ENCLOSURE: H

Agenda Item: 143/16

NHS Bexley Clinical Commissioning Group

Governing Body meeting (held in public)

DATE: 24 November 2016

Title	**Falls Business Case**	
This paper is for a **Decision**		
Recommended action for the Governing Body	That the Governing Body **Approve** 1. The Falls Business Case to develop a new service for the prevention of falls. In parallel the Finance Sub-Committee and the Quality & Safety Sub-Committee are being asked to provide their support for this business case, updates from those meetings together with any changes requested (recommendations) will be reported verbally to the Governing Body. 2. That the Commissioning Team will seek competitive quotations/ tenders for these services – as a pilot for a one year period within a maximum budget of £150k we would not intend to undertake a full competitive procurement.	
Potential areas for Conflicts of interest	None known.	
Executive summary	This Business Case seeks to demonstrate the rationale for the development of a clinical pathway of intervention for people aged 65+ who have fallen or who are deemed to have a tendency to fall plus associated other symptoms associated with frailty. Commissioning for Value indicates that Bexley have a high proportion of patients admitted to secondary care with a primary diagnosis of a fall or tendency to fall compared to our statistical neighbours thereby resulting in an increased spend on non-elective admissions.	
How does this paper support the CCGs objectives?	**Patients:**	Enhances patient experience, quality of care, efficiency of the service.
	People:	N/A
	Pounds:	Delivering on all of our statutory duties to commission more cost effectively.
	Process:	Commission safe, sustainable and equitable services in line

		with the operating framework and which improves outcomes and patient experience.	
What are the Organisational implications	Key risks	Risks have been identified in this paper.	
	Equality	Improves access and health outcomes.	
	Financial	The financial implications have been identified in this paper.	
	Data	There are no data issues raised in this paper.	
	Legal issues	There are no legal issues raised in this paper.	
	NHS constitution	Promotes the principle to support patient involvement and engagement in decisions about their treatment and care.	
Engagement	Not applicable.		
Audit trail	Regular updates will be provided to the Finance Sub-Committee.		
Comms plan	None.		
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Date	5 November 2016		

Business Case (Incorporating PID)

Name of Proposal	Falls Prevention Programme
Version	3
Issue Status	FSC, QSSC & GB Issue v 1.0
Date Last Updated	11th November 2016
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FSC Approval Date	IG approved by FSC

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1. Executive Summary

This Business Case seeks to demonstrate the rationale for the development of a clinical pathway of intervention for people aged 65+ who have fallen or who are deemed to have a tendency to fall plus associated other symptoms associated with frailty. This initiative provides a direct linkage to other Older People's services, e.g. Integrated Older People's Service established in 2013 (which includes services such as Rapid Response).

Commissioning for Value (2016) indicates that Bexley have a high proportion of patients admitted to secondary care with a primary diagnosis of a fall or tendency to fall compared to our statistical neighbours thereby resulting in an increased spend on non-elective admissions.

Bexley data for 2015/16 demonstrate that the costs of emergency admissions related to falls in people resulted in 910 emergency admissions at a cost of £2,536,682. This analysis did not include the costs of social care. However, detailed analysis carried out by the Kings Fund (2013) on the costs of the care pathway for older people admitted to hospital as a result of a fall demonstrated that on average, the cost of hospital, community and social services were almost four times as much in the 12 months after admission for a fall as the costs of the admission itself. If the same principle was applied in Bexley this could potentially equate to £10,146,728.

Falls are not an inevitable part of aging, can be prevented with the right support and many older people who have fallen can be supported not to fall again. This can be done through assessment and the right type of exercise that will help to improve balance.

In June 2013 NICE issued new Guidelines on Falls. (NICE Guidelines: 'Falls, Assessment and Prevention of Falls in older people'). The guidelines have been taken into account in the development of this Business Case. The new guidelines provide evidence for 'should do recommendations' including the following:

- Multidisciplinary, multi-factorial tailored assessment and interventions following a fall
- Targeted Exercise Programmes including ;
    - tackling the psychological effects associated with falls
    - Home Hazard and Safety Interventions
    - Strength and balance training

The business case also takes into account the March 2015 NICE quality standard "Falls in older people; assessment after a fall and preventing further falls"

The initiative (as discussed in this Business Case) will be a pilot for 12 months; a review of its effectiveness will be undertaken at M9 to then establish next steps. If successful then our intention would be to use this as a spring board to a more comprehensive falls programme for the population of Bexley.

The recommendation is that Bexley CCG agrees to a 12 month pilot, (which, because it falls beneath the EU threshold can be progressed without the requirement for formal EU procurement in the first instance). In brief this initiative will be delivered through:

- A) identification
- B) Holistic Assessment
- C) Multi factorial interventions ; including strength and balance exercise programme
- D) Information and advice on falls prevention and awareness

The CCG will be seeking competitive tenders (quotations) from a range of providers for the provision of the services within a maximum capped budget (of £150k).

It will require an investment of £150,000 this will be recouped through a 10.55% reduction in acute admissions resulting in a gross saving of £232,702 and a QIPP saving of £82,702.

2. Service

NHS Bexley CCG (BCCG) serves a resident population of approximately 232,000. It is relatively elderly with 4-5% more people over the age of 65 compared with London overall. Currently BCCG does not commission a specific falls service for its population.

2.1 Current service model

There is no specific pathway/service for patients in Bexley who are at risk of falls or who have fallen. Although response for these services is indicated within the Integrated Older People's Services which were commissioned by the CCG in 2013 this range of services include the Rapid Response Team (RR) and the Community Assessment and Reablement Team (CART).Processes within our providers vary and are as follows:

QEH ED
All people who are aged over 65 are routinely screened using a Falls Risk Assessment Tool (FRAT). Results are recorded in the A&E notes but not routinely sent to GPs. They may be seen by the Rapid Response Team (RR) who will assess balance and gait and if appropriate refer to the Community Assessment and Reablement Team (CART)

DVH
Initial assessment at front door. Mechanical falls are assessed by therapists and a care plan is devised. The person is then referred back to the GP. Medical falls are seen by the Aging and Health team for Comprehensive Geriatric Assessment and referred back to GP or follow up in outpatients

Urgent Care Centres
Clinicians do not use a Falls Risk Assessment Tool and will refer patient back to GP if they are concerned**.**

London Ambulance Service (LAS)
Use FRAT. If person is not conveyed to ED but considered at risk they are advised to see their GP. Calls are triaged to assess need for paramedics. If deemed not appropriate person is advised to see GP.

London Borough of Bexley (LBB)
Older people identified as at risk of falling by the Care Hub are advised to ring social care triage. They are asked further questions and if deemed at immediate risk referred to Rapid Response (RR) who will stabilise the situation and refer to the Community Assessment and Reablement Team (CART). If situation is not urgent they will advise the person to contact their GP.

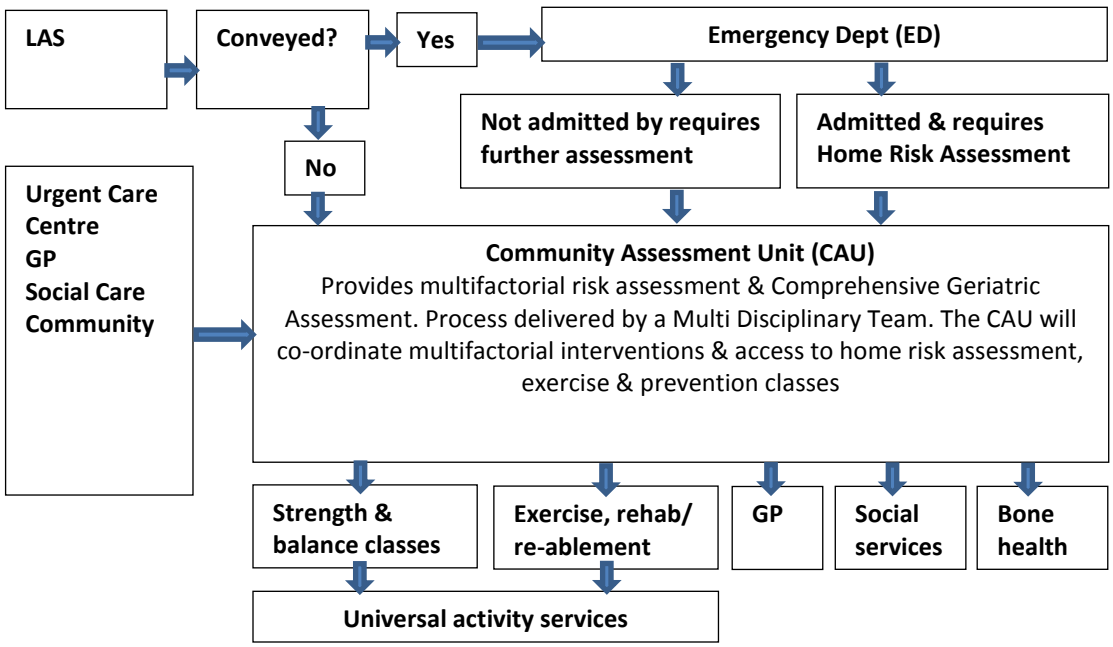
Primary Care
No standardised approach to management of falls. Person may be referred to CART. If multifactorial assessment required person is referred to acute outpatients or it is conducted within limitations of GP appointment times.

2.2 Proposed new service model including option appraisal

The aim for this service is to develop a proactive falls pathway which will provide preventative interventions for those at high risk of falling (or falling again). It adds to and strengthens the existing services into a cohesive whole.

This will be achieved by offering falls and fracture prevention interventions for adults in the community aged 65 and over living in Bexley who have fallen or are identified as at risk of falling, including those where tendency to fall is part of a wider picture of frailty. All patients referred to the service will have been assessed using the FRAT tool.

Proposed Falls Pathway



Encourage participation of older people in Falls Prevention programs, and provide information and advice

Proposed Interventions

The proposed pathway will include both assessment and intervention, and include the following.

Multifactorial falls risk assessment

Older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance will be offered a multifactorial falls risk assessment. This assessment will be performed by a healthcare professional with appropriate skills and experience.

The rationale for this is that when older people present for medical attention because of a fall it provides their healthcare practitioner with a good opportunity to begin the process of undertaking a multifactorial falls risk assessment. A multifactorial falls risk assessment aims to identify a person's individual risk factors for falling. This will enable practitioners to refer the person for effective interventions targeted at their specific risk factors, with the aim of reducing subsequent falls.

Community Assessment Unit

The establishment of a Community Assessment Unit (CAU) will provide a central pivot in the falls pathway as well as within the Bexley Frailty Action plan. It will provide the multifactorial risk assessment including observing for deficits in balance and gait. It will also coordinate and plan the multifactorial interventions required through an individualised care plan. It will act as a central referral point for all service providers, thus facilitating all older people who have fallen or at risk of falling are on a NICE compliant pathway.

Community Assessment Unit

The CAU will have a multidisciplinary team of:

- Physiotherapists
- Occupational Therapists
- Consultant /Senior grade doctor
- Admin

Once a person is referred to the CAU they will be contacted on the same day (if within working hours), or the next day to see how they are. Once referred they will be invited to attend CAU for an assessment within 2 working days if urgent or within 10 working days if routine. CAU will also have the flexibility to do domiciliary visits when required. Once an assessment has taken place, CAU will coordinate interventions including home hazard assessments and exercise classes

It is envisaged that CAU will function at first for 3 sessions a week and then (depending on demand) increase the number of sessions it offers.

Therapeutic Exercise

Therapeutic exercise is the best evidenced early intervention for falls prevention (RCP 2011). It is effective as a single intervention as well as part of a package of multifactorial interventions. Only two exercise programmes, “FaME” and “Otago” demonstrate robust evidence for falls prevention.

- FaME - class lasts for minimum of 1 hour and must be run by a postural stability qualified instructor. The programme lasts for at least 24 weeks and the exercise is increased according to individual progress. Participants are to be encouraged to exercise at least twice a week at home.

- Otago; home exercise programme - person is seen at home by a qualified instructor at least 3 times at start of the programme and the participants are encouraged to exercise at home at least 3 times a week for 1 hour or more and to walk outdoors and encouraged to exercise for 1 year . Exercise is progressed according to individual need.

Exercise is not a quick fix. Participants need to exercise over a prolonged period to benefit in terms of falls prevention. Minimum time of exercise that was found to be effective was 12 weeks. A seamless step down pathway into mainstream exercise will be part of the therapeutic exercise programme to consolidate confidence, strength and balance gained.

Information and Advice

NICE (2015) states that "Individuals at risk of falling, and their carers, should be offered information orally and in writing about:

- what measures they can take to prevent further falls
- how to stay motivated if referred for falls prevention strategies that include exercise
- or strength and balancing components
- the preventable nature of some falls
- the physical and psychological benefits of modifying falls risk
- where they can seek further advice and assistance
- how to cope if they have a fall, including how to summon help and how to avoid a long lie in

Individuals will be offered a home assessment in order to mitigate and advice on home hazards and safety interventions within the home.

Proposed Pathway for Providers

Primary Care

GPs will be able to refer to CAU if they require more in depth assessment. If the GP has carried out an assessment and formed an individualised care plan they may refer to CART. We will be looking at potential investments through our PCIF arrangements for this in 2017/18.

Acute Trusts and **Urgent Care Centres**

Health Care Professionals will be expected to assess the patient using the FRAT tool. If the person is identified at immediate risk but able to go home the hospital will refer to Rapid Response to stabilise and then follow the falls pathway. If the patient is not at immediate risk the hospital will refer to CAU for multifactorial assessment for possible further intervention, home risk assessment or to go to GP.

LAS

If the person is identified as at immediate risk LAS will refer to RR or convey to ED. If the person has no immediate risk or injuries, (with person's consent) they will ring and book an

appointment at CAU for multifactorial assessment and possible further intervention and home risk assessment.

London Borough of Bexley (LBB)
Social workers will receive basic training and education to recognise Frailty. When person at risk of falling is identified, the person will be advised either to contact GP or social worker who can refer to CAU. People identified through LBB care hub will be given the same option.

Community Services
Training and education on identification of frailty and FRAT will be required for district nurses, UCC, podiatrists and community physiotherapy and OT staff. Referral will be made directly to CAU, CART or GP depending on person's preferences**.**

Voluntary sector
Organisations working with older people, eg Age UK, Alzheimer's Society, Crossroads, Carers Support will be encouraged to participate in falls prevention programmes and providing or disseminating information and advice**.**

The options for reducing the number of falls are:

Option 1 No change – No specifically identified pathway for patients who are at risk of falling or have been admitted for a fall.

Strengths • No additional investment required	Opportunities • None identified
Weaknesses • Current services continue • Ineffective use of acute resources may continue • Repeated admissions to secondary care • Not NICE compliant	Threats • Continued high use of secondary care resources (when judged against our peer group) • Greater healthcare costs further downstream • Increased Social care costs • Poor patient experience and outcome

Option 2 Falls Pathway Pilot Scheme (12 Months)

Strengths • Partnership working • Potential reduction in secondary costs • Patient outcomes improved • NICE compliant	**Opportunities** • Uniformity of service across Bexley • Better quality of life for clients • Admission avoidance • Early identification of potential patients who may be at risk • Reduced ambulance call out • Implementing evidence based best practice
Weaknesses • Information sharing not robust • Demand for service may exceed capacity, particularly for therapist • Patients who are known to health or social care may not be widely identifiable	**Threats** • Lack of buy in from stakeholders

2.3 Case for Change

The National Context

The last census suggested that 8.7 million people in England were aged 65 and over in 2011. This figure is expected to rise by another 2 million by 2021, by which time the over 85 population is expected to have grown by 40 % to around 1.7 million. Without an intervention we can expect a significant increase in falls due to this increased population.

The King's Fund (2013) in their report 'Exploring the system-wide costs of falls in older people in Torbay' provided evidence that on average the cost of hospital, community and social care services for each patient were almost four times as much in the 12 months after admission for a fall as the costs of admission itself. Comparing the 12 months before and after a fall, there was an increase in social care costs and a 35% increase in acute hospital costs.

The National Clinical Audit of Falls and Bone Health 2009 reported that falls are the commonest reason for an older person to attend the emergency department (ED) and for being admitted to hospital. The study further revealed that most patients returning home from ED after a fragility fracture were not offered a falls risk assessment and only 22% were referred for exercise training to reduce future falls.

In June 2013 NICE issued new Guidelines on Falls NICE Guidelines: Falls, Assessment and Prevention of Falls in older people issued in June 2013. The new guidelines provide evidence for 'should do recommendations' including the following at Level One.

- Targeted Exercise Programmes
- Strength and balance training
- Home Hazard and Safety Interventions

The Case for Change in Bexley

Commissioning for Value (2016) indicates that Bexley have a high proportion of patients admitted to secondary care with a primary diagnosis of a fall compared to our statistical peers thereby resulting in an increased spend on non-elective admissions. In 2015/6 BCCG spent £2,536,682m on 910 non elective admissions who were admitted with a primary diagnosis of a fall or tendency to fall. Commissioning for Value suggests that this number and cost could be reduced by 10%+ based on the average of our peer CCGs.

A streamlined approach will be implemented with the ability to signpost the patient who is at risk of falling or who has fallen to a service which can provide appropriate support.

This service will include:

- Identification of patients
- Access to community clinics
- Multifactorial assessment
- Multifactorial interventions
- Therapeutic exercise
- Home Hazard assessments

Activity
For year ending 15/16 there were 910 Bexley residents aged over 65 years admitted to secondary care where the primary diagnosis was a fall or tendency to fall. This resulted in a cost to Bexley of £2,536,682 at circa 10% above our peer groups this is equal to £253k expenditure above peers.

2.4 Overview of current to new service model

A transition to the new service model will show

Now	New
No identified falls programme	A clear & integrated pathway
Ineffective use of resources	Improve outcomes for patients
Increased dependence on services	Promote self-management
Repeated admissions to secondary care	Reduce secondary care cost
High call out to LAS	Reduce call out costs to LAS
On-going social care support expenditure	Provide opportunities for greater independence and reducing social care expenditure

2.5 Assumptions for new service model

It is anticipated that the service will commence implementation in January 2017 It is envisaged that we will need to work closely with the stakeholder group identified in 2.6 of the BC in order to implement the new service model.

2.6 Service specification for new model

The provider will provide specialist falls and fracture prevention interventions for all adults aged 65 years and over. This will be a pilot for 12 months with the option to potentially extend. The pilot will be evaluated at M9 to determine the success and future models.

Aims of the Service
The provider will provide specialist falls and fracture prevention interventions for all adults aged 65 years and over in the Borough of Bexley. The service aims to prevent residents from falling, falling again or fracturing from a fall by providing a range of services that will prevent falls and assist with their mobility. (See model 2.2)

The Service should aim to achieve the following outcomes:

1) Maximise independence
- Holistic approach to patient management – assessments of balance, mobility, sight, medication use, function, bone density and safety
- Patient centred intervention – aiming to minimise the risk of falling through physical, functional, safety and prevention interventions, maintaining patients at a higher functional level and encouraging self-care
- Patient ownership of intervention – encouraging the ‘right type’ of activities to prevent falls and maintain function through education and exercise

2) Improve quality of life

- Optimise patients' function, mobility and safety by preventing falls
- Minimise the risk of a fracture and resultant loss of function through targeted bone health strategies

3) Minimise inequalities

- Evidenced based care/intervention
- Equal access to services for those who meet the criteria
- Recognise an individual's cultural and religious needs
- Environment is not conducive to discrimination, harassment or abuse

4) Provide seamless patient management across social, secondary, primary and community care

5) Responsive to and develops according to resident/local needs

Evidence Base

The service is designed to reflect all relevant national and local policies and guidance:

- NICE (2004), Clinical practice guideline for the assessment and prevention of falls in older people
- NICE Clinical Guidelines 21 (2004), The assessment and prevention of falls in older people
- DH (2002), National Service Framework for Older People
- DH (2009), Falls and Fractures: Effective interventions in health and social care
- DH (2006), New Ambition In Old Age - Next Steps in Implementing the National Service Framework for Older People
- DH (2003), How can we help older people not fall again - Implementing the NSF falls standard**:** support for commissioning good services,
- DH (2003), Implementing the National Service Framework
- Age UK (2012), Breaking Through: Building Better Falls and Fracture Services in England
- British Geriatrics Society (2010), A Commissioning Toolkit for Fractures
- RCP (2005, 2007, 2011), National Falls and Bone Health Audits, commissioned by the Healthcare Commission, The Royal College of Physicians,
- Age UK (2010), Stop Falling: Start Saving Lives and Money
- The NHS Outcomes Framework 2011/12, DH
- SCIE Research briefing 1: Preventing falls in care homes (2005)
- NICE, Falls in older people NICE quality standard guidance March 2015
- NICE falls clinical guidelines June 2013
- Kings Fund ; Exploring the system-wide costs of falls in older people in Torbay; August 2013

Relevant points to note from these are:

- Health services and social care services to identify and refer older people with recurrent falls or assessed as being at increased risk of falling for an individualised multifactorial falls risk assessment aimed at promoting independence and improving physical and psychological function
- Older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should be offered a multifactorial falls risk assessment. This assessment should be part of an individualised, multifactorial intervention.
- Following treatment for an injurious fall, older people should be offered a multidisciplinary assessment to identify and address future risk and individualised intervention aimed at promoting independence and improving physical and psychological function.
- Range of therapeutic exercise options available locally and promote evidence-based programmes in collaboration with local authorities

- Encouraging the participation of older people and their careers in falls prevention programmes including education and information giving.
- Older people who have received treatment in hospital following a fall should be offered a home hazard assessment and safety intervention/modifications by a suitably trained healthcare professional. This should normally be part of discharge planning and be carried out within a timescale agreed by the patient or carer, and appropriate members of the healthcare team.

Current local challenges
The lack of a coherent falls pathway has meant that:

- Patients are more likely to be admitted to hospital when seen in A&E with a falls diagnosis, as there is currently no other primary care pathway for these to be fully investigated – review of our peer CCG spend (Commissioning for Value) shows that Bexley spends 10%+ more than its peer CCGs.
- The above leads to greater CCG expenditure and greater on-going social care expenditure (support and rehabilitation on-going).

General Overview
This Service will be available for adults registered with an NHS Bexley General Practitioner who have recently had a fall or have been identified as at risk of falling and are either 65 years or older. Referrals will be accepted from across health and social services for patients who fulfil the inclusion criteria for the service. Referrers will be expected to complete the FRAT tool – this is therefore the basis of the assessment for the falls service.

The service will provide comprehensive assessment and interventions of modifiable risk factors for reducing falls and fractures in the community.

The service will
- Provide multi-disciplinary, multifactorial assessment of all fall risk factors
- Provide access to a clinical assessment unit
- Provide exercise/balance classes
- Provide interventions to tackle the psychological effects associated with falls
- Provide education and advice to patients and carers to reduce fall risk factors
- Provide home assessment of fall risk factors
- Track patients through an exercise/mobility programme and audit outcomes
- Raise awareness of the service across health and social care voluntary sector and independent sector
- Provide transport (if required) to attend the CAU or exercise/balance classess

Referrals will be made electronically to the provider of the service. The FRAT falls risk assessment will need to be completed on line by a health care provider before a referral is accepted. An appointment with the CAU will be offered within 2 working days for urgent appointments and seven working days for a routine paper. A quarterly audit of referrals will occur in order to examine appropriateness of referrals.

Objectives

The general objectives include to
- Assess manage and monitor patients through a defined programme who have fallen or at high risk of falling

- Support people to remain in their own home and wider community
- Provide a targeted service that is flexible and able to meet the specific needs of the individual;
- Provide a holistic and coordinated service to residents who have fallen or are at risk; and
- Provide value for money by effective use of resource, stimulating innovation and improved prevention

Strategic objectives include to

- Maintain a collaborative approach between London Borough of Bexley, London Ambulance Service, secondary care providers and community care providers in order to underpin an integrated approach and ensure service aims are achieved;
- Ensure early intervention to restore independence through active use of the falls care pathway,
- Provide the highest quality of affordable support to meet the social and health care needs of older people;
- Reduce the demand for health services and high cost social care provision and contribute to QIPP savings;
- Integrate health and social care provision through regular communication and joint working strategies; and
- Offer a single point of access for service users, clinicians and other health and social care agencies

Commissioning objectives

- To ensure equity of access and service consistency across the borough
- To provide focussed services to ensure interventions are provided to patients who have experienced falls or have a tendency to fall.

Educational objectives

- To provide patients with a structured and specialist programme to build confidence, strength and balance
- To improve self-management and prevent falls
- To provide patients with educational advice on managing falls

Specific falls prevention exercise objectives

- To deliver the service in accordance with the falls prevention guidelines
- To provide an effective and evidence based progressive falls programme
- To increase access to support and improve confidence

Financial objectives

- To reduce the burden on secondary care
- To reduce the burden of repeat falls admissions to hospital
- To reduce the burden of repeat fractures in the 65+ age group

Social objectives

- To improve and maintain independence and confidence in people who have fallen or at risk from falls
- To strengthen community support for frail and vulnerable people who have fallen or at risk from falling
- To provide care closer to home for people able to access community and leisure venues.
- To provide social contact with other people through group exercise and improve quality of life
- Reduce social isolation and loneliness.

Expected Outcomes

- Increased quality of life and reduce harm for fallers and those at risk of falling
- Quality improvements from faster recovery, decreased co-morbidity and increased ability to live independently post-fall
- Improving the scope and reach of current services
- Reduction in ED falls related attendance and scheduled admissions and subsequent costs
- Potential reduction in social care costs (Kings Fund 2013)

Benefits

Acute

- Reduced fractures >reduced surgical pressure
- Reduced fractures >reduced pressure on in-patient rehabilitation service
- Reduced ED falls activity >reduced pressure on ED
- Reduced Falls Admission >Reduced Bed Pressure

Community

- Reduced fractures >reduced demand for rehabilitation services

Local Authority

- Reduced falls care packages
- Reduction in residential care needs

CCG

- Reduced ED falls activity
- Reduced # NOF costs
- Reduced fragility # costs
- Reduced falls admissions
- Partnership working
- Patient outcomes improved

Patient

- Increase in confidence , mobility and independence
- Increase patient satisfaction and outcome.
- Increase awareness in falls prevention

In summary the implementation of an integrated falls pathways will save lives, decrease disability, improve quality of life and reduce hospital and social care costs.
In many cases there will be immediate benefits to participants of physical activity interventions, for example they will benefit from increased mobility and confidence during and after the exercise programme. There will also be benefits which are harder to quantify, for example reducing social isolation

Identification of patients

Patients will follow the falls pathway (2.2). All patients must have a FRAT assessment before appointment at the Community Assessment Unit and will subsequently have a home assessment and exercise programme if deemed appropriate

Interdependencies

Stakeholders and interdependencies will vary according to individual circumstances but the interface between primary, secondary, community and social care, third and independent sectors is critical for the success of the project
Specific interdependencies are likely to include:

- Secondary Providers
- Bexley GP's
- Oxleas NHS Foundation Trust
- LAS
- UCC
- London Borough of Bexley
- Voluntary providers
- Private providers

2.7 Impact on workforce, IG and ICT

The provider will be responsible for manpower required in order to mobilise and sustain the initiative. The commissioning and contracts team will monitor the KPI'S agreed with the provider and will review activity data on a monthly basis.

BCCG IT department will ensure that all potential referrers have access to the FRAT tool online. The provider identified for this project will be required to be IG level 2 compliant.

2.8 Proposed Service KPIs for new model & monitoring arrangements

Key Performance Indicator	Target	April	May	June	July	August	September	October	November	December	January	February	March	Total
CAU appointment offerred for urgent patients within 2 working days	90%													
CAU appointment offerred for routine patients within 7 working days	80%													
Patient survey completed prior to programme and on completion of programme	95%													
Overarching Outcome of the service														
To improve the Quality of Life of patients at risk of falls in Bexley and to increase their ability to live independently by preventing falls. This will be achieved and monitored through the 3 outcomes below.														
Outcome 1- Improving balance and gait		Quarter 1			Quarter 2			Quarter 3			Quarter 4			Total
Description - Reduction in risk of falls by improving patients' balance and gait. Method - attendance at course of exercise classes (number to be determined) Measurement - patient attendance at 75% of classess	TBC													
Outcome 2- Minimising risk factors		Quarter 1			Quarter 2			Quarter 3			Quarter 4			Total
Description - Reduction in risk of falls by identifying and mitigating risk factors in the patients' home environment. Method - Home assessment performed on all patients referred to the service	TBC													
Outcome 3 - Reducing falls in Bexley		Quarter 1			Quarter 2			Quarter 3			Quarter 4			Total
Description - A reduction over 12 months in the overall numbers of falls in Bexley. Method a) Number of patients admitted to hospital, cost of patients admitted to secondary care	TBC													

2.9 Success criteria for new model

A successful service will

- Improve the quality of life for patients
- Reduce acute care admissions and length of stay
- Delay institutional care
- Reduce care packages

At month 9 the CCG will formally review the falls programme against the QIPP target (of reducing admissions at 10.55% FYE).

Monthly data on falls and tendency to fall admissions to secondary providers will be provided by BCCG Business Intelligence department on a monthly basis, it is anticipated that the data provided will determine whether activity and cost has reduced.

Consequence	Action
Activity has increased in secondary care	Consider terminating the programme Evaluate the current service model
Activity is the same	Review statistical peer performance Consider population change
Activity down	Review and consider future options Expand the service Consider future provision Seek approval to actions/options from the CCG

2.10 Clinical support for new service model

Dr Nair is the clinical lead for this new service model. This initiative will lead and drive evidenced based clinical practice across all disciplines associated with falls.

2.11 How the new model will be performance monitored in "Business as Usual" mode

The Commissioning and Contracts Team will be responsible for monitoring the performance of the falls programme this will occur through the Integrated Commissioning Team. The KPI'S indicated in 2.7 will provide assurance to BCCG and the Integrated Care Board that the service is being delivered as required and provide assurance on quality.

KPI's will be monitored monthly/quarterly. Patient surveys will be completed prior to the start of the exercise programme and on completion of the programme.

3. Consultation & Communications

3.1 Patient council, patient groups engagement and support for new service model

The new service will be discussed at the next patient council meeting and at the pensioner's forum.

3.2 Clinical engagement in primary care

Both the clinical lead and the Bexley CCG chair are supportive of the initiative. There will be a positive impact on GP's as this will provide a community resource which is currently not provided. Direct referral from other providers will potentially reduce the need for a GP appointment

All referrals to the falls pathway will need to have had a FRAT assessment completed. BCCG will need to ensure that primary care/community services are aware of this and that the tool is accessible on line for them to complete. Training and education sessions will need to take place and discussion will take place at the locality meetings.

3.3 Clinical Engagement in secondary care / other

It is anticipated that there may be a number of care providers who will wish to refer to the movement programme these will include

- LAS
- Urgent Care Centres
- Community Providers (eg district nurses, rapid response)
- Acute care

They will be required to complete a FRAT in order to refer to the service.
Communications regarding the new service will take place through existing contract meetings.

3.4 Consultation with, and notices given to current providers

It is anticipated that the frailty pathway with Lewisham and Greenwich NHS Trust will link in with this model. BCCG Commissioning Intentions on commissioning and de-commissioning have been issued to our providers as part of the QIPP programme for the 2017/8 contracts.

3.5 Market Engagement

The initiative will operate as a pilot for the first twelve months and then reviewed. Bids to provide the service will be invited from BCCG existing providers.

Key communication channels for communicating with our key stakeholders will be

	Stakeholder Group	**Channels of Communication**
CCG	All Bexley GP's Bexley Practice Managers Locality Meetings Patient Council	GP newsletter, GP zone Presentation
Other NHS bodies	Secondary care Community providers	Written briefing Engagement by clinical leads
Statutory body partners	LBB Health and Well Being board members	Written briefing
Patient Representative groups	PPG	Briefing Patient survey

4. Equality Impact Assessment

4.1 Equality impact assessment completed details

Equality Impact Assessment	
Does the scheme affect one of the following groups more or less favourably than another?	**If yes, explain impact and any valid legal and/or justifiable exception**
Age *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.*	The initiative is focusing on patients over the age of 65 who have fallen or who are at risk of falling. Evidence and current data shows that this is the group of patients at greater risk of falling. Consideration needs to be given to people suffering health inequalities as they may be likelier to fall at an earlier age and therefore would be at the younger part of the 65+ spectrum.
Disability *Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.*	No there will be equal access to the services for those who meet the criteria
Sex *Consider and detail (including the source of any evidence) on men and women (potential to link to carers below)*	No – proposal for service to all patients with a Bexley GP
Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.*	No – Proposal for service to all patients with a Bexley GP
Marriage and civil partnership *Consider and detail (including the source of any evidence) on people with different partnerships.*	No - Proposal for service to all patients with a Bexley GP
Pregnancy and maternity *Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.*	No
Race *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.*	No - Proposal for service to all patients with a Bexley GP. Provider should demonstrate a knowledge of religious/cultural awareness

Religion or belief *Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.*	No - Proposal for service to all patients with a Bexley GP
Sexual orientation *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.*	No - Proposal for service to all patients with a Bexley GP
Carers *Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.*	No - Proposal for service to all patients with a Bexley GP. The provider may need to work with carers and care/residential homes
Other identified groups *Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.*	No - Proposal for service to all patients with a Bexley GP
Is the impact of the scheme likely to be negative? If so, can this be avoided? Can we reduce the impact by taking different action?	No

4.2 Impact of proposed service on choice, access, equality

It should be noted that there is an existing cohort of people who are under 65 with medical conditions that could fall and be admitted to secondary care.

The initiative is currently focussing on people aged 65 and over as data indicates that this group of people are more at risk. It is the intention of the pathway group to continuously review the data on falls and potentially model the impact of reducing the age range.

If the pilot is successful it will be our intention to continue to build on this model.

5. Quality Impact Assessment

This tool involves an initial assessment (completion of stage 1 proforma) to quantify potential impacts (positive or negative) on quality from any proposal to change the way services are commissioned and/or delivered. Where potential negative impacts are identified they should be risk assessed using the risk scoring matrix to reach a total risk score.

Stage 1 can be found here:
http://www.bexleynet.nhs.uk/Downloads/Business%20Case/Quality%20impact%20assessment%20tool_stage%20one.doc

The stage 1 assessment screening tool will require judgement against the 7 areas of risk in relation to Quality. Each proposal will need to be assessed as to whether it will impact adversely on patients / staff / organisations. Where an adverse impact score greater than (≥) 10 is identified in any area this will result in the need to undertake a more detailed Quality Impact Assessment. Please contact the Clinical Quality team if you require support with this.

Please take care with this assessment. A carefully completed assessment should safeguard against challenge at a later date.

5.1 Stage 1 Proforma

Scheme Details:

Scheme Title / Name	**Clinical Leads**	**Management Lead**	**Sponsor**
Movement Programme	Dr Nair	Erica Bond	Sarah Valentine

Answer positive/negative in each area. If **Negative,** score the impact, likelihood and total in the appropriate box. If score ≥10 insert "**Yes"** for full assessment
(Please see 'Quality Impact Assessment Tool Stage 1 final' for guidance on scoring and rag rating).

Area of Quality	**Impact question**	**P/N**	**Impact**	**Likeli-hood**	**Score**	**Full Assessment required**
Duty of Quality	Could the proposal impact positively or negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality?	P				N
Patient Experience	Could the proposal impact positively or negatively on any of the following - positive survey results from patients, patient choice, personalised & compassionate care? Does the business case include patient involvement or has it acted on patient/carer experience in its	P				N

	development? Which patient/carer groups have been consulted/ involved in development of this project? Monitoring of complaints to include numbers/themes/whether timeframes are met/whether upheld/action arising. Compliance with 2009 NHS Complaints Regulations +PHSO (Ombudsman) principles. Ensure audit of patient experience + evidence learning from feedback to be included. Proposed access and waiting times.					
Patient Safety	Could the proposal impact positively or negatively on any of the following – safety, systems in place to safeguard patients to prevent harm, including infections?	P				N
Clinical Effectiveness	Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards? Has reference to up to date relevant national guidance and research been made in the design of this project? Clear demonstration that relevant NICE Quality Standards, Public Health Guidance and Clinical Guidelines are being taken into account / followed.	P				N
Prevention	Could the proposal impact positively or negatively on promotion of self-care and health inequality?	P				N
Productivity and Innovation	Could the proposal impact positively or negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?	P				N
Safeguarding Adults and Children **Note** *child safeguarding is also statutory for adult*	Does the proposal comply with: 1. Policy/Guidance/Procedures • Bexley Safeguarding Children and Adults Boards Guidance and CCG policy. • Pan London Child Protection Procedures (2010). • Working Together to Safeguarding Children	P				N

focused services.	(2013). • Pan London Safeguarding Adults Procedures (2011) • CQC Essential Standards of Quality and Safety 2010 2. Open Safeguarding Culture en' guidance.-Whistleblowing policy in • Procedures for reporting of incident/concerns including feedback to staff and patients of actions taken and outcomes. • Safer recruitment arrangements and procedure for dealing with allegations against staff including identification of a Senior Named Officer within their organisation to liaise with the Local Authority Designated Officer or Safeguarding Adult team. • Staff training policy and compliance with this. • Arrangements for staff supervision. 3. Compliance with Equality and Diversity Act 2010. • Monitoring of compliance and reporting. • Equality and Diversity performance indicator identified. ***Note***: Safeguarding children and adults frameworks will need to be embedded within agreed contract and reporting arrangements.					

Please describe your rationale in detail for your assessment of each positive impact here:

- The service specification has been informed by the clinical evidence base for similar services elsewhere
- The service aims to reduce the number of hospital admissions/attendances
- The service aims to improve the quality of life of patients

5.2 Expected Quality Metric Outcomes (success criteria)

Metric – these need to be measurable	**Expected impact (positive/negative and explanation)**
Patients and carers empowered and supported in the community	Positive – implementation of initiatives will empower patients promoting independence
High quality, timely and appropriate referral from primary care	Positive
Access and waiting times	Positive – services will be local and accessible
Clinical outcomes	Reduction in amount of attendance/admissions in secondary care
Patient experience	Quarterly survey to assess satisfaction with the service from quality perspective
Resilience and sustainability of new model including workforce planning issues	Provider has the flexibility on how to use their workforce to meet the service specification
Facilitation of inter-professional and inter-organisational working and shared learning	The specification requires multi disciplinary working with a number of Health Care Professionals
Signature:	
Designation:	
Date:	

5.3 Stage 2 Proforma

Quality is described in 6 areas, each of which must be assessed at stage 1. Where a potentially negative risk score is identified and is equal to or greater than (≥) 10 this indicates that a more detailed assessment is required in this area. All areas of quality risk scoring equal to or greater than 10 must go on to a detailed assessment - completion of stage 2 proforma. Stage 2 can be found here:
http://www.bexleynet.nhs.uk/Downloads/Business%20Case/Quality%20impact%20assessment%20tool_stage%20two.doc
(Please see 'Quality Impact Assessment Tool Stage 2 final' for guidance on scoring and rag rating).

Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5 x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
DUTY OF QUALITY	What is the impact on our duty to secure continuous improvement in the quality of the healthcare that it provides and commissions? In accordance with Health and Social Care Act 2008Section 139?	P				
	Does it impact on our commitment to the public to continuously drive quality improvement as reflected in the rights and pledges of the NHS Constitution?	p				
	Does it impact on our commitment to high quality workplaces, with commissioners and providers aiming to be employers of choice as reflected in the rights and pledges of the NHS Constitution?	P				

	What is the impact on strategic partnerships and shared risk?	p				
	What is the equality impact on race, gender, age, disability, sexual orientation, religion and belief, gender reassignment, pregnancy and maternity for individual and community health, access to services and experience of using the NHS (Refer to CCG Equality Delivery Scheme)?	The pathway is focussing on clients over the age of 65 years There will be clients who are at risk of falling who are under 65 years however data indicates that this is a significantly smaller. We will continue to monitor the data on a monthly basis and review as to whether it is necessary to review the scope of the project.				
	Are core clinical quality indicators and metrics in place to review impact on quality improvements?	P				
	What is the quality impact of this initiative compared to other options	P				
	Will this impact on our duty to protect children, young people and adults?	P				
PATIENT EXPERIENCE	What impact is it likely to have on self-reported experience of patients and service users? (Response to national/local surveys/complaints/PALS/incidents)	P				
	What is the likely impact on to the individual patient (in terms of health improvement, patient outcome and life expectancy)	P				
	How will it impact on choice?	P				

	How will it impact on patient access	P				
	How will it impact on patients' carers	P				
	Does it support the compassionate and personalised care agenda?	P				
PATIENT SAFETY	How will it impact on patient safety?	P				
	How will it impact on preventable harm?	P				
	How will it impact on service quality	P				
	Will it maximise reliability of safety systems?	P				
	How will it impact on systems and processes for ensuring that the risk of healthcare acquired infections is reduced?	P				
	What is the impact on clinical workforce capability care and skills?	P				
CLINICAL EFFECTIVENESS	How does it impact on implementation of evidence based practice?	P				

	How will it impact on clinical leadership?	P				
	Does it reduce/impact on variations in care?	P				
	Are systems for monitoring clinical quality supported by good information?	P				
	Does it impact on clinical engagement?	P				
PREVENTION	Does it support people to stay well?	P				
	Does it promote self-care for people with long term conditions?	P				
	Does it tackle health inequalities, focusing resources where they are needed most?	P				
PRODUCTIVITY AND INNOVATION	Does it ensure care is delivered in the most clinically and cost effective way?	P				
	Does it eliminate inefficiency and waste?	P				
	What is the impact on providers	P				

	Does it support low carbon pathways?	P				
	Will the service innovation achieve large gains in performance?	P				
	Does it lead to improvements in care pathway(s)?	P				

Signature:	Designation:	Date:

6. Privacy Impact Assessment

6.1 Privacy Impact Assessment Screening

Please see '**Privacy Impact Assessments Policy & Process'** dated October 2013. This can be found here:

http://www.bexleynet.nhs.uk/Downloads/Business%20Case/Privacy%20Impact%20Assessments%20PIA%20policy%20and%20process.doc

This has been reviewed and developed to detail the requirements to ensure that all new projects, processes and systems (including software and hardware) which are introduced comply with confidentiality, privacy and data protections requirements.

The screening questionnaire included in the procedure must be completed for all new/changes to projects, processes and systems (including software and hardware). This is to ensure that the CCG assesses how we use patient and staff information and that we comply with confidentiality, privacy and data protection requirements. Screening is required at the initial stages of the project cycle and prior to any procurement decisions being made.

The PIA process is outlined below:

a) Initial assessment (screening questions) to be received by the IT Projects Manager who will triage PIAs on behalf of the SIRO, as they arrive within the IT and information governance department

b) The IT Projects Manager will determine whether or not the Project Manager/IAO has to complete a small or large-scale PIA

c) Completed PIAs will be reported to the Information Asset Owner/Project Manager, information governance sub-committee, SIRO and Caldicott Guardian

d) A register of PIAs will be held by the IT and information governance department

Completed screening questionnaires (as laid out on the next page) should be sent to Sukh Singh, IT Projects Manager, for review and consideration as to whether a small or large-scale PIA will be required.

PIA SCREENING QUESTIONNAIRE	
Project / Policy Lead:	Erica Bond
Project Outline - Set out a short summary of the intended project, policy or procedure. This does not need to be complex. If a PID or Terms of Reference for the project already exist please supply these.	This is a pilot (initially for 12 months) The aim is to implement a falls prevention programme in the community in order to reduce secondary care admissions
Environmental Scan - What is already out there? Do PIA's in this area already exist? Have any consultations (with professional associations or patient groups) already taken place?	
Stakeholder Analysis - Who might be affected?	The service provider and patients
What is the purpose of this new process or system? Why is it required?	The service will be made available to all Bexley residents who have had a fall or are at risk of falling and have had a completed FRAT tool. Currently no specific falls programme in the community
Will the proposed new process or system gather, process or store person identifiable data or corporate sensitive information?	Yes as per information governance toolkit level2
Is the proposed new process or system likely to involve a new use or significantly change the way in which existing personal data is handled or processed?	No significant change. Protocols in place concerning information sharing between the provider and referrers
Is the proposed new process or system likely to allow personal information to be checked for relevancy, accuracy and validity?	Yes, as part of normal practice audit
Is the proposed new process or system likely to incorporate a procedure to ensure that personal information is disposed of through archiving or destruction when it is no longer required?	Yes, through normal practice procedures
Is the proposed new process or system likely to have an adequate level of security to ensure that personal information is protected from unlawful or unauthorised access and from accidental loss, destruction or damage?	Yes
Is the proposed new process or system likely to enable the timely location and retrieval of personal information to meet subject access requests?	Yes

Is the proposed new process or system dependant on a third party to supply the system, undertake processing or provide support/maintenance?	Yes
Is the proposed new process or system likely to create new data flows and will they be internal, external or both?	Yes (both) Using secure methods of communication
Has this new process or system been added to the CCG's Information Asset Register?	No
Name:	Signature:
Job Role:	Department:
Date:	Date submitted to IG Department:
Submit Form to: Information Governance Department, NHS Bexley Clinical Commissioning Group	
For Use by IG Department Only:	
Date PIA Received by IG Department:	
Assessment Completed by:	
Date:	
Authorised by [INCLUDE JOB TITLE]:	
Date:	
Date Report Submitted to SIRO:	
Date Report Submitted to Caldicott Guardian:	
Date Report Submitted to Information Governance Sub Committee:	
IT Projects Manager Comments:	

If required, use the following link to complete the small/large scale PIA template:
http://www.bexleynet.nhs.uk/Downloads/Business%20Case/PIA%20template.xlsx

7. Economic, Social, Environmental Considerations (Social Value Act 2012)

The pathway will strengthen services for a vulnerable patient group. If the desired impacts are realised there will be benefits that will have economic social and environmental benefits as follows:

- Reduced use of acute hospital services which are costly and require high consumption of consumables and energy
- Fewer hospital conveyance which consume resources
- Stronger community cohesion between services, residents and their families
- Greater co-ordination of care which will reduce duplication of effort and help ensure processes are streamlined

8. Finance

8.1 Analysis of current activity and costs by provider

There are no current costs as there is not a specific falls programme. However, the CCG is currently spending £2,536,682 on non-elective falls admissions which is based on activity of 910 patients (15/16).

	Current Cost (£)	Savings (%) - Gross	Risk Rated	Savings (%) - Net	Savings (£)
Healthy Fallers	1,743,974	10.55%	60.00%	6.33%	110,394
Frail/Vulnerable (Tendency to fall)	677,893	10.55%	100.00%	10.55%	71,518
Degenerative Conditions	114,815	0.00%	0.00%	0.00%	0
Total					**£181,912**

The savings for healthy fallers has been reduced to 6.33% in order to reflect the cohort of patients for whom a fall is an accident and not because they are frail and at risk of falling again.
Degenerative conditions for example dementia, multiple sclerosis have been excluded from the tendency to fall cohort as there would be limited benefit to these patients of the proposed falls programme.

Further examination of the tendency to fall cohort indicates that 595 patients were seen at ED in the six months prior to their admission to hospital with 'tendency to fall'. The cost of these episodes totalled £101,580. Under the new model following first admission these patients would be assessed using the frailty tool as they are over the age of 65. If appropriate they will be signposted to the falls service at this point thereby mitigating further admissions to ED or as in patients. For the purpose of the Business Case 50% of this group of patients has been factored in as a saving as we cannot definitively say that these patients have been seen in ED with a falls related health issue.

Tendency to fall (admission in prior 6 months)	50% saving	**£50,790**

Total savings		£232,702
Investment required		£150,000
QIPP savings		**£82,702**

8.2 Analysis of proposed new model costs by provider

It is anticipated that our provider will be from our existing stakeholders. BCCG will go out to bids for this service.

The provider will be expected to work within the financial envelope of £150,000 (FYE – pro rata per financial year). This will include the following

- Community Assessment Unit sessions
- Exercise movement classes
- Education and Training
- Home Assessments

The CCG will only pay for costs incurred and so maximum cost will be £150,000.

Approximate costs for the new scheme are as follows

Community Assessment Unit – based on 3 sessions per week (6-8 appointments per session) 48 wks of the year

Staff	No	Band	Total
Community Consultant (cover)	1		£5239
Physiotherapist	1	6	£25,701
Occupational Therapist	1	6	£28,800
Admin support	1	4	£16,800
Clinic space			£12,000
Total			**£88,540**

It is anticipated that the community consultant costs will be used from the existing financial envelope with our community provider, however cover will be required when they are on leave and this will incur a financial cost.

Exercise Movement Classes – based on 2 sessions per week (10-15 patients per class)

Staff	**No /Band**	**Total**
Physiotherapist	Band 6	£17,134
Room Hire		£6,000
Total		**£23,134**

Home Assessments

No	**Approximate Cost**	**Total**
910	£30 per patient	**£27,300**

Other Costs (approximate)

Education Training and communications	£5000
IT support (implementation of assessment tool)	**£**5000

The approximate total costs for the scheme are **£148,974**

8.3 Proposed savings current financial year and next financial year and QIPP impact

The aim of this first pilot would be to test if we can avoid 10.55% of admissions per year to secondary care. The saving for tendency to fall has been reduced to 6.33% in order to reflect a group of patients who would unlikely benefit from a falls programme. We have factored in 50% of the number of patients who were seen in ED in the six months prior to admission with 'tendency to fall'
This would realise a saving of £82,702

The falls programme is looking for an investment of £150,000k (full year recurrent).

If the target is achieved there will be a net QIPP saving of £82,702.

8.4 Assumptions used in deriving the planned savings.

The planned savings have been based on the Commissioning for Value data (2016 report) and in conjunction with in-patient non-elective activity. It is expected that an investment of £150,000 will be sufficient to support the QIPP delivery of this scheme and will provide a QIPP saving of £82,702.

9. Sensitivity Growth Analysis

The last census suggested that 8.7 million people in England were aged 65 and over in 2011. This figure is expected to rise by another 2 million by 2021, by which time the over 85 population is expected to have grown by 40 % to around 1.7 million. Without an intervention we can expect a significant increase in falls resulting in an increase in spend.

LAS data 15/16 for Bexley indicated that 595 patients that they attended following a fall were not conveyed to an acute provider. Data for Q1 16/7 shows that 369 were not conveyed with a projected total of 1476 FYE. The Chartered Society for Physiotherapy states that half of people who are at risk of falling or have a tendency to fall will fall again within the next 12 months if there are no appropriate interventions. 10-25**%** of these fallers will sustain a serious injury. Based on this data it is likely that Bexley will see an increase in falls particularly if there is no NICE compliant falls pathway

10. Procurement Implications

Bexley CCG will invite bids for this service from current BCCG providers. The service will be a pilot for the first twelve months. The pilot will be formally reviewed at month 9 and BCCG will decide on the future of the scheme taking into consideration points raised in 2.8. If the decision is made to continue then BCCG will explore formal procurement options.

11. Timescale

11.1 Project plan timescales (from approval to go live)

Anticipated start date 1st January 2017

Mobilisation Plan	Timeframe
Advertise for bids for the service	28th November 2017
Evaluate bids	9th January 2017
Roll out of education and training plan for all relevant stakeholders	January 2017
Standardised assessment tool – agreed	January 2017
Protocol for pathway	January 2017
Communication and engagement plan	January 2017
Tender process	February 2017
Bi-monthly meetings with providers	February 2017
Offer to chosen provider	February 2017
GB approval	March 2017
Quarterly audit	Quarterly
Patient satisfaction tool	Quarterly

11.2 Issues against planned programme timescales

- Availability of stakeholders to attend education and training sessions.
- Mobilisation of required services
- Delay in bid process

12. Risks / Constraints / Dependencies / Opportunities

12.1 Risks

Risk number	Risk Identified	Impact	Mitigating action
1	Unreliable data collection to benchmark and monitor effectiveness	Poor evaluation and evidence of interventions/savings made	Development of Falls Dashboard. Robust quality metrics
2	Lack of stakeholder engagement	Poor take up, lack of referrals, poor outcomes	Engagement with all stakeholders Older people having a key role in planning services.
3	Increase in identification of people who have fallen or at risk of falls	Not enough capacity in the system	Robust monitoring and evaluation, shifting focus of provisions where appropriate
4	Resistance to change	Fragmented pathway. Poor outcomes	Strong engagement with all stakeholders
5	Poor access to classes	Poor attendance at exercise classes and interventions	Services close to where people live. Utilising voluntary transport services/links.
6	No referrals to the service/poor take up	Empty slots at CSU Poor outcomes	Robust assessment mechanisms Robust tracking of patients
7	Investment of £150,000 insufficient to support delivery	Patients unable to access services Poor outcomes	Consider further investment Robust monitoring and evaluation Shifting focus of provisions where appropriate

12.2 Constraints

The project will be subject to the following constraints

- Requirement for a contribution to the overall QIPP saving plan for the CCG 2016/7
- Provision may need to be made on a phased basis
- Robust cross organisational relationship management across primary, secondary and voluntary sector.

12.3 Dependencies

The successful delivery of this communication and stakeholder engagement plan will be dependent on

- Acknowledgement and agreement by all partners that a consistent and transparent approach to communication and engagement is essential. Understanding that stakeholders have differing awareness information needs and accessibility issues
- GP engagement
- Timely delivery of communications to stakeholders
- Robust management and reporting mechanisms with clear deadlines to ensure the delivery of the project.

12.4 Opportunities

- Reduce admissions to secondary care
- QIPP saving
- Promote independence for the chosen population

13. Approval Required

13.1 Approval required and from whom

This Business Case will be considered by the following sub-committees in November 2016, feedback from those committees will be provided verbally to the Governing Body (November) – each committee will be asked to provide it's support for these recommendations:

1. Finance Sub Committee
2. Quality & Safety Sub Committee

The Governing Body (November meeting) are asked to support the recommendations for the development of the service with approval for a pilot for 1 year and approve the cost of the pilot. The CCG will seek competitive tenders/ quotes from a range of providers for the 1 year pilot.

Erica Bond
Commissioning & Contracting
28th October 2016