

Name of proposal/policy	Re-procurement of Falls Prevention Service.	Budget number (if applicable)	N/A
Service area responsible	Public Health and Wellbeing	Cabinet meeting date	N/A
Name of completing officer	Frank Earley	Date EqIA created	06/08/2018
Approved by Director / Assistant Director	Lucy Wightman	Date of approval	30/08/2018

The Equality Act 2010 places a 'General Duty' on all public bodies to have 'Due regard' to:

- Eliminating discrimination, harassment and victimisation
- Advancing equality of opportunity
- Fostering good relations

We do this by undertaking equality impact assessments (EqIAs) to help us understand the implications of policies and decisions on people with protected characteristics – EqIAs are our way of evidencing this.

All assessments must be published on the NCC equalities web pages. All Cabinet papers where an EqIA is relevant **MUST** include a link to the web page where this assessment will be published. If you require assistance in getting your EqIA published, please contact equalities@northamptonshire.gov.uk

PART 1

Description of current provision/policy and main beneficiaries/stakeholders

Local Authorities have, since 1 April 2013, been responsible for improving the health of their local population and for public health services. The prevention of injurious falls is a Public Health priority nationally and locally: from a national point of view people aged 65 years and older have a higher risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year. Falls can result in fractures, head injuries, pain, impaired function, loss of confidence in carrying out everyday activities, a fear of future falls, loss of independence/autonomy, with a substantial proportion of people who fall will be unable to return to independent living, being discharged into a residential care or nursing home. Losing independence and a fear of falling can lead to increased inactivity, loss of strength and a greater risk of future falls which require further resources from many different stakeholders, including families and carers, the NHS and local authorities.

Local information suggests that there were 2,856 hospital admissions of people 65 and above due to injurious falls in 2017-18. In addition to the personal impact of these incidents, it is estimated that these admissions cost Nene and Corby CCGs £9,939,843 per annum.

By 2024 it is projected by the ONS that the number of people aged 65+ will be 28.2% higher than in 2014 (base-year). This compares to a 20.4% increase nationally (England average).

In Northamptonshire the context and approach to falls prevention is set out in a Strategic Framework entitled “Standing Up For Ourselves” (2015-20). This framework document, which anticipated the Public Health England Consensus Statement on falls prevention in 2017, sets out an approach to falls prevention which includes primary, secondary and tertiary prevention, and is grounded in evidence based practice, particularly NICE guidance (2013).

In addition to being a key component of the action plan arising from the Falls Prevention Framework, the current Falls Prevention Service is commissioned to meet the following national Public Health Outcomes Framework (PHOF), Adult Social Care Outcomes Framework (ASCOF) and National Health Service Outcomes Framework (NHSOF) targets:

- A year on year reduction in the growth of incidence and population prevalence rates of people admitted to hospital with fractured neck of femur and other fragility fractures:
- A reduction hip fractures in males/females aged 65 years+ (PHOF 4.14 i-iii)
- Reduce emergency admissions for injuries due to falls in males/females aged 65 years+ (PHOF 2.24i-iii)
- A reduction in deaths whose primary cause is attributed to a fall (linked to PHOF Indicators)
- Increased proportion of physically active and inactive adults (PHOF 2.12)
- Reduced mortality rate from causes considered preventable (PHOF 4.3 and NHSOF 1a)
- Reduced Emergency Re-admissions within 30 days of discharge from hospital (PHOF 4.11 also NHSOF 3b)
- Improved health related quality of life for older people (4.13)
- Improved older people’s perception of community safety (PHOF 1.19 and also ASCOF 4a).

From a strategic point of view, Northamptonshire County Council Public Health directorate wants to ensure that the delivery of falls prevention initiatives in the future will be closely aligned to the programme of work it is commissioning to support people with “mild frailty”. The programme’s overarching aim is to empower and support vulnerable citizens to remain independent in their own homes and reduce dependency on health and social care services.

Currently Northamptonshire County Council commissions a Falls Prevention service provided by Northamptonshire Healthcare NHS Foundation Trust (NHFT). The current service is countywide, and offers an open referral system to residents of Northamptonshire who have had a fall or considered at imminent risk of having an injurious fall. The focus of the service is to provide specialist clinical assessment and multi-disciplinary advice and intervention to people, (predominantly but not exclusively over 65 years of age), at risk of having injurious falls.

Main beneficiaries

- Northamptonshire citizens (predominantly those aged 65 and above, but including those who are younger who are at risk of having an injurious fall that might compromise their independence).

List of stakeholders

- Service Users – especially members of high risk population groups, including disabled people and those with sensory impairments
- Northamptonshire County Council Adult Social Care Services (NASS) and Olympus Care
- Nene Clinical Commissioning Group
- Corby Clinical Commissioning Group
- Cambridgeshire and Peterborough CCG
- NHS England
- Secondary Care – in particular Emergency Departments and orthopaedic services
- General Practice
- GP Federations and Lakeside Healthcare
- Northamptonshire Healthcare NHS Foundation Trust

Description of proposal under consideration/development

Northamptonshire County Council (NCC) wishes to procure a high quality specialist multi-disciplinary falls prevention service, that will be a component part of the overall “mild frailty” programme that the Public Health Team is developing. The aim of the service will be to contribute to a reduction in the incidence of falls and/or minimise the risk of future injury/fracture, contributing to a reduction in the number of people who need social care support as a result of an injurious fall, as well as reducing hospital admissions for falls related injuries.

The new service will provide clinical expertise, specialist assessments and individual interventions for adults, the majority by nature of their frailty being over 65 years of age. Assessment and advice will be carried out in the service user’s home or in a clinic setting.

In light of the revised referral arrangements, and alignment with the Mild Frailty Service, it is anticipated that the new service will ensure that there is an improved focus on people with a moderate and high risk of having an injurious fall.

In addition, it is intended that the new service will work with frontline professionals and carers to support improved understanding of falls prevention, building capacity and support to deliver prevention and early intervention in all contacts, to help maintain healthy independence for as long as possible. The intention of this preventative service will be to increase independence and quality of life, as part of a holistic approach that addresses the risk of having an injurious fall in the context of frailty.

The service will be commissioned on a countywide basis to address local needs, and will work closely with the Public Health Commissioner to generate and update local information and data. In so doing it will work towards achievement of the aims and objectives set out in the Northamptonshire Fall Prevention Framework (2015-2020).

It is anticipated that the Provider will be a forward thinking organisation, capable of improving the delivery of local services through partnership working with key local services, including local Adult Social Care Services (NASS and Olympus Care), local NHS acute and community based services, the new First For Wellbeing Mild Frailty Service, as well as providers of OTAGO strength and balance exercise sessions, and providers of home hazard assessment.

Where required, the service will generate local data that contributes to local knowledge that may enable the service to flex in response to identified local need, subject to agreement with the Commissioner, to improve the operability of the service.

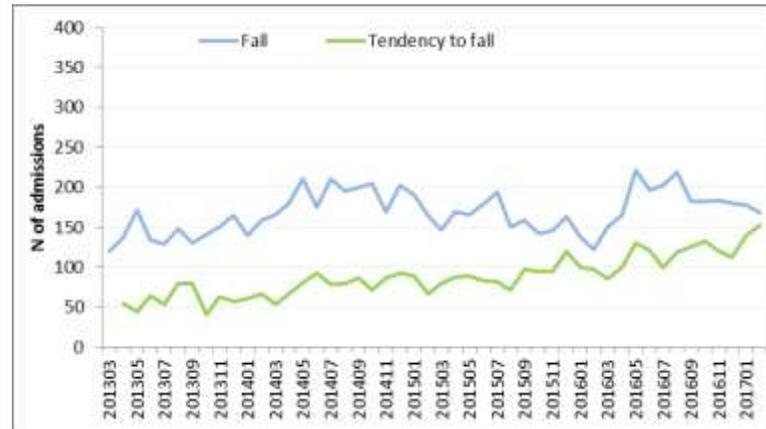
Data used in this Equality Impact Assessment (general population data where appropriate but each EqIA should contain information on people who use the service under consideration – if this is not applicable to your proposal then you probably do not need to do an EqIA)

Data Source (include link where published)	Please summarise what the data tells us – for example “X number of people use this service, X are male, Y are female etc”
Northamptonshire JSNA Chapter (2018)	<p>A Joint Strategic Needs Assessment on injurious falls (2018) has been initiated, and is currently in a draft form.</p> <p>Analysis from the draft JSNA chapter identifies the following: Women over 65 years are more likely to experience a fall than males 65+, and the rate of hospital admissions for females 65+ in Northamptonshire is worse than the national and regional comparators, it is similar to these averages for males aged 65 and over.</p> <p>Rates of hospital admission following an injurious fall for males aged 80 and above are similar to the national and regional average, but for older females Northamptonshire has the highest rate in the region.</p>

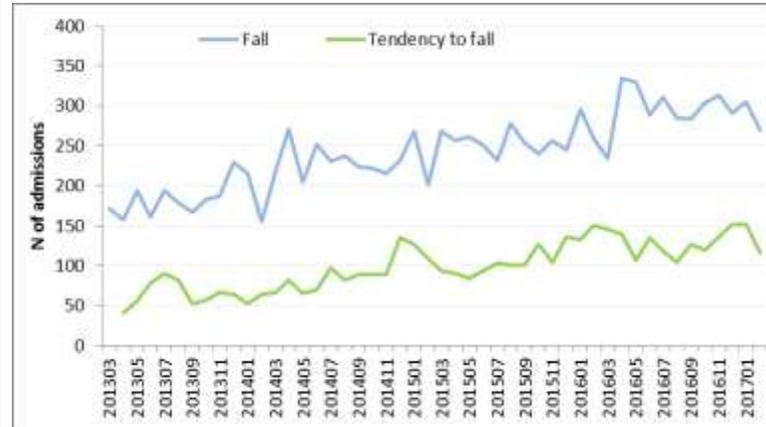
Monthly trend in admissions for falls

The monthly trend over 4 years (2013-2017) for Kettering General Hospital and Northampton General Hospital is compared below:

KGH



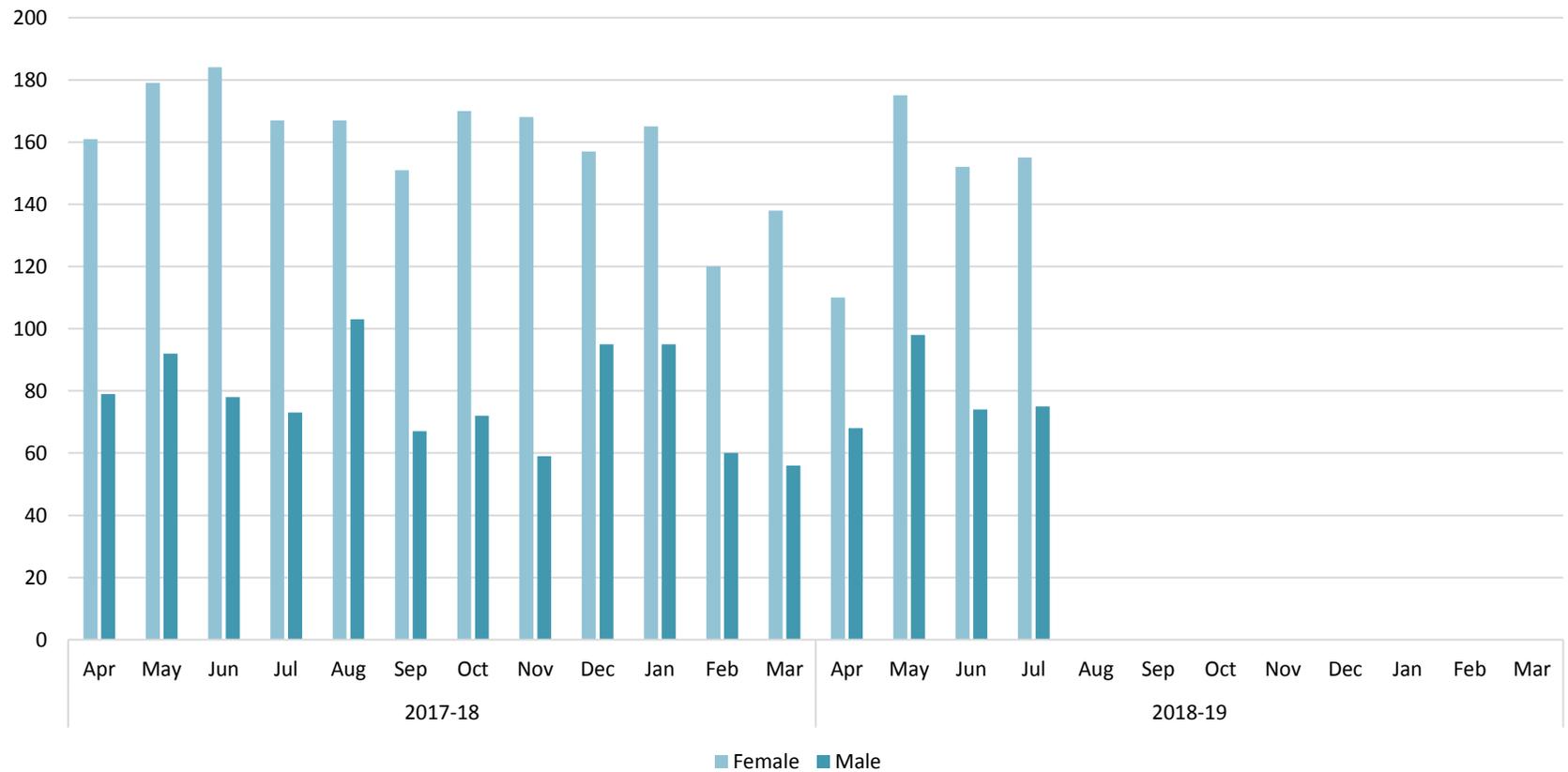
NGH



While NGH has seen a fairly steady increase in recorded falls, the increase is less marked for KGH between May 2013 and February 2017.

In terms of the gender of people admitted to hospital as a result of having an injurious fall, the graph below shows that between April 2017 and July 2018 there were just over twice as many women as men admitted for treatment (2212 vis a vis 1095):

Total Activity by Gender



Local Falls
“Dashboard” July
2018.

For planning and analysis purposes, the emerging findings of Joint Strategic Needs Assessment on injurious falls (2018) has been supplemented by data held in a local “Dashboard” of information that is updated monthly and takes into account data held in local NHS and local authority services.

Analysis from the draft chapter identifies the following:

- There were 2,856 hospital admissions of people 65 and above due to injurious falls in 2017-18.
- It is estimated that these admissions cost Nene and Corby CCGs £9,939,843
- Treatment took place predominantly in NGH and KGH, but Oxford University Hospital saw 91 people

Total Activity	Month													Grand Total
	Provider	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Northampton General Hospital NHS Trust	117	143	152	145	165	126	140	119	127	129	83	97	1,543	
Kettering General Hospital NHS Foundation Trust	114	115	102	82	93	89	85	96	111	115	94	92	1,188	
Oxford University Hospitals NHS Foundation Trust	5	10	4	11	11	2	13	9	10	10	2	4	91	
Milton Keynes University Hospital NHS Foundation Trust	1	1		1	1	1	2	1	1	4	1	1	15	
University Hospitals Coventry and Warwickshire NHS Trust	2	2	2				1	1	2	2			12	
University Hospitals of Leicester NHS Trust	1		2	1			1	1	1				7	
Grand Total	240	271	262	240	270	218	242	227	252	260	180	194	2,856	

Demographic analysis
<https://www.northamptonshireanalysis.co.uk/jsna>

Demographic data taken into account in the re-procurement process for the Falls Prevention Service highlights the need to take into account:

- Projected population growth from 2018 to 2021 of people over 65 years
- Projected population growth from 2018-2021 of people over 85 years

	<p>These predicted demographic changes support the case for ensuring that in future the delivery of falls prevention services is closely aligned to the programme of work it is commissioning to support people with “mild frailty”. The programme’s overarching aim is to empower and support vulnerable citizens to remain independent in their own homes and reduce dependency on health and social care services.</p>
<p>Public Health England (PHE) Consensus Statement (2017)</p> <p>National policy context - NICE guidance (2013)</p>	<p>Public Health England’s (PHE) Consensus Statement (2017), which incorporates NICE guidance, makes key recommendations for local areas, with a focus commissioning of services that provide:</p> <ul style="list-style-type: none"> i. an appropriate response for people who have fallen ii. multifactorial risk assessment and timely and evidence-based tailored interventions for those at high risk of falls iii. evidence-based strength and balance programmes and opportunities for those at low to moderate risk of falls iv. home hazard assessment and improvement programmes <p>These are addressed in both the Northamptonshire Falls Prevention Framework and in the way the specification for the Falls Prevention Service has been revised and aligned to the programme of work NCC Public Health is commissioning to support people with “mild frailty”.</p>

<p>Tick the relevant box for each line by using a capital ‘P’ to make a ☑</p>	<p>Based on the above information, what impact will this proposal have on the following groups?</p>			
	<p>Positive</p>	<p>Negative</p>	<p>Neutral</p>	<p>Unsure</p>
<p>Sex</p>			<p>X</p>	
<p>Gender Reassignment</p>			<p>X</p>	
<p>Age</p>			<p>X</p>	
<p>Disability</p>	<p>X</p>			
<p>Race & Ethnicity</p>			<p>X</p>	
<p>Sexual Orientation</p>			<p>X</p>	
<p>Religion or Belief (or No Belief)</p>			<p>x</p>	
<p>Pregnancy & Maternity</p>			<p>X</p>	
<p>Human Rights (Please see articles in toolkit)</p>			<p>X</p>	
<p>Other Groups (rural isolation, socio-economic exclusion etc)</p>			<p>x</p>	

Initial impact	
Explain your findings above	Actions identified to mitigate, advance equality or fill gaps in information
<p>The intention is to procure a high quality specialist multi-disciplinary falls prevention service, that will be a component part of the overall “mild frailty” programme. The aim of the service will be to contribute to a reduction in the incidence of falls and/or minimise the risk of future injury/fracture, contributing to a reduction in the number of people who need social care support as a result of an injurious fall, as well as reducing hospital admissions for falls related injuries.</p> <p>In light of the revised referral arrangements, and alignment with the Mild Frailty Service, it is anticipated that the new service will ensure that there is an improved focus on people with a moderate and high risk of having an injurious fall.</p>	<p>The Provider, once confirmed, shall produce a full implementation plan, which includes arrangements for delivery of all aspects of the specification including prevention initiatives, and engagement of high risk population groups within 3 months of the contract commencing.</p>

Do you need to undertake further work (e.g. consultation, further equality analysis) based on the impact and actions identified above? If yes, set this out below and then carry out the work and complete Part 2

PART 2 – if required

Consultation, follow up data and information gathered from actions identified above	
	What does this information tell us?

Final impact analysis (taking the findings from Part 2 into account) – including review date if required