal aims of allowing staff to receive and process more appropriate referrals, work with more patients who can benefit from the interventions they can provide, and ensure that the service is equitable across East Sussex. This will include a more structured approach to referral criteria, streamlining of administrative and reporting processes and more locally delivered service provision such as community based clinics.

4.3. Exercise Programme

The intention is to commission the provision of the OTAGO programme of strength and balance exercises from multiple providers. These providers will deliver the courses in appropriate community venues (eg village hall) across the county in order to meet the need as locally as possible for as many clients as possible. A great deal of research and consultation has been undertaken to understand the feasibility of possible procurement routes for this service. Potential provider could be anyone with the necessary skills, experience and qualifications to deliver the course. We will be assisting potential providers in acquiring the specific Otago Trainer qualification as we recognise that it is not widely held and that this is an opportunity to support the growth of the market and assist the development of smaller providers. It is anticipated that this programme will be expanded in time to include a range of exercise based interventions, each with a defined criteria. The purpose of this will be to ensure patients receive the best help for their personal circumstances whilst maintaining the structure of the interventions for outcome monitoring and performance. This may also allow for an element of patient choice within the process

5. Next Steps

5.1. Fracture Liaison Service

- ↓ award of contract to provider & commencement of service
- ❖ service fully functioning by the end of June 2013

5.2. Falls Service

- ↓ Revised specification completed and approved
- ↓ Supporting systems designed and developed
- ↓ Revised job functions embedded (if necessary)
- ❖ Revised service fully functioning by the end of June 2013

5.3. Exercise Programme

- ↓ Provider registration qualification process initiated
- ↓ Qualified providers in place and fully trained
- ↓ Some classes running by end August 2013
- ❖ Total need for classes (both referral volume and locations) being met across the county by October 2013

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Falls and Fracture Liaison Service Transformation

A Business Case July 2012

Abridged for Adult Social Care Scrutiny
Committee February 2013

1. Introduction

East Sussex spent much time developing a comprehensive falls and bone health strategy to cover period 2010-13. The strategy analysed national and local information and developed priorities for fall and bone health developments in East Sussex.

Unfortunately adoption and implementation to put the strategy into action have been delayed. Recognised as an important issue and cause for inappropriate urgent care use, Falls was raised as a priority through the Urgent Care Network.

A small working group comprised of provider leads and commissioning leads have been working to analyse, update and develop actions following the strategy and support from Urgent Care. This Business Case represents the work of the project group.

East Sussex is facing unprecedented financial challenges to significantly improve services, raise quality and reduce health inequalities within an ever decreasing financial envelope.

2.1 National picture

Falls are the most common cause of accidental injury to older people in the UK, and constitute 62% of injuries causing fatalities in older people.¹ True numbers of falls are unknown because often the consequence of the fall (the injury or fracture) becomes the primary diagnosis and the fall itself goes unrecorded. It is estimated that over a third of falls go unreported in Accident and Emergency department records².

In the UK, 35% of people aged over 65, and 45% aged 80 or older are likely to fall each year. Between 10% and 25% of such fallers will sustain a serious injury³. Falls represent a significant public health challenge, with incidence increasing at roughly 2% per annum. Increased rates of falling and severity of consequences are associated with growing older, and the growth in the rate of falls is expected to continue as the population ages.

The main cause of falls is unsteadiness during movement. In addition, some are caused by blackouts (syncope) associated with cardiac or circulation problems. Both become more common with age, due to increasing prevalence of frailty and other long term conditions.

The population is getting older. In England the number of people aged over 65 is due to rise by a third by 2025. In the same period the number of people over 80 will double and the number over 100 will increase fourfold. This welcome increase in life expectancy is however associated with an increase in years spent with some disabling illness. A significant rise in falls and associated fractures is therefore likely unless specific preventative interventions become widespread.

“Preventing fractures and hospital admissions is clinically and economically effective and will result in net cost-savings for the NHS and social care; PCT clusters and commissioning consortia must work with local authorities to commission falls and fracture pathways and public health campaigns on bone health and falls prevention in all localities.”⁴

Falls destroy confidence, increase isolation and reduce independence. Falls prevention is the joint responsibility of the NHS, local authority, carers and the voluntary sector, and can often lead to premature admission to nursing and care homes.

Hip fractures remain the most serious consequence of a fall. There is a significant increase in mortality, with 30% mortality in 12 months. Moreover, approximately half of those people who

¹ Department of Health's accidental injury research initiative. Ward, H. (2005)

² Atri et al. (2005) in Urgent care pathways for older people with complex needs. DH (2007)

³ Falls & Fractures – Effective Interventions in Health & Social Care, Department of Health (2009)

⁴ Breaking Through: Building Better Falls and Fracture Services in England, Feb 2012, Osteoporosis Society 2012

were previously independent become partly dependent following a hip fracture, while a third become totally dependent.

In many cases falls and the more severe associated injuries are preventable. The majority of falls (60%) occur in the home and there are a number of factors influencing the likelihood of a fall, the severity of associated injuries and the likelihood of a fracture. These include age, sex, previous history of falls, lifestyle, hereditary factors, medical factors such as visual impairment, long term conditions, presence of osteoporosis, some prescribed medicines and environmental factors.

Much can be done to prevent fractures, through proper identification, treatment and care for people who have osteoporosis and/or are at risk of fall. Clinical trials have shown that a range of bone protecting treatments, appraised for NHS use by NICE (TA) 161 2008 can reduce a persons chances of fracture by up to 50%.

The best way of reducing the number of fragility fractures suffered by older people is through a comprehensive falls and fracture prevention service, which incorporates a Fracture Liaison Service. FLS are based in fracture units within hospitals, or linked to a number of GP surgeries within primary care.

Despite this compelling evidence, only a minority of health and social care economies have a comprehensive care pathway in place. An audit of falls and bone health services in older people in England, Northern Ireland, Wales and the islands was published by the Royal College of Physicians in May 2011. It was commissioned by the Healthcare Quality Improvement Partnership (HQIP); the audit finds that: Only 38% of local health services provide any kind of FLS; not all of these can demonstrate reliable assessment of all fracture patients.

Hip fracture is the most common cause of acute orthopaedic admission for older people. During 2007/8, in excess of 77,000 hip fractures occurred in the UK which translates to 300-400 presentations per year to an acute hospital serving a population of 300,000. Hip fracture incidence has been projected to increase by 50% by 2020.

The current hospital cost of treating hip fractures has been estimated at £12,000 per case three-quarters of this expenditure is attributable to the hospital stay however actual costs is expected to be higher as emergency admissions and social care costs are added.

Almost thirty years ago, investigators from the United States demonstrated that over half of patients presenting with hip fractures had suffered a prior fragility fracture. Recently published studies from Scotland, Australia and the USA have consistently confirmed this earlier finding. Robust evidence demonstrates that treatment of osteoporosis from the time of the first fracture in these patients could have prevented around half of the subsequent hip fractures. Accordingly, targeting all older patients who present with fragility fractures at any skeletal site for anti-fracture therapy provides a means to intervene in up to a half of all future hip fracture cases.

In January 2005, NICE published Technology Appraisal (TA) 87 which advocated osteoporosis assessment and treatment, where appropriate, for all female patients over 50 years of age that have suffered fragility fractures. Accordingly, implementation of NICE TA87 would have enabled the NHS to intervene in half of all future cases of hip fracture. However, national audits conducted in both primary and secondary care during 2007 found that implementation of TA87 was highly variable and generally woefully sub-optimal.

Publication of the update to TA87 guidance, NICE TA161, in October 2008 provides a reinvigorated mandate to the NHS to develop systematic approaches to secondary fracture prevention.

2.3 East Sussex Falls and Bone Health Strategy 2010-13

The Falls Prevention and Bone Health Strategy builds on previous work undertaken across East Sussex on falls services and puts forward recommended actions to promote bone health, to help reduce the number of falls; and to enable a partnership approach to the delivery of services. The strategy is a rolling three year strategy, with implementation planned to start during 2010. The strategy sets out the development of the care pathways and interventions required within primary

and community care and with partners across East Sussex, to ensure that bone health is improved and that falls and their effects are reduced. The strategy is aimed predominantly at older people, but is inclusive of all adults.

2.4 Local picture

The current Falls and Fracture pathway in East Sussex is displayed in Figure 1 below. Figure 1 highlights the potential volumes of fall's and fractures in East Sussex based on national evidence statistics applied to East Sussex population and also activity figures where known.

- Annually due to population demographic it is predicted 36,494 people will Fall in East Sussex using the Department of health projected rationale – 30% of the over 65 population
- Currently existing Community prevention services sees just 2.7% of the total Fall population, skewed geographically to coastal towns (Hastings and Eastbourne)
- Considerably large population of older people in the Wealden, where there is limited service provision
- Currently no preventative fracture service in place in East Sussex
- Demographic is elderly, with considerably higher levels compared to the national average of those over 85 and 90
- Older population likely to increase considerably over the next five years
- 532 Hip Fractures a year estimated cost £6 million to NHS
- Ambulance conveyances estimated cost £2 million for fall's related care
- Estimated total cost to wider Health and social care economy is £17 million per annum (figure conservative, real costs could be much higher)
- Total cost of current prevention services is £447,393 (to be confirmed by Finance as total break down figure)

The levels of projected Falls and secondary falls per CCG locality are shown in table 1 below.

CCG	Total over 65 population	Falls rate (30% of over 65 pop)	Second Falls (42% of first falls figure)
Hastings and Rother	42,157	12,647	5,312
Eastbourne, Hailsham and Seaford	45,899	13,770	5,783
High Weald, Lewes & Havens	33,591	10,077	4,232
EAST SUSSEX TOTAL	121,647	36,494	15,327

Table 1. Population and projected falls rates in East Sussex (source 2012 1st April GP registered lists and Department of Health 2009 Falls)

The information below shows emergency admissions for East Sussex residents due to a fall in 2010-11, it highlights the issue in the over 65 age group, with the figures for emergency admissions due to a fall rising significantly in the over 75 age group. 75% of all emergency admissions due to Fall were people over the age of 65 and 40% of emergency admissions for a fall were people aged over 85.

	2010-11 emergency admissions due to Fall				
	0-64	65-74	75-84	85+	Over 65s
Eastbourne	284	109	284	549	942
Hastings and Rother	650	217	569	826	1,612
High Weald, Lewes and Havens	565	222	598	997	1,817
TOTAL	1,499	548	1,451	2,372	4,371

Table 2. 2010-11 East Sussex residents' emergency admissions due to Fall 2010-11

In 2010-11 there were 5,870 emergency admissions due to a Fall, with an average length of stay of 8.5 days costing approximately £9,433,394 resulting in an average unit cost of £2,753.

CCG	fragility fractures emergency admissions (average annual, primary and secondary diagnosis)	HIP (NOF) admissions	Humerus admissions	Spine admissions	Forearm admissions
Hastings and Rother	1005	203	99	50	155
Eastbourne, Hailsham and Seaford	1010	222	100	67	157
High Weald Lewes and Havens	920	107	79	58	146
EAST SUSSEX TOTAL	2935	532	278	175	458

Table 3. 2010-11 Emergency admissions for East Sussex residents due to fracture

There are varying levels of service provision in different parts of the county, meaning that for some residents services are more difficult to access.

There are two Falls Prevention Teams in East Sussex, one operating in Eastbourne and the other in Hastings. Both are multi-disciplinary services that consists of occupational therapy, physiotherapy, nursing, a falls training Lead, and administrative support. As part of the service a further 1.3 full time equivalent Falls Prevention Trainers are employed to provide training in the other areas of the PCT. Costs in 2008/09 were £455,000 per annum.

The service focuses on both primary and secondary prevention and their objectives are:

- To increase awareness of falls prevention.
- To reduce emergency admissions for falls by 5%.
- To reduce emergency admissions for falls related fractures for over 65's by 5%.

In areas outside Eastbourne and Hastings, Community Rehabilitation Teams support those who have fallen to restore their independence and reduce their potential risk of falling again. The core Falls Prevention Team, based in Firwood House, Eastbourne offers specialist advice to those teams.

Between October 2006 and June 2008, the falls prevention team in H&R was funded through the Independence First (POPP) programme, with the co-ordinator funded by the PCT. The team is multi-disciplinary and consists of occupational therapist, physiotherapist, rehabilitation support worker, administrative support (vacant post) and the team co-ordinator.

The particular objectives under the POPP programme were:

- To see 25 new people per month (300 per year), to help reduce falls and fall-related injuries. In 2007/08 the team reached 98% of this target.
- To reduce ambulance attendances for falls by 5% compared to the 2007-08 projection.
- To reduce A&E attendances for falls by ambulance conveyance by 5% compared to the 2007/08 projection.
- To reduce hospital admissions for emergency fractured neck of femurs by 5% compared to the 2007/08 projection.

Since the end of the POPP programme momentum around commissioning these objectives has been lost.

2.5 Issues and challenges

East Sussex has the highest percentage of very elderly residents of any county in England (including the 3 categories of over 75, over 85 and over 90 years of age)⁵. Overall population growth in East Sussex in the years to 2020 is projected to be slightly lower than for England as a whole. However, people aged over 65 and over 85 currently form a much greater proportion of the population in East Sussex than in England overall. Growth in these groups is also projected to be significantly faster in East Sussex than in England overall in the years to 2020.

As the numbers of older people in the county rise, the number of falls and demand for treatment and rehabilitation services is expected to rise accordingly. This means there is a significant (and growing) need for services to prevent falls and promote bone health in East Sussex to minimise the effects of this demographic change.

Currently stand alone services are only located in Eastbourne and Hastings and at annual levels of 1,075 are supporting just 2.7% of the total known demand.

In ESDW, teams delivering services outside the Eastbourne area do not have access to a clinic with consultant grade or other trained medical staff, although they do have access to falls clinics.

There are currently no fracture liaison posts for the case finding and management of patients who have had a fragility fracture in East Sussex.

Existing community falls services experience heavy demand which results in waiting lists and issues with access and flexibility.

Due to the known preventable nature of some falls and fractures, the limited service provision is having a negative effect on outcomes for older people in East Sussex with larger numbers than necessary experiencing disabling falls or fractures.

3. Approach

Under the guidance of the Falls and Bone Health Strategy a small group of commissioners and operational providers from the existing falls prevention services have come together to form a working group to evaluate, understand and develop service proposals to transform falls and fracture services in East Sussex.

The working group has met regularly for the last six months to develop and work through national best practice local ideas to develop proposals moving forward.

The approach has been collaborative and transparent, with many front line staff involved in developing ideas.

⁵ ESDW and H&R Strategic Commissioning Plans (2006)