

CABINET

18 APRIL 2012

REFERENCE FROM COMMUNITY LEADERSHIP AND PARTNERSHIPS COMMITTEE

A.1 REVIEW OF HEALTH INEQUALITIES – FALLS

(Report prepared by Richard Walker)

PART 1 – KEY INFORMATION

PURPOSE OF THE REPORT

To forward to Cabinet the comments of the Community Leadership and Partnerships Committee following the pilot project it has recently undertaken on Health Inequalities in the District and, in particular, falls.

EXECUTIVE SUMMARY

Tendring District Council was successful in its bid to participate in a pilot project to scrutinise health inequalities in the district. This was an additional piece of work, over and above the annual work programme, and involved members of the Committee and officers working together over a five month period to gather data and information and included working with stakeholders and service providers. The piece of work was in conjunction with the Centre for Public Scrutiny, and the Council had the support of an officer from that organisation who formed part of a core team which also included the Public Health Specialist from the Primary Care Trust. From a very broad remit of health inequalities the Committee focused on falls which, as detailed later in the report, is a particularly significant issue for Tendring.

Towards the end of the project the Chairman of the Committee, along with the Public Health Specialist, attended a meeting of all the Pilot Projects in London where they presented the work of the Committee to date. This was very well received and highlighted the significant work that had been undertaken by “the smallest player” taking part.

The Committee concluded its work on this project on 26 March 2012 and presents its findings for the Cabinet’s consideration; detailed in items 1-8 of Part 2 of this report.

The Committee also reviewed lessons learnt from the process and concluded that the Cabinet should be advised of the potential benefits of undertaking in-depth scrutiny projects and that consideration should be given to areas of work where this might assist the Council in delivering its priorities.

RECOMMENDATION

That the Cabinet determines its response to the Community Leadership and Partnerships Committee’s comments as detailed in items 1 – 8 in Part 2 of the report, as well as the comment in the Executive Summary on the broader aspect of in-depth scrutiny.

PART 2 – SUPPORTING INFORMATION

BACKGROUND

Tendring District Council applied to the Centre for Public Scrutiny be part of a pilot project on Health Inequalities due the significant issues that faced this area, and it resulted in TDC being the only District Council selected; the others all being County Councils. The Centre for Public Scrutiny provided support with one of their officers – Paul Cutler and the Committee was fortunate to also have the Public Health Specialist from the Primary Care Trust – Alison Amstutz joining the Team. The Committee undertook the work over a five month period and initially considered the following six specific issues with the aim of identifying just one to take forward:

- a) Employment & Worklessness
- b) Drugs and Alcohol
- c) Housing
- d) Education
- e) Poverty and Low Income
- f) Ill Health - Falls

After due consideration the Committee determined to focus on falls in older people. This was specifically chosen because of:

- The high level of over 65 year olds living in the district – one of the highest areas in Europe per head of population
- The high level of people living in the district with disabilities – the highest % district in Essex
- The limited time to undertake the pilot project preventing the broader areas that were considered being able to be satisfactorily concluded

Members of the Committee worked with officers to gather data and there was both a stakeholders' workshop and a special meeting with all the partner organisations involved in addressing the prevention of, and response to, falls. The piece of work revealed some surprising information, including:

- People fell 10 years earlier in Tendring than in other parts of the country
- 55% of all the ambulance activity was related to falls and this percentage was increasing. Many of the people seen by the ambulance service were well known to them and they had had previous falls
- 50 to 60% of people who presented themselves at Colchester hospital with falls had cognitive issues including dementia, and 50% had a history of previous falls.
- Unequivocal link between health inequalities, poor health outcomes and the impact this had on the likelihood of people experiencing falls
- Projected that by 2030 Tendring would have over 18,000 people who experienced falls each year
- The many organisations involved in the falls agenda, whether dealing with prevention or response, worked in isolation and were focused very much on their small (but important) part of the process; there was clear evidence that there was no holistic approach to the issue as a whole.

The Committee concluded that:

1. A Falls and Bone Health Partnership Group should be formed of all organisations involved in either the prevention of or response to falls.

2. The Partnership group should seek to:
 - Share data between all partners
 - Combine the individual organisations' different falls pathways
 - Explore opportunities to realise better resource management
 - Link into the Tendring Health and Wellbeing Board
 - Ensure that the relevant data was incorporated in the Joint Strategic Needs Assessment for the area
3. GP Clinical Commissioning should form an integral part of the Partnership in order to ensure that due consideration was given to the need (and benefit) of focusing future funding on falls with the aim of allocating a larger amount of the budget on prevention rather than just responding to falls victims.
4. The Partnership group should be led by an officer of Tendring District Council in order to demonstrate impartiality and maintain an independent angle of challenge.
5. Consideration should be given as to whether there would be any added benefit to working with Colchester Borough Council and broadening the issue across the whole of North East Essex.
6. The Partnership group needs to set stretching but realistic targets that would:
 - Reflect a year on year decrease on the rate of falls which resulted in significant injury
 - Reduce the % of calls on the ambulance service
 - Reduce the cost of acute care
7. The Partnership, involving both the district and county council, should look at ways of circulating proactive information to those most at risk in the community.
8. The Partnership must identify where the accountability should rest in ensuring a seamless service is provided to the user.

The Committee wished to review the future work of the Partnership Group, assuming it goes ahead, and the effect that had been achieved within the district, and therefore intends to hold a special meeting in six months time to scrutinise progress.

The Committee, having concluded the project, reviewed the process of in-depth scrutiny and determined that it would be sensible that a maximum of one or two specific items should be scrutinised by this, and/or the other two Overview and Scrutiny Committees, in a year. However it was also recognised that it was a significant drain of resources to undertake such work and there was therefore a need to ensure that the outcomes would justify the amount of time being devoted to such a process.